Study to assess the status of services provided by TAABAR mobile medical van in slums of Jaipur

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Introduction

- Increase in absolute number of slum dwellers, leading to problems related to urbanization.
- Lack of accessible & affordable care.
- TAABAR mobile medical van – An initiative to provide affordable care at the doorstep.
- Provides service at six identified slums in Jaipur: Railway station, Kagdiwada, Luniyawas, Jhalana, Khor, Premnagar.
- Working six days a week, visiting one place per day for two hours.
- Services include registration, referrals, follow-ups, free medication, counselling etc.

Rationale

- Mobile van records show data pertaining to no. of patients visited the facility classification based on categories of gender, registration & age (two groups).

- Lack of information related to services like referrals, follow-ups, source of information about the facility, free medication, counselling etc.

- Lack of studies on status of services of mobile medical van, although similar initiatives running in different parts of the country.

  - AmeriCares runs 4 vans in Mumbai slums.
  - BAPS medical van runs 6 vans in tribal parts of Gujarat.
  - Mobile1000 runs 79 vans in different parts of county focusing on rural population.

Research question

Q. What is the status of services provided by TAABAR mobile medical van in slums of Jaipur?

Objective

- To assess the status of services provided by TAABAR mobile medical van in slums of Jaipur.

Methodology

- **Study type**: Descriptive cross sectional study
- **Study period**: Duration of 3 months (Feb to April 2016)
- **Study location**: Six slums in Jaipur namely Railway station, Kagdiwada, Luniyawas, Jhalana, Khor, Premnagar.
- **Study subject**: Patients visiting the facility who are above 18 years of age.
- **Sample**: 120, 20 from each place of visit.
- **Data collection**: Personal interviews with the help of semi structured questionnaire and mobile van records.

Results & findings

Yearly distribution of patients visiting mobile clinic (2012-16)

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

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

Demographic characteristics of the patients visiting the facility (N=120)

Characteristic	Frequency	Percentage
Age		
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		
Gender		
Male	63	52.5
Female	57	47.5
Educational status		
No schooling	90	75
Primary	19	15.8
Middle	10	8.3
Secondary	1	0.8
Higher secondary	0	0
Graduate & above	0	0

Type of registration of patients (N=120)

Type of registration	Frequency	Percentage
New	45	37.5
Old	75	62.5

Source of information about the facility according to type of registration

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

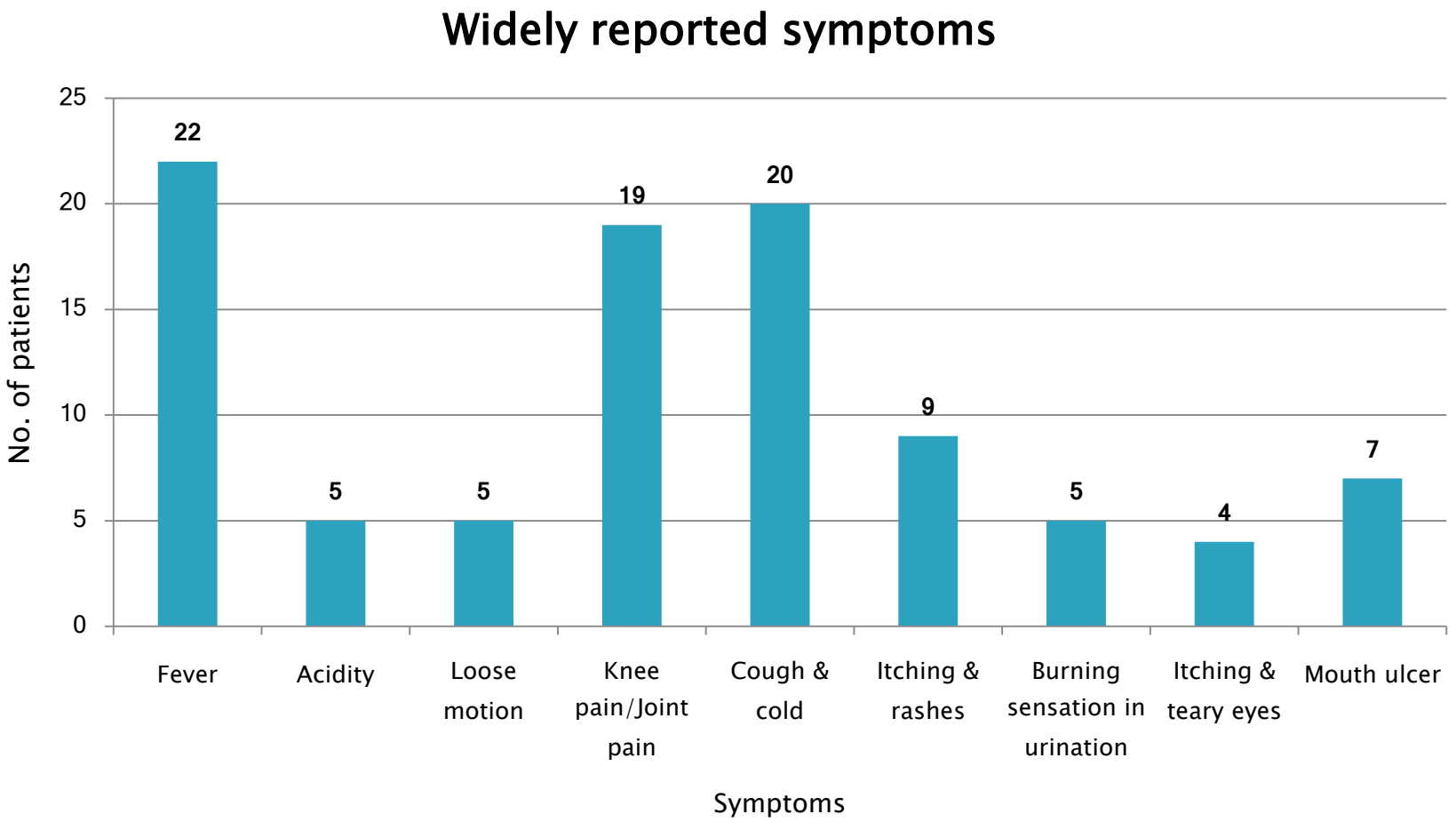
No. of cases referred and facility for referral

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

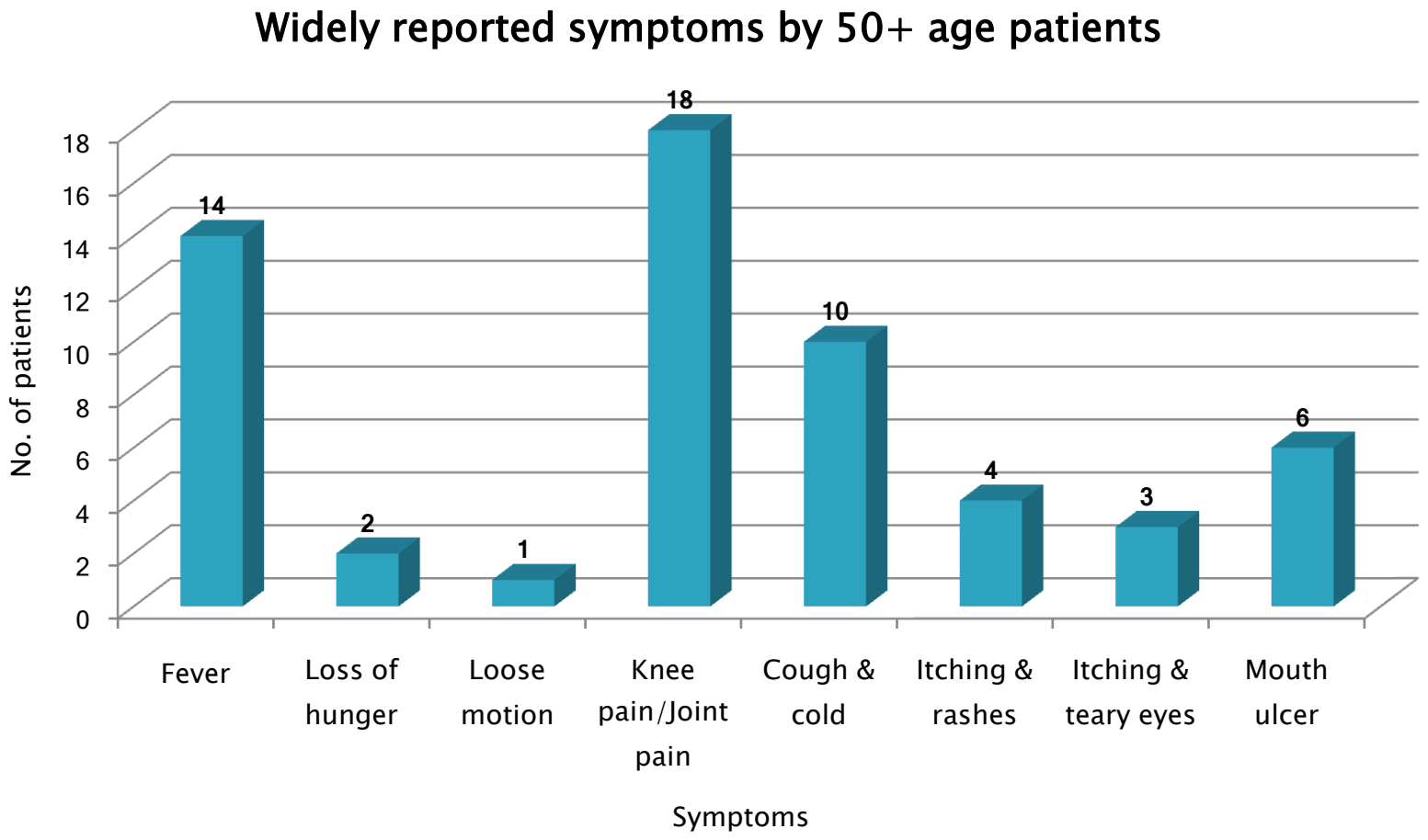
No. of prescription with diagnosis/symptoms mentioned

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

Some of the widely reported symptoms by patients visiting the facility (N=120)



Some of the widely reported symptoms by 50+ age patients visiting the facility (N=67)



No. of follow-up patients for next visit (N=120)

Follow-up patients	Frequency
Asked to follow-up	10
Not asked to follow-up	110

No. of patients who received preventive measures/messages 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

Suggestions

- Prescription filling with diagnosis/symptoms provides important information. Hence needs improvement.
- Preventive measures/messages increases awareness regarding prevention of disease and thus needs to be scaled up.

Limitations

- Majority prescriptions had no mention of diagnosis/symptoms thus basic disease profile is merely an indicative one.
- Children less than 18 years were not involved as information provided by them would not be reliable hence disease profile does not indicates profile of the slum population as a whole.

Thank you