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Challenges faced by healthcare providers in delivering services in Urban and rural slum areas through Unani SCSP Mobile OPDs: Barriers and opportunities

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Abstract
Background: The SCSP mobile outpatient departments (OPDs) play a critical role in delivering healthcare to underserved urban and rural slum populations. However, these services face numerous challenges, including infrastructural limitations, language barriers, cultural resistance, and difficulties in patient engagement. Addressing these barriers is essential to improving healthcare access and effectiveness in these settings.
Methods: Data was collected through phone interviews with SCSP team workers who operate mobile OPDs in urban and rural slums. Their firsthand experiences provided insights into operational challenges, patient responses, and potential solutions to enhance service delivery.
Results: Key challenges identified include poor infrastructure, limited resources, and social barriers that hinder effective healthcare delivery. However, leveraging technology such as real-time consultations and electronic health records can enhance efficiency. Training and hiring local healthcare workers improve trust and ensure culturally appropriate care. Collaborations with local governments and NGOs are vital for securing sustainable solutions and expanding coverage.
Discussion: Mobile OPDs remain a crucial resource in addressing healthcare inequities in urban and rural slums. By adopting a flexible, community-centered approach and integrating technology, these units can improve access to quality care. Strengthening partnerships with local stakeholders and investing in workforce development are essential steps toward sustainable healthcare solutions in these challenging environments.

Keywords: Healthcare, Urban Slum, Mobile OPD, SCSP

Introduction
India's healthcare system is vast and complex, shaped by its large population, diverse needs, and varied economic conditions. It operates through both public and private sectors, with each playing a key role in providing healthcare across the country. The public healthcare system is managed by several ministries, with the Ministry of Health and Family Welfare (MoHFW) and the Ministry of AYUSH playing central roles in shaping and delivering healthcare services [1].

Ministry of Health and Family Welfare (MoHFW)
The Ministry of Health and Family Welfare creates health policies and runs national health programs. This includes:

- Public health officials create strategies and these strategies aim to improve population health.
- Strict national program oversight includes analytically important immunization initiatives, important maternal and child health services and important disease prevention efforts, including tuberculosis and malaria control.
- Sufficient healthcare standards must be maintained. Strict quality control is also necessary in all medical practices and health services.
- Successfully managing complex and large healthcare programs like Ayushman Bharat [2], which provides health insurance to inexpensively vulnerable communities, is an important achievement.
- AIIMS and other public health institutions, including medical research, are both functioning and supported.
- The management of many health emergencies and the promotion of multiple disease control measures, particularly during pandemics, are important.

Ministry of AYUSH

It supports customary and alternative medicine practices such as Ayurveda, Homeopathy, Unani, Yoga and Siddha. Its most meaningful roles are[3]:

- Creating policies to both encourage and oversee customary medical practices.
- National programs integrating some customary healing methods along with modern medicine are being developed.
- Thorough research is conducted and thorough education programs for AYUSH practitioners are developed; this guarantees the safety and high quality of treatment.
- Many public awareness campaigns are conducted. These campaigns educated people about the benefits of these customary treatments.
- Quality control in "AYUSH drug" production is guaranteed through regulation, safeguarding patient safety.

The Ministry of AYUSH's SCSP (Scheduled Castes Sub Plan) Mobile OPDs represent a meaningful initiative, providing many healthcare services and specifically several AYUSH-based treatments, to a large number of underserved communities, mainly Scheduled Castes.

SCSP Mobile OPDs

These mobile outpatient units are designed to provide healthcare to communities that struggle to access healthcare, particularly in urban slums and rural areas. The key features of these mobile OPDs include:

- **Mobile Healthcare Units:** These units are equipped with medical facilities and travel to areas where healthcare is difficult to access, offering services directly to those in need.

- **Traditional Medicine Services:** The OPDs offer treatments based on Ayurveda, Yoga, Unani, Siddha, and Homeopathy, focusing on both common health issues and chronic conditions with preventive, promotive, and curative care.

- **Targeted Outreach:** The initiative specifically targets the healthcare needs of Scheduled Castes and other marginalized groups in both urban and rural areas, working to bridge healthcare gaps.

- **Community Engagement:** In addition to providing healthcare, the mobile units also run awareness campaigns, educating communities about traditional healthcare options and encouraging preventive health measures.

This initiative is part of a broader effort by the Ministry of AYUSH to integrate traditional medicine into India's overall healthcare system, ensuring vulnerable populations have access to healthcare that is both effective and culturally relevant. Healthcare workers who bring mobile OPD services to urban and rural slums play a vital role in bridging the healthcare gap for the most vulnerable communities. They provide essential medical care, ensuring early diagnosis and treatment while also focusing on maternal and child health. By integrating Unani medicine, they offer a holistic approach to healing, combining traditional wisdom with modern healthcare to promote overall well-being. Their efforts extend beyond treatment they educate communities about preventive care, natural healing, and lifestyle changes, reducing the burden of diseases.[4,5] However, despite these efforts, healthcare workers still face significant challenges, from infrastructure issues to cultural barriers, which make their mission both noble and demanding.

Methodology

The data for this study was collected through telephonic interviews with many SCSP team working in both urban and rural slums, who have firsthand experience operating mobile OPDs in urban slums. Their insights provided valuable information on the practical challenges faced, patient responses, infrastructure limitations, and community engagement strategies. By gathering and analyzing their experiences, we identified key areas for improvement and potential solutions to optimize healthcare service delivery in these underserved areas.

Challenges and remedies

1. **Infrastructure and Resource Limitations**[6]

The first challenge of mobile OPDs is the poor infrastructure in urban slums. Due to narrow lanes and crowded areas, vehicles are unable to reach remote locations. Healthcare staffs have to carry medical equipment in their hands to reach such areas. The improper roads and infrastructure also create an issue in providing a consistent and efficient service delivery model. This will limit the mobility of health teams while at the same time increasing the time and efforts involved in the mobilization and use of mobile clinics. Other possible solutions would be to have light portable medical equipment or establish temporary health posts in community centers.

2. Challenges of Urban Traffic [7]

Urban traffic is one of the biggest daily challenges. Long hours on congested roads, combined with heat, pollution, and relentless honking, can be physically and mentally draining. Delays caused by accidents or unexpected roadblocks often mean they arrive late, leaving patients waiting or sometimes even giving up and leaving. On some days, they manage to reach on time; on others, unpredictable traffic pushes schedules off track. With limited time for consultations, the pressure builds as they still have to travel back to their hospital units, affecting both efficiency and patient care. These constant struggles make it difficult to provide consistent and timely healthcare to those in need.

3. Poor Hygiene and Lack of Local Cooperation

As cities grow rapidly and more people migrate together, many struggling families end up in overcrowded slums and makeshift settlements. These areas often lack clean water, proper sanitation, and safe housing, making life even more challenging for those already facing hardship. Basic services are scarce, leaving residents in an environment that is both physically and socially deprived. Hygiene is a serious concern in urban slums, with such conditions often realizing inadequate sanitation facilities that create difficulties to sustain cleanliness required for healthcare service delivery. Moreover, local cooperation is sometimes unavailable because the residents may not trust the providers of outside

healthcare or are not willing to work together with new healthcare initiatives. Most often, the camp or services being offered would only be allowed on the grounds with the local authority or community leaders demanding personal favors for self gain and fake publicity. Building close relationships with communities, running an awareness campaign emphasizing the benefits of mobile OPDs, and negotiations with the local authorities are usually necessary to ease the collaboration.

4. Obstacles in patient engagement [3]

Engaging patients from slum areas is quite difficult due to both timing and access issues. For example, when the mobile OPD services operate, most of the working-aged individuals are out because they report to work when the services operate, leaving back only the elderly population, women and infants as patients. The process of follow up is also faced with a great deal of holdup due to poor communication and lack of means of transport for patients. To address this issue, mobile OPDs could consider adjusting their operating hours, creating flexible appointment systems, and utilizing telemedicine for follow-up consultations.

5. Accessibility to Children and School Attendance [8]

Children, one of the vulnerable populations in slums, usually cannot be approached during mobile OPD visits due to their schooling. This really is a great challenge for overall healthcare of all age groups. Coordination with local schools may be undertaken for healthcare delivery during school hours or even through special mobile OPD sessions in the school holidays or on weekends. Thus, children also come within the fold of healthcare delivery. Integrating healthcare services with educational institutions is a strategic approach to ensure that children in urban and rural slums receive necessary medical attention without disrupting their schooling. Collaborating with local schools allows healthcare providers to deliver services during school hours, as well as through special mobile OPD sessions during school holidays or on weekends. This coordination ensures that children benefit from healthcare services while maintaining their educational commitments.

6. Cultural Preference and Treatment Resistance [9]

In urban slum communities, cultural preferences and resistance to certain treatments pose significant challenges to healthcare delivery. Many individuals favor modern allopathic treatments, especially for lifestyle diseases like diabetes or hypertension, due to their rapid effects. Conversely, herbal medicines are often viewed as a last resort in chronic cases, primarily because they may not provide immediate results. Additionally, some patients, particularly women, are reluctant to consume semi-solid herbal formulations such as majoon or jawarish.

To address these challenges, healthcare providers must adopt culturally sensitive approaches. Educating patients about the long-term benefits of herbal medicines and the potential adverse effects of prolonged allopathic drug use is essential. This education should respect local traditions and practices to foster acceptance. Community health workers familiar with local customs can play a pivotal role in bridging the gap between modern and traditional medicine, facilitating better understanding and acceptance of herbal treatments.

7. Language Barriers and Mediation Needs [10]

Language differences between healthcare providers and slum residents can make delivering medical services difficult. Many patients speak local dialects unfamiliar to healthcare workers, leading to misunderstandings about treatments. To overcome this, it's crucial to hire healthcare providers who are fluent in the local language and familiar with community customs. These professionals can communicate effectively and understand the community's specific health issues, building trust and ensuring better care. Training existing staff in basic local language skills and employing local interpreters can also improve patient interactions. By involving local healthcare workers, we can bridge communication gaps and provide more effective healthcare services.

Results and Discussion

Mobile OPDs play a crucial role in bringing healthcare to underserved populations in urban slums. While challenges exist, they remain a lifeline for many who lack access to traditional healthcare facilities. The key to their success lies in a flexible, culturally sensitive approach that adapts to the realities of slum life. Technology can significantly enhance the reach and effectiveness of these mobile units. Real-time consultations, electronic health records, and telemedicine help track patient progress and ensure continued care. At the same time, training and hiring local healthcare workers to staff these units fosters trust and ensures that care is tailored to the specific health concerns of the community. Sustaining and expanding mobile OPDs requires strong collaboration with local governments and NGOs. These partnerships can help secure funding and integrate mobile healthcare into broader public health strategies. Working closely with local authorities, community leaders, and grassroots health professionals will be pivotal in overcoming challenges and making healthcare delivery more sustainable. By addressing infrastructure gaps, embracing technology, and engaging deeply with the community, mobile OPDs can continue to make healthcare more accessible, improving patient outcomes and transforming lives in some of the most vulnerable areas.

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