

International House NY

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Promoting Peace Through Accessible Health Care and Health Security

Gujarat - India

Health care is a basic human right, not a commodity or privilege. -Jim Wallis

Background:

India is one of the fastest growing economies in the world with the average GDP rise of 6.12% in the last four years [1]. But that same progress hasn't extended to the country's public health care system. According to WHO report on India's healthcare workforce, only one in five doctors in the rural India are qualified to practice medicine [2]. Over past several decades the abysmal state of health care system has been failing the Indian population especially the poor. A tribal man walked miles with his wife's dead body as an ambulance refused to help [3]. A man lost his ailing 12 year old son on his shoulder as a hospital denied admission [4]. Rats gnawed at infant's fingers at a hospital [5]. The list goes on. There is one government hospital per 90,343 people [6]. Two children younger than five die every minute [7]. Only one fifth of the Indian population is insured with a health insurance [2]. Because of the lack of health insurance, roughly 79% of people from rural areas pay fully for the required healthcare services from their small savings. Most have to travel to nearby cities seeking medical care which in turn adds to the financial damage because of the transportation and shelter costs. Paying regularly for their healthcare needs from their pocket increases their poverty level. Because of the heavy financial burden and lack of local accessibility, the people in rural India delay seeking the treatment which results in major diseases.

Goals and Objectives:

To promote peace by making local free of cost health care accessible to the communities living below poverty line in remote areas of rural Gujarat, India. We aim to empower the people of rural village of Pansar, Gujarat by setting up a free local clinic for medical and health services. This setup will serve a threefold purpose- First, the complimentary clinic services (testing, diagnosis and follow-ups) will help the local population improve their health and lifestyle at a primary care level. Second, it will provide financial health safety as most of this community lives below poverty line and cannot otherwise afford medical care. Additionally, the local setup helps to avoid travel and shelter costs and the delays in seeking medical care. Lastly, such a setup provides health security in the long run. No one should die of preventable diseases and infections or fear financial crisis from a single illness in the family.

Plan:

Initial survey and connections: It is imperative to set up this clinic locally for ease of accessibility to the rural community. We already surveyed the village for current state of medical access and found that the clinics in the area are scarce- people travel to the nearest city (Kalol) for most medical conditions. We thus formed a team of 4 physicians who volunteered to donate their services for this project (3 remotely and 1 local- see appendix for contacts). All these physicians speak the native language of rural population to facilitate communication. Moreover, the local physician (Dr. Deepak Nayak) who is retired offered his old clinic space for this project which we plan to convert into a free clinic.

The project will be implemented in three phases:

Phase I (May to mid-June)	Phase II (mid June- August)	Phase III (August)
Clinic set up	Clinic Operation; Spreading public health awareness; Workshops	Assessment

<p>We will set up the clinic with locally purchased furniture, equipment and medicines.</p> <p>We will conduct an initial survey to access the health of local population (for later comparison and evaluation).</p>	<p>Once the clinic is set up, we will conduct two workshops- one right after the setup and the other towards end of summer. The goal of 1st workshop is to spread awareness of rampant diseases in the local population, healthy diet, nutrition & exercise advice, and to advertise the clinic. The goal of 2nd workshop is to spread further awareness based on the collected data from first batch of patients. The clinic will be up and running by beginning of this phase.</p>	<p>After the clinic operations and workshops over the summer, we plan to do another assessment for the success of our intervention via bloodwork and questionnaire data in the local population. This will help us improvise our setup.</p>
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Expected outcomes for success:

- We expect to serve at least 200 patients a month. We will keep a track of follow-ups- with a goal of >60% retention of the patients who will regularly follow up with our clinic.
- Improvement in overall health of this local population via measurable parameters such as BMI, blood pressure, blood sugar, etc.
- Better patient insight into their health conditions and education on how to manage it effectively.
- A sense of health safety especially in the poorest population who cannot afford any medical care.
- Overall, improvement of quality of life of population in the rural community of Pansar village.

Sustainability:

This clinic has only one time set up cost which will be funded by this grant. The smaller operational costs in the long run will be taken care of by the team of doctors and the grantees.

Appendix:

<u>Physician Name</u>	<u>Contact</u>
Dr. Jay Dave (New Jersey)	jaydave93@yahoo.com
Dr. Ritu Joshi (Ahmedabad)	+919979717008
Dr. Hardik (Ahmedabad)	+918347544400
Dr. Deepak Nayak	Drdeepnayak60@gmail.com

References:

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