

Quality of Mobile Healthcare Services in Rural Area Under MHV Program

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Quality of Mobile Healthcare Services in Rural Area under MHV (Mobile Health Program)

All kinds of services provided by the MHV program and making people aware of diseases and reducing villages can be called the quality of mobile healthcare in the rural area.

Mobile Health Van

The Mobile Health Van are required with a Mobile Lab Kit and EGC facility and free medicine. The team consists of qualified Doctors, Nurse, Pharmacists, social worker, lab technician and a driver. Equipped with the Mobile Biochemistry lab and EGC Machine, the van offers complete primary medical care of the communities.



Objective

To provide affordable healthcare services and impart education through screening & diagnostic, free health camps in an around the area in a way that will have a great impact on people's lives.

Vision

To operate 1000 Mobile Health Vans an provide free primary healthcare to 25 million Indians in rural India.

Mission

To win the hearts of the rural community through professional healthcare delivery.

Role of MHV

- ☐ 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.

Responsibility of MHV

- ☐ 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.
- ☐ To aware the villagers to avoid diseases and to organize free health camps for the villagers.
- ☐ Counselling of school children and telling girls about sanitation & hygiene and getting health related activities done.
- ☐ Taking feedback from the community for the convenient medicine for the villagers are getting from MHV.

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

Research Question

- ☐ 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.?
- ☐ Mobile healthcare medicines are effective or not.?
- ☐ What are the major challenges for health care system in rural areas.?



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.



Objective of Study

- ☐ To reduce the diseases occurring in the villages and to make the people disease free.
- ☐ To save the income of the patients by providing them free health check - up.
- ☐ 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.

Methodology

Types of Methodology Used in Research in primary Data.

Types of Methods	Purpose
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.

❑ Research in Secondary Data sources are collected from Book, Article, and Published report.

Benefits to the villagers through MHV

- ❑ **Awareness Camp** –Like (Health and Hygiene, Food Safety , Heat Stroke , Dengue, Malaria ,Waterborne disease, and depression etc.)



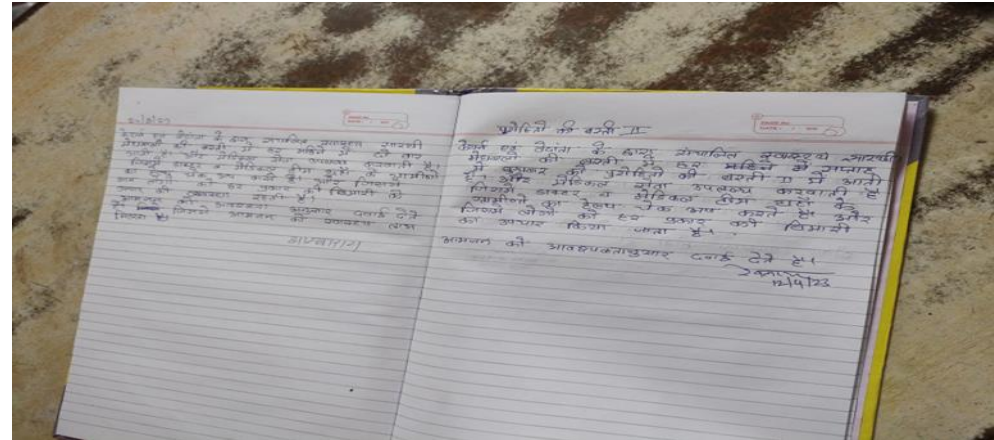
- ❑ **Adolescent Girls Counselling** - Like (Mental Health , Good Touch and Bad Touch , Depression, Menstrual Hygiene, Menstruation and Health and Hygiene etc.)



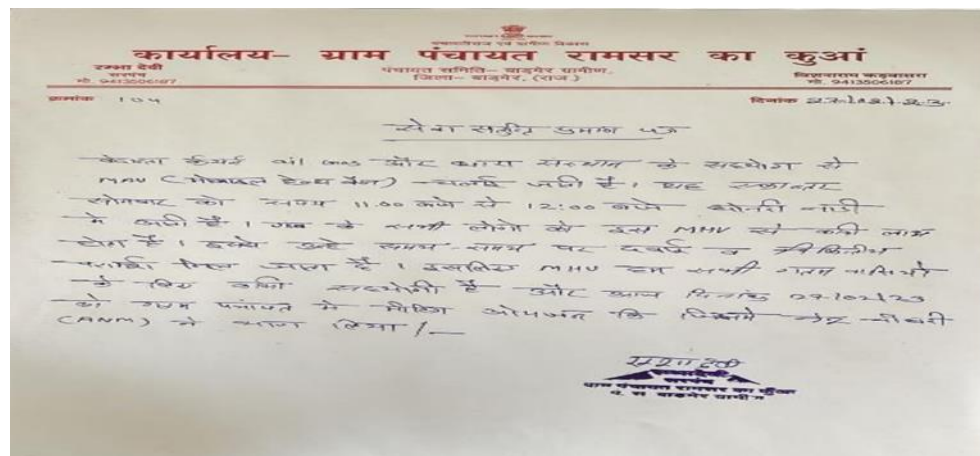
❑ Adolescent Girls Activity – Like (Menstruation, Sanitation & Hygiene, and Mental health)



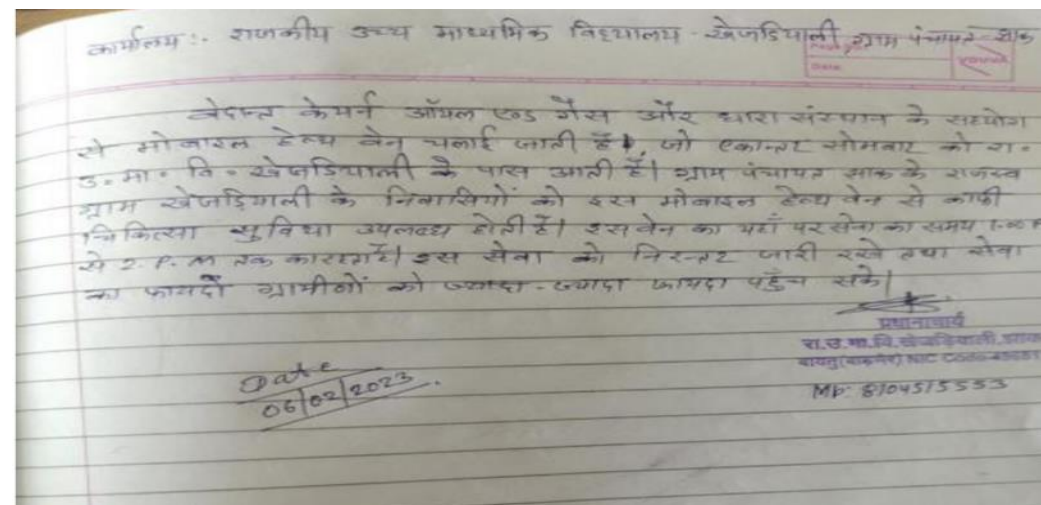
❑ Community Feedback



❑ Panchayat Meetings / Feedback



❑ Stakeholder Meeting / Feedback



❑ Home Visit



❑ Case Studies

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MOBILE HEALTH VAN PROGRAMME
OPD Card

Registration No. 444 Male/Female Registration Date 1/4/6
Name of Patient 27/10/14 Father/Husband Name 3/1/14
Age 58 Name of Village 1/2/14

Brief History
Inguinal
old operated hernia
Case history 2
m-B- 8769558413

Chief Complaint
UAF

Investigations
B.P.
H.B.
Ht.
Wt.
Referred to

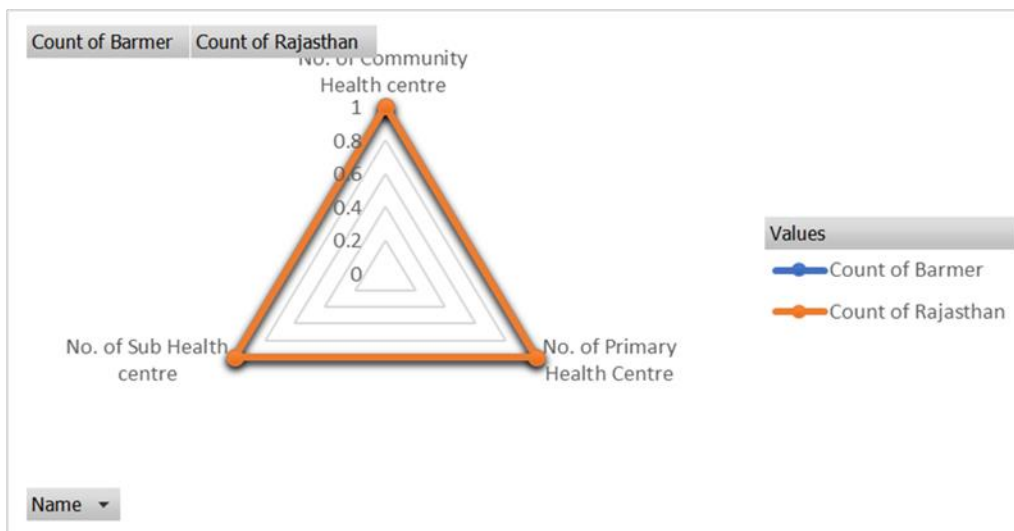


Key Findings

Health Status

Table1: 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



Rural Health Sanitation

❑ Disease and their MHV services

Figure 1: General OPD Register of MHV

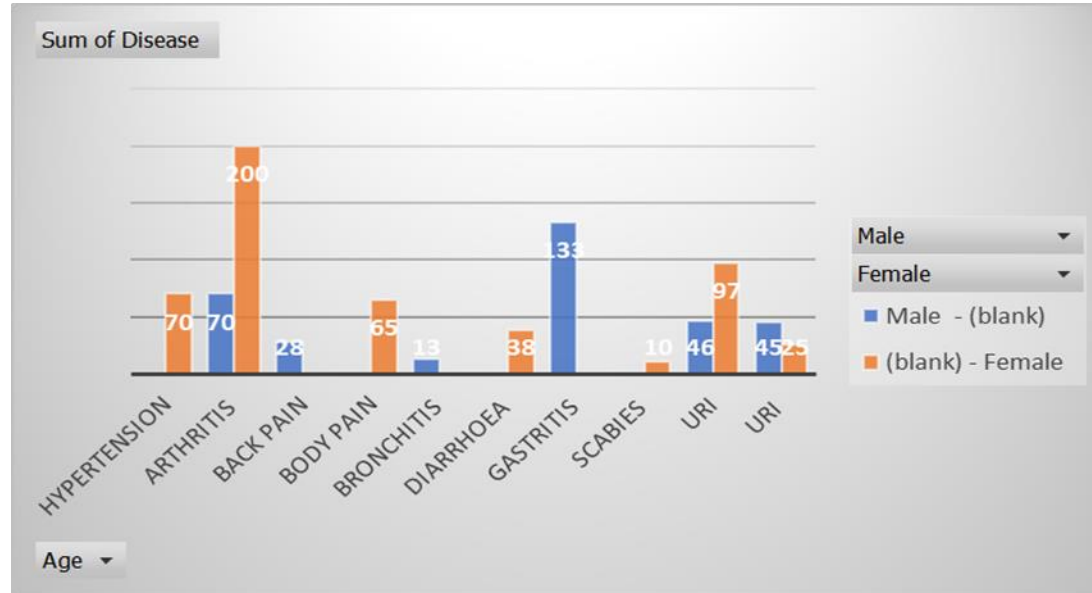


Figure 2: OPD Register of Male and Female

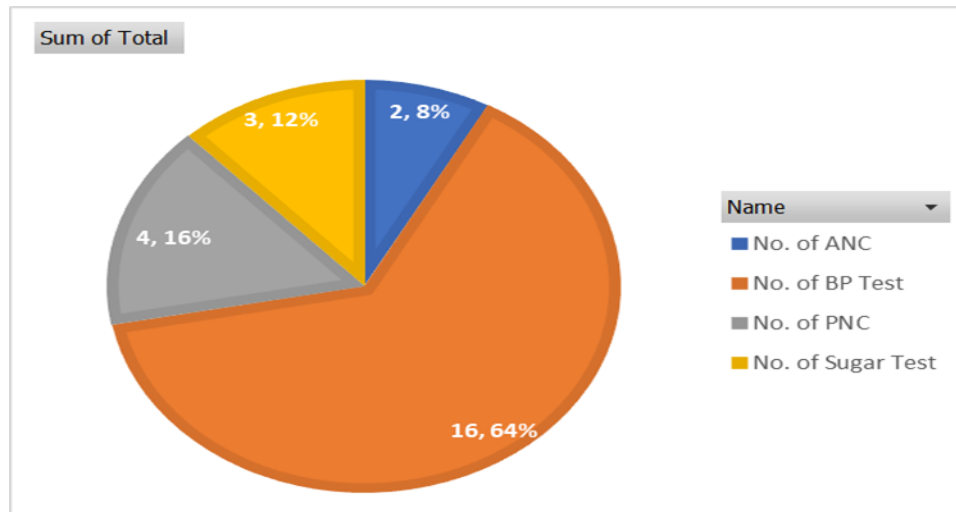
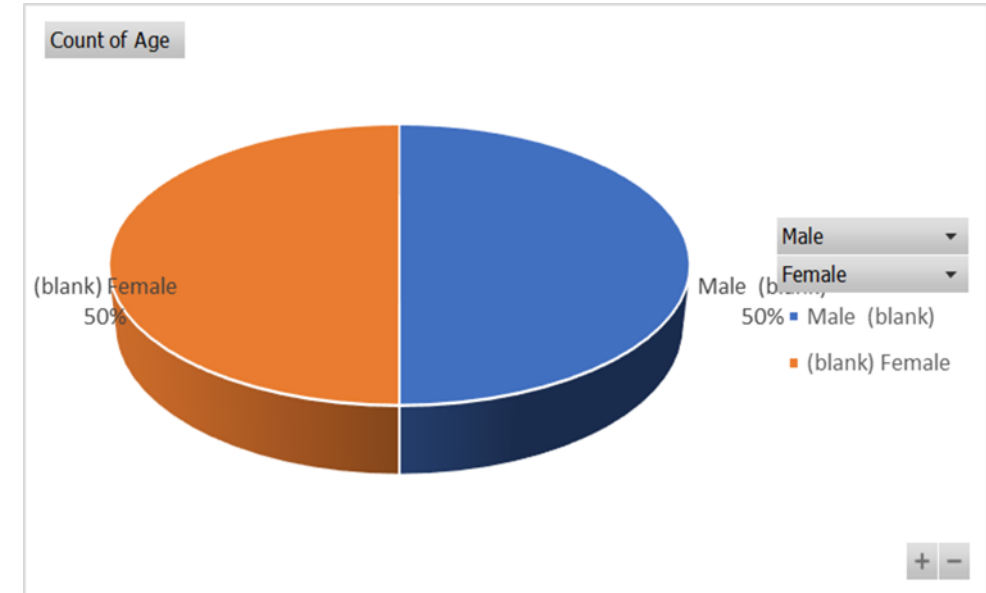


Figure 3: Report of ANC, PNC, BP, and Sugar

Discussion

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. The following points were included in the discussion –

- ☐ Covid 19 Vaccination
- ☐ Audio Record in Sub- Centre
- ☐ Use Google Map
- ☐ Field Staff with coordinator photo
- ☐ Specific Photo Feedback
- ☐ M-RITE survey
- ☐ Distribution of First aid kit in school
- ☐ Repeated Patients name
- ☐ Distance of Sub - Centre, Transportation, Infrastructure, availability (delivery), and overall activities
- ☐ Gram Panchayat closed Feedback

Conclusion

The study conclude that :

1. The services of Mobile Health vans for providing basic health care services like health checkup, providing health care services, free medicines to the remote villages is highly effective.
2. In addition to free health care services, drug distribution, the MHV team also ask questions about the diseases suffered by the village patients and the effects of taking the medicine, so that the health care providers can get information about the effectiveness and acceptance of the treatment provided by the mobile health van to the villagers who live in a remote area of the Barmer district.
3. Project also trained ANM so that they can aware the women and elders people of the villages on their health, health seeking behavior and on cleanliness and hygiene.
4. They also trained adolescence boys and girls on the gender discrimination, gender equality, and also to the girls about good touch and bad touch. So that children can protect themselves. This training is quite effective.
5. The villagers feel that there is a reduction in the diseases occurring in the villages after the intervention of the mobile health van services.
6. Villagers feel that they save the money in getting health care services as project providing them free health check – up and medicine.
7. The field team also creating awareness on the proper use and handling of drinking water and also to use the sanitation facility.

Suggestions

Following are the suggestions to accelerate the program:

1. 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.
2. Women should actively participate in the awareness camp organised by ANM and other field staff of the organisation, so that they too can get information about how to remain healthy, could avoid this disease and what are the services.
3. It should be mandatory for all the field team members of the organisation to be present along with team consists of qualified Doctors, Nurse, Pharmacists, social worker, lab technician in the awareness camp so that the villagers can listen and understand things carefully and there should not be any misinformation given to the villagers and simultaneously the field team could also be trained on public health and health.
4. More and more adolescence girls and boys group should be formed so that they could be trained and oriented on gender discrimination, gender equality, and also to the girls about good touch and bad touch.
5. Training on WASH should also be given at school, hospitals, SHGs and in Aganwadi center.

Thank You .!

