DISSERTATION REPORT

ON

"To assess the functionality of medical mobile unit in providing health care facilities to elderly people."

Submitted By

DR SHUBHAM DHANKAR

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In Fulfillment of the Requirement for the Degree of

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Certificate from Dissertation Advisory Committee

This is to certify that Dr.Shubham Dhankar, a graduate student of the Post- Graduate Diploma in Health and Hospital Management has worked under our guidance and supervision He is submitting this Dissertation titled "To assess the functionality of medical mobile unit in providing health care facilities to elderly people." in partial fulfilment of the requirements for the award of the Post- Graduate Diploma in Health and Hospital Management.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been Reproduced from any other dissertation, monograph, report or book.

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Certificate of Approval

The following dissertation titled "To assess the functionality of medical mobile units in providing healthcare facilities to elderly people" is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post-Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation

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rtificate of Internship Completion

te: 19 march, 2012

WHOM IT MAY CONCERN

is is to certify that Dr. Shubham Dhankar has successfully completed her 3 months internship in Organization from December 19, 2011 to March 19, 2012. During this intern he has worked on ious projects going on in different hospitals like Lifeaid Hospital, Aarvy Hospital, Kalyani pital under the guidance of me and my team at INDIAN HEALTH CONSULTANTS wish him good luck for his future assignments.

nature)

(Name)

Designation

ABSTRACT

To conduct the study, the various resettlement colonies of Delhi were chosen as the target communities.

The main aim of the study was to know the various aspects of the MEDICAL MOBILE UNIT including its functionality and importance in providing primary health care services to elderly population (above 55 years of age) from the chosen communities.

The focus of the study was to look for the quality of health in terms of physical, mental and social well being attended by the elderly people. The study also focuses on the benefits gained in terms of money, time and energy by the elderly beneficiaries, those availing primary health care services from the MEDICAL MOBILE UNIT.

In order to conduct this study, a thorough assessment of MEDICAL MOBILE UNIT was done by visiting the ten different sites and meeting the elderly beneficiaries of each site. The visit was accompanied with the staff of MEDICAL MOBILE UNIT (including doctor, pharmacist, social worker and driver) present for the distribution of medicines and various other health care services.

The current definition of the term ‘assessment’ can be discussed as:

"Assessment is the process by which the characteristics and needs of clients, groups or situations are evaluated or determined so that they can be addressed. The assessment forms the basis of a plan for services or action."

Observation, questionnaire and direct interview were the tools used to collect the valuable information from the various communities required for the assessment.

In the study the sample size of 100 beneficiaries from ten different resettlement colonies of Delhi were selected through random sampling procedure. The MEDICAL MOBILE UNIT visits these all ten different resettlement colonies or sites on the fixed day every week. Theses elderly beneficiaries were the regular

visitors and avail the services from the MEDICAL MOBILE UNIT on the regular basis. No new elderly or beneficiary availing the services less than six months were selected in the sample.

It was observed that on each site more than twenty beneficiaries avail the services from MEDICAL MOBILE UNIT every week. The collected data was analyzed using the statistical package for social sciences (spss) software as the tool for analysis.

The data analysis revealed the following findings about various aspects of the health care services provided by MEDICAL MOBILE UNIT to its elderly beneficiaries.

In this study 40percent were male participants and 60percent were female participants. Most of the elderly beneficiaries were taking the elders pension of rupees 1000 per month provided from the government. This was their only source of income. 96percent of the beneficiaries were availing the services for more than one year. 80percent of the beneficiaries avail the services on every visit (i.e. every week) of MEDICAL MOBILE UNIT. 53percent beneficiaries feel that their level of communication with doctor was satisfactory. 47percent beneficiaries said that they have to wait only for 10-15 minutes to consult the doctor and 42percent beneficiaries said that they have to wait for 10-15 minutes to take the medicines from the pharmacist. 78percent beneficiaries said that after taking medicines from MEDICAL MOBILE UNIT, their monthly expenditure has largely reduced, as medicines were available at minimal cost. 68percent beneficiaries were very much satisfied with the type of information provided by the doctor related to the disease of the beneficiaries. 74percent of the beneficiaries were very much satisfied with the type of information provided by the pharmacist regarding the dosage of the medicines. 65percentof the beneficiaries take medicines related to all types of their illness only from MEDICAL MOBILE UNIT. 78percent beneficiaries feel improvement in their physical well being after availing services from MEDICAL MOBILE UNIT. 66percent of the beneficiaries said that MEDICAL MOBILE UNIT is very beneficial for elderly population as the services are available at their doorstep. 71percent of the beneficiaries suggested few changes in the MEDICAL

MOBILE UNIT to make it more effective and efficient in terms of providing services.

Some recommendations and limitations about the improvement of the services of the MEDICAL MOBILE UNIT were also highlighted which were observed at the time of the study.

LIST OF CONTENTS

PART ONE

INTERNSHIP

ORGANIZATION`S PROFILE

About Us

Indian Health Consultants (IHC) is the group of professionals with in depth knowledge of the healthcare industry.

The team members at IHC have been instrumental and the pillar behind the successful establishment of two of the major hospitals in Gurgaon viz. Artemis Health Institute & Paras Hospital. In both the hospitals, Mr. Kuldeep Chaudhary, along with the team, played the key role as Head of Sales & Marketing Department. Apart from the team has a rich experience in the fields of diagnostics, health insurance & research based projects.

Today IHC with the pool of professionals with expertise knowledge in their respective fields is attracting the best talent from the field of Healthcare and are growing by leaps and bounds due to their cost effective and long lasting health care solutions.

Our Vision

Our Vision is to make our clients businesses profitable, to provide them sustainable, cost effective and easy to implement solutions. We intend to be the most favored partners for healthcare providers across the globe.

Our Mission

Our mission is to create an organization where each employee feels satisfied, works in the area of their choice and takes responsibilities which they relish, decide how much they want to earn and how much time they want to work. The idea is to create a platform where there are no bosses and no employees just a group of talented professionals having the same vision as of the organization.

Our Strengths

- Expert Knowledge
- A Combined Experience of Over 50 Years
- Cost Effective
- Long Lasting Solutions
- Result Oriented Strategy Formulation & Implementation

OUR TEAM

Kuldeep Chaudhary

CEO

An MBA in marketing and advertising, Mr Chaudhary started his career as an officer in the Income Tax department before joining Life Insurance Corporation as Assistant Administrative Officer. He worked in the IT industry for 3 years before joining Healthcare in the year 1999. Till 2006, he was associated with Suraj Diagnostics & Research Centre and joined Paras Hospital, a 250 bedded tertiary care hospital as Head – Sales & Marketing in 2006. In a brief period of 2 years he was credited with the success of the hospital in reaching cent per cent occupancy. He joined Artemis Health Institute as Head-Sales & Marketing in 2008 and led the hospital to profitability in just one year. In August 2009 he was promoted as Head-Strategy at the same institute, a position which he occupied till the advent of IHC. He has spent the last 11 years in the healthcare industry and has the experience of all the facets of healthcare.

Dr. (Maj) Rahul Prashad

Consultant – Online solutions

Dr. (Maj) Rahul Prashad did MBBS from Maulana Azad Medical College, Delhi before joining Indian Army. After completing his tenure of 5 years at the Army Medical Corps he pursued MBA (Marketing) from MDI, Gurgaon. He has the exhaustive experience of working in the Marketing Department of Artemis Health Institute, Gurgaon taking care of the complete spectrum of Healthcare marketing. Dr Prashad specializes in Corporate Marketing and is now a Consultant with Indian Health Consultants taking care of key healthcare & corporate accounts.

Anurag Srivastava

Consultant – Brand & Communication

Mr. Anurag Srivastava has a long and distinguished career in the field of Direct Marketing, Brand Development & Management, Advertising, Event Management and CRM. He has a long experience of working in Healthcare industry with big healthcare players like Fortis, Artemis Health Institute, Gurgaon, Diwan Chand Agarwal, New Delhi. He has to his credit the launch of First PET CT for cancer imaging in Private Sector in Northern India, leading the project for the same. A postgraduate in Business Management from Asia Pacific Institute of Management, Mr. Srivastava handles the Branding, Online & Direct Marketing Segment along with media planning and buying at Indian Health Consultants in his capacity as Consultant-Brand & Communication.

SERVICES OFFERED

Sales, Marketing & PR

Almost all the functions of the department of marketing such as tariff lists, empanelment with various Insurance companies, TPA's, Governmental organizations, Public Sector Undertakings, rate negotiations, organizing activities such as camps, CME's, talks, presence in the media, referral associations, tie-ups with other healthcare facilities, international patients facilitation & complete management, web based publicity etc. We also undertake the collection of money due from the various empanelled organizations. We recruit, train and manage the marketing teams on behalf of our clients. The marketing budget is spent in co-relation to the results accruing to the client.

Medical Tourism

IHC has a large base of facilitators who provide us patients from different countries. The choice of doctor / hospital and the cost of treatment is communicated by us to the partners and the entire facilitation of the patient ranging from assistance in travel documents, travel arrangements, pick-up from the airport, local travel, currency exchange, stay arrangements outside the hospital, special food requirements, interpreter services etc are taken care by us. We manage the complete international patient desk of the hospitals and facilitate the patients inside and outside the hospital.

Operations, Quality & Accreditation

CGHS has already mandated that all the hospitals empanelled for the treatment of their beneficiaries are required to get NABH & NABL accreditations before the end of this year. Similarly in order to get the international patients in good numbers a hospital has to get JCI accreditation.

We provide complete solution for these accreditations. We provide solutions for getting various statutory approvals & licenses for the hospitals. We assist the clients in identifying and implementing the right kind of IT solutions both in terms of hardware and software. We help in making a good Annual Plan with industry benchmarking. We also assist our clients in setting and measuring the various quality parameters in the deliverance of healthcare and implement standard operating procedures in the processes of supply chain management, vendor selection, price negotiations with suppliers thereby bringing the costs down and improving operational margins.

HR, Finance & Project Management

We provide help in procuring funds from the banks, financial institutions and also assist in getting equity based funding. We understand that in the long run, it is the Doctor that helps in establishing the brand in the market and hence it becomes imperative for any hospital to have good doctors in place. We provide quality manpower in the fields of medicine, nursing, para-medical and other functions. We provide consultancy in getting professional courses like the DNB and arranging training for employees both medical & non-medical. We assist in tie ups with various sources of manpower supply such as medical schools, nursing colleges and para-medical institutions.

We conduct market research for setting up new projects and offer assistance in defining the product, selection of equipments and the level of investments.

Health Insurance

We offer solutions in the field of Health Insurance both for individual and corporate clients. Our solutions are not only limited to the selling of health insurance policies but we cater to the needs of our clients for advising them about the right doctors & hospitals for various ailments, provide facilitation at the various hospitals for getting cashless hospitalization and ensuring that they get the right treatment at the right place. Our deep knowledge of the healthcare industry gives us the strength to get the best for our clients.

Online Marketing

We have an array of online solutions to suit our clients. Ranging from creation of websites to web based promotions and Social Media Optimisation through various stories, blogs and discussions, the options available are galore. The deep insight on how internet can be utilized to maximum advantage enables us to carry out the task perfectly.

During my internship, I was engaged in general management. I did the following activities during my internship.

- Orientation/Training for 15 days.
- Visiting our clients and understanding their business.
- Meeting with all the clients and understanding their requirements.
- Content writing for the website merainsurance.in, lifeaid medical centre – lifeaid.in manthanindia.net, ivfindia.net, jsiindia.in, gurgaoncardiology.com, kalyanihospital.com.
- Assisted in organizing a series of CME`s for Modern Diagnostics And Research Centre at Narnaul, Faridabad, Bhiwadi, Gurgaon, Rohtak and Rewari.
- Assisted in organizing CME for Aarvy Hospital at Gurgaon and Dharuhera.
- Facilitated a lot of international patients coming from Nigeria, Uganda & United states of America.
- Did SEO & SMO for our clients using Facebook,Twitter and other social networking sites.
- Tie up with insurance companies & tpa`s for our clients.
- Assisted in branding, both internal & external for our clients.
- Worked in the following segments of Healthcare Marketing – Physician Referral, Direct, International and Corporate
- Independently organized the inauguration of Lifeaid Medical Centre.
- Co-ordinated the treatment of International patients from replying their queries to complete facilitation like visa request, currency change, airport pick up, guest house booking, appointment with doctor, diagnostic testing and then finalizing the line of treatment in terms of selection of the doctor, hospital and cost of treatment.
- In my role as Associate Editor for online health magazine www.healthinindia.net I wrote 4 articles – Lifeaid Medical Centre as Hospital of the month, Migration of Doctors Leaves the patients in Lurch, Latest CT

Machine a Boon for Stone patients in Gurgaon and Top End Diagnostic Centres Eye International Patients

Summary – While most of the Fresh Healthcare Management Graduates work in one single department during this period and have limited learning, I was fortunate to get exposure to virtually all the areas of Healthcare which has prepared me for a wider role in my career.

REFLECTIVE LEARNING

- Understood the basics of Gurgaon and Indian healthcare.
- Understood the basics of SEO and SMO.
- Understood the Importance of contents in websites.
- Learned how to organize Cme`s and how to manage disasters occurring during cme`s.
- Learned the procedure of tpa and insurance companies empanelments.
- Learned the importance of branding in Healthcare industry.
- Got the practical knowledge of healthcare marketing.
- Learned to write articles in magazines.

PART TWO

DISSERTATION

CHAPTER 1

INTRODUCTION

Old age also referred to as **senior citizens** and the **elderly.** One of the most important consequences of fertility control and of improvements in the expectation of life at birth of the populations all over the World, is the 'Aging of the Population' characterized by the relatively rapid increase of the aged population i.e. the population aged 60 years and above. Old people have limited regenerative abilities and are more prone to disease, syndromes, and sickness than adults are.

The medical study of the aging process is gerontology, and the study of diseases that afflict the elderly is geriatrics.

There is often a general physical decline, and people become less active. Old age can cause, amongst other things:

- Wrinkle and liver spots on the skin
- Change of hair colour to gray or white
- Hair loss
- Lessened hearing
- Diminished eyesight
- Slower reaction times and agility
- Reduced ability to think clearly
- Difficulty recalling memories
- Greater susceptibility to bone diseases such as osteoarthritis.

China and India have the largest absolute number of elderly in the world with 130 million and 58.2 million people aged over 65 in 2010 respectively.

In our country of 90 million (current estimate) older persons, 33% live below the poverty line, 90% are from the unorganized sector with no social security, and 73% are illiterate & dependent on physical labor.

There are many elderly problems related to healthcare, some of these problems are as follow:

•The elderly in India suffer a double-whammy effect — the combined burden of infectious and lifestyle related diseases,

•There is little doubt that the care of the elderly must remain vested within the family unit,

•The organisation and delivery of elder health care must be approached with enthusiasm, altruism and generosity.

Health problems are supposed to be the major concern of a society as older people are more prone to suffer from ill health than younger age groups. It is often claimed that ageing is accompanied by multiple illnesses and physical ailments. Besides physical illnesses, the aged are more likely to be victims of poor mental health

Accessing healthcare and hospitals is one of the major problems faced by the elderly. Despite the availability of free healthcare, the elderly often find it difficult to get to the hospital because of limited mobility and lack of support systems. A scheme to provide medical care to the elderly at the doorstep, started by the government has thus emerged as a major relief to many who are either confined to their homes or who do not have anybody to take them to the hospital. The name of the scheme or programme known as "MEDICAL MOBILE UNIT".

The medical mobile unit service in some areas not only provides basic health care, but is also delving into new initiative such as providing disability aids, shelter assistance, yoga, specialized home visits, and provision of psychological therapy among others.

The study is being conducted in few of the resettlement colonies of Delhi, where the elderly people either have less or no medical facilities at all. The focus of the study is to know about the benefits achieved by these elderly beneficiaries through the services provided by the medical mobile unit in terms of physical,

mental and social health. The study also focuses on the monetary benefits gained by the poor elderly group of the target communities.

Emphasizes that health promotion activities, disease prevention throughout the life course and equal access of older persons to health care and services are the cornerstone of healthy ageing. It recommends measures to provide universal and equal access to community-based primary health care and to establish community health programmes for older persons.

The process of rapid population ageing poses tremendous challenges to the provision of health care and social services and demands on such services may intensify as the number and proportions of older persons in populations continue to increase. The global disease profile is shifting from infectious to non-communicable and chronic diseases such as heart disease, stroke and cancer, many of which can be prevented or delayed through strategies that include health promotion and disease prevention. Chronic diseases require ongoing monitoring in order to minimize the development of associated disabilities and negative effects on the quality of life. Chronic care is often more effectively provided in a community-based rather institutional setting.

Generally, older persons prefer to age in their own homes, within their communities or familiar environments. While some older persons continue to enjoy relatively good health and are active contributors to their communities and families, many older persons require special attention and support in order to maintain health. The proximity, accessibility, cost effectiveness and user-friendliness of community-based primary health care services are therefore of vital significance to the health and well-being of older persons and their families.

Community-based primary health care is generally the first point of contact with formal health services and is often complemented by social care. Health care provided at the community level should also include a range of health promotion and disease prevention activities. They may have inadequate resources and little emphasis on health promotion, prevention, systematic screening and referrals -- all of which are essential for maintaining health of ageing populations.

CHAPTER 2

REVIEW OF LITERATURE

ELDERLY HEALTH

Ageing is the accumulation of changes in an organism or object over time. Ageing in humans refers to a multidimensional process of physical, psychological, and social change. Some dimensions of ageing grow and expand over time, while others decline. Reaction time, for example, may slow with age, while knowledge of world events and wisdom may expand. Research shows that even late in life, potential exists for physical, mental, and social growth and development. Ageing is an important part of all human societies reflecting the biological changes that occur, but also reflecting cultural and societal conventions. Roughly, 100,000 people worldwide die each day of age-related causes. Population ageing is the increase in the number and proportion of older people in society. Population ageing has three possible causes: migration, longer life expectancy (decreased death rate), and decreased birth rate, in almost every country.

The Indian aged population is currently the second largest in the world. The absolute number of the over 60 population in India will increase from 76 million in 2001 to 137 million by 2021. Currently, there could be around 100 million ‘senior citizens' in India. A majority of this population will be living in rural areas.

According to the study published in International Journal of Health Services (in year 1998) by David Perkins and Louise Holdsworth, there are certain challenges in health care of past ageing population in both developed and developing countries. These challenges can be counteracted by implementing proper availability and accessibility of effective health care and maintaining social patterns that influence the well-being of older adults. Access to basic primary care including the early detection and management of common conditions like hypertension and diabetes can allow older people to maintain

their health and capacity to live independently. The increase in demand for health care from population ageing is likely to be largely met by economic growth. An integrated continuum of long-term care can support older people to age in place and provide institutional care for those with severe limitation. Several developed countries have established such systems, but a major challenge will be developing integrated long term care in less developed countries.

In NSS survey, it was found that in most hospitals in India there is no special geriatric facility and if there is one, it is prohibitively expensive. Yet, on an average, the elderly occupy 10-15 per cent of hospital beds. The frequent occurrence of illness among the aged calls for regular utilisation of health services provided by private and public sectors as well as charitable institutions.

According to one research conducted on Canadian elderly people above the age of 65 years (in year 2005) by Jenny Ploeg, John Feightner, Brian Hutchison, Christopher Patterson, it was founded that preventive interventions provided through outreached programmes in the community proved to be effective. As there was 17 percent reduction of elder mortality rate, especially those occurring due to chronic illness and 23 percent increased likelihood of continuing to live in the community. It was suggested that these types of programmes should be linked to find out the unrecognized problems of elderly people and to identify those elders who are at increased risk of disease and infections, so that they can be provided with proper health and social support. It was also suggested that these types of outreach community based programmes should be according to the demand and need of the elders residing in these communities.

The research study published in Journal of the American Geriatrics Society (in year 2002) by Russell Robert and Lee Martinez , the researchers surveyed more than 1,100 Medicare elderly beneficiaries. The researchers asked the patients whether they had trouble paying drug costs, whether they cut back on medications as a result. The result of the research showed that Two-thirds of the older adults said they had a hard time paying for their drugs. One in four said they cut back on medications because of cost. Moreover, more than two-thirds said they wanted their providers to ask them whether their drugs were affordable, to consider cost when prescribing medications, and to offer choices.

Findings suggest that many elderly patients want their providers' assistance with managing their drug costs. Therefore, providers should adopt a strategy of initiating such discussions of medication cost with all elderly patients, including offering options and eliciting decisions-making preferences, as a means of improving medication adherence, patient satisfaction and care.

According to one study published in e-journal flonnet (in year 2004) by Asha Krishnakumar which was conducted in India revealed that over 35per cent of the elderly in urban areas and 32 per cent in rural areas live alone.

Indian Council of Medical Research (in year 2002) studies in Chennai, Lucknow, Delhi and Mumbai have revealed that out of the surveyed older population, 52 per cent did not have any income. The studies show that it is the women who suffer most and in greater numbers as they live longer than their spouses. Studies also show that they are abused severely - verbally, psychologically and physically. THE medical problems of the elderly are mainly chronic. Coronary heart disease is the leading cause of death in the elderly. Visual impairment and locomotive disabilities are widely reported. In a recent rural survey by the ICMR, only 20 per cent of those interviewed said they had no major medical problems. Many reported five or six symptoms and were presented with two or three diagnoses. The problems reported related to vision were 65 per cent, related to movement were 36 per cent, related to respiration were 10 per cent, related to skin were 8.5 per cent, related to the central nervous system were 7.4 per cent, related to cardiovascular ailments were 6.3 per cent , related to and hearing 5.8 per cent. According to the ICMR, the special problems of the elderly are best dealt with within a geriatric unit with trained geriatricians and nursing staff, putting special emphasis on early rehabilitation, remedial exercise and occupational and psychiatric therapy. According to the ICMR study, geriatric clinics can be set up successfully at the rural primary health centres with the existing infrastructure. The paramedical staff can be trained to recognise major physical illnesses and find appropriate medical, community or social interventions. The study showed that sleeplessness, vague body pain and backache responded well to intervention by health workers, while other symptoms such as a visual handicap, giddiness and pain in the joints showed marginal improvement. Counselling proved very useful in cases where

lack of family and social integration led to depression, which was the most common problem. Such patients responded well to intervention. Among those living with their families, many reported lack of integration.

MEDICAL MOBILE UNIT

Access to health care and equitable distribution of health services are the fundamental requirements for achieving the Millennium Development Goals and the goals set under the National Rural Health Mission (NRHM) launched by the Government of India in

April 2005. Many areas in the Country, predominantly tribal and hilly areas, even in well-developed States, lack basic health care infrastructure limiting access to health services at present. Over the years, various initiatives have been taken to overcome this difficulty with varied results. Many States/NGOs have successfully tried out operationalizing Mobile Medical Units. Taking health care to the doorsteps is the principle behind this initiative and is intended to reach underserved areas. Under the NRHM, provision of Mobile Medical Unit (MMU) in each District is one of the strategies to improve ASSESS.

Medical mobile unit have been envisaged to provide preventive, promotive and curative health care in inaccessible areas and difficult terrains, which are underserved or unserved areas under usual circumstances. Factors that negatively influence the existing public health system and required the need for the medical mobile unit are as follow:-

- Distance of the remote villages from the public health institutions,
- Geographical barrier to reach at the health care centres,
- Lack of medicines/equipments/manpower
- Lack of awareness and health consciousness in the community particularly among socio-economically disadvantaged people.

The study published in e-journal ax-design (in year 2011) Art Gib, quoted various medical advantages on medical mobile unit. According to the study, these units offer a number of medical advantages that anyone will be able to use. Mobile units are designed to provide healthcare to those who simply cannot afford it. It will be easy to get a check up and talk to a doctor about various medical problems or pains that might be going on. For most part, this is

something that people have come to rely on. It provides curative and diagnostic services as its main function. It is very useful for those who have been stuck in some sort of disaster. The mobile unit is certainly an effective idea that has been able to reach out to millions.

A study on "Assessment of Functioning of Mobile Health Units" was conducted (in year 2008-09) by M.G.M. Medical College Team Jamshedpur, in three different districts of Jharkhand, which were East Singhbhum , Ranchi and Godda. The study revealed that the services were provided to those people who were not able to avail of any services due to inaccessibility. MMUs have provided an opportunity to provide services to the hard to reach areas. 81 percent in Ranchi, 78 percent in East Singhbhum and 93 percent in Godda districts reported that they were aware that the MMU is providing only curative services. 56.3 percent in Ranchi, 48 percent in East Singhbhum and 31.1 percent in Godda mentioned that quality of services provided was of good quality. 67 percent respondents in Godda district mentioned that the behaviour of staff in MMU was very good. 100 percent in Godda, 91 percent in East Singhbhum and 84 percent respondents in Ranchi mentioned that they benefited from the services of MMU. Approximately 97 percent beneficiaries in Ranchi, 96 percent in East Singhbhum and Godda availed of medicines from MMU. It was concluded that MMU is very useful because the services are now being provided to those people who were not able to avail of any services due to inaccessibility. MMUs have provided an opportunity to provide services to the hard to reach areas. In the end of the study it was recommended and suggested that An ambulance should be attached to the MMU for transportation of serious patients. Insurance of the MMU staff could be made mandatory as for the Security of health personnel. IEC materials should be made available in the van in the language preferred by the beneficiaries.

A research was conducted Shamshuipo in Hong Kong (in year 2007) by on Evaluation of a mobile clinic for older People. In this study, 700 elderly people participated as the subject of the study. The study revealed that the mobile clinic was effective for reaching older people not in contact with medical services. According to this study most of the elderly people were suffering from chronic

disease like hypertension, diabetes etc. Benefits of the mobile clinic include the prevention of deaths and events due to cardiovascular disease and of diabetic complications such as retinopathy, lost life years from diabetic related and other avoidable mortality, disability, and for achieving improvements in the quality of life.

The study published in Clinics in Geriatric Medicine (in year 2009) by Delores E. Duncan, Roland B. Scott, and Oswaldo Castro, suggested that community based health care services provided to the chronically ill older population helps in reducing the overall health care costs by 25percent or more while improving patient satisfaction and outcomes. Therefore, in the study it was suggested that more emphasis should be given for the community based health care services for the elderly people who are in low-income group and are chronically ill.

WHO has proposed general principles (in year 2004) guiding the practice of age-friendly, community-based primary health care after conducting the research on age-friendly, community-based primary health care.

According Age-friendly community-based primary health care should incorporate the following general principles:

1. In the areas of information, education, and training:

1.1 All health care centre staff should receive basic training in age, gender, and culturally sensitive practices that address knowledge, attitude and skills

1.2 All clinical staff in the health care centre should receive basic training in core competencies of elder care

1.3 Health care centres should provide age, gender and culturally appropriate education and information on health promotion, disease management and medications for older persons as well as their informal carers in order to promote empowerment for health

1.4 Health care centre staff should review regularly the use of all medications, including complementary therapies such as traditional medicines and practices

2. In the area of community-based primary health care management systems:

2.1 Health care centres should make every effort to adapt their administrative procedures to the special needs of older persons, including older persons with low educational levels or with cognitive impairments

2.2 Health care centre systems should be cost sensitive in order to facilitate access to needed care by low income persons

2.3 Health care centres should adopt systems that support a continuum of care both within the community level and between the community and secondary and tertiary care levels

2.4 Health care centres should put into place mechanisms that facilitate and coordinate access to social and domiciliary care services

2.5 All record keeping systems in health care centres should support continuity of care by keeping records on community-based, secondary and tertiary care as well as on the provision of social services for their clients

2.6 All relevant stakeholders, including older persons, should be part of participatory decision-making mechanisms regarding the organisation of the community-based care services

3. In the area of the physical environment:

3.1 The common principles of Universal Design should be applied to the physical environment of the health care facility whenever practical, affordable and possible

3.2 Safe and affordable transport to the health care centre should be available for all, including older persons, whenever possible, by using a variety of community-based resources, including volunteers

3.3 Simple and easily readable signage should be posted throughout the health care centre to facilitate orientation and personalise providers and services

3.4 Key health care staff should be easily identifiable using name badges and name boards

3.5 The health care centre should be equipped with good lighting, non-slip floor surfaces, stable furniture and clear walkways

3.6 The health care centre facilities, including waiting areas, should be clean and comfortable throughout

These general principles can be adapted to each health care centre and provider setting in order to ensure responsiveness and sensitivity to the community served.

CHAPTER 3

OBJECTIVES

GENERAL OBJECTIVES:

To access the performance of MEDICAL MOBILE UNIT in terms of its functionality in providing health care services to the elderly people of the society.

SPECIFIC OBJECTIVES:

1. To access the level of coverage in terms of its effectiveness.

2. To examine the benefits gained by the beneficiaries after availing the services.

CHAPTER 4

RESEARCH METHODOLOGY

Descriptive Research: Descriptive research is used to obtain information concerning the current status of the phenomena to describe "what exists" with respect to variables or conditions in a situation. The methods involved range from the survey, which describes the status quo, the correlation study that investigates the relationship between variables, to developmental studies, which seek to determine changes over time.

The study was conducted in the ten different resettlement or JJ colonies of Delhi, namely:-

1. Madipur,
2. Trilokpuri,
3. Sultan Puri,
4. Seelampur,
5. Shakur Pur,
6. Bholanath Nagar,
7. Mangolpuri,
8. Seemapuri,
9. Tilak Vihar
10. Buradi

The methodology for the study includes the observation, structured questionnaire and direct interviews from the beneficiaries of the community.

TARGET GROUP:-

The major segment of the target group (adult above 55 years) resides in the slums, resettlement colonies and rural areas where the government facilities either do not exist or are inadequate. However, the treatment to people below 60 years should not be denied in case of emergencies. At least 50percent of the beneficiaries should belong to economically weaker sections of the society; older persons living below or near poverty line (people with income below rupees 18,000 per annum).

SAMPLING TECHNIQUE:

Simple random samples of 100 beneficiaries (elderly people above the age of 55 years) was collected, ten beneficiaries from the each community were taken as the sample.

DATA COLLECTION:

A survey was carried for data collection using Structured questionnaire and the direct interview with the beneficiaries. A few people elderly beneficiaries were selected from the ten different sites in such a way that they representative of the beneficiary population. The data was collected from the 100 beneficiaries from ten different sites of medical mobile unit. The criteria used to collect data from the different beneficiaries were as follow:

- The regular beneficiaries,
- Beneficiaries availing the services more than six months,
- The beneficiaries who are mentally sound &
- The beneficiaries, who can speak, hear and understand well

Through observation, direct interview and structured questionnaire data was collected on various aspects of medical mobile unit like the knowledge, behavior and attitude of the staff towards the elderly beneficiaries; about the accessibility, availability and affordability of health care services provided and the changes to improve the services.

LIMITATIONS

While conducting the study there were certain limitations that occurred. The limitations came to be known by the observation of the activities and services provided by the medical mobile unit. Some of the limitations also came forward while interacting with the elderly beneficiaries during collecting data or information from them.

These limitations are given as follow:-

1. Medical mobile unit provides only primary healthcare services to their beneficiaries. There is no provision for the secondary health care services as well there is no diagnostic services provided to its beneficiaries.
2. Medical mobile unit does not provide any sort of preventive care to elderly people, there is only provision for the curative services.
3. There is no regular survey done to know and better understand the demand and need in terms of health care facilities of the elderly population of the community.
4. There is no health camps organized in the community to provide the knowledge about various aspects of health to keep up well with physical, mental and social health.
5. There is very less support given to elderly beneficiaries in terms of physical and mental rehabilitation. No assistive devices are provided to needy elderly people.
6. Many elderly beneficiaries are not much interested in any other activities of medical mobile unit. Most of the beneficiaries come only to take medicines from the medical mobile unit.
7. Many beneficiaries were not much interested in interacting, apart from doctor and pharmacist. Some of the beneficiaries denied to provide any information for the study.

CHAPTER 5

DATA ANALYSIS

The data collected from the elderly population of the ten different communities of Delhi is interpreted and analyzed below.

The sample size = 100 (ten beneficiaries from each community)

1. In the sample of 100 elderly beneficiaries, there were 40percent male beneficiaries and 60percent female beneficiaries. The age of these beneficiaries varies from 55 years to 85 years. **(Figure 1)**

a) In the age group of 55 years to 65 years, there were 18percent male beneficiaries and 38percent female beneficiaries.

b) In the age group of 66 years to 75 years, there were 19percent male beneficiaries and 21percent female beneficiaries.

c) In the age group of 76 years to 85 years, there were 3percent male beneficiaries and 1percent female beneficiaries.

d) There were no elderly beneficiaries above the age of 85 years.

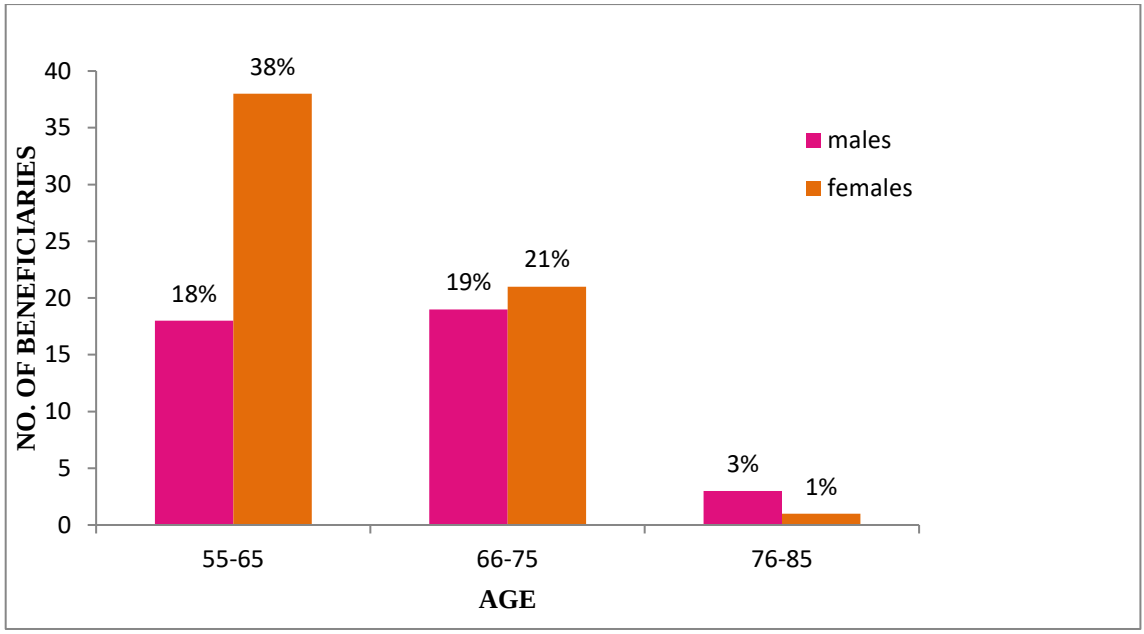

FIGURE 1. Number of Male and Female

2. In the sample size of 100 beneficiaries, most of them are availing the income of Rupees 1000, which is provided by the Delhi Government to the Delhi residents who are above the age of 60 years and has no other source of income. These elderly people fall in the categoryof senior citizens. **(Figure 2)**

a) There were 10 percent males and 12percent females who have no monthly income/pension. These beneficiaries are either dependent on their children or do not avail the elderly pension provided from the side of the government.

b) There were 4percent males and 7percent females who have their monthly income/pension below rupees 500.

c) There were 21percent males and 37percent females who have their monthly income/pension between rupees 500 to rupees 1000.

d) There were 2percent males and 1percent female who have their monthly income/pension between rupees 1001 to rupees 2000.

e) There are 3percent male and 3percent female who have their monthly pension above rupees 2000.

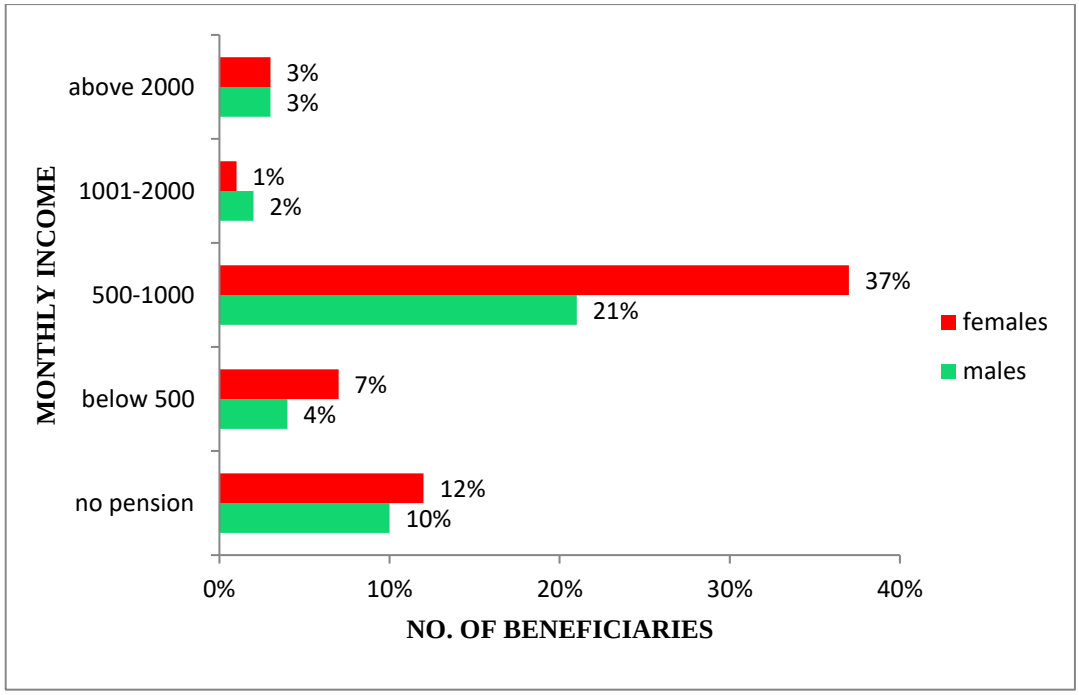

FIGURE 2. MONTHLY PENSION OF BENEFICIARIES

3. In the sample of 100 beneficiaries, 94percent said that they visit the MMU site only for the medicines; there is no other purpose for the visit.Whereas 6percent beneficiaries said that, they visit the MMU site for the reason of availing services as well meeting the other beneficiaries. **(FIGURE 3)**

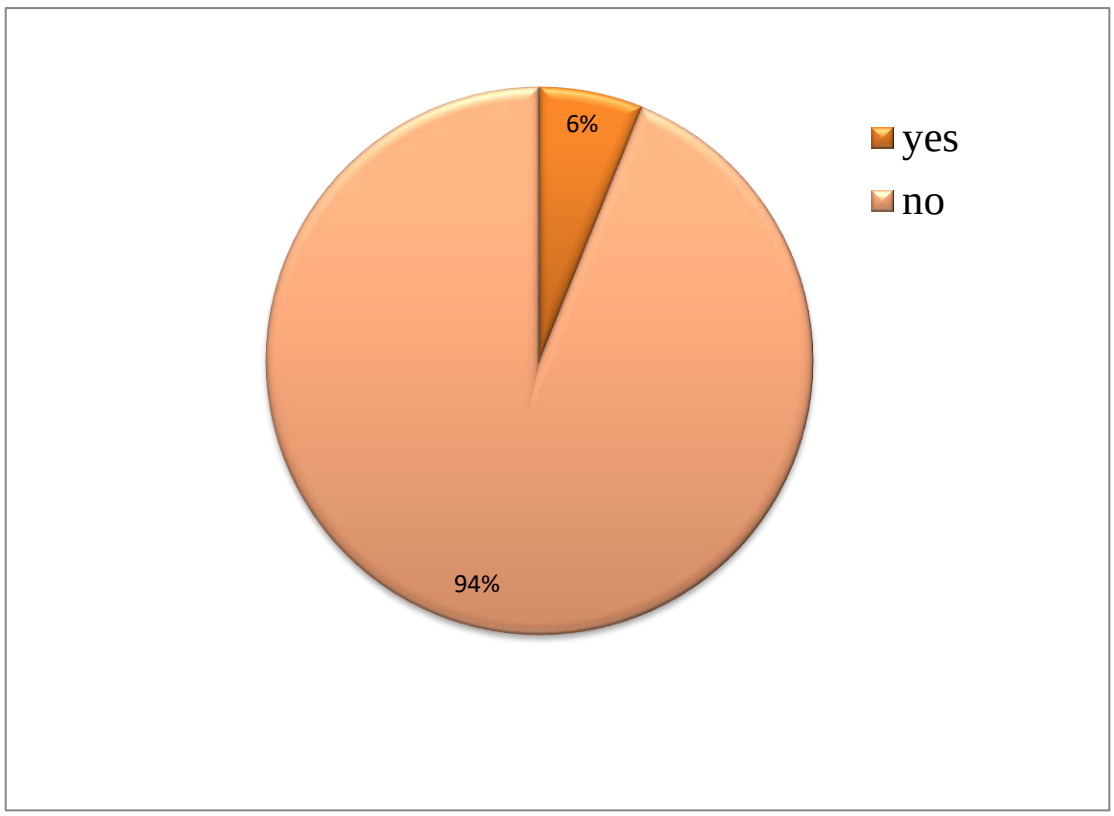

FIGURE 3. PURPOSE OF THE BENEFICIARIES FOR VISITING MMU

4. In the sample of 100 beneficiaries, 23percent came to know about MMU through the MMU volunteers, 42percent came to know about it when they saw the van standing and distributing medicines to elderly people, 24percent came to know about MMU through other beneficiaries who were already availing the services from the MMU and 11percent came to know about it through their friends or relatives who were not the beneficiaries of MMU. None of the existing beneficiary came to know about the MMU services by the staff of the MMU. **(FIGURE 4)**

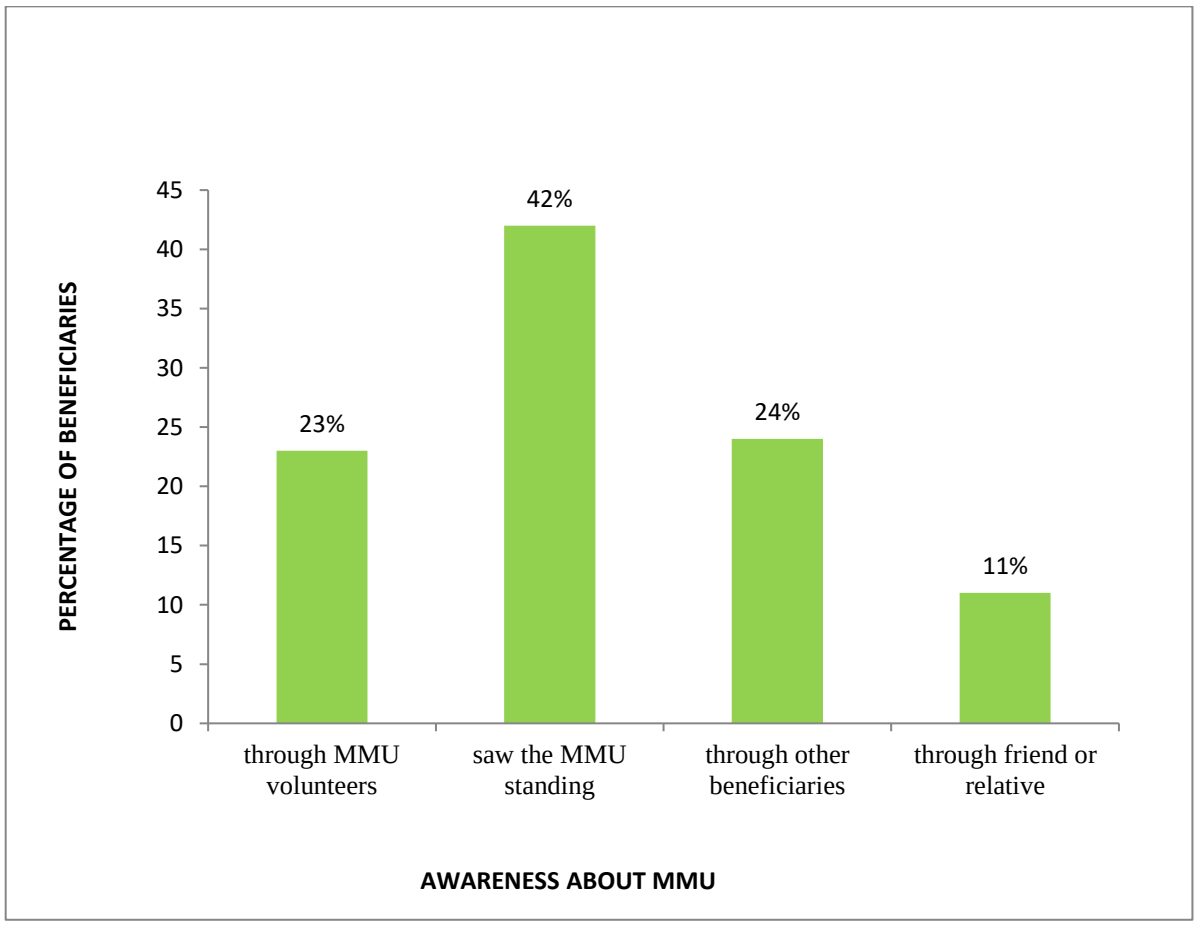

FIGURE 4. AWARENESS ABOUT MMU TO BENEFICIARIES

5. In a sample of 100 beneficiaries, 86percent of people said that the location of MMU is perfect as it can be accessible by almost all the elderly beneficiaries. Whereas 14percent of people did not agree to it and according to them, the location of MMU is easily accessible by some of the beneficiaries only. As some of the beneficiaries have to travel bit long distance to avail the services from MMU. **(FIGURE 5)**

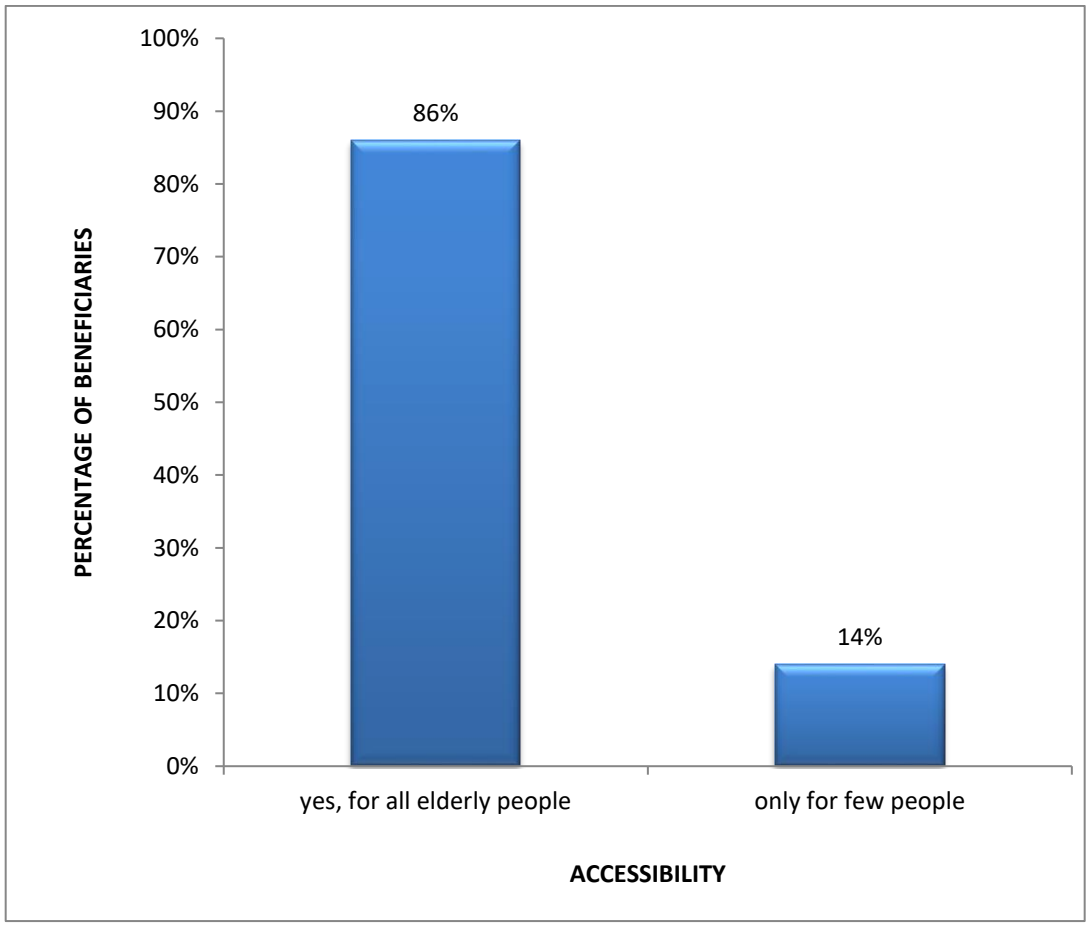

FIGURE 5. ACCESSIBILITY OF MMU TO BENEFICIARIES

6. In the sample of 100 beneficiaries, there were 96percent of beneficiaries who are availing the services from MMU from more than one year, which includes 41percent male beneficiaries and 59percent female beneficiaries. There were 4percent of beneficiaries who are availing the services from MMU from more than six months but less than one year, which includes 25percent male beneficiaries and 75percent female beneficiaries. **(FIGURE 6)**

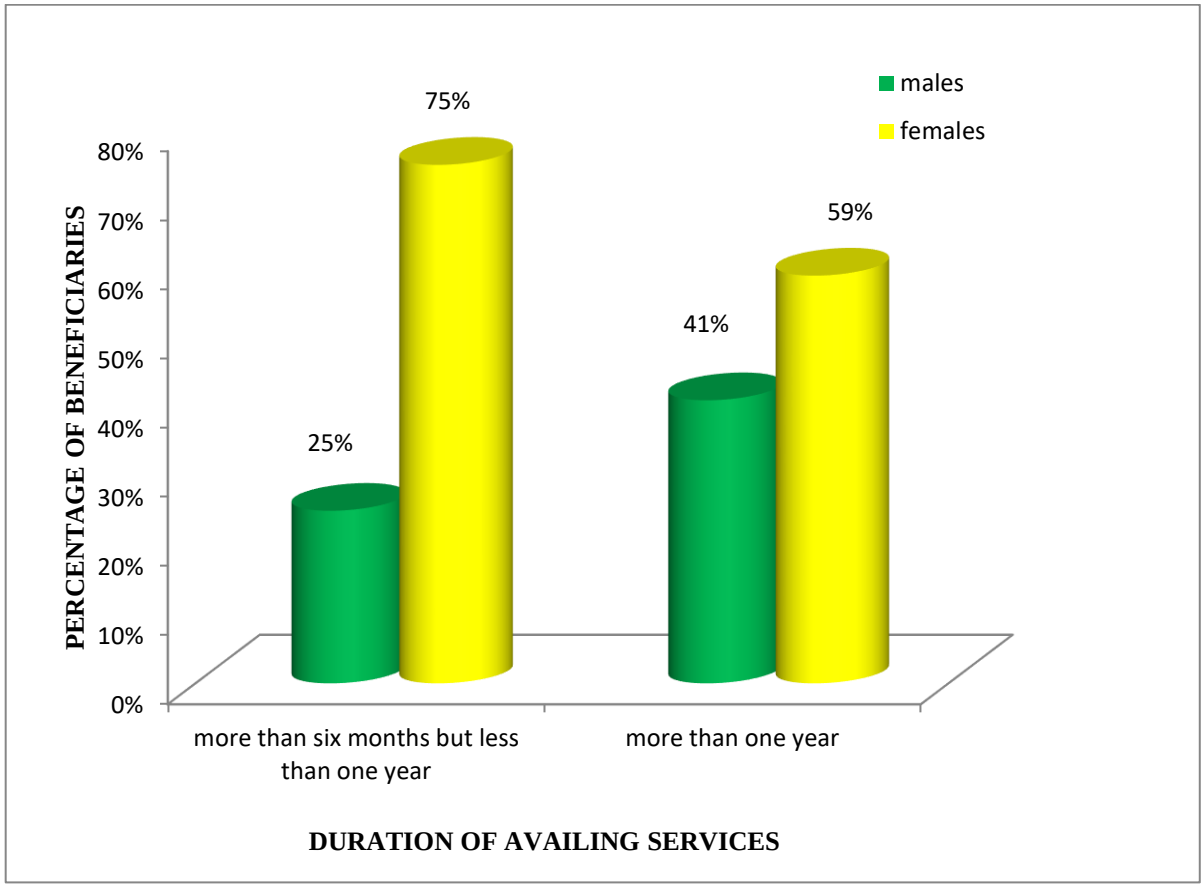

FIGURE 6. DURATION OF AVAILING SERVICES FROM MMU BY BENEFICIARIES

7. In a sample of 100 beneficiaries, only 89percent of beneficiaries were aware that MMU visits every week in their community, while the remaining 11percent said that MMU visits only once in two weeks in their area for providing the services. **(FIGURE 7)**

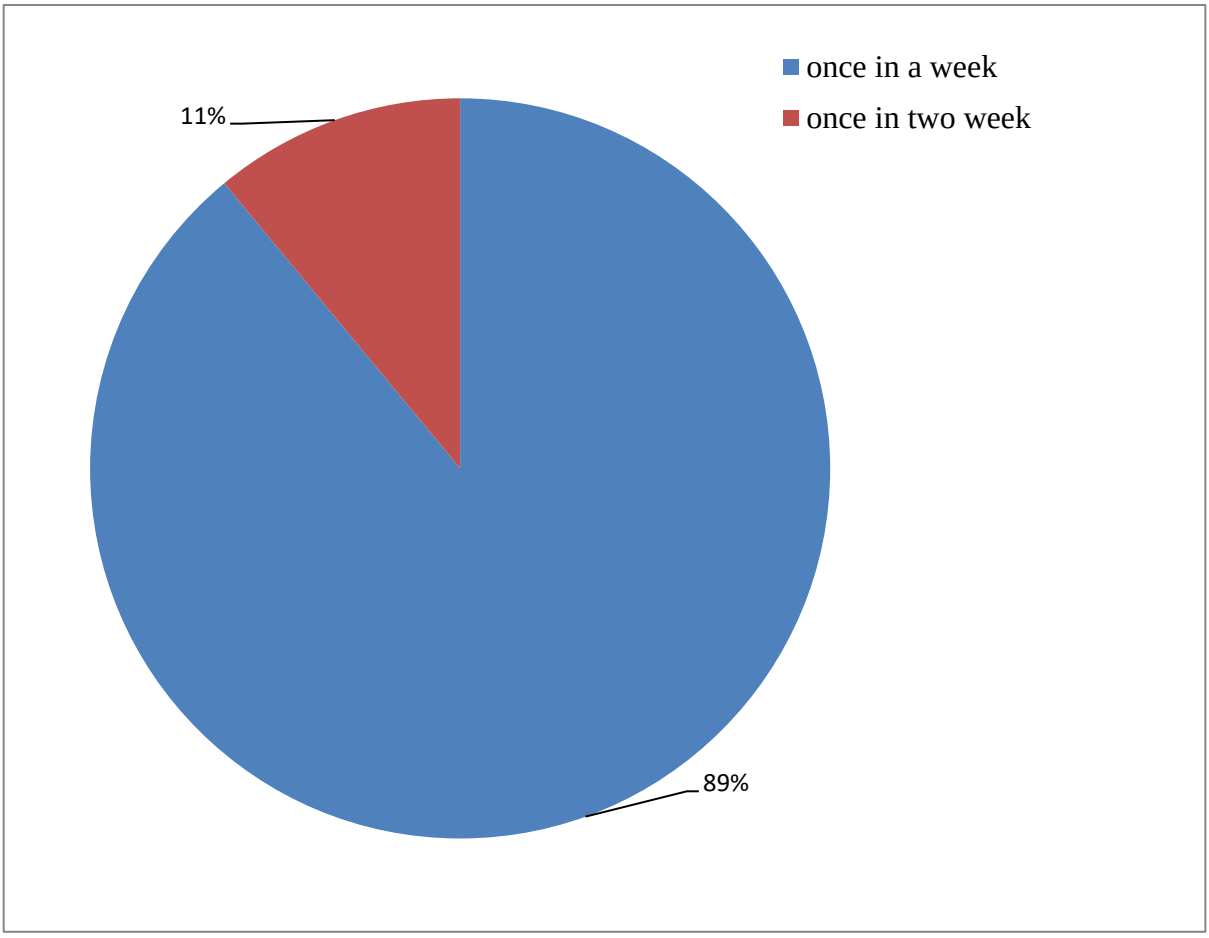

FIGURE 7. AWARENESS AMONG THE BENEFICIARIES ABOUT THE VISIT OF MMU

8. In a sample of 100 beneficiaries, 80percent of the beneficiaries said that they avail the services from MMU on its every visit, 12percent avail services from MMU only when their stock of medicines gets finished and could be more than one week, 3percent avail the services only they fall ill and require medicines for their illness. Whereas the remaining 5percent has no fix visits to MMU for availing the services. **(FIGURE 8)**

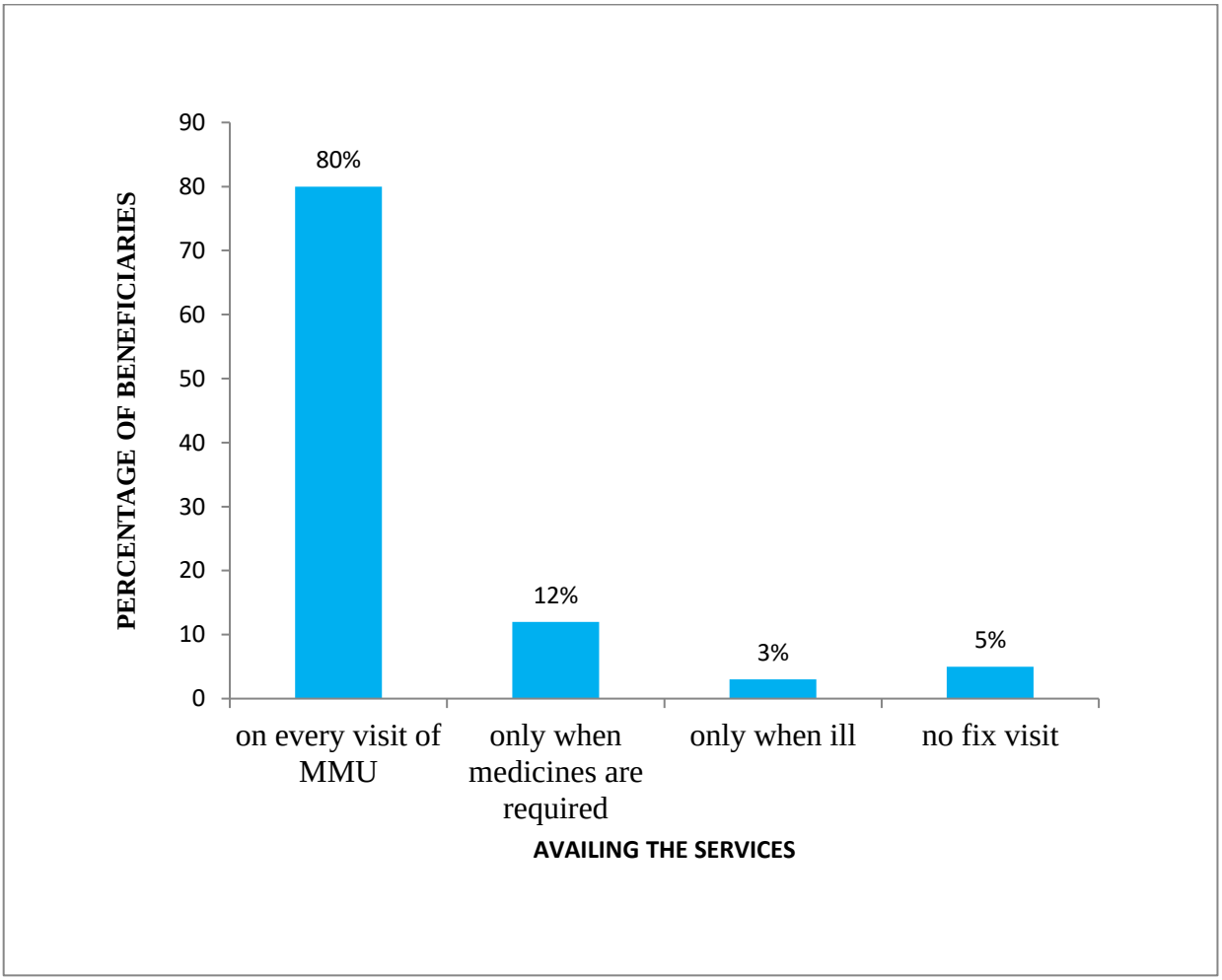

FIGURE 8. WHEN THE BENEFICIARIES AVAIL THE SERVICES FROM MMU

9. In a sample of 100 beneficiaries, 47percent people said that they have to wait for nearly about 10-20 minutes to meet the doctor after reaching the MMU site, while 32percent people said that they meet the doctor immediately after reaching the MMU site. Remaining 21percent said that they have to wait for more than half an hour in order to meet the doctor, as the number of patients is quite high. **(FIGURE 9)**

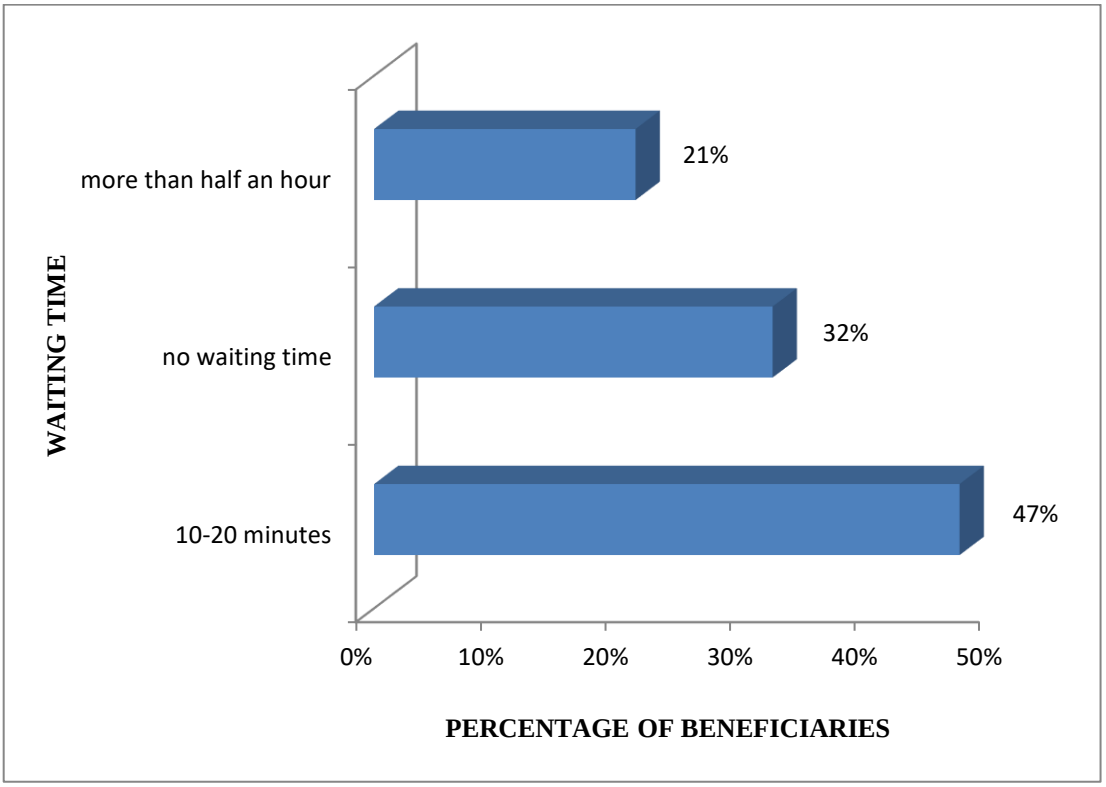

FIGURE 9. WAITING TIME OF BENEFICIARIES TO CONSULT THE DOCTOR

10. In sample of 100 beneficiaries, 31percent of beneficiaries said that doctor gives them time to answer their all health related queries and they were fully satisfied with the type of information provided by the doctor related to their health. While 51percent of beneficiaries said that doctor sometime, gives them time to answer all their health related out of which 57percent were fully satisfied with the explanations their queries provided by doctor, 35percent were somewhat satisfied with the explanations and 8percent were very dissatisfied with the type of information provided by doctor related to their health issues. Whereas 4percent of beneficiaries feel that doctor, gives time to only few patients to answer their queries and they were very dissatisfied, as no information is being provided. Remaining 14percent of the beneficiaries said that doctor never allows them to ask any question related to their disease or health issues and they were not satisfied at all with any type of information given by the doctor. **(FIGURE 10)**

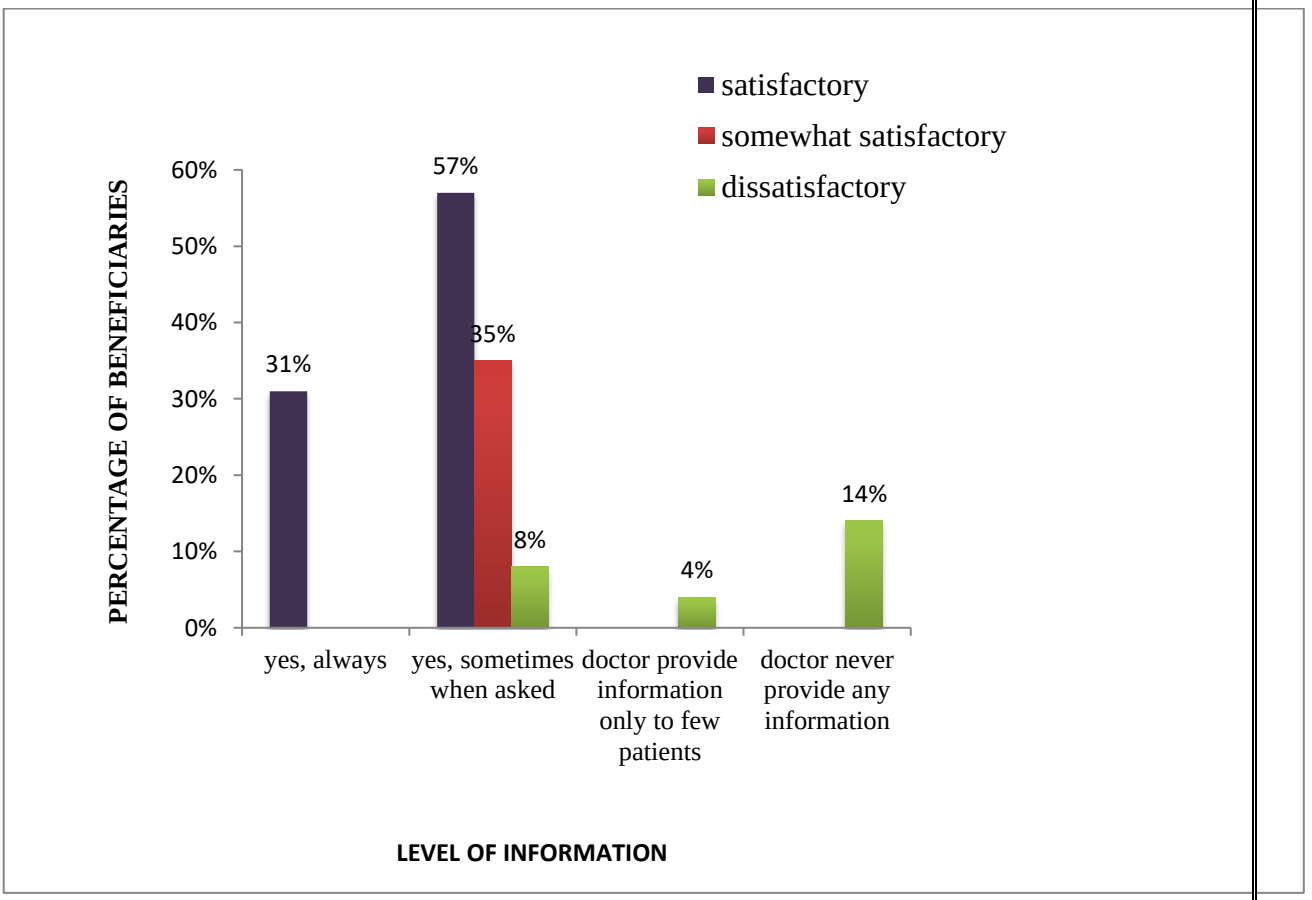

FIGURE 10. LEVEL OF STATISFACTION OF THE BENEFICIARIES

11. In a sample of 100 beneficiaries, 42percent people said that they have to wait for nearly about 10-20 minutes to take the medicines from pharmacist after meeting the doctor, while 34percent people said that they get the medicine immediately from the pharmacist after meeting the doctor. Remaining 24percent said that they have to wait for more than half an hour in order to get the medicines from pharmacist, as the number of patients is quite high. **(FIGURE 11)**

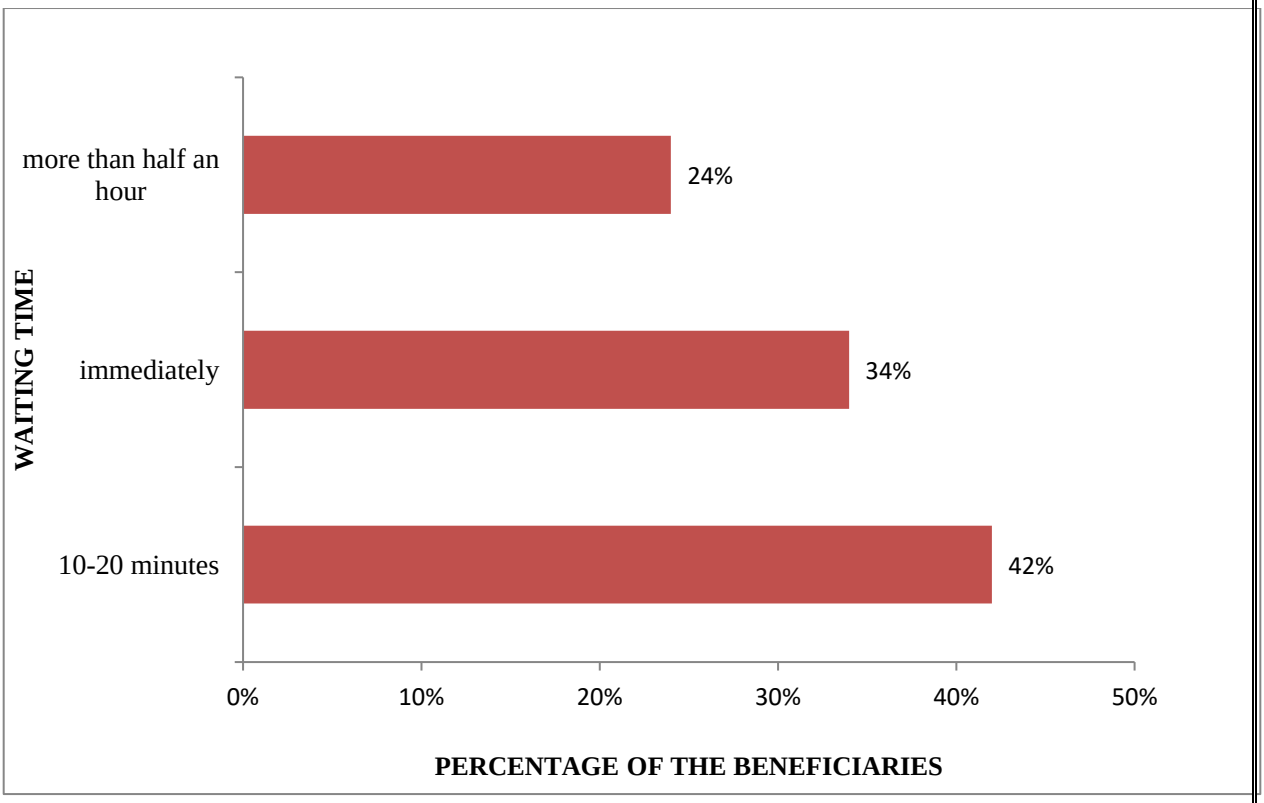

FIGURE 11. WAITING TIME OF BENEFICIARIES TO TAKE THE MEDICINES

12. In sample of 100 beneficiaries, 69percent of beneficiaries said that pharmacist gives them time to answer their all medicine and its dosage related queries and they were fully satisfied with the type of information provided by the pharmacist related to their queries. While 25percent of beneficiaries said that pharmacist sometime, gives them time to answer all their medicine dosage related queries, out of which 84percent were fully satisfied with the explanations to their queries provided by pharmacist, 4percent were somewhat

satisfied with the explanations and 12percent were totally dissatisfied with the type of information provided by pharmacist related to their medicine and its dosage. Whereas 2percent of beneficiaries feel that pharmacist gives time, only to few patients to answer their queries and they were totally dissatisfied, as no information is being provided. Remaining 4percent of the beneficiaries said that pharmacist never allows them to ask any question related to medicine and its dosage and they were not satisfied at all with any type of information given by the pharmacist. **(FIGURE 12)**

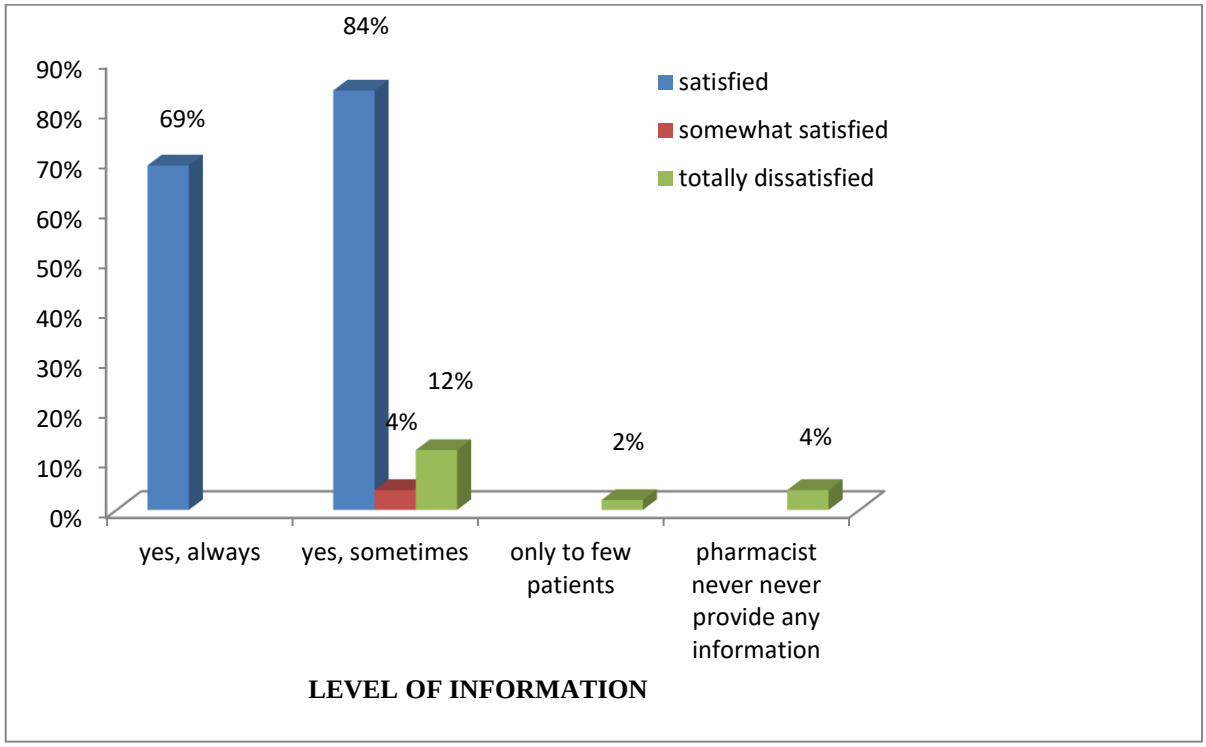

FIGURE 12. LEVEL OF SATISFACTION PROVIDED BY THE PHARMACIST REGARDING THE MEDICINE DOSAGE TO THE BENEFICIARIES

13. In a sample of 100 beneficiaries, only 2percent of beneficiaries replied that they know that sometimes social worker/project officer visits with the MEDICAL MOBILE UNIT to the site of their community. While 11percent of

beneficiaries replied that sometimes, they have seen some other person as well along with doctor, pharmacist and driver in the MEDICAL MOBILE UNIT but they do not know anything about that person and their purpose of visit in their community. Whereas 23percent of beneficiaries replied that they are not much, interested to know about anyone except along with doctor and pharmacist in the MEDICAL MOBILE UNIT. The remaining 64percent beneficiaries said that they have not ever seen any one along with doctor, pharmacist and driver in the MEDICAL MOBILE UNIT visiting their site.(**FIGURE 13**)

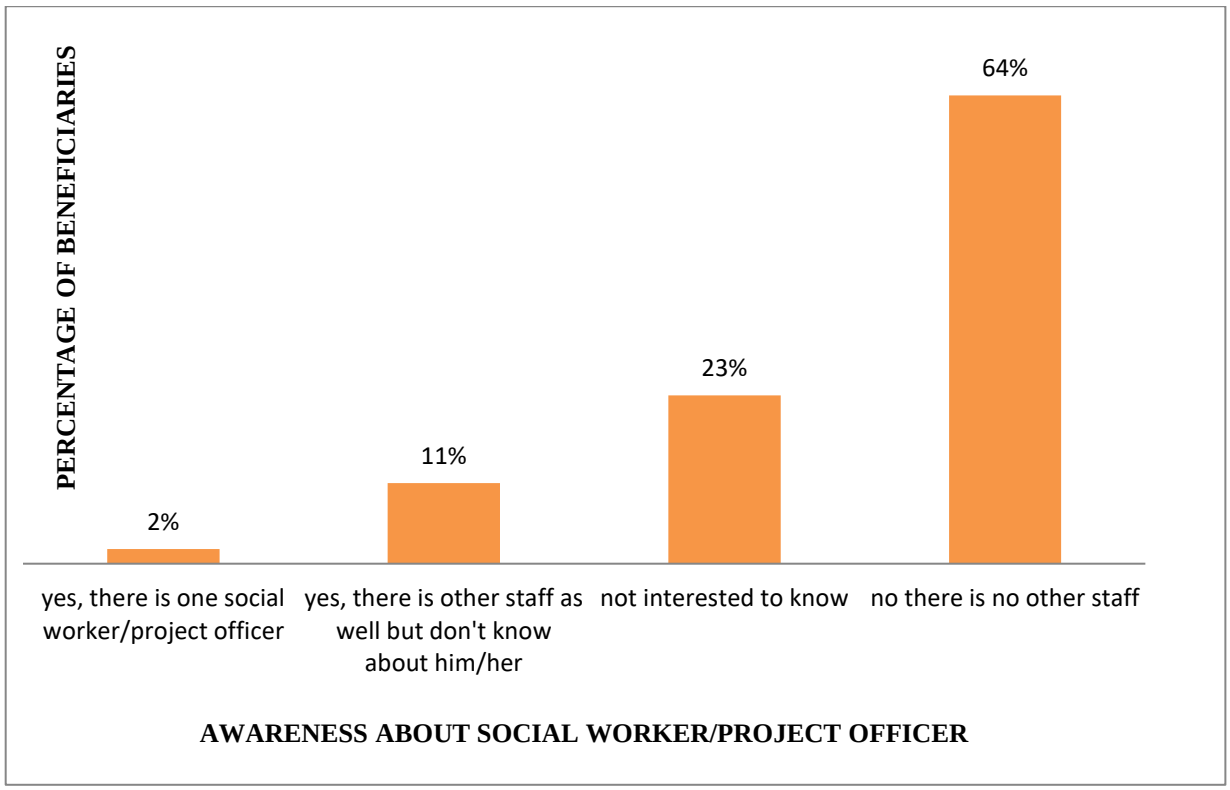

FIGURE 13. AWARENESS OF SOCIAL WORKER/PROJECT OFFICER AMONG THE BENEFICIARIES

14. In a sample of 100 beneficiaries, 6percent beneficiaries said that they would be interested to interact with the person who will visit their community in MEDICAL MOBILE UNIT along with doctor, pharmacist and driver. While 90percent of beneficiaries said that, they would only interact with the new

person apart from doctor, pharmacist and driver in MEDICAL MOBILE UNIT only when that person approaches them for the interaction. Whereas 4percent of beneficiaries said that, they will not at all interact with anyone else in MEDICAL MOBILE UNIT apart from doctor and pharmacist as it will be wastage of their time and energy. **(FIGURE14)**

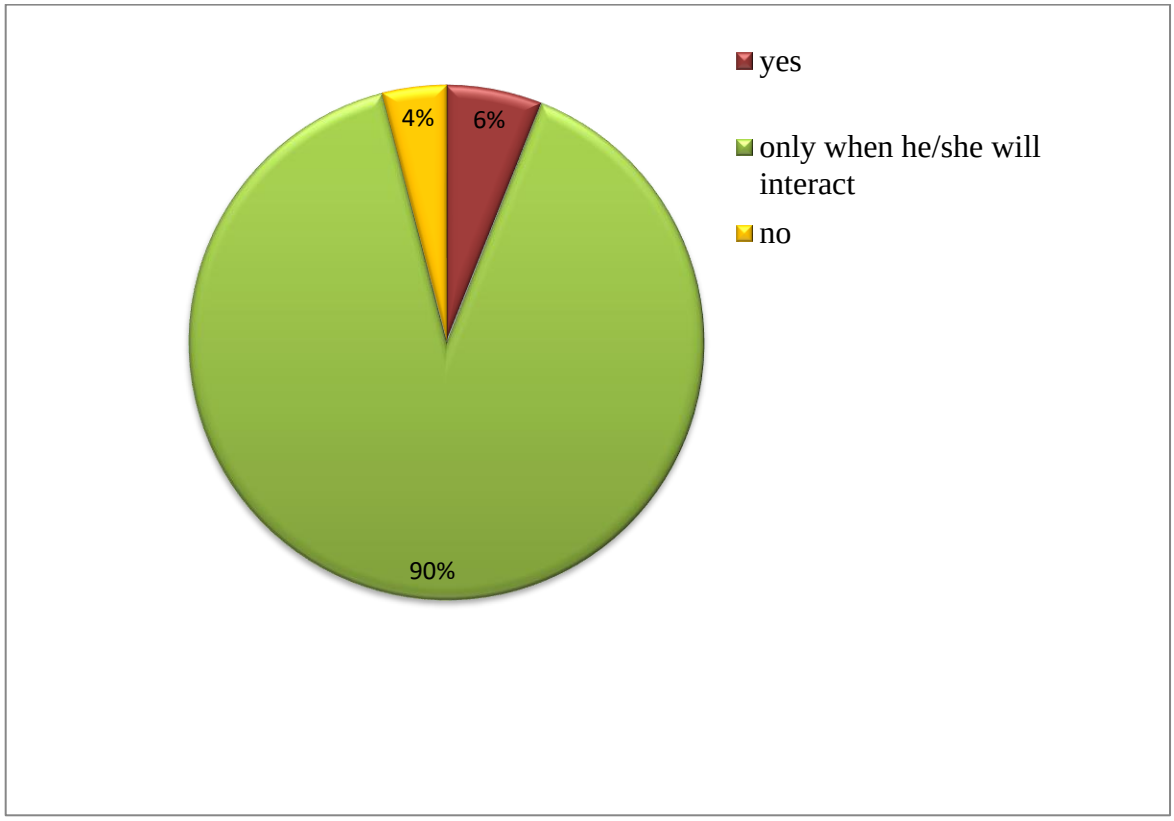

FIGURE 14. INTEREST OF BENEFICIARIES IN INTERACTION WITH OTHER PERSONS ON MMU APART FROM DOCTOR AND PHARMACIST

15. In a sample of 100 beneficiaries, 78percent of beneficiaries feel that the medicines provided by MEDICAL MOBILE UNIT are very beneficial and there is great improvement in their physical well being after availing these services. While 22percent of beneficiaries feel that, there is improvement in their physical well being up to some extent after availing services from MEDICAL MOBILE UNIT. There was no beneficiary, who found no improvement in their physical

well being after availing the services of MEDICAL MOBILE UNIT. **(FIGURE15)**

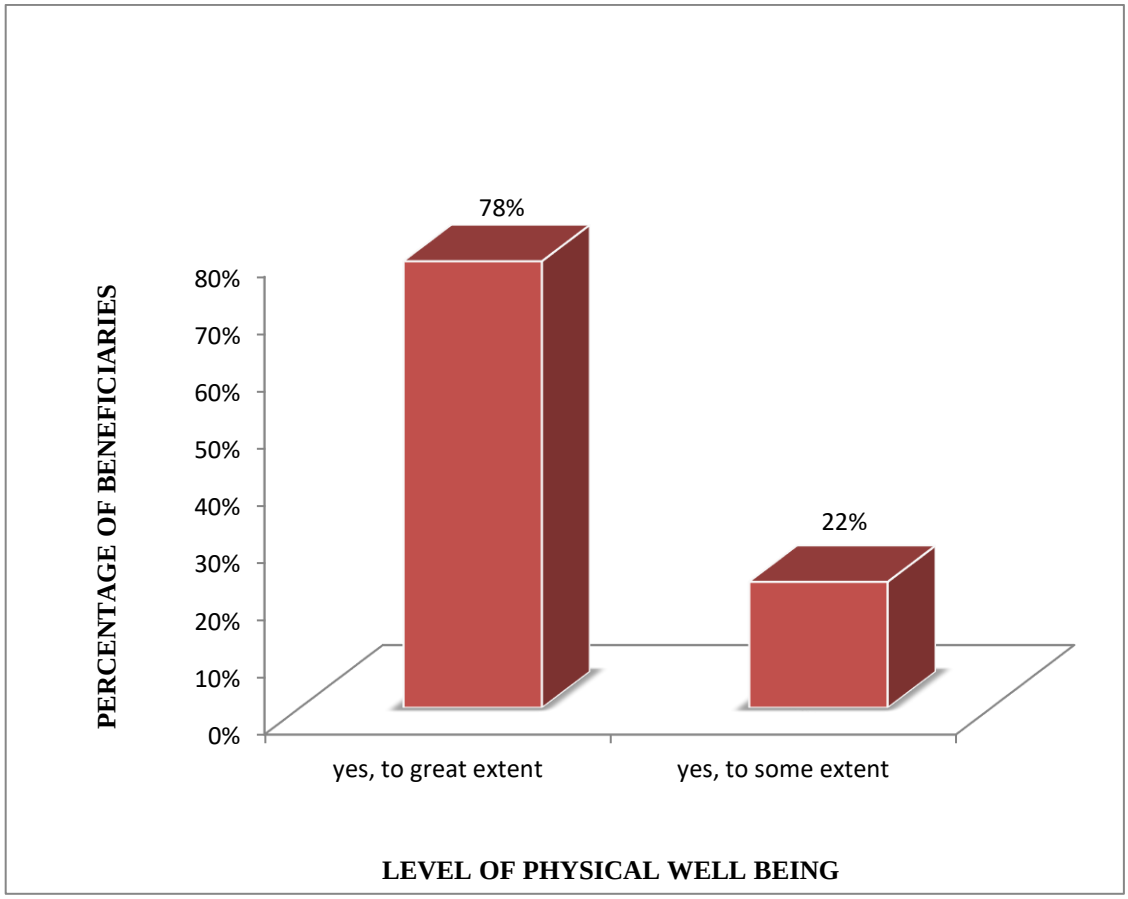

FIGURE 15. LEVEL OF PHYSICAL WELL BEING OF BENEFICIARIES AFTER AVAILING MEDICINES FROM MMU

16. In a sample of 100 beneficiaries, 89percent of beneficiaries feel that there is no improvement in their mental and social well being after visiting the MEDICAL MOBILE UNIT site as they visits the site only for taking medicines. While 11percent of beneficiaries feel that, there is improvement in their mental and social well being up to some extent after availing services from MEDICAL MOBILE UNIT as they get the chance to meet other beneficiaries and doctor and this provides them a sort of relaxation. There was no beneficiary, who had an improvement of great extent in their mental and social well being after availing the services of MEDICAL MOBILE UNIT. **(FIGURE 16)**

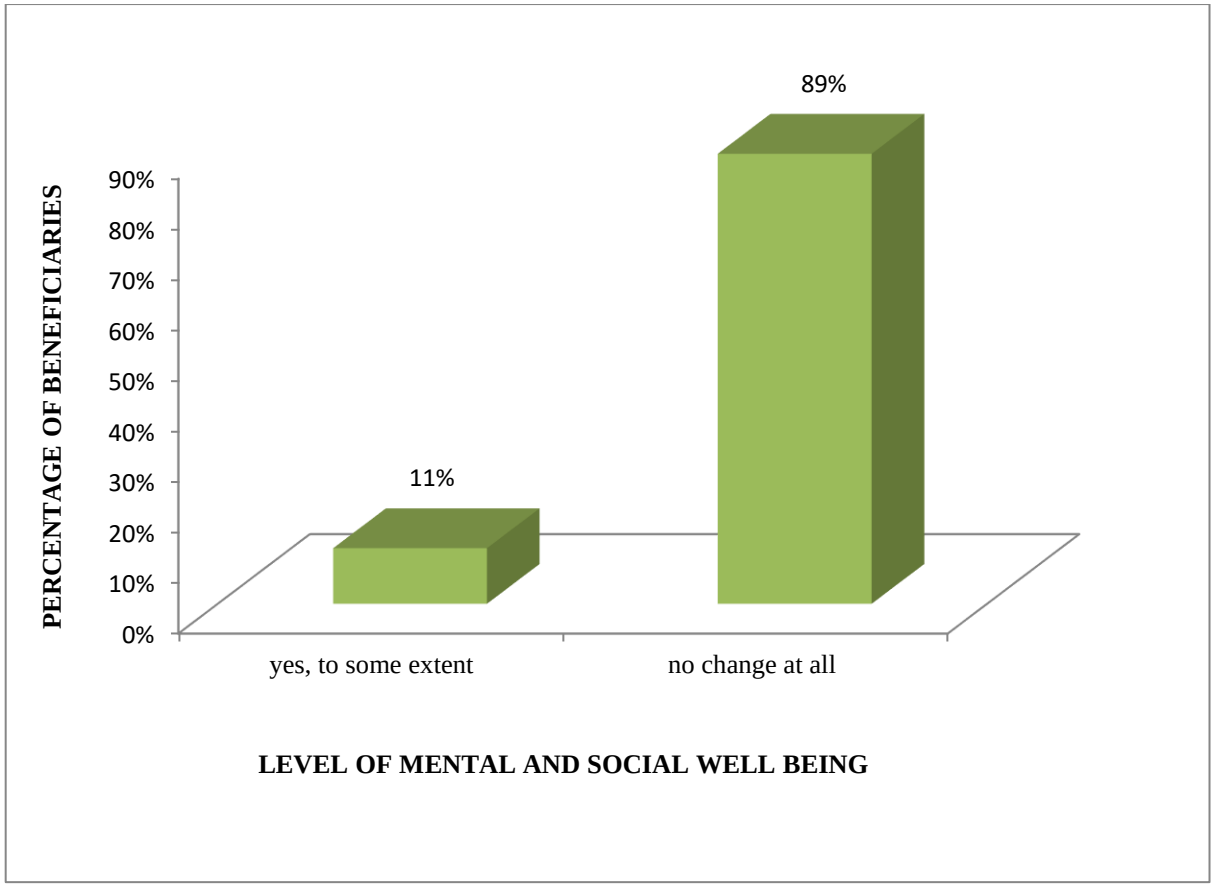

FIGURE 16. LEVEL OF MENTAL AND SOCIAL WELL BEING OF BENEFICIARIES AFTER MEETING STAFF OF MMU AND OTHER BENEFICIARIES

17. In a sample of 100 beneficiaries, 58percent of the beneficiaries said the staff of the MEDICAL MOBILE UNIT does not educate them on other aspects of health care like about nutrition and other preventive measures. Whereas 14percent of beneficiaries said that, the doctor always guides them about the various aspects health care whenever he/she prescribes the medicines. While 22percent of beneficiaries said that, whenever they ask anything regarding good health, measures the doctor only then guides them about these aspects. Remaining 6percent of beneficiaries feel, that doctor only educate and answer the queries related to healthcare to only few of the patients. (**FIGURE 17)**

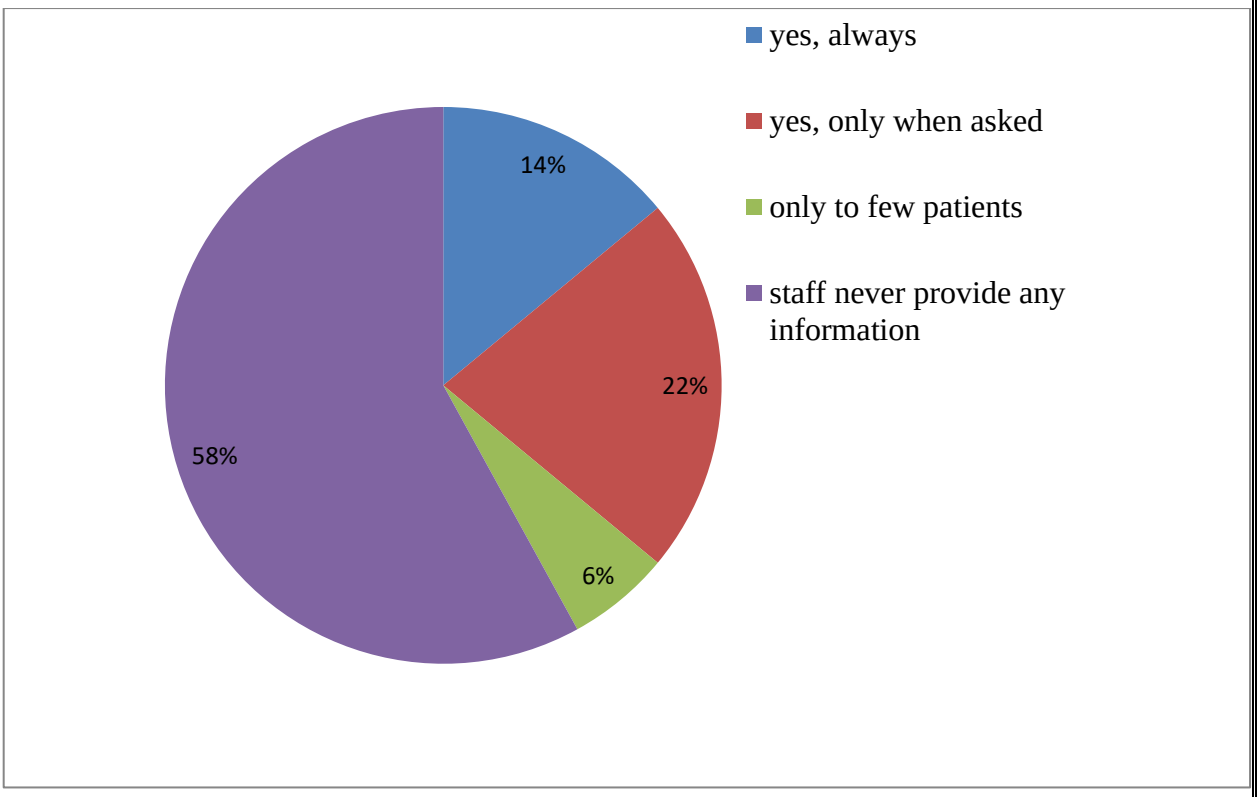

FIGURE 17. HEALTH EDUCATION PROVIDED BY STAFF OF MMU

18. In a sample of 100 beneficiaries, 65percent of beneficiaries take all the medicines for their every type of illness from MEDICAL MOBILE UNIT only. However, some of the beneficiaries take the medicines from sources other than MEDICAL MOBILE UNIT. They take the medicine from other sources only when either the particular medicine is not available with the medicine stock of MEDICAL MOBILE UNIT or the particular medicine is not there in the list of medicines available with the MEDICAL MOBILE UNIT. The other reason for taking medicines from the other source is that due to some emergency the beneficiary has purchased the medicine from outside. Only 4percent of beneficiaries take medicines from the government hospitals, 9percent takes from the private clinics of their community in case of emergency, while 22percent of the beneficiaries purchase the medicines from their local chemists. (**FIGURE 18**)

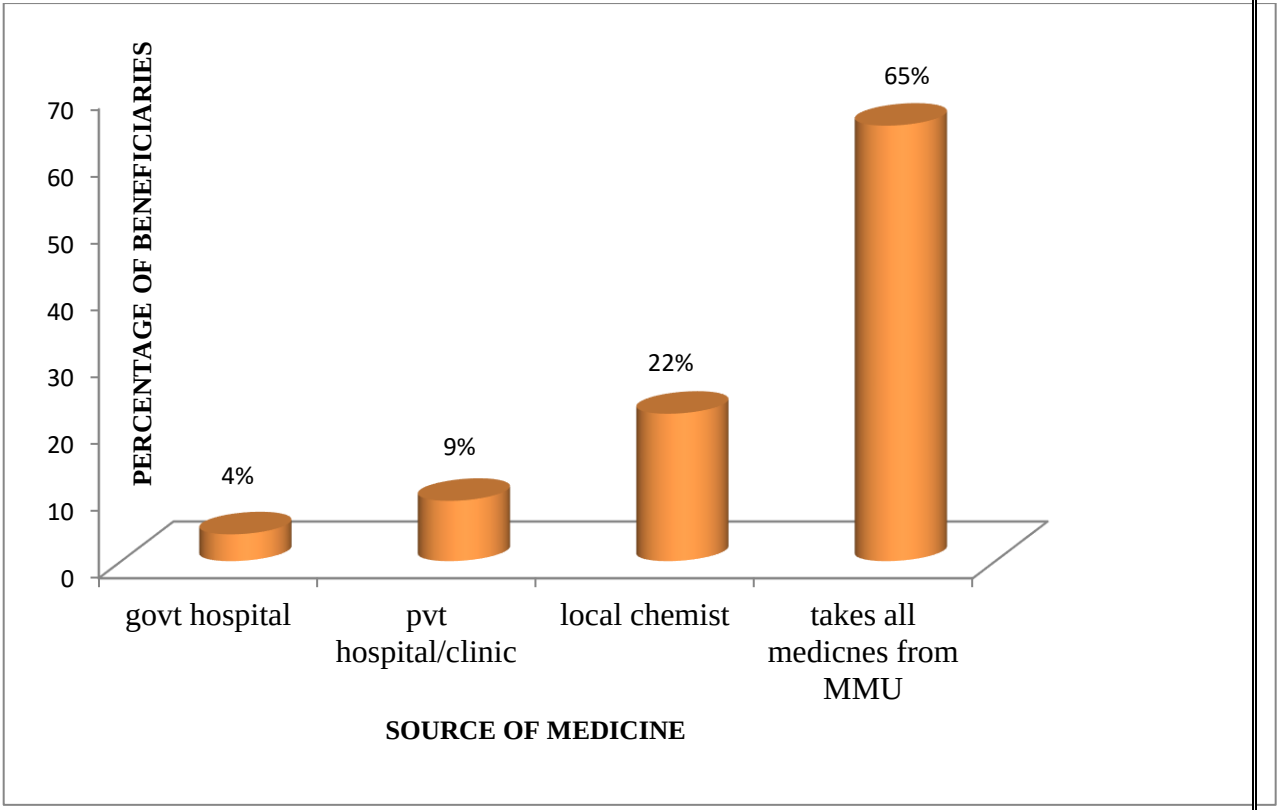

FIGURE 18. SOURCE OF MEDICINES TAKEN BY THE BENEFICIARIES APART FROM MMU

19. In a sample of 100 beneficiaries, 65percent of beneficiaries take all the medicines for their every type of illness from MEDICAL MOBILE UNIT only. However, some of the beneficiaries take the medicines from sources other than MEDICAL MOBILE UNIT. They take the medicine from other sources only when either the particular medicine is not available with the medicine stock of MEDICAL MOBILE UNIT or the particular medicine is not there in the list of medicines available with the MEDICAL MOBILE UNIT. The other reason for taking medicines from the other source is that due to some emergency the beneficiary has purchased the medicine from outside. Only 3percent of beneficiaries take medicines every month from source other than MEDICAL MOBILE UNIT, 8percent takes medicine from the source other than MEDICAL MOBILE UNIT only twice in a month, while 24percent of the beneficiaries have to take medicines every week from the other sources. (**FIGURE 19**)

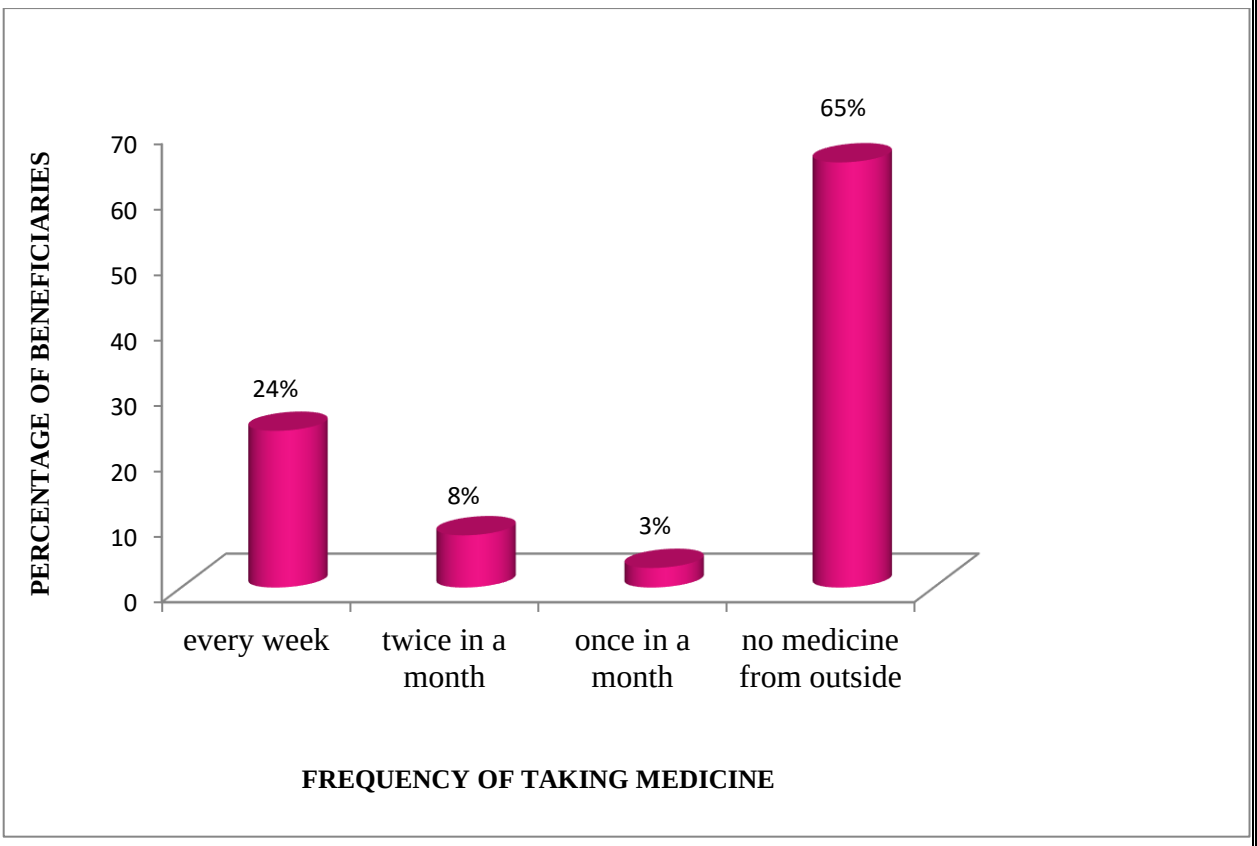

FIGURE 19. FREQUENCY OF BENEFICIARIES TAKING MEDICINES FROM OUTSIDE SOURCE OTHER THAN MMU

20. In a sample of 100 beneficiaries, 65percent of beneficiaries take all the medicines for their every type of illness from MEDICAL MOBILE UNIT only. However, some other beneficiaries do take or purchases medicines from the sources other than MEDICAL MOBILE UNIT. Only 4percent of the beneficiaries get the medicines free of cost as they take it from the government hospitals or dispensaries. So, the average cost for 6percent of the beneficiaries who purchases the medicine from sources other than MEDICAL MOBILE UNIT and government hospitals is rupees 5 – rupees 20. While the average of cost medicine is rupees 21 – rupees 50 for 25percent of the beneficiaries who purchases the medicine from sources other than MEDICAL MOBILE UNIT and government hospitals is. (**FIGURE 20**)

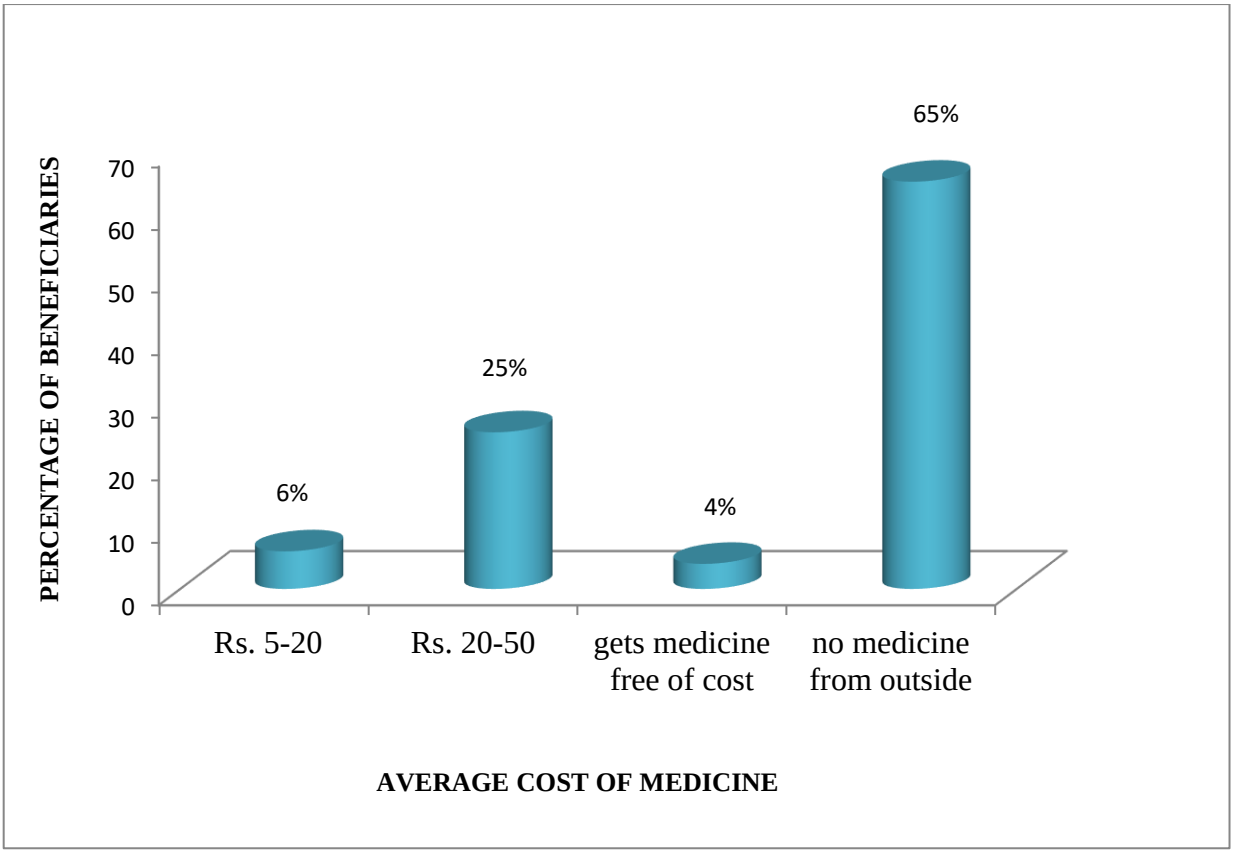

FIGURE 20. AVERAGE COST OF MEDICINE TAKEN FROM SOURCE OTHER THAN MMU

21. In a sample of 100 beneficiaries, 65percent of beneficiaries take all the medicines for their every type of illness from MEDICAL MOBILE UNIT only. **(FIGURE 21)**

a) There are total 22percent of beneficiaries who have no monthly income/pension, out of which 4percent spends rupees 5 - rupees 20 to purchase medicines from the sources other than MEDICAL MOBILE UNIT and government hospital or dispensaries. While 32percent of beneficiaries spends rupees 20 – rupees 50 to purchase medicines from sources other than MEDICAL MOBILE UNIT and government hospital or dispensaries. Whereas remaining 64percent of the beneficiaries takes all medicines from MEDICAL MOBILE UNIT.

b) There are total 11percent of beneficiaries who have monthly income/pension below rupees 500, out of which 18percent spends rupees 5 - rupees 20 to purchase medicines from the sources other than MEDICAL MOBILE UNIT and

government hospital or dispensaries. While 36percent of beneficiaries spends rupees 20 – rupees 50 to purchase medicines from sources other than MEDICAL MOBILE UNIT and government hospital or dispensaries. Whereas 37percent of the beneficiaries takes all medicines from MEDICAL MOBILE UNIT. Remaining 9percent of beneficiaries takes medicines from government hospital or dispensaries.

c) There are total 58percent of beneficiaries who have monthly income/pension between rupees 501 – rupees 1000, out of which 5percent spends rupees 5 - rupees 20 to purchase medicines from the sources other than MEDICAL MOBILE UNIT and government hospital or dispensaries. While 22percent of beneficiaries spends rupees 20 – rupees 50 to purchase medicines from sources other than MEDICAL MOBILE UNIT and government hospital or dispensaries. Whereas 68percent of the beneficiaries takes all medicines from MEDICAL MOBILE UNIT. Remaining 5percent of beneficiaries takes medicines from government hospital or dispensaries at free of cost

d) There are total 3percent of beneficiaries who have monthly income/pension between rupees 1001 – rupees 2000, out of which 33percent of beneficiaries spends rupees 20 – rupees 50 to purchase medicines from sources other than MEDICAL MOBILE UNIT and government hospital or dispensaries. Whereas remaining 67percent of the beneficiaries spend no money on taking medicine, as they take medicine from MEDICAL MOBILE UNIT.

e) There are total 6percent of beneficiaries who have monthly income/pension above rupees 2000. No beneficiary of this income or pension group takes medicines from any outside source. Takes all medicines from MEDICAL MOBILE UNIT.

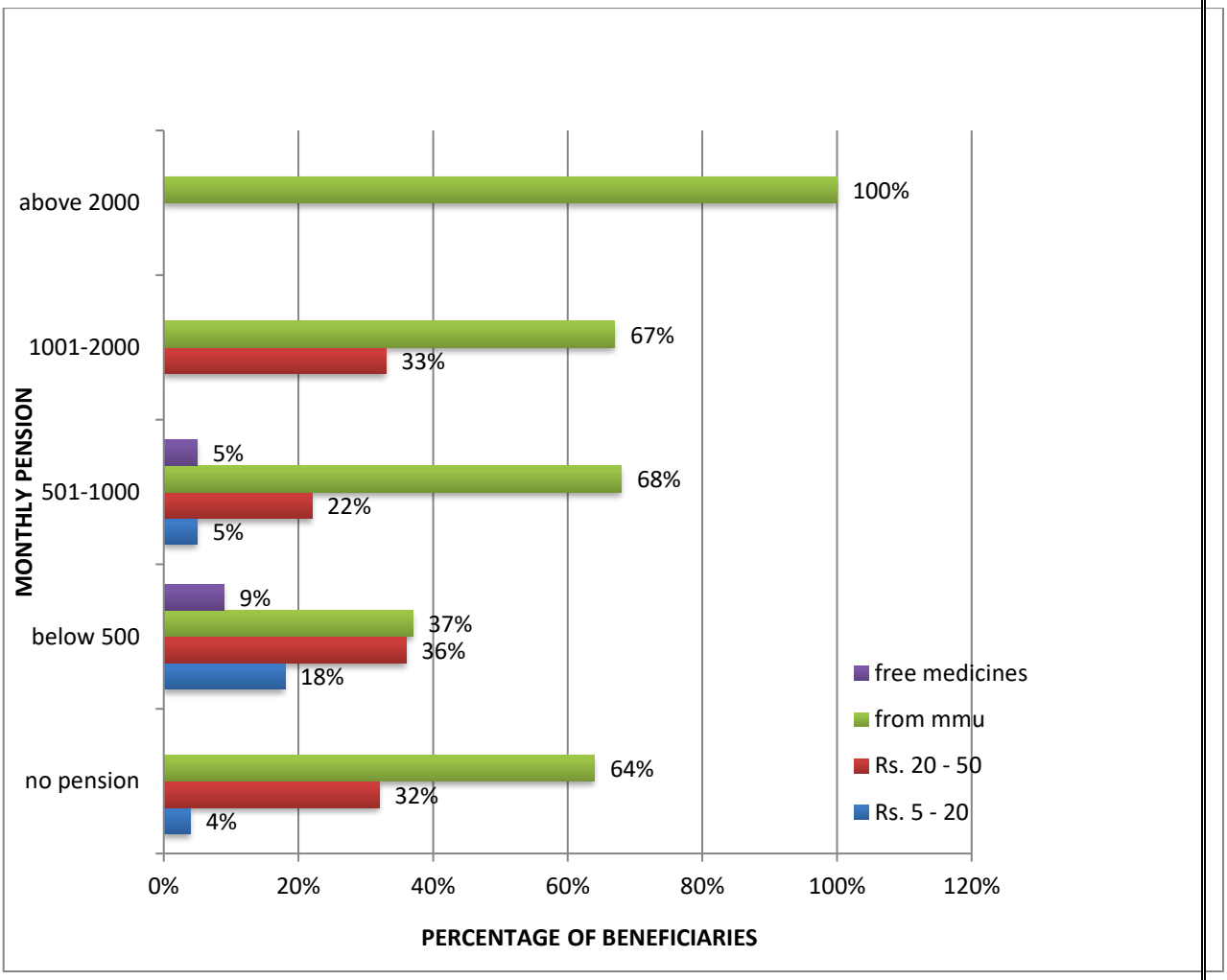

FIGURE 21. EXPENDITURE ON MEDICINES ACCORDING TO MONTHLY INCOME/PENSION

22. In a sample of 100 beneficiaries,

a) There are total 22percent beneficiaries (including both male and female) who have no monthly income/pension, out which 68percent beneficiaries feel that their expenditure on health reduces to a great extent after availing services from MMU, while remaining 32percent beneficiaries feels that their health expenditure is reduced only to some extent after availing MMU services.

b) There are total 11percent beneficiaries (including both male and female) who have monthly income/pension below rupees 500, out which 64percent beneficiaries feel that their expenditure on health reduces to a great extent after availing services from MMU, while remaining 36percent beneficiaries feels that

their health expenditure is reduced only to some extent after availing MMU services.

c) There are total 58percent beneficiaries (including both male and female) who have monthly income/pension between rupees 500 to rupees 1000, out which 83percent beneficiaries feel that their expenditure on health reduces to a great extent after availing services from MMU, while remaining 17 percent beneficiaries feels that their health expenditure is reduced only to some extent after availing MMU services.

d) There are total 3percent beneficiaries (including both male and female) who have monthly income/pension between rupees 1001 to rupees 2000, out which 67percent beneficiaries feel that their expenditure on health reduces to a great extent after availing services from MMU, while remaining 33percent beneficiaries feels that their health expenditure is reduced only to some extent after availing MMU services.

d) There are total 6percent beneficiaries (including both male and female) who have monthly income/pension above rupees 2000 all the beneficiaries, feel that their expenditure on health reduces to a great extent after availing services from MMU, i.e., 100percent satisfaction. **(FIGURE 22)**

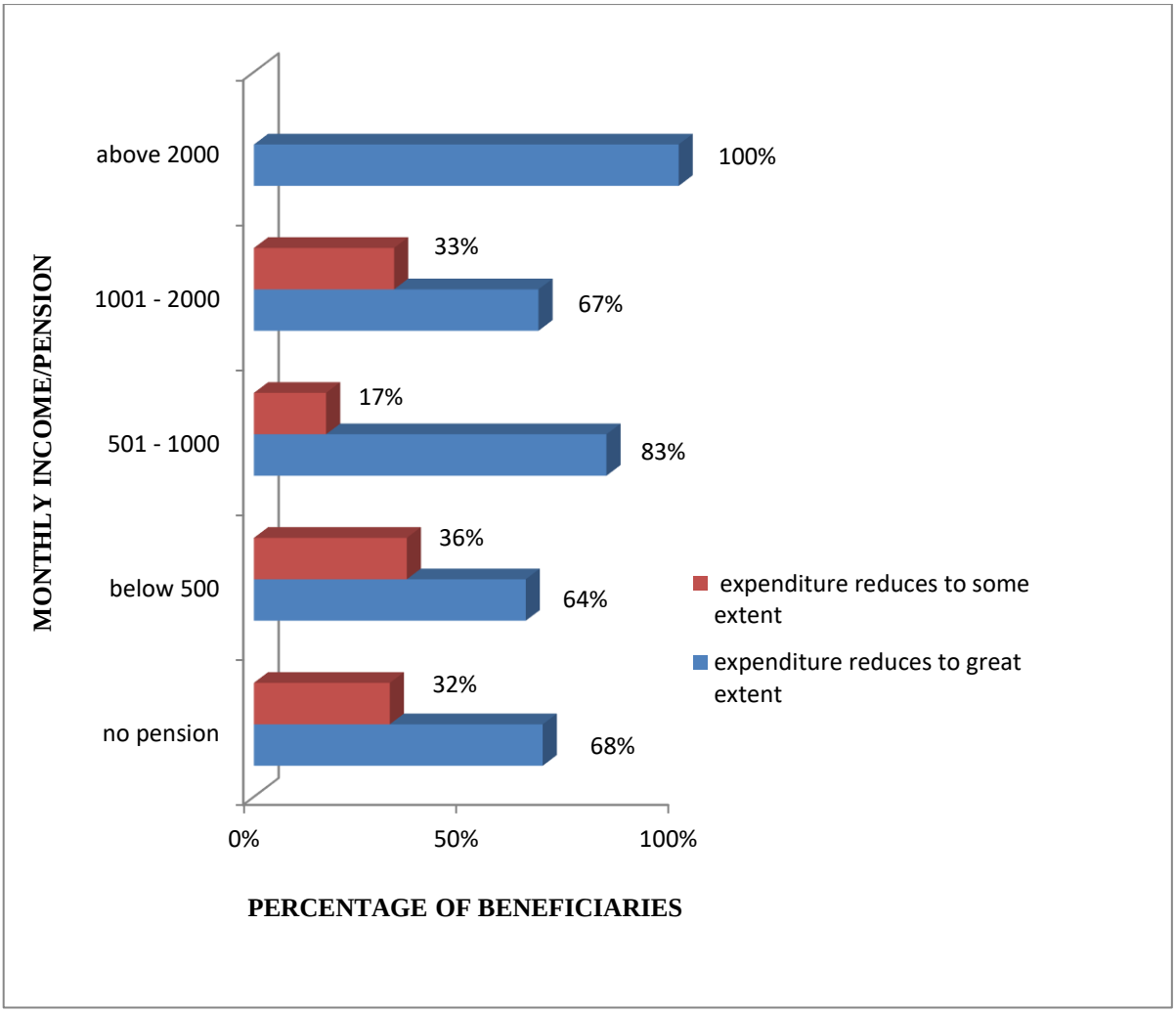

FIGURE 22. REDUCTION IN MONTHLY EXPENDITURE OF BENEFICIARIES ON HEALTH CARE AFTER AVAILING SERVICES FROM MMU

23. In a sample of 100 beneficiaries, 76percent of the beneficiaries feel that the MEDICAL MOBILE UNIT provides the better services than other healthcare providers do for all types of disease, as most of the medicines are available and effective also. While 22percent of the beneficiaries feel that MEDICAL MOBILE UNIT provides better services than other healthcare providers only for some of the disease as some of the medicines are not available with the MEDICAL MOBILE UNIT. Whereas only 2percent of the beneficiaries feel that other healthcare providers gives better services when compared with the MEDICAL MOBILE UNIT, but they avail the services only because the medicines are available at very minimum cost. **(FIGURE 23)**

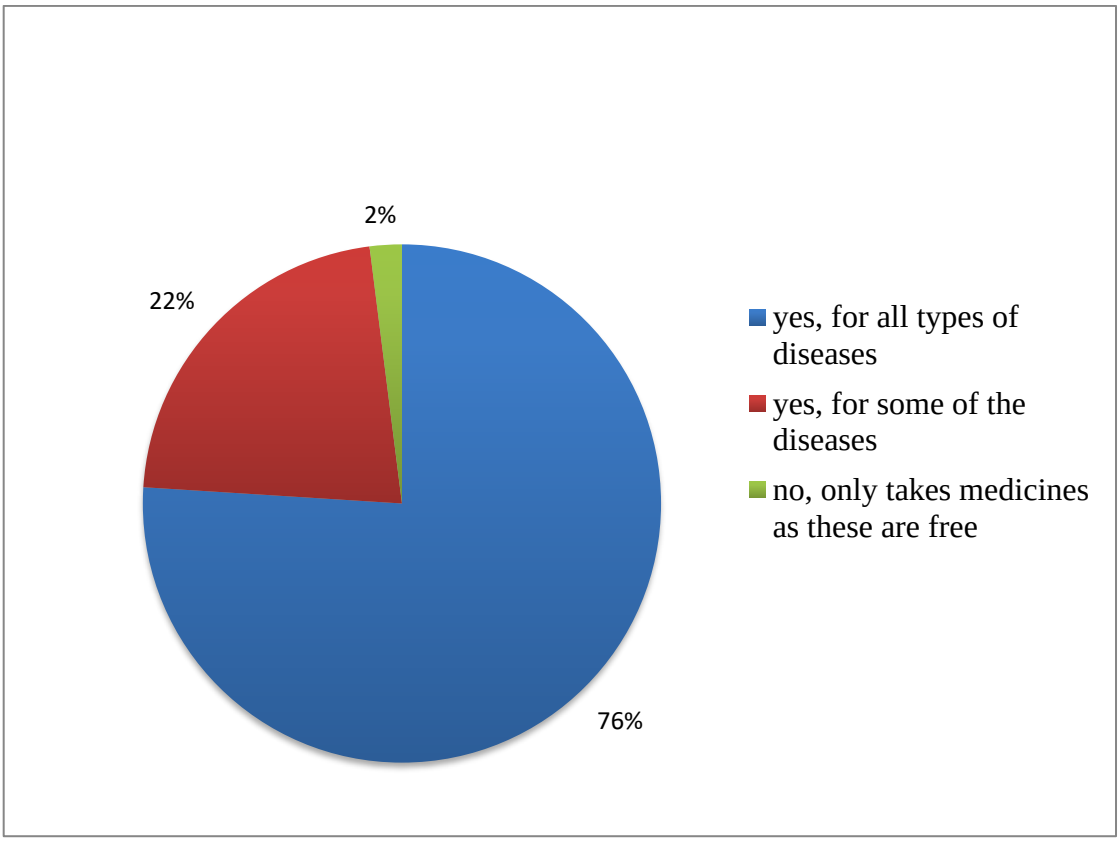

FIGURE 23. BETTER SERVICES TO ELDERLY BENEFICIARIES IN COMPARISION TO HEALTH CARE PROVIDERS

24. In a sample of 100 beneficiaries, 36percent of beneficiaries voluntarily always aware and recommend, the other elderly people of the community who are not the beneficiaries about the healthcare services offered by the MEDICAL MOBILE UNIT in their community. While 42percent of the beneficiaries sometimes aware and recommend the other elderly people of the community who are not the beneficiaries of MEDICAL MOBILE UNIT, they only refer the other elders when they see any needy elder person. Whereas 22percent of beneficiaries only tells the other elder person when somebody ask them about the healthcare services offered by MEDICAL MOBILE UNIT in their community. None of the beneficiary said that they will not refer any of the elders of the community to avail the health care services of MEDICAL MOBILE UNIT. **(FIGURE 24)**

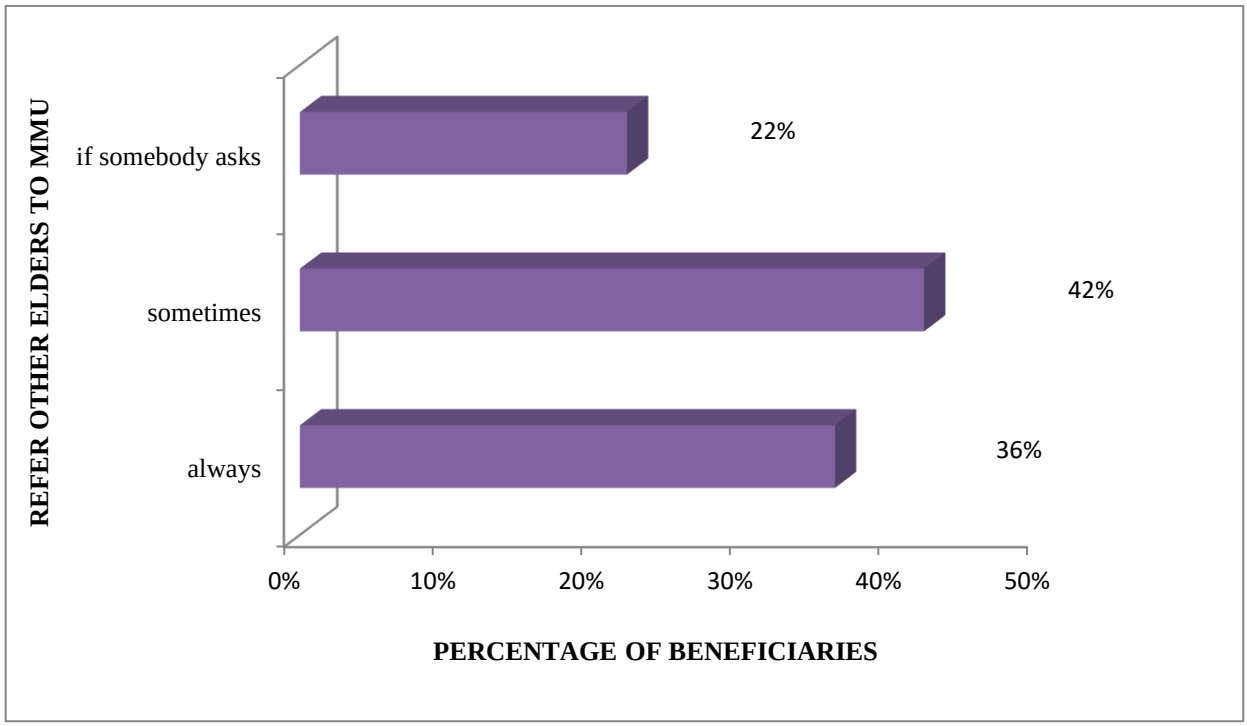

FIGURE 24. BENEFICIARIES REFER OTHER ELDERLY PEOPLE OF COMMUNITY TO AVAIL SERVICES FROM MMU

25. In a sample of 100 beneficiaries, 66percent of beneficiaries feel that MEDICAL MOBILE UNIT is the better and beneficial health care service provider for elders in terms of its services offered, medicines provided at very minimum cost, less time and effort required to reach and avail the services and the availability of the MEDICAL MOBILE UNIT in their community. While 7percent of the beneficiaries feel that MEDICAL MOBILE UNIT provide beneficial services only in terms of cost of medicines and its easy availability, otherwise it is just somewhat beneficial for the elderly people of the community. Whereas 27percent of the beneficiaries feel that, the medical mobile will be more effective and beneficial, if some more health care services are provided by it. None of the beneficiary said that the MEDICAL MOBILE UNIT is not beneficial at all in terms of its services, medicines and other factors as well. **(FIGURE 25)**

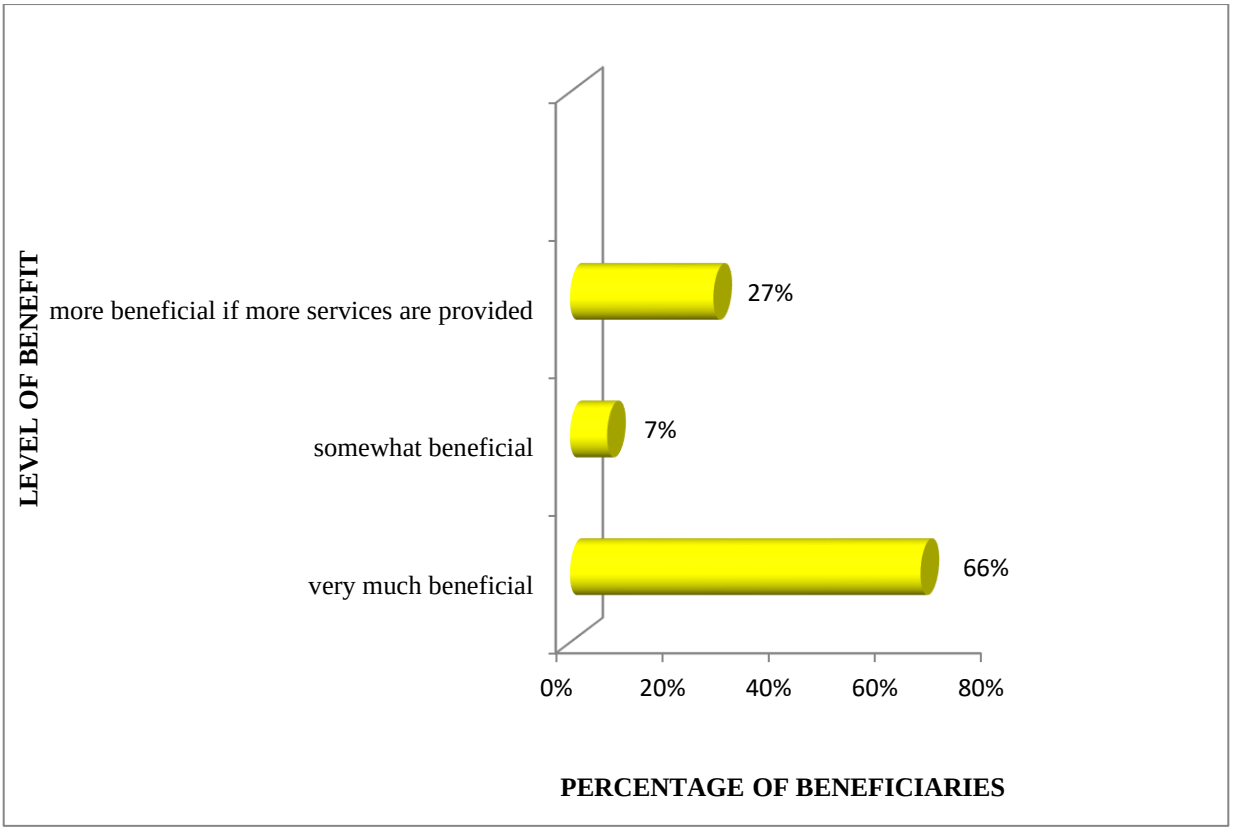

FIGURE 25. LEVEL OF BENEFIT OF SERVICES OF MMU TO ELDERLY BENEFICIARIES

26. In a sample of 100 beneficiaries, only 22percent of the beneficiaries fully satisfied with the current healthcare services provided by MEDICAL MOBILE UNIT, and they feel that there is no requirement of any other changes in the unit. While 33percent of the beneficiaries feel that MEDICAL MOBILE UNIT should start providing the diagnostic services for the elderly beneficiaries as this will save the money and time of elderly people. While 10percent of the beneficiaries feel that, the MEDICAL MOBILE UNIT should provide the rehabilitative services (both physical and mental) for their elderly beneficiaries, as it is very necessary for elders along with the medicines. Along with this 4percent of the beneficiaries demanded for the increase in the number of doctors in the MEDICAL MOBILE UNIT as the number of patients is quite high in their community. Around 19percent of the beneficiaries demand for the better quality of medicines for the elderly people. Whereas there were 7percent of the beneficiaries, who said that they do not know what changes can be brought in the MEDICAL MOBILE UNIT to improve its services so that more number of

elderly beneficiaries can be benefitted with the health care services. **(FIGURE 26)**

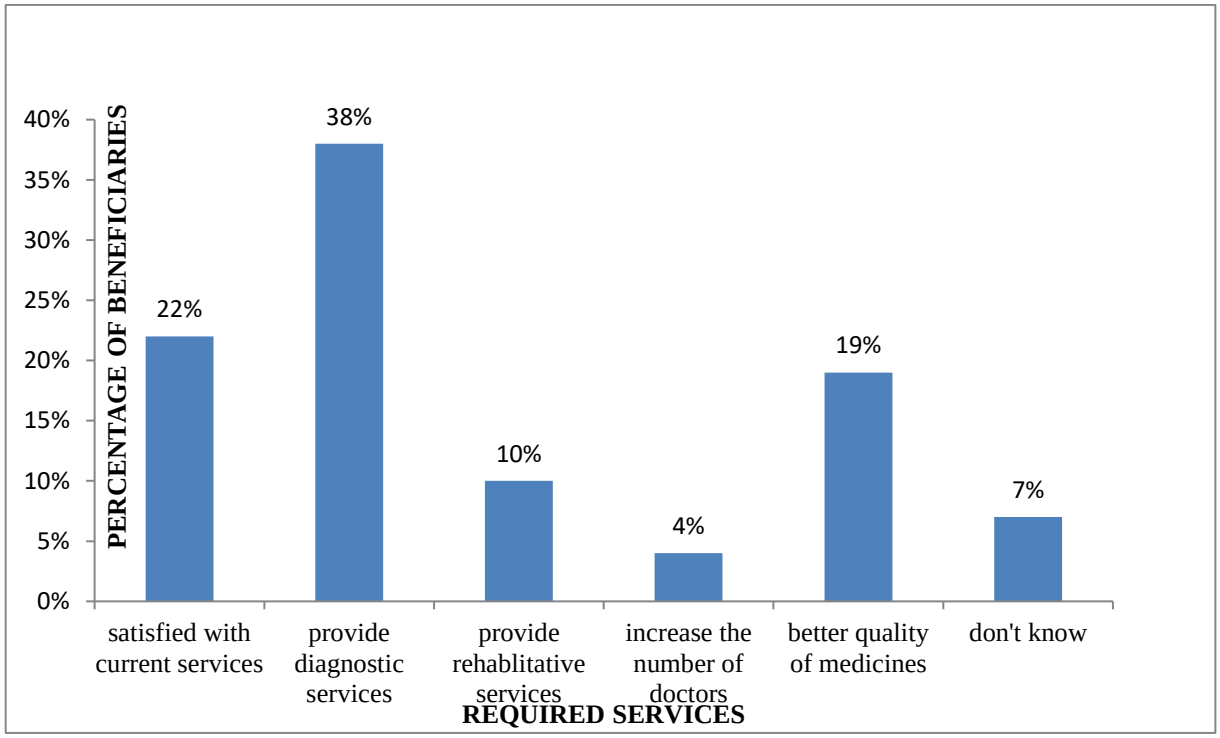

FIGURE 26. CHANGES SUGGESTED BY BENEFICIARIES FOR BETTER SERVICES

DISCUSSION

After analyzing the whole data, it was found that MEDICAL MOBILE UNIT provides beneficial services to its beneficiaries in terms of curative care. In this study there were 40percent male participants and 60percent female participants. Most of the beneficiaries were availing the monthly pension of rupees 1000 which is provided to the elderly people from the government side, otherwise there was no other source of income for these beneficiaries. Some of the beneficiaries were dependent on their family in terms of financial support. Most of the beneficiaries start availing the services from Medical Mobile Unit when they saw the van standing in their community and distributing the medicines to the elderly population of the same community. Some other beneficiaries came to know about the services of MEDICAL MOBILE UNIT for the first time from other beneficiaries. According to many of the beneficiaries, the location of MEDICAL MOBILE UNIT is perfect as it is in the reach of almost all of the elderly people of the community. The location of the MEDICAL MOBILE UNIT is such that any elder person of the community can easily locate it whether they were beneficiaries or non-beneficiaries. The beneficiaries get the medicines for their all types of illness like diabetes, hypertension, joint pains etc. from Medical Mobile Unit. Most of the beneficiaries were chronically ill (suffering from hypertension, diabetes & asthma), these beneficiaries were availing the services for more than six to seven years which proves that the medicines and the services are effective and it also reduces their monthly expenditure on health, they also feel that after availing services from MEDICAL MOBILE UNIT there is a great improvement in their physical well being. The beneficiaries who are availing services for more than one year are very much motivated about the services as they were availing the services at very minimum cost, at their doorstep and in very less time as compared to the other health care service providers. Almost every beneficiary is aware that MEDICAL MOBILE UNIT visit every week in their community, for providing health care services to its beneficiaries. Therefore, these beneficiaries arrive on the location at the time or before the arrival of MEDICAL MOBILE UNIT for availing the services. Most of the beneficiaries said that the time for availing the services from MEDICAL MOBILE UNIT is very less as compared to other health care service

providers. It is unlike other primary health care centers where the elderly people has to reach early in the morning and had to wait for long hours in the que to consult the doctor. Many beneficiaries also referred that the time for taking the medicines from the pharmacist is also very less whereas in government dispensaries or government hospitals elders have to wait for longer period of time to get the medicines for their illness. Beneficiaries also saves the time, energy and transportation cost by availing the services of the MEDICAL MOBILE UNIT. Some of the beneficiaries were satisfied with the type of information being provided by the doctor and pharmacist while some feel that the level of information needs to be improved and more education on various aspects of health apart from their disease and medicines should be provided from the staff members of the MEDICAL MOBILE UNIT. MEDICAL MOBILE UNIT plays a great role in improving the quality of life of its beneficiaries. Most of the beneficiaries refer other elderly people of the community to MEDICAL MOBILE UNIT for availing the services. Many beneficiaries said that if someone else comes with MEDICAL MOBILE UNIT apart from doctor, pharmacist and driver, they will only interact with that person if it will be necessary otherwise they will have no interest to know anyone else (apart from doctor and pharmacist) on MEDICAL MOBILE UNIT. Many of the beneficiaries do not know about the social worker who sometimes visits with MEDICAL MOBILE UNIT. Around 35percent of the beneficiaries have to take the medicines from the sources other than MEDICAL MOBILE UNIT (like government dispensaries or government hospitals or private hospitals or local chemist). The reason for taking the medicines from the outside source is either the medicine is prescribed by MEDICAL MOBILE UNIT doctor but it's not available in the prescribed medicines, or the beneficiary wants some medicine but not prescribed by the doctor of MEDICAL MOBILE UNIT. So beneficiaries takes these medicines from outside source. But 65 percent of beneficiaries takes all the medicines for all type of illness from the MEDICAL MOBILE UNIT ONLY. Despite of this most of the beneficiary feel that getting services from MEDICAL MOBILE UNIT reduces their monthly expenditure to a great extent as medicines are available at very minimum cost of rupees five per visit. Many of the beneficiaries were very active as they always aware about the services and benefits of MEDICAL MOBILE UNIT to the other elderly population of

the community. Though some of the beneficiaries were satisfied with the current services of MEDICAL MOBILE UNIT, still many of the elderly beneficiaries want some improvement in the services to make MEDICAL MOBILE UNIT more effective, beneficial and efficient for the elderly population. With the improvements and changes, more number of elderly people can become the beneficiary of MEDICAL MOBILE UNIT. Hence it can be said that MEDICAL MOBILE UNIT is very much beneficial for the elderly people, but if the services can be improved according to the suggestions of the beneficiaries than the MEDICAL MOBILE UNIT becomes incomparable in providing health care services.

CHAPTER 6

CONCLUSION

Result of the study indicate that according to the service providers and the beneficiaries, the Medical Mobile Unit is very useful because the services are now being provided to those people who were not able to avail of any services due to inaccessibility. Medical Mobile Units have provided an opportunity to provide services to the hard to reach areas.

The staff of the medical mobile unit is well trained to take care of the elderly beneficiaries. All the prescribed drugs are available in the Medical Mobile Unit, which are beneficial for the health of older people. The beneficiaries are able to get the prescribed medicines only after the consultation.

Both users and care providers are seldom consulted on their experiences or how systems need to change to improve care. There have been suggestions from the beneficiaries that the information related to the improved services of Medical Mobile Unit should be given consideration. Medical mobile unit is a boon for the elderly people, who cannot avail the public/ private health care services due to various reasons.

Cost and affordability of medical care, medications, even transport to the health centre are big concerns for older people, especially those with low incomes. Many do not seek or delay needed care because of worries about cost. For such elderly people medical mobile unit proved to be very much beneficial as the its health care services are provided within the reach of every elderly person of the community, so they don't have to travel long distance and spend money on the transportation. Also the medicines are available either free of cost or at very minimal charges which makes services of medical mobile unit cost effective and beneficial for the elderly beneficiaries.

Waiting time to meet the consultant and take the medicines from the pharmacy was also one of the main concerns of the elderly people. As to meet, the healthcare provider at other centres is very disappointing and gives frustration. But, with the medical mobile unit services in the community, elderly beneficiaries gets the services at their door steps without waiting for long hours in the que to meet the doctor and taking medicines from the pharmacist. Therefore, they need not to arrive in the morning and wait all day for availing the services.

It is easy for the older patients to communicate with the doctor of the medical mobile unit regarding to their queries related to their physical and mental health as the number of patients or the beneficiaries is quite low as compared to the government hospitals and dispensaries .

In addition, it is more convenient for the pharmacist to explain the proper dosage of the medicines to the beneficiaries in more effective and efficient way. Older people also understand properly the guidance of the doctor and pharmacist.

Most of the beneficiaries were satisfied to the great extent in terms of medicines, cost of services and with the attitude and behaviour of the staff of medical mobile unit.

It is also very important that proper Information, Education and Communication about various aspects of health care should be provided time to time, to elderly beneficiaries. As in this age group people tend to forget things and also suffer from other types of mental disorders.

The piecemeal approach to care is of great concern and may result in missing warning signs of incipient medical problems. More investments from the government and policy maker side should be made in order to give more n better health care facilities along with finance, social security, housing, transportation, justice. Training of both the healthcare providers and family

members should be made in order to keep older people healthy through health promotion practices.

Therefore, it can be concluded that medical mobile unit plays critical and important role in providing the beneficial, effective and efficient healthcare facilities to older people in terms of availability, affordability and accessibility.

RECOMMENDATIONS

Certain recommendations are suggested based on the observations and analyses of the study.

1) As it was told by the beneficiaries that the number of the beneficiaries have reduced a lot in past six months, due to various reasons like inaccessibility of Medical Mobile Unit, dissatisfaction from the services, dissatisfaction from the staff etc. Therefore, it is recommended that the staff of medical mobile unit along with some other professional should organize the health camps and awareness activities so that more number of elderly people can avail the services of medical mobile unit and the number of beneficiaries can be increased.

2) As it was observed that the infrastructure of the medical mobile unit was not well maintained, also the equipments like stethoscope, torch and B.P. apparatus were out of order. So it is strongly recommended that the infrastructure and the medical equipments should be well maintained to provide better services to its beneficiaries.

3) It is recommended that in health camps education of various aspects of healthcare should be told to its beneficiaries as it is mandatory for the elders so that they can keep up well with their physical health.

4) Some diagnostic services like for diabetes, arthritis etc., should be added to the elderly beneficiaries to enhance the service related to the delivery.

5) There should be time to time monitoring checkups of the elderly beneficiaries. There should be regular monitoring of the medicine cost, cost of infrastructure and cost of maintenance to reduce the overall cost.

6) There should be linkages with the government primary health centers to sustain the programme.

QUESTIONNAIRE TO ASSESS THE FUNCTIONALITY OF MEDICAL MOBILE UNIT IN PROVIDING HEALTHCARE FACILITIES TO ELDERLY PEOPLE

1. HOW DO YOU COME TO KNOW ABOUT MMU:-

1) Through MMU volunteer
2) Saw the van standing
3) Through Staff of MMU
4) Through other beneficiary
5) Through friend or relative

2. IS MMU EASILY ACCESSIBLE/AVAILABLE BY YOU:-

1) Yes, always
2) Yes, sometimes
3)No,never
4) Others

3. SINCE HOW LONG YOU ARE TAKING MEDICINES FROM MMU:-

1) Less than a month
2) More than 2 but less than 6 months
3) More than 6 months but less than a year
4) more than one year

4. HOW MANY TIMES MMU VISITS IN YOUR LOCATION:-

1) Once in a week
2) Once in two weeks
3) Once in a month
4) Rarely visits

5. HOW MUCH IS THE WAITING TIME TO MEET THE DOCTOR IN THE QUE:-

1) Very less time

2) Immediately after reaching MMU

3) Have to wait for long

6. HOW MUCH IS THE WAITING TO TAKE MEDICINES FROM THE PHARMACIST:-

1) Takes about 15-20 minutes

2) Immediately

3) Have to wait for long for taking medicines

7. DO YOU FEEL THAT TAKING FREE MEDICINES FROM MMU REDUCES YOUR MONTHLY EXPENDITURE ON HEALTH:-

1) Yes, it reduces upto a great extent

2) Yes, it reduces to some extent

3) No, it doesn't help

4)Don't know

8. DOES THE DOCTOR PROVIDE YOU PROPER INFORMATION ABOUT YOUR DISEASE:-

1) Yes, always

2) Yes, only when asked

3) Only to few patients

4) Doctor never provide any information

9. DOES THE PHARMACIST PROVIDE YOU PROPER INFORMATION ABOUT DOSAGE OF PRESCRIBED MEDICINES:-

1) Yes, always

2) Yes, only when asked

3) Only to few patients

4) Doctor never provide any information

10. DOES THE MMU STAFF EDUCATE YOU ABOUT VARIOUS ASPECTS HEALTHCARE:-

1) Yes, always

2) Yes, only when asked

3) Only to few patients

4) Doctor never provide any information

11. DO YOU KNOW OTHER STAFF PRESENT ON MMU APART FROM DOCTOR & PHARMACIST:-

1) Yes, there is one social worker & driver

2) Yes, there is other staff as well but don't know about him/her

3) Not interested to know

4) No there is no other staff present on MMU apart from Doctor & pharmacist

12. HOW MANY TIMES DO YOU VISIT MMU FOR AVAILING SERVICES:-

1) On every visit of MMU

2) Only when medicines are required

3) Only when ill

4) No fix visit

5) Don't know

13. HOW IS YOUR COMMUNICATION LEVEL WITH DOCTOR:-

1) Satisfactory

2) Sometimes satisfactory

3) Doctor never allows patients to speak

4) Don't prefer to talk to doctor

5) other

14. HOW IS THE INFORMATION PROVIDED TO YOU BY THE DOCTOR RELATED TO YOUR DISEASE:-

1) Fully satisfied 2) Somewhat satisfied

3) Don't understand what doctor says

4) Totally dissatisfied

15. DOES THE PHARMACIST MAKE YOU UNDERSTAND THE MEDICINE DOSAGE PROPERLY:-

1) Fully satisfied 2) Somewhat satisfied

3) Don't understand what pharmacist says 4) Totally dissatisfied

16. DO YOU INTERACT WITH OTHER PERSON WHO VISITS YOUR COMMUNITY ALONG WITH MMU:-

1) Yes 2) Only when he/she will interact

3) No 4) Don't know

17. ON YOUR INTERACTION WITH THE SOCIAL WORKER THE COUNSELING PROVIDED TO YOU IS:-

1) Fully satisfied 2) Somewhat satisfied

3) Don't understand what pharmacist says 4) Totally dissatisfied

18. DO YOU TAKE MEDICINES FROM OTHER SOUCES AS WELL:-

1) Some from Govt. Hospital 2) Some from Pvt. Hospital

3) Some from chemist 4) Takes all medicines from MMU

19. HOW MANY TIMES YOU TAKE MEDICINE FROM OTHER SOURCE:-

1) Every week 2) Twice in a month

3) Once in a month 4) No medicine from outside

20. WHAT IS THE AVERAGE COST OF MEDICINE TAKEN FROM OTHER SOURCE:-

1) Rs. 5-20 2) Rs. 20-50

3) Free of cost 4) No medicine from outside

21. DO THINK THAT MMU PROVIDES BETTER SERVICES THAN OTHER HOSPITALS IN CASE OF MINOR ILLNESS:-

1) Yes, for all minor illness 2) Yes, for some of the diseases

3) No, only takes medicines as these are free 4) Don't know

22. DO YOU THINK THAT LOCATION OF MMU IS EASILY ACCESSABLE BY MOST OF THE ELDERLY PEOPLE OF THE COMMUNITY:-

1) Yes, location is fine 2) Only for few people

3) Location of MMU is not perfect at all

23. DO YOU FEEL CHANGE IN YOUR PHYSICAL WELL BEING AFTER TAKING MEDICINES FROM MMU:-

1) Yes, to great extent 2) Yes, to some extent

3) No, change at all 4) Don't Know

24. DO YOU FEEL CHANGE IN YOUR MENTAL & SOCIAL WELL BEING AFTER MEETING THE STAFF OF MMU AND OTHER BENEFICIARIES:-

1) Yes, to great extent 2) Yes, to some extent

3) No, change at all 4) Don't Know

25. DO YOU REFER OTHER ELDERLY PEOPLE TO AVAIL THE HEALTHCARE SERVICES FROM MMU:-

1) Yes, always 2) Yes, sometimes

3) Not bothered about others 4) No it will not refer

26. DO YOU FEEL THAT MMU SERVICES IS A BETTER OPTION FOR ELDERS FOR THEIR MINOR ILLNESS:-

1) Yes, very much 2) Yes somewhat

3) Yes, if more facilities are provided 4) Not at all

27. IS THERE ANY OTHER REASON TO VISIT MMU APART FROM MEDICINE:-

1) Yes 2) No

28. CHANGES WE CAN DO TO IMPROVE OUR SERVICES:-

1) Satisfied 2) Diagnostic services

3) Rehabilitative Services 4) Increase number of doctors

5) Better quality of medicines 6) don't know

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