# A STUDY TO EVALUATE CSR IMPLEMENTATION AND IT'S IMPACT BY GULF OIL LUBRICANTS INDIA LIMITED IN DADRA & NAGAR HAVELI

Dissertation Submitted to

**The IIHMR University, Jaipur**

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

Dr. Apurva Manoj Nair

Under the Supervision and Guidance of

Dr.Monika Chaudhary

2023

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**DECLARATION BY STUDENT**

I hereby declare that this dissertation titled **A study to evaluate CSR implementation and it's impact by Gulf Oil Lubricants India Limited in Dadra & Nagar Haveli** is the bonafide record of my original researchwork. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished workof others has been duly acknowledged in the text.

Dr Apurva Manoj Nair
26th May 2023

## CERTIFICATE

This is to certify that **Dr. Apurva Manoj Nair** in partial fulfillment of the requirements for the awardof the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur has successfully completed her internship at **Gulf Oil Lubricants India Limited in Dadra & Nagar Haveli** during February 27- May 27, 2023.

Silvassa, Dadra & Nagar Haveli
26th May 2023

Subodha Kumar Sarangi
Gulf Oil Lubricants India Limited,
Dadra & Nagar Haveli

## CERTIFICATE

This is to certify that dissertation titled **A STUDY TO EVALUATE CSR IMPLEMENTATION AND IT'S IMPACT BY GULF OIL LUBRICANTS INDIA LIMITED IN DADRA & NAGAR HAVELI** is a record of the research work undertaken by Dr Apurva Manoj Nair in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

Dr.Monika Chaudhary
Associate Professor & Guide
IIHMR University, Jaipur

Dr. (Col) Mahendra Kumar
Dean IIHMR & Proctor
IIHMR University, Jaipur

## ABSTRACT

Submitted by: Dr. Apurva Manoj Nair Guided by: Dr.Monika Chaudhary

Roll No: 1262

Title of Study: *A study to evaluate CSR implementation and it's impact by Gulf Oil Lubricants India Limited in Dadra & Nagar Haveli*

**Background**: Mobile Medical Units (MMUs) have been selected by Gulf Oil Lubricants India Ltd (GOLIL) as an approach for enhancing simple access to health. The idea of MMUs is to make sure that the healthcare services are right at the doorsteps of the most vulnerable people in underdeveloped communities. The study's objectives are:

a. To comprehend whether the CSR activity is carried out;

b. To analyse the impact of MMU; and

c. To examine the Mobile Medical Units (MMU) implementation in Dadra & Nagar Haveli.

d. To assess the influence of mobile medical units (MMUs) (CSR-activity) on the well-being of Dadra and Nagar Haveli's vulnerable population.[1]

**Methods**: The study design used is a cross-sectional study design. From each village one block or two blocks were visited by MMU and from a particular block one to two camp areas were randomly selected. On the basis of random selection from each block twenty beneficiaries were selected who consulted the Physician from MMU. Interviews were conducted with each Third user who had used MMU services. People who only prefer to avail services from government/private hospitals were excluded. The interview was taken after the patient was consulted by the Physician at the site of MMU. The study was carried out from March 6$^{th}$, 2023 till May 16$^{th}$ 2023 and data was collected through an online MS form. MS Excel was used to analyse the data after that.

- **Results**: The number of MMU visit was once in three months in Sayali Kinari Pada, once in a month in Amli, once in two weeks in Dadra – Vaghdhara out of the total visits in 5 villages. More than half of the total beneficiaries were women and majority of them were very satisfied with the treatment provided by the MMU. It was found that the percentage of beneficiaries, 55% extremely agree with the availability of medicines, about 70% extremely agree with the doctors and staff well behaviours, knowledge, and way of communication. The results shows that 40% of the

respondents perceive that the medical equipment is effective and is in good condition while about half of the respondents who did not undergo blood sugar level test or blood pressure checked think the medical equipment is somewhat effective. The results shows that two third of the respondents(staff) perceive that they are paid timely while one third of the respondents perceive that they are not paid timely.

- **Conclusion:** This study helped the organization
    - overall, in knowing the patient as well as staff level of satisfaction and, assisted in the overall impact created by the mobile medical units.
    - knowing the perception of staff and patients towards the access to health provided by the mobile medical units in underserved villages,
    - to plan strategies for implementing the CSR effectively.

Keywords: CSR, MMU, District Hospital, Beneficiaries, Staff

## ACKNOWLEDGEMENT

"Knowledge is in the end based on acknowledgement." – Ludwig Wittgensten

I would like to take the opportunity intend to show my gratitude to each and everyone who has pushed me in making this research into reality. To start with, I would like to thank my faculty guide **Dr.Monika Chaudhary**, Associate Professor, IIHMR University, Jaipur, who constantly motivated, supported and led direction for my research. This thesis has got an advantage because of her understanding, experience and knowledge.

I am grateful to **Mr. Subodha Kumar Sarangi**, Manager of Human Resources and Administration, Gulf Oil Lubricants India Ltd, for giving me the opportunity to intern for the company. Also, without my industry mentor's constant guidance and useful tips, it would have not been possible to enhance my skills that led to exhibit better work.

I am thankful to my colleagues and classmates for creating a positive, encouraging, and energising work atmosphere. Their motivation, help, friendship, and availability have played an important role for constant perseverance.

I am blessed to have my companions and family as my constant supporters, whose immense trust and have faith in me , has helped me tackle the difficulties with much ease. Their love and believe in me have always given me the courage and consistency to work on difficult tasks.

To conclude, special regards to all the people who have contributed in many ways to research. These people include Ms. Dhantri Karangutkar, HR and Admin Executive, Gulf Oil Lubricants India Ltd, the staff of MMU, and the MMU beneficiaries who sincerely gave their valuable time and voluntarily took part in this research.

This dissertation would not have been possible without all these people's constant help and motivation. I am very grateful for their confidence in me and their encouragement.

**Dr Apurva Manoj Nair**

**1262**

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## ABBREVIATION

GOLIL - Gulf Oil Lubricants India Ltd

GOI - Gulf Oil International

MMU – mobile medical unit

CSR – corporate social responsibility

U.S.A – United states of America

MO – Medical Officer

# CHAPTER 1 – INTRODUCTION

*"Businesses need to go beyond the interests of their companies to the communities they serve."*

*-Ratan Tata*

*Former chairman of the Tata Group*

India is a large country with a diverse population that adheres to many cultural traditions as well as a rich natural environment. Since different groups of people adhere to various religious and philosophical beliefs, it is imperative for government authorities to house everyone under one roof. The government and business owners have a duty to support public health and education, especially for the most vulnerable citizens. The government has launched a number of programmes to help with this. Numerous such programmes are covered by Ministry of Health and Family welfare. Numerous corporations have also begun to assume obligations to care for the underprivileged, educate girls, build adequate sanitary facilities, promote society's health, and support indigenous populations' artistic endeavours.

As it was made mandatory for all corporate entities to engage in CSR projects for the sustainability and social wellbeing of the societies, this was one of the significant and risky experiments that took place in India. Looking back at 2013, this risk was worthwhile to take, as India is the only nation that has controlled and made CSR necessary for the selected types of companies registered under the act. The CSR effort is assisting the country in establishing public-private partnerships and achieving its goals for sustainable development.

Under the Companies Act, 2013, all firms with net worth above Rs 500 crore, turnover over Rs 1,000 crore, or net profit over Rs 5 crore are required under Section 135 to

spend at least 2% of their annual profits (averaged over 3 years) and establish a CSR committee to oversee the spending.[1]

CSR existed in India prior to the law was implemented; India has a long tradition of assisting the less fortunate by offering food, literature, money, and other items. Between the privileged and the vulnerable, this created an essential connection. The majority of Indian folklore tells tales about how crucial it is to give to those in need.

It has been highlighted that throughout the Industrial Revolution, industrialists began the practise of corporate gifting through trusts, which were typically managed by family members who owned family enterprises.

Following the Great War, when the poor were enslaved by the British, a new age developed that inspired corporate leaders to concentrate on FREE INDIA, or India's independence. It is well known that M.K. Gandhi, the founder of our country, got along well with businessmen. It is well known that M.K. Gandhi recommended a business trusteeship model for the society's sustainable growth and development.

The business sector had a far smaller part in the long-term development and growth of society during the post-Independence era, whereas the States of India's role and duties significantly increased. Years after it was recognised that the states couldn't support the nation's economic development or alleviate poverty or hunger. The country's economy was liberalised, which led to rising inequality and a sharp improvement in general health.

While the poor started getting poorer, the rich started getting richer. The Corporate sector stepped up to address the societal challenges as a result of this startling gap. This further prompted the state to come up with ideas for how to support the rising corporate sector.  The panorama of Indian CSR is intriguing considering a contracting State, a more worldwide economy, and significant gaps between the commercial and social

spheres.

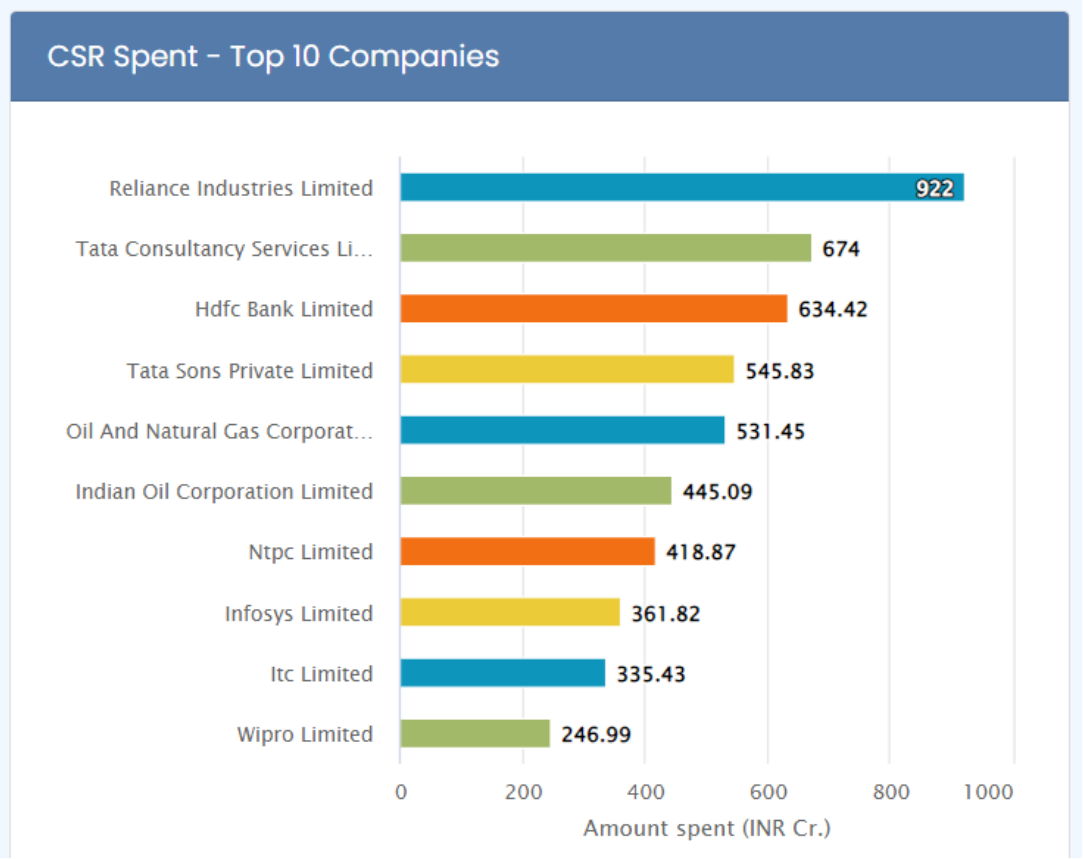


Fig.1.1- Graph representing the CSR Spent – Top 10 Companies[2]

**Gulf Oil Lubricants India Ltd (GOLIL)**

One of the finest player in the Indian lubricants market is Gulf Oil Lubricants India Ltd (GOLIL), which is a part of the Hinduja Group. The brand Gulf is internationally owned by Gulf Oil International (GOI), the parent company of GOLIL except for the USA, Spain, and Portugal. GOLIL, today is present in more than 100 nations and previously was a part of Gulf Oil Corporation Limited.

The following are the thoughts which has always inspired and guided Gulf Oil Lubricants India Ltd. ("GOLIL"):

"My dharma (duty) is to work so that I can give" of late Shri Parmanand Deepchand Hinduja.[1]

Founder of the Hinduja Group. GOLIL is an organization that is aware about the importance of CSR activities and has carried out all the activities sincerely and is continuing to carry out the initiatives that are in line with the focused areas selected for the uplift of the vulnerable populations be it socially or economically.

Most focused GOLIL's activities are :

Education of needy, Sustainable Development of the societies- for example : tribal population, Health Care of the people from remote places, and others .

To achieve the sustainable growth and development amongst the societies and overall improvement, the following objectives must be met:

- Identification of constituencies of economically and socially disadvantaged sections of the community and causes to work with.
- Encouraging employees to participate in the company's CSR initiatives and to promote a coordinated and strategic approach to SR activities.
- Funding or engaging in socially responsible and charity activity.

**Corporation for Social Responsibility ("the Committee"):**

GOLIL comprises of a CSR Committee that includes board of directors of the company and the committee. Three directors currently serve as members of the Committee. Independent Directors serve as the Committee's Chairperson. After the board has approved, the company must carry out the CSR activities that are mentioned in Schedule VII of the Act.

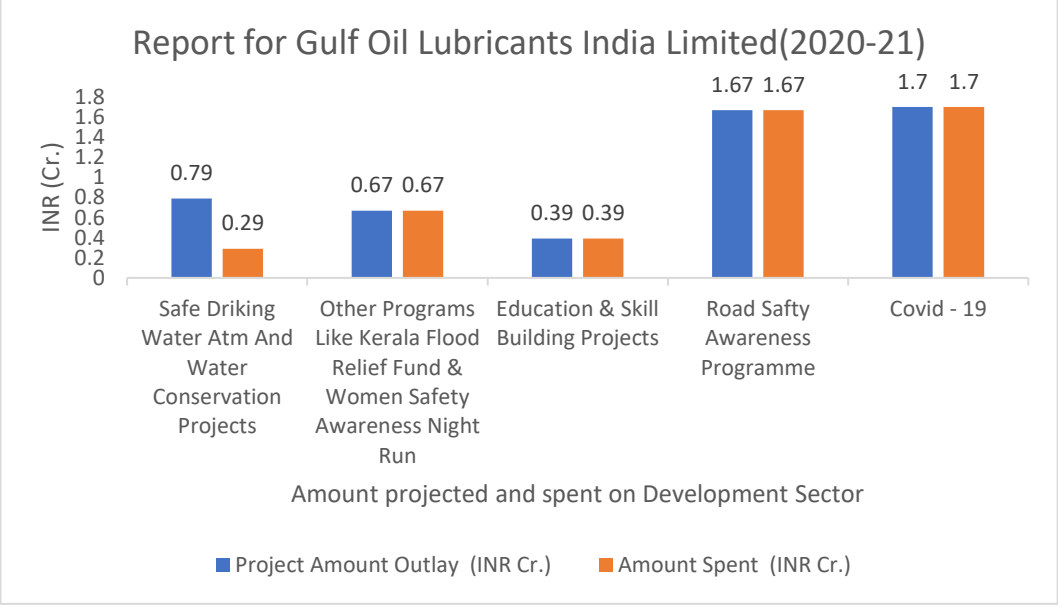


**Figure.1.2 – Graph representing report on the amount projected and the amount spent by GOLIL (2020-2021)(INR Cr.)[3]**

GOLIL till date includes activities like safe drinking water Atm and water conservation projects, Kerala Flood relief fund and women safety awareness night run, Education and

skill building projects, road safety awareness programmes and activities on COVID – 19 preventions. Majority of the initiatives by GOLIL has been noted in the State of Maharashtra and Kerala.

**The CSR activities that should not be taken into consideration :**

Initiatives carried out in the course of the company's regular business,
activities that benefit the company's workforce, any kind of involvement politically(contributions) , whether direct or indirect, of whatever amount.

- Any activity carried out by the corporation outside of India, excluding the training of Indian athletes who will compete for any State, Union Territory, or India internationally.
- One-time occurrences like marathons, prizes, charitable donations, advertisements, and sponsorships of TV shows, etc.

Activities sponsored by businesses in order to get marketing advantages for their goods or services.

costs incurred by businesses to comply with any laws, rules, or ordinances (such as labour laws, land acquisition laws, etc.).

**Dadra & Nagar Haveli**

According to the 2011 census, there are 343,709 people living in Dadra and Nagar Haveli, with majority being males than females and a literacy rate of about 76%. The main tribes are Varlies, Kokana, Dhodia, and Dublas. The Dadra and Nagar Haveli is situated on the western side of the Western Ghats of India.[4] Health system in Dadra and Nagar Haveli - The only NQAS-certified specialised hospital is Shri Vinoba Bhave Civil Hospital that is situated in the capital of Dadra & Nagar Haveli, Silvassa . Shri Vinoba Bhave Civil Hospital (VBCH), is a District hospital and population of the UT, population from Gujarat and Maharashtra avail the curative, preventative and rehabilitative services.[5]

**CSR activites in Dadra and Nagar Haveli**

Many CSR activities are being implemented in regions of Dadra and Nagar Haveli for the welfare of the Tribal population. In the financial year 2020-2021, the amount spent on CSR initiatives in Dadra and Nagar Haveli was Rs.7.02 Cr.[6]

**Mobile Medical Units (MMUs)**

A few but effective proportion of individuals in some regions of India still lack the benefit of health care services, despite the country's increased health coverage. Since the populace in Dadra and Nagar Haveli is less aware of the NHM programmes being implemented and believes that illnesses will eventually resolve on their own, health has not played a prominent role in the area. Dadra and Nagar Haveli lacks the necessary facilities for tribal students who want to pursue healthcare-related education, as there are no medical schools in the area, as well as there is a single government hospital that is located a great distance from where the majority of the tribal population lives.

The fact that there is still a lack of credibility between patients and healthcare professionals must also be taken into account. The fact that many migrant labourers in this area rely more on the local quacks than the medical professionals who treat them is also well known. The taboos around health must be addressed, and this can only be done with the aid of IEC resources and community outreach initiatives.
As a result, the indigenous people only seek medical attention when they are in grave condition. Therefore, there is a need for creative products that will meet people's demands not just whenever they have a need but also on a regular basis.

The innovatives have to be ideal that the disadvantaged society is committed to receiving the advantages of free medical care and free drugs. It is crucial to inform the prones of the advantages and amenities that they are entitled to receive in order to maintain their health. Every tribal family in this area receives a pakka home, good sanitation, and rations from the government schemes ; therefore, it is the time to think about taking actions that will increase society's concern for well-being and current developments in both communicable and noncommunicable diseases.

The populace has been shown to suffer from anaemia as a result of a lack of knowledge about nourishing foods. The disease that is most common in this region is sickle cell anaemia. The cost of transportation to the hospital, as well as the fact that it is the sole government hospital, are two of the main deterrents to using their services. Additionally, the time required for doctor-patient consultations is decreased.

Since everyone now uses a phone, but there are still network challenges, this prompts thinking of creative ways to reach individuals in faraway locations. It is necessary to take into account MMU's innovative initiatives. The region's innovation has increased jobs in the healthcare sector while also having a favourable impact on people's attitudes towards their health. In operation under NHM at the moment are four to five MMUs. While doing so it is the duty of the healthcare staff to have integration amongst them. When it comes to India's healthcare difficulties, mobile medical units (MMUs) provide a number of benefits. MMUs have a number of benefits in India.

India's vast rural population has few options for receiving medical care. Medical mobile units (MMUs) have the capability to travel to these far places and deliver healthcare to the underserved.

Closing the healthcare infrastructure gap: Adequate healthcare facilities are scarce in many regions of India, particularly in rural areas. MMUs fill the need left by traditional healthcare facilities by providing primary care, preventative services, diagnostics, and even some basic treatments.

MMUs have the means to quickly respond to medical emergencies. MMUs can provide critical treatment and stabilize patients before they are transferred to higher-level facilities in a country as large as India, where emergency medical services may take longer to reach rural locations.

Healthcare for mothers and children is a major focus of MMUs in India. Pregnancy care, postpartum care, vaccines, family planning, and paediatric care are all available. Infant and maternal mortality rates can be lowered as a result of this improvement in maternal and child health.

MMUs do health exams and public awareness campaigns in the neighborhoods they serve. They assist in the diagnosis of health problems, the provision of early identification of diseases, and the dissemination of information regarding preventative care, hygiene, nutrition, and family planning.

Affordable healthcare: MMUs are a low-cost way to help underserved communities. They make it easier on people who would otherwise have to pay for transportation or travel vast distances to get medical care. MMUs eliminate unnecessary travel for patients by bringing healthcare to their homes.

When it comes to helping those affected by disasters, MMUs are indispensable. Rapid mobilization and delivery of medical aid to impacted communities during disasters,

pandemics, and other emergencies provides much-needed aid and comfort at a time of crisis.

Training local healthcare personnel in underserved regions is another way that MMUs contribute to capacity building. This ensures sustainable healthcare delivery by enhancing the knowledge and abilities of healthcare practitioners in neglected areas. Medical mission units (MMUs) in India have been shown to effectively reduce health care inequalities, boost health outcomes, and provide care to underserved communities. They enhance the nation's healthcare infrastructure by bringing medical care to underserved areas and lowering barriers to treatment.

Despite the fact that this region is home to a number of CSR programmes, the MMU activities' GOLIL projects programme is a first of its sort.

A crucial service technique to serve such a vulnerable population is the utilisation of mobile medical units (MMUs). GOLIL along with the district hospital of Silvassa, Dadra and Nagar Haveli, Shri Vinoba Bhave Civil Hospital works for the vulnerable population with the help of MMU apart from the MMU’s that are functioning under NHM.

One of the creative plans to extend health coverage to residents of Dadra & Nagar Haveli's rural and interior locations is the establishment of mobile dispensaries. These mobile dispensaries must be operational every day.

Throughout the current year, the Company will continue to support mobile medical units in the isolated communities close to Silvassa, DNH. Through this CSR project, the tribal community and migratory population living in Silvassa's outlying areas as well as in nearby communities receive much-needed free medical treatment. The Hinduja Foundation and Hinduja Hospital are in charge of running the programme. The mobile van, which contains the diagnostic facility, laboratory test, and drug distribution, brings the most modern healthcare facilities right to the people's doorsteps, especially in rural, disadvantaged, and underserved areas.

The main focus on MMU in Dadra and Nagar Haveli is due to :

- To deliver primary preventative, curative, promotional, and referral health services to residents of outlying areas right at their doorstep.
- Objective To provide persons with diagnostic facilities with the fundamental basic healthcare services they need.

- To coordinate with the local public health network to improve Sustainable Development Goals.

The MMU infrastructure includes basic amenities that are provided by GOLIL. The staff which includes 1 Doctor, 1 Nurse and 1 Driver are all provided by the district hospital. The MMU normally includes the districts which is not covered under NHM for routine check-ups.

The MMU comprises table for examination, shelves for keeping medicines, cabinet for keeping instruments, basin , 1 generator, 1 small refrigerator, 1 examination table, 3-4 chairs, 1 stool, 4 waste collection bins (BMW guidelines), 1 sphygmomanometer , 1 random blood sugar test kit , 1 stethoscope etc.

Drugs

- The mobile dispensary have all necessary medications ready and constantly available for free dispensing as needed. MO must keep a record of all pharmaceuticals and medicines that are used for basic healthcare in the prescribed form.

This research will aid in improving the MMU's service quality and execution. Additionally, it will assist the company in developing new or changing current strategies for better utilisation of MMU services.

## CHAPTER 2: REVIEW OF LITERATURE

| Title | Author | Study location | Sample Size | Year of Study | Salient Features |
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| Assessment of mobile medical units functioning in Jharkhand, India[7] | Mithilesh Kumar, Asha Kiran, Manisha Kujur | Jharkhand, India | 30 | 2016 | In less developed areas, the goal of mobile medical units (MMUs) is to deliver medical care directly to residents' homes. The majority of the persons served by the units would be those who required only the most fundamental medical care.<br><br>In addition to this, it provides assistance to the government and others responsible for policy making in the process of conceptualizing novel ideas or modifying tried-and-true methods for making the most of the MMU's services.<br>No one who benefited from the Mobile Medical Unit (MMU) program in Ranchi district's one campground had any idea when MMU visits would be conducted to their hamlet because the concerned health staff did not provide any advance information |

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| | | | | | regarding the schedule of MMU visits. |
| Making primary healthcare delivery robust for low resource settings: Learning from Mohalla Clinics[8] | Md Haseen Akhtar, Janakarajan Ramkumar | Delhi, India | 55 | 2023 | The problem is made worse in rural locations for a variety of reasons, including a lack of knowledge, limited access roads, and an inefficient healthcare delivery paradigm. These factors all contribute to the problem.<br>The majority of patients who visit public hospitals for treatment of relatively minor conditions like fever, cough, and colds are, despite this, dissatisfied with the quality of care they receive.<br>Over the course of the previous ten to fifteen years, National Health Mission (NHM), which receives assistance from the government, has contributed to a somewhat increased level of knowledge regarding health care. Despite this, there is still a significant distance to travel.<br>The ability of the poor to pay for necessary medical care can be hindered by a variety of issues, including but |

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| | | | | | not limited to: overcrowding; lengthy time for waiting; inadequate care; and exorbitant expenditures from pocket (OOP). By not charging patients for services, the clinics alleviated some of the burden financially that was placed on families with lesser incomes. The vast majority of healthcare institutions that are now in operation focus a significant amount of emphasis on clinical, or simply personal health services, which renders them incapable of meeting the requirements of the general public or population. |
| Accessibility and utilization patterns of a mobile medical clinic among vulnerable populations[9] | Britton A. Gibson, Debarchana Gosh, Jamie P. Morano, F rederick L. Altice | Connecticut | 8404 | 2014 | The Affordable Care Act (ACA) will address a number of policy-related choices for providing amenities for medically marginalized populations, particularly with regard to: (1) accessibility for the ideal number as well as the capacity of MMC sites; (2) geographic optimisation for the ideal in situ place based on client demographic |

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| | | | | | information; and (3) choosing the health services provided to meet communitiy needs. The Affordable Care Act (ACA) aims to increase access to healthcare for millions of Americans, and it will address these policy-related choices. However, there hasn't been a lot of study done on the specific characteristics that affect access to MMCs, and as far as we know, there haven't been any studies that looked at the geographical dispersion of MMC customers, the utilization of healthcare services, or the frequency of MMC use. |
| Robust strategic planning for mobile medical units with steerable and unsteerable demands[10] | Christina Büsing, Martin Comis, Eva Schmidt, Manuel Streicher | Germany | N/A | 2021 | The Planning Problem Strategically for MMUs (SPMMU) is a set of covering issues that takes into account both current procedures and two distinct types of patient demand: (i) first set of demands, which represent patients who avail medical attention by a centralized system of appointment and can be directed to |

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| | | | | | any treatment services within a given consideration set, and<br>(ii) second set of demands, which represent patients who always go to the facility that is operationally closest to them. |
| Prevalence and predictors of gestational diabetes mellitus in rural Assam: a cross-sectional study using mobile medical units[11] | Subrata Chanda, Vishal Dogra, Najeeb Hazarika, Hardeep Bambrah, Ajit Kisanrao Sudke, Anupa Vig, Shailendra Kumar Hegde | Assam,India | 1410 | 2020 | It is possible that the mobile medical units will play an essential part in the implementation of GDM screening, diagnosis, and treatment in rural areas of Assam in order to provide better results for maternal and foetal health.<br>MMUs are rapidly turning into an indispensable component of healthcare systems that have restricted access to various resources. Using such an innovative approach to the delivery of healthcare services makes it feasible to screen for infectious as well as noncommunicable diseases.<br>Additionally, it has the capacity to connect beneficiaries to nearby healthcare facilities so that they can receive health |

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| | | | | | interventions that are both prompt and effective. |
| Mobile Medical Units—Can They Improve the Quality of Health Services in Developing Countries?[12] | Achla Behl Khann, Sapna Arora | Databases such as MEDLINE, PsycINFO, Biomed Central, Web of Science, Cochrane Library and Worldcat library, using a filter for last 25 years | N/A | 2017 | According to the available research, the use of mobile medical units is a relatively novel approach to the delivery of medical treatment. The information that is currently accessible on how Mobile Medical Units affect the standard of healthcare is extremely inconsistent and strewn around in a manner that makes it difficult to piece together. Not only during the time of implementation, but also before and after launch, better strategies are required for Mobile Medical Units (MMUs) if they are to be more effective and maintain their viability.<br>The findings of this study point the way for future research in three basic directions: gauging the satisfaction of stakeholder groups, investigating constraints, and determining the most important success factors for implementing services provided by mobile medical units. |

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| Screening difficult-to-reach populations for tuberculosis using a mobile medical unit, Punjab India[13] | Binepal, G. ,Agarwal P., Kaur N. ,Singh B. ,Bhagat V., Verma R.P. , Satyanarayana S.; Oeltmann, J.E. ; Moonan, P. K. | Mohali district, Punjab, India | 8346 | 2015 | India is considered to be a low- to middle-income country since thirty percent of its population lives on less than the international poverty standard, which is currently set at $1.25 per day.<br><br>In spite of the fact that India possesses a robust public health system, a significant number of its citizens continue to be underserved or do not have access to the medical care that is made available by public health institutions.<br><br>The purpose of the National Rural Health Mission (NHRM), which was formed by the government of India, was to increase access to treatment and ensure that healthcare resources are distributed fairly across the country. The National Rural Health Mission (NRHM) places one mobile medical unit (MMU) in each of its districts in order to increase access to public health services, particularly in areas that are |

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| | | | | | geographically remote or difficult to access. This is just one of the many projects that the NRHM has undertaken to improve access to medical care for underprivileged populations. MMUs are mobile, basic diagnosis and treatment units that can be utilized to travel from one area to another. They offer the possibility for the early detection and enhanced detection of a variety of health conditions, particularly those that are vital to public health.<br><br>Despite the fact that the Revised National Tuberculosis Control Programme (RNTCP) makes tuberculosis diagnosis and treatment available at all government health facilities, some groups at risk are unable to access these services. As a result, tuberculosis cases go unreported and untreated. MMUs are now a vital component of the overall health system and provide services to populations that are difficult to reach or located in rural |

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| | | | | | places. As a result, they can be utilized to increase access to TB diagnostic and treatment services in the areas that they serve. On the other hand, the outcomes of MMUs with regard to the screening, diagnosis, and referral of TB patients to treatment services have not been established. |
| Cost analysis of a mobile medical unit programme in Andhra Pradesh: a microcosting study protocol[14] | Ashish Giri, Nitin Rathnam, Shailendra Kumar Hegde | Andhra Pradesh, India | 12 | 2020 | In India, there is a lack of availability of reliable cost estimates for medical services that are delivered via mobile platforms.<br><br>Due to obstacles such as steep terrain, inconsistent transportation services, lack of literacy, and financial restraints, people in rural areas are more prone to seek care from the unorganized, informal, and expensive private healthcare sector.<br><br>The "Knowledgeable Neighbours" idea developed at the Harvard Medical School has provided concrete evidence that MMUs can be beneficial in terms of screening for |

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| | | | | | diseases like non-communicable diseases.<br>Every MMU also has a global positioning system, a biometric device for documenting staff attendance, an electronic medical record system, and fifty-one different types of medical devices. In order to keep track of patient information, the laboratory technician, pharmacy technician, and pharmacist all utilize tablets, while the nurse uses a laptop.<br><br>Certified social health advocates who belong to the same village as the MMU visit educate the most important sources and members of the community the day before the MMU visit. |
| Mobile Medical Units: An alternate Pathway to address the burden of Non Communicable disease in Urban Slums of India[15] | Ayesha Siddiqua Nawaz, Shailendra Kumar B. Hegde, Vivek Pathania, Hardeep Singh Bambhrah | Karnataka and Maharasthra | 5 Mobile Medical Units (MMU) | 2021 | According to the findings of the study, residents in urban slums have a high prevalence of both diabetes milletus and hypertension.<br>However, providing primary healthcare through MMUs can serve as an alternative to the goal of achieving |

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| | | | | | universal healthcare in these communities.<br><br>MMUs are in a position to provide health care to the prone population that resides in urban slums close to their front doors. They may do so while simultaneously taking into consideration the epidemiological transition and the high probability that these regions will be plagued by NCDs. Diabetes was more prevalent among people who became beneficiaries when they were between the ages of 46 and 60 (48.1%), compared to people in other age groups. Diabetes was present in 62.8% of the study participants who used tobacco in any form, which is a significantly higher percentage than the non-users (37.7%). In a similar vein, diabetes affects 47.1 percent of persons who drink alcohol regularly.<br><br>MMU helps in the early identification of NCD, which reduces complications. |

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|---|---|---|---|---|---|
| Bridging the Gaps in Health Service Delivery for Truck Drivers of India Through Mobile Medical Units[16] | Subrata Chanda, Sonali Randhawa, Hardeep Singh Bambrah, Thomson Fernandes, Vishal Dogra, and Shailendra Hegde | 22 cities across 12 states of India | 825888 Records | 2020 | The consultations for noncommunicable diseases (NCDs) were the most common type of program service, accounting for more than a third of all consultations (19,620) (34.69%). 13,668 of the drivers sought medical attention for musculoskeletal issues, which was followed by 10,052 for minor complaints (17.77%) and 8,215 for communicable diseases (14.52%). Issues with the beneficiary's health were either self-reported by the beneficiary or were identified by the doctor present at MMUs at the visit based on the history, symptoms, and signs observed during the visit. Messages sent through the app are used to monitor and treat disease, and the app is also used to provide feedback. The software may help users save money and time by reducing or eliminating the need for trips to medical facilities.<br><br>The proliferation of MMUs has resulted |

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| | | | | | in a substantial challenge for the supply chain management of the drugs and consumables. In addition, the nurses are overworked as a consequence of these multiple commitments, which is having an effect on the efficiency of their work. |
| CSR Policies Undertaken By Corporate India[17] | SD Khairnar, R M Mandale | India | N/A | 2015 | Creating sustainable businesses demands robust economies, markets, and communities, all of which are emphasized by CSR. In order to build sustainable enterprises, one must focus on CSR. People, profits, and the environment make up the "Triple Bottom Line," which must be safeguarded because it serves as the foundation of all business activities and the primary motivation for their existence. CSR is what allows for the establishment of amicable ties between businesses and the communities in which they operate.<br><br>Through the "Indian Oil Sachal Swasthya Seva" project, which was initiated by |

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| | | | | | IOCL in January 2012, underprivileged and impoverished rural Indians have access to free medical treatment and medication at their front door through the usage of rural gas pumps.Mobile medical units known as "Kisan Seva Kendras" travel to neighboring towns in order to provide free primary healthcare as well as free pharmaceuticals to members of the population who are disadvantaged and in need of assistance.<br><br>The innovative value, distinctness, scalability, and sustainability of the products and services that are offered by a CSR practice are critical components that contribute to the practice's overall success. It must have a direct impact not only on society but also on the environment. |

# CHAPTER 3: RESEARCH METHODOLOGY

The study is Descriptive Cross-Sectional type of study in nature with primary research as a part of it. The study was undertaken from 6th March to 19th May 2023. The timing set for data collection was 10th April to 6th May 2023. The primary research was carried out using MS form amongst the 100 patients from 5 villages in Dadra and Nagar Haveli, with each village 20 patients were randomly interviewed for the evaluation of satisfaction level by the service provided by MMU. The staff consisted of – Physician, Nurse, and Driver, were also interviewed with the help of MS form to evaluate their experience with the MMU.

The five villages in Dadra Nagar Haveli in which the interview took place were : Amli, Dayat Falia, Dadra- Vaghdhara, Sayali Kinari Pada, Kudacha Road Rakholi. From each village one block was visited by MMU and from a particular block one to two camp areas were randomly selected. On the basis of random selection from each block twenty beneficiaries were selected who consulted the Physician from MMU. Interviews were conducted with each Third user who had used MMU services. People who only prefer to avail services from government/private hospitals were excluded. The interview was taken after the patient was consulted by the Physician at the site of MMU. The sample size collected was 100 beneficiaries residing in the above mentioned five villages of Dadra and Nagar Haveli with the sample size of staff – 3 who were visiting all the 5 districts.

**Objectives of the study:**

a. To understand how the CSR activity is being implemented.
b. To determine the impact of mobile medical units(MMUs) (CSR-activity) on the health of vulnerable population of Dadra and Nagar Haveli.

The following criteria was included in the study:

i. People who avail services from mobile medical units apart from government/private hospitals.
ii. Beneficiaries in urban or semi urban areas or rural areas

The following was the exclusion criteria:

i. People who only prefer to avail services from government/private hospitals.

### 3.1 Data Collection Tools and Method

- After going through literature review thoroughly on the existing content on Mobile medical units and CSR activities from India and other countries, some insights were drawn as to what could be included in the survey. The review helped in considering the basic overview of the why Mobile Medical Unit is so important in the developing country like India and overall perception of Mobile Medical Unit and its benefits to the vulnerable population and how its beneficial in various countries. Research articles on CSR activities with respect to Mobile Medical Units were less in comparison to Mobile Medical Units that were functioning under state government. The research articles were found through PubMed, ResearchGate and Google Scholar.
- The data collection tool used was a MS form. The form for Patients survey had 15 structured and close ended questions and 1 open ended question were divided into two sections to meet the objective of the study. First section comprised of demographic profile interview, while second section involved questions to understand the beneficiary's perception on MMU. The sections catered to people who have consulted MMU before and the people who are consulting MMU for the first time.
- Technique of simple random sampling was used to reduce the biases and because the study was not specifically targeted to any population.
- MMU visited one block from each village, and one to two campsites were randomly chosen from each block. Twenty beneficiaries were chosen at random from each block and who consulted the MMU. Interviews were conducted with every third beneficiary who has used MMU services. Following consultation, the beneficiaries were requested to participate in the interview.
- Interviews were taken to evaluate the overall experience of MMU staff with their work profile and their understanding of the overall CSR activities, and their perception about beneficiaries satisfaction with the MMU. Hence , two different set of questionnaire were prepared for the study. In case of Staff evaluation survey the form had 21 structured questions.

- The interviews were taken by the help of MS form. Anonymity and privacy were maintained. No emails were collected to maintain the anonymity.
- Before taking interview the beneficiaries were explained about the study, informed about the reason behind the study and also about their safety. The beneficiaries participation in studies is voluntary.
- An Excel spreadsheet was created from the responses gathered via the MS form. Frequency distribution tables were used to depict the data and draw inferences using graphical presentations in the form of tables and charts.

## CHAPTER 4: RESULT

- The results of the research were formed from 100 responses of the beneficiaries from the 5 villages and 3 responses from the staff of MMU who visited all the 5 villages.
- The MS form also mentioned that if they wish to withdraw from the current study, they can do so voluntarily at any point. Emails, names, and phone numbers were not collected to maintain privacy and anonymity so that participants feel comfortable answering the questions.
- Given below are figures which were obtained as results from the survey conducted.

**Results based on the survey done on the beneficiaries.**

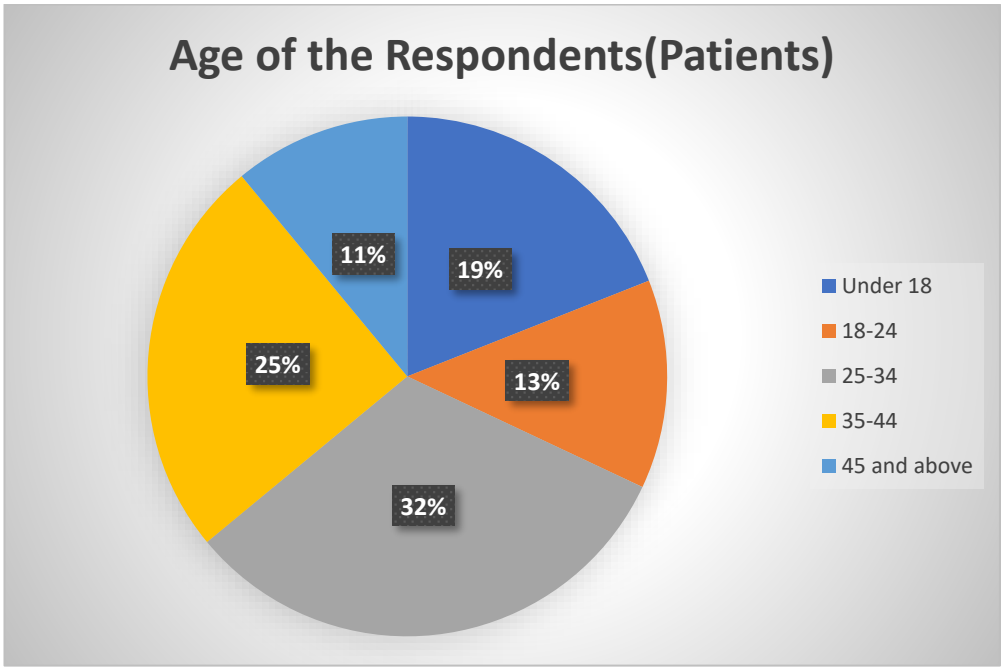


**Figure 4.1: Percentage of age distribution of the study participants(patients) of total 100 respondent (N=100)**

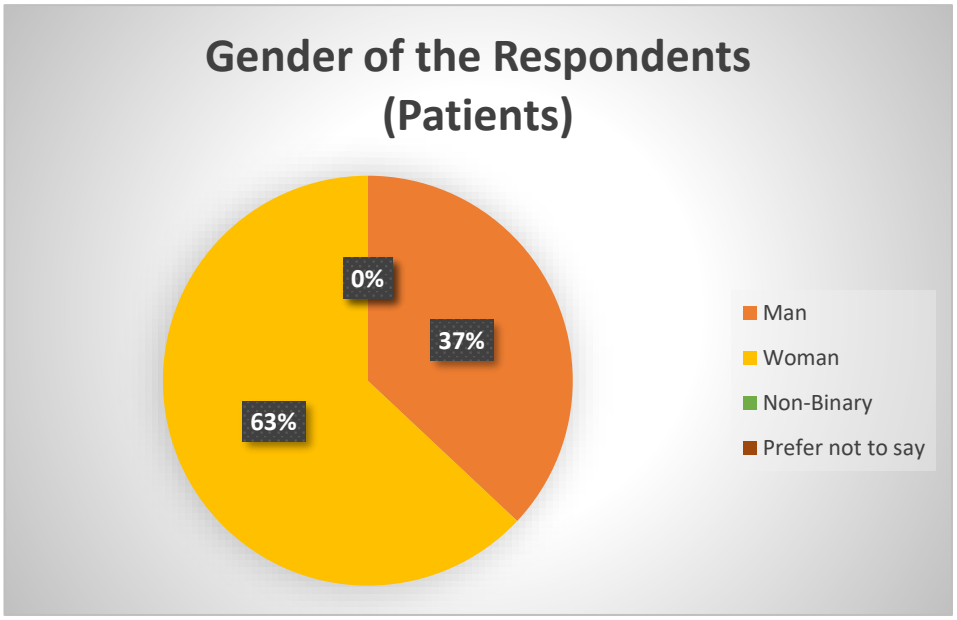


**Figure 4.2: Percentage of gender distribution of the study participants(patients) of total 100 respondent (N=100)**

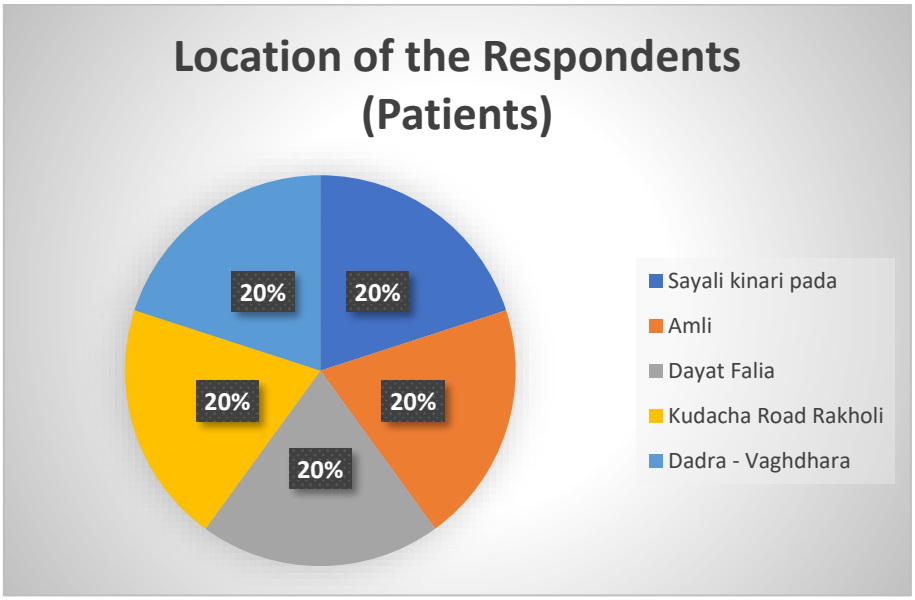


**Figure4.3: Percentage of beneficiaries distributed according to study location, total 100 respondent (N=100)**

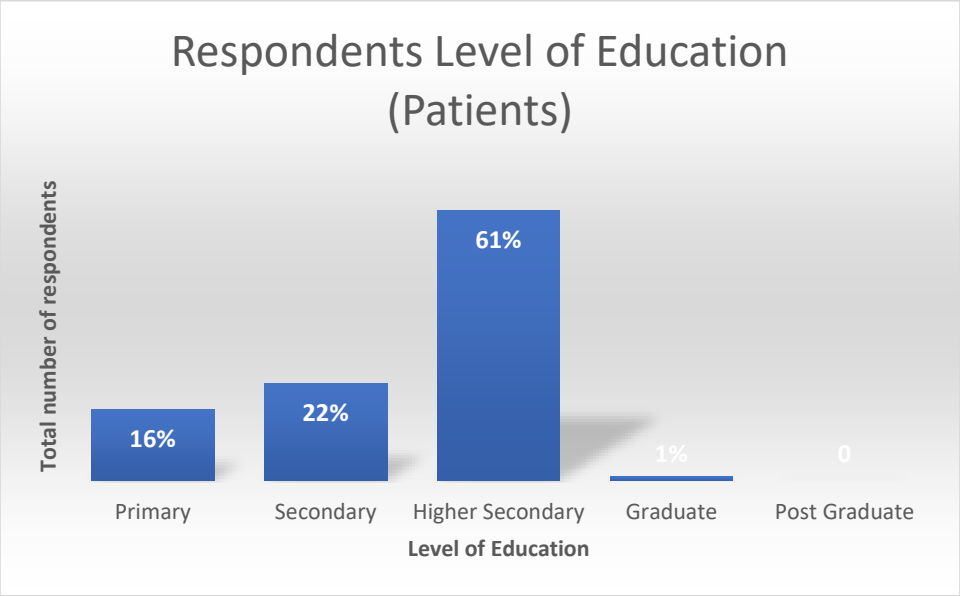


**Figure4.4: Percentage of beneficiaries distributed according to their level of education, total 100 respondent (N=100)**

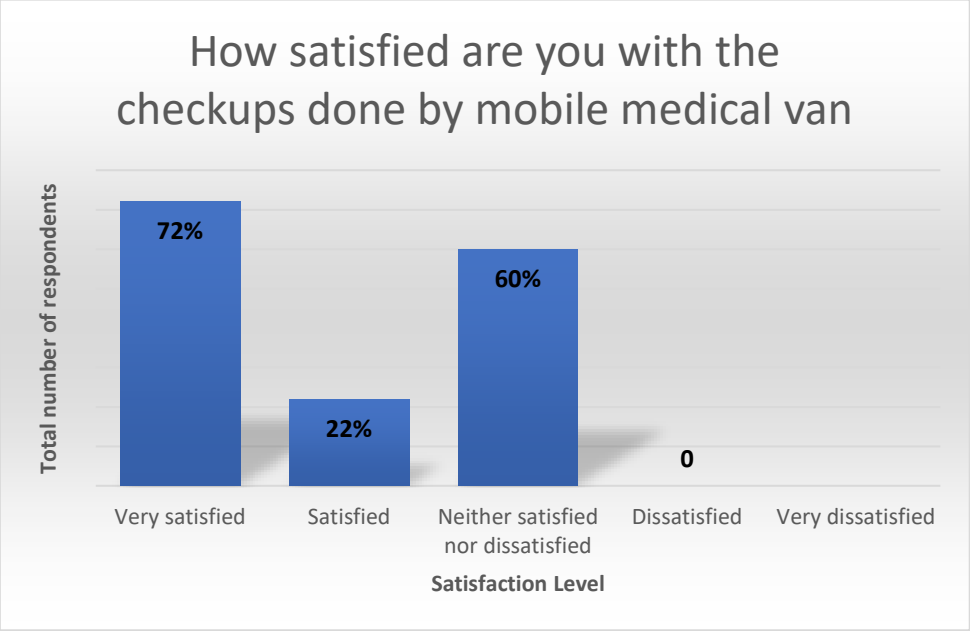


**Figure4.5: Percentage of beneficiaries who are satisfied with the check-ups done by mobile medical van, total 100 respondent (N=100)**

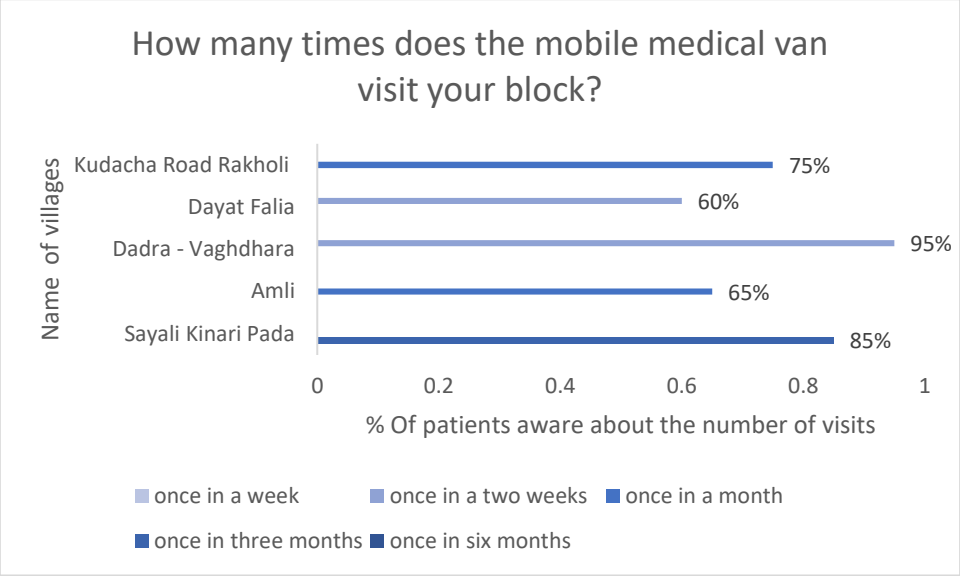


**Figure4.6: Percentage of beneficiaries who are aware about the number of times the MMU has visited their respective block, total 100 respondent (N=100)**

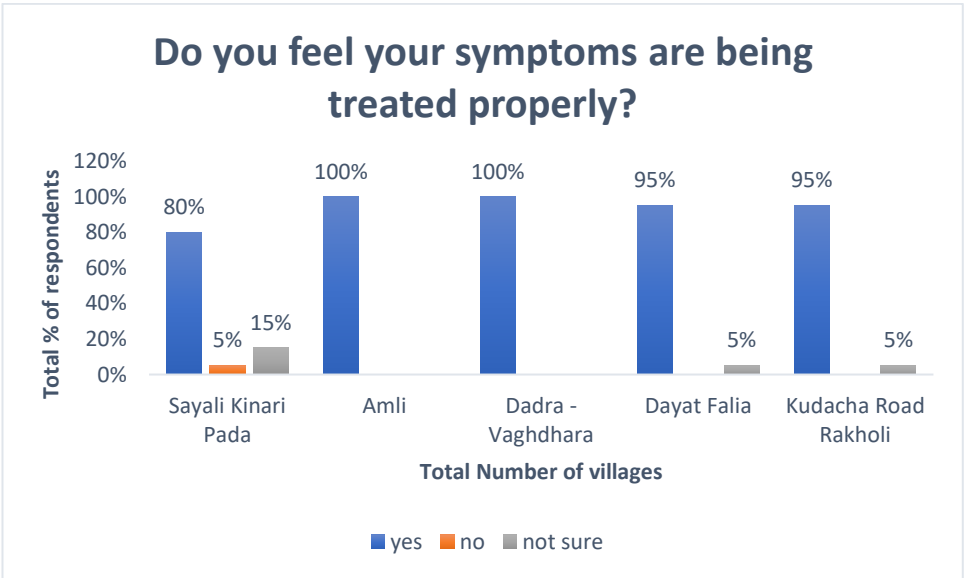


**Figure4.7: Percentage of beneficiaries who feel their symptoms are being treated properly, total 100 respondent (N=100)**

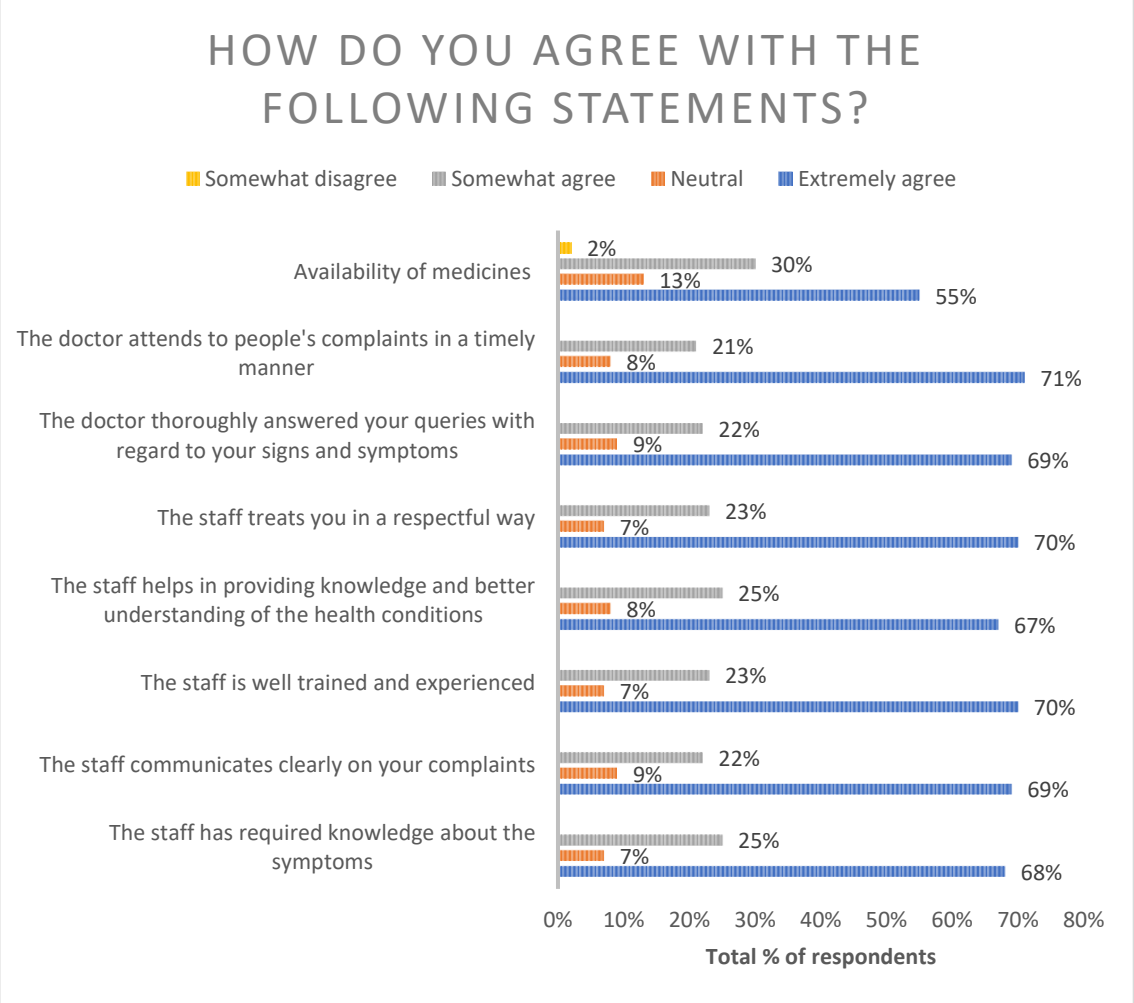


**Figure4.8: Percentage of beneficiaries, who agree with the availability of medicines, doctors and staff behaviours, knowledge and communication, total 100 respondent (N=100)**

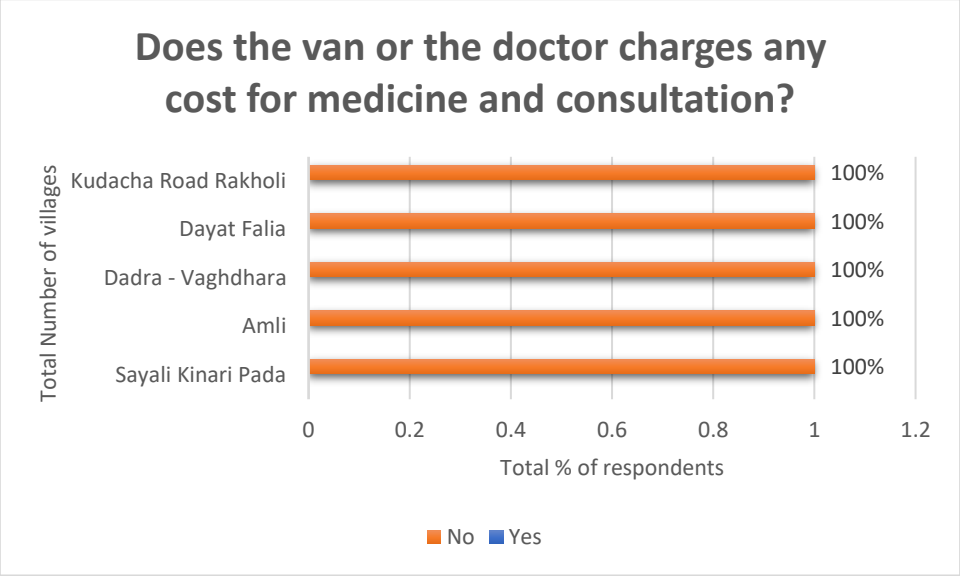


**Figure4.9: Percentage of beneficiaries , who do not perceive that the staff charges any consultation of medication fees,total 100 respondent (N=100)**

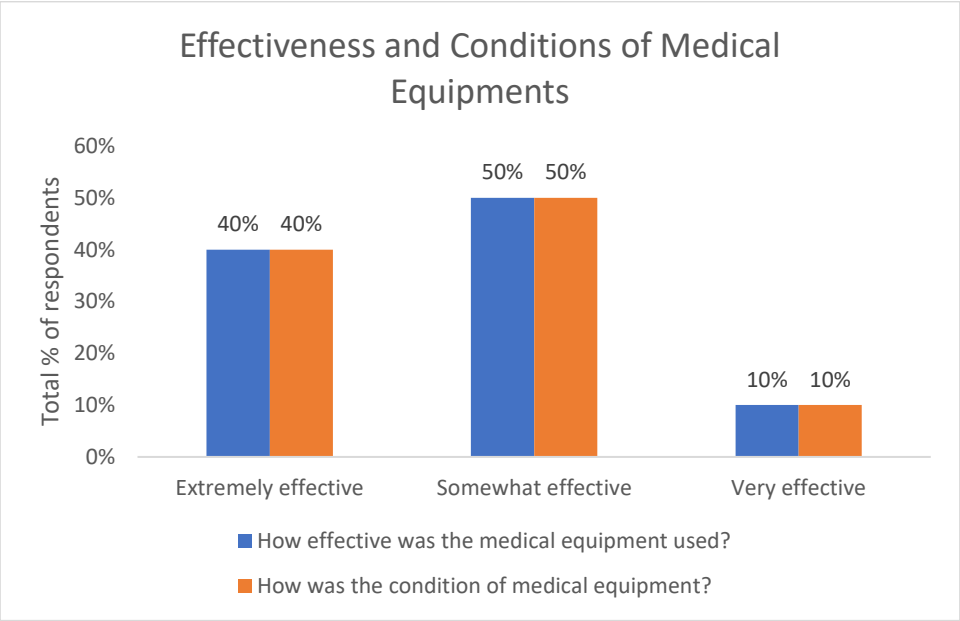


**Figure4.10: Percentage of beneficiaries and their perception on effectiveness and conditions of medical equipment, total 100 respondent (N=100)**

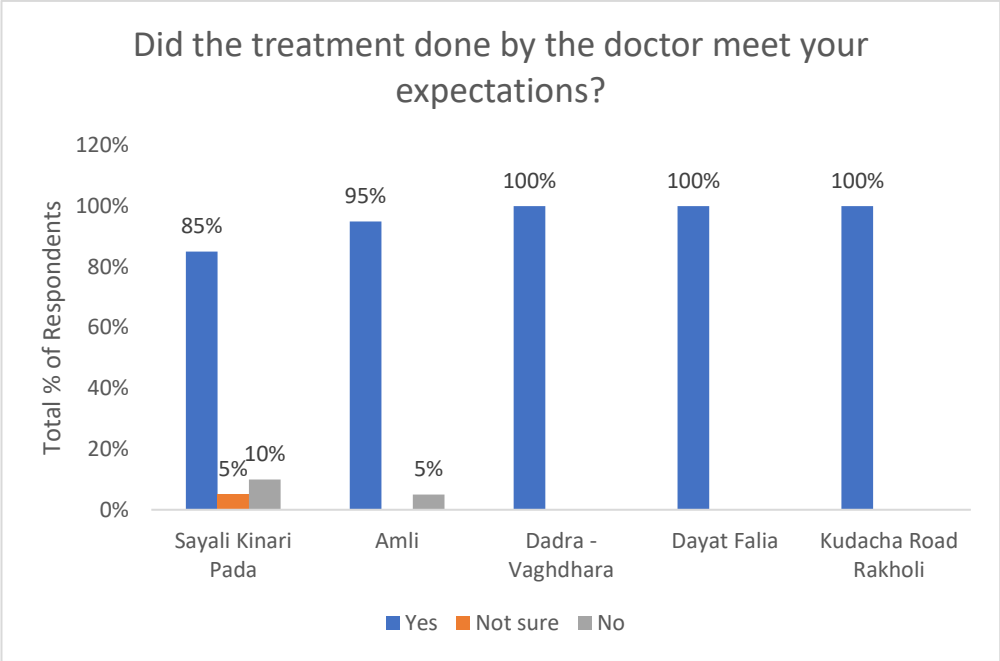


**Figure4.11: Percentage of beneficiaries who perceive that the doctor has met his/her treatment expectations, total 100 respondent (N=100)**

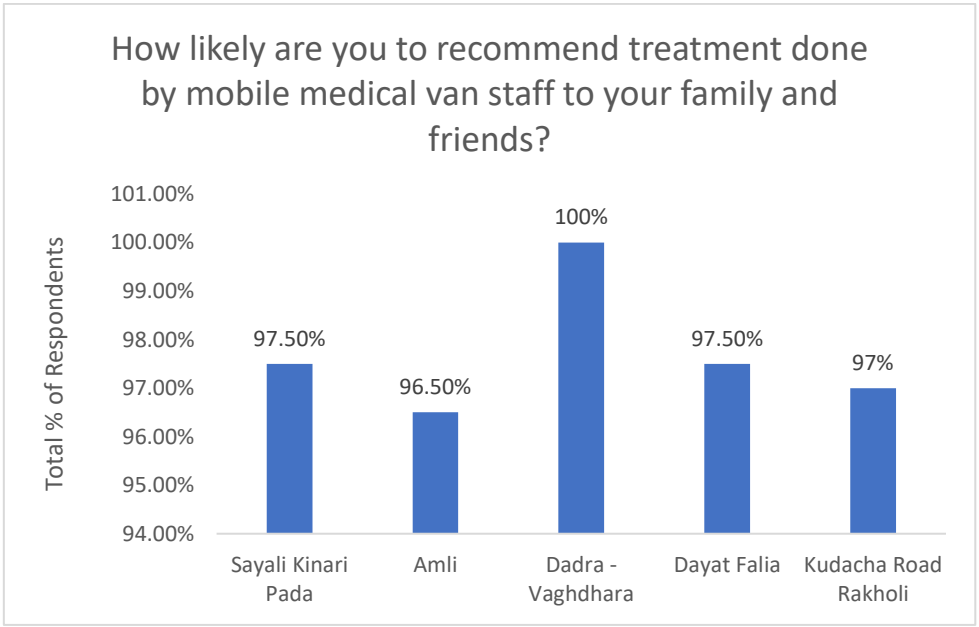


**Figure4.12: Percentage of beneficiaries who will recommend treatment done by mobile medical van staff, total 100 respondent (N=100)**

**Results based on the survey done on the staff:**

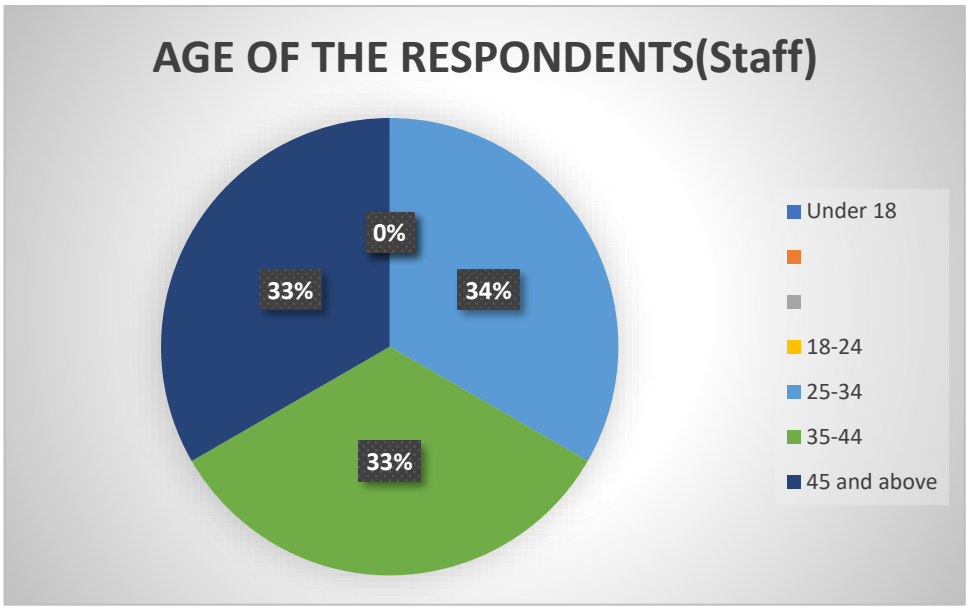


**Figure 4.13: Percentage of age distribution of the study participants(staff) of total 3 respondent (N=3)**

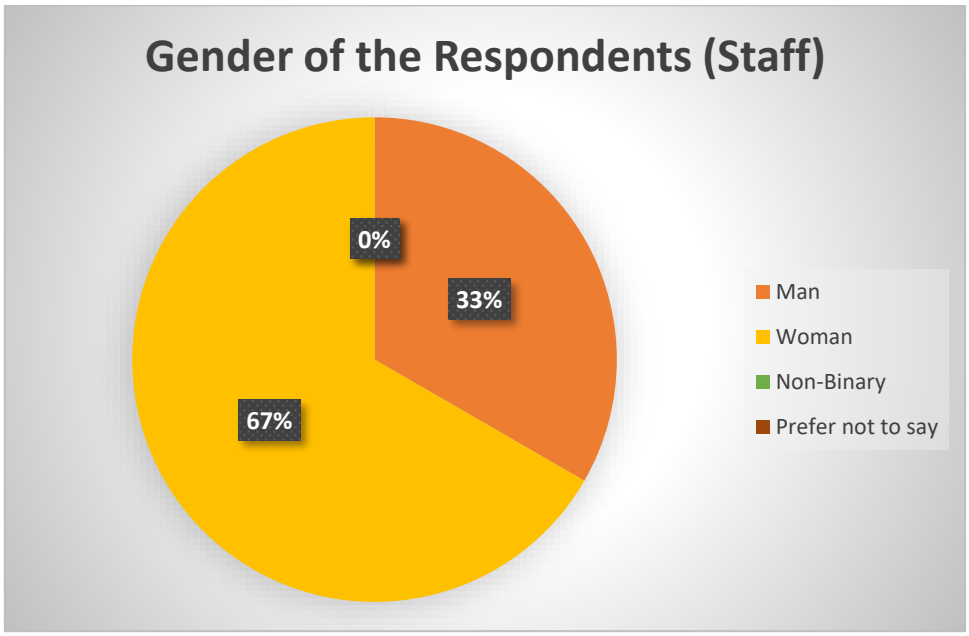


**Figure 4.14: Percentage of gender distribution of the study participants(staff) of total 3 respondent (N=3)**

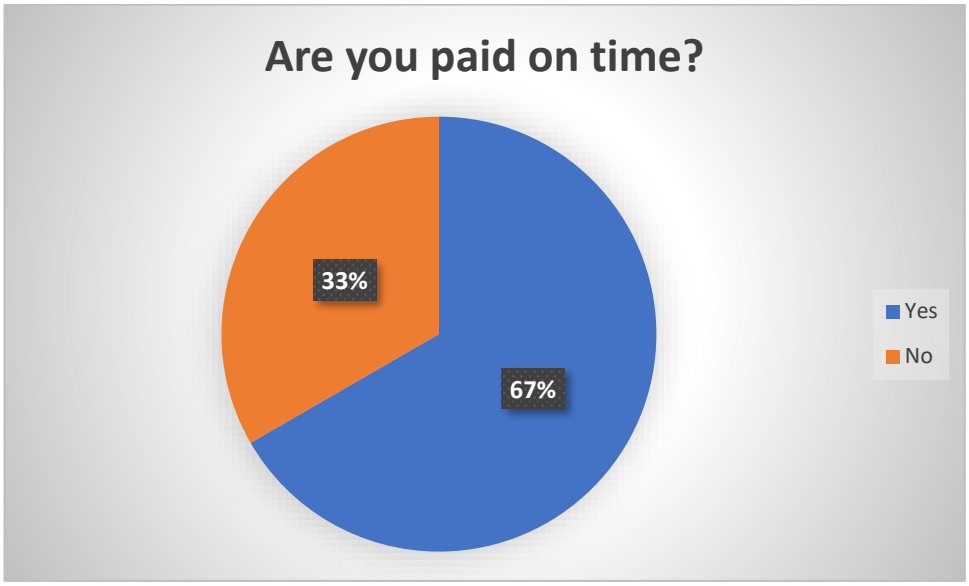


**Figure 4.15: Percentage of staff and their perception about timely pay, total 3 respondent (N=3)**

| | |
|---|---|
| How many villages are covered by the mobile medical van in a week? | >=6 |
| What is the distance of the villages from the government hospital? | >=11 km |
| Activities provided by mobile medical van | Curative services |
| The frequency of visits is more in which season? | Rainy season |
| What kind of diseases do you observe in the population? | Infection - fever/cough/cold; Dermatological Disorders; Dental Issues; |

| | |
|---|---|
| What is the Treatment protocol? (how do you treat the patient - steps) | Govt card-entry-chief complaint-treatment |

**Table 4.1: Table representing the number of villages covered/week, distance of villages from the government hospital, activities done by MMU, frequency of visits, kind of disease observed and the treatment protocol as per the staff of MMU**

| The Reasons - patient prefers mobile medical van | |
|---|---|
| | |
| Doctor | Don’t have to go far to visit govt hospital, Accessible and affordability |
| Nurse | Doctors free consultation and free medication, Patients get their checkup done properly in their vicinity |
| Driver | Patients don't have to visit govt hospital which is quite far from their place, doctors free consultation and free medications, medicines are available |

**Table 4.2: Table representing the reason – patient prefers MMU, according to the staff**

| | |
|---|---|
| How are the medicines dispensed | According to the chief complaints |
| How is diagnosis of the disease made? | Only reference done for major disease |
| Do you face any problem while locating to new places? | No |

**Table 4.3: Table representing the findings based on medicines dispensed, diagnosis of the disease and problem while locating to new places**

## CHAPTER 4.1: INTERPRETATION OF THE GRAPHS

- The total responses got from the MS form was 103 respondents. Out of these, 100 responses were from the beneficiaries of MMU from 5 villages and 3 responses were from the staff who visited all the 5 villages.
- Figure 4.1 shows the age distribution of the study participants(patients), in which majority participants were in the age group 25-34years,comprised of 32%, age group 35-44years comprised one fourth population of study participants while age group 45 and above comprised of 11% .
- Figure 4.2 shows the gender distribution of the study respondents(patients), in which majority were women with 63%, while men comprised of 37%.
- Figure 4.3 shows percentage of beneficiaries distributed according to study location, were each location comprised of one fifth of total number of respondents.
- Figure 4.4 shows education level of the respondents in which majority (61%) had cleared higher secondary while only 1% of the respondents were graduated.
- Figure 4.5 shows that maximum respondents with 72% were very satisfied with the check-ups done by MMU while 60% were neither satisfied nor dissatisfied(first time check-up done from MMU) while 22% were satisfied.
- Figure 4.6 shows the frequency of visits done by MMU, to which 95% respondents from Dadra-Vaghdhara perceived that MMU visited their district once in two weeks, 85% respondents from Sayali Kinari Pada perceived that MMU visited their village once in three months, while 60%respondents from Dayat Falia perceived that MMU visited their village once in two weeks.
- Figure 4.7 depicts the perception of beneficiaries about their symptoms being treated properly in which respondents from four villages namely- Amli, Dadra-Vaghdhara, Dayat Falia, Kudacha Road Rakholi showed about 100% satisfaction, while respondents from Sayali Kinari Pada showed 80% satisfaction.
- Figure 4.8 shows the percentage of beneficiaries, in which 55% extremely agree with the availability of medicines, about 70% extremely agree with the doctors and staff well behaviours, knowledge and way of communication.
- Figure 4.9 shows the percentage of beneficiaries that is 100% in all the 5 villages, who do not perceive that the staff charges any consultation or medication fees

- Figure 4.10 shows the percentage of beneficiaries and their perception on effectiveness and conditions of medical equipment , 40% of the respondents perceive that the medical equipment is effective and is in good condition while about half of the respondents who did not undergo blood sugar level test or blood pressure checked think the medical equipment is somewhat effective.
- Figure 4.11 shows that respondents of 4 villages were 100% sure that the doctor has met his/her treatment expectations, while in Amli 85% respondents were sure about the same.
- Figure 4.12 shows that the beneficiaries of all the 5 villages will recommend treatment done by mobile medical van staff to their family and friends.
- Figure 4.13 shows the Percentage of age distribution of the study participants(staff) of total 3 respondent, which comprised of one third percent of respondents in the age group 25 to 34 years, 35 to 44 years, and above 45years.
- Figure 4.14 shows 2 women and a man participated(staff) in the study which took place in the 5 villages of Dadra and Nagar Haveli
- Figure 4.15 shows the Percentage of staff and their perception about timely pay, that is two third of the respondents perceive that they are paid timely while one third of the respondents perceive that they are not paid timely.
- Table4.1illustrates the following information:
  i) MMU covered >=6 villages in a week
  ii) The distance of the village that have been chosen for treatment by MMU is >=11km from the government hospital.
  iii) Curative services are provided by MMU.
  iv) The frequency of visit is more in rainy season by MMU.
  v) Infectious diseases causing symptoms like cough/fever/cold, dermatological diseases and dental issues are mostly observed in the population.
  vi) Steps to treat the patient involves – Beneficiary showing the Aadhar card/District hospital card, followed by entry of their details, physician knowing about the chief complaints followed by treatment.
- Table 4.2 shows the reason – patient prefers MMU, according to the staff that is majorly due to the accessibility and affordability of MMU. The MMU provides free medical check-ups and medications.
- Table 4.3 represents that the medicines are dispensed on the basis of chief complaints. MMU does not provide diagnosis of the major

illness, the MMU refers the beneficiaries to the district hospital. The staff hardly face any problem while locating to the new places.

# CHAPTER 5: DISCUSSION

From the above results we can see that the maximum respondents were from the age category between 25-34 years and majority of which were women.5 villages visited comprised of 20 respondents each selected randomly for interview with majority of the population who have cleared higher secondary. The respondents majorly were housewives, shopkeepers, factory workers, daily wage labours, students.

It was observed that respondents were extremely satisfied with the check-ups done by the MMU, while there were few respondents who visited MMU for the first time either due to recommendations from family or friends, or due to free check-ups and free medications. This highlights the fact that the patients trust the treatment given by MMU.

The beneficiaries were treated according to the chief complaints presented, but in case of major illnesses like cancer, tuberculosis, leprosy, they were referred to the district hospital. The patients who were suspected of major illnesses were educated and were explained about the procedures and the investigations. This shows that CSR activity – MMU has an impact over the vulnerable population and there is proper integration between MMU and the district hospital.

The patients with symptoms like cough, fever, cold, diarrhoea or any kind of dermatological infection, dental issues were treated but in case of prolong illnesses were referred to the District hospital.

It was observed that the MMU visited the assigned village atleast once in three months and the people were much aware about the MMU and the services provided by it. This shows the activities done by MMU has made an impression over the population.

The beneficiaries were extremely satisfied about their symptoms being treated properly, especially for the beneficiaries who had consulted MMU before. The beneficiaries agreed that the staff in MMU are well trained, knowledgeable, treated them respectfully, communicated properly however, the only issue few beneficiaries faced was nonavailability of medicines that were prescribed from the district hospital. Almost

every respondent perceive that the staff do not charge any consultation or medication fees.

With respect to the effectiveness and condition of medical equipment the respondents who availed services were 40% who were satisfied with the functioning of the equipment while 50% respondent who did not avail random blood sugar test or check their blood pressure were unsure about the status of the equipment. Mega health camps were held by MMU in every village. This demonstrates that the respondents also took advantage of free consultations or services for illnesses like fever, colds, and coughs that may be treated quickly without travelling far to a district hospital.
Majority of the respondents were satisfied with the treatment expected by the MMU and it was observed that the respondents were recommending their family and friends to avail the services provided by MMU.
The staff of MMU comprises of –
Physician-1, Nurse-1, Driver-1 and overall experience of the staff in being the part of CSR activity is good. About two third of the respondents were satisfied with the timely pay however, there was no increment observed. MMU covers more than 6 villages of Union territory in a week, the distance of the villages chosen by MMU for check-ups are 11km away from the district hospital which is one of the most important reasons of availing services from MMU. The MMU usually covers two villages in a day which helps the vulnerable population timely, hence being one of the reasons of the impact caused by MMU services.

Patients believe it is crucial to receive individualised care, which is provided at MMU, whereas district hospitals that serve a sizable population find it challenging. Few other reasons of availing the services are free consultation and free medications, also many beneficiaries believed that they were not being treated properly by the private hospitals and were charged with huge amount of money. Although the patients are very pleased with the services rendered by the staff, they were unsure of the dosage because the prescription medications were not dosage-labelled.

Additionally, it was highlighted that the personnel had trouble entering patient information due to the high demand for MMU, demonstrating the necessity for computer technology to make the job simpler and safer for patient record keeping. It was challenging to provide treatment for each patient individually because there were not enough employees to handle more than fifteen times their strength.

It was noted that the vehicle was in poor condition at the time the study was carried out. The steps patients used to enter the van were almost going to collapse, and the van's AC was not working. This shows the servicing of the van being the need of an hour.

The notion MMU provides free health check-ups , including diagnostic capabilities of laboratory and free medication, to community in rural locations and semi-urban locations where no facilities related to health were present. However, there are numerous adjustments to be taken into consideration.

# CHAPTER 6: CONCLUSION

After performing research, it can be concluded that GOLIL's effort to carry out the CSR activity of MMU has considerably bettered the lives of vulnerable populations. MMU has increasingly become one of the most essential components of delivering healthcare to the remote and vulnerable population.

The study shows the positive impact on the population from the check-ups done by MMU as the patients tested by MMU per village goes above 80 patients per village in Dadra and Nagar Haveli.

Majority of the patients who availed services were women, hence it is important to also educate them about the importance of health and safety measures to protect her family from any diseases. Since the study population had majorly cleared higher secondary, they were much aware about the unqualified professionals and preferred MMU.

People availing services from MMU were extremely satisfied with the treatment protocols followed by the staff and were satisfied with the medical equipment used. MMU is a unique concept which can be used as a potential to lessen both communicable as well as non-communicable diseases amongst the vulnerable populations.

With the help of study, it is evident that the impact of this CSR initiative is interesting, there is an integration between the district hospital and MMU, as the patients are educated about the severity of illnesses and are referred to district hospital.

The importance of health is still not well acknowledged in India. To establish a balance between the accessible and vulnerable population, the government has developed several measures. One of the key initiatives is MMU, and with the aid of CSR initiatives, a lot more MMUs are now accessible to the vulnerable people. With such a short time frame, this project has had a significant impact on the health and public attitude of using MMU services in tribal areas like Dadra and Nagar Haveli.

A dramatic increase in the need for infrastructure and manpower is typically seen when most of the population uses medical services. This study illustrates the need to deal with

the above-mentioned problem. Additionally, it's crucial to plan properly and notify the district representative one day in advance.

The fact that MMU offers free medical care, laboratory diagnostic tools, and medication to residents of rural places where no medical facility was previously available is very beneficial. The MMU is able to offer curative treatments to the community who could not avail medical services easily, which has greatly pleased the clientele.

## 6.1: Recommendations

1) In addition to the current staff, there should be provision for one physician, one nurse and one pharmacist. This will ease the pressure on the current personnel and allow patients to receive timely and effective care.

2) It is necessary to plan the MMU visit properly and to notify the village/block representative one day prior for majority of vulnerable population to avail free health check-ups and treatment from MMU.

3) The staff's hard efforts have resulted in the success of CSR activity at MMU. As a result, it's crucial to provide them with incentives and ensure that the personnel at the MMU gets paid on schedule.

4) It was discovered that the medication packaging did not contain any stickers indicating the recommended dosage, so these stickers should be available.

5) It was noted that the van was in disrepair when the study was conducted. The vehicle's AC was not functioning, and the steps that patients used to access the van were practically about to collapse. It's crucial to have the van serviced (atleast once in every six months) and to inspect the equipment inside.

6) IEC resources should be made available to inform tribe members about the importance of health and quacks and their practises. There should be weekly visit of a public health specialist to educate the same.

7) Utilisation of computer technology: Each person's records in the practise must be kept on computers, and patient queues must be handled by a token vending machine.

8) There should be other laboratory tests accessible in addition to the B.P. kits and random blood sugar testing kits.

## CHAPTER X: REFERENCES


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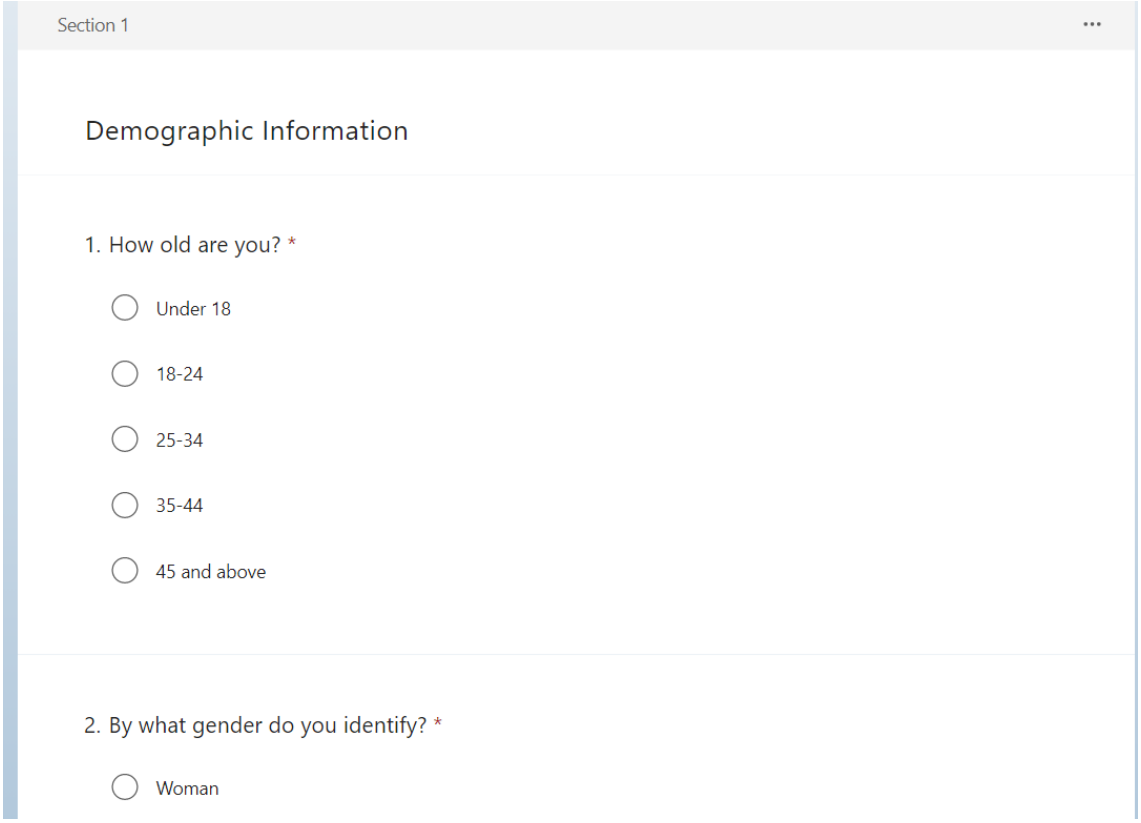
## Annexure 1


English (United States)
Patient satisfaction
Evaluation Survey
SILVASSA
Start now


Section 1
Demographic Information
1. How old are you? *
Under 18
18-24
25-34
35-44
45 and above
2. By what gender do you identify? *
Woman

- ◯ Man
- ◯ Non-binary
- ◯ Prefer not to say

3. Where are you located? *

Enter your answer

4. What is your marital status? *

- ◯ Married
- ◯ Single
- ◯ Divorced
- ◯ Widowed

5. What is your level of education? *

- ◯ Primary
- ◯ Secondary
- ◯ Higher Secondary
- ◯ Graduate
- ◯ Post-Graduate

6. What is your occupation? *

Enter your answer

7. How satisfied are you with the checkups done by mobile medical van? *

- ◯ Very satisfied
- ◯ Satisfied
- ◯ Neither satisfied nor dissatisfied
- ◯ Dissatisfied
- ◯ Very dissatisfied

8. How many times does the mobile medical van visit your ward? *

- ◯ once in a week
- ◯ once in a two weeks
- ◯ once in a month
- ◯ once in three months
- ◯ once in six months

9. Do you feel your symptoms are being treated properly? *

- ◯ Yes
- ◯ No
- ◯ Not sure

10. How would you rate the activities done by the mobile medical van - staff and equipment used? *

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|

Poor Excellent

11. How do you agree with the following statements? *

| | Extremely disagree | Somewhat disagree | Neutral | Somewhat agree | Extremely agree |
|---|---|---|---|---|---|
| The staff has required knowledge about the symptoms | ○ | ○ | ○ | ○ | ○ |
| The staff communicates clearly on your complaints | ○ | ○ | ○ | ○ | ○ |
| The staff is well trained and experienced | ○ | ○ | ○ | ○ | ○ |
| The staff helps in providing knowledge and better understanding of the health conditions | ○ | ○ | ○ | ○ | ○ |
| The staff treats you in a respectful way | ○ | ○ | ○ | ○ | ○ |
| The doctor thoroughly answered your queries with regard to your signs and symptoms | ○ | ○ | ○ | ○ | ○ |
| The doctor attends to people's complaints in a timely manner | ○ | ○ | ○ | ○ | ○ |
| Availability of medicines | ○ | ○ | ○ | ○ | ○ |

12. Does the van or the doctor charges any cost for medicine and consultation? *

- ◯ Yes
- ◯ No
- ◯ Sometimes

13. How effective was the medical equipment used? *

- ◯ Extremely effective
- ◯ Very effective
- ◯ Somewhat effective
- ◯ Not so effective
- ◯ Not at all effective

14. How was the condition of medical equipment? *

- ◯ Extremely effective
- ◯ Very effective
- ◯ Somewhat effective
- ◯ Not so effective
- ◯ Not at all effective

15. Did the treatment done by the doctor meet your expectations? *

- ◯ Yes
- ◯ No
- ◯ Not sure

16. How likely are you to recommend treatment done by mobile medical van staff to your family and friends? *

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|

Not at all likely — Extremely likely


Demographic Information - staff

1. How old are you? *

- ◯ Under 18
- ◯ 18-24
- ◯ 25-34
- ◯ 35-44
- ◯ 45 and above

2. By what gender do you identify? *

- ◯ Woman
- ◯ Man
- ◯ Non-binary

- ◯ Prefer not to say

3. What is your profession? *

- ◯ Nurse
- ◯ Doctor
- ◯ Others

Section 2 ...

## Staff Evaluation Survey

4. Name of the village *

Enter your answer

5. How many wards are covered by the mobile medical van in a week? *

- ◯ <=5
- ◯ >=6

6. What is the distance of the ward from the government hospital? *

- ◯ <=10 km
- ◯ >=11 km

7. Activities provided by mobile medical van *

- ◯ Curative services
- ◯ First Aid
- ◯ Referral Services
- ◯ Family Planning
- ◯ ANC
- ◯ PNC

8. How would you rate the types of equipment present in the mobile medical van? *

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|

Poor Excellent

9. How is the condition of medical equipment? *

- ○ Good
- ○ Fair
- ○ Poor
- ○ Very good
- ○ Exceptional

10. What kind of diseases do you observe in the population? *

Please select 3 options.

- ☐ Infection - fever/cough/cold
- ☐ Cardiovascular diseases
- ☐ Respiratory diseases
- ☐ ENT Related disorders
- ☐ Renal Disorders
- ☐ Liver Diseases
- ☐ Endocrine Disorders(DM)
- ☐ Dermatological Disorders
- ☐ Skeletal Issues
- ☐ Injury/Burns
- ☐ Eye Problems
- ☐ Dental Issues
- ☐ Cancer
- ☐ Anemia

11. How many patients are treated by you per day? *

- ◯ <=15
- ◯ 16 to 30
- ◯ 31 to 45
- ◯ >=45

12. Is screening for TB/HIV/Cancer and Immunization provided by mobile medical van? *

- ◯ Yes
- ◯ No

13. How satisfied are you with the checkups provided by mobile medical van? *

- ◯ Very satisfied
- ◯ Satisfied
- ◯ Neither satisfied nor dissatisfied
- ◯ Dissatisfied
- ◯ Very dissatisfied

14. The reason - patient prefers mobile medical van *

Enter your answer

15. What is the Treatment protocol? (how do you treat the patient - steps) *

Enter your answer

16. How are the medicines dispensed *

Enter your answer

17. How is diagnosis of the disease is made? *

Enter your answer

18. The frequency of visits is more in which season? *

Enter your answer

19. What time of the day do you visit the wards? *

- ◯ Morning
- ◯ Afternoon
- ◯ Evening
- ◯ All of the above

20. Do you face any problem while locating to new places? *

- ◯ Yes
- ◯ No
- ◯ Sometimes

21. Are you paid on time? *

- ◯ Yes
- ◯ No

**(The MS form ended after this)**

**Annexure 2**

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