BDRCL:: CSR Project on Mobile Heath Unit

Providing Primary Health Care Through
Mobile Health Services

in Vagra Taluka of Bharuch District, Gujarat

By Deepak Foundation

1.0.Background

It is reported that Deepak Foundation had conducted a need assessment survey in the villages of Vagra taluka of Bharuch district sometime back. The specific objective of the needs assessment was to identify vulnerable communities and design intervention strategies for their development. The assessment included both quantitative and qualitative research approaches such as household survey, focus group discussions, key informant interviews and resource mapping to acquire information on the availability of health and education facilities and livelihood opportunities for the communities belonging to lower economic strata. A few potential areas where CSR inputs could fill identified gaps were identified.

Under the first Project being discussed here, the Foundation proposes to implement provision of a Mobile Health Unit (MHU) as one of the intervention strategies, in an effort to provide door step healthcare delivery to the remote tribal communities residing in the 25 villages of Vagra taluka.

1.1. Rationale

MHUs are known to increase equity and access of health services by supporting the existing health system through provision of doorstep health services. MHUs not only look after the curative and referral aspects but also render behavioural changes and awareness to promote healthy life styles by:

- Supporting existing healthcare programmes
- Improving access to essential health services
- Providing a link for referral services
- Community health education and health promotion
- Identification and referral of severe acute malnourished children (SAM)

According to the needs assessment survey, communities reported following challenges in access to healthcare:

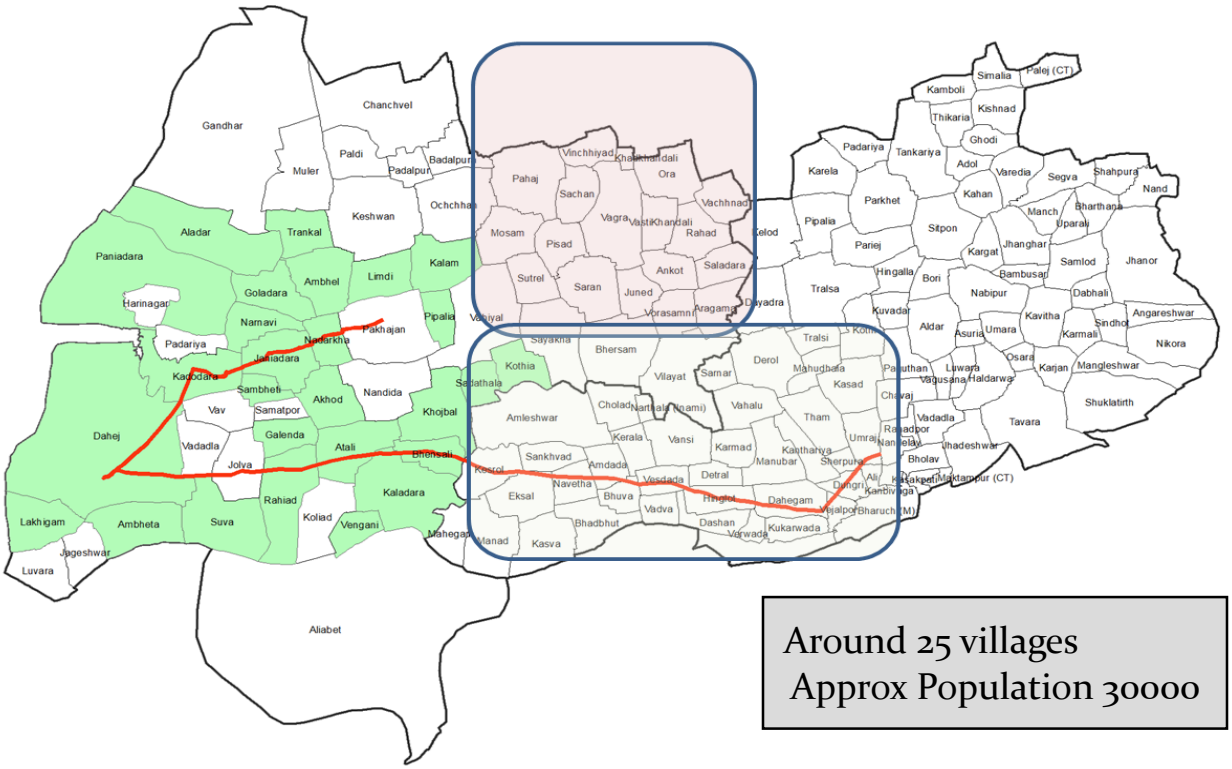
- Cost of seeking health care services are exorbitantly high in catchment area
- Inaccessible health facilities due to unavailability of transportation

- Inadequate health services at government facilities
- Lack of coordination for addressing malnutrition among children at community level

1.2. Goals and Objectives

- To reduce the out-of-pocket expenses on treatment by more than 2/3rd
- To reach out to at least 50% of the households in the catchment through mobile health services
- To ensure that 80% of those needing referral are linked to tertiary care facilities
- To ensure that 60% of the target population are aware of correct basic preventive health care practices

1.3. Intervention Area



1.4. Target Population

The MHU intends to serve around 30,000 under-served beneficiaries annually from the selected 25 villages.

2.0.Implementation Plan

2.1.Types of Services

The types of services rendered through MHUs are:

- *Curative Services*
  - Treatment of minor ailments and first aid
  - Referral of complicated cases
  - Early detection of infectious and non-communicable diseases

- *Reproductive and Child Health Services*
  - Ante-natal and Post-natal checkup
  - Immunization clinics/camps in coordination with government set-up such as PHCs and Sub-centres
  - Health checkups for school children attending schools, Balwadi and Anganwadi
  - Treatment of common childhood illnesses such as diarrhoea, ARI, pneumonia and other illnesses
  - Referral of SAM children to Nutrition Rehabilitation Centre
  - Adolescent care including lifestyle education, counselling, treatment for anaemia and other minor ailments

- *Family Planning Services*
  - Counselling on spacing and permanent methods
  - Distribution of oral and emergency contraceptives

- *Awareness Creation and Counselling services*
  - Awareness on healthy lifestyle, chronic illnesses, personal hygiene, nutrition, prevention of infectious and sexually transmitted illness, and gender based violence through IEC materials, activities, street play etc
  - Counselling on reproductive health, adolescent health, nutrition, family planning and gender based violence
  - Conduct bi-annual health camps

2.2.Execution Plan

Site	*Demography*	*Schedule*	*Activities*
25 villages	• Low Economic Group • Under served area • Tribal population	Fortnightly one visit	• Conduct OPD • Counselling sessions • ANC clinics • Basic diagnostic test • Distribution of medicines • Follow up of patients with chronic disorders • Referral of SAM children

I. Coverage

- The MHU will cover two-three villages everyday
- The monthly route plan of the MHU and changes (if any) will be informed well in advance to the local communities and functionaries like Accredited Social Health Activists (ASHAs)/ Anganwadi Workers (AWWs). This plan will be revisited every three months depending on emerging needs.
- The vehicle will be operational 24 days in a month for at least 8 hours per day from 9:00 AM – 5:00 PM.

II. Awareness & Screening through Health camps

- Each month, one specialized clinic/camp will be conducted which will mobilise specialists like Gynaecologists, Paediatricians, Skin specialists and other health specialists based on emerging needs
- Camps will be organized to conduct health check-up of school children and children attending anganwadi centres. Health cards will be provided to the parents of the children to track their health status and promote their engagement in care of children
- Specialized services will be provided to children identified with severe malnutrition in consultation with local Anganwadi Centres (AWCs) and Auxiliary Nurse and Midwives (ANMs).
- Awareness generation campaigns will be conducted on selected themes/topics using variety of tools and methods like street plays, folk theatre shows etc

III. Networks with Health Facilities:

- A list of all medical facilities (government and qualified private practitioners) at the block level to the district level will be prepared.
- Initial visits will be made to all the health facilities that are willing to receive cases that are referred through the MHU. The emergency cases will be referred to only those facilities that are willing to receive the cases.
- The telephone numbers of all health facilities, ASHAs, AWWs, private service providers will be available in the vehicle and the telephone directory will be updated periodically.

IV. Training:

- All project staff associated with the project will be imparted training by experts from time to time. The training would focus on basic first aid, sharing experiences, some dos and don'ts, biomedical waste disposal, effective communication, basic life saving techniques.

2.3.Monitoring and Evaluation Plan

2.3.1. Management Information Systems (MIS)

- Computerized MIS will be maintained to track the utilization of MHU services (Annexure-2).
- Monthly Progress Reports (MPR) will be compiled with following key outcome indicators
  - Total patients served
  - Gender wise and village wise categorization of OPD cases and Counselling beneficiaries
  - Types of illnesses diagnosed
  - Treatment provided
  - Number of specialized health camps and awareness sessions conducted
- Quarterly review meetings will be conducted to monitor the progress, acquire community feedback and assess the impact of services on the overall well-being of the community
- The MPR will be sent in a standard format along with a summary, a narrative report with photographs

2.4.Expected Outcomes

- Around 15,000 patients getting benefits of the OPD services annually
- Around 6,000 people getting counselling and health education services
- Around 2,000 beneficiaries getting laboratory services
- Awareness among 60% population on basic preventive health care practices

2.4.1. Impact Assessment

The impact of the MHU will be assessed based on the key outcome indicators such as:

Outcome Indicators	Baseline values	Short term	Mid-term Impact	Long term Impact
Out of pocket expenditure on health	Average out of pocket expenditure towards OPD: Rs. 800 per episode of illness	Decrease in out of pocket expenditure towards OPD services		
Seeking treatment at government health facilities	Sub District hospital: OPD:-2000 IPD:- 150-190			Increase in the utilization of government health care services
Disease Load	Prevalence of NCD: Prevalence of severely malnourished children:		Early detection of NCD Early detection of severely malnourished children	Reduction in disease load in the catchment area more specifically NCDs Reduction in the number of severely malnourished children

The impact will be assessed by conducting a sample survey after every six months measuring the progress and impact of MHU in terms of the outcome indicators and monitor the overall functions of the team through feedbacks from community and stakeholders.

3.0.Human Resource

The staff located at Vadodara head quarter will provide technical inputs and capacity building of the team engaged in the intervention area in Vagra Taluka.

3.1.Role of Project Coordinator

- All administrative and operational issues of Mobile Health Unit as well as overall management and coordination
- Planning, organizing/ arranging any training, orientations or any other related activities.
- Preparing the daily OPD plan for the month and sharing it with communities and team
- Advance planning and arrangements for specialized health camps, and health awareness campaigns.
- Coordination with other NGOs, local leaders and government functionaries
- Preparing monthly CMIS Report and presentations.

3.2.Role of Medical Officer

- Responsible for overall clinical activities of the unit
- Conduct field based OPDs and health camps as per plan and provide necessary medication/referral
- Undertake home visit in case of complications or as per need
- Refer complicated cases and conduct follow up of the referred cases.
- Ensure daily hand over of case papers for data entry

3.3.Role of Nurse

- Hand out medicine to patients as per instructions of the doctor.
- Maintain daily records of all cases handled
- Prepare case papers of each patient to be seen by the doctor
- Maintain daily medicine outward and inward register
- Check the medicines on a daily basis before and after every field work
- Undertake immunization of beneficiaries as per need and in coordination with government health staff

3.4.Role of Counsellor

- To mobilize communities to attend field OPDs and health camps
- To coordinate with local community gatekeepers/health functionaries regarding field plan of the unit
- To undertake interpersonal counselling of patients as indicated by doctor

- To plan and conduct BCC sessions on health and nutrition as per plan and instructions from coordinator
- To undertake home visits for severely malnourished children and severely anaemic women for counselling

3.5.Role of Driver

- Check the vehicle on a daily basis and maintain proper cleanliness
- Fill up the log book on a daily basis
- Report to Project Coordinator about any vehicle related problems without any delay
- Assist the MHU staff members as and when required
- Handle the medicines, equipment and any other assets in the vehicle with care

4.0.Financial Details

Sr no	**Component**	**Unit**	**Cost per Month/unit (Rs.)**	**Total (Rs.)**	**% of Total project cost**
A	**RECURRING COST**				
1	Staff salary	For 4 person	84000	1008000	
2	Medicines and Reagents	Lump sum	20000	240000	
3	POL & Maintenance of Vehicle	Lump sum	13000	156000	
4	IEC/Communication /Campaigns	Lump sum	4500	54000	
5	MIS & Documentation	1	12000	144000	
	Sub-total programme cost (1 to 6)			**1,602,000**	
7	Admin cost (5%) stationery, communication, rentals, electricity charges			80,100	

	Sub-total programme cost (1 to 7)			**1,682,100**	
8	Management overhead @ 8%			134,568	
	Total of Recurring Cost			**1,816,668**	
B	**NON RECURRING COST**				
	Mobile Phone	1	8000	8000	
	Med. Equipment set	1	30000	30000	
	Computer & Printer	1	50000	50000	
	Mobile Van Rent	1	7000	84000	
	Total of Non Recurring Cost			**172,000**	
	Total Project Cost			**1,988,668**	
Sr no	**Component**	**Unit**	**Rate**	**Monthly**	**Yearly**
	Staff Salary				
1	Doctor	1	50000	50000	600000
2	Counsellor	1	12000	12000	144000
3	Nurse	1	14000	14000	168000
4	Driver	1	8000	8000	96000
	Total			84000	1008000

5.0.Annexure I

Annexure-1: Organization Details

Sr.	Indicators	Details	
1.	Name of Organization	Deepak Foundation	
2.	Type of Organization	Public Trust	
3.	Year and Place of Incorporation	1982, Baroda	
4.	Name of principal negotiator/ proprietor/ main signatory	Ms. Archana Joshi, Director	
5.	PAN	AAATD1264B	
6.	Address for correspondence including: Phone/ Fax/ Email	Nijanand Premises, Adjoining L&T Knowledge City, On NH-8, Vadodara-390019 Phone: (0265) 6562101/02/03/04/05/06 Email:deepakfoundation@deepakfoundation.org	
7.	Experience of similar studies undertaken	Annexure 1	
8.	Main areas of expertise (thematic/ sector-wise)	• Public Health • Livelihood • Preschool Education • Training and Capacity Building	
9.	Current capabilities	Total Manpower	202
		Network of Offices	**Maharashtra:** Pune, Taloja, Roha **Gujarat:** Districts: Vadodara, Chhota Udepur, Bharuch,

			Narmada, Sabarkantha, Anand, Amreli, Rajkot **Telangana:** Hyderabad New Delhi
		Highly qualified professionals	
		Available IT infrastructure	
10.	Testimonials and Certificates	• An ISO 9001-2008 certified organization & accredited by "Credibility Alliance". • Empanelled for 'Public Health Research' and as 'Training Site for ASHA and Community Processes program' under National Health Systems Resource Center, Ministry of Health and Family Welfare, Government of India • Empanelled with National CSR Hub at TISS, an initiative of the Central Public Sector Enterprise (CPSE) under Ministry of Heavy Industries and Public Enterprises, GoI [IA Hub Code : A000011]. • Registered under NGO Partnership System of Planning Commission [Registration No. GJ/2009/0008944]	

Annexure-II: Experience of conducting similar project

Sr. #	Title	Key Objectives	Location	Year	Partners / Users
1	Mobile Health Unit at Savli	Improve health care service accessibility and awareness on key health and nutrition issues	Savli Block, district Vadodara, Gujarat	2015	FAG Schaeffler
2	Mobile Health Unit at Dahej	Strengthen preventive-promotive and curative health services	Vagra block, district Bharuch, Gujarat	2014	Deepak Nitrite Ltd, Vadodara, Gujarat
3	Mobile Health Unit in Vadodara city slums	Address key issues of accessibility by taking basic health care facilities through mobile clinic and reference to poor people at urban slum site	Urban slums of Vadodara district, Gujarat	2014	Vadodara Mahanagar Sewa Sedan (VMSS) & Larsen & Turbo (L&T Power) Vadodara, Gujarat
5	Mobile Medical Unit, Waghodia		Waghodia Block, district Vadodara, Gujarat	2013	Larsen & Turbo (L&T Power) Vadodara, Gujarat
9	Mobile Medical Unit, Kawant	Improve the health of people in difficult areas as well as to bring the qualitative and quantitative improvement in providing basic health services in remote and scattered areas	Kawant block, district Chhota Udepur, Gujarat	2012	Dept. of Health & Family Welfare, Govt. of Gujarat & Deepak Group of Companies