

# **Impact Assessment Report On Mobile Medical Unit Project**

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**Martur-523301, Bapatla district, Andhra Pradesh**

# Impact Assessment Report On Mobile Medical Unit Project

1. **Title of the Report:** Impact Assessment Report for Mobile Medical Unit Project
2. **Project Name:** Mobile Medical Unit Project
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5. **Location of the Project:** 19 Villages of Pedanandipadu, Prattipadu, Mangalagiri, and Tadepalli Mandals are covered under Mobile Medical Unit and 37 villages of Palnadu district Chilakaluripet, Nadendla, Edlapadu, Narsaraopet, Nakarikallu, Rajupalem, Bollapalli, and Ipur Mandals are covered under the Mobile Medical Unit.

## Executive Summary:

The Mobile Medical Unit (MMU) initiative, implemented by the AWARD organization, aimed to enhance healthcare access for marginalized and tribal communities in the Guntur and Palnadu districts of Andhra Pradesh. Spanning 14 months (June 1, 2021 – August 31, 2022), the project covered 56 villages across 12 mandals, benefiting 3,520 individuals.

The MMU provided essential healthcare services including general disease screenings, anemia awareness, HB tests, distribution of nutritional food, basic medications, and referrals to local healthcare centers. In collaboration with local partners, the program also focused on promoting preventive health education, such as awareness of seasonal diseases, hygiene, and nutrition.

The primary objectives of the MMU were to improve access to healthcare, deliver primary and specialized medical services, and engage communities in health education. Scheduled visits to remote locations ensured that healthcare reached underserved populations. Additionally, immunization campaigns, maternal and child health services, and follow-up care were integral components of the initiative.

Through this project, the MMU addressed healthcare disparities, empowered communities, and contributed to the overall health and well-being of tribal and marginalized populations, fostering stronger local capacity for sustainable healthcare delivery.

## Introduction:

This impact assessment report evaluates the Mobile Medical Unit (MMU) project implemented by the AWARD organization in Guntur and Palnadu districts of Andhra Pradesh. The project, aimed to improve healthcare access for marginalized and tribal communities by providing essential medical services directly to remote areas. Covering 56 villages, the MMU facilitated health screenings, preventive care, awareness campaigns, and basic treatments, benefiting 3,520 individuals. This assessment analyzed the outcomes of the initiative,

including service delivery, community engagement, and the overall impact on healthcare access and health outcomes in these underserved regions.

### **Project Overview:**

The Mobile Medical Unit (MMU) project, implemented by AWARD organization, aimed to provide accessible healthcare to tribal and marginalized communities in Guntur and Palnadu districts of Andhra Pradesh. covering 56 villages across 8 mandals, 19 villages in Guntur district (Pedanandipadu, Prathipadu, Mangalagiri, Tadepalli) and 37 villages in Palnadu district

(Chilakaluripet, Nadendla, Edlapadu, Narsaropet, Nekarikallu, Rajupalem, Bollapalli, Ipur). The MMU provided essential services to 3,520 individuals, including general disease screenings, awareness on seasonal diseases, anemia and HB testing, distribution of nutritional food, basic medicines, and referral services to local healthcare centers. The project's objectives included improving healthcare accessibility, promoting preventive health, providing primary and specialized care, and building local healthcare capacity. A single mobile medical unit facilitated outreach, enhancing community health education and trust while addressing healthcare disparities in remote, underserved areas.

### **Baseline Data and Context**

- **Demographic Profile:** The target communities are primarily tribal and marginalized groups located in remote areas across 56 villages in Guntur and Palnadu districts. The total population served was 3,520 individuals, predominantly living in rural settings with limited access to healthcare services. The socio-economic status of these communities is generally low, with high dependency on agriculture and daily wage labor.
- **Healthcare Access Before MMU:** Before the introduction of the Mobile Medical Unit (MMU), these areas had minimal healthcare infrastructure, with the nearest healthcare centers being distant and often difficult to reach due to poor transport and roads. Few local health workers were available, and public health services were under-resourced.
- **Health Indicators:** Health indicators before the MMU's intervention reflected high rates of seasonal diseases, anemia, and limited maternal and child health services. Prevalent health issues included malnutrition, high infant mortality, and a lack of awareness regarding preventive health practices.

### **Objectives of the Impact Assessment:**

**The impact assessment of the Mobile Medical Unit (MMU) aims to evaluate the overall effectiveness and outcomes of the project, focusing on the following key objectives:**

- **To Assess Health Impact:** Analyze improvements in access to healthcare services and the quality of care provided by the MMU, including disease screenings, prevention programs, and treatment outcomes.
- **To Evaluate Social Impact:** Examine the social effects of the MMU on the target communities, such as increased health awareness, improved hygiene practices, and community engagement in health initiatives.

- **To Identify Economic Impact:** Assess any economic changes resulting from the MMU, such as reduced healthcare costs, improved workforce participation, and decreased dependence on distant healthcare facilities.
- **To Assess Environmental Impact:** Review potential environmental effects of the MMU, such as fuel usage, waste generation, and sustainability practices.
- **To Provide Recommendations:** Offer actionable suggestions for improving the MMU's design, implementation, and long-term impact on the communities served.
- Measure the extent to which healthcare access has improved for marginalized and tribal communities.
- Evaluate the success of health screenings, awareness campaigns, and preventive care initiatives.
- Assess community engagement and the sustainability of healthcare interventions.
- Analyze the overall health outcomes, including reductions in seasonal diseases and anemia.
- Identify challenges faced during implementation and provide recommendations for future improvements.

### **Methodology:**

- **Field Observations:** Observing the implementation process, including outreach activities and coordination, to identify challenges and successes.
- **Surveys/Interviews:** Surveys were conducted with beneficiaries, stakeholders, and community members to assess satisfaction, health outcomes, and perceived improvements in healthcare access.
- **Focus Group Discussions:** Discussions were held with community leaders, healthcare professionals, and local supporters to gain insights into the social and community-level impacts.
- **Case Studies:** Specific instances of MMU service delivery were documented, highlighting success stories and challenges faced.
- **Sampling Strategy:** A combination of purposive and random sampling was used to ensure representation from various beneficiary groups across the 56 villages served by the MMU.
- **Data Analysis Techniques:** Qualitative data were analyzed through thematic analysis, while quantitative data were processed using descriptive statistics to assess health outcomes.
- **Limitations:** Potential challenges included incomplete health records, varying levels of literacy among beneficiaries, and access to remote villages for interviews.

This impact assessment focuses on evaluating the Mobile Medical Unit (MMU) project implemented by AWARD organization, specifically assessing its effectiveness in improving healthcare access for marginalized communities in Guntur and Palnadu districts.

**The assessment covers the following key areas:**

- **Health Outcomes:** Analyzing improvements in general health, disease prevention, and awareness regarding seasonal diseases, anemia, and maternal and child health. It examined the effectiveness of health screenings, HB tests, and other general health issues.
- **Social Impacts:** Evaluating the impact of the MMU on community engagement, health education, and empowerment, as well as trust-building with healthcare services.
- **Economic Impacts:** Assessing how access to healthcare services has affected the economic well-being of beneficiaries, including the reduction of healthcare-related costs.
- **Operational Considerations:** Reviewing the logistics, outreach efforts, and efficiency of the mobile unit's operations in remote areas.
- **Sustainability and Capacity Building:** Understanding the local capacity-building efforts and sustainability of healthcare services post-project.

### Target Audience:

The impact assessment report of the Mobile Medical Unit (MMU) project primarily benefits the following stakeholders:

- **Healthcare Providers:** Public and private healthcare institutions, as well as healthcare professionals, gained insights into how mobile medical services complement existing healthcare infrastructure and can be integrated for improved healthcare delivery in underserved areas.
- **Donors and Funders:** Organizations, agencies, and individuals who have funded or are considering supporting such healthcare initiatives finding values in the impact assessment to measure the return on investment, outcomes, and areas for further support.
- **Local Communities:** Beneficiaries of the project, including tribal and marginalized communities, indirectly benefitted through improved healthcare services, empowerment, and sustainable health outcomes.

### Referral Services:

The Mobile Medical Unit (MMU) has been deployed as part of an essential initiative to provide accessible healthcare services to underserved communities in the region. This assessment evaluates the impact of MMU operations in addressing key health issues, including Tuberculosis (TB), chronic diseases, and other health conditions. The MMU provides referral services and is integrated into the broader healthcare system, with a strong connection to local health centers, area hospitals, Primary Health Centers (PHCs), and Community Health Centers (CHCs).

- Identification and referral of major health issues: TB, chronic diseases, and other common ailments.
- Strengthening referral pathways to health centers: Ensuring patients are directed to appropriate healthcare facilities for further treatment.

- Improvement in healthcare accessibility: Measuring the reach and accessibility of MMU services to remote or underserved areas.
- Health Issues Addressed by MMU: The MMU has been particularly effective in identifying and managing the following major health issues:
  - Tuberculosis (TB): Early detection and referral of TB cases to specialized treatment centers.
  - Chronic Diseases: Management of conditions like hypertension, diabetes, and asthma, and timely referrals to hospitals or clinics for further care.
  - Other Ailments: General medical consultations for conditions such as respiratory infections, gastrointestinal issues, and minor injuries.
- Referral Network Overview: The MMU operates in close coordination with various health facilities across the region to ensure that patients receive proper care. The key facilities include:
  - **Area Hospitals:** Narsaraopet, Chilakaluripet and Guntur
  - **Primary Health Centers (PHCs):** Pedanandipadu, Nadendla, Edlapadu, Nekarikallu and Rajupalem
  - **Community Health Centers (CHCs):** Sattenapalli and Prathipadu
- **Other Health Centers:** Mangalagiri, Tadeaplli, Prathipadu, Chilakaluripetm, Narsaraopet, Vinukonda and Sattenapalli.

#### **Timely Referral and Treatment for TB:**

TB patients identified by the MMU were quickly referred to specialized treatment centers such as Narsaraopet and Guntur. This has led to a decrease in untreated TB cases and better overall management of the disease in the region.

- **Management of Chronic Diseases:**  
The MMU has played a vital role in detecting and monitoring chronic diseases, including hypertension and diabetes. Through referrals to PHCs and area hospitals, patients have received continuous care, which has improved long-term health outcomes.
- **Reduction in Emergency Cases:**  
With regular visits and early detection, the MMU has helped in reducing the number of emergency cases that previously required immediate intervention at hospitals, especially in areas like Sattenapalli and Prathipadu.
- **Challenges and Areas for Improvement:**  
Referral Delays: Some areas, especially those with fewer health facilities, experience delays in referrals due to logistical constraints.

- **Limited Resources at Satellite Health Centers:** Some smaller health centers are overwhelmed by the number of referrals and may lack the capacity to handle the influx of patients.
- **Awareness Campaigns:** While the MMU is effective in identifying and treating common health issues, there is a need for enhanced public awareness campaigns to encourage early consultations and follow-ups.

### **Key Findings:**

The impact assessment of the Mobile Medical Unit (MMU) project revealed several positive outcomes and challenges:

- **Improved Healthcare Access:** The MMU successfully provided essential healthcare services to remote and underserved communities, improving access to medical care for 3,520 individuals across 56 villages.
- **Health Awareness and Education:** Community health awareness campaigns on seasonal diseases, anemia, and nutrition significantly increased understanding of preventive health practices.
- **Primary Healthcare Services:** The MMU delivered primary healthcare, including disease screenings, HB tests, and nutrition support, addressing key health issues in marginalized populations.
- **Referral and Follow-up Services:** Referral services to local healthcare centers improved timely access to specialized care, and follow-up services ensured continued health support.
- **Community Engagement:** The project fostered trust and collaboration between the community and healthcare providers, strengthening local healthcare delivery.
- **Challenges:** Challenges included logistical coordination for remote locations, limited local healthcare infrastructure, and a need for continued community education on sustained healthcare practices.

These findings highlight the project's positive impact but also emphasize areas for future improvement.

### **Recommendations:**

**Based on the impact assessment of the Mobile Medical Unit (MMU) project, the following recommendations are proposed to enhance the project's effectiveness:**

- **Expand Coverage and Frequency:** Increase the frequency of visits to remote locations, especially during peak disease seasons, to ensure continued healthcare access and early intervention for preventable illnesses.
- **Strengthen Community Engagement:** Intensify community health education campaigns, focusing on long-term health practices and the importance of preventive care, to ensure lasting behavior change.

- **Enhance Local Healthcare Infrastructure:** Collaborate with local health authorities to improve infrastructure and facilities in remote areas, enabling better referral and follow-up care.
- **Improve Logistics and Coordination:** Invest in better transportation and outreach coordination to overcome logistical challenges, ensuring more efficient service delivery.
- **Build Capacity for Sustainability:** Provide training to local healthcare providers and community health workers to build sustainable healthcare capacity and ensure ongoing health services after the project's conclusion
- **Operational Improvements:** To enhance service delivery, regular maintenance of the MMU vehicle is crucial to ensure minimal downtime. Additionally, providing ongoing staff training in both medical and community engagement skills improved the quality of care and strengthened relationships with beneficiaries. Scheduling should be optimized to accommodate more frequent visits to remote areas, ensuring broader reach.
- **Community Involvement:** Increasing community participation through local health committees and engaging community leaders in awareness campaigns can foster trust and improve the uptake of services.
- **Sustainability Strategies:** Long-term sustainability can be achieved through establishing local partnerships with healthcare providers and government agencies to share resources. Securing diverse funding sources, including government grants and donations, will reduce dependency on external funding.
- **Policy and Advocacy:** Advocacy for policy reforms at the local and regional levels is needed to ensure continued support for mobile healthcare initiatives. Government policies should be aligned to promote and institutionalize MMUs as a permanent healthcare solution for marginalized communities.

## Impact Analysis

### Positive Impacts:

- **Improved Access to Healthcare:** The MMU significantly enhanced access to healthcare, reaching 3,520 individuals across remote and underserved communities, and providing timely medical care that was otherwise inaccessible.
- **Health Outcomes:** Key health indicators, such as the reduction of seasonal diseases and anemia, showed improvement. Maternal and child health services, along with routine screenings, contributed to better health outcomes.
- **Health Education and Awareness:** The MMU's awareness campaigns on hygiene, nutrition, and seasonal diseases led to increased health literacy among community members.
- **Capacity Building:** Local health workers gained exposure to medical services, enhancing their skills through MMU activities.
- **Community Engagement:** The MMU fostered trust and cooperation, with community members actively participating in health education workshops and decision-making.

### Negative Impacts



- **Resource Constraints:** Logistical challenges, including fuel consumption and equipment maintenance, posed difficulties in reaching remote areas consistently.
- **Impact on Local Healthcare Infrastructure:** The MMU's mobile services did not replace local healthcare facilities but sometimes created a reliance on the unit, hindering the growth of permanent infrastructure.
- **Cultural or Behavioral Barriers:** Some community members were initially reluctant to accept mobile healthcare due to unfamiliarity with the service.

### **Unintended Impacts:**

**Community Perceptions:** While some community members appreciated the MMU's convenience, others felt it was an inadequate substitute for permanent healthcare facilities.

**Environmental Impact:** The MMU's operations contributed to fuel consumption and waste generation, although efforts were made to mitigate these impacts.

**Financial Sustainability:** Financial dependence on external funding raised concerns about the long-term sustainability of the MMU services

### **Stakeholder Engagement and Feedback:**

- **Stakeholder Identification:** Key stakeholders for the Mobile Medical Unit (MMU) project include local communities (residents of 56 villages in Guntur and Palnadu districts), healthcare providers (local health workers, MMU staff), government agencies (local health departments), community leaders, and external collaborators (nutrition support providers and healthcare centers).
- **Stakeholder Consultation Process:** Stakeholders were engaged through surveys, one-on-one interviews, focus group discussions, and community meetings. Feedback was gathered from beneficiaries, local healthcare providers, and community leaders to assess the MMU's effectiveness and identify areas for improvement.
- **Feedback Summary:** Stakeholders expressed appreciation for the MMU's accessibility and its role in raising health awareness. However, concerns were raised regarding the sustainability of the project, logistical challenges in reaching remote areas, and the need for further community sensitization on the MMU's services. Suggestions for improvement included increasing follow-up care and strengthening collaboration with local healthcare centers for more comprehensive services.

### **Conclusion**

The Mobile Medical Unit (MMU) project has made significant steps in improving healthcare access for marginalized communities in Guntur and Palnadu districts. By providing essential services such as general disease screenings, health education, and distribution of medicines, the MMU has successfully addressed critical healthcare disparities in remote areas. The project enhanced health outcomes, particularly in reducing the prevalence of seasonal diseases and anemia, while also promoting preventive health education. Community

engagement has strengthened through workshops and health awareness campaigns, fostering trust and active participation in healthcare decisions.

The MMU has met its primary objective of improving access to healthcare, with 3,520 beneficiaries receiving services during the 14 months. While challenges such as logistical constraints remain, the project demonstrates potential for scaling. Future efforts should focus on expanding coverage, ensuring sustainability, and strengthening local healthcare infrastructure, positioning the MMU as a model for replication in other underserved regions.

The MMU has had a substantial impact on improving healthcare access and outcomes for underserved communities. The seamless integration of MMU services with local health centers, area hospitals, and PHCs has ensured timely medical interventions, better management of chronic diseases, and early identification of TB cases. While challenges remain, particularly related to resource constraints and awareness, the MMU has proven to be an invaluable asset in the region's healthcare delivery system.

This report serves as a valuable resource for monitoring the effectiveness of MMU services and offers insights for improving healthcare delivery in the region.

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