

Rural Transformation in Healthcare – A Public Private Partnership Approach

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Abstract

Rural-urban disparities, particularly in post-colonial countries, have for long been one of the causes of concern for policymakers. The disparities have been observed in all domains, be it economic or non-economic. However, the degree to which the rural –urban divide persists varies from country to country. The major cause of concern is that the gap between rural and urban India, is that, in spite of sixty years of planning especially because planning was conceived as an instrument to narrow down rural-urban disparity. Rural India encompasses a little less than three-fourths of the country's population and is characterized by low income levels, poor quality of life and a weak base of human development. This emerges as an output of poor access to healthcare and poor quality of healthcare delivery in rural areas. There is a need for Public Private Partnership in healthcare delivery so as to facilitate access to quality healthcare to rural India. This paper focuses on the details of the Partnership between Kasturba Hospital, international service clubs like Rotary International and Karnataka State Government, in the state of Karnataka, India.

Introduction

An increase in life expectancy at birth is unfortunately associated with a greater incidence of disease. It assumes serious dimensions in India, which is burdened by both communicable and preventable disease. A WHO report (1998) opined that growth on low and middle income countries is impeded to a large extent by the incidence of preventable diseases. In India, epidemiological variations across the state suggest that the poorer states have relatively a greater burden of communicable and preventable disease. There is an International consensus on reduction of incidence of deaths arising out of communicable and preventable disease, as indicated by three of the eight MDGs, which are directly related to health and in India's commitment is indicated in National Health Policy (2002) as well as in India's Vision 2020.

In India, a few states like Kerala and Tamil Nadu have achieved significant progress in health and nutrition state of their population. But there still exists interstate and intra state disparities on issues pertaining to health, hygiene, sanitation etc. The rural population is the most vulnerable to the incidence to disease in India. Sub-clinical malnutrition incidence of low weight for age groups, anemia, and disability still continues to prevail among the poor sections, particularly in rural India. This prevents the rural population from reaching their full productive potential. Table 1 provides us an overview of a few indicators of quality of health and availability of facilities in rural India.

Table 1: Health Indicators in India and Rural India

Factor	India(%)	Rural India (%)
Infant Mortality rate *	66	72
Children 6-35 months , who are anaemic**	78.9	80.9
Pregnant women 15-49 years, who are anaemic **	57.9	59
% of households having access to toilets**	70.3	34.1
% of households having access to improved source of drinking water**	84.4	79.6

*Census of India,2001 **DLHS-3(2007-08)

The Government of India is taking a large number of steps to improve the health status of the rural population and offer quality hygiene and sanitation facilities to rural India. Recognizing the importance of health of human capital in economic development, Government India implemented the National Rural Health Mission. This mission is envisaged with an objective of integrating hygiene, nutrition, sanitation, and safe drinking water programs under one banner to uplift the quality of health of rural population of India.

Healthcare offered in the rural areas is primarily through the three tier public healthcare system that exists in India. Even though eighty percent of Indian population live in rural areas, only twenty percent of hospital beds are located in rural areas. Rural areas in India suffer from poor health infrastructure which in turn reflects on the health indicators, as displayed in Table 1. Only 73.9 percent of the villages are connected with roads, 37 percent of them have a trained birth attendant and only 43 percent of them have doctor serving them, either private or visiting. This dismal state of health infrastructure exists, even though the Government has implemented measures that aim at 'Health for All' vision. The importance of healthcare services in rural areas is to make the public health delivery system fully functional and accountable to the community with community involvement and decentralization and rigorous monitoring and evaluation against standards of health and related programs for improving the health indicator.

Healthcare in rural areas should facilitate increased access and utilization of quality health services. The importance of rural health service is mainly to improve health indicators such as Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR), Crude Death Rate (CDR) and Prevention and Control of Communicable (HIV/AIDS) and Non-Communicable Diseases including locally endemic diseases. Importance would also be given to universal immunization and women and child health.

Public spending on preventive health services has a low priority over curative health services in the rural areas. Indian rural public spending on health is among the lowest in the world whereas the proportion of private spending for healthcare from household income is very high. About 100,000 crores are being spent annually as household expenditure on health (Source: NRHM). This is about three times the public expenditure on health. The private sector is unregulated, pushing the cost of healthcare up and making it unaffordable for the rural poor. Thus the health system in rural India would become untenable. The challenge of quality health services in remote rural regions has to be met with a sense of urgency. Given the scope and magnitude of the problem, it is considered necessary that enough focus should be given on defined projects to offset this malady.

The objective of this paper is to highlight the rural transformation envisaged through the partnership projects of the Manipal Group, Manipal, Karnataka, with an intention to bring about improved healthcare made accessible to the rural population at an affordable cost. The step taken in this process of rural transformation by making healthcare accessible and acceptable, to the rural people is identified and described in this presentation.

Overview of Manipal Group

Dr.T.M.A.Pai 's pioneering vision laid the foundations for reforms in education and healthcare in India. It was his mission to make healthcare accessible and affordable to the poor sections of the society. The Kasturba Medical College in Manipal was established in the year 1953 and Kasturba Hospital was established in 1961, with 150 beds. Today, the hospital has grown to 1600 beds and is equipped with the state of the art diagnostic and therapeutic departments to facilitate treatment of wide range of medical and surgical diseases. The hospital caters to the healthcare needs of people residing in Karnataka, Goa and Kerala. Kasturba Hospital along with Manipal Foundation, which is a philanthropic arm of Manipal University under the guidance of Dr. RamadasPai, Padma Bhushan awardee and chancellor of Manipal University, has introduced several initiatives that fulfill the dreams of the founder of Manipal, Dr.T.M.A.Pai.

Innovative Models of Healthcare Delivery – Manipal Initiatives

- **Rural Maternity and Child Welfare (RMCW) Homes**

Kasturba Hospital, Manipal, provides healthcare facilities to the rural population spread over 18 villages in the coastal areas of the Udupi and Karkalataluk. Over 85,000 villagers are cared for through these programs. A network of 7 Rural Maternity and Child Welfare (RMCW) Homes located in the villages, provide Maternal and Child Health services under the supervision of the doctors of the Kasturba Medical College. These homes have been in existence for the past 25 years. Each home or centre caters to a population of 10,000. All these centres are connected to Kasturba Hospital by roads and telephone. Each centre is equipped with a labor room, ten bedded postnatal ward, a small laboratory and a minor operation theatre. Round the clock maternity services are available and as many as 1200 deliveries are conducted in these centres every year. Most of the normal deliveries are conducted by trained ANM who have been in position for the last 18-20 years and difficult cases are evacuated to the Kasturba Hospital, Manipal by a flying squad service.

- **Project sponsored by USAID**

The Department of Community Medicine, of Kasturba Medical College, Manipal, manages and implements all health care projects funded by International agencies such as the USAID and the Ford Foundation to name a few.

The Manipal Health Project sponsored by the USAID and the Medical Relief Society of South Kanara is largely responsible for strengthening the Rural Maternal and Child Welfare (RMCW) homes in Udupaluk thereby creating a first-rate field practice area

- **Dr.TMAPaiHospital,Karkala**

Dr.TMAPaiHospital, located in Karkala Taluk OF Udupi District, is a forty-bed hospital that provides mainly maternity and child care services to people located in villages outside Karkala town. Some of the services that are provided on a regular basis include general out patient clinics, maternal and child health services, immunization clinics, school health services and other monitoring and referral services. The hospital has X-ray, ultrasound and other laboratory facilities.

- **Partnership Model with Rotary Club International**

The SusheelaGopalPai Memorial Rotary Ophthalmology Unit is a part of Dr. TMA Pai, Rotary Hospital at Karkala, has received a grant from Rotary Club International to a tune of US \$ 250,000 as a part of its sustainable projects in the areas of Health, Hunger and Humanity. This grant will help the hospital provide free ophthalmic service for a period of three years. This unit is designed with an objective of providing quality eyecare to people in the rural areas of Karkalataluk, Udupi district. At the unit, the following ophthalmic services like cataract surgeries with intra-ocular lens implantation are offered to the population of the entire Karkalataluk and the adjoining districts of Chikmagalur and Shimoga.

- **Employee Initiative**

Dr N D Joshi Department of Ophthalmology, Manipal Teaching Hospital, Pokhara, presented the ophthalmic equipment worth Rs. 44 lakhs to The SusheelaGopalPai Memorial Rotary Ophthalmology Unit. In gratitude for this donation, the department is now known as the Dr N D Joshi Department of Ophthalmology.

- **Association with NGOs**

Based on the expertise of Manipal in the field of radiotherapy and oncology, and with the assistance from the Shamdasani Foundation, a modern multi-disciplinary cancer hospital, was started in Manipal. With 298 beds, and advanced diagnostic equipment, the hospital serves as a beacon to cancer patients from within the state and outside.

In keeping with the ideals of Sai Baba, the hospital takes special care of the economically weak.

The Cancer Patients Aid Association helps with chemotherapy drugs for a number of poor patients suffering from Cancer. Another organisation, "Shristi" also supports and funds children with cancer, treated at Manipal Hospital.

- **Association with Charitable Trust**

The Manipal College of Medical Sciences has plans for setting up a modern Oncology Department. The basic infrastructure for setting up a sophisticated facility like the Linear Accelerator Unit for cancer treatment was established by the college from its own funds and a major grant of \$1.8 million came from the Kadoorie Charitable Trust.

- **Dental Camps for the Rural poor**

The College of Dental Surgery conducts over 800 Dental Camps per year, to promote dental hygiene amongst the rural population. Regular denture camps and free school health services are provided. Oral cancer screening camps are conducted to detect cancer amongst the population in the rural areas.

- **AbhayaAshraya : Care Of The Elderly**

The Kasturba Hospital, Mangalore, has taken the initiative of setting up the Ashraya Day Care Centre for the elderly. Here, the elderly, who are in good health and with the support of their working children, get an opportunity to meet up with other senior people at the hospital's day care center. This center offers security, while allowing their talents to be put to good use. The centre's activities which generate added incomes, are donated to social causes. AbhayaAshraya at Kasturba Hospital, Mangalore, has been running an old age home for the last 20 years, providing free medical aid, drugs, diet and complete health related facilities for the aged. At this center, the sick and disabled are admitted and treated free of cost. Separate wards are provided for women, and old people are treated with complete dignity.

- **Association with Operation Smile**

Operation Smile a US based organization, works closely with the Kasturba Hospital's anesthetists and plastic surgeons and operated on over 200 children with cleft lip and cleft palate deformities, helping them smile again. The children were all treated free of cost and many of them were from rural areas.

- **11e-RMCWH -A software Tool**

11e-RMCWH -A software Tool that captures data like Registration for Family Folder, Milestone Master, Grade Master, Vaccine Master, RMCWH Master, Village Master, etc. This software is designed & developed for field and center ANM [Auxiliary Nurse Midwife] activities of Rural Maternity and Child Welfare Homes [RMCWH] of Dept. of Community Medicine, Manipal. This software helps the department to obtain a birds eye view of various dimensions of healthcare in the district.

- **Rural Health Data Management Project**

The data captured by 11e-RMCWH software could be further utilized to analyze the trends in the general health, evaluate effectiveness of health services , design health-insurance policy, provide better and sophisticated healthcare services , early screening programs , create a new market segment and improve the penetration of new healthcare policies in the respective field practice areas.

- **Arogya Card**

Manipal University introduced a non-insurance healthcare benefit card called ManipalArogya card which helped in providing quality health at an affordable cost to a large section of the society. As on 2012 ManipalArogya card is in its 11th year since inception. Through the decade of operations, the enrolments of Arogya Card have increased many fold.

Conclusion

Rural healthcare, in India, lacks the basic public infrastructure, which in turn reflects on the display status of healthcare in rural India. The failure in the public health delivery system today, is an outcome of systematic breakdown of accountability within the institutional framework. The shortfall is not only in

terms of physical infrastructure by also in terms of human resource, measured against the minimum norms prescribed by the Government. In these circumstances, the private players in healthcare, have to play a more responsible role and contribute towards improving status of healthcare in rural areas. A PPP model in healthcare delivery would make healthcare more accessible and affordable to the rural population.

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