

## Topic- Mobile Health & Wellness Centre -Reaching the last mile in Bihar

### Need / Rationale

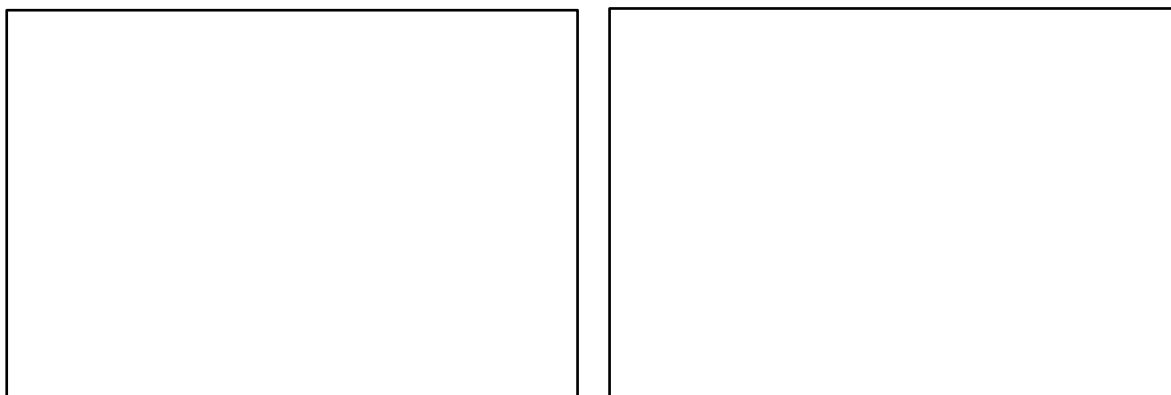
As India moves into the epidemiological and demographic transition, we are facing an increased burden of non-communicable diseases which contribute to 62% of the mortality in the country. And also, Govt planned to provide an expanded range of services through operational HWCs including non-communicable diseases, and moved from a selective healthcare approach to a comprehensive healthcare approach.

In Bihar, currently, NCD screening among the over 30 population is very poor, 98% of the targeted population are yet to be screened for common NCDs. Eye care services are also being one of the most important expanded services at HWCs as uncorrected refractive errors and cataract are responsible for more than 80% of blindness. There are only 23 HWC-UPHCs providing eye services through vision centers and 153 Ophthalmic assistants available across the entire state including the district hospitals and medical colleges. While 24 district hospitals provide secondary and tertiary eye care services in the state. Hence, there is a sheer need for early diagnosis and management of NCDs and Eyecare.

With the support of NHM, Bihar and Jhpiego in partnership with CARE/BMGF intend to contribute meaningfully towards a joint effort in launching “**Mobile Health and Wellness Centers**” in two demonstration districts Nalanda and Muzaffarpur. The Mobile Health & Wellness Centres (MHWCs) is conceptualized as a vehicle equipped with NCD and eye examination instruments that act as mobile primary eye and NCD care centers with the advantage of reaching the unreached in remote locations. The MHWCs will be accompanied by a competent health care provider and Ophthalmic Personnel and are managed by the respective higher health facilities in the districts.

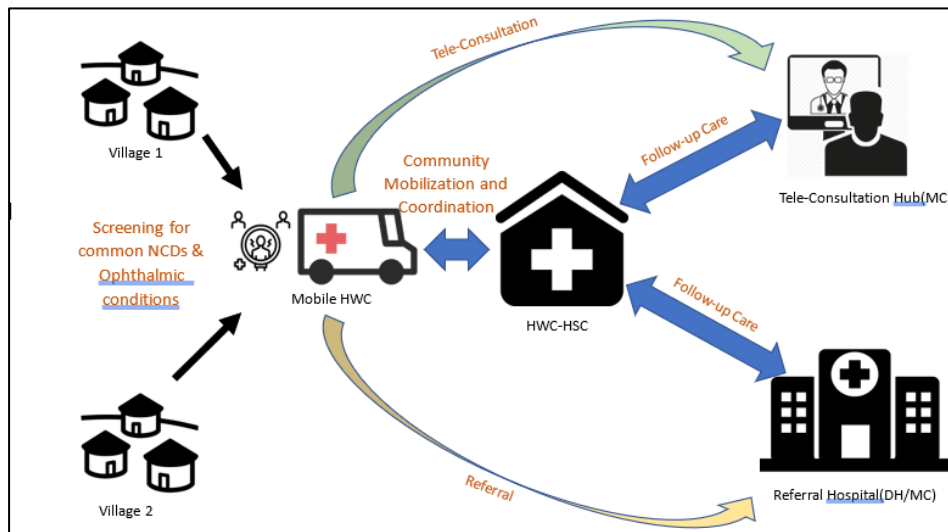
### Description of the model

Two well-equipped mobile vans have been placed, one in each demonstration district- Nalanda and Muzaffarpur. The vans are stationed at a block and rotated in the villages through a defined micro plan. The micro plan is prepared and shared involving all the healthcare staff from ANM to Anganwadi to BHM- MOIC. This has led to successful rollout in management and sensitization of this model. Further, by the convergence of Community Health Officers (CHO) in the vicinity of HWC-HSC, the data collection and uploading of data is done.

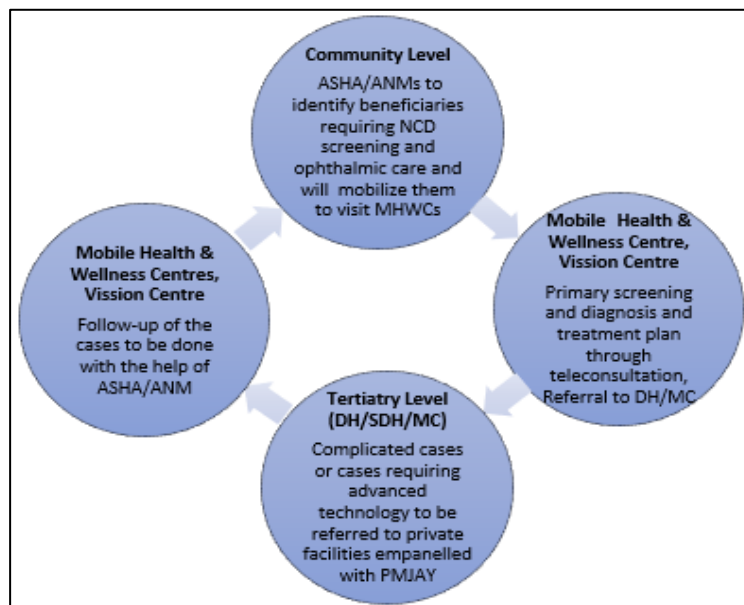


**MHWCs deployed in districts**

## Working Model



## Process flow



### Activity Sites for Mobile Health & Wellness Centre

- VHSND sites
- Anganwadi centres
- Community buildings like- Panchayat Bhavans
- Local schools

## Human Resource for MHWC

- One trained Staff Nurse to conduct preliminary screening e.g. Hypertension, Diabetes, etc.
- One trained Ophthalmic Assistant to provide comprehensive eye examination
- One driver to transport the medical team and patients to appropriate facilities

Capacity Building of the Staff Nurse to be done on additional service packages.

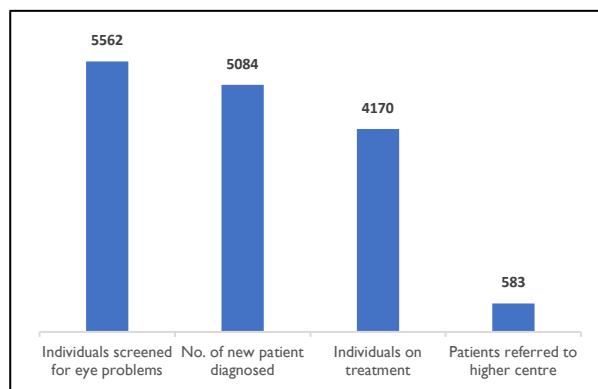
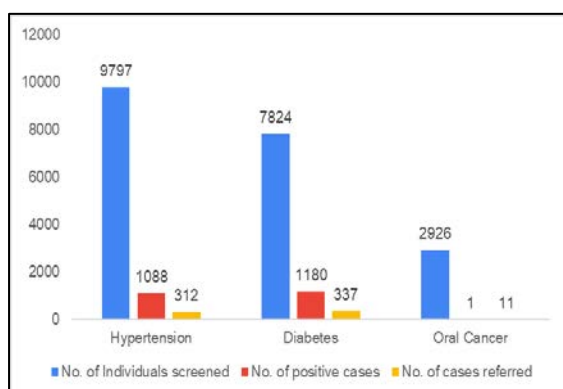
Support from healthcare team such as CHO/ANMs/ASHAs is sought for mobilization, screening and documentation of NCD screenings in NCD application.

## Evidence of effectiveness

Mobile Health and Wellness center was flagged off on 30<sup>th</sup> September 2021 by Executive Director – State Health Society, Bihar. The MHCW team initiated the screening on 1<sup>st</sup> October 2021 in Nalanda and Muzaffarpur. During the period of October 2021 to June 2022 the MHCW facilitated screening, management and referral of NCD and Ophthalmic cases in the districts.



In **Nalanda** district; MHCW was deployed to Chandi, Asthawan, and Bihar Sharif block. The MHCW covered 91 villages in both blocks. In **Muzaffarpur** district; MHCW was deployed in Sakra, Saraiya block, Paroo, Mushhari, and Aurai block. A total of 140 villages were covered in these blocks by the MHCW team.



### NCD and Ophthalmic screening by MHCW (Oct'21 – June'22)

From (October 1, 2021 - June 30, 2022), 10505 individuals were screened for NCDs out of which 2269 beneficiaries were diagnosed with NCDs. 1617 teleconsultations were conducted where patients were consulted with doctors at the hub and 660 beneficiaries were referred to higher centers.

Services provided by MHCWs	Total
<b>Total No. of Patients received free medicine</b>	<b>8347</b>
<b>Total No. of Wellness Session Organized</b>	<b>227</b>
<b>Total no. of participants in Wellness Session</b>	<b>2985</b>
<b>Total no. of patients availed teleconsultation services</b>	<b>1617</b>

Eye Condition	No. of new patients diagnosed			Individuals on treatment			No. of cases referred to higher centers		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Refractive errors and presbyopia	1300	1480	2780	1009	1259	2268	20	15	35
Cataract	575	588	1163	511	518	1029	207	226	433
Pterygium	32	33	65	17	17	34	12	19	31
Eye infections - allergy etc.	245	396	641	237	376	613	6	8	14
Retinal Problems	67	62	129	24	29	53	10	12	22
Traumatic Cases	18	25	43	11	20	31	10	7	17
Glaucoma	23	24	47	8	17	25	12	10	22
Unique cases- Papilledema/optic nerve atrophy	66	150	216	47	70	117	3	6	9
<b>Total</b>	<b>2326</b>	<b>2758</b>	<b>5084</b>	<b>1864</b>	<b>2306</b>	<b>4170</b>	<b>280</b>	<b>302</b>	<b>583</b>

**Table 4: Details of eye-care services by MHCs**

Under Ophthalmic screening; Eye check-up of **5562** individuals was carried out and **5084** beneficiaries were diagnosed with eye related issues. **4170** beneficiaries are currently on treatment and **583** beneficiaries have been referred to higher centers for treatment.

### Summary and lessons

- Convergence between State officials and development partners is the key to success
- Accountability of district officials is important for field level implementation
- Defined micro plan involving all stakeholders is important.
- Involvement of healthcare team to coordinate with the team and upload the data is very important

### Challenges and their mitigation measures:

- **Difficult terrain:** The mobile van, being a heavy vehicle, can run smoothly on roads only with sufficient space, therefore, it is difficult to reach villages with difficult terrain. In such cases, the MHC are stationed at the adjoining village to save travel time and cost of villagers.
- **Follow-up of patient:** It becomes a potential challenge to follow-up with the patients who are screened at MHC. A robust mechanism needs to be developed to strengthen this component.
- **Teleconsultation:** As MHC are deployed in 'hard to reach' areas, there is difficulty in conducting teleconsultations due to poor network connectivity.
- **Entry of NCD screening data in NCD application:** Filling the CBAC form and NCD screening data has been a challenge. Data is shared with frontline workers and regular follow-ups are done.

### Potential for scale up

Due to current situation of COVID-19 and other infectious disease outbreak in Bihar, it is seen that screening of regular health issues is neglected. If such an innovation can bring services closer to community catering basic needs it will act as a boon for the rural population. The idea of blindness free village can also be achieved through such innovations. Scaling up other additional packages can be done through vans for mental health, basic emergency care etc will also benefit the mass at doorstep.

With rollout of expanded package of services through MHWC along with current services of NCD and Eye screening it will support the state in catering the population living in remote areas. Access to primary healthcare service delivery can be improved through MHWCs in remote areas. State can propose this in PIP for districts with HR shortage and districts having isolated, apart and remote demography.

### Partners involved in collaboration

Jhpiego in collaboration with CARE/BMGF has closely supported the state for the innovation. From procurement to other areas like capacity building, printing, field level implementation is done by the partners.

Mobile HWCs through sensitisation has already captured an eye in the community as well as in various programme management units. The vehicles can also be utilised by the districts in case of providing others healthcare services. In Muzaffarpur, **TMH team in collaboration with doctors for you** came forward in using the platform of Mobile HWC in screening oral, breast and cervical cancer. Other organizations such as **Chitragupta trust, Theosophical society and Gayatri Mahila Seva Sadan** have also utilized the services of MHWC for serving the healthcare needs of the community.



**Glimpses of activities by Mobile Health and Wellness centers**