Site Selection for MMU and Baseline Survey Report

Mobile Medical Unit

Buxar-I MMU

Octavo Solutions Pvt. Ltd, New Delhi

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Executive Summary

The HelpAge India-SJVN collaborative Mobile Medicare Unit (MMU) project has been designed to provide health care services to the elderly at their doorsteps in selected villages of BuxarI. For initiating this project the following 6 villages in locations in Chausa block were to be mapped as per the information provided by HelpAge India (HI) and SJVN.

- Mohanpura
- Bechanpurba
- Akhoripur
- Kochadi
- Banarpur
- Sikraul

Together with the sample village visit, the focus was also to establish initial contactswith key stakeholders of the MMU project, collect basic demographic information and initiate survey process for establishment of baseline of elderly persons in each GP. The keystakeholders with whom communications were established were:

- SJVN's Corporate Social Responsibility Lead Officials
- HelpAge India representatives
- Elected Gram Panchayat Leaders, functionaries and elderly persons
- Government Health Centres – Primarily NRHM facilitated health bodies like PHCs & CHCs
- Local Government Administration (Block/Taluka/Mandal/District)
- Non-government Organisations are working in this area

Therefore, on the basis of the list of the villages provided by the concerned HR/CSRdepartment of SJVN and HelpAge India, a mapping of the villages and sites was done. The mapping was important because of four reasons, which were:

- The MMU operation needs to align itself with the local governance bodies, especially Gram Panchayats as it would require the sustained availability its resources for successful operation. The basic information that will feed into the operation of MMU will come from Gram Panchayats. The locations for parking of the MMU vehicle can be best identified in consultation with GP functionaries. As per the mandate of the MMU project, the parking locations need to be

public places (Schools, Community Halls, AnganwadiCentres, Health Sub-centres, etc.) thereby guaranteeing uninhibited access by the target group. These locations in a village are essentially under the jurisdiction of Gram Panchayat and therefore, it becomes important that its consent and participation are elicited at the beginning itself.

- The village mapping helped in assessing the operational feasibility in terms of distance coverage for the MMU. Here factors like contiguousness of Gram Panchayats, travel distance between the GPs and location for MMU office were looked upon. The second important factor that was looked into was population strength of GP and the corresponding potential patient load that it will be borne by any one MMU. Based on the patient carrying capacity of the MMU and the suggested operational areas by SJVN, coverage of GPs in the project was assessed.
- For determining the exact patient load and generating the corresponding baseline a door-to-door survey was envisaged from the very beginning. The in-principle support of the Gram Panchayat leadership was considered crucial to conduct the survey smoothly and gather the relevant information.
- The SJVN team does not make any differentiation between natural villages/habitats and Village Panchayats or Gram Panchayats (GP). If one or two villages appear on the list of villages given by SJVN the MMU operation cannot stop at just reaching out to only these one or two stand-alone villages. The services have to be made available to the whole GP in order to make it relevant and participatory. Therefore, GP mapping was essential for making the entire process meaningful.
- The mapping of the Gram Panchayat was done by locating a field contact, primarily an elected leader from the Gram Panchayat. Supporting help from the field contact was then taken in mapping the names of the Gram Panchayats corresponding to the names of the villages suggested by SJVN. In all cases the information on matching the list of villages with corresponding GPs and other associated conditions like contiguity, operational feasibility keeping the distance factor in view, etc. were collected from more than one source in order to ensure its correctness and reliability. SJVN and HelpAge India personnel helped in locating some of the field contacts.

After Gram Panchayat meeting our team initiated a door to door survey for listing of elderly population with the help of pre-designed questionnaire. Two separate questionnaires were also prepared to assess the need of the mobile medical unit. After identification of elderly population in villages our field team conducted a baseline survey of 100% elderly households in selected villages. Besides, a good number of

other household where there is no elderly population were interviewed. Data collection, data entry and data analysis in the Help Age India's 'e-Chikitsa' HMIS software were done. Octavo developed a Coding Methodology was developed for data entry. Key findings of the end results are given below:

Key Findings

1. HelpAge has started their MMU activities in the Buxar I region and covering 6 villages in 3 Panchayats through the MMUs. The MMU van runs 5 days in a week in two sessions (morning and afternoon). The unit provides free treatment, free medicines, basic diagnostics, and home visits of the patients (in case of bed-ridden), counseling facilities and awareness generation.
2. All the sites parking areas located in public places.
3. It was observed that most of the identified sites have basic amenities like - accessibility, parking facility, drinking water facility, electricity and mobile. Only 10% villages have toilet facility. 100% villages have PHC in the village and around 90% villages have doctor. These PHCs are equipped with basic maternal delivery system and not sufficient enough to handle the other diseases.
4. PHC at Buxar I have basic facilities and enough to cater its service to the mass of Buxar I.
5. Interview with the village Pradhan revealed that MMUs in the Buxar I area is the real time window.
6. Total number of household of the selected 6 villages is 1961 and out of them 710 (36%) reported with elderly people (aged 55 years or above).
7. In total population 54% and the remaining 46% are females.Sex ratio is 876 which is much lesser than the national average (940) and also lesser than district average.
8. Among the members, approximately 27% are illiterates and 15% are just literate. 14% of the population are non school going, 10% have completed matriculation, and the percentages for graduates are and above is 1%.
9. Out of 1137 elderly population, 44% are involved in agriculture and allied activities. Around 345 females (68% elderly female) are houswives, followed by 14persons (1%) are pensioner and 239 (21%) persons are doing nothing. Only 1% of them are in service and <1% are in small business.
10. 71% of the elderly households belong to the BPL category and the remaining 29% belong to the APL category. As BPL people are more in every village and they do not have affordability to access medical facility, MMU could play an important role to provide medical facility.
11. The caste-wise distribution for families with elderly people reveals that 71% of such families belong to the OBC category. 16% and 9% belong to the SC and General categories respectively.

12. Out of the total households, 90% respondents prefer private clinics/doctor, 80% prefer government hospitals and 52% go to chemist shops for any common ailments.
13. Around 65% respondents prefer three or more options for accessing medical facilities, while the percentages of those preferring two or a single option are 31% and 4% respectively.
14. Around 61% respondents confirmed modern medicine as their first choice.
15. Around 1% of the total population covered confirmed that they are disabled. Of the total population with disability, 65% are male and the remaining 35% are females. 55% of the disabled populations are suffering from orthopedic problems, 17% from visual disabilities and mental problems.
16. Around 3% of the total elderly people in the sample are disabled, out of which 56% suffer from orthopedic disabilities.
17. 68% of the total addicted people are male and the rest of 32% are female.
18. Around 17% of the elderly people are into the consumption of tobacco, 9% smoke beedi.
19. Out of the total elderly population 27% are suffering from joint pain and 6% are suffering from hypertension.
20. Among the people who consume alcohol 50% are suffering from heart problem, 21% are suffering from asthma and another 21% is suffering from joint pain. 52% beedi smokers are suffering from joint pain. Even 74% tobacco consumers are suffering from joint pain.
21. About 98% each elderly people, who had suffered earlier from joint pain and asthma, have availed treatment. 95% of the elderly population suffering from and heart problem also treated. For those suffering from allergies and ulcer, all of them availed treatment.
22. Around 63% respondents availed treatment from government hospitals and 32% at private clinics.
23. 56% (73% male and 35% female) of the total elderly people are involved in different social, religious and cultural activities. Approximately 58% elders participate in village meetings, 27% attend religious activities.
24. Only 10% (17% male and 1% female) of the total elderly people are aware of the rights of elders. Very few elderly females are aware of such rights.
25. Only 1% of the families reported incidents of abuse of elderly people.

Chapter 1: Introduction

Overview

The present district of Buxar came into existence in 1991. It consists of areas under Buxar Sadar and Dumraon Sub-Division of the old Bhojpur District. Buxar town is the principal town of the district and also its headquarters. The district shares its boundaries with Ballia district of UP in the north, Rohtas district in the south, Ghazipur and Ballia districts of UP in the west, and Bhojpur district in the east. There are 2 sub-divisions and 11 blocks in the district. Out of the 11 blocks, 7 are in Dumraon sub-division and the remaining 4 are in Buxar Sadar sub-division. A town is located each in Buxar and Dumraon sub-division.

Demographic Profile of Buxar District

District Buxar has a total area of 17575 sq.km. Its population is 102,861. It has achieved a decadal growth rate of 27.2%. It has also experienced an annual exponential growth rate of 21.77% according to Census 2011.

State Name -- Bihar District Name – Buxar	
Total Area	1623.83 sq. km.
Total Forest Land	Nil
Land under Cultivation	666 Sq. km
Sub Division	2
Cities	1
Tehsils	11
Municipal Councils	2
Gram Panchayat	142
Villages	1134
Population Total (Census 2011)	102,861
Male (Census 2011)	54,277
Female (Census 2011)	48,584
Literacy rate	71.77
Population density	1003
Source: District website and Census of India	

Housing Amenities

Housing Amenities	
House with electricity	24.5%
House with drinking water facility	2.0%
House with toilet facility	17.7%
House with LPG connection	8.2%

Pucca house	24.9%
BPL household	34.7%
Source: District level household and facility survey, 2007-08	

Educational Infrastructure

Educational Infrastructure	
Primary Schools	658
Middle Schools	164
High and Higher Secondary Schools	70
Colleges	15
ITI	Nil
Source: Brief Industrial Profile of BUXARDistrict, Ministry of MSME, 2012-13	

Health Infrastructure

Health Infrastructure	
Institution	**% of Villages**
Sub-centre	24%
PHC	7%
Any government facility of health	43%
Having doctors	36%
ASHA workers	100%
Anganwadi	100%
Source: District Health Action Plan, 2012-13	

Vital Statistics

Vital Statistics	
Indicator	**Rate**
Crude birth rate	27.7
General fertility rate	113.5
Total fertility rate	3.5
Gross reproduction rate	1.6
General marital fertility rate	156.2
Total marital fertility rate	5.5
Infant Mortality Rate	43
Death Rate	6.6
Still Birth Rate	1
Source: Census of India	

Economy

Agriculture is the main occupation for the majority of the people in the district. Approximately 86% of the total land is suitable for agriculture. Out of the 2/3 is irrigated land.[1]The industry has good number of industries. Locally available raw material and for agro processing units and good road transportation made it possible. Land accusation for the industry and roads, and shortage of power in the district become major problems.

Culture

Buxar is famous since the epic period for being the seats of eminent saints, battlefield of Gods and Demons as per Puranas and a combat zone between foreign invasion and countrymen in modern history.Buxar is also famous for rich culture. This main language is Bhojpuri. Folks, art and handicraft of this region are very famous.

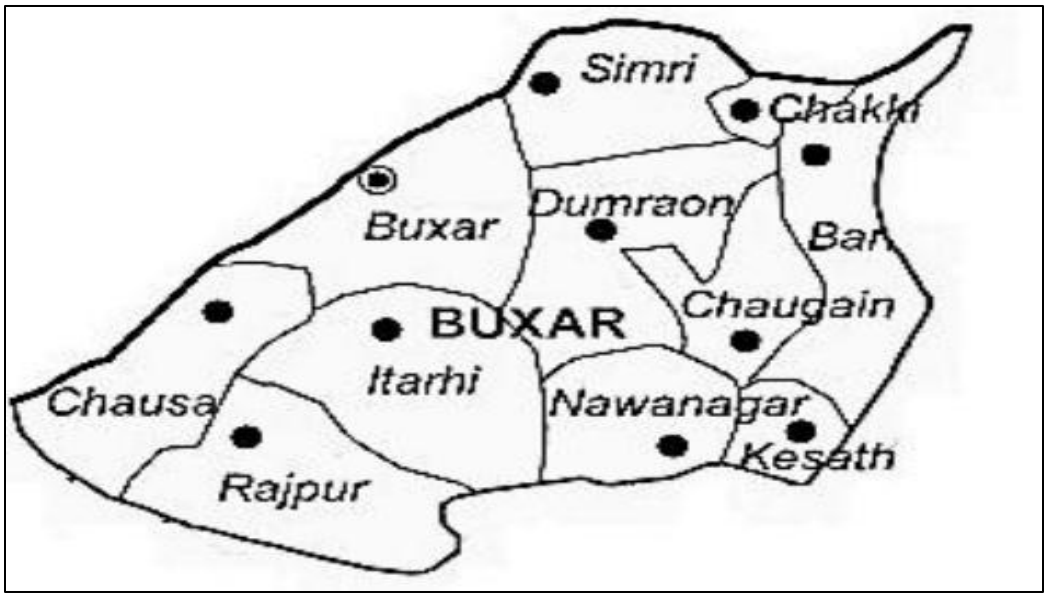
Chausa Block

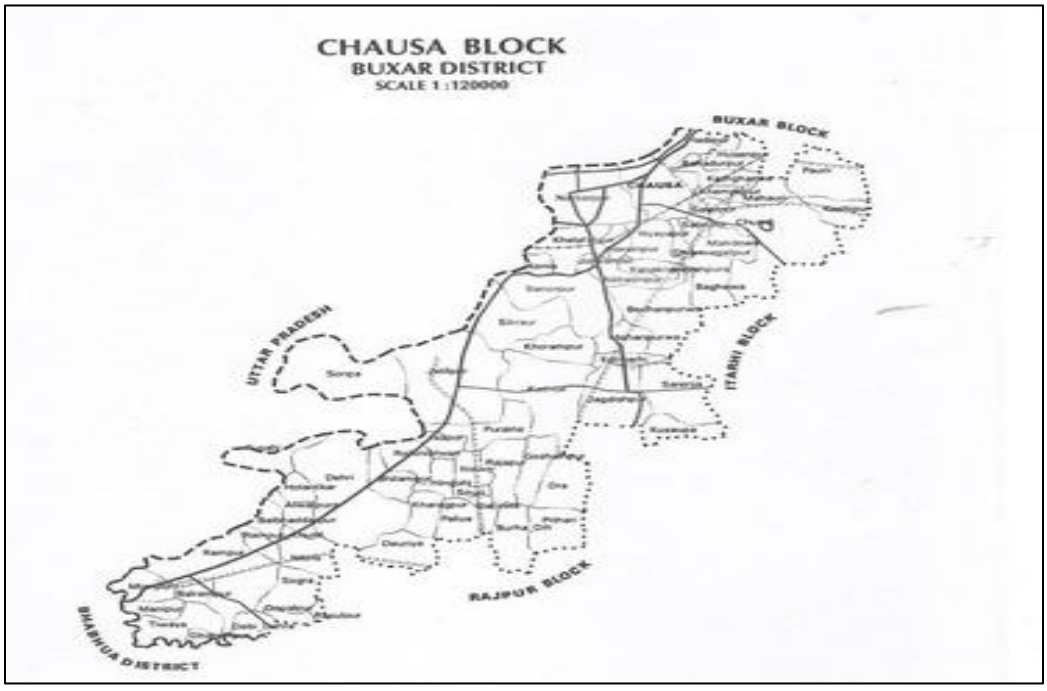
SJVN project is located at Buxar -I of Chausa Block under Buxar district. The population of Chausa block, according to Census 2011, is 100028, which is 5.86% of the total population. There are 11794 households in Chausa and the male to female ratio is 91.76%. The overall literacy rate for Chausa is 47%, the female and male literacy rates being 39.91% and 73.85% respectively. Out of the total populations of Chausa, 38.87% are working populations. 56.21% of the male population is working, and the percentage for females is 19.87%. The total non-working population is 61.13% of the total population. 43.79% of the male members are non-working, and the non-working percentage is 80.13% for the female population[2].The project location is 15-20 km from Buxar city.

[1] District website
[2]District Health Action Plan 2012-2013, Official Website of Buxar District

Maps and How to reach Buxar I

Chausa is located at a distance of around 12 kilometers from Buxar city. It can be reached both by road and the railway. By road, buses and auto rickshaws can be accessed to reach Chausa from Buxar city via SH-13. Road condition is good. As far as the railway is concerned, local trains can be accessed from Buxar city to reach Chausa.





Chapter 2: Approach & Methodology

Objective

Health infrastructure of this area is very poor and due to poor economic conditions people could not afford the available medical facilities.The current study deals with the identification of elderly population (age more than 54 years).Besides, this study also looks into the available health facility in the project location and identifies the site for mobile medical unit and finalizing an operational plan for the same.

Scope of Work

- Identification of villages in the proposed MMU location in consultation with local sponsor officials and Help Age India team
- Visiting MMU location and all identified villages in each location in order to prepare detailed operational plan
- Active consultation with major stakeholders in the identified villages to elicit their opinion regarding inclusion of their villages in the project and soliciting their active participation during the implementation period of the project i.e. 3 years
- Conducting baseline survey in each location consisting of a number of villages or gram panchayats by recruiting local investigators/surveyors in order to arrive at the exact numbers of elders in each village and location
- Identifying central locations in consultations with Help Age India and sponsor for establishing the project office where the MMU staff would gather, stocks would be kept, records would be maintained and MMU would be parked during non-functioning days and hours

Methodology

The methodology for the study includes the field survey and secondary research.

Secondary Research

Octavo team carried out secondary research in which documents relating to the current project were collected from the varied sources (who were in the public domain). In the secondary study our researchers saw the following parameters:

- District demographics including health indicators

- Social and financial scenario of the project location

Establishing contacts with the Panchayats was the second most crucial step in the project initiation process. There were many objectives for establishing this contact. They are as follows:

- Appraising the Panchayat leadership on the MMU project and develop a consensual understanding among the local leadership and general population on the need of the project and the health as well as psycho-social benefits that it is going to accrue to the elderly population.
- Mapping of basic infrastructure was another requirement which would help the project run from those points. Resources like government schools;AnganwadiCentres, Health Sub-centre, Village Community Halls, Temples, etc. are counted as basic infrastructure available in the villages or habitats. Usually all people in the village have access to these resources and these would serve as the parking place for the MMU. The MMU would park at these locations at predetermined time slots and would offer the health and counseling services to the elderly of the nearby villages/hamlets within a particular village. Since Gram Panchayats (GP) have many such hamlets the MMU would need to park at more than one location within the GP.
- A basic understanding of the constitution of the Gram Panchayat, its geographical spread, number of hamlets/natural villages, population with necessary disaggregation (male/female, BPL/APL, no. of elderly persons, etc.), etc. is required to address the health needs through this programme.
- Unless it is known as to how many elderly persons (for this project an elderly person is one who is 55 years old and/or above) live in a village, how many households have elderly people, their habits, their disease history, etc. it would be imprudent to start the project because the benefits that accrued to the elderly people because of this intervention cannot be measured or evaluated at a later point in time. Monitoring would also not be possible without a baseline. Moreover, individual cards would be issued to each elder for tracking his/her individual health status at the time of his/her visit to the MMU. The consent and cooperation of the GP leadership to conduct this baseline survey is considered essential.
- Since the project will run for a period of five years sustained support and assistance would be required from the GP leadership for its smooth operation and conflict resolution in case of any eventual need. Therefore, a relationship building exercise is also at the core of establishing contact with the GP leadership.
- The first point of contact was usually the Gram Panchayat offices and a meeting with Panchayat Pradhan, Secretary and other key people of the village was held. In such meetings the participants were introduced to HelpAge India's organizational objectives and operation. Thereafter, they were

appraised in-detail about the objectives and operational aspects of the MMU project. Their views on the project were also elicited. In all the cases the Panchayat leadership welcomed the initiative undertaken by HelpAge India and appreciated the working model of project and assured their continued support for smooth running of the project.

After initial discussion with GP leadership basic information on demography and infrastructural facilities were collected. The parameters on which information werecollected were:

- Population – with necessary disaggregation
- No. of Households (HHs) in the GP
    - No. of BPL HHs
    - No of HHs with M-NREGA Job cards – Discussion was held on elderly people's participation in M-NREGA work
    - No. of HHs enrolled under any government Health Insurance scheme
    - No. of old Age pensioners (& pending pension applications, if any)
- Administrative arrangement – District, Sub-division, Tehsil & Block
- Basic Infrastructure facilities in GP
    - Bus Services, Auto & Taxi services
    - PCO, Mobile Service and Internet
    - Community hall
- Health & Sanitation
    - No. of HHs with Toilet facilities
    - Cooking facilities
    - Drinking water facilities
- Health Infrastructure
    - NRHM facilities – Sub-center to District Hospital related information
    - Private Clinics operation
    - Access to Health facilities
    - Any NGO operating on Health issues or on old age care in the GP

All the above information is being consolidated into a Gram Panchayat information format for future references. After collection of aforementioned information, discussion was held on identification of MMU parking locations in the GP. The GP functionaries were advised to select minimum number of

locations that would be required to cover all the constituent hamlets/villages of the GP effectively, i.e. all the elderly people can access it withoutmany problems.

Primary Research

On the basis of secondary research and Gram Panchyat meeting's findings Octavo researchers designed the survey questionnaires to tap the perception of local people regarding the health facility and also to capture their social and financial status. We have collected information from the elderly population as well as the head of the household.

Approach

- Meeting and consultation with key stakeholders i.e. donor representatives, Regional/Local Offices, panchayat leaders & functionaries of local health clubs, NGOs to select the villages
- Identification of possible MMU office location within the MMU operational area of the nearest place with sufficient infrastructure i.e. basic amenities such as electricity and water and voice / data connectivity
- Identification of health issues of elderly persons and community as general and available health infrastructure in the proposed villages
- Two separate questionnaires were prepared to assess the need of the mobile medical unit which is given at **Annexure 7 and 8.**
- Conducting baseline survey of 100% elderly households in selected villages as well a good number of other household where there is no elderly population
- Data collection, data entry and data analysis in the Help Age India's 'e-Chikitsa' HMIS software
- Coding Methodology was developed for data entry
- Report Preparation and submission to Help Age

Organization of the Report

The report consists 6 chapters. Chapter 1 deals with overview of the project, whereas chapter 2 deals in approach and methodology. Chapter 3 deals with the mobile medical unit. Chapter 4 narrates the sample size and demographic scenario of the project location with a special emphasis on elderly population. Chapter 5 deals with status of medical facility. Chapter 6 describes the status of social involvement and incidence of abuse of the elderly population. The last part of the report is way ahead.

Chapter 3: Site Selection for Mobile Medical Unit

As medical infrastructure in the Chausa block is not adequate, SJVN agreed to give mobile medical unit (MMU) facilities through HelpAge in the affected villages as a part of their corporate social responsibility. The MMU project aims at reaching out to provide healthcare to older persons above 55 years of age as well as the communities they live in—in the operational areas—who have limited or no access to healthcare either due to poor services by the existing healthcare facilities or because affordability issues due to lack of financial resources or other physical / mobility reasons.

HelpAge has started their MMU activities in the Buxar –I region and covering 6 villages through the MMUs. They have already identified certain sites over there. The MMU unit runs 5 days in a week in two sessions (morning and afternoon). The unit provides free treatment, free medicines, basic diagnostics, and home visits of the patients (in case of bed-ridden), counseling facilities and awareness generation.

Village wise Status of Basic Infrastructure

Village	Power Supply	Transport Facilities	Approachable Roads
Kochadi	Just adequate	Just adequate	Pucca Road
Bechanpurba	None	Just adequate	Pucca Road
Mohanpurba	Just adequate	Just adequate	Pucca Road
Akhoripur	None	Just adequate	Pucca Road
Banarpur	Just adequate	Just adequate	Pucca Road
Sikraul	Adequate	Just adequate	Both

Village wise distance from the petrol pump

Village	Distance from the Nearest Petrol Pump (Km)
Kochadi	2
Bechanpurba	4
Mohanpurba	4
Akhoripur	2
Banarpur	3
Sikraul	4

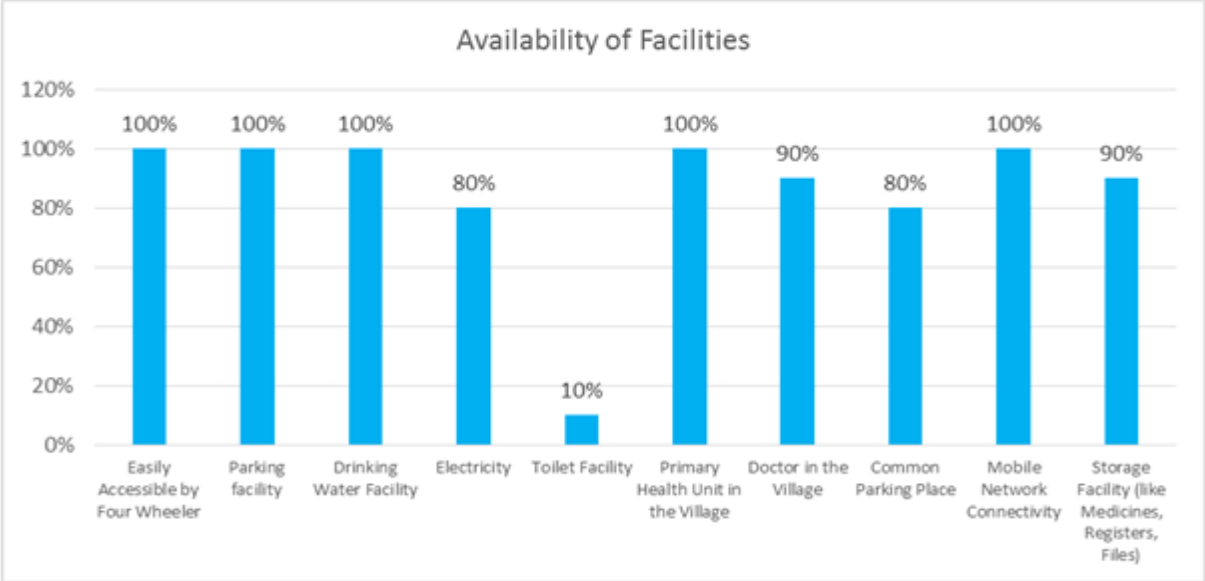
Village wise distance from the School

Village	School Type	Distance (Km)
Kochadi	MadhyamVidyalaya (Middle School)	0.5
Bechanpurba	PrathamikVidyalaya (Primary School)	0
Mohanpurba	PrathamikVidyalaya (Primary School)	0
Akhoripur	MadhyamVidyalaya (Middle School)	0
Banarpur	MadhyamVidyalaya (Middle School)	0.5
Sikraul	PrathamikVidyalaya (Primary School)	0

These operational sites have been excluded because of three main reasons such as (i) their distance from the central location of the MMU, (ii) the optimal patient load being already ensured by the included GPs; (iii) they are not contiguous to other villages.

Survey team wanted to gauge the basic facilities in the MMU sites on the basis of few parameters like – accessibility, parking facility, drinking water facility, electricity, toilet, primary health unit's availability in the village, availability of doctors, mobile connectivity and storage facilities of the medicines and other equipments. During field visit of the survey team it was revealed most of the identified sites have basic amenities like - accessibility, parking facility, drinking water facility, electricity and mobile network. About 10% of the sites have toilet facility and 80% of them have electricity. Only 90% of the sites have storage facility.

Site-wise Availability of Facilities



Therefore it is clear from the above charts that the selected sites in the beneficiary villages are appropriate and accessible for the patients as well as medical teams. The elderly persons in the project areasare now facilitate with basic medical support to live with dignity and respect.

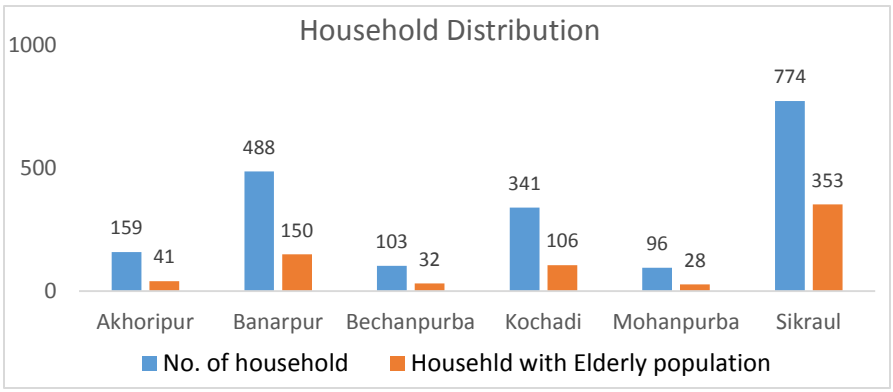
Mobile Medical Unit Parking Site Details

Village Name	Site Name	Landmark	Criteria	Day	Shift Time	Name of Gram Panchayat
Banarpur	BanarpurPanchayet Bhavan	Panchayat Bhavan	Public place	Monday	09:15am to 1:00pm	Banarpur
Banarpur	Kasturba Gandhi School	Kasturba Gandhi School	Public place	Monday	01:30pm to 05:15pm	Banarpur
Sikraul	NREGA Bhavan	Anganwadi Kendra	Public place	Tuesday	09:15am to 1:00pm	Sikraul
Sikraul	Panchayat Bhavan	Uttartola Shiv Mandir	Public place	Tuesday	01:30pm to 05:15pm	Sikraul
Akhoripur	Hanuman Temple	Hanuman Mandir	Public place	Wednesday	09:15am to 1:00pm	Chunni
Akhoripur	NandupurKalimata Temple	Kalimata Temple	Public place	Wednesday	01:30pm to 05:15pm	Chunni
Mohanpurba	Bus Stand	Mahabir Tent House	Public place	Thursday	09:15am to 1:00pm	Chunni
Bechanpurba	Govt. Primary School	Near Primary School	Public place	Thursday	01:30pm to 05:15pm	Chunni
Kochadi	PurvaTola Shiv Mandir	Opposite Shiv Mandir	Public place	Friday	09:15am to 1:00pm	Sikraul
Kochadi	Nat Tola Old AganwadiCenter, Ward Number 7	Nat Tola	Public place	Friday	01:30pm to 05:15pm	Sikraul

Analysis of the Baseline Survey

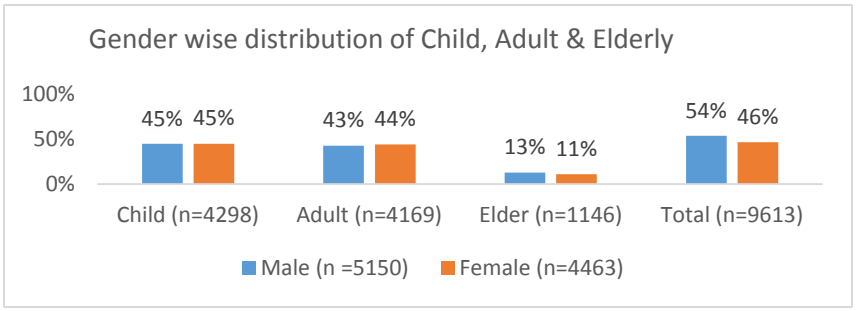
Chapter 4: Demographic Scenario

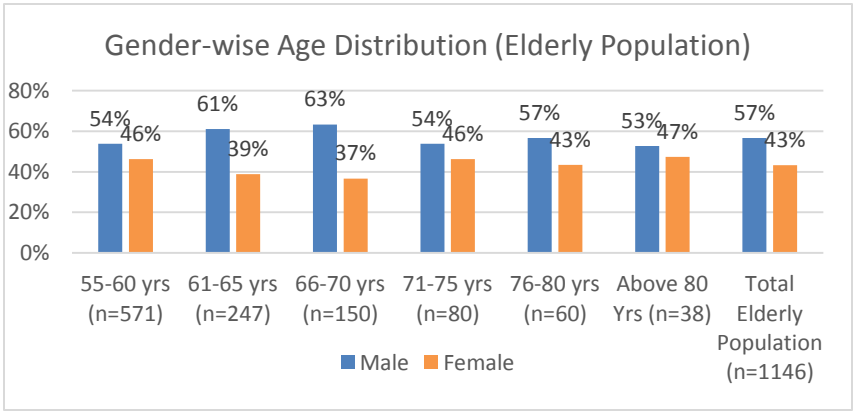
Household Distribution



In the Buxar -I site we have visited 6 villages. Those villages have total 1961 households. 6 villages are:Mohanpurba, Bechanpurba, Akhoripur, Kochadi, Banarpur and Sikraul. Of the 1961 households, 710(36% of the total household) households have elderly people (aged 55 years or above) amongst their members.This means there is a huge scope for intervention of MMU units in the area, as 36% of the household reported with elderly population and those population have minimum access to the nearest available medical facilities.

Age and Gender Distribution of the Population



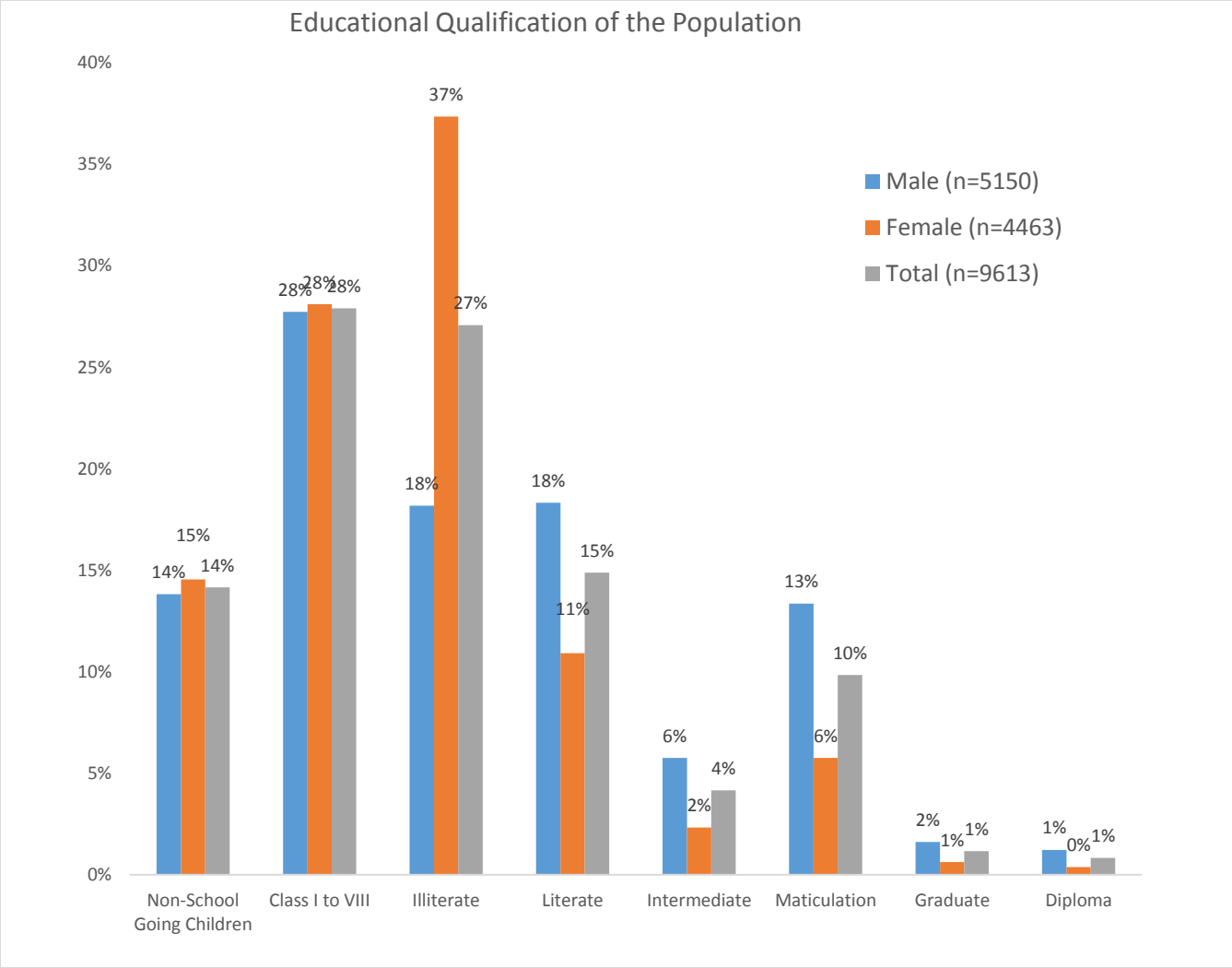


The sample has 54% male population and 46% female population. Gender-wise percentage break up for children, adults and elders has been provided in the chart. Overall, the percentages for children, adults and elders (aged 55 years or above) in the sample are 45%, 43% and 12% respectively. Sex ratio is 867 which is lesser than the national average (940) as well as district average (991). MMU

unit can take a positive role to create awareness to improve sex ratio. Age-group wise distribution shows almost similar trend across gender.

The total elderly male population is 14% more than the total elderly female population. The proportion of males and females for all age-groups of elderly people in the sample has been provided in the chart.

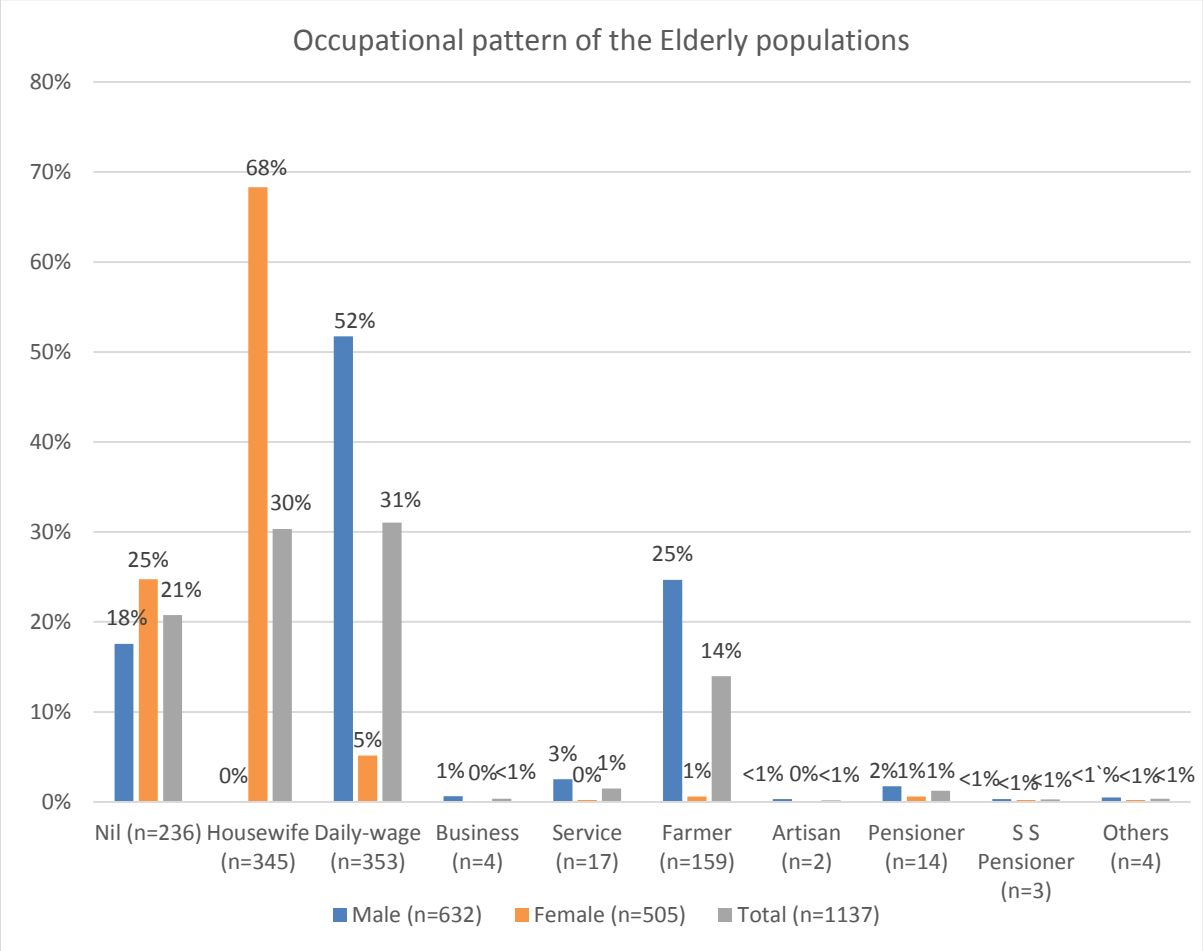
Educational Status of the Population



Among the members of the elderly households, approximately 27% are illiterates and 15% are literates. Infants and non-school going children constitute 14% of the population. 28% of the population are school going (class I to VIII), 10% have completed matriculation, and the percentages for intermediates and graduates are approximately 4% and 1% respectively. Among the females in elderly households,

15% are literates and 27% are illiterates, both the figuresrespectively for males being 18% each. 2% of the females are intermediates and close to 1% contitute of graduates, the respective figures for males being around6% and 1% respectively.

Occupational Distribution of the Elderly Households

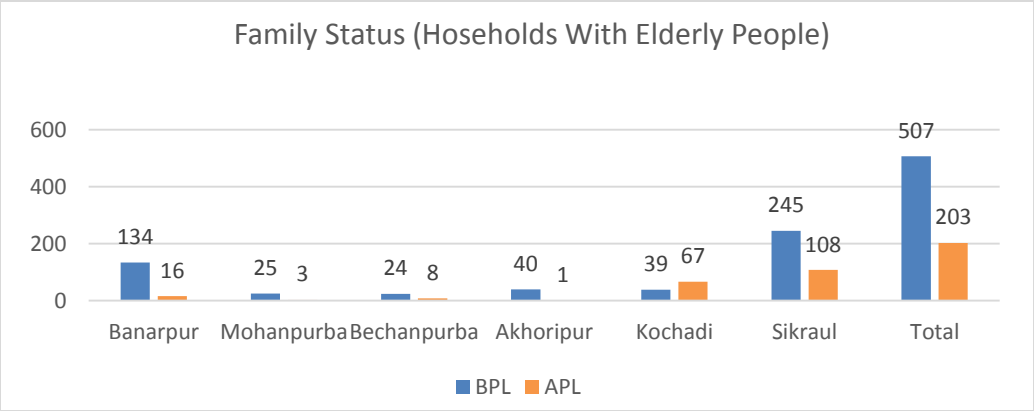


Around 45% of elderly people arefarmersor daily wage earners, the proportion of farmers and daily-wage earners among the elderly population being 14% and 31% respectively. Housewives constitute another 30% of the total elderly population surveyed. A mere 1% is into services, with less than 1% of the elderly population into business activities. Among the elderly women, 68% are housewives, farmers constitute 1% and another 5% are daily-wage earners. A considerable 52% of the elderly male population consists of daily-wage earners and 25% are farmers. 2% of the elderly male members are pensioners and 3% are into services.

Per Capita Income

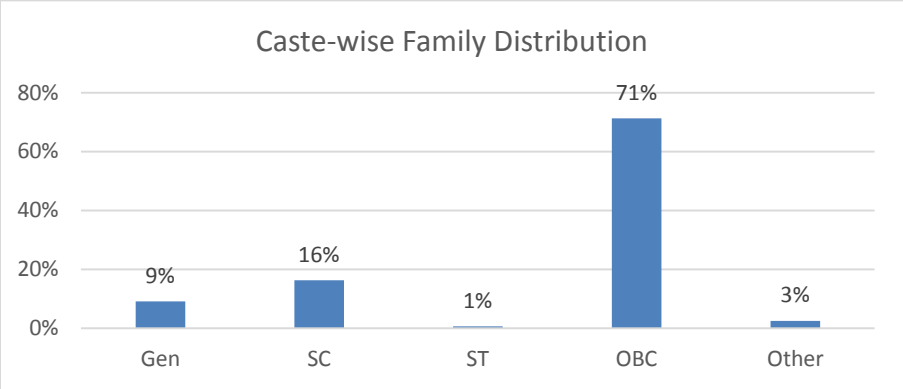
During the field survey information were collected from the respondents on 'Total Monthly Income' from all sources. Form this researchers have computed monthly household income and monthly per capita income per members (after summing up all income sources and then divided by the number of household members). By multiplying the number with 12 we have arrived at per capita income per annum. It was observed that most of the household are farmers and tribal. The average per capita income reported Rs. 9,750. This is far below the district per capita income of little less than Rs. 10,000 (Bihar Economic Survey 2-13-14).

Status of Sample Households by Types of Ration Card



Households with at least an elderly person, 71% belong to the BPL category, while the remaining 29% belong to the APL category. But, according to primary survey, the number of households below the poverty line has been found to be considerably higher as compared to those above the poverty line for Banarpur and Sikraul. Kochadi, on the other hand, has been found to have considerably higher number of households above the poverty line as compared to households which are below the poverty line.BPL category people do not get proper treatment. MMUs can also play a facilitating role in linking them with health schemes, food security and social security schemes under government and non-government bodies through in proving basic information of the areas.

Caste Distribution of Sample Households



The caste-wise distribution for families with elderly people reveals that 71% of such families belong to the OBC category. 16% and 9% belong to the SC and General categories respectively.

Chapter 5: Medical Facility

Available Government Health Facilities

Health Infrastructure	No. of Unit in Buxar District
APHC	29
PHC	11
Sub-Centre	270
District-Hospital	1
Source: District health Action Plan, 2012-13	

As per District health action plan there is one district hospital, 11 PHCs and 270 sub centres at Buxar.

PHC's status at Buxar I

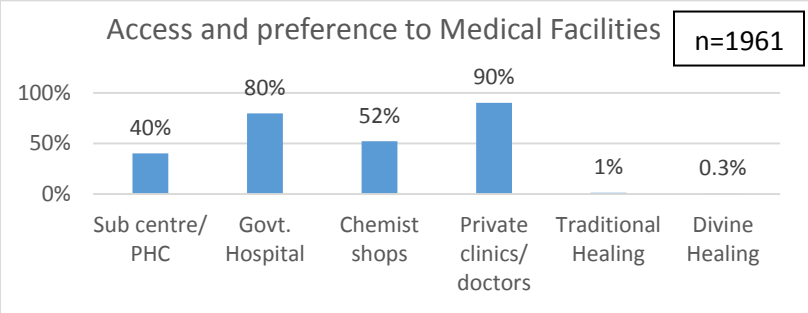
There are 1 PHC in Chausa block. There is noPHC inside the village.

Particular	Details
Functioning on 24 X 7 hours basis	No
Have doctor	Yes
PHCs with at least 4 beds	Yes
PHCs with AYUSH doctor	No
PHCs having residential quarter for Medical Officer	NA
New born care services on 24 X 7 hours basis	No
Having referral services for pregnancies/delivery on 24 X 7 hours basis	No

So it is clear that facilities in the PHC's at Chausa are equipped with basic maternal delivery system and not sufficient enough to cater the entire mass of Buxar I.During survey our field investigators observed following constraints at the PHC:

- Non-availability of doctors /paramedics
- Shortage of ANMs/ LHVs / MPWs.
- Shortage of Drugs/ vaccines
- Dysfunctional equipment
- Untimely procurements
- No minimum mandatory service provision standards for every facility in place which makes full use of available human and physical resources and no road map to how desirable levels can be achieved.
- No local initiatives or role, Centralized management and schematic inflexibility
- Lack of indicators and local health status assessments that can contribute to local Planning.
- Poor capability to design and plan programmes.

Access and Preference of Medical Facility



Around 90% respondents opined that they prefer to access Private clinics/ doctors, 80% prefer Govt. hospital, 52% prefers Clinical shop and 40% respondent prefer Sub centre/PHC for any common ailments. A very insignificant respondents prefer traditional healing (1%) and divine healing (<1%).

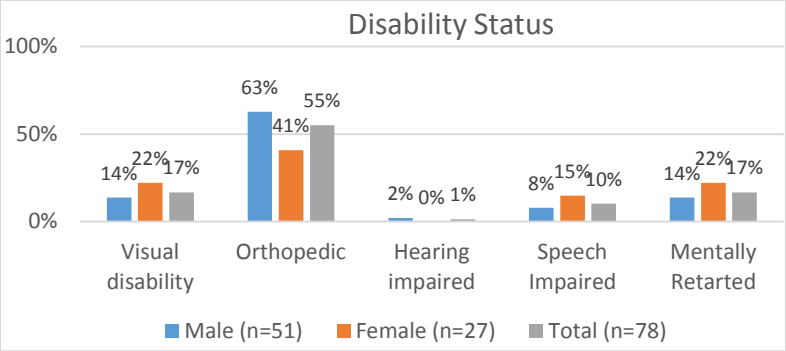
Site Name	Sub centre/ PHC	Govt. Hospital	Chemist shops	Private clinics/ doctors	Traditional Healing	Divine Healing	Single option	2 options	3 or more options
Akhoripur	154	105	1	156	1	0	1%	34%	65%
Banarpur	98	460	358	447	2	0	4%	22%	75%
Bechanpurba	64	34	45	82	3	0	2%	73%	25%
Kochadi	285	264	22	322	0	0	0%	35%	65%
Mohanpura	54	29	43	84	0	0	2%	77%	21%
Sikraul	134	668	554	676	15	5	8%	23%	70%
Total	**789**	**1560**	**1023**	**1767**	**21**	**5**	**4%**	**31%**	**65%**

Most of the respondents (65%)have chosen three or more options for accessing medical facility. 31% prefer any of the two options and rest prefer only one option. Site wise scenario is almost same.

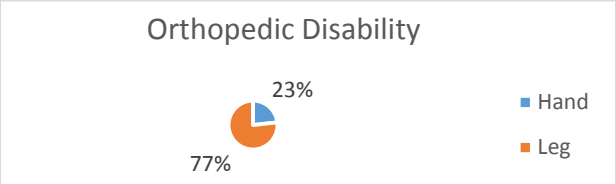
	Household remedy	Homeopathy	Modern Medicine	Ayurveda	Unani	Siddha	Yoga
First	21%	11%	61%	6%	0%	0.1%	0.1%
Second	37%	23%	30%	9%	0.3%	0.3%	0.1%
Third	19%	45%	8%	26%	1%	1%	1%

61% respondents opined that their first preference is modern medicine and 21% respondents confirmed Household remedy as their first choice. For 37% respondents household remedy is the second choice. So it is clear that after introduction of MMU units in the area awareness among household rises and they prefer modern medicine as their first preferred remedial option.

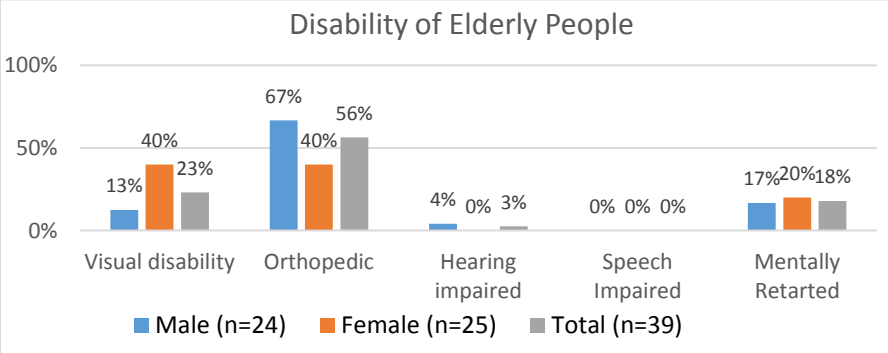
Disability Status



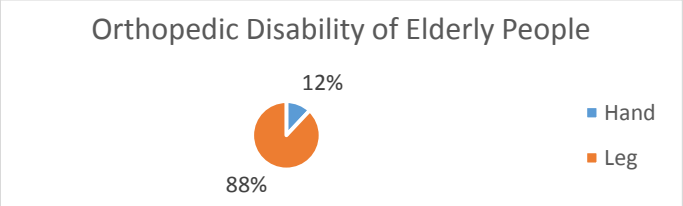
Overall 1% people confirmed that they have disability. Out of total disable people 65% are male and 35% are female. Around 55% disable people are having orthopedic problem and 17% people are having visual disability and mental problem.



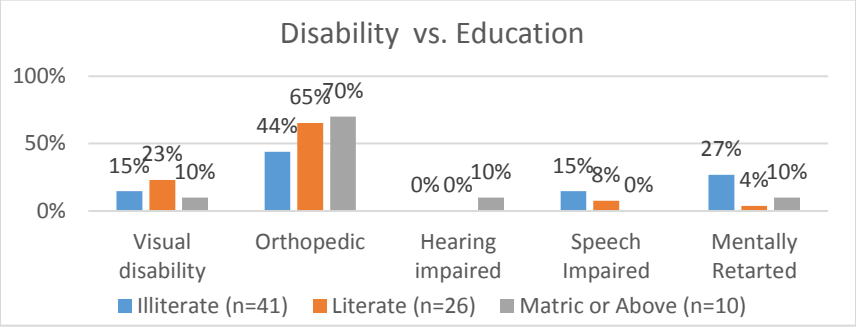
Out of total orthopedic disable people 23% are having problem in hand and rest 77% in having problem in leg.



Overall 3% eldely people are disable. Around 56% respondents are having orthopedic problem out of the total elderly disable people. 23% people are having visual disability.

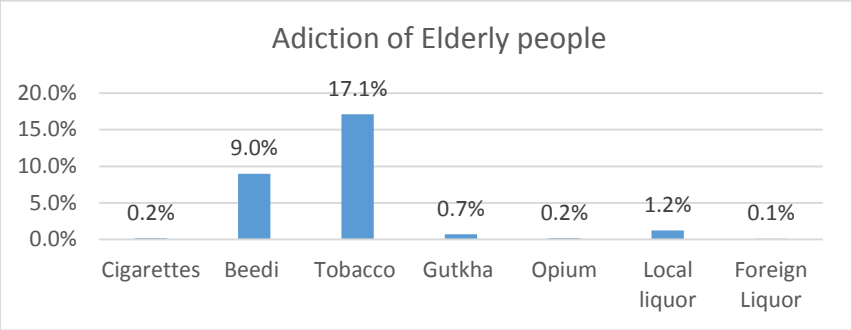


Out of total elderly orthopedic disable people 12% are having problemin hand and 88% in leg.



Primary data reaved that out of total population44% illiterate people, 65% literate people and 70% of the people whose education is matric or above are having orthopedic problem.

Habits and Disease of Elderly People



17% of the elderly people are tobacco consumer, 9% are beedi smoker. Almost everyone confirmed that it is their regular habit.

Addiction vs. Gender

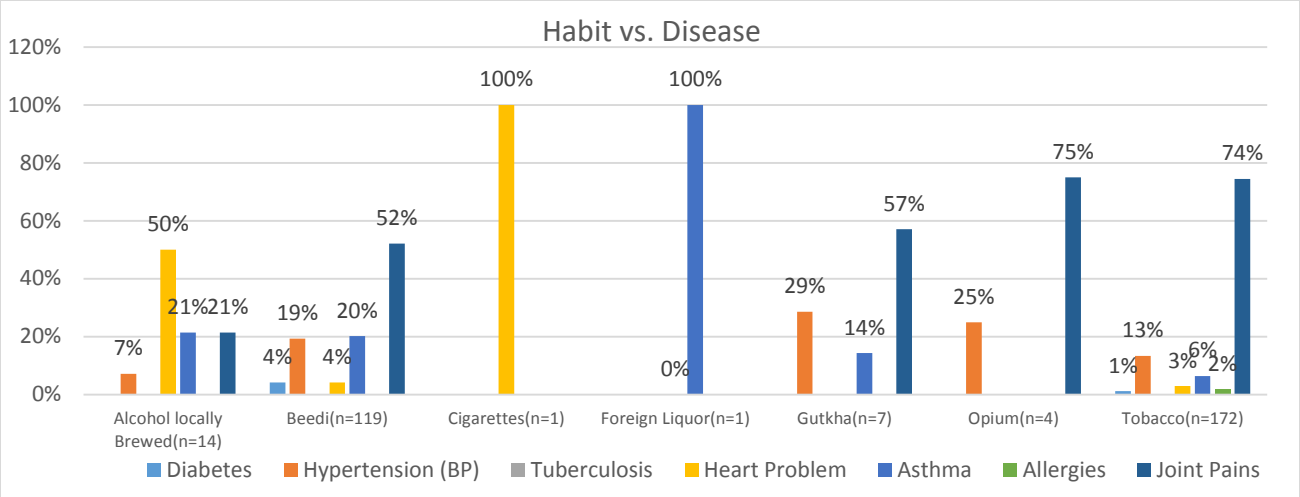
Habits	Regular		Occasional	
	Male	Female	Male	Female
Cigarettes	1	0	1	0
Beedi	28	1	71	3
Tobacco	54	5	119	18
Gutkha	2	0	2	4
Opium	1	0	1	0
Locally brewed alcohol	5	0	6	3
Foreign liquor	0	0	1	0
Total	**91**	**6**	**201**	**28**

Diseases

Disease	Currently Suffering		Availed Treatment	
	Male	Female	Male	Female
Diabetes	0	0	7	1
Hypertension	0	0	45	23
Tuberculosis	0	0	0	0
Heart problem	1	0	17	4
Asthma	0	0	38	9
Allergies	0	0	3	2
Ulcer Diseases	0	0	6	2
Joint Pain	0	2	201	105
Total	**1**	**2**	**317**	**146**

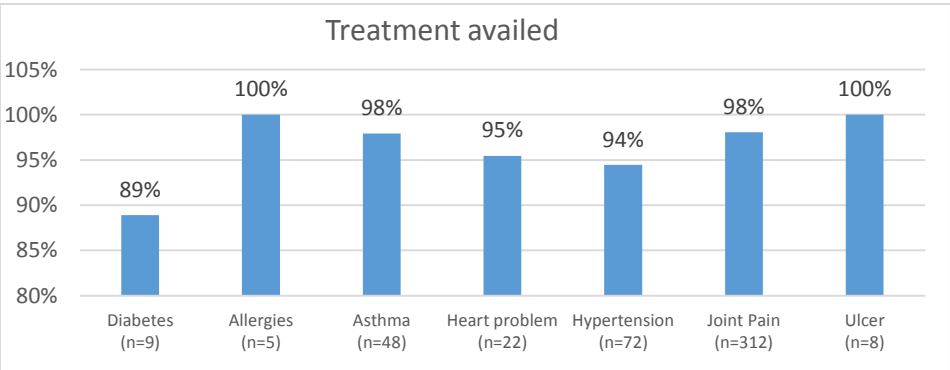
Out of 710 elderly only 3 are suffering from diseases currently. Out of the total elderly population 27% were suffering from joint pain and 6% were suffering from hypertension. 4% elderly people are suffering from asthma. Rest of the people did not report any kind of disease.

Among the people who consume alcohol 50% are suffering from heart problem, 21% are suffering from

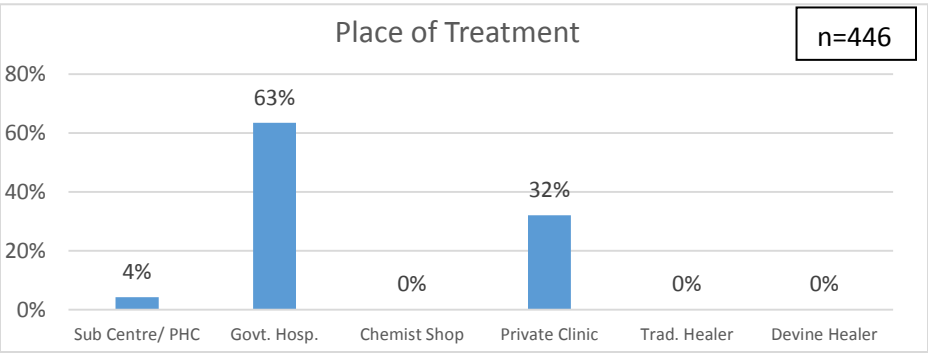


asthma and another 21% is suffering from joint pain. 52% beedi smokers are suffering from joint pain. Even 74% tobacco consumersare suffering from joint pain.

Treatment History of Elderly Population



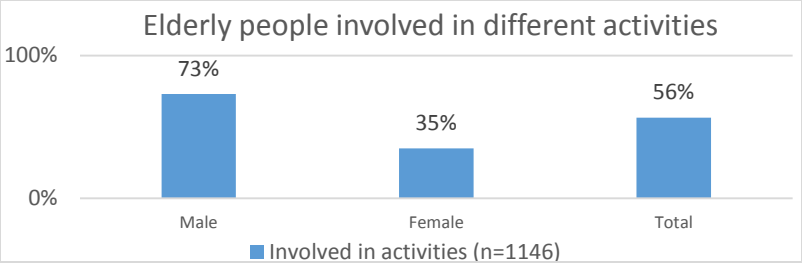
All of the allergies and ulcer affected persons availed treatment facilities. More than 90% patients availed treatment for hypertension, joint pain, asthma, heart problem.



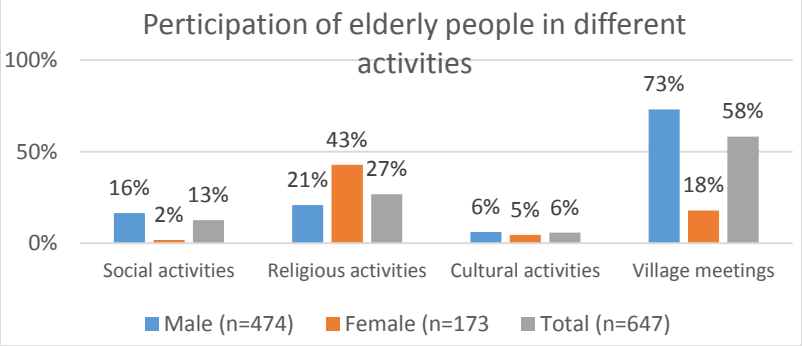
63% respondents confirmed that they have done their treatment at Govt. hospital and 32% in private clinic.

Chapter 6: Social Involvement and Abuse of Elderly Population

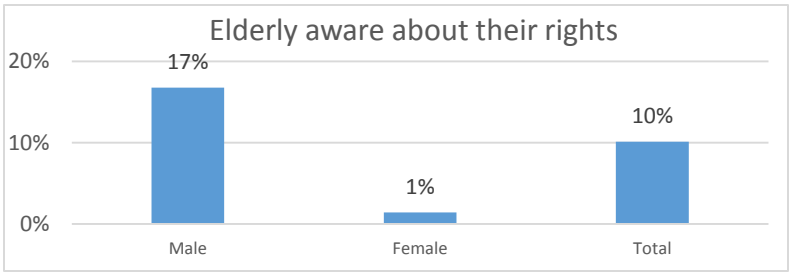
Social Involvement of Elderly Population



Overall 56% elder people are involved in social activities and 73% elderly males are involved in social. Female participation in different activities is much lesser in this area. Only 35% female are involved in activities.

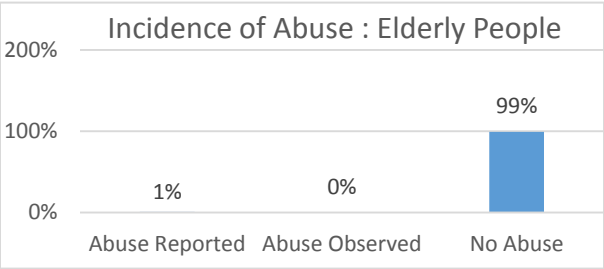


Elders mostly participate in village meeting (58%) and religious activities (27%). Among the elder male 73% (female 18%) participate in village meeting and 21% (female 43%) in religious activities.



Overall 10% (male - 17% and female - 1%) elderly people are aware about their rights. Awareness level is very low in this area. MMU unit can take a positive role in creating female awareness in that area.

Incidence of Abuse: Elderly People



Only 1% families reported abuse, and rest 99% confirmed there was no incidence of abuse of elders.

Chapter 7: Way Ahead

The MMU units at BuxarI a collaborative efforts between SJVN and HelpAge is a real time window for providing health services to the residents, especially elderly residents in the Buxar I area. MMU operation is primarily addressing health issues of old age people. Therefore, it becomes important that effective referral links are to be established with the mainstream health system. MMU unit can take an important role to increase the awareness of the elderly people about their rights.

Besides, providing health services MMU units are also supporting in the awareness generation of the BuxarI area for elderly population. As a result abuse in the area was found negligible. This can be a role model for other adjacent areas also.

The Project Coordinator or Project Officer plays the role of a socialmobilizer and counsellor in order to create demand for health services among the elderly population by conducting door-to-door visits and also working along with the available government health infrastructure and the Gram Panchayat system. All the elderly persons are motivated and counselled to seek timely health intervention.

In a nutshell it can be says that MMU units could be one of important centre for seeking basic health related remedies in the area and could be one of the important hub for information of the localites to introduce other government and non-government schemes in the area.

Annexure

Annexure 1: Household Survey Meeting Point with SJVN LTD

- Mr. Pankaj Kumar, Social Protection Officer at Helpage India, introduced Mr. Arijit and Mr. Sanjay Gupta, Field Manager at Octavo Solution Pvt. Ltd., to Mr. AmarnathJha , Senior Administration Head at SJVN Pvt. Ltd. on 26th August 2014.
- Mr. Arijit discussed the tools being used for the survey, the scope of work and about the E-Chikitsa data entry software.
- Mr. Jha gave Mr. Arijit permission to conduct the baseline survey and gave him the village list – Buxer-1
- However, he had mentioned that land acquisition process is still going on for the project. Once it is finalized, one or two additional villages may be added to the existing list of villages.
- Mr. Jha said the survey and the mobile medical units would only be required in those villages; rests of the villages are not relevant for the study.
- Mr. Jha said SJVN Pvt. Ltd does not have any Memorandum of Understanding with Octavo Solution Pvt. Ltd so Mr. Arijit should submit the findings of the survey to HelpAge India Pvt. Ltd.
- Mr. Arijit asked Mr. Jindal for a formal approval, for the identified villages. Mr. Jha was in leave.
- Mr. Arijit contacted Mr. Jha over phone quite a number of times and emailed him for formal approval (3 times). He did not succeed yet.

Annexure 2: Local Administration Contact Details

SL. No.	Name of Gram Panchayat	Name of Village	Name	Designation	Mobile Number
1.	Chunni	Mohanpurba	Suresh Singh/ Manisha Devi	Pradhan	9431875107
2.	Chunni	Akhoripur	Suresh Singh/ Manisha Devi	Pradhan	9431875107
3.	Banarpur	Banarpur	Ram Pravesh Prasad	Pradhan	9931290676
4.	Sikrol	Sikrol	Subhash Ray/ Sanjay Ray	Pradhan	9771522803
5.	Chunni	Bechanpurba	Suresh Singh/ Manisha Devi	Pradhan	9431875107
6.	Sikrol	Kochadi	Subhash Ray/ Sanjay Ray	Pradhan	9771522803

Annexure 3: Names of Asha &Anganwadi Workers

SL. No.	Village Name	Aganwadi Worker Name	Name of ASHA worker	Contact Number
1.	Mohanpurba	Jayantidevi		
2.	Akhoripur		Anita Devi	
3.	Banarpur	Artidevi	Seemadevi	
4.	Sikrol	Jhunia Devi		
5.	Bechanpurba	Jayanti Devi	Jeera Devi	
6.	Kochadi	Yashmeenkhatun	Ansukumari	9572935174

Annexure 4: Details of Local NGO Operating in the Areas

SL. NO	NGO Name	Address	Contact Number
1	Geeta MahilaUtthanSamiti	Rajendra Nagar, Ara, Bhojpur, Bihar	9334540571
2	Bhagwan Buddha Vikas SevaSamiti	North Mandir, Near Bansghat, South of Kali Mandir Patna.	2525752, 9431429483
3	SatyabhamaDatvyachikitsakendra	298-Priyadarshani Nagar, NayaTolaKumhrar, Patna-26	
4	KARUNA	Hanuman Nagar, East Railway Gumti	9431039788
5	Gram Vikas Sansthan	H/o Satrughan Pd. Singh KurjiBalupar, Patna-800013	9334248899
6	YuvaKalyan Vikas Kendra	Medi X-ray Premises, Narayan Plaza, Boring Canal Road, Patna	9334343740
7	Nishika Security & Intelligence Services Pvt. Ltd	FF-3, Lav-Kush Tower, Exhibition Road, Patna	2320431
8	Sristi Foundation	8th floor, Rashmi Complex, Kidwaipur, Patna	0612-3090308, 9431072233
9	Mega International	Sarswati lane, Lohanipur, Kadamkuan, Patna	

Annexure 5: Health facilities details and contacts number (PHC&CHC) in the Survey Villages

SL. No.	Name of the PHC/ CHC	Village Name	Designation	Contact Number
1.	PHC Chausa	Chausa	Mo I/c	06183-273638

Annexure 6: Pictorial Evidences of MMU Unit at Buxar-I

Annexure 7: Questionnaire for Mobile Medical unit Parking Facility

Field supervisor village observation schedule

SL .No	Question	Response		
1.	Name of the Village			
2.	Name of the Gram Panchayat			
3.	Name of the Block			
4.	Name of the District			
5.	Name of the State			
6.	Total Population in the Village			
7.	Total number of old age persons in the Village	**Male_____**		**Female_____**
8.	Name of the centre point of the village MMU parking point	**Hamlet Name_____**		
9.	Mobile medical unit parking time	**1st half**		**2nd half**
		YES	**NO**	**REMARK**
10.	Easily accessible by four wheeler			
11.	Availability of Parking facility			
12.	Availability of drinking water facility			
13.	Availability of electricity			
14.	Availability of toilet facility			
15.	Availability of Primary Health Unit in the Village			
16.	Availability of doctor in the Village			
17.	Parking place is common property?			
18.	Available of network connectivity			
19.	Available of storage facility (like medicines, register, files)			

Other observations of the surveyor about Village & Villagers

_____

_____

Field supervisor remember

Please drawing the map of Village

Annexure 8: Village Schedule

Village Schedule : Part 1: General Information on Villager Conditions						
Sl. No.	**Question**	**Details Response**				
1.	State					
2.	District					
3.	Name of the Tehsil/Block					
4.	Name of the Village					
5.	Name of the Panchayat					
6.	Total Population of the village					
7.	Total Number of Households in the Village					
8.	Total Number of old age population in the village (55 years and above)	Male_____	Female_____			
9.	Main approach to Village	Pucca Road=1	Kuccha Road=2	Both=3	Other=4	
10.	Nearest Primary School (distance from Village)	Name				
		Distance (Kms)				
11.	Nearest Town (distance from village)	Name				
		Distance (Kms)				
12.	Nearest Hospital (distance from village)	Name				
		Distance (Kms)				
13.	Nearest Primary Health Unit (distance from village)	Name				
		Distance (Kms)				
14.	Nearest Mandi for Vegetable and Fruit Milk & Products, Egg, Fish, Mutton,	Name				
		Distance (Kms)				
15.	Nearest Petrol Pump(distance from village)	Distance (Kms)				
16.	Name of ASHA Worker (working In the Village)					
17.	Name of the Aganwadi Worker (working In the Village)					
18.	Major sources of drinking Water facility in the village	Tube well -1	Well -2	River -3	Pond -4	Tap water -5
19.	Major sources of occupation in the Village					
20.	Power Supply in the village	Available=1		Not Available =2		
21.	Status of power supply	Very Inadequate=1	Just adequate=2	Adequate=3	None=4	
22.	Status of Transport Facility available in the village for goods	Very Inadequate=1	Just adequate=2	Adequate=3	None=4	

Respondent details:

Name:			
Designation:			
Mobile Number:		Landline Number :	
Date of Interview			

Annexure 9: Data table of the baseline Survey

Table 1: Distribution of sample household (who have reported elderly population)

			Family Status			Caste wise Family Distribution					
District	**Block**	**Village**	**BPL**	**APL**	**Total**	**Gen**	**SC**	**ST**	**OBC**	**Other**	**Total**
Buxar	Chausa	Akhoripur	21	0	21	0	0	0	21	0	21
	Chausa		19	1	20	0	0	0	20	0	20
	Chausa	Banarpur	100	14	114	6	24	5	79	0	114
	Chausa		34	2	36	1	20	0	15	0	36
	Chausa	Bechanpurba	24	8	32	0	0	0	32	0	32
	Chausa	Kochadi	18	54	72	3	0	0	69	0	72
	Chausa		21	13	34	0	0	0	34	0	34
	Chausa	Mohanpura	25	3	28	0	0	0	28	0	28
	Chausa	Sikraul	117	76	193	40	40	0	112	1	193
	Chausa		128	32	160	15	32	0	96	17	160

Table 2: Age-group distribution of sample households

Village	**Total Members**		**0-18**		**19-54**		**Elders Age**											
							55-60		**61-65**		**66-70**		**71-75**		**76-80**		**> 80**	
	M	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**
Akhoripur	339	335	147	168	159	138	22	18	5	5	3	2	2	4	0	0	1	0
Banarpur	1171	1009	556	483	471	419	74	61	31	23	19	9	10	7	5	6	5	1
Bechanpurba	208	187	81	78	99	89	17	16	6	1	0	1	4	1	1	1	0	0
Kochadi	1048	916	498	412	468	436	29	30	27	15	14	8	5	7	3	2	4	6
Mohanpura	183	173	90	76	69	77	14	12	5	4	3	2	1	0	1	0	0	2
Sikraul	2201	1843	926	783	936	808	151	127	77	48	56	33	21	18	24	17	10	9
Total	5150	4463	2298	2000	2202	1967	307	264	151	96	95	55	43	37	34	26	20	18

Table 3: Access and preference to medical facilities for common ailments

Site	**Sub centre/ PHC**	**Govt. Hospital**	**Chemist shops**	**Private clinics/ doctors**	**Traditional Healing**	**Divine Healing**
Akhoripur	80	63	0	80	1	0
	74	42	1	76	0	0
Banarpur	74	319	232	313	0	0
	24	141	126	134	2	0
Bechanpurba	64	34	45	82	3	0
Kochadi	107	90	18	147	0	0
	178	174	4	175	0	0
Mohanpurba	54	29	43	84	0	0
Sikraul	110	349	285	337	13	5
	24	319	269	339	2	0

Table 5: Awareness among elders on their rights				
Village	above 55 Yrs		Elders aware of their rights	
	Male	Female	Male	Female
Akhoripur	18	1	0	0
	12	6	0	0
Banarpur	70	9	0	0
	36	24	34	2
Bechanpurba	14	2	0	0
Kochadi	38	19	29	1
	17	8	0	0
Mohanpurba	21	2	5	0
Sikraul	124	55	23	2
	124	47	18	2

Table 6: Involvement of elders in social, cultural and religious activities										
Village	Total elders		Involvement of elders in							
			Social activities		Religious activities		Cultural activities		Village meetings	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Akhoripur	18	1	0	0	10	0	0	0	18	1
	12	6	1	0	8	6	0	0	12	1
Banarpur	70	9	0	0	1	0	0	0	70	7
	36	24	0	0	0	0	0	0	0	0
Bechanpurba	14	2	0	0	11	2	0	0	14	1
Kochadi	38	19	32	2	11	16	11	1	30	1
	17	8	1	0	10	8	0	0	17	0
Mohanpurba	21	2	2	0	14	1	1	0	21	1
Sikraul	124	55	26	0	21	29	5	0	83	7
	124	47	16	1	13	12	12	7	81	12

Table 7: Incidences of Abuse reported/observed In Elderly Households				
Village	N/A	Abuse Reported	Abuse Observed	No Abuse
Akhoripur	65	0	0	16
	62	0	0	15
Banarpur	284	0	0	55
	120	0	0	29
Bechanpurba	91	0	0	12
Kochadi	110	0	0	51
	163	0	0	17
Mohanpurba	68	0	0	28
Sikraul	280	2	0	128
	246	1	0	117