Promoting Rural Health through Mobile Health Services

Mobile health care units are one of the more effective strategies for improving access to vital health care in rural areas especially for the homebound women and girls. The biggest advantage of a mobile health clinic is that it addresses the socio-cultural and economic barriers that prevent women and girls from seeking timely health care. Often poor people especially women do not seek treatment until they are critically ill and require hospitalization.

With this backdrop in mind, Sukarya implemented a project focusing on delivering health services through a mobile diagnostic clinic in six villages of Pataudi block from April 2007 to May 2008. The objective of the Mobile Health Diagnostic Clinic was to reach the underserved population with hardly any access to basic medical care. The mobile van was stationed at predesignated locations where no primary health care facility was located within a 5 Kms radius. This marked the beginning of mobile health services in rural areas of Haryana, by Sukarya. The planning phases of the intervention saw a series of meetings with government officials, local health functionaries and other stakeholders including the District Commissioner, District Development and Panchayat officer and Chief Medical Officer in order to understand the health needs and gaps existing in the project area and explore ways in which Sukarya could help bridge these. The idea was to link up with existing services wherever possible to avoid duplication of efforts and ensure maximum coverage through optimum deployment of resources.

The Mobile Diagnostic Clinic comprised of a team of doctor, nurse and a laboratory assistant extending medical help and health education support in project villages through their weekly visits. The focus of the intervention therefore goes beyond providing medical treatment to patients to implementing health education
interventions focusing on behavioral change and encouraging health seeking behaviour among the population.

Since the service was meant for the poor it was therefore subsidized. However, in order to make the initiative financially sustainable and building community stake and ownership, a very nominal and affordable charge was levied on the clients in return for the services used. The mobile van was stationed at predesignated locations where no primary health care facility was located within a 5 kms radius.

Outcome

During the project period of one year eighteen camps were organized covering 651 men and 738 women. Significant improvement in health seeking behavior was observed in the community. Health education focusing on nutrition, personal health and hygiene, community sanitation, safe deliveries and immunization was conducted. The awareness-building lead to an increase in number of expectant women going for prenatal checkups, taking the TT injections and opting for institutional deliveries. The community became more cognizant about nutritive diet. 600 community members availed of the lab test facilities like the blood, stool, urine, ECG and X-Ray during the project period. Free haemoglobin checkups were organized for women to understand the anemia status in the villages and those identified as anaemic were given proper advice and medication. The project helped in building a referral system wherein serious patients were referred to the Civil Hospital in Gurugram. Reproductive health camps were conducted by Gynecologists from Max and Artemis hospital. Through these camps 800 women with problems such as leucorrhoea, anaemia, pre and post natal care, infertility and family planning were treated and advised. Also, special eye camps were held wherein 500 people were provided free eye checkup, consultation and referral services.