



FOUNDATION FOR POOR SOULS (FFPS)



PROJECT : MOBILE HOSPITAL PROGRAM

PROGRESS REPORT

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SUBMITTED TO HBL FOUNDATION





1. BACKGROUND:

“He who has health has hope; and he who has hope has everything”, Arabic proverb

Pakistan has made rapid strides in the health sector since independence. However, various eye opening data clearly indicate that access to healthcare still remains a challenge. While the health statistics of rural population continue to be poor, the health status and access to health services of urban slum dwellers on the other has also surfaced to be equally deplorable. Despite accounting for poor population, urban areas have less than 4% of government primary health care facilities. People suffer from adverse health conditions owing to mainly two reasons: first the lack of education and thus lack of awareness; and second the unwillingness to lose a day’s wage in order to reach the nearest medical facility. The neglect in even the simplest preventive medical treatment usually leads to more serious ailment and eventually into deaths. The need of the hour is thus a two pronged approach: first, to bring quality health care services to doorsteps of the needy and second to promote healthcare awareness and contemporary health care services amongst the underprivileged. In such a scenario, a mobile medical services delivery system is the most practical mechanism and in subscription to this view, Foundation for Poor Souls (FFPS) has initiated the Mobile Hospital Program. This is a unique program that seeks to address problems of mobility, accessibility and availability of primary health care with special focus on children and women, in urban slums and remote rural areas. Program reaching out to around 35 to 40 lakhs beneficiaries in coming five years.



2. WORKING MODEL:

Foundation for Poor Souls (FFPS) operates by taking well- equipped medical vans funded by HBL Foundation with specialized doctors, nurses, medical staff, equipment and medicines to the identified villages/ slums in a systematic manner. Our Mobile Hospital covers the rural or slum areas in the vicinity where either no governmental health care facilities exist or the same is not sufficient for the population. Each unit is covering the vicinity of up to 25km from its center and visiting 2-3 villages per week on a regular basis. These mobile hospitals offer preventive, primitive and curative medical expertise to the needy children and women in remote rural areas and urban slums. In deserving and lifesaving cases, it functions like a referral clinic and ambulance. In phase 2 of the project, each Mobile Hospital will be stationed in an urban center usually with a static hospital, which will act like a referral medical center. The teams also carry out awareness activities on health and hygiene in order to achieve health seeking behavior.



3. PROJECT INITIALISATION

FFPS began the operations officially in January 2018 by first networking extensively with the local health authorities and conducting a survey to determine the scope of the project tasks. A survey was carried out across ten (10) villages surrounding the Lahore District including Raiwind, Theng Mor, Barki, Ali Razabad, Numaishabad, Hussainabad, Thair Pind etc.

The survey first assessed household based demographic evaluation of a randomly selected sample of villages using an approved questionnaire. This was followed by a

Cross-sectional survey to assess the most current needs of incidences of diseases, general health ailments and the healthcare sought by the communities, given that several health partners were in operation on ground providing free primary health care. Our aim was not to duplicate services as well as have as high an impact as possible with the funding available to us. The results of the survey showed an alarming incidence of infectious diseases and malnutrition accompanied by a dismal level of all types of health care services accessible to the target population. The recommendation of the survey was to provide high quality primary healthcare in the identified areas. The reports of our needs assessments survey were shared with the local district level health department along with the Board of Directors of FFPS.



4. FFPS FIELD OFFICE

In February 2018, FFPS setup its field office at their registered location in Lahore. This place was utilized for team briefing and planning of their regular visits of doctors and support staff across the identified villages. Care was taken to avoid extravagant expenditure of funds in line with our mission to utilize the majority of funds for actual services for the poor and vulnerable with a minimum usage for administrative purposes.

5. MAPPING EXERCISE AND SITUATIONAL ANALYSIS OF TARGET VILLAGES

The basic principle of the team was to visit at least three villages per week and request the community to come forward and avail the primary healthcare and services being

offered. This exercise identified a detailed situational analysis. The villages which were surveyed had been in distress situations beyond recognition and residents had set up makeshift homes. Large stagnant pools of water were present, creating a source of dengue disease. The main water body was contaminated making available drinking water toxic. The situation analysis stage was completed by February and the results were shared with the management.

FFPS organised a soft launch of the program with the first Mobile Hospital towards the end of March 2018 by reaching out to Thair Pind and Numaishabad residents to introduce healthcare awareness and contemporary healthcare services seeking behavior among rural masses and the underprivileged. The second Mobile Hospital was added to the fleet in April 2018.

These Mobile Hospitals are fully equipped with the following Advanced Life Saving equipment:

1. Aria Patient Monitor
2. Portable Nebulizer
3. Primedic Defimonitor (AED Defibrillator)
4. Portable Ventilator
5. Portable Glucometer with test strips & Lancets
6. BP Apparatus
7. Portable Suction

The Mobile Hospital operation protocols were as follows.

It offered services from 10.00 am to 4.00 pm, four days a week. A pre-determined amount of medicine and surgical supplies were procured from the market and the team composed of the Medical Doctor, a Lady Health Visitor, a Dispenser, a Field Supervisor and a Driver / Armed Guard set off to the pre-designated village of the day. The doctor and the LHV saw patients separately, with the latter exclusively for women and infants. A special focus was on identification of malnutrition cases. The dispenser disbursed medicine and nutritional supplements according to the prescriptions given by the two healthcare providers. The field supervisor's duties were to liaise with village elders and under their guidance, make either house-to-house visits or hold community-

centered sessions for relaying of basic hygiene and health awareness messages, with a special focus on healthy drinking water.

Most of the diseases diagnosed and treated by the doctor were a result of the contaminated water sources, increased temperatures and a general lack of sanitation and hygiene. They included:

1. Acute Respiratory Tract Infections
2. Acute Watery and/or Bloody Diarrhea
3. Dyspepsia and abdominal pains
4. Scabies
5. General body aches and weaknesses
6. Malaria / dengue
7. In addition, the Lady Health Visitor saw cases of menstrual irregularities and other gynecological/ obstetrics problems and identification of difficult pregnancy and referral for institutional care



6. OUTCOME OF MOBILE HOSPITAL INTERVENTION

A total of 9 villages have been visited so far. The sizes of villages varied but an average village was composed of approximately 30 households averaging a population of 200 persons. Hence we made available high quality primary healthcare to an estimated population of 1800 people so far.

7. MORBIDITY STATISTICS

During our mobile visits on the ground across the villages, a total of 640 men, women and children were attended to and treated for target illnesses. Of these, 220 (34.5%) were children. Of the adult population, the gender distribution was 738 (41.9%) men and 1044 (58.1%) women.

#	Health Problem Presented	Count	%
1	Antenatal	50	7.8%
2	Gynecological	65	10%
3	Family Planning	12	2%
4	Acute Abdominal Pain	60	9%
5	Fever	65	10%
6	Gastro Intestinal problems	98	15%
7	Generalized body aches and weaknesses	56	8.7%
8	Injuries / wounds	28	4%
9	Hypertension	45	7%
10	Diarrhea	112	17.5%
11	Respiratory	35	5%
12	Eye related problems	5	0.7%
13	Malaria / Dengue	9	1.4%
14	Skin problems	12	1.8%
	TOTAL	640	

The most commonly presented illness was non-bloody diarrhea (17.5%). The second most common illness was gastro intestinal problems at 15% closely followed by gynecological problems and fever both at 10%. Other illnesses presented were acute abdominal pain (9%), body aches and weaknesses (8.7%), antenatal (7.8%), hypertension (7%) and respiratory issues at 5% inclusive of acute respiratory tract infections as well as acute pharyngeal infections and common sore throats.

8. HEALTH AWARENESS SESSIONS

Children and women health is one of FFPS's prime concerns. Health awareness session was conducted by the Lady Health Visitor educating and counseling on health and hygiene, family planning promotion with emphasis on contraception, safe sex, spacing methods and many more. The villagers were also briefed about basic hygiene and health issues that can be addressed by having the awareness and knowledge of simple preventive measures.



Our situational analysis had shown us that most of the villages' main drinking water body was contaminated. Naturally the most commonly encountered health problem was diarrhea as the villagers had no option but to drink the dirty water to combat the extreme temperatures in summers.

9. NOTABLE PROJECT CHALLENGES

1. Tough environmental conditions
2. Low levels of literacy

10. RECOMMENDATIONS

Having experience of servicing 9 villages in a months time, we strongly feel that there is a dire need for more such Mobile Hospitals to reach out to the under privileged. FFPS aims to run a fleet of 30 fully equipped Mobile Hospital vans under this program reaching out to at least 3.5-4 million beneficiaries in the next 5 years.

Regards,

Naukhez Javed
C.M.O / Vice President FFPS

