



Impact Assessment Report

Transport Arogyam Kendra Program

Enhancing access to primary healthcare for truckers and the transport community

Implementing Partners - Family Planning Association of India,
Gramalaya and Smile Foundation

FY 24-25

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Acknowledgement

This impact assessment report is the result of the collective efforts and cooperation of multiple stakeholders who contributed their time, knowledge, and perspectives throughout the assessment process. We would like to express our sincere gratitude to HDB Financial Services for commissioning this study and for its continued commitment to improving access to healthcare for truck drivers and transport workers. The organisation's guidance and support at various stages of the assessment helped shape both the scope and analytical direction of the study.

We extend our heartfelt appreciation to the implementing partners—Family Planning Association of India, Gramalaya, MAMTA Health Institute for Mother and Child, and Smile Foundation—for their consistent cooperation and openness during the assessment. Their teams facilitated field visits to Transport Aarogyam Kendra, shared programme documentation, supported beneficiary interactions, and provided valuable insights into the operational and contextual aspects of programme implementation. Their on-ground experience and willingness to engage candidly with the assessment team greatly enriched the quality of findings and analysis.

We are especially grateful to the truck drivers, transport workers, healthcare staff, and outreach teams who participated in surveys, discussions, and interviews. Many of them shared their experiences, health concerns, and challenges related to accessing healthcare with honesty and trust. Their perspectives form the core of this assessment, grounding the analysis in lived realities and highlighting the programme's impact beyond service delivery numbers.

We also acknowledge the support received from local stakeholders and representatives of nearby health facilities who shared their perspectives on healthcare access and referral linkages in transport hubs.

The assessment would not have been possible without the dedication of the field investigators and research team members involved in data collection, validation, analysis, and report preparation. Their diligence, sensitivity in engaging with beneficiaries, and commitment to maintaining data quality ensured that the findings presented in this report are robust and credible.

Finally, we thank all individuals and organisations who contributed, directly or indirectly, to this assessment. Their collective support has enabled the documentation of insights and outcomes that can inform future programming and strengthen healthcare access for truck drivers and transport workers.



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List of Abbreviations

Abbreviation	Full Form
BMI	Body Mass Index
CSR	Corporate Social Responsibility
FGD	Focus Group Discussion
HDBFS	HDB Financial Services Limited
IEC	Information, Education and Communication
IP	Implementation Partner
KII	Key Informant Interview
OECD-DAC	Organisation for Economic Co-operation and Development – Development Assistance Committee
OOP	Out-of-Pocket (Expenditure)
TAK	Transport Aarogyam Kendra

Executive Summary

Transport workers in India form a critical yet underserved workforce, facing significant occupational health risks driven by long driving hours, sedentary routines, and limited access to timely healthcare. Musculoskeletal disorders, fatigue, and vision-related issues are common, often compounded by irregular health-seeking behaviour and dependence on informal care. In this context, the Transport Aarogyam Kendra (TAK) initiative, supported by HDB Financial Services, delivers a decentralized and access-driven healthcare model embedded within Transport Nagars to reach beneficiaries at their point of work.

The programme delivers an integrated package of primary healthcare, physiotherapy, basic diagnostics, outreach services, and preventive awareness through centres established across Transport Nagars in multiple states including Maharashtra, Gujarat, Delhi, Madhya Pradesh, Punjab, Tamil Nadu, and Jharkhand. Designed for a highly mobile population, the initiative improves access to affordable and timely healthcare, with consistent utilisation by truck drivers, helpers, and allied transport workers.

The assessment was conducted using a structured mixed-method approach, combining quantitative beneficiary surveys with qualitative inputs from focus group discussions, stakeholder consultations, and field observations. The analysis is guided by the OECD-DAC evaluation framework to assess relevance, effectiveness, efficiency, impact, and sustainability.

Findings indicate strong alignment with beneficiary needs, particularly in addressing musculoskeletal conditions and access barriers. Physiotherapy has emerged as a core service, with a majority of beneficiaries reporting reduced pain, improved mobility, and greater ability to continue work with less discomfort. Early access to care has also helped prevent escalation of health conditions in several cases.

The programme has improved healthcare access and affordability, with free consultations, diagnostics, and medicines reducing out-of-pocket expenditure. Co-location within transport hubs has enhanced ease of access, while outreach efforts are supporting a shift from self-medication and delayed treatment towards more timely and institutional care-seeking behaviour.

Beyond individual outcomes, the TAK model is strengthening trust in formal healthcare through positive beneficiary experiences and engagement with transport associations. The combination of static centres, outreach camps, and referral linkages supports both accessibility and continuity of care.

Operationally, the programme demonstrates efficient service delivery, reflected in steady utilisation, streamlined processes, and high repeat engagement.

Overall, the TAK initiative presents a scalable and replicable model for delivering occupational healthcare to mobile and underserved populations, generating measurable improvements in health outcomes, reducing financial burden, and enabling sustained behavioural change.

High service utilisation and targeted physiotherapy interventions translated into reduced pain, improved mobility, and enhanced work capacity among transport workers.

Key Insights:

- **High Relevance to Occupational Needs:** The programme addresses a clear and widespread burden of musculoskeletal and lifestyle-related conditions among transport workers, positioning physiotherapy as a high-need, high-impact service.
- **Strong Uptake within Target Community:** With 50–70% (different across states) of beneficiaries belonging to the transport ecosystem, TAK centres are effectively reaching their intended population.
- **Meaningful Health Improvements:** Over 70% beneficiaries report reduction in pain, improved mobility, and better physical comfort, directly influencing their ability to work.
- **Reduction in Out-of-Pocket Expenditure:** Free access to consultations, therapy, and medicines is reducing dependence on private providers and lowering routine healthcare costs.
- **Early Behavioural Shifts in Healthcare Utilisation:** There is a visible transition from self-medication and delayed treatment towards more timely and institutional care-seeking.

Key findings and impact

- Trust and Experience as Key Enablers: Positive interactions with healthcare staff and perceived quality of services are driving repeat utilisation and word-of-mouth awareness.
- Integrated Service Delivery Model: The combination of static centres, outreach camps, awareness activities, and referral linkages enables a more holistic and accessible care ecosystem.

Way Forward

Looking ahead, there is an opportunity to further strengthen the programme's impact by enhancing continuity of care and service accessibility. Introducing flexible and technology-enabled engagement mechanisms such as digital registration, follow-up reminders, and multilingual communication—can help improve treatment adherence among a mobile beneficiary base.

Expanding outreach efforts and deepening partnerships with transport associations and logistics hubs can further increase coverage and utilisation.

Continued emphasis on preventive healthcare and behaviour change will be critical in sustaining long-term outcomes.

Together, these measures can support the transition of the TAK initiative from a point-of-service intervention to a more integrated and resilient occupational healthcare ecosystem for transport workers.



Improved Work Productivity

72%

of beneficiaries reported improved ability to work with less discomfort, directly linking health outcomes to livelihood continuity.



Reduced Pain & Discomfort

70%

of beneficiaries reported relief from pain and discomfort after physiotherapy, highlighting the programme's effectiveness in addressing core occupational health issues.



Lower Healthcare Expenditure

75%

of beneficiaries reported savings on healthcare expenses, reflecting reduced dependence on private and informal care.



High Beneficiary Satisfaction

90%

of beneficiaries expressed satisfaction with TAK services, driven by quality of care, staff behaviour, and ease of access.



Target Group Outreach

65%

of beneficiaries belonged to the transport community, indicating strong targeting and uptake among the intended population.






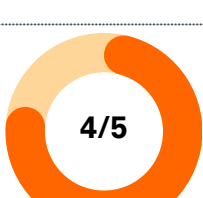
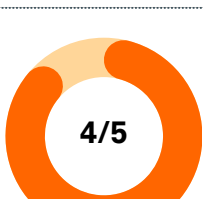


Shift to Formal Healthcare

60%

of beneficiaries reported increased preference for institutional care over self-medication, signalling a shift in healthcare behaviour.

Program Ratings - TAK Program

PARAMETER	KEY OBSERVATIONS	SCORES
Relevance	Strong alignment with occupational health needs (MSD, fatigue, access barriers). 50–70% of beneficiaries (across locations) belong to the transport ecosystem, confirming accurate targeting of a high-need, underserved population.	 5/5
Coherence	Clear alignment with national health priorities and last-mile service delivery gaps. Functional ecosystem linkages exist (transport associations, referrals), though limited formal convergence with public systems in some locations.	 4/5
Effectiveness	Over 55% of beneficiaries report reduced pain and improved mobility. High service utilisation and repeat visits indicate that services are delivering intended outcomes, with minor gaps in depth of follow-up and counselling.	 4.5/5
Efficiency	Majority of respondents report timely service delivery and visible improvements. Reduced out-of-pocket expenditure and high utilisation reflect operational efficiency, with some variation in perceived timelines and communication.	 4.5/5
Impact	Demonstrated improvements in health outcomes, financial savings, and early behaviour shifts towards institutional care. Evidence of increased trust and continued utilisation across locations.	 5/5
Sustainability	High intent to continue utilisation and strong community acceptance. However, long-term sustainability depends on strengthening follow-up systems, behaviour reinforcement, and institutional integration.	 4/5
Overall	The Program performs strongly across OECD-DAC dimensions, with consistent evidence of relevance, effectiveness, and impact. Some strengthening needed in coherence depth and long-term sustainability mechanisms.	 4/5

*Ratings are based on the OECD-DAC five-point performance rating scale, where 5 = Very High and 1 = Very Low. For detailed rating methodology, refer to the OECD-DAC Framework section on Page 15.

SDGs Covered

SDG	Target	Contribution Pathway
 <p>3 GOOD HEALTH AND WELL-BEING</p>	<p>3.8 – Achieve universal health coverage, including access to quality essential healthcare services.</p>	<p>By providing preventive health screenings, medical consultations, counselling, and health awareness services through transport corridor health kiosks, the programme improves access to essential healthcare for truck drivers and transport workers who often lack regular healthcare access.</p>
 <p>8 DECENT WORK AND ECONOMIC GROWTH</p>	<p>8.8 – Protect labour rights and promote safe and secure working environments for all workers.</p>	<p>By addressing occupational health issues such as musculoskeletal disorders, fatigue, and vision problems, the programme contributes to safer and healthier working conditions for transport workers, enabling sustained workforce participation.</p>
 <p>10 REDUCED INEQUALITIES</p>	<p>10.2 – Empower and promote the social and economic inclusion of all.</p>	<p>By targeting a highly mobile and underserved workforce, the initiative improves access to healthcare services and health information for transport workers who are often excluded from routine public health systems.</p>



TRANSPORT AAROGYAM KENDRA



Introduction

Context Setting

India's transport sector forms the backbone of the country's logistics and supply chain ecosystem, with millions of truck drivers and allied workers enabling the movement of goods across regions. Despite their critical economic role, transport workers remain a highly underserved population in terms of healthcare access, largely due to the mobile and unstructured nature of their work.

National estimates indicate that India has over 8–9 million truck drivers, many of whom operate in informal conditions with limited access to regular health services.

The nature of their work characterized by long-distance travel, extended periods away from home, and dependence on roadside infrastructure further exacerbates their vulnerability to health risks.

Long driving hours, sedentary routines, irregular schedules, and poor working conditions contribute to a high burden of musculoskeletal disorders, fatigue, vision issues, and lifestyle-related health risks. In many cases, these conditions remain untreated or are managed through temporary relief measures, as access to timely and affordable healthcare remains constrained—particularly for drivers operating across long-distance routes.

The nature of the occupation creates multiple barriers to healthcare access:

- Limited time for seeking care due to tight delivery schedules
- High dependence on informal or over-the-counter medication
- Lack of continuity in treatment due to frequent mobility
- Low prioritisation of preventive health

As a result, health-seeking behaviour among transport workers is often reactive and delayed, with individuals seeking care only when conditions become severe. This not only impacts their physical well-being but also has broader implications for productivity, road safety, and income stability.

While public healthcare systems exist, they are often not designed to cater to the needs of a mobile, transient workforce, resulting in gaps in accessibility, continuity, and utilisation. In this context, there is increasing recognition of the need for decentralized and occupation-linked healthcare models that deliver services closer to the workplace and align with the realities of the transport sector.

The Transport Aarogyam Kendra (TAK) model is positioned within this broader context, addressing systemic gaps by embedding healthcare services within Transport Nagars—high-density hubs of transport activity. By combining primary healthcare, physiotherapy, outreach services, and preventive awareness,

the model reflects an emerging approach that integrates service delivery with accessibility and behavioural engagement.

This shift underscores a broader understanding that improving health outcomes for transport workers requires not just availability of services, but context-responsive delivery models that account for mobility, work conditions, and access constraints.

About the Program

Phase wise implementation



Phase 1

Mobilisation and Engagement: Engagement with transporters and associations, and awareness generation to drive enrolment and utilisation.

Phase 2

Centre Setup and Deployment: Establishment of TAK centres with OPD, physiotherapy, diagnostics, and trained staff.

Phase 3

Outreach and Service Delivery: Daily OPD, physiotherapy, medicines, weekly eye check-ups, and bi-monthly outreach camps.

Phase 4

Follow-ups and Referrals: Patient follow-ups, referral linkages, and continued awareness to improve adherence.

The Transport Aarogya Kendra (TAK) initiative supported by HDB Financial Services was conceptualised as an occupational healthcare intervention, aimed at improving access to affordable and timely healthcare services for truckers and the wider transport community. The programme is implemented across multiple Transport Nagars in Maharashtra, Gujarat, Delhi, Madhya Pradesh, Punjab, Tamil Nadu, Jharkhand, which serve as high-density hubs for transport activity and provide a strategic point of access to a mobile and underserved population. Each Kendra seeks to cater to 50-70 patients on a daily basis.

Recognising that standalone healthcare provision is insufficient for such a population, the programme adopts an integrated service delivery approach, combining primary

healthcare, physiotherapy, preventive awareness, outreach services, and referral linkages within a unified framework.

Through this approach, the programme seeks to shift beneficiaries from reactive and informal healthcare practices towards more regular, preventive, and institutional healthcare utilisation, thereby improving health outcomes, reducing financial burden, and supporting sustained work capacity.

About the Organizations

HDB Financial Services

HDB Financial Services (HDBFS) is a leading non-banking financial company (NBFC) in India and a subsidiary of HDFC Bank. Incorporated in 2007, the company provides a wide range of secured and unsecured lending solutions to individual and business clients across the country. With an extensive branch network spanning multiple states and union territories, HDBFS serves millions of customers, particularly focusing on underserved and emerging segments of the population. Through its Corporate Social Responsibility (CSR) initiatives, the organisation supports programmes that promote healthcare access, environmental sustainability, community development, and livelihood enhancement for vulnerable communities across India.

Family Planning Association of India

Family Planning Association of India is a development organisation working to improve access to healthcare and social protection for vulnerable and underserved populations. The organisation implements community-based health programmes, preventive health initiatives, and awareness campaigns, with a particular focus on populations that face barriers in accessing regular healthcare services.

Gramalaya

Gramalaya is a non-profit organisation working in the areas of water, sanitation, hygiene, and community health in India. The organisation focuses on improving public health outcomes through community mobilisation, awareness programmes, and infrastructure development related to sanitation and safe water access. Gramalaya also collaborates with government institutions, civil society organisations, and corporate partners to implement sustainable development initiatives at the community level.

Smile Foundation

Smile Foundation is a national-level development organisation working to empower underserved communities through programmes in education, healthcare, livelihood development, and women's empowerment. The organisation adopts a lifecycle approach to community development and partners with grassroots organisations, institutions, and corporate CSR programmes to deliver sustainable social impact across multiple states in India.

Transport Aarogyam Kendra Program

The Transport Aarogyam Kendra (TAK) initiative is a decentralised healthcare programme designed to address the occupational health needs of transport workers. Implemented across key Transport Nagars, the initiative delivers accessible and affordable healthcare services directly at the point of work for a highly mobile and underserved population. The programme provides an integrated package of primary healthcare, physiotherapy, basic diagnostics, medicines, and preventive awareness, with a strong focus on conditions such as musculoskeletal pain, fatigue, and vision-related issues. Services are delivered through a combination of static centres and outreach activities, ensuring both accessibility and continuity of care. By reducing dependence on informal care and lowering out-of-pocket expenditure, the initiative improves access to timely treatment. It also promotes a gradual shift towards preventive and institutional healthcare-seeking behaviour, contributing to improved health outcomes and overall well-being among transport workers.

APPROACH & METHODOLOGY



Approach & Methodology

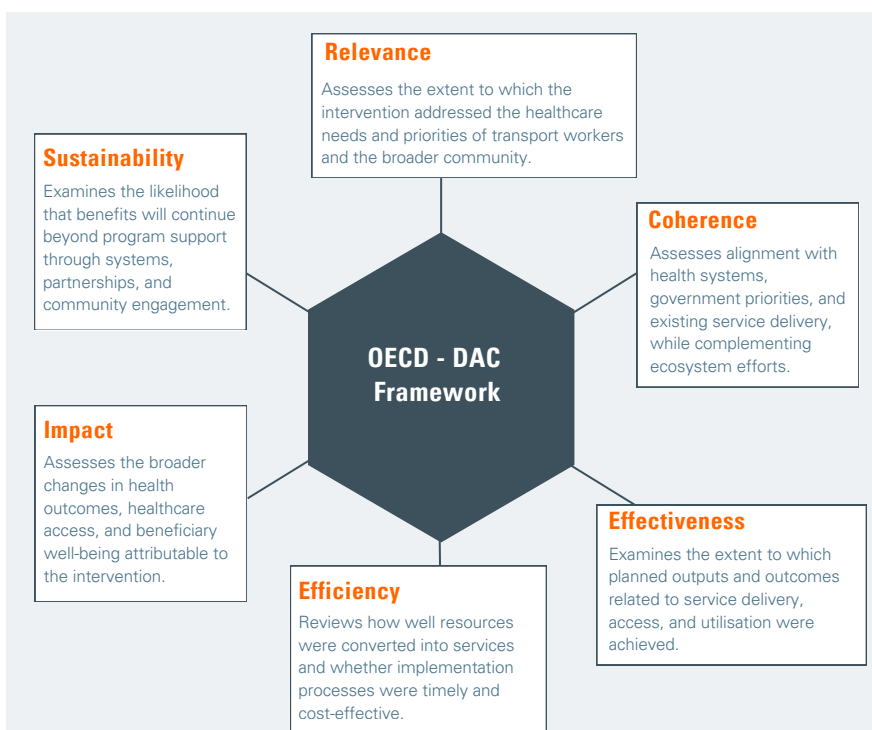
The impact assessment of the TAK initiative was undertaken using a mixed-methods approach, combining both quantitative and qualitative techniques to capture a comprehensive picture of programme implementation and outcomes. The assessment focused on understanding how healthcare services were delivered, how they were utilised by beneficiaries, and the extent to which the programme contributed to improved health outcomes, access to care, and healthcare-seeking behaviour. Emphasis was placed on gathering evidence from multiple sources to ensure balanced and credible findings.

Secondary and primary data sources were combined to inform the assessment. Program records, service utilisation data and key program documents were reviewed to understand programme design, outreach, and implementation trends across locations. This was complemented by field interactions with beneficiaries (n~361), group discussions, centre visits, and interviews with the HDB Financial Services team, implementing partners, and key stakeholders to capture implementation experiences, perceptions of change, and operational aspects.



Physiotherapy session in Ranchi TAK

OECD DAC Dimensions



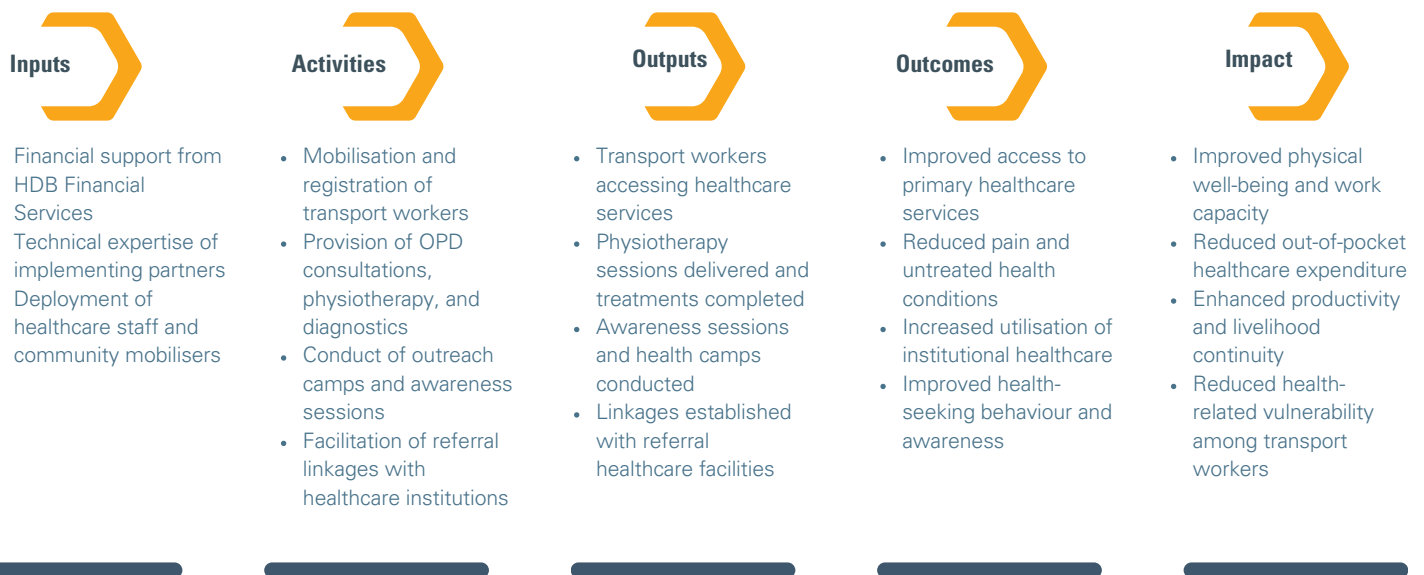
OECD–DAC Framework

The impact assessment was guided by the OECD–DAC evaluation framework to ensure a structured and widely accepted approach to assessing programme performance and outcomes. The framework provided a systematic lens to examine the relevance, effectiveness, efficiency, impact, and sustainability of the Transport Aarogya Kendra (TAK) initiative. Using these dimensions, the assessment reviewed the design and implementation of the intervention, as well as its contribution towards improving healthcare access, health outcomes, and service utilisation among transport workers.

Theory of Change

The Theory of Change for the Transport Aarogyam Kendra (TAK) initiative is centred on improving access to affordable and occupation-linked healthcare services for transport workers. By delivering integrated primary care, physiotherapy, outreach, and referral support within Transport

Nagars, the programme aims to shift beneficiaries from informal and delayed care to regular healthcare utilisation, thereby improving health outcomes, reducing financial burden, and supporting sustained work capacity.



Medical staff and personnel at Transport Aarogyam Kendra in Gandhidham, Kutch

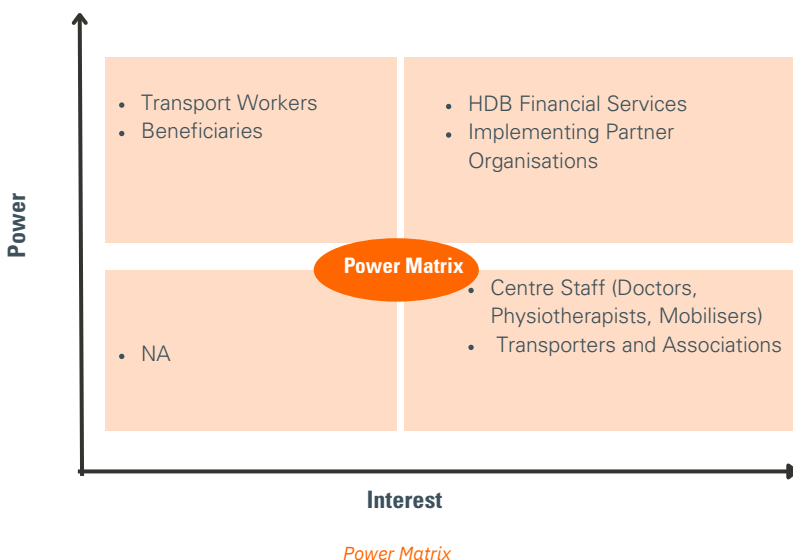
Stakeholders Involved

The Transport Aarogyam Kendra (TAK) initiative involves a diverse set of stakeholders operating at multiple levels, from transport workers at the community level to institutional actors supporting programme delivery and oversight. Each stakeholder plays a distinct role in enabling healthcare access, service delivery, outreach, and continuity of care.

The table broadly defines their role in implementation and governance of the TAK initiative.

TABLE 1 Stakeholder Mapping

STAKEHOLDER GROUP	ROLE
Transport Workers / Truckers / Community Members	Primary users of services; accessed healthcare, physiotherapy, and diagnostics, and contributed to feedback on service utilisation and effectiveness
Transport Associations / Local Networks	Supported beneficiary mobilisation, facilitated outreach, and enabled access within Transport Nagars
Field Coordinators / Implementation Teams	Facilitated mobilisation, coordinated service delivery at centres and outreach camps, and ensured on-ground operations and follow-ups
HDB Financial Services	Provided financial support, strategic direction, and overall programme oversight
Healthcare Providers / Partners	Delivered clinical services including consultations, physiotherapy, diagnostics, and preventive care, ensuring quality and continuity of services



The Power-Interest Matrix was used to assess the level of influence and engagement of different stakeholders in the programme. Stakeholders with high power and high interest, such as HDB Financial Services and the implementing partners, play a key role in programme direction and oversight. Stakeholders with high interest but relatively lower power, such as transport workers and centre staff, are directly involved in service utilisation and delivery. This mapping helps in clarifying roles, strengthening coordination, and ensuring effective implementation across stakeholder groups.

Assessment - Deep Dive

TABLE 2 Stakeholder Coverage and Methods Used

STAKEHOLDER GROUP	PURPOSE OF ENGAGEMENT	METHOD USED	SAMPLE / COVERAGE
Beneficiaries (Transport Workers, Truckers and Community Members)	Capture health profile, service utilisation, and changes in health outcomes	Surveys and Key Informant Interviews	360
Beneficiaries (Transporters)	Understand perceptions of services, accessibility, and treatment experience	Focused Group Discussions	10
Centre Staff (Doctors / Physiotherapists)	Assess service delivery, patient profile, and operational challenges	Key Informant Interviews	10
Transporters / Association Members	Gather views on awareness, utilisation, and perceived benefits	Key Informant Interviews	3

TAK Centres Visited - Maharashtra, Gujarat, Delhi, Madhya Pradesh, Punjab, Tamil Nadu, and Jharkhand

To gain a deeper understanding of programme implementation, the assessment adopted a focused field-based approach. The study combined beneficiary surveys, group discussions, centre observations, and key informant interviews to capture real-time service delivery, utilisation trends, and quality of care.

The assessment emphasised direct interaction with beneficiaries, healthcare staff, and programme stakeholders to validate reported outcomes and understand operational practices. This mixed-methods approach enabled the capture of both quantitative trends and qualitative insights related to healthcare access, service utilisation, health outcomes, and behavioural change.

Beneficiaries were selected from **active TAK centres** (Maharashtra, Gujarat, Delhi, Madhya Pradesh, Punjab, Tamil Nadu, and Jharkhand) at the time of field data collection. This ensured real-time feedback from transport workers currently availing services, reducing recall bias and capturing recent utilisation patterns and treatment experiences.



SGS Team conducting FGD at TAK Health Camp in Ranchi

Ethical Considerations

- The purpose of the assessment was clearly explained to all respondents, and verbal consent was obtained before surveys, discussions, and interviews.
- Participation was voluntary, and respondents were informed of their right to skip questions or withdraw at any stage.
- All personal information was kept confidential, and no identifying details were included in the report.
- Findings were presented in aggregated form to protect individual privacy.
- During centre visits and observation of tele-consultations, care was taken to avoid disruption of routine services and maintain patient confidentiality.

Study Challenges

- Irregular beneficiary availability: Due to the mobile nature of transport workers and long-distance travel schedules, beneficiary availability varied during field visits, affecting the ability to capture repeat users and follow-up cases.
- Dependence on self-reported data: Some information on health outcomes, service utilisation, and expenditure savings was based on beneficiary recall, which may involve minor reporting errors despite careful cross-verification.



TAK Centre in Delhi NCR with Physiotherapy Equipment

ASSESSMENT FINDINGS & ANALYSIS



This section presents the key findings of the impact assessment and analyses how the Transport Aarogyam Kendra (TAK) initiative has influenced healthcare access, service utilisation, and health outcomes among transport workers across program locations. The analysis is structured around the OECD–DAC evaluation dimensions—relevance, effectiveness, efficiency, impact, and sustainability—and draws on a combination of beneficiary surveys, field observations, focus group discussions, and stakeholder consultations.

Together, these findings provide an integrated understanding of programme performance, quality of service delivery, and the nature of changes experienced by beneficiaries, highlighting key strengths of the intervention and areas for further strengthening.

Beneficiary Profile and Service Utilisation Overview

This section profiles beneficiaries accessing Transport Aarogyam Kendra (TAK) centres and highlights key service utilisation patterns. The beneficiary base primarily comprises truck drivers, helpers, and allied transport workers—a highly mobile and underserved group.

Most beneficiaries are engaged in long-distance transport, characterised by long hours, irregular schedules, and limited access to formal healthcare. Common health issues include musculoskeletal pain, fatigue, and vision-related concerns.

In terms of utilisation, OPD consultations and physiotherapy are the most accessed services, with physiotherapy showing strong repeat usage. Outreach camps extend access to mobile workers, while eye check-ups and awareness sessions support preventive care. A mix of first-time and repeat users

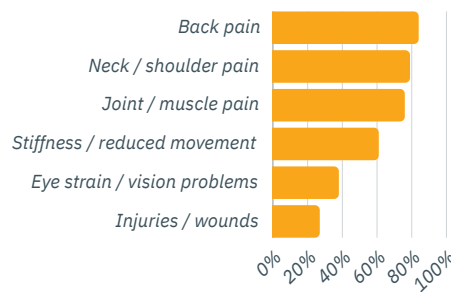
reflects both effective outreach and sustained engagement, although visit frequency depends on travel patterns.

Overall, TAK centres are effectively reaching a high-need population, with services well aligned to occupational health needs, providing a strong foundation for assessing programme outcomes.

Relevance

The assessment indicates that the Transport Aarogyam Kendra (TAK) initiative addresses a critical and widely unmet need among transport workers across project locations. Prior to the intervention, beneficiaries reported limited access to timely and affordable healthcare, with most relying on informal providers, self-medication, or delaying treatment due to work constraints.

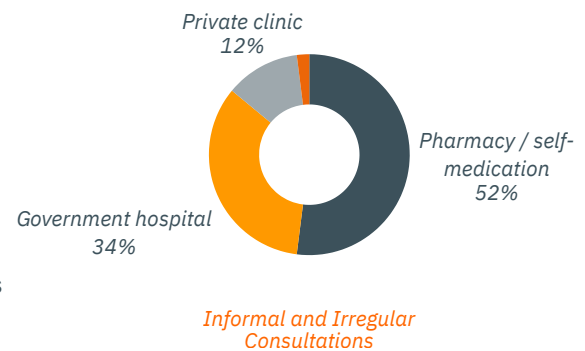
Common challenges included lack of time to seek care, high out-of-pocket expenses, and absence of continuous treatment, particularly for those engaged in long-distance travel. Occupational health issues such as musculoskeletal pain, fatigue, and vision-related problems were widely reported, yet remained largely unaddressed due to structural barriers in accessing formal healthcare systems.



Common Health Issues

The introduction of TAK centres within Transport Nagars directly responds to these constraints by bringing healthcare services

closer to the workplace, thereby reducing access barriers and aligning with the realities of a mobile workforce. Beneficiaries consistently reported that the availability of on-site OPD consultations, physiotherapy, and basic diagnostic services met their immediate health needs in a convenient and timely manner.



More than half of transport workers relied on self-medication or pharmacies prior to TAK, indicating limited access to formal healthcare and a tendency toward delayed or unstructured treatment. Formal healthcare utilisation remained moderate, while a small segment did not seek treatment at all, highlighting unmet healthcare needs.

Survey findings reflect strong alignment between service design and beneficiary needs, with a large majority indicating that the services provided are relevant to their occupational health requirements. The presence of physiotherapy services, in particular, is perceived as highly relevant given the prevalence of posture- and strain-related conditions among drivers.

Overall, the TAK model demonstrates high contextual relevance, effectively addressing both access and occupational health gaps. The strong alignment between identified needs and service delivery has contributed to high acceptance and utilisation, providing a solid foundation for programme effectiveness and impact.

Coherence

The TAK initiative demonstrates strong coherence both internally (across programme components) and externally (with broader policy and ecosystem priorities). The integration of primary healthcare, physiotherapy, diagnostics, outreach, and referral linkages ensures that services are not delivered in isolation but function as a connected care pathway tailored to the needs of transport workers.

At the policy level, the programme aligns with national priorities on universal health coverage, preventive care, and occupational health, addressing last-mile access gaps for a highly mobile and underserved population.

Its placement within Transport Nagars further enhances coherence with the operational realities of the target group, ensuring minimal disruption to work routines.

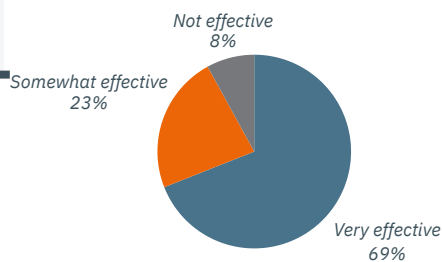
Internally, strong coherence is reflected in the linkage between awareness generation - service uptake - treatment - follow-up, enabling continuity of care. Outreach camps act as entry points, while static centres and referral systems sustain engagement beyond first contact. This integrated approach reduces fragmentation and improves overall effectiveness.

Overall, the TAK initiative reflects a well-integrated and complementary model, where different components reinforce each other to deliver sustained health outcomes. Strengthening digital integration and formal partnerships can further enhance coherence, enabling the programme to evolve into a more seamless and resilient occupational healthcare ecosystem.

Effectiveness

The assessment indicates that the Transport Aarogyam Kendra (TAK) initiative has been largely effective in delivering its intended outputs and immediate health outcomes among transport workers. Beneficiaries reported tangible improvements in both access to healthcare services and management of occupational health conditions.

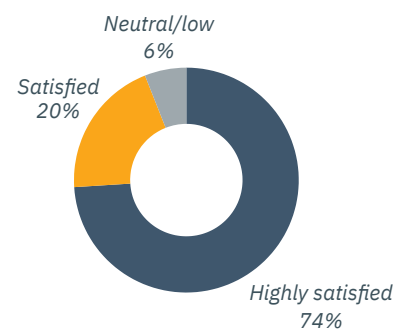
A significant proportion of beneficiaries reported reduction in pain and discomfort, particularly related to musculoskeletal issues such as back, neck, and joint pain—conditions that were highly prevalent prior to the intervention. Physiotherapy services, in particular, emerged as a key driver of effectiveness, with repeat utilisation indicating both continued need and perceived benefit.



Perceived Effectiveness of Services

In addition to symptom relief, beneficiaries reported improved ease of accessing healthcare, reduced dependence on self-medication, and greater willingness to seek timely care. The availability of services at transport hubs has enabled quicker consultations and continuity of care, which were previously constrained by time and mobility limitations.

High levels of beneficiary satisfaction further reinforce programme effectiveness, with most respondents expressing positive feedback on service quality, staff behaviour, and overall experience at TAK centres. Improvements were not only immediate but also reflected in day-



Beneficiary Satisfaction

to-day functioning, including better mobility, reduced discomfort during work, and increased ability to continue driving activities.

At the same time, a small proportion of beneficiaries reported gradual or limited improvement, particularly in cases requiring prolonged treatment or specialised care. These variations highlight the influence of factors such as frequency of visits, nature of health conditions, and duration of engagement, indicating the need for continued follow-up and service strengthening.

Repeat utilisation patterns provide a strong indication of the programme's effectiveness and perceived value among beneficiaries. A majority of respondents (64%) reported visiting the TAK centres multiple times, while 36% were first-time users at the time of the survey.

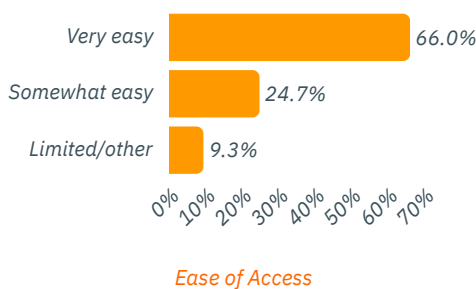
Overall, the TAK model demonstrates strong effectiveness in delivering accessible, relevant, and outcome-oriented healthcare services, translating into measurable improvements in beneficiary well-being and health-seeking behaviour.

Efficiency

The assessment indicates that the Transport Aarogyam Kendra (TAK) initiative demonstrates a high level of implementation efficiency, particularly in delivering accessible healthcare services within the operational constraints of a mobile workforce. The co-location of services within Transport Nagars enables optimal utilisation of

resources, reducing both travel time and indirect costs for beneficiaries.

A majority of beneficiaries reported that services were quick to access and delivered with minimal waiting time, reflecting streamlined processes and effective on-ground coordination. The availability of trained personnel, basic diagnostics, and physiotherapy within a single point of care further enhances efficiency by reducing the need for multiple visits or referrals.



The programme also demonstrates cost efficiency from the beneficiary perspective, with a large proportion reporting reduced healthcare expenditure. This indicates that TAK centres are not only accessible but also economically viable alternatives to traditional healthcare pathways. A small proportion of beneficiaries reported moderate ease of access or delays, which may be linked to peak-hour demand, limited service hours, or centre-specific capacity constraints.



Overall, the TAK model reflects an efficient service delivery approach, where proximity, integrated services, and streamlined operations enable timely and cost-effective healthcare access, while highlighting opportunities to further strengthen consistency and scalability.

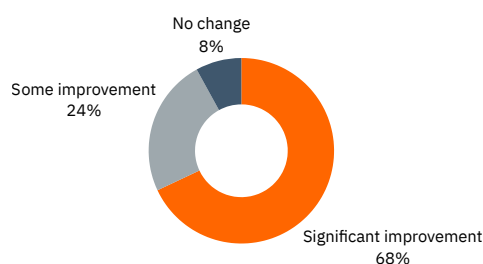
Impact

The Transport Aarogyam Kendra (TAK) initiative has generated multi-dimensional impacts across health, behaviour, productivity, and financial well-being of transport workers. By embedding accessible healthcare services within transport hubs, the programme has addressed critical barriers related to access, affordability, and continuity of care. As a result, beneficiaries are not only experiencing improvements in physical health but are also demonstrating shifts in healthcare-seeking behaviour and day-to-day work functioning. These changes reflect the programme’s ability to move beyond service delivery towards enabling sustained improvements in well-being and resilience among a highly mobile and underserved population.

HEALTH AND BEHAVIOURAL IMPACT

A substantial proportion of beneficiaries reported improvements in physical health, particularly in relation to musculoskeletal conditions such as back, neck, and joint pain. Relief from pain, improved mobility, and reduced fatigue have enabled beneficiaries to carry out work activities with greater ease and comfort.

Additionally, the intervention has contributed to positive shifts in health-seeking behaviour.



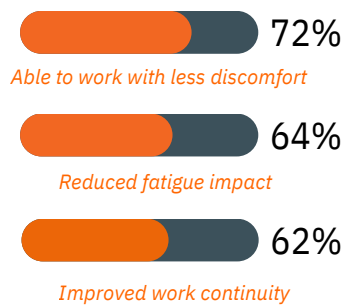
Overall Health Improvement

Beneficiaries reported increased willingness to seek timely care, reduced reliance on self-medication, and greater awareness of preventive practices such as physiotherapy

and posture management. TAK centres have emerged as trusted and accessible healthcare touchpoints, encouraging a transition from reactive to more proactive health management. While these changes are still evolving, they indicate a broader shift towards greater engagement with formal healthcare systems, particularly among a population that previously faced significant access and behavioural barriers.

LIVELIHOOD AND LOCAL BENEFITS

Improved access to healthcare has translated into better work continuity and reduced disruption caused by untreated health conditions. Beneficiaries reported fewer instances of work interruption due to pain or fatigue, along with improved physical comfort during long-distance travel.

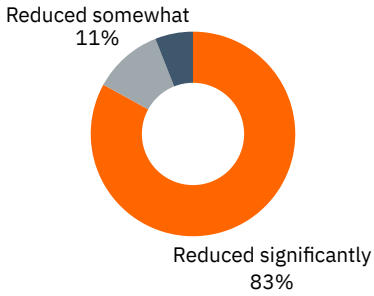


These improvements have contributed to enhanced ability to sustain long working hours, better focus while driving, and reduced physical strain. Although the extent of impact varies across individuals, the overall trend suggests a strong linkage between healthcare access and occupational performance.

ECONOMIC IMPACT

The intervention has also resulted in tangible financial benefits for beneficiaries. A large proportion reported reduced healthcare expenditure, driven by access to low-cost or free services at TAK centres and reduced dependence on informal or repeated treatments.

In addition, fewer health-related work disruptions have supported more stable income flows,

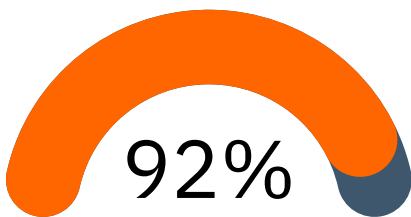


Expenditure on Healthcare

particularly for daily-wage and trip-based earners. These outcomes highlight the role of accessible healthcare in improving not only health outcomes but also financial resilience and economic stability.

Sustainability

The long-term sustainability of the Transport Aarogyam Kendra (TAK) initiative is supported by its context-responsive design, continued utilisation, and alignment with beneficiary needs. By situating services within transport hubs and focusing on high-frequency occupational health issues, the programme has established itself as a relevant and accessible healthcare touchpoint for a mobile workforce.



Willingness to continue using TAK

A key indicator of sustainability is the presence of repeat utilisation, particularly for services such as physiotherapy and OPD consultations. This suggests not only continued need but also beneficiary trust and perceived effectiveness, both of which are critical for sustained engagement. The programme’s ability to attract returning users indicates that services are embedded within beneficiaries’ health-seeking behaviour rather than being one-time interventions.

The initiative also benefits from integrated service delivery and

outreach efforts, which help maintain visibility and extend access to those who may not regularly visit transport hubs. This hybrid model strengthens continuity of care despite the inherently mobile nature of the target population.

However, long-term sustainability will depend on continued attention to a few critical factors. These include ensuring consistent service quality across locations, maintaining availability of trained personnel and essential equipment, and strengthening awareness and communication efforts to sustain utilisation levels. Additionally, deeper integration with local health systems and stakeholders can further enhance programme resilience and scalability.

“
If services continue to be accessible, consistent, and trusted, TAK centres can remain a reliable source of healthcare support for transport workers in the long run.”

Amarjeet Singh, Transporter, Ranchi

Overall, TAK demonstrates a strong foundation for sustainability, with high user relevance, repeat engagement, and operational adaptability positioning it well for continued impact, while also highlighting areas for strategic strengthening to ensure long-term continuity and scale.



TAK banner with Logos

Key learnings & Recommendations

Strengthen Awareness and Outreach to Improve Service Utilisation

The assessment indicates that while TAK centres are well-utilised, awareness gaps still exist among sections of the transport worker population, particularly those with irregular routes or limited exposure to outreach activities. Strengthening targeted outreach through transport unions, dhabas, and halt points, along with consistent on-ground visibility, can help expand coverage and ensure more uniform utilisation across locations.

Enhance Continuity of Care for a Mobile Population

Given the highly mobile nature of beneficiaries, continuity of care remains a challenge, especially for treatments requiring follow-up such as physiotherapy. Introducing simple tracking mechanisms, portable health records, or referral linkages across TAK centres could help ensure that beneficiaries are able to continue treatment seamlessly across different locations.



TAK Health Camp in Indore

Conclusion

The Transport Aarogyam Kendra (TAK) initiative demonstrates a strong and contextually relevant response to the healthcare needs of transport workers, a highly mobile and underserved population. By delivering services within Transport Nagars, the programme effectively addresses access and affordability barriers.

Findings show strong alignment with occupational health needs, particularly musculoskeletal conditions. Physiotherapy has emerged as a high-impact service, with a majority of beneficiaries reporting reduced pain, improved mobility, and better work capacity. Early access to care has also helped prevent escalation of health issues.

The programme has improved healthcare access and reduced out-of-pocket expenditure through free consultations, diagnostics, and medicines. At the same time, outreach efforts are enabling a gradual shift towards more timely and institutional healthcare-seeking behaviour. High utilisation, repeat visits, and positive beneficiary experiences reflect strong operational performance and growing trust in formal healthcare systems.

Going forward, strengthening continuity of care will be critical, particularly through technology-enabled follow-ups and improved referral tracking. Expanding outreach and deepening partnerships within the transport ecosystem can further enhance coverage and utilisation. Sustained focus on preventive healthcare and behaviour change will be essential to ensure long-term impact and transition the model towards a more integrated and resilient occupational healthcare system.



Beneficiary in conversation with Enumerator in Ranchi

Annexure

TABLE: Stakeholder Mapping

STAKEHOLDER GROUP	ROLE
Transport Workers / Truckers / Community Members	Primary users of services; accessed healthcare, physiotherapy, and diagnostics, and contributed to feedback on service utilisation and effectiveness
Transport Associations / Local Networks	Supported beneficiary mobilisation, facilitated outreach, and enabled access within Transport Nagars
Field Coordinators / Implementation Teams	Facilitated mobilisation, coordinated service delivery at centres and outreach camps, and ensured on-ground operations and follow-ups
HDB Financial Services	Provided financial support, strategic direction, and overall programme oversight
Healthcare Providers / Partners	Delivered clinical services including consultations, physiotherapy, diagnostics, and preventive care, ensuring quality and continuity of services

TABLE: Stakeholder Coverage and Methods Used

STAKEHOLDER GROUP	PURPOSE OF ENGAGEMENT	METHOD USED	SAMPLE / COVERAGE
Beneficiaries (Transport Workers and Community Members)	Capture health profile, service utilisation, and changes in health outcomes	Surveys and Key Informant Interviews	360
Beneficiaries (Transporters)	Understand perceptions of services, accessibility, and treatment experience	Focused Group Discussions	10
Centre Staff (Doctors / Physiotherapists)	Assess service delivery, patient profile, and operational challenges	Key Informant Interviews	10
Transporters / Association Members	Gather views on awareness, utilisation, and perceived benefits	Key Informant Interviews	3

When you need to be sure

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