

# RURAL HEALTH

Monthly Newsletter of Doctors For You



## Introduction

India is the second-most populous country in the world and has a changing socio-political-demographic and morbidity pattern. About 75% of health infrastructure, medical manpower, and other health resources are concentrated in urban areas where only 27% of the population lives.

Contagious, infectious, and waterborne diseases such as diarrhea, amoebiasis, typhoid, infectious hepatitis, worm infestations, measles, malaria, tuberculosis, whooping cough, respiratory infections, pneumonia, and reproductive tract infections dominate the morbidity pattern, especially in rural areas.

However, non-communicable diseases such as cancer, blindness, psychiatric disorders, hypertension, diabetes, HIV/AIDS, accidents, and injuries are also on the rise. The health status of Indians is still a cause for grave concern, especially that of the rural population. This is reflected in the life expectancy (69 years) (Life expectancy at birth, total (years) - India, 2022), the infant mortality rate (27/1000 live birth) and maternal mortality rate (103/100 000 live births).



## This issue:

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## Challenges in Rural Health

Healthcare is the right of every individual. But lack of quality infrastructure, dearth of qualified medical functionaries, and lack of access to basic medicines and medical facilities limit the reach to 40% of the population in India. A majority of 700 million people live in rural areas where the condition of medical facilities is deplorable. Though a lot of policies and programs are being run by the Government, the success and effectiveness of these programs are questionable due to gaps in the implementation. In rural India, where the number of Primary health care centers (PHCs) is limited, 8% of the centers do not have doctors or medical staff, 39% do not have lab technicians, and 18% PHCs do not even have a pharmacist. (Rural Health Care: Towards a Healthy Rural India, 2022). Infectious diseases dominate the morbidity pattern in rural areas (40% rural: 23.5% urban). Waterborne infections, which account for about 80% of sickness in India, make every fourth person dying of such diseases in the world, an Indian.

### Four groups of infections are widespread in rural areas, as follows-

1. Diseases that are carried in the gastrointestinal tract, such as diarrhea, amoebiasis, typhoid fever, poliomyelitis, etc. About 100 million suffer from diarrhea and cholera every year.
2. Diseases that are carried in the air through coughing, sneezing, or even breathing, such as measles, tuberculosis (TB), whooping cough, and pneumonia. Today there are 12 million TB cases found.
3. Infections, which are more difficult to deal with, include malaria, filariasis, and kala-azar. These are often the result of development. Irrigation brings with it malaria and filariasis, pesticide use has produced a resistant strain of malaria, and the ditches, gutters, and culverts dug during the construction of roads, and expansion of cattle ranches, for example, are breeding places for snails and mosquitoes.
4. An estimated 45 million are carriers of microfilaria, 19 million of which are active cases and 500 million people are at risk of developing filaria. (Ashok Patil, 2002). The rural populations, who are the prime victims of the policies, have hazardous working conditions and abysmal living conditions. Unsafe and unhygienic birth practices, unclean water, poor nutrition, subhuman habitats, and degraded and unsanitary environments are challenges to the public health system.

### What are the main features of the National Rural Health Mission?

Making the public health delivery system fully functional and accountable to the community. Human resources management. Community involvement. Decentralization of healthcare services that it specializes in offering.

### How many pillars does the National Rural Health Mission have?

NRHM focuses on Reproductive, Maternal, Newborn, Child Health and Adolescent (RMNCH+A) Services.



## Barriers and Challenges in Rural health care:

- Lack of workforce in rural setup
- Distance, Transportation & communication barriers
- Lack of Health Insurance Coverage
- Social Stigma and Privacy Issues
- Poor Health Literacy
- Access to healthcare
- High out of the pocket expenditure
- Healthcare – access, cost, etc
- Sanitation – open defecation, clean drinking water, etc

**"THE SOUL OF INDIA LIVES IN ITS VILLAGES."**

MAHATMA GANDHI

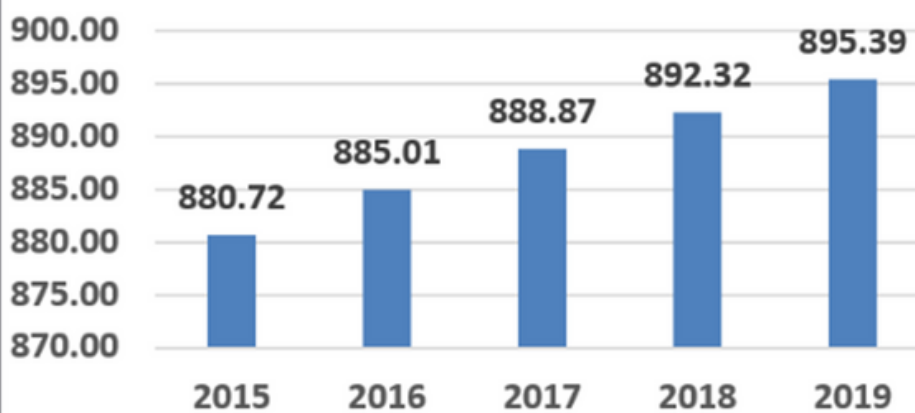
## What are the services in rural areas?

Categories and agencies of services in rural

- Social care.
- Education and training.
- Retail service.
- Health care.
- Postal and delivery services.
- Passenger transportation.
- Emergency services.
- Business advisory services.



**Rural population in million**



**Figure 1. Graph indicating trend of rural population number from 2015 - 2019<sup>2</sup>**

## Impact of COVID 19 on Rural Health

The current global pandemic of COVID-19 necessitates a public health strategy, especially with regard to understanding the causes as well as identifying the appropriate population. It is important to realize that the pandemic of COVID-19 has initially happened in well-developed countries that have achieved the so-called health transition and it is a threat to a country like India.

The Indian rural health care system is a three-tier system comprising Sub-Centres, Primary Health Centres (PHC), and Community Health Centres (CHC). The health care services and systems in India are still developing and have challenges of workforce shortages, absenteeism, poor infrastructure, and quality of care. The healthcare system in rural India faces a chronic shortage of medical professionals which is detrimental to the rural health system in terms of the quality and availability of care for rural people.



The shutdown and complete ban of normal activities for ordinary people seek to stop community spread. But the obvious question is for how long? It is assumed that the spread of the COVID-19 virus can be controlled by these actions. These are only the assumptions based on the earlier outbreaks.

It is a wake-up call and what is important now is to use the lessons of this pandemic in the rural areas of many Indian states where the health care systems have to be improved considering the huge population of rural areas. Despite these challenges, the government can take a two-pronged approach to stop the epidemic. These are to invest and prepare healthcare providers in rural areas for the epidemic.

# DFY Intervention

## Program Goal

1. To promote health for all among the community
2. To benefit as many lives as possible
3. To be able to collaborate with government and utilize resources in better way
4. To provide
  - Access to primary health care services across multiple service lines
  - Access to secondary and tertiary health care via established referral networks, telemedicine and call centre support
  - Access to Preventative healthcare services
  - Capacity building, training and best practice sharing

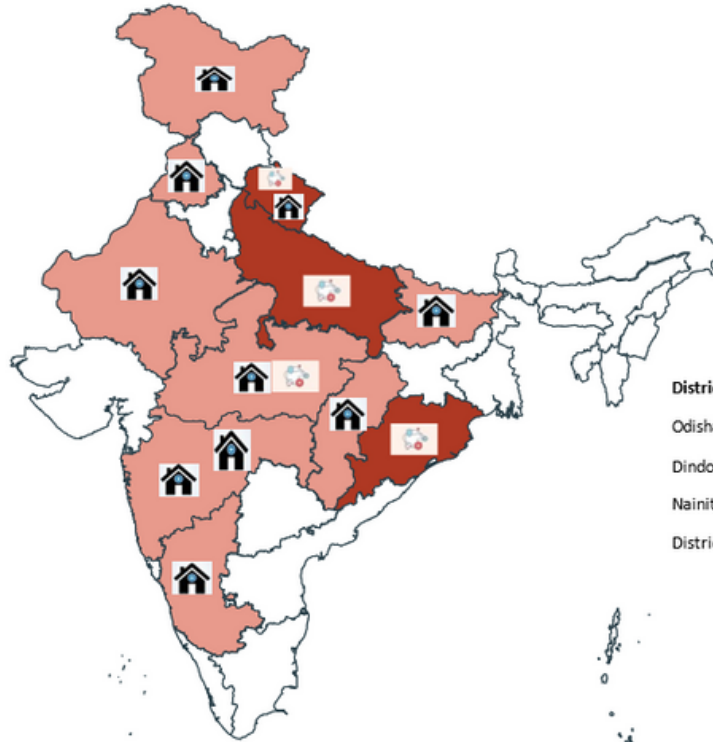
Rural and Tribal Outreach	District Pandemic Response
Hospital/Health Centre - PHC/CHCs - General OPD, IPD, Emergency, and Surgery services	Preparation/ Upgradation of integrated COVID Command Centres
Essential Maternal & Child Health Care Services -1000 day program, covering ANC and PNC services, with a focus on malnutrition and anemia elimination	Mobilising COVID 19 Vaccination throughout the district
Medical Units (MMU)	Distribution of Ration and Medical Kits
-Screening & Management of NCD and other diseases	Augmenting ICU beds and supporting local structures with ICUs
-Running Fever Clinics	Emergency infrastructure and equipment at public hospitals
Call Center Support - Help Desk Support	-Addressing HR gap in local health bodies.
Special Camps – gynae, peds, cancer awareness	Helpline for Medical and Mental Health
Infrastructure Development	Referral mechanism for Step-up / Step-down
	Community mobilization to increase awareness

# Doctors For You Rural Health Centres



**Rural Health Centre**

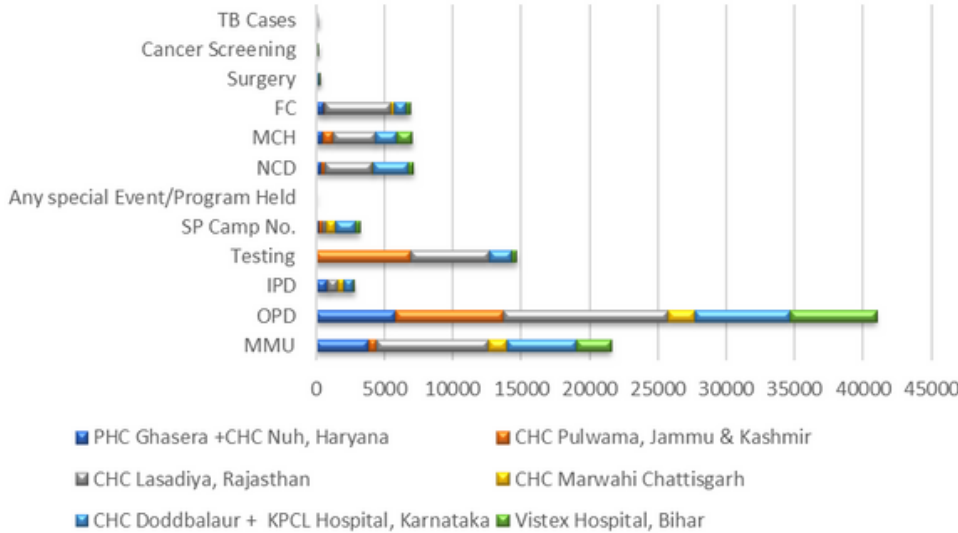
- PHC Ghasera, CHC Nuh, Haryana
- CHC Pulwama, Jammu & Kashmir
- CHC Lasadiya, Rajasthan
- CHC Marwahi, Chattisgarh
- CHC Doddabalur, KPCL Hospital, Karnataka
- VISTEX Hospital Masharhi, Bihar
- Baramati, Maharashtra
- Sangali, Maharashtra
- Dindori, Madhya Pradesh
- Raygada, Odisha
- Raebarelli District, Uttar Pradesh
- Nainital District, Uttarakhand



**District Pandemic Responses**

- Odisha, Raygada
- Dindori, Madhya Pradesh
- Nainital, Uttarakhand
- District Raebarelli, Uttar Pradesh

## Rural Outreach

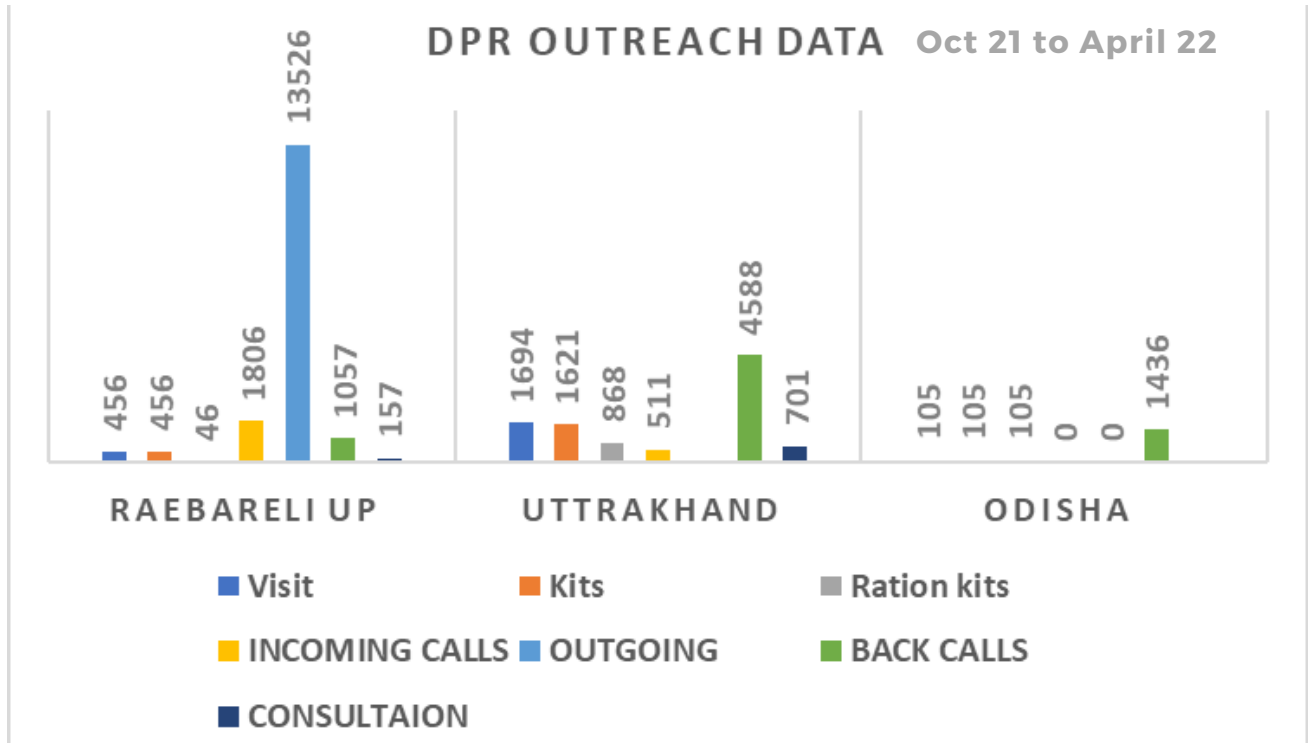


**We were able to treat 19,049 patients via our Mobile Medical Units and 41,001 from our daily OPD held in our rural outreach camps pan India.**



	Health Services	PHC Ghasera +CHC Nuh, Haryana	CHC Pulwama, Jammu & Kashmir	CHC Lasadiya, Rajasthan	CHC Marwahi Chattisgarh	CHC Doddabalur + KPCL Hospital, Karnataka	Vistex Hospital, Bihar
1	MMU	3862	585	8184	1306	5112	2558
2	OPD	5846	7852	12074	1921	7032	6276
3	IPD	839	31	692	504	632	114
4	Testing	0	6974	5674		1674	351
5	SP Camp No.	199	285	249	679	1454	351
6	Any special Event/Program Held		7				
1	NCD	397	299	3415	50	2563	412
2	MCH	488	738	3104	0	1594	1109
3	FC	616	14	4817	271	877	307
4	Surgery	0	0	0	15	222	11
5	Cancer Screening	21	0	0		7	149
6	TB Cases	12	0	0		93	0

## Total Patient Treated in Rural Health Centre



To provide care and to ensure that patients do not fall out from their ongoing treatment, we set up a Call Centre for patient support & teleconsultations which took 23782 calls from patients.



# GLIMPSES OF THE RURAL CENTRES





# AROUND IDIFY



Doctors for You team participated in the event Azadi Ka Amrit Mahotsav (Health Fair) at Pulwama, J&K in which there were more than 1,900+ beneficiaries from the entire village. We received an overwhelming response for our duties and actions.



Doctors For You in association with Standard Chartered donated PSA Oxygen Plant at Rural Hospital, Buldhana, Maharashtra. The program was graced by Dr. Bharti Pawar, Hon'ble Cabinet Minister for Health and Family Welfare. Doctors For You was also awarded for our commendable disaster work in Maharashtra.



Team DFY, in collaboration with Wipro, conducted a felicitation program for mothers who completed the immunization schedules of their infants. Our team honored 25 mothers & their children with certificates and medals in Lallubhai Hospital, Mumbai.



Kotak Mahindra Bank Ltd. team with the collaboration of Doctors For You (DFY) organized Eye Testing camps in Chhattisgarh, Maharashtra, Haryana, Delhi, and Madhya Pradesh. The camps were held for truck and lorry drivers who have been suffering from Ophthalmology issues due to night and long driving. More than 400+ drivers and cleaners benefitted from the camp.



Doctors For You with the partnership with Crypto Relief organized a Local blood drive at GPM district, Chhattisgarh on 24 April 2022. A total of 72 donors donated blood.

**M Mathrubhumi മാതൃഭൂമി**

**പതിനെട്ടുകഴിഞ്ഞോ? കോവിഡ് വാക്സിൻ വീട്ടിലെത്തും**

കുട്ടികൾക്ക് വാക്സിൻ ആശുപത്രികളിൽ മാത്രം

ആലപ്പുഴ - ചൊവ്വപ്പള്ളിയിൽ കോവിഡ് പ്രതിരോധവാക്സിൻ വീട്ടിലെത്തി നൽകും. ആരോഗ്യതന്മിതികൾ നൽകും. കിടപ്പിലായവർ, ശാരീരിക അപരാധങ്ങളുണ്ട്, പ്രായമാ യവർ, തുടങ്ങിയവർക്കാണ് വാക്സിൻ നൽകുക. പതിനെട്ടു വയസ്സുകഴിഞ്ഞ ആർക്കും വീട്ടിലെത്തി വാക്സിൻ ലഭ്യമാക്കുന്നതിന് തീരുമാനിച്ചു. രജിസ്റ്റർ ചെയ്ത മുൻഗണനാ വിഭാഗത്തിൽപ്പെട്ടവർക്കായി കുത്തിവെച്ചു കൊടുക്കാനുള്ള സൗകര്യം ആവശ്യമെങ്കിൽ പതിനെട്ടു വയസ്സുകഴിഞ്ഞ വീട്ടിലെ മാതൃകേന്ദ്രം കുത്തിവെച്ചു നൽകും. കോവിഡ് വാക്സിനേഷൻ ആവശ്യപ്പെട്ടു മുതിർന്നവർക്ക് ലഭ്യമാക്കുന്നതിനും തയ്യാറാക്കിയിട്ടുണ്ട്. ട്രൈലോഗി റോഡിലെ 10-നു മുകളിലുള്ളവർക്ക് പ്രാഥമികമായി സൗകര്യം നൽകും. രാജ്യവ്യാപിതമാകുന്നതിനും തയ്യാറാക്കിയിട്ടുണ്ട്.



രോഗത്തെ കിടപ്പുരോഗികളുടെയും മരണശേഷിയുമുള്ളവരുടെയും വീടുകളിലെത്തി വാക്സിൻ നൽകിയിട്ടുണ്ട്. കോവിഡ് ഇൻഫെക്ഷിയെ സഹായിക്കുന്നതിനും തയ്യാറാക്കിയിട്ടുണ്ട്. ഇതരവർക്കും നൽകുന്നതിനും തയ്യാറാക്കിയിട്ടുണ്ട്. ഇതരവർക്കും നൽകുന്നതിനും തയ്യാറാക്കിയിട്ടുണ്ട്.

05/04/2022 CHENGANNUR,MAVELIKKARA Pg 03

Home-based vaccination organized by DFY team in Kerala

Mohammed Riyas Minister of PWD and Tourism receiving Oxygen Concentration from Doctors For You



# EMPLOYEE

# NEWS & VIEWS



We are glad to Announce! Doctors for you is on board as Medical Partner for "41st Asian Track Cycling Championships" Scheduled in New Delhi, India this year.



# OUR SUPPORTERS



## Way Forward

1. Robustness around existing programs
2. Longer time horizon
3. Focus on sustainability
4. Creation of building blocks for comprehensive 360 referral within the existing healthcare framework using pre-existing resources
5. Training and capacity building
6. Focus on creating and facilitating the reduction/elimination of endemic healthcare problems
7. Building and supporting additional support networks
8. Comprehensive solutions that cut across silos