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Research Article

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Assessment of mobile medical units functioning in Jharkhand, India

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ABSTRACT

Background: The NRHM has identified Mobile Medical Units (MMUs) as a strategy for improving access. The principle behind MMUs is to reach underserved areas by taking healthcare to the doorstep of the people. The study aims and objectives are to assess the function of Mobile Medical Units in Jharkhand and to identify the factors influencing the utilization of MMU.

Methods: Three districts were selected based on geographical distribution with Ranchi as central district; Khunti was nearby district, and Garhwa as far of district. In each district two MMUs were selected for assessment. From each district two blocks and from each block one campsite was randomly selected. From each Campsite five beneficiaries were randomly selected. Every third beneficiary who had availed services of MMU was interviewed. The exit interview of beneficiaries was undertaken at the site of MMU. The data were analyzed by using SPSS Software.

Results: Frequency of MMU visit at 04 campsites in Khunti, 02 in Garhwa & 01 in Ranchi were once in a month. Sahiya (ASHA) & NGOs were the main source of information about schedule of MMU visit. Medicines were available at all the campsites of all study districts. Laboratory test facility was available at 04 campsites in Garhwa, 03 in Khunti and 02 in Ranchi district. X-ray facility was not available in all MMUs.

Conclusions: Easy accessibility and free services were the main factors that influence the MMU utilization.

Keywords: MMU, Beneficiaries, NRHM, Sahiya (ASHA), NGO

INTRODUCTION

Jharkhand is one of the high focused states under the National Rural Health Mission (NRHM) and came into existence on 15th November 2000. It is the thirteenth most populous state of India with a geographical area of 79,714 square kilometers. Its population is over 32.9 million (based on census 2011). It is divided into 5 divisions and 24 districts. The capital city of the state is Ranchi. Geographically approximately 60% area is tribal and hilly. Most of the districts are heavily infested with naxalites, which is a challenge for the Government machinery to function properly.

Access to health care and equitable distribution of health services are fundamental requirements for achieving the Millennium Development Goals. The NRHM has identified Mobile Medical Units (MMUs) as a strategy for improving access. The principle behind MMUs is to

reach underserved areas by taking healthcare to the doorstep of the people. The units would primarily cater to primary health care needs. Many states and Nongovernmental Organizations (NGOs) have successfully started operating mobile medical units.²

Currently the Department of Health and Family Welfare (Do HFW) under the National Rural Health Mission (NRHM) in partnerships with the private sectors is operating 103 MMUs to reach people in 24 remote and difficult to reach districts in Jharkhand3. Mobile Medical Units not only look after the curative aspects but also render BCC activities to promote healthy life styles of the rural poor. The team consists of one Medical Officer, one pharmacist, one ANM and a driver, moves for at least 25 days in a month to remote villages in the Block area as per schedule prepared jointly by the Block Medical Officer (BMO).

This study will help to improve access and enhance service quality delivered by the MMU. It also help the Government/Policy makers in designing new or modifying existing strategies for better utilization of services provided through MMU.

The aim and objective of our study was to assess the function of Mobile Medical Units in Jharkhand and to identify the factors influencing the utilization of MMU.

METHODS

For the assessment of functioning of MMUs, three districts were selected based on geographical distribution with Ranchi as central district; Khunti was nearby district, and Garhwa as far of district. In each district two MMUs were selected for assessment. From each district two blocks and from each block one campsite was randomly selected. From each Campsite five beneficiaries were randomly selected. Every third beneficiary who had availed services of MMU was interviewed. The exit interview of beneficiaries was undertaken at the site of MMU. The data were analyzed by using SPSS Software.

Table 1: List of selected districts, blocks and campsites (villages).

Districts	Blocks	Campsites	Sample Size
Ranchi	02	02	10
Khunti	02	02	10
Garhwa	02	02	10

RESULTS

Our observation and analysis is based on exit interview of beneficiaries who had attended MMU campsites in each study district. Numbers of campsites within 1 Km from houses in Khunti, Garhwa & Ranchi district were 10, 09 and 06 respectively.

Table 2: Distance of house from campsite of MMU.

District	Less than 1 Km	More than 1 km
Ranchi	06	04
Khunti	10	00
Garhwa	09	01

Frequency of MMU visit at 04 campsites in Khunti, 02 in Garhwa & 01 in Ranchi were once in a month.

Sahiya (ASHA) & NGO in Ranchi district, sahiya, AWW & NGO in Khunti district and community members & NGO in Garhwa district were the main source of information about schedule of MMU visit. In Ranchi district at one campsite people did not know about the schedule of visit of MMU.

Medicines were available at all the campsites of all study districts. Laboratory test facility was available at 04 campsites in Garhwa, 03 in Khunti and 02 in Ranchi district. X-ray facility was not available in all MMUs.

Table 3: Frequency of MMU visit in a month.

Frequency of MMU visit per month	Ranchi	Khunti	Garhw a
First time	0(0%)	0(0%)	6(60%)
Once in a month	1(10%)	4(40%)	2(20%)
Two or more in a month	0(0%)	0(0%)	0(0%)
After a month	8(80%)	6(60%)	2(20%)
Don't know	1(10%)	0(0%)	0(0%)

In our study it is found that MMU visit were more frequent visit in Khunti district and least frequent in Ranchi district.

Table 4: Source of information about MMU schedule and time.

Source	Ranchi	Khunti	Garhwa
ANM	0(0%)	0(0%)	0(0%)
Sahiyyas	4(40%)	3(30%)	0(0%)
AWW	0(0%)	4(40%)	0(0%)
NGO	2(20%)	2(20%)	2(20%)
Community	1(10%)	0(0%)	8(80%)
Doctor	1(0%)	0(0%)	0(0%)
Others	2(20%)	1(10%)	0(0%)

The study revealed that the main source of information about MMU schedule was Sahiyya followed by NGO.

Table 5: Availability of laboratory tests and medicines at MMU campsites.

District	Medicine	Laboratory Test	X-ray
Ranchi	10	02	00
Khunti	10	03	00
Garhwa	10	04	00

Table 6: Factors influences the utilization of MMU services.

Factors	Ranchi	Khunti	Garhwa
Better service quality	01	03	04
Easily accessible	07	08	07
Free services	08	02	04

In Ranchi district easy accessibility and free services were the main factors that influence the MMU utilization. In Khunti and Garhwa districts better service quality & easy accessibility were the main factors that influence the utilization of MMUs.

DISCUSSION

In Ranchi district at one campsite none of the beneficiary had knowledge about the schedule of MMU visit in their village due to lack of prior information about the schedule of MMU visit from concerned health personnel as compared to study done by Government of Jharkhand in 2008-09 was 95%. MMU was involved in mega health camps in all districts. But utilization of diagnostic services was found to be poor. X ray machine was unutilized at all MMU campsites. Laboratory investigation was done at few campsites in all study districts. Similar findings were found in MMU Evaluation study done in Tripura in 2013.

CONCLUSION

MMU is of great help as it is providing free medical services with laboratory diagnostic facilities and medication to the people of remote areas where no medical facility was available earlier. The clients are extremely satisfied as the MMU is able to provide curative as well as preventive services to those people who could not easily avail health care services.

Recommendation

Our opinion is that the number of visits of MMU should be increased and there should be provision for specialist doctors. Each PHC/Sub-centre should display and notify the date of visit of MMU and plan of visits of MMU. The involvement of ASHA (Sahiya) and AWW could be taken for spreading information about visit of MMU at least 2-3 days in advance.

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