DEEPAK PHENOLICS

RESPONSIBLE CHEMISTRY

CSR IMPACT ASSESSMENT REPORT

MOBILE HEALTH UNIT PROGRAMME









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Path to Sustainability
SOULACE CONSULTING PVT. LTD.

FY 2024-2025 Implementing Partner: Deepak Foundation

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EXECUTIVE SUMMARY

PROJECT BACKGROUND

Healthcare is a fundamental right of every individual. However, inadequate infrastructure, a shortage of qualified medical professionals, and limited access to essential medicines and medical facilities have significantly restricted healthcare reach, particularly for the nearly 60% of India's population residing in rural and tribal areas with close alignment with Sustainable Development Goal (SDG) 3 aims to "Ensure healthy lives and promote well-being for all at all ages," emphasizing universal health coverage (UHC) and access to quality healthcare. Committed to this goal, the Indian healthcare system has made significant strides over the past decade. However, disparities in healthcare access between rural and urban areas remain a major challenge.

Mobile Health Units (MHU) plays a crucial role in providing healthcare services to remote and underserved areas where conventional medical facilities are either absent, ineffective, or hard to reach. These units not only deliver essential medical care but also contribute to disease prevention and health promotion. By maintaining a regular presence and building trust within these communities, they create opportunities to introduce new healthcare initiatives aimed at improving nutrition and overall well-being, particularly for vulnerable groups such as women, children, and the elderly.

PROJECT DETAILS

Project Duration

FY 2024-2025

Assessment Year

FY 2025-2026

Implementing Partner

Deepak Foundation

Total Beneficiaries

1,14,464

Project Locations

- Mokhada, Palghar district of Maharashtra
- Dahej, Bharuch district of Gujarat
- Dughdha, Nasvadi district of Gujarat

Sample Size

450

01. INTRODUCTION

BACKGROUND AND NEED OF THE PROGRAM

The necessity of implementing mobile health services is to achieve universal health coverage by ensuring access to primary healthcare services, improving the general health and well-being of the vulnerable population in remote areas, and providing low-cost preventive, promotive, and curative health care services. Additionally, to bridge the gap, in rural areas, due to remote scattered households and challenges to connect to a healthcare facility, which is located very far, the vulnerable population is deprived of basic health services. There is a piling of health burden in these regions. Also, most of the people are unaware and deprived of basic health knowledge and education.

ABOUT DEEPAK FOUNDATION

The Deepak Foundation was founded in 1982 to offer healthcare and medical assistance to the local community and workers' families. Today, the Foundation works in six states: Telangana, Madhya Pradesh, Jharkhand, Gujarat, Maharashtra, and New Delhi. The organization has several initiatives, such as the Kawant Livelihood Project (KALP), Safe Motherhood & Child Survival (SMCS), Deepak Medical Foundation Hospital (DMF), Pre-School Education & Care, Integrated Child Development Services, Sexual Health and HIV/AIDS Awareness, and Disaster Relief and Rehabilitation.

02 RESEARCH METHODOLOGY

PROJECT DETAILS

This chapter outlines the research methodology used to evaluate the project "Mobile Health Units in in Mokhada block in Palghar district of Maharashtra and Dahej block in Bharuch district of Gujarat which implemented Mobile Health Units at several remote villages in Palghar district and Gujarat state through direct CSR support from Deepak Foundation. The study aims to assess the project's impact on improving health services in challenging geographical locations and provide health-related services, preventive as well as curative, at villagers doorsteps. The focused group discussion was children, women, and the elderly. Furthermore, to provide information about health challenges with the assistance of counseling.

OBJECTIVES OF THE STUDY

- To strengthen the delivery of primary health services in villages that have limited access to primary healthcare facilities.
- To reduce the out-of-pocket expenditure while accessing primary healthcare.
- To promote the utilization of public healthcare services.
- To improve the health care seeking and awareness of key health and nutrition practices of women and children.

RESEARCH DESIGN

A mixed-method approach is adopted, integrating both quantitative and qualitative research techniques to provide a comprehensive understanding of the project's impact. This method guarantees a comprehensive evaluation of health service and infrastructure utilization, capturing the villagers perceptions of the Mobile Health Units and the activity as a whole the details of the applicable techniques are mentioned below

APPLICATION OF QUANTITATIVE TECHNIQUES

The study employs structured surveys conducted with beneficiaries, selected through stratified random sampling. This methodology ensures a representative sample, enabling analysis of key outcomes such as access to treatment, affordability, treatment completion, and beneficiaries satisfaction.

APPLICATION OF QUALITATIVE TECHNIQUES

The qualitative methodology involves in-depth interviews with key stakeholders, including ASHA workers, physicians, and beneficiaries. These interviews offer more in-depth information about the MOU's services and operational efficacy. In order to have a more enlightening discussion, we also held a focused group discussion with local family members using a case study.

ENSURING TRIANGULATION

To enhance the credibility and reliability of the research findings, triangulation is employed by integrating multiple data sources, research methods, and stakeholder perspectives. This approach ensures a well-validated and comprehensive assessment of the project's impact.

SAMPLING FRAMEWORK

The sampling framework consists of beneficiaries selected through simple random sampling and in-depth interviews with key stakeholders and focused group discussions with family members. This design ensures diverse representation and captures multiple perspectives on the effectiveness and relevance of the Mobile Health Units Program.

DATA COLLECTION

Primary data collection was conducted using structured in-depth interviews, guided focused group discussions, and case studies of women and key stakeholders like ASHA workers. Rigorous tools and protocols were applied to ensure data accuracy, reliability, and completeness in capturing insights related to service delivery, accessibility of health services, providing awareness sessions, and counseling for the villagers.

STAKEHOLDERS

Key stakeholders include ASHA workers and physicians. Their inputs are critical for assessing service effectiveness, health accessibility, overall environment, and long-term sustainability.

COMMITMENT TO RESEARCH ETHICS

The research team adhered to strict ethical guidelines, ensuring confidentiality, informed consent, transparency, and respect for participants' rights. Upholding these ethical standards was essential for maintaining the credibility, integrity, and reliability of the research findings.

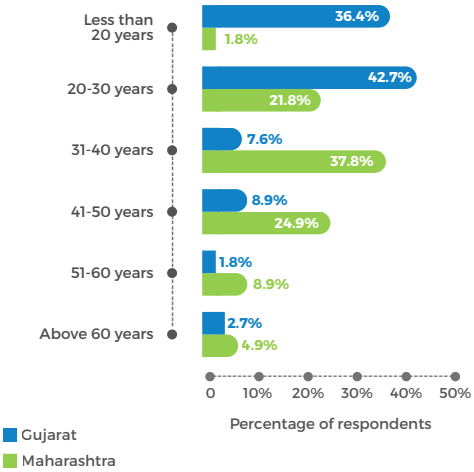


INTERVIEW WITH ASHA WORKER

03 MAJOR FINDINGS

INCLUSIVE HEALTH BENEFITS ACROSS ALL AGE GROUPS

CHART 1: LOCATION-WISE DISTRIBUTION OF AGE



Less than 20 years

Maharashtra: 1.8% | Gujarat: 36.4%

Young girls and adolescents in Gujarat shared how regular anaemia screening and access to iron supplements helped reduce fatigue and dizziness. Many spoke about improved concentration in school and better menstrual health awareness—things they earlier hesitated to discuss.

20–30 years

Maharashtra: 21.8% | Gujarat: 42.7%

Women in this age group, especially in Gujarat, described benefits around reproductive health—timely ANC registration, safer pregnancies, and counselling on family planning. They reported fewer complications like untreated anemia and infections, and greater confidence in seeking care early.

31–40 years

Maharashtra: 37.8% | Gujarat: 7.6%

In Maharashtra, women highlighted support for maternal and general health—regular check-ups helped detect issues like hypertension and nutritional deficiencies early. Many mentioned how continuous follow-ups during pregnancy ensured safer deliveries and healthier newborns.

41–50 years

Maharashtra: 24.9% | Gujarat: 8.9%

Beneficiaries in this group spoke about managing emerging lifestyle conditions such as high blood pressure and diabetes. They experienced relief through early diagnosis and medication access, along with awareness on diet and stress, improving their day-to-day well-being.

51–60 years

Maharashtra: 8.9% | Gujarat: 1.8%

Beneficiaries described how screening services helped identify chronic conditions early. Women shared experiences of managing joint pains, blood pressure, and vision issues, which earlier went untreated due to lack of access.

Above 60 years

Maharashtra: 4.9% | Gujarat: 2.7%

Elderly women expressed that doorstep services made it easier to address age-related ailments like weakness, vision problems, and chronic illnesses. Regular visits reduced their dependency on distant facilities and ensured continuity of care.

State-wise Difference (Overall)

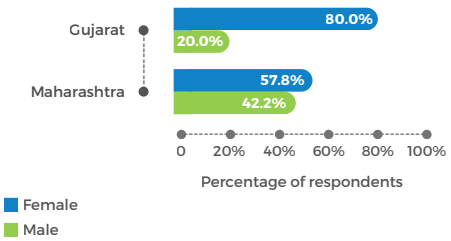
Gujarat has a higher proportion of younger beneficiaries (below 30 years), while Maharashtra shows greater participation from women aged 31–50 years, indicating a shift from adolescent and early reproductive care (Gujarat) to maternal and chronic disease management (Maharashtra).

> Earlier, I used to feel very tired and dizzy, especially during my periods, but I thought it was normal. When the health van started coming, they checked my blood and told me I had low haemoglobin. After taking the tablets and following their advice, I feel much more active now. I can focus better on my studies and don't feel weak like before.
>
> **- Riya Patel, 18 years, Vansi village, Gujarat**

> I found out about my blood pressure only after the van started visiting. Before that, I used to feel headaches and weakness but ignored it. Now I take medicines regularly and follow their advice on food. I feel much better in my daily life.
>
> **- Sangita Nirgude, 45 years, Mokhada block, Maharashtra**

ADDRESSING HIDDEN VULNERABILITIES IN WOMEN'S HEALTH

CHART 2: LOCATION-WISE DISTRIBUTION OF GENDER



Maharashtra

Female: 57.8% | Male: 42.2%

Women beneficiaries shared how regular visits of the Mobile Health Unit made it easier to stay consistent with **ANC and PNC care**, leading to safer pregnancies and institutional deliveries. Many spoke about early detection of **anemia and hypertension,** where timely medicines and follow-ups reduced complications. Awareness sessions on **family planning, nutrition, and personal hygiene** helped them make informed choices for themselves and their children.

> The van has made it easier for women like us to take care of our health. We don't have to wait for someone to take us to the hospital. I go for regular check-ups, get iron supplements and I do feel there is a definite improvement in my energy levels and can engage in domestic activities with ease compared to before.
>
> **- Shakha Padge, 32 years, Ghanaval village, Maharashtra**

Gujarat

Female: 80.0% | Male: 20.0%

A larger proportion of women reported actively accessing services, especially for **adolescent anemia screening, menstrual health, and reproductive care.** Young women and mothers described how **iron-folic supplementation, counselling, and regular check-ups** reduced fatigue and improved daily functioning. Distribution of **sanitary napkins and health kits**, along with sessions on **sexual and reproductive health and mental well-being,** created a sense of comfort and confidence in seeking care without hesitation.

> Women in our village now feel comfortable going to the health van. Earlier, we hesitated to talk about our problems. Now we openly discuss issues like weakness, menstrual health, and pregnancy. The staff listens carefully and explains everything.
>
> **- Tulsiben Gohil, 29 years, Mehgam village, Gujarat**

State-wise Difference

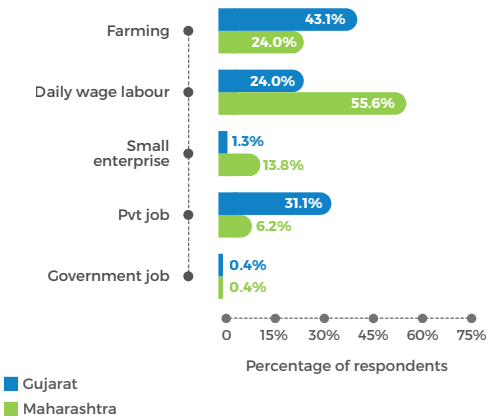
- **Higher female participation in Gujarat (80.0%) compared to Maharashtra (57.8%)** reflects stronger uptake of **preventive and awareness-driven services** like anemia control and menstrual health, while Maharashtra shows **balanced utilisation with deeper engagement in maternal and chronic care services.**

Women consistently expressed that the MHU became a **trusted, accessible space**—where they could openly discuss health concerns that were earlier ignored due to distance, cost, or social barriers.

From managing **pregnancy safely,** addressing **anemia and nutrition**, to gaining awareness on **mental health and hygiene**, they described feeling more **in control of their health and well-being,** with care now reaching them instead of the other way around.

CARE THAT FITS INTO EVERY DAY LIFE

CHART 3: LOCATION-WISE DISTRIBUTION OF FAMILY OCCUPATION



Daily Wage Labour

Maharashtra: 55.6% | Gujarat: 24.0%

For many beneficiaries dependent on daily wages, even a single missed day of work matters. They shared how getting treated nearby for **fever, body pain, or infections** meant they didn't have to lose a day's income or spend extra on travel. Care felt quicker, simpler, and less disruptive to their routine.

Farming

Maharashtra: 24.0% | Gujarat: 43.1%

Among farming households, beneficiaries spoke about dealing with **tiredness**, **weakness, and seasonal health issues.** Regular check-ups and supplements helped them feel more active during long hours in the fields, especially during peak agricultural seasons.

Private Job

Maharashtra: 6.2% | Gujarat: 31.1%

Beneficiaries in private jobs mentioned that they often ignore health until it worsens. With the MHU visiting nearby, they started checking for **BP, sugar, and general health** more regularly, without needing to take leave or travel far.

Small Enterprise

Maharashtra: 13.8% | Gujarat: 1.3%

Those running small businesses shared that they could now **quickly consult for minor issues** and get back to work. Awareness sessions also helped them pay more attention to **food habits and hygiene at home and work.**

Government Job

Maharashtra: 0.4% | Gujarat: 0.4%

Though fewer in number, beneficiaries appreciated the ease of **getting basic check-ups done locally,** without needing to plan a separate hospital visit.

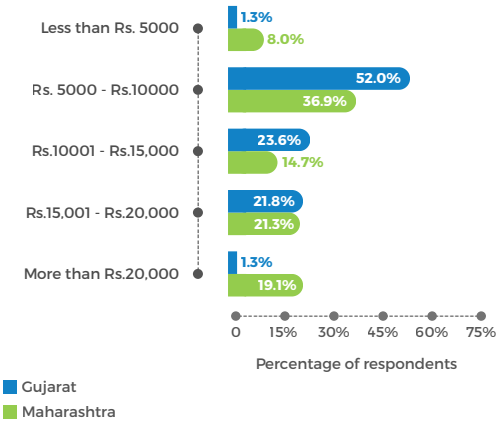
State-wise Difference

Maharashtra sees a larger share from **daily wage households (55.6%),** while Gujarat has more beneficiaries from **farming (43.1%) and private jobs (31.1%),** showing how access is reaching people across different work realities.

Across these groups, beneficiaries described a similar shift—**healthcare no longer feels like something that requires a full day's effort or expense**. It has become something they can access in between their daily responsibilities, making it easier to actually seek care when needed.

MAKING HEALTH CARE ACCESSIBLE WHERE IT MATTERS MOST.

CHART 4: LOCATION-WISE DISTRIBUTION OF FAMILY INCOME



State-wise Average Income

- **Maharashtra:** Skews toward **lower-middle income,** with stronger presence across Rs. 5,000–20,000 and some share in higher income (19.1% above Rs. 20,000).
- **Gujarat:** Concentrated in **lower income brackets,** with the majority below Rs. 10,000 and very minimal presence in higher income (1.3% above Rs. 20,000).

In **Gujarat**, where incomes are generally lower, beneficiaries described how the MHU became their **first point of care.** Earlier, even small health issues were often ignored or delayed due to cost. Now, with services available nearby, they are able to address **common illnesses, weakness, and routine health concerns** without worrying about expenses.

In **Maharashtra**, with relatively higher average incomes, beneficiaries still emphasized the importance of **saving on travel and consultation costs.** While they may have had some access earlier, the MHU made healthcare **more regular and less burdensome,** especially for repeated visits and follow-ups.

Across both states, the shift is clear—beneficiaries no longer have to **choose between spending on health and managing household needs.** The MHU has made care feel **within reach,** especially for those in lower-income groups, by reducing out-of-pocket expenses and enabling **timely, routine healthcare access.**

> I usually don't get time to visit hospitals. With the van coming nearby, I can quickly get my BP and sugar checked. It doesn't disturb my work routine.
>
> **- Dattu Badsame, 30 years, Dahej block, Gujarat**



INTERVIEW WITH DOCTORS

PRE- MHU HEALTH ACCESS AND CHALLENGES

Facility Type	Maharashtra (%)	Gujarat (%)	Community Reported Experience
Private Clinic	60.9%	45.8%	Most beneficiaries depended on private clinics despite higher costs, sharing that they often had to spend out-of-pocket for even minor illnesses due to limited nearby alternatives.
PHC / Sub Centre	30.2%	39.6%	Beneficiaries accessed PHCs where available, but spoke about distance, waiting time, and irregular access, making it difficult to rely on them consistently.
District Government Hospital	5.8%	13.8%	Beneficiaries reported that they mainly visit District hospitals for more serious conditions; beneficiaries reported long travel distances and time-consuming visits, often delaying care unless absolutely necessary.
Local Quacks (Unqualified Doctors)	3.1%	0.9%	A small proportion turned to informal providers for quick, nearby relief, especially when no formal services were easily accessible.

How MHU access helped overcome these challenges



TIMELY CARE INSTEAD OF DELAYS

Earlier, many would **postpone treatment** unless the condition became serious, mainly due to cost or distance. With regular MHU visits, beneficiaries began addressing **fever, infections, weakness, and routine health concerns early**, preventing complications.



SHIFT AWAY FROM INFORMAL PROVIDERS

A few beneficiaries mentioned earlier dependence on nearby unqualified providers for quick relief. With the availability of MHU, they now prefer **qualified medical advice and proper diagnosis**, improving trust and quality of care.



CONTINUITY THROUGH FOLLOW-UPS

Unlike earlier one-time visits to distant facilities, beneficiaries highlighted the value of **regular follow-ups**, especially for **pregnancy care, anemia, and chronic conditions.** This continuity made treatment more effective and reliable.



GROWING AWARENESS AND CONFIDENCE

Through repeated interactions and awareness sessions, beneficiaries reported better understanding of **nutrition, hygiene, maternal health, and preventive care,** making them more confident in managing their health.



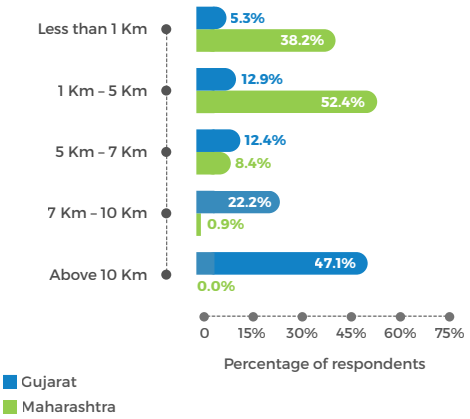
OVERALL LIVED SHIFT

Beneficiaries described a clear change—healthcare is no longer something they seek only in emergencies. With the MHU, it has become **regular, nearby, and easier to access**, fitting into their daily lives rather than disrupting them.

> Earlier, we mostly went to private clinics even for small illnesses. It cost a lot, but we had no other option nearby.
>
> **- Ramesh Pawar, 42 years, Mokhada, Maharashtra**

> The government hospital was very far, so we delayed treatment. Sometimes we went to local people for quick relief, even if it was not proper treatment.
>
> **- Sakina Bano, 35 years, Dahej, Gujarat**

CHART 5: DISTANCE TRAVELED FOR HEALTHCARE BEFORE MOBILE HEALTH UNIT



"Distance as a Barrier to Care"

Less than 1 Km

Maharashtra: 38.2% | Gujarat: 5.3%

Even where facilities were closer, beneficiaries shared that access was not always easy—**limited services, irregular availability, or overcrowding** meant they still had to look elsewhere or wait longer for care.

1 Km – 5 Km

Maharashtra: 52.4% | Gujarat: 12.9%

In Maharashtra, most beneficiaries travelled short-to-moderate distances. They described this as manageable at times, but still involving **travel costs, time loss, and difficulty during illness,** especially for repeated visits or follow-ups.

5 Km – 7 Km

Maharashtra: 8.4% | Gujarat: 12.4%

Beneficiaries in this range spoke about **depending on transport availability**, often delaying visits when transport was not easily accessible, particularly for non-emergency conditions.

7 Km – 10 Km

Maharashtra: 0.9% | Gujarat: 22.2%

In Gujarat, a significant group travelled longer distances, sharing challenges like **waiting for shared transport, higher travel expenses, and fatigue,** which discouraged frequent healthcare visits.

Above 10 Km

Maharashtra: ~0% | Gujarat: 47.1%

Nearly half the beneficiaries in Gujarat reported travelling over 10 km. They described healthcare as a **full-day effort,** often requiring multiple transport changes, leading to **delayed care, skipped follow-ups, and reliance on nearby informal options.**

State-wise Difference

- Maharashtra shows concentration within **1–5 km (52.4%)**, indicating relatively closer facilities.
- Gujarat reflects **significantly higher travel distances,** with **47.1% travelling above 10 km**, highlighting major access challenges.

Key Challenges Faced by Beneficiaries

- **High travel time and cost,** especially for repeated visits
- **Dependence on irregular or shared transport**
- **Loss of daily wages** due to time spent seeking care
- **Delayed treatment** unless conditions became severe
- **Difficulty in follow-ups,** particularly for chronic conditions and maternal care

Lived Experience

Beneficiaries described healthcare as something that required **planning, effort, and expense,** not just a simple visit. Distance often meant that care was **postponed, minimized, or avoided,** especially for routine or preventive needs.

> We had to travel more than 10 kilometers for treatment. It took the whole day and was very tiring, so we avoided going unless it was serious.
>
> **- Kherunben, 58 years, Vansi, Gujarat**

> The hospital was 2–3 km away, but even that felt difficult during illness, especially for repeated visits and follow-ups.
>
> **- Hemlata Dandekar, 34 years, Gonde Khurd, Maharashtra**

FROM STRUGGLES TO ACCESS- WHAT CHANGED WITH THE MHU

Challenges faced before the availability of MHU	Maharashtra (%)	Gujarat (%)	Before MHU – As Experienced by community members	After MHU – As Experienced as experienced by community members.
High cost of private clinic/hospital	62.7%	44.4%	"We had to go to private clinics and spend money even for small illnesses."	"Now we get check-ups and medicines here itself, so we don't have to spend like before."
Long travel distance to govt hospital	27.6%	52.0%	"Going to the hospital meant travelling far and losing almost a full day."	"The vehicle comes to our village, so we don't have to travel long distances anymore."
No doctor available at govt hospital	38.7%	0.4%	"Sometimes we would go, but no doctor would be there."	"Now a doctor comes regularly, so we know when and where to go."
Long waiting time at govt hospital	20.0%	12.0%	"We had to wait for hours, and sometimes return without being seen."	"Here, we are seen quickly, and the process is much easier."
No medicines available at govt hospital	12.4%	6.2%	"Even after consultation, we had to buy medicines from outside."	"Medicines are given on the spot, so treatment starts immediately."
Could not go alone	28.9%	28.4%	"We needed someone to accompany us, which was not always possible."	"Since it is nearby, we can go easily without depending on others."

Key Benefits experienced by Community members

"A Regular Presence That People Can Count On"
With the Mobile Health Unit visiting **twice a month**, beneficiaries described it as something they can **plan around and rely on**, rather than waiting for uncertain opportunities to seek care.



PREDICTABLE CARE

"We know when the van will come, so we wait for that day instead of postponing treatment."
Regular visits mean health is no longer addressed only in emergencies but **at the right time.**



TIMELY FOLLOW-UPS

Beneficiaries shared that conditions like **pregnancy care, anemia, BP, and sugar** are now checked **consistently**, as the gap between visits is short enough to not miss continuity.



LESS NEED FOR OUTSIDE VISITS

"Earlier we had to go to the hospital again and again. Now we manage most things when the van comes."
Twice-a-month visits reduce the need for repeated travel to distant facilities.



COMFORT IN CONTINUITY

Seeing the same team regularly builds **familiarity and trust**, making it easier to discuss health concerns openly over time.



FITS INTO DAILY LIFE

Beneficiaries described that a 15-day cycle works well—it allows them to **manage minor issues immediately and follow up without disrupting work or routine.**

TESTIMONIES ON CHALLENGES FACED BEFORE MHU ACCESS

"Going to the hospital meant spending money and waiting for hours. Sometimes there was no doctor, so we had to come back without treatment."

- Bandhu Dhagode, 41 years, Mokhada, Maharashtra

"We could not go alone, and travel was expensive. So many times, we ignored health problems until they became serious."

- Riya Patel, 19 years, Dahej, Gujarat

TESTIMONY ON CHANGES EXPERIENCED AFTER MHU ACCESS

> Medicines are given immediately, and we don't have to wait for long. It has made treatment much easier for us.
>
> **- Sangita Nirgude, 45 years, Mokhada, Maharashtra**

ON TIME, EVERY TIME: BUILDING TRUST THROUGH CONSISTENCY

Fixed Timing, Predictable Access (100%)

All beneficiaries shared that the van arrives at a set, known time, making it easy to remember and plan for.

What it means: Healthcare becomes something scheduled and reliable, not uncertain or dependent on chance.

> Now the van comes to our village, so we don't have to travel far. We get treatment on time without spending money.
>
> **- Ramu Padghe, 36 years, Ghanaval, Gujarat**

> Medicines are given immediately, and we don't have to wait for long. It has made treatment much easier for us.
>
> **- Sangita Nirgude, 45 years, Mokhada, Maharashtra**

Easier to Plan the Day

Beneficiaries mentioned they could finish household or work responsibilities and then visit the van, without disrupting their routine.

What it means: Care fits into daily life instead of competing with it.

Reduced Waiting and Uncertainty

Earlier we didn't know when we would be seen or if the doctor would be available." With fixed timing, they arrive knowing the service is already there.

What it means: Less time wasted in waiting or repeated visits, and more confidence that effort won't go in vain.

Improved Follow-ups

Knowing the exact time helps beneficiaries return for follow-ups, medicines, and check-ups without missing visits.

What it means: Better continuity in care for conditions like pregnancy, anemia, BP, and diabetes.

Comfort and Familiarity

Regular timing helped create a sense of routine interaction with the same team, making beneficiaries more open in discussing health concerns.

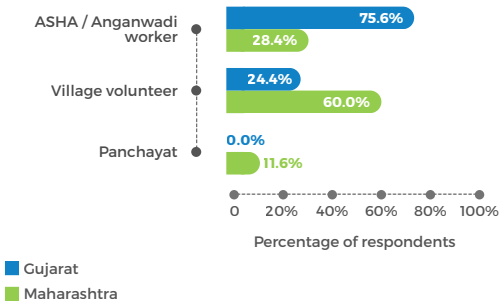
What it means: Care becomes more approachable and trusted over time.

Overall Lived Meaning

Fixed timing turned healthcare from something uncertain and effort-heavy into something dependable and easy to access—a service people can count on, just like any other part of their daily schedule.

COMMUNITY PARTICIPATION IN CREATING AWARENESS ON MHU

CHART 6: SOURCE OF AWARENESS ABOUT MOBILE HEALTH UNIT



ASHA / Anganwadi Workers

Maharashtra: 28.4% | Gujarat: 75.6%

Beneficiaries shared, "Didi from Anganwadi/ASHA told us about the van and when it will come." Since they already interact with them for health and nutrition, it felt easy to trust and follow their guidance, especially for pregnancy, child care, and anemia-related services.

Village Volunteers

Maharashtra: 60.0% | Gujarat: 24.4%

Many beneficiaries mentioned, "People from the village informed us, so everyone came to know." Word spread quickly through local volunteers and community members, making it easier for others to also start using the services.

Panchayat

Maharashtra: 11.6% | Gujarat: –

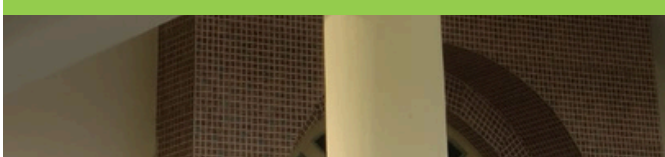
Some beneficiaries noted, "Information was also shared in the village through Panchayat." This helped reinforce that the service was meant for everyone and officially supported.

Beneficiaries expressed that they did not hear about the MHU from outside sources, but through people they see and trust regularly. This made them feel more comfortable in accessing the services, as it came through familiar faces and existing community connections.

> "I inform villagers before the van comes. Since people in the communities served have experienced reliable health outcomes by visiting the van without having to spend anything, they come regularly for check-ups."
>
> **-Devki Thackeray, ASHA Worker, Mokhada, Maharashtra**



DEEPAK FOUNDATION OFFICE



MULTIPLE HEALTH SERVICES AVAILED THROUGH MOBILE HEALTH UNITS: COMMUNITY EXPERIENCES AND SIGNIFICANCE

Location-wise Distribution	No. of Respondents		Percentage of Respondents (%)	
	Gujarat	Maharashtra	Gujarat	Maharashtra
Doctor consultation	180	165	80.0	73.3
Free medicines	170	150	75.6	66.7
Health counselling	135	120	60.0	53.3
Blood pressure check	100	95	44.4	42.2
Blood test (Sugar)	80	70	35.6	31.1
Anaemia check (Hb)	90	85	40.0	37.8
Child weight check	95	100	42.2	44.4
ANC care (Pregnancy)	65	75	28.9	33.3
PNC care	50	60	22.2	26.7
Total respondents	225	225		

The range of services accessed through the Mobile Health Units reflects not just utilization, but a growing trust in preventive and primary healthcare among community members. Beneficiaries across both Gujarat and Maharashtra spoke about these services not as isolated interventions, but as essential, life-supporting touchpoints in their everyday lives.



DOCTOR CONSULTATION AND FREE MEDICINES: FIRST POINT OF RELIEF

A large proportion of respondents in Gujarat (80.0%) and Maharashtra (73.3%) reported accessing doctor consultations, often describing it as their first reliable interaction with a qualified healthcare provider. This was closely followed by access to free medicines (75.6% in Gujarat; 66.7% in Maharashtra).

Community members expressed that earlier, even minor illnesses would go untreated due to cost and distance. Now, with timely consultations and immediate medicines, ailments are addressed early—preventing complications and reducing financial burden.



HEALTH COUNSELLING: BUILDING AWARENESS AND CONFIDENCE

Health counselling services (60.0% in Gujarat; 53.3% in Maharashtra) were described as eye-opening experiences. Beneficiaries shared how they are now more aware of nutrition, hygiene, and disease prevention.

For many, this counselling has shifted behaviour—from ignoring symptoms to actively seeking care—indicating a deeper, sustained impact beyond treatment.



BLOOD PRESSURE AND SUGAR TESTING: SILENT DISEASE DETECTION

Screening services such as blood pressure checks (44.4% Gujarat; 42.2% Maharashtra) and blood sugar tests (35.6% Gujarat; 31.1% Maharashtra) were highlighted as critical lifesaving interventions.

Community members noted that these conditions often show no early symptoms. Several respondents shared that they were first diagnosed with hypertension or diabetes through the van services, allowing them to start treatment early and avoid severe complications.



ANAEMIA TESTING: ADDRESSING HIDDEN WEAKNESS

Anaemia checks (40.0% in Gujarat; 37.8% in Maharashtra) were especially valued by women and adolescent girls. Beneficiaries described persistent fatigue and weakness as "normal" earlier, but testing revealed underlying haemoglobin deficiencies.

With diagnosis and supplements, many reported improved energy levels and ability to carry out daily activities—highlighting how a simple test can significantly improve quality of life.



CHILD WEIGHT MONITORING: ENSURING HEALTHY GROWTH

Child weight checks (42.2% Gujarat; 44.4% Maharashtra) emerged as an important service for families. Parents shared that regular monitoring helped them understand whether their child was growing appropriately.

This service created awareness around malnutrition and encouraged timely dietary changes, making it a preventive step toward healthier childhood development.



MATERNAL CARE (ANC & PNC): SAFEGUARDING MOTHERS AND INFANTS

Maternal health services such as ANC care (28.9% Gujarat; 33.3% Maharashtra) and PNC care (22.2% Gujarat; 26.7% Maharashtra) were described as highly reassuring for pregnant and new mothers.

Women reported that regular check-ups during pregnancy helped detect risks early, while postnatal care ensured both mother and child remained healthy after delivery. For many, this was their only accessible maternal healthcare support, making it crucial for reducing complications and improving outcomes.

OVERALL COMMUNITY REFLECTION

Across both states, beneficiaries consistently expressed that the Mobile Health Unit is not just a service provider, but a lifeline bringing essential healthcare to their doorstep. The availability of diagnostic tests, preventive screenings, and maternal-child health services has enabled early detection, timely treatment, and increased health awareness.

As one community member reflected:

"*Earlier we would wait for illness to become serious. Now, with regular check-ups and tests, we feel more secure because we know our health status in time.*"

REGULARITY OF HEALTH TESTING FOR HYPERTENSION AND DIABETES: COMMUNITY VOICES ON CONSISTENCY AND CARE

State	Service	Tested (Coverage)	Regularly Checked (~95%+)	Regularity (%)
Gujarat	BP	100	96	96%
Gujarat	Sugar	80	77	96.3%
Maharashtra	BP	95	91	95.8%
Maharashtra	Sugar	70	67	95.7%

The data reflects an exceptionally high level of regularity (over 95%) in blood pressure and blood sugar monitoring across both Gujarat and Maharashtra. For community members, this consistency is not just a statistic—it represents a shift from reactive to preventive healthcare.



CONSISTENT BLOOD PRESSURE MONITORING: STAYING AHEAD OF SILENT RISKS

In Gujarat, 96% of those tested for blood pressure reported regular monitoring, while Maharashtra closely followed at 95.8%.

Community members described hypertension as a "silent condition" that often goes unnoticed until it becomes severe. Regular BP checks through the Mobile Health Unit have enabled them to track fluctuations, adjust medications, and avoid sudden health emergencies.

As one beneficiary shared:

"Now they check my BP every visit. Earlier I didn't even know it was high—now I can control it before it becomes serious."



REGULAR BLOOD SUGAR TESTING: PREVENTING LONG-TERM COMPLICATIONS

Blood sugar monitoring also showed strong regularity—96.3% in Gujarat and 95.7% in Maharashtra.

Beneficiaries emphasized how consistent testing helped them understand their sugar levels over time, rather than relying on one-time diagnosis. This has been critical in managing diabetes, avoiding complications like weakness, vision issues, or hospitalisation.

Many reported that regular follow-ups motivated them to adhere to diet, medication, and lifestyle changes, reinforcing healthier habits.



BUILDING A CULTURE OF PREVENTIVE HEALTHCARE

Across both states, the near-universal regularity of testing reflects a deeper behavioural change. Community members expressed that earlier, tests were done only when symptoms worsened. Now, routine check-ups have become a normal and expected practice.

This consistency has helped:

- Detect conditions early
- Ensure continuity in treatment
- Reduce anxiety around unknown health conditions

OVERALL COMMUNITY REFLECTION

Beneficiaries consistently highlighted that regular testing brings a sense of control and reassurance. Knowing that their blood pressure and sugar levels are monitored at every visit has reduced fear and uncertainty.

As reflected by community members:
"It is not just about getting tested once—the regular checking helps us stay safe. We feel cared for because someone is continuously tracking our health."

CLARITY OF MEDICAL GUIDANCE

CLARITY OF MEDICAL GUIDANCE: COMPLETE UNDERSTANDING AMONG BENEFICIARIES (100%)

The fact that **100% of beneficiaries reported clarity** in medical guidance—covering medications, dosage, and diet—reflects a strong foundation of trust, communication, and effective service delivery through the Mobile Health Units. Community members consistently described this clarity as essential to their ability to follow treatment correctly and improve their health outcomes.



CLEAR EXPLANATION OF MEDICATIONS: REMOVING FEAR AND CONFUSION

Beneficiaries shared that doctors and health staff clearly explained what each medicine is for, rather than simply handing over tablets.

This helped them move away from uncertainty and hesitation. Many expressed that earlier, they would either skip medicines or take them incorrectly due to lack of understanding. Now, with proper explanations, they feel more confident and assured in following treatment.

"They tell us why we are taking each tablet. Now we don't feel scared or confused while taking medicines."



ACCURATE DOSAGE INSTRUCTIONS: ENSURING SAFE AND EFFECTIVE TREATMENT

Clear communication on dosage—how much to take, when to take, and for how long—was highlighted as a critical benefit.

Community members emphasized that regular and precise instructions helped them avoid both underuse and overuse of medicines, which is especially important for conditions like hypertension and diabetes where consistency is key.

"They explain the timing and quantity properly. Because of that, we are able to take medicines correctly every day."

PRACTICAL DIETARY GUIDANCE: LINKING FOOD WITH HEALTH

Dietary advice was described as simple, practical, and tailored to locally available foods. Beneficiaries appreciated that guidance was not abstract but directly applicable to their daily lives.

Many reported making small but meaningful changes—reducing salt, avoiding certain foods, or improving meal patterns—which supported better management of chronic conditions.

"They tell us what to eat and what to avoid in our own food habits. It is easy for us to follow."

REINFORCEMENT THROUGH REPEATED VISITS: STRENGTHENING UNDERSTANDING

The regular visits of the Mobile Health Unit ensured that guidance was not given just once, but repeated and reinforced over time.

This continuous interaction helped beneficiaries clarify doubts, correct mistakes, and build long-term habits, leading to better adherence and improved health outcomes

OVERALL COMMUNITY REFLECTION

Beneficiaries consistently expressed that clear guidance has made healthcare actionable for them. Instead of passively receiving treatment, they now actively participate in managing their health.

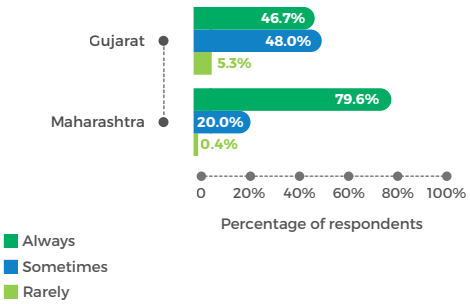
As reflected in their words:
"We understand what to do now—how to take medicines and how to eat properly. This clarity has made a big difference in our health."



FGD WITH ADOLSCENT GROUP

REFERRAL SERVICES PROVIDED: NEED-BASED AND RESPONSIVELY DELIVERED

CHART 7: REFERRAL SERVICES PROVIDED



The pattern of referral services across both states highlights an important aspect of the Mobile Health Unit approach—**referrals are not routine, but need-based,** ensuring that only those who genuinely require higher-level care are directed further.

High "Always" Referrals in Maharashtra: Timely Escalation of Care

In Maharashtra, a significant proportion of beneficiaries (79.6%) reported that referrals are always provided when required.

Community members described this as a strong assurance that serious or complex conditions are not overlooked. Whenever the Mobile Health Unit identifies a case needing advanced diagnosis or treatment, beneficiaries are promptly guided to appropriate facilities.

"If our condition needs more treatment, they immediately guide us where to go. We feel secure that nothing serious is ignored."

Balanced Referral Pattern in Gujarat: Judicious and Case-Specific

In Gujarat, responses are more distributed, with 46.7% reporting "always" and 48.0% "sometimes" receiving referrals.

This reflects a **carefully filtered approach**, where many health issues are effectively managed at the Mobile Health Unit level itself, and referrals are made only when necessary.

Beneficiaries appreciated that they are not sent unnecessarily to distant facilities, saving both time and cost.

"They treat most problems here itself. Only when it is really needed, they send us to bigger hospitals."

Minimal "Rarely" Responses: Indicating Accessibility When Needed

The very low percentage of "rarely" responses (5.3% in Gujarat and just 0.4% in Maharashtra) indicates that **lack of referral is not due to denial, but due to absence of need.**

Community members did not perceive this as a gap—instead, they understood that referrals are given appropriately based on medical necessity.

OVERALL COMMUNITY REFLECTION

Across both states, beneficiaries emphasized that referral services are **timely, appropriate, and need-driven.** Rather than a one-size-fits-all approach, the Mobile Health Units ensure that:

- Minor conditions are treated locally
- Serious cases are escalated without delay
- Unnecessary referrals are avoided

As reflected by the community:
"They don't send us anywhere without reason. But when it is important, they make sure we go to the right place."



MOTHER & CHILD PATIENTS



TOPICS COVERED IN AWARENESS SESSIONS:

The awareness sessions conducted through the Mobile Health Units reflect a **context-sensitive approach,** where topics are not uniformly delivered but aligned to the most pressing health needs of the community. Beneficiaries across both states described these sessions as practical, relatable, and directly useful in their daily lives.



NUTRITION: A COMMON AND FOUNDATIONAL FOCUS

Nutrition emerged as a consistently covered topic in both states (27.2% in Gujarat; 24.3% in Maharashtra).

Community members shared that these sessions helped them understand the importance of balanced diets using locally available foods. Many reported small but meaningful dietary improvements, especially for children and individuals with chronic conditions.

"We learned how to improve our food with what we already have at home."



ANAEMIA AWARENESS: A PRIORITY IN MAHARASHTRA

Anaemia awareness stands out significantly in Maharashtra (56.0%) compared to Gujarat (10.5%).

This indicates a targeted response to a prevalent issue, especially among women and adolescent girls. Beneficiaries noted that sessions helped them recognize symptoms like weakness and dizziness, and take corrective steps through diet and supplements.

"We didn't know weakness could be due to low blood. Now we understand and take care."



CHILD CARE AND HYGIENE: STRONG EMPHASIS IN GUJARAT

Gujarat shows higher coverage in child care (29.6%) and hygiene & sanitation (21.0%), compared to relatively lower levels in Maharashtra.

Parents appreciated guidance on child growth, cleanliness, and preventive practices, which helped them adopt better caregiving behaviours and maintain healthier home environments.

"We now pay more attention to our children's cleanliness and growth."



MENSTRUAL HYGIENE: ADDRESSING SENSITIVE BUT CRITICAL ISSUES

Menstrual hygiene was more prominently covered in Maharashtra (14.2%) than in Gujarat (9.2%).
Women and adolescent girls shared that these sessions created a safe space to discuss previously unspoken issues, leading to improved hygiene practices and reduced stigma.

"Earlier we hesitated to talk about it. Now we understand how to manage it properly."

CANCER AWARENESS AND OTHER TOPICS: LIMITED BUT EMERGING

Cancer awareness and some other topics show relatively low coverage in both states. However, beneficiaries still acknowledged their importance and expressed interest in learning more.

This suggests an opportunity for **gradual expansion of awareness topics** as communities become more engaged and receptive.

OVERALL COMMUNITY REFLECTION

Beneficiaries consistently expressed that awareness sessions are not generic, but tailored to their real health concerns. The variation across states reflects responsiveness to local needs rather than inconsistency.

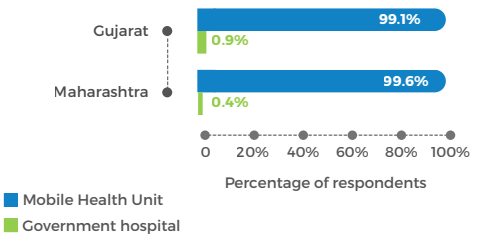
As shared by community members:
"They talk about what is important for us here. The sessions are useful because they relate to our daily life and problems."



FOCUSED GROUP DISCUSSION

PREFERRED HEALTHCARE FACILITY FOR TREATMENT: OVERWHELMING TRUST IN MOBILE HEALTH UNITS

CHART 8: PREFERRED HEALTHCARE FACILITY FOR TREATMENT



The data clearly indicates an almost universal preference for Mobile Health Units (MHUs) as the primary source of treatment in both Gujarat (99.1%) and Maharashtra (99.6%). This near-total reliance reflects not just accessibility, but deep-rooted trust and satisfaction among community members

Mobile Health Units as the First Choice of Care

An overwhelming majority of beneficiaries in both states reported that they prefer the Mobile Health Unit over other healthcare facilities.

Community members described the MHU as their **most dependable and immediate source of care,** where services are available at their doorstep without the need for travel, long waiting times, or additional expenses.

"We go to the van first for any health issue. It is easy and reliable for us."

Minimal Dependence on Government Hospitals

Only a very small proportion of respondents (0.9% in Gujarat and 0.4% in Maharashtra) reported preferring government hospitals for primary treatment.

This does not indicate rejection of public health systems, but rather shows that **MHUs are effectively fulfilling primary healthcare needs**, reducing the need to visit hospitals except in more serious cases.

"We go to the hospital only if they refer us. Otherwise, most treatment is done here itself."

Accessibility, Trust, and Continuity Driving Preference

Beneficiaries consistently highlighted three key reasons behind this strong preference:

- **Proximity and convenience** – services at their doorstep
- **Trusted relationships** – familiarity with doctors and staff
- **Continuity of care** – regular visits and follow-ups

This combination has transformed MHUs into a preferred and trusted healthcare system within the community.

OVERALL COMMUNITY REFLECTION

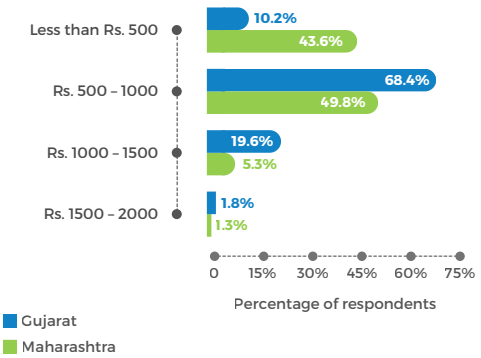
The near-universal preference for Mobile Health Units reflects a significant shift in healthcare-seeking behaviour. What was once a distant and effort-intensive process has now become **accessible, reliable, and community-centered.**

As expressed by beneficiaries:

"Why go far when good treatment is coming to us? We trust the van because it takes care of us regularly."

PREVIOUS HEALTHCARE EXPENDITURE AT PRIVATE FACILITIES: REDUCED FINANCIAL BURDEN AND MEANINGFUL SAVINGS

CHART 8: PREFERRED HEALTHCARE FACILITY FOR TREATMENT



The data reflects **the financial realities that community members faced earlier**, when private healthcare was often the only accessible option. With the introduction of Mobile Health Units, these out-of-pocket expenditures have significantly reduced, translating into tangible savings for households.

Earlier Spending Patterns: A Necessary but Costly Choice

In **Maharashtra**, a large proportion of beneficiaries spent either:

- Less than ₹500 (43.6%) or
- ₹500–₹1000 (49.8%)

In **Gujarat**, the spending pattern was slightly higher:

- Majority in ₹500–₹1000 (68.4%)
- Followed by ₹1000–₹1500 (19.6%)

This indicates that **seeking treatment earlier involved regular financial outflow,** even for basic healthcare needs. For many families, this meant balancing health expenses with daily household needs.

Estimated Average Monthly Savings per Beneficiary

Using mid-point estimates of the expenditure ranges:

- **Maharashtra:** ~₹570 per visit/month
- **Gujarat:** ~₹815 per visit/month

With Mobile Health Units providing free consultations, medicines, and basic diagnostics, this amount now effectively becomes direct savings for households.

Community members recognized this shift clearly:

"Earlier every visit cost us money. Now most of that expense is saved."

Greater Relief in Gujarat: Higher Previous Expenditure, Higher Savings

Since a larger proportion of beneficiaries in Gujarat were spending in higher brackets, the **financial relief is more pronounced**.

Beneficiaries expressed that this has eased the pressure on their monthly budgets, especially for families with chronic illnesses requiring repeated visits.

Reduced Financial Stress and Delayed Care

Earlier, healthcare decisions were often delayed due to cost concerns. Now, with reduced expenditure:

- People seek care earlier
- Follow-ups have improved
- **Preventive health behaviour has increased**

This reflects a shift from "Can we afford treatment?" to "Let us get checked early."

UTILISATION OF SAVINGS: WHAT COMMUNITY MEMBERS PRIORITISED

Beneficiaries shared that the money saved is not incidental—it is being redirected toward essential and meaningful needs:



HOUSEHOLD ESSENTIALS AND NUTRITION

Many families reported using savings to improve **daily food quality**, especially adding nutritious items like fruits, vegetables, and milk.

"Now we can spend a little more on good food for the family."



CHILDREN'S EDUCATION

A significant portion of savings is being used for:

- School fees
- Books and uniforms

This reflects a **long-term investment mindset,** where health savings are supporting children's future.

"The money we save helps in our children's studies."



MANAGING CHRONIC CONDITIONS BETTER

Some beneficiaries reported reinvesting savings into:

- Better diet for diabetes/BP
- Occasional specialist consultations when referred

This shows **improved health prioritisation without financial strain.**



EMERGENCY AND HOUSEHOLD SECURITY

Savings are also being kept aside for:

- Emergency needs
- Small household improvements

This contributes to a **greater sense of financial security and resilience.**

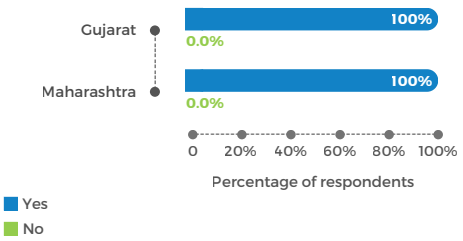
OVERALL COMMUNITY REFLECTION

The reduction in healthcare expenditure has gone beyond cost savings—it has **improved quality of life and reduced financial vulnerability.**

As expressed by community members:
"Earlier treatment meant expense. Now it means relief. The money we save is helping our family in many ways."

WILLINGNESS TO RECOMMEND MHU SERVICES: A STRONG VOTE OF TRUST AND SATISFACTION

CHART 10: WILLINGNESS TO RECOMMEND MHU SERVICES



The finding that **100% of beneficiaries in both Gujarat and Maharashtra are willing to recommend Mobile Health Unit (MHU) services** reflects an exceptional level of satisfaction and trust. This is not merely a positive response—it signals deep-rooted acceptance and endorsement by the community.

Universal Recommendation: Beyond Satisfaction to Advocacy

When every single respondent expresses willingness to recommend a service, it indicates that beneficiaries are not just satisfied users, but **active advocates**.

Community members shared that they confidently encourage family, neighbours, and others in nearby areas to utilise the services, often based on their own positive health experiences.

"We tell everyone to go to the van. It has helped us, so it will help others too."

Trust Built Through Consistent and Reliable Care

This unanimous response is grounded in repeated positive interactions—regular visits, availability of doctors, free medicines, and accurate guidance.

Beneficiaries highlighted that **trust has been built over time,** through dependable service delivery and visible health improvements.

"They come regularly, treat us well, and guide us properly. That is why we trust them."

Word-of-Mouth as a Key Driver of Reach

The willingness to recommend also reflects the role of **community-driven outreach.** In many areas, new beneficiaries are learning about the MHU through word-of-mouth rather than formal communication channels.

This organic spread indicates that the program has achieved **credibility strong enough to sustain its own expansion through community networks.**

Reflection of Impact Across Health and Financial Dimensions

Beneficiaries' readiness to recommend is closely tied to:

- Improved health outcomes
- Reduced healthcare expenses
- Increased awareness and preventive care

These combined benefits have made MHUs an integral part of community life, rather than just a service provider.

OVERALL COMMUNITY REFLECTION

The unanimous willingness to recommend highlights that Mobile Health Units are perceived as **reliable, beneficial, and essential.**

As expressed by community members:
"We recommend it because we have seen the difference ourselves. It is something every village should have."

04. CASE STUDIES



Hemlata Dandekar

Hemlata Dandekar, an ASHA worker from Gonde Khurd village in Mokhada block, has witnessed firsthand the transformation in healthcare access within her community. Living in a remote village, she recalls a time when accessing even basic medical services required significant effort.

The nearest Primary Health Centre (PHC) was located far away, and reaching it involved long travel by bus or auto—transport that was not always reliable or available. In many instances, this resulted in delayed or missed treatment, particularly for women's health concerns.

As a frontline health worker, Hemlata observed that these challenges were not limited to her alone. Many women in the village silently endured health issues due to a combination of distance, financial constraints, and social hesitation. For economically weaker households, private healthcare was unaffordable, yet public healthcare remained difficult to access. This often led to neglect of symptoms or dependence on informal and unqualified providers.

The introduction of the Mobile Health Unit (MHU) marked a turning point for the village. With the van visiting on fixed, pre-informed days, healthcare became predictable and accessible. Hemlata herself began utilizing the services regularly—for consultations, basic diagnostics, and free medicines. She describes feeling more at ease interacting with the medical team, who listen patiently and provide clear, understandable guidance.

From a community perspective, the impact has been significant. The availability of regular check-ups has enabled early detection of conditions such as anemia, hypertension, and diabetes—issues that previously went unnoticed until they became severe. Pregnant women now receive timely antenatal care, and children benefit from routine health monitoring. Elderly individuals, who earlier struggled the most with travel, can now access care within their village.

Hemlata also highlights the financial relief brought by the MHU. With free consultations and medicines, households no longer need to borrow money for minor illnesses. The reduction in travel has saved both time and income, particularly for daily wage earners.

Beyond treatment, the program has strengthened health awareness in the village. Through regular interactions and awareness sessions, people have become more conscious of hygiene, nutrition, and preventive healthcare practices. As an ASHA worker, Hemlata plays a crucial role in mobilizing villagers before each visit, ensuring maximum participation and continuity of care.

Overall, she observes a clear shift in community behaviour—from neglect and hesitation to proactive health-seeking. Trust in formal healthcare has improved, and villagers now feel supported, informed, and more confident in managing their health. For Hemlata, the MHU is not just a service—it is a dependable system that has brought dignity, accessibility, and continuity to rural healthcare.



Gangaram Jadhav

Gangaram Jadhav, a daily wage labourer from a remote village, represents the struggles faced by economically vulnerable populations in accessing healthcare. For him, seeking medical treatment was not just a health decision—it was a financial one. Visiting a hospital meant sacrificing an entire day's income, something he could ill afford. As a result, he often chose to ignore health issues unless they became severe.

The process of accessing healthcare earlier was both time-consuming and expensive. Travel to distant facilities required spending on transport, followed by long waiting hours at hospitals. Even after consultation, the cost of medicines added to the financial burden, leaving little for household needs. In many cases, Gangaram resorted to nearby unqualified practitioners for quick and cheaper relief, despite knowing the risks involved. This cycle led to inconsistent treatment and poor health outcomes, leaving him frequently fatigued and unable to perform at his full capacity.

The arrival of the Mobile Health Unit brought a significant change in his life. With the van visiting the village on fixed days and at convenient timings, healthcare became accessible without disrupting his work routine. Gangaram could now seek medical attention without losing a full day's wages—an important shift for someone dependent on daily income.

He began utilizing the services regularly for common health concerns such as fever, body pain, and blood pressure monitoring. He notes that the doctor conducts thorough check-ups and explains health conditions in simple language, enabling him to better understand and manage his health. The availability of free medicines further eased his financial burden, allowing him to save money and maintain a more stable household budget.

Regular monitoring has also played a crucial role in improving his health. Conditions like high blood pressure, which previously went unnoticed, are now tracked consistently. With guidance on diet, rest, and hygiene, Gangaram has adopted healthier practices and feels more energetic in his daily work.

The impact extends beyond individual benefits. His family members, including children and elderly parents, now access treatment easily within the village. The reduction in travel has minimized both physical strain and financial stress. Moreover, there has been a visible shift in the community—people are seeking treatment earlier rather than delaying it, leading to overall improvement in health conditions.

Gangaram expresses a strong sense of security knowing that reliable medical care is available nearby. He emphasizes the respectful and patient behaviour of the MHU staff, which has built trust and encouraged continued use of services. Importantly, he has moved away from unsafe local treatment practices, choosing qualified care instead.

In his words, the Mobile Health Unit has brought a "big positive change"—saving time, reducing expenses, and improving health. For him, it is not just a healthcare service, but a support system that enables him to work better, care for his family, and live with greater confidence and stability.



Vishakha Padge

Vishakha Padge, a resident of Ghanaval village, lives in a geographically remote setting where access to healthcare was once both difficult and inconsistent. Prior to the introduction of the Mobile Health Unit (MHU), her family, like many others in the village, faced multiple barriers in seeking timely medical care.

The nearest Primary Health Centre or hospital was located far away, requiring both time and financial resources for travel. As a result, minor health issues such as fever, stomach pain, and weakness were often neglected or managed through home remedies.

This pattern of delayed care was not due to lack of concern, but rather a combination of distance, cost, and limited awareness. Visiting private clinics was considered expensive, and therefore avoided unless absolutely necessary. Consequently, many health issues remained untreated until they became severe.

The introduction of the Mobile Health Unit brought a significant shift in Vishakha's health-seeking behaviour. With the van visiting the village on fixed days and prior information being shared, she began attending regular check-ups. The accessibility of services within the village eliminated the need for travel and reduced the hesitation associated with seeking care.

Vishakha particularly highlights the supportive behaviour of the MHU staff. The doctor and nurse communicate in simple language, patiently listen to concerns, and provide clear guidance. This has created a sense of comfort and trust, enabling her to openly discuss health issues that she previously ignored.

Beyond treatment, the awareness sessions conducted by the MHU have played a transformative role. Vishakha reports gaining knowledge about personal hygiene, balanced nutrition, anemia, and common seasonal illnesses. These learnings have influenced her daily practices, leading to better health management for herself and her family.

Financially, the impact has been equally important. The availability of free medicines and consultations has significantly reduced household expenditure on healthcare. The savings in travel and treatment costs have eased financial pressure and allowed better allocation of resources within the household.

At a community level, Vishakha observes a visible change. People are now more aware of health issues and are less likely to ignore symptoms. Women, in particular, feel more comfortable accessing care and discussing their concerns. Regular check-ups have become a norm rather than an exception.

For Vishakha, the Mobile Health Unit represents more than just a medical service—it is a dependable and accessible system that has improved both awareness and health outcomes in her village. The presence of healthcare within the community has brought a sense of security and confidence that was previously missing.



Tulsiben Gohil (Mehgam Village, Gujarat)

Tulsiben Gohil, a resident of Mehgam village, experienced the benefits of the Mobile Health Unit most significantly during her pregnancy. In rural settings like hers, access to maternal healthcare services is often limited by distance, cost, and lack of continuous monitoring. Prior to the introduction of the MHU, such constraints posed risks for pregnant women, who required regular check-ups and guidance.

With the arrival of the Mobile Health Unit, Tulsiben began receiving regular antenatal care within her village itself. The MHU team conducted routine health check-ups, monitored her condition, and provided guidance on nutrition, rest, and medication. This continuous support helped her maintain good health throughout her pregnancy and reduced anxiety related to potential complications.

After childbirth, the support extended beyond maternal care to include child health services. The MHU continued to monitor her baby's health and provided timely medicines when required. Additionally, Tulsiben received guidance on childcare practices and managing common illnesses, which enhanced her confidence as a new mother.

A key aspect of her experience was the accessibility of services. The ability to receive care close to home eliminated the need for travel, which can be particularly challenging during pregnancy and postnatal periods. This accessibility ensured continuity of care, which is critical for both maternal and child health outcomes.

Tulsiben also emphasizes the role of the MHU in reducing stress and uncertainty. Knowing that healthcare services were regularly available in her village provided reassurance and allowed her to focus on her well-being and that of her child.

Her experience reflects the broader impact of the MHU on maternal and child health in rural areas. By bringing essential healthcare services directly to the community, the program has improved access, enhanced awareness, and contributed to safer pregnancies and healthier children.



Kherunben (Vansi Village, Gujarat)

Tulsiben Gohil, a resident of Mehgam village, experienced the benefits of the Mobile Health Unit most significantly during her pregnancy. In rural settings like hers, access to maternal healthcare services is often limited by distance, cost, and lack of continuous monitoring. Prior to the introduction of the MHU, such constraints posed risks for pregnant women, who required regular check-ups and guidance.

Kherunben, a long-term resident of Vansi village, represents the elderly population that often faces the greatest challenges in accessing healthcare. Having lived in the village for over three decades, she recalls a time when seeking medical treatment required traveling long distances, which was physically demanding and time-consuming.

For elderly individuals like her, such travel was not only inconvenient but also a significant barrier to regular health check-ups. As a result, many health issues went unmanaged or were addressed only during emergencies.

The introduction of the Mobile Health Unit has greatly improved Kherunben's ability to access healthcare. With services now available within the village, she regularly attends check-ups and receives medicines without the need to travel. This has ensured continuity in managing age-related conditions such as blood pressure and general weakness.

She particularly appreciates the behaviour of the MHU staff, describing them as polite, attentive, and supportive. The doctors take time to listen to her concerns and explain her health condition in simple terms, which helps her better understand and follow treatment.

The availability of doorstep healthcare has reduced her dependency on others for accessing medical services. This has not only improved her physical well-being but also enhanced her sense of independence and dignity.

Kherunben's experience highlights the importance of accessible healthcare for elderly populations in rural areas. The MHU has enabled her and others like her to maintain their health without the challenges associated with distant healthcare facilities.



Apsana Asif Patel (Gujarat)

Apsana Asif Patel's experience reflects the critical role of continuous healthcare support for women, particularly during pregnancy and early motherhood. Living in a rural setting, access to regular medical care was previously limited, which often led to gaps in monitoring and treatment.

Through the Mobile Health Unit, Apsana received consistent support during her pregnancy. The medical team conducted timely check-ups, provided necessary medicines, and offered practical advice on maintaining health. This regular interaction ensured that potential health issues were identified early and managed effectively.

Following the birth of her child, the MHU continued to provide essential services, including health check-ups and medicines for both mother and child. This continuity of care played a key role in improving their overall health and well-being.

Apsana highlights the importance of accessibility in her experience. The availability of healthcare services within the village removed the need for frequent travel to distant facilities, which can be both physically and financially demanding.

Her testimony also reflects a sense of gratitude and trust in the MHU team. The consistent care, guidance, and support provided by the team have made a meaningful difference in her life.

Apsana's experience underscores the value of integrated maternal and child healthcare services delivered at the community level. By ensuring regular monitoring and timely intervention, the MHU has contributed to improved health outcomes and increased confidence among beneficiaries.

KEY INSIGHTS ACROSS CASE STUDIES

Key Indicator	Insights Across Case Studies
Access to Healthcare	Shift from distant, irregular, and effort-intensive access to regular, doorstep healthcare through MHU visits
Distance & Physical Barriers	Earlier long-distance travel (often 5–10+ km) replaced by village-level service delivery, especially benefiting elderly and women
Affordability & Financial Impact	Significant reduction in out-of-pocket expenditure on consultation, medicines, and transport; no need for borrowing for minor illnesses
Livelihood Impact	Daily wage earners no longer lose income due to hospital visits; healthcare now fits into work routines
Health-Seeking Behaviour	Transition from delayed and avoided treatment → timely and proactive care-seeking
Dependence on Informal Providers	Reduced reliance on quacks/unqualified providers; increased trust in formal healthcare systems
Continuity of Care	Regular visits enable follow-ups, monitoring of chronic conditions, and sustained treatment adherence
Maternal Health	Improved antenatal and postnatal care, safer pregnancies, and reduced anxiety for mothers
Child Health	Better child monitoring, early treatment, and caregiving practices, leading to improved child well-being
Chronic Disease Management	Early detection and regular monitoring of BP, diabetes, anemia, improving long-term health outcomes
Elderly Care	Increased accessibility for elderly; reduced dependency and improved dignity in accessing healthcare
Awareness & Behaviour Change	Enhanced knowledge on nutrition, hygiene, anemia, and preventive health, leading to improved daily practices
Women's Empowerment	Women more comfortable seeking care and discussing health issues; greater autonomy in health decisions
Time Savings	Elimination of travel and waiting time; faster and more efficient access to care
Quality of Care & Communication	Doctors provide clear explanations, simple guidance, and patient-centric care, improving adherence
Trust & Satisfaction	Strong trust in MHU staff due to consistent presence, respectful behaviour, and reliable service delivery
Household-Level Impact	Improved financial stability, better allocation of resources, and reduced stress within families
Community-Level Impact	Increased health awareness, early treatment-seeking, and collective behaviour change across villages
Psychological Impact	Reduced anxiety and uncertainty; sense of security due to availability of nearby healthcare
Overall Transformation	Healthcare shifted from reactive, costly, and inaccessible → preventive, affordable, and community-integrated

05. SUMMARY OF THE OVERALL IMPACT OF THE MOBILE HEALTH UNIT (MHU)



TRANSFORMING ACCESS: FROM DISTANCE AND DELAY TO DOORSTEP CARE

One of the most significant impacts of the MHU has been the **removal of physical barriers to healthcare access.** Prior to the intervention, healthcare required travelling long distances—often exceeding 10 km in Gujarat—turning even basic treatment into a time-consuming and exhausting process.

The introduction of doorstep services has fundamentally altered this reality. Healthcare is no longer a planned, effort-intensive activity but an **accessible and predictable service within the village itself.** This shift has particularly benefited:

- Elderly individuals who faced mobility challenges
- Women who depended on others for travel
- Patients requiring repeated follow-ups

The MHU has effectively **brought healthcare to where people live,** bridging the last-mile gap in rural service delivery.



ENABLING TIMELY CARE: FROM REACTIVE TREATMENT TO PREVENTIVE HEALTH

Earlier, healthcare-seeking behaviour was largely **reactive**, with individuals seeking treatment only when conditions became severe due to cost and distance constraints. The MHU has enabled a transition toward **timely and preventive care.**

Regular visits and accessible services have led to:

- Early diagnosis of anemia, hypertension, and diabetes
- Prompt treatment of infections and minor illnesses
- Increased uptake of routine check-ups

This shift has reduced complications and improved overall health outcomes, reflecting a move from **episodic care to continuous health management.**



IMPROVING AFFORDABILITY: REDUCING FINANCIAL BURDEN AND VULNERABILITY

The financial impact of the MHU has been both direct and transformative. Earlier, even minor illnesses required out-of-pocket expenditure on:

- Private consultations
- Medicines
- Transport

With free services provided through the MHU, beneficiaries now experience **significant cost savings (₹500–₹800 per visit on average).**
This reduction has:

- Lowered financial stress on households
- Prevented borrowing for medical expenses
- Enabled reallocation of savings toward nutrition, education, and household needs

Healthcare is no longer a financial burden but a **manageable and accessible service**, particularly for low-income families.



INTEGRATING HEALTHCARE INTO DAILY LIFE

For many beneficiaries—especially daily wage labourers and farmers—seeking healthcare earlier meant **losing income and disrupting daily routines.** The MHU has changed this dynamic by making care **compatible with everyday life.**
With:

- Fixed schedules
- Nearby access
- Minimal waiting time

Beneficiaries can now seek treatment **without sacrificing work or productivity**. Healthcare has shifted from being a disruptive activity to a **routine part of life,** increasing utilisation and continuity.



STRENGTHENING QUALITY OF CARE AND TRUST IN FORMAL SYSTEMS

The MHU has not only improved access but also enhanced the **quality and experience of care**.
Beneficiaries consistently reported:

- Clear explanations of diseases, medicines, and diet (100% clarity)
- Respectful and patient-centric behaviour of staff
- Immediate availability of medicines and basic diagnostics

This has led to:

- Improved treatment adherence
- Greater confidence in medical advice
- Reduced dependence on informal providers (quacks)

The MHU has thus strengthened trust in **formal healthcare systems,** replacing uncertainty with reliability.



ENSURING CONTINUITY OF CARE THROUGH REGULAR MONITORING

A defining feature of the MHU model is its **regular and predictable presence**, which enables continuity of care—something previously missing in rural healthcare access.

With high regularity (over 95%) in monitoring conditions like BP and diabetes , beneficiaries now experience:

- Consistent follow-ups
- Better management of chronic conditions
- Reduced risk of complications

Healthcare has evolved from one-time interventions to a **continuous and monitored process**, improving long-term outcomes.



ADVANCING WOMEN-CENTRIC HEALTHCARE AND EMPOWERMENT

The MHU has had a particularly strong impact on women, who constitute a significant proportion of beneficiaries (up to 80% in Gujarat).

The program has:

- Improved access to ANC and PNC services
- Enabled early detection of anemia and reproductive health issues
- Created safe spaces for discussing sensitive topics like menstrual health

Women now report:

- Greater confidence in seeking care
- Increased awareness of health and nutrition
- Enhanced autonomy in health-related decisions

This reflects a shift from **restricted access to empowered participation in healthcare.**



IMPROVING MATERNAL, CHILD, AND ELDERLY HEALTH OUTCOMES

The MHU has contributed significantly to **life-cycle health improvements:**

Maternal and Child Health

- Safer pregnancies through regular ANC check-ups
- Improved child monitoring and nutrition practices
- Reduced risks associated with delayed care

Elderly Care

- Easier access to treatment for chronic and age-related conditions
- Reduced dependency on family members for healthcare access

These improvements highlight the MHU's role in addressing **vulnerabilities across age groups.**



BUILDING AWARENESS AND DRIVING BEHAVIOUR CHANGE

Beyond treatment, the MHU has played a critical role in **health education and awareness**. Through counselling and sessions on nutrition, hygiene, and disease prevention, beneficiaries have developed:

- Better understanding of health conditions
- Improved dietary and hygiene practices
- Increased willingness to seek early treatment

This has resulted in a shift from **passive to informed and proactive health behaviour,** ensuring sustained impact beyond immediate services.

CREATING COMMUNITY-LEVEL TRANSFORMATION AND OWNERSHIP

The impact of the MHU extends beyond individuals to the **community as a whole.** With strong involvement of ASHA workers, village volunteers, and local networks:

- Awareness and participation have increased
- Word-of-mouth has strengthened outreach
- Communities have begun to take ownership of health practices

Healthcare is now perceived not as an external service, but as a **community-integrated system**, fostering trust and sustainability.

ESTABLISHING TRUST, RELIABILITY, AND PREFERENCE FOR MHU SERVICES

An overwhelming majority of beneficiaries (≈99–100%) prefer the MHU as their **first point of care.**

This preference is driven by:

- Accessibility and convenience
- Consistent service delivery
- Positive health outcomes

The MHU has evolved into a **trusted and dependable healthcare solution,** replacing fragmented and unreliable alternatives.



MEETING WITH PARENT GROUP

06. OECD–DAC EVALUATION FRAMEWORK



★★★★★

RELEVANCE

The program is highly relevant, as it directly addresses the critical need for basic facilities from a health perspective, like diagnoses, treatment (preventive and curative services), and easy accessibility. The experience shared by people with unaffordable and inaccessible health care treatment creates a health disparity based on affordability, which is directly related to employment, clearly demonstrating the necessity of the intervention. Activities such as regular and consistent visits to the villages with a professional physician, providing information and counseling for mental peace and stability, to fight against any illness. This initiative is majorly helpful for pregnant women and girls, and those who need continuous care and guidance about different health concerns. Furthermore, women need to depend on someone to be paired with to visit any hospital due to safety and precaution issues. MHU assists women to go to the units and share their issues; therefore, the participants depict women numbering more than men too.

★★★★½

EFFECTIVENESS

The program achieved its intended objectives successfully. Complete awareness among respondents and 100% utilization of Mobile Health Units and their regular visits to patients indicate effective implementation and outreach. Regular treatment and medicines further confirm operational effectiveness. Participation in health awareness programs and counseling activities reflects successful engagement of respondents in the Mobile Health Unit initiative.

★★★★★

EFFICIENCY

The intervention made effective use of available resources by addressing multiple needs simultaneously, including professional physicians, trained nurses, good behavior of the whole team in the Mobile Health Units, and health awareness through awareness sessions. Assisted in safe delivery, followed by continuous before-and-after care of both mother and child, establishment of a bond between community people and team, and continuous interaction between adolescents and professionals for guidance within limited resources, like part-time professionals and their commitment to community service.

Index : 5 Points - Very High ; 4 Points - High ; 3 Points - Moderate ; 2 Points - Low ; 1 Point - Very Low

★★★★★

IMPACT

The program has generated significant positive impacts on health beneficiaries and the service providers, from physicians to ASHA workers. Improved health facilities reduced financial and transportation challenges, while the availability of MHUs in the community frequently enhanced health conditions. Participation in the counselling and awareness program fostered confidence, teamwork, and social responsibility, while free medical assistance activities strengthened consciousness about the community people.

★★★★½

SUSTAINABILITY

The presence of regular visits from the MOU team to provide health facilities indicates strong potential for long-term sustainability. Providing necessary treatment and medicines can build the relationship between the MOU team and the participant. The MOU's treatment on the basis of curative may be an assistance for people to protect themselves from chronic diseases and be physically fit. Continuous awareness and counseling initiatives helped more women learn about their health challenges and resulted in a healthy village without spending a huge portion of their income only on medicine expenses. Further support the sustained benefits of the program beyond the implementation period.

Overall Assessment

Based on the OECD–DAC criteria, the program demonstrates high relevance, strong effectiveness, efficient resource utilization, meaningful impact, and good sustainability. It serves as a holistic health development intervention that not only improved infrastructure but also contributed to the community's health and overall development.



Index : 5 Points - Very High ; 4 Points - High ; 3 Points - Moderate ; 2 Points - Low ; 1 Point - Very Low

07. RECOMMENDATIONS



Explore and optimise RFID-based service tracking.

Enhance and increase the frequency of capacity building training for MHU staff.

Explore solar-powered mobile van solutions.

Strengthen partnerships with government agencies and and grassroot level NGOs.

Conduct regular audits to optimise operational efficiency.

Develop a detailed scalability roadmap for replication in other regions.

08 CONCLUSION

The findings clearly demonstrate that the program has had a comprehensive and positive impact on people's health, with accessibility, affordability, and perspective. With significant contributions to free medical services, particularly at doorsteps, which save time and energy for community members. Strong presence of women who usually suffered more than their counterparts. Timely and regular health checkups and monitoring assist community people to live healthy and safe lives even in remote areas of parts of the Palghar district and Gujarat, which is a meaningful improvement for our society.

Furthermore, organizing awareness sessions on diverse illnesses and diseases makes participants more aware of the health challenges. Assisting not only with medicine but also providing other information about life routines and food habits on a preemptive basis. Continuous interaction with students, particularly with adolescent girls, is a major point where MHU keeps its track. The availability of other tests (blood, urine, or even X-rays), which are expensive at private clinics/hospitals and have long queues to get into government hospital services, perhaps accessible in MHU, makes several villagers' lives easy.

MHU was able to overcome both infrastructure and other obstacles. With the help of ASHA employees who assist them in mobilizing and educating the village residents about the MHU's goals, they have made mini clinics accessible to the public. The crucial step is for people to offer it at their convenience and for free, especially so they don't have to travel far to receive high-quality care and waste time and money trying to get better.