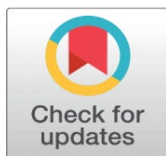
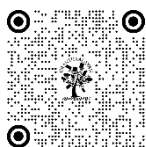


HEALTHCARE ON WHEELS: SOCIAL AND ECONOMIC OUTCOMES OF THE MOBILE DISPENSARY INITIATIVE BY TATA POWER DDL

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DOI

[10.29121/shodhkosh.v4.i2.2023.2322](https://doi.org/10.29121/shodhkosh.v4.i2.2023.2322)

Funding: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

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ABSTRACT

This paper focuses on the social and economic impacts of Mobile Dispensary Initiative of Tata Power DDL in the JJ colony of North and West Delhi. Using an ethnographic research approach, based on their perceptions of the mobile health care services. The results show positive changes in health literacy concerning the availability of primary healthcare services to disenfranchised populations. Participants expressed the fact that they were experiencing low healthcare bills as well as the efficient delivery of services therefore the key role of the initiative to the improvement of economic stability was evident. Also, quantitative data collected through interviews, surveys, and direct observations gave a more social aspect of the social relations and community mobilization supported by the mobile dispensaries. This study emphasizes the need to come up with new solutions to some of the health issues affecting the urban dwellers and supports the incorporation of corporate social responsibility programs into the public health framework. Finally, the research provides policy implications for the extension of mobile health service and the exploration of the effects on the well-being of a community.

Keywords: Mobile Dispensary Initiative, Tata Power DDL, Healthcare Access, Social Outcomes, Economic Outcomes, Ethnographic Study, Corporate Social Responsibility

1. INTRODUCTION

The Mobile Dispensary Initiative by Tata Power DDL is a step up in the right direction towards the delivery of health care services to the needy in urban areas. This was started in order to address the need for health services in crowded residential areas; it seeks to fill the gap between conventional healthcare organizations and excluded communities who may not access healthcare services easily. In the JJ colonies of North and West Delhi where social and economic problems act as barriers to quality health care, it has mobile dispensaries that deliver health care services, health education, and preventive care to the people (Saini, S. K., & Joshi, R. 2016). These mobile dispensaries are well capable of handling all aspects of health care, including annual checkups, chronic diseases, and more. They also have mandate responsibility of creating awareness on current health issues, prevention measures and available health care services. It also helps organize health care units and shifts pressure from the conventional established health care centers while ensuring that people also take ownership of their health since the mobile health care units are vaccinated (Sinha, P., 2020). This is a welcome development because it shows that there is an understanding of the need to come up with new models of delivering healthcare to the people in urban areas.

Mobile healthcare services have become fashionable as a solution to the numerous healthcare needs of the growing population especially in the urban poor areas. Population growth has been rampant in urban areas which puts so much pressure on available health facilities. Therefore, access to health care services is a challenge characterized by long waiting time, few service providers, and transportation problems which many people in the informal settlement experience (Chaudhuri, B. R., 2022). These problems are addressed by mobile healthcare initiatives because the services are taken closer to the patient, thus increasing the convenience. Moreover, mobile healthcare is especially useful in controlling epidemics of contagious diseases, situations where quick response and mass education is needed. These initiatives can easily be mobilized to attend to new health threats, and guarantee that communities receive timely response (Agrawal, K. P. 2019) . Hence, in the context of India given the multiple disparities in various socio-economic determinants of health in health across different societies, the mobile healthcare services can be a viable means for enhancing health equity and reduce the health disparities amongst the most vulnerable groups (Kumar, S., Suri, S., 2021).

2. OBJECTIVES OF THE STUDY

- To explore how the initiative has influenced community health perceptions, health-seeking behaviors, and overall health literacy among residents of the JJ colonies.
- To analyze the economic implications of mobile healthcare access on households, including changes in healthcare expenditure and overall financial stability.
- To investigate the challenges faced by the initiative in reaching its intended audience and any barriers that may hinder effective service delivery.

3. SIGNIFICANCE OF THE STUDY

The importance of this study is based on the analysis of the social and economic impact of the Mobile Dispensary Initiative by Tata Power DDL as a means of providing health care in urban areas especially in the JJ colony in North and West Delhi. This research adopts an ethnographic study design, which provides an understanding of residents' experience and perception of mobile healthcare services to inform the improvement of healthcare access, health literacy, and preventive health. Furthermore, the results of this study advance the theoretical literature on CSR in healthcare and show the possibilities of private sector interventions in support of public health goals. Knowledge of the effects of mobile healthcare on the economy such as the ability to reduce the cost of healthcare to families and the effect of this on the wellbeing of the society is useful information to policy makers and other stakeholders. This study not only supports the continued and increased use of mobile health services but also provides a framework for other similar programs in urban areas of India and other countries. Lastly, the study reveals how such innovative solutions in healthcare delivery can change health and the general socio-economic destined standards of excluded groups.

4. RESEARCH METHODOLOGY

The JJ colony in North and West Delhi is the subject of this anthropological research. The social interactions of a certain area's inhabitants are the focus of ethnographic research, a qualitative method. This research offers a comprehensive view of the everyday users' mental processes, actions, and auditory experiences. This data collecting approach can reveal users' perceptions and interactions with their environment. Some of the approaches used in ethnography include artefact analysis—such as tools that people use on a daily basis—photography, video recordings, diary studies, and direct observation. Whether at home, at the office, or out and about with loved ones, the user can record their observations. The duration of the investigations may differ based on the specific research design. It only takes a couple of hours of observation to turn it into a study that will run for weeks or months. This study aims to examine the social and economic consequences of Tata Power DDL's mobile dispensary initiative on healthcare.

4.1 SAMPLE SIZE

Twelve districts of Tata Power-DDL in the northern and western parts of Delhi, where various centres are carrying out CSR programs, were the sites of the research. Twelve different districts contributed to the total of 4,200 samples.

NORTH AREA:

1. City Circle encompassing Moti Nagar (MTN), Keshav Puram (KPM) & Pitampura (PPR) Districts.
2. Town Circle encompassing Civil Lines (CVL), Shakti Nagar (SKN) & Model Town (MDT) Districts.
- 3.

NORTH WEST AREA:

1. Urban Circle encompassing Shalimar Bagh (SMB) & Badli (BDL) Districts Metro
2. Circle encompassing Rohini (RHN) & Mangol Puri (MGP) Districts Suburban
3. Circle encompassing Bawana (BWN) & Narela (NRL) Districts
- 4.

4.2 DATA COLLECTION

The data and methodology will be gathered by employing purposive sampling to choose a subset of the JJ colony families that volunteered to take part in the study. Additionally, a matched sample of students who were nonparticipants in the volunteer program will be selected and identified using random stratified sampling. This sample will include descriptive and demographic data that is matched to the participants. Both within and between groups of interest can be adequately represented by a purposive sample. In order to guarantee that reachable populations can accurately reflect the targeted populations, as well as to conduct between-group comparisons and to verify population validity, a stratified random sample is an appropriate strategy to use.

The recipient areas' ethnographic fieldwork approach was used to examine and evaluate the Tata CSR initiative. The evaluation of the project is conducted using a qualitative framework that gathers data through survey questionnaires and staff interviews. Fifty people from each project were meant to be included in the evaluation and study of these programs.

4.3 DATA ANALYSIS

The method used to get the insights will influence the analysis of the outcomes. Thorough research was carried out in both cases to have a better grasp of the users and their actions in relation to the activities being studied. Trends and patterns will be discovered by analysing the data. Specifically, they are curious in the challenges and obstacles that customers encountered and how this impacted different users. One method of data analysis is the use of an affinity diagram. Using this method, you may compile all of your study results into one place, making it easier to see patterns. The researchers will make use of Post-It notes to take down their key results, which will then be organised according to the resources they possess.

5. RESULTS AND DISCUSSION

The health of the recipients is taken care of by this program. This program meets the health and medical requirements of the recipients. Through its corporate social responsibility initiative, mobile dispensaries, TATA provides access to medicine and healthcare. The North West districts of Delhi, which include Rohini, Mangolpuri, and Narela, were covered by this initiative, which included 155 beneficiaries and their replies. The villages of Badli in Rohini, Mangolpuri B Block in the Mangolpuri division, and Tikri Khurd in Narela make up the sample size. During April 2022, five days of fieldwork were carried out in these clusters to examine the mobile dispensary activities. Information was gathered by means of a survey, interviews with relevant staff members, and careful observation. The surveys gather data from a variety of sources, such as recipients' opinions on the initiative, information on the staff and the plan, and more.

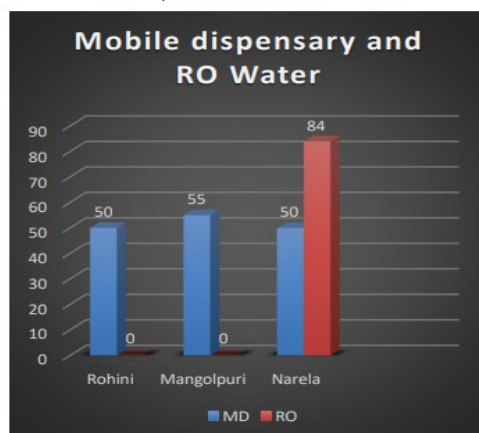


Figure 1: Mobile dispensary and RO water supply in Rohini, Mangolpuri and Narela across the clusters

MANGOLPURI: The duration of time that beneficiaries have been using the medical dispensaries and related amenities ranges from one year to ten years. The target demographic ranges from young adults to retirees, and includes

both males and females. The local community living in the JJ clusters of targeted locations has picked mobile dispensary as one of the projects they are in want of. Taking medication on a weekly basis was favoured by respondents over using the facilities occasionally (once per month or three months). The mobile dispensaries were used by 24 out of 55 Mangolpuri respondents on a weekly basis. Ten of the beneficiaries used the mobile clinic once a month, while the other twenty-one used it whenever they needed it. Of the 55 people who filled out the survey in Mangolpuri, 28 are using the mobile dispensary for children aged 0 to 5, and 27 are using it for children aged 6 to 10. In Mangolpuri, every single one of the 55 responders takes their medication as prescribed. The mobile dispensary is making a positive impact on the local community by providing easy access to healthcare, and the beneficiaries couldn't be happier about it. The majority of those who took the survey thought that medicines were useful and of excellent quality. For the sake of the people, it was suggested that more specialised medical facilities be included.

NARELA: The fifty people surveyed in the Tikri Khurd region of the Narela range in age from twelve to sixty years old, and the gender distribution is mixed. Married women make up the bulk of the recipients, who are mostly adults in their twenties and thirties. Fifty people were polled in the Narela khurd, and every single one of them uses the TATA Power DDL's medications. A total of eighteen of them are making weekly visits to the health centre. Fifteen individuals have indicated that they utilise the medical facilities on a monthly basis. When they require medical attention, the remaining 17 respondents choose mobile dispensary services. Forty-five percent of those who took the survey have been utilising the medical facilities for 0–5 years, whereas fifteen percent of those who have benefited from them have been using them for 6–10 years. The majority of respondents think that medical delivery services are a lifesaver for low-income communities, as they allow recipients to access healthcare without leaving their homes. The responses were unanimous in their praise for the medicine's high quality and their need for improved access to cutting-edge healthcare for the poor and disadvantaged.

ROHINI: This assessment and analysis focused on the Badli sector within the Rohini cluster and the mobile dispensary services offered by TATA power DDL. As part of this program, 50 people in the Badli sector of the Rohini division are being polled. Thirteen people out of fifty who lived in Badli sector reported using MD services between the ages of zero and five. The remaining 29 recipients have been using the mobile clinics for anything from six months to ten years. Of the 50 people who took the Badli survey, 18 are using the available medical services whenever they are sick, and 10 say they visit a doctor at least once a week. Only 22 people use the medical facilities on a monthly or quarterly basis. The 50 people who took the survey all had nothing but good things to say about the doorstep health services and high-quality medications offered by TATA Power DDL. Participants in this program range in age from seventeen to sixty-five, with the vast majority being stay-at-home mothers.

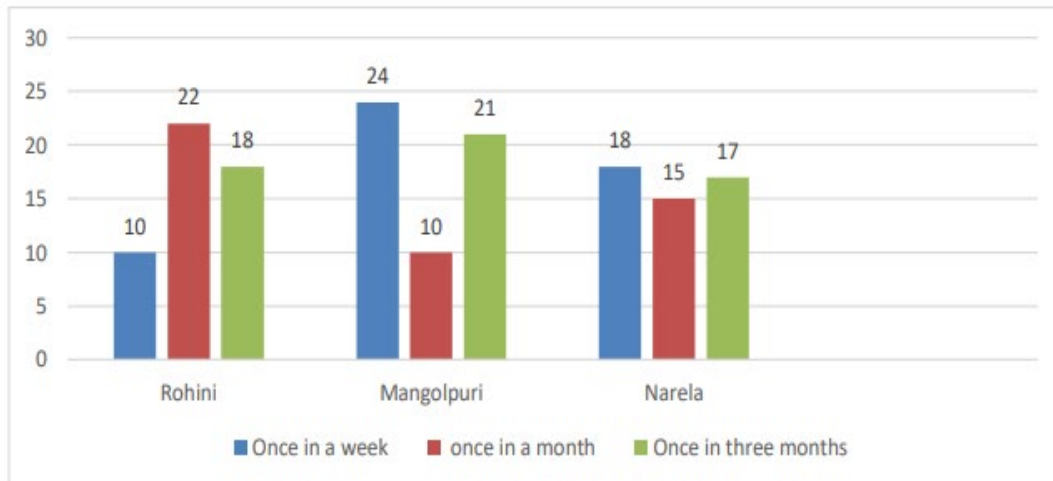


Figure 2: Frequency of availing MD facilities across the clusters

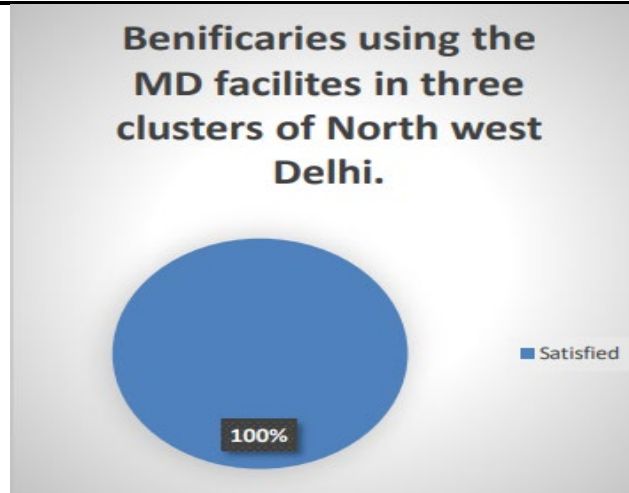


Figure 3: Beneficiaries using the Mobile dispensary facilities in three clusters of North West delhi

In each of the three North West Delhi clusters, all respondents were satisfied with the mobile dispensary services. With such encouraging comments, it's clear the services are meeting the community's healthcare demands, which in turn increases consumers' happiness and ease of access to medical treatment.

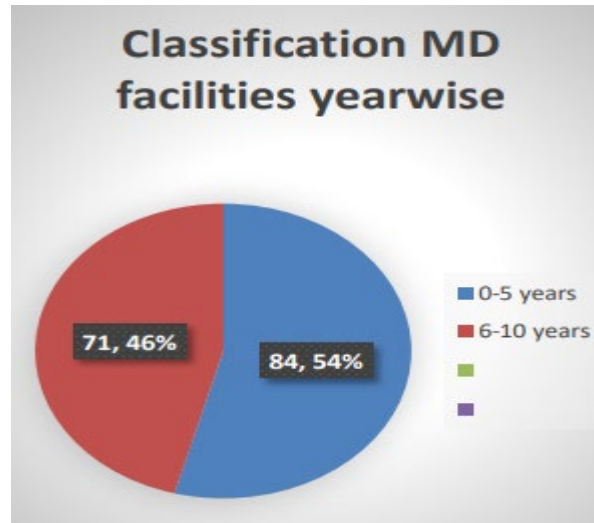


Figure 3: Classification of Mobile dispensary facilities year wise

According to the statistics, 60% of the sample consists of respondents aged 0-5 years, while 40% are in the 6-10 years old age bracket, when looking at the mobile dispensary facilities categorised by year. This distribution emphasises how younger children in the sample heavily depend on mobile health care.

Mobile dispensaries have been serving people in places like Bawana, Samaypur Badli, and Shalimar Bagh as part of Tata's 'Sanjeevani' program for more than six years. With the use of modern technology, the mobile dispensary service can meet the unique healthcare needs of each patient by offering online consultations and delivering prescriptions. Beneficiaries receive benefits straight from TPDDL partners, and NGOs frequently collaborate with CSR initiatives to maximise these benefits. On a weekly basis, mobile dispensaries provide a variety of medications, as well as medical professionals, nurses, and support workers, to JJ clusters. Three JJ clusters—at Shalimar Bagh, Samaypur Badli, and Bawana—share this structure. But in Samaypur Badli, the plan may zero down on one region for three months before moving on to another

Joint pain and other major disorders are among the many medical requirements catered to by the mobile dispensary. After visiting the dispensary set-ups, the majority of beneficiaries, who are under the age of 15, report favourable results. Residents of Shalimar Bagh and Bawana prefer the quality of private hospitals, and over 84% of recipients are happy with the effectiveness and quality of the medications they get. There is a sense of allegiance to both the government-run facilities and those offered by Tata, and benefits frequently draw comparisons between the two. On the other hand, competition is high since some residents might not be able to reach the dispensary service because of its geographical

location. Children and newborns, particularly in places like Shalimar Bagh and Samaypur Badli, have benefited from the mobile dispensary's ability to treat seasonal and age-related ailments. The service has been well-received by those who have access to it.

The mobile dispensary initiative, which aims to alleviate joint discomfort, has had heavy participation from Tata Power DDL, especially in the Badli and Bawana areas. Nearly all responders (90%) have utilised the on-demand dispensary service at least once for temporary relief. The fact that the issue has reappeared, nevertheless, suggests that community health actions are necessary. Efforts are being made at the Bawana cluster to ensure that those with joint discomfort have access to vitamin and calcium pills. Nevertheless, a few recipients have shown a preference for certain medication forms, including balms or tubes. It is possible to alleviate this dissatisfaction by investing in the dissemination of information on the scheme's goals and objectives, as well as a foundational knowledge of medicine and clinical consultations. The dispensary initiative has made great strides throughout the pandemic, providing pregnant women and infants with healthy nutrients and COVID kits.

Information on beneficiaries' trips to the dispensary is promptly communicated, and the mobilisation efforts are extremely effective. Everyone on staff, from physicians and nurses to patients, is kind and patient, and they take their time explaining the condition, treatment options, and side effects. Consistently excellent outcomes are achieved by the mobile dispensary concept. When we went on a field trip to Sanjay Basti, Timarpur, we found that almost everyone there knew of and made frequent use of the mobile dispensary service. But a poll in the Shakti Nagar area found that the majority of the population was employed in the textile industry, cutting threads for garments and earning 10 rupees each bundle. In spite of all these obstacles, many communities still rely on the mobile dispensary. People were clearly unhappy with the services, and they weren't using them for a variety of reasons. The following were their proposed remedies:

- dosing should continue for at least three days
- Their time in communities should be increased.
- Prone to being created soon, their cards
- Effective and sustainable care

Patients in the Azadpur region now have access to fast and convenient healthcare because to a mobile dispensary set up by Tata Powers. Patients' information is collected and sent to doctors by the Abha workers who administer the dispensaries. Women often benefit from the clinics since they frequently have to travel long distances to reach hospitals because of their husbands or dads. Tata Powers has employed Dr. OP Rewaria (a medical doctor) since 2015 and Nitish Kumar Yadav (a chemist) for the last seven months. Users rave about the doctor's competence and the efficacy of the medications, while the mobile dispensary gets rave reviews for its user-friendliness and portability.

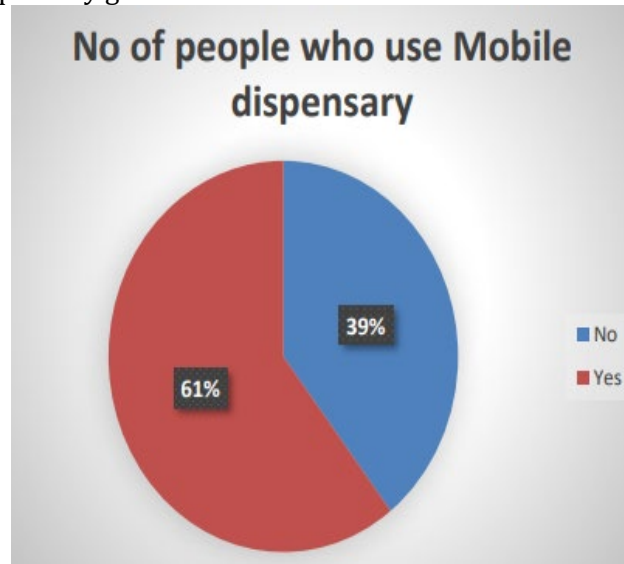


Figure 4: People who uses mobile dispensary

Only thirteen of the thirty-eight persons polled had heard of mobile dispensaries; twenty-five had. Thirteen residents of Lal Bagh were unaware that mobile dispensaries existed.

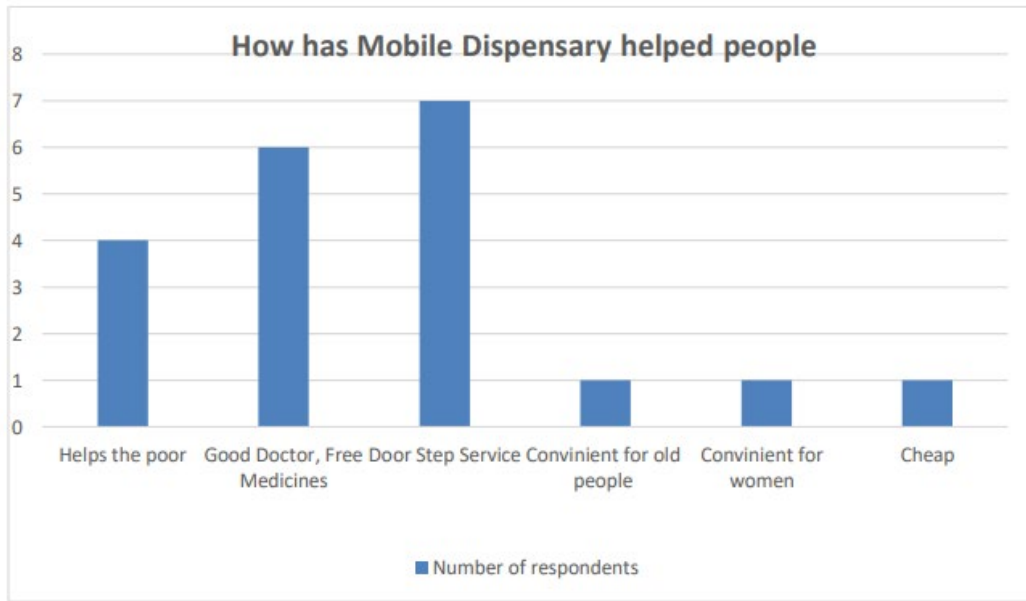


Figure 5: how much mobile dispensary helped people

Customers in the Wazirpur area of Keshav Puram who are coping with a variety of medical issues often choose MD Services. Patients' demands have dictated the length of time that the MD Services have been utilised, which can be either long or short. Aches and pains all over the body, particularly in the knees, ankles, back, and skin, rank high among the most prevalent medical issues in the Wazirpur and J.J. Colony area. A number of medical issues, including viral fever, cough, cold, and abdominal discomfort, have found effective treatment through the MD Services. Depending on the user, MD Services can be utilised anywhere from once every two months to twice or even three times a month. Although not all customers in J.J. Colony know about the MD service, most are pleased with the results they get from the recommended medications. The majority of Loha Mandi, Naraina residents seek treatment from MD Services for respiratory issues such as coughs, colds, fevers, and backaches on a five-year to one-month basis. Customers may be stubborn in this regard, but the MD Services have helped ease their pain when used as directed.

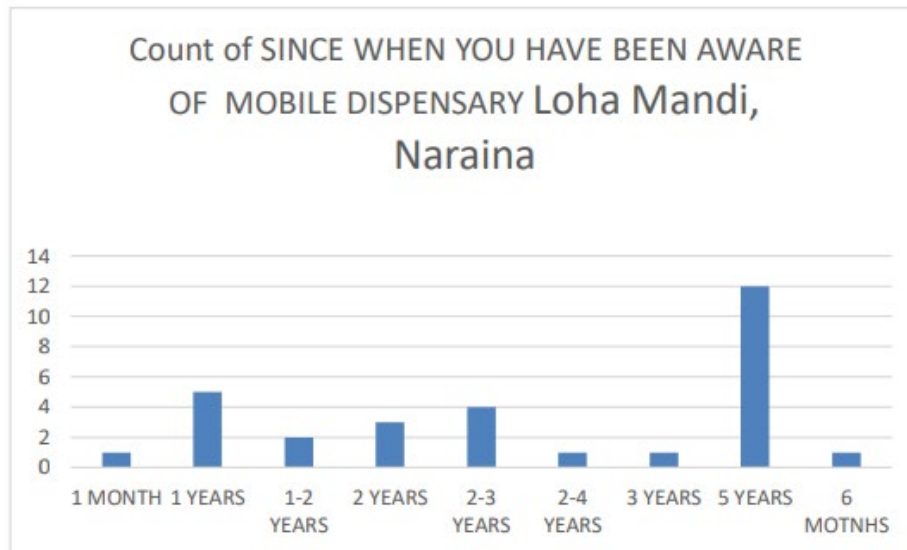


Figure 6: when you have been aware of mobile dispensary

Respondents' varied levels of familiarity with the mobile dispensary were indicative of the wide variety of perspectives represented in the poll. More specifically, 2 people responded indicating that they were aware of the mobile dispensary for a month. Five people said they were aware for a year, and two said they were aware for a year and a half. In addition, three people had known about the service for two years, and four people had known about it for two to three years. A single responder had been conscious for three years, and one fell within the 2–4 year group as well. Those who were

aware of the mobile dispensary for five years had the greatest level of awareness (12 responders). Last but not least, one responder said they were aware of it for only six months.

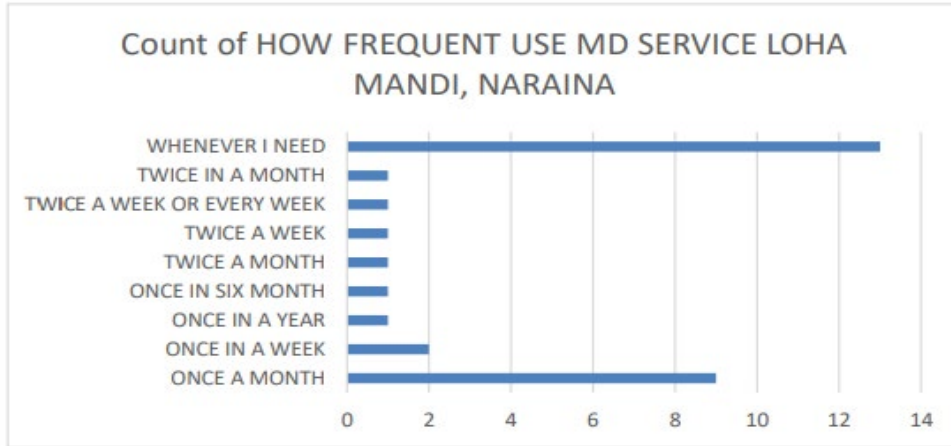


Figure 7: How frequent use mobile dispensary service

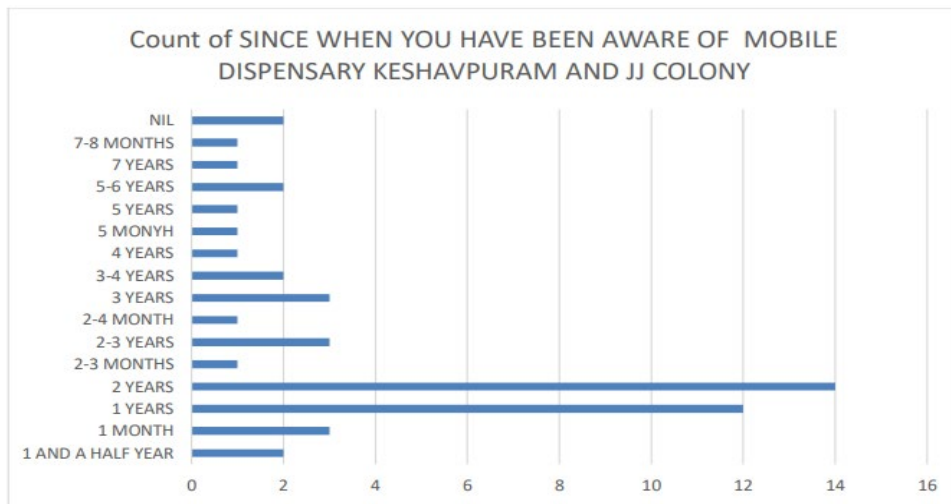


Figure 8: Since when you have been aware of mobile dispensary in keshavpuram and JJ colony

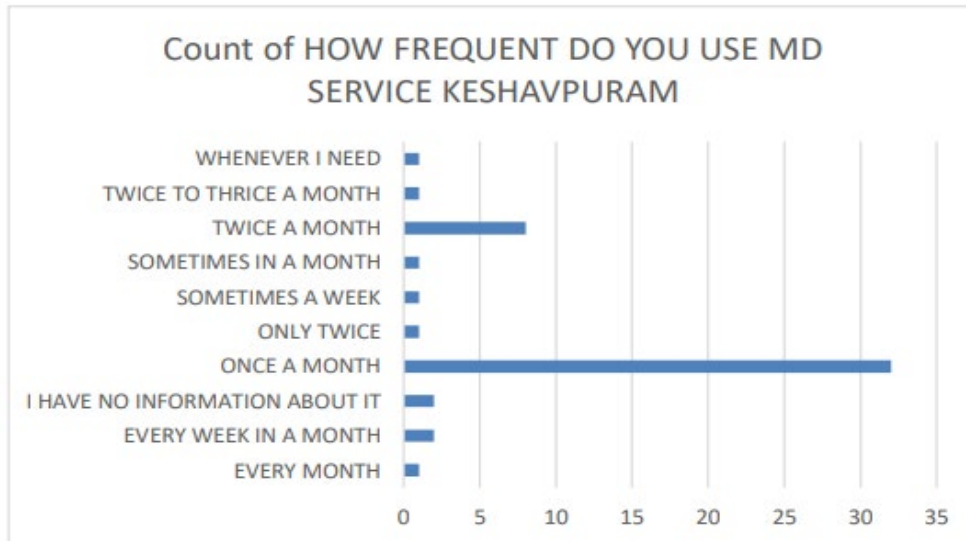


Figure 8: How frequent do you use mobile dispensary in keshavpuram

Patients enrolled in the mobile dispensary program bring attention to the fact that some medications are not economically viable. We should be grateful for modern medical centres, especially those that provide specialised treatment, because they help our community. Children, teenagers, adults, and the elderly are all part of the intended

audience. The health of mothers and children requires special attention. Medical institutions in Maryland should encompass mental health services as well. In order to fight against water-related illnesses, two districts in north Delhi—Rhini and Mangolpuri—should have RO water facilities. The local population has to be made more health conscious through the promotion of regular medical camps and screenings.

6. CONCLUSION

The Mobile Dispensary Initiative of Tata Power DDL has shown tangible social and economic impacts in the JJ colonies of North & West Delhi. This ethnographic study shows that the initiative has not only provided a means through which residents can access health care services but also enhanced health literacy. The participants mentioned that they interact more with healthcare professionals and got more aware of preventive measures that help them to make better health decisions. On the economic aspect, the program has relieved people of some of the costs of acquiring health care. Formerly, families that had to spend a lot of money to get to the medical centers can now save money and time since services are provided within the household. Also, the program has boosted employment, thus increasing the stability of the economy in the society has been boosted as well. Nevertheless, issues like service sustainability and community engagement are still an issue. For the maximum result of the initiative, it is necessary to assess the needs of the community constantly and make the necessary changes. All in all, Mobi is a good example of how the decade of promoting decreed health care, which is mobile by its nature, can focus on systemic obstacles in the underdeveloped zones, and thus contribute to better peoples' health and stronger economy among the weak segments of the population. The future should dedicate more attention to increasing access and improving the inclusion of feedback from beneficiaries in an effort to improve service delivery even more.

CONFLICT OF INTERESTS

None.

ACKNOWLEDGMENTS

1. I extremely thank TATA POWER DDL for generously funding for the project titled "Impact Assessment of CSR Project of TATA Power DDL on 08TH February 2022.
2. The research paper is the outcome of the project titled "Impact Assessment of CSR Project of TATA Power DDL on 08TH February 2022.
3. I am also extremely thankful to all the research assistants who were involved in the project titled "Impact Assessment of CSR Project of TATA Power DDL on 08TH February 2022 namely Divya Elizabeth Mathew, Nikita Sharma, Tripti Malholtra, MD Yasin and MD Yoosuf Ali MP.
4. Further I am immensely thankful to Department of Sociology, Delhi School of Economics, University of Delhi and University of Delhi in particular for their unwavering support in the whole process.

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