Mobile Health Centre (MHC)

NAM India-Americares India Foundation

Assessing the impact on key parameters

January 2023

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Executive Summary

Project Goals

- To ameliorate the health condition of the slum population in Mumbai by providing diagnoses, appropriate prescription and medicines.
- To provide training for health services among staff at MHCs

Total Beneficiaries: 18,401

Sampling Summary

MHU	Female	Male	Total
Aries	36	26	**62**
Virgo	44	18	**62**
Total	**80**	**44**	**124**

Accessing diagnostic tests/consultation	Accessing medicines	Referral & Awareness Generation
100% received doctor consultation for free	**85%** received medication after consultation	**83%** Respondents were referred for secondary treatment
90% Respondents availed the diagnostic tests provided by MHU	**100%** respondents who received medicines got the same for free	**88%** reported to have participated in the Awareness Generation sessions
97% were satisfied with doctor consultation	**100%** respondents who received medicines reported relief	**88%** reported satisfaction with educational sessions conducted

Beneficiaries reported the following reasons for **satisfaction** –

- ✓ Accessibility of medical services
- ✓ Good consultation services
- ✓ Free & effective medicines

Key Recommendations

- ➢ Inclusion of more illnesses diagnosed/treated by the MHU
- ➢ Increase in frequency of MHU requested by select respondents
- ➢ Inclusion of health educational initiatives regarding gov schemes

Urban Population: Maharashtra

India on an average spends less than **1.8%** of its GDP on healthcare in the past several years while the global average rests around **9.5%**

49.8% of urban poor children under 3 years of age was underweight as compared to **26.2%** of urban non-poor children

47.1% urban poor children under 3 years of age are underweight as compared to **45%** rural children.

In Maharashtra, only **20%** of households in Maharashtra have any kind of health insurance that covers at least one member of the household.
Additionally, Only **14%** of women and **19%** of men aged 15-49 are covered by any health insurance/financing scheme.

According to **NFHS-3** only **39.9%** of urban poor children get full immunization against the **65.4%** of urban non-poor children.

Urban Health Infrastructure

22.8 / 10000 — Health Worker density against 44.5/10,000 standard requirement by WHO

46% — Shortfall in manpower in Maharashtra in PHCs

1:854 — Doctor-population ratio of India against 1:1000 as recommended by WHO
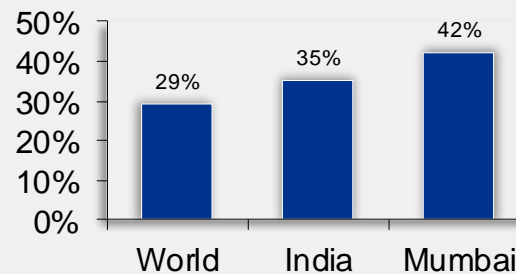
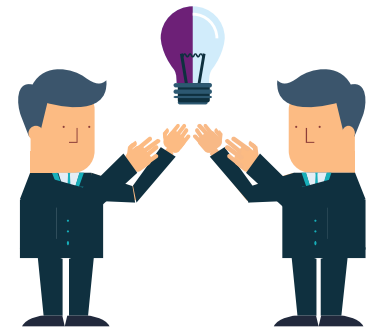**1718** *Sub Centres*

5439 *Primary Health Centres*

470 *Community Health Centres*

Population living in Slums

29% World
35% India
42% Mumbai
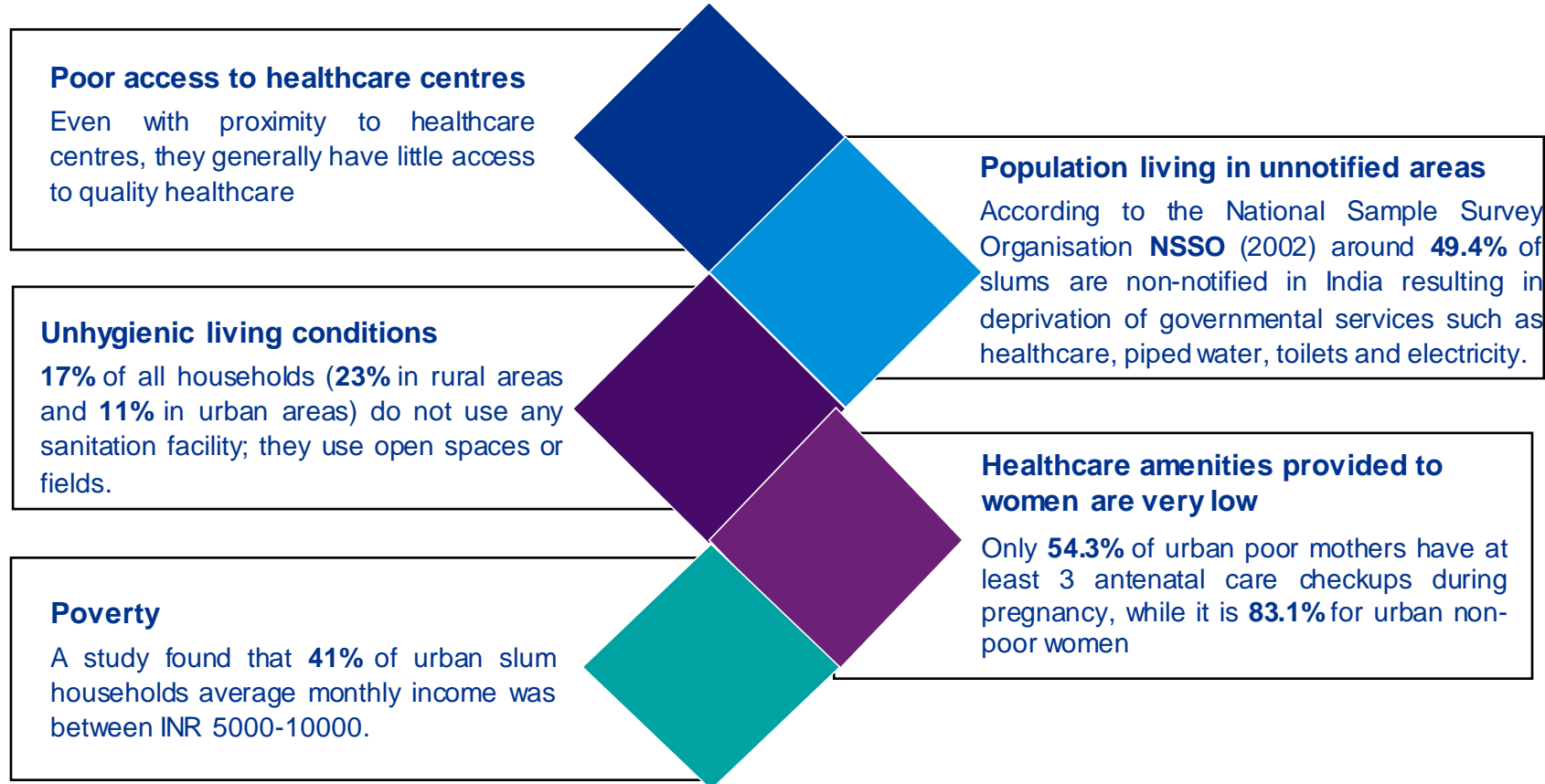
The average population in slums in **Mumbai** is **42%** which is greater than the average of **global 29%** and **India 35%**

India has a population of 1.4 billion people and **17%** of the population resides in slums. Maharashtra has the highest percentage of slum population at **18%**. People living in slums face several challenges ranging from lack of clean water to overcrowding. Here are some of the major challenges faced by the people living in slums.

Poor access to healthcare centres

Even with proximity to healthcare centres, they generally have little access to quality healthcare

Population living in unnotified areas

According to the National Sample Survey Organisation **NSSO** (2002) around **49.4%** of slums are non-notified in India resulting in deprivation of governmental services such as healthcare, piped water, toilets and electricity.

Unhygienic living conditions

17% of all households (**23%** in rural areas and **11%** in urban areas) do not use any sanitation facility; they use open spaces or fields.

Healthcare amenities provided to women are very low

Only **54.3%** of urban poor mothers have at least 3 antenatal care checkups during pregnancy, while it is **83.1%** for urban non-poor women

Poverty

A study found that **41%** of urban slum households average monthly income was between INR 5000-10000.

In 2018, the Indian government had launched the " **Pradhan Mantri Jan Arogya Yojana**" targeted to provide "Health Insurance" to nearly 50 crore Indians.

Project Goals

☐ To ameliorate the health condition of the slum population in Mumbai by providing diagnoses, appropriate prescription and medicines.

☐ To provide training for health services among staff at MHCs

☐ To provide awareness sessions to community about spread of communicable and non-communicable diseases

Implementing Partner: Americares India Foundation

Project Location
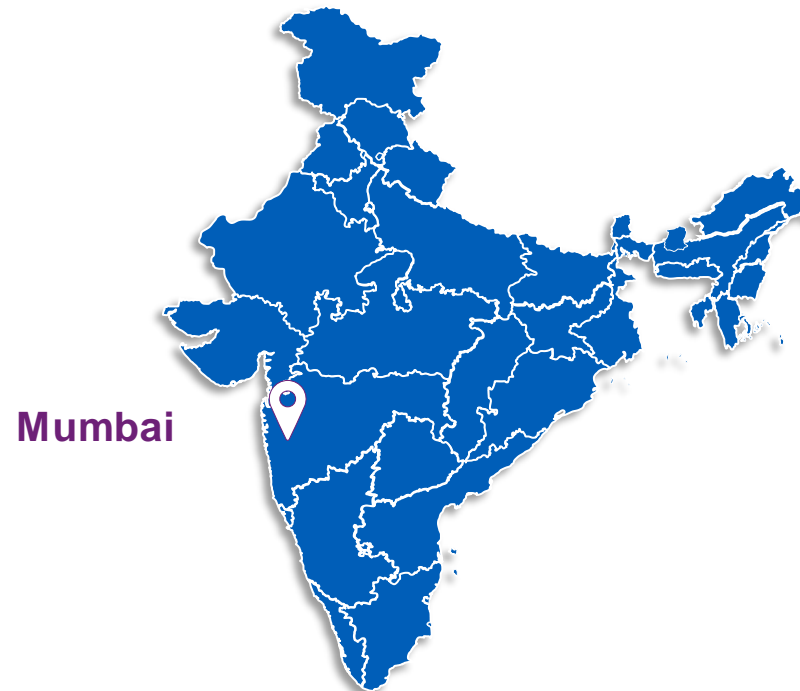
Mumbai

**Duration
FY 2020-2021**

Beneficiaries

MHC Name	Male	Female	Others	Total
MHU 1 - Virgo	2,799	5,394	3	8196
MHU 2 - Aries	3,891	6,313	1	10205
Grand Total	6,690	11,707	4	18,401

* Each MHU served 19 locations in Mumbai

Mobile Health Centre (MHC) operate in 8 wards across Mumbai. Each MHC covers 19 locations by visiting each location once every two weeks. The 8 wards across Mumbai are: S,K/E, K/W, H/E, P/N, P/S, G/N and H/W.

The project on healthcare was implemented by the partner organisation with funding by NAM India. The impact assessment study aims to capture the overall impact of the programme on beneficiaries in the targeted geographies.

Methodology

Consultation & Scoping

Phase 1

Discussion with NAM India team was conducted to seek project related details, understand the scope and document the engagement's expectations

Information on NAM India CSR programs was requested

Phase 2

Review of existing Theory of Change

Stakeholder interactions were conducted to understand projects, geographies, mode of implementation, intended impacts and processes

An Impact Map of the program was developed and strengthened in consultation with partners

Analysis & Impact Assessment Report Preparation

Phase 5

Conducted data analysis and prepared reports on Impact Assessment basis information gathered through stakeholder interactions

Phase 3

Sampling and Tool Designing

Finalised the sample plan for stakeholders, designed tools for Impact Assessment for stakeholder interactions.

Interactions conducted were combination of one-on-one interviews and focused group discussions

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Stakeholder Interaction and data collection

Phase 4

Conducted stakeholder interactions (on a sample basis) through offline modes such as field visits to program locations, and telephonic interaction.
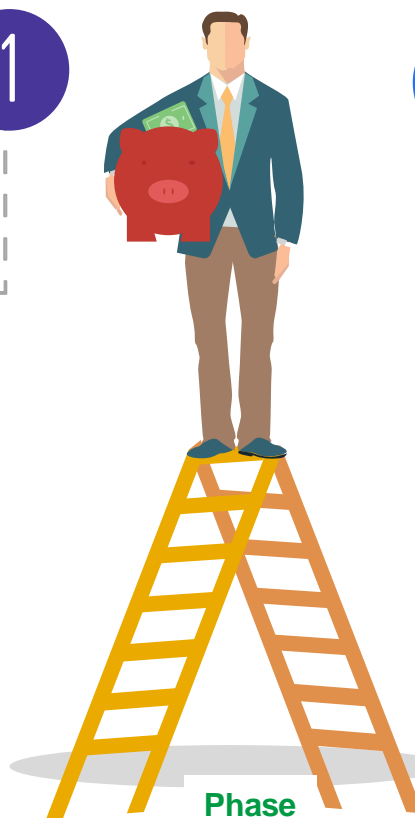
Sampling

- Primary research was conducted through a qualitative and quantitative online survey with target beneficiaries.
- Stratified Random sampling was utilized to select treatment group respondents for the survey. The objective was to ensure 95% confidence level with 7% margin of error.
- This approach along with sampling methodology helped guarantee optimum possible representation of the universe across geographies. All responses were captured through one-on-one surveys which included multiple choice questions along with couple of qualitative questions designed specific to the intended outcomes of the program.

- 124 beneficiaries were covered in the study through one-on-one interaction. Thus, a confidence level of 90% and margin of error of ~7% was achieved for the study.
- An interaction was conducted with Americares India Foundation team to understand the benefits and areas of improvement evidenced by them.

Beneficiaries Interacted

MHU	Sub- Location	Target			Achieved		
		Female	Male	Total	Female	Male	Total
Aries	Jai Hind Nagar	10	4	**14**	13	5	**18**
	Juhu Koliwada	9	5	**14**	3	10	**13**
	Golibar	9	6	**15**	8	7	**15**
	Ramlila Ground	7	5	**12**	12	4	**16**
	Total	**36**	**19**	**55**	**36**	**26**	**62**
Virgo	Majaswadi	7	4	**11**	13	4	**17**
	Ganesh Nagar	7	4	**11**	7	8	**15**
	Durgah	9	4	**13**	12	4	**16**
	Fule Nagar	7	3	**10**	12	2	**14**
	Total	**30**	**16**	**46**	**44**	**18**	**62**
Grand Total		**66**	**35**	**101**	**80**	**44**	**124**

Stakeholder Contribution	Input	Output	Outcome	Impact

Stakeholder Contribution	Input	Output	Outcome	Impact
Funding & physical infrastructure under Mobile Health Center project	Providing access of Healthcare to communities	Beneficiaries accessing diagnostic tests/consultation	Improved access to diagnostic services and primary treatment support	Improved health practices among communities like started taking preventive steps, enhanced health-seeking behaviour, accessing govt. schemes, etc.
		Beneficiaries availing medicines		
	Providing Referral services for higher level of treatments	Beneficiaries approaching laboratory/specialist consultations/specialist surgeons for treatment		
	Establish linkages with Govt. and other health care providers in the vicinity to refer for secondary and tertiary care	Improved knowledge on specialised healthcare among community members	Improvement in attitude towards healthcare among community members	
	Health Education sessions with communities through IEC and mass awareness sensitization drives			
	Design and development of IEC material			

Note : The above impact map has been prepared in consultation with Americares India Foundation.

Respondents' Profile

64.52% respondents were female, ensuring sample representative of the beneficiary universe of 63.62% women

55 years was the average age of the respondents in the sample

65.88% respondents have studied less that 9 years in school and ~32% were illiterate

81% respondents were employed in domestic work with 10% being unemployed
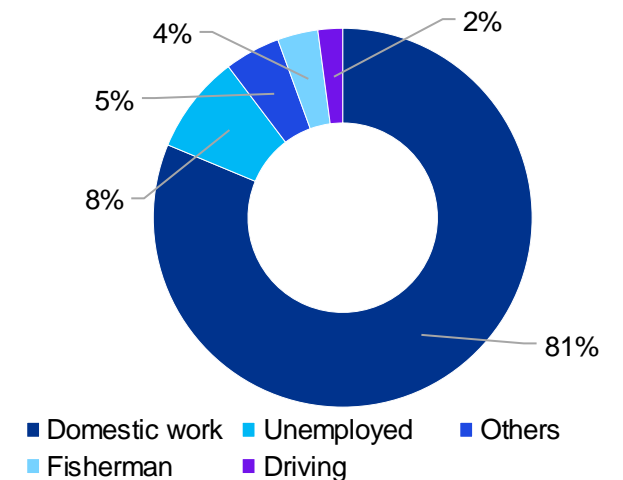
Gender- Respondents
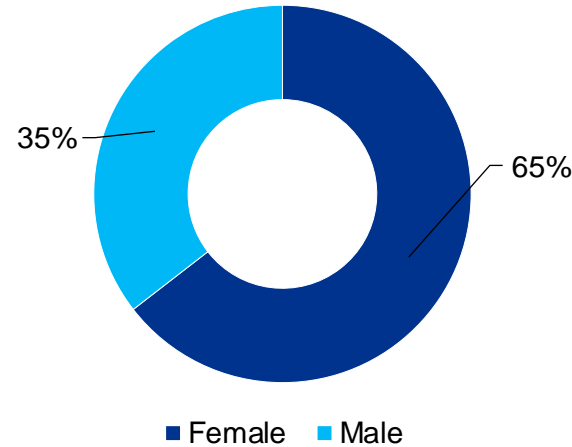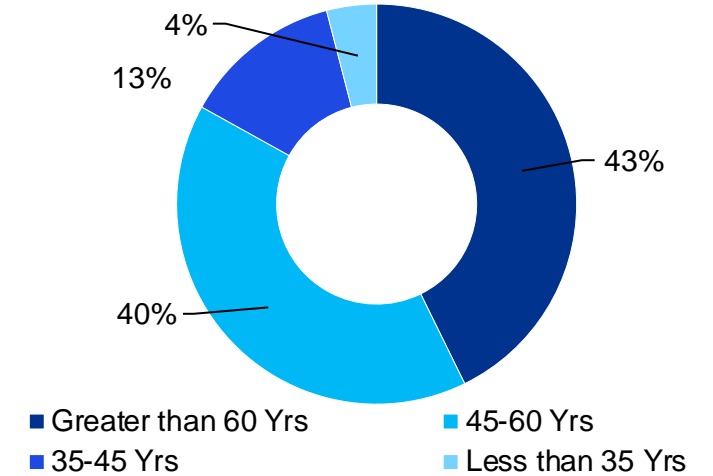
35%

65%

■ Female   ■ Male

Age Distribution

4%
13%
43%
40%

■ Greater than 60 Yrs   ■ 45-60 Yrs
■ 35-45 Yrs   ■ Less than 35 Yrs

Educational background

4.28%
8.28%
1.92%
32.09%
23.91%
29.51%

■ Illiterate   ■ School (5-9 yrs.)
■ SSC/HSC   ■ Some College but not graduate
■ School (up to 4 yrs)   ■ Grad/Post Grad (General)

Occupation Profile

4%
2%
5%
8%
81%

■ Domestic work   ■ Unemployed   ■ Others
■ Fisherman   ■ Driving
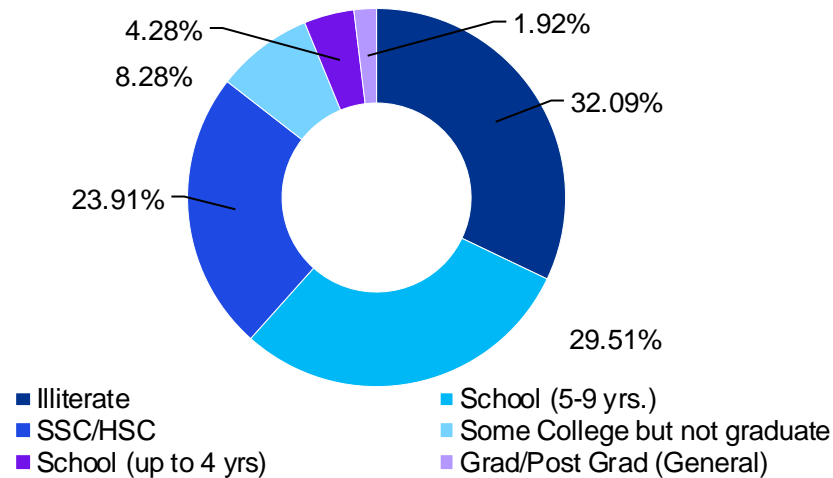
51%

respondents were Chief Wage Earners of their respective families

96%

respondents were unskilled workers while 4% were skilled and self employed

90.06%

Chief Wage Earners have studied less that 9 years in school and ~36.5% were illiterate

Chief Wage Earner was the respondent

51%
49%

■ No ■ Yes

Educational background

2.80%
6.96%
15.34%
36.47%
0.19%
38.24%

■ School (5-9 yrs.) ■ Illiterate
■ School (up to 4 yrs) ■ SSC/HSC
■ Some College but not graduate ■ Grad/Post Grad (General)

Occupation Profile

2%
2%
96%

■ Business/industrialist with more than 10 employees
■ Skilled worker
■ Unskilled worker
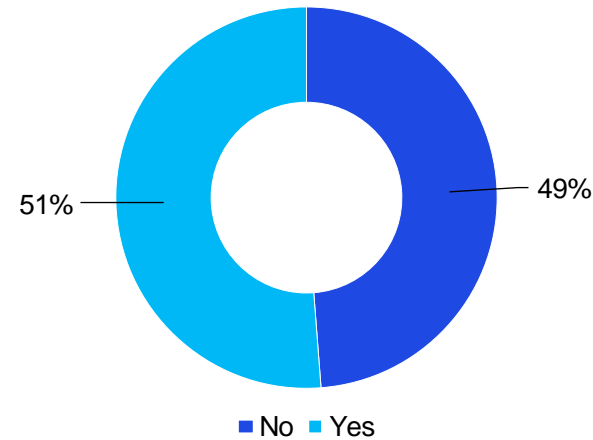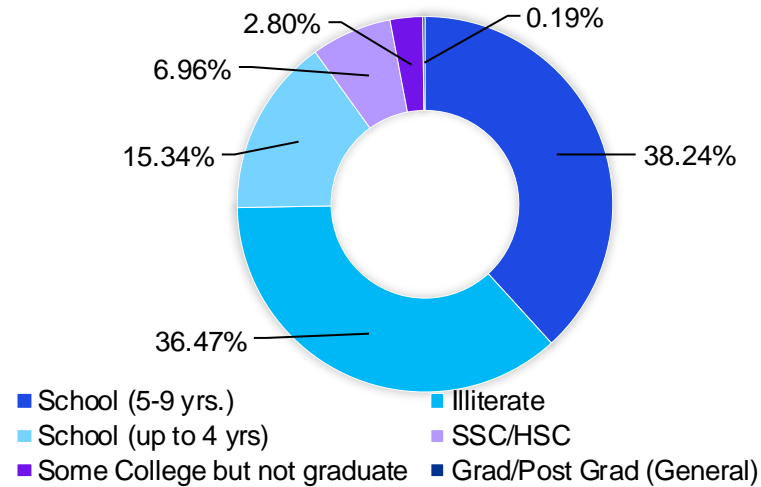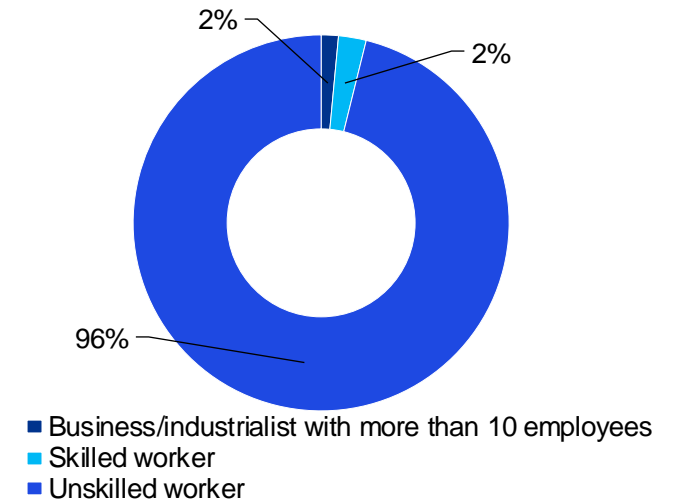
79%

respondents have fallen ill in General illness which includes Cold/Cough, Fever, Dengue, Malaria, Headache, Stomachache

Sickness/ Illness category of respondents

Disease / Illness	Percentage
Mental Illness	0%
Major Surgery / Minor Surgery	0%
TB	0%
Gynecological Problems	0%
Skin Infection	1%
Dental issues	7%
Opthal	10%
Ear issues	11%
Breathing Issue	12%
Non-Communicable Diseases	39%
General Illness	79%

Percentage of respondents
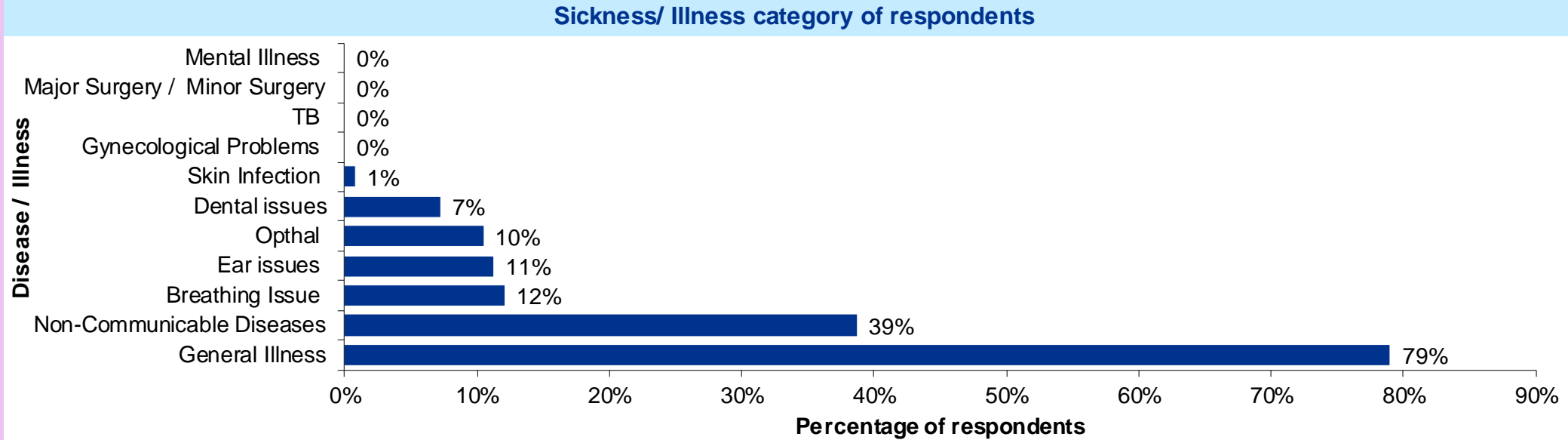
91%

respondents availed services at project MHU

Treatment Choice : General Illness

8% 1%
91%

- Americares MHU
- NGOs, Trust
- Government
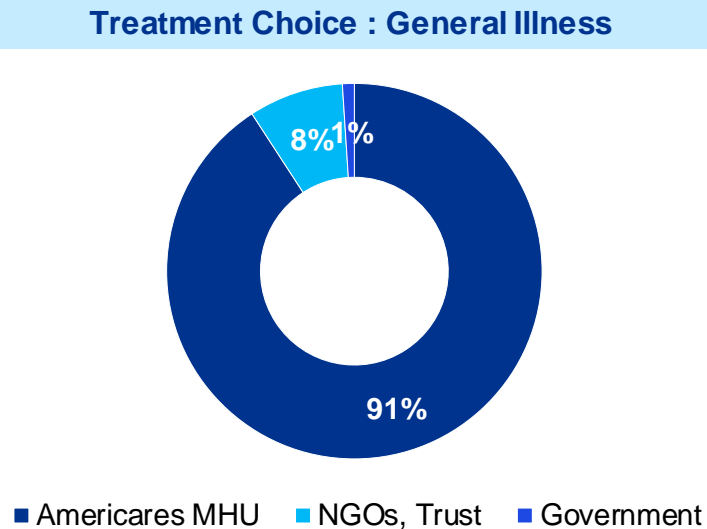
9%

respondents who availed treatment elsewhere had to pay charges, whereas MHU provided free of cost services

Cost of Treatment (Consultation, Medicines, Travel)

6% 3% 0%
91%

- Zero Cost
- 1- 500 INR
- 501-1000 INR
- More than 1000 INR

12
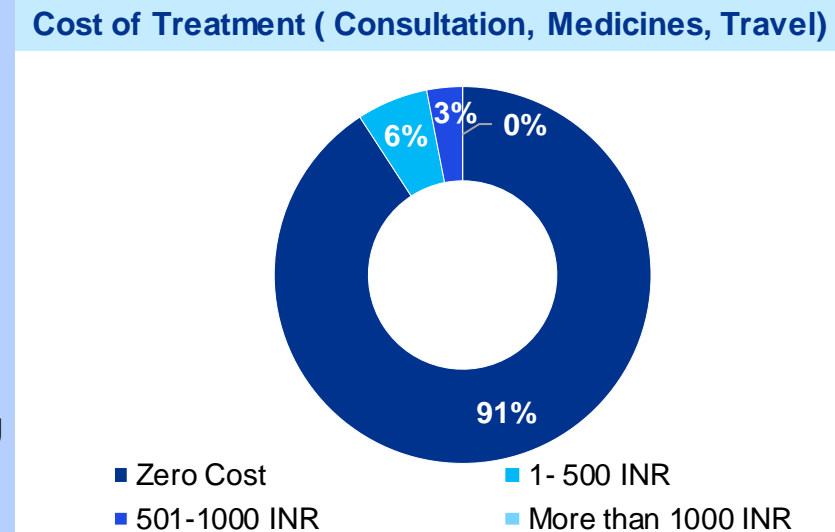
100%
respondents received consultation for free

85%
respondents received medication after consultation

97%
respondents are satisfied with doctor consultation

100%
respondents who received medicines got-it for free

100%
respondents who received medicines received relief

100%
respondents received medicines consumption instructions

Beneficiaries reported the following reasons for satisfaction –

- ✓ Free & effective medicines,
- ✓ Proximity to the medical services
- ✓ Good consultation services

Satisfaction with Doctor consultation

- 13%
- 3%
- 84%
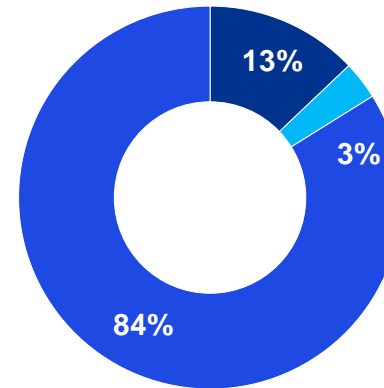
■ Highly satisfied ■ Neither satisfied nor dissatisfied ■ Satisfied

Did You take diagnostics test provided by MHU ?

- 10%
- 90%

■ No ■ Yes

Provision of Medication

- 15%
- 85%

■ Yes ■ No
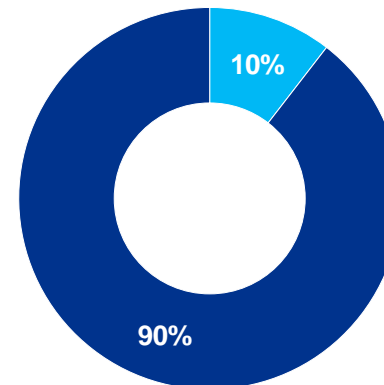
Reason for Satisfaction among Beneficiaries

- 3.23%
- 12.90%
- 9.68%
- 74.19%
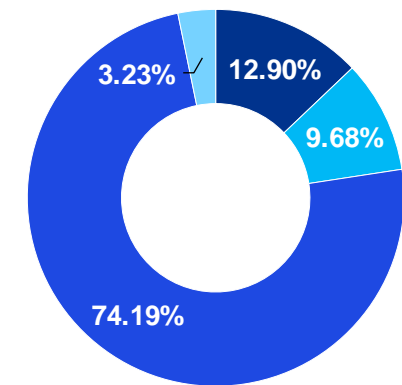
■ Doorstep free medical service
■ Effective medicines
■ Free medicines
■ More critical diseases should be covered - Cancer, paralysis, etc

97%

respondents reported to be satisfied or higher with doctor consultation

85%

respondents reported to have received medicines after doctor consultation

98%

respondents referred for higher treatment reported it to be affordable

97%

respondents referred for higher treatment reported to have received follow-ups
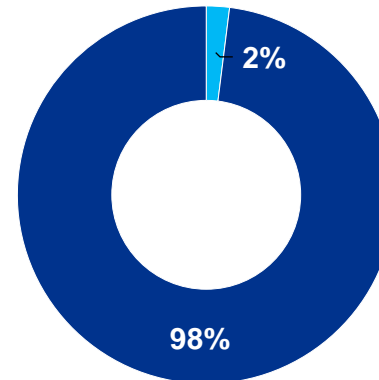
Doctor referred for higher treatment

17%

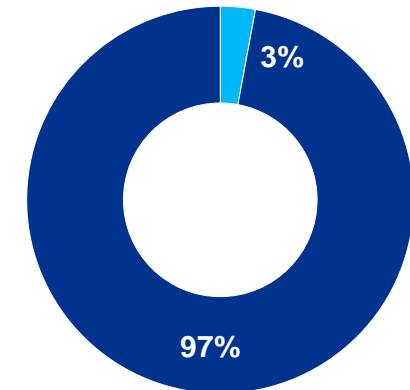83%
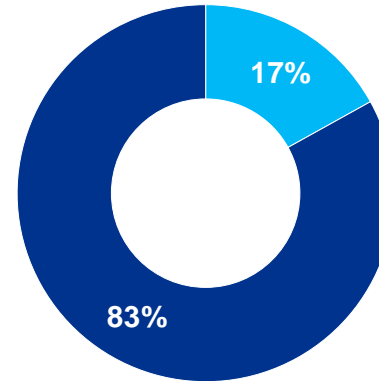
■ No ■ Yes

Availed treatment from suggested health center

2%

98%
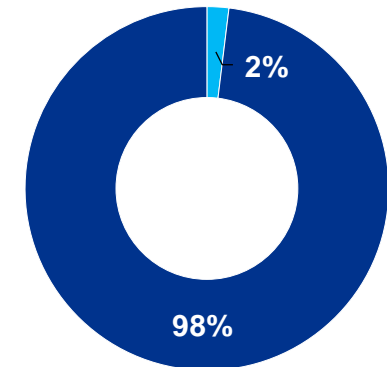
■ No ■ Yes

Affordability of treatment in Health center

2%

98%

■ No ■ Yes

Follow-ups by MHU staffs for Higher treatment

3%

97%

■ No ■ Yes

88%

respondents reported to have participated in the Awareness Generation sessions

99%

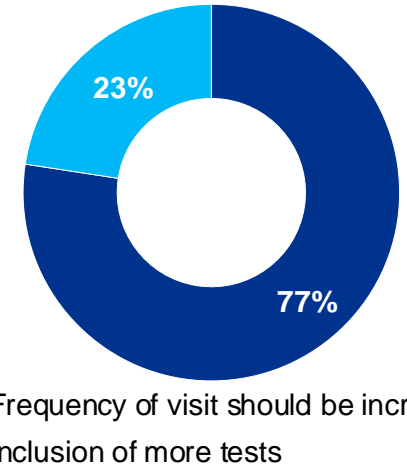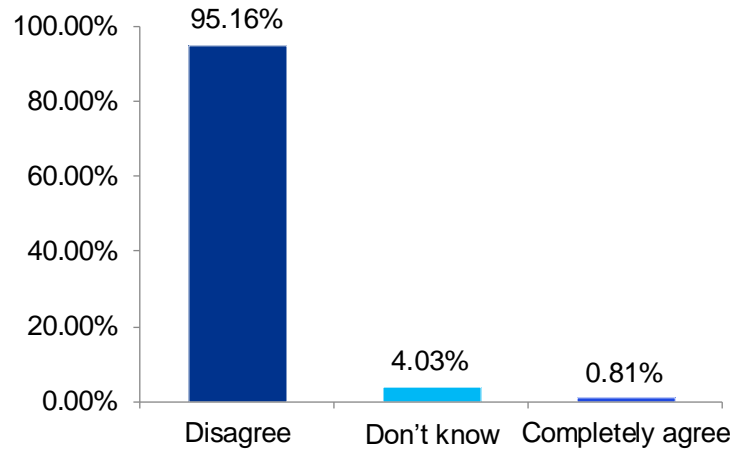of the participant respondents were satisfied with sessions conducted

100%

respondents who availed the services felt satisfied with services provided

Beneficiary Recommendation

➢ Increase frequency of MHU
➢ Include more tests eg: full body and thyroid tests

Participation in awareness sessions

12%

88%

■ No ■ Yes
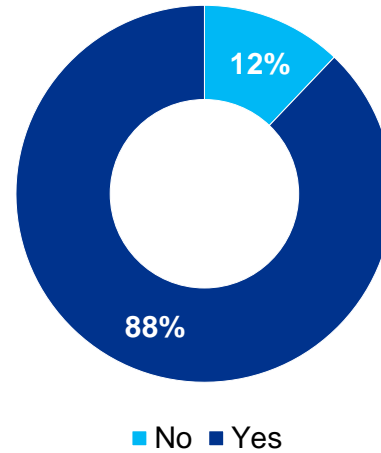
Satisfaction on the educational sessions

1%

99%

■ Neither satisfied nor dissatisfied ■ Satisfied
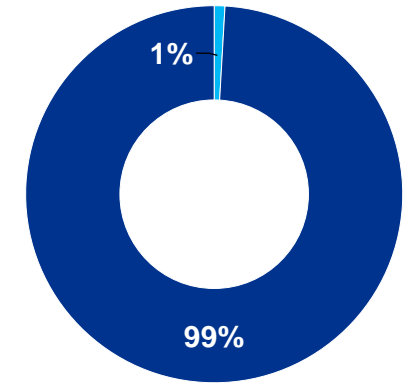
Satisfaction on availed services

1%

99%

■ Highly satisfied ■ Satisfied
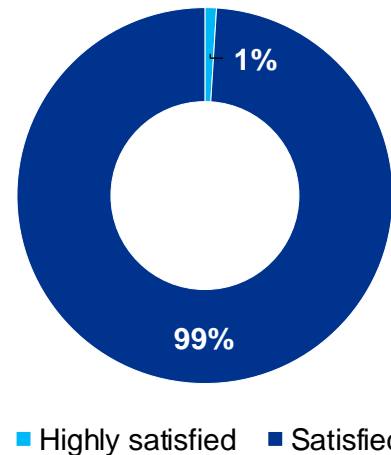
Suggestion for the Programme

23%

77%

■ Frequency of visit should be increased
■ Inclusion of more tests

Nutritional Needs

Bar chart:
- Disagree: 95.16%
- Don't know: 4.03%
- Completely agree: 0.81%

"Nutritional needs of men are more than women"

Response suggests awareness regarding equality of nutritional needs among genders

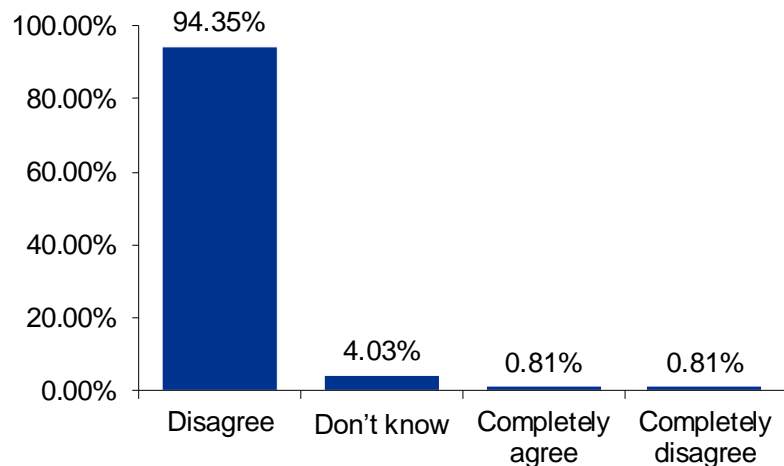## Hygiene

Donut chart:
- Disagree: 96%
- Don't know: 4%
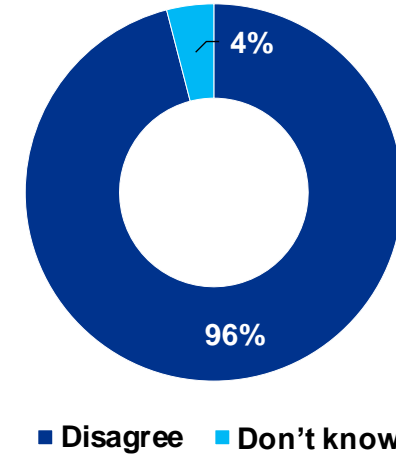
"Lack of use of toilet or washing hands does not cause any serious medical challenges"

Response suggests awareness regarding hygiene.

Medical Treatment

Bar chart:
- Disagree: 94.35%
- Don't know: 4.03%
- Completely agree: 0.81%
- Completely disagree: 0.81%

"Medical treatment should be prioritized for family members who earn over those who don't"

Response suggests that the there is awareness regarding the equity of medical treatment
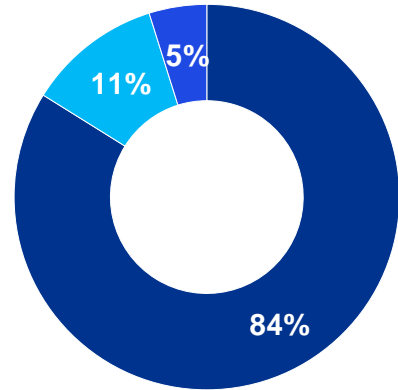
Health Standards

Donut chart:
- No: 88%
- Yes: 9%
- Don't know: 3%
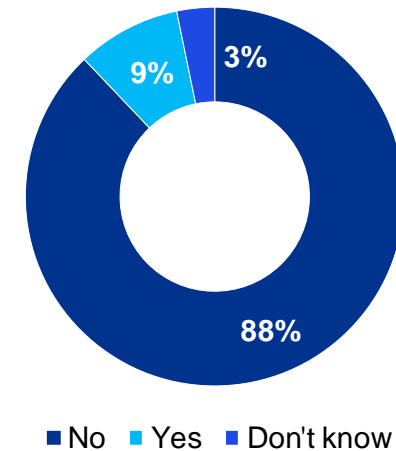
"Qualification of doctor does not matter much, as those people without qualification but significant experience in treating a medical condition can be consulted"

response suggests that there is a minor need for awareness generation among some beneficiaries
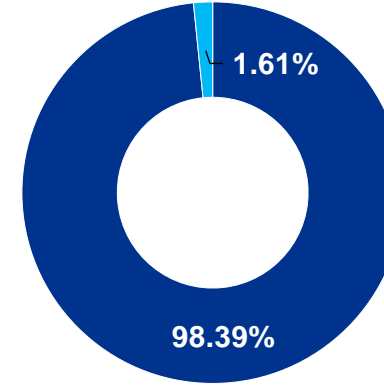
Seeking Medical Treatment

- **No** 84%
- **Yes** 11%
- **Don't know** 5%

"Once must go to visit doctor only after there is unbearable pain, as home remedies should be tried first?"

Significant number of respondents are aware regarding when to seeking medical treatment
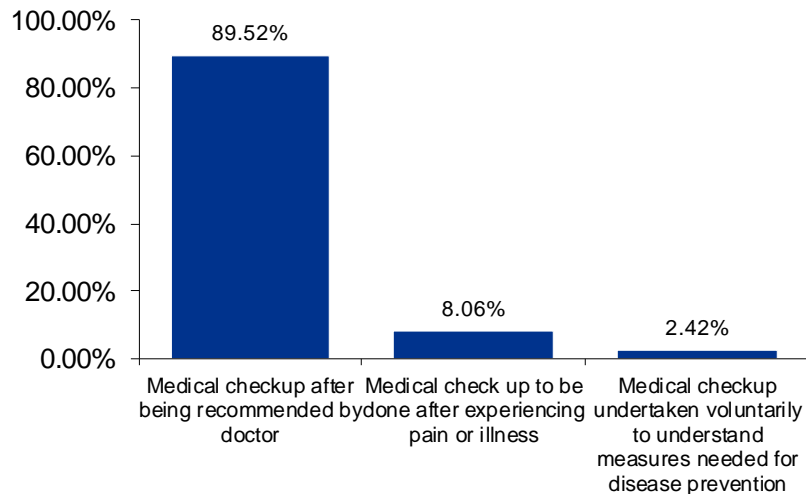
Government Scheme Awareness

- **No** 98.39%
- **Yes** 1.61%

"Do you have awareness regarding government schemes?"

Respondents unaware regarding Govt. health insurance schemes

Preventive Measures

- Medical checkup after being recommended by doctor — 89.52%
- Medical check up to be done after experiencing pain or illness — 8.06%
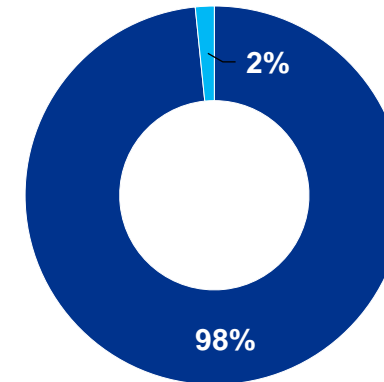- Medical checkup undertaken voluntarily to understand measures needed for disease prevention — 2.42%

"What is preventive health check up?"

Low awareness regarding preventive healthcare among respondents

Preventive Measures

- **No** 98%
- **Yes, regularly** 2%

"Do you visit health centers for regular medical checkup as a preventive measure?"

Response suggests need for promotion of preventive healthcare and facilities is needed

Limitations of the Study

The following are the limitations of the study :

- The study is limited to the beneficiary data as shared by Americares India Foundation for the purpose of sampling with regards to their privacy policy

- The study is limited to recall of the participants

- Some sample respondents were reached on ground with support of Americares India Foundation team.

Component | Remark | Status

Inclusiveness
- The programme covered all stakeholders critical for ensuring successful implementation community healthcare initiative

🟢

Relevance
- The programme has provided services to marginalised community members, who have benefitted from near door healthcare services.
- As per the timings of MHU, it may not be able to serve population not available in those specific timings which could be reached through initiatives like health camps

🟢

Effectiveness
- The feedback generated in consultation with multiple stakeholders have helped conclude that the programme has been effective in providing access to healthcare with consultation, medicines and follow-ups for secondary referral.
- Addition of health awareness sessions to the existing program would build preventive and promotive health activities, thereby adoption of good health practices by the community members..

🟢

Convergence
- The project team needs to identify if there is an avenue to incorporate linkages to any government schemes, institutions or departments.

🔵

Sustainability
- For the programme to be sustainable the programme needs to move from services model to a prevention and awareness model to inculcate health and hygiene habits in the long-term.

🔵

| On track 🟢 | Opportunity to Strengthen 🔵 |

Way Forward

Project Design

- Need for **inclusion of more illnesses diagnosed/treated** in the MHU is suggested by beneficiaries.
- **Frequency** of the MHU is highly requested to be increased
- Inclusion of **health educational initiatives** regarding free of cost insurance schemes available by Government of India/ State government etc.
- **Impact Map** should be finalised by partner organisation before project implementation.
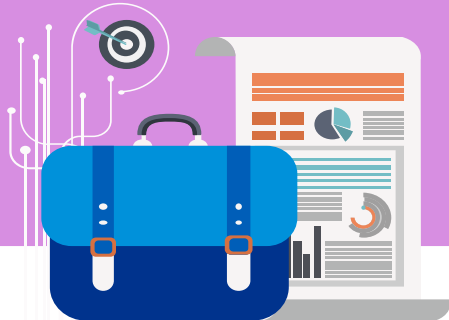
Project Scale-up

- **Health awareness sessions** and screening drives for NCDs, dental ailments, anemic status in the community for improvement in areas of service delivery of the program

- Based on the data collected by Americares India Foundation, additional insights may be drawn for **project scale-up** and community needs **to influence disease/ illness profile** in the implementation area and similar geographies.

Sustainability

- **Awareness sessions** on preventive health and fundamental nutritional requirements to reduce occurrence of illness in the community
- **Convergence with Government** to plan exit strategy.

References

- *Government Initiatives to manage Slums* (no date) *Insight on India*. Available at: Link

- *Health status in India: A study of urban slum and non-slum population* (2018) *PLUSUS*. Available at: Link

- *17% of Urban India lives in slums: Census* (2013) *Times of India*. Available at: Link

- *Rural Health Statistics* (2021) : Government of India Ministry of Health and Family Welfare Statistics Division. Available at: Link

Thank you!

Mobile Health Centre (MHC)
Americares India Foundation

Assessing the impact on prime key parameter