

Study to Assess the Status of Services Provided by TAABAR Mobile Medical Van in Slums of Jaipur

By

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*Dissertation submitted for the partial fulfillment of the
MBA Hospital and Health Management*

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TO WHOMSOEVER MAY CONCERN

This is to certify that Mr. Harshul student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at TAABAR, Jaipur from Feb 8, 2016 to May 7, 2016.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.



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The certificate is awarded to

Mr. Harshul

In recognition of having successfully completed his

internship in the department of

TAABAR Mobile medical van

and has successfully completed his Project on

**A study to assess the status of services being provided by TAABAR mobile medical van
in slums of Jaipur.**

He comes across as a committed, sincere & diligent person who has a

strong drive and zeal for learning.

We wish him all the best for future endeavors.

Ms. Shahina Parveen

(Vice president, TAABAR)

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THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Study to assess the status of services provided by TAABAR mobile medical van in slums of Jaipur** and submitted by Mr. Harshul Enrollment No. 19-1553 under the supervision of Prof. Dr. Suresh Joshi for award of MBA in Hospital and Health Management of the University carried out during the period from Feb 8, 2016 to Apr 30, 2016 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

A handwritten signature in blue ink, appearing to be "R. Joshi", written over a horizontal line.

Signature

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DISSERTATION

**A study to assess the status of services being provided by
TAABAR Mobile medical van in slums of Jaipur**

1.1 Abstract

The absolute number of slum dwellers is increasing. With increase in absolute number, rises problems related to urbanization i.e. poverty, urban sprawl, unhygienic living conditions, lack of housing, lack of accessible and affordable healthcare. In order to cater the need of accessible and affordable care, various initiatives are carried out. One such initiative is to provide primary healthcare at the door step of the underprivileged population and such kind of work is done by TAABAR mobile medical van.

This study aims to assess the status of services provided by TAABAR mobile medical van in slums of Jaipur. The assessment is done on the basis of services like registration, referrals, follow-ups, free medication, counselling etc. For this study all the six slums were taken into account which is covered by the mobile medical van. In all 120 patients visiting the facility were interviewed, 20 from each place of visit.

As per mobile van's records, total no. of patients visiting the facility in the past four years has shown increase in numbers reaching to more than 22000 patients served in a year. Both old and new cases as well as no. of males and females receiving the services are increasing continuously indicating mobile medical van's growing reach and coverage in slums. According to survey, thirty eight per cent of the patients were newly registered i.e. visiting the facility for the first time and 62% had availed the services before. Among the newly registered patients 67% of them said that they came to know about this facility through awareness campaigning whereas those who were registered previously, 47% of them were informed by awareness campaigning.

There were only 3 cases which were to be referred and they were referred to government setting. When enquired about prescription, nearly 68% of the prescription had no mention about diagnosis/symptoms. The basic disease profile of the patients was displayed through the prescriptions which had diagnosis written in them as well as the symptoms reported by the patients. Most widely reported symptoms were fever, cough & cold, knee pain/joint pain, itching and rashes.

All the patients had received some or the other medicines and were counselled about its administration. Duration of medicines prescribed was not more than 6 to 10 days for any patient indicating treatment is given for acute illnesses. Patients were counselled about preventive measures and messages such as related to nutrition, personal hygiene, physical activities etc.

The results of this study may be used for improving and scaling up of services so as to reach to more number of people and to treat more categories of diseases.

1.2 Introduction

About the organization

TAABAR is a non-governmental organization which was established in 2007 to help and support children in difficult circumstances by providing community based rehabilitation for orphans, runaways, street children, slum children and the misguided youth through its various programs.

- | | |
|--|------------------------------------|
| -Bal basera- Shelter home | -TAABAR school |
| -Restoration- The repatriation programme | -TAABAR mobile clinic |
| -Migrants worker information centre | -Advocacy |
| -Outreach work | -Counseling and vocational project |
| -Educational sponsorship project | |

TAABAR mobile medical clinic in the form of well equipped clinic reaches directly to the underserved and neglected population to support and provide them with counseling, health and medical services. The hazardous and unprotected environment of the slums leads to various health problems such as tuberculosis, asthma, hepatitis, jaundice, malaria, respiratory tract infections etc. This problem is further aggravated by poor delivery and access to health services. Low awareness and literacy levels among slum population also prevent them from finding such services. Since this clinic is mobile, various medical and healthcare services will be provided at the doorstep and at the convenience of the target population. On a daily basis, it goes to one place and give services for two hours. The mobile van consists of two cabins in which one is used for medical examination and counselling purposes and the other cabin for storing and dispensing medicines.

The equipped mobile van is staffed with a doctor, pharmacy assistant, driver/logistician so that healthcare needs of the slum population can be fulfilled. Since van visits 6 location in a week working for six days in a week, so they provide services to 1 location at a day. Six locations are: Railway station, Kagdiwada, Luniyawas (I & II), Jhalana, Khor and Premnagar providing services for two hours i.e. 3 to 5 pm.

Registration is done by the driver/logistician upon arrival and the patient and then the patient is examined by the doctor and handed over the free medicines. Since privacy of

patients is important so one patient is allowed to enter the closed cabin and examined by the doctor. By the time other patients have to stand in queue and wait for their turn to consult the doctor. The mobile clinic provides outpatient services which includes free screening and medication, general check-ups and first aid to patients with minor injuries like small cuts and wounds. Patients who are in need of additional services like diagnostic and specialised treatment are referred to other healthcare facilities.



In above pictures (clockwise direction), Patients visiting the facility, standing in queue for their turn and pharmacy assistant dispensing medicines.

Current scenario

Rate of urbanization in India is at all time high, to an extent that according to census 1901 people residing in urban areas were 11.4% which increased to 28.53% in census 2001 and now has crossed 30% in census 2011 standing at 31.16%. There are many problems and issues related to rapid urbanization which predominantly includes rise in

slum population leaving large portion of the population in unhygienic conditions leading to communicable and non-communicable diseases and the living conditions get even worse with the lack of affordable and accessible primary health care.^[1,2]

Mobile health clinic is an emerging concept which provides healthcare at the doorstep. It provides accessible care which is the need of slum communities thus making it widely accepted. The mobile medical clinic proves to be a promising solution for the families fighting with poverty and lack of healthcare in overcrowded slums. An equipped mobile medical van brings doctor and free medical assistance on a regular basis to various locations within the slum communities.^[5,11]

The TAABAR mobile clinic brings primary medical care providing referrals, free treatment, medication and counseling on personal hygiene. The van works six days in a week going to six different places in Jaipur namely Railway station, Kagdiwada, Luniyawas, Jhalana, Khor, Premnagar covering one place at a day. The van operates for two hours to provide healthcare services free of cost. The patient is first registered and then moves to a cabin in the van where doctor examines the patient. The cabin is separate in order to maintain privacy. The pharmacist then dispenses medicine as per prescription and counsels the patient regarding administration of the drug. The study is descriptive cross sectional study conducted on TAABAR mobile medical van in order to assess the status of services provided by van in slums through face to face interviews with people visiting the facility for treatment. The van works six days a week covering six different slums in a week for providing services two hours per day.

The mobile medical van initiative is into process for several years but there is lack of data to show the status of services hence it was proposed to systematically observe the process and gather data related to status of services rendered by the medical van.

1.3 Literature review

Rapid urbanization is the leading cause of rise in slum population. As per Census 2011, about 31% of people reside in urban areas and is expected to increase to more than 40% by 2030. Problems associated with rapid urbanization include urban sprawl, overcrowding, housing shortage, poverty, unemployment, lack of basic and affordable healthcare services etc.

According to Census 2011, there are 20.68 lacs people living in slums in Rajasthan out of which 3.23 lacs are living in Jaipur. More than 1.32 lacs people living in slums of Jaipur are illiterate. Annual Health Survey 2012-13 indicates that in Jaipur, 5917 people out of every 100,000 population is suffering from acute illnesses whereas 7148 people out of every 100,000 population is having symptoms of chronic illnesses.^[1,2]

A study conducted in ten slum areas of Uttar Pradesh reveals that slum areas show complete absence of basic amenities like safe drinking water, toilet, drainage and garbage disposal system. The disease profile of the slum dwellers shows that various communicable and non-communicable diseases, infectious diseases like respiratory infections, diarrhoea/dysentery, tuberculosis etc. were found to be common health problems.^[6]

There was a study done on “Health status and access to health services in Indian slums” which suggested that there is lack of health facilities in slums specially government health facilities. Another study on “Socio-economic inequality and its effects on healthcare delivery in India: Inequality and healthcare” shows high expenses in private healthcare facilities and inability of slums dwellers to pay for such costly services prevents them from seeking care. The economically and socially under-privileged are unable to access the healthcare due to geographical, social, economic or gender related barriers which holds true for slum dwellers.^[3,4]

Mobile health comes out as an alternative to provide accessible and affordable care to those people who are not able to cater to their need for healthcare due to cost, low awareness and access. However mobile health programs are unable to meet the complex healthcare needs which require comprehensive services to be delivered in fixed-site clinics but their ability to provide primary healthcare is the need of slum dwellers.^[5]

Similar initiatives like TAABAR mobile medical van are operating in different parts of the country with the focus to provide primary healthcare to focused population. An

initiative running in Mumbai slums by AmeriCares India has 4 medical vans working six days a week in slums of Mumbai. Another one functioning in tribal parts of Gujarat by BAPS medical van, treating 14000 patients monthly with the help of six medical vans. Mobile1000 is working on this project with huge scale involving 79 medical vans operating throughout the country focusing on rural population.^[7,8,9]

TAABAR mobile unit's records lack in showing status of all the services provided by it in the slums. Also there is lack of study related to assessment of services provided through such initiatives so this study makes an attempt to assess the status of services provided by a mobile medical van giving primary care in slums.

Mobile clinic is an integral component of healthcare system which can provide healthcare at low cost. They have the potential to bolster fixed local health services in underserved population. The ability to take healthcare services to the location of the patients makes it a unique system of healthcare delivery.

1.4 Research question

What is the status of services being provided by TAABAR mobile clinic in slums of Jaipur, Rajasthan?

1.5 Objective

To assess the status of services provided by TAABAR mobile clinic in slums of Jaipur, Rajasthan.

1.6 Methodology

1.6.1 Study design

This was a Descriptive cross sectional study to assess the status of services provided by TAABAR mobile clinic in slums of Jaipur.

1.6.2 Study location

The study was conducted in six different slums of Jaipur namely Jaipur railway station, Kagdiwada, Luniyawas, Jhalana, Khor, Premnagar.

1.6.3 Study subject

Patients visiting the facility for treatment who are above 18 years of age.

1.6.4 Sampling

All the six places were taken for the study namely: Railway station, Kagdiwada, Luniyawas, Jhalana, Khor, Premnagar. Twenty respondents were interviewed from each place so making a sample size of 120. Patients who were visiting the facility for treatment were selected for the interview.

1.6.5 Data collection

The study was a questionnaire based survey. A semi-structured questionnaire was used as a data collection tool. Study population comprised of people visiting the facility for treatment. Data was also collected from mobile medical unit for past 4 years to look at the kind of patients visiting the facility and the progress in its reach.

1.6.6 Statistical treatment

Data was collected and cross checked for any incomplete or partial filling. Using SPSS version 20 collected data was then edited, coded, tabulated and organized into various frequency distributions.

1.6.7 Ethical considerations

Informed consent was taken before starting the interview. If anyone disagreed to become part of the data collection process they were not forced by any means. Confidentiality was ensured to all participants.

1.7 Results

Table 1: Yearly distribution of patients visiting mobile clinic (2012-2016)

Year	2012-13		2013-14		2014-15		2015-16	
Registration	New	Old	New	Old	New	Old	New	Old
Total No. of patients	3497	3648	5242	3382	7071	6781	11475	11610

This table shows year wise distribution of patients visiting mobile clinic on the basis of their registration. Old cases reported a decrease in the year 2013-14 from the previous year to reach 3382 from 3648 cases and increased thereafter. But new cases were on the rise throughout the four year period.

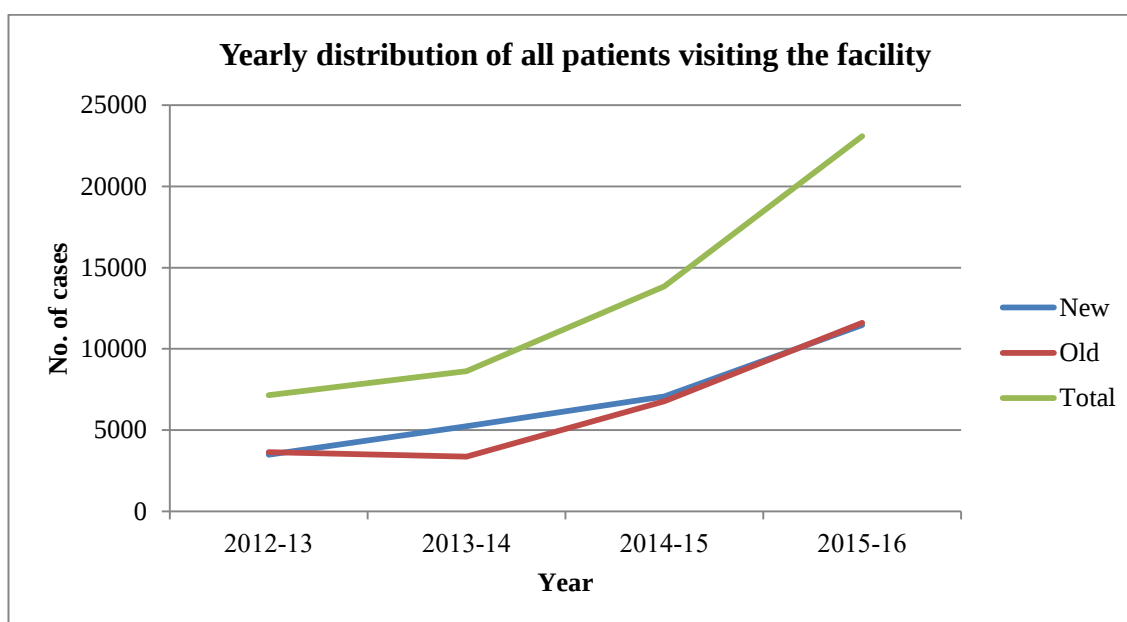


Figure 1: Yearly distribution of no. of cases visiting the facility.

This figure depicts year wise distribution of all the patients visiting the facility. In this figure, old cases have reduced in the year 2012-13 from the previous year but increased thereafter whereas new cases were on the rise throughout the span of four years. Overall total no. of patients visiting the facility are increasing.

Table 2: Yearly distribution of male & female patients visiting mobile clinic (2012-16)

Males			Females	
Year	New	Old	New	Old
2012-13	1810	1725	1687	1923
2013-14	2759	1700	2483	1682
2014-15	4139	3834	2932	2947
2015-16	6066	5978	5409	5632

This table shows yearly distribution of male & female patients visiting the facility. There was marginal decrease in the no. of old cases of male patients in the year 2013-14, it reduced from 1725 to 1700 where decrease was substantial in case of female old cases where it reduced from 1923 to 1682 in the year 2013-14.

Table 3: Yearly distribution of male & female child patients (6-18 years).

Males			Females	
Year	New	Old	New	Old
2012-13	980	1048	936	971
2013-14	1569	1167	1373	1084
2014-15	2469	2126	1575	1986
2015-16	3434	3453	3076	3277

This table shows yearly distribution of male & female child patients for the period 2012-16. For both the new and old cases, patients have increased throughout the period.

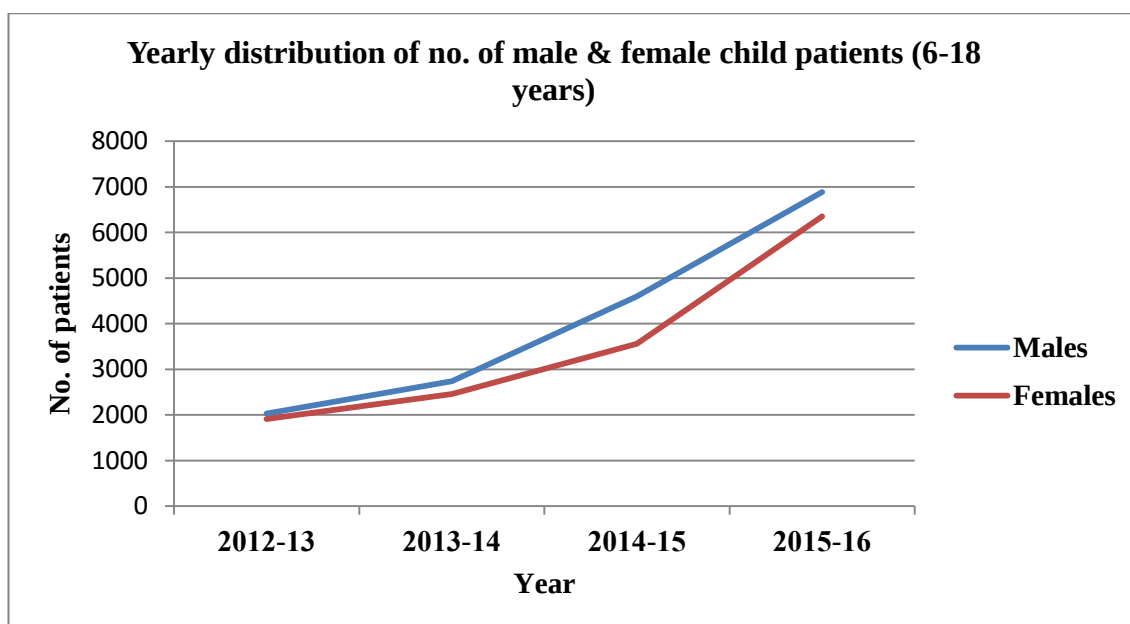


Figure 2: Yearly distribution of no. of male and female child patients (6-18 years) visiting the facility.

This figure shows increase in no. of male & female child patients (6-18 years) over the span of 4 years from 2012-16. However no. of male patients are more than the female patients throughout the period.

Table 4: Yearly distribution of male & female street children (New cases)

	2012-13	2013-14	2014-15	2015-16
Male	167	338	464	407
Female	102	289	243	287

This table shows that total no. new cases of street children (male & female) on a yearly basis. For the year 2015-16 male street children have reduced from 464 to 407 whereas for female street children it reduced in year 2014-15 from 289 to 243.

Table 5: Yearly distribution of male & female street children (Old cases)

	2012-13	2013-14	2014-15	2015-16
Male	202	178	275	382
Female	126	134	200	295

This table shows that total no. old cases of street children (male & female) are increasingly on a yearly basis from 2012-2016.

Table 6: Commonly distributed drugs at mobile clinic

Drug name	Medical condition
Paracetamol tablet	Fever
Diclofenac & paracetamol tablet	Pain
Metrogyl	Gastritis
Norfloxacin	UTI
Cetirizine	Allergy
Ibuprofen	Pain & fever
Cough syrup	Coughing and congestion
Povidine iodine	Antiseptic
Amoxycillin Cephalexin	Antibiotic (Bacterial infections)
Calcium carbonate & Vit. D3	Calcium supplement
Vit. B complex, Vit. E etc.	Multivitamin & minerals supplement
Folic acid tablets	Vitamin supplement
Loperamide & Lactobacillus	Gastroenteritis (Diarrhoea)
Indomethacin	Pain & fever
Bisacodyl	Constipation
Omeprazole, Ranitidine	GERD

These are some commonly distributed medicines at mobile medical van.

Table 7: Demographic characteristics of respondents (N=120)

Characteristic	Frequency	Percentage
<u>Age</u>		
Less than 30 years	6	5
30-60 years	87	72.5
More than 60 years	27	22.5
Mean 51.06 Min 21 Max 82		
<u>Gender</u>		
Male	63	52.5
Female	57	47.5
<u>Educational status</u>		
No schooling	90	75
Primary	19	15.8
Middle	10	8.3
Secondary	1	0.8
Higher secondary	0	0
Graduate & above	0	0

Nearly 73% of respondents belonged to 30-60 years age group and about 23% were above the age of 60 years. Five per cent of the respondents were less than 30 years of age. Fifty two per cent of respondents were males who visited the facility and availed the services whereas 48% were females. Three fourth of the respondents said they have never been to school and nearly 16% claimed to have primary education whereas mere 8% could get secondary level education.

Table 8: Type of registration of patients (N=120)

Type of registration	Frequency	Percentage
New	45	37.5
Old	75	62.5

About 63% of the patients said they had visited this facility before this interview and were already a registered patient where 37% said they were visiting for the first time.

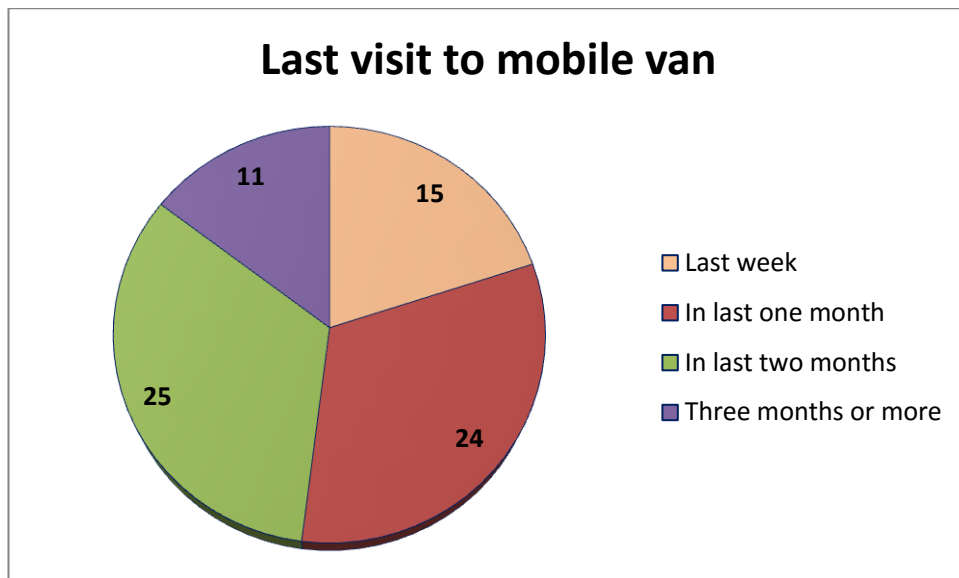


Figure 3: Last visit made to mobile medical van (N=75)

Amongst the patients who visited earlier at the time of interview i.e. previously registered patients (N=75), 36 of them had visited this facility before two months or more, 24 in last one month but not in last week whereas 15 of them had visited last week.

Table 9: No. of patients for follow-up visit (N=15)

Follow-up	Frequency
Follow-up cases	2
Not follow-up cases	13

When enquired whether the patients who visited last week were asked to follow-up this time, only 2 out of 15 were follow-up cases

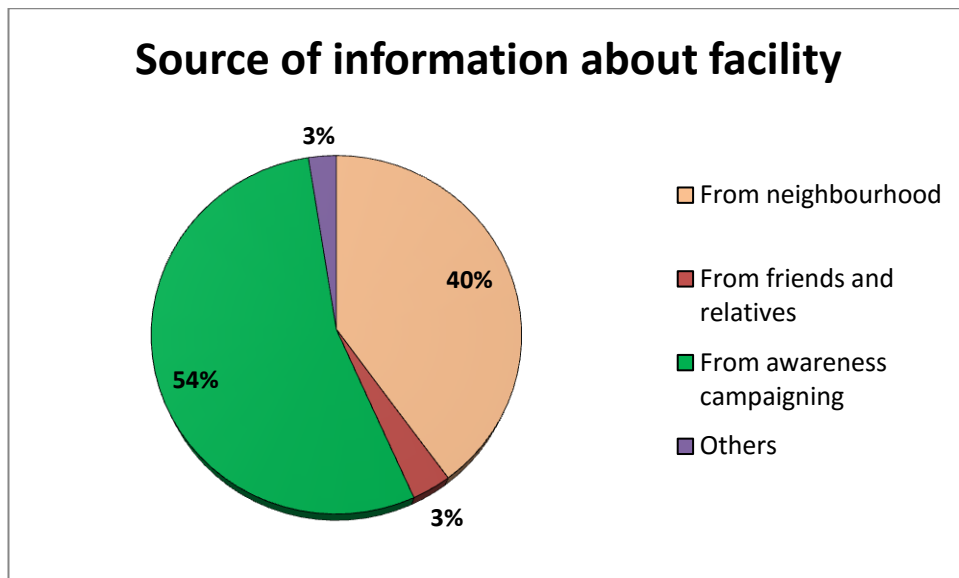


Figure 4: Source of information about facility (N=120)

More than half of the respondents came to know about this facility through awareness campaigning and forty per cent of them through mouth to mouth publicity i.e. through neighbourhood.

Table 10: Source of information about facility according to type of registration.

Source of information	Frequency	Percentage
<u>New registration (N=45)</u>		
From neighbourhood	13	28.9
From friends & relatives	1	2.2
From awareness campaigning	30	66.7
Others	1	2.2
<u>Old registration (N=75)</u>		
From neighbourhood	35	46.7
From friends & relatives	3	4
From awareness campaigning	35	46.7
Others	2	2.7

Amongst the patients who were newly registered (N=45), 67% of them knew about this facility because of awareness campaigning whereas amongst the previously registered patients (N=75), about 47% of them got to know about the facility through awareness campaigning.

Table 11: No. of cases referred and facility for referral.

Referrals	Frequency
Cases referred	3
Treatment provided	117
Referred facility (N=3)	Frequency
Government hospital	3
Private clinic/hospital	0
Others	0

There were only 3 cases which were referred and all these 3 cases were referred to government setting.

Table 12: No. of prescription with diagnosis/symptoms mentioned.

Response	Frequency	Percentage
Diagnosis/symptoms mentioned	39	32.5
No diagnosis/symptoms mentioned	81	67.5

Nearly 68% of prescription had no mention about diagnosis/symptoms.

Table 13: Diagnosis/Symptoms mentioned in prescription

Fever	Cough & cold	Acidity
Pain*	Dermatitis	Injury
Diarrhoea	Weak eye sight	STI
Ulcer	UTI	

(*Pain includes back pain, neck pain, knee pain, joint pain, body ache)

These are the diagnosis/symptoms mentioned in the prescription of the respondents

Table 14: Symptoms/conditions reported by patients visiting the facility.

Gastric problems	Pain	Breathlessness
Burning sensation during urination	Cough & cold	Fever
Itching, teary eyes, blurred vision	Itching in scalp, blackspots	Itching, rashes
Loose motions	Loss in appetite	Skin peeling off
Tooth pain	Vomiting	Vertigo
Mouth ulcer	Nausea	

These are symptoms/conditions reported by all the respondents who visited the facility.

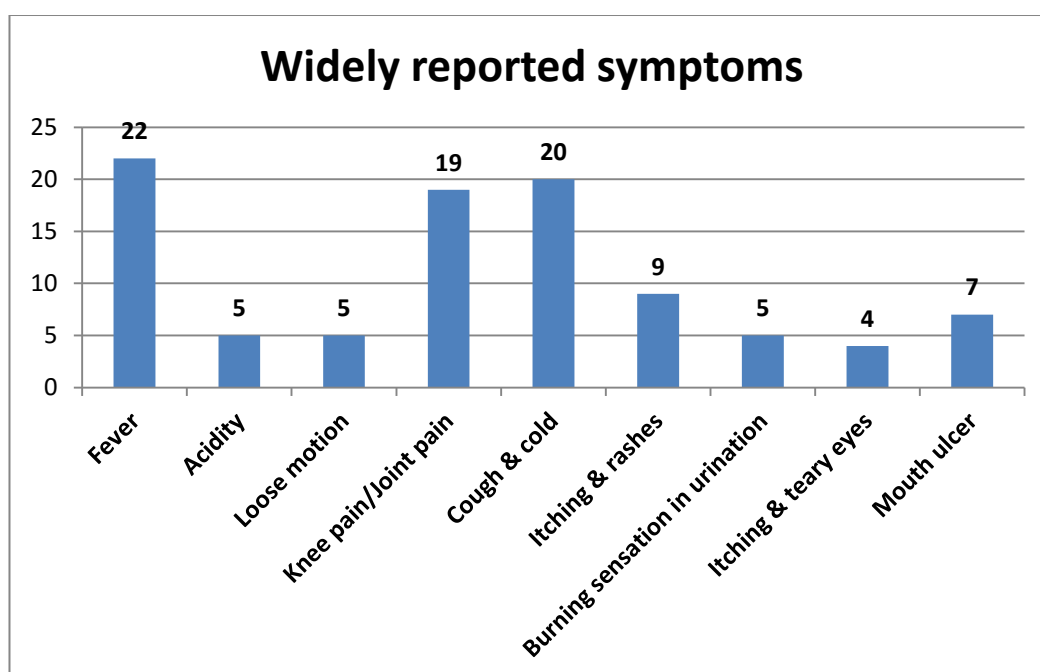


Figure 5: Widely reported symptoms by patients

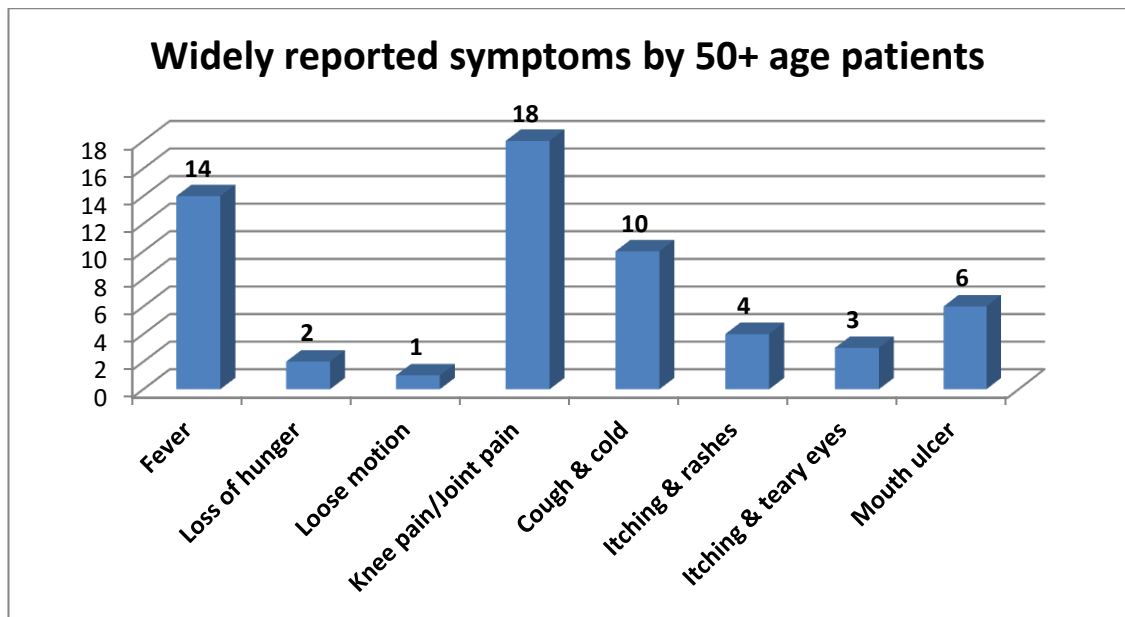


Figure 6: Widely reported symptoms by 50+ age patients (N=67)

The most widely reported symptom among the patient above 50 years of age stands out to be knee pain/pain in joints.

Table 15: No. of patients received any medications and medication received as per prescription.

Response	Frequency
<u>Received any medicine</u>	
Medicines received	118
No medicines received	2
<u>Received all medicines as prescribed</u>	
Received as per prescription	114
Not received as per prescription	4

All the respondents said that they received medicines except two cases which were referred. But when it was asked whether they received all the medicines as prescribed in the prescription, it was found that four of the respondents did not receive complete medicines as per prescription.

Table 16: Reasons for not receiving medicines as prescribed (N=4)

Reasons	Frequency
Medicine not available/stock out	4
Medicine expired	0
Others	0

Reasons for not receiving complete medicine were found out to be stock out of the medicine in the mobile van. The medicine which was stock out was calcium supplement tablets and lactobacillus tablets.

Table 17: Counselling about administration of medicines, No. of patients asked to purchase medicines and follow-up patients.

Counselling about medicines	Frequency
Counselling given	118
No counselling given	0
Purchase medicines	Frequency
Asked to purchase	0
Given free medication	120
Follow-up patients	Frequency
Asked to follow-up	10
Not asked to follow-up	110

Counselling about administration of medicines was given to all the respondents. Here N=118 because two patients were referred. None of the patients were asked to purchase the medicines from local retailers. Ten respondents said that they were asked to visit again next week or follow-up next week.

Table 18: Duration of medicines received (N=118)

Duration	Frequency	Percentage
Less than 3 days	9	7.6
3 to 5 days	78	66.1
6 to 10 days	31	26.3
More than 10 days	0	0

About 66% of the patients received for 3 to 5 days duration and 26% for 6 to 10 days duration.

Table 19: Preventive measure/messages given and type of messages given

Response	Frequency
Message given	15
No message given	105
<u>Type of messages</u>	
Nutrition related	4
Personal hygiene	7
Change in habit	2
Physical activity	3

Only 15 patients were told about preventive measures or were given messages to improve quality of life. Messages or preventive measures which were given were related to nutrition (Eat raw vegetables, fruits etc.), personal hygiene (Wear washed clothes and take bath regularly), and change in habits (stop chewing tobacco) and indulge into physical activity like (Walking and exercise regularly).

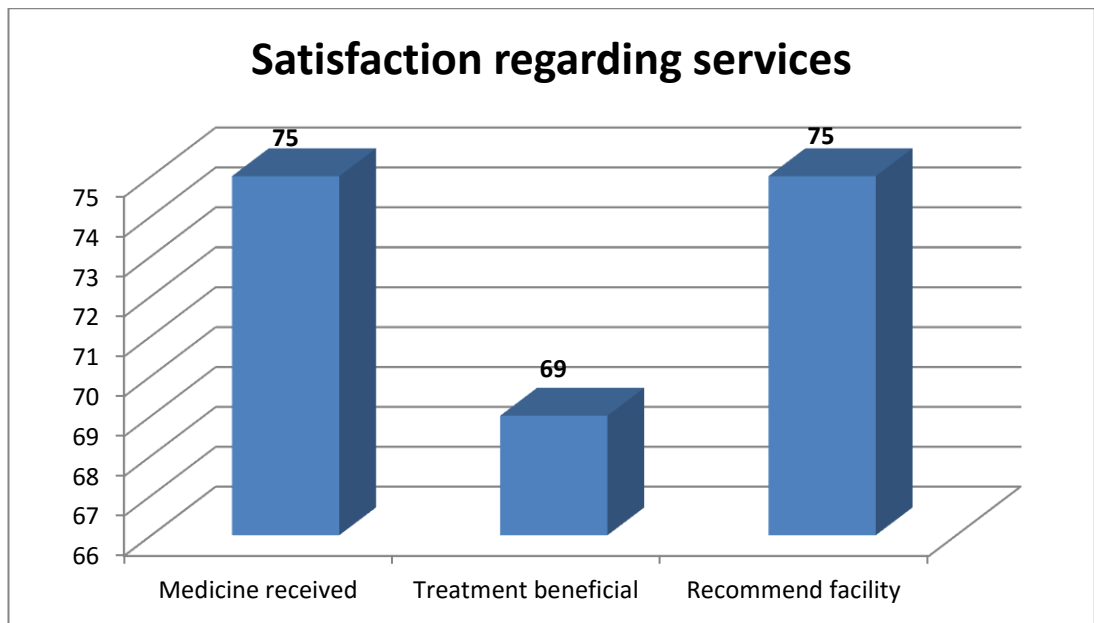


Figure 7: Satisfaction regarding services (N=75)

All of the respondents received medicines in their previous visits and they were willing to recommend about this facility to others in their neighbourhood and relatives. But when asked whether the treatment they received in their last visits was it beneficial to them, six of the respondents didn't find treatment beneficial.

Table 20: No. of patients finding time suitable to visit facility

Time suitable	Frequency
Suitable	120
Not suitable	0

All of the respondents said that timing of the facility to provide the services (3 to 5 pm on the day of visit) was suitable for them to avail the services.

1.8 Discussion

The objective of this study was to assess the status of services provided by the TAABAR medical van in slums of Jaipur. The main focus was to assess the status of services rendered by the mobile medical van which includes referrals, follow-ups, treatment and medicine distributed, spread of information, counselling etc.

According to the mobile van's records, there is continuous increase in no. of patients served by the clinic in the last four years as also depicted in the graphs. Whether it's the new cases or the old ones both are on the rise. As well as proportion of male and female patients visiting the facility are also increasing. Male and female child patients have also increased on yearly basis although proportion of male patients is bit more than female patients. All this data shows growing reach and coverage among the slum community towards the services of the mobile clinic.

The demographic characteristics of the respondents suggest that nearly 73% of them are in 30-60 years age group and 22% are more than 60 years of age. Interestingly five per cent of them are less than 30 years of age. Educational status of the patients reveals poor qualification levels among them. Three fourth of the respondents have never been to school and 16% have got primary education whereas only 8% are educated upto secondary level. Classification of the patients on the basis of gender shows 53% are males and 47% are females.

Patients visiting the facility are not only old ones but new patients who are visiting the facility for the first time are also coming to avail the services showing mobile medical van's growing reach and acceptance among the slum community. Nearly 38% of them are new registrations whereas 62% of them have visited this facility before.

Amongst the old registered patients, 65% of them had visited the facility before two months or more from the day of interview. Fifteen respondents said that they had visited the facility last week as well from the day of interview. Amongst the patients who claimed to have visit the facility last week only two of them were asked to follow-up.

When enquired from where did the patients come to know about the facility, more than half of the respondents said it was awareness campaigning which informed them about the services of mobile medical van whereas 40% were informed through neighbourhood. Interestingly amongst the newly registered patients, 67% of them were

informed through awareness campaigning where amongst the previously registered patients, 47% of them were informed through awareness campaigning.

It was discouraging to find that nearly 68% of prescription had no mention of diagnosis/symptoms, which is useful information about the patient's conditions. Although 32% of prescription which had mentioned diagnosis/symptoms and the symptoms reported by the patients showed basic disease profile of the patients visiting the facility which was mostly dominated by acute illnesses.

Widely reported symptoms by the patients were fever, knee pain/joint pain, cough & cold, mouth ulcer and itching & rashes. Interestingly, knee pain/joint pain turns out to be the most widely reported symptoms among the patients who are above 50 years of age indicating problems due to old age.

Except two cases which were referred all the respondents said that they received medicines. But when it was enquired whether they received all the medicines as prescribed in the prescription, it was found that four of the respondents did not received complete medicines and the reasons for not receiving complete medicine was found out to be stock out of the medicine in the mobile van. The medicine which was stock out was calcium supplement tablets and lactobacillus tablets. Satisfactorily, counselling about the medicines was given to all the patients who received medicines.

Duration of medicines received by the patients along with the basic disease profile of the patients suggests that mobile medical van is catering to people suffering from acute illnesses, about 66% of them received for 3 to 5 days duration and 26% for 6 to 10 days duration.

One of positive impact of this mobile medical van is that it provides treatment and medicines free of cost to the underserved people as this is strengthened by the fact that none of the patients visiting the facility were asked to purchase medicines from local retailers and were distributed medicines free of cost.

Ten respondents said that they were asked to visit again next week or follow-up next week. Only 15 patients were told about preventive measures or were given messages to improve quality of life. Messages or preventive measures which were given were related to nutrition (Eat raw vegetables, fruits etc.), personal hygiene (Wear washed clothes and take bath regularly), change in habits (stop chewing tobacco) and indulge into physical activity like (walking and exercise regularly).

When enquired about the satisfaction of the patients regarding services it was found that all of the respondents received medicines in their previous visits and they were willing to recommend about this facility to others in their neighbourhood and relatives. But when asked whether the treatment they received in their last visits was it beneficial to them, six of the respondents didn't find treatment beneficial. Also it was surprising to find that all of the respondents said that timing of the facility to provide the services (3 to 5 pm on the day of visit) was suitable for them to avail the services.

A study done on "Health status and access to health services in Indian slums" suggested that there is lack of health facilities in slums specially government health facilities. Another study on "Socio-economic inequality and its effects on healthcare delivery in India: Inequality and healthcare" reveals high expenses in private healthcare facilities and inability of slum dwellers to pay or such costly services prevent them from seeking care. The economically and socially underprivileged are unable to access healthcare due to geographical, social, economic or gender related barriers which holds true for slum dwellers. This mobile medical van makes an effort to cater that need.

A study done in slums of Uttar Pradesh revealed that common health problems of slum dwellers involves various infectious, communicable and non-communicable diseases especially respiratory infections and diarrhoea/dysentery. This holds true with this study as it showed common ailments affecting slum dwellers were various infectious and communicable diseases like fever and respiratory diseases like cough and cold and other problems like diarrhoea and skin allergies were in common.

There are similar initiatives like this running in different parts of the country. BAPS mobile medical vans are functioning in tribal parts of Gujarat, claiming to have treated on an average nearly 14000 patients monthly with the help of six medical vans working six days a week. Another initiative in Mumbai run by AmeriCares India claims to have conducted one lakh patient consultations in two years through 4 medical vans operating six days a week in slums of Mumbai by visiting a place once in two weeks. Mobile1000 operates 79 mobile medical vans in different states of the country catering to rural population and claiming to reach 25000 patients per year with one van. If we compare these initiatives with TAABAR mobile medical van, it operates six days a week in six different slums in Jaipur catering to more than 22000 patients in a year and their reach in such community is increasing on yearly basis.

1.9 Conclusion

This study was aimed to assess the status of services provided by TAABAR mobile medical van in slums of Jaipur, Rajasthan. They provide services at six different places, each day in a week is allotted to one place. For this study 20 people who visited this facility were interviewed from each place for the assessment of services like referrals, follow-ups, type of registration, distribution of medicines, duration, diseases treated, counselling etc.

Prescription filling needs improvement as it is required to mention diagnosis or symptoms of the patient in the prescription as thus provides useful information. Also information regarding preventive measures and quality of life needs to be spread which can help in educating the community regarding various diseases. Currently mobile van is catering to acute illnesses but with this setup and acceptance among the community, management of chronic illnesses will not only enhance their patient pool but also will make their reach wide.

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1.10 Limitations

In many prescriptions where diagnosis was not mentioned, basic disease profile of the patients visiting the facility was determined using the symptoms reported by patients thus it is merely an indicative one. Since patients less than 18 years were not included in this study hence findings may not indicate findings of the slum population as a whole.

1.11 References

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2 Annexure

Interview schedule

Informed consent: Namaste. My name is Harshul. I am a student of IIHMR University, currently doing my internship with TAABAR. I am doing a study to assess the status of services being provided by medical van in your area. I will ask you some questions about the services being received by you from this medical van. It will take 10-20 minutes to complete the interview.

I assure you that your responses will be kept confidential and will not be shared with anyone.

You can take part in this interview as per your own will. If you don't want to answer any question then you can tell me so that I can skip to next question. If you wish you can stop the interview at any point of time.

Do you have any question to what I just explained?

May I begin the interview now?

2.1 Questionnaire

Name:

Age:

Sex:

Place:

Q. No.	Question	Response
1	What is your educational status?	No schooling..... 0 Primary..... 1 Middle..... 2 Secondary..... 3 Higher secondary..... 4 Graduate & above..... 5
2	Are you visiting this facility for the first time? (If yes then skip to Q5)	No..... 0 Yes..... 1
3	When last did you visit this facility?	Last week..... 0 In last one month..... 1 In last two months..... 2 Three months or more..... 3
4	Were you asked to visit again/follow-up when you visited this facility last week? (Ask this question only when response of Q3 is 0)	No..... 0 Yes..... 1
5	From where did you come to know about this facility?	From neighbourhood..... 1 From friends and relatives..... 2 From awareness campaigning. 3 Others..... 9 Mention _____ _____
6	Are you asked to visit some other healthcare setting?	No..... 0 Yes..... 1

	(If No then skip to Q9)	
7	To which healthcare setting you have been referred?	Government hospital..... 2 Private clinic/hospital..... 1 Others..... 9 Mention_____
8	For which disease/symptoms you have been referred? (Write down the disease or symptoms in response)	
9	Does your prescription mentions diagnosis/symptoms/conditions you are suffering from? (Read the prescription to note down the response) (If No then skip to Q11)	No..... 0 Yes..... 1
10	What is/are the diagnosis/symptoms/conditions mentioned in your prescription? (Read the prescription to note down the response)	
11	What is/are the symptoms/conditions you are currently suffering from?	
12	Have you received any medicines? (If No then skip to Q18)	No..... 0 Yes..... 1
13	Have you received all the medicines as prescribed? (If Yes then skip to Q16)	No..... 0 Yes..... 1
14	What are the reasons for not receiving all the medicines prescribed?	Medicine not available/stock out 1 Medicine expired 2 Others_____ 9 Mention_____
15	What type of medicines you haven't received?	

	(Write name of the drug in response)	
16	Were you explained how to administer these medicines?	No..... 0 Yes..... 1
17	For how many days you have received medicines?	Less than 3 days 1 3 to 5 days 2 6 to 10 days 3 More than 10 days 4
18	Are you asked to purchase medicines from local retailers? (If No then skip to Q20)	No..... 0 Yes..... 1
19	What type of medicines are you asked to purchase? (Write name of the drug in response)	
20	Are you asked to visit/follow-up next week?	No..... 0 Yes..... 1
21	Are you told about any preventive measures or any message being given to you? (If No then skip to Q23)	No..... 0 Yes..... 1
22	What preventive measures or messages are told to you?	
(Ask Q23 to Q25 when response of Q2 is No)		
23	In your last visit did you received medicines?	No..... 0 Yes..... 1
24	Did you find treatment provided to you in your last visit beneficial to you?	No..... 0 Yes..... 1
25	Will you recommend about this facility to your friends/relatives/neighbourhood etc.?	No..... 0 Yes..... 1
26	The mobile medical van comes once in a week from 3 to 5 pm. Is this time suitable for you to visit this facility?	No..... 0 Yes..... 1