



Impact Assessment Report

KLI- Wockhardt Foundation Clinic on Wheels
by Kotak Mahindra Life Insurance Company
Limited (KLI)



Prepared for:

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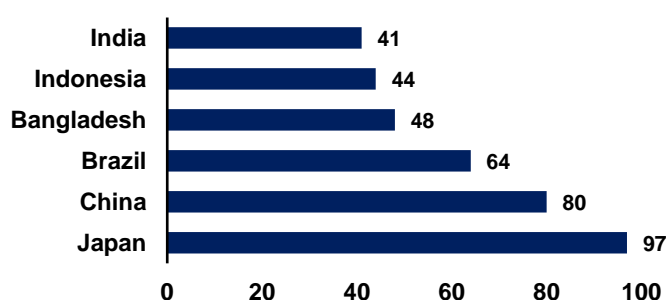
Overview of India's Healthcare System

India's healthcare system is an intricate blend of public and private services, encompassing various levels of care and delivering services to a population exceeding 1.4 billion people. This vast network is responsible for catering to diverse medical needs, spanning preventive, curative, and rehabilitative services. The structure of the healthcare system is organized into three key levels of service: primary, secondary, and tertiary care. Primary healthcare, provided through a vast network of Primary Health Centers (PHCs) and sub-centers, is aimed at providing first-contact care for individuals, focusing on preventive and basic curative services. Secondary care involves district hospitals and Community Health Centers (CHCs), which provide more specialized medical interventions, while tertiary care comprises specialized hospitals and medical institutes offering advanced treatments. Despite this stratified system, a significant gap remains in the equitable distribution of healthcare services across different demographic and geographic sectors.

One of the most pressing challenges in India's healthcare landscape is the stark imbalance between urban and rural healthcare access. While 65% of the population resides in rural areas¹, most of the country's medical resources, including doctors, specialists, and advanced healthcare facilities, are concentrated in urban regions. This uneven distribution has created a skewed healthcare scenario where rural populations struggle to access basic medical care, while urban centers, particularly large metropolitan areas, have most of the healthcare infrastructure and skilled professionals. This disparity is not only limited to rural and urban divides but also exists within urban regions, especially in slum areas and informal settlements that have limited access to quality healthcare services.

Urban India, which constitutes approximately 35% of the country's population, presents a unique set of healthcare challenges. The rapid pace of urbanization over the last few decades has resulted in the expansion of slums and low-income neighborhoods in cities like Mumbai, Delhi, Bangalore, Chennai, and Kolkata. These areas are often overcrowded, with inadequate sanitation, poor living conditions, and limited access to essential services like clean water and healthcare. While cities tend to have better healthcare infrastructure than rural areas, much of it is concentrated in affluent or middle-class localities, leaving vast numbers of urban poor without adequate medical services. Data from the 68th round of the National Sample Survey indicate that almost 77% of all qualified health workers in India are based in urban centers where 31% of the population resides, leading to a significant healthcare gap for the remaining population, particularly those living in neglected urban slums or rural peripheries. This polarity perpetuates the cycle of poor health outcomes among the urban poor, contributing to higher rates of communicable diseases and increasing the burden of non-communicable diseases (NCDs) such as diabetes, hypertension, and cardiovascular conditions.

Figure 1: Comparing 2016 HAQ Scores



Source: Global Burden of Disease Study, 2016

The inadequacy of healthcare services is reflected in India's global health rankings. According to the Global Burden of Disease (GBD) Study 2016, India was ranked 145th out of 180 countries in terms of healthcare access and quality, with a score of 41.2. While this represents an improvement from a score of 24.7 in 1990, it remains far below the global average and lags significantly behind countries like China, Brazil, and Japan. These rankings highlight the urgent need for a comprehensive remodeling of India's healthcare system, especially in addressing the disparities in healthcare delivery across different socioeconomic groups and regions.

Key Healthcare Challenges

The current state of healthcare in India, while improving, continues to face significant challenges, particularly in ensuring equitable access to quality care. The disparities in healthcare provision between rural and urban

¹ <https://pib.gov.in/PressReleasePage.aspx?PRID=1894901>

populations, as well as within urban areas, necessitate strategic interventions to address these gaps. India's healthcare system faces several interlocking challenges that limit its effectiveness, such as:

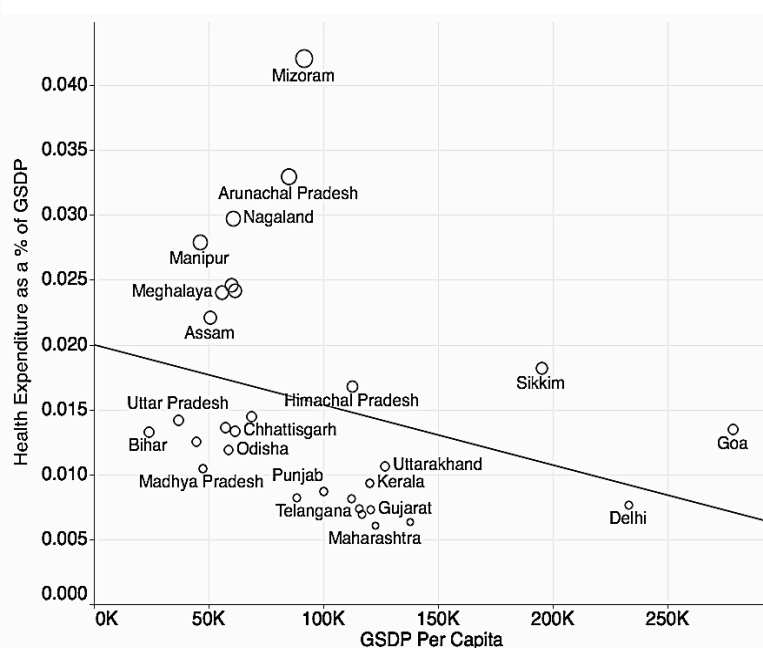
- **Inadequate Health Infrastructure:**

India's public healthcare infrastructure remains insufficient, particularly in urban slums. Public healthcare facilities are often overburdened and lack essential medical equipment, trained staff, and medicine. A significant portion of the population in urban areas continues to rely on private healthcare services, which are often unaffordable. Notably, out-of-pocket expenditure accounts for over 47% of total healthcare expenditure in India, significantly higher than the global average.

- **Healthcare Spending:**

According to the 2017 National Health Accounts, state governments account for 66% of India's total healthcare spending. The country ranks 179th out of 189 nations in terms of prioritizing health in its budget.² At the national level, healthcare has been underfunded, with only 1.8% of GDP allocated in 2020-21. Additionally, the expenditure on health as part of the GDP for the year 2022-23 stood at merely 1.9%. Since, health is a state subject in India, analyzing the spending on healthcare by states is essential for understanding the trends of government healthcare spending. In the case of states, healthcare expenditure is highly variable and cannot be explained by the state's income level. Figure 2 illustrates the same: Healthcare spending as a percentage of Gross State Domestic Product (GSDP) decreases with GSDP per capita. Thus, the richer states are spending a lower proportion of their GSDP on healthcare.

Figure 2: Healthcare spending across Indian states (2016)



Source: "Health Sector Financing by Centre and States/UTs in India 2015-16 to 2017-18", MoHFW

- **Shortage of Medical Personnel:**

A notable concern is the shortage of trained healthcare professionals. According to the National Health Profile (NHP) of 2021, there are just 9.3 physicians per 10,000 people in India, significantly lower than the global average of 17.6 and the WHO-recommended minimum threshold of 10 per 10,000 population. The problem is exacerbated in urban slums and other underserved areas, while healthcare providers prefer to work in better-paying, well-equipped private hospitals located in wealthier parts of cities.

- **Affordability and Accessibility:**

While urban India has a relatively higher concentration of healthcare providers, services remain largely unaffordable for most of the urban poor. For instance, in 2019, healthcare costs pushed nearly 55 million Indians into poverty due to high out-of-pocket expenses. Many urban poor communities rely on informal health workers or traditional medicine, often with suboptimal results. Moreover, the urban poor are more vulnerable to communicable diseases such as tuberculosis, malaria, and cholera, due to overcrowded living conditions and poor sanitation.

² Indian Budget, 2022 (Consolidated national and state)

- **Disease Burden and Public Health:**

India's disease burden is characterized by a high prevalence of both communicable and non-communicable diseases (NCDs). Urbanization has accelerated the rise of lifestyle diseases like diabetes, hypertension, and cardiovascular diseases in urban areas. Statistics shows that 77 million individuals had diabetes in India in 2019, which is expected to rise to over 134 million by 2045. Approximately 57% of these individuals remain undiagnosed.³ Simultaneously, diseases like tuberculosis and dengue continue to be rampant, particularly in low-income neighborhoods, which are typically overcrowded with limited access to clean water and sanitation.

- **COVID-19 Impact:**

The COVID-19 pandemic exposed critical gaps in India's healthcare system, especially in urban areas. The healthcare system was overwhelmed by the surge in COVID-19 cases, and the urban poor were disproportionately affected. The lack of access to basic healthcare and emergency services in slums contributed to higher mortality rates. The pandemic also disrupted regular health services such as immunization and treatment for chronic conditions, further compounding the health issues in these vulnerable populations.

As India looks toward the future, the focus must be on creating a healthcare system that can meet the diverse needs of its rapidly growing and urbanizing population while ensuring that the poorest and most vulnerable are not left behind.

Government Initiatives to Address Urban Healthcare Challenges

The Indian government has undertaken several initiatives to bridge the healthcare gap in both rural and urban areas, with an emphasis on extending access to underserved populations. Some of the key programs include:

- Ayushman Bharat Scheme:** Launched in 2018, the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) is the world's largest government-funded health insurance scheme, providing health cover up to INR 5 lakh per family per year for secondary and tertiary care hospitalization. This scheme aims to provide access to quality healthcare for over 670 million vulnerable Indians. PM-JAY is designed to alleviate the financial burden of healthcare and ensure that no one is denied treatment due to financial constraints.
- National Urban Health Mission (NUHM):** As part of the broader National Health Mission (NHM), the NUHM was launched to specifically cater to the healthcare needs of the urban poor. This initiative focuses on strengthening the healthcare delivery system in urban areas by establishing Urban Primary Health Centers (UPHCs) and outreach services in urban slums and underserved populations. The NUHM aims to ensure equitable access to health services, with an emphasis on maternal and child health, communicable diseases, and NCDs.
- Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP):** This scheme was introduced to provide affordable generic medicines to the masses. The government has set up thousands of Jan Aushadhi Medical Stores across the country, where medicines are sold at a much lower cost than branded alternatives. This initiative is particularly beneficial for the urban poor, who struggle with high out-of-pocket expenses for healthcare.
- Telemedicine and Digital Health Initiatives:** The government has been promoting telemedicine services through the eSanjeevani platform, which allows patients to consult doctors from smartphones. This has been a game-changer, especially during the COVID-19 pandemic, by ensuring access to medical consultations for people in remote areas and urban slums. Additionally, initiatives like the National Digital Health Mission (NDHM) aim to create a comprehensive digital health ecosystem that can improve access to healthcare and streamline the delivery of services.

Given the urban-rural, inter-state disparities and inequality in healthcare access is prevalent across India, these schemes are considered positive steps in bridging the gap and providing urgent and affordable health facilities.

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8725109>.

Scope for Clinic on Wheels (Mobile Medical Vans) in Urban Underserved Areas

Apart from existing healthcare needs of India, certain demographic trends are expected to boost the demand for healthcare as well as influence the nature of health services demanded in the years to come. Given the significant healthcare challenges in urban India, particularly in underserved areas such as slums and informal settlements, mobile medical vans (MMVs) or “clinics on wheels” offer a practical and scalable solution to bridge the healthcare gap. MMVs provide a flexible and cost-effective way to deliver primary healthcare services to those who are often left out of the formal healthcare system.

Urban slums house a significant portion of India’s urban poor, where the healthcare infrastructure is often inadequate or inaccessible. Public healthcare centers, while present in cities, are typically overcrowded and under-resourced, with long waiting times and insufficient medical staff. Moreover, slum dwellers may find it difficult to travel to distant healthcare centers due to logistical and financial constraints. In this context, mobile clinics provide a cost-effective and scalable solution for reaching communities where healthcare services are scarce. By bringing services directly to underserved populations, Clinic on Wheels eliminate transportation barriers and reduce out-of-pocket expenditures, especially for routine check-ups and primary care. These are particularly effective in delivering primary healthcare, such as consultations, screenings, basic diagnostic tests, and distribution of medicines. Common ailments like infections, respiratory diseases, and skin conditions can be addressed on-site, preventing them from escalating into more severe conditions that require hospitalization.

By treating minor ailments, conducting preventive screenings, and offering basic diagnostic services, MMVs can reduce the number of patients seeking care at already overburdened government hospitals for conditions that could have been managed at the primary care level. Also, mobile clinics can serve as a first point of contact for individuals with more severe or complex conditions. After initial diagnosis and treatment, they can refer patients to specialized facilities or hospitals for further care, ensuring a streamlined process that prevents overcrowding in higher-tier healthcare institutions.

Mobile clinics have the flexibility to respond quickly to emerging health crises or changing healthcare needs. They can be deployed to areas experiencing disease outbreaks, natural disasters, or other emergencies where healthcare infrastructure has been compromised. This adaptability makes MMVs particularly valuable to conduct mass screenings, distribute medicines, and raise awareness about preventive measures. Additionally, after floods, earthquakes, or other disasters, mobile clinics can be dispatched to provide medical aid to migrated populations or areas where healthcare infrastructure has been damaged.

The clinic-on-wheels model holds immense potential in addressing the healthcare challenges faced by India’s urban underserved populations. By bringing healthcare directly to the doorstep of the most vulnerable, MMVs can ensure timely access to primary care, reduce the burden on public healthcare infrastructure, and improve health outcomes through preventive and curative services. With adequate support from government, corporate, and community stakeholders, clinic on wheels can become a cornerstone of healthcare delivery in India’s cities, especially for those who need it the most.

02

Overview of KLI- Wockhardt Foundation Clinic on Wheels Program

2.1. About Kotak Mahindra Life Insurance (KLI) Company Limited

Kotak Mahindra Life Insurance Company Limited (KLI) is a leading insurance provider in India, offering a wide range of life insurance products to meet the varied needs of individuals and families. A subsidiary of Kotak Mahindra Bank, KLI was established with the aim of delivering long-term financial security to its policyholders, blending protection, savings, and investment solutions. The company operates with a customer-centric approach, delivering a mix of traditional and innovative insurance products like term plans, endowment plans, pension schemes, and unit-linked insurance plans (ULIPs). KLI's vision is to simplify insurance, making it more accessible and understandable for the masses.

Over the years, KLI has grown into one of India's most trusted insurance companies, with a strong emphasis on customer service and claims settlement. The company consistently focuses on fostering trust, transparency, and offering flexible solutions that adapt to the ever-changing financial landscape of India. Beyond financial products, KLI is also deeply committed to social responsibility. It has been actively contributing to social causes through its Corporate Social Responsibility (CSR) initiatives, particularly in the areas of healthcare, education, and environmental sustainability. These efforts underline KLI's commitment to giving back to society, while promoting economic and social progress in India.

2.2. About KLI- Wockhardt Foundation Clinic on Wheels

The KLI-Wockhardt Foundation Clinic on Wheels program is a CSR initiative by Kotak Mahindra Life Insurance, implemented in partnership with the Wockhardt Foundation, a well-established non-profit organization. This program is aimed at providing primary healthcare services to underprivileged communities in urban slums and peripheral areas of major Indian cities. KLI and Wockhardt Foundation have been working together since FY2017-18 to offer these services through Mobile Medical Vans (MMVs), which travel to areas with little or no access to healthcare facilities.

The primary objective of the Clinic on Wheels program is to improve healthcare accessibility for marginalized communities by bringing essential medical services directly to their doorsteps. The program focuses on underserved areas where the healthcare infrastructure is inadequate, particularly urban slums in cities like Chennai, Bangalore, Mysore, and Kolkata. These areas often suffer from a lack of doctors, medical staff, and facilities, making it difficult for residents to access even basic healthcare services. The program aims to bridge this gap by providing free medical consultations, diagnoses, treatments, and medications through fully equipped mobile clinics staffed with qualified medical professionals.

Each van is equipped to serve approximately 25,000 patients per year, offering services such as basic medical consultations, blood pressure checks, blood sugar level assessments, hemoglobin tests, and oxygen saturation monitoring. Additionally, the program distributes free medications and nutritional supplements as needed, addressing both immediate healthcare concerns and preventive measures.

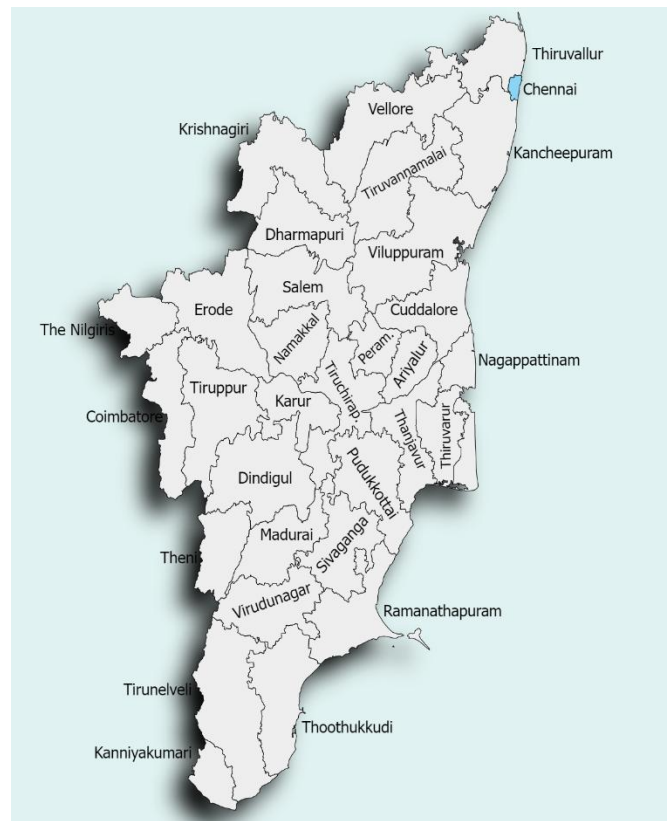
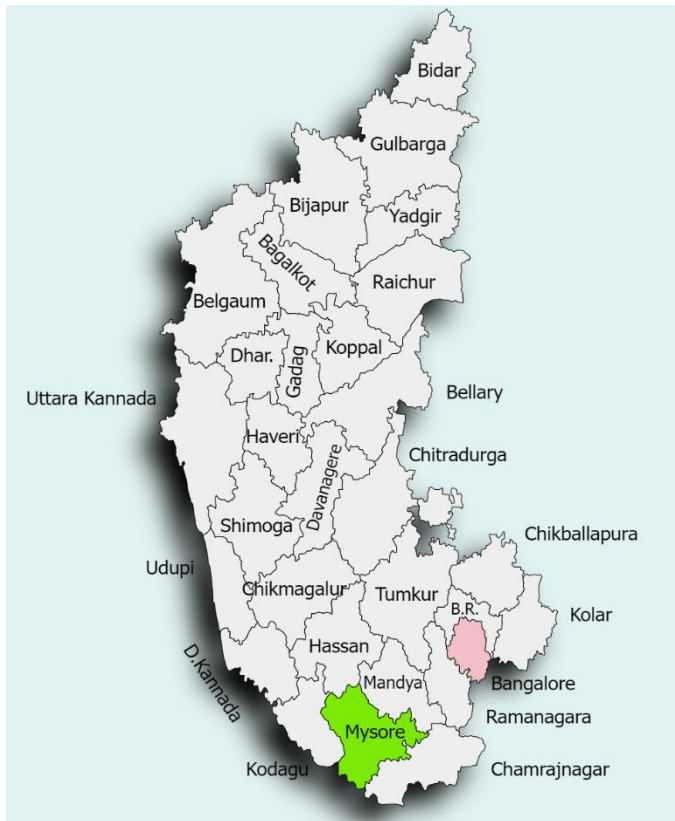
The Clinic on Wheels program operates under the "ADCR" formula—Awareness, Diagnosis, Cure, and Referral. This holistic approach ensures that the healthcare needs of the communities are addressed comprehensively:

- **Awareness:** Weekly awareness sessions are conducted to educate the target population on important health issues like COVID-19 prevention, vaccination importance, maternal and child healthcare, and sanitation. These sessions aim to improve health literacy and encourage proactive health management among the underprivileged individuals.
- **Diagnosis:** The MMVs offer free consultations and diagnostic services, including checks for common health conditions such as high blood pressure, diabetes, and anemia. Early diagnosis of health issues is critical in preventing complications and reducing disease burden in these underserved communities.
- **Cure:** Based on the diagnosis, mobile medical vans provide free medications and treatments for common ailments. This includes the distribution of deworming tablets and nutritional supplements to improve the overall health of the population.

- **Referral:** For more serious or complex medical cases, patients are referred to nearby Public Health Centers (PHCs) or hospitals for further treatment. This referral system ensures that individuals receive the necessary care for their conditions, even if it cannot be provided directly by the MMVs.

The initiative also adheres to strict COVID-19 safety protocols, with all medical equipment sanitized after each use and safety guidelines enforced to protect both patients and healthcare workers.

By delivering healthcare directly to the communities most in need, the Clinic on Wheels program addresses one of India's most pressing healthcare challenges—the lack of access to basic services in underserved areas. With a strong focus on preventive care and early diagnosis, the program has the potential to significantly improve health outcomes and reduce disparities in urban healthcare access.



This report provides an impact assessment of the targeted cities- Bangalore, Mysore and Chennai under the initiative. It aims to understand the comprehensive impact of the Clinic on Wheels program, i.e. free healthcare services to people from an underprivileged background in the program locations.

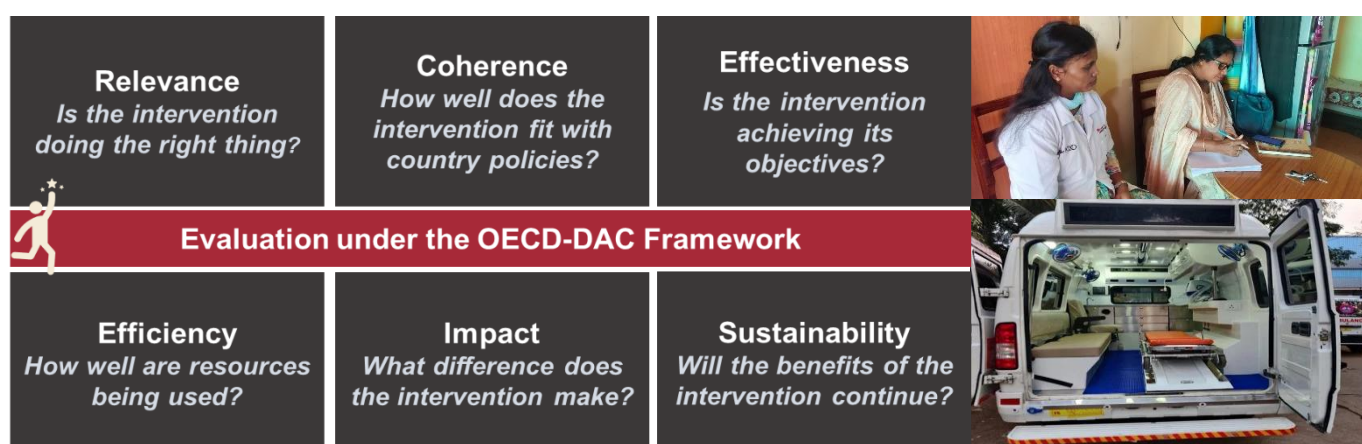
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Study Methodology

To conduct the impact evaluation of the KLI- Wockhardt Foundation Clinic on Wheels program, CRISIL adopted a mixed methods approach which consists of quantitative and qualitative assessments to effectively map the changes and the key explanations for the same. The method is intended to develop the end-to-end structure to ensure that the evaluation goes beyond what change is taking place, by looking at how change happens, what works for whom and in what context. This approach allows for a comprehensive assessment of initiatives by capturing quantitative feedback backed by qualitative experiences.

The quantitative data is collected through a **semi-structured survey questionnaire** administered to direct beneficiaries. The survey focuses on the overall impact of the program on preventive care, early diagnosis, health outcomes and reducing disparities in urban healthcare access among community members, particularly from urban slums in cities like Chennai, Bangalore, and Mysore. The qualitative data, on the other hand, was collected through **key informant interviews (KIIs)** with relevant stakeholders. The qualitative data focused on the experiences and perceptions of the participants regarding the program's impact. The findings from the quantitative and qualitative data are integrated to provide a comprehensive assessment of the impact of the intervention. The integration involved comparing the findings from the two data sources to identify any converging or diverging evidence.

To shape the study, the evaluation framework is based on the parameters for end-to-end impact assessment provided by the **Organization for Economic Cooperation and Development Assistance Committee (OECD DAC) guidelines of Relevance, Coherence, Effectiveness, Efficiency, Impact, And Sustainability**. This structure shapes the study in line with critical program elements.



Key Indicators to be mapped under OECD DAC Framework			
Parameter 1- Relevance and Coherence			
1	Need assessment of target community	3	Alignment with government priority
2	Alignment with SDGs		
Parameter 2- Efficiency			
1	Process of documentation	3	Quality of program staff
2	Developed key performance indicators	4	Involvement of stakeholders
Parameter 3- Effectiveness			
1	Beneficiary awareness	3	Extent of coverage
2	Coverage of marginalized groups	4	Program level effectiveness parameters
Parameter 4- Impact Indicators			

Impact Indicators parameters based on project goals			
Parameter 5- Sustainability			
1	Beneficiary feedback	3	Exit plan/scaling Plan
2	Internal assessments		

Program stakeholders and sampling

Considering diverse stakeholders for the impact assessment of a "clinic on wheels" mobile van program in Bangalore, Mysore, and Chennai is crucial for capturing a comprehensive perspective on the program's effectiveness. Engaging community members, medical staff, government officials, and NGOs ensures that various health needs are identified and addressed, enhancing the program's relevance and credibility. Stakeholders offer unique insights into local health challenges and barriers to access, facilitating the measurement of diverse outcomes and informing future planning and policy decisions. Additionally, involving a range of stakeholders fosters collaboration and partnerships, ultimately promoting equity and ensuring that the program effectively addresses health disparities within these diverse urban areas.

The key stakeholders hence include:

- Community Members
- Medical Staff (Doctors, Pharmacists) and Social Workers
- Local Government Official on Wheels
- KLI CSR Officials
- Wockhardt Foundation Officials

Based on the above mapping of the stakeholders, the total sampling of all the stakeholders for the impact assessment study is the following:

Stakeholders	Data Collection Tools	Bangalore	Mysore	Chennai	Total
Community Members	Semi-structured Questionnaires	100	101	102	303
Doctors	Key Informant Interviews (KIIs)	2	3	2	7
Pharmacists	Key Informant Interviews (KIIs)		2	2	4
Social workers	Key Informant Interviews (KIIs)			2	2
Govt officials/other stakeholders	Key Informant Interviews (KIIs)		5		5

04

Study Findings

The evaluation focuses on key performance indicators of the Clinic on Wheels initiative such as patient outreach, healthcare service delivery, community engagement, and overall health outcomes. It examines how effectively the program has met its objectives of improving healthcare access, raising awareness, providing free medical consultations and medications, and ensuring timely referrals for critical cases.

The findings will help to understand the success of the initiative, identify areas for improvement, and highlight the broader implications for the mobile healthcare intervention across India.

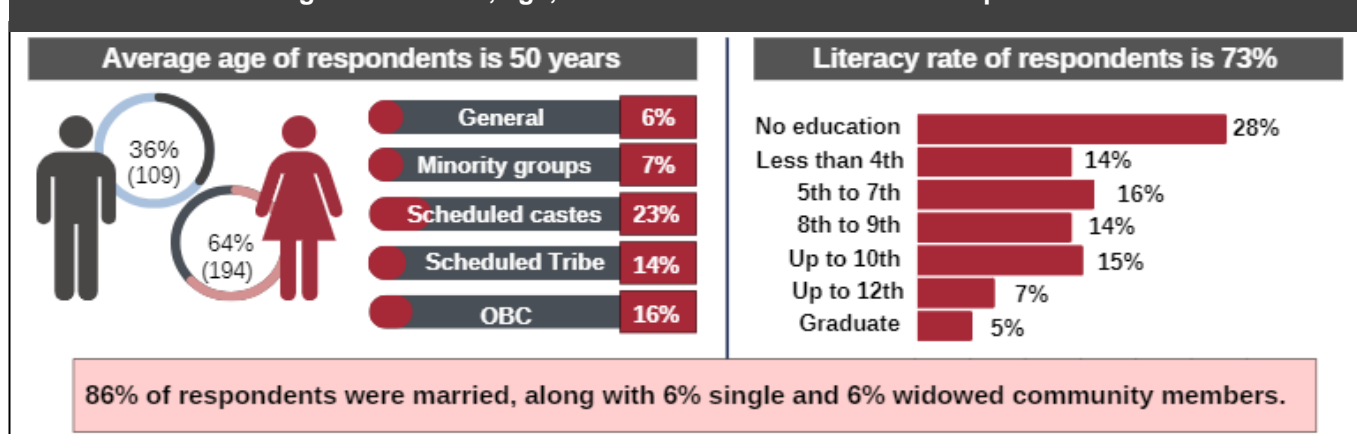
A. Key Demography

For assessment of the KLI- Wockhardt Foundation Clinic on Wheels Program, 303 community members were surveyed across cities of Bangalore, Mysore and Chennai. These individuals were randomly selected among those who were the beneficiaries of the Mobile Medical Van Initiative.

The study shows that among the respondents, 64% were women and 36% are men, highlighting a significant female participation in the survey, which will provide critical insights, given that women often face barriers to access the healthcare.

In terms of how long participants have stayed in the community, 59% respondents were native residents, showing that the program has been catering to longstanding community members. Additionally, 31% had been in the community for more than 10 years, while 10% were there in the cities between 1 to 10 years. This highlights that most respondents in the program locations had long term ties within their communities. The caste spread shows that 32% respondents belonged to Backward Castes (BC), 23% were from Scheduled Castes (SC), and 14% from Scheduled Tribes (ST). Additionally, 16% came from Other Backward Castes (OBC), 7% from minority groups, and 6% belonged to General Caste. This diversity shows that the program has been serving underrepresented and marginalized groups who face socio-economic barriers to healthcare access.

Figure 1: Gender, age, caste and education levels of respondents



The average household size was 4.6 for 3 cities and the marital status of respondents shows that 86% were married, while 6% were single, and 6% were widowed. Only a small number were divorced or separated.

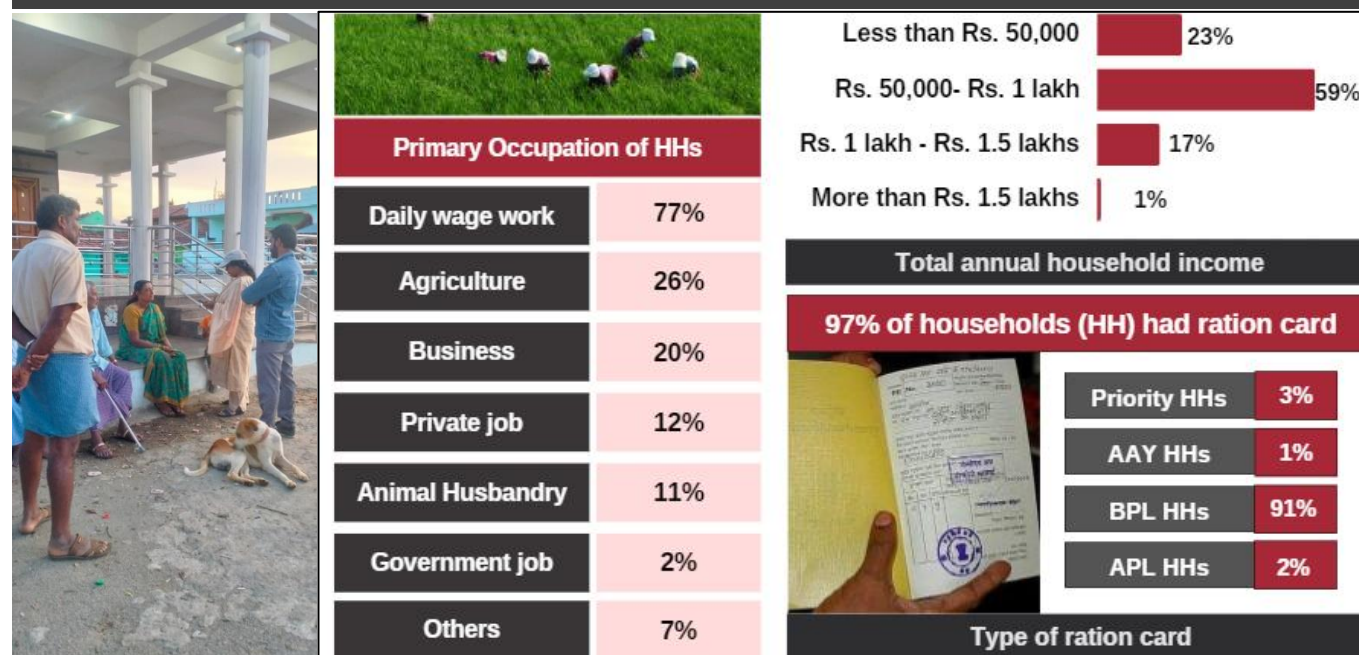
In terms of literacy, only 73% of respondents could write their names, which shows that a substantial 27% were not literate within the community. The educational qualification of respondents reveals that 28% had no formal education, and another 14% had education below 4th standard. A significant proportion (30%) had studied up to 5th and 9th standard, while 15% had completed their up to 10th standard. Only a small share of respondents (5%) were graduates, whereas only 1 person had post-graduate qualifications. This shows poor education outcomes among the respondents and also emphasizes the role of programs such as the “Clinic on Wheels” for its targeted healthcare support for people who may not have adequate knowledge about healthcare practices or preventive measures.

When we compare education level’s location wise, it was found that, in Mysore, 80% of respondents could write their own names, reflecting a higher literacy rate than Chennai (71%) and Bangalore (67%).

Regarding the socio-economic status, the sample shows that 91% of households hold a Below Poverty Line (BPL) ration card, while only 2% are Above Poverty Line (APL) card holders. This high proportion of BPL households highlights the need for affordable healthcare solutions, as the majority of the population faces financial constraints.

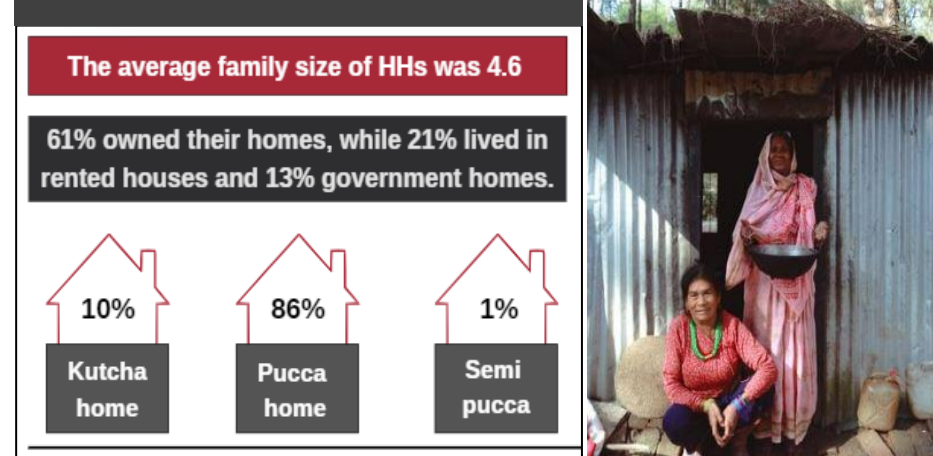
Considering the occupation of community members, 77% of respondents were daily wage laborers, and a significant portion (26%) relied on agriculture, with 20% relying on business. This workforce primarily engaged in low-income occupations with considerable instability.

Figure 2: Occupation and annual income of households



This is further emphasized by observing the household incomes of the community members. Around 59% of households were earning between Rs. 50,000 and Rs. 1 lakh annually, and 23% earning less than Rs. 50,000. These findings show that the Clinic on Wheels program, if functioned effectively, can alleviate the financial challenges of these households to some extent by offering free or subsidized services.

Figure 3: Family size and home type



In terms of living conditions, around 61% of respondents owned their homes, while 21% lived in rented accommodations.

Most of the households (44%) resided in pucca structures, while 42% lived in multi-storied pucca houses.


Although these figures suggest some level of housing stability, 10% lived in kutcha houses, reflecting substandard living conditions that can contribute to health issues.

B. Knowledge and Awareness

When the respondents were enquired about the Clinic on Wheels program, 100% of the respondents stated that they were aware of the initiative. This highlights widespread awareness of the program within the community. Most respondents stated that they got to know about the program through family or friends (46%), while community leaders played a crucial role for 34% of respondents. Around 11% got to know about it through their local health workers.

This community-based dissemination of information has been critical in establishing the program's visibility.

Figure 4: Awareness & Knowledge about Clinic on Wheels

Awareness on Clinic on Wheels: 100%				
	Source	Bangalore	Mysore	Chennai
	Family/ Friends	28%	39%	71%
	Community Leaders	43%	47%	13%
	Local Health Workers	16%	0%	16%
	Others	13%	15%	1%



In terms of initial reactions, the program has been overwhelmingly well-received. **Across all respondents, 85% expressed relief or happiness upon learning about the mobile clinic**, while 10% were curious and only 4% were skeptical.

This positive response reflects the critical need for accessible healthcare among community members, particularly for marginalized groups with restricted or limited mobility.

When these findings were assessed across cities, notable trends were visible. In Chennai, the primary sources of information were family or friends (71%), followed by local health workers (16%) and community leaders (13%). The overall reaction in Chennai was moderately positive, with 58% feeling relieved or happy, 26% curious, and only 10% sceptical.

Interestingly, the response in Bangalore was overwhelmingly positive, with 97% expressing relief or happiness upon learning about the clinic, and only 1% expressing scepticism.

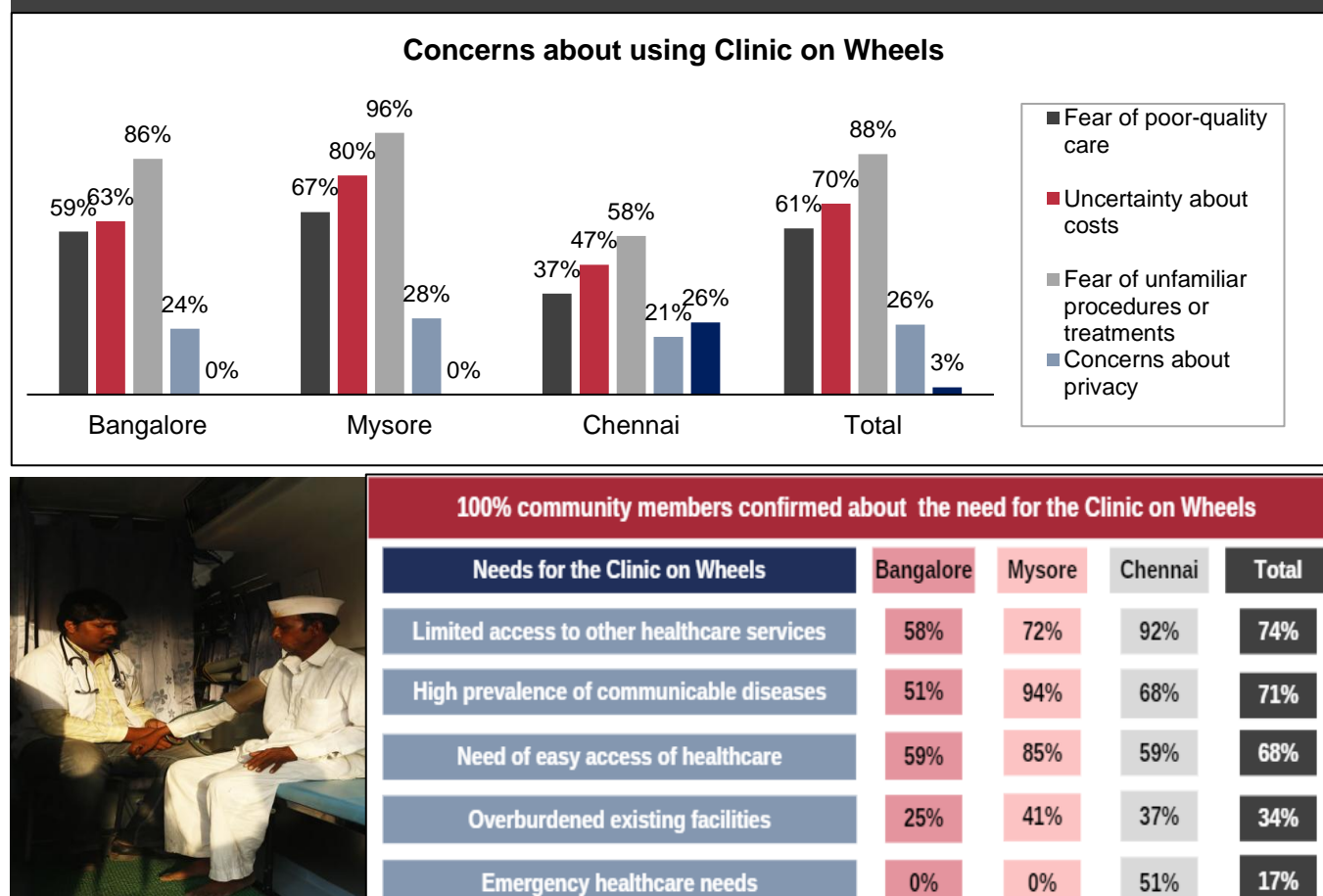
Notably, in Mysore, community leaders played a significant role in spreading the word, accounting for 47% of the initial awareness, followed by family or friends at 39%. The reaction for the program in Mysore was exceptionally positive, with 100% of respondents expressing feelings of relief or happiness upon learning about the clinic.

Concerns about mobile clinic

Within the study, the respondents were also enquired about their initial concerns on clinic on wheels prior to using its services. Around 38% stated that they had no concerns about the clinics. The rest 62% had varied initial concerns. The most common issues among them being fear of unfamiliar procedures (88%), uncertainty about costs (70%), fear of poor-quality care (61%) and concerns about privacy (26%).

Despite these concerns, the program gained community trust, with 100% of respondents across all regions believing that their community benefits from the initiative, primarily due to limited access to other healthcare services (74%) and a high prevalence of communicable diseases (71%).

Figure 5: Concerns and Need for the Clinic on Wheels



In Bangalore, 79% participants initially had concerns about the clinic, with 86% worried about unfamiliar procedures, 63% uncertain about costs, and 59% fearing poor-quality care. Despite these apprehensions, all respondents believed the program was essential for the community. The main reasons cited were limited access to healthcare (58%), the underserved population (59%), and the high prevalence of communicable diseases (51%). The program's success in Bangalore reflects its ability to overcome scepticism and provide much-needed healthcare to a densely populated and underserved area.

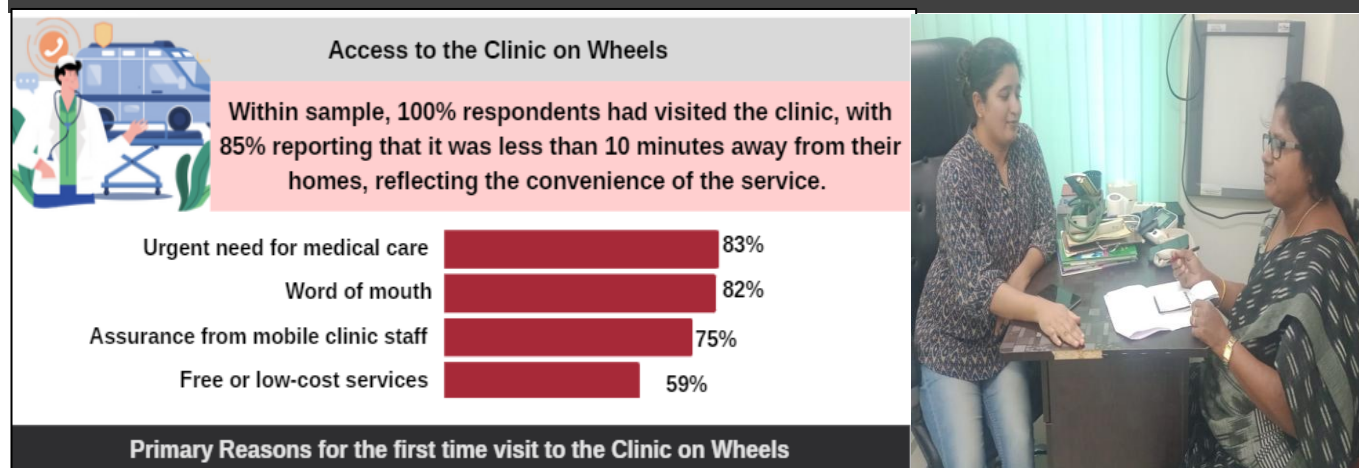
In Mysore, 89% of respondents reported concerns, making it the region with the highest level of initial scepticism. The leading concerns were fear of unfamiliar procedures (96%), uncertainty about costs (80%), and fear of poor-quality care (67%). However, all respondents agreed that the "Clinic on Wheels" program was needed for the community, with 72% citing limited access to healthcare, 94% highlighting the prevalence of communicable diseases, and 85% pointing to the underserved population, including the elderly, children, women, and people with disability. This indicates that the program was crucial in Mysore, where healthcare access was more limited, and medical needs were high.

In Chennai, concerns were lower, with only 19% of respondents reporting issues. The most common concerns were uncertainty about costs (47%), fear of unfamiliar procedures (58%), and fear of poor-quality care (37%). Despite these concerns, 100% respondents believed that the community needed the mobile health clinic, primarily due to limited healthcare access (92%) and the high prevalence of communicable diseases (68%). Chennai also had emergency healthcare needs, with 51% of respondents citing this as a key reason for the clinic's importance, indicating a significant demand for timely medical services in the city.

C. Access and Utilization

Under this section, the study assesses the presence of the clinic, trust within the community and its ability to provide basic primary healthcare to the respondents across program locations.

Figure 6: Access of the Clinic on Wheels & Reasons for the Visits



Most visits were for personal check-ups (95%) or check-ups for family and friends (65%). Around 96% of respondents visited the clinic themselves.

The clinics mostly operated once a week, as suggested by most respondents.

In Bangalore, the key motivators for visiting the clinic included urgent medical needs (87%), assurance from clinic staff (81%), and word of mouth from others (68%). Additionally, 49% participants confirmed that the clinic operated once a week, while 41% reported that it ran seven days a week, indicating frequent service availability in the city.

In Mysore, 97% participants reported that the “Clinic on Wheels” was less than 10 minutes away. The main reasons for visiting were urgent medical needs (91%), assurance from clinic staff (92%), and word of mouth from others (87%). Nearly all visits were for personal check-ups (99%), combined with 48% also visiting for children and 5% for elderly parents. In Mysore, 57% respondents affirmed that the clinic operated one day a week, and 42% reported that it ran seven days a week, highlighting a high frequency of service in this city.

In Chennai, 99% participants had visited the clinic, with 76% stating that it was less than 10 minutes away from their home. The top reasons for visiting were the free or low-cost services (94%), word of mouth from others (90%) and urgent need for medical care (71%). Most visits were for personal check-ups (97%) or for family and friends (85%). A significant higher percentage of participants in Chennai (95%) reported that the clinic operated one day a week, indicating a lower frequency of service compared to other cities.

While the frequency of clinic visits varied by region, the program's impact was evident in the high utilization rates and positive feedback from beneficiaries across cities.



The "Clinic on Wheels" initiative has made healthcare more accessible across different regions, as evidenced by the varied ways communities are informed about the clinic's availability. Overall, **37% participants learnt about the visits of the Clinic on Wheels through word of mouth, followed by 32% through community announcements**, while 20% relied on the clinic arriving at regular intervals. Personal visits from health workers played a smaller role (10%) in keeping the community informed.

The ease of access to the clinic is further reinforced by the fact that 59% respondents faced no waiting period, while 35% reported waiting for less than 30 minutes and only 6% experienced waiting times of 30 minutes to an hour.



The following table represents the responses of the community members regarding their experiences with doctors under the "Clinic on Wheels" program. The responses are based on a Likert scale, with options ranging from "To great extent" to "To no extent".

To what extent do the doctors of Clinic on Wheels ensured the following	To great extent	To some extent	To no extent
Understanding of health issues	87%	13%	0%
Attention to medical history	85%	14%	1%
Accuracy of diagnosis	86%	14%	0%
Treatment effectiveness	87%	13%	0%
Good communication (discussion with patients on their illness)	89%	11%	0%
Respect and courtesy to patients	87%	12%	1%
Empathy and compassion with patients	86%	13%	1%
Ensure timely referrals to hospital in case of serious cases	86%	13%	0%
Ensure good overall experience	85%	15%	1%

In terms of service reliability, 95% of respondents stated that doctors were always available, with only a small fraction (4%) reporting that doctors were usually available. Similarly, a significant 98% participants confirmed that prescribed medicines were always provided, and 94% reported that medicines were always sufficient according to the needs, although 6% mentioned occasional shortages.

In Bangalore, word of mouth (37%) and community announcements (26%) were the primary ways people learnt about the clinic's services. Most respondents (71%) faced no waiting period, and 93% said that doctors were always available. The availability of medicines was also highly reliable, with 88% stating that medicines were always sufficient, though 12% reported occasional shortages. In Mysore, community announcements (53%) played a huge

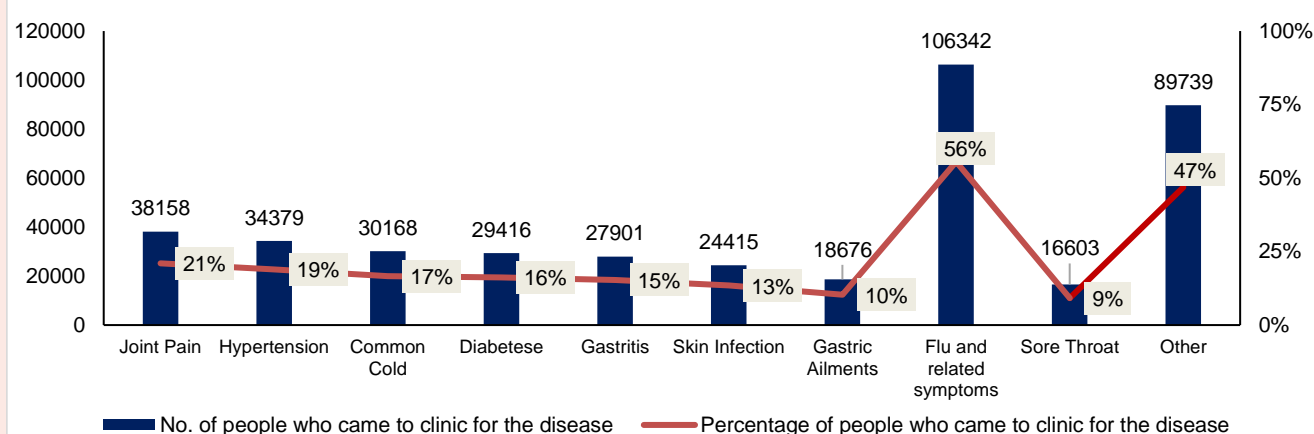
role in informing people about the clinic, while 29% relied on word of mouth. Waiting times were minimal, with 85% reporting no waiting period.

In Chennai, word of mouth (57%) was the dominant source of information, followed by visits of Clinic on Wheels at regular intervals (22%). The waiting time was generally short, with 66% of respondents waiting less than 30 minutes, and 21% experiencing no waiting period.

The program has integrated well into local communities, with strong word-of-mouth networks and efficient service delivery, ensuring that healthcare is accessible with minimal waiting times. The consistent availability of doctors and medicines further strengthened the impact of the initiative in these cities.

The Clinic on Wheels addresses a wide spectrum of health concerns, providing essential medical care directly to underserved communities. Equipped with skilled professionals and state-of-the-art resources, the mobile medical vans effectively treat a range of illnesses, ensuring equitable access to healthcare:

Figure 7: Diseases treated in Clinic on Wheels across cities



The MMUs have treated over 191,000 patients, providing accessible, timely, and affordable healthcare to those in need. The initiative predominantly addressed flu and related symptoms (56%), joint pain (21%), hypertension (19%), common cold (17%) and other diseases (47%). Chronic conditions such as diabetes, gastritis and skin infections were also prevalent among beneficiaries. Other frequently treated ailments included malaria, mumps, worm infestation, typhoid fever and paratyphoid fevers, scabies, conjunctivitis and hepatitis. The timely treatment of common ailments like respiratory infections, flu, and gastritis prevented complications and reduced the spread of communicable diseases. Chronic conditions such as diabetes and hypertension were managed effectively through regular check-ups and monitoring, improving long-term health outcomes.

In all three cities, joint pain was a leading ailment, with 20% prevalence in Mysore and Bangalore, and 16% in Chennai, reflecting widespread musculoskeletal concerns. Hypertension (17% in Bangalore and Mysore; 16% in Chennai) and diabetes (15% in Chennai; 14% in Bangalore and Mysore) were consistently prominent, emphasizing the need for chronic disease management. The common cold (18% in Chennai; 16% in Bangalore and Mysore) and skin infections (16% in Bangalore and Mysore; 13% in Chennai) were frequently treated, highlighting seasonal and hygiene-related health issues. Respiratory tract infections were significant in Bangalore (12%) and Mysore (12%), whereas flu cases were more prevalent in Mysore (10%) than in Chennai and Bangalore. Critical illnesses like dengue and typhoid were treated effectively, showcasing the program's impact on managing both chronic and acute conditions in underserved communities.

Clinic on Wheels played a critical role in raising awareness about early symptoms and prevention strategies through educational campaigns, encouraging proactive health management. Moreover, by ensuring timely referrals, the program strengthened trust in healthcare services and improved survival rates for critical cases.

The clinics also tackle emerging health concerns and provide preventive care, creating a profound impact on community health outcomes. The MMUs bridge the healthcare gap in remote and underserved regions by treating a diverse range of health conditions and catering to the holistic health needs of the population.

Suitability of Clinic on Wheels for People with Disability (PwD)

This initiative has demonstrated suitability for a significant portion of its target population, especially individuals with disabilities (PwD). Around **73% of overall respondents affirmed that the clinic was well-suited for their needs**. Among those who believed the clinic was suitable, 80% emphasized its ability to travel to homes of PwD, which greatly enhanced healthcare accessibility. Additionally, 77% appreciated the wide doors, while 76% highlighted the availability of wheelchair space. Features like ramps (64%) and assistive services (58%) were also cited as reasons the clinic was well-suited for PwD.

Conversely, for those who found the clinic unsuitable, the main concerns were absence of ramps (38%), small doors (27%), space constraints (30%), and inconsistent availability (19%). Additionally, 6% expressed discomfort or potential stigma faced by caregivers and noted inadequate staff training in addressing the needs of PwD.

Figure 8: Suitability of Clinic on Wheels for People with Disability (PwD)

Reasons	Bangalore	Mysore	Chennai
Travels to homes of PwD	72%	87%	83%
It has ramps	58%	79%	21%
Wheelchair space	80%	87%	8%
Assistive Services	49%	60%	88%
Wide doors	78%	93%	4%



In Bangalore, 96% participants found the clinic suitable, citing wheelchair space (80%) and wide doors (78%) as key benefits. The clinic's ability to travel to homes (72%) and the presence of ramps (58%) also added to its accessibility.

In Mysore, the clinic was extensively praised, with 100% participants considering it suitable. The primary reasons included its ability to travel to homes (87%), wide doors (93%), and sufficient wheelchair space (87%). The clinic's accessibility features, such as ramps and assistive services, were also well received.

In Chennai, responses were more divided, with only 24% of respondents finding the clinic suitable, while 43% were unsure, and 34% concluded it unsuitable. For those who found it suitable, the key factors were the provision of assistive services (88%) and its ability to reach homes of PwD (83%). However, **concerns about the absence of ramps (39%), small doors (29%), and space constraints (31%) were prominent among those who felt the clinic was inadequate**.

Altogether, while the "Clinic on Wheels" program had a positive impact, especially in Bangalore and Mysore, accessibility improvements can further enhance its suitability, particularly in Chennai, where a significant portion of the population remained uncertain about its effectiveness.

D. Comparison of Healthcare Services Available for the Community Members

Most respondents had several healthcare options apart from Clinic on Wheels within 10 kilometres of their homes—around 81% had government hospitals, 62% had private hospitals, 58% had primary healthcare centres (PHCs), and

50% had local clinics. Some respondents also had access to community healthcare centres (CHCs) (46%), alternate medicine clinics (16%) and pharmacy for over-the-counter medicines (13%).



Irrespective of all these options, in terms of preferred healthcare service providers, Clinic on Wheels emerged as the most favored option, with 45% participants choosing it over other services for primary healthcare.

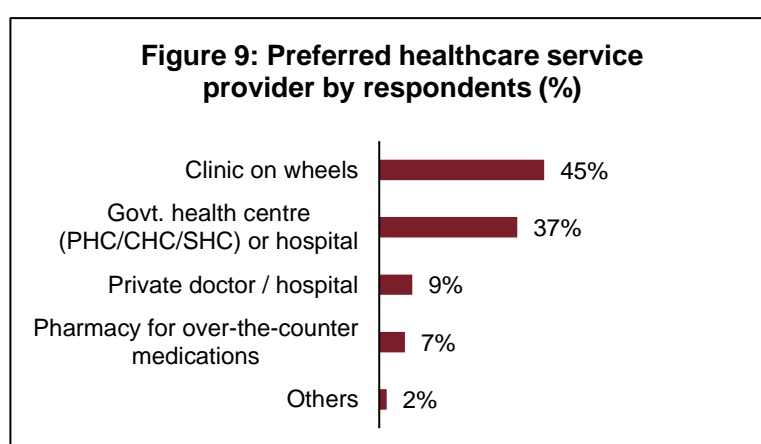
Government health centers or hospitals were the next most preferred, with 37% respondents reflecting a strong reliance on public healthcare services. Private hospitals and doctors were selected by 9%, while pharmacies for over-the-counter medications were preferred by only 7% community members.

These findings reveal that irrespective of presence of other healthcare services, several respondents preferred to avail the services of Clinic on Wheels for primary healthcare. This highlights its role as a valued healthcare provider. **However, certain respondents (55%) did prefer other healthcare services over Clinic on Wheels.**

➤ Respondents who preferred other healthcare providers instead of Clinic on Wheels

Within the community members who preferred other healthcare services over 'Clinic on wheels', 43% respondents stated that their preferred healthcare centre was less than 10 minutes away, while 26% reported it being 20-30 minutes away, and 20% indicated 10-20 minutes travel time from their home. This shows that there are other reasons for selecting their chosen healthcare centres apart from distance.

The following table represents the responses of the community members regarding their preference of the healthcare services they chose for themselves apart from clinic on wheels.



The responses are based on a Likert scale, with options ranging from "To great extent" to "To no extent".

Reasons to prefer other healthcare service providers for initial check-ups and illnesses	To great extent	To some extent	To no extent
Near home	54%	39%	7%
Affordable treatment	52%	38%	10%
Quality treatment	59%	35%	6%
No waiting time	57%	40%	4%
Trust in doctors	54%	39%	5%
Testing facilities available (X-ray, sonography, blood test etc.)	52%	35%	13%
Specialized doctors available	54%	32%	14%
Others	51%	35%	14%

The reason why, 55% respondents preferred other healthcare services over Clinic on Wheels was spread across variety of factors as highlighted in the table above, with quality treatment and no waiting time being most prominent.

When these respondents were enquired on why they didn't prefer Clinic on Wheels for their daily checkups and illnesses, it was found that majority of the respondents were unsure about the quality of the services to a great extent

or some extent. This was followed by negative encounters of other community members and lack of facilities for testing.

It is important to note that for all reasons listed for not preferring Clinic on Wheels, the majority of respondents indicated that these concerns applied to them either to a great extent or some extent. This suggests a need for improvements in service availability, quality assurance and overall awareness to better meet community needs and expectations.

Reasons for not preferring Clinics on Wheels for initial check-ups and illnesses	To great extent	To some extent	To no extent
Timing issue—clinic is unavailable at the time of need	35%	57%	11%
Unsure about the quality of services	37%	55%	8%
Got to know about negative encounters of other community members	36%	54%	10%
Lack of facilities for testing	37%	57%	7%
Lack of trust in doctors	33%	57%	10%
Long waiting time	35%	57%	9%
Lack of specialized doctors	35%	51%	14%
Thinks it is expensive	29%	57%	14%
Lack of awareness or knowledge on clinics	33%	54%	14%
Others	31%	55%	14%

➤ Respondents who preferred Clinic on Wheels as the primary healthcare option

Healthcare providers preferred and challenges faced by community members prior to the program

The community members (45%) who preferred Clinic on Wheels as the primary healthcare option were enquired on their preferred healthcare options prior to the program initiation. Around 76% respondents stated that they preferred government health centres, followed by 21% who opted for private doctors or hospitals prior to establishment of clinic on wheels. When they were enquired on the challenges they faced in these centres prior to the program, 95% respondents cited high healthcare costs as a barrier, while 92% faced long waiting times, 67% didn't have trust on healthcare providers and 41% dealt with the long distances to healthcare facilities.

Figure 10: Challenges faced to avail primary healthcare before Clinic on Wheels program

Challenges	Bangalore	Mysore	Chennai	Total
Long distance to healthcare facilities	15%	3%	75%	41%
High cost of healthcare	81%	98%	99%	95%
Long waiting times	81%	90%	97%	92%
Lack of trust in healthcare providers	67%	100%	47%	67%
Lack of awareness about available services	26%	63%	38%	43%

State wise analysis of preferred healthcare providers and challenges faced by community members prior to the program

In Bangalore, the preference for private doctors or hospitals was higher than in other cities, with 52% choosing this option, while 44% still favoured government health centres. Prior to the program, 81% respondents reported high healthcare costs and long waiting times as the main challenges, with 67% citing a lack of trust in healthcare providers.

In Mysore, there was an overwhelming preference for government health centres, with 95% respondents choosing them. Prior to the program, 98% cited high healthcare costs, and 90% experienced long waiting times, while 100% participants expressed a lack of trust in healthcare providers.

In Chennai, 78% participants preferred government health centres, with 19% choosing private doctors or hospitals. Before the program, 99% respondents faced high healthcare costs, and 97% dealt with long waiting times.

Encouraging factors to use the services of Clinic on Wheels

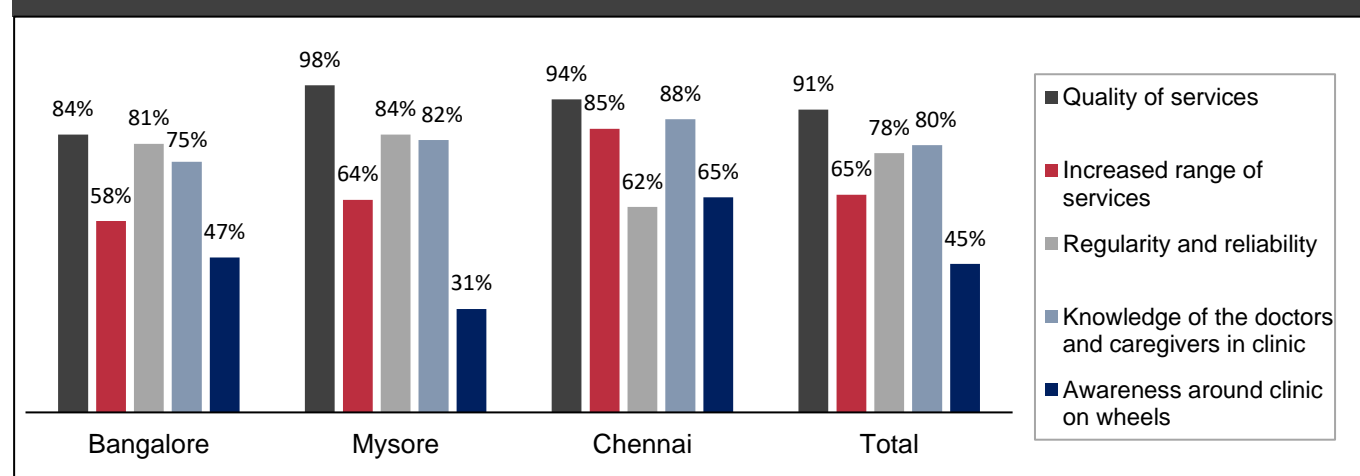
When the respondents were enquired on what encouraged them to use the services of Clinic on Wheels, most stated that the quality of services were good (92%), followed by knowledge of the doctors and caregivers (80%) and reliability (78%), increased range of services (65%) and awareness around its activities (45%).

Impact on community due to Clinic on Wheels

With the introduction of the Clinic on Wheels, **84% of the community members who suffered because of long distance previously, reported less physical strain, and 77% indicated that the reduced need to travel saved time, while 68% benefited from lower transportation costs.**

Additionally, the quality of services was rated highly, with 48% describing it as very good and 31% as good.

Figure 11: Encouraging factors for the usage of the Clinic on Wheels



In Bangalore, the quality of services was the top factor encouraging use of the Clinic on Wheels (84%), followed by regularity and reliability (81%) and knowledge of the doctors and caregivers in the clinic (75%). However, greater awareness about the Clinic on Wheels (47%) was also cited as a factor that could increase usage.

In Mysore, 62% of respondents indicated their preferred healthcare center was less than 10 minutes away. **The quality of services was overwhelmingly important, with 98% of respondents citing it as a factor for using the Clinic on Wheels.** Additionally, regularity and reliability (84%) and knowledge of doctors and caregivers (82%) were significant motivators.

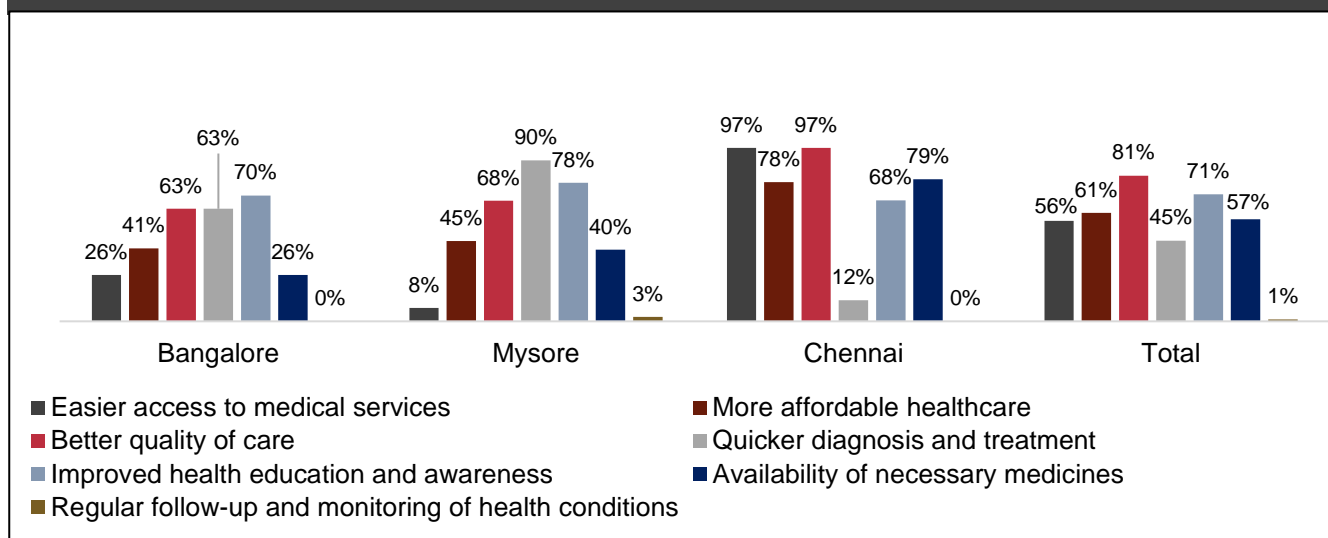
In Chennai, 44% participants travelled 20-30 minutes to access their preferred healthcare service, while 26% travel 30-60 minutes. **Interestingly, quality of services (94%) and increased range of services (85%) were the key motivators for using the Clinic on Wheels.** Additionally, knowledge of doctors and caregivers (88%) played a critical role in encouraging use.

Clinic on Wheels significantly improved healthcare access and outcomes across the program locations. **Notably, 81% community members experienced better quality of care.** When the respondents were enquired to rate it—in Bengaluru, 67% respondents rated it as very good and 33% considering it good. In case of Mysore, all respondents rated it as very good. For Chennai, 70% rated it as very good and 30% considered it good.

Around 71% appreciated improved health education and awareness. On the other hand, 56% respondents reported easier access to medical services, while 61% found healthcare more affordable through Clinic on wheels. Additionally, 57% respondents reported improved access to necessary medicines, and 45% cited quicker diagnosis and treatment.

The regular follow-up and monitoring of health conditions also contributed to more frequent healthcare visits, with 55% participants reporting that they now seek medical care more often, and 71% noting significant health improvements since using the Clinic on Wheels services.

Figure 12: Improvement in Community Healthcare after the introduction of Clinic on Wheels

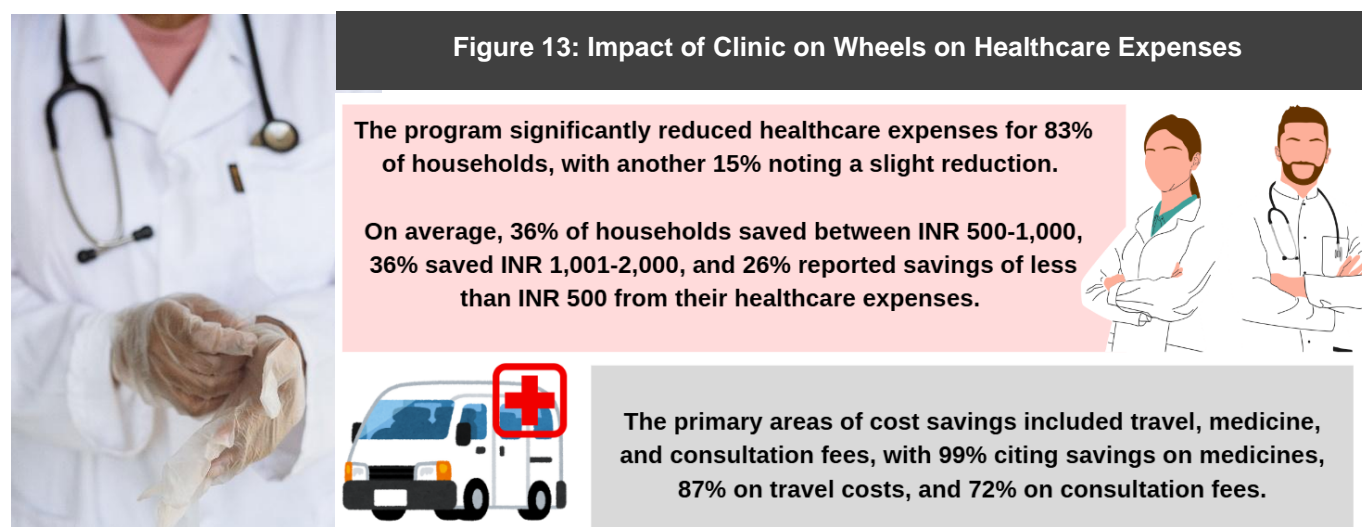


E. Social and Economic Impact

The Clinic on Wheels program has become a healthcare option for all community members, with 45% stating that they use it regularly while 55% stated that they use it sometimes.

Economic Impact of Clinic on Wheels

The program has also led to cost savings among respondents due to its free services.



In Bangalore, healthcare savings was experienced by 90% of respondents. This was primarily attributed to reduced medicine costs (97%) and travel costs (70%), while 60% also benefited from savings on consultation fees. Similarly, in Mysore, all respondents stated that they experienced a significant reduction in their healthcare expenses. Among those who saw a reduction, 40% community members saved between INR 1,001-2,000. Most households in Mysore benefited from medicine costs (99%), savings on travel (98%), with 56% also saving on consultation fees. In case of Chennai, 58% of respondents stated that their expenses reduced significantly, while 41% stated that it reduced to some extent. Most households saved between INR 500-1,000 (60%), while 39% saved between INR 1,001-2,000. The primary areas of savings in Chennai were medicine costs (100%), travel costs (92%), and consultation fees (98%). Apart from reduction in healthcare expenses, the respondents also stated that they missed fewer workdays due to early identification of diseases and treatment in the presence of Clinic on Wheels.

Social Impact of Clinic on Wheels

The Clinic on Wheels initiative had a substantial impact on family well-being, community health awareness, and local health practices. Overall, 84% participants felt that the initiative significantly improved their family's well-being. Moreover, 88% community members confirmed that the initiative influenced the health practices of their community (such as better hygiene, preventive care).

In terms of community health awareness, 86% believed that the program had significantly enhanced awareness, with 74% recognizing the delivery of health education sessions on topics such as hygiene, nutrition, and disease prevention. Personalized healthcare advice was highly valued, with 82% respondents acknowledging its role in improving community health practices. Other impactful methods included distributing educational pamphlets (76%), spreading awareness through local campaigns (53%), and promoting preventive care practices (58%).

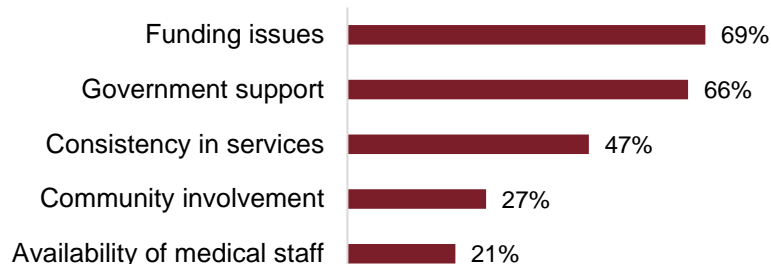


F. Long Term Sustainability

The Clinic on Wheels program garnered substantial confidence from the communities it serves, with **90% participants overall expressing belief in its continued operation**. This indicates that while the majority were optimistic, there are a few concerns that need to be addressed to ensure the long-term viability of the program.

Across the cities, the main concerns surrounding the sustainability of the Clinic on Wheels revolve around funding issues, availability of medical staff, consistency in services, and government support. The majority of respondents, 69%, identified funding issues as a key concern, highlighting the need for stable financial backing to maintain the program. Additionally, 66% respondents felt that government support was crucial for the program's long-term success.

Figure 14: Concerns about long-term Sustainability of Clinic on Wheels



In Bangalore, 97% of respondents wanted the Clinic on Wheels to continue operating in long term.

The primary concerns in Bangalore were funding issues, noted by 64% of respondents, and consistency in services, with 23% citing this as a challenge.

Similarly, **in Mysore, 99% of respondents expressed need for the clinic in future**, but funding issues were identified as a concern by 57%, alongside concerns about availability of medical staff (24%) and consistency in services (30%).

In Chennai, 74% expressed need for the clinics in their city, while 9% were unsure. Funding issues were a significant concern, cited by 85% of respondents, indicating a pressing need for stable financial resources. Consistency in services was flagged by 86%, the highest across all cities, suggesting operational challenges in Chennai.

G. Perceptions of Equity

The Clinic on Wheels initiative demonstrated exceptional success in meeting the healthcare needs of the community it serves.

In Bangalore, 94% participants expressed that everyone in the community had equal access to the Clinic on Wheels. Similarly, in Chennai, 97% of respondents felt that the clinic was equally accessible for everyone in the community. In Mysore, the feedback was unanimously positive, with 100% of respondents feeling that the entire community benefitted from the access to the program. This high approval rate reinforces the program's ability to cater to a diverse population and provide essential healthcare services.

H. Feedback and Improvements

The "Clinic on Wheels" project has received overwhelmingly positive feedback, with **100%** of overall respondents recommending it as a feasible healthcare option. Of these, 97% would definitely recommend the service, while 3% expressed some reservations. The positive response highlights the program's success in delivering accessible healthcare to underserved populations, particularly those with mobility issues.

One key area for improvement across all regions was the need for the timely availability of quality medicines, which was reported as a critical factor in ensuring the clinic's effectiveness and continued success. Addressing this issue can further enhance the program's impact, particularly for the people who rely heavily on the clinic for essential healthcare services.

Key Highlights



06

Program through the lens of stakeholders

Impact of Clinic on Wheels in Bangalore through the lens of Stakeholders

A Case Study from the Perspective of Aneesh

Aneesh, a 48-year-old resident of Jayanagar in Jyothipuramu, East Bangalore, has lived in his community for over 25 years, supporting his family through daily agricultural labor. His story highlights the impact of accessible healthcare provided by the Clinic on Wheels service.

Background: Belonging to the Other Backward Class (OBC), Aneesh lives with his wife, son, and daughter, all dependent on daily agricultural work for their livelihood. Aneesh's health concerns, primarily hypertension and diabetes, impacted his ability to work. For years, he sought treatment from a private hospital 2 kilometers away, costing him approximately INR 3,000 monthly. The burden of these expenses added constant financial strain and worry to his family's already limited income.

Impact of Clinic on Wheels: Upon learning about the Clinic on Wheels service, Aneesh decided to try it. With regular checkups and a tailored prescription of Amlodipine, Telma, and Metformin, Aneesh saw significant improvements in his health in just two visits. His hypertension and diabetes stabilized, allowing him to regain his energy and return to work. Moreover, by attending the mobile clinic's free consultations, Aneesh saved INR 3,000 monthly, easing his financial strain and improving his family's economic stability. He wishes that the Clinic on Wheels is restarted in his location.



Discussion with Dr. Abhignani, Clinic on Wheels, Bangalore

Dr. Abhignani, an MBBS-qualified general physician, shared her experiences from her year with Kotak's Clinic on Wheels project in Bangalore. Her insights provide valuable feedback on the initiative's impact on underserved communities, focusing on healthcare delivery, outcomes, and operational challenges.

Primary Responsibilities: Dr. Abhignani provided primary care services, including routine checkups for conditions like blood pressure and diabetes, patient follow-ups, and health awareness on hygiene. She served an average of 160-180 patients per location, with common ailments like cough, diabetes, and skin diseases. A 90% success rate was observed in monitoring patient health improvements.

Health Outcomes: The clinic significantly impacted patient health:

- **Reduced Skin Diseases:** Regular follow-ups decreased skin condition cases.
- **Improved Chronic Condition Management:** Effective treatment for diabetes, hypertension, and gastric issues enhanced the quality of service.
- **Economic Relief:** Monthly healthcare expenses for patients reduced by INR 1,500-1,900.

Challenges: Dr. Abhignani identified key obstacles in the project such as:

- **Medicine Shortages:** Frequent supply issues interrupted patient care.
- **Limited Emergency Care Supplies:** First aid kits needed better stocking.
- **Access Issues:** Poor road conditions hindered patient reach.
- **Resource Shortages:** Lack of specialized staff like lab technicians and outdoor seating for staff was less.

Community Changes: The initiative led to several positive shifts:

- **Increased Trust:** The project reflected greater acceptance of modern healthcare.
- **Reduced Seasonal Diseases:** Routine check-ups lowered seasonal illnesses.
- **Preventive Care Adoption:** Communities began implementing preventive health measures.

Impact of Clinic on Wheels in Mysore through the lens of Stakeholders



A Case Study from the Perspective of Manjula

Manjula, a 56-year-old woman from the Scheduled Caste community in Chinnenahalli, Hunsur, Mysore, struggled with persistent health issues that affected her livelihood and family finances. Her experience with KLI's Clinic on Wheels has improved her health, financial stability, and outlook on healthcare.

Background: Living in her community for over 30 years, Manjula and her husband work as daily agricultural laborers to support their 3 children. However, given her health challenges, especially severe back pain and hypertension, she could not sustain her physically demanding work. Her condition required frequent treatment, leading her to local government and private hospitals. However, these visits only provided temporary relief, with healthcare expenses accumulating to INR 2,000-3,500 monthly, straining the family's budget and creating additional stress.

Impact of Clinic on Wheels: The arrival of Clinic on Wheels in her area offered Manjula new hope. The clinic prescribed an effective treatment plan, including Amlodipine and Telma for her hypertension and calcium and Diclofenac for back pain. Within three visits, her pain had improved by 95%, and her hypertension was under control, allowing her to return to work pain-free. With her health expenses significantly reduced, she was able to support her family better.

Discussion with Dr. Anand, Clinic on Wheels, Mysore

Dr. Anand, a 35-year-old medical officer with 12 years of healthcare experience, has been working with the Clinic on Wheels for the past two months. With an MBBS degree and experience in Child Survive India and private practice, Dr. Anand plays a critical role in KLI and Wockhardt Foundation's healthcare initiative.

Responsibilities: Dr. Anand's responsibilities in the clinic encompass patient examinations, chronic disease management, emergency referrals, and hygiene and diet awareness programs. Treating approximately 50 patients per location, he provides personalized care for conditions such as BP, diabetes, and skin allergies. He also coordinates with PHC doctors to support chronic disease management, maintains patient records, oversees medicine stock, and provides first aid.

Daily Impact: Dr. Anand has observed significant improvements in community health. He reports a reduction in skin and seasonal illnesses and notes an increased community trust in modern healthcare. The clinic has also contributed to lower healthcare expenses, with patients reportedly saving around INR. 1,800-2,000 monthly on medical costs.

Challenges and Needs: The clinic faces challenges, including an inconsistent supply of medicines and limited staff and infrastructure. Dr. Anand highlights the need for a lab technician for blood investigations, more essential equipment, and better patient seating arrangements. In addition, the limited supply of medicines, particularly for chronic conditions, sometimes hampers continuity in patient treatment.

Notable Outcomes: Dr. Anand shared a success story of Ramesh, a patient suffering from a persistent fungal infection (ringworm). After 3 visits to the mobile clinic and adherence to the prescribed treatment, Ramesh experienced complete recovery, which led to positive community feedback and greater trust in the services.



Discussion with Sumaya, Pharmacist, Clinic on Wheels, Mysore

Sumaya Anjum, a 22-year-old pharmacist with 2 years of experience, plays a vital role in KLI's Clinic on Wheels Program in Mysore. With a D-Pharmacy qualification, she manages medication dispensing and inventory control, ensuring timely access to essential medicines for the community.

Responsibilities: Sumaya is responsible for dispensing medicines as per doctor prescriptions and maintaining both manual and digital stock records. She provides weekly updates on medicine availability, coordinating closely with Wockhardt Foundation to ensure a steady stock flow. Sumaya also monitors medicine supply through a mobile app and collects feedback on medicine quality from the community, which helps in addressing any product-related concerns.

Challenges and Needs: Sumaya encounters challenges in maintaining a steady stock, with occasional stock-outs impacting treatment continuity for patients. Resource constraints prevent her from increasing stock beyond the specified indent, sometimes limiting her ability to meet community needs. Although BP and diabetes medications are consistently available, Sumaya recognizes the need for improved inventory forecasting and enhanced communication with suppliers to better match supply with demand.

Notable Outcomes: A significant success story involved a patient named Salamma, who struggled with knee pain for over a year. Through regular visits to the Clinic on Wheels and prescribed treatment, Salamma experienced marked relief.

Discussion with ASHA worker, Mysore

Vani, an ASHA worker in Janatha Site Nagar, plays a crucial role in linking her community with the Clinic on Wheels healthcare services. Her responsibilities include referring pregnant women to the clinic for essential check-ups, providing follow-up care for mothers and children, and promoting nutrition and hygiene. Additionally, Vani conducts household visits, educating families on health practices and reinforcing the healthcare guidance given during clinic visits.

Impact of Clinic on Wheels: Vani noted that the Clinic on Wheels has significantly improved access to healthcare for around 60 community members. Monthly health awareness programs organized by the clinic have increased community knowledge on hygiene, helping reduce the incidence of seasonal diseases. Vulnerable groups such as the elderly and chronically ill no longer need to travel long distances for medical care, as the clinic provides these essential services locally.

Changes in Community Health Behavior: The mobile clinic has positively influenced community health behavior, making residents more proactive in seeking medical advice and adhering to treatments. Improved personal and community hygiene practices are also evident, with regular check-ups and awareness sessions motivating people to adopt healthier routines and preventive measures.

Impact of Clinic on Wheels in Chennai through the lens of Stakeholders

A Case Study from the Perspective of Shankari

This study highlights the impact of KLI's mobile medical services on Shankari, a resident of Pembur (TSCB), who has been managing diabetes.

Background: Living separately from her husband for the last 7 years, Shankari currently resides with her sister in Pembur, where she has been for five years. She has been navigating life post-divorce and managing her diabetes, which requires regular medical attention, including weekly penicillin injections, costing up to Rs. 3000 to Rs. 5000 per month. The health costs were beyond her means. The cost, coupled with concerns over the personal life, made it difficult for her to maintain her health effectively.

Impact of Clinic on Wheels: Two years ago, Shankari was introduced to KLI's mobile medical service. Initially she was skeptical, but she consulted with the medical team and was reassured by the professionalism of the staff. Since then, she has been utilizing the service every 15 days for diabetes management, receiving not only her necessary medication but also personalized counseling and ongoing care. It has eased her financial burden.



Discussion with Dr. R.P Vatsanath, Clinic on Wheels, Chennai

Dr. R.P. Vatsanath, a seasoned ENT and general medicine specialist with 50 years of experience, worked with "Clinic on Wheels" initiative in Chennai. At 76 years old, Dr. Vatsanath has contributed six years to this project, to address the healthcare needs within underserved communities.

Role and Responsibilities: Dr. Vatsanath's primary role involves diagnosing patients and prescribing medications, with a focus on managing chronic conditions. He sees a variety of cases, primarily blood pressure (40%), diabetes (30%), and skin diseases (20%), along with other general ailments (10%).

Medical Record Management: Dr. Vatsanath manually manages patient records, successfully tracking about 60% of beneficiaries for follow-up care. This approach ensures that patients receive ongoing attention for chronic conditions, which is vital for effective long-term healthcare.

Community Needs and Challenges: The most prevalent health issues in the community include diabetes, hypertension, and skin diseases. Dr. Vatsanath emphasizes the need for preventive health education and improved medications to address these conditions effectively. In cases of emergency, he refers patients to nearby hospitals, ensuring they are tracked until admission. However, managing crowds and traffic during emergencies remains a challenge.

Impact of Clinic on Wheels: The mobile medical clinic has had a positive impact on community health, especially in controlling chronic diseases such as diabetes, hypertension, and skin conditions. Additionally, the project has contributed to better community hygiene practices and has reduced healthcare expenses by approximately INR 5,000 per family, making quality healthcare more accessible to all.



Discussion with Priyadharshini, Social Worker, Clinic on Wheels, Chennai

Priyadharshini has played a key role in the "Clinic on Wheels" initiative in Chennai. She managed the vans daily operations, community outreach, and scheduling. Her work ensured that healthcare services are efficiently delivered to underserved communities.

Operational Management: Priyadharshini coordinated the van's schedule and distributed flyers to inform the community about the clinic's availability. She also maintained manual records and worked closely with the team and the Wockhardt Foundation to ensure smooth operations. Her approach helped to improve community awareness and engagement with the clinic's services.

Impact on Clinic on Wheels on Community Health: The project significantly benefited local residents by providing free medicines for chronic conditions such as hypertension, diabetes, and skin diseases. Priyadharshini also received encouraging feedback, with community members expressing 100% satisfaction with the services provided.

07

Program through the lens of OECD DAC framework

The OECD DAC (Organisation for Economic Co-operation and Development's Development Assistance Committee) framework provides guidelines to determine the worth of an intervention on which evaluations are made. Under its ambit, the study will analyze the key components of the overall program.

#	Key Indicators under OECD DAC framework	Rationale
A. Relevance and Coherence		
1)	Need of the target community	<p>The initiative addresses critical healthcare gaps in underserved communities by providing essential medical services to those facing significant barriers. Before the program's intervention, challenges such as long distances to healthcare facilities (41%), high costs of care (95%), and long waiting times (92%) were common. Additionally, a lack of trust in healthcare providers (67%) and limited awareness of available services (43%) compounded access issues.</p> <p>By eliminating these barriers, this program ensures timely, affordable, and reliable healthcare access, meeting the pressing needs of marginalized populations and fostering improved health outcomes.</p>
2)	Alignment with government priority and SDGs	<p>The program aligns closely with government health priorities, including increasing healthcare access, reducing maternal and child mortality, and tackling non-communicable diseases. It complements public health initiatives by bringing essential services directly to those in need, supporting the Government's mission of "Health for All."</p> <p>Additionally, the Clinic on Wheels contributes to Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being) by delivering quality healthcare services, and SDG 10 (Reduced Inequalities) by improving access for marginalized communities.</p>
B. Efficiency		
1)	Quality of program staff	<p>The program employs a multidisciplinary team that includes doctors, paramedics, and social workers, all trained specifically for mobile healthcare delivery. According to 87% beneficiaries, doctors at clinic on wheels showed a great understanding of health issues, 86% confirmed accurate diagnoses, and 89% reported effective communication. Respect, empathy, and timely referrals were rated highly (86%), with minimal instances of dissatisfaction.</p> <p>Focus on community-based care ensures that they are responsive to the unique challenges of each locality. The quality of the program staff played a vital role in building community trust, enhancing service uptake, and achieving better health outcomes.</p>
2)	Involvement of stakeholders	<p>The Clinic on Wheels works within its team of doctors, pharmacists and social workers. It has the scope to collaborate with additional stakeholders, particularly local healthcare professionals and government authorities. It will help to identify the unique health challenges within the areas and improve the program effectiveness.</p>
C. Effectiveness		

1)	Beneficiary awareness	<p>Most of the beneficiaries are informed about the clinics through community leaders (34%), and family or friends (46%), which has greatly increased program utilization and adherence to follow-up care. As a result, we see that 100% of the respondents were aware of the Clinic on Wheels.</p> <p>The initiative has significantly enhanced community health awareness through educational campaigns (74%), personalized healthcare advice (82%), and preventive care promotion (58%).</p> <p>Over 86% of participants noted an improvement in community awareness of hygiene, nutrition, and disease prevention. The program's efforts in delivering health education and distributing informational pamphlets (76%) have empowered communities to adopt better health practices, reducing disease prevalence and improving overall well-being.</p>
2)	Coverage of marginalized group	<p>The program effectively prioritizes marginalized groups by providing accessible healthcare to remote and underserved regions. With 74% respondents highlighting that they previously lacked access to doctors, pharmacists or other healthcare services and 71% reporting high prevalence of communicable diseases, the program ensures inclusivity.</p> <p>Moreover, the caste spread of the sample shows that 69% community members belonged to Backward Castes (BC), Scheduled Castes (SC), and Scheduled Tribes (ST). Thus, the mobile medical vans prioritize marginalized and vulnerable groups, including women, children, elderly individuals, and people with disabilities.</p>
3)	Extent of coverage	<p>The initiative reaches a substantial proportion of the target population, with 45% using the services regularly and 55% utilizing them occasionally. Medicines and consultations are consistently provided, with 98% of beneficiaries receiving prescribed medications.</p> <p>Additionally, the program has addressed healthcare challenges for 83% of households, significantly reducing costs related to travel (87%), medicines (99%), and consultation fees (72%). By frequently revisiting communities, it maintains a stable presence, allowing for follow-up treatments and continuity of care.</p>
4)	Program level effectiveness	<ul style="list-style-type: none"> - The Clinic on Wheels has proven to be highly effective in meeting its objectives. A significant 81% beneficiaries reported better quality of care while 61% reported affordability, and 56% confirmed improved healthcare accessibility. - The program has reduced the need for distant travel, saved time for 77% participants and costs for 68% beneficiaries, while 45% benefitted from quicker diagnoses and treatments. Health outcomes improved significantly for 71% of community members, showcasing the program's tangible impact on individual and community well-being. - This program's effectiveness is demonstrated through measurable improvements in community health, such as reduced healthcare expenses and fewer missed workdays due to illness. Additionally, high level of satisfaction among 79% beneficiaries, with a significant majority feeling that their healthcare needs are met, underscore the program's impact.

		<ul style="list-style-type: none"> - The presence of healthcare professionals providing personalized advice boosts trust and encourages consistent healthcare practices among 82% community members.
D. Impact		
1)	Key impact areas	<ul style="list-style-type: none"> - The initiative has delivered significant social and economic benefits. Economically, the program significantly reduced healthcare expenses for 83% of households, with 73% saving more than INR 500 monthly. Key savings were realized in travel, medicines, and consultation fees, reducing financial strain for low-income families. The availability of free medicines and consultations made healthcare more affordable for 94% of respondents. - Socially, 84% of participants observed improved social security and family well-being, while 86% noted positive changes in community health awareness and knowledge and 88% reported enhanced community health practices, including better hygiene and preventive care. - The initiative's focus on preventive care, health education, and personalized advice has enhanced awareness, encouraged healthier behaviors, and fostered a culture of proactive healthcare management.
E. Sustainability		
1)	Beneficiary Feedback	The survey found high levels of satisfaction among beneficiaries, with a significant majority feeling that their healthcare needs are met. An overwhelming 97% community members confirmed equal access to the services provided by Clinic on Wheels. However, there should be systems to take real time feedback from the beneficiaries at the Clinic on Wheels itself.
2)	Internal assessments or monitoring	The program does not conduct any internal assessments or regular monitoring. The initiative can include regular internal assessments to monitor progress and adjust.
3)	Exit Plan	The program has no exit plan.

08

Program Impact on 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. Even before committing to the SDGs, India had already demonstrated leadership in social responsibility by being the first country to mandate CSR activities through the New Companies Act of 2013. In 2015, India’s long-standing tradition of social work and diversity reached a pivotal moment, introducing fresh directions and motivations for the government, corporations and civil society organizations. The alignment of social development efforts with the SDG goals created a supportive environment for new and innovative programs that prioritize sustainability in all activities.

In this section, we attempt to orient multiple SDGs with the initiative, which targets to create an inclusive and equitable healthcare system for everyone to improve the lives of underserved urban population. The program is aligned with various SDGs related to poverty eradication, promoting good health and well-being, reduction of inequality, economic growth, and sustainable development.



No Poverty

End poverty in all its forms everywhere.

Target 1. a: “Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programs and policies to end poverty in all its dimensions”.

By mobilizing resources across sectors to provide essential healthcare services in underserved communities, the initiative directly reduces poverty-related health burdens. Through partnerships with NGOs, this cooperative model not only increases resource mobilization but also ensures that funds are directed toward high-impact, community-centered healthcare solutions, targeting health disparities often tied to poverty.

The program’s approach emphasizes preventive and primary care, reducing the need for costly emergency treatments and helping families allocate resources toward other essentials. By offering low-cost or free medical consultations, medicine, and health awareness initiatives, it reduces direct healthcare expenses for low-income families, indirectly supporting them to overcome poverty. Additionally, its focus on preventive care, such as maternal and child health and health education, addresses long-term poverty alleviation by reducing the likelihood of health-related income loss. The Clinic on Wheels, therefore, directly benefits the marginalized population and enables healthier, more economically stable communities.



Good Health and Well-Being

Ensure healthy lives and promote well-being for all at all ages

Target 3.8: “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”

The Clinic on Wheels program directly brings essential healthcare services to underserved and low-income urban communities, bridging the gap in access to quality medical care. By offering services at minimal or no cost, it provides financial protection to families who may otherwise face significant economic burdens from healthcare expenses. This

mobile healthcare model eliminates the need for expensive travel to distant facilities, making essential services both affordable and accessible.

Additionally, the program emphasizes preventive care, maternal health, and education, which improves health outcomes by addressing issues before they escalate. Through regular check-ups, vaccination drives, and provision of essential medicines, the initiative ensures that critical services are available to those needy people. Health education sessions further empower community members with knowledge on nutrition, hygiene, and disease prevention, enabling a proactive approach to health that aligns with universal health coverage objectives. In essence, the program mitigates financial and logistical barriers to healthcare, making quality, safe, and affordable medical services a reality for marginalized communities.



Reduced Inequalities

Reduce inequality within and along countries

Target 10.2: “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”.

The initiative promotes social and economic inclusion through accessible healthcare for underserved population. By providing affordable, community-based healthcare, it removes barriers that often exclude marginalized groups, such as low-income individuals, women, and the elderly, from quality health services. This inclusiveness allows people of all ages and backgrounds to receive preventive and essential medical care, empowering them to maintain better health and participate more actively in their communities.

Through health education and awareness sessions, the program fosters informed health decisions, which supports individuals' independence and resilience. Additionally, by reducing out-of-pocket healthcare expenses, it eases the financial strain on low-income households, promoting economic stability. The program's focus on maternal health also supports gender inclusion, addressing specific healthcare challenges that disproportionately affect women. By actively engaging with diverse communities and focusing on accessible care, the Clinic on Wheels initiative not only improves health outcomes but also reinforces the social and economic inclusion of individuals who might otherwise face exclusion due to their economic status or geographic location.



Partnerships for the Goals

Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

Target 17.17: “Encourage and promote effective public, public-private, and civil society partnerships, building on the experience and resourcing strategies of partnerships”

The Clinic on Wheels initiative fosters effective partnerships among public and private organizations. It brings together local government officials, healthcare providers, NGOs, and community-based health workers to expand healthcare access in underserved regions. This collaboration leverages the unique strengths and resources of each partner, enhancing the program's reach, quality, and sustainability.

Public sector involvement enables access to government support, policies, and infrastructure, while private sector contributions often come in the form of funding, medical supplies, and advanced technologies. By building on these experiences and resource-sharing strategies, the program ensures efficient use of funds and expertise, maximizing impact while avoiding duplication of efforts. This partnership model not only improves immediate health outcomes but also strengthens healthcare systems at the grassroots level, creating a framework for sustainable and scalable healthcare solutions. In doing so, the initiative demonstrates how cross-sector partnerships can effectively address complex challenges and drive progress toward equitable healthcare for all.

09

Conclusion

The Clinic on Wheels initiative has shown a transformative impact on community healthcare across Bangalore, Mysore, and Chennai by bringing essential medical services to underserved urban population. The beneficiaries commended various components of the program, particularly its role in reducing chronic diseases, lowering healthcare expenses, and improving community health awareness. The following outlines the significant contributions of the program across the cities, as well as recommendations to enhance its effectiveness.

KLI's Clinic on Wheels has effectively managed chronic illnesses like diabetes, blood pressure, and skin conditions. Routine services, such as blood pressure monitoring, diabetes screenings, and awareness on hygiene, are highly valued by patients. Across the locations, beneficiaries reported a notable decrease in skin ailments, general weakness, and seasonal diseases, which has been attributed to the program's consistent follow-ups and accessible healthcare.

In addition to health improvements, there has been significant economic relief for the patients in every location. This financial relief particularly supports vulnerable groups, such as the elderly and those with disabilities, by providing accessible, low-cost healthcare. Community members across locations also emphasized the convenience of the service, which prevents the need to travel to distant healthcare facilities.

Location wise assessment

Bangalore

In Bangalore, each doctor on the Clinic on Wheels serves an average of 160-180 patients per location, addressing common diseases like cough, cold, diabetes, hypertension, skin diseases, and general weakness. Beneficiaries confirmed a decrease in skin diseases and improvements in managing chronic conditions. Patients in Bangalore reported monthly savings of around INR 1,500– 1,900 due to reduced out-of-pocket healthcare expenses. The Clinic on Wheels also had a noteworthy case where a patient suffering from chronic respiratory trouble (CRT) in Ragundi saw substantial improvements after regular visits and access to prescribed medications.

However, challenges in Bangalore include medicine shortages, limited emergency care supplies, and accessibility issues in some areas due to poor road conditions. Additionally, follow-up care for patients, particularly regarding diet adherence, has been instrumental in maintaining health improvements.

Mysore

In Mysore, the mobile medical service has positively impacted community health by reducing skin diseases, urinary infections, and gynecological issues through consistent follow-up care. Like Bangalore, Mysore also witnessed a significant reduction in monthly healthcare costs, with savings of INR 1,800- 2,000 on average. Patients with chronic conditions such as high blood pressure and diabetes saw improvements with regular monitoring and treatment, which has led to sustained health outcomes.

Key challenges in Mysore included delayed medicine supplies and malfunctioning blood pressure equipment, affecting the continuity of care. The team had to repair the equipment on-site, which highlights the need for more reliable, durable devices.

Chennai

The Clinic on Wheels in Chennai focuses on managing chronic ailments, such as blood pressure, diabetes, skin diseases, and other conditions. The program has led to noticeable improvements in managing chronic diseases, particularly diabetes and hypertension, contributing to an overall better health status in the community. Regular health assessments, prescribed medications, and health awareness sessions have effectively managed common conditions and controlled seasonal illnesses.

Operational challenges in Chennai include limited resources, the need for improved diagnostic tools, and occasional difficulties in managing crowds and traffic. Emergency care is well-coordinated through a referral system, though additional diagnostic tools would improve service quality.

Based on the feedback and observations from beneficiaries and healthcare providers, the following recommendations can further enhance the effectiveness and reach of the Clinic on Wheels program:

- **Increasing frequency and consistency of visits:** One of the most frequently mentioned needs is an increase in the frequency of visits. Currently, the Clinic on Wheels visits most locations once per week, which can limit its impact on patients requiring more regular monitoring, such as those with chronic conditions like diabetes and hypertension. Increasing the frequency of visits to at least 5 times weekly would facilitate more effective follow-up care and ensure continuity in monitoring for patients with ongoing medical needs. Regular visits will also allow the clinic team to build stronger relationships with patients, which can improve adherence to prescribed treatment plans and lifestyle changes.

In addition to increasing visit frequency, establishing a consistent and reliable schedule is essential. Patients often plan around these visits, and any unplanned changes can create confusion and reduce the turnout. A consistent schedule would also allow the community to anticipate the clinic's visits and prepare accordingly, leading to a more organized and efficient process.

- **Expand diagnostic capabilities with basic laboratory testing:** Currently, the Clinic on Wheels lacks the facilities to conduct even basic laboratory tests, which limits its ability to diagnose conditions effectively. Implementing basic diagnostic services such as blood sugar, hemoglobin, and urine analysis would empower the clinic to catch and address health issues at an earlier stage. Given that many common conditions, including diabetes, anemia, and urinary infections, can be identified through these simple tests, the addition of laboratory testing would significantly enhance the clinic's capacity to provide preventive and primary healthcare.

These services could be made portable and incorporated into the existing clinic setup with minimal infrastructure. Adding these facilities could also help build the trust of the community, as patients would receive a more comprehensive health assessment without needing to travel to distant hospitals or clinics.

- **Strengthen follow-up care and health record management:** An effective healthcare program not only treats but also tracks the progress of patients. A digital health record management system would allow the clinic team to store patient data systematically and securely. Digitizing medical records would improve the continuity of care, as patients' histories, prescribed medications, and follow-up needs would be easily accessible. Such system would also facilitate improved communication among clinic staff, allowing them to better coordinate follow-up visits and assess patient progress over time. Additionally, it would enable the clinic to analyze data to identify prevalent health conditions in each community, adjust treatment plans, and implement targeted health interventions based on data-driven insights.
- **Regular training and development for clinic staff:** The effectiveness of the Clinic on Wheels program is heavily dependent on the skills and dedication of its staff. Regular training sessions should be organized to keep clinic staff updated on best practices, new treatments, and effective patient communication. Training programs could cover a range of topics, from basic diagnostic procedures to patient counseling and community engagement. Moreover, a well-defined feedback system for the clinic staff can ensure that the on-ground challenges they face are addressed by the program management. Staff members should be encouraged to share their insights and suggestions, as their firsthand experience can be valuable in identifying gaps and opportunities for improvement.

The Clinic on Wheels initiative has significantly contributed to improving health outcomes in Bangalore, Mysore, and Chennai by offering accessible, preventive, and treatment-based healthcare to underserved communities. Chronic diseases are now better managed, healthcare costs have been reduced, and there is significant improvement in general health awareness. Beneficiaries have expressed gratitude for the services, particularly for making healthcare accessible to vulnerable population.

The program's success underlines the value of mobile healthcare in areas lacking infrastructure, and its impact can be enhanced further with the proposed recommendations. By addressing the challenges and implementing additional resources, the Clinic on Wheels can continue to provide sustainable healthcare solutions, thereby fostering healthier, more resilient communities.

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