



MOBILE MEDICAL UNIT IMPACT ASSESSMENT REPORT

IMPLEMENTING PARTNER: PIRAMAL SWASTHYA



 **SoulAce**
Path to Sustainability
SOULACE CONSULTING PVT. LTD.

CONTENTS

Abbreviations	01 - 02
Executive Summary	03 - 06
Project Background	03
Project Details	03 - 04
Project Activities	04
Key Findings	05
Key Impacts	06
Chapter 1 Introduction	07 - 08
Need for The Program	07
Objectives of the program	07
About Shriram Finance Limited	08
About Shriram Seva Sankalp Foundation (SSSF)	08
About NGO Partner Piramal Swasthya	08
Chapter 2 Research Methodolgy	09 - 12
Objectives of the Study	09
Use of Mixed Method Approach	10
Application of Qualitative Techniques	10
Application of Quantitative Techniques	10
Ensuring Triangulation	10
Sampling Framework	11
Sample Coverage Across Locations	11
Standardized Framework for Evaluation	11
Research Design	12
Key Stakeholders	12
Study Tools	12
Ethical Considerations	12
Chapter 3 Analysis of the Program Design	13 - 18
Chapter 4 Key Findings & Impacts	19 - 49
Chapter 5 Impact Created Across Multiple Levels	50 - 51
Chapter 6 Key Challenges and Barriers	52 - 55
Chapter 7 OECD Framework	56 - 57
Chapter 8 SWOT Analysis	58 - 59
Chapter 9 Recommendations	60
Chapter 10 Conclusion	61

A

BBREVIATIONS

AMRIT	Accessible Medical Records via Integrated Technologies
ART/ ICTC	Antiretroviral Therapy/ Integrated Counselling and Testing Centre
BCC	Behaviour Change Communication
BP	Blood Pressure
CHC	Community Health Centre
CSR	Corporate Social Responsibility
EHR	Electronic Health Records
EMR	Electronic Medical Records
FGD	Focus Group Discussion
FY	Financial Year
GI	Gastrointestinal
Hb	Haemoglobin
HCV	Heavy Commercial Vehicle
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
H&WCs	Health & Welfare Centre
IT	Information Technology
IEC	Information, Education, and Communication
LCV	Light Commercial Vehicle
MMU	Mobile medical unit

M&E	Monitoring and Evaluation
NCD	Non-Communicable Disease
NGO	Non-Governmental Organisation
NHM	National Health Mission
OECD-DAC	Organisation for Economic Co-operation and Development's - Development Assistance Committee
PHC	Primary Health Centre
RBS	Random Blood Sugar
RDT	Rapid Diagnostic Test
SDGs	Sustainable Development Goals
SCV	Small Commercial Vehicle
SSSF	Shriram Seva Sankalp Foundation
SFL	Shriram Finance Limited
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
TB	Tuberculosis

EXECUTIVE SUMMARY

PROJECT BACKGROUND

Under the CSR framework of Shriram Finance Limited, the Mobile Medical Unit (MMU) Project is being implemented through the Piramal Swasthya Management and Research Institute to enhance access to primary healthcare services for truck drivers, their families, and surrounding communities across major transport hubs in India. The initiative addresses the unique health challenges faced by this highly mobile group, including chronic diseases, occupational health issues, and lifestyle-related risks such as HIV/AIDS, tobacco and alcohol use. Through mobile medical units equipped with doctors, nurses, and pharmacists, the project delivers free consultations, diagnostic tests, medicines, and health counselling directly at truck parking sites. It also emphasises preventive care, behaviour change communication, and community awareness to promote healthy living. By bringing healthcare close to the locations of underserved mobile populations, the MMU initiative strengthens continuity of care, encourages health-seeking behaviour, and contributes to improved well-being and productivity among truck drivers nationwide.

PROJECT DETAILS



Implementation year

FY 2022-24



Assessment year

FY 2025-26



Implementing Partner

Piramal Swasthya Management & Research Institute



Project Locations

11 States, 14 Cities (14 MMUs + 1 Clinic in Mumbai)

Visakhapatnam (Andhra Pradesh), Guwahati, Silchar (Assam), Patna (Bihar), Vapi (Gujarat), Ranchi (Jharkhand), Bengaluru (Karnataka), Mumbai, Nagpur (Maharashtra), Bhubaneswar (Odisha), Jaipur (Rajasthan), Chennai (Tamil Nadu), Hooghly, Kolkata (West Bengal)



Assessment Location

8 locations - Visakhapatnam, Guwahati, Patna, Vapi, Ranchi, Bengaluru, Mumbai & Nagpur



Total Budget

₹ 1,16,47,782/-



Total Beneficiary Visits

3,58,039

Beneficiaries of MMUs/ Clinics	April 2022 to March, 2023	April 2023 to March, 2024	Total
Total beneficiaries (Unique)	118691	62546	181237
Total beneficiaries (revisits)	76637	100165	176802
Total beneficiaries' Visits (Unique + Revisits)	195328	162711	358039



Alignment with SDG



The program also reflected strong coherence with national initiatives:

- National Health Mission (NHM)
- National Programme for Prevention and Control of Non-Communicable Diseases
- Ayushman Bharat

PROJECT ACTIVITIES



Provided primary healthcare services through Mobile Medical Units (MMUs) across key transport hubs, offering consultations, diagnostic tests, and free medicines to truck drivers, their families, and nearby communities.



Conducted regular health screening camps focusing on common conditions such as hypertension, diabetes, respiratory infections, and musculoskeletal problems.



Organised community-based awareness sessions on preventive health, hygiene, nutrition, safe sexual practices, and substance use prevention.



Implemented behaviour change communication (BCC) activities to reduce tobacco and alcohol consumption and improve health-seeking behaviour among drivers.

KEY FINDINGS



The primary beneficiaries were middle-aged (28.5% were aged 41-50 and 25.7% were 31-40), married (95.1%), and had low educational attainment (32.7% were illiterate or functionally literate).



A majority of the respondents (75.7%) earned less than ₹ 20,000 per month, and 79.2% were the sole earning member of their family.



The workforce was experienced (36% had over 10 years in the profession) and subject to intense schedules, with 45.7% of the respondents driving 9-12 hours daily.



64.2% of the respondents relied on distant government hospitals, and a significant majority (58.5% of drivers) rarely or never received timely medical attention.



42.0% of the drivers availed services twice a month, and each MMU saw a daily footfall of 55-60 patients, highlighting the program's strong uptake.



Over half of all beneficiaries (54.2% of the drivers and 50.2% family members and others) received all services - free consultations, diagnostic tests, and medicines.



Services primarily addressed common seasonal ailments (73.3% of the drivers and 84.7% family members and others) but also managed NCDs, with 8.8% of drivers seeking care for conditions like diabetes and hypertension.



31.4% of the drivers were diagnosed with a chronic ailment for the first time, highlighting the critical role the MMU played in early detection.



An overwhelming majority of the drivers (96.7%) were satisfied with the services, and 96% reported that doctors conducted thorough check-ups.

KEY IMPACTS



74.7%

of the drivers reported "great relief," indicating that a vast majority of beneficiaries experienced effective relief from illnesses.



84.6%

of the drivers agreed that the MMU reduced the severity of chronic conditions.



58.3%

of the drivers reported they or a family member had reduced alcohol or tobacco use, demonstrating that awareness sessions led to a measurable reduction in substance use.



91.3%

of the truck drivers agreed that the program substantially reduced out-of-pocket expenses and helped them save on treatment costs.



The MMU enabled earlier intervention by providing the first-time diagnosis of chronic diseases for 31.4% of the drivers, 32.6% family members, and others.



The program significantly improved access to consistent, quality primary healthcare directly at transport hubs.



The convenient service model cultivated a culture of proactive healthcare, encouraging regular check-ups and timely treatment.

01. INTRODUCTION

NEED FOR THE PROGRAM

Non-communicable diseases (NCDs), particularly Diabetes and Hypertension, have emerged as major public health challenges in India. They contribute significantly to premature mortality, reduced productivity, and escalating healthcare costs, especially among underserved and mobile populations such as truck drivers and transport workers. Due to their lifestyle patterns, long working hours, irregular meals, inadequate rest, and limited access to healthcare, these communities are at a higher risk of developing chronic conditions that often go undiagnosed and untreated until complications arise.

Limited awareness about preventive healthcare, poor health-seeking behaviour, and lack of accessible diagnostic and treatment facilities further exacerbate the burden of NCDs. Many truck drivers and their families reside in semi-urban or peri-urban areas, where access to primary healthcare centres is limited. Consequently, conditions like Diabetes and Hypertension often remain undetected, leading to heart disease, stroke, kidney failure, and other life-threatening complications. Early detection and sustained management are therefore essential to reduce morbidity and mortality associated with these diseases and to improve overall quality of life.

Recognising this pressing issue, Shriram Finance Limited, under its CSR initiative and through its philanthropic arm, Shriram Seva Sankalp Foundation (SSSF), has been running the Mobile Medical Unit (MMU) Programme through Piramal Swasthya across multiple states in India, including Andhra Pradesh, Assam, Bihar, Gujarat, Jharkhand, Karnataka, Maharashtra, Odisha, Rajasthan, Tamil Nadu, and West Bengal. The program focuses on providing free, accessible, and quality healthcare at truck hubs and transport points, offering treatment for common and minor ailments, screening for Non-Communicable Diseases (NCDs) like Diabetes and Hypertension, and promoting awareness on health, hygiene, nutrition, and safe practices. Additionally, the MMUs conduct health education sessions on issues such as addiction prevention, mental wellness, oral hygiene, and sexually transmitted diseases (STDs), contributing to holistic health improvement.

OBJECTIVES OF THE PROGRAM



To improve the overall health of the trucker community.



To encourage health-seeking behaviour among truck drivers by educating them to continue the use of drugs for NCDs and to avail the linked follow-up services from their local PHCs/H&WCs etc.



To create an image in the minds of the trucker's community as a caring and responsible brand through CSR initiatives in the area of healthcare.

ABOUT SHRIRAM FINANCE LIMITED

Shriram Finance Limited is a pioneer in the NBFC Industry with a strong rural presence. The Shriram Finance Limited is one of India's leading NBFCs, with 9.71 million (as on June 30, 2025) private and corporate customers across India. Its extensive national network and financial strength, derived from a diverse portfolio including vehicle and MSME loans, provide the foundational resources and strategic insight to identify and fund high-impact CSR projects aligned with its commitment to community empowerment.

ABOUT SHRIRAM SEVA SANKALP FOUNDATION (SSSF)

Shriram Seva Sankalp Foundation (SSSF) is the philanthropic arm of Shriram Finance Limited, established as a not-for-profit company in February 2015 and headquartered in Chennai, Tamil Nadu. The foundation's mandate is to support the welfare of India's commercial transport community, especially truck drivers, helpers and their families, through CSR initiatives covering primary healthcare, education, and livelihood support. Its activities include scholarship programmes for children of small transporters and commercial drivers, healthcare outreach via mobile medical units (MMUs) and preventive healthcare services targeting non-communicable diseases, and partnerships with transport associations, NGOs and government agencies to increase access, awareness and sustainability of services.

ABOUT NGO PARTNER - PIRAMAL SWASTHYA

Piramal Swasthya is the flagship primary healthcare initiative of the Piramal Foundation, dedicated to improving access to affordable, quality healthcare for underserved and vulnerable communities across India. Headquartered in Hyderabad, Telangana, it functions as a not-for-profit organisation and works in close partnership with both central and state governments, corporates, and development agencies. Piramal Swasthya focuses on key public health areas such as maternal and child health, adolescent health, non-communicable diseases (including diabetes and hypertension), and preventive healthcare. Through innovative service delivery models like Mobile Medical Units (MMUs), telemedicine, health information helplines, and community outreach programs, the organisation ensures that primary healthcare services reach even the most remote and marginalised populations.

02 RESEARCH METHODOLOGY

Shriram Finance Limited assigned SoulAce to conduct an impact assessment of the Mobile Medical Unit (MMU) Programme, with Piramal Swasthya as the Implementing Partner, across eight project locations, namely Visakhapatnam (Andhra Pradesh), Guwahati (Assam), Vapi (Gujarat), Ranchi (Jharkhand), Patna (Bihar), Bengaluru (Karnataka), Nagpur (Maharashtra), and the Mumbai Clinic.

OBJECTIVES OF THE STUDY

The primary objectives of the study were to:

-  Assess the improvement in health outcomes and access to healthcare services.
-  Assess the impact of IEC and awareness activities among the direct and indirect beneficiaries on health-seeking behaviours.
-  Assess and gain insights on the Perception of beneficiaries on the services and programme activities in their lives, QOL and family members.
-  Find out the extent of satisfaction among the beneficiaries with the services of MMU and SFL's Mumbai clinic.
-  Assess the impact on the health care of the beneficiaries at the project locations.
-  Assess the healthcare facilities accessed by beneficiaries of the project across the locations of Visakhapatnam (Andhra Pradesh), Guwahati (Assam), Vapi (Gujarat), Patna (Bihar), Ranchi (Jharkhand), Bengaluru (Karnataka), Nagpur (Maharashtra), and the Mumbai Clinic prior to the availability of the SFL-supported Mobile Medical Unit (MMU).

USE OF MIXED-METHOD APPROACH

The evaluation adopted a comprehensive mixed-methods approach, integrating both qualitative and quantitative research methodologies. The qualitative component allowed for an in-depth exploration of the subjective experiences and viewpoints of key stakeholders, such as truck drivers, their families, MMU staff, including doctors, nurses, pharmacists, transport association members, and project staff, offering a nuanced grasp of their perspectives. Concurrently, quantitative methods facilitated the gathering and analysis of numerical data obtained from the beneficiaries- truck drivers and their families, yielding statistical insights and identifying trends. By employing a mixed methodology approach, the evaluation leveraged the strengths of both qualitative and quantitative techniques, resulting in the collection of robust and diverse data. This holistic approach provided a comprehensive understanding of the project and its impact, ensuring a well-rounded and multi-faceted assessment.

APPLICATION OF QUALITATIVE TECHNIQUES

Qualitative methods provide insights into the real-life experiences, viewpoints, and stories of beneficiaries, stakeholders, and those responsible for project implementation. Engaging stakeholders like truck drivers, their families, MMU staff, transport association members, and project staff through in-depth interviews and focus group discussions (FGDs) allows for a comprehensive examination of observed changes. These methods facilitate a detailed exploration of improvements in the health and well-being of the trucker community and their families in terms of early detection and management of Diabetes and Hypertension, health awareness, and preventive healthcare practices. By capturing the lived realities and narratives of those involved, qualitative approaches offer a nuanced understanding of the project and its impact.

APPLICATION OF QUANTITATIVE TECHNIQUES

Quantitative techniques are employed to evaluate the project and its impact objectively through data analysis. Surveys and questionnaires are utilised to collect numerical data on various indicators from beneficiaries of each program. By collecting such data after the intervention, the project and its effects and the enhancements it has facilitated can be assessed. These quantitative methods provide a measurable approach to gauge the project and outcomes and evaluate its success through statistical evidence.

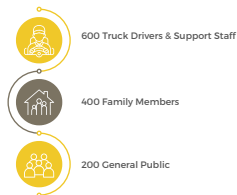
ENSURING TRIANGULATION

To bolster the reliability and validity of its conclusions, the study implemented various triangulation strategies. Data triangulation was achieved by gathering information from diverse sources, including field notes, interviews with beneficiaries, interactions with key stakeholders, and feedback from project staff. This extensive data collection process facilitated a comprehensive evaluation of the program and its impact. Additionally, methodological triangulation was employed, utilising a range of research methods such as surveys, interviews, and FGDs. This approach allowed for cross-verification of information and helped mitigate potential biases inherent to any single method. Through the implementation of these triangulation techniques, the study ensured a robust and dependable analysis, reinforcing the trustworthiness and credibility of its findings.

SAMPLING FRAMEWORK

Random Sampling is a research method where participants are chosen by chance, giving everyone an equal chance of selection to ensure an unbiased, representative sample. Purposive Sampling is a method in research where specific individuals or groups are deliberately chosen for inclusion in a study based on their unique characteristics or expertise, to provide targeted and specialised insights into the research topic.

QUANTITATIVE SURVEY SAMPLE SIZE



STANDARDISED FRAMEWORK FOR EVALUATION

The research study applied the OECD-DAC framework for evaluation, ensuring alignment with globally accepted standards and norms. This framework offered a strong and uniform method to evaluate the project's impact, bolstering the credibility and pertinence of the research findings.

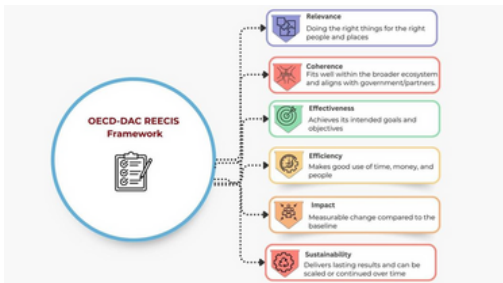


Figure 1: OECD-DAC REECIS framework

RESEARCH DESIGN



Name of the project

Mobile Medical Unit program



Implementing agency

Piramal Swasthya



Research design used

Descriptive research design



Sampling technique

Random and Purposive Sampling



Sample size

1200 beneficiaries



Qualitative Methods Used

Semi-structured interviews, testimonials and focus group discussion (FGD) with beneficiaries along with key stakeholders

KEY STAKEHOLDERS



Truck drivers and their families



Other community members (mobile clinic)



Doctors



Nurse



Pharmacist



Implementing Partner & project team



Gurudwara President

STUDY TOOLS

Questionnaires for primary beneficiaries -

Structured questionnaires were developed, and the project details for each of the focus areas were reviewed. Indicators were pre-defined before conducting the surveys.

A **semi-structured questionnaire** and FGD guide were developed for secondary beneficiaries and stakeholders. Stakeholders were identified across the focus areas. Semi-structured questionnaires and FGDs were conducted with family members and project staff.

ETHICAL CONSIDERATIONS

The impact evaluation research was guided by a strong ethical framework, ensuring that the study was conducted responsibly and ethically. Adhering rigorously to ethical principles of research, the study prioritised the rights and well-being of participants throughout the process. Informed consent was meticulously obtained by providing comprehensive information about the study and objectives, procedures, potential risks, and benefits, allowing participants to make informed decisions about their involvement after having their questions addressed. Robust measures were implemented to uphold confidentiality and privacy, with data securely stored and accessible only to authorised personnel and participant identities protected through anonymisation or coding techniques. Crucially, participation was fully voluntary, free from coercion or pressure, underscoring the importance of autonomy and respect for individual choice. Throughout the study, participants were treated with the utmost respect, dignity, and fairness, with their well-being being the top priority and necessary support or assistance provided whenever needed.


03. ANALYSIS OF THE PROGRAM DESIGN

Parameter	FY 22-23	FY23-24
Total Number of MMUs/ Clinics	14 MMUs	14 MMUs
	+1 Clinic	+1 Clinic
No of working days/ Clinics	4284	3620
No of MMU camps conducted	3998	3378
No of Clinics conducted	286	242
Total beneficiaries registrations (Unique)	118691	62546
Total beneficiaries revisits	76637	100165
Total beneficiaries' Visits(Unique + Revisits)	195328	162711



FAMILY MEMBERS OF TRUCKERS AND OTHER COMMUNITY MEMBERS AT THE MUMBAI CLINIC

THEORY OF CHANGE

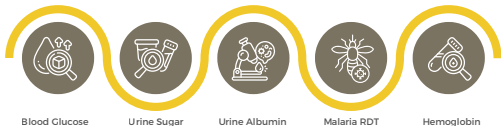
Inputs	Activities	Outputs	Outcomes	Impacts
 Mobile Medical Units with medical equipment	Treatment of common ailments (fever, respiratory infections, GI issues)	Drivers and their families availed of services on a regular basis	Improved health and reduced risks of complications due to timely treatment	Reduced disease burden across the trucking community
 Medical Officers, Nurses, Pharmacists	Screening & management of NCDs (Hypertension, Diabetes)	Daily footfall of 55-60 patients per MMU	Early detection of chronic conditions (31.4% first-time diagnosis)	Improved productivity & reduced absenteeism
 Diagnostic equipment & supplies (BP apparatus, glucometers, RDT kits), 15 essential medicine kits per MMU	Skin, dental and eye care services	Over 18,000 diagnostic tests are conducted monthly	Better management of chronic conditions (74.7% experienced relief)	Enhanced economic stability for trucking families
 Behaviour Change Communication (BCC) Activities	Health education on addiction, hygiene, and safe practices	94.8% participants found awareness sessions useful	58.3% drivers reduced substance use	Sustainable healthcare access model for mobile populations
 AMRIT digital platform & IT infrastructure	Referral linkages to PHCs/CHCs and emergency services	1,200+ referrals to higher facilities quarterly	91.3% beneficiaries saved on healthcare costs	Strengthened public health infrastructure
 Training modules & IEC materials	Capacity building of healthcare staff	100% staff trained in clinical protocols & digital systems	Improved health-seeking behaviour & treatment adherence	Replicable model for occupational healthcare
 Transport association partnerships	Community mobilisation at 20+ truck hubs	Coverage across 14 cities, pan-India	Stronger community trust in formal healthcare (96.7% satisfaction)	Policy influence for migrant health schemes

TARGET BENEFICIARIES

The project serves the trucking community, including small road transport operators (owning up to four vehicles), commercial heavy/light vehicle drivers, aspiring drivers, helpers, cleaners, and their families.

DIAGNOSTICS

Basic diagnostic tests provided through the MMUs and Day Clinic include:



SCOPE OF SERVICES OF MMU AND DAY CLINIC

The Mobile Medical Units (MMUs) and Day Clinic provide comprehensive and accessible primary healthcare services to the trucker community, including drivers, helpers, cleaners, and their families. The services cover preventive, promotive, and curative healthcare, focusing on early detection, timely treatment, and improved awareness.



TREATMENT OF COMMON AND MINOR AILMENTS

Management of ailments that cause absenteeism and income loss, such as:

- ▶ Fever with chills, rash, or severe body pain
- ▶ Upper and lower respiratory infections with cough, sore throat, or breathing difficulties
- ▶ Musculoskeletal injuries, arthritis, and joint pain
- ▶ Gastrointestinal infections cause diarrhea, vomiting, and abdominal pain



NON-COMMUNICABLE DISEASES (NCDs)

- ▶ Screening and management for Hypertension, Diabetes, Oral Cancer, and vision-related disorders.
- ▶ Diagnosis and treatment conducted on-site; high-risk patients referred to PHCs/CHCs for continued care.
- ▶ Regular tracking and follow-up of beneficiaries visiting for BP and RBS checks to ensure disease control.



SKIN, DENTAL, AND EYE CARE

- ▶ **Skin Diseases:** Treatment for allergic rashes, boils, eczema, scabies, and fungal infections.
- ▶ **Dental & Oral Health:** Screening for ulcers, dental caries, gingivitis, gum abscesses, and referrals for further treatment.
- ▶ **Eye Care:** Opportunistic screening for refractive errors, colour blindness, and cataracts.



HEALTH EDUCATION AND AWARENESS (IEC ACTIVITIES)

Health education is an integral part of the MMU and Day Clinic services, conducted through Information, Education, and Communication (IEC) sessions on:

- ▶ Prevention of alcohol and tobacco addiction
- ▶ Safe sexual practices and reproductive health awareness
- ▶ Mental and physical wellness, including fitness, a balanced diet, and adequate sleep
- ▶ Importance of safe drinking water and healthy food habits



STDs and HIV/AIDS Services

- ▶ Basic screening and referral for Sexually Transmitted Diseases (STDs).
- ▶ HIV/AIDS sensitisation, promoting protective measures like condom use.
- ▶ Education on recognising STI symptoms and encouraging timely medical consultation.

OUTREACH AND MOBILISATION

The Mobile Medical Unit and Day Clinic programs carried out targeted outreach and mobilisation to engage the trucker community and their families. Key sites such as truck hubs, parking areas, loading zones, and transport offices across Visakhapatnam, Guwahati, Silchar, Patna, Vapi, Ranchi, Bengaluru, Mumbai, Nagpur, Bhubaneswar, Jaipur, Chennai, Hooghly, and Kolkata were identified. Partnerships with transport associations, unions, and logistics partners helped raise awareness through sessions, posters, and announcements, encouraging participation in free medical consultations, health check-ups, and diagnostic services.

SERVICE DELIVERY FLOW

The program followed a structured service delivery process to ensure efficient and accessible healthcare through the MMUs and Day Clinic. Beneficiaries visited during scheduled service days, registered their details, and underwent basic screening of vitals such as BP, pulse, temperature, height, and weight. Diagnostic tests like RBS, urine sugar, and urine albumin were conducted for early detection of Diabetes and Hypertension. Doctors provided consultation, prescribed medicines, and offered counselling, while medicines were dispensed on-site and recorded digitally. Regular follow-ups were conducted to ensure treatment adherence and continuity of care.

USE OF TECHNOLOGY AND IT SYSTEMS

The program leveraged digital tools to enhance healthcare delivery and monitoring. Each MMU and Day Clinic used Android tablets to record beneficiary data, diagnostics, and treatment details, creating Electronic Medical Records (EMRs) stored in a centralised database. Using Piramal Swasthya's AMRIT platform, the system enabled online and offline data capture, medical device integration, and real-time dashboards for efficient monitoring and analysis. This technology ensured accurate reporting, streamlined service delivery, and data-driven program management.

INTEGRATION WITH EXISTING INITIATIVES AND SERVICES

The program was strategically integrated with existing public health systems and support services to ensure continuity of care and wider impact. Beneficiaries requiring specialised or emergency support were referred to relevant facilities and helplines, including "108" emergency transportation services, "1097" National AIDS Helpline for HIV/AIDS information and linkage to ART/ICTC centres, "104" Health Helpline for medical counselling, and local Public Health Institutions (PHCs, CHCs, and District Hospitals). Partnerships with local NGOs further strengthened referral mechanisms and community outreach, ensuring that beneficiaries received comprehensive and coordinated healthcare support.

FOCUS ON CONTINUOUS LEARNING – CAPACITY BUILDING

The program emphasised continuous learning and capacity building to maintain service quality and enhance staff performance across all MMU and Day Clinic operations. Annual refresher trainings were conducted for key personnel -- Medical Officers, Nurses, Pharmacists, and Drivers covering three core areas: clinical practices, technical competencies (including digital tools and the AMRIT application), and soft skills for effective community engagement. The sessions focused on diagnostic and therapeutic protocols, communication, quality management, R&D, COVID-19 guidelines, and monitoring & evaluation. Delivered by experienced trainers with support from an in-house IT team via Microsoft Teams/Zoom, these trainings strengthened staff capabilities, promoted standardised service delivery, and ensured efficient and high-quality healthcare implementation across all project locations.

MONITORING AND EVALUATION

The program adopted a robust Monitoring and Evaluation framework developed by Piramal Swasthya, built on principles of Results-Based Management and evidence-driven decision-making. Using technology-enabled systems such as Electronic Health Records (EHRs), beneficiary data and service details were recorded in near real time, enabling continuous monitoring and timely corrective action. A dedicated M&E team oversaw data collection, validation, and reporting to ensure accuracy, reliability, and timeliness. Regular monthly and quarterly reports were shared with the Shriram Seva Sankalp Foundation (SSSF) for review, with data analysed across input, output, and outcome indicators to measure efficiency, effectiveness, and impact.

QUALITY ASSURANCE

The program ensured high data and service quality through continuous monitoring and periodic field inspections. Quality Analysts (QAs) conducted audits at parking places and service points to assess counter alignment, crowd management, process adherence, equipment uses, drug management, van safety, and beneficiary feedback. Random checks and time-and-motion studies were performed to evaluate service efficiency. Findings were compiled into monthly audit reports and quality dashboards, reviewed by the Quality In-Charge to drive ongoing improvement and maintain service standards.



**DOCTORS EXAMINING TRUCK DRIVERS
AT BENGALURU, KARNATAKA**

04



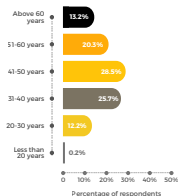
KEY FINDINGS AND IMPACTS

This chapter presents insights and analysis **from both truck drivers, support staff, and their family members and nearby community residents** to evaluate the overall outcomes of the Mobile Medical Unit (MMU) and Day Clinic Program. Based on primary survey data and field observations, it examines how the initiative has improved access to primary healthcare, facilitated early diagnosis, and strengthened disease management among mobile and underserved populations. By combining quantitative findings with qualitative perspectives, the chapter captures key trends in healthcare-seeking behaviour, awareness generation, and beneficiary satisfaction, demonstrating the program's significant contribution to enhancing the health and well-being of the trucker community and their families.

The assessment focused on key dimensions such as demographic profiles, accessibility to health services, and pre-intervention healthcare experiences, helping to contextualise the community's health needs. Data was collected through field surveys involving both truck drivers and support personnel, along with their family members.

DEMOGRAPHIC AND ECONOMIC PROFILE OF TRUCK DRIVERS

CHART 1: AGE GROUP OF THE RESPONDENTS



28.5%

of the respondents were aged 41-50 years, followed by 25.7% in the 31-40 years group and 20.3% in the 51-60 years group.

This indicates that a majority of the respondents were middle-aged, a group particularly susceptible to lifestyle-related and occupational health risks, especially non-communicable diseases (NCDs). In terms of marital status, 95.1% of the respondents were married, reflecting a population with family responsibilities and a greater need for sustained health support.

CHART 2: MARITAL STATUS OF THE RESPONDENTS

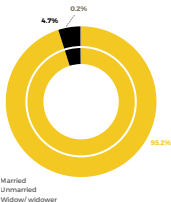
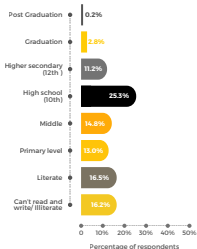
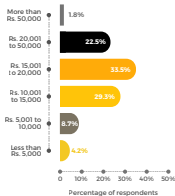
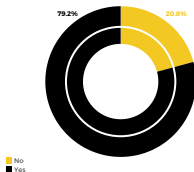


CHART 3: EDUCATION STATUS OF THE RESPONDENTS


Nearly one-third (32.7%) of the respondents were illiterate or only functionally literate, while another 13% had received education only up to the primary level. About one-fourth (25.3%) had completed 10th grade, indicating that a significant portion of the trucker population had low educational attainment. There was, however, a considerable percentage of drivers with higher secondary (11.2%) qualification, along with 2.8% graduates.

ECONOMIC PROFILE

CHART 4: MONTHLY FAMILY INCOME OF THE RESPONDENTS

CHART 5: RESPONDENTS WHO ARE THE SOLE EARNING MEMBERS IN THEIR FAMILIES


When asked about their monthly income, 33.5% of respondents reported earning between ₹ 15,001-20,000, followed by 29.3% earning ₹ 10,000-15,000, and 22.5% in the ₹ 20,000-50,000 range. This indicates that most truck drivers and helpers belong to the low- to lower-middle-income group, with limited capacity to afford regular healthcare services. Moreover, 79.2% of respondents stated that they were the sole earning members in their families, underscoring the financial vulnerability of this group.


FOCUS GROUP DISCUSSION WITH FAMILY MEMBERS IN GUJARAT

WORK PROFILE AND OCCUPATIONAL PATTERN

CHART 6: STATUS OF TRUCKER

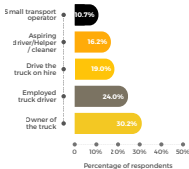
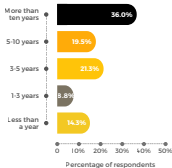


Chart 6 shows the employment status of the respondents, where 30.2% reported owning their trucks, while 24% were employed as drivers, mostly by private transport operators. Around 19% drove trucks on hire, 16.2% worked as aspiring drivers or helpers or cleaners, and 10.7% were small transport operators. This indicates that a large section of the respondents is self-employed or daily-wage earners with limited job security and irregular income.

From the discussion with stakeholders, it was noted that the majority of respondents primarily drive Trucks/Heavy Commercial Vehicles (HCVs), indicating a dominant representation from the freight and logistics sector. A smaller proportion operate fuel transport vehicles, construction equipment, refrigerated trucks, and light commercial vehicles (LCVs/SCVs). A few respondents are engaged as auto, taxi, or bus drivers, while some serve as support staff, helpers, or in other related occupations.

CHART 7: RESPONDENTS' EXPERIENCE IN THE DRIVING PROFESSION



36.0%

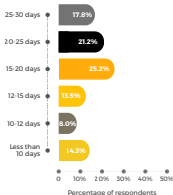
of respondents had been in the driving profession for over 10 years, followed by 21.3% with 3-5 years of experience and 19.5% with 5-10 years.



14.3%

had less than one year of experience, indicating that the majority of respondents are long-term drivers with extensive exposure to occupational stress and health risks associated with prolonged driving.

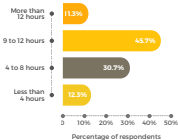
CHART 8: AVERAGE NUMBER OF DAYS RESPONDENTS SPEND ON THE ROAD PER MONTH



25.2%

of respondents reported being on the road for 15-20 days a month, 21.2% for 20-25 days, and 17.8% for 25-30 days a month, highlighting the intense work schedules and limited rest periods common in the trucking profession.

CHART 9: AVERAGE DAILY DUTY HOURS OF RESPONDENTS IN THE DRIVING PROFESSION

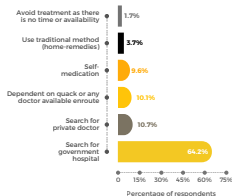


45.7%

of respondents driving for 9 to 12 hours a day, 30.7% for 4 to 8 hours, and 11.3% for more than 12 hours daily, reflecting the prolonged and demanding nature of their work schedules.

PRE-INTERVENTION SCENARIO

CHART 10: WAYS RESPONDENTS ADDRESSED HEALTH PROBLEMS BEFORE MMU SERVICES WERE AVAILABLE



Truck drivers: When respondents were asked about how they addressed health problems before the availability of MMU services, nearly two-thirds (64.2%) reported that they would visit a government hospital, indicating a reliance on public healthcare facilities majorly due to affordability. Another 10.7% sought treatment from private hospitals, while 10.1% depended on quacks or any available doctor en route. A small proportion (9.6%) relied on self-medication, reflecting limited access to consistent and quality healthcare prior to the introduction of MMU services.

FGDs with family members revealed the health conditions in the community before the introduction of MMU services. Prior to the intervention, truck drivers encountered several barriers to accessing healthcare. In Bengaluru, there was a lack of proper and timely health information, and most drivers were unaware of preventive healthcare measures. In Jharkhand, it was noted that access to affordable and quality medical facilities near their work sites was extremely limited. Moreover, due to long working hours and continuous travel, drivers found it difficult to go for regular health check-ups, resulting in many health issues remaining untreated.



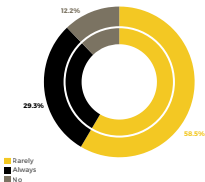
Earlier, when I got a fever or had severe back pain from driving 8-10 hours, I wouldn't go to a doctor. I just took a cheap painkiller from a nearby medical shop and kept working. Going to a clinic or hospital in the city meant losing an entire day and spending ₹500-₹700, so most of us avoided it unless it was something very serious.

Prakash Mahto, truck driver, Ranchi, Jharkhand



TIMELINESS OF MEDICAL ATTENTION RECEIVED FROM GOVERNMENT OR PRIVATE HOSPITALS

CHART 11: TIMELINESS OF MEDICAL ATTENTION RECEIVED FROM GOVERNMENT OR PRIVATE HOSPITALS - TRUCK DRIVERS



Truck drivers:



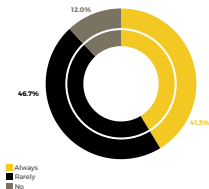
58.5% of respondents reported that, before the MMU intervention, they rarely received timely medical attention from government or private hospitals,



12.2%

stated that they never did. This indicates that a significant portion of the trucker community faced delays in accessing healthcare.

CHART 12: TIMELINESS OF MEDICAL ATTENTION RECEIVED FROM GOVERNMENT OR PRIVATE HOSPITALS - FAMILY AND COMMUNITY MEMBERS



Family and community members: Chart 12 presents responses from family and community members regarding the timeliness of medical attention received from government or private hospitals.



46.7%

reported that they rarely received timely care, while another 12% stated they did not receive medical attention at all, indicating that healthcare access was often delayed, irregular, and unreliable before the MMU intervention.

This underscores a critical service gap in timely healthcare delivery.

Most respondents reported high medical expenses, long waiting times at government hospitals, and unavailability of medicines as major challenges in accessing nearby health services. A smaller number mentioned long distances to health facilities and a lack of time for check-ups.

DISTANCE OF THE NEAREST GOVERNMENT OR PRIVATE HEALTH SERVICE FROM THE MMU LOCATION

CHART 13: DISTANCE OF NEAREST GOVERNMENT OR PRIVATE HEALTH SERVICE FROM MMU LOCATION – TRUCK DRIVERS

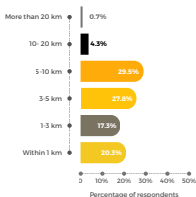
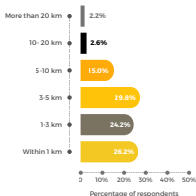


CHART 14: DISTANCE OF NEAREST GOVERNMENT OR PRIVATE HEALTH SERVICE FROM MMU LOCATION – FAMILY AND COMMUNITY MEMBERS



Charts 13 and 14 present the responses of truck drivers and their families or community members regarding the distance to the nearest government or private healthcare facilities.



29.5%

truckers reported that the nearest facility was located 5-10 km away, 27.8% mentioned 3-5 km, and 17.3% said it was 1-3 km from their area.

Similarly, among families and community members, nearly half (44.8%) noted that the nearest healthcare facility was 3-10 km away, while 26.2% reported it was within 1 km.

Discussions with community members highlighted that, before the introduction of the SFL MMU services, truck drivers and their families typically visited nearby private clinics or local healthcare centres for medical treatment. However, these facilities often charged consultation fees and lacked adequate diagnostic services. As a result, many beneficiaries had to travel considerable distances to access quality healthcare, leading to delayed or missed treatments.



I live near the transport hub, and earlier, the nearest hospital was almost 8-10 km away. If anyone fell sick, we had to take a whole day off just to visit the doctor. Sometimes, because of work or travel, we ignore minor illnesses until they become serious. For many of us drivers, the long distance and travel time made it difficult to get timely medical help.

- **Appla Naidu, lorry driver, Vishakhapatnam, Andhra Pradesh**



AVERAGE MONTHLY MEDICAL EXPENDITURE AT THE HOUSEHOLD LEVEL

CHART 15: AVERAGE MONTHLY HOUSEHOLD EXPENDITURE ON MEDICAL TREATMENT - TRUCK DRIVERS

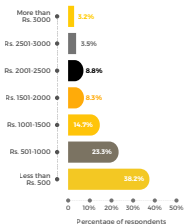
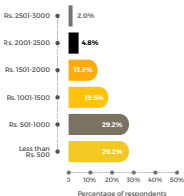


CHART 16: AVERAGE MONTHLY HOUSEHOLD EXPENDITURE ON MEDICAL CARE, FAMILY MEMBERS, AND OTHERS



Average monthly household expenditure on medical treatment, as reported by 76.2% of the truck drivers and 77.9% of truck drivers' families and other community members, was in the range up to Rs. 1,500 before MMU.

UTILISATION OF MMU SERVICES

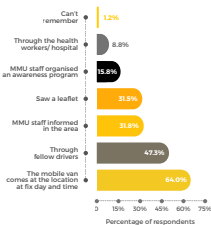
The MMUs operated for 22 days each month, ensuring consistent healthcare access for the trucker community. Each unit began operations at 9:00 a.m. and concluded by 5:00 p.m., with 9:00-10:00 a.m. allocated for travel from the parking site to service points and camp setup. This structured schedule allowed the MMUs to effectively reach designated locations, deliver timely medical services, and ensure maximum beneficiary coverage throughout the day. Each MMU typically visited a designated service point once or twice a month, depending on the local population size, patient load, and healthcare demand. This rotational schedule ensured that all identified truck hubs and transport locations received regular and equitable access to healthcare services while allowing the MMU teams to cover a wider geographical area efficiently.



DISPENSING MEDICINES AT THE MOBILE MEDICAL UNIT

SOURCES OF INFORMATION ABOUT MMU SERVICES

CHART 17: SOURCES OF AWARENESS ABOUT THE SFL-MMU AMONG RESPONDENTS – TRUCK DRIVERS



Both truck drivers and their family or community members were asked about how they first became aware of the MMU services. In both cases, the primary source of awareness was the mobile van's regular visits to their area on scheduled days and times.



47.3%

of truck drivers also learned about the services through fellow drivers, highlighting the strong impact of word-of-mouth communication within the trucking community.

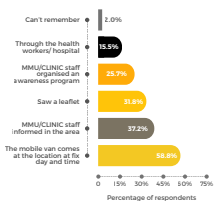


On average, around 55–60 patients visit our MMU daily, which shows that the services are well-utilised and trusted by the community. We regularly see truck drivers, their family members, and local residents coming for routine check-ups, tests, and treatment. This steady footfall reflects how important and dependable the MMU has become for primary healthcare in this area.

- Vedika Stanley Samuel, staff nurse, Nagpur, Maharashtra



CHART 18: SOURCES OF AWARENESS ABOUT THE SFL-MMU AMONG RESPONDENTS – FAMILY AND COMMUNITY MEMBERS

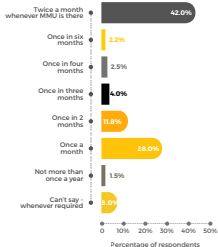


In addition, in both cases, many respondents were informed directly by MMU staff (31.8% drivers, 37.2% family members), and around 31.5% drivers and 31.8% family members came to know about the services through leaflets and posters, reflecting the effectiveness of on-ground communication and visibility-based awareness strategies. Awareness programs organised by MMU/clinic staff had created slightly higher awareness among the family members and others (25.7%) as compared to that among drivers (15.8%). Very few respondents (8.8% drivers and 15.5% family members and others) mentioned awareness gained through health workers/ hospital staff.

Interactions with the implementing team supported the findings from truck drivers and their families. The team shared that monthly route schedules are circulated in advance to transport associations, and awareness sessions are organised on special days as per the activity calendar. These efforts, along with the MMU's regular presence at fixed locations, have strengthened visibility and trust among the trucking community, aligning with respondents' feedback that the mobile van visits and word-of-mouth communication remain the primary sources of awareness.

FREQUENCY OF MMU SERVICE UTILISATION

CHART 19: FREQUENCY OF AVAILING MMU SERVICES BY RESPONDENTS OR THEIR FAMILY MEMBERS - TRUCK DRIVERS



Truck drivers: The utilisation of MMU services was found to be high among the trucker community, indicating strong acceptance and trust in the program.

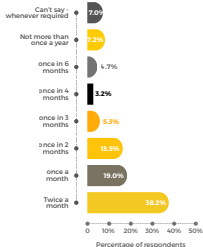


42.0%

of respondents reported availing MMU healthcare services twice a month, while another 28% mentioned doing so once a month.

This reflects the program's consistent reach and reliability, as beneficiaries regularly accessed the MMUs for check-ups.

CHART 20: FREQUENCY OF AVAILING MMU SERVICES BY RESPONDENTS OR THEIR FAMILY MEMBERS - COMMUNITY AND FAMILY MEMBERS



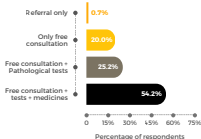
Families of truck drivers and community members: Chart 20 shows that more than one-third (38.2%) of respondents from families and communities reported availing MMU services twice a month, followed by 19% who accessed them once a month. This suggests that the program has achieved steady utilisation and community engagement beyond the trucking population. Overall, the frequency of MMU service use among both truck drivers and their family or community members highlights the program's regular accessibility and the users' trust in its healthcare delivery.

Interaction with the doctors and nurses supported the quantitative findings on service utilisation. The MMU doctor at Nagpur shared that the unit receives a daily footfall of around 55-60 patients, reflecting steady demand and regular use of services by truck drivers and their families. Similarly, the nurse's observations from multiple locations indicated consistent patient turnout and regular check-ups, with routine tests such as BP, RBS, Hb%, and malaria screening conducted at each visit.

Together, these insights reaffirm that the MMU services are accessed frequently and are trusted by beneficiaries for primary healthcare needs.

TYPES OF MEDICAL SERVICES AVAILABLE AT THE MMU

CHART 21: TYPES OF MEDICAL SERVICES RECEIVED AT THE MMU - TRUCK DRIVERS



54.2%

of respondents reported availing all services, including free consultations, tests, and medicines.

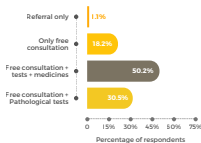


25.2%

needed free consultations and pathological tests and 20% needed only consultation.

This demonstrates that the MMUs provided comprehensive healthcare services while significantly reducing financial barriers, ensuring accessible and affordable care for the trucking community.

CHART 22: TYPES OF MEDICAL SERVICES RECEIVED AT THE MMU - FAMILY AND COMMUNITY MEMBERS



Families of truck drivers and community members:



50.2%

of respondents from families and nearby communities reported availing free consultations, tests, and medicines.



30.5%

who received free consultations and pathological tests, while 18.2% needed consultation only. This reflects the MMU's role in extending inclusive and cost-free healthcare support to the wider community.

In terms of medical services received, both truck drivers and their family or community members reported frequent use of the MMU's free healthcare facilities. The findings suggest that the MMUs not only offered essential medical services but also played a crucial role in improving healthcare access and promoting regular health-seeking behaviour among the trucking community and their families.



I received medical consultation from the MMU for back pain and skin issues, which really helped me manage my health. The MMU visits our site regularly, making it easy to get treatment without affecting work. The doctor's advice and medicines eased my pain and improved my well-being. The team also gives useful health awareness tips that help us stay healthy on the road. I'm grateful for their continued support; it has truly benefited drivers like me and my family.

- Subba Rao, a truck driver, Andhra Pradesh



ROLE OF THE PHARMACIST:

(Source: MoU and Interactions)



Dispense medicines to beneficiaries as prescribed by the doctor.



Counsel and educate beneficiaries on dosage, timing, and the method of medicine administration.



Check expiry dates of all medicines before dispensing.



Enter drug dispensing details into the digital application (Android tablet).



Maintain and update the Beneficiary Drug Issue Register, Expiry Watch Register, and Stock Statement.



Prepare monthly stock statements through physical verification and update medicine requirements for the next two months.



Verify received stock against invoices and update the same in the expiry register and inventory module.



Inform the service point in charge and stakeholders about the camp schedule one day in advance to ensure smooth operations.

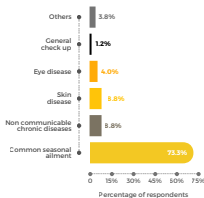
Interactions with the MMU team reinforced these findings, as both the doctor and pharmacist highlighted the regular flow of patients seeking free consultations, diagnostic tests, and medicines. They observed that beneficiaries frequently return for follow-ups, reflecting growing trust and dependence on MMU services for routine healthcare needs. The team also noted that by providing consistent and cost-free medical care, the MMU has encouraged drivers and their families to seek timely treatment instead of delaying care due to financial or accessibility barriers.



**MOBILE MEDICAL UNIT CAMP
AT GUWAHATI, ASSAM**

TYPES OF AILMENTS TREATED AT MMU

CHART 23: MAIN AILMENTS FOR WHICH RESPONDENTS VISITED THE MMU - TRUCK DRIVERS

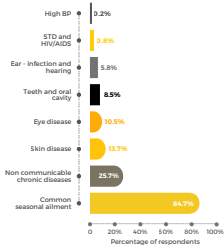


73.3%

visited the MMU for common seasonal ailments such as fever, cold, or infections.

This demonstrates that the MMUs provided comprehensive healthcare services while significantly reducing financial barriers, ensuring accessible and affordable care for the trucking community.

CHART 24: MAIN AILMENTS FOR WHICH RESPONDENTS VISITED THE MMU - FAMILY & COMMUNITY MEMBERS



Families of truck drivers and community members:



84.7%

reported visiting the MMU for common seasonal ailments.

Additionally, one fourth (25.7%) sought care for non-communicable chronic diseases, while smaller proportions reported visiting for skin issues (13.7%) and eye-related issues (10.5%).

This indicates that MMUs served as a vital primary healthcare source for families and communities, addressing a wide range of health concerns.

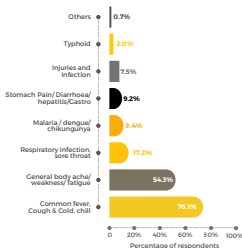
This confirmed that most beneficiaries primarily utilised MMUs for treating short-term and work-disrupting ailments, while a smaller but significant share sought help for chronic health conditions, showing the program's dual role in both curative and preventive healthcare delivery.



COLLECTING INFORMATION FROM A TRUCK DRIVER AT RANCHI, JHARKHAND

SEASONAL OR MINOR AILMENTS TREATED AT THE MMU

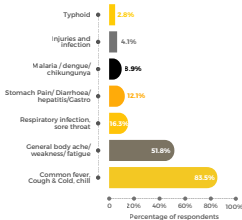
CHART 25: SEASONAL OR MINOR AILMENTS TREATED AT THE MMU – TRUCK DRIVERS



Truck drivers: Among those who received treatment for seasonal or minor ailments, the leading issues were common fever, cough, and cold (76.1%), followed by general body ache and fatigue (54.3%).

Other ailments included respiratory infections (17.2%), malaria/dengue/chikungunya (9.4%), and stomach pain or diarrhoea (9.2%). These findings show that the MMUs effectively addressed frequent and work-disrupting illnesses that impact truck drivers' productivity and income.

CHART 26: SEASONAL OR MINOR AILMENTS TREATED AT THE MMU – FAMILY & COMMUNITY MEMBERS



Families of truck drivers and community members:



83.5%

reported visiting the MMU for common seasonal ailments like fever, cold, or infections.



51.8%

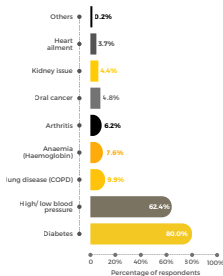
sought care for general body aches and weakness, while smaller proportions reported visiting for respiratory infections (16.3%) and digestive issues such as diarrhoea or stomach pain (12.1%).

This indicates that MMUs served as a vital primary healthcare source for families and communities, addressing a wide range of seasonal health concerns.

Overall, MMUs have proven essential in delivering accessible healthcare for both acute and chronic conditions, catering to the immediate health needs of truck drivers while extending valuable primary care to their families and communities.

NON-COMMUNICABLE CHRONIC DISEASES TREATED AT THE MMU

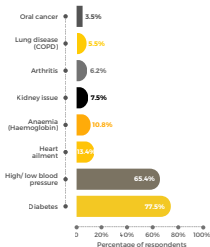
CHART 27: NON-COMMUNICABLE CHRONIC DISEASES TREATED AT THE MMU – TRUCK DRIVERS



Truck drivers: A significant proportion of respondents reported receiving treatment for diabetes (80%) and high or low blood pressure (62.4%), demonstrating the MMU's support for screening and management of NCDs.

Other reported conditions included lung diseases (9.9%), anaemia (7.6%), arthritis (6.2%), and oral cancer (4.8%). This indicates that MMUs play a crucial role in early detection and continuity of care for chronic diseases among high-risk occupational groups like truckers.

CHART 28: NON-COMMUNICABLE CHRONIC DISEASES TREATED AT THE MMU- FAMILY & COMMUNITY MEMBERS



Families of truck drivers and community members:



77.5% of the families of truck drivers and community members reported receiving treatment for diabetes.



65.4% were treated for blood pressure-related issues. Other reported conditions included heart ailments (13.4%) and anaemia (10.8%).

These findings point to a high prevalence of chronic diseases in the community and underscore the MMU's key role in providing accessible care and ongoing management for such conditions.

Discussions with the doctor at the MMU revealed that hypertension is highly prevalent among truck drivers, often linked to alcohol consumption, poor sleep cycles, and low protein intake.

Other common chronic conditions include diabetes, high cholesterol, and HIV. The MMU is equipped with basic diagnostic tools such as glucometers and sphygmomanometers to support the detection of these diseases.

In Assam, interaction with the doctor highlighted that the most prevalent health conditions in the area are non-communicable diseases (particularly hypertension and diabetes). These patterns are largely attributed to the strenuous lifestyle of the trucking community, coupled with irregular eating habits and lack of rest.



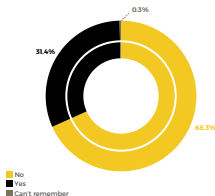
Musculoskeletal problems are very common because drivers sit in the same position for 10 to 12 hours at a stretch, which leads to back pain, lower back pain, and joint issues. We also see a lot of non-communicable diseases like hypertension and diabetes, as well as digestive and gastric problems, skin and fungal infections, and eye issues. These are mostly the result of their sedentary lifestyle, irregular eating habits, and long working hours on the road. Through the MMU, we try to provide regular check-ups, treatment, and counselling to help them manage these conditions better.

- N P Singh, doctor, Ranchi, Jharkhand



CHRONIC AILMENTS DIAGNOSED FOR THE FIRST TIME AT THE MMU

CHART 29: CHRONIC AILMENTS
DIAGNOSED FOR THE FIRST TIME AT
THE MMU - TRUCK DRIVERS



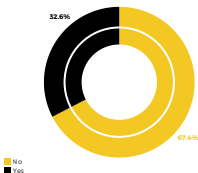
Truck drivers:



31.4%

of respondents reported that they were diagnosed with a chronic ailment for the first time at the MMU, indicating that the program played a crucial role in the early detection of non-communicable diseases such as diabetes and hypertension among the trucker community, many of whom might have otherwise remained undiagnosed due to limited access to regular health check-ups.

CHART 30: CHRONIC AILMENTS DIAGNOSED FOR THE FIRST TIME AT THE MMU- FAMILY & COMMUNITY MEMBERS



Families of truck drivers and community members: Chart 30 shows the chronic ailments diagnosed for the first time at the MMU among family and community members. Nearly one-third (32.6%) of respondents reported being diagnosed for the first time at the MMU/clinic, showing that the service plays a crucial role in identifying undetected health conditions and linking individuals to appropriate care and treatment.

DIAGNOSED WITH STD, HIV/AIDS, OR FILARIASIS AT MMU

Truck drivers:

CHART 31: RESPONDENTS OR FAMILY MEMBERS DIAGNOSED WITH STD, HIV/AIDS, OR FILARIASIS AT MMU

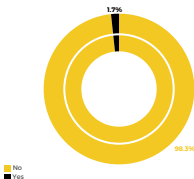
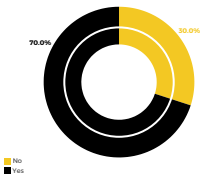


CHART 32: FOLLOW-UP CHECK-UP OR REFERRAL RECEIVED AFTER DIAGNOSIS OF STD, HIV/AIDS, OR FILARIASIS



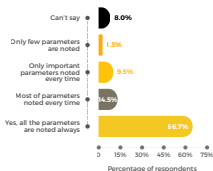
Among the surveyed respondents, 1.7% reported that they or their family members were diagnosed with STD, HIV/AIDS, or filariasis at the MMU. Of those diagnosed, 70% received a follow-up check-up or referral after diagnosis, indicating that the program not only facilitated early detection of communicable diseases but also ensured continuity of care and linkage with appropriate health facilities, reinforcing its role in comprehensive primary healthcare delivery.

QUALITY OF MEDICAL SERVICES AND PATIENT EXPERIENCE

EXAMINATION AND CHECK-UP PROCEDURES

Truck drivers:

CHART 33: REGULAR EXAMINATION OF VITALS AND MEDICAL HISTORY BY MMU HEALTH STAFF



66.7%

reported that the nurse or health staff regularly recorded all key health parameters such as blood pressure, pulse rate, weight, and previous disease history, while 14.5% said most parameters were noted each time.

This indicates a strong adherence to clinical protocols and systematic health monitoring at the MMU level, reflecting consistent service quality and attention to patient assessment.

Interactions with nurses across locations supported these findings. For instance, the nurse from Visakhapatnam shared that vitals such as height, weight, BP, blood sugar, haemoglobin, temperature, and pulse are recorded for every patient, along with chief complaints. Data entry is done using the AMRIT digital platform, ensuring accurate and timely recordkeeping. Nurses also conduct basic pathological tests, manage biomedical waste safely, and actively participate in awareness sessions on topics like de-addiction, hygiene, and disease prevention.

These observations reaffirm that the nursing staff play a crucial role in maintaining clinical standards, ensuring patient safety, and strengthening preventive health awareness at the MMU level.



DOCTOR EXAMINING TRUCKERS, BENGALURU, KARNATAKA

ROLE OF THE NURSE:

(Source: MoU and Interactions)



Register beneficiaries and update details digitally using the Android tablet.



Assist the doctor in antenatal check-ups, minor wound dressing, and health awareness activities.



Record vital signs (BP, temperature, pulse) and perform basic lab tests like RBS, HB, urine, and malaria as prescribed.



Maintain accurate digital and manual health records and ensure medical equipment and consumables are in working order.



Counsel beneficiaries on hygiene, safe sex, and substance abuse prevention through awareness sessions.



Attend regular team meetings and follow biomedical waste management and disposal protocols.



**FOCUS GROUP DISCUSSION
AT PATNA, BIHAR**

DOCTOR'S CONSULTATION AND INTERACTION WITH THE MMU TEAM

CHART 34: RESPONDENTS' AGREEMENT THAT THE DOCTOR LISTENS PATIENTLY AND CONDUCTS THOROUGH EXAMINATIONS - TRUCK DRIVERS

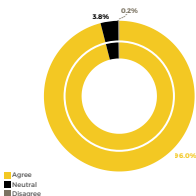
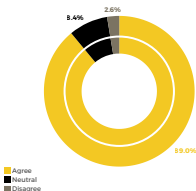


CHART 35: RESPONDENTS' AGREEMENT THAT THE DOCTOR LISTENS PATIENTLY AND CONDUCTS THOROUGH EXAMINATIONS- FAMILY & COMMUNITY MEMBERS



Truck drivers:



96.0%

of the respondents agreed that the doctor listened patiently and conducted thorough physical examinations, reflecting strong patient trust and satisfaction with the consultation process.

Families of truck drivers and community members:



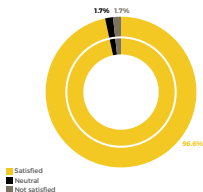
89.0%

of family and community members agreed that the doctor listened carefully and performed thorough check-ups, reflecting a positive perception of the consultation experience.

In both groups, these findings indicate that MMU healthcare providers maintained strong patient engagement and professionalism, fostering confidence and satisfaction among beneficiaries.

SATISFACTION WITH PRESCRIPTION EXPLANATIONS PROVIDED BY A NURSE OR PHARMACIST

CHART 36: SATISFACTION WITH PRESCRIPTION EXPLANATIONS PROVIDED BY NURSE OR PHARMACIST - TRUCK DRIVERS



Truck drivers:



96.6%

of truck drivers expressed satisfaction with the explanations provided by nurses or pharmacists regarding their prescriptions, reflecting clear communication and effective guidance on medication use.

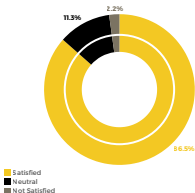
Families of truck drivers and community members



86.5%

of family and community members reported satisfaction with the prescription-related explanations, indicating that the MMU staff ensured patients clearly understood their treatment and medication instructions.

CHART 37: SATISFACTION WITH PRESCRIPTION EXPLANATIONS PROVIDED BY NURSE OR PHARMACIST - FAMILY & COMMUNITY MEMBERS



Across both groups, the results highlight the MMU team's commitment to patient-centred care, ensuring clarity in communication and promoting informed use of medicines, which in turn strengthened beneficiaries' confidence in the services.

Interactions through FGDs with community members and families of truck drivers across the study locations reinforced these findings. In one of such FGDs at bengaluru, participants shared that their family members, especially truck drivers, regularly visit the MMU unit for medical consultations when it is stationed nearby.

They appreciated the professionalism and friendly attitude of the MMU healthcare staff, the accessibility and convenience of mobile services, and the timely diagnosis with free medicines. These discussions confirmed that the MMU provides healthcare not only to truck drivers but also to their families, an inclusive approach that remains one of the key strengths of the SFL initiative.



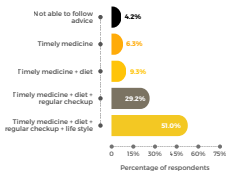
For months, I suffered from a severe skin condition that caused itching and rashes, making it hard to sleep or work. Visiting a private doctor was too expensive and time-consuming, so I kept delaying treatment. When the MMU started coming to our area, I finally visited their camp. The doctor patiently heard my problem, gave me free medicines, and the pharmacist clearly explained how to use them. Within a week, my skin completely healed. I'm truly grateful to the MMU team; their care and kindness have made quality healthcare accessible and affordable for people like us.

- **Appla Naidu, lorry driver, Vishakhapatnam, Andhra Pradesh**



ADHERENCE TO THE DOCTOR'S ADVICE

CHART 38: RESPONDENTS WHO FOLLOW THE DOCTOR'S ADVICE AFTER CONSULTATION



Truck drivers:



51.0%

of respondents followed the doctor's advice completely, including taking medicines on time, maintaining a diet, regular check-ups, and lifestyle modifications.

Another 29.2% followed up with timely medicine, diet, and check-ups. This shows that the MMU program positively influenced health-seeking and compliance behaviour.

Among those who could not follow the doctor's advice, the main reason cited was lack of time for lifestyle changes due to a hectic and irregular work schedule. A few respondents also mentioned the non-availability of medicines while on the road, difficulty finding prescribed drugs, and irregular eating habits as additional challenges. This reflects the practical challenges of a truck driver's lifestyle, where long hours on the road and limited access to healthcare make it difficult to follow medical advice consistently.

AWARENESS SESSIONS THROUGH MMU

CHART 39: TYPES OF HEALTH AWARENESS MESSAGES RECALLED FROM MMU HEALTH CAMPS – TRUCK DRIVERS

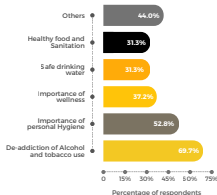
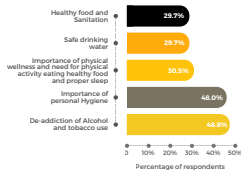


CHART 40: TYPES OF HEALTH AWARENESS MESSAGES RECALLED FROM MMU HEALTH CAMPS – FAMILY & COMMUNITY MEMBERS

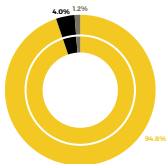


Charts 39 and 40 illustrate the types of health awareness messages recalled from MMU health camps by truck drivers and by their families and community members, respectively. In both groups, the most frequently recalled message was related to de-addiction, particularly concerning alcohol and tobacco use.

This was followed by messages on personal hygiene and general wellness, where participants remembered information about safe drinking water, healthy food habits, and sanitation. Others also mentioned awareness topics such as safe sexual practices, disease prevention (including malaria, tuberculosis, and HIV/AIDS), and the importance of physical activity. These findings indicate that MMU health camps effectively promoted a broad range of preventive health messages, encouraging healthier lifestyles and increased awareness of common health risks among both truckers and their communities.

USEFULNESS OF AWARENESS ACTIVITIES CONDUCTED THROUGH MMU

CHART 41: LEVEL OF USEFULNESS OF AWARENESS ACTIVITIES CONDUCTED THROUGH MMU - TRUCK DRIVERS



■ Useful
■ Neutral
■ Not useful

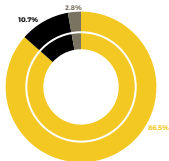
Truck drivers:



94.8%

found the health awareness activities conducted by the MMU to be useful, showing their strong relevance to the trucker community's health needs and daily challenges.

CHART 42: LEVEL OF USEFULNESS OF AWARENESS ACTIVITIES CONDUCTED THROUGH MMU - FAMILY & COMMUNITY MEMBERS



■ Useful
■ Neutral
■ Not useful

Families of truck drivers and community members:



86.5%

of family and community members reported that the awareness activities conducted through the MMU were useful, reflecting their value in improving health knowledge and preventive practices.

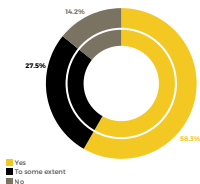
In both groups, the results show that the MMU's awareness programs were practical, easy to understand, and encouraged people to take better care of their health.

FGDs held at Vapi, Gujarat, with truck drivers and community members highlighted the usefulness of the awareness sessions conducted by the MMU team. Participants shared that regular counselling and awareness activities on topics such as personal hygiene, safe drinking water, sanitation, and prevention of diseases like malaria, TB, and hypertension have led to positive behaviour changes among truck drivers.

They noted that drivers are now more conscious about maintaining cleanliness, managing their health, and avoiding unsafe habits like alcohol and tobacco use. Although addiction reduction remains challenging, participants agreed that the MMU's consistent awareness efforts have improved health awareness, encouraged preventive practices, and reduced illness-related work disruptions in the trucking community.

REDUCTION IN ALCOHOL OR TOBACCO ADDICTION DUE TO AWARENESS ACTIVITIES

CHART 43: REDUCTION IN ALCOHOL OR TOBACCO ADDICTION DUE TO AWARENESS ACTIVITIES



Truck drivers:



58.3%

reported that either they or a family member had reduced alcohol or tobacco use due to awareness sessions conducted by the MMU, while another 27.5% stated the reduction to some extent.

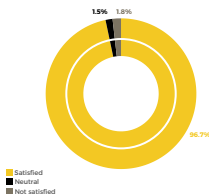
This indicates that the MMU's health education initiatives had a meaningful impact on promoting healthier behaviours and reducing substance dependency among the target population.

This was further confirmed through field discussions with community members. The awareness sessions conducted by the MMU team have positively influenced behaviour, with several drivers reportedly reducing their alcohol and tobacco consumption. Respondents shared that many drivers are now more conscious of their health and make efforts to limit harmful habits after participating in the MMU's regular awareness and counselling sessions.

KEY IMPACT

IMPROVED ACCESS TO QUALITY PRIMARY HEALTHCARE

CHART 44: OVERALL SATISFACTION OF RESPONDENTS WITH MMU SERVICES-TRUCK DRIVERS



When asked about their overall satisfaction with the MMU services, 96.7% of truck drivers reported being satisfied. This high satisfaction level reflects the intervention's success in delivering accessible, reliable, and quality healthcare directly at the transport hubs. Discussions with community members and drivers further reinforced this finding. Beneficiaries expressed appreciation for the MMU's regular presence, the courteous behaviour of staff, and the timely availability of medicines and diagnostics. The strong satisfaction levels indicate growing trust in the MMU as a dependable source of primary healthcare for the trucking community.

Interactions and FGDs with truck drivers and their family members across locations reaffirmed that the MMU intervention has significantly improved access to quality primary healthcare. Before the intervention, most drivers depended on government or even private clinics for even minor ailments, which often led to delays in treatment and loss of working time. With the introduction of the MMU, essential healthcare services are now available regularly and conveniently near transport hubs. Beneficiaries reported timely consultations, diagnosis, and availability of medicines for common illnesses such as fever, skin infections, acidity, and hypertension. Regular health check-ups have led to better management of these conditions, fewer work disruptions, and improved overall well-being. The MMU's consistent presence has not only enhanced access but also strengthened trust in preventive and primary healthcare among the trucking community and their families.



Before the MMU started coming to our area, I used to ignore small health problems because clinic fees were high and waiting took too much time. Now, I can get a proper check-up, free medicines, and health advice right at the auto stand. The doctor listens patiently, and the staff treat us with respect. It has made healthcare simple and reachable for drivers like me.

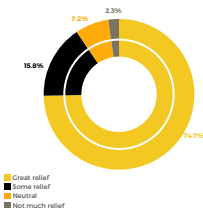
- Venkatesh, Auto Driver, Bengaluru, Karnataka



REDUCTION IN COMMON ILLNESSES AND IMPROVED DISEASE MANAGEMENT

The intervention has led to a noticeable reduction in common illnesses and better management of chronic health conditions among truck drivers, their families, and the surrounding community. It has significantly improved their overall quality of life by ensuring early diagnosis and consistent follow-up care. Beneficiaries shared that they experience quicker recovery and lasting relief due to timely treatment provided by the MMU, and that regular medical attention has helped prevent common and seasonal ailments from progressing into serious conditions.

CHART 45: LEVEL OF RELIEF EXPERIENCED FROM TREATMENT RECEIVED AT MMU- TRUCK DRIVERS



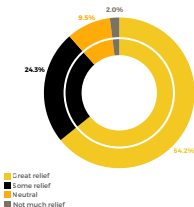
Truck drivers:



90.5%

reported experiencing relief from the treatment received, with 74.7% noting great relief.

CHART 46: LEVEL OF RELIEF EXPERIENCED FROM TREATMENT RECEIVED AT MMU - FAMILY & COMMUNITY MEMBERS



Families of truck drivers and community members



88.5%

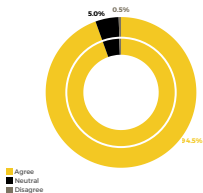
of family and community members reported relief, of which 64.2% experienced great relief.

These results indicate that the intervention has effectively addressed common and recurring health issues through timely consultations, free medicines, and follow-up care.

Insights from field discussions further confirm that consistent MMU services have helped beneficiaries manage their conditions better and reduced the severity of seasonal illnesses.

PREVENTION OF COMMON OR SEASONAL ILLNESSES FROM WORSENING DUE TO TIMELY MMU TREATMENT

CHART 47: PREVENTION OF COMMON OR SEASONAL ILLNESSES FROM WORSENING DUE TO TIMELY MMU TREATMENT - TRUCK DRIVERS



The findings indicate that timely access to MMU services has played a key role in preventing common and seasonal illnesses from worsening among truck drivers, their families, and nearby community members.



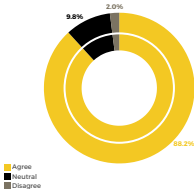
94.5%

agreed that regular MMU visits helped them receive early diagnosis and treatment, reducing the severity and duration of illnesses such as fever, cold, cough, and body aches.

INTERACTION WITH A GURUDWARA PRESIDENT AT MUMBAI, MAHARASHTRA



CHART 48: PREVENTION OF COMMON OR SEASONAL ILLNESSES FROM WORSENING DUE TO TIMELY MMU TREATMENT - FAMILY & COMMUNITY MEMBERS



88.2%

of family and community members shared that the MMU's timely care and availability of free medicines have prevented minor ailments from becoming serious.

Interactions with stakeholders, including doctors, nurses, and the MMU pilot, further validated these findings. They highlighted that the availability of regular check-ups, basic diagnostic tests, and on-the-spot treatment has led to faster recovery and prevented minor ailments from worsening.

During one of the FGDs in Nagpur,

Ramesh, a truck driver, shared, "I often suffered from fever and body pain due to long driving hours. Earlier, I avoided going to clinics because of high fees, but now with the MMU visiting our area, I get free check-ups and medicines, and my health has improved." Similarly, Ragavendra, another participant from Patna, mentioned, "My wife and I received treatment for seasonal flu from the MMU. The doctors gave us medicines and advice, and we recovered quickly." These testimonials highlight how the MMU has improved access to quality healthcare and reduced the burden of common illnesses among the trucking community and their families.

**FOCUS GROUP DISCUSSION
AT MUMBAI, MAHARASTRA**



REDUCTION IN NON-COMMUNICABLE DISEASE COMPLICATIONS

PREVENTION OF WORSENING CHRONIC CONDITIONS THROUGH REGULAR MMU CARE

CHART 49: PREVENTION OF WORSENING CHRONIC CONDITIONS THROUGH REGULAR MMU CARE-TRUCK DRIVERS

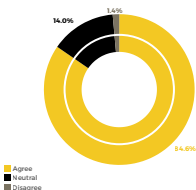
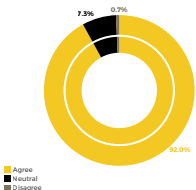


CHART 50: PREVENTION OF WORSENING CHRONIC CONDITIONS THROUGH REGULAR MMU CARE-FAMILY & COMMUNITY MEMBERS



The findings from the assessment show that regular access to MMU services has played a crucial role in preventing the worsening of chronic health conditions among truck drivers, their families, and nearby community members. As reported in the survey, 84.6% of truck drivers and 92% of family and community members agreed that the MMU services have helped in reducing the severity of chronic and recurring illnesses through consistent medical follow-ups and availability of free medicines.

Interactions during FGDs also reinforced these findings. Many participants shared that they now undergo regular BP and sugar check-ups through the MMU, allowing early detection and better management of chronic conditions.

For instance,

Shridhara Gowda, a truck driver from Bengaluru, shared, "I used to feel tired and dizzy but never knew my sugar levels were high until the MMU team checked it. They gave me medicines and explained my diet.

Now I feel healthier and can continue driving without worry."

“

The MMU visits our area twice a month and has been a big help for families like ours.

During each visit, they check our blood pressure and sugar levels and explain how to manage health issues like hypertension and diabetes. Before this service, I didn't know much about such illnesses or how to take care of them, but the doctor and nurse patiently guided us on diet, medicines, and regular check-ups. I am very grateful to the MMU team for their care and continuous support in keeping our community healthy.

- Savitri, wife of a truck driver,
Vishakhapatnam, Andhra Pradesh

”

IMPROVEMENT IN HEALTH-SEEKING BEHAVIOUR IN THE COMMUNITY

The MMU intervention has led to a significant improvement in health-seeking behaviour among truck drivers, their families, and the surrounding community. Regular visits by the MMU have made healthcare more approachable and encouraged individuals to seek timely medical advice rather than delaying treatment. The availability of free consultations, medicines, and diagnostic tests has built trust and reduced dependence on informal or unqualified practitioners.

Interactions during field discussions with key stakeholders revealed that many beneficiaries now prioritise regular health check-ups and follow prescribed medication schedules, especially for conditions such as hypertension and diabetes. Women and family members have also become more proactive in addressing minor illnesses and seeking preventive care. The MMU team's continuous guidance has helped inculcate healthier habits, such as regular handwashing, use of masks, and maintenance of sanitation and hygiene. These preventive practices have contributed to a visible reduction in seasonal and communicable diseases. Overall, the program has strengthened a culture of proactive and preventive healthcare, ensuring that both truck drivers and their families remain healthy, informed, and confident in managing their well-being.

“

In my experience working with the MMU, I've seen a clear change in how the truckers and their families approach their health. Earlier, they would avoid visiting any doctor until their condition became serious. But now, because the MMU visits regularly, they come to us even for small issues and follow our advice carefully. Many have started getting their blood pressure and sugar checked routinely and have become more aware of preventive practices like handwashing, using masks, and maintaining personal hygiene.

- Chaudhri Kaushikbhai Ishwerbhai, nurse,
Vapi, Gujarat

”



**INTERVIEW AT TRANSPORT
ASSOCIATION, VAPI
(GUJARAT)**

REDUCED OUT-OF-POCKET EXPENDITURE TOWARDS PRIMARY HEALTHCARE

CHART 51: SAVINGS IN TREATMENT OR HOSPITALISATION COSTS DUE TO MMU SERVICES – TRUCK DRIVERS

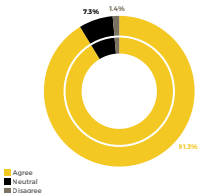
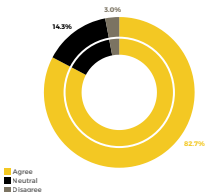


CHART 52: SAVINGS IN TREATMENT OR HOSPITALISATION COSTS DUE TO MMU SERVICES – FAMILY & COMMUNITY MEMBERS



The MMU intervention has significantly reduced out-of-pocket expenses for primary healthcare among truck drivers, their families, and nearby community members. Based on assessment findings, 91.3% of truck drivers and 82.7% of family and community members agreed that the MMU services have helped them save on treatment and hospitalisation costs.

This high level of agreement highlights the program's positive economic impact on households that previously had to spend both time and money to access medical care. Before the MMU's introduction, drivers often lost a day's wages whenever they visited distant clinics or hospitals for treatment. Now, with the MMU providing free consultations, diagnostic tests, and medicines directly at their work sites or nearby locations, they can receive timely care without disrupting their daily earnings.

Discussions during community interactions echoed similar views. Many respondents mentioned that the MMU has made healthcare not only affordable but also convenient, helping them maintain their health while continuing their work. This has improved overall financial stability and productivity among truckers and their families.

“

Earlier, whenever I got sick, I had to miss a full day of driving to visit a clinic, which meant losing my wages. Now the MMU comes right where we work, checks us for free, and gives medicines on the spot. It saves both my time and income.

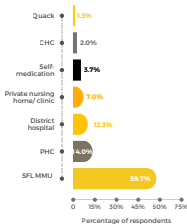
- **Chandra Prakash, Truck Driver, Bengaluru, Karnataka**

”

MOST PREFERRED HEALTH CENTRE AFTER THE INTRODUCTION OF MMU SERVICES

CHART 53: MOST PREFERRED HEALTH CENTRE AFTER THE INTRODUCTION OF MMU SERVICES

MOST PREFERRED HEALTH CENTRE AFTER INTRODUCTION OF MMU SERVICES - TRUCK DRIVERS



MOST PREFERRED HEALTH CENTRE AFTER INTRODUCTION OF MMU SERVICES - FAMILY AND OTHERS

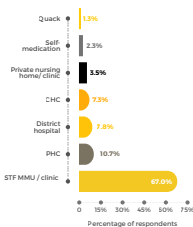
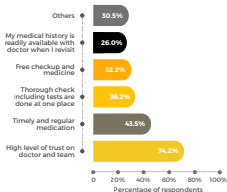
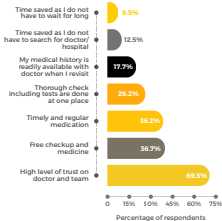


CHART 54: REASONS FOR PREFERRED SFL-MMU OVER OTHER HEALTHCARE OPTIONS

REASONS FOR PREFERRED SFL-MMU OVER OTHER HEALTHCARE OPTIONS - TRUCK DRIVERS



REASONS FOR PREFERRED SFL-MMU OVER OTHER HEALTHCARE OPTIONS - TRUCK DRIVERS



SFL MMU is the most preferred health service sought by truckers (59.7%) and their families and others (67%). Visiting a quack is merely 1.3% by the truckers and their families, while most of the truckers now avail medical services of government and private health services, which shows positive health-seeking behaviour because of awareness generation by the SFL MMU team. High level of trust in SFL Doctor and team, free check-up and medicine, timely and regular medicine, and thorough check-up are the main reasons for preferring SFL MMU services over government or private health facilities.

05. IMPACT ACROSS MULTIPLE LEVELS

INDIVIDUAL LEVEL

Enhanced early diagnosis and timely treatment of common and chronic illnesses, leading to quicker recovery and better disease management.

Reduced out-of-pocket expenditure on primary healthcare, as drivers can now access free medical consultations and medicines directly at their work sites without losing daily wages.



Strengthened awareness and understanding of preventive health practices such as regular health check-ups, medication adherence, and lifestyle management for conditions like hypertension and diabetes.

Improved health-seeking behaviour among truck drivers and beneficiaries, with greater uptake of regular check-ups and timely treatment.

FAMILY LEVEL



Improved health and well-being of family members through inclusive access to MMU services and medicines.



Enhanced awareness among families about hygiene, nutrition, and disease prevention, promoting a healthier family environment.



Strengthened household resilience as families experience fewer medical emergencies and reduced financial strain from healthcare expenses.

COMMUNITY LEVEL

Strengthened overall community health outcomes through preventive awareness sessions and regular medical outreach by MMUs.



Reduced the burden of common and seasonal illnesses through timely intervention and consistent access to treatment.

Improved hygiene and sanitation practices, with communities adopting habits such as proper handwashing, safe drinking water, and cleanliness.



Enhanced productivity and reduced absenteeism among truck drivers, leading to more stable livelihoods and stronger community well-being.

STATE LEVEL



Contributed to state-level goals around preventive and primary healthcare, health awareness, and reduction in disease burden among mobile and underserved populations.

NATIONAL LEVEL



Aligned with national flagship programs such as Ayushman Bharat, Health and Wellness Centres, the National Health Mission (NHM), and the National Programme for Prevention and Control of Non-Communicable Diseases, which collectively emphasise preventive, promotive, and primary healthcare for all, particularly for underserved and mobile populations.

06. KEY CHALLENGES AND BARRIERS

Interactions with various stakeholders across the locations revealed the following challenges:



PATNA, BIHAR

- **Demand for supplementary medical supplies:** Truck drivers commonly face joint pain, muscle strain, and back discomfort due to long hours of driving. The limited availability of supportive items such as kneecaps, wrist and abdominal belts, crepe bands, and pain relief sprays restricts the MMU's ability to fully address these occupational health needs.
- **Inconsistent medicine availability:** A gap exists in maintaining consistent medicine availability across service locations. Delays in stock replenishment occasionally disrupt the continuity of care and limit timely access to essential medicines for beneficiaries.
- **Issue in communicating during high patient load:** High patient load during peak hours often makes it challenging to provide detailed instructions on medication use and dosage, leading to risks of misunderstanding and reduced adherence among beneficiaries.



VISAKHAPATNAM, ANDHRA PRADESH

- **Lack of eye care services:** Many truck drivers report vision problems due to long driving hours and exposure to dust and glare. Absence of regular eye screening and vision testing leaves these issues unaddressed.
- **Restricted treatment services:** The absence of facilities for injections, vaccinations, and cold-chain storage limits the range of medical services that can be provided through the MMU.
- **Need for regular refresher training:** Periodic training for staff on digital data entry, emergency handling, and patient management is required to maintain efficiency and service quality.
- **Insufficient awareness materials:** There is a need for more IEC materials, such as posters and leaflets, to strengthen community awareness and health education.



GUWAHATI, ASSAM

- **Weather-related difficulties:** During the rainy season, MMU camps are set up in open areas where umbrellas cannot provide adequate protection from heavy rain or thunderstorms, disrupting smooth operations.
- **Limited availability of medicines for specific health issues:** A noticeable gap exists in the availability of medicines for liver-related conditions. Given the high prevalence of alcohol consumption among truck drivers, the absence of such medicines limits the MMU's capacity to respond effectively to these health needs.
- **Shortage of manpower:** Limited staffing makes it difficult to manage large patient crowds, particularly during peak hours or bad weather. The team handles multiple tasks simultaneously, leading to fatigue and occasional delays in service delivery.



BENGALURU, KARNATAKA

- **Lack of proper shelter and basic amenities during field operations:** The absence of covered areas or portable shelters makes it difficult to conduct camps during heavy rain or extreme heat. Both staff and patients experience discomfort due to a lack of shade, washroom facilities, and resting space, which affects smooth service delivery.

- **Difficulty in Behaviour Change Communication (BCC):** Addressing alcohol and tobacco addiction, and conducting awareness sessions on STD/HIV prevention, remain highly challenging due to social stigma, deep-rooted habits, and lack of motivation among beneficiaries. Ensuring privacy and building trust are ongoing hurdles in this process.
- **Limited range of medicines for chronic and lifestyle diseases:** The current formulary does not include certain essential drugs, such as anti-hyperthyroid medications, or an extended range for hypertension and diabetes management. This restricts effective treatment for patients with chronic conditions.
- **Need for supportive gastrointestinal care:** Many truck drivers frequently complain of loose stools due to irregular eating habits, poor hygiene, and long travel hours. The limited availability of probiotic and digestive support formulations restricts the ability to manage such cases effectively without resorting to unnecessary antibiotic use.



VAPI, GUJARAT

- **Challenges in health awareness and behaviour change:** Conducting awareness sessions on tobacco and alcohol de-addiction, hygiene, and safe sex practices is very challenging. Although the MMU team provides regular counselling, it is difficult to measure or sustain behavioural change among truck drivers who are constantly on the move.
- **Lack of basic infrastructure for patient comfort:** The MMU lacks a proper fan or cooling arrangement, especially during the summer season. High temperature inside the vehicle affects both patients and staff, making health check-ups uncomfortable and reducing service efficiency.
- **Difficulty in capturing patient data during high crowd load:** Entering patient information into the AMRIT platform takes around 10-12 minutes per record. During rush hours, patients often become impatient or leave before full data entry is completed. Network issues and occasional tablet freezing further delay the process, forcing staff to record details offline and update them later.



RANCHI, JHARKHAND

- **Limited range of specialist medical services:** The MMU currently provides only general physician consultations, while truck drivers commonly suffer from eye, dental, and bone-related problems. The absence of specialist services such as ophthalmology, physiotherapy, and dental care limits the MMU's ability to address these recurring health concerns effectively.
- **Need for expanded medicine coverage:** The stock of medicines, particularly those related to eye and musculoskeletal issues, is limited. This gap often leaves drivers without the full range of treatments needed for their most common ailments, like joint pain, vision problems, and chronic fatigue.
- **Challenges in Behaviour Change Communication (BCC):** Encouraging truck drivers to reduce or quit tobacco, gutkha, alcohol, and other addictive substances remains extremely difficult. Drivers often view these habits as essential for staying awake during long journeys, making behavioural change slow and inconsistent despite repeated counselling by MMU staff.



NAGPUR, MAHARASHTRA

- **Difficulty in conducting Behaviour Change Communication:** Many tobacco and alcohol users do not perceive their habits as harmful and often deny associated health risks, making it difficult to motivate them toward behaviour change. In the case of STD and HIV/AIDS awareness, patients frequently feel embarrassed or fear being judged, which prevents open discussion and honest communication with MMU staff. This lack of openness limits the effectiveness of counselling and awareness efforts.



CASE STUDY - 1

Mohammad Anwar, a 44-year-old truck driver from Uttar Pradesh, frequently travels to Vapi, Gujarat, for work. Spending long hours on the road had taken a toll on his health, and he often suffered from severe knee and leg pain after continuous driving. For a long time, he ignored his condition, relying on over-the-counter painkillers, as visiting a private clinic meant losing a day's work and paying high consultation fees.

His health-seeking experience changed when he visited the Mobile Medical Unit (MMU) run by Shriram Finance Limited. The MMU provided him with free medical consultation, diagnosis, and medicines, all within his worksite area. During one of his visits, he received treatment and medication for joint pain, which helped him recover and continue working without discomfort.

Mohammad expressed deep gratitude toward the initiative, calling the MMU a "blessing for drivers like us who are always on the move." He shared that the program not only saved him time and expenses but also gave him confidence that quality healthcare is accessible even during his busy work routine. He strongly recommended that the MMU services continue, as they have become an essential health support system for the trucking community in Vapi.



INTERACTION WITH A TRUCK DRIVER AT VAPI, GUJARAT



CASE STUDY - 2

Prakash Mahto, a 32-year-old truck driver from Ranchi, Jharkhand, has spent the last eight years on the road, covering long routes across states. The demanding nature of his job—driving for 8-10 hours at a stretch, eating irregularly, and getting little rest—often left him exhausted and in pain. He frequently suffered from fever and severe backache but avoided visiting doctors because doing so meant losing a day's earnings and spending ₹500-₹700 on treatment. Instead, like many truckers, he relied on quick painkillers from local shops to get through the day.

Things began to change when the Mobile Medical Unit (MMU) under the Shriram Finance Limited initiative started regular visits to his warehouse. For the first time, Prakash could access free and reliable healthcare without having to travel or miss work. The MMU doctor examined him thoroughly, provided medicines on the spot, and offered guidance on managing his fatigue and posture. Within days, his condition improved significantly.

More importantly, through the MMU's awareness sessions, Prakash learned about the health risks of tobacco use, poor sleep, and erratic eating habits. He has since become more health-conscious and disciplined, ensuring regular check-ups whenever the MMU visits.



FOCUS GROUP DISCUSSION WITH TRUCK DRIVERS AT RANCHI, JHARKHAND

07. OECD FRAMEWORK



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



RELEVANCE

The Mobile Medical Unit (MMU) project, implemented by Piramal Swasthya with Shriram Finance Limited, is highly relevant in addressing the healthcare needs of truck drivers, their families, and nearby communities across India. This impact assessment covers the overall project, with eight locations across Maharashtra, Jharkhand, Gujarat, Andhra Pradesh, Karnataka, Bihar and Assam selected as a representative sample to reflect its broader impact. By delivering free consultations, diagnostics, medicines, and health awareness services at transport hubs, the project bridges critical gaps in access to affordable and quality primary healthcare for mobile and low-income populations.



COHERENCE

The program showed strong alignment with the following Sustainable Development Goals (SDGs):

The program also reflected strong coherence with national initiatives:

- National Health Mission (NHM)
- National Programme for Prevention and Control of Non-Communicable Diseases
- Ayushman Bharat



EFFECTIVENESS

The MMU project has been highly effective in delivering consistent and comprehensive primary healthcare services to truck drivers, their families, and nearby communities. By ensuring regular visits, timely diagnosis, and free medicine distribution, the initiative has improved disease management and reduced the prevalence of both common and chronic illnesses. Health awareness sessions on hygiene, nutrition, and substance misuse have effectively promoted preventive health behaviours and lifestyle improvements. The MMU's multidisciplinary approach, combining consultation, basic diagnostics, and counselling, ensures holistic care at the community level. Regular refresher training for MMU staff, including doctors, nurses, and paramedics, has further enhanced service quality, ensuring adherence to clinical standards and responsiveness to local health needs.



EFFICIENCY

The MMU project has demonstrated strong operational efficiency by effectively utilising available resources to deliver accessible and high-quality primary healthcare services to mobile populations. Through well-planned routes, fixed schedules, and consistent team coordination, the MMUs ensure regular coverage across multiple locations, minimising service delays and maximising reach. The integration of on-site diagnostics, medicine distribution, and health awareness sessions within a single visit has optimised time and resource use, providing comprehensive care efficiently. The project's model of deploying skilled medical staff and leveraging existing transport hubs for service delivery reduces logistical costs while ensuring high patient turnout.



IMPACT

The MMU project has had a significant impact on improving access to quality primary healthcare and strengthening preventive health behaviours among truck drivers, their families, and nearby communities. Regular check-ups, free medicines, and timely diagnosis have reduced the prevalence of common illnesses such as fever, skin infections, and hypertension, while also preventing the worsening of chronic conditions like diabetes and high blood pressure. The initiative has fostered improved health-seeking behaviour, with beneficiaries now opting for early medical consultation instead of delaying treatment. Increased awareness about hygiene, safe water, and sanitation has also led to healthier daily practices. Importantly, the project has reduced out-of-pocket healthcare expenses and minimised loss of workdays, contributing to better financial and physical well-being. Overall, the MMU intervention has enhanced the quality of life for the trucking community and their families.



SUSTAINABILITY

The sustainability of the MMU project is anchored in its strong community engagement, regular service delivery model, and the trust it has built among truck drivers and their families. By ensuring predictable visits, consistent staffing, and reliable access to medicines and diagnostics, the program has created a dependable health access point for mobile populations. To further strengthen long-term continuity, the project could formalise partnerships with local government schemes and health systems for resource sharing and integration of referral pathways. Such collaboration would help institutionalise the MMU's services within the broader public health ecosystem, ensuring operational stability and continued community benefit beyond the project cycle.



Relevance

Coherence

Effectiveness

Efficiency

Impact

Sustainability

08. SWOT ANALYSIS



STRENGTHS



The MMU ensures on-site access to primary healthcare for truck drivers and nearby communities through regular, scheduled camps.



Free consultation, basic diagnostics, and medicines make healthcare affordable for a highly mobile and low-income population.



A well-defined operational workflow with distinct roles for doctor, nurse, and pharmacist ensures efficient service delivery.



The use of digital record systems (AMRIT app) allows for proper documentation and continuity of care.



Health awareness and counselling sessions are routinely integrated into medical services, focusing on NCDs, hygiene, and addiction.



Strong coordination and supervision mechanisms, including internal audits and review meetings, maintain quality standards.



WEAKNESSES



Despite the positive outreach of the SFL-MMU intervention, its diagnostic scope remains limited, with key tests such as CBC, thyroid function, and eye examinations unavailable at most locations.



The medicine inventory under the intervention is basic, and commonly requested items like kneecaps, pain sprays, abdominal belts, and thyroid medicines are often not in stock, affecting patient satisfaction.



Follow-up and continuity of care are weak due to the mobile nature of the truck driver population.



Behaviour change counselling on issues like HIV/AIDS, alcohol, and tobacco addiction faces challenges due to entrenched habits and time constraints during camps.

**OPPORTUNITIES**

Expansion of diagnostic and screening services, such as CBC, thyroid, and eye check-ups, could strengthen the intervention's effectiveness and meet existing patient demand.



Integration with local PHC/CHCs/District hospitals and government health schemes can improve referral linkages and continuity of care for cases requiring advanced treatment.




Introducing physiotherapy and eye care components would directly address frequent complaints from truck drivers, enhancing service relevance and satisfaction.

**THREATS**

Environmental and logistical barriers, including extreme weather, poor road conditions, and traffic congestion, may disrupt MMU schedules and reduce outreach efficiency.


09 RECOMMENDATIONS

EXPAND SERVICE COVERAGE AND LINKAGES




MMU services can be expanded to include basic eye, dental, and physiotherapy consultations to address recurring vision and musculoskeletal problems among drivers. Partnerships with nearby hospitals or diagnostic centres can ensure smooth referral and follow-up for patients needing advanced care. Incorporating periodic specialist camps and targeted screenings, especially for chronic and age-related conditions, can further strengthen the continuum of care.

IMPROVE MEDICINE AVAILABILITY AND SUPPLY MANAGEMENT




A reliable and efficient medicine supply system remains central to uninterrupted service delivery. Introducing digital tracking and forecasting mechanisms can enhance efficiency in procurement and stock distribution. Periodic review of the essential drug list, informed by disease patterns across sites, would ensure that medicines for common chronic and occupational ailments are consistently available, improving treatment adherence and patient outcomes.

UPGRADE MMU INFRASTRUCTURE AND OPERATIONAL ENVIRONMENT




Enhancing the MMU setup can improve both service quality and patient experience. Provision of shaded waiting areas, fans, and portable shelters can help maintain operations during heat or rain. Clean and comfortable spaces for staff and patients can support smoother workflow and build greater community trust in mobile health services.

STRENGTHEN BEHAVIOUR CHANGE COMMUNICATION (BCC)



Regular BCC and refresher trainings can strengthen staff counselling, technical, and communication skills, while peer-led communication, use of simple visual aids, and culturally relevant messages can make health sessions more effective. Recognising field performance and sharing good practices across locations can further enhance staff motivation and consistency in service delivery.

INTEGRATE PREVENTIVE AND WELLNESS-FOCUSED INTERVENTIONS



Introducing nutrition counselling, and simple physiotherapy sessions can promote healthy ageing and reduce fatigue among drivers. Strengthening preventive care through regular counselling and lifestyle education can help lower long-term disease risks and improve overall well-being.

10. CONCLUSION

The SFL-Mobile Medical Unit (MMU) initiative represents a major step toward improving access to quality primary healthcare for truck drivers, their families, and nearby communities. Implemented across 11 states and 14 cities, with study locations including Maharashtra, Jharkhand, Andhra Pradesh, Karnataka, Bihar, Gujarat and Assam, the programme has effectively addressed key barriers such as time constraints, high healthcare costs, and limited access to formal medical facilities. By providing free consultations, diagnostic services, medicines, and health awareness sessions directly at transport hubs, the MMU has improved preventive care, reduced the incidence of common and chronic illnesses, and fostered stronger health-seeking behaviour among beneficiaries.

Field insights indicate that the MMU has enhanced health awareness, promoted hygiene practices, and reduced out-of-pocket healthcare expenses, contributing to improved well-being and financial stability for truckers and their families. The initiative's consistent presence and community trust have strengthened its impact at the grassroots level.

To further enhance its effectiveness, the program could broaden its scope of primary healthcare services by incorporating additional medicines and frequently requested medical aids such as kneecaps, wrist and abdominal belts, pain relief sprays, and other essential drugs. Strengthening linkages with local health systems for referrals and aligning with relevant government health schemes would help ensure continuity of care and more comprehensive service delivery. Overall, the MMU initiative stands out as an accessible, community-centred healthcare model that has delivered measurable improvements in health outcomes and holds strong potential for replication and scale-up across India.