GAIL (India) Limited

Impact Assessment Report on Project Arogya-

(i) Support for operation of 1 MMU in Ballia, UP (FY 19-20 & 20-21)

(ii) Support for operation of 1 MMU in Siaha Dist., Mizoram (FY 19-20 & 20-21)

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1.1 Executive Summary

Over the last few decades, India has expedited its journey to being a global leader in both thought and action. Being the most populous country in the world, India has the ability to offer the pivotal traction required to achieve the 2030 Sustainable Development Goals (SDGs). India's alignment with the international development agenda, as exemplified by the motto "Sabka Saath Sabka Vikas" (collective efforts, inclusive growth), underlines the country's commitment to the SDGs.

With over 1.4 billion people from diverse social, economic and cultural backgrounds, India faces an arduous challenge in meeting their aspirations. Nonetheless, the story of India since 1947 reflects an impressive growth. The country has effectively lifted more than 271 million people out of multidimensional poverty through economic growth and empowerment.[1] Inequalities in housing, nutrition, child health, education, sanitation, drinking water, and electricity have decreased as a result of enhanced access and reduction in poverty.

Nonetheless, at the national level, there is still a substantial amount of work to be done in multiple sectors.

Access to healthcare institutions is a significant aspect in reaching the SDGs for health and universal health coverage. It helps to achieve other goals in addition to the health goal (SDG3), such as poverty, hunger, education, gender equality, clean water and sanitation, work, and economic growth, decreasing inequality, and climate action.

GAIL (India) Limited, being a socially responsible public sector unit, recognizes the necessity of addressing the above- mentioned issue and contributed towards providing access to affordable and timely healthcare through the implementation of Project Arogya. The project's goal was to deploy Mobile Medical Units (MMUs) to remote communities in Ballia, Uttar Pradesh and Siaha, Mizoram, to provide basic healthcare services and other facilities related to awareness, medications, and remedies.

For those who cannot conveniently get to a hospital or clinic, mobile medical units (MMUs) offer access to medical care. In disadvantaged rural, suburban, and urban communities without access to healthcare, MMUs open temporary facilities. MMUs generally have a doctor, a nurse practitioner, a nurse on staff and a driver and they offer a range of medical services, such as vaccinations, preventative care and diagnosis, and treatment for acute and chronic illnesses. They can reduce the pressure on already-established health care systems and are a cost-effective approach to providing care.

Thereby, in alignment with the thematic areas as mentioned in the Schedule VII of the Companies Act, 2013, GAIL collaborated with Wockhardt Foundation for providing 2 MMUs to the remote communities in Ballia district of Uttar Pradesh and Siaha district of Mizoram.

To evaluate the impact of the project and understand the perception of the stakeholders, GAIL (India) Limited empaneled KPMG to conduct an impact assessment study. Along with stakeholder consultations, review of documents and data provided by the team was undertaken to understand the objective and coverage of the project. Subsequent to the desk review, key performance indicators were identified and finalised, in consultation with the programme team. For the purpose of this study, OECD- DAC (Organisation for

[1] Sashakt Bharat- Sabal Bharat (Empowered and Resilient India)- Voluntary National Review: 2020

Economic Co-operation and Development- Development Assistance Committee) framework was used for developing the research tools (questionnaires for qualitative surveys) and evaluating the impact created.

As per the impact assessment, all respondents from Ballia, Uttar Pradesh reported increased access to basic healthcare facilities and other medical services, as offered by the MMUs. All of the surveyed respondents highlighted that the doctors were competent in solving their healthcare concerns and provided accurate diagnoses and treatments for them. They also stated that the medical staff was very supportive and assisted the beneficiaries in receiving the appropriate medical care for their health concerns. According to 100% of the respondents, there was an improvement in their overall health and well-being due to the intervention.

In Siaha, the interviewed stakeholder reported that the doctors were sufficient in providing adequate diagnosis and treatment to the patients as per their needs and requirements. The interviewed stakeholder also mentioned that awareness sessions were conducted among the members of the community almost all days of the week to increase the knowledge of the people of the community in healthcare issues and concerns.

100% reported an increase in their access to free medicines and 100% of the total respondents stated that the MMU have helped in saving a lot of their time, earlier spent in travelling long distances to the local PHCs/CHCs or the private hospital.

58% agreed that they have seen an improvement in the overall quality of life of the people of their communities and around 83% respondents stated that the intervention was instrumental in reducing their healthcare expenditure.

The interviewed stakeholder in Siaha also concluded that the initiative was helpful in providing basic healthcare to the communities and fulfilled the project objectives efficiently.

Further, 8% of the community members from Ballia ranked the intervention as 3, whereas the project was rated as 4 by 25% respondents and 5 by 67% of the respondents.

Lastly, the GAIL project implemented in Ballia, Uttar Pradesh and Siaha, Mizoram scored an average of 94% which is highly impactful.

1.2 Introduction

1.2.1 CSR at GAIL

GAIL (India) Limited, conferred with the status of Maharatna in 2013, is India's leading natural gas company with diversified interests across the natural gas value chain of trading, transmission, LPMG production, LNG- regasification, petrochemicals, city gas, etc. It owns and operates a network of around 14617 km of natural gas pipelines spread across the length and breadth of country. GAIL firmly believes that meeting people's needs, enhancing communities, and safeguarding the environment will ultimately determine how long progress can be sustained.

Pursuant to the provisions of the Companies Act, 2013 and rules made thereunder including the statutory modifications/ amendments from time to time as notified by the Government of India, GAIL (India) Limited earmarks two percent of its average net profit of the preceding three financial years towards achieving its CSR objectives through implementation of meaningful and sustainable CSR programmes.

1.2.2 GAIL CSR Vision

GAIL, through its CSR initiatives, will continue to enhance value creation in the society and in the community in which it operates, through its services, conduct & initiatives, so as to promote sustained growth for the society and community, in fulfillment its role as a Socially Responsible Corporate, with environmental concern.

1.2.3 GAIL CSR Objectives

- Ensure an increased commitment at all levels in the organization, to operate its business in an economically, socially & environmentally sustainable manner, while recognizing the interests of all its stakeholders.

- To directly or indirectly take up programmes that benefit the communities in & around its work centres and results, over a period of time, in enhancing the quality of life & economic well-being of the local populace.

- To generate, through its CSR initiatives, goodwill, and pride for GAIL among stakeholders and help reinforce a positive & socially responsible image of GAIL as a corporate entity.

1.2.4 About the project/programme

The right to health is a fundamental human right as well as a universal socioeconomic goal. It is essential for meeting fundamental human requirements and enhancing one's wellbeing.[2] The health of a population is an issue that affects all, whether they are lawmakers, organizations, communities, or individuals. Thus, maintaining good health is prerequisite to achieving all other optimal development results. In particular, the Global Sustainable Development Agenda places a high priority on health.

[2] https://www.oxfamindia.org/blog/15-healthcare-schemes-india-you-must-know-about

One of the biggest issues the world is currently experiencing is access to healthcare. Health care is either inadequate or overly expensive in some parts of the world. Inadequate access to healthcare can result in a variety of health issues, including communicable diseases, chronic illnesses, and even death.

Accessibility of healthcare institutions is a critical factor for achieving the health-related SDGs and universal health coverage[3]. It contributes to the attainment of other goals beyond the health goal (SDG3), including those on poverty, hunger, education, gender equality, clean water and sanitation, work, and economic growth, reducing inequality, and climate action[4].

With about 1.415 billion people, or around 17.7% of the world's population, India is the most populous nation in the world[5] Access to healthcare in the country is considered a fundamental human right, and all citizens should be able to obtain services that are "physically and financially accessible, affordable, and acceptable for all."6. But given the size and population of the nation, access to healthcare in India is a significant challenge. The Human Development Index Report 2021–2022 published by the UNDP places India 132 out of 189 nations, which illustrates the level of inadequacy in India's health sector[7].

Health is also a major determinant of a country's overall economic growth rate.[8] For Indians, poor health has also been a key contributor to poverty and financial exclusion, pushing millions of families and people into ever-deeper levels of indigence and crippling debt. The burden of disease and disability continues to be significant in India despite significant advancements and breakthroughs in the health of the country's populace over the years.[9]

Approximately 35% of India's population lives in metropolitan regions, with the remainder concentrated in rural areas.[10] Since the bulk of the population lives in rural areas, access to healthcare is limited due to a paucity of healthcare facilities in these locations. Research also points to an asymmetric access to healthcare between urban and rural India[11]. This makes the current situation of healthcare precarious due to a shortage of both human and physical resources, particularly in rural areas. In remote communities, critical illnesses frequently go undiagnosed since there are no nearby medical services. According to a study, while only 3% of serious illnesses go untreated in urban areas, the rate rises to 13% in rural areas, particularly in less developed villages.[12]. Additionally, the predicament becomes worse in rural settings for a number of reasons, including the ones listed below:

- A significant issue is an inadequacy of funds. There is often a lack of resources required to offer high-quality healthcare, and healthcare providers might not be able to afford the staff, supplies, and equipment required to deliver effective care.

- The unavailability of healthcare facilities in some parts of the country is another issue. Roads, hospitals, and clinics—essential components of an infrastructure required to

[3] Primary health care in India (who.int)
[4] Primary health care in India (who.int)
[5] https://www.worldometers.info/world-population/india-population/
[6] https://nmji.in/access-to-healthcare-among-the-empowered-action-group-eag-states-of-india-current-status-and-impeding-factors/
[7] https://www.undp.org/india/press-releases/india-ranks-132-human-development-index-global-development-stalls
[8] https://www.oxfamindia.org/blog/15-healthcare-schemes-india-you-must-know-about
[9] (2022) *Report on evolution of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana, India.* World Health Organization.
[10] https://www.worldometers.info/world-population/india-population/
[11] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4621381/
[12] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4621381/

deliver high-quality healthcare—are missing. This makes access to healthcare challenging, even if the necessary facilities are available.

- Only a small percentage of the population in India has access to the public healthcare system, which has been mainly privatized. This indicates that a large number of people are unable to afford private treatment.

- People may also be unable to receive the healthcare they require due to cultural and social barriers. Some might not recognize the advantages of medical care or be dependent on traditional healers, while certain communities may be hesitant to seek medical assistance.

In the backdrop of National Health Mission, India has observed substantial increase in the health institutions, especially in the rural areas. Between 2005-2022, 24935 new PHCs, 5480 CHCs, 157935 Subcenters were established in rural areas[13].

It must be noted that basis the government health policy, there must be one health sub centre per a population of 3000 to 5000, at least one public health centre for a population between 20,000 and 30,000 and at least one community health centre per a population between 80,000 and 120,000. According to the National Health Mission Rural Health Statistics 2021-2022, Uttar Pradesh has 20781 Sub-Centres (SCs), 2919 Primary Health Centres (PHCs) and 829 Community Health Centres (CHCs).[14] In Mizoram, there were 370 Sub-Centres and Health and Wellness Centre-Sub Centres (SCs and HWC-SCs), 59 Primary Health Centres + Health and Wellness Centre-Primary Health Centres (PHCs and HWC-PHCs) and 9 Community Health Centres (CHCs).[15]

Further, Rural Health Statistics 2021-22 released by the Health Ministry showed that across rural and urban areas, there is a 3% shortfall of doctors at Primary Health Centres and a 17.8% shortfall of pharmacists at Primary and Community Health Centres.[16]

In a step towards improving access to affordable and timely healthcare, GAIL (India) Limited, in alignment with its CSR ambitions, collaborated with Wockhardt Foundation in 2019 to develop and implement Project Arogya. The project's goal was to deploy Mobile Medical Units (MMUs) to remote communities Ballia, Uttar Pradesh and Siaha, Mizoram, to provide basic healthcare services and other facilities related to awareness, medications, and remedies.

For those who cannot conveniently get to a hospital or clinic, mobile medical units (MMUs) offer access to medical care. In disadvantaged rural, suburban, and urban communities without access to healthcare, MMUs open temporary facilities. MMUs generally have a doctor, a nurse practitioner, a nurse on staff and a driver and they offer a range of medical services, such as vaccinations, preventative care and diagnosis, and treatment for acute and chronic illnesses. They can reduce the pressure on already-established health care systems and are a cost-effective approach to providing care.

The project was implemented in the time period of August 29, 2019, to March 31, 2021. The MMUs follow a weekly roster that is mutually agreed upon by the GAIL CSR team

[13] https://main.mohfw.gov.in/sites/default/files/RHS%202021%2022.pdf
[14] https://main.mohfw.gov.in/sites/default/files/RHS%202021%2022.pdf
[15] https://main.mohfw.gov.in/sites/default/files/Final%20RHS%202018-19_0.pdf
[16] https://main.mohfw.gov.in/sites/default/files/RHS%202021%2022.pdf

and the work centres. The agenda of the MMUs can be broadly classified into two major components, shown as follows:

1. **ADC Formula**

Awareness (A)	Diagnosis (D)	Cure (C)
• Hygienic sanitation • Hygienic water consumption • Mother and child healthcare • Immunization • Anemia • De-worming • Vector-borne diseases • Hepatitis • Typhoid • Common cardiac problem • HIV • Diabetes • Snake bites • Tuberculosis	• Blood Pressure • Hemoglobin levels • Oxygen saturation • Malaria • Hepatitis • Dengue • Typhoid • Diabetes	• Medicines • Nutritional supplements • De-worming

Table 1: ADC formula followed by GAIL MMUs

2. **Sanitary napkin distribution:** GAIL contributed financially to the provision of Moksha (low-cost sanitary napkins without wings) for free to menstruation women and girls visiting MMUs during their travels to their respective villages. An annual distribution of 4975 packs of sanitary napkins was settled upon, with no explicit constraints in place if the numbers exceeded the set value.

1.3 About the Implementing Agency

Wockhardt Foundation is a not-for-profit organization that is focused on creating a lasting social impact in India. Founded in 2008, the foundation works to provide health care, education, and nutrition support to underprivileged communities across the country.

The Wockhardt Foundation works in partnership with local communities, public and private sector organizations, and non-governmental organizations to identify and implement sustainable solutions to social issues. The foundation works towards its mission through a holistic approach that combines community-based initiatives with advocacy and policy reform at the state and national levels.

The Wockhardt Foundation offers a range of healthcare services in India, including primary healthcare, emergency services, and health education. They also provide free vaccinations and health screenings, as well as access to specialist care. Wockhardt Foundation works to ensure that all people, regardless of socio-economic status, have access to quality healthcare. The Foundation has a strong focus on preventive healthcare and preventive hygiene measures. They have set up a number of health camps in rural areas, where they provide basic health check-ups and educational

programs to the local community. Wockhardt Foundation also works with local governments, communities, and other organizations to ensure that the healthcare needs of the poor are met.

In addition to providing healthcare, the Wockhardt Foundation also focuses on improving the quality of life for those that are underserved. They work to address poverty and inequality through a range of initiatives, such as education, vocational training, and employment opportunities.

Through their efforts, the Wockhardt Foundation has managed to make a significant impact on the health and wellbeing of the people of India. They have helped to reduce the incidence of diseases such as malaria, tuberculosis, and HIV/AIDS, and have improved the living conditions of many people in rural areas.

The Wockhardt Foundation strives to create a positive, lasting impact in India by providing access to essential services and resources. Through its efforts, the foundation is helping to create a healthier, more prosperous India.[17]

1.4 Methodology and Approach

GAIL has been implementing successful CSR initiatives based on community needs. A third-party evaluation of the results attained is essential given the dynamic nature of the social development programmes deployed. This impact assessment aims to explain what has been done well and what can be done moving forward. It will not only assist in determining the significance of the project, including the efficiency of project design and interventions, sustainability of results, and impact of the intervention on the target community, but it will also provide guidance for expanding or replicating the successful initiatives while redesigning or ending the projects/initiatives that were unable to have the intended impact.

The impact assessment is intended to provide key insights on the following questions:

[17] wockhardtfoundation.org

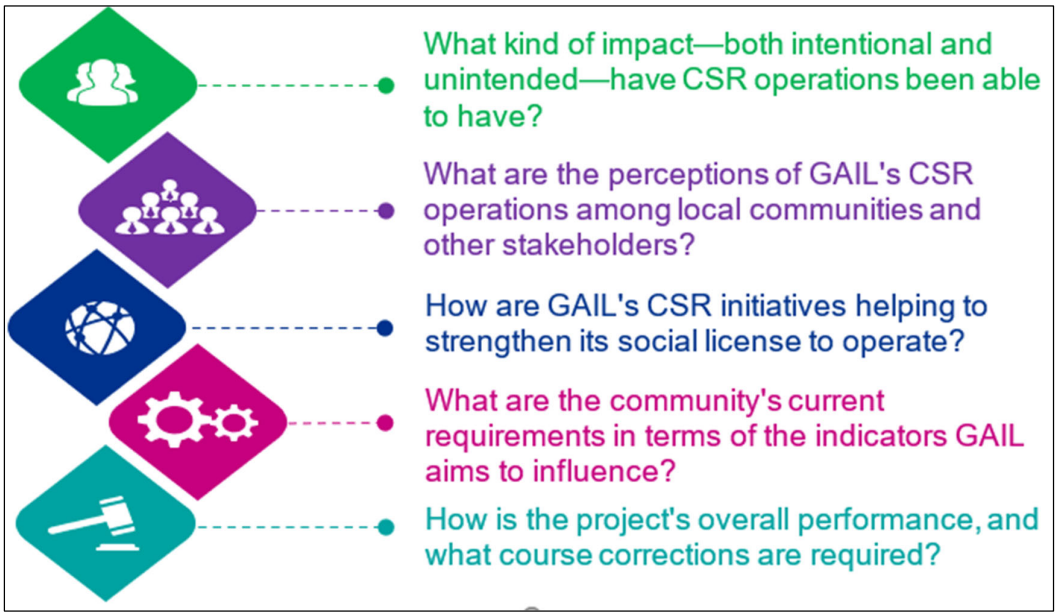

Figure 1: Research questions

The study was conducted through a combination of qualitative and quantitative data collection techniques. These include in-depth interviews and focus group discussions with beneficiaries and key stakeholders, as well as secondary research in the relevant thematic areas for a baseline perspective.

1.4.1 OECD DAC: Evaluation Criteria

Given the fundamental approach for conducting an impact study, the OECD-DAC (Development Assistance Committee) Evaluation Network's framework is well regarded for assessing the efficacy of development programmes. In response to the need for a method through which bilateral development agencies could monitor the financing supplied to multilateral organisations for various development initiatives, the DAC Evaluation Network developed a set of evaluation criteria for measuring the performance of any development project (UNICEF, 2012).

In 1991, the OECD Development Assistance Committee (DAC) devised the criteria for assessing international development cooperation. They are now widely used beyond the DAC and have established themselves as a cornerstone of evaluation methodology. These standards have routinely been used for international donors, including UN agencies (OECD, 2020).

The OECD DAC Network has identified six evaluation criteria and two principles for their application: relevance, coherence, effectiveness, efficiency, impact, and sustainability. These criteria are meant to help facilitate evaluations. They were revised in 2019 to improve the accuracy and utility of assessment and to strengthen evaluation's contribution to sustainable development (OECD, 2020).

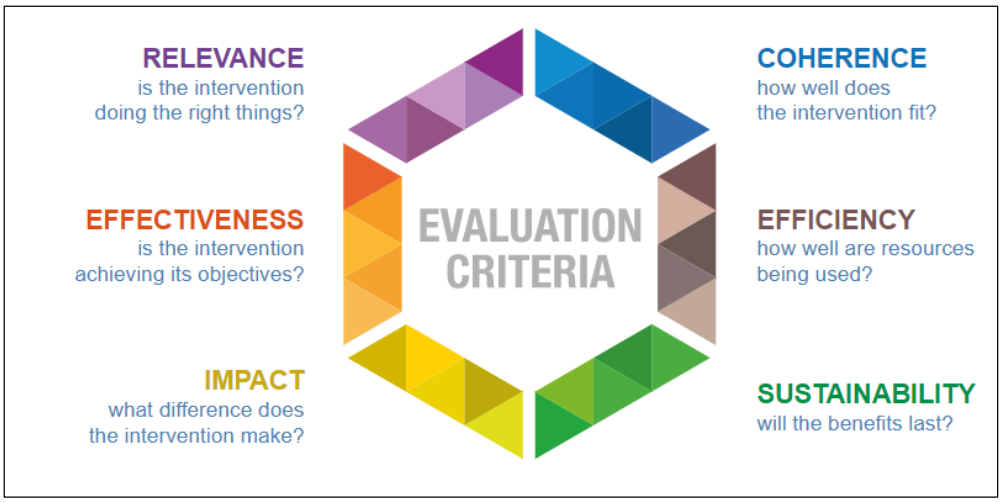

Figure 2: OECD DAC Evaluation Criteria

1.4.2 Geographical Scope

The impact assessment for this project covered 2 states and 2 districts.

	State	Districts
Under GAIL's CSR initiative	Uttar Pradesh	Ballia
	Mizoram	Siaha

Table 2: Geographical Scope

1.4.3 Sampling Strategy

The sample size for this study has been calculated using purposive sampling methodology. Out of the total population, a sample size of 40 was chosen for Uttar Pradesh and Mizoram each, for the study. This was done keeping in mind the beneficiary spread as well as collecting data from diverse stakeholders. The sample size covered for the study was 14, due to the unavailability of beneficiaries at the time of the field visit in Ballia, UP and 1 from Mizoram, due to the discontinued services of the GAIL MMUs in Siaha in the current FY, during which the data collection was conducted. Duplication of responses were also avoided to ensure opinion of all stakeholders is covered adequately.

1.4.4 Sample Coverage

An actual sample of 14 was covered in Ballia, Uttar Pradesh and 1 stakeholder was interviewed in Siaha, Mizoram. The sample is divided among beneficiaries (patients from

the communities) and doctors and other medical staff of the MMUs in Uttarakhand and the CMO, District Siaha during the time of implementation in Mizoram.

1.4.5 Data Collection and Analysis

KPMG carried out the data collection exercise virtually with assistance from GAIL CSR SPOCS in Ballia, Uttar Pradesh and Siaha, Mizoram.

In-depth interviews were conducted with the relevant stakeholders, with the help of pre-designed questionnaires, through field visit to the MMU Van in Ballia and virtual data collection in Siaha. The data was later updated and translated into excel sheets. Following data collection and cleaning, the data was analysed, and the outcomes were utilised to assess the project's impact.

1.4.6 Stakeholder Map

Stakeholders play an imperative role in project implementation on the ground. Stakeholder involvement can offer insightful information that aids in making critical decisions for the organisation. They can aid in designing improved guidelines, processes, and systems, as well as future communications and plans. Institutions and stakeholders taking part in the exercise include:

Project	Type of Stakeholder	Number of stakeholders
Project Arogya- (i) Support for operation of 1 MMU in Ballia, UP (FY 19-20 & 20-21) (ii) Support for operation of 1 MMU in Siaha Dist., Mizoram (FY 19-20 & 20-21)	Doctors of the MMU Van	1
	Pharmacist/Nurse of the MMU Van	1
	GAIL CSR Project SPoC	1
	Implementing Agency SPOC	1
	Chief Medical Officer, Siaha	1

Table 3: Stakeholders involved in the sampling

1.4.7 Impact Map

Thematic Area	Location	Project Name	Implementing Agency	Overall Objective	Key Activities	Key Outputs	Key Outcomes	Impact
Promoting preventive healthcare and sanitation [Item no. (i), Schedule VII of Companies Act, 2013]	Ballia, Uttar Pradesh Siaha, Mizoram	**Project 24:** Project Arogya- (i) Support for operation of 1 MMU in Ballia, UP (FY 19-20 & 20-21) (ii) Support for operation of 1 MMU in Siaha Dist., Mizoram (FY 19-20 & 20-21)	Wockhardt Foundation	Provision of basic free healthcare services to under privileged segment with limited access to the established public Health Care system through Mobile Medical Units	The MMU shall provide basic healthcare services and offer the following services based on ADC formula: **1. Awareness:** Hygienic Sanitation, Hygienic Water Consumption, Mother & Child Health Care, Immunization, Anemia, De-Worming, Vector Borne Diseases, Hepatitis, Typhoid, Common Cardiac Problems, HIV, Diabetes, Snake Bite, Tuberculosis **2. Diagnosis:** BP, Hb, Oxygen, other basic diseases **3. Cure:** Medicines, nutritional supplements, de-worming Additionally, sanitary napkins (Moksha) will be distributed.	• Number of health volunteers • Number of awareness sessions conducted • Number of patients diagnosed with various diseases • Number of patients provided with medicines/ nutritional supplements • Number of patients provided with medical consultations • Number of women who received sanitary napkins	• Percentage beneficiaries reporting increased/ improved access to basic healthcare services • Percentage beneficiaries reporting improved awareness around hygienic and healthy practices • Percentage beneficiaries reporting reduction in medical expenditure • Percentage women reporting improved access to sanitary napkins	Increased and improved access to free and basic healthcare services by under-privileged and under- served segments of the society.

Table 4: Impact map from the project

1.5 Scoring Matrix

A scoring guideline was designed where OECD DAC parameters were scored and bundled basis our understanding of the project and availability of information. Weights were assigned to the bundled OECD DAC parameters. Also, a parameter on branding was included to understand the community's awareness on the project. Various components within the parameters have been assigned scores. Weights and scores have been used to compute the overall score for each district.

The following scoring matrix was developed to rate the performance of the projects across districts:

OECD Parameters	Indicators	Weightage	Combined Weightage
Relevance	Needs Assessment Report	20%	W1: 40%
	Relevance to target beneficiaries	50%	
	Alignment to SDGs	30%	
Coherence	Alignment with national policy	50%	
	Alignment with GAIL CSR policy	50%	
Efficiency	Timeline Adherence: Project Completion	40%	W2: 40%
	Duplication	20%	
	Adherence: Budget	40%	
Effectiveness	Identification of problem	25%	
	Process driven implementation strategy	25%	
	Qualified implementation team	25%	
	Targeted beneficiaries	25%	
Impact	Improvement in their health and illness post-intervention	25%	
	Reduction in expenditure on health post-intervention	25%	
	Increase in their awareness regarding the topics covered in the awareness sessions conducted by the MMUs	25%	
	Relevance of the project in providing them with free medicines and timely treatment	25%	
Branding	Visibility (visible/word of mouth)	100%	W3: 10%
Sustainability	Sustainability Mechanism, Convergence	100%	W4: 10%
Score= W1*Average (Relevance, Coherence) + W2*Average (Efficiency, Effectiveness, Impact) + W3* (Branding) + W4* (Sustainability)			

Table 5: Scoring Matrix

1.6 Impact Assessment

1.6.1 Relevance of Intervention

Relevance is a measure of how much the intervention objectives and design respond to the needs, beliefs, and priorities of the beneficiaries and continue to do so even if circumstances change.

Relevance measures how effectively a programme is aligned with the goals and policies of the Government in which it is implemented. It also aims to know if the programme is relevant to the needs of the beneficiaries. The program's relevance is understood in this context in terms of community needs as well as linkages to existing Government operations.

Due to the vast population residing in the rural areas as well as due to inadequacy of healthcare facilities in such areas, people often do not have access to affordable and timely healthcare services. According to the World Health Organization's Global Health Expenditure database, India's out-of-pocket expenditure as a percentage of total health expenditure was 54.78% in 2019.[18] This reduces the quality of life for people living in rural areas. Such remote communities also lack the infrastructure to support the availability of healthcare in their villages, as well as medicines.

Furthermore, people in such disadvantaged communities are often unaware of a variety of common illnesses such as diabetes, hypertension, fungal infections, water-borne diseases, etc. These challenges place a significant burden on the country's existing healthcare system, necessitating an increase in both initiative and investment to improve healthcare outreach to the most remote parts of the country.

The aim of the project was to deploy Mobile Medical Units (MMUs) to deliver basic free healthcare services to underprivileged groups with little to no access to the existing public health care system. The priorities of the MMUs are to provide basic healthcare services as well as other services related to awareness, medicines, and cures. This project's implementation aided in covering the gaps created in the community due to the lack of availability of a profound healthcare system as well as reducing the pressure on already-established health-care systems and providing a cost-effective approach to healthcare. 92% of the respondents interviewed deemed this project as relevant to the needs of the community and reported that the intervention was successful in providing necessary, convenient, and affordable healthcare facilities to their local vicinity.

1.6.2 Coherence of Intervention

Coherence refers to the compatibility of the intervention with other interventions in a country, sector, or institution.

It measures the extent to which other interventions (particularly policies) support or undermine the intervention, and vice versa.

[18] https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS

I. Alignment of the programme with National Priorities - Sustainable Development Goals (SDGs)

The Sustainable Development Goals (SDGs), commonly recognized as the global goals, were established in 2015 by all United Nations members with the purpose of eradicating poverty, protecting the environment, and ensuring that everyone lives in peace and prosperity by 2030. India was a significant contributor to the development of the SDGs and is committed to achieving them by 2030.

SDG Goal	Target	Sub-targets[19]	Relevance
GOAL 3	***Good Health and Well-Being***	***Target 3.8**: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality, and affordable essential medicines and vaccines for all*	The programme aimed to improve access to healthcare service and generate awareness on key health issues in the community.
GOAL 10	***Reduced Inequalities***	***Target 10.2**: By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status*	The programme aimed at improving access to healthcare facilities for disadvantaged and remote communities. It also aimed at generating awareness among the communities related to various healthcare issues.

Table 6: Associated SDG Goals

II. Coherence with national priorities:

The project is further aligned with the national and state government goals, policies, and initiatives, as listed below:

[19] https://sustainabledevelopment.un.org/topics/sustainabledevelopmentgoals

Project	Description
Ayushman Bharat Yojana	Ayushman Bharat Yojana is a Government of India initiative launched by Prime Minister Narendra Modi in 2018. The scheme is aimed at providing health insurance cover of up to Rs. 5 lakh per family per year to over 10 crore poor families belonging to the Economically Weaker Sections and the vulnerable sections of the society. It is the world's largest health insurance scheme and is expected to benefit over 500 million people. Under Ayushman Bharat Yojana, the government is providing free health care services to the beneficiaries through a network of over 1.5 lakh Empaneled Health Care Providers (EHCPs). These EHCPs include public and private hospitals, nursing homes and diagnostic centres. The scheme also covers pre and post hospitalization expenses and also covers expenses incurred on medicines. Ayushman Bharat Yojana also provides incentives to the EHCPs for providing quality health care services to the beneficiaries. The government has also set up a dedicated call centre to assist the beneficiaries in availing the services under the scheme. The scheme was launched with an aim to reduce the financial burden on the poor and vulnerable due to high cost of medical treatment. It is expected that the scheme will provide much needed relief to the poor and vulnerable sections of the society and will help them access quality health care services.[20]
Pradhan Mantri Bhartiya Janaushadhi Pariyojana	Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) is a Government of India program launched in 2015 to provide quality medicines at affordable prices to the citizens of India. The program is aimed at making generic drugs available to all at affordable prices. The program is managed by the Bureau of Pharma PSUs of India (BPPI), which is a registered society set up by the Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers, Government of India. The program has established Jan Aushadhi Stores, which are generic drug stores located in the public health care systems. These stores are owned and

[20] https://www.mohfw.gov.in/

	operated by the BPPI and offer generic drugs that are approved by the Drugs Controller General of India (DCGI). These stores provide a range of generic drugs that are of high quality and are much cheaper than their branded counterparts. The program also offers free health camps and awareness programs to educate people about generic drugs and their potential benefits. The PMBJP is an important program for the Government of India as it is estimated that it can save up to Rs. 15,000 crore of public money per year. Additionally, the program is helping to reduce the cost of medicines for millions of people in India. The program has been very successful since its inception and has so far established over 5,000 Jan Aushadhi Stores across the country. The program is also being expanded to include other health care services such as diagnostic services, vaccinations, and blood tests.[21]

Table 7: Associated National Policies and Schemes

1.6.3 Effectiveness of Intervention

Effectiveness is defined as an assessment of the factors influencing progress toward outcomes for each stakeholder as well as validation of the robustness of systems and processes.

It aids in ensuring that the implementation and monitoring processes are sturdy in order to achieve the greatest possible social impact. The efficacy of the programme is established by examining how well the program's activities were carried out as well as the efficiency with which the program's systems and processes were implemented.

The project's goal was to provide financial and supervisory aid towards the deployment of MMU vans for the provision of basic healthcare facilities and awareness creation in the disadvantaged and remote communities in the districts of Ballia, Uttar Pradesh and Siaha, Mizoram. Therefore, to successfully attain these outcomes, the project adopted the following measures:

I. **Identification of the problem**: The primary goal of the project was to provide MMUs in remote communities to provide access to basic healthcare, awareness, diagnosis, and treatment of the health concerns of the beneficiaries. To be able to deliver the best results identified for the communities and stakeholders involved, the issue was identified by GAIL, and the project was effectively developed accordingly. GAIL local work centers play an important role in

[21] https://www.mohfw.gov.in/

proposing the geographies to be covered since they have better understanding of the local issues.

II. **Process driven implementation strategy**: The project employed a process-driven implementation strategy that includes fundamental market research to ensure a context-specific initiative, standardised activities with a set timeframe to assure quality, and pre-determined KPIs to ensure consistency.

III. **Qualified implementation team**- GAIL along with the implementing partner, i.e., the Wockhardt Foundation team were instrumental in providing a qualified team with previous expertise to overlook the execution of the project. This contributed to the preservation of implementation quality and provided prompt assistance to the intended beneficiaries. During our interaction with the MMU staff, it was found that all the professionals were well qualified as per government norms and standards for their respective roles.

IV. **Targeted beneficiaries**- The aim of the project was to provide people living in isolated communities with access to basic healthcare facilities. The MMUs deployed fulfill the goal of delivering healthcare to those who do not have convenient access to healthcare institutions for a variety of reasons such as distance, financial support, awareness, etc. The project was successful in achieving its objectives because it was able to provide the necessary outreach of healthcare services to the intended beneficiaries, i.e., remote and disadvantaged communities, and it was also successful in raising awareness about healthcare issues, diagnosing and curing various illnesses, and distributing sanitary napkins at low cost to menstruating women.

1.6.4 Efficiency of Intervention

The efficiency criterion seeks to determine whether the project was completed in a cost-effective and timely way.

The purpose is to establish whether the inputs—funds, knowledge, time, etc.—were effectively employed to create the intervention outcomes. This evaluation criterion attempts to determine whether the programme was completed on schedule and within budget.

The project has been efficiently implemented in the districts of Ballia, Uttar Pradesh and Siaha, Mizoram with the support of key stakeholders.

I. ***Timeliness of delivery or implementation of project interventions***
The programme was implemented within the given time period by GAIL with implementation support from the Wockhardt Foundation team in the target district. Wockhardt Foundation submitted regular programme progress reports along with fund utilization statements, highlighting the activities undertaken during the month, expenses incurred under each head and reasons for deviation from the same (if any).

II. ***Cost efficiency of project activities***
Interaction with the GAIL CSR team members also revealed that there was no budget overflow and that all the activities were successfully carried out within the allotted budget. Payment milestones were clearly defined as such, and interventions were implemented in the districts in consultation with the key stakeholders.

III. ***Duplication/ overlap of project activities***
Duplication of effort arises when similar interventions are needlessly undertaken within the same community/ location due to poor knowledge management and inadequate coordination of projects, thereby resulting in fund and resource inefficiency. In this case, the target communities did not have any prior affordable and timely access to healthcare facilities. Furthermore, they lacked the necessary infrastructure, like as roads, clinics, and so on, to facilitate the availability of healthcare in their villages. As a result, the MMUs provided by GAIL under this project were necessary for the intended beneficiaries and there was no overlap or duplication of project activities in the area.

1.6.5 Sustainability of Intervention

Sustainability assesses how well the programme secures the long-term viability of its outcomes and influence.

The continuation of a positive effect after development or aid has stopped is referred to as sustainability. This evaluation criterion contains key elements concerning the likelihood of continuous long-term benefits and risk tolerance. To achieve sustainability, a governing framework, financial model, and operating system must be established.

The project was successfully completed by the implementing agency, i.e., Wockhardt Foundation in a timely and cost-effective manner. Other than providing the MMU vehicle, GAIL has also provided financial assistance for medical equipment, medicines and sanitary napkins for distribution in the community. Further the implementing agency has also looked after the regular maintenance of the vehicles, with financial aid from GAIL, to ensure the continued positive impact of the intervention in the target communities in Ballia, Uttar Pradesh.

In Siaha, Mizoram, the project was successful in imparting knowledge and awareness among the people of the communities regarding the prevalent diseases and ailments and the correct diagnoses and medicines for the same. Now, the beneficiaries are better equipped in dealing with their healthcare issues due to the increase in their awareness and are able to reach out to various other facilities like public healthcare centres, private hospitals for any additional support required.

1.6.6 Branding

Figure 3: GAIL branding on MMU van in Ballia, UP

The MMU vans showcase adequate branding and visibility of GAIL (India) Limited. During the visit, the vans were seen to have a stamp of the GAIL brand on the sides of the vehicles. Additional GAIL branding has been provided in the name of the MMUs they are called the GAIL-MMUs to emphasize that the project is being provided for by GAIL (India) Limited.

1.6.7 Impact of Intervention

Impact has been measured in terms of the proportion of respondents who reported having a significant change in their lives due to the initiation of the project. The goal of measuring the impact is to determine the project's primary or secondary long-term impacts. This could be direct or indirect, intentional, or unintentional. The unintended consequences of an intervention can be favourable or harmful.

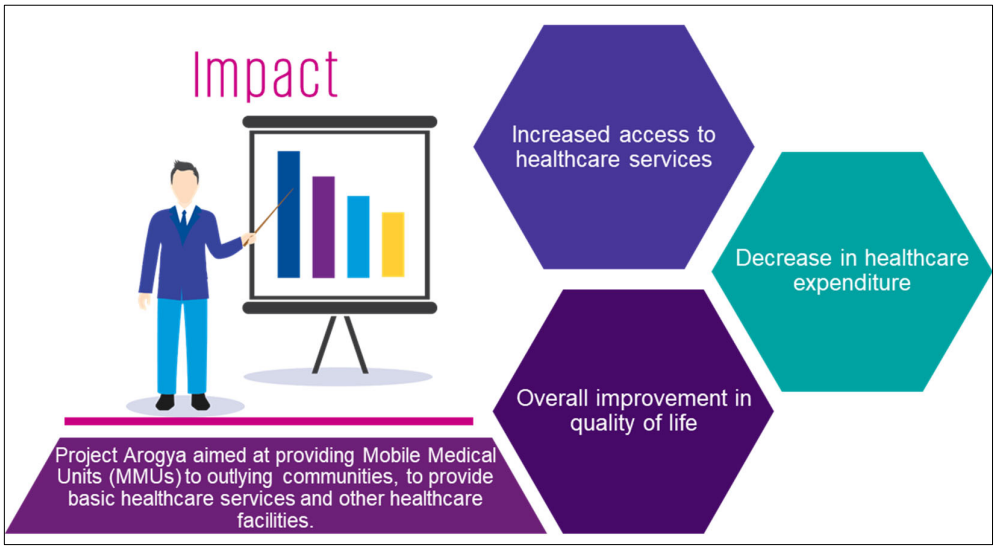

Figure 4: Impact of Project Arogya

1.6.7.1 *Increased access to healthcare services*

Access to health care institutions and facilities impacts every aspect of a human being. Access to health care institutions and facilities leads to better health outcome of a communities, yet rural communities face various challenges in accessing the facilities. Accessibility of healthcare institutions is a critical factor for achieving the health-related SDGs and also universal health coverage[22]. It contributes to the attainment of other goals beyond the health goal (SDG3), including those on poverty, hunger, education, gender equality, clean water and sanitation, work and economic growth, reducing inequality, and climate action[23].

Prior to the intervention, the remote communities faced a number of issues that kept them out of reach of healthcare facilities.

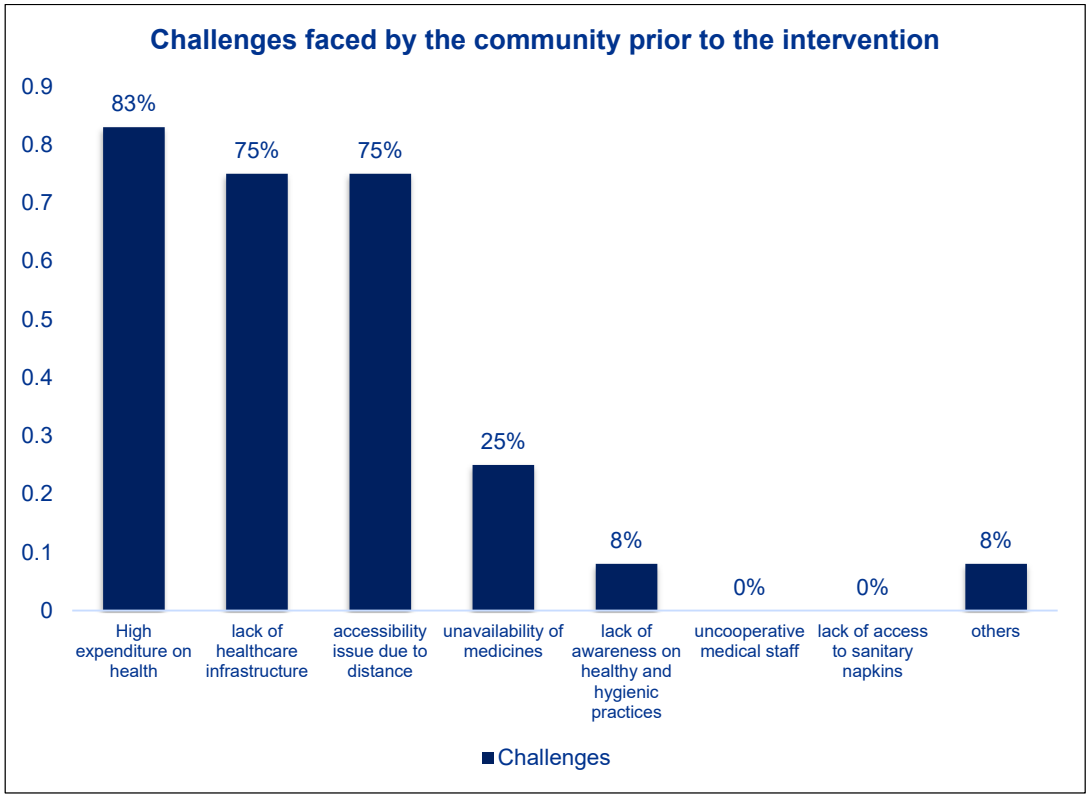

Figure 5: Challenges faced by the community prior to the intervention

The most challenging aspects, as per the respondents, were the high expenditure on healthcare (83%), lack of healthcare infrastructure (75%), lack of accessibility due to distance (75%), lack of awareness on healthy and hygienic practices (8%) and others

[22] Primary health care in India (who.int)
[23] Primary health care in India (who.int)

(7%). These factors contributed majorly to the lack of access to healthcare and related services in the target communities.

Prior to the availability of MMUs in the district of Ballia, the respondents stated that they either visited a healthcare institution like the local PHC/CHC and private hospitals/clinics or they preferred self-medication or visiting the village quack when they required quick medication.

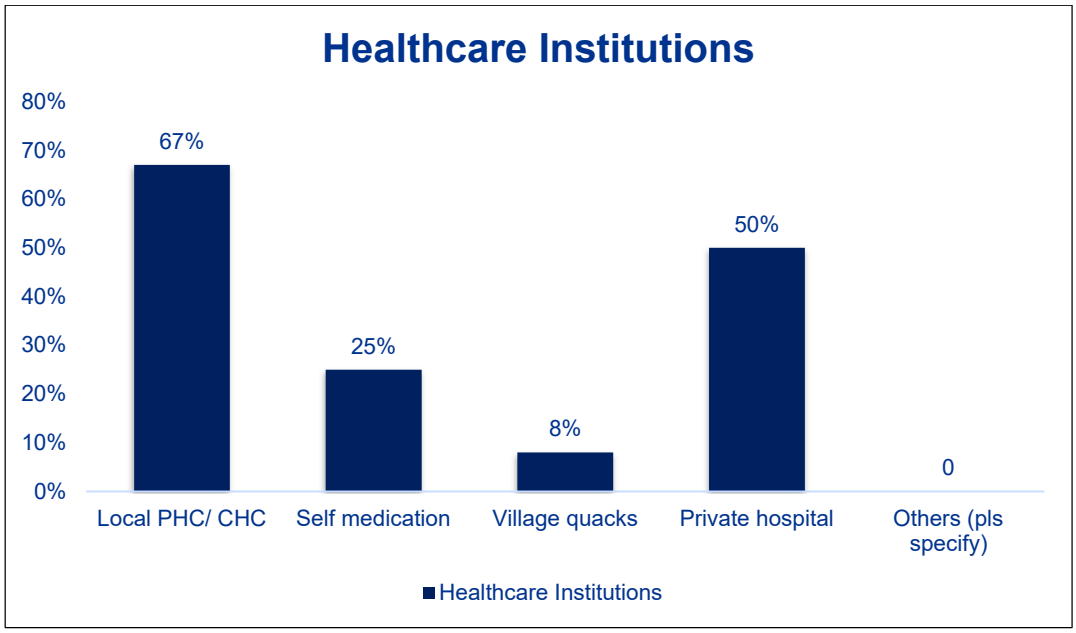

Figure 6: Healthcare institutions visited by respondents prior to the intervention

Prior to the intervention, all of the respondents from Ballia Uttar Pradesh stated that they used to travel between 1 and 10 kilometers to visit the healthcare facilities that were nearest to their villages. Therefore, the respondents mentioned that the distance they had to travel to reach the closest PHCs/CHCs was a problem for them.

By deploying MMUs to the target communities, Project Arogya intended to provide the necessary access in order to address these pertinent issues in the community. The MMUs were useful in giving the people of the communities a way to receive needed essential healthcare. The deployed MMUs helped in curbing the problem of distance as well, as the MMU travelled to the villages in Ballia, Uttar Pradesh and Siaha, Mizoram and provided the needed medical care to rural populations in the target communities that are otherwise deprived of quality healthcare. 100% of respondents agreed, stating that MMU have helped in saving a lot of their time, earlier spent in travelling long distances to the local PHCs/CHCs or the private hospital. This intervention has made access to healthcare much easier and more convenient by bringing healthcare facilities to the doorstep of their villages.

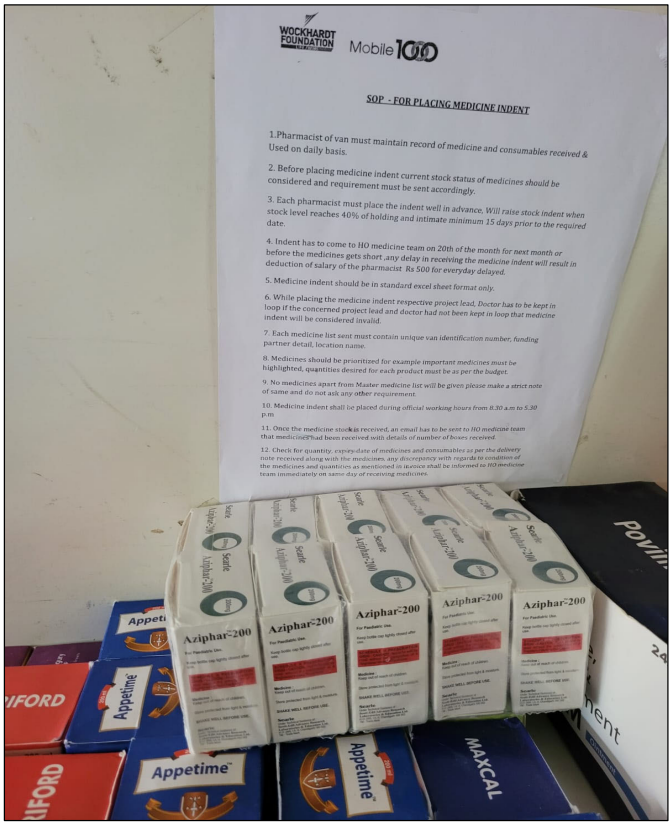

Figure 7: Medicines available in the MMU and the guidelines for medicine distribution

The respondents of Ballia also expressed the challenge of the lack of healthcare infrastructure in the local vicinity of their villages. This posed a challenge because this pushed them to either travel long distances to get access to PHCs/CHCs and private hospitals or turn to self-medication or the village quack. To curb this challenge, the intervention helped in bringing healthcare facilities and services to the villages themselves, hence solving the issue of access to infrastructure and formal medical facilities. The MMU van is fully equipped to provide the required medical care to the people of the target communities. These vans are typically outfitted with the necessary equipment, such as examination tables, bedside cabinets, computers, and other medical devices.

Approximately 92% of the respondents from Ballia said they considered the intervention was pertinent to the needs of the community and was able to fill the healthcare gap in their villages. The remaining respondents stated that they thought the project was relevant, but they expressed the need for the MMU to be available on a more frequent basis. They also called for more assistance in terms of the availability of medications (aside from the already-available tablets, ointments, and oils) for a variety of other diseases and illnesses that are not currently available from the MMU. In terms of the number of diseases that the MMUs should treat and supply medications for, they likewise stressed the need for greater coverage.

After the intervention, the respondents from Ballia also reported that the intervention has been impactful in improving timely access to healthcare services by visiting the disadvantaged remote communities who otherwise lacked access to such

Figure 8: Medical equipment in the MMU

facilities at the time of requirement due to issues related to distance to be travelled, costs involved or unavailability of cooperative medical personnel. 100% of the respondents stated that every time the MMU visited their villages, the doctor and other medical personnel were always available and offered prompt diagnoses, treatments, and medications. They were able to acquire free medicines for their ailments and receive follow-up health checks to guarantee a healthy recovery owing to the weekly visits to the villages.

According to the interviewed stakeholders, the MMUs in Siaha, Mizoram covered two villages per day, covering approximately 60 to 70 patients and each village on the planned route map was visited at least twice per month. The interviewed stakeholders reported that the doctors were sufficient in providing adequate diagnosis and treatment to the patients as per their needs and requirements and were also skilled in conducting lab tests for blood samples for diabetes, hemoglobin, etc.

The respondents from Ballia also reported that the doctors were competent in solving their healthcare concerns and provided accurate diagnoses and treatments for them. They also stated that the medical staff was very supportive and assisted the beneficiaries in receiving the appropriate medical care for their health concerns.

Figure 9: The interior of the MMU van

100% of the respondents from Ballia reported that the MMU was successful in providing proper availability of medicines for the communities. According to them, the most common ailments for which they have sought medication from the MMU are cold and cough, viral fever, accident, abdominal pain, blisters, eye infections, muscle pains, kidney stone, routine checkups and deficiencies. These medications have been made available to the beneficiaries free of cost, which has helped them in reducing their expenditure on healthcare.

The doctor and pharmacist interviewed in Ballia stated that on an average, they treat and diagnose about 70 to 80 patients in a day and the MMU follows a route plan that covers all the villages of the Ballia district over 6 days in a week. They also mentioned that they have experienced an increase in the number of patients visiting the MMU since the inception of the project.

In Siaha, the interviewed stakeholder mentioned that the pharmacist of the MMU vans was given the task of providing a list of medicines required, as per the diseases faced by the people of the village visited by the MMU vans. Medicines were provided to the MMUs at the beginning of each month according to the given list.

The MMU also held awareness sessions on a variety of diseases and illnesses prevalent in such geographical areas, but the respondents interviewed were not able to attend

those sessions due to time issues and expressed their interest in availing these sessions to increase their knowledge and awareness related to healthcare in the future.

The project has been successful in providing access to quality care for many health issues that are common in rural areas, including infectious diseases, malnutrition, hypertension and diabetes. In addition, the intervention has provided access to specialized services such as vaccinations, antenatal care and family planning. The availability of the MMU has been crucial in helping to bridge the gap in access to healthcare services in remote and rural areas. These mobile medical units can provide medical care to individuals who may not be able to access a traditional healthcare facility. In addition, they can also serve as a bridge between existing healthcare facilities and remote communities, providing individuals with a convenient way to access the care they need.

Talking about the challenges of the project, the doctor and pharmacist interviewed pointed out that the medicines available at the MMU are prone to mismanagement at times. This is because the number of patients visiting the MMU are far more than the medicines that are provided to them. This creates a disbalance in the supply and demand of medicines and creates challenges for the medical staff of the MMU in efficiently catering to the patients visiting the MMU.

1.6.7.2 Decrease in healthcare expenditure

Out-of-pocket expenditures are expenditures directly made by households at the point of receiving healthcare. This indicates the extent of financial protection available for households towards healthcare payments[24]. In India, the average out-of-pocket spending is projected to be INR 2097[25].

Figure 10: Beneficiaries at the MMU Van in Ballia, Uttar Pradesh

Prior to the intervention, the most challenging aspect of access to healthcare for the respondents was high expenditure on healthcare, with about 83% of the respondents from Ballia stating that the high expenditure of healthcare prevented them from accessing it and thus, hindered their overall well-being. The expenditure, as reported by the respondents, ranged from INR 500 to 10,000, depending on the type of illnesses and the medicines required for their treatment. This was one of the major factors that hampered the access to the required healthcare services. The use of MMUs in Project Arogya has also been instrumental in reducing healthcare costs. These mobile units are equipped with the latest medical equipment, which helps reduce the cost of providing healthcare services. Furthermore, they are staffed with qualified healthcare

[24] Financial protection (who.int)
[25] Source: NFHS 5

professionals, who are able to provide services free of cost to the community. This significantly reduces the overall cost of providing healthcare services, which in turn helps to reduce healthcare expenditure.

By providing medical care to these targeted areas, the intervention has been able to reduce the number of people who have to travel long distances for medical care. This has also resulted in savings in terms of healthcare expenditure.

Post the intervention, 92% of the respondents from Ballia reported a considerable reduction in expenditure on healthcare. According to them, now they were spending around INR 0 to 1000 on their medical treatments, which is a substantial decrease from the spending range before the intervention. The rest of the respondents did not report a substantial decrease in their overall expenditure because they were either not spending a considerable amount on medical treatments prior to the intervention or they were not able to access the services of the MMU due to a mismatch between the visiting days of the MMU and their own availability.

83% of the total respondents stated that due to the intervention, they have seen a reduction in their expenditure on medical bills and other healthcare facilities.

1.6.7.3 Overall improvement in quality of life

Mobile medical units have had a significant positive impact on the quality of life of rural people. These units are designed to bring much-needed medical care to rural areas where access to traditional healthcare services is limited or non-existent. Through the use of mobile medical units, rural communities are able to receive medical care on their own terms, without having to travel long distances or wait for an appointment. With mobile medical units, doctors can travel from village to village and provide a variety of services, including basic medical screenings, vaccinations, laboratory tests, and other primary care services on a defined Journey Cycle Plan.

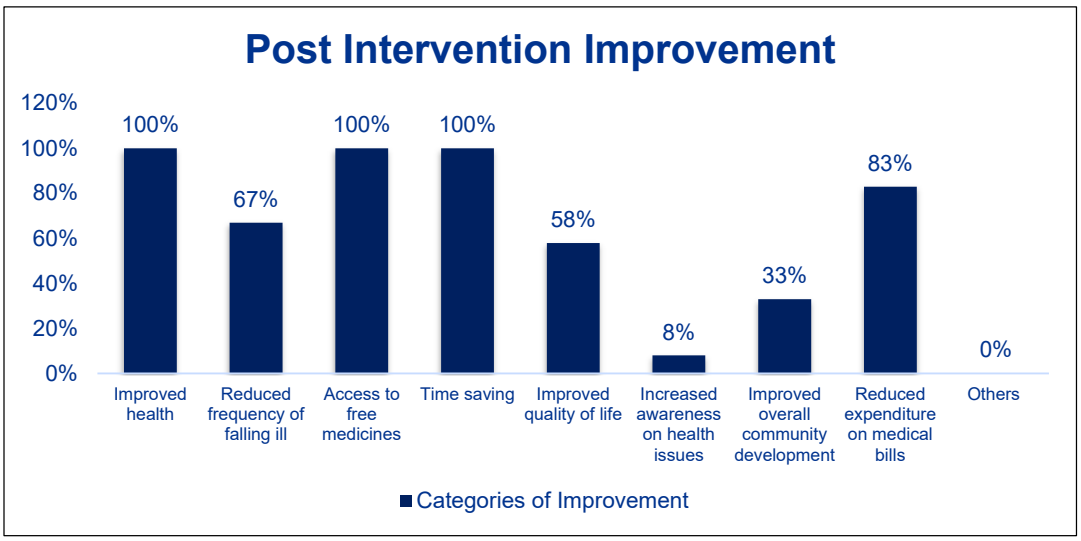

Figure 11: Post intervention improvements for beneficiaries

According to 100% of the beneficiary respondents, there was an improvement in their overall health and well-being due to the intervention. Furthermore, 67% agreed that the intervention was instrumental in reducing the frequency of falling sick in their communities and 100% stated that the intervention has helped in a saving a lot of time required to access healthcare.

All of the respondents stated that the intervention was successful in providing them with free medicines but only 8% reported an increase in their knowledge and awareness pertaining to healthcare issues prevalent in the community. 58% of the total respondents agreed that they have seen an improvement in the overall quality of life of the people of their communities and around 33% of respondents stated that the intervention was instrumental in aiding and improving the overall development of the communities.

By providing access to quality healthcare services, people in underserved areas are able to receive the medical care they need, resulting in better health outcomes and improved quality of life. Additionally, the presence of the MMU in underserved areas provides an incentive for medical professionals to provide quality healthcare in these areas, which helps to ensure that people in these areas have access to the best medical care possible.

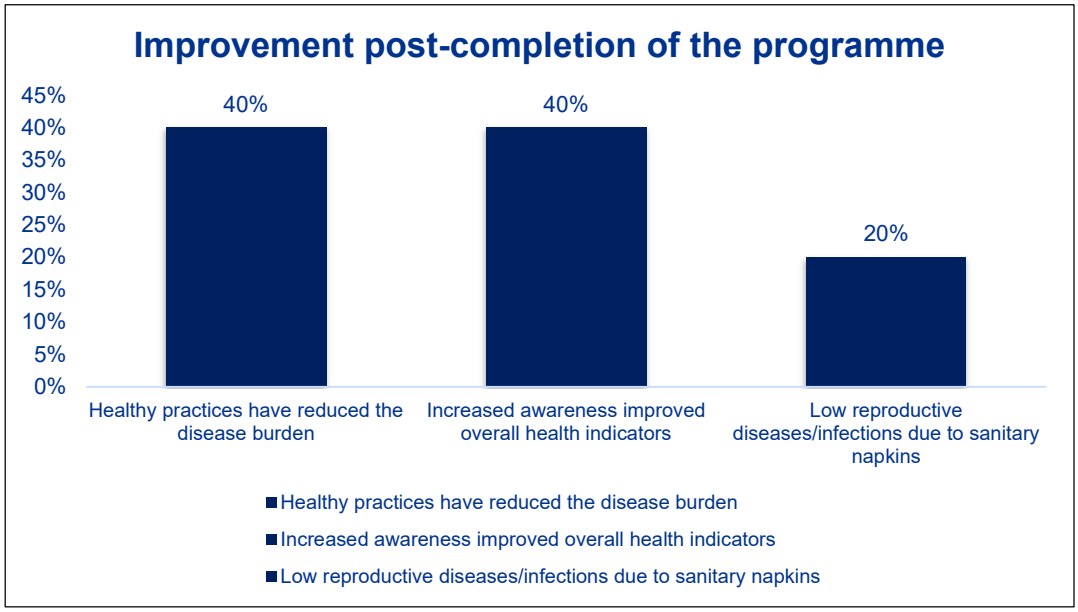

Figure 12: Improvement post-completion of the project

Post the completion of the project, 40% of the respondents have stated that the intervention has helped in inculcating healthy practices among the people of the communities, which has reduced the disease burden prevalent in the areas.

the MMU

40% of the total respondents stated that the intervention had a significant impact in increasing awareness, which in turn, improved overall health indicators of the community.

The interviewed stakeholder from Siaha also mentioned that awareness sessions were conducted among the members of the community almost all days of the week to increase the knowledge of the people of the community in healthcare issues and concerns.

As per the interviewed stakeholder from Siaha, sanitary napkins were distributed in the community on a daily basis at the site of the MMU during the period of the implementation of the project. The napkin packets were kept in the medicine cupboards of the MMU van and the remaining quantities, if any, were kept at the staff quarters.

20% of the respondents from Ballia pointed out the menstruating women of the communities have a reduced tendency of reproductive diseases/infections due to the provision of sanitary napkins by the MMU. This has helped in improving the overall condition of reproductive health and safety of the women and girls of these communities.

In addition to providing much-needed medical care to rural communities, these units also help to reduce health disparities. By providing access to medical care in rural areas, mobile medical units can help to reduce the gap between rural and urban healthcare, ensuring that everyone has access to the same level of care. Mobile medical units also help to reduce the burden on existing healthcare facilities, freeing up resources and personnel to be used elsewhere.

1.7 Overall rating of the project

The scoring matrix was used to evaluate and score performance of the Project Arogya. The following table provides the overall rating across the defined parameters:

Location	Relevance	Coherence	Efficiency	Effectiveness	Impact	Branding	Sustainability	Total Score
Uttar Pradesh	80%	100%	100%	100%	95%	100%	100%	**95%**
Mizoram	80%	100%	100%	100%	75%	100%	100%	**93%**

Table 8: Overall scoring of project

Project Arogya in Ballia, Uttar Pradesh and Siaha, Mizoram scored an average of **94%**. The project was aligned to GAIL's CSR policy and SDGs and were relevant to the needs

of the community. The project was efficiently executed across the selected districts within the allocated budget and timelines. The completion rate was 100% for the project and 100% of the beneficiaries surveyed were satisfied with the support being provided. The project's goal was to deploy Mobile Medical Units (MMUs) to remote communities in Ballia, Uttar Pradesh and Siaha, Mizoram to provide basic healthcare services and other facilities linked to awareness, medicines, and remedies for those who couldn't conveniently gain access to a hospital or clinic in their local vicinity.

Since the total score of the Project Arogya came to **94%**, this project can be rated as **"Highly Impactful"** in nature.

1.8 Conclusion and Way Forward

India is a signatory to Article 25 of the Universal Declaration of Human Rights (1948) that grants the right to a standard of living adequate for good health and well-being of humans including food, clothing, housing and medical care and necessary social services. On the same line, Article 21 of the Indian constitution guarantees Right to Health as a fundamental right to life.

However, the Indian health sector faces several challenges like inadequate access to medical services, lack of preventive care, shortage of professionals, and paucity of resources. Social deprivation, especially in the areas of health and education, trumps economic progress and, ultimately, quality of life. The disadvantaged groups in society require special attention because they not only have less access and suffer inequality, but they also have the worst health results nationwide.

The project 's aim was to mobilize Mobile Medical Units (MMUs) to provide basic free healthcare services to poor groups who did not have access to the existing public health care system. The MMUs prioritized providing essential healthcare services as well as other services connected to awareness, drugs, and cures. The execution of this initiative contributed to reducing the pressure on already-established health-care systems and giving a cost-effective approach to healthcare.

The project has been successful in providing access to quality care for many rural health conditions, including as infectious diseases, malnutrition, hypertension, and diabetes. Furthermore, in some instances, the MMU has made specialist treatments such as immunizations, prenatal care, and family planning available. The availability of the MMUs has been critical in bridging the access gap to healthcare services in remote and rural locations.

Overall, the project has had a significant positive impact on rural people's quality of life. These units have enhanced the quality of life in countless rural areas by increasing access to medical care and reducing healthcare inequities.

However, to further maximize the impact and enhance the project outcomes, the following recommendations are suggested:

1. **Increased coverage of diseases and illnesses:** The MMUs have been impactful in covering a number of diseases like vector-borne diseases, hepatitis, typhoid, common cardiac problems, HIV, diabetes, etc. According to the respondents, there is a need to increase the scope of coverage of the number of diseases being covered by the MMUs in terms of awareness, diagnosis, and treatment. Respondents stated that if MMUs covered more illnesses, particularly chronic ailments, it would benefit the entire community and reduce the cost of healthcare per household significantly. This would also help to improve the quality of life for patients suffering from chronic illnesses that MMU has yet to address.

2. **Frequent availability of the MMU:** The respondents, though satisfied with the improvements in the community due to the intervention, highlighted the need for a medical unit to be available in the district on a more frequent basis. This would aid them in availing medical care as and when required and they would not have to wait for the weekly MMU visit to resolve their medical issues. Respondents stated that the MMU can also act as a pharmacy for the communities because they do not have access to a pharmacy to meet their medicinal needs, and that if the MMU is available more frequently, it may be able to offer medicines on a much more regular basis.

3. **Digital Infrastructure to Expand Scale of Quality Healthcare Access:** Accessing MMU facilities is often a challenge for people residing in the interiors. The concept of telemedicine has grown in the last few years, especially due to the physical-distancing measures that were put into place due to the pandemic. Fast exchange of patient information, timely advice, and last-mile connectivity with patients are some of the reasons for its growing demand[26]. Telemedicine can tackle inequity and lack of healthcare access. Where required, teleconsultation can ensure availing telemedicine services on-the-go and enhance healthcare[27].

[26] Telemedicine in India: Healthcare System With Telemedicine: Knowledge Hub: Social Innovation: Hitachi (social-innovation.hitachi)
[27] Telemedicine in India: Healthcare System With Telemedicine: Knowledge Hub: Social Innovation: Hitachi (social-innovation.hitachi)

Thank you

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