A study on Quality of Mobile Healthcare Services in rural areas Rajasthan under Mobile Health Ven (MHV) Program

Block – Barmer

District – Barmer

By:

Puja Sundi

MBA Development Management

Batch -10

Academic Year, (2021-2023)

Faculty Guided:

Dr. Goutam Sadhu

Professor and Dean (SDS)

School of Development Studies

Indian Institute of Health Management Research University

Acknowledgement

Presented in this dissertation, a lot of information, problems related to the alternatives of Barmer district of Rajasthan state have been told and will be very helpful for the readers to understand the role of community health, will power and economic development sectors.

At present, to complete this presentation, I would like to thank my mentor **Dr. Goutam Sadhu, Dean and Professor, School of Development Studies, Jaipur.** I thank them for their support and guidance. Because he has overturned every limit of lanka during the journey of this dissertation. Supported us in changing and explaining each thing in a new direction, showed their way. And has given a new identity to the dissertation. So, I think him from the bottom of my heart. Not only him, but also **Mr. Rahul Ghai, Professor of SDS, IIHMR University Jaipur,** who has given his support and guidance from time to time. And, for other errors and faculty members, as well as helped me to explain in detail the reality of Barmer areas and to identify the problem, thinking and behaviour of the rural communities of those areas.

At present, I would also like to express my gratitude to all my classmates for helping me to understand and write this dissertation. Along with this, I would like to thank the entire team of Dhara Sansthan, who have spent valuable time for me and have given me the opportunity to learn many managerial strategies regarding planning events. I would be thankful to all the teams and the rural community for taking the time to coordinate the field study, explain the languages and find out the important results of this study, know the problems, face the situations.

So, I also thank MHV1 and MHV 2, villagers and team members of the village like – Doctors, ANM and Pharmacists, because they gave me information about people by spending their precious time. Along with this, I took out time for a detailed discussion on these areas regarding the diseases caused by the outbreak of epidemic in Barmer tehsil, for which I express my gratitude to all the villagers, shopkeepers, school children, school headmaster, villagers. Also, many thanks to Gram Panchayat, Anganwadi Sahika or Sevika for giving information.

Therefore, the **chief executive officer** of Dhara Sansthan**, Mr. Mahesh Panpalia**, who provided me this golden opportunity to wite this dissertation. Along with the **Project Manager**, **Ms. Nishy Biswa Sharma**, who has helped me to make every program of the scheme successful and contributed and guided me in understanding the data analysis of each program of the scheme like MHV and others. Also, I would like to express my gratitude to the **project Monitoring officer, Mr. Prashant Kumar**, who helped me to do all the tasks correctly and in detail.

The study of this presented dissertation would not have been completed without the cooperation, contribution, and support of many prominent individuals. So, I heartily thank everyone who supported the study.

Abbreviations

ANC – Anti Natal Care

PNC – Post Natal Care

OPD – Outpatient Department

MHV – Mobile Health Ven

BP – Blood Pressure

RBS – Random Blood Sugar

ANM – Auxiliary Nurse and Midwife

AWR – Activity wise report

NGO – Non – Government Organization

CEO - Chief Executive Officer

AGC – Adolescent Girls Counselling

AGV – Adolescent Girls Activity

IEC – Information Education & Communication

WHO – World Health Organization

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1. Abstract

Health is an integral part of human life. If a person's health is not good, then he is unable to do any work, and everything is useless. So, if there is health then there is life.

In Barmer district of Rajasthan, there are various types of diseases, which can be treated with different types of diseases, and they have been studied for the treatment of mobile health care. Due to which these diseases have spread in 70 villages of Barmer block, as well as mobile heath care is playing its important role. Due to this, mobile health care service is provided to the people of the villages, quality medicine and free check-up is provided to the people of the villages daily by mobile heath van. In which the very poor, middle-class people of the villages get a lot of help. To provide quality medicine services to the people of village, mobile health van teams members like - doctors, pharmacist and ANM play their role for care.

The main objective of this study is "to provide quality medicine, treatment and mobile health care services to the people of villages, who are suffering from diseases, who cannot afford their treatment".

There are many such villages in Rajasthan's Barmer district which are far away from the city, where there is a road problem, there is a problem of access to people, and sometimes people are not able to get proper treatment because of their low income. And the sub-centres, Primary health centre - centres in the villages are very far away and the people of the villages are suffering from many types of diseases due to lack of proper treatment there.

Therefore, keeping in view the needs, facilities, and requirements of the people of the villages, the people of the villages should get the right treatment through the Mobile Heath Care Service, so that all types of work can be done if the health is right.

Apart from this, it is a proper task to provide better quality services to mobile health care services, to make people aware of health-related diseases and to stay away from them, and to tell the ways to avoid diseases, so that the villages can be saved. Diseases can be reduced from village to village through awareness and awareness among the people, who are facing many types of diseases, problems, and outbreaks. There are many diseases which are faced by the community and other people during their daily work. The data collected in the study gives a measure of the diseases occurring at present and how to reduce the disease in the coming future and helps in analysing the current situation.

This study has been done to understand the Quality of Mobile Health Care Services, to make them stronger, empowered and to help the people by being self-reliant so that good quality services can give a new lease of life to the people.

In this paper, an attempt has been made to find out the gaps in the existing interventions regarding community relations, their livelihoods, and quality drug services to ensure that the role of drugs and disease can be reduced. In addition to this, the study is also based on secondary data on the inconveniences and inefficiencies of first aid treatment due to the impact of the COVID- 19 pandemic on the research process.

Therefore, it can be concluded from the results that under the programs of Dhara Sansthan, the villagers of far-flung Dhani’s are being benefited by Mobile Health Ven. Which are 80% beneficial for the very poor and the poor. In addition, there are many challenges to the existing

intervention, such as the lack of health- related knowledge among village people, anganwadi and school children. Therefore, energy and capacity building should be given to the people of villages and all types of men and women so that they can believe in their health-related livelihood and their roles, responsibilities as well as ways and means to prevent their health from deteriorating.

(Key Words: Mobile Health Ven, Vedanta Cairn oil & Gas, Disease, Medicine, Patients, Village, ANM, Doctor, Pharmacist, hospital)

1. Introduction of Dhara Sansthan

Dhara (Development of Health, Hygiene and Rural Action) is a non – profit development organization working since 1989 and creating for rural mass of Rajasthan with a unique approach of resource development and creating community assets.

Dhara Sansthan main mission is to enable a sustainable opportunity for rural life. As Dhara is working in the dist. Barmer of Rajasthan, which includes the area of Thar desert, thus in the domain of water Dhara has a deep focus on water conservation, providing safe drinking water and another sustainable water source for daily usage and crop usage in the drought – prone areas of Rajasthan. Dhara has made several intervention on the water till now as – providing RO water plant in 15 villages, rainwater harvesting structure (Tanka Water Tank, Med – Bandi in farm program, pond (Nadi) – digging program, etc, being supported by Aravalli – Jaipur – apart (voluntary Agencies Action for Drought Relief in Rajasthan), Action Aid, National Foundation for India, Save The Children (Echo), sir Dorabjee Tata Trust, Vedanta , Cairn Oil & Gas etc.

Organization Objectives

The objective of the Organization is:

- To improve outcome by increasing uptake of health services outreach sessions.
- To promote the best sanitation and hygienic practices in the communities through demonstration & provision of sanitary facilities.
- To increase accessibility to education centre and promote quality of education at the centre.
- To build professional skills of adolescent / youths through personality development & teaching soft – skills and linking them with concerned individuals and institutions.
- To provide relief services during and emergency.

Organization's Vision

Transforming the lives of rural population by providing equitable distribution of rural social services for their sustainable development and capacity building.

Organization's Mission

Reaching out to the deprived and marginalized communities in the rural setup through humanitarian interventions and building up a strong sense of community organization for a more equitable society.

2. Research Questions

What has been the impact of quality of mobile health care services to the residents of Barmer block village of Rajasthan.? Do the people of the village get health related relief.?

Chapter 01: About project /Dissertation

1.1 Introduction & Background

Barmer District of Rajasthan state in which 168 tehsils (block) and villages of Barmer come. Barmer district is also known as Thar Desert. 84 villages and Dhani's of Barmer block are covered by mobile health vans. Where many types of castes reside. As the village and Dhani's are 70 kilometres away from Barmer district, most of the people of the village must face hardships for their treatments.

Elderly children and women of Barmer village often fall prey to disease due to lack of water and improper consumption of food. Also, the villages of Barmer, being far away from the cities, are not able to get their treatment done due to commuting and low income. Therefore, in view of these circumstances, mobile health vans have been started, which are currently facing challenges like various disease and mortality.

To reduces this problem, the Rajasthan Government provides free health check-up and medicine to the patients of the village through MHV through team members, doctors, pharmacists, AMN do that they can lead a happy life with their families. This has been done with the objective of providing quality of Mobile Health Care Services to reduce the diseases occurring in the village and to make people free from disease, so that all the villages of Barmer block can be made sick free. For this mobile health van services have been promoted more in Barmer block which caters to entire Barmer block. And villagers, women's school children and house go door to door to provide information about their services and prevention of disease and inspire people so that villagers can end the disease and build their own capacity.

The mobile health van provides affordable and quality health care services to the village people and conducts free health camps, educates people through screening and diagnosis around the village areas, which has a greater impact on the lives of people. It reaches out to a large section of the poor population of cities and villages, in which many children, elderly and women are included in the beneficiaries of healthcare services. Team's members of MHV conduct daily health check-up, laboratory training and conduct awareness campaign sessions on diseases like diabetes, UTI, RTI, STI. And the villagers also maintain basic health and hygiene for the community. So that the people of the community can be made aware of cleanliness and diseases can be prevented. MHV supports the life of the villagers and thereby fulfils their nutritional, dietary needs, it is very beneficial for small and marginal families. Quality of mobile health care services is very important for the people of the village which provides free treatment to the people. This will be the biggest help to the Rajasthan Government which is saving the small marginal families from diseases as it helps in the form of health. And the patients of the village also get a lot of relief from the mobile healthcare services. Even many people must face more diseases due to lack of knowledge of right medicines. The reason for this is lack of knowledge, lack of awareness and not listening carefully to the things told by MHV. Mobile health care provides a new and happy life to Indian villagers.

Through MHV, the villagers of 70 villages get cheap and convenient health care, which also protects the villagers from all kinds of diseases and filth. There are many such diseases in India which affect people soon and make any human being their victim. Similarly, the condition of the villagers is also bad, and they mostly depend on MHV. Because of which people in the community also get good benefits and sometimes more problems arise. Also, people believe that eating meat brings disease, which they never take meat in their diet. Here people are considered untouchable castes in the name of meat. But diseases attack the human body for one reason or the other. And mobile healthcare with its services inspires the people of the village for awareness and cleanness.

1.2 Role of Mobile Health Van

- Daily targets of 70 villages located 70 kilometres away from Barmer city.
- 5 days in a week of a month and 2 times in 15 days to complete a village.
- Providing the right medicine to the patients by taking information about their illness.
- Meeting the doctor of the sub- centre of the village and getting information about the problem of the disease.
- To provide services of all types of diseases to the patients.

1.3 Responsibilities of Mobile Health van

- To distribute medicine in a village 5 days a week and 2 times a month.
- Inclusion of injured persons and children in case studies.
- Carrying out ANC and PNC check-up of pregnant women and new-born mothers and registering their register.
- Providing medicines to sick patients by checking BP, Sugar.
- To aware the villagers to avoid diseases and to organize free health camps for the villagers.
- To prevent disease by organizing awareness camps to tell the villagers how to avoid them.
- Counselling of school children and telling girls about sanitation & hygiene and getting health related activities done.
- Conducting survey of aganwadis, so that data can be collected about infants and pregnant women.
- Taking meetings and feedback with the school principal or stakeholders.
- Taking feedback from the community for the convenient medicine for the villagers are getting from MHV.
- If a patient is very ill, providing medical services by visiting the patient's home with MHV teams.

1.4 Working Day of Mobile Health Van

Time	Activity
9:00am to 4:00pm (5 days in a week, 4 weeks in a one month)	Medicine Distribution / OPD session
Monthly 2 times (before 15 days and after 15 days in a one month)	Health check – up, creating awareness camps, and meeting with community or village patients
Mega Health Camp	Conducting in a one day of Mega health camp

International days	Celebrating special day with the community or school students

1.5 Area of people: Barmer Block

Barmer district is a district of Rajasthan state with a total area of 28, 387 km. This includes 28, 300 km of rural areas and 65 km of urban areas. As per the 2011 census, Barmer has a population of 23, 03, 751 urban population of 1, 80, 837 while rural population of 20, 21, 914. There are about 3, 51, 620 households In Barmer district, including 30,639 urban households and 3, 18,900 rural households. If we talk about villages, there are about 2, 352 villages in Barmer district.

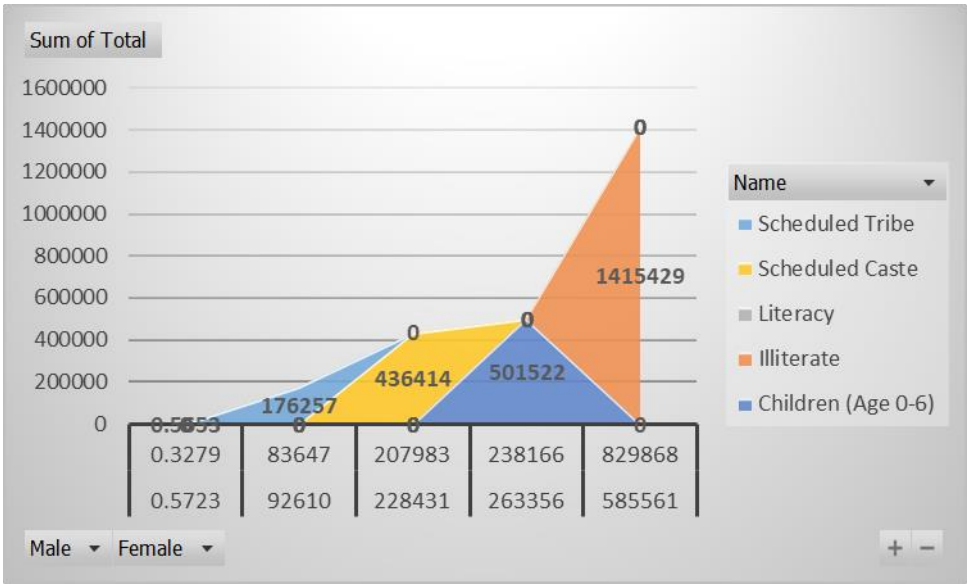


Figure 01: Total Population census 2011 data

The villages of Barmer are situated on sandy places where one house is 1 km or another 1 km which is also known as Thar desert. Here the district is further divided into tehsil, block, and c.d. block. Most of the villages come in the c.d. block in which more villagers reside. Almost only villagers live in tehsil and block. Tehsil and block both come near but their distance is 80 km., and the distance of the c.d. blocks is even more and the farther the areas are located. In which the road is divided into sand road and Dhani. Due to all the villages of the district being

desert, the temperature of summer here is the most different. In summer the temperature rises to 50; c and in winter it falls almost to -0: c.

Barmer district is a part the Thar Desert. Rajasthan being desert region as well as district like Barmer district and all rural areas are known for folk music and dance. The villagers of Barmer block are famous for their good behaviour and different colours. Most of the people here summon the deities. Here the only means of livelihoods of the people is the drumming of folk music, which the rural Muslims adopt for their livelihood.

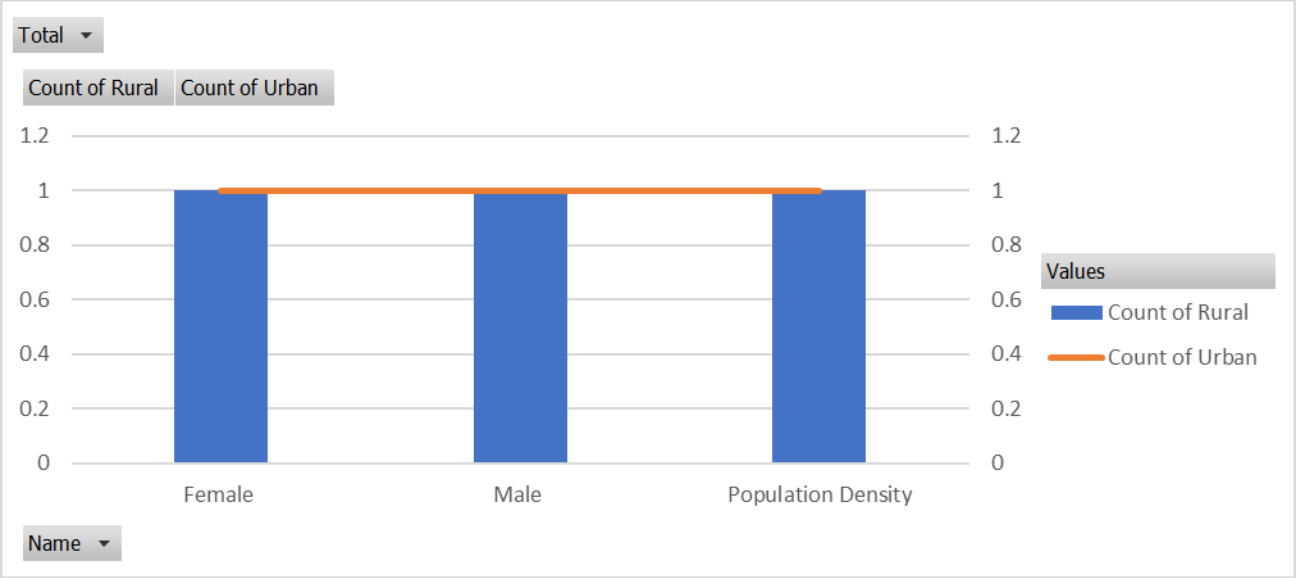


Figure 02: Rural and Urban population of Barmer district

So long and Magniya are some of the communities who mostly speak Rajasthani. And Hindus speak Marwari language and scheduled tribes constitute about 16.8% and 15.8% of the population in Barmer. Here ST or SC are given the status of very poor class, which people keep them on the lowest caste. CD block is also known as community block where the villagers are very kind. The villagers consider meat untouchable. The reason for which is increasing disease. People who eat meat are seen from a different perspective. Due to which there is untouchable towards each other in barmer district as well.

Table 01: Total Households in Barmer district

1	Rural Households	4,18,990
2	Urban Households	32,639
3	Total	4,51,629

So, Barmer district and villagers have 90% boys and 20% girls. Here people still follow the old practice or girls are not allowed to go out of the house, they are kept behind the curtain in the house. Only 10% girls from Barmer living in other state are not banned.

Chapter 02: Review of Literature

- It focuses on the process and activities of the mobile health van and the patients in the village who cannot afford their treatment due to low income.

- The study recommended various strategies for the development of mobile health vans in the areas of quality of mobile healthcare services, which would be helpful in providing treatment to patients in rural areas.
- It was found in this study that there is a need to provide mobile health care services to the people, but less services are available because the villagers demand more medicine.
- During the study, services have been provided less and more and it is mandatory to provide services to everyone with equal rights. This has also been supported.
- MHV gives a happy life to the people with the services which is a source of low and free income to the villagers. In which every Indian and citizen has the right.

The study was conducted in 70 villages of Barmer Block, Rajasthan to assess the health problem and the quality and effectiveness of mobile healthcare through services provided by mobile health vans to rural communities of Thar desert and Dhani's. whether quality mobile health services are being provided to the villagers through MHV teams or not. And to do all kinds of health check-up of the villagers so that the diseases can be removed, and people can get new life.

Chapter 03: Objectives of study & Methodology

- To study the problems faced in the development of mobile health care services through rural remote area health facilities in India.
- To find out the quality of mobile health services, to find out the solution and to know about mobile health care services systems in rural areas.
- To identify the health sub- center, Anganwadi and health services, facilities among below poverty and marginalized families.
- Facilities related to health services and giving suggestions for the development of WASH management.

3.1 Limitation of study

Here are some of the limitations, difficulties, and situations of the study that I have identified during the study.

- Villagers come to MHV and go back after collecting medicine and check-up, they don't tell anything when asked. Which made it difficult to collect data. Many women do not even take photos, make videos, and give information, due to which I have faced some difficulties in getting the right information.
- Understanding the languages of the villagers was my biggest condition due to which I had to resort to MHV.
- The third limitation is that with the increases in the number of patients at the time of OPD, the number of patients is less at the time of health, disease prevention, awareness camps or giving information about health, due to which it was very difficult to explain to the villagers together. This is a limited study area due to paucity of time.

3.1 Methodology

3.1.1 Type of Methodology used in Research in primary data.

Types of Method	Purposes
Descriptives and Analytical	To calculate the status of quality of MHC services in rural areas of Barmer Block under MHV scheme.
Interactive Discussions	Interaction with gram panchayat and stakeholders to make the study clearer.
Interview with School Principal	To know the correct identity and utility of services
Observation	To know the other services of the village like Government Services, anganwadi and other services which are provided by the Government to the people from MHV on their daily basis.
Communication with Villagers	To make the scheme more known through the villagers, staff members and team members.

In a Secondary Data

The sources of secondary data are both published and unpublished reports. Data from secondary sources are collected from books, articles, news, journals, published reports, census reports and documents. In this, quantitative information has also been collected regarding water and health centre services. Secondary sources in the form of books, news magazines, articles etc. have provided a data on the community situation.

3.1.2 Sample Size

According to MHV, total 20 patients have been observed and 20 patients and stakeholders, gram panchayat and school principal (Barmer block) were observed. During the study MHV 1, 37 villages and MHV 2, 47 villages and total 84 villages were covered. Data of total patients and stakeholders and gram panchayat has been collected in excel sheet for data evaluation or analysis.

3.1.3 Tool of the Data Collection and Procedure

The study was launched over a period of one month from March 13 to June 13, 2023. Redesigned with the help of secondary data or observation.

3.1.4. Data Analysis and Analysis Plan

The data collection was done by MS excel sheet and univariate analysis was done for understanding.

3.1.5 Ethical Consideration

During the interview, each respondent was informed about the purpose of the study and was included of their own free will. No coercion has been done to them during the field.

Chapter 04: Key Finding

4.1 Socio Economic Status

Barmer has an increase in per capita income (PCI). Under which agricultural services have the largest share and contribution. Which provides all kinds of things to the people. After this

comes the manufacturing sector, transport and communication and then other services which are used for transportation in carrying and carrying of agricultural related things.

Apart from this, domestic workers are also included in the second and third sectors of this employment. In which household worker is 2. 54%, another worker is 23- 7%. but most of the workforce is engaged in agriculture labour such as cultivators 62% and agriculture laborers 11%.

Therefore, the people of Barmer distance run their livelihood by working as wages in some company or Vedanta oil and gas. Many villagers migrate to cities for livelihoods and work as laborers on their own. Women are also equally involved in this.

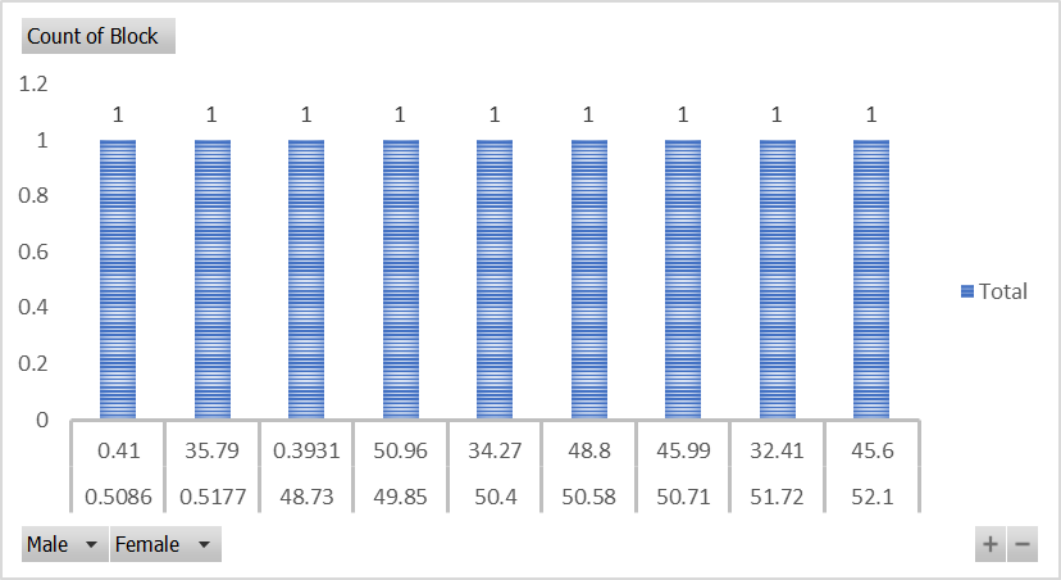


Figure 03: work Participation Rate

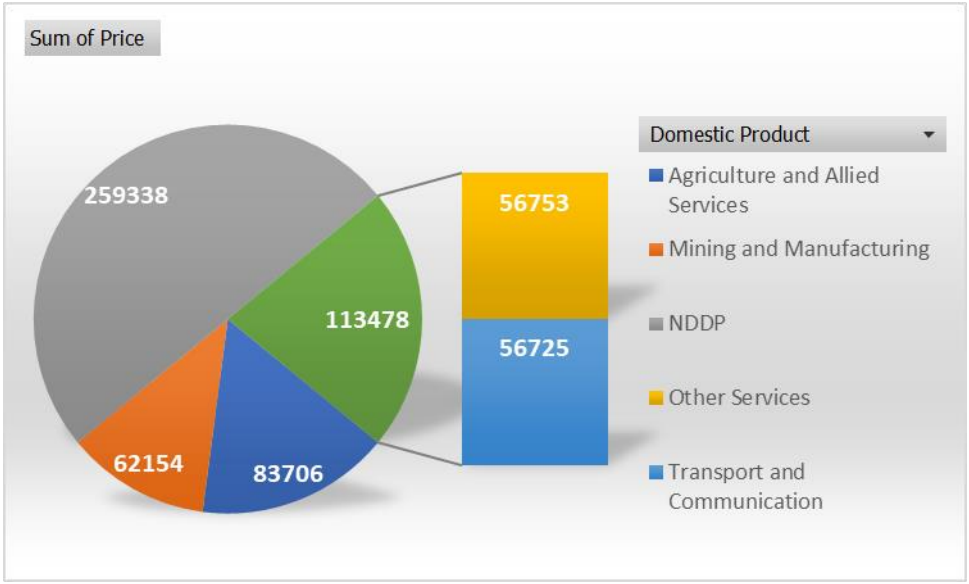


Figure 04: Barmer Human Development Report

4.2 Health Status in Barmer Block

According to NFHS, only 45% of household in Barmer have been able to improve sanitation. While the figure in the rural areas of Barmer is less than this as only 20% of the families were proved to be clean. Only 14.7% of the households cook food on clean fuel as against 29.6% of the households. 20.2% of households have improved drinking water source along with clean facility and clean fuel. Only 65.6% households in rural areas have electricity while 91% households in Rajasthan state have electricity all the time. Apart from one Government hospital in Barmer district, only sub health centres, primary health centres and community health centres are available in the district. CHC promotions are highest. This is followed by the PHC and the sub health centres.

That's why CHC and PHC help the villagers through medicines and other treatments. The village community health centres and CHCs sometimes remain closed due to which the villagers must face problems. Often doctors and staff members also do not come on time, or never come at all. This is the reason that the health-related treatment provided by the Government is not available to the villagers and they suffer as a community. 85% of the villagers in the village who are suffering from some kind of disease. And medicine is also not available in the health centre of the village, and the roads leading to the village are very bad due to which there is delay in transportation of medicines.

Table: Health Facilities Covered

S.no.	Health Facilities	Barmer	Rajasthan
1	Household with improved Sanitation	20.2	45.0
2	Household with clean fuel for cooking	14.7	31.8
3	Household with improved drinking water source	70.1	85.5
4	Household with electricity	65.6	91.0

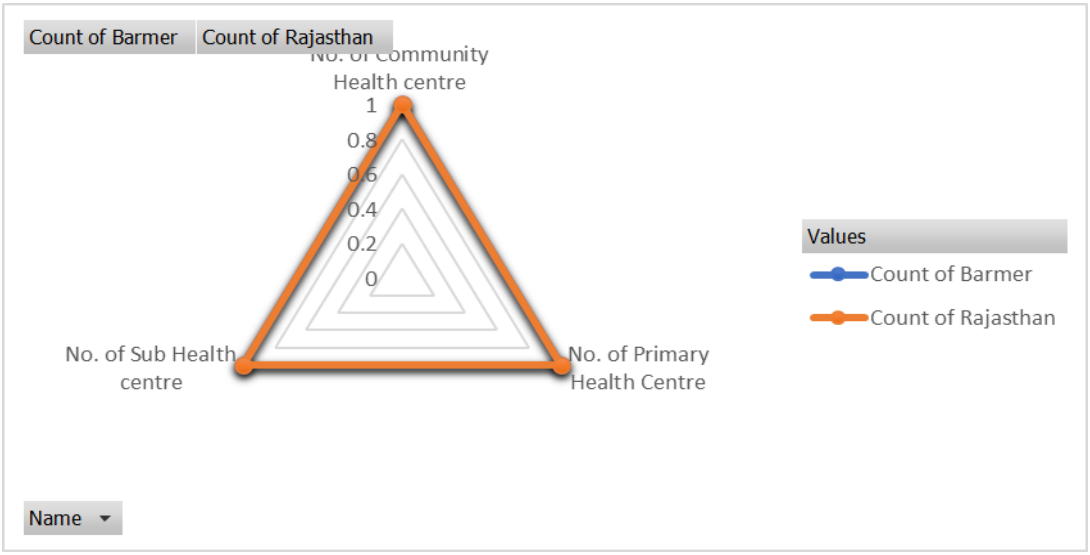


Figure 04: Rural Health Sanitation

4.3 Disease and their MHV services

There are different types of diseases in all the villages of Barmer Block. Which always lives in the villagers. If a small disease is ignored, it becomes a big one. This is the reason that there is an outbreak of disease in the villages. Like –

Table: 02 Disease Name

S.no	Disease Name
1	Abscess
2	Acidity
3	Anaemia
4	Arthritis
5	Body Pain
6	Boils
7	Conjunctivitis
8	Cold
9	Diabetes
10	Diarrhoea
11	Gastritis
12	Hypertension
1	Injury
14	Mouth Ulcer
15	Snake Bite
16	URI
17	UTI
18	Worm Infestation
19	Other

MHV is run in Barmer Block to maintain the health of the villagers and to end the disease. In which medicines for all types of diseases are available. MHV cater to a village 2 times in a month i.e., one before 15days and one after 15 days. Family members are not MHV does not give this opportunity to the villagers because MHV provides all kinds of good quality health care services to the villagers and patients.

Here in rural areas, this disease persists in the elderly, school children, small children, and pregnant women. Which proves to be a big threat to life. Often all the people of the same family are also in the grip of one or the other disease. Due to which it remains a risky scene. The reason for which is washing hands before eating food, not eating food after cleanliness, not washing hands after defection, drinking dirty water, not cleaning the surrounding dirt, and not keeping the body clean etc.

Table: 03 General OPD Register of MHV

S.no.	Patients Name	Father/ Husband Name	Age	Disease	Male	Female

1	Khimaram	Khushalaram	Hypertension	70		Female
2	Endra	Khimaram	Arthritis	65		Female
3	Kanko Devi	Kaki Ram	Gastritis	78	Male	
4	Mangilal	Mohanlal	Diarrhoea	38		Female
5	Udi	Omnath	URI	30	Male	
6	Shambhunath	BhikhaNath	Body pain	65		Female
7	Sntu	Chetan ram	Back pain	28	Male	
8	Bhimaram	Omaram	Bronchitis	2	Male	
9	Piraram	Koshalaram	Arthritis	65		Female
10	Dewki	Omanath	Scabies	10		Female
11	Kanaram	Shvushalaram	Arthritis	70	Male	
12	Mularam	khetaram	URI	16	Male	
13	Guddi	Khetaram	URI	35		Female
14	Geeta	Khetaram	URI	62		Female
15	Pankaj	Viraram	Bronchitis	4	Male	
16	Gori	Ridmal Singh	Arthritis	70		Female
17	Sang singh	Jwarsingh	Gastritis	55	Male	
18	Hemaram	Punmaram	URI	45	Male	
19	Navin	Gangaram	Bronchitis	7	Male	
20	Champa	Gangaram	URI	25		Female

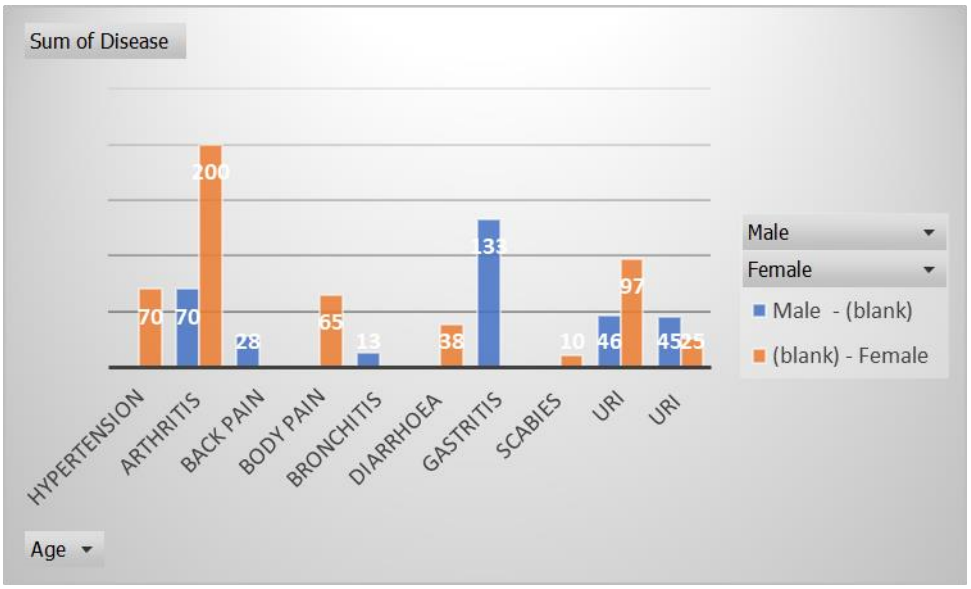


Figure 05: General OPD Register of MHV

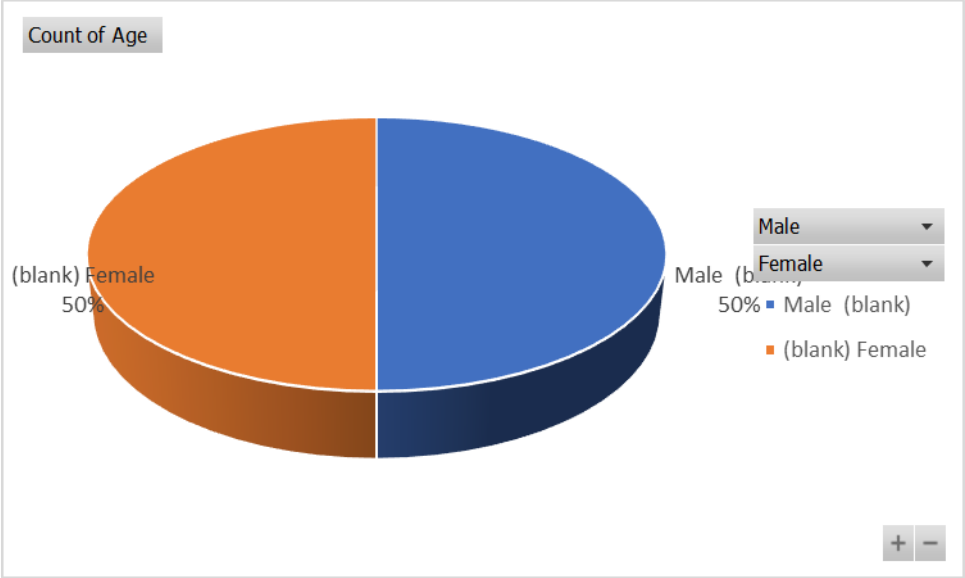


Figure 06: OPD Register of Male and Female

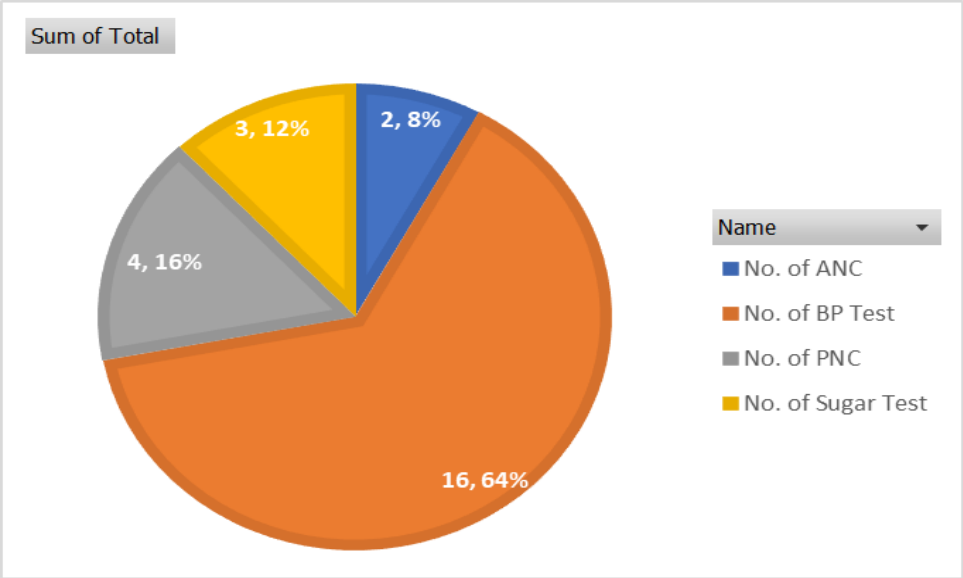


Figure 07: Report of ANC, PNC, BP, and Sugar

4.4 Distance of Barmer city to Block: Distance of village Sub – Centres or PHC

Distance – 65 kilometres to 70 kilometres

Total time – 2.30 hours to 3 hours

People must travel long distance while moving from cities to villages and from villages to cities. In which people must face a lot of difficulties in coming to the hospital in the cities, then the journey from the cities to the block is also difficult and the journey from the block to the village and Dhani's id very dangerous and bad. Due to the long distance to travel, the transportation of medicine does not happen till the sub centre or PHC. And sometimes the

services remain tough due to bad roads and sandy roads in Dhani's. even when no means are available for referral of patients, MHV plays an important role in such times.

Distance of village Sub – Centre or PHC centre

The Village in the tehsil are situated at a great distance. Also, the village health centres are located 1 km or 2 km away from the villages. In some places there are no health centres in the villages.

Here the people of the village are not able to get treatment due to the distance of the health centre. Also, the doctors do not come on time, and the ANMs are also not present. Due to which people have a lot of trouble in taking medicines. And in the treatment centre, even the treatment is not available. This is the reason; the villagers must come to MHV for their treatment. And MHV does its work well and gives medicines to the villagers according to their problems. There are many such villagers where the health centres are close to the village, due to which the villagers do not have to face any kind of difficulties. And those villagers remain diseases free.

Therefore, the sub – centres 84 villagers are not able to get medicine from the Government every day, every time, due to being located at a long distance. Due to which patents must resort to MHV. And MHV team members respectfully provide medicines to rural communities.

4.5 Creating Awareness:

4.5.1 Awareness camp regarding the health disease

This awareness camps are conducted by MHV team's member once in a week in 84 villages. In this, people of the village, patients, school children and communities are discussed on the topic related to their health care and they are told that they can be protected from various types of diseases. Awareness camp related topics like health and hygiene, heat stroke, sanitation and hygiene, dengue, malaria, and food safety etc.

4.5.2 Adolescent girls counselling & activity

This consultation or activity is discussed and explained with the boys and girls of the school. Because of which children are asked to behave health and hygiene with people and keep themselves clean. Through which counselling is done for all the school children of the village.

Therefore, at the same time pads are distributed to the girls and they are also told about mensuration cycle, sanitation, and hygiene, because at the time of mensuration, children are not mensuration, children are not allowed to leave the house, they are forbidden to do any work. Games and activities are also organized for the girls to remain fearless during periods, to keep their health in order so that they do not become a victim of any kind of depression. That's why

girls are made to do all kinds of activities. Girls in the school are provided with sanitary napkin which are given by MHV. With which children can keep their hygiene clean and healthy daily and can move forward fearlessly in the community along with their studies. Adolescent girls counselling and activities like- health and hygiene, sanitation and hygiene, mensuration, good touch bed touch, mental health, and Depression etc.

4.5.3 Interaction with village gram panchayat, stakeholder, community, and school principal

From Primary Data

Interaction with: Gram Panchayat

MHV holds a meeting with the Gram Panchayat once a week because the MHV villagers are closely checking about the convenient medicines being provided to which patients are getting effectives or not from the medicines. In which MHV teams must collect this information. So that it can change in its services. And from which good services can be given to the villagers.

It is very important to take the feedback of the communities from the panchayat, in which it is necessary to take the feedback of the quality of mobile health care services, which shows that the convenient medicine that the MHV is of proper quality. And the Gram Panchayat plays an important role in this. And if the villagers are observed, then people feel comfortable getting from MHV, due to which they remain much happier and better than before. That's why the Gram Panchayat also thanks MHV. Due to which free check-up and medicine are available to all the people of the village.

Interaction with: Community Member

MHV teams hold meetings with community members. In which the drug available through MHV is discussed in detail. Along with this, feedback is also taken from the community is asked about the convenient medicine happing, the topic related to relief from drugs is discussed. so, community people give good feedback and MHV services improve. And provides quality health care services to the people. The people of the community are also very happy with the MHV as they are not given the opportunity to come to the city. And the villagers are given free medicine and check - ups without spending their income.

Interaction with: Stakeholders

This is taken from any shopkeeper or computer centre person in the village. With this, he includes his observation and realisation. Along with this, the stakeholders give feedback about

the free medicines being provided to the villagers and encourage the MHVs to come daily for medicine services instead of coming in the week.

4.5.4 Interaction with Anganwadi worker and Asha

The MHV stops near the Anganwadi every day because the women of the village, pregnant women and the elderly also come to take medicines. The villagers know that MHV comes on its schedule once a week. The villagers sit in the anganwadi and for the MHV.

Hence ANM of MHV also gets a chance to communicate with AWW and ASHA. With whom she talks about vaccination and facilities for infants and 5-year-old children from Anganwadi. Anganwadi is run by Nand Ghar Yojana, Vedanta in Rajasthan. Their children are taught on 3D models and all kinds of playthings are also available. Also, ANM along with ASHA collects information about the delivery of pregnant women and related diseases in the villages. She collects all kinds of data of the village. Due to which they have the information of all the villagers coming at the interval of MHV.

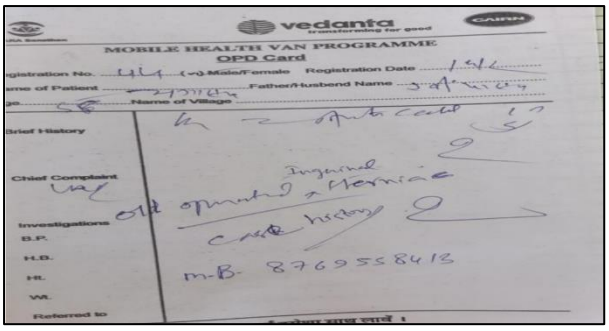
4.5.5 Home visit for patient's treatments

She also does home visits once in a month's part of her planned activities because sometimes the patient's condition becomes so bad. Hence, MHVs with their teams like – Doctors, Pharmacists and ANMs visit the patient's home. And they give medicines after checking their health. Therefore, sometimes the present women are delivered, and emergency cases are also referred. If the MHV is not able to handle more emergency cases, then they are sent to the city hospital. Due to which the patient gets all kinds of facilities.

4.5.6 Case study

MHV must face one or the other case studies. Sometimes it is included in the OPD session or sometimes in the list of patients. Case studies if a person is not getting well after getting any kind of treatment or if there is any kind of major injury in the body, then it is kept in the list of body, then it is kept in the list of case studies.

That's why medicine is given to the patient by taking photo and photo of the slip. Whose patient is given health related treatment by Vedanta Care Oil & Gas. Until the patient's condition improves. And the patients are checked again after 15 days to see how the condition of the wound is now. Or even if he is not well, he is sent for treatment to Sadar Hospital in Barmer district so that he can get his treatment done well.



4.5.7 Free health Check – up: ANC & PNC, BP, and Sugar

MHV does all kinds of free health check – ups for women for 3 months, 6 months of pregnancy or even after the birth of a child. Due to which there is no danger to the life of the mother and the baby. And it does all kinds of disease remains on the children.

That's why BP and sugar check- up is also done for elderly women and old people. In extreme anger and rage sometimes, BP increases and along with this the sugar in the body is also checked. Feelings of mind, swelling of feet and desire not to do any work awakens.

Chapter: 05 Discussion & Result

A meeting was organized by Vedanta Cairn Oil & Gas with Dhara Sansthan institute in which MHV And M- RITE were discussed. The discussion was done among all the present members, members of Dhara Sansthan and CEO of CSR. This meeting commenced at 11:00 am on Monday, 1st May 2023 at the Vedanta Cairn office and the way forward plan regarding MHV was discussed. The following points were included in the discussion –

- **Covid 19 Vaccination** - It is mandatory to give covid 19 vaccination to the villagers along with medicine distribution because there are many families or individuals in the villagers who have not applied vaccination. Therefore, M-RITE vaccination has been asked to be done with MHV in the villages so that more information can be collected about vaccination of infants and children up to 2 -3 years of age.
- **Audio Record in Sub- Centre** – If the, MHV stops near the sub- centre, they must record audio talking with the doctor to get information about the facilities provided by the Government in the villages. And what is the reason that leaving the rural health centre, they come to MHV daily to get medicines.
- **Use Google Map** – If the sub - centre is far away, it should be taking its distance from MHV through Google Map. So that the distance of the sub- centre is known.
- **Specific Photo Feedback** – At the time of distribution of medicine, a specific photo should be taken after talking to elderly women and elderly people so that the reason for their coming, what problems they are facing, as well as the claim they are getting from MHV why they come to MHV.? Be aware of them.
- **Field Staff with coordinator photo** – Photo of coordinator with field staff is also necessary because coordinate field, inform people about MHV related things and build good relationship with villagers.
- **M-RITE survey** – Along with the MHV, there should also be a M- RITE survey in the village so that 1 hours' time is given to the MHV so that the M-RITE program can also be held in the village, for which information about vaccination of children can be taken from Nand Ghar and through Asha.
- **Distribution of First aid kit in school** – It is also mandatory to send first aid kits to the children in the school as children fall while playing and the kits provided by the

Government run out due to which they are not available. And they would get infected in children.

- **Repeated Patients name** – If a patient comes to MHV every month and very week to take medicine, then they must take information about their disease and ask them about their problem so that they can be given good treatment.
- **Distance of Sub - Centre, Transportation, Infrastructure, availability (delivery), and overall activities** – Along with the distance of the sub – centre in the village, information about the transportation of medicines coming to the centre is also to be obtained from the Asha or ANM of the sub – centre of the village. Along with the availability of medicine, operation session material, activities of medicine, operation session material, activities from to closing time and presence of all doctors, Asha and ANM, sub – centre infrastructure, so that patients can be informed about medicines. For that you must go to the sub – centre.
- **Gram Panchayat closed Feedback** – Meet the village panchayat and get information about MHV satisfaction from them as gram panchayat has an important role towards the village through which it also takes the feedback of the villagers and informs the MHV. Therefore, according to the convenience of the village, information must be collected from the Gram Panchayat.

Therefore, each problem was discussed in detail in the discussion. In which everyone's solution was also extracted, and advice has also been given to work on them well.

People in very village falling in 84 tehsils of Barmer have major contribution on MHV and other schemes. People depend on eliminating meat and not harming nature through slogans and posters to end disease. There is no harm to animals due to increasing disease, which has positive effects on people. Pradhan Mantri Aawas, and Nand Ghar Yojana is being run by the Government for the education and living of the children in the village. If seen, the health-related scheme has not reached the village by the Government, people are not even aware of it, due to which various disease are born. The MHV does its job very well to help the villagers cope with the disease. But the villagers pay less attention to their cleanliness, for which there is a need to make the villagers aware of cleanliness.

Hence, interaction with people proves that quality of mobile healthcare services activities has positive results from the side of MHV. To reach its results, it is essential for rural communities to carefully understand all aspects of MHV. It takes back the feedback in the second week of the month from the same patients who are getting the benefits for their body. Also, who are helping to end their illness. Also, it is known from this study that the problem of the villagers seems to be increasing as the increasing diseases according to the season are posing a challenge to the people. Apart from a variety of diseases, the villagers also suffer from seasonal diseases caused by dirt, skin allergies, malaria, dengue and heat stroke during rains and extreme heat.

Admittedly, the Barmer Tehsil area located in Rajasthan is sandy, but people should take care of their own hygiene related health. So that they can adopt new methods to defend themselves. For which it is mandatory to inform the MHV teams about all these along with the daily OPD time and awareness camps, so that the villagers can understand them as their roles and responsibilities and adopt these methods daily.

Conclusion & Suggestion:

It is concluded from the MHV that the quality of mobile health care services should provide better services to the people as the villagers come and take the medicine. And or is not limited to this. It is not mandatory for ANMs to gather people to make people aware because the villagers of each village know on which day MHV comes and goes after giving medicine. Therefore, all types of medicine are available to the villagers. Due to which they reduce their health-related diseases. But it is necessary for them to understand about cleanliness as well.

Hence MHV should record video or voice of patients during OPD along with quality of mobile health services. So that the villagers can get an idea of the quality of medicines provided by MHV. Along with this, not only patients and women should participate, and women should participate in the awareness camp, other people present around should also be included in this, so that they do include in this, so that they too can get information about how to avoid this disease. It is mandatory for all the team members to be present while giving any kind of information or awareness because having an approach for all or attracts the villagers so that the villagers can listen and understand things carefully.

References:

1. Barmer District Population, Caste, Religion data Rajasthan – census 2011.
2. Barmer District, 11 May 2023, at 16:46