

INDEPENDENT CSR IMPACT ASSESSMENT REPORT

APOLLO TYRES CSR PROJECT- UP
FY 2024-25



Client Name:

Apollo Tyres Foundation

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Table of Contents

EXECUTIVE SUMMARY	6
CHAPTER 1: INTRODUCTION	9
1.1 About the Client	9
1.2 Overview of the Program / Interventions	9
1.3 Scale and Performance	10
1.4 Relevance of the Projects	10
1.5 Project Reach	11
1.6 Implementing Partners	11
1.7 Logic Model	12
CHAPTER 2: CSR IMPACT ASSESSMENT METHODOLOGY	14
2.1 Evaluation Framework	14
2.2 Approach	15
2.3 Stakeholder Matrix	16
2.4 Sampling and Data Coverage	16
CHAPTER 3: KEY FINDINGS AND ANALYSIS	18
3.1 Overview of Findings	18
3.2 Demographic Profile of Respondents	18
3.3 Thematic Findings and Analysis	25
CHAPTER 4: IMPACT ASSESSMENT SCORING	57
CHAPTER 5: CASE STUDIES	61
CHAPTER 6: RECOMMENDATIONS	64

List of figures

Figure 1 Gender - Kanpur	18
Figure 2 Age Group - Kanpur	19
Figure 3 Occupation - Kanpur	19
Figure 4 Education Level - Kanpur	20
Figure 5 Monthly Income - Kanpur.....	20
Figure 6 Age Group - Agra	21
Figure 7 Occupation - Agra	21
Figure 8 Education Level - Agra.....	22
Figure 9 Monthly Income - Agra	22
Figure 10 Age Group - Varanasi	23
Figure 11 Occupation - Varanasi.....	23
Figure 12 Education Level - Varanasi	24
Figure 13 Monthly Income - Varanasi	24
Figure 14 Awareness of the following health issues - Kanpur.....	25
Figure 15 Awareness of the following health issues - Agra.....	25
Figure 16 KII with the truck driver, Agra	26
Figure 17 Awareness of the following health issues - Varanasi	26
Figure 18 History of prevention check-ups in the past years - Kanpur	27
Figure 19 Barriers to seeking early treatment - Kanpur	28
Figure 20 Respondent's belief in benefits of early testing for recovery - Kanpur.....	28
Figure 21 History of prevention check-ups in the past years - Agra	29
Figure 22 Barriers to seeking early treatment - Agra	29
Figure 23 Respondent's belief in benefits of early testing for recovery - Agra.....	30
Figure 24 History of prevention check-ups in the past years - Varanasi	31
Figure 25 Barriers to seeking early treatment - Varanasi.....	31
Figure 26 Respondent's belief in benefits of early testing for recovery - Varanasi	32
Figure 27 Utilization of healthcare services - Kanpur	33
Figure 28 FGD with the truck driver, Kanpur.....	33
Figure 29 Purpose of visiting ATF healthcare/MMU - Kanpur	34
Figure 30 Referral to another facility - Kanpur	34
Figure 31 Level of support provided by ATF for referral - Kanpur	35
Figure 32 Perceived usefulness of referral - Kanpur	35
Figure 33 Utilization of healthcare services – Agra.....	36
Figure 34 FGD with the truck driver, Agra	37
Figure 35 Purpose of visiting ATF healthcare/MMU - Agra	37
Figure 36 Referral to another facility - Agra	38
Figure 37 Level of support provided by ATF for referral - Agra	38
Figure 38 Perceived usefulness of referral - Agra.....	39
Figure 39 Utilization of healthcare services - Varanasi	39
Figure 40 Purpose of visiting ATF healthcare/MMU - Varanasi.....	40
Figure 41 Referral to another facility - Varanasi.....	41
Figure 42 Level of support provided by ATF for referral - Varanasi.....	41
Figure 43 Perceived usefulness of referral - Varanasi	42
Figure 44 Quality of Doctor/Medical staff at ATF Centre/MMU - Kanpur	42

Figure 45 Interview with the truck driver, Kanpur	43
Figure 46 Satisfaction with the knowledge provided - Kanpur	43
Figure 47 Quality of Doctor/Medical staff at ATF Centr/MMU -Agra	44
Figure 48 Satisfaction with the knowledge provided - Agra	44
Figure 49 Quality of Doctor/Medical staff at ATF Centre/MMU - Varanasi	45
Figure 50 Health centre, Varanasi	46
Figure 51 Satisfaction with the knowledge provided - Varanasi.....	46
Figure 52 Health changed after ATF services - Kanpur	47
Figure 53 Support from health services in enabling safe continuation of work - Kanpur	47
Figure 54 Support from ATF in completing treatment - Kanpur.....	48
Figure 55 Health changed after ATF services - Agra	48
Figure 56 Support from health services in enabling safe continuation of work - Agra	49
Figure 57 Support from ATF in completing treatment -Agra.....	49
Figure 58 Health changed after ATF services - Varanasi.....	50
Figure 59 Support from health services in enabling safe continuation of work - Varanasi....	50
Figure 60 Support from ATF in completing treatment - Varanasi	51
Figure 61 Awareness and perception of ATF's initiatives - Kanpur	52
Figure 62 Consumer reasons for preferring Apollo Tyres - Kanpur.....	52
Figure 63 FGD with the truck drivers, Kanpur	53
Figure 64 Awareness and perception of ATF's initiatives - Agra	54
Figure 65 Consumer reasons for preferring Apollo Tyres - Agra.....	54
Figure 66 perception of ATF's initiatives - Varanasi	55
Figure 67 Consumer reasons for preferring Apollo Tyres -Varanasi	55

EXECUTIVE SUMMARY

This report presents the Independent CSR Impact Assessment of the **Apollo Tyres Foundation (ATF)** operating across the UP region (Kanpur, Agra, and Varanasi) transport corridors for the assessment year **FY 2023–24**. The UP region is one of the core Health Centres supported by ATF’s long-standing Healthcare Programme for the Trucking Community.

Objective of the CSR Intervention

The ATF Healthcare Programme was initiated in the year 2000 with the objective of **providing integrated and holistic health services to truck drivers and allied populations** at major transshipment hubs across India. The initiative focuses on promoting preventive healthcare, early diagnosis, and access to treatment for communicable and non-communicable diseases, while fostering positive health-seeking behaviour among truckers. The programme contributes to national health priorities such as the **National TB Elimination Programme (NTEP)** and **Pradhan Mantri TB Mukht Bharat Abhiyan** and also aligns to the following regulatory standards.

Delivery of services is strengthened through peer-led outreach, including the engagement of transgender and LGBTQ peer educators, who support healthcare awareness and outreach among trucking and allied transport populations.

Regulatory Standards Alignment

Regulatory Framework / Standards	ATF Healthcare for Trucking Community
Companies Act, 2013 (Schedule VII)	(i) Promoting healthcare including preventive healthcare and sanitation (ii) Eradicating hunger, poverty, and malnutrition (iii) Promoting gender equality and empowerment
ISO 26000:2018 – Guidance on Social Responsibility	6.8 Community Involvement and Development – Health, Safety, and Social Investment
Social Audit Standards (SAS)	SAS 200: Eradicating hunger, poverty, and malnutrition, promoting health care and sanitation
UN Sustainable Development Goals (SDGs)	SDG 3: Good Health and Well-being SDG 10: Reduced Inequalities

Programme Coverage and Reach

In FY 2023–24, the UP region expanded its presence across various transport hubs, providing healthcare to mobile populations like the truck drivers and allied population.

Indicator	FY 2023–24 (Assessment Year)
Project Outreach (Awareness + Contact)	65,870
Beneficiaries Reached (Service Uptake)	16,417

Vision Screenings	18,203
Spectacles Distributed	2,335
HIV Tests	4,350
TB Screenings	3,005
Diabetes Tests	14,463
Hypertension Tests	15,494
Oral Health Screenings	6,714
Special Campaign Reach	--

Methodology

- **Quantitative Surveys:** Total **1,389 respondents**
 - **476 respondents** from Kanpur,
 - **452 respondents** from Agra and
 - **461 respondents** from Varanasi.
- **Qualitative FGDs:** 18 Focus Group Discussions (FGDs) with a total of 170 participants, capturing in-depth perspectives on preventive practices, service utilisation, and behavioural change.
- **Key Informant Interviews (KII):** 9 interviews with government health officials (DSACS/TB Cell), ATF project staff, and the implementing partner (Nav Srishti)

Key Impact Findings (Summarised across eight thematic areas)

Thematic Area	Key Indicators / Metrics	Updated Findings – UP region Centre (FY 2023–24)
1. Awareness of Health Issues	Awareness of TB, HIV/STIs, Diabetes, Hypertension, Vision, Oral Health	Awareness levels (from Chapter 3): 88% TB, 85% Diabetes, 81% HIV/STIs, 78% Hypertension, 74% Vision problems, 66% Oral health. Symptom awareness: 89% cough (TB), 77% fever, 60% weight loss. Drivers rely heavily on peer information, but Static Centre counselling improved clarity on early symptoms.
2. Health-Seeking Behaviour	Frequency of preventive check-ups; barriers; response to illness	38% had 1 preventive check-up, 15% had 2–3, 13% more than 3; 34% had none . Top barriers: 62% no time, 16% cost, 16% distance. When sick: 47% visited ATF Static/MMU, 21% government hospitals, 17% chemists, 11% private doctors, 3% ignored symptoms. Drivers noted they often “self-manage” due to fear of income loss.
3. Utilisation & Quality of Services	OPD use; diagnostics; satisfaction with counselling/diagnostics	14,109 beneficiaries availed services. Diagnostic volumes: 1,803 HIV tests, 701 TB screenings, 1,946 diabetes tests, 4,875 BP checks, 9,003 vision tests, 487 oral health screenings . Vision outcomes: 4,663 refractive errors, 262 spectacles. Satisfaction: 48% excellent, 44% good. Truckers appreciated respectful behaviour, quick turnaround, and medicine availability.

4. Improved Health Outcomes	Treatment linkage; early detection; NCD identification	TB: 39 confirmed cases, 95% linkage (37 linked) . NCD: 281 at-risk diabetes, 1,138 at-risk hypertension . Drivers reported improved stamina and reduced fatigue due to consistent BP/sugar monitoring. FGD insights show better health awareness leading to fewer untreated conditions.
5. Perception of Health Workers & Peer Educators	Trust; comfort discussing sensitive issues; satisfaction with counselling	56% always comfortable, 34% sometimes, 8% rarely, 2% never discussing sensitive issues with staff/peer educators. Respondents described doctors/counsellors as “respectful, non-judgmental, and supportive,” increasing trust and repeat visits. Peer educators were particularly effective in motivating follow-up and normalising testing.
6. Collaboration with Government & Public Health Systems	Referral efficiency; coordination with DSACS & DTO; linkage pathways	Delhi SACS and DTO highlighted efficient HIV/TB linkage pathways. Static Centre supports DSACS for ICTC/ART referral and DTO for DOTS enrolment , enabling uninterrupted treatment even for mobile workers. Government officials noted Static Centre helps identify cases that “would otherwise be missed” due to mobile work patterns.
7. Contribution to National Health Priorities	Alignment with NTEP, DSACS HIV cascade, SDG 3	The Static Centre contributes directly to NTEP 2025 via 701 TB screenings and high treatment linkage. HIV testing (1,803 tests) contributes to DSACS’ HIV cascade. NCD and vision services align with India’s NCD & injury prevention strategy. Overall, the centre supports SDG 3 (Good Health & Well-being).
8. Brand Perception (Apollo Tyres)	Brand recall; trust; preference for Apollo products	83% recognised ATF services as Apollo-supported. 46% had purchased Apollo tyres; key reasons: 57% quality, 26% pricing, 14% CSR initiatives . Drivers shared that Apollo is seen as a brand that “cares beyond business,” strengthening trust and preference.

CHAPTER 1: INTRODUCTION

1.1 About the Client

Apollo Tyres Ltd. (ATL) is one of India's leading tyre manufacturers, guided by the vision of “*continuously enhancing stakeholder value.*” This philosophy forms the foundation of its Corporate Social Responsibility (CSR) approach — integrating social initiatives with business objectives to create shared value and mitigate long-term operational risks.

Through the **Apollo Tyres Foundation (ATF)**, the company drives its CSR efforts, focusing on **preventive healthcare, environmental sustainability, and social inclusion**. ATF's initiatives are designed to address critical community needs while supporting national health and development priorities such as the **National TB Elimination Programme (NTEP)**, **Pradhan Mantri TB Mukh Bharat Abhiyan**, and the **United Nations Sustainable Development Goal (SDG) 3 – Good Health and Well-being**.

1.2 Overview of the Program / Interventions

Agra, Varanasi, and Kanpur, major transshipment hubs, each have Apollo Tyres Foundation healthcare centres delivering a wide range of health initiatives for the trucking community and allied populations. These include static clinics, health camps, TB awareness and screening, HIV prevention, peer-led education, and targeted interventions specific to truckers' needs.

Core Activities in Agra, Varanasi, and Kanpur

- All three cities have static healthcare centres staffed by a team including doctors, paramedics, counsellors, lab technicians, and outreach workers. These clinics offer general health treatment, vision care, sexually transmitted infection (STI) screening, HIV awareness/testing, tuberculosis (TB) detection and management, diabetes and hypertension screening, and oral hygiene check-ups.
- The behaviour change communication program is active in all three cities. It utilizes one-to-one and group sessions, as well as mid- and mass-media (like street plays or pamphlets), to spread awareness of STIs, HIV, TB, and general health practices among truckers and support staff.
- Health camps are conducted at or near transport nagars and major halting points, often delivering doorstep services (e.g., satellite clinics) for those unable to reach the main centres. These camps provide screenings for vision, HIV, diabetes, and NCDs, maximising outreach and timely intervention.
- Peer-led outreach forms an integral component of the programme's delivery approach, with trained peer educators including transgender (TG) peer educators supporting healthcare awareness and mobilisation among truck drivers and allied transport workers.

Special Campaigns and Achievements

- The clinics in these cities have participated in large-scale special day campaigns such as World Lungs Day and World TB Day, focusing on TB detection, education, and linkage to DOTS centres for treatment.

- Designated Microscopy Centres (DMCs) for TB diagnosis are managed at Agra and Kanpur, offering advanced TB testing in partnership with the government and international partners.
- Nutrition kit distribution for TB patients and special focus on linking detected cases to proper, government-supported treatment are among the services offered.

1.3 Scale and Performance

The following table has demonstrated growth and outreach efficiency over the years:

Service Area	FY 2023 – 24	Cumulative of 5 years (FY 2019-24)
HIV Testing	4,350	21,506
TB Testing	1,893	5,025
Vision Testing	7,614	34,835
Diabetes Testing	5,389	20,453
Hypertension Check-ups	10,219	25,644
OPD Footfall	16,417	89,109

1.4 Relevance of the Projects

The trucking industry, contributing nearly **5% to India’s GDP** and employing over **2.5% of the national workforce**, remains a critical yet underserved segment. Long hours, poor diet, substance use, and lack of access to healthcare make truckers highly vulnerable to **communicable diseases (HIV, TB)** and **non-communicable diseases (diabetes, hypertension)**.

Agra, Varanasi, and Kanpur are critical transport hubs that face similar health vulnerabilities for truck drivers: exposure to pollution, sedentary routines, and strained rest facilities due to high vehicle movement and limited urban infrastructure.

ATF’s healthcare program in these cities provides targeted solutions, raising awareness, enabling early detection, and broadening access to treatment—to directly address these occupational and environmental risks.

The interventions are purpose-built to fulfil:

1. SDG 3: Good Health and Well-being
2. National TB Elimination Goal (2025) what is the goal
3. India’s NCD prevention strategy

India's NCD prevention strategy focuses on implementing a comprehensive approach that includes strengthening primary healthcare, enhancing awareness, and facilitating behavioral change. Key components involve:

- Integration of NCD screening and management into existing health systems, especially at community and primary care levels.

- Promoting healthy lifestyles through awareness campaigns, emphasizing diet, physical activity, and substance avoidance.
- Developing targeted interventions for high-risk populations, including occupational groups such as truck drivers who face risk factors like sedentary lifestyles, poor diet, and stress.

1.5 Project Reach

In FY 2023–24, Agra, Varanasi and Kanpur programs covered the following:

Location	Beneficiary Coverage Details	Geographic Coverage
Agra	Healthcare center was established at the transshipment hub in Agra city.	Part of 32 transshipment hubs across 19 states.
	Provides services such as HIV prevention, vision care, TB awareness, diabetes, hypertension checks, oral hygiene, STI testing, counseling, and peer-led outreach.	Self-funded healthcare center at Agra.
	Beneficiaries include truckers and allied populations.	
Varanasi	Healthcare center at transshipment hub in Varanasi city.	Covers truckers and allied populations at hub.
	Services similar to Agra: integrated health care for trucking community.	Self-funded healthcare center at Varanasi.
Kanpur	Healthcare center at Kanpur transshipment hub.	Self-funded; part of ATF’s 34 nationwide hubs.
	Offers holistic health services targeting truckers and allied groups.	

1.6 Implementing Partners

Jan Chetna Sewa Samiti (JCSS) is a non-profit organization in Agra, working since 1992 to improve the health and well-being of marginalized groups, especially women and children. It runs health camps and programs for tuberculosis control, HIV/AIDS awareness, and other health issues with support from government and NGOs.

Jan Kalyan Maha Samiti operates in Varanasi and Kanpur and partners with health programs under Apollo Tyres Foundation, focusing on TB screening, HIV prevention, and health services for truckers and their communities.

1.7 Logic Model

Components	Description (Delhi Region)
Inputs	<ul style="list-style-type: none"> • Apollo Tyres Foundation (ATF) supports healthcare for the trucking community in Agra, Varanasi, and Kanpur as part of its CSR initiatives. • Jan Chetna Sewa Samiti (JCSS) in Agra is a key NGO partner working with ATF to provide health services including TB control, HIV/AIDS awareness, and health camps. • Jan Kalyan Maha Samiti assists in Varanasi and Kanpur, supporting similar healthcare interventions under ATF’s program. • Healthcare infrastructure in these locations includes static health centres staffed with qualified doctors, counselors, paramedics, optometrists, lab technicians, and outreach workers. • IEC and behavior change communication tools such as street plays, posters, mobile messaging, and peer educator sessions are used for community awareness. • Trained peer educators engaged in peer-led outreach as part of the programme delivery approach, reaching 94,743 individuals across the UP region, including 14 transgender (TG) peer educators who reached 4,570 beneficiaries.
Activities	<ul style="list-style-type: none"> • Static Health Centre providing diagnosis, treatment, and counselling for STIs, HIV, TB, diabetes, hypertension, and vision care. • Health Camps and Outreach Drives – Regular community health camps and BCC events at transport hubs and broker offices. • Special Day Campaigns – World TB Day, World Lung Day, and National Nutrition Day campaigns in coordination with government health missions. • Peer-led outreach and referral for testing and treatment. • Counselling and Follow-up – Pre- and post-test counselling for TB/HIV patients and linkage to DOTS/ART centres.
Outputs (FY 2023–24)	<ul style="list-style-type: none"> • Total Coverage: 82,287 OPD beneficiaries • TB Testing: 1,893 beneficiaries, 123 confirmed TB cases; 112 linked with DOTS. • HIV Testing: 4,350 beneficiaries.

	<ul style="list-style-type: none"> • Vision Testing: 7,614 tests;4,027 refractive errors identified; 493 spectacles distributed. • Diabetes Testing: 5,389 tests; 879 found at risk. • Hypertension Screening: 10,219 tests; 1,392 at risk. • Awareness & Outreach: 65,870 truckers and allied workers reached through BCC, mid-media, and peer-led campaigns.
Outcomes	<p>Short-term:</p> <ul style="list-style-type: none"> • Improved awareness and early health-seeking behaviour among truckers and allied populations. • Increased screening and early diagnosis of TB, HIV/STI, and NCDs. • Strengthened peer-led community networks and government referral linkages (DOTS/ART). <p>Intermediate:</p> <ul style="list-style-type: none"> • Improved treatment adherence and reduced drop-out rates. • Reduction in communicable disease burden and improved control of NCDs through regular monitoring. • Enhanced trust and satisfaction with ATF health services (80–90% satisfaction levels).
Impacts	<ul style="list-style-type: none"> • Healthier and more productive trucking community in Delhi with improved quality of life. • Reduction in TB, HIV/STI, and NCD risk prevalence among high-mobility occupational groups. • Contribution to SDG 3 – Good Health and Well-being and alignment with Government of India’s TB Mukt Bharat Abhiyan (2025). • Strengthened public–private collaboration for community-based healthcare delivery and model replication in other urban transport hubs.

CHAPTER 2: CSR IMPACT ASSESSMENT METHODOLOGY

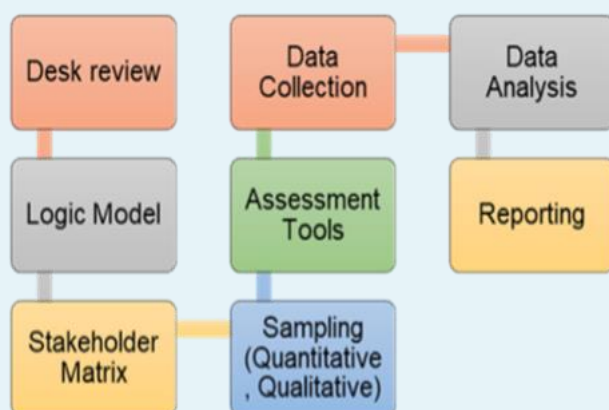
2.1 Evaluation Framework

The impact assessment methodology adheres to the Social Auditing Standards (SAS), regulated by the ISAI under SEBI, and aligns with ISO IS 26000:2018 – Guidance on Social Responsibility. This structured approach ensures a comprehensive and transparent evaluation, incorporating the key methodologies outlined below.

To determine the impact of the Apollo’s CSR initiative, this impact assessment will apply the **PMGA framework (Process Maturity & Goals Achievement)**.

Project Process Maturity	Maps the project design based on the following criteria - <ul style="list-style-type: none"> • Program Relevance & Significance • Project Objectives & Scope • Project Stakeholder Mapping and Identification • Project Initiation and Risk Assessment of factors influencing the program • Project Stakeholder engagement & participation, • Project Monitoring & Evaluation process, • Project communication & reporting, • Project sustainability.
Project Goals Achievement	Extent to which predefined project objectives were met in terms of measurable outputs, short-term and long-term outcomes in beneficiaries’ lives, effectiveness in addressing social, economic, and environmental challenges.

2.2 Approach



Component	Description
Desk Review	In-depth review of client documents including project progress reports, MOUs with implementing partners, project design, and Monitoring & Evaluation systems. This step helps assess the implementation process and understand program efficiency.
Logic Model	Developed based on the desk review to map the relationship between inputs, activities, outputs, outcomes, and impacts, ensuring a structured evaluation approach.
Stakeholder Matrix	Identifies and categorizes key stakeholders based on their influence, accountability, and interest, ensuring effective engagement in the assessment process.
Sampling	<p>A representative sampling approach is adopted to ensure diversity and inclusivity across key beneficiary segments. For quantitative surveys, the sampling design captures variations by geography, gender, and program type, ensuring proportional representation of different groups.</p> <p>For qualitative methods such as KIIs and FGDs, purposive sampling is used to include stakeholders with relevant experiences and insights. This combination ensures that the sample accurately reflects the overall population and provides both breadth and depth for the impact assessment.</p>
Assessment Tools	Structured questionnaires are used for Quantitative Surveys (QS), KIIs, and FGDs were conducted to collect qualitative data.
Data Collection	A mixed-method approach combined quantitative data (e.g., outcomes, statistics) with qualitative insights (e.g., beneficiary experiences), ensuring a comprehensive impact evaluation.

Data Analysis & Reporting	Findings are analysed using statistical methods for quantitative data and thematic coding for qualitative insights.
Reporting	Structured reporting included key impact metrics and recommendations based on: <ul style="list-style-type: none"> - What changed - How many people experienced the change - How long they experienced the change

2.3 Stakeholder Matrix

The social impact assessment engaged four main categories of stakeholders to ensure balanced representation and meaningful insights across the three CSR interventions.

Category	Stakeholder Type	Role in Programme / Evaluation what is this column
Beneficiary Stakeholders	Truck drivers and helpers who utilize services for prevention and treatment of TB, HIV/AIDS, vision care, diabetes, and other health issues. Allied populations such as roadside workers and local communities also benefit, along with peer educators trained from within the community.	The roles are performed by healthcare professionals providing medical care, NGOs managing implementation and outreach, peer educators driving awareness and referrals, and mobile units extending service reach. IEC tools support ongoing health education and behavior change.
Executing Stakeholders (Management)	Apollo Tyres Foundation (ATF) CSR and Health Team; Project Managers; State Coordinators.	Responsible for overall planning, coordination, and oversight of the Delhi healthcare programme.
Executing Stakeholders (Participants)	Jan Chetna Sewa Samiti and Jan Kalyan Maha Samiti	manage local outreach and support, and peer educators who drive awareness, behavior change, and referral.
Oversight (Sponsor)	Apollo Tyres Ltd. – Corporate CSR Leadership Team	Provides strategic direction, funding, and compliance monitoring for the CSR intervention under SDG 3 (Good Health and Well-being).

2.4 Sampling and Data Coverage

The impact assessment employed a **mixed-method research design**, ensuring both quantitative representation and qualitative depth across Delhi’s healthcare interventions.

Component	Sample Size	Stakeholder / Description
Quantitative Survey	1,389 respondents	Structured interviews conducted with truckers, allied workers, and TB patients.
Focus Group Discussions (FGDs)	18 FGDs	Conducted with truck drivers, helpers, and allied populations to capture awareness, attitudes, and health-seeking behaviour.
Key Informant Interviews (KIIs)	9 KIIs	Conducted with ATF/NGO health staff, government officials (SACS & TB Control), and trucker union representatives.

CHAPTER 3: KEY FINDINGS AND ANALYSIS

3.1 Overview of Findings

This chapter presents field-based findings from the Healthcare Programme for the Trucking Community implemented through the Apollo Tyres Foundation (ATF) in UP (Kanpur, Agra and Varanasi). The analysis is organised around eight thematic areas that reflect the programme’s intended outcomes:

1. **Awareness of Health Issues**
2. **Health-Seeking Behaviour**
3. **Utilisation and Quality of Services**
4. **Improved Health Outcomes**
5. **Perception of Stakeholders**
6. **Collaboration and Partnerships**
7. **Contribution to National Priorities**
8. **Brand Perception (Apollo Tyres)**

The sections that follow present detailed insights under each thematic area, combining numerical patterns with stakeholder perspectives to offer a comprehensive view of the UP’S achievements, on-ground challenges, and opportunities for strengthening service delivery and health system linkages.

3.2 Demographic Profile of Respondents

The quantitative survey covered **476 respondents** from Kanpur, **452 respondents** from Agra and **461 respondents** from Varanasi, representing truck drivers and allied transport workers who availed healthcare services across transport hubs in UP.

KANPUR:

Gender

95% of respondents were male and **5%** female.

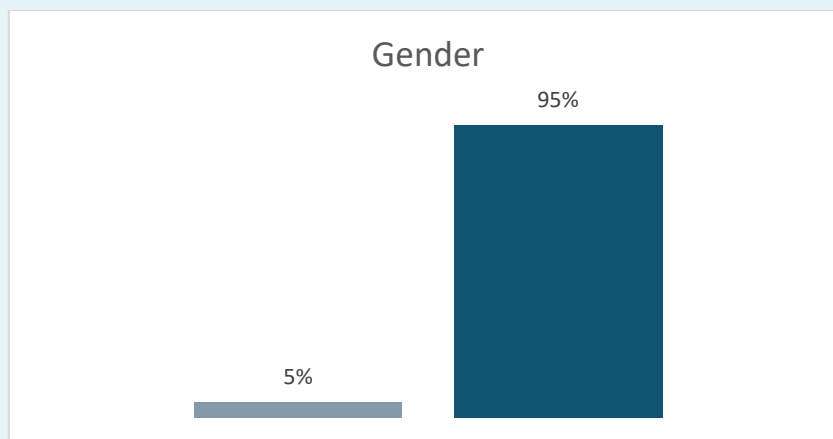


Figure 1 Gender - Kanpur

Age Group

3% respondents were aged below 25 years, **17 %** were 25–34 years, **30 %** 35–44 years, **34 %** 45-54 years, and **17 %** above 55 years.

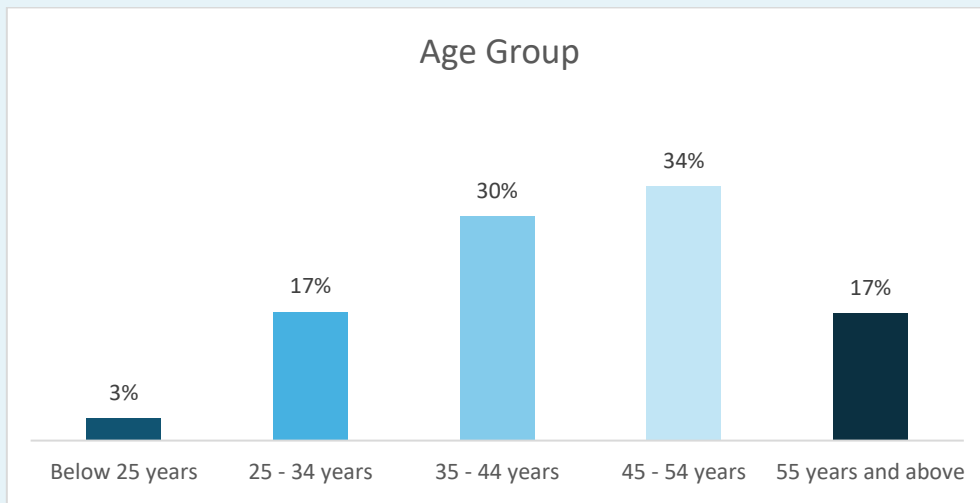


Figure 2 Age Group - Kanpur

Occupation

Out of the total respondents, **66%** were truck drivers, **6%** were helpers or cleaners and mechanics, and **16%** were Shop workers.

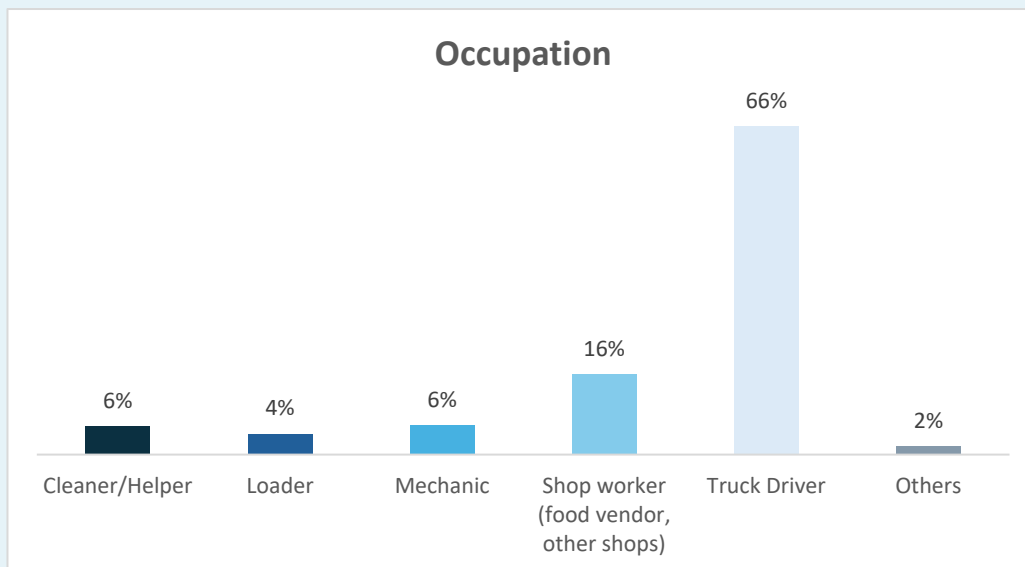


Figure 3 Occupation - Kanpur

Education Level

24% had completed **primary schooling**, **36%** had studied up to **secondary school**, **18%** up to **higher secondary**, **8%** were **graduates or above**, while **14%** reported having **no formal education**.

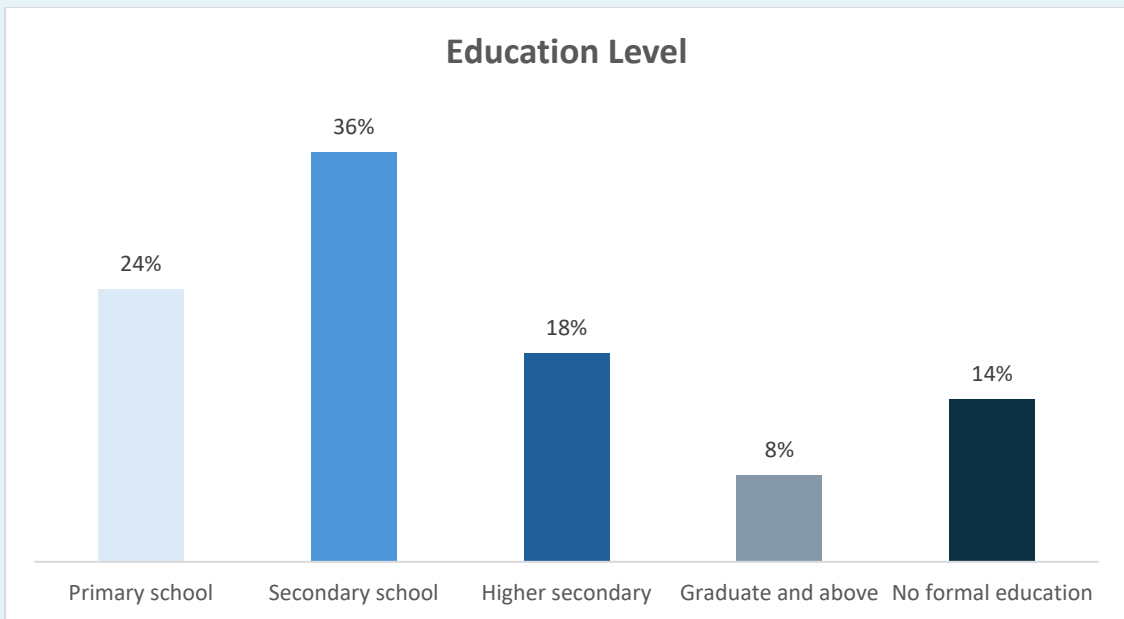


Figure 4 Education Level - Kanpur

Monthly Income

84% earned between ₹10,001–₹20,000 per month, 9% earned ₹20,001–₹30,000, 1% earned above ₹30,001, and 7% reported earning less than ₹10,000 per month.

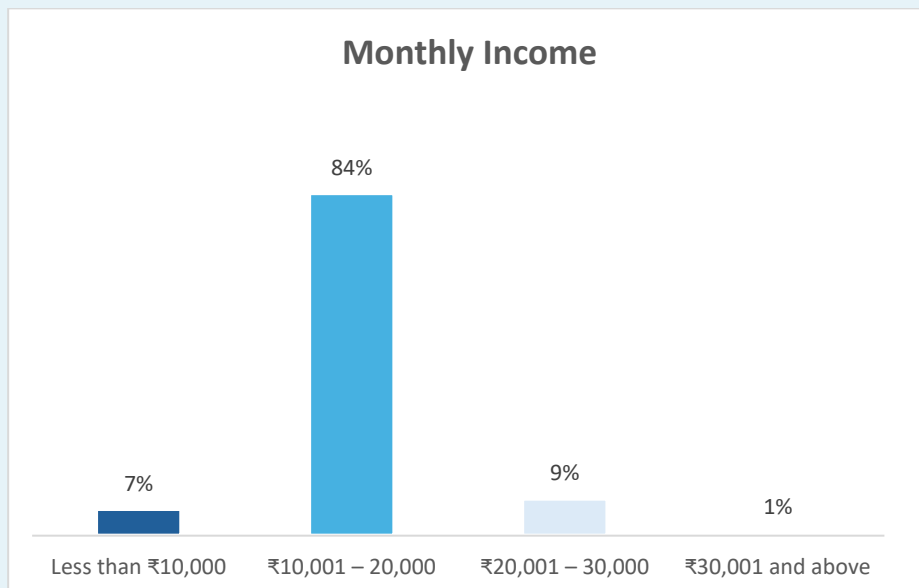


Figure 5 Monthly Income - Kanpur

AGRA:

Gender

100% of respondents were male.

Age Group

11% were 25–34 years, **49%** 35–44 years, **40%** 45-54 years.

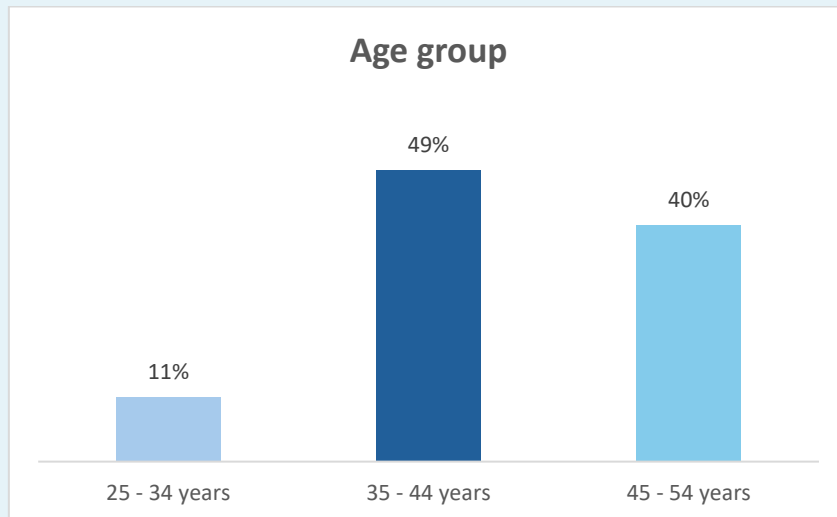


Figure 6 Age Group - Agra

Occupation

Out of the total respondents, **91%** were truck drivers, **1%** were helpers or cleaners and loaders, and **7%** were mechanic.

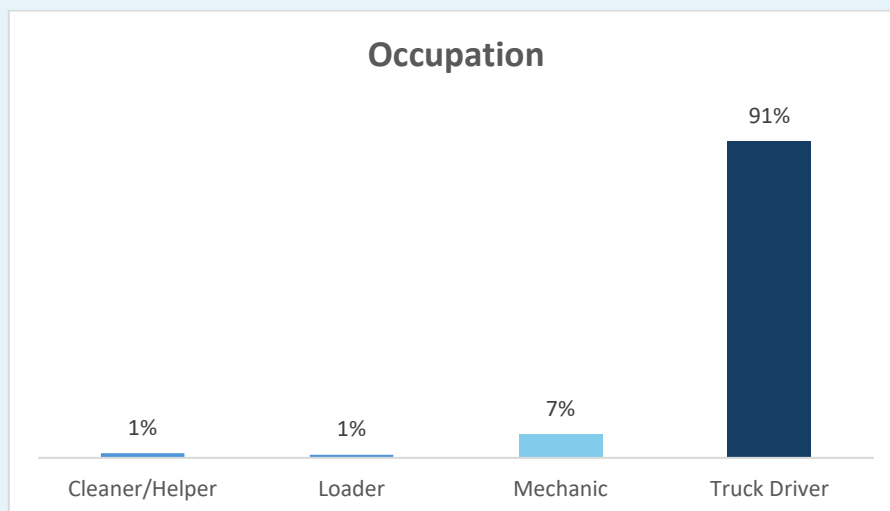


Figure 7 Occupation - Agra

Education Level

25% had completed **primary schooling**, **49%** had studied up to **secondary school**, **11%** up to **higher secondary**, while **15%** reported having **no formal education**.

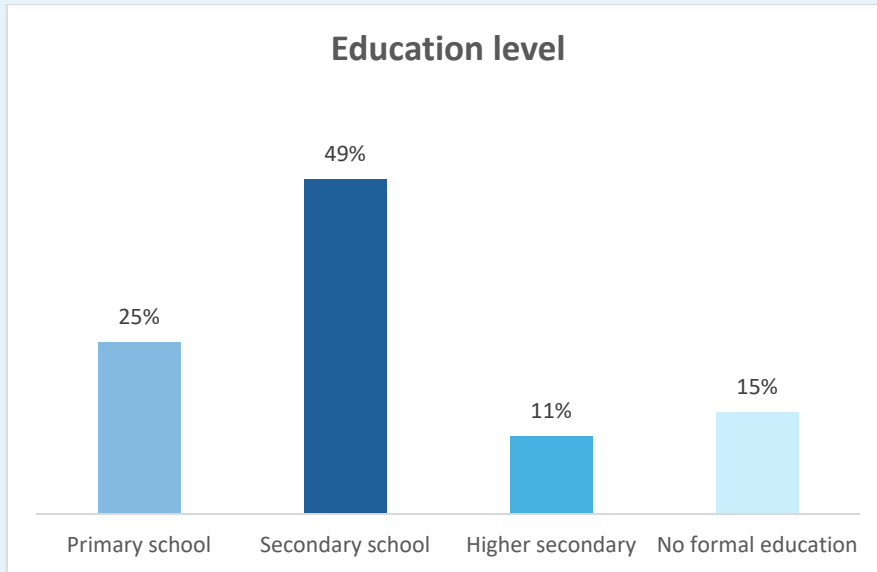


Figure 8 Education Level - Agra

Monthly Income

6% earned between ₹10,001–₹20,000 per month, 72% earned ₹20,001–₹30,000, 21% earned above ₹30,001, and 1% reported earning less than ₹10,000 per month.

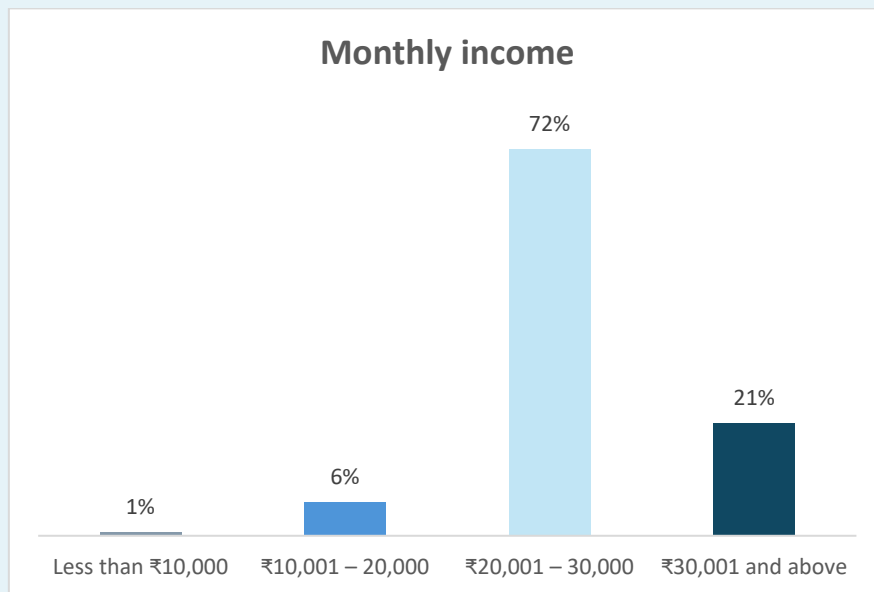


Figure 9 Monthly Income - Agra

VARANASI:

Gender

100% of respondents were male.

Age Group

25% were 25–34 years, 27% 35–44 years, 33% 45–54 years, 6% 55 years above and 9% below 25 years

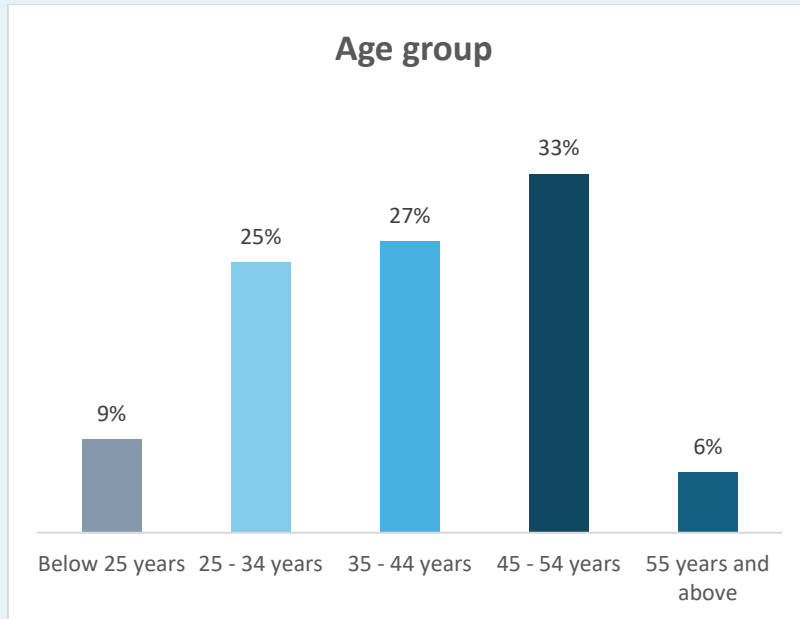


Figure 10 Age Group - Varanasi

Occupation

Out of the total respondents, **91%** were truck drivers, **1%** were helpers or cleaners and loaders, and **7%** were mechanic.

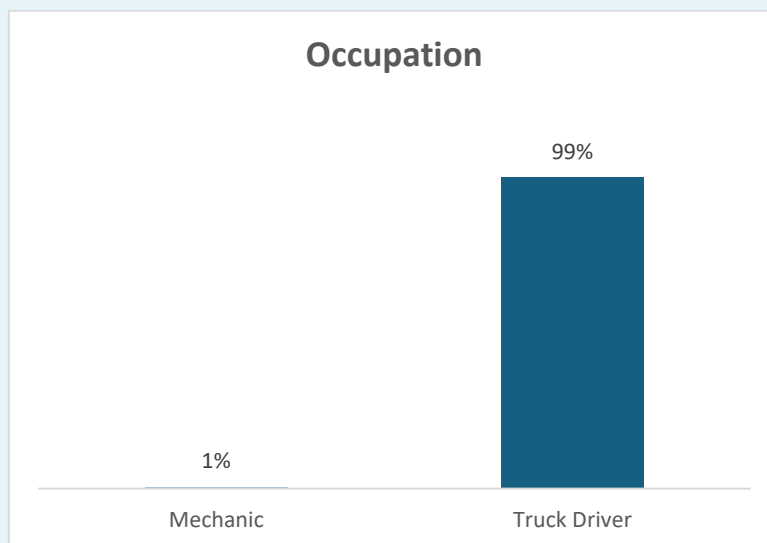


Figure 11 Occupation - Varanasi

Education Level

22% had completed **primary schooling**, **28%** had studied up to **secondary school**, **19%** up to **higher secondary**, while **27%** reported having **no formal education** and **4%** had graduated and above.

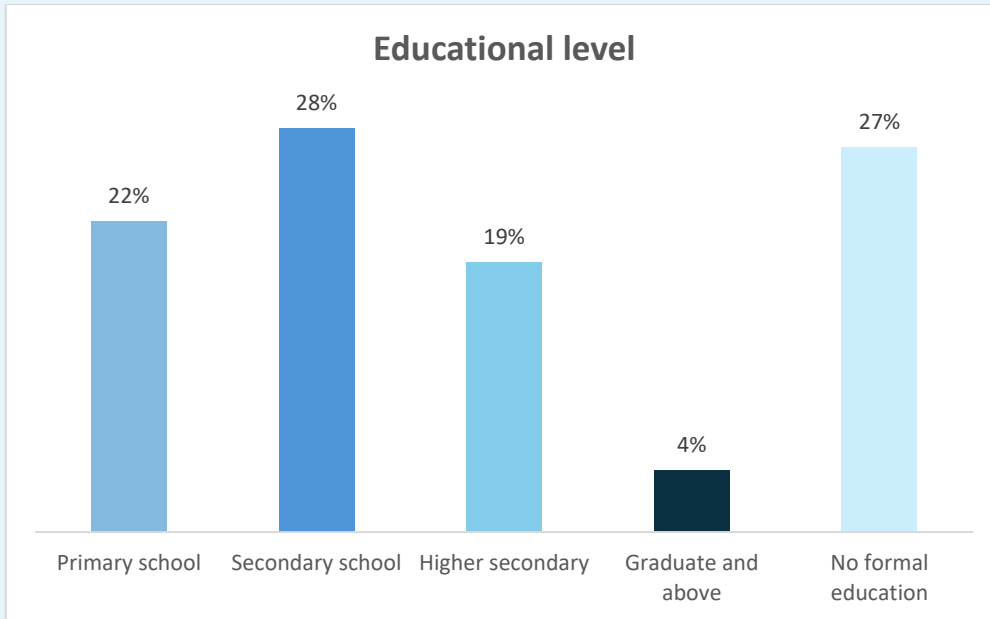


Figure 12 Education Level - Varanasi

Monthly Income

87% earned between ₹10,001–₹20,000 per month, 12% earned ₹20,001–₹30,000, and 1% reported earning less than ₹10,000 per month.

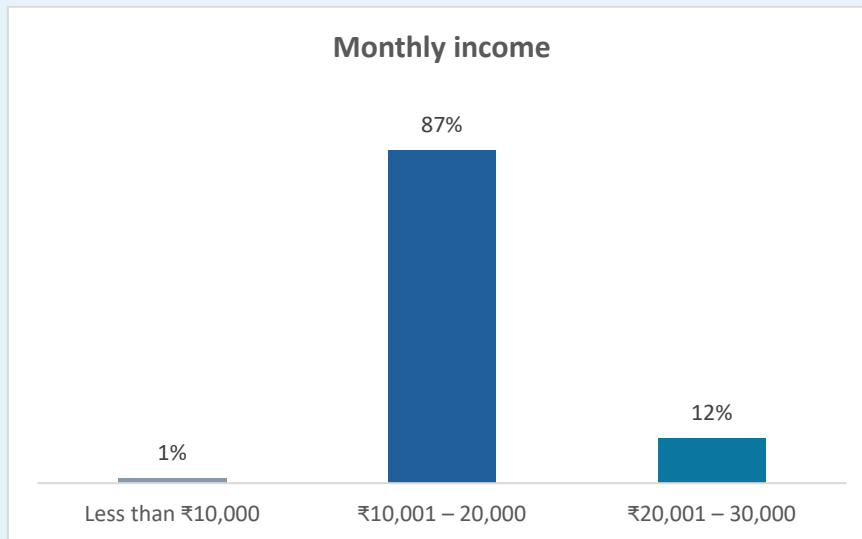


Figure 13 Monthly Income - Varanasi

3.3 Thematic Findings and Analysis

Thematic Area 1: Awareness on health issues

KANPUR:

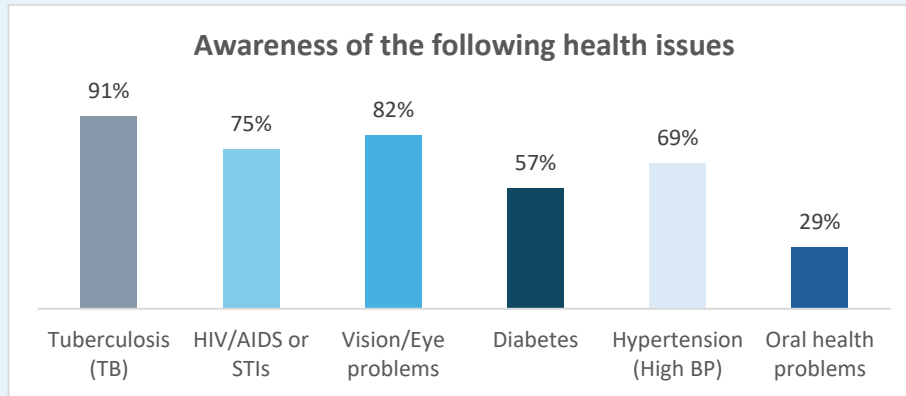


Figure 14 Awareness of the following health issues - Kanpur

91% of respondents were aware of **Tuberculosis**, **57%** were aware of **Diabetes**, and **75%** had knowledge of **HIV/AIDS and STIs**. Awareness regarding **Vision problems** was reported by **82%**, **69%** were aware of **Hypertension**, and **29%** were aware of **Oral health problems**.

Some drivers had heard about diseases like TB, HIV, high blood pressure, and weak eyesight, but had very little knowledge about these diseases.

“Most drivers suffer from gas, indigestion, headache and back pain because we sit for long hours and eat irregularly. We have heard about TB, sugar and BP, but we don’t know much detail.” - Mahendra (59 years), Truck Driver, Kanpur

A few said they never used glasses because they didn’t feel the need. Many drivers said they only get health information from fellow drivers or local medicine shops, not from formal health sessions.

AGRA:

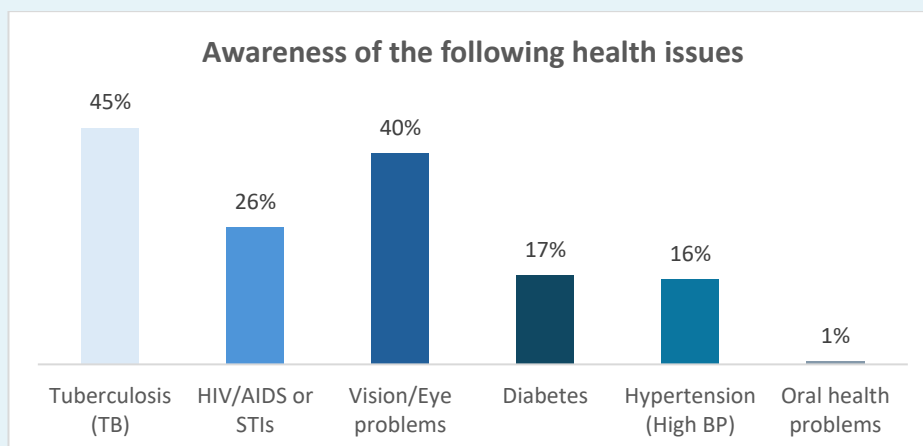


Figure 15 Awareness of the following health issues - Agra

45% of respondents were aware of **Tuberculosis**, **17%** were aware of **Diabetes**, and **26%** had knowledge of **HIV/AIDS and STIs**. Awareness regarding **Vision problems** was reported by **40%**, **16%** were aware of **Hypertension**, and **1%** were aware of **Oral health problems**.

“Because we sit continuously for long hours and eat irregularly, gastric and digestion problems have become very common. Continuous sitting and lack of rest after eating cause these problems.” - **Satish Sharma (52 years), Truck Driver, Transport Nagar, Agra**

Some drivers were aware of diseases like TB, HIV, and weak eyesight but did not know in detail how they spread or could be treated.

A few participants said they had never used glasses or been tested for vision. Overall, the group agreed that health knowledge among drivers is limited and usually comes from fellow drivers, posters, or local chemists.



Figure 16 KII with the truck driver, Agra

VARANASI:

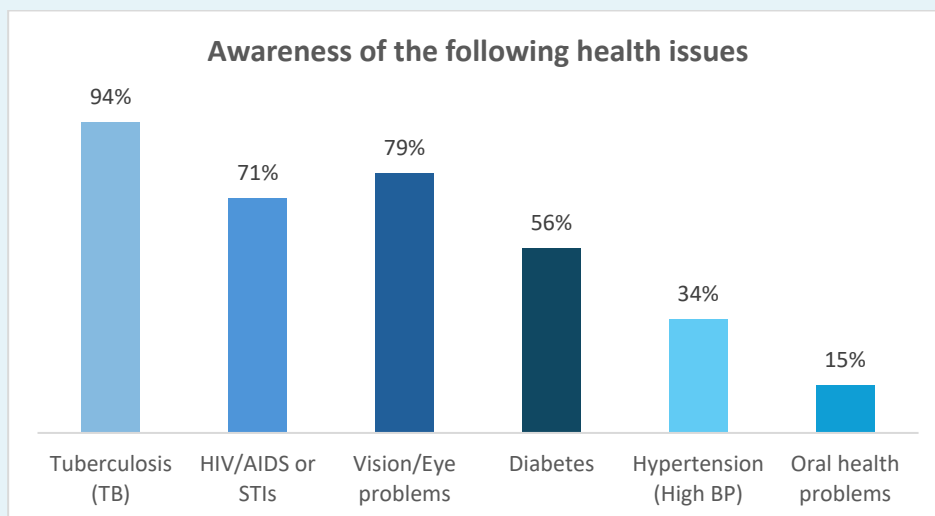


Figure 17 Awareness of the following health issues - Varanasi

94% of respondents were aware of **Tuberculosis**, **56%** were aware of **Diabetes**, and **71%** had knowledge of **HIV/AIDS and STIs**. Awareness regarding **Vision problems** was reported by **79%**, **34%** were aware of **Hypertension**, and **15%** were aware of **Oral health problems**.

“Drivers suffer from skin infections and dental issues because of poor hygiene on the road. They felt that myths around diseases like TB and HIV still exist; some believe these diseases spread through casual contact or smoking” – Uday Singh, 44, Truck Driver

The group of truck drivers mentioned they first heard about HIV, TB, and vision problems through ATF’s mobile medical vans and awareness posters at petrol pumps. They also recalled **street plays and WhatsApp messages** as memorable forms of awareness because they used simple language and were relatable.

Thematic Area 2: Health Seeking Behaviour (Knowledge, Attitudes and Practices)

Preventive Health-Seeking Behaviour and Access Barriers

KANPUR:

The figure shows how frequently respondents underwent preventive health check-ups in the past year. **9%** reported going for **check-ups two to three times**, **22%** had gone **once**, and **42%** had gone **more than three times**. **27%** stated they **never went for preventive check-ups**. While the majority are participating in preventive care, consistent awareness efforts are required to reach those yet to adopt routine screening behaviour.

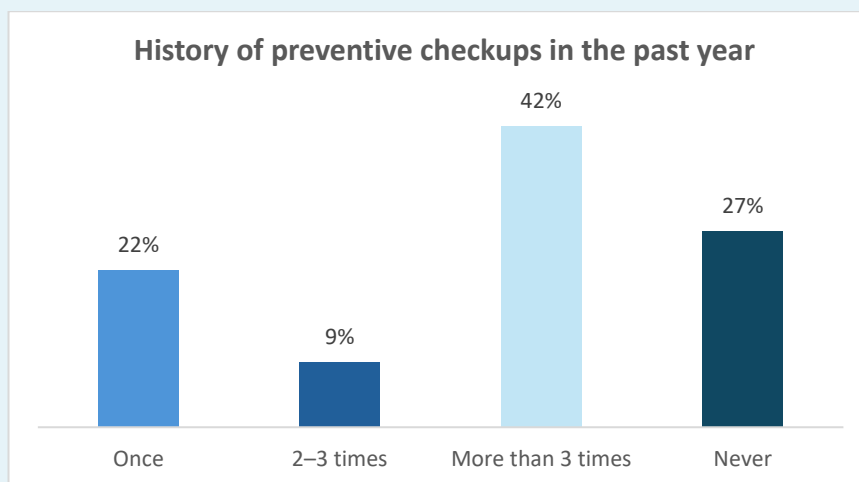


Figure 18 History of prevention check-ups in the past years - Kanpur

A considerable proportion of respondents cited **cost of treatment (14%)** as the main barrier to early treatment, followed by **didn’t know where to go (3%)**, and **distance (11%)**. Other challenges included **fear or stigma (2%)**, **lack of time (69%)**, and **other reasons (1%)**. These results suggest that, while awareness exists, **occupational time constraints and affordability remain the primary obstacles** to accessing healthcare among truck drivers and allied workers.

“When we fall sick, we usually buy medicines from a medical shop. If we stop working even for one day, our income stops, so we delay going to hospitals.” - **Mahendra (59 years), Truck Driver, Kanpur**

“Government hospitals are crowded and time-consuming. ATF clinics are easier because doctors listen patiently and explain properly.” - **Jeevan Singh (43 years), Truck Driver, Kanpur**

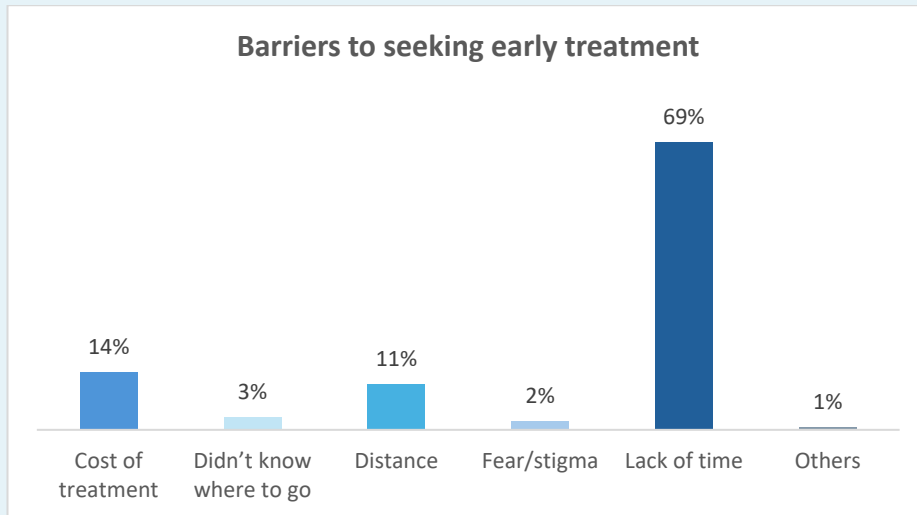


Figure 19 Barriers to seeking early treatment - Kanpur

Health Awareness and Response to Illness

The majority of respondents expressed confidence in early testing, with **31% agreeing** and **65% strongly agreeing** that it supports better recovery. A smaller share was **neutral (4%)**

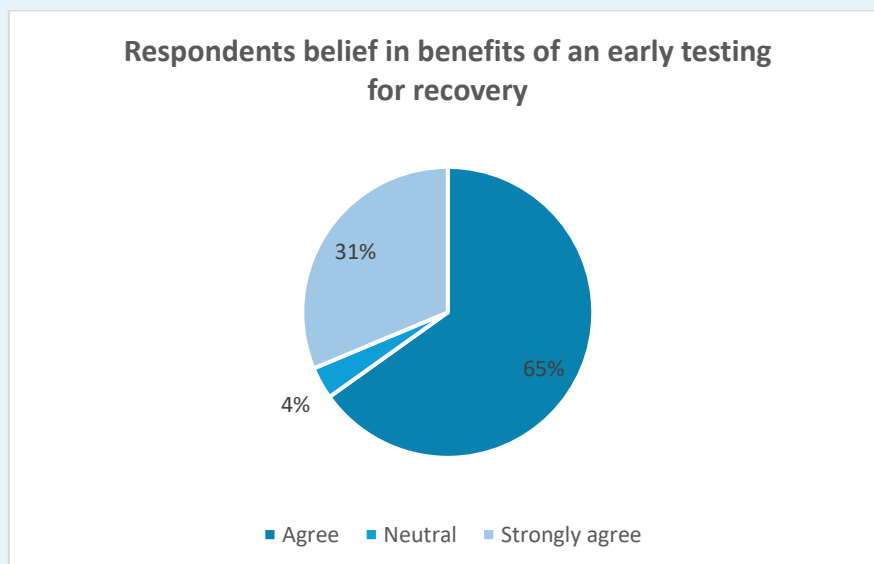


Figure 20 Respondent's belief in benefits of early testing for recovery - Kanpur

Drivers shared that when they fall sick, they usually buy medicines from a medical shop or take advice from friends. Very few go to a doctor immediately. Most visit a clinic only when the problem becomes serious. Many drivers said they know about Apollo Tyres Foundation's

health services but don't go regularly. They shared that the main reasons for delaying treatment are lack of time, busy work schedules, and fear of losing income.

“I got information about the clinic, but I never went because I am always busy.”

AGRA:

The figure shows how frequently respondents underwent preventive health check-ups in the past year. **12%** reported going for **check-ups two to three times**, **42%** had gone **once**, and **2%** had gone **more than three times**. **44%** stated they **never went for preventive check-ups**. While the majority are participating in preventive care, consistent awareness efforts are required to reach those yet to adopt routine screening behaviour.

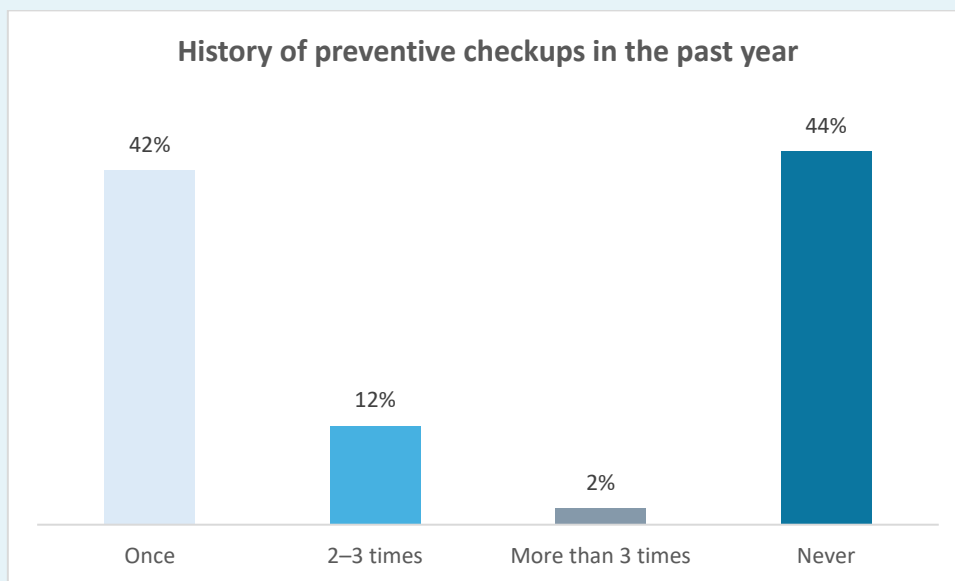


Figure 21 History of prevention check-ups in the past years - Agra

A considerable proportion of respondents cited **cost of treatment (3%)** as the main barrier to early treatment, followed by **distance (47%)**. Other challenges included **lack of time (50%)**. These results suggest that, while awareness exists, **occupational time constraints and affordability remain the primary obstacles** to accessing healthcare among truck drivers and allied workers.

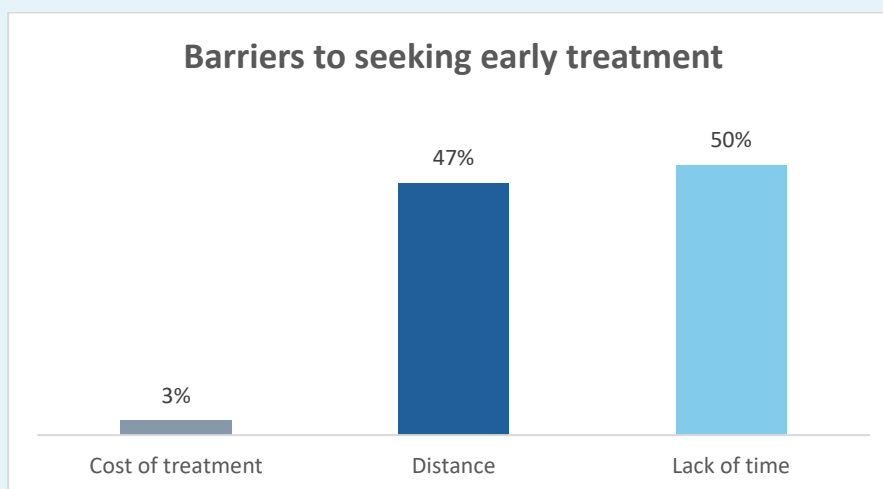


Figure 22 Barriers to seeking early treatment - Agra

Health Awareness and Response to Illness

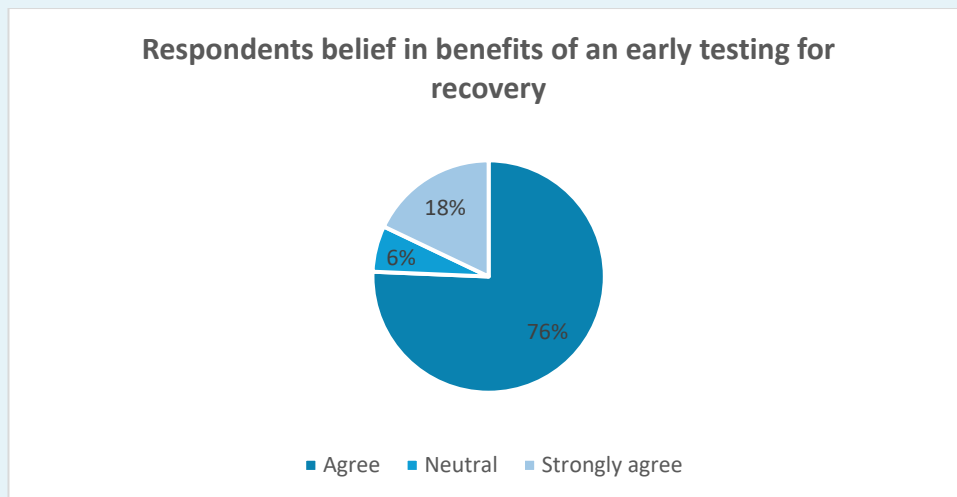


Figure 23 Respondent's belief in benefits of early testing for recovery - Agra

The majority of respondents expressed confidence in early testing, with **76% agreeing** and **18% strongly agreeing** that it supports better recovery. A smaller share was **neutral (%)**

A few drivers shared that when they fall sick, they usually take medicine from local medical shops or follow suggestions from friends instead of visiting a doctor. Participants also shared that they know about the Apollo Tires Foundation (ATF) clinic, but rarely visit due to work pressure. They agreed that if check-ups were available near truck stops or toll plazas, more drivers would use the service.

“If check-ups are available near toll plazas or truck stops, more drivers will use them because leaving work is difficult.” - **Rohit Gurjar (38 years), Truck Driver, Transport Nagar, Agra.**

VARANASI:

The figure shows how frequently respondents underwent preventive health check-ups in the past year. **34%** reported going for **check-ups two to three times**, **51%** had gone **once**, and **9%** had gone **more than three times**. **6%** stated they **never went for preventive check-ups**. While the majority are participating in preventive care, consistent awareness efforts are required to reach those yet to adopt routine screening behaviour.

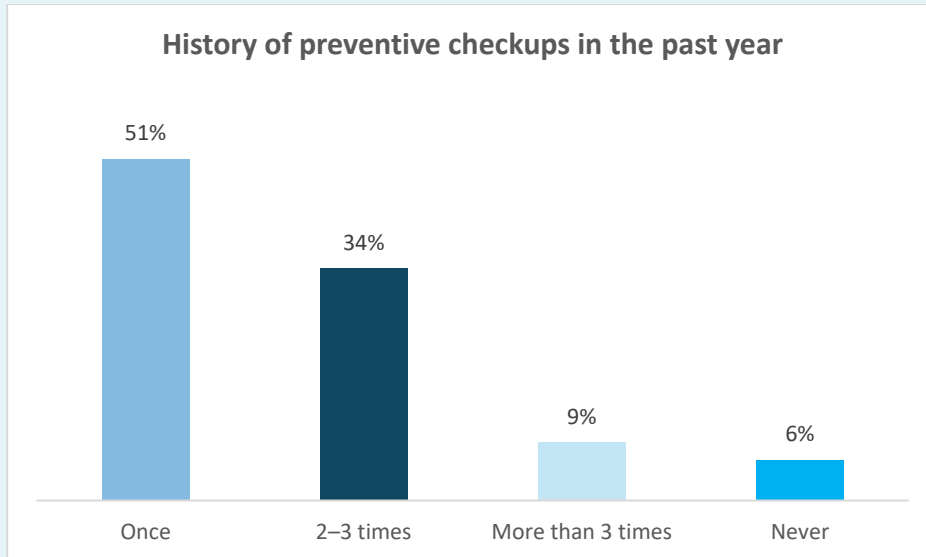


Figure 24 History of prevention check-ups in the past years - Varanasi

A considerable proportion of respondents cited **cost of treatment (31%)** as the main barrier to early treatment, followed by **distance (9%)**. Other challenges included **fear or stigma (1%)**, **lack of time (54%)**, and **other reasons (5%)**. These results suggest that, while awareness exists, **occupational time constraints and affordability remain the primary obstacles** to accessing healthcare among truck drivers and allied workers.

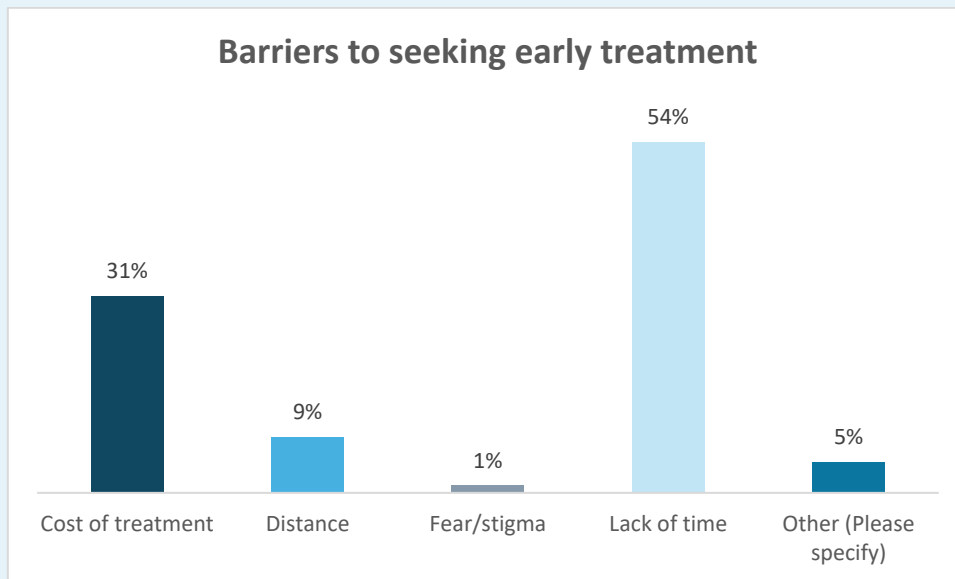


Figure 25 Barriers to seeking early treatment - Varanasi

Health Awareness and Response to Illness

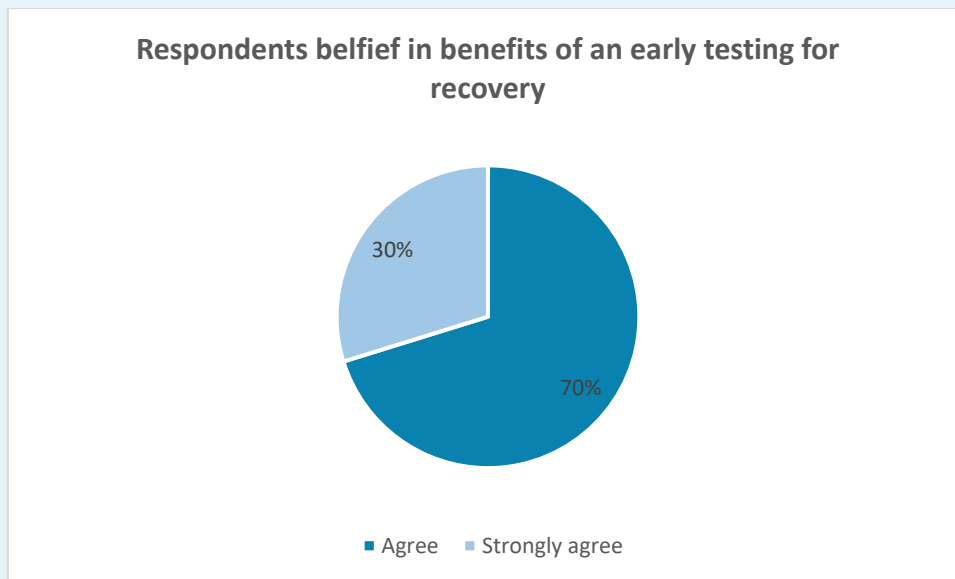


Figure 26 Respondent's belief in benefits of early testing for recovery - Varanasi

The majority of respondents expressed confidence in early testing, with **70% agreeing** and **30% strongly agreeing** that it supports better recovery.

Respondents reported depending on chemists or home remedies and avoiding hospitals due to time constraints, fear of diagnosis, and potential loss of income.

“When I fall sick, I usually go to a local chemist because it saves time and I can continue my trip. Going to hospitals takes too much time.” Prem Pal (48 years), Truck Driver, Varanasi

“Most drivers avoid hospitals because they cannot afford to wait in queues or take days off from work. If we don't drive, we don't earn.” Satyam Pandey (16 years), Helper, Varanasi

“Fear of being diagnosed with a serious illness also keeps many drivers from going for check-ups, even when they know something is wrong.” Shiv Charan Patel (19 years), Helper, Varanasi

Thematic Area 3: Evaluate Service Quality (doctors, pharmacists, counsellors, medicine availability, referrals) - Utilization of services, quality of services provided at healthcare centers.

KANPUR:

Utilization of Healthcare Services

A significant proportion of respondents (**97%**) reported having visited an **ATF Health Centre**, reflecting strong utilization and community trust in ATF's health facilities. Among these visitors, **31%** had accessed services once, **23%** had visited 2–3 times, and **45%** had visited more than three times, indicating both new and repeat engagement with the programme.

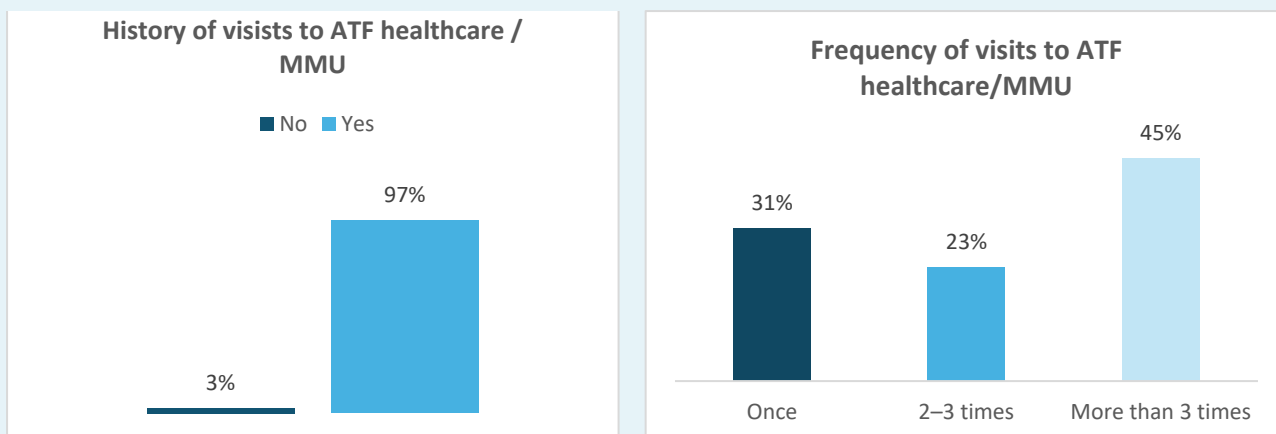


Figure 27 Utilization of healthcare services - Kanpur

Most participants knew about the ATF Clinic and Mobile Medical Unit, but many were visiting for the first time during this discussion.

Those who had used the service said that the facilities are good and the staff is polite and helpful. Some said they received leaflets about the services but could not visit because of work.



Figure 28 FGD with the truck driver, Kanpur

The primary reasons for visiting included **general health check-ups (77%)**, **TB testing or treatment (37%)**, **vision testing (48%)**, **HIV/STI testing (25%)**, **diabetes screening (58%)**, **hypertension check-ups (52%)**, and **oral hygiene or dental care (21%)** and (31%) also availed **counselling services**, demonstrating that the centres cater to both preventive and curative needs through a comprehensive range of medical and diagnostic services.

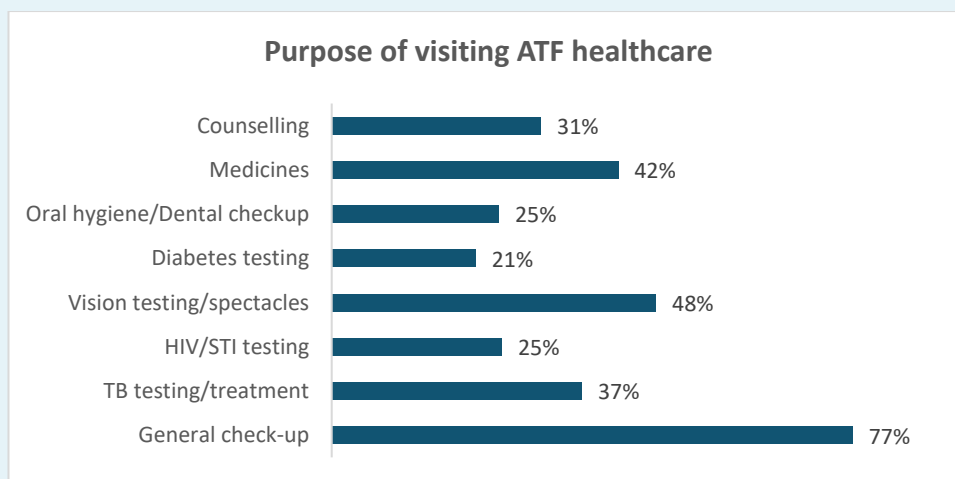


Figure 29 Purpose of visiting ATF healthcare/MMU - Kanpur

Drivers who accessed ATF services in Kanpur consistently highlighted the respectful behaviour of doctors and counsellors, clarity of communication, and ease of access as key strengths. These factors contributed to greater comfort in discussing health issues, including sensitive concerns.

“When doctors and counsellors speak politely and without judgement, drivers feel confident sharing their health problems.” -**Bablu Yadav (41 years), Truck Driver, Transport Nagar, Kanpur**

Health workers and union representatives also noted that free diagnostics and medicines improved service uptake.

“Drivers who have used ATF services are satisfied with the quality of check-ups and medicines. They trust the staff and follow medical advice.” -**Dr. Gurcharan Singh, Retired Government Doctor associated with ATF Clinic, Kanpur**

Referral and Follow-up Support

Among respondents, **60%** had been **referred to other healthcare facilities** such as government hospitals, DOTS centres, or ART centres, ensuring continuity of care beyond ATF’s primary services.

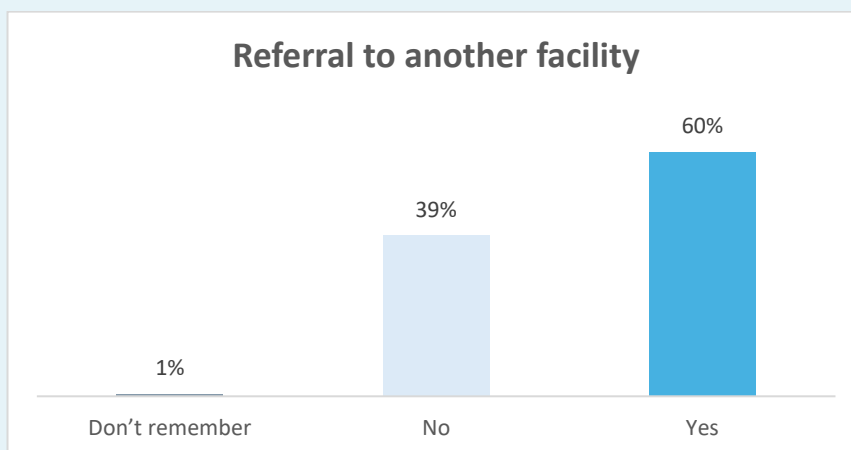


Figure 30 Referral to another facility - Kanpur

A large majority (**88%**) said they received **full support** from ATF staff in connecting to the referral facility, while **12%** reported **some support**. This highlights ATF's proactive coordination with public healthcare systems to ensure effective linkage and follow-up.

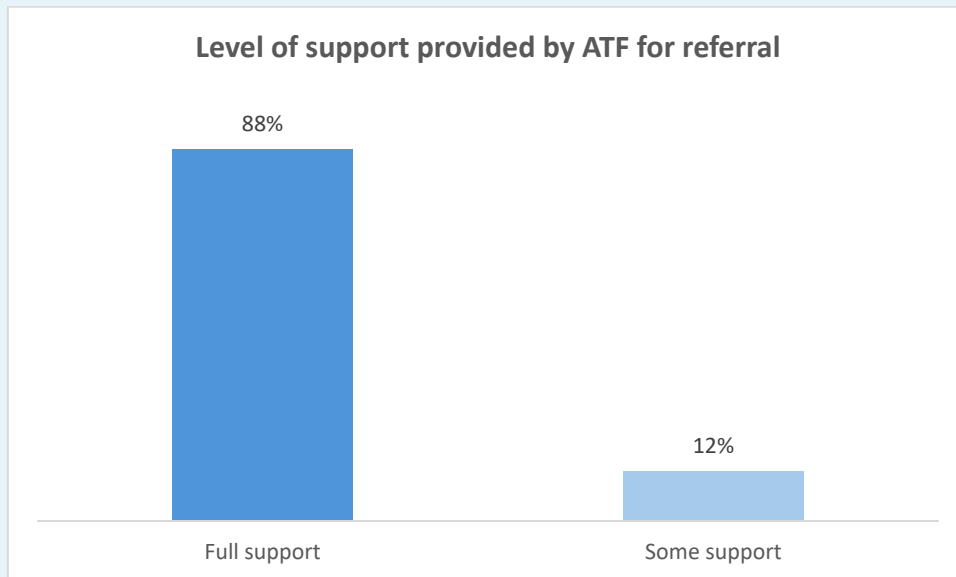


Figure 31 Level of support provided by ATF for referral - Kanpur

Most respondents described the referral system as beneficial **85%** found it **very useful**, **15%** considered it **somewhat useful**, confirming the success of ATF's referral and follow-up mechanisms in ensuring continuity of care.

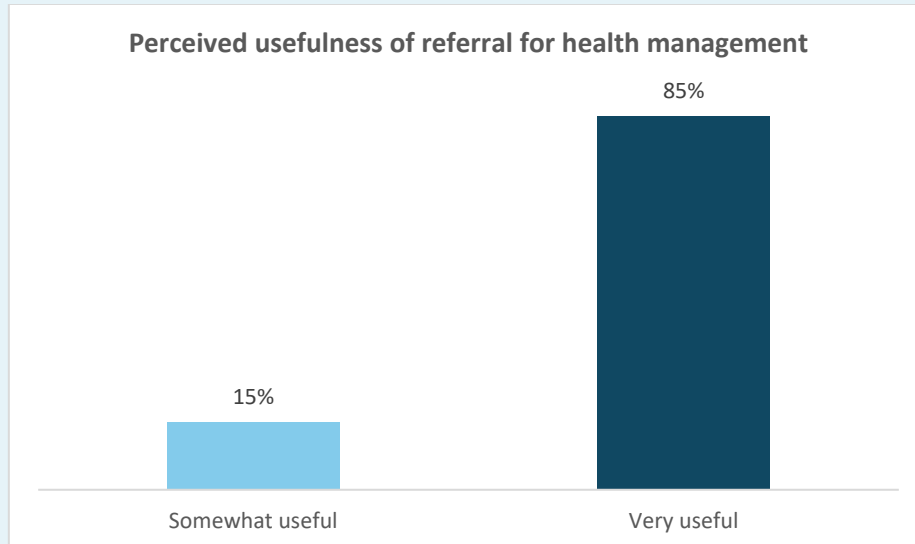


Figure 32 Perceived usefulness of referral - Kanpur

AGRA:

Utilization of Healthcare Services

A significant proportion of respondents (**75%**) reported having visited an **ATF Health Centre**, reflecting strong utilization and community trust in ATF's health facilities. Among these visitors, **65%** had accessed services once, **34%** had visited 2–3 times, and **2%** had visited more than three times, indicating both new and repeat engagement with the programme.

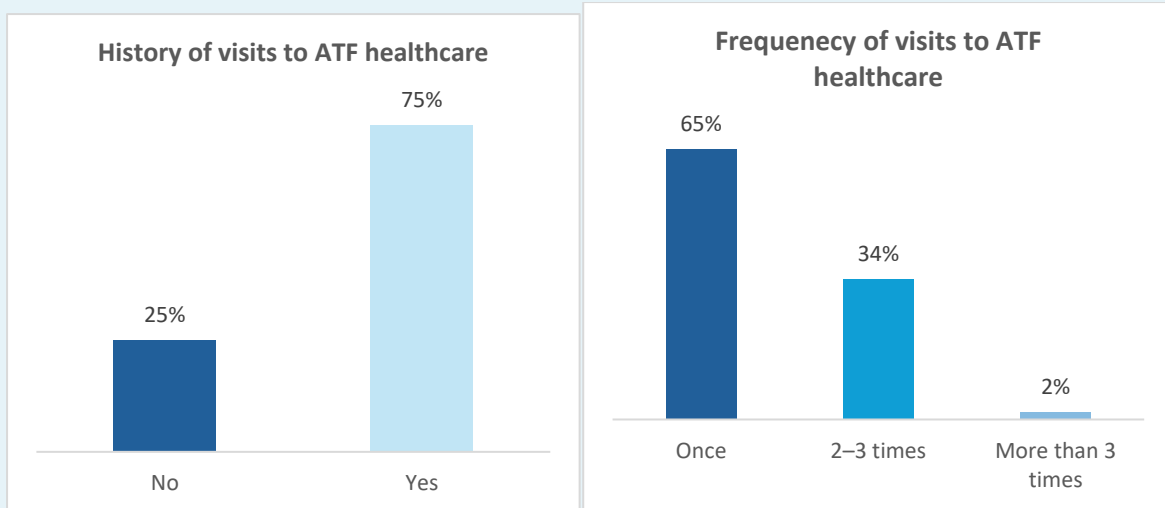


Figure 33 Utilization of healthcare services – Agra

Drivers acknowledged that free and nearby services reduce financial barrier.. However, utilisation patterns were shaped by work pressure, income dependency, convenience of access, and perceived severity of health issues.

“We know about the Apollo Tyres Foundation clinic, but because of work pressure we rarely visit. If we leave work, the trip gets cancelled and income is affected.” **Rohit Gurjar (38 years), Truck Driver, Transport Nagar, Agra**

Drivers who had used the services highlighted the importance of free diagnostics and proximity in encouraging utilisation.

“I went to the ATF camp when it came near the bypass. The check-up was free and done quickly, so I did not hesitate to get tested.” - **Mahendra Pal (42 years), Truck Driver, Agra**

Repeat utilisation was often linked to positive service experience and clarity of communication.

“After the first visit, I went again because the doctor explained my BP problem properly and gave medicines. That is why I returned for follow-up.” -**Rajesh Kumar (37 years), Truck Driver, Agra**



Figure 34 FGD with the truck driver, Agra

The primary reasons for visiting included **general health check-ups (23%)**, **TB testing or treatment (35%)**, **vision testing (21%)**, **HIV/STI testing (23%)**, **diabetes screening (9%)**, **hypertension check-ups (9%)**, and **oral hygiene or dental care (1%)** and **(1%)** also availed **counselling services**, demonstrating that the centres cater to both preventive and curative needs through a comprehensive range of medical and diagnostic services.

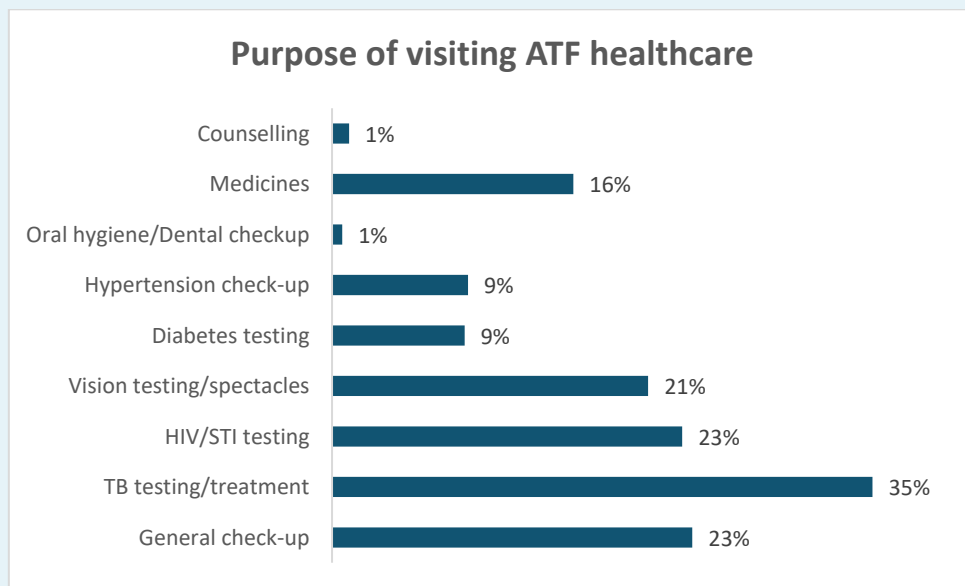


Figure 35 Purpose of visiting ATF healthcare/MMU - Agra

Referral and Follow-up Support

Among respondents, **45%** had been **referred to other healthcare facilities** such as government hospitals, DOTS centres, or ART centres, ensuring continuity of care beyond ATF's primary services.

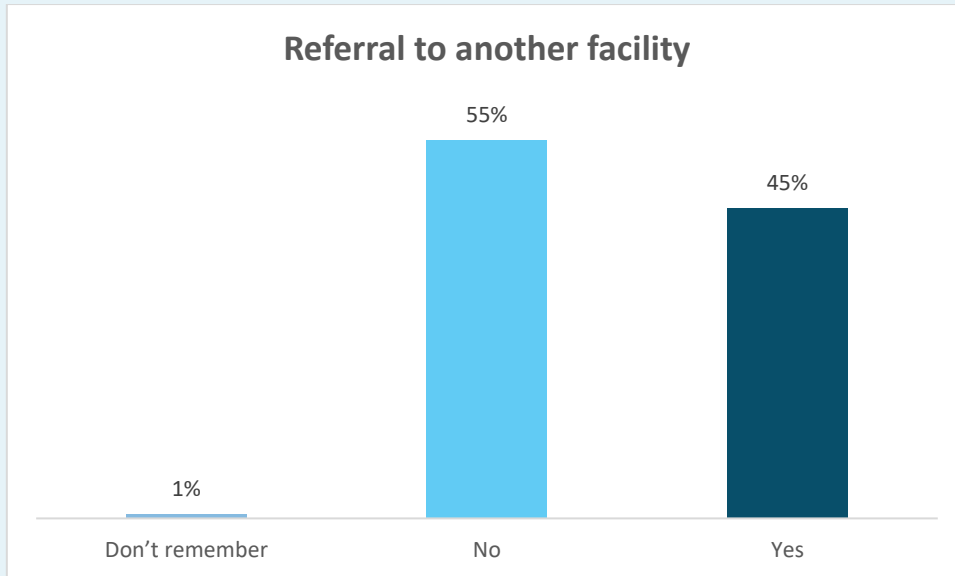


Figure 36 Referral to another facility - Agra

A large majority (**83%**) said they received **full support** from ATF staff in connecting to the referral facility, while **17%** reported **some support**. This highlights ATF's proactive coordination with public healthcare systems to ensure effective linkage and follow-up.

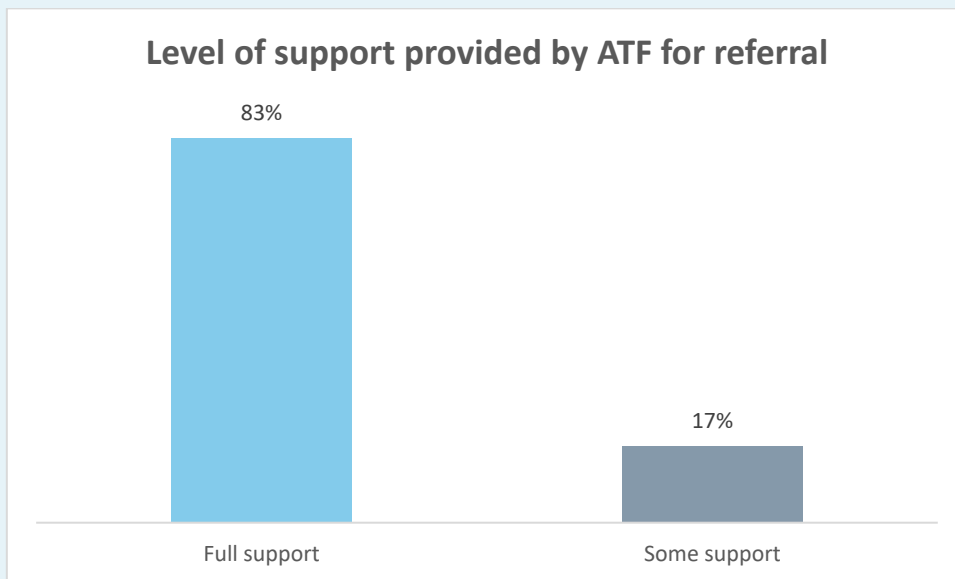


Figure 37 Level of support provided by ATF for referral - Agra

Most respondents described the referral system as beneficial **74%** found it **very useful**, **26%** considered it **somewhat useful**, and **1%** found it **not useful**, confirming the success of ATF's referral and follow-up mechanisms in ensuring continuity of care.

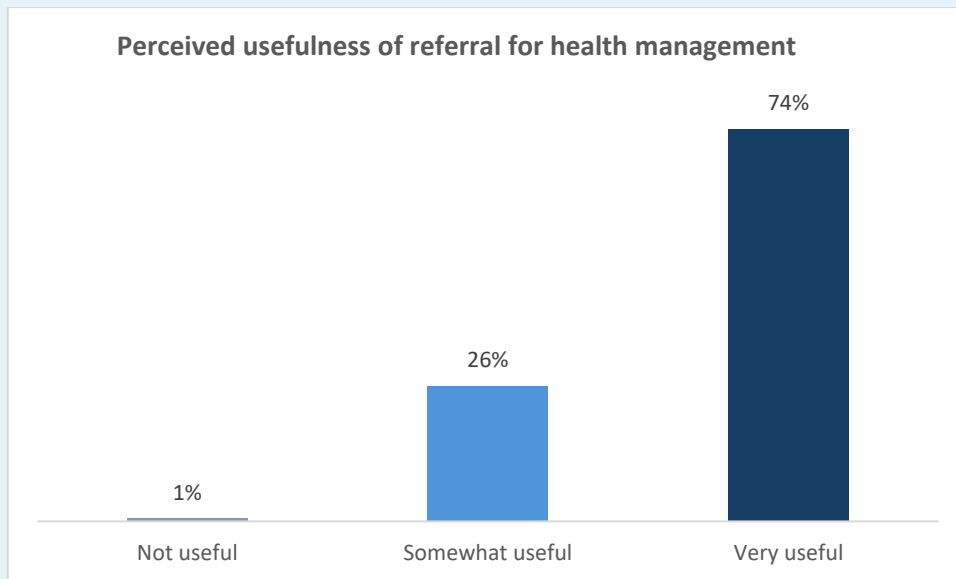


Figure 38 Perceived usefulness of referral - Agra

VARANASI:

Utilization of Healthcare Services

A significant proportion of respondents (**99%**) reported having visited an **ATF Health Centre**, reflecting strong utilization and community trust in ATF’s health facilities. Among these visitors, **46%** had accessed services once, **47%** had visited 2–3 times, and **6%** had visited more than three times, indicating both new and repeat engagement with the programme.

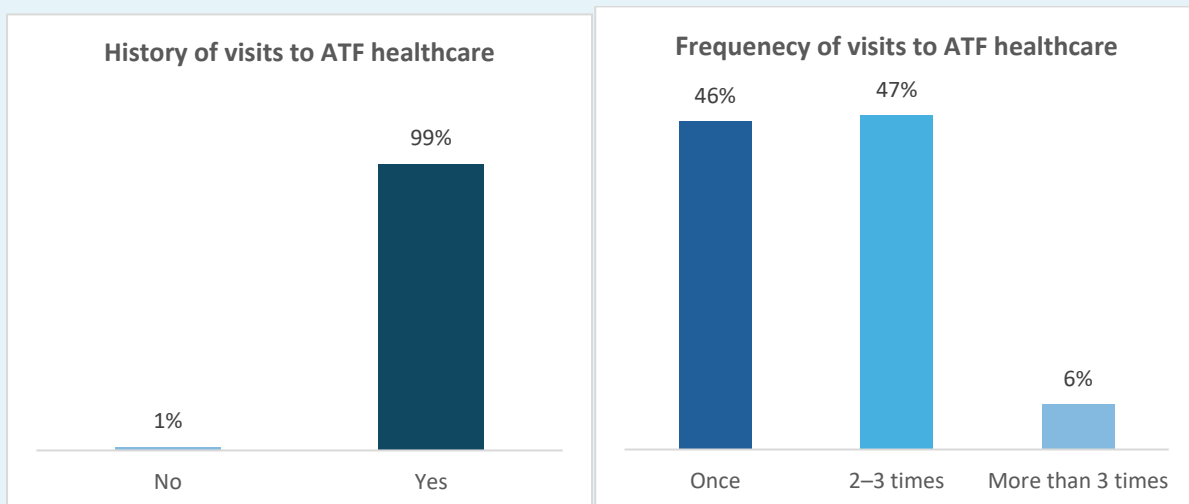


Figure 39 Utilization of healthcare services - Varanasi

The primary reasons for visiting included **general health check-ups (93%)**, **TB testing or treatment (63%)**, **vision testing (27%)**, **HIV/STI testing (37%)**, **diabetes screening (29%)**, **hypertension check-ups (6%)**, and **oral hygiene or dental care (1%)** and **(19%)** also avail **medicines**, demonstrating that the centres cater to both preventive and curative needs through a comprehensive range of medical and diagnostic services.

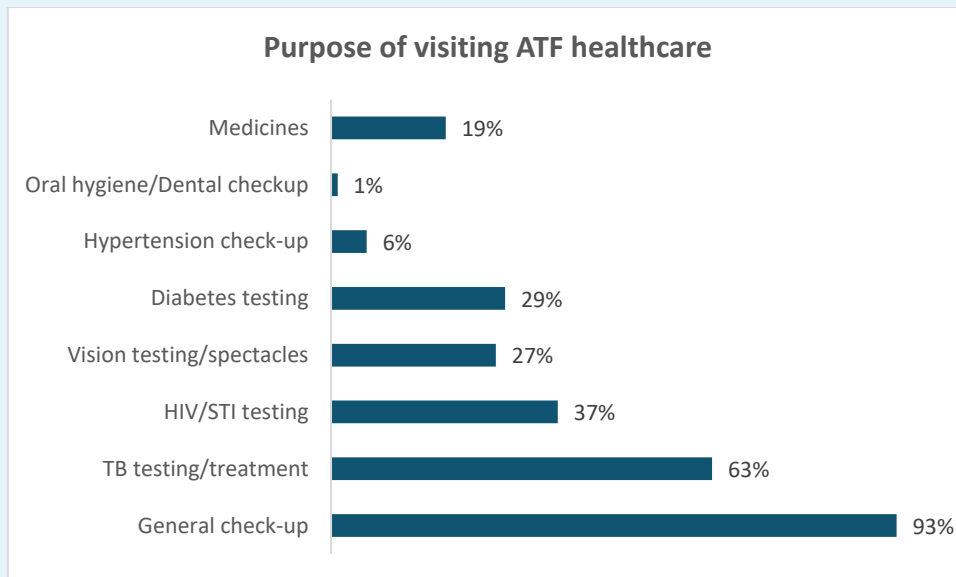


Figure 40 Purpose of visiting ATF healthcare/MMU - Varanasi

The **convenience of mobile medical units**, availability of **free diagnostics and medicines**, and **respectful service delivery** were key drivers of utilisation. Drivers reported that ATF camps enabled them to seek care without disrupting work schedules.

“All four of us have visited the ATF mobile medical unit. I got my BP checked and received medicines on the same day, which saved a lot of time.” - Sanjay (40 years), Truck Driver, Delhi–Rajasthan Route

Confidential handling of sensitive services emerged as a critical factor encouraging uptake, particularly for HIV and STI testing.

“I appreciated the behaviour of the staff because they maintain confidentiality, especially during counselling sessions. That makes drivers feel safe.”- Dayanand Sharma (48 years), Truck Driver, Delhi–Rajasthan Route

Referral and Follow-up Support

Among respondents, **93%** had been **referred to other healthcare facilities** such as government hospitals, DOTS centres, or ART centres, ensuring continuity of care beyond ATF's primary services.

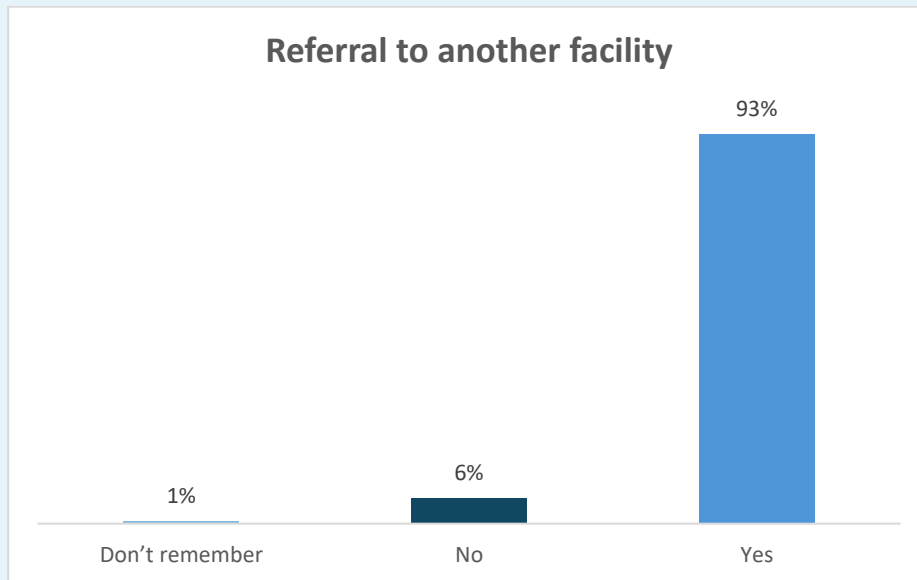


Figure 41 Referral to another facility - Varanasi

A large majority (**97%**) said they received **full support** from ATF staff in connecting to the referral facility, while **3%** reported **some support**. This highlights ATF's proactive coordination with public healthcare systems to ensure effective linkage and follow-up.

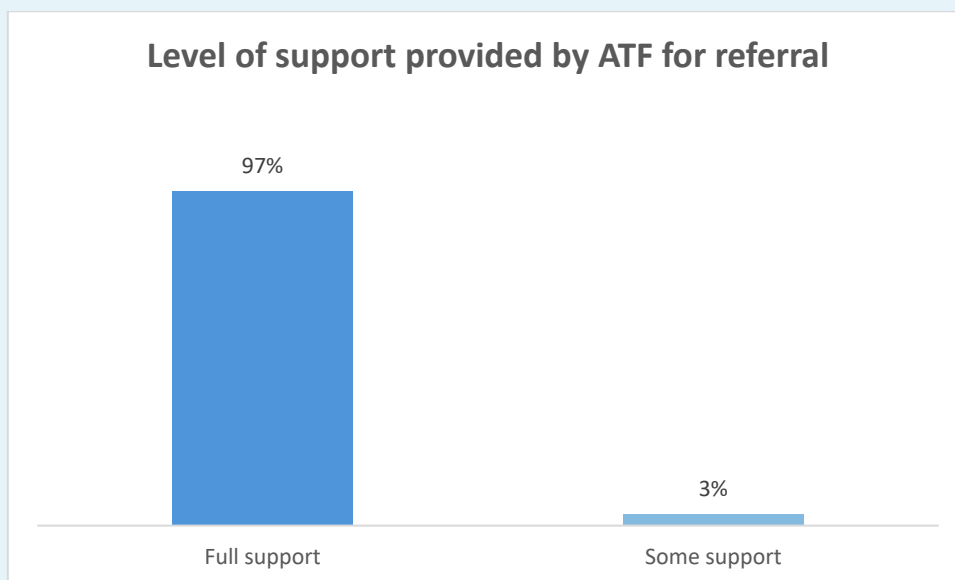


Figure 42 Level of support provided by ATF for referral - Varanasi

Most respondents described the referral system as beneficial **98%** found it **very useful**, **2%** considered it **somewhat useful**, confirming the success of ATF's referral and follow-up mechanisms in ensuring continuity of care.

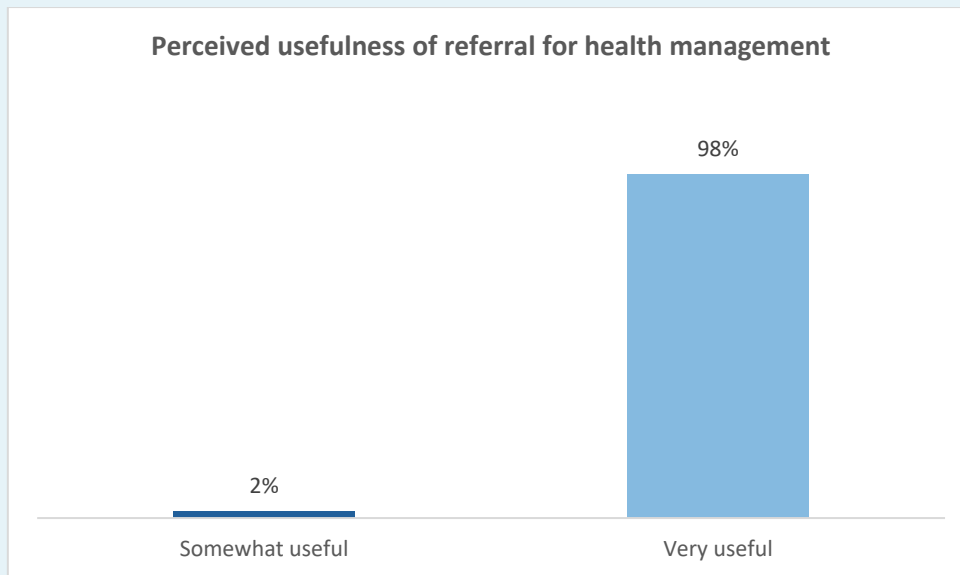


Figure 43 Perceived usefulness of referral - Varanasi

Thematic Area 4: Perception of stakeholders

KANPUR:

Quality of Doctors and Medical Staff: The majority of respondents rated the quality of doctors and medical staff positively **49%** described it as *excellent* and **50%** as *good*, while **1%** rated it *average*. These findings indicate a strong level of confidence among beneficiaries in the professionalism and service quality of ATF's medical and counselling teams.

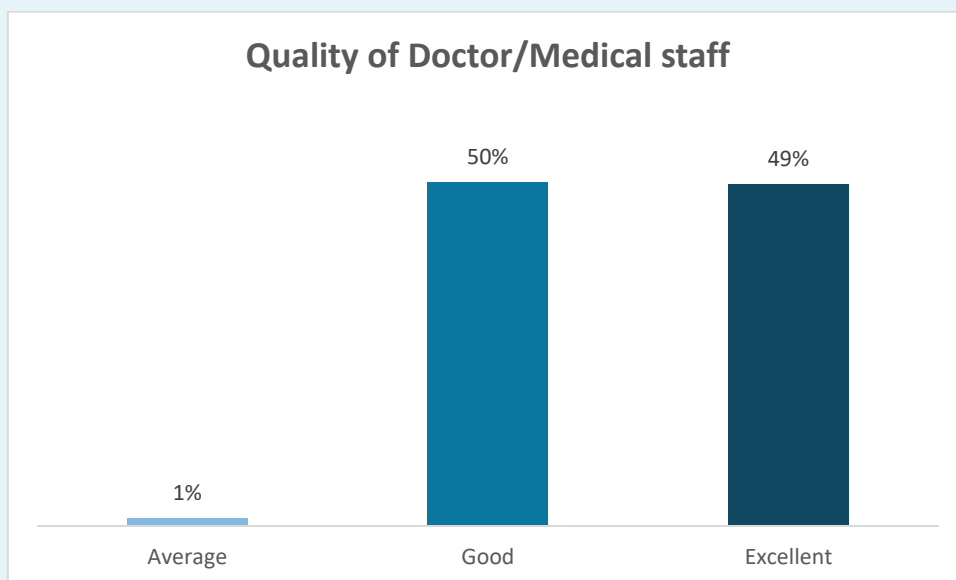


Figure 44 Quality of Doctor/Medical staff at ATF Centre/MMU - Kanpur

When asked if they felt respected and comfortable discussing sensitive or personal health concerns, **67%** of respondents stated *always*, **22%** said *sometimes*, **8%** mentioned *rarely*, and only **3%** reported *never*. The results show that the majority of respondents feel comfortable engaging with staff.



Figure 45 Interview with the truck driver, Kanpur

Satisfaction with Information and Knowledge Provided: Respondents expressed high levels of satisfaction with the information and guidance provided by doctors and health workers. **46%** were *very satisfied*, **50%** *satisfied*, **3%** *neutral*. This indicates that ATF’s health education and counselling sessions are perceived as **accurate, helpful, and relevant to beneficiaries’ needs**.

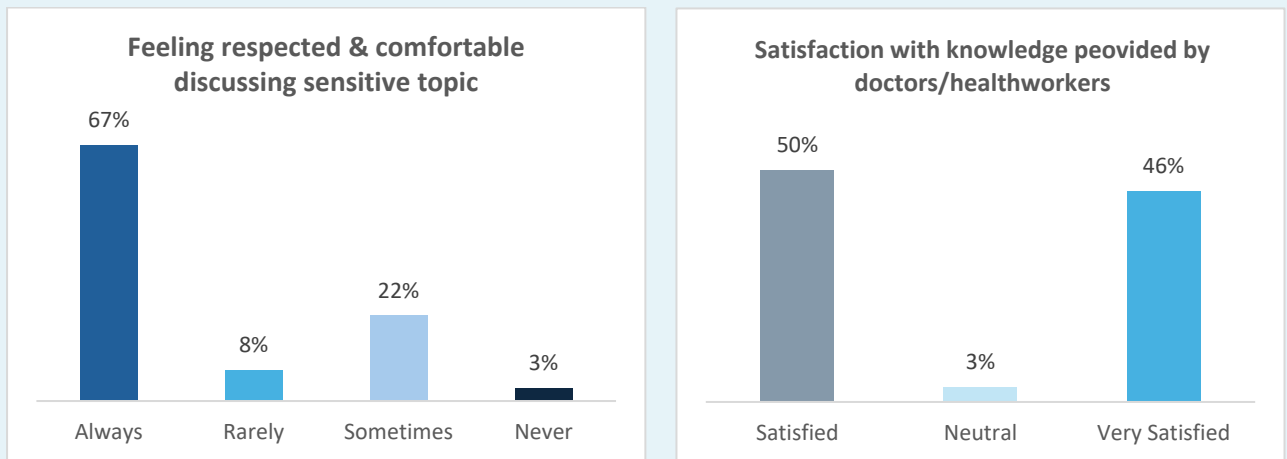


Figure 46 Satisfaction with the knowledge provided - Kanpur

AGRA:

Quality of Doctors and Medical Staff: The majority of respondents rated the quality of doctors and medical staff positively **14%** described it as *excellent* and **82%** as *good*, while **4%** rated it *average*. These findings indicate a strong level of confidence among beneficiaries in the professionalism and service quality of ATF’s medical and counselling teams

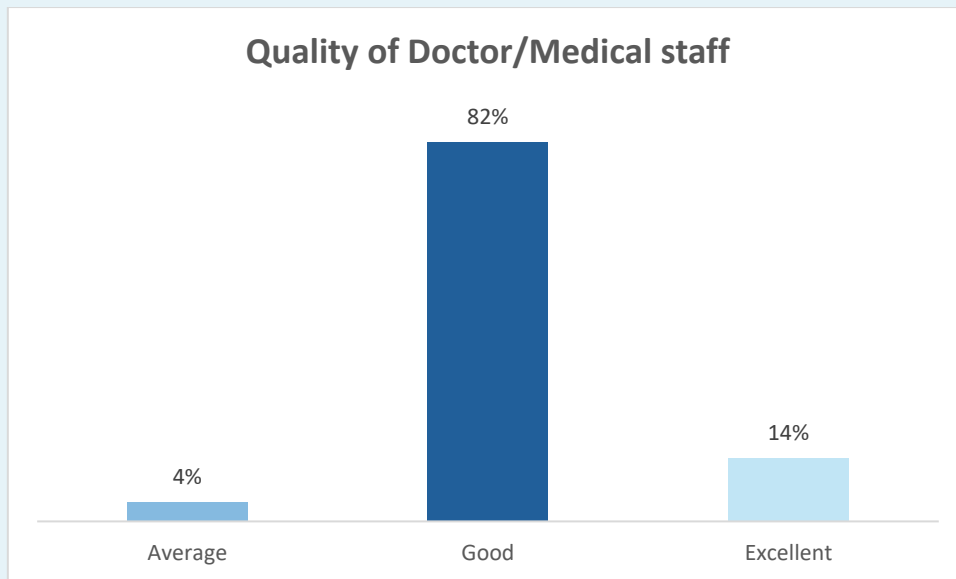


Figure 47 Quality of Doctor/Medical staff at ATF Centr/MMU -Agra

When asked if they felt respected and comfortable discussing sensitive or personal health concerns, **49%** of respondents stated *always*, **45%** said *sometimes* and **7%** rarely. The results show that the majority of respondents feel comfortable engaging with staff.

Satisfaction with Information and Knowledge Provided: Respondents expressed high levels of satisfaction with the information and guidance provided by doctors and health workers. **11%** were *very satisfied*, **84%** *satisfied*, **5%** *neutral*. This indicates that ATF’s health education and counselling sessions are perceived as **accurate, helpful, and relevant to beneficiaries’ needs**.

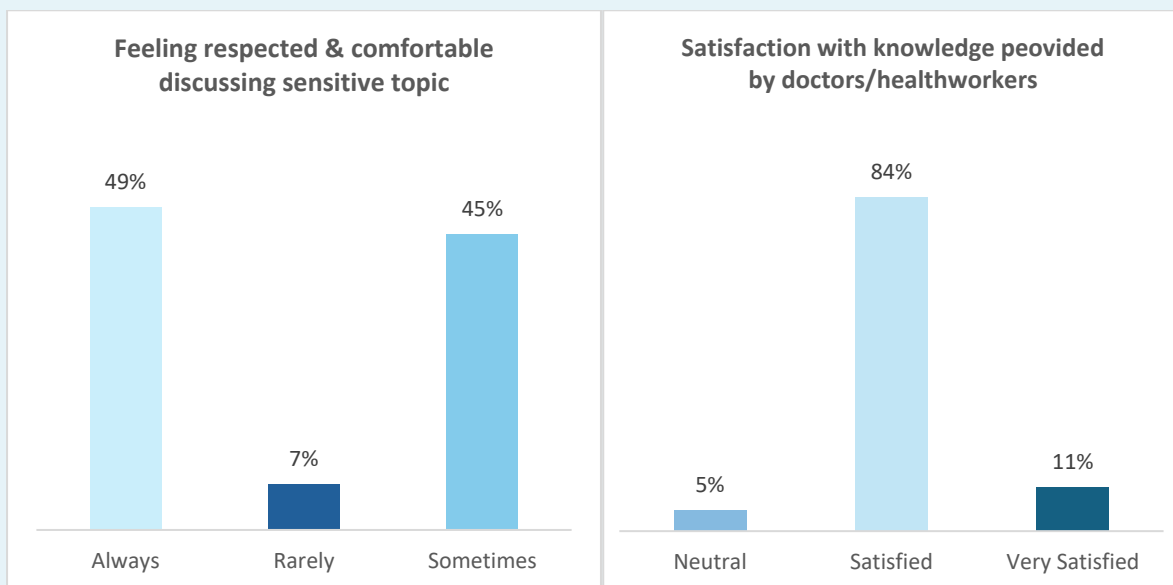


Figure 48 Satisfaction with the knowledge provided - Agra

VARANASI:

Quality of Doctors and Medical Staff: The majority of respondents rated the quality of doctors and medical staff positively **64%** described it as *excellent* and **36%** as *good*, while **1%**

rated it *average*. These findings indicate a strong level of confidence among beneficiaries in the professionalism and service quality of ATF’s medical and counselling teams.

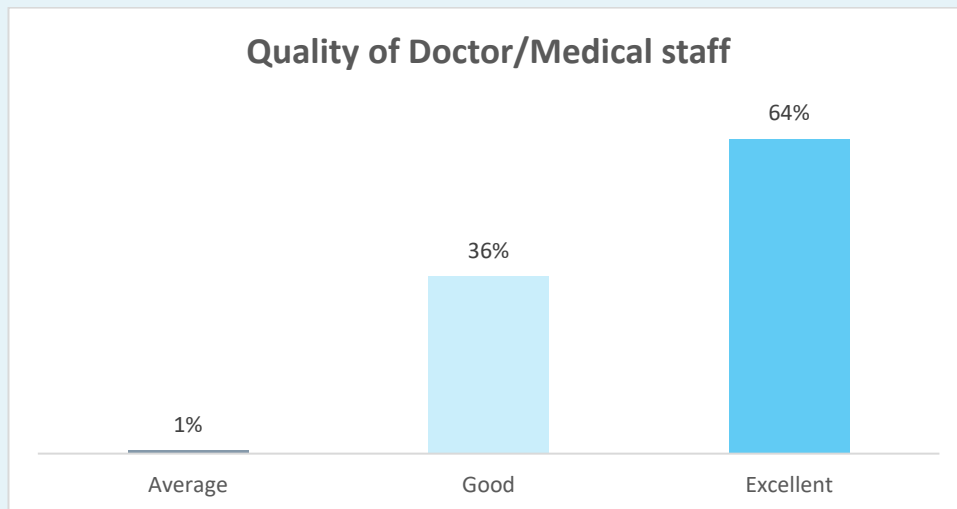


Figure 49 Quality of Doctor/Medical staff at ATF Centre/MMU - Varanasi

When asked if they felt respected and comfortable discussing sensitive or personal health concerns, **96%** of respondents stated *always*, **4%** said *sometimes*. The results show that the majority of respondents feel comfortable engaging with staff.

Peer educators, including transgender (TG) peer educators, supported healthcare awareness and community mobilisation, encouraging engagement with preventive health services.

“Health workers and peer educators are cooperative and explain things patiently. Because of their behaviour, drivers feel comfortable sharing their health problems, which does not usually happen in government hospitals.”- **Thakur Prasad Kesari (58 years), Transport Owner & Member, Kesari Transport Union, Varanasi**

Satisfaction with Information and Knowledge Provided: Respondents expressed high levels of satisfaction with the information and guidance provided by doctors and health workers. **62%** were *very satisfied*, **36%** *satisfied*, **1%** *neutral*. This indicates that ATF’s health education and counselling sessions are perceived as **accurate, helpful, and relevant to beneficiaries’ needs**.



Figure 50 Health centre, Varanasi

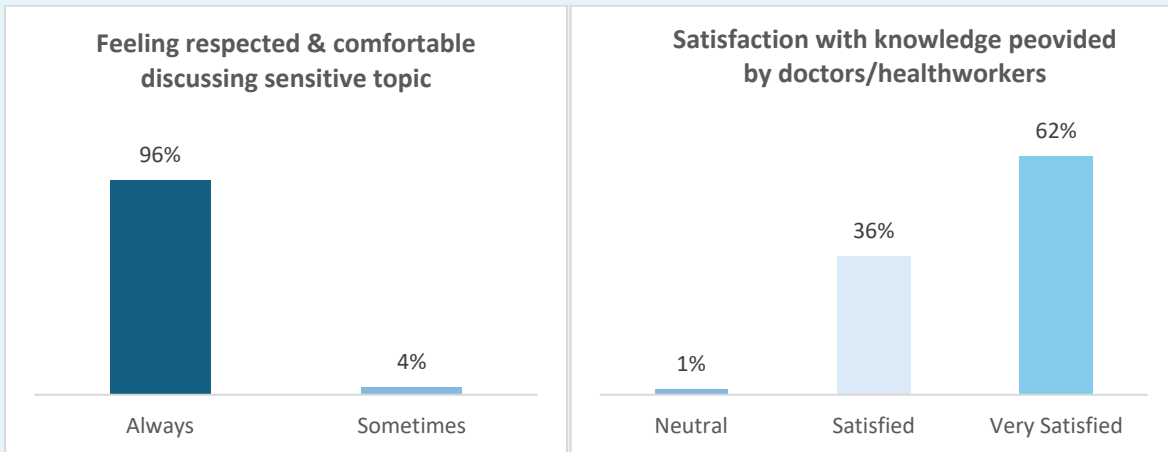


Figure 51 Satisfaction with the knowledge provided - Varanasi

Thematic Area 5: Improved health outcomes

KANPUR:

Perceived Health Improvement and Continuity of Care

77% of the respondents reported that their health had *improved a lot* since accessing ATF services, while **23%** noted *some improvement*. Only **1%** experienced *no change*. The data indicates that most **beneficiaries experienced measurable improvements** in their health due to consistent access to healthcare and regular follow-ups through the ATF health centers.

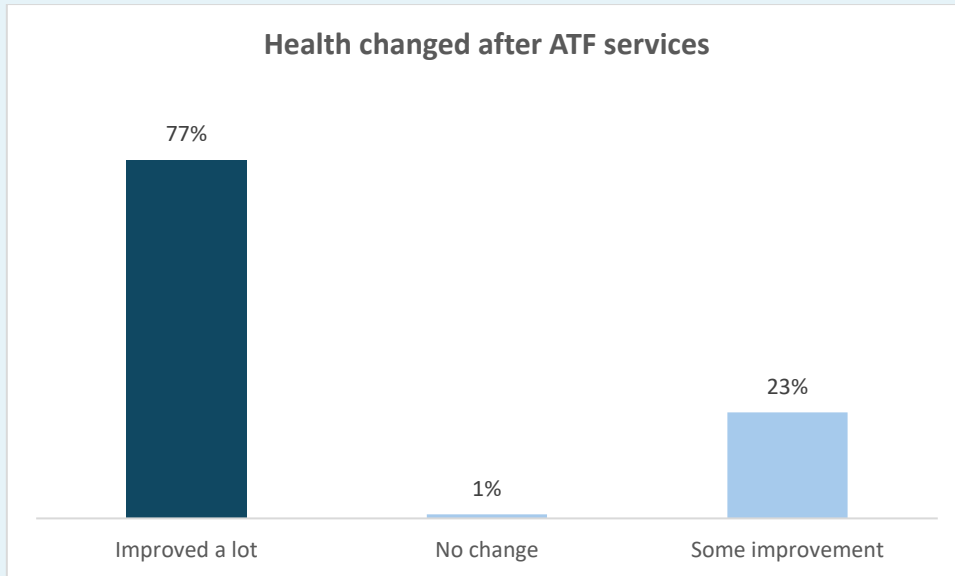


Figure 52 Health changed after ATF services - Kanpur

88% of the respondents stated that ATF’s health services helped them *continue working safely*, while **11%** said they *somewhat benefited*. Only **1%** reported that the services *did not help*. These findings suggest that **access to preventive and curative care enables continued income generation**, particularly for those in labour-intensive or mobile occupations like trucking.

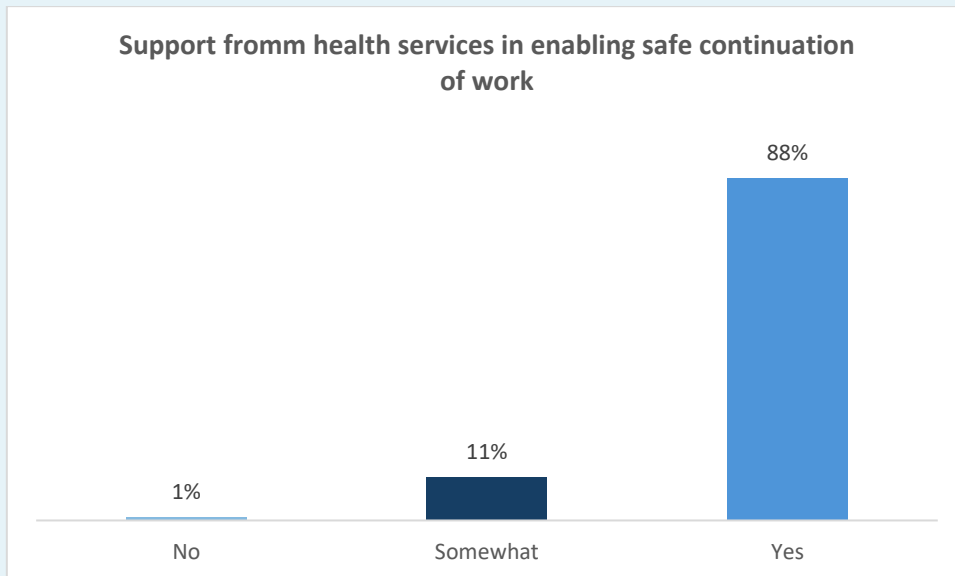


Figure 53 Support from health services in enabling safe continuation of work - Kanpur

84% of respondents reported *full treatment completion* with ATF’s support, and **16%** said they *partly completed* their treatment. Only **1%** did *not complete* treatment. This demonstrates **strong treatment adherence and effective follow-up** by ATF health workers, particularly through linkages with government facilities such as DOTS, ART, and NCD clinics

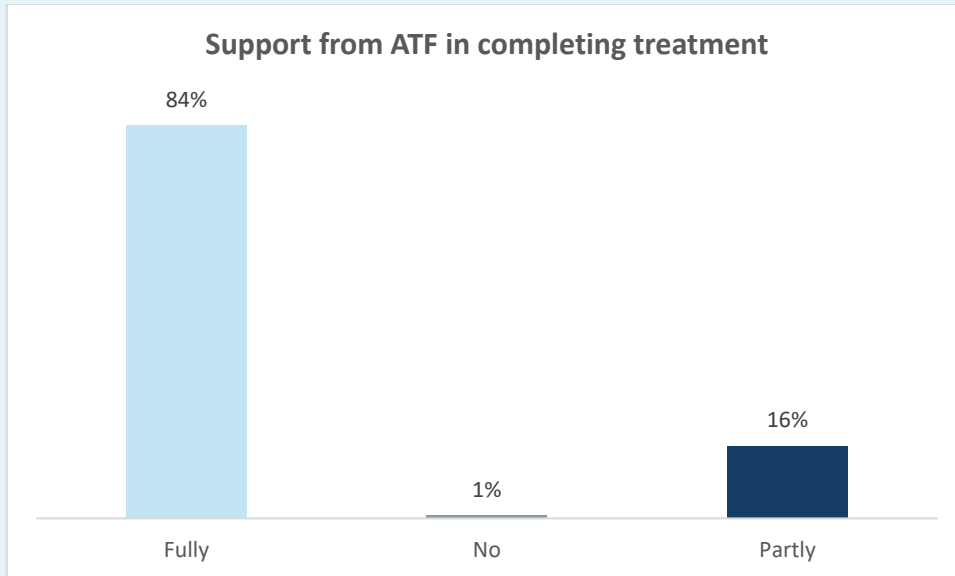


Figure 54 Support from ATF in completing treatment - Kanpur

AGRA:

Perceived Health Improvement and Continuity of Care

51% of the respondents reported that their health had *improved a lot* since accessing ATF services, while **49%** noted *some improvement*. The data indicates that most **beneficiaries experienced measurable improvements** in their health due to consistent access to healthcare and regular follow-ups through the ATF health centers.

Health workers observed that once drivers understood their condition, they were more likely to follow treatment advice and preventive practices.

“Once drivers understand their condition through proper testing and counselling, they begin managing their health better. This helps them avoid long-term complications and improves treatment adherence.” **Dr. Pratap Singh Thakur, Consulting Doctor, ATF Health Centre, Agra**

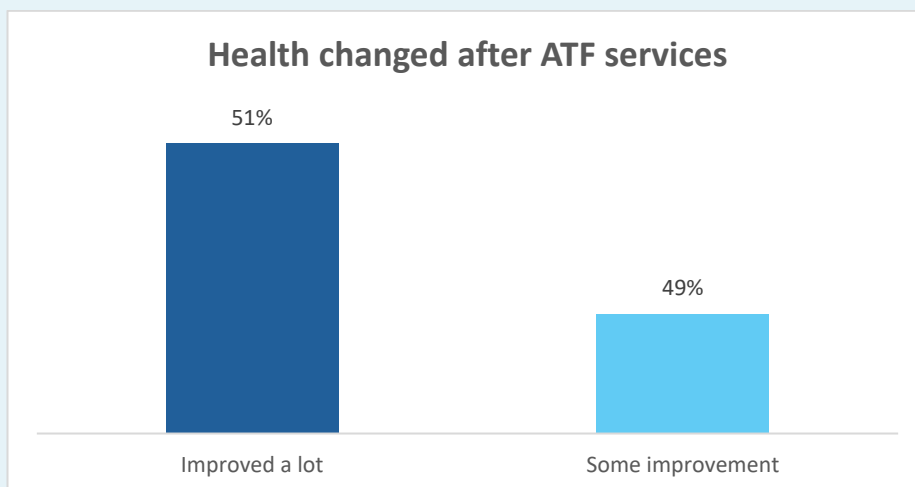


Figure 55 Health changed after ATF services - Agra

85% of the respondents stated that ATF's health services helped them *continue working safely*, while **15%** said they *somewhat benefited*. These findings suggest that **access to preventive and curative care enables continued income generation**, particularly for those in labour-intensive or mobile occupations like trucking.

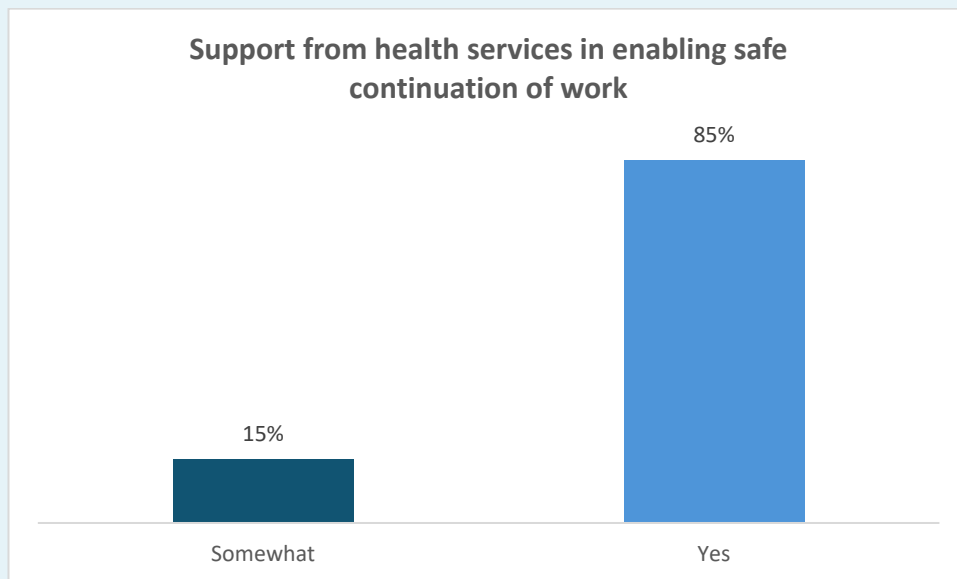


Figure 56 Support from health services in enabling safe continuation of work - Agra

87% of respondents reported *full treatment completion* with ATF's support, and **13%** said they *partly completed* their treatment. This demonstrates **strong treatment adherence and effective follow-up** by ATF health workers, particularly through linkages with government facilities such as DOTS, ART, and NCD clinics

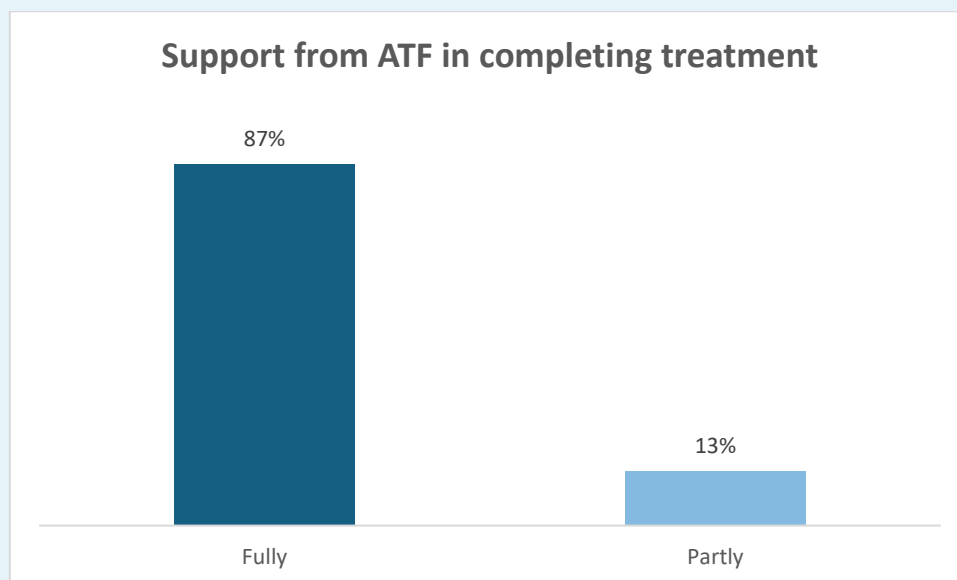


Figure 57 Support from ATF in completing treatment -Agra

VARANASI:

Perceived Health Improvement and Continuity of Care

90% of the respondents reported that their health had *improved a lot* since accessing ATF services, while **10%** noted *some improvement*. The data indicates that most **beneficiaries experienced measurable improvements** in their health due to consistent access to healthcare and regular follow-ups through the ATF health centers.

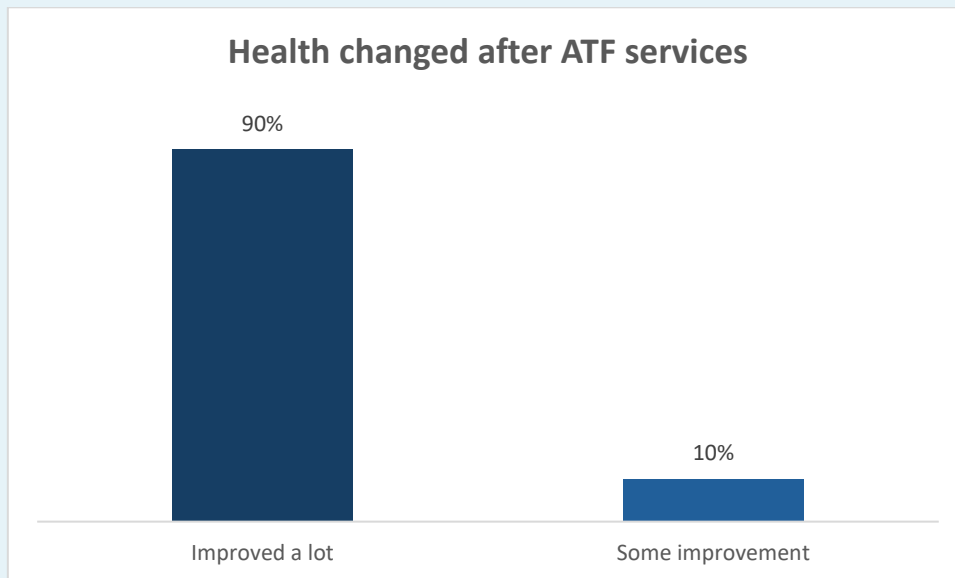


Figure 58 Health changed after ATF services - Varanasi

96% of the respondents stated that ATF's health services helped them *continue working safely*, while **4%** said they *somewhat benefited*. These findings suggest that **access to preventive and curative care enables continued income generation**, particularly for those in labour-intensive or mobile occupations like trucking.

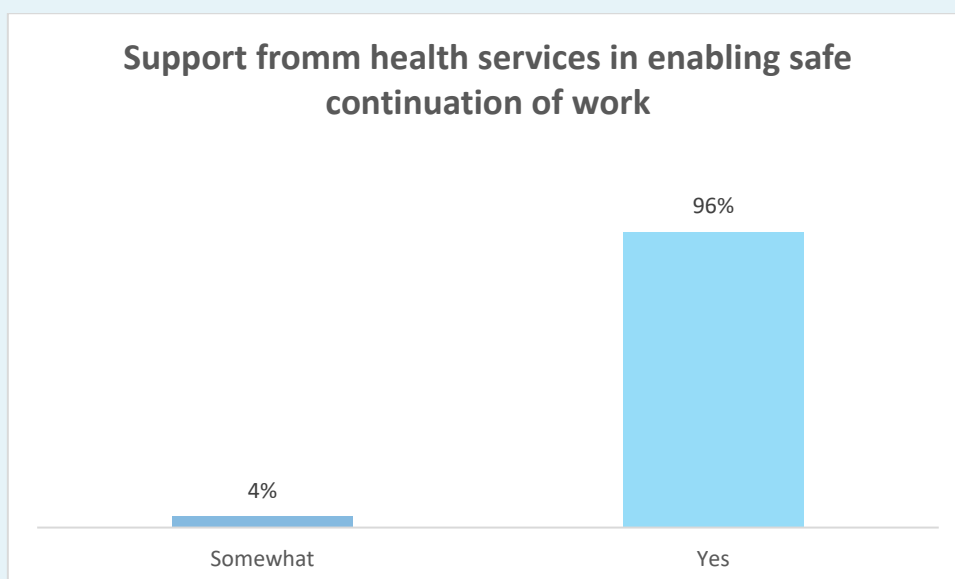


Figure 59 Support from health services in enabling safe continuation of work - Varanasi

97% of respondents reported *full treatment completion* with ATF’s support, and **3%** said they *partly completed* their treatment. This demonstrates **strong treatment adherence and effective follow-up** by ATF health workers, particularly through linkages with government facilities such as DOTS, ART, and NCD clinics

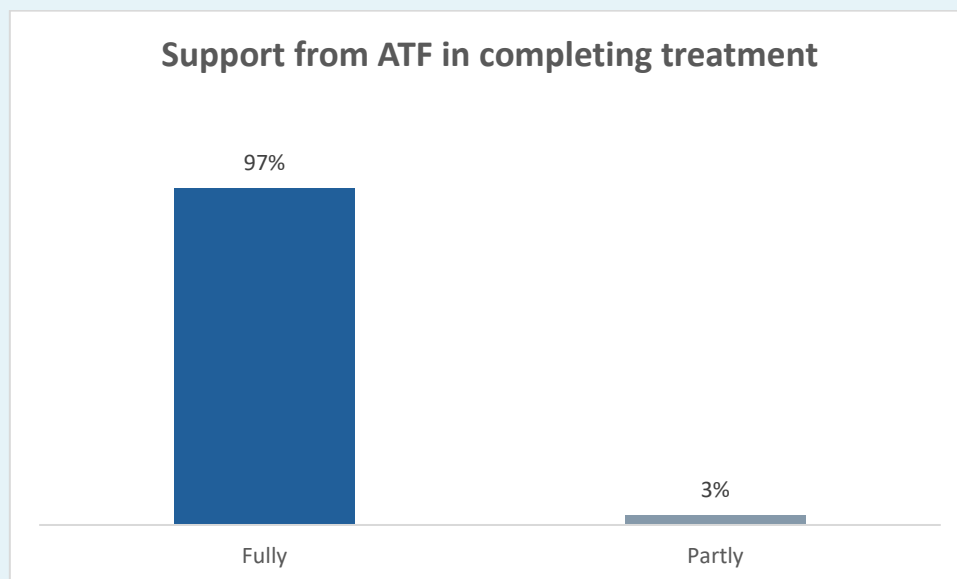


Figure 60 Support from ATF in completing treatment - Varanasi

Thematic Area 6: Brand Perception

KANPUR:

Awareness and Influence of ATF’s Social Initiatives on Apollo Tyres’ Brand Image

A large majority of respondents (**99%**) were aware that **Apollo Tyres provides healthcare services** through its **clinics, Mobile Medical Units (MMUs), and awareness campaigns**, indicating strong visibility and recognition of the company’s social outreach within the trucking and allied community.

Following their exposure to these initiatives, **81%** of respondents stated that their perception of Apollo Tyres had become “*much more positive*”, while **18%** said it was “*somewhat positive.*” Only **1%** reported *no change* in perception. This suggests that **ATF’s healthcare interventions have substantially strengthened Apollo Tyres’ image** as a socially responsible and community-focused brand that directly supports truckers’ welfare.

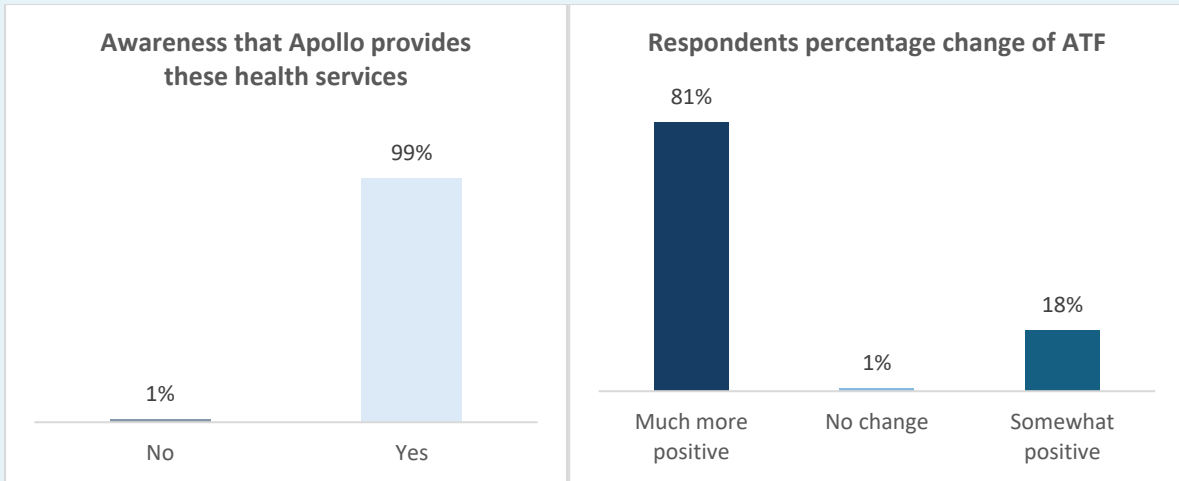


Figure 61 Awareness and perception of ATF's initiatives - Kanpur

When asked about their consumer relationship with the company, **74%** of respondents confirmed that they had *purchased or used Apollo Tyres*, demonstrating a strong overlap between programme beneficiaries and brand users.

Among these customers, the main reason for choosing Apollo Tyres was **product quality (86%)**, followed by **pricing/value for money (12%)**, while **(2%)** cited **Apollo's social initiatives for truckers and the community** as their primary reason.

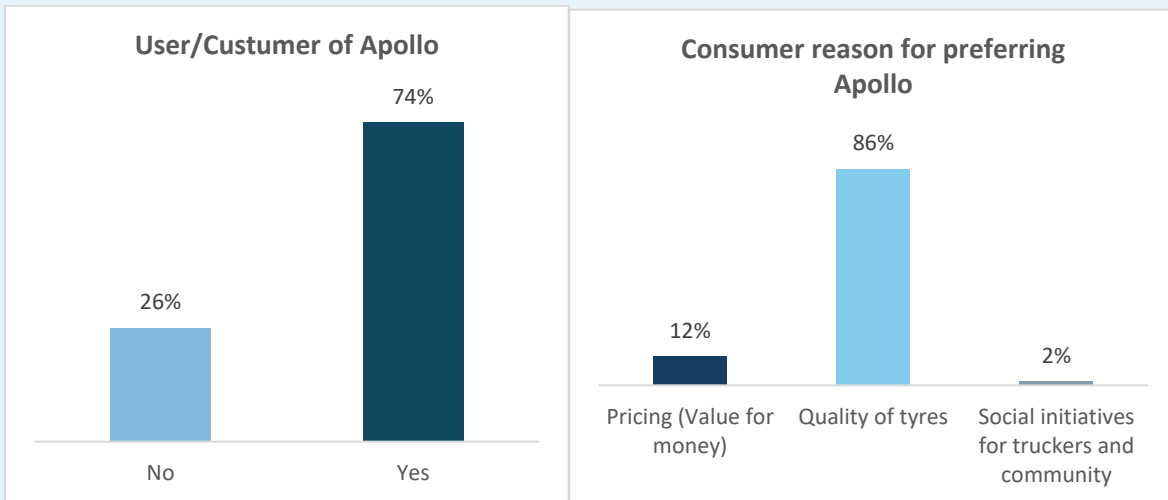


Figure 62 Consumer reasons for preferring Apollo Tyres - Kanpur

When asked about Apollo Tyres, all participants said they use Apollo tyres in their trucks and trust the brand for quality and durability.



Figure 63 FGD with the truck drivers, Kanpur

“Apollo tyres are good; they last longer and are easy to find.” – Jeevan, 43, Truck Driver, Kanpur

After learning that the same company is also giving free health services, their respect for the brand increased. The provision of health services through ATF positively influenced perceptions of Apollo Tyres among drivers and transport stakeholders. Apollo was increasingly viewed as a brand that goes beyond business interests to support driver welfare.

“People now remember Apollo not just for tyres but also for health. This has built strong trust among drivers.” **Priyanshu Tripathi, Trucker Union Representative, Kanpur**

AGRA:

Awareness and Influence of ATF’s Social Initiatives on Apollo Tyres’ Brand Image

A large majority of respondents (92%) were aware that **Apollo Tyres provides healthcare services** through its **clinics, Mobile Medical Units (MMUs), and awareness campaigns**, indicating strong visibility and recognition of the company’s social outreach within the trucking and allied community.

Following their exposure to these initiatives, **87%** of respondents stated that their perception of Apollo Tyres had become *“much more positive”*, while **13%** said it was *“somewhat positive.”* This suggests that **ATF’s healthcare interventions have substantially strengthened Apollo Tyres’ image** as a socially responsible and community-focused brand that directly supports truckers’ welfare.

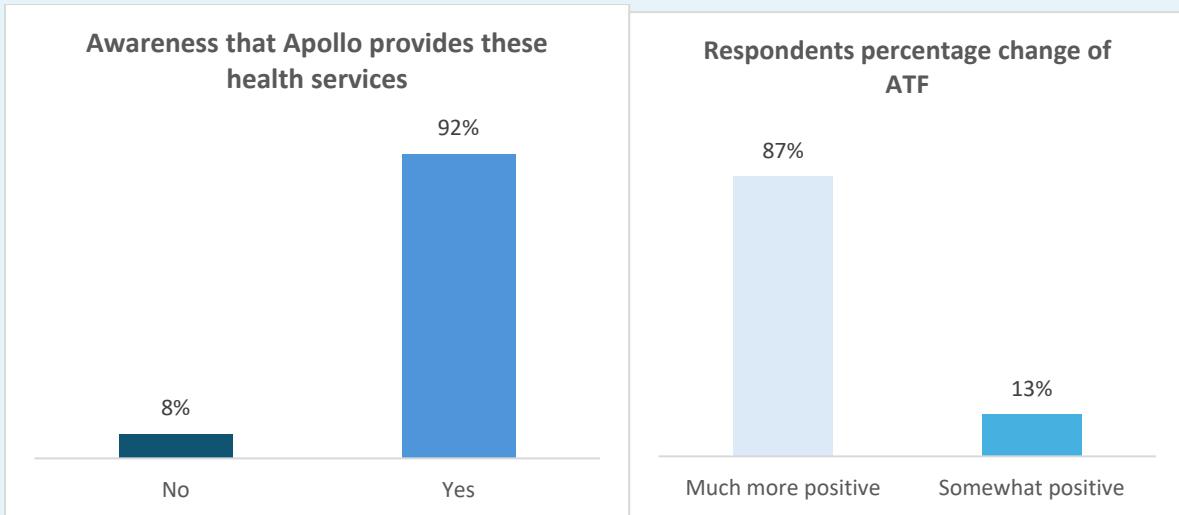


Figure 64 Awareness and perception of ATF's initiatives - Agra

When asked about their consumer relationship with the company, **76%** of respondents confirmed that they had *purchased or used Apollo Tyres*, demonstrating a strong overlap between programme beneficiaries and brand users.

Among these customers, the main reason for choosing Apollo Tyres was **product quality (91%)**, followed by **pricing/value for money (2%)**, while **(7%)** cited **Apollo's social initiatives for truckers and the community** as their primary reason.

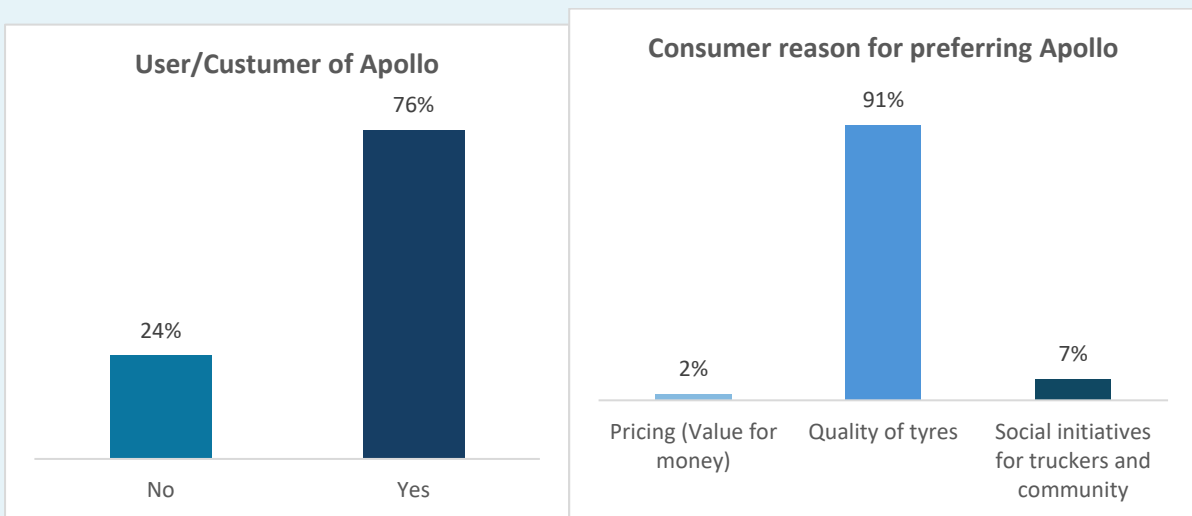


Figure 65 Consumer reasons for preferring Apollo Tyres - Agra

VARANASI:

Awareness and Influence of ATF's Social Initiatives on Apollo Tyres' Brand Image

A large majority of respondents (**100%**) were aware that **Apollo Tyres provides healthcare services** through its **clinics, Mobile Medical Units (MMUs), and awareness campaigns**, indicating strong visibility and recognition of the company's social outreach within the trucking and allied community.

Following their exposure to these initiatives, **96%** of respondents stated that their perception of Apollo Tyres had become “*much more positive*”, while **4%** said it was “*somewhat positive.*” This suggests that **ATF’s healthcare interventions have substantially strengthened Apollo Tyres’ image** as a socially responsible and community-focused brand that directly supports truckers’ welfare.

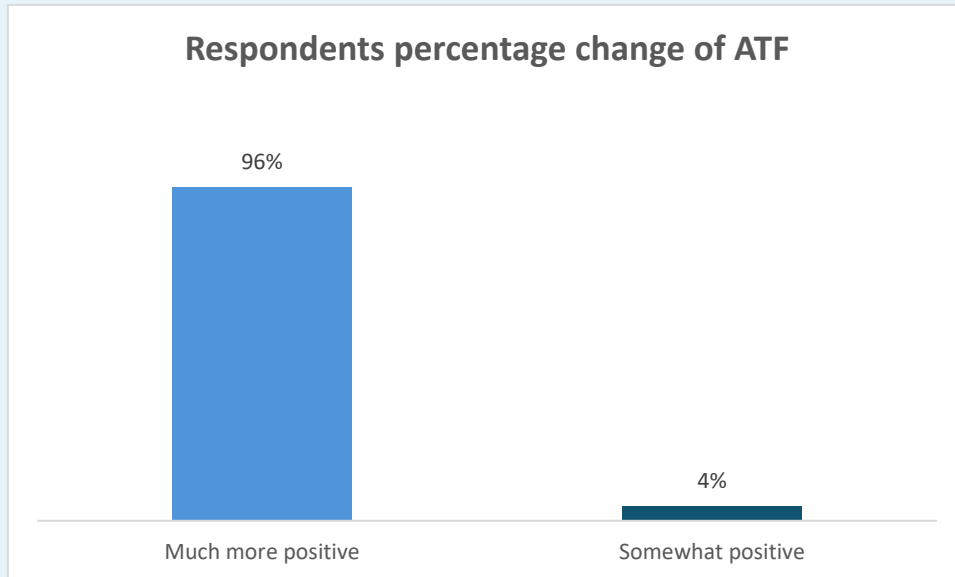


Figure 66 perception of ATF’s initiatives - Varanasi

When asked about their consumer relationship with the company, **96%** of respondents confirmed that they had *purchased or used Apollo Tyres*, demonstrating a strong overlap between programme beneficiaries and brand users.

Among these customers, the main reason for choosing Apollo Tyres was **product quality (83%)**, followed by **pricing/value for money (16%)**, while **(1%)** cited **Apollo’s social initiatives for truckers and the community** as their primary reason.

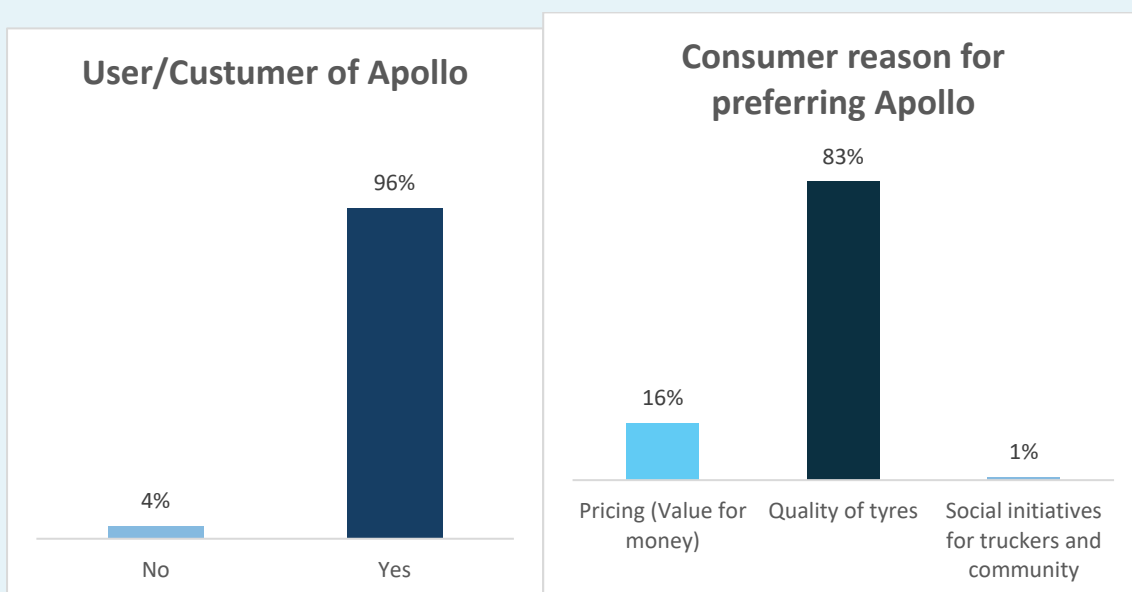


Figure 67 Consumer reasons for preferring Apollo Tyres -Varanasi

“When a company takes care of our health, we feel connected to them.” – Mahendra,
52

All participants said their perception of Apollo Tyres improved after receiving health services through ATF.

Thematic Area 7: Collaboration and Partnership

Apollo Tyres Foundation’s partnerships with government health systems play a central role in improving early detection and treatment adherence for HIV, STIs, TB, and NCDs among the trucking community. By working closely with the State AIDS Control Society (SACS), Integrated Counselling and Testing Centres (ICTCs), the Central TB Division, and district TB units, the programme helps connect a highly mobile population to national health services that they would otherwise struggle to reach.

These collaborations make it possible for truckers to receive preliminary screening, counselling, and referral support directly at their transport hubs. Early HIV and TB case detection has improved because truckers are screened in familiar surroundings, reducing hesitation and stigma. Health workers guide them on where to go, what documents to bring, and how to follow up making the process easier for people who often have limited time and are unfamiliar with government systems.

Thematic Area 8: Contribution to national priorities

Supporting Broader National Health Priorities

The initiative contributes to India’s wider health priorities by increasing access to regular BP, sugar, and vision screening areas highlighted under national NCD strategies and road safety efforts. Early identification of hypertension and diabetes helps prevent severe complications, while vision screening supports safer driving conditions on long routes. Health education sessions further reinforce preventive habits.

Linkage to Global Health Commitments

The programme’s focus on prevention, early detection, and continuity of care aligns with global health frameworks, especially the Sustainable Development Goals. The work supports SDG 3 (Good Health and Wellbeing) by reducing disease burden and SDG 8 (Decent Work and Economic Growth) by helping workers stay healthy, productive, and safe on the road. The multi-condition approach addressing TB, HIV, NCDs and vision care mirrors global recommendations for integrated health programmes.

“Reaching mobile populations like truck drivers is essential for meeting national and global targets on TB and HIV. ATF’s model complements government efforts and contributes to broader global health goals related to disease elimination and universal health coverage.” - **Abhishek Pratap Singh**, Senior Treatment Supervisor, District TB Programme, **Varanasi**

CHAPTER 4: IMPACT ASSESSMENT SCORING

Using Bluesky’s proprietary impact scoring, the Apollo Tyre’s CSR Projects covered in the scope of this report, was placed in the “Exemplary Project” category for its project implementation in FY 2023-24, highlighting both high process maturity and substantial goal achievement.

Scoring Criteria

- Process Maturity Score: (X Axis) maps the project design to the guidance framework available in ISO 26000.
- Program Goal Score: (Y Axis) maps to the guidance available in The Logic Model developed for the project

Impact Score

Scoring Criterion	Impact Score (Out of 5)
Project Process Maturity Score	4.4
Project Goals Achievement Score	4.5

Assessment on CSR Project Process Maturity - Avg Score= 4.4

Dimension	Evaluation	Score
Project Relevance & Significance	The Static Centre is well aligned with the National TB Elimination Programme (NTEP), NACP, and UP’s public health priorities through continuous OPD, screening, and routine follow-up care. By offering stable, location-based services, it supports the National Health Policy 2017 emphasis on integrated primary care. Its model enhances year-round access for truck drivers and nearby communities, complementing SDG 3 and SDG 17 objectives.	5
Project Objectives & Scope	Objectives are clearly defined to provide comprehensive outpatient care, essential diagnostics, counselling, and referral services. The healthcare centre’s scope effectively addresses frequent conditions such as respiratory infections, diabetes, hypertension, vision issues, and general primary care needs. The facility’s stable presence allows continuity of treatment. Opportunities exist to expand speciality days or targeted NCD clinics.	4

Stakeholder Mapping & Identification	Stakeholder mapping is thorough, covering drivers, helpers, nearby community members, peer educators, DSACS, DTO, laboratory partners, and clinic staff. Roles and responsibilities are clearly established through operational guidelines. Regular coordination with trucker associations and local health bodies ensures consistent outreach and service uptake.	5
Risk Assessment at Initiation	The Healthcare Centre accounted for operational risks such as fluctuating footfall, seasonal illness burdens, staff rotation, and supply chain variability. These were mitigated through structured scheduling, buffer medicine stocks, and coordination with district health authorities. A formal mechanism for periodic risk review will further strengthen preparedness.	4
Stakeholder Engagement	Engagement with government partners, including DSACS, DTO, and nearby health facilities, is strong. Routine interaction with trucker unions, parking leaders, and the local community reinforces service visibility and trust. Peer educator involvement supports wider communication and mobilisation within the catchment.	5
Monitoring & Evaluation	Monitoring processes are consistent, with systematic capture of OPD visits, diagnostic services, referrals, and treatment outcomes. Monthly reports strengthen oversight and enable adaptive planning. Alignment with DSACS and NTEP reporting formats ensures compatibility with public systems. Digital consolidation of records may enhance efficiency and analysis.	4
Communication & Reporting	Internal and external reporting is well structured through partner submissions, monthly progress updates, and Apollo's CSR documentation. Static Centre activities are reflected in annual reports and programme dashboards. Enhanced dissemination of performance updates to district officials can support integration and visibility.	4
Sustainability	The Static Centre benefits from steady CSR investment, strong utilisation patterns, and integration with government health services. Its infrastructure and partnerships contribute to long-term continuity. Collaborative opportunities with fleet operators and neighbouring businesses could further strengthen long-term financial and operational sustainability.	4

Assessment of Project Goals Achievement- Avg Score=4.7

Criteria	Evaluation (4-line rationale)	Score
1. Awareness on Health Issues	Truck drivers in Kanpur, Agra, and Varanasi show varied health awareness. Kanpur has high awareness of TB (91%) and HIV/AIDS (75%), with strong peer sharing information. Agra shows growing awareness, with 45% knowing TB. Varanasi leads with 94% aware of TB, boosted by ATF's mobile vans and street plays. This highlights good community knowledge, effective outreach, and areas to improve in health education.	4
2. Health-Seeking Behaviour	In Kanpur, 73% had at least one check-up, with 42% more than three times. Barriers include lack of time and cost. Agra had 56% participating, mostly once, with distance and lack of time as key challenges. Varanasi had the highest participation at 94% yet cost and time remain hurdles. While drivers engage in preventive care, time constraints and affordability continue to limit access.	4
3. Service Quality & Utilisation	Truck drivers in Kanpur, Agra, and Varanasi show strong trust and utilisation of the ATF Health Centres. In Kanpur, 97% had visited, with 45% visiting more than three times. Services used included general check-ups, diabetes, and vision testing. Agra had 75% visitors, mostly once (65%), primarily for TB testing and general check-ups. Varanasi saw 99% usage, with 47% visiting 2–3 times; general check-ups and TB testing were common. The centres provide comprehensive care, meeting both preventive and treatment needs with positive community feedback and significant repeat engagement.	5
4. Perception of Stakeholders	Truck drivers in Kanpur, Agra, and Varanasi express strong satisfaction with ATF's medical staff and health education. Kanpur scores 50% good for staff quality; 67% always feel comfortable sharing health concerns. Agra has 82% good ratings; 49% always comfortable. Varanasi leads with 64% excellent, 96% always comfortable. Satisfaction with health information is above 90% in all cities, reflecting trust and positive engagement with ATF services.	4
5. Improved Health Outcomes	In Kanpur, 77% noted significant improvement, 88% said services helped them work safely, and 84% completed treatment fully. Agra had 51% reporting significant improvement, 85% benefited in continuing work, and 87% completed treatment. In Varanasi, 90% saw much improvement, 96% said services helped them work safely, and 97% completed treatment fully. The results show ATF's	5

	effective care and follow-up enabling better health and sustained livelihoods for truck drivers.	
6. Brand Perception (Apollo Tyres)	In Kanpur, 99% knew of Apollo's services; 81% now hold a much more positive brand perception, and 74% are confirmed customers, mostly valuing product quality. Agra saw 92% awareness, 87% much more positive perception, and 76% overlap between beneficiaries and customers. Varanasi leads with 100% awareness, 96% highly positive brand view, and 96% customer overlap. Across all cities, product quality is the primary reason for choosing Apollo Tyres, with social initiatives also enhancing the brand's reputation as trustworthy and supportive of trucker welfare.	5
7. Collaboration & Partnerships	Apollo Tyres Foundation's partnerships with government health systems enhance early detection and treatment adherence for HIV, STIs, TB, and NCDs in the trucking community. Collaborating with State AIDS Control Society, Integrated Counselling and Testing Centres, and Central TB Division, the programme provides screening, counselling, and referral at transport hubs. This approach reduces stigma, encourages early case detection in familiar settings, and helps truckers navigate government health services efficiently despite their mobile lifestyle and limited time.	5
8. Contribution to National Priorities & SDGs	Apollo Tyres Foundation's healthcare program addresses key risks like HIV, TB, diabetes, hypertension, and vision care among truck drivers. It operates 32 centres across 19 states, supported by mobile medical units reaching truck hubs. The programme promotes early diagnosis, treatment adherence, and health education, overcoming challenges of the drivers' mobile lifestyle. It aligns with national health priorities and SDGs, improving health and productivity of the trucking community over 25 years. Technology like the Swasth Saarthi app enhances access to care on the road	5

CHAPTER 5: CASE STUDIES

CASE STUDY 1 KANPUR: Enhancing Health Outcomes Among Indian Truck Drivers Through the ATF Health Program

Beneficiary: Mr. Ajay George

Designation: Counsellor

Age: 47

Mr. Ajay George, a counsellor at the ATF Health Clinic, provides vital counseling and awareness support to truck drivers, mechanics, and transport workers. These workers commonly suffer from hygiene-related issues such as skin infections and allergies due to long hours on the road, inadequate washing facilities, and poor sanitation at roadside stops.

Truck drivers encounter frequent skin problems caused by sweat, dust, and irregular bathing. They also face difficulties in accessing clean water and washing facilities, contributing to poor hygiene and associated health risks.

“I always motivate them to take medicine properly and come for follow-ups. If one visit does not help, they should visit again or go to another ATF centre nearby. We make sure their treatment continues until they fully recover.” Through personalized counseling, Mr. George advises patients on maintaining cleanliness, avoiding stale food and alcohol, adhering to medication schedules, and attending follow-ups. He actively follows up with patients, including those with TB and HIV, to ensure treatment completion. The clinic maintains an efficient supply of medicines, and patients trust the services due to reliable care and word-of-mouth referrals.

“My number is written on their cards,” he said, “and drivers call me directly if they need help or have run out of medicine.” Most patients show health improvements and treatment adherence thanks to counseling and follow-up. The clinic handles 6–10 patients daily, increasing during peak times, indicating community trust and program acceptance. Mr. George recommends expanding awareness campaigns through larger community events and tents in transport hubs. He stresses the need to restore regular vision care and spectacles distribution, as eye health directly affects driver safety. He also suggests enhancing staff motivation with exposure visits and maintaining strong partnerships with government and NGOs for continuous service delivery.

“We send our requirement list, and all medicines arrive on time, so patients never go without treatment.” The ATF health program, with dedicated counseling, medicine availability, and community engagement, effectively addresses truck drivers' health challenges. Expanding outreach and ensuring continuous vision care are key future steps to enhance health outcomes and road safety.

CASE STUDY 2 AGRA: Driving Health Forward: ATF–SACS Partnership for Trucker Well-being

Respondent: Amarnath

location: Transport Nagar Agra

Amarnath, representing the State AIDS Control Society (SACS), shared insights on the health challenges faced by truck drivers and the impact of the ATF health program, which partners closely with SACS and local NGOs.

“The most common health problems faced by truck drivers include fever, cough, cold, skin infection, and fatigue caused by long travel hours and poor hygiene”

Amarnath mentioned that TB and HIV remain critical health concerns, but ATF-supported free testing, treatment, and follow-ups have led to improved outcomes. Health awareness among drivers has increased markedly due to ATF's outreach, including camps, rallies, and counselling. Peer educators and counsellors effectively engage and educate drivers to encourage testing and treatment adherence.

“I observed that due to free medicines, counselling, and follow-up support, recovery rates have improved”

ATF's health services are appreciated for quality and consistency. Data sharing and resource support from SACS underpin program success. **“This initiative connects the brand with the people directly, they see Apollo as a company that truly cares for their well-being. Such goodwill, he noted, strengthens long-term trust and indirectly enhances the brand's image”**

Amarnath mentioned a few recommendations:

- Increase joint awareness and testing camps with SACS and health departments.
- Enhance night-time and weekend outreach to reach long-route drivers.
- Expand vision care and general health services alongside TB/HIV programs.
- Strengthen data sharing and monitoring collaboration between ATF and SACS.

The partnership between ATF and SACS has significantly improved health awareness and access for truck drivers. Continuous counselling, free testing, and regular follow-ups have empowered drivers to prioritize their health. Sustaining and expanding this collaboration will reinforce health outcomes and further elevate Apollo Tyres' brand as a socially responsible leader.

Case Study 3 Varanasi: Early Detection of Complex Vision Issues through Community Screening

Name: Naresh

Age: 57 years

Occupation: Driver

Naresh, a professional driver, spent most of his life driving long distances under varying light conditions requiring constant visual alertness. Over recent months, he began experiencing fluctuating and blurry vision along with frequent headaches. These symptoms started affecting his driving safety, causing fatigue and anxiety about losing his livelihood.

Naresh found it increasingly difficult to focus on road signs, especially at dusk and night. Initially attributing this to tiredness or age, the problem persisted and worsened, impacting even daytime driving. The blurred vision and eye strain were symptoms of a complex refractive error which had gone undiagnosed for years.

At a community-based eye health screening camp in his locality, Naresh underwent a basic vision check by an optometrist. The screening revealed significant refractive errors in both eyes indicating a complex vision problem. The optometrist referred him to a base hospital for a detailed examination. There, a thorough eye refraction confirmed severe complex refractive errors requiring corrective lenses.

Naresh was prescribed customized corrective glasses, which were provided free of cost. Upon using the glasses, he immediately experienced clearer vision and reduced headaches. His confidence in driving was restored, allowing him to resume work comfortably and safely.

Early detection and intervention prevented further vision deterioration, safeguarding Naresh's ability to earn a living. This case highlights the critical importance of regular vision screening for professional drivers, many of whom may be unaware that gradual vision loss is treatable through accessible eye care services.

CHAPTER 6: RECOMMENDATIONS

1. Health services should be available near roads, toll gates, and parking areas, including during nighttime and emergencies, with mobile health vans visiting transport hubs weekly or twice a month.
2. More frequent health camps should include eye check-ups, dental camps, regular health tests, and availability of free or low-cost glasses.
3. Awareness campaigns using posters, short videos, and information through peer drivers should be conducted and displayed at fuel stations, toll gates, dhabas, and parking areas.
4. Blood pressure and sugar screenings, on-the-spot medicines, and expanded testing for eye and dental problems should be part of the services.
5. Health camps should include family members of drivers, offer family health awareness sessions, and improve rest facilities near truck stops with clean drinking water and toilets.