



RURAL HEALTH mission envisages an important role for public-private partnership... the objective is mobilisation of private managerial, technological, financial resources for public ends...

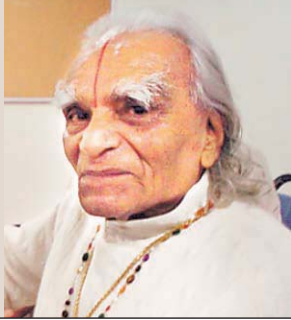
SONIA GANDHI, UPA chairperson

INDIA CAN 2009 INDIA WILL

OPPORTUNITY FROM ADVERSITY

HEALTH IS a state of complete harmony of the body, mind and spirit. When one is free from physical disabilities and mental distractions, the gates of the soul open.

B.K.S. IYENGAR, yoga guru



Booster shot for rural health

Low-cost healthcare, modern technology and committed doctors are helping build a healthy country. Now, we need a process in place to ensure the initiatives are not short-lived

Sanchita Sharma
New Delhi, January 6

LAST NOVEMBER, 70-year-old D. Malathi was treated for diabetic retinopathy in her Chunampet village where a van fitted with videoconferencing equipment helped her get diagnosed by a doctor in Chennai, 100 km away, who also prescribed medicines.

Pilot projects in telemedicine have been available in fits and

starts for almost a decade, but the past year has seen a significant jump across a dozen states because of the National Rural Health Mission (NRHM).

Chunampet is just one example of how villagers don't have to spend a day travelling to a city for treatment. With a budget of Rs 11,930 crore for 2008, the NRHM has empowered primary healthcare facilities like never before.

Problems persist — health

workers are often absent, not all clinics open on time, medicines are missing — but most centres have more funds and some are putting it to good use.

“Tech-enabling is a major component of NRHM,” said Health Minister Anbumani Ramadoss. “Health centres have been upgraded and some in Tamil Nadu and Maharashtra are now equipped to do simple surgeries like caesarean sections, for which women had to

travel to district hospitals a year ago.”

The government plans to spend Rs 89,478 crore on NRHM during the 11th five-year plan.

There is an opportunity for states to emulate the success stories in Maharashtra and Tamil Nadu.

While the Tamil Nadu government plans to expand this concept across the state, the North East Council of India has pilot projects to connect all

75 districts in the seven North-east states.

Besides NRHM, there are instances of scientists, activists and community groups innovating in low-cost healthcare, the key to building a healthy India.

But “India has always had a problem upscaling because the success of health initiatives depend on the commitment of the person running it, not on systems that are in place,” said Dr Naresh Trehan, heart surgeon

and chairman of Global Health (Medicity). “You need motivation and drive over a long period to make a venture successful, which is often lacking in government-run initiatives.”

On the brighter side, we have young doctors who want to contribute to a healthy Bharat. It's time policymakers, especially in states — because health is a state subject — get their act together to cash in on this spirit.

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FOR MALATHI, TECHNOLOGY BRIDGES THE DISTANCE



D. MALATHI (70), a resident of Chunampet village, has diabetic retinopathy, a potentially blinding condition. Doctors at her village medical camp fix an appointment for her with an ophthalmologist in Chennai, 100 km away. But she does not need to go to Chennai.



VANS WITH computer systems and Internet take treatment to villages, thanks to a collaboration between Madras Diabetes Research Foundation, World Diabetes Foundation and Indian Space Research Organisation. The experts, testing, diagnosis, medicines and even laser surgery are at Malathi's doorstep.



A MEDICAL attendant in the van scans her eyes using the mobile camera and transmits them to a specialist in Chennai.



AT A CLINIC in Gopalapuram, senior ophthalmologist Dr M. Rema examines the images and makes the diagnosis. Using video conferencing, she discusses the condition, symptoms and treatment.

Both Dr Rema and Malathi can see each other. “My vision is hazy and my eyes keep watering. I have almost zero vision at night,” complains Malathi. Using plastic eye models, the doctor explains how her eye has been damaged.



THE ATTENDANT gives Malathi a copy of the eye scan and the prescription, asking her to return for a follow-up in a month. Instead of a full-day journey to Chennai, Malathi's done in 20 minutes.

TEXT: JAYA SHROFF BHALLA

With new funds, primary health centres in for makeover and more

Neha Bhayana
Mumbai, January 6

DR AJIT KARANJKAR used to feel awful using torn sheets of paper to prescribe medicines to patients and record their medical histories.

The medical officer-in-charge of the primary health centre (PHC) at Khed-Shivapur village in Pune district hated conducting deliveries behind a curtain in a narrow passage and the ward where they had squeezed six beds where there was space for four.

The constant power cuts and water shortage added to his and his patients' woes.

That was in 2006. Dr Karanjkar is now a proud and busy man. The health centre has been transformed with funds from the government's National Rural Health Mission (NRHM). There is now a proper delivery room, an air-conditioned operation theatre with a pulse-oxygen meter and a dental unit.

“We have got new beds with adjustable back-rests for patients. The foam mattresses are also better than the cotton ones we used earlier as they prevent cross-infection,” said the doctor, who has an MD in medicine.

Not surprisingly, the number of patients coming to the PHC has increased many-fold. It treats 80 to 100 patients per day in the out-patient department as compared to 30 two years ago.

“We used to conduct four to five deliveries a month but now the number has gone up to 15,” said Dr Karanjkar. “We are meant to provide health care services to 3,500 people from Khed-Shivapur. Now around 15,000 people living in nearby villages also come here.”

The Khed-Shivapur PHC is one of the 45 of the 90 PHCs in rural Pune that have achieved the Indian Public Health Standard. “The other 45 PHCs will also be upgraded by the end of the financial year,” said Madhukar Chaudhari, state NRHM director.

Maharashtra's 1,800 PHCs were functional. But thanks to NRHM — each PHC is entitled to Rs 1.75 lakh for annual maintenance — they are now truly delivering healthcare to people living in the state's villages and tribal hamlets. And, change is coming.

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Funds and dedication define Khed-Shivapur's success

Dr. Vandana Gavali, 36, from Kolhapur could have opted for private practice, but she joined government service as she wanted to work in rural India. A medical officer at the Primary Health Centre in Khed-Shivapur, Pune, Gavali walks across the taluka to visit elderly patients who find it difficult to come to the PHC. “... When I go to the villages I get something which I can't describe in words,” says Gavali.

TEXT & PHOTO: SOUMITRA GHOSH/HT



The Khed-Shivapur primary health centre in Pune district was transformed after it got funds from the government's National Rural Health Mission (NRHM). The centre now has a proper delivery room, a baby warmer (above), an air-conditioned operation theatre and a dental unit, among other facilities.



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WHY PEOPLE GO TO PRIVATE CLINICS

About 65.6 per cent people don't go to govt clinics and hospitals in India. Here's why

57.7% Poor quality of care	46.8% No facility (hospital or clinic) close by	24.8% Waiting time too long	13.1% Timing not convenient (not open long enough)	9.2% Health personnel often absent	3.9% Other reasons
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Source: National Family Health Survey-3 (2006)

Young medicos offer succour to flood-hit Bihar

Jaya Shroff Bhalla & Neha Bhayana
New Delhi/Mumbai, January 6

ON BEING denied permission to work in flood-ravaged Bihar last year, 18 young doctors from the All India Institute of Medical Sciences took unpaid leave and joined many other volunteers, ensuring that the state survived the flood of diseases that followed the calamity.

With no funds from the government or sponsors, the doctors — between 25 and 30 years — used their own money to travel and work in Bihar.

Many of them ventured to flood-ravaged parts where locals and senior doctors refused to go. “We were needed there. As a doctor, I knew of the dangers that lurk in flood waters, from cholera to jaun-

dice and typhoid,” said Dr Kumar Harsh, a cancer specialist, who spent a week in Bihar's Sapaul district.

Someone, he felt, had to set an example, and his sentiment found echo among young doctors across the country.

Maharashtra alone accounted for 70 doctors, including nine from Mumbai's KEM Hospital.

Dr Ravikant Singh, a second-year preventive and social medicine student at KEM, spent four months in the districts of Saharsa, Supaul and Madhepura — the worst hit by the floods that killed 530 people and displaced 33.56 lakh people. “I was scared of losing the year as we were officially allowed to go only for 15 days, but I stayed on. How could a doctor turn away?” said Singh. His classmate Dr Chan-

AGENT OF CHANGE

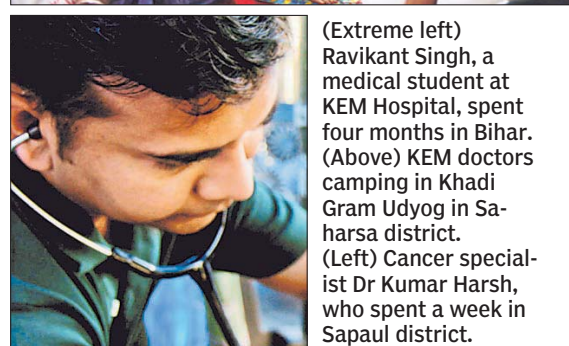
VOLUNTEER DOCTORS They took unpaid leave, spent their own money to travel and work in Bihar

drakant Patil died after being struck by lightning in Supaul, but he and the other doctors did not rush back to safety.

“I am glad help reached the flood-hit areas in time. If we had relied completely on the state government, we probably would have had not one but many epidemics,” said Dr Harsh.

With absolutely no help from the state or central government, these doctors set up health clinics in districts with non-existing health infrastructure.

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(Extreme left) Ravikant Singh, a medical student at KEM Hospital, spent four months in Bihar. (Above) KEM doctors camping in Khadi Gram Udyog in Saharsa district. (Left) Cancer specialist Dr Kumar Harsh, who spent a week in Sapaul district.

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