

KLI-Wockhardt Foundation Initiative Clinic on Wheels



Impact assessment report FY 2023-24

**Kotak Mahindra Life Insurance Company
Limited-CSR**

A report by Crisil Limited

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Abbreviations

KLI	Kotak Mahindra Life Insurance Company Limited
MMU	Mobile medical unit
SPO	Social protection officer
ADCR	Awareness, diagnosis, cure and referral
PHC	Primary health centre
CHC	Community health centre
MIS	Management information system
PIMS	Patient Information Management System
BMI	Body mass index
IEC	Information, education and communication
Hb	Haemoglobin
PPBS	Postprandial blood sugar
FBS	Fasting blood sugar
RBS	Random blood sugar
FEFO	First Expiry, First Out
NHM	National Health Mission
SDG	Sustainable development goals
CSR	Corporate social responsibility

Dashboard

Impact assessment of Kotak Mahindra Life Insurance Company (KLI)'s CSR healthcare initiative Clinic on Wheels in Mysore by Crisil Ltd for FY 2023-24

1
thematic
area

Increasing access to primary healthcare services and enhancing health-seeking behaviour among community members



5 MMUs

60 locations

26 +
diseases
treated

Contributing
to
8
SDGs



Total CSR grant from KLI

₹1.29 crore

95,346

Number of lives touched*

* In Mysore during FY 2023-24

Overview: Indian healthcare and mobile medical units



Health is a foundational component of human well-being and societal development, and access to quality healthcare influences life expectancy, productivity, educational attainment and poverty reduction. However, healthcare delivery is highly uneven across the world, with vulnerable groups such as women, children, the elderly, migrants and low-income communities often suffering the worst consequences of a weak health infrastructure. The global healthcare landscape is marked by persistent deficits despite rising spending, with healthcare outlays exceeding \$12 trillion¹, yet large funding gaps remain, especially in low and middle-income countries (LMIC). In 2019, out-of-pocket health spending pushed 344 million people into extreme poverty and 1.3 billion into relative poverty, taking the count of people facing financial hardship to 2 billion². To reduce such health inequities, scalable and cost-effective solutions are needed. One such innovation is the medical mobile unit (MMU), which delivers essential healthcare services through mobile clinics, particularly in regions where fixed infrastructure is inadequate.

The condition of healthcare infrastructure in India

India's healthcare system is plagued by a stark urban-rural divide, with rural areas facing significant challenges in accessing quality healthcare. Lack of adequate infrastructure, poorly equipped health centres and a shortage of qualified medical professionals forces villagers to travel long distances for basic medical services, incurring high out-of-pocket expenses and losing wages.

The situation is further complicated by the growing burden of non-communicable diseases (NCDs), which account for over 63% of all deaths in India³. For instance, in Karnataka, 25% of women and 26.9% of men suffer from hypertension⁴. These conditions often go untreated until advanced stages, worsening morbidity and increasing healthcare costs, with patients sometimes have to bear up to 70-80% of the treatment cost out-of-pocket.

The healthcare landscape is marked by significant disparities in Karnataka. Despite some improvements in recent years, such as increased institutional deliveries and use of public health facilities, major challenges persist. For example, in Mysore a growing slum population faces limited access to general practitioners or public outpatient clinics. MMUs have emerged as a pivotal solution that can provide essential services such as blood pressure checks, blood sugar monitoring and cancer screening to rural and tribal areas. The 1,669 operational MMUs across the nation⁵, have the potential to improve continuity and equity in healthcare, particularly in areas with limited access to such services. By leveraging MMUs, states such as Karnataka can reduce the urban-rural health divide and improve health outcomes, especially among the vulnerable.

Challenges and role of MMUs in Indian healthcare

The Indian healthcare system faces multiple systemic challenges, including low public spending, unequal distribution of resources, human resource gaps, a dual disease burden, infrastructure deficiencies and social barriers for the urban

¹ World Health Day: 8 trends shaping global healthcare, April 5, 2023, World Health Forum, <https://www.weforum.org/stories/2023/04/world-health-day-healthcare-trends/>

² Universal health coverage (UHC), March 26, 2025, World Health Organization, [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))

³ Union Health Minister Dr. Mansukh Mandaviya addresses annual meeting of the Friends of the UN Inter-Agency Task Force on the Prevention and Control of Non-Communicable Diseases (NCDs) and Mental Health, September 19, 2023, Press Information Bureau, Ministry of Health and Family Welfare, Government of India, <https://www.pib.gov.in/PressReleasePage.aspx?PRID=1958944#:~:text=Accentuating%20the%20impact%20of%20NCDs,measures%20in%20the%2021st%20century.%E2%80%9D>

⁴ National Family Health Survey (NFHS) 5, Fact Sheets, Key Indicators of 22 states/UTs from Phase 1, 2019-20, Ministry of Health and Family Welfare, Government of India, https://nhm.gov.in/uhc-day/Session%20/NFHS-5%20State%20Factsheet%20Compendium_Phase-1%20%281%29.pdf

⁵ Objectives of National Rural Health Mission, September 23, 2020, Ministry of Health and Family Welfare, Government of India, <https://www.pib.gov.in/PressReleasePage.aspx?PRID=1658266>

poor. The share of government health expenditure is low, leading to heavy out-of-pocket expenses for patients. On top of that, rural areas do not have enough doctors and facilities. The distribution of healthcare resources is skewed, with public clinics concentrated in affluent urban wards, leaving slum populations underserved. Additionally, India faces a rising burden of non-communicable diseases, requiring sustained primary care, and many public systems struggle to provide chronic care management at scale.

In this context, MMUs can play a vital role in addressing these challenges by providing accessible and equitable healthcare services to marginalised communities. MMUs can serve as outreach and awareness platforms, primary care delivery points and referral centres, helping to bridge the gaps in healthcare access and providing essential services such as health education, basic screening and immunisation.

Government initiatives and schemes

To address these issues, the Government of India has implemented several large-scale initiatives:

1. **National Health Mission (NHM):** Encompassing the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM), it subsidises infrastructure, staffing and outreach across rural and urban areas. It also finances MMUs for states.
2. **Ayushman Bharat:** The flagship programme launched in 2018 aims to transform healthcare delivery through two main components: Health and wellness centres (HWCs) and the PM Jan Arogya Yojana (PM-JAY). The scheme provides cashless health insurance (INR 5 lakh per family per year) to 40% of the poorest households within country.
3. **Mobile health schemes:** Under the NHM, MMUs are deployed to provide healthcare access in remote, tribal and underserved regions, especially where no fixed healthcare infrastructure exists. These MMU comprises of vans, boats, dental units, telemedicine-enabled buses.
4. **Ayushman Bharat Digital Mission:** Supports health data portability (ABHA ID), digital records and telemedicine (eSanjeevani), which facilitates tracking of patients and remote follow-up. It makes the MMU remote care more sustainable.

Persisting gaps in MMU management

Despite growing government investments, MMUs face several key challenges, including inefficient operations, limited services and logistical issues. These ultimately undermine their ability to effectively deliver healthcare to underserved communities, particularly in rural and urban areas where trust and access are already limited. With the right support, MMUs can serve as a transformative solution in India's pursuit of universal healthcare access.

Overview: KLI's CSR healthcare initiatives



About Kotak Mahindra Life Insurance Company Limited

Kotak Mahindra Life Insurance Company Limited (KLI), a subsidiary of Kotak Mahindra Bank, is one of India's fastest-growing life insurance providers, having covered over 50 million lives as of June 30, 2024. Guided by its vision to become the country's best life insurance company, Kotak Life's mission is to bring assurance and long-term value to people through protection and savings. The company operates on a foundation of core values such as integrity, financial prudence, innovation, and a professional approach to delivering real value to customers.

Beyond business, Kotak Life is committed to corporate social responsibility (CSR), aiming to create a meaningful and sustainable impact in underserved communities. Its CSR initiatives focus on education, healthcare, livelihood support, relief and rehabilitation initiatives after Covid-19. It supports programmes that enhance access to quality education for marginalised children, promote preventive healthcare through mobile medical units and private hospitals, and build resilience among vulnerable populations. Through partnerships with credible non-profit organisations, employee volunteering and long-term community investments, KLI ensures its CSR aligns with its mission.

KLI's CSR intervention in healthcare: Key focus areas

- 1. Access to quality healthcare:** Through partnerships with the Smile Foundation and Wockhardt Foundation, KLI supports mobile medical units that deliver primary healthcare services to underprivileged communities. These units offer general outpatient consultations, maternal and child health services, preventive screenings, diagnostics, and essential medicines, bridging critical gaps in last-mile healthcare delivery.
- 2. Infrastructure and diagnostic advancement:** In collaboration with EIHCRF, KLI has enabled the construction of medical infrastructure and procurement of high-end diagnostic equipment. This has improved access to specialised and affordable diagnostics for underserved populations.
- 3. Cancer care and paediatric support:** Through its partnership with CanKids KidsCan, KLI supports children battling cancer by facilitating access to treatment, nutritional aid, psycho-social counselling and educational continuity. The programme also offers family support services, ensuring holistic care during the child's cancer journey.
- 4. Community health awareness and behaviour change:** KLI's healthcare CSR initiatives integrate strong IEC components. These include health awareness camps, school and community outreach, menstrual hygiene education, and preventive care counselling to foster improved health-seeking behaviour and long-term wellness among women, children, and vulnerable groups.
- 5. Preventive and promotive healthcare delivery:** The CSR programmes focus not only on curative care but also on preventive health, through services such as anaemia and blood pressure checks, diabetes screening, immunisation referrals and maternal check-ups. Early detection and timely referral systems are central to improving community health outcomes.

Through these CSR efforts, KLI is contributing to building a healthy and empowered India by creating opportunities for lifelong learning, economic participation and personal development among the most marginalised sections of society.

Approach and methodology



Objective of the assessment

The key purpose of this assessment is to identify ways in which the intervention and resultant inputs and activities have been leveraged by the beneficiaries, as well as evaluate the key barriers/enablers, in the form of suggestions, to ensure maximum impact of the programmes in the long run.

To conduct the impact assessment study, the objectives of the assignment are given below:

- **Objective 1: Impact created in the lives of the direct beneficiaries and the community**

The impact assessment study will assess the extent of impact on the lives of the beneficiaries and their families by assessing the positive intended and unintended changes.

- **Objective 2: Appropriateness of the programme strategies**

To ensure successful implementation of a project, strategic plans, goals and impact indicators are essential. However, situational challenges can lead to deviations from the original plan during implementation. As a result, assessing the programme's impact and success requires evaluating its strategies against the outcomes achieved and considering the programme's sustainability.

The impact assessment study will take into account any deviations that occurred and provide a comprehensive analysis of the programme's success. By doing so, the programme can be improved, and future programmes can learn from the challenges faced.

- **Objective 3: Impact towards programmatic sustainability**

An essential component of the intervention is the accountability shouldered by the entire community, the ultimate beneficiaries of the intervention. Hence, one objective of the impact assessment study would include the sustainability quotient of the project.

- **Objective 4: Recommendation towards the targeted outcomes**

The impact assessment study will involve a thorough assessment of the intervention being implemented so far and based on that, provide recommendations towards further improvement and strengthening of the programme.

Approach and methodology

The study has adopted a concurrent mixed method design, in which quantitative and qualitative data are collected through the key program stakeholders. This approach will allow for a comprehensive assessment of the intervention by capturing quantitative evidence, backed by qualitative experiences.

Quantitative data was collected through a semi-structured survey questionnaire, administered to the direct beneficiaries. The survey focused on the impact and effectiveness of the program. Qualitative data was collected through key informant interviews with doctors, and other key stakeholders. The data focused on understanding the implementation process, impact and sustainability of the initiative along with understanding the gaps.

Findings from the quantitative and qualitative data are integrated to provide a comprehensive assessment of the impact of intervention. The integration involved comparing and contrasting the findings from the two data sources to identify any converging or diverging evidence.

The evaluation maps the impact of the program with the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) framework to determine the merit of an intervention on the basis of six defined evaluation criteria – **relevance, coherence, effectiveness, efficiency, impact** and **sustainability**. We have also aligned the impact of the program with the United Nations Sustainable Development Goals (SDGs) and the contribution of the intervention to global efforts.

In addition to the above, the study will also use the following assessment tools:

- **SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis:** SWOT will be used as a core evaluation tool to analyse the internal and external factors influencing the success of the CSR projects:
 - **Strengths:** Evaluate the internal strengths of KLI's CSR programs, such as strong partnerships, efficient resource utilization, and innovative program design. The analysis will measure how these factors have contributed to the program's success.
 - **Weaknesses:** Identify any internal challenges, such as inadequate resources, limited stakeholder engagement, or inefficient program execution. Understanding these weaknesses will help improve future interventions.
 - **Opportunities:** Assess external factors that offer potential for scaling up or replicating successful CSR projects. Opportunities such as technological advancements, community willingness, or government policies that align with the CSR initiatives will be explored.
 - **Threats:** Examine external risks that could hinder the long-term impact of the projects. These could include changes in government regulations, economic downturns, or environmental challenges.
- **Case Studies:** Detailed case studies will be developed to showcase individual or community-level success stories, highlighting transformative changes driven by the CSR programs.



Sampling framework

The sampling strategy for primary beneficiaries uses Cochran's formula, suitable for small populations, with a 95% confidence level and 5% error margin of error, assuming average daily footfall of 200-250 patients. The statistically appropriate sample size given the population size is 143. For qualitative assessment, a purposive sampling approach will be used to select participants who can provide in-depth insights, allowing for a comprehensive understanding of overall healthcare and diagnostic services.

The following sample framework has been adopted for the study:

Wockhardt Foundation MMUs		
Key stakeholders	Data collection tool	Sample
Beneficiaries/ community members	Structured survey questionnaires	146
Doctors	Key informant interviews	2
Pharmacists	Key informant interviews	2
Social workers/ SPOs	Key informant interviews	2
Local government officials	Key informant interviews	2
Wockhardt Foundation officials	Key informant interviews	2
KLI CSR officials	Key informant interviews	2

Primary findings



Key Impact

Free consultation and medicine



Post-Clinic on Wheels, **63%** of community members **saved more than INR 500** from their monthly healthcare expenses, suggesting MMU has significantly **reduced travel, consultation and diagnostic expenses**

Less waiting time



After MMU deployment, the **waiting time** for consultation and diagnostic tests **decreased by 2-3 hours** with **99% with NCDs** undergoing **regular tests**

Lifestyle change



Improved lifestyle with **97%** adopting changes in diet, hygiene, regular medical checkup, etc **post the awareness session** leading to decline in disease burden

Reduced travel time and expenses



Beneficiaries **saved more than 2 hours in travelling** to the nearest government medical facility, **saving approximately INR 200 in transportation costs per visit**, reducing both travel time and financial burden

Accessibility for PwDs



99% described 'Clinic on Wheels' facilities as **accessible and well-suited for PwDs**, underscoring the MMU's responsiveness and its ability to bridge critical accessibility gaps

Improved preventive care



Timely diagnosis and regular monitoring of chronic conditions like diabetes, BP and hypertension with **97%** affirming **improved knowledge about preventive care** helped to prevent cases of stroke and heart attack



Key findings: Clinic on Wheels initiative in collaboration with Wockhardt Foundation

About Wockhardt Foundation

Wockhardt Foundation is a national-level, not-for-profit organisation dedicated to social service and human welfare activities. With a mission to make a positive impact on the lives of the underprivileged, the foundation has been instrumental in bringing about a perceptible change in its areas of operation. Through various programmes, it provides essential services to the needy, with a focus on healthcare, sanitation, education and skill development. The foundation's social programmes revolve around ensuring scale, quality and need-based interventions. The foundation operates its social programmes based on the 3 B's - big, best, and bold, ensuring scale, quality, and need-based interventions. It is governed by a simple yet powerful philosophy: 'where every smile counts.'

Wockhardt Foundation has several initiatives that cater to the needs of the underprivileged. Its flagship program, Mobile 1000, aims to operate 1,000 mobile health vans in rural areas, providing free primary healthcare to ~25 million Indians every year. Currently, 210 Mobile 1000 vans are operational across 21 states and one union territory, administering free primary healthcare to over two million people in rural and remote areas. Another notable programme is Pronto Toilets, a part of the Prime Minister's Swachh Bharat Abhiyan, which aims to construct over 60,000 household toilets in Odisha. The foundation also has programmes such as e-Learning and Wockhardt Skills Development Institute, which have made a significant impact in the lives of the underprivileged.

The foundation's work is well recognised, with several awards and accolades to its credit, including the prestigious 'Asia Healthcare Excellence Award for the Best CSR Practice in Healthcare'. This recognition is a testament to the foundation's commitment to making a positive impact on the lives of the underprivileged. With its focus on healthcare, sanitation, education and skill development, the foundation is poised to make a lasting impact on the lives of millions.

Mission: To work towards and fight for the upliftment of the poor, weak and needy.

Clinic on Wheels: Programme objectives

The core objectives include:

- Delivering free, high-quality primary healthcare to marginalised and rural populations
- Promoting preventive health practices and early disease detection
- Reducing out-of-pocket expenses (OOPE) by providing free consultations, medicines and diagnostics
- Creating strong community linkages to improve continuity and uptake of care

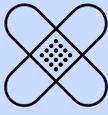
Programme details

The KLI-Wockhardt Foundation Mobile Medical Unit (MMU) Programme, commonly referred to as Clinic on Wheels, is a mobile healthcare initiative designed to bring accessible, affordable and quality primary healthcare to remote and underserved populations. Launched in Mysore, Karnataka, the programme was designed in response to persistent gaps in public health service delivery, particularly to women, children, elderly and the differently abled.

The MMUs operate on a rotational model, covering 24 locations in a two-week cycle, with each van serving within an eight km radius, allowing them to reach each site within twenty minutes. Each van is staffed with a multidisciplinary team of four: **a doctor, pharmacist, driver and a social protection officer (SPO) or social worker**, capable of addressing both medical and social care needs. Five vans have been deployed in Mysore, with total field strength of 20 healthcare professionals. During the first phase of implementation, community leaders were contacted regarding the exact service location of each van. The MMUs operate for six hours per day, across two locations, thus spending three hours at each location - before and after lunch, ensuring adequate attention to each location and addressing unique needs, ultimately providing regular outreach and follow-up services to those in need.

❖ Core service model–ADCR

The programme operates on the awareness, diagnosis, cure and referral (ADCR) framework, which provides a structured and holistic approach to delivering healthcare:

			
Awareness	Diagnosis	Cure	Referral
<ul style="list-style-type: none"> • Focus: Preventive health education • Activities: Sessions on seasonal illnesses, hygiene, nutrition and health behaviours • Goal: Improve health literacy and promote early care-seeking 	<ul style="list-style-type: none"> • Focus: Early detection of diseases • Screened conditions: Hypertension, diabetes, malaria, hepatitis • Services: Blood pressure checks, glucometer sugar testing, child height/weight tracking 	<ul style="list-style-type: none"> • Focus: Immediate treatment • Services: Free medicine distribution, home visit for PwDs • Accessibility: Some disability-friendly features, basic support for PwDs 	<ul style="list-style-type: none"> • Focus: Specialist care and advanced diagnostics • Process: Referral to nearest PHCs/CHCs for further investigation • Note: No pathology labs onboard; well-defined referral mechanism in place

The following table presents the beneficiary details for Clinic on Wheels initiative in Mysore during FY 2023-24:

Time period	Female	Male	Age <15	Age > 15	Total
Q1	13,869	9,789	2,437	21,221	23,658
Q2	13,414	8,388	2,652	19,150	21,802
Q3	3,193	22,954	15,534	10,613	26,147
Q4	14,024	9,715	2,346	21,393	23,739
Total	44,500	50,846	22,969	72,377	95,346

❖ Community engagement and outreach

A central element of the programme's success lies in its deep engagement with the local community. The MMU team actively coordinates with health workers at the grassroots-level such as ASHAs, ANMs, and Anganwadi workers, who help mobilise patients and raise awareness about upcoming van visits. Community leaders, elected representatives and school authorities also ensure local acceptance and support. This proactive engagement ensures that services are both well-utilized and regarded. Local acceptance also helps the MMU team remain sensitive to location-specific health needs, seasonal variations in illness patterns and evolving community expectations. Through this model, the programme establishes continuity and trust, allowing beneficiaries to access services with confidence.

❖ Target beneficiaries

The programme is designed with a focus on vulnerable and underserved groups. Key target population includes:

- Women and children, especially those with limited access to maternal and child healthcare
- Elderly individuals, who often require regular monitoring and medication for chronic conditions
- People with disabilities, who may find it difficult to travel
- Urban communities in metropolitan regions, particularly those in locations which do not have regular access to healthcare infrastructure

By focusing on these groups, the programme seeks to address both social and geographic barriers to health access.

❖ Integration with the public health system

The MMUs are designed to supplement existing public health infrastructure rather than function as stand-alone providers. When a case requires further investigation, prolonged treatment, or specialised care, the patient is referred to nearby PHCs or CHCs. A clear referral process is in place, and patients are provided all necessary information to follow through.

Common referral cases include chronic conditions such as diabetes, hypertension and infectious diseases, as well as high-risk pregnancies or individuals who need diagnostics unavailable on the MMU. This connection with the formal healthcare system ensures a continuum of care and prevents overload at higher-level facilities by triaging cases appropriately at the primary level.

❖ Monitoring and evaluation

To ensure the effectiveness and efficiency of our programme, a comprehensive monitoring and evaluation framework has been established which includes the use of a MIS and PIMS to maintain individual patient records and digital logs of availed services. Moreover, the vans are equipped with GPS tracking and geo-tagging capabilities. The reporting mechanism includes daily field reports compiled by MMU teams and quarterly and annual reports submitted to KLI for

strategic oversight and evaluation, ultimately resulting in data-driven decision making and driving continuous improvement.

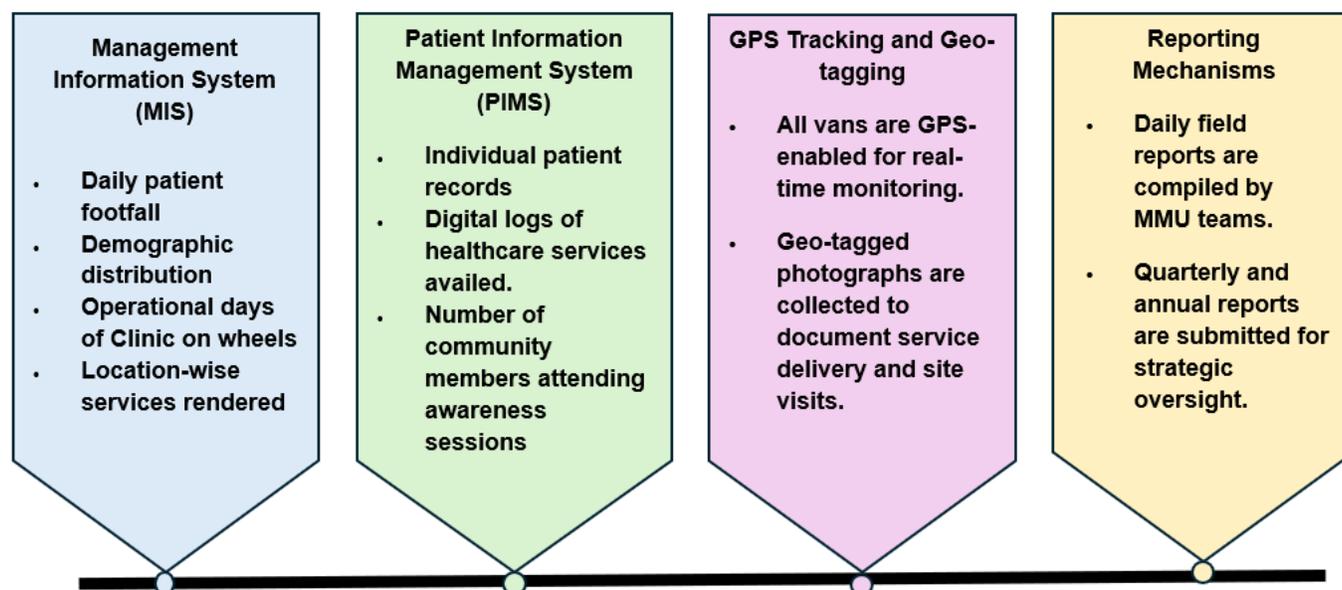


Figure 1: Monitoring and evaluation mechanism

❖ Capacity building and training

The programme incorporates a structured capacity-building component to maintain high quality service and staff motivation, which includes regular training sessions for all team members. These training sessions are tailored to the specific roles and responsibilities of each team member, covering a comprehensive range of topics that include clinical skills, such as diagnosis and treatment protocols, as well as essential soft skills, including patient communication and community engagement. By providing ongoing training and development opportunities, the programme aims to enhance the skills and knowledge of its staff, ultimately leading to improved service delivery and better health outcomes for the communities they serve.

Clinic on Wheels has made significant strides in providing accessible, affordable and quality primary healthcare to remote and underserved populations. With its comprehensive service model, strong community engagement and integration with the public health system, the programme has established itself as a vital component of the healthcare landscape in rural India. Through its focus on vulnerable and underserved groups, it has helped address social and geographic barriers to health access, promoting health equity and reducing out-of-pocket medical expenses. As the programme continues to grow and evolve, its commitment to capacity building, monitoring and evaluation will ensure the delivery of high-quality services and lead to meaningful social impact.

Primary key findings–Community members

I. Demographic profile

The sample consists of 146 community members from Mysore, Karnataka. The data clearly indicates a strong awareness and outreach of the initiative. 100% respondents were aware of the MMU services in their area and **an impressive 99% community members were aware that Clinic on Wheels is a collaborative effort of KLI and Wockhard Foundation**, indicating the excellent community visibility and engagement of the programme.

Among the respondents, 85 were males and 61 were females. Socially, the inclusion of scheduled castes and scheduled tribes, and minority groups (overall 49%) highlights that the initiative has been reaching households that had been vulnerable. The Clinic on wheels' doorstep healthcare builds trust and helps reduce systemic disparities, ensuring everyone has a fair opportunity for better health outcomes.



Bringing healthcare directly to the doorsteps of marginalised communities is vital, as these groups often face significant barriers, such as distance, cost and social discrimination that prevent them from accessing medical facilities. Without such outreach, preventable illnesses can become severe and essential services are frequently overlooked.

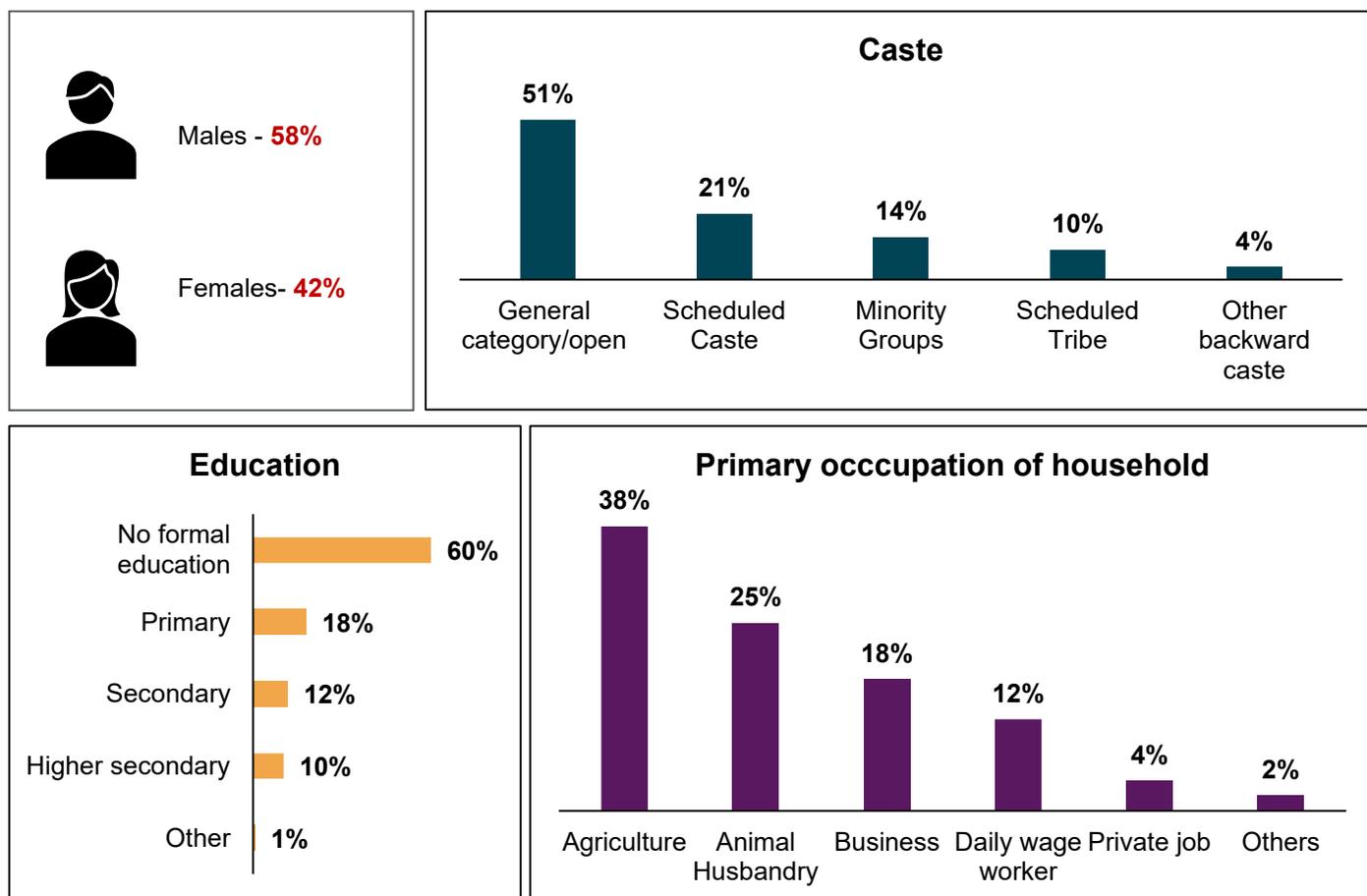


Figure 2: Demographic details of community members in Mysore



Health literacy is the ability of individuals to find, understand, and use health information and services to make informed decisions about their health and well-being. It enables people to take control of their health by knowing when and how to seek care, understand medical instructions, and adopt healthy behaviours.

Among the respondents, 60% had no formal education and another 18% had only primary education. This results in a major health literacy gap, as many individuals may lack the ability to understand and use health-related information needed to make good decisions about their care. These sections often delay care or depend on informal providers due to poor awareness of symptoms and preventive practices.

Within sample, the predominance of agriculture-r and animal husbandry-based livelihoods (63%) and daily wage earnings (12%) reflect low and unstable incomes, leaving families vulnerable to health shocks.

A striking 95% beneficiary households lived on less than INR 20,000 per month, placing them in the low-income bracket. For them, even minor health expenses can be financially catastrophic, leading to debt or delayed treatment.

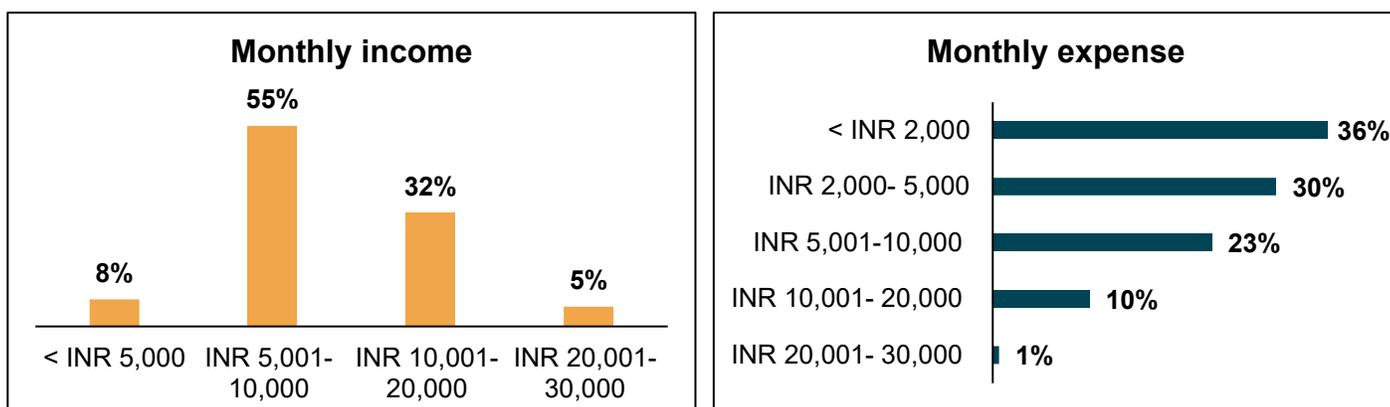


Figure 3: Monthly income and expense of community households

In alignment with income levels, only 11% participants exceeded INR 10,000 monthly income, indicating **negligible disposable income**. For them, the choice is between healthcare spending and essential household needs.

The limited proportion of long-term residents (only 16% had been living in the area for over a decade) indicates weak community linkages and low continuity in health-seeking behaviour, which can result in poor disease monitoring and fragmented treatment.

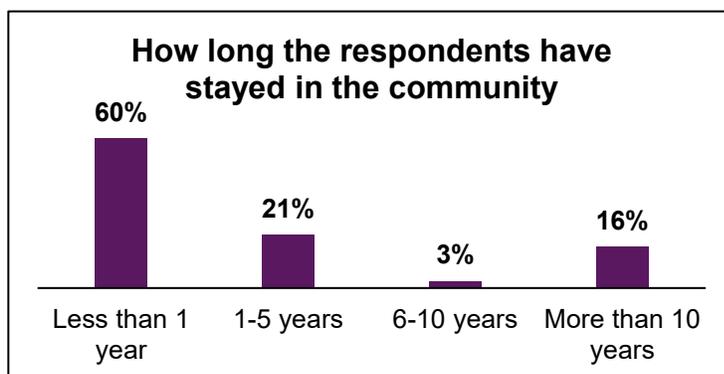


Figure 4: Community members living in same community



For disabled people, MMUs are crucial as they help facilitate timely care, early diagnosis and continuous management, which otherwise require long travels. Accessibility is vital for improving health outcomes and quality of life for the 6% of households with disabled members, who might otherwise be underserved or excluded from traditional health facilities.

The demographic profile makes it clear that the Clinic on Wheels is not merely delivering medical services, it is enhancing health equity, economic resilience and social inclusion, aligning directly with national and global health and development goals.

II. Disease profile and Pre-MMU Health Challenges

The disease profile and pre-intervention health-seeking patterns among beneficiaries illustrate the magnitude of the health burden, limited healthcare access and the structural challenges that existed before the Clinic on Wheels was introduced.

In the cohort, nearly everyone battles the relentless cycle of fever, malaria and dengue, with 97% grappling with these seasonal, vector-borne diseases, a prominent reminder that poor sanitation and stagnant water continue to be major challenges in poor households. Amid this burden of infectious disease, the silent rise of chronic conditions like diabetes affecting 93% and hypertension 27% paints a complex picture of a dual health crisis, where old and new threats collude. The presence of skin diseases, respiratory issues and pregnancy complications, though less common, reveal the underlying struggles of inadequate hygiene and limited healthcare access. Together, these intertwined health challenges tell the story of a vulnerable population caught between preventable infections and unmanaged chronic diseases, underscoring an urgent need for integrated, accessible and sustained healthcare interventions.

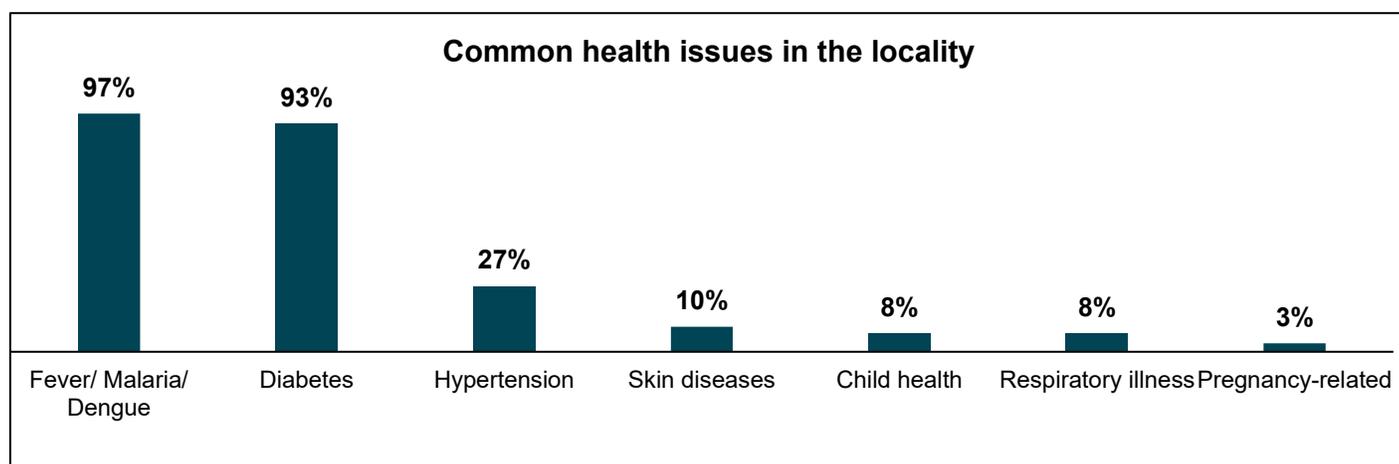


Figure 5: Common health issues in locality



Among beneficiaries, 11% of households have at least one family member with a chronic condition like diabetes, hypertension or asthma.

Among those reporting chronic illnesses, the predominance of diabetes and hypertension reflects a community transitioning to lifestyle-related health risks, due to poor diet, limited physical activity and lack of preventive awareness.

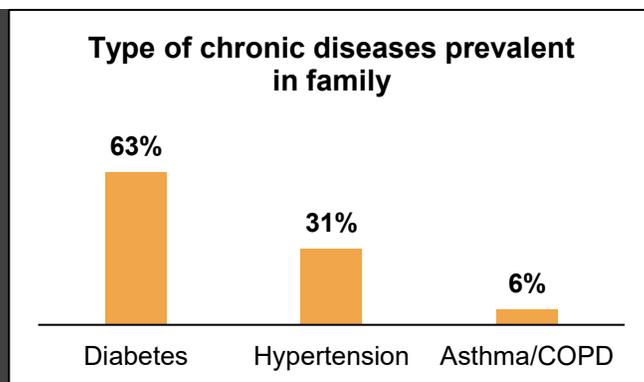


Figure 5: Burden of chronic diseases among beneficiary households

Before the introduction of Clinic on Wheels, community members relied heavily on government hospitals and clinics as their primary source of care, highlighting the crucial role of public health infrastructure. However, this dependence often led to significant disruptions in their daily lives, with frequent visits resulting in missing work. Also, diagnosis and consultation required multiple trips, underscoring the burden on both individuals and the overstretched healthcare system.

Only a smaller proportion of patients visited private doctors or pharmacies, which meant availability of private services in localities was limited. **This underscores the critical need for decentralised, low-cost service delivery, as even the intention to seek care could not translate into actual treatment due to systemic gaps in accessibility.**

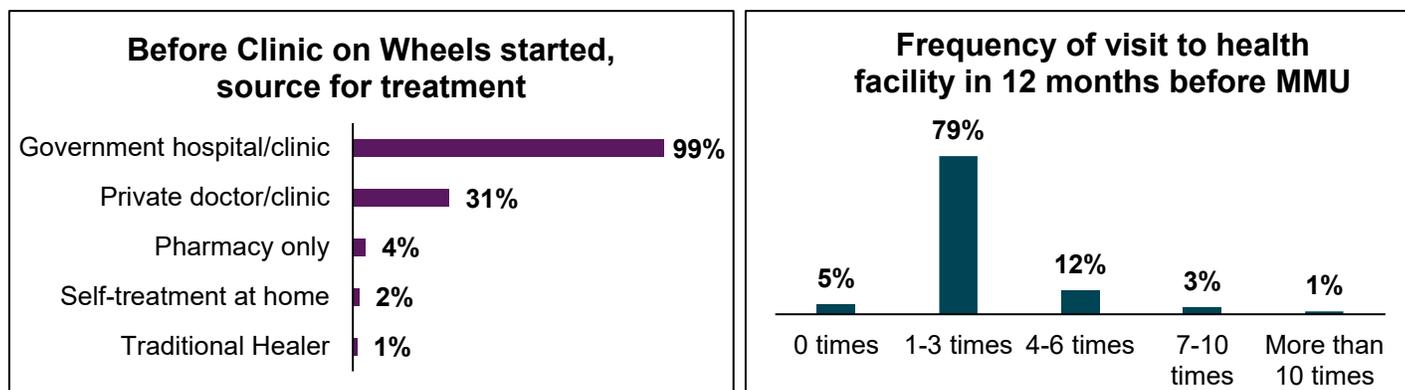


Figure 6: Healthcare access before Clinic on Wheels

Healthcare utilisation data further highlights barriers to regular medical engagement. **A significant 79% respondents said they visited a health facility only 1-3 times**, while only 4% visited more than 7 times in the last 12 months before the MMU services started. **Such limited contact with formal health systems indicate that most community members sought medical help only when illnesses became severe.**



“I have diabetes and need medicines every month. Before Clinic on Wheels started, I had to wait for someone to take me to the town. Now, doctors check my sugar levels here itself and give me medicines regularly. My condition is under control and I don’t feel helpless anymore.”

Beneficiaries, who used to self-medicate at home before the MMU services started, pointed out multiple systemic and practical barriers as reasons for not going to clinics. These included the nearest hospital being far away, high cost of services and medicines, unavailability of doctors and long waiting time.

An impressive 100% of respondents said the services provided through Clinic on Wheels have successfully addressed these challenges.



The Clinic on Wheels has addressed these challenges by bringing healthcare facility to their doorsteps, ensuring that quality primary care is accessible, affordable, and consistent.

III. Awareness, access and utilisation of MMU services

❖ Awareness about and knowledge of services provided by the Clinic on Wheels

The success of a community-based health intervention like the Clinic on Wheels depends heavily on the level of awareness, community trust and knowledge about the services it offers. The fact that 89% of respondents first heard about it through public announcements underscores the programme’s strong reliance on word-of-mouth. Posters or flyers were almost not used at all, which suggests that visual IEC materials alone are insufficient in such contexts, validating the strategy of using locally contextualised, spoken outreach.

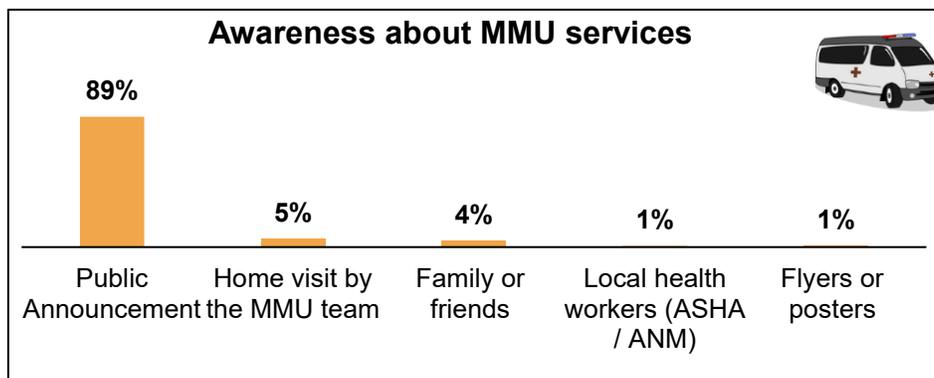


Figure 7: Source of awareness about Clinic on Wheels

A significant **75%** respondents reported **monthly visits**, **24%** weekly and only **1%** bi-weekly visits, the data indicates a consistent and predictable service delivery schedule that enables communities to plan their healthcare interactions.

An overwhelming majority of **99%** respondents said they were **satisfied**, reflecting high community approval and dependency on the Clinic on Wheels for routine health needs.



The impressive awareness of general consultations (98%) suggests that the Clinic on Wheels has effectively positioned itself as a trusted first point of contact for primary care. Moderate awareness of vaccination, health screening and medicine distribution indicates that while communities understand the curative role of the services, there is still scope to enhance communication about preventive and chronic care services.

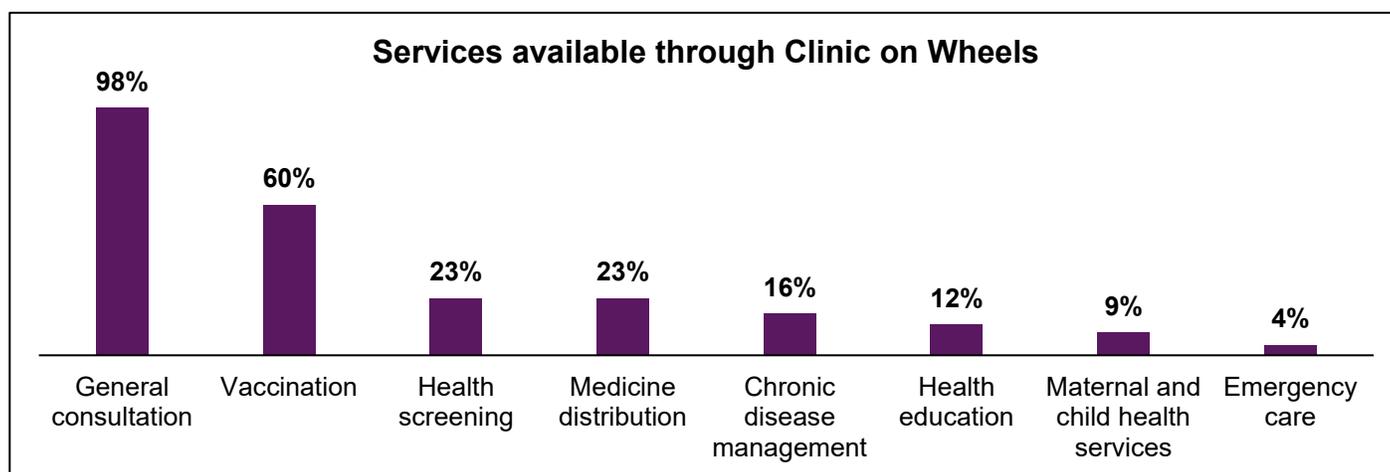


Figure 8: Awareness of services available in Clinic on Wheels

A woman from the community said, *“We thought the van was only for fever and body pain, but later we learned they also check sugar and pressure for free.”* Such realisations signal a transition from episodic to continuous care-seeking, a critical behavioural shift that the Clinic on Wheels is gradually enabling.

These findings suggest that while the Clinic on Wheels has succeeded in establishing strong recognition of its general and preventive health functions, there is scope to deepen awareness around specialised services, particularly mother and child health, chronic disease follow-ups and emergency response.

❖ **Utilisation of the Clinic on Wheels services**

Utilisation patterns of the MMU services reveal its critical role in bridging the gap in last-mile healthcare provision for underserved communities. In areas where limited mobility, distance and financial barriers often delay care-seeking, the Clinic on Wheels has emerged as a trusted and accessible first point of contact for medical needs.



An impressive **100%** respondents reported using the Clinic on Wheels services has improved their health status, underscoring both the reach and credibility of the intervention.

While majority of users (70%) accessed services one or two times in the last 12 months, this pattern reflects the community’s reliance on the van for acute conditions and episodic care. As many as **30% participants reported repeat visits**, indicating a gradual shift toward chronic disease management and sustained care engagement, a sign of maturing trust and service continuity.

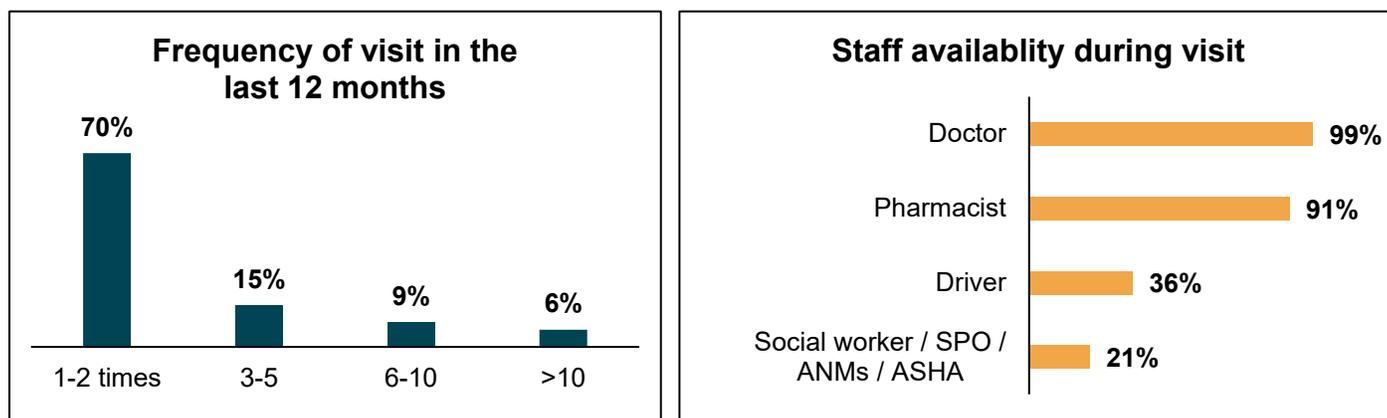


Figure 9: Recalling visit frequency and staff availability at Clinic on Wheels

Availability of medical personnel has been a key factor driving this trust. **A remarkable 99% respondents confirmed consistent presence of a doctor in the van**, affirming the reliability of the MMU in providing qualified, immediate treatment.

The pattern of service utilisation further reflects the dual functionality of MMUs as a curative and emerging preventive healthcare platform. Nearly all users (97%) sought treatment for common illnesses, demonstrating the programme’s success in addressing immediate healthcare needs. However, **the relatively lower uptake of maternal and child health services, non-communicable disease screening and health education suggests that communities are yet to fully transition from a reactive to a preventive health mindset.**

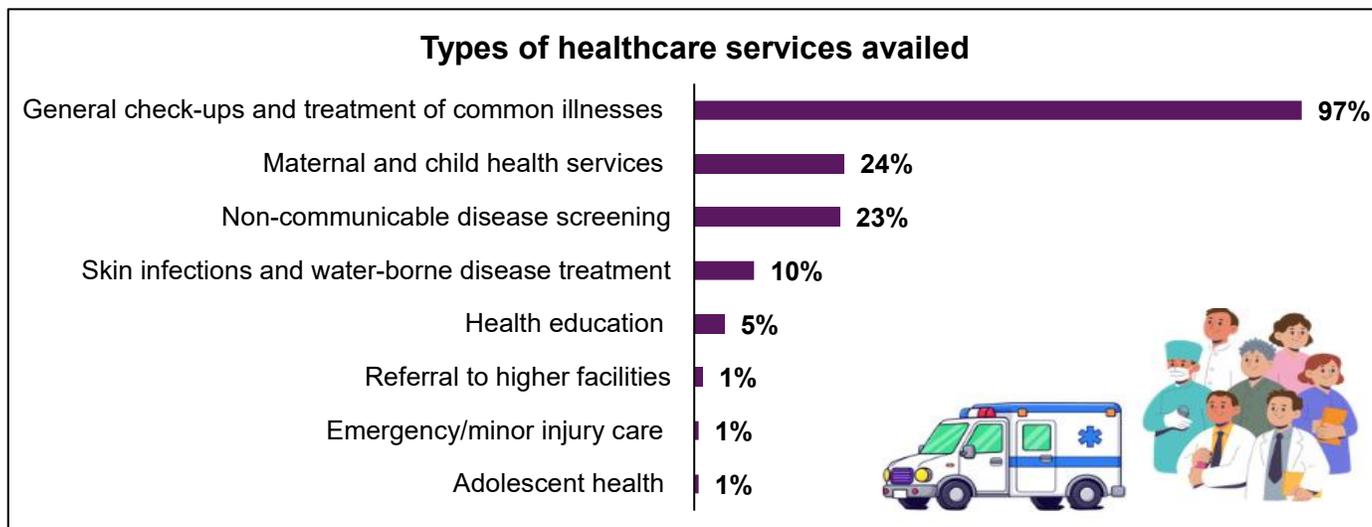


Figure 11: Healthcare services availed from the Clinic on Wheels

The accessibility and convenience of healthcare delivery are key determinants of service utilisation in low-resource settings.

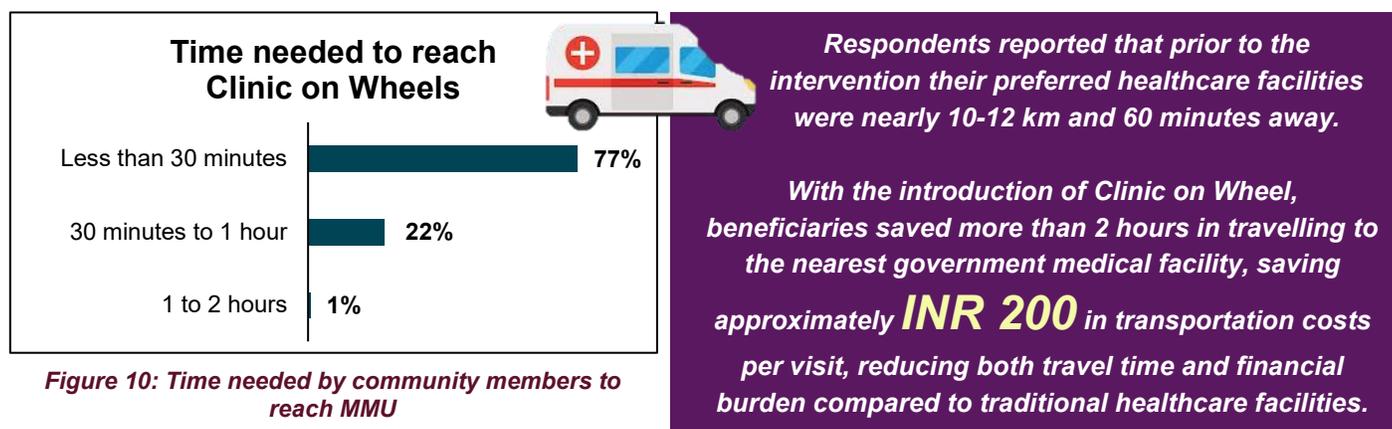


Figure 10: Time needed by community members to reach MMU

A striking **100%** respondents found the MMU location convenient, demonstrating that the service has been well-aligned with local settlement patterns and population clusters.



More than half of the beneficiaries (55%) became aware of the arrival of the MMU through community announcements, while 34% learned it through word-of-mouth, indicating a strong element of local trust and community-led communication.

However, a smaller share of respondents said either health workers informed them or they came to know on regular structured visits. This highlights an opportunity to institutionalise the last-mile communication systems.



Operational efficiency emerges as another success factor, with **over 70% of the respondents experiencing no waiting period**. The improved waiting time not only enhances patient satisfaction but also reflects on the MMU’s ability to manage high patient loads while maintaining quality care. However, it is important to note that the waiting periods by virtue increase when there are critical cases requiring immediate attention, thereby occasionally causing delays for other patients.

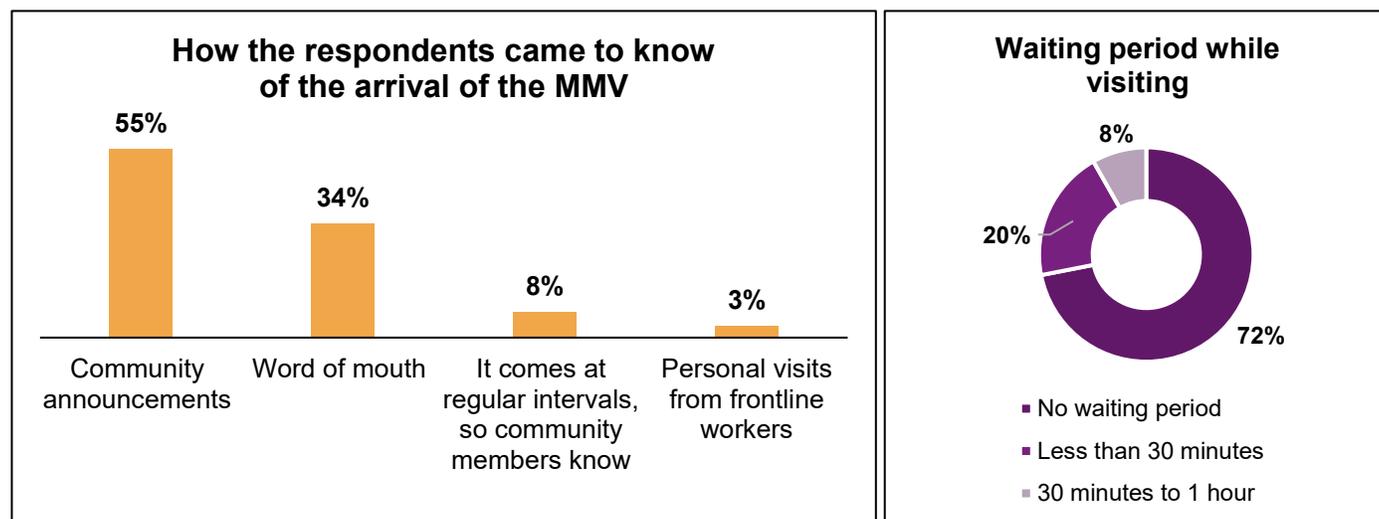


Figure 12: Source of awareness about arrival of Clinic on Wheels and waiting period



“When fever spread in our area, we were all scared. A van came, tested everyone and distributed free medicines. The persons also explained how to keep the surroundings clean. Since then, people in our basti trust the van more than any other clinic because it actually shows up when needed.”

The insights highlight considerable satisfaction among the community members regarding their experiences with doctors under the Clinic on Wheels programme.

The doctors of the MMU ensured the following:	Satisfaction level
Attention to medical history	100%
Accuracy of diagnosis	98%
Treatment effectiveness	99%
Good communication	100%
Respect and courtesy to patients	99%
Empathy and compassion with patients	100%
Ensure timely referrals to hospital in case of serious cases	100%
Ensure good overall experience	100%

Hence, the MMU model demonstrates strong performance in quality, consistency and comprehensiveness of care, reflecting operational efficiency as well as clinical reliability.



99% of community members confirmed that doctors were available and basic medicines were provided during visits, indicating the consistent presence of qualified medical professionals and adequate stock of medicines.

Clinical procedures within the Clinic on Wheels environment also exhibit a commendable degree of thoroughness.

Blood pressure (99%) and pulse rate (88%) were routinely monitored, whereas body mass index, temperature and weight checks (47%) reflect a strong orientation toward preventive screening and early detection of diseases. The relatively lower measurement of parameters such as SpO₂ (8%) or respiratory rate (5%) suggest a focus on common and chronic conditions rather than acute respiratory or post-Covid-19 monitoring.

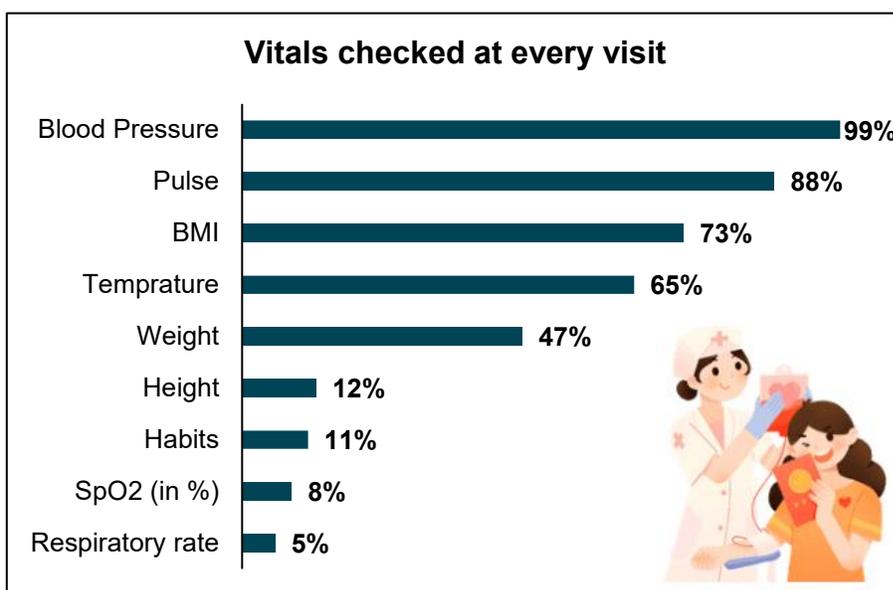


Figure 13: Vitals checked at Clinic on Wheels

The MMU has also enhanced access to basic laboratory testing, particularly for conditions with high local prevalence. **Blood sugar tests (91%) and haemoglobin tests (79%) dominate utilisation patterns**, aligning with the dual burden of diabetes and anaemia among the target population. Tests for typhoid, dengue and malaria reflect a responsive service portfolio attuned to region-specific disease burdens and seasonal outbreaks. **After deployment of Clinic on Wheels, the waiting time for consultation and diagnostic tests decreased by 2-3 hours.**

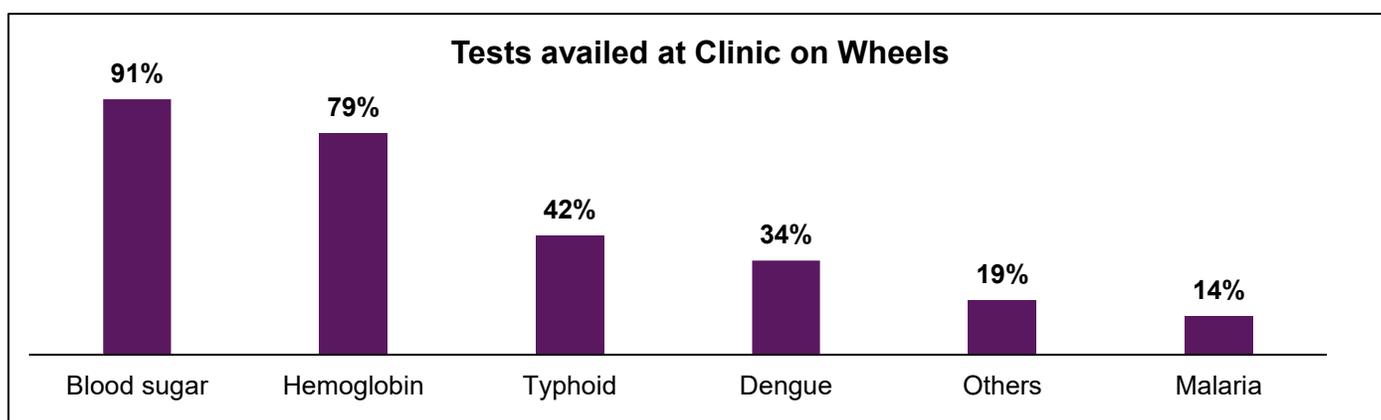


Figure 14: Tests availed by community members in Mysore

Clinic on Wheels is not only accessible but is also deeply trusted by the communities it serves in Mysore.

100% of respondents reported that they did not have to pay for any services, highlighting the programme's commitment to providing completely free and equitable healthcare access.



Referrals also indicate strong integration with the wider health system – **22% of the respondents were referred to higher facilities**, such as PHCs or district hospitals for further management, and **of these, 97% continued to follow the advice of Clinic on Wheels' doctors'**, underscoring a high level of trust in their guidance. **This reflects the credibility and reliability the service has built within a short period of time.**



"I have been suffering from diabetes for years but couldn't afford regular check-ups. When Clinic on Wheels started visiting our area, they checked my sugar and BP regularly. And when I required an eye check-up, they referred me to the nearby PHC.

Today, I feel my health is finally under control without worrying about the cost."

Around 25% of the respondents reported receiving follow-ups from the MMU staff, with the rest indicating that they did not receive any. This reflects a targeted and need-based follow-up approach, ensuring continuity of care for those who need it the most.

These findings emphasise that Clinic on Wheels has become more than a healthcare service – it is a dependable pillar of community wellbeing, addressing both preventive and curative needs while fostering trust, affordability and continuity of care.

IV. Information, education and communication activities

IEC activities under the Clinic on Wheels initiative play a crucial role in promoting preventive healthcare and behaviour change among the community members.



84% of the respondents reported attending at least one community meeting, indicating a high level of engagement and community participation.

Among the participants, **33% beneficiaries had attended more than three meetings, suggesting that these sessions are frequent and accessible**, allowing even those with limited availability to participate.

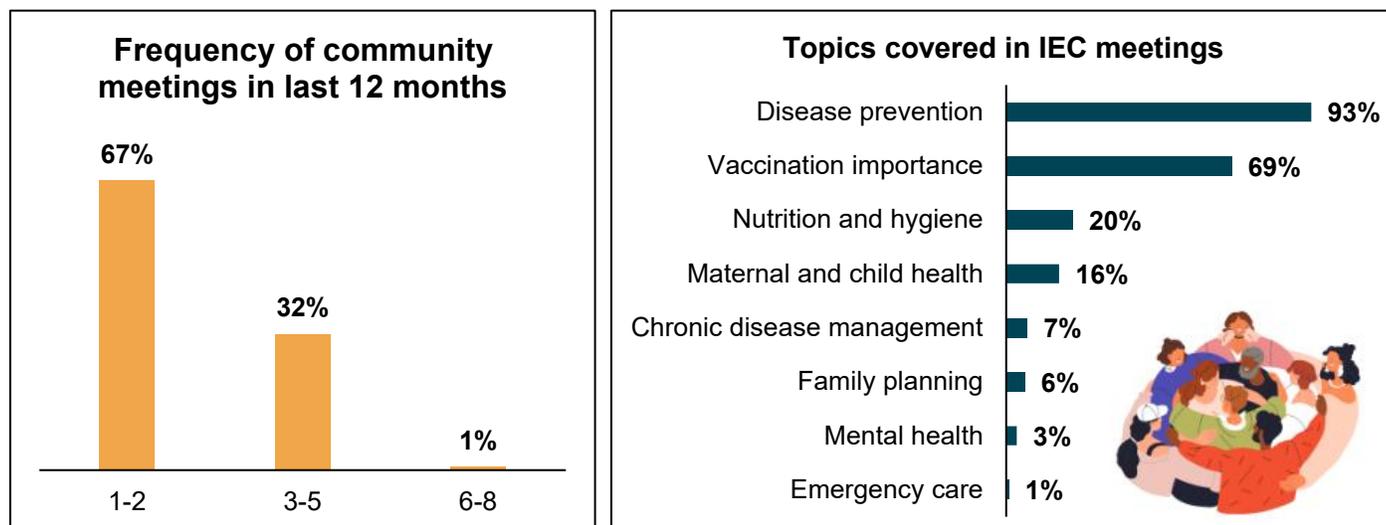


Figure 15: Frequency of IEC meetings and topics covered

The topics covered at these meetings reflect a strong preventive and holistic health orientation, with an overwhelming 93% of the respondents citing disease prevention and 69% mentioning vaccination importance as key themes. Other frequently covered topics such as nutrition and hygiene, maternal and child health, chronic disease management (7%), etc indicate that the IEC sessions are well-aligned with the major health needs of the population, addressing immediate risks as well as long-term wellness.



"Before these meetings, I never knew how important vaccines were for adults too. The team explained it clearly, and now I make sure my children in the house don't miss any dose. These meetings have truly changed how we think about health."

The quality and relevance of information shared were highly appreciated, with **100% participants finding the sessions useful**. Moreover, **98% confirmed that the meetings were conducted in their local language**, ensuring inclusivity and easy comprehension.

When asked about additional health topics they wished to learn about, respondents mentioned cancer, asthma, thyroid disorders and chronic diseases. This reflects a growing awareness and demand for information on NCDs. Some participants also expressed interest in learning about communicable diseases, healthy eating habits and availability of free medicines, underscoring the community's evolving understanding of preventive and curative aspects of health.

Most importantly, **94%** of the participants reported adopting positive behavioural changes following these sessions.



To conclude, the IEC activities have not only been informative but transformative, enabling informed decision-making about an individual’s health and that of the families.

V. Health behaviour change and preventive practices

Clinic on Wheels in Mysore has not only addressed healthcare access gaps but also catalysed a subtle yet profound shift in community health consciousness. What began as a mobile service to bring primary healthcare closer to underserved households has evolved into a platform for health empowerment, driving behavioural as well as attitudinal changes.

The fact that every respondent availed free consultation and an impressive 97% appreciated the distribution of free medicines the most, speaks to the programme’s strong value proposition in a landscape where out-of-pocket expenses often act as deterrents to care-seeking. But beneath this statistic lies a deeper shift—*healthcare is no longer perceived as a financial liability, but as an accessible right.*

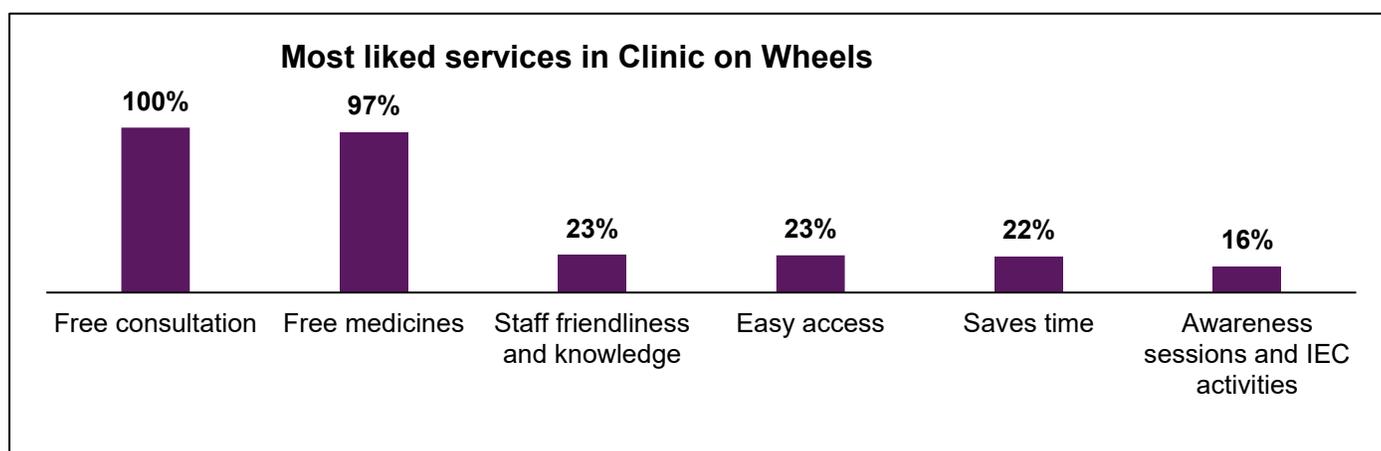


Figure 16: Most liked services from Clinic on Wheels in Mysore

Moreover, nearly one-fourth of the respondents cited staff friendliness and knowledge as major strengths. This reflects that the MMU’s human interface—approachable doctors, empathetic staff and consistent communication—has been as critical as the clinical component.



A remarkable **97%** of the respondents confirmed that Clinic on Wheels has improved their knowledge on how to prevent illness.

Awareness about major diseases such as diabetes, hypertension, dengue, malaria and tuberculosis was almost 100% – a rare outcome in public health outreach. Such prominent health knowledge suggests high message recall and effective communication design, likely aided by consistent IEC activities. **The timely diagnosis and regular monitoring of chronic conditions like diabetes, BP and hypertension helped in accessing preventive care and prevent cases of stroke and heart attack.**

The following table represents the responses of the community members regarding their awareness of major diseases and the prevention methods after Clinic on Wheels started visiting.

Disease	Aware of disease	Aware of prevention methods
Diabetes	100%	99%
Hypertension	99%	100%
Tuberculosis	99%	99%
Malaria	99%	99%
Dengue	100%	99%
Diarrheal diseases	99%	97%



Though Clinic on Wheels did not handle any life-saving emergency cases during the assessment period, **it significantly strengthened the preventive health profile of community members in Mysore**. High levels of awareness about major diseases—such as diabetes, hypertension and diarrheal diseases—indicate that regular health counselling, early screening, and continuous engagement through the mobile unit have helped communities better understand risks and adopt preventive practices.

❖ **Lifestyle changes and strong preventive practices**



Improved lifestyle with **97%** adopting changes in diet, hygiene, regular medical checkup, etc post the awareness session leading to decline in disease burden.

Notably, among the respondents, 36% reported improving their diet and 28% enhanced their hygiene practices, both core preventive behaviours with immediate and long-term health dividends. **These trends imply a shift from curative dependence to preventive self-management**. The adoption of regular exercise and routine check-ups further signal that the MMU has begun instilling a culture of health maintenance, not merely illness treatment.

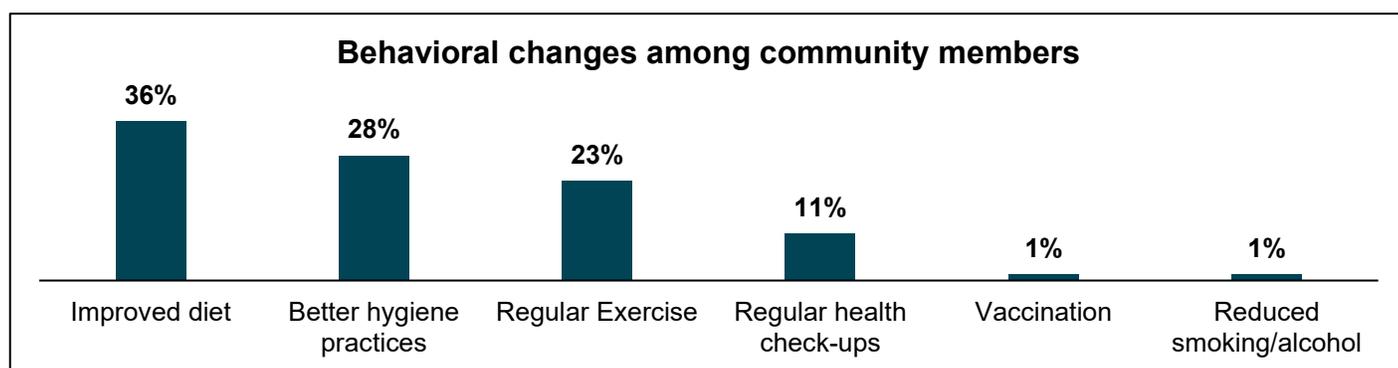


Figure 17: Behavioural changes among community members in Mysore

The data reveals that preventive practices are not merely being promoted, these are being institutionalised into daily routines, signalling a maturing health awareness ecosystem. An encouraging 82% of respondents now practice regular handwashing with soap, underscoring the **MMU’s success in embedding the most fundamental preventive behaviour within households**.

The adoption of toilet usage and safe drinking water practices points to growing recognition of hygiene-health linkages. The significant uptake of vaccination (71%) underscores strong community acceptance of preventive medicine – an outcome often constrained by misconceptions or logistical gaps. **The pattern across these indicators reflects that preventive practices are no longer isolated acts but are becoming shared community norms.**

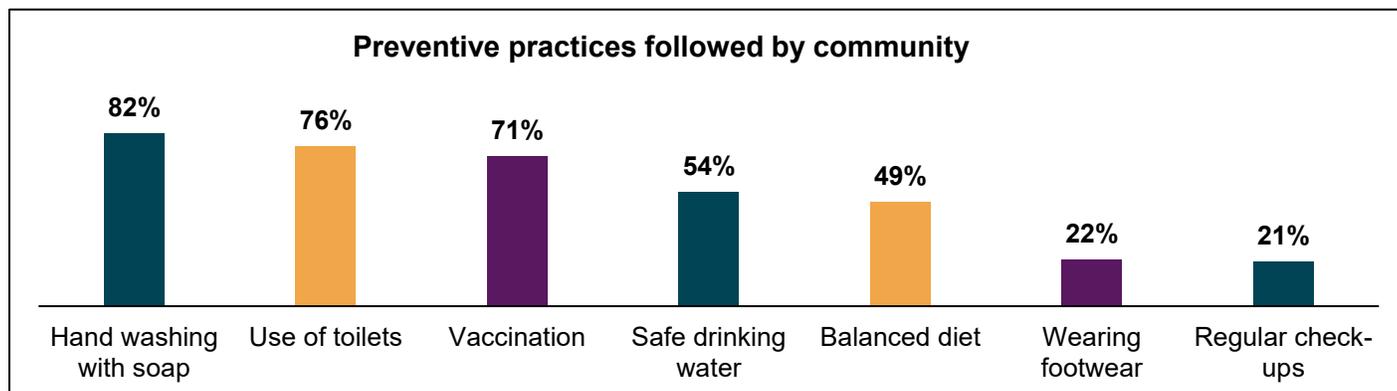


Figure 18: Preventive practices adopted by community members since Clinic on Wheels started

❖ **Rising NCD burden and the role of the MMU in strengthening preventive care**

The findings highlight a notable prevalence of NCDs such as diabetes, hypertension and thyroid disorders in the community, **with nearly one in two households (49%) reporting at least one family member that is affected.**

Encouragingly, 99% of those with NCDs reported undergoing regular tests, a strong indicator of improved health-seeking behaviour and consistent disease management.



“My husband has diabetes for the past five years. Earlier, he used to skip tests because the hospital was far and the treatment costly. Since the mobile clinic started coming near our home, he gets his sugar checked every month. The doctor patiently explains the results, and now we both know how to better-manage his diet and medicines. It has given us a peace of mind.”

This outcome directly reflects Clinic on Wheels’ contribution to early detection and continuous follow-up, particularly for chronic conditions that require routine monitoring rather than episodic treatment. Beyond clinical benefits, these trends signify an important cultural shift—health monitoring is no longer seen as an occasional necessity but as a routine responsibility.

❖ **Strengthening maternal and child health through Clinic on Wheels**

Among the respondents, **only 3% acknowledged that pregnant or lactating women in their community received support** from Clinic on Wheels, underscoring its role as a trusted first point of contact for maternal care.

The range of services provided are health counselling (75%), BP and haemoglobin testing (75%) and referrals to PHCs or hospitals (25%), reflecting a balanced approach between preventive care and early complication management. These interventions are not only improving maternal wellbeing but also ensuring safer pregnancies.



On the child health front, the MMU's engagement extends beyond the antenatal stage. Newborn and infant check-ups conducted at home or within localities (25%), along with immunisation referrals for children under five years, signify the programme's commitment to a continuum of care – from pregnancy through to early childhood.

❖ Promoting adolescent health and anaemia prevention through Clinic on Wheels

Adolescent health, particularly prevention of anaemia among girls, remains a critical determinant of long-term health and productivity. Survey findings reveal that **only 6% of households reported haemoglobin (Hb) testing for adolescent girls**, indicating significant gaps in routine screening and limited health-seeking behaviour among this age group.

Among those tested, 56% were found to be anaemic, reflecting the persistence of iron-deficiency anaemia—a condition that continues to undermine adolescent health and future maternal outcomes. **The MMU's follow-up response, where all identified anaemic girls reportedly received Iron and Folic Acid (IFA) supplementation**, demonstrates its rapid response and preventive intervention capability.



VI. Perception of equity in MMUs

The Clinic on Wheels initiative in Mysore stands out not only for expanding healthcare access but also for fostering a sense of equity and inclusion within the community.



A remarkable **95%** of respondents felt that everyone in their community had equal access to MMU services, underscoring a strong perception of fairness and outreach equity.

When focusing on persons with disabilities (PwDs), **99%** of the respondents described 'Clinic on Wheels' facilities as accessible.



Notably **100% of the respondents, who reported partial or no access, confirmed adjustable examination tables and 78% acknowledged the presence of wheelchair ramps**, yet relatively fewer noted features such as adjustable examination tables (32%) or visual/audio aids (15%). This indicates that while basic accessibility is ensured, specialised disability-friendly infrastructure remains limited.



Encouragingly, **87%** of the participants confirmed that home visits are provided for persons with disabilities or in emergencies.

Such responsive outreach, with free medicine delivery (98%) and follow-up care by ANMs and Lab tests, highlights Clinic on Wheels' commitment to personalised, door-to-door healthcare for vulnerable groups who face mobility constraints.

“My husband cannot walk long distances, so the MMU team visits our home for his medicines and BP check-up. Earlier, he had to skip treatment as we couldn't afford transport. Now that the care comes to us, it feels like we are not left behind anymore.”

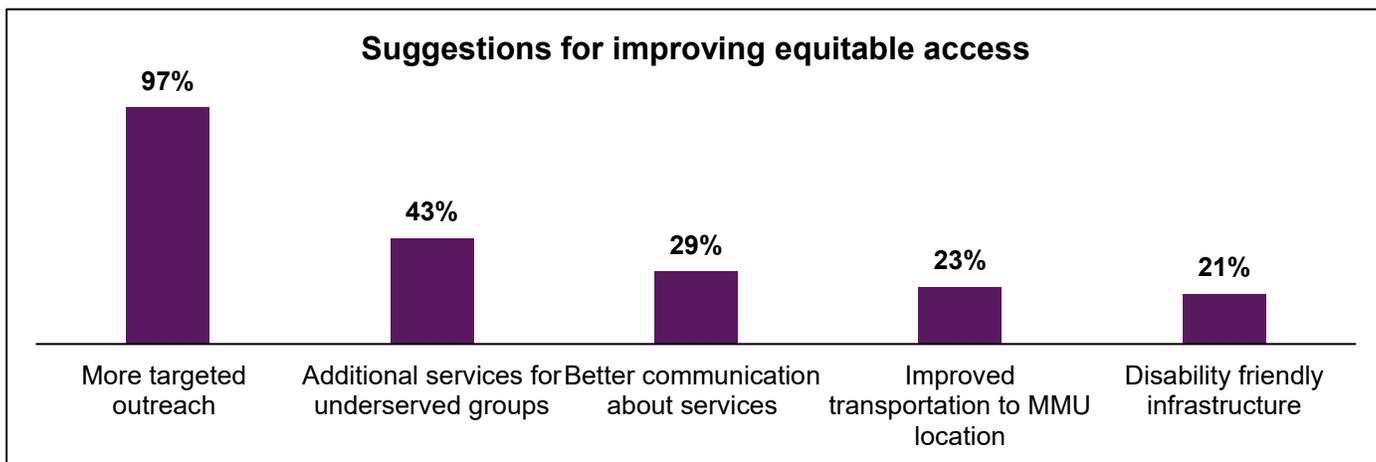
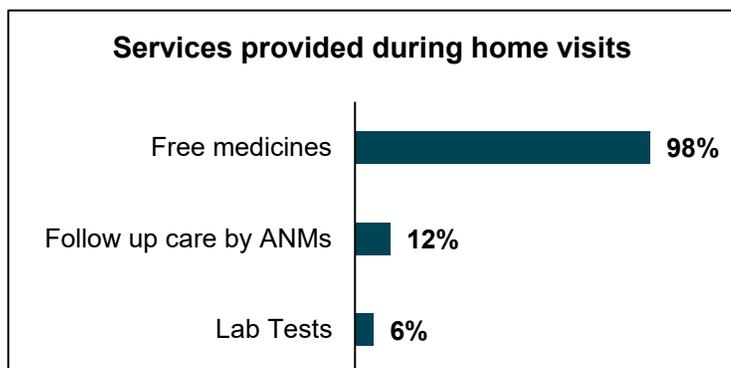


Figure 19: Services provided during home visits and suggestions for improving access

When asked how to ensure greater equity, a **significant 97% community members called for more targeted outreach, and 43% suggested additional services for underserved groups**, indicating a community-driven understanding of inclusion that goes beyond physical access to encompass social and informational accessibility.

Through such efforts, Clinic on Wheels can bridge the last-mile gap in healthcare delivery, promoting not just access, but dignity and equity in service utilisation across the population.

❖ **Assessing impact on out-of-pocket expenditure (OOPE) and medical poverty risk**

The introduction of Clinic on Wheels has demonstrated measurable success in improving both accessibility and affordability of healthcare for the participating households. The initiative's effect has been twofold—reducing physical barriers to healthcare access while simultaneously lowering direct out-of-pocket costs associated with medical care.

From a financial perspective, the data indicates a significant positive impact on household-level healthcare spending. **All respondents reported direct cost reductions in the healthcare expenditures attributable to the MMU initiatives.** The most frequent areas of cost savings were travel, medicine and consultation fees—expenses that often constitute the bulk of out-of-pocket medical spending for marginalised families.

Within this group, ~63% of households reported monthly saving INR 500-2000, while the other 37% saved less than INR 500 per month.

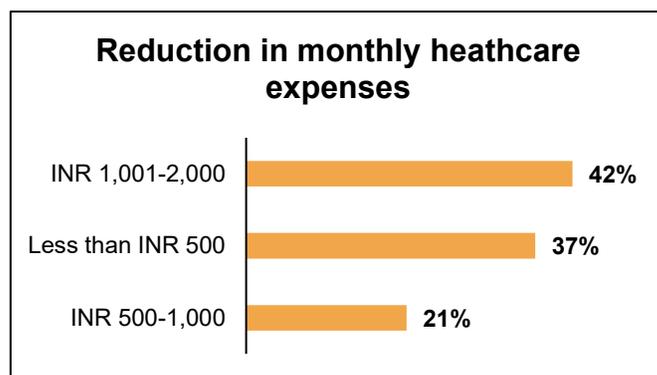


Figure 20: Reduction monthly medical expenses due to Clinic on Wheels

These combined savings meaningfully strengthened household financial stability, enabling families to redirect money toward food, education, and other essentials. **Reduced healthcare costs also encouraged earlier treatment-seeking, especially among women, elderly people and daily wage earners who previously delayed care due to cost barriers.** By lowering out-of-pocket expenditure and bringing services closer to home, the MMU helped vulnerable groups access consistent care, leading to improved health outcomes and greater wellbeing across the community.

Additionally, improved healthcare access has led to significant savings in workdays, particularly for daily wage earners and informal workers who are most affected by illness-related income loss. **On average, community members report saving 3 workdays per month due to timely diagnosis, regular follow-ups, and doorstep availability of essential services.** These workdays saved translate directly into higher and more stable household income, especially for families dependent on daily labour. **Women, who often lose additional days due to caregiving responsibilities when family members fall ill, benefit doubly—both through improved personal health and reduced household medical disruptions.**



Among the respondents reporting monthly savings of more than INR 1,000, an estimated **INR 400** came from reduced transportation costs, as they no longer needed to travel to far-off PHCs, CHCs, or private facilities. Another **INR 500** was saved through waived consultation fees and free diagnostics provided by the Clinic on Wheels. The remaining **INR 400** was due to reduced medicine expenses, with essential drugs supplied at no cost.

Additionally, with an average of 3 workdays saved per month, beneficiaries gained the equivalent of **INR 1,050** in additional monthly income, assuming a typical daily wage of INR 350.



“A family’s health should never depend on the distance they must travel or the weight of their wallet.”

According to the Centre for Social and Economic Progress report in 2022-23, 4-6% of the total household expenditure is the average expenditure ratio on healthcare. In India, OOPE per hospitalisation averaged INR 21,985, and ~21.8% of households faced catastrophic health expenditures that consumed over a tenth of their income.

By reducing ancillary expenses such as transportation and medication, the Clinic on Wheels directly contributes to mitigating financial pressures.

Overall, these results highlight the MMU’s contribution toward more equitable healthcare access by ensuring that vulnerable populations are not forced to choose between health and financial stability. Integrating mobile service delivery with targeted outreach and infrastructural support can drive sustainable improvements in both service reach and financial risk protection.

VII. Sustainability and future needs

The assessment explored how beneficiaries perceive the Clinic on Wheels in comparison with other healthcare facilities in their area. Across all parameters, respondents overwhelmingly rated the Clinic on Wheels services as superior.



More than 80% of the respondents felt that Clinic on Wheels has provided better healthcare access at a lower cost than the existing facilities.

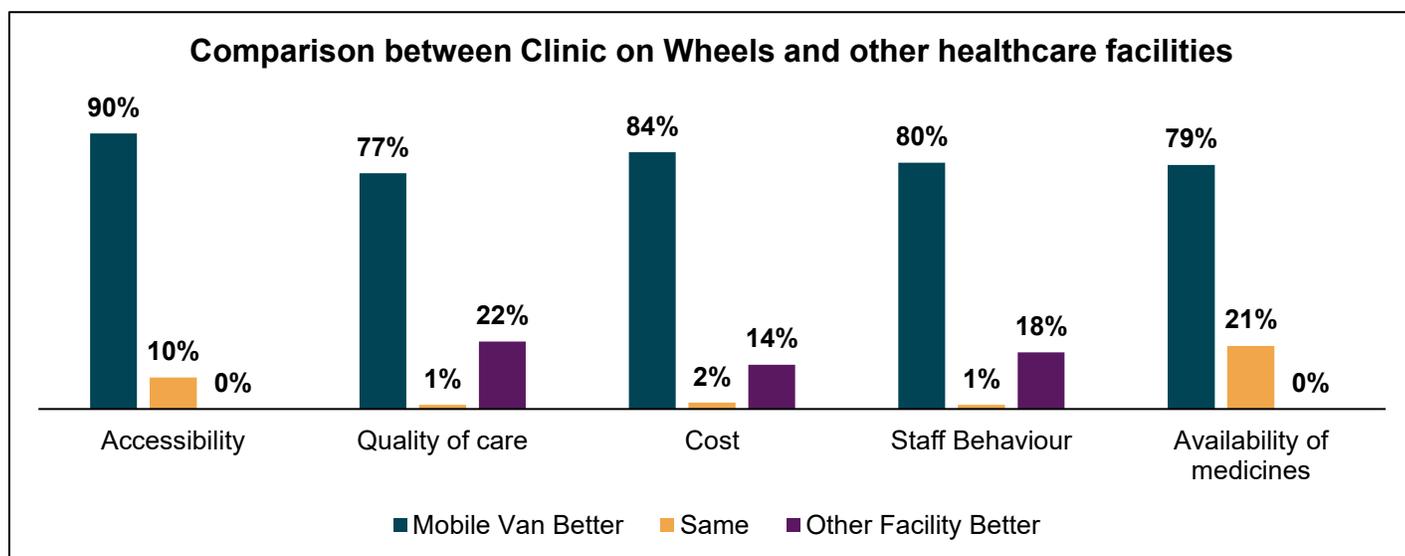


Figure 21: Comparison between Clinic on Wheels and other health facilities

These responses reflect not only the efficiency of the mobile health model but also the trust it has built within communities.

Community feedback indicates that Clinic on Wheels has become an indispensable part of the local healthcare delivery, especially for underserved and vulnerable populations. Respondents consistently highlighted that the discontinuation of MMU services would severely compromise their access to essential healthcare.

All respondents expressed a clear need for Clinic on Wheels in the future, reflecting great dependence and trust in its service. While the MMU is likely to sustain long-term impact, its effectiveness will depend on continued operational support, consistent staffing, and integration with local health systems. By providing weekly outreach, emergency care, and follow-up services, the Clinic on Wheels has the potential to create lasting improvements in community health outcomes in Mysore.

If the MMU services were to be discontinued, community members, particularly the elderly, women, PwDs, and low-income families would face multiple barriers to healthcare. The primary challenges identified include the high cost and time involved in travelling to distant hospitals, long waiting hours, and the unaffordability of private healthcare facilities. These obstacles would likely lead to delayed treatment, self-medication or avoidance of care altogether, resulting in deteriorating health outcomes for the community.

In the absence of the MMU, people would likely turn to private clinics or government hospitals. However, this shift would significantly increase their out-of-pocket expenses due to consultation fees, medicine costs, and transportation charges. For many families, particularly those living in remote or low-income settings, this would create additional financial strain and discourage timely healthcare-seeking behaviour.

The MMU currently addresses some of the most prevalent and pressing health issues in the community, including hypertension, diabetes, respiratory illnesses, fever-related ailments, and general health check-ups. These conditions require consistent monitoring and medication - services that are often unavailable or irregular in nearby public facilities. Existing local health infrastructure struggles to provide the same level of accessibility and continuity of care due to shortage of medical staff, long waiting times and limited outreach to peripheral habitations.

Through its doorstep healthcare delivery, regular follow-ups and preventive awareness efforts, the Clinic on Wheels model effectively bridges these service gaps, ensuring that even the most marginalised households can access quality primary care without financial or logistical hardship.

Case studies



Lakshmi, community member, Janatha

Lakshmi, a resident of Janatha village near Mysore, faced significant barriers to access quality healthcare, particularly for maternal and chronic health needs. Prior to the Clinic on Wheels, she had to travel over 15 kilometres to the nearest government health facility, which was time-consuming and financially burdensome. Traveling costs, lost daily wages, and the discomfort of seeking care from male providers prevented her from receiving timely health check-ups and follow-ups.

With the introduction of the Clinic on Wheels, Lakshmi experienced transformative improvements. The mobile clinic, staffed by trained female health workers and equipped with diagnostic tools, brought essential healthcare services directly to her doorstep. She mentioned, **“I was scared to visit the doctors earlier, especially male doctors. But here, the female health workers make me feel comfortable. I come regularly now and even learned about nutrition and childcare from their counselling sessions.”**

Financially, Lakshmi saved about INR 200-300 per visit by avoiding travel and associated expenses, a significant amount for her low-income household. The access to free medicines and point-of-care diagnostics further reduced her out-of-pocket expenditure. The regular visits enabled proactive management of her chronic conditions like hypertension and early detection of risks, preventing costly hospitalisation. With financial relief and consistent care, Lakshmi could focus more on her family’s well-being and even supplemented household income by engaging in small entrepreneurial activities.

Additionally, awareness and counselling sessions during MMU visits educated her on nutrition, preventive health, and childcare, contributing to healthier lifestyle choices. Community mobilisers ensured she never missed follow-ups, boosting treatment adherence.

Putta Ranga Shetty, community member, Hebya

Putta Ranga Shetty, a 60-year-old resident of Hebya, has been a regular beneficiary of the Clinic on Wheels services for over two years. Living in a remote area where healthcare facilities are scarce, Putta first encountered the mobile clinic during a community health camp organised locally.

Putta recalls his initial visit vividly: "I was sceptical at first because travelling to the hospital involved a costly and tiring 20 km journey. But the first time the Clinic on Wheels arrived, I saw the doctor right there in our village. The waiting time was short and the health workers were very respectful and helpful."

Over time, Putta began using the services regularly, especially for managing his hypertension and diabetes—conditions that previously went unchecked due to lack of access. **“Earlier, I had to skip medicines because getting them from the hospital was expensive and meant I lost a day’s wages. Now, the Clinic on Wheels provides free medicines,”** he shares.

The financial relief has been significant for Putta’s family. "My monthly healthcare expenses used to be about INR 2,000 with travel and treatment costs. Now, with the Clinic on Wheels coming to our village, I spend less than half of that. It has helped me save money for other family needs," he explains.

Putta also appreciates the health education sessions the clinic conducts during visits. "They taught us about safe drinking water and regular toilet usage, along with how to monitor symptoms at home. It made me more aware and helped me to control my illness better."

Today, Putta feels more empowered and healthier thanks to the consistent, affordable, and culturally sensitive care delivered at his doorstep. **"Clinic on Wheels is a blessing for us,"** he concludes warmly. "I also tell my friends to take advantage of it because it truly brings healthcare close to home."

Mossina Banu, community member, Rathnapuri

Mossina Banu, a 37-year-old resident of Rathnapuri, Mysore, has benefitted significantly from the Clinic on Wheels programme. Before this service reached her village, Mossina found it challenging to receive consistent healthcare due to the distance and cost of visiting hospitals in the city.

Recalling her first visit to the Clinic on Wheels, Mossina says, "I was relieved to see a doctor and tests were conducted right in our neighbourhood. The staff were kind and made me feel comfortable, unlike my previous experiences where I felt ignored at busy hospitals."

Over time, Mossina has used the Clinic on Wheels regularly, especially for her chronic respiratory condition. **"The diagnostic tests done on the mobile unit helped identify my condition early, and the free medicines helped me manage my health without worrying about expenses,"** she shares.

Mossina mentions, "I saved a lot of money. Earlier, a single hospital visit would cost me around INR 1,000, including travel and tests. Now, the Clinic on Wheels comes here monthly, so my expenses have dropped drastically." This financial relief allowed her to support her family better and avoid the stress of long travels.

She also appreciates the counselling sessions provided by the health workers. "They taught me how to improve my nutrition and care for my child's health. Now, I feel more confident of taking care of my family's well-being."

Mossina Banu credits the Clinic on Wheels for making healthcare more accessible and affordable in her community. Her story reflects how the Clinic on Wheels bridges the healthcare gap in Rathnapuri, especially for women managing chronic conditions and maternal health, while easing financial burdens and empowering them to make informed health choices.

Stakeholders speak



Dr Nayana Chandrashekhar, Doctor, Nanjangud, Mysore

Experience: Four years in total and three years at Clinic on Wheels

Dr Chandrashekhar, a dedicated general practitioner from Mysore, Karnataka, has been associated with the Clinic on Wheels initiative under the Wockhardt Foundation since November 2022. With years of medical experience, she has played a crucial role in delivering accessible primary healthcare to underserved rural communities.

Background and operational overview: The Clinic on Wheels initiative has been operational since 2022, bringing essential health services to rural and semi-urban communities. Dr Chandrashekhar leads the mobile medical unit's medical operations, providing diagnostic, preventive and curative care to people who otherwise face barriers to accessing healthcare facilities.

The van covers 10-12 villages per week (two villages daily), attending to an average of 60-90 patients per day. Common cases include fever, diabetes, hypertension, anaemia, skin infections, respiratory illnesses, musculoskeletal pain and minor injuries. The doctor uses paper-based and digital record systems for patient documentation and refers complex cases to PHCs or district hospitals, ensuring continuity of care. Through her leadership, the mobile unit has become a trusted healthcare touchpoint in these communities, especially for women, elderly patients and those with chronic diseases.

Identified needs and challenges: Based on her field experience, Dr Chandrashekhar emphasises that the community's most pressing needs include basic diagnostic services (such as Hb, PPBS, FBS and RBS), chronic disease management, maternal and child healthcare, mental health support and adolescent counselling. She emphasised that regular follow-ups and structured health education are also critical to improve long-term health outcomes.

However, several challenges persist. Medicine shortages limited diagnostic tools, and delays in vehicle maintenance hindered consistent service delivery. During monsoons, difficult terrain and access barriers restricted mobility, affecting patient outreach. Fuel availability and logistical constraints further complicated operations. In emergencies, while the MMU team stabilises patients by monitoring vitals and coordinating ambulance transport, tracking migrant populations and ensuring follow-up care remain ongoing challenges.

Impact of the Clinic on Wheels initiative: The MMU initiative had a transformative effect on community health outcomes in Mysore's rural areas. Dr Chandrashekhar observes that the programme has improved access to quality healthcare at the doorstep, significantly reducing untreated illnesses and promoting early diagnosis and treatment. Chronic disease patients now receive regular monitoring, leading to better control of hypertension and diabetes. In addition, there is a visible improvement in nutritional awareness, hygiene practices and preventive health behaviours in the local population.

The initiative has particularly benefited women and elderly patients, who often face mobility or financial constraints in reaching health facilities. The doctor's consistent presence has also enhanced community trust in modern healthcare and reduced dependency on unqualified practitioners.

Challenges and recommendations: While the programme's impact has been substantial, Dr Chandrashekhar identified areas for improvement to enhance service quality and sustainability. She recommended:

- Introduction of portable diagnostic tools for blood sugar, haemoglobin, thyroid and other common tests to enable immediate diagnosis
- Ensuring uninterrupted supply of essential medicines to maintain patient trust and improve treatment continuity
- Integration of telemedicine services to facilitate specialist consultations, particularly for chronic and maternal health cases
- Development of health education material and conducting awareness sessions on nutrition, hygiene, women's health and mental well-being
- Conducting periodic multi-specialty health camps to address broader community needs
- Digitalisation of follow-up systems for better tracking of patient outcomes and referrals
- Recruitment of additional healthcare staff, including trained nurses and counsellors, to support service delivery and manage growing patient loads

Her insights highlight both the transformative impact of mobile healthcare units and the need for systemic enhancements, particularly around diagnostics, supply chains and digital linkages, to ensure long-term sustainability and scalability.

Sumaiya Anjum, Nurse, Mysore

Experience: Three years in total and two years at Clinic on Wheels

Anjum serves as the pharmacist and medicine dispenser for the Clinic on Wheels initiative under the Wockhardt Foundation. With a diploma in pharmacy and prior experience managing hospital inventories, she plays a vital role in ensuring the smooth functioning of medicine management, patient counselling and stock control within the mobile medical unit.

Background and role: As part of the Clinic on Wheels team for the past two years, Anjum is responsible for dispensing prescribed medicines, managing stock levels, and counselling patients on proper dosage, timing and possible side effects. She ensures that all medicines are administered strictly according to the doctor's instructions and provides clear, empathetic guidance to patients, particularly those with chronic diseases such as diabetes and hypertension. Her efforts have helped improve treatment adherence and patient confidence in medical services delivered through the van.

Medicine ordering and inventory management: Anjum oversees the end-to-end process of medicine procurement and stock maintenance. She prepares monthly medicine requirement lists based on previous consumption data, community health trends and seasonal disease patterns. Orders are placed through coordination with the Wockhardt Foundation central procurement team, ensuring timely supply to meet field-level demands.

All received medicines are recorded in a manual inventory register and a digital tracking system, with daily updates after each medical camp. She adheres strictly to the **First Expiry, First Out (FEFO)** principle to prevent wastage and ensure quality.

Impact and observations: Through her systematic approach, Anjum has strengthened medicine availability and distribution efficiency across the mobile medical operations. Her proactive coordination with the doctor and foundation team minimises stock-outs and ensures that essential drugs, especially for chronic illnesses and maternal health, are always available.

Her work also extends beyond dispensing and involves educating patients on medication compliance. She contributes to improve disease management and health outcomes within the communities served.

Divya K G, Social worker, K R Nagar, Mysore

Experience: One year at Clinic on Wheels

Background and role: Divya K G has emerged as a dedicated and efficient SPO with the Clinic on Wheels initiative implemented by the Wockhardt Foundation. With a master's degree in social work (MSW) and prior experience in community health, she joined the programme a year ago and has been instrumental in ensuring smooth operational coordination, data management and effective community engagement. Her core responsibilities include coordinating with local stakeholders, such as panchayat members, ASHA workers, and Anganwadi teachers, scheduling health camps, managing daily patient records and overseeing awareness and mobilisation activities across villages.

Administrative and operational management: Divya plays a central role in the day-to-day functioning of the mobile medical unit. She manages both digital and manual patient registers, ensures timely submission of reports to headquarters, and coordinates van operations through detailed monthly route planning. Adjustments are frequently made based on local needs, emergencies and festivals, ensuring healthcare services remain accessible and uninterrupted.

Her oversight extends to vehicle servicing, medicine restocking and logistics coordination, ensuring that every camp runs efficiently. Through close collaboration with the doctor, pharmacist and driver, Divya facilitates a seamless delivery of medical services to remote and underserved communities.

Coordination and communication: She conducts daily team briefings to enhance coordination and ensures that each team member is aware of their roles and responsibilities for the day. She also serves as the critical link between the field team and the head office, maintaining regular communication on operational updates and challenges.

However, network connectivity issues and occasional staff shortages pose challenges in communication and timely data transmission. Despite these obstacles, Divya's consistent follow-up and problem-solving approach has ensured minimal disruption in service delivery.

Initially, some communities were hesitant to approach the MMU due to unfamiliarity, but over time, Divya's persistent community mobilisation and rapport-building efforts led to high community acceptance and trust in the Clinic on Wheels services.

Capacity building and community engagement: Divya has received training in health communication, first aid and reporting, which has strengthened her ability to engage effectively with communities. She conducts 3-4 awareness sessions monthly, focusing on topics such as nutrition, sanitation and NCDs.

By collaborating with ASHAs, local leaders and women's self-help groups, she ensures that messages reach vulnerable populations, especially women, children, and the elderly. Her door-to-door mobilisation efforts have significantly improved community participation in health camps and preventive health activities.

Impact and effectiveness: Under Divya's coordination, the Clinic on Wheels initiative has brought primary healthcare access directly to people's doorsteps, significantly reducing travel time and cost for patients. She has observed a visible improvement in health-seeking behaviour, especially regarding personal hygiene, nutrition and physical activity.

Community members now demonstrate a greater understanding of preventive healthcare, and more individuals are attending follow-up consultations and screenings. Beneficiary feedback highlights timely service delivery, approachable staff and accessible healthcare as key strengths of the initiative.

Challenges and areas for improvement: Despite the strong operational systems, certain challenges persist:

- Limited diagnostic tools, such as haemoglobin and routine blood testing facilities, restrict on-site diagnosis and disease management
- Connectivity issues with central teams affect real-time reporting and monitoring
- Occasional shortages of field staff during peak periods can disrupt scheduling and community coverage

To overcome these challenges, Divya recommends introducing basic laboratory investigation tools, better digital connectivity and refresher trainings for staff on data handling and community counselling.

Sustainability and exit strategy: She emphasised the importance of community ownership for long-term sustainability and ensures that ASHAs and panchayat members are actively involved in mobilisation, follow-up and patient referrals. Efforts are also underway to align patient data with local PHC systems, enabling smoother referral linkages and better continuity of care.

By building local capacity and strengthening institutional partnerships, Divya envisions that the Clinic on Wheels initiative can continue to function as a community-anchored healthcare model, even beyond the project lifecycle.

Dr. Vani N Pavithra, Medical Officer- PHC, Bannikuppe

Experience: Twelve years in total

Awareness: Dr. Vani N possesses an excellent understanding of the MMU operations. The van visits the area once a week and has become a reliable and accessible source of healthcare for the community.

Impact: The Clinic on Wheels initiative has greatly promoted early health-seeking behaviour among residents and helped reduce the number of untreated infections, contributing to better community health outcomes.

Health behaviours: The community has shown noticeable improvement in personal hygiene, sanitation practices and awareness of immunisation and preventive healthcare.

Impact on local PHCs: The integration of MMU services has led to an estimated 20% reduction in patient load at the PHC. This improvement is attributed to timely care, effective field outreach and strengthened referral linkages.

Challenges: Although the MMU programme has been effective, further enhancement of diagnostic services and uninterrupted medicine supply would help optimise healthcare delivery.

Recommendations: Increasing the frequency of MMU visits and incorporating teleconsultation services can further improve accessibility and continuity of care, particularly for residents in remote areas.

Future vision: Dr. Vani N envisions the MMU programme expanding in synergy with key national initiatives, such as Ayushman Bharat and the NHM to ensure long-term sustainability, equity and comprehensive community health coverage.

SWOT analysis



SWOT analysis is a strategic planning technique used to identify and evaluate the strengths, weaknesses, opportunities and threats of an initiative. It is a framework that helps to assess the internal and external factors that can affect the impact and sustainability of a programme. It also helps identify potential risks and develop effective strategies for informed decision-making to enhance the impact and sustainability of the programme. It also supports streamlining the monitoring and evaluation process and improving accountability.



Strengths

- Enhanced healthcare access for underserved communities through doorstep delivery of services
- Comprehensive care under one roof, including free consultation, diagnostics and free medicines
- Improved disease detection and management
- High patient satisfaction and trust due to affordability, convenience and consistent availability of doctors

Weaknesses

- Limited frequency of visits in some areas, affecting chronic disease monitoring
- Limited awareness campaigns regarding maternal, child and adolescent health
- Limited community engagement mechanisms for feedback

Opportunities

- Expand community outreach and referral linkages
- Regular training and upskilling of MMU staff to maintain quality and efficiency
- Enhanced IEC and community engagement activities
- Improved communication through community health sessions and ASHA linkages

Threats

- Management and maintenance of MMUs
- Equipment downtime or technical failures, potentially disrupting service delivery
- Logistical challenges during adverse weather
- Attrition of skilled medical and technical personnel

Alignment with OECD DAC framework



The OECD DAC framework provides a normative lens for assessing development interventions to determine the benefits of an intervention to make evaluations if the project is doing the right things and will deliver lasting benefits. Under its ambit, the study analyses key components of the overall programme.

Evaluation dimension	Focus areas
<p>Relevance and coherence</p>	<p>The Clinic on Wheels initiative addresses the critical gaps in India’s healthcare system by bringing quality primary healthcare to remote, underserved and marginalised communities. The programme is especially relevant to vulnerable groups, including women, children, the elderly, person with disabilities and urban population with limited access to health care. It aligns closely with public health priorities by focusing on preventive care, reducing out-of-pocket expenditure, and strengthening linkages with local health infrastructure.</p> <p>The programme aligns with the national goals related to universal health coverage and health equity. It also complements the existing health system, while leveraging health infrastructure, such as PHCs and CHCs, for referral and continuity. In addition, the Clinic on Wheels initiative contributes to SDGs, particularly SDG 3 (Good Health and Well Being), SDG 5 (Gender Equality) and SDG 10 (Reduced Inequalities) by improving access to vulnerable communities.</p>
<p>Effectiveness</p>	<p>The Clinic on Wheels programme has demonstrated strong effectiveness in delivering essential primary healthcare to underserved communities. Its design is centred around the ADCR—awareness, diagnosis, cure and referral—model, ensuring each van goes beyond one-time service delivery to offer a more holistic, outcome-oriented approach.</p> <p>Each mobile unit is staffed with a doctor, pharmacist, driver and SPO, a combination that ensures both medical and social needs of patients are addressed. One of the key drivers of the programme’s effectiveness is strong ground-level coordination with ASHAs, ANMs and Anganwadi workers. These stakeholders help identify beneficiaries and disseminate information about MMU visits, leading to high patient turnout in communities.</p>
<p>Efficiency</p>	<p>MMUs follow a rotational model covering 24 locations in a monthly cycle. With MMUs serving an 8 km radius and reaching each site within 20 minutes, the programme maximises efficiency with minimal logistical delays. Each operational day is divided into two shifts (3 hours each), allowing for consistent service coverage while optimising staff time.</p> <p>The use of digital tools such as MIS, PIMS and GPS-enabled geotagging enables real-time tracking, reporting and monitoring of services. These systems reduce duplication, enhance service planning and provide transparent documentation for continuous improvement.</p>

<p>Impact</p>	<p>The MMU programme has made a measurable difference in the lives of vulnerable populations. It has enhanced access to free primary healthcare, especially for those with limited mobility or financial constraints. Regular monitoring, early diagnosis and the availability of medicines have helped reduce the disease burden and out-of-pocket medical expenses for many households.</p> <p>In addition to improving clinical outcomes, the Clinic on Wheels programme has strengthened health awareness, increased trust in healthcare systems, and encouraged positive health-seeking behaviour in rural and urban underserved communities. The close coordination with local stakeholders and the inclusion of referral mechanisms have contributed to the long-term impact.</p>
<p>Sustainability</p>	<p>Sustainability is embedded into the programme's design through its emphasis on local ownership, staff development and public health integration. The MMUs work in tandem with public health institutions, ensuring patients who need specialised or continued care are seamlessly referred.</p> <p>The initiative promotes sustainability through its community-based approach, regular presence and data-driven follow-ups. Additionally, digital health records and scalable van models create a blueprint for a long-term application and integration with public health systems. The involvement of community leaders and health workers fosters trust and local stewardship, further enhancing the programme's sustainability.</p>

Alignment with SDGs



The United Nations introduced the Sustainable Development Goals (SDGs) in 2015, with the purpose of promoting global peace, advancing human well-being and protecting the environment. This universal framework for social, economic, and environmental sustainability was the result of a comprehensive consultation process involving national governments and millions of people worldwide. India, along with 193 other nations, ratified and signed the convention as a developing country, pledging to meet the SDG targets by 2030.

Goal	Target	Alignment of the programme
	<p>Target 1.3: <i>“Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.”</i></p> <p>Target 1.4: <i>“By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance”</i></p>	<p>Clinic on Wheels helps in eliminating financial barriers to healthcare by offering free diagnosis, treatment, medicines, referrals and follow-ups, and significantly reduces the out-of-pocket expenditure.</p> <p>The MMU reaches the underserved clusters, ensuring access to health services where none exist. Each route is planned to maximise inclusion and address historical neglect.</p> <p>People with disabilities, daily wagers and elderly are prioritised. This door-to-door delivery model ensures even the most excluded can receive essential services. It strongly aligns with the vision of universal service access.</p>
	<p>Target 2.2: <i>“By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.”</i></p>	<p>As part of its community outreach and health literacy sessions, the Clinic on Wheels team also addresses nutrition-related issues, such as advising pregnant women, lactating mothers and families on balanced diets, hygiene and supplementation. These sessions help combat undernutrition and anaemia in vulnerable households.</p>
	<p>Target 3.1: <i>“By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.”</i></p>	<p>By offering maternal checkups and counselling, the MMU ensures women can access timely maternal health services. This reduces the risk of complications and delays in care during pregnancy.</p> <p>The outreach model ensures even women restricted by mobility or norms receive antenatal support. The programmes track referrals via digital patient records to ensure continuity and follow-up, thereby supporting reductions in preventable maternal complications in underserved areas.</p>

	<p>Target 3.4:</p> <p><i>“By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.”</i></p> <p>By providing regular routine screenings for chronic illnesses such as diabetes and hypertension, Clinic on Wheels enables early diagnosis and ongoing monitoring, reducing long-term health complications and premature deaths.</p> <p>Lifestyle awareness sessions are conducted on safe drinking water, toilet usage and others. Further, the programme’s component of tracking the patient record and following up contributes to the control and management of NCDs.</p> <p>Target 3.8:</p> <p><i>“Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality, and affordable essential medicines and vaccines for all.”</i></p> <p>With a zero-cost model, the programme removes financial barriers to care, directly reaching remote, economically disadvantaged populations, such as women, PwDs and children. The presence of qualified doctors, pharmacists and SPOs ensures quality care. Further, by building strong linkages with PHCs and CHCs, it ensures continuity of care. This fully supports Universal Health Coverage principles of equity, accessibility and affordability by expanding last-mile health access.</p> <p>Target 3.d:</p> <p><i>“Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.”</i></p> <p>MMUs play a critical role in building community awareness and resilience through awareness sessions conducted to educate the target population on important health issues, such as communicable and non-communicable disease prevention, vaccination importance, and maternal and child healthcare. These sessions help improve health literacy and encourage proactive health management among the underprivileged individuals, thus helping in risk reduction and last-mile outreach.</p>
	<p>Target 4.7:</p> <p><i>“By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture’s contribution to sustainable development.”</i></p> <p>The programme embeds awareness sessions and capacity building as core components of its service delivery. It also promotes sustainable health practices, such as hygiene, nutrition and preventive care, which are crucial for fostering responsible and culture of informed decision-making, and gender equity. These efforts go beyond immediate health outcomes to promote lifelong learning and community resilience, which are key components of education for sustainable development.</p>

	<p>Target 5.6:</p> <p><i>“Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.”</i></p>	<p>Clinic on Wheels tries to reach out to women and adolescent girls in underserved and rural communities, to provide access to essential reproductive health services. The programme offers maternal and child health counselling, antenatal and post-natal care, and health awareness, all of which directly support reproductive rights and informed health decision-making. This improves reproductive health outcomes and helps uphold reproductive rights at the last mile.</p>
	<p>Target 5.c:</p> <p><i>“Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women.”</i></p>	<p>Through MIS, PIMS and documentation with geo-tagged photographs, Clinic on Wheels can track individual health records, follow up with patients and flag high-risk cases even in case of maternal and reproductive health. This use of information and communications technology facilitates timely intervention, improves access to information and strengthens health outcomes for women.</p> <p>Additionally, digitalisation helps reduce dependency on fragmented paper records and improves efficiency in delivering gender-sensitive services. Thus, it empowers women to take charge of their health and well-being.</p>
	<p>Target 6.2:</p> <p><i>“By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.”</i></p>	<p>Clinic on Wheels conducts awareness sessions on hygiene and other preventive health behaviours, which complements the broader health, water and sanitation goals.</p>
	<p>Target 10.2:</p> <p><i>“By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.”</i></p>	<p>By deliberately focusing on marginalised and underserved populations such as elderly, PwDs, women and children, and those in low-income settlements and geographically isolated rural areas, the programme addresses entrenched disparities in healthcare access.</p> <p>The component of free service delivery through MMU ensures financial limitations do not hinder treatment. Moreover, the integration of engagement through SPOs enhances trust and cooperation. This model promotes social inclusion in healthcare, breaks the cycle of exclusion, and builds trust with marginalised communities.</p>

17 PARTNERSHIPS
FOR THE GOALS



Target 17.16:

“Enhance the Global Partnership for Sustainable Development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the Sustainable Development Goals in all countries, in particular developing countries.”

This initiative fosters multi-stakeholder partnerships involving KLI and government bodies to collectively address healthcare access in underserved regions. Through shared responsibilities in implementation, financing outreach and digital reporting via MIS, PIMS, geo tagged pictures and monthly reports, the initiative strengthens collaborative mechanisms for sustainable development at the grassroots level.

Target 17.17:

“Encourage and promote effective public, public-private, and civil society partnerships, building on the experience and resourcing strategies of partnerships.”

The programme’s structure brings together KLI (corporate funder), Wockhardt Foundation (NGO expertise), SPOs, medical professionals, digital technology, PHCs and local governance to provide sustainable healthcare solutions. Further, MIS and PIMS enable transparent impact monitoring.

These initiatives demonstrate how civil society partnerships can enhance programme reach, sustainability and accountability across communities.

Conclusion and recommendations



The Clinic on Wheels initiative, supported by KLI and implemented in Mysore, has significantly strengthened healthcare accessibility for underserved and marginalised communities. By delivering free consultations, essential medicines, diagnostics and preventive healthcare services directly to people's doorsteps, the initiative has bridged critical gaps in the local public health ecosystem.

The MMU has emerged as a trusted and convenient healthcare provider, particularly for low-income households, women and the elderly, who previously faced considerable barriers to accessing quality medical care due to distance, cost and limited awareness. **Beneficiaries reported high satisfaction levels, citing free services, staff friendliness, consistent doctor availability and community health awareness sessions as the most valuable aspects of the initiative.**

Additionally, the project has fostered positive health behaviour changes, with **most respondents adopting preventive practices such as regular handwashing, toilet usage and routine vaccinations.** The Clinic on Wheels has also played a critical role in screening and managing NCDs and conducting IEC activities that promote health-seeking behaviour and preventive care.

However, operational challenges persist, including the need for more frequent visits, expanded diagnostic capacity, and stronger referral and data systems. Addressing these limitations will ensure greater sustainability and scale of impact.

To strengthen the programme's effectiveness and institutional integration, the following recommendations are proposed:

- **Expand outreach and follow-up frequency:** Increase visit regularity in high-need areas using predictive scheduling and GIS-based mapping to ensure timely coverage, better follow-up of chronic patients and improved accessibility for underserved populations
- **Enhance diagnostic and awareness capacity for priority health issues:** Deploy portable diagnostic kits and multimedia health education tools during MMU visits to expand early screening for NCDs, and maternal and reproductive health conditions, alongside targeted awareness sessions
- **Strengthen coordination and referral integration with government facilities:** Implement digital referral tracking and share patient records with nearby PHCs and CHCs to streamline patient transfers, avoid duplication and ensure continuity of care across the health system
- **Build capacity through continuous staff training and gender-sensitive service delivery:** Conduct periodic refresher courses for MMU personnel focusing on clinical updates, cultural competence, and inclusion of trained female health workers or counsellors to address maternal and adolescent health needs
- **Leverage technology and feedback loops for community engagement:** Use mobile apps, SMS alerts and real-time feedback systems to inform communities about MMU schedules, thematic health camps and follow-up appointments while collecting satisfaction data to guide service improvements

By reinforcing these areas, the Clinic on Wheels initiative in Mysore can evolve into a replicable model of community-centred primary healthcare, exemplifying how CSR interventions can bridge systemic health gaps, enhance equity and drive long-term social impact across underserved regions of India.

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