

Title of Project: *Promoting Peace Through Accessible Health Care and Health Security*  
Country of project implementation: India  
Sponsoring College: International House NY  
Designated Project Leader: Prachi Patel

### **Project Goals:**

***To promote peace by making local, free of cost health care accessible to the communities living below poverty line in the remote areas of rural Gujarat, India.***

We aimed to set up a long term clinic in order to provide free medical services and health security to the underserved rural population. This local affordable setup would provide accessible healthcare and avoid delays due to travel and cost, thus promoting health security in the long run.

Although the project was mainly inspired by the lack of accessible healthcare in the rural community, I want to note that my personal aspirations of pursuing a career in medicine and serving the community in need was a major motivating force in designing and implementing this project. I believe that healthcare is a basic human right and should be accessible to everyone.

### **Project Implementation:**

As we started with the planning of the project during April 2021, the pandemic worsened in India. Our original collaboration with Dr. Deepak Nayak fell through as he faced a tragic family loss due to COVID-19. We wanted to persist with our goal to make healthcare accessible especially during this difficult time as now more than ever people in India needed health security. We had a team of physicians locally in Gujarat as well as in US to help us find alternative options. Over several meetings we were able to find another local physician Dr. Uday Gajiwala (Ophthalmologist) who was already donating his time and resources for providing accessible healthcare in rural Gujarat. We decided to keep the original plan of setting up accessible healthcare intact but to collaborate with Dr. Gajiwala instead.

Dr. Gajiwala has a free clinic space that operates in Mandvi (rural tribal area of Surat district) of Gujarat. Most of the population in this rural area live on daily wages and have limited income potential. Due to the low literacy rate, taboos regarding healthcare are prevalent among the local population as a result of which people prefer to visit traditional healers over physicians. There is also a huge scarcity of healthcare facilities and physicians in this area- There is only one MBBS (equivalent to MD) doctor in a government run clinic setup in the entire Mandvi district with the population of 25,000 people.

This setup was exactly what we were looking for to further our mission. We came up with a plan with Dr. Gajiwala. We wanted to ensure that we collaborate with the local leadership (especially NGOs running in that area) so as to gain the trust of the community and serve them with modern healthcare but with care centered on their priorities and needs. Fortunately all our team members spoke the local language of Gujarati so language was not a barrier working in this rural region. We came with a three step plan: 1) Setting up a transport option for people in need from the local NGOs to Dr. Gajiwala's clinic and back to the pickup spot as most people live on extremely low income and cannot afford transportation. 2) Having a primary care diagnosis team meet the patients first at the clinic. They would order laboratory testing via blood and urine tests as needed. 3a) If the health issue is minor the patients are prescribed the required medication and no further procedures are carried out. 3b) If the patient specifically has any ophthalmological issues, they would be offered free eye exams, and procedures including retinal, corneal, cataract, and glaucoma surgeries as Dr. Gajiwala is an Ophthalmologist and has a team of doctors donating their time at his setup. For other non-ophthalmological procedures, patients would be referred to government run hospital in the urban area of Surat and a part of their cost would be covered by the grant.

Additionally, we noticed that there was limited medical care available overall in the entire state of Gujarat during this summer as most resources were dedicated to fighting the COVID-19 wave in India. We surveyed 4 NGO run homes including old age homes, homes for orphan children, homes supporting women from difficult backgrounds specifically looking at if any medical assistance is needed at these places. We found that specifically the old age homes didn't have the funding to buy medication for the residents. We

collaborated with Dr. Ritu Joshi to access the medical needs of the residents in these homes and supplied the medication, hygiene products and devices like blood pressure machines, belts for back support, knee caps, glucometers and thermometers to two old age homes.

With this setup we were able to serve 267 patients with a total of 100 fully covered pterygium, vitrectomy and cataract surgeries; 120 eye exams and 47 primary care examinations. Due to heavy COVID-19 spread in the area this summer, the population was wary of seeking non-essential healthcare because of which our patient turnout was smaller than expected. At the moment, we continue to provide free clinical care as we have the funding to cover another 100 eye surgeries and 120 eye exams, that will take place from now to end of this year. Based on these metrics we believe that our efforts have been highly successful.

I strongly believe that access to quality healthcare is a basic physiological need and is a key to society where any individual can achieve self-actualization. Through this project, we could make healthcare accessible to resource deprived individuals in the state of Gujarat. Personally, I learned the importance educating the rural population on health and science as the lack of trust in modern medicine was a major impediment in this population for seeking healthcare. I learned that it is possible to employ the latest therapeutic methods while also respecting the patient's cultural backgrounds and mindsets. The success of our project was highly dependent on heavy collaborations with the local communities to ensure our initiatives are culturally appropriate and responsive to the needs of the recipients. Through these efforts we could shape a powerful model that provided cost-effective and timely care to the underserved populations of rural Gujarat.

**Contact information of our team:**

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## Section II: Photographs



