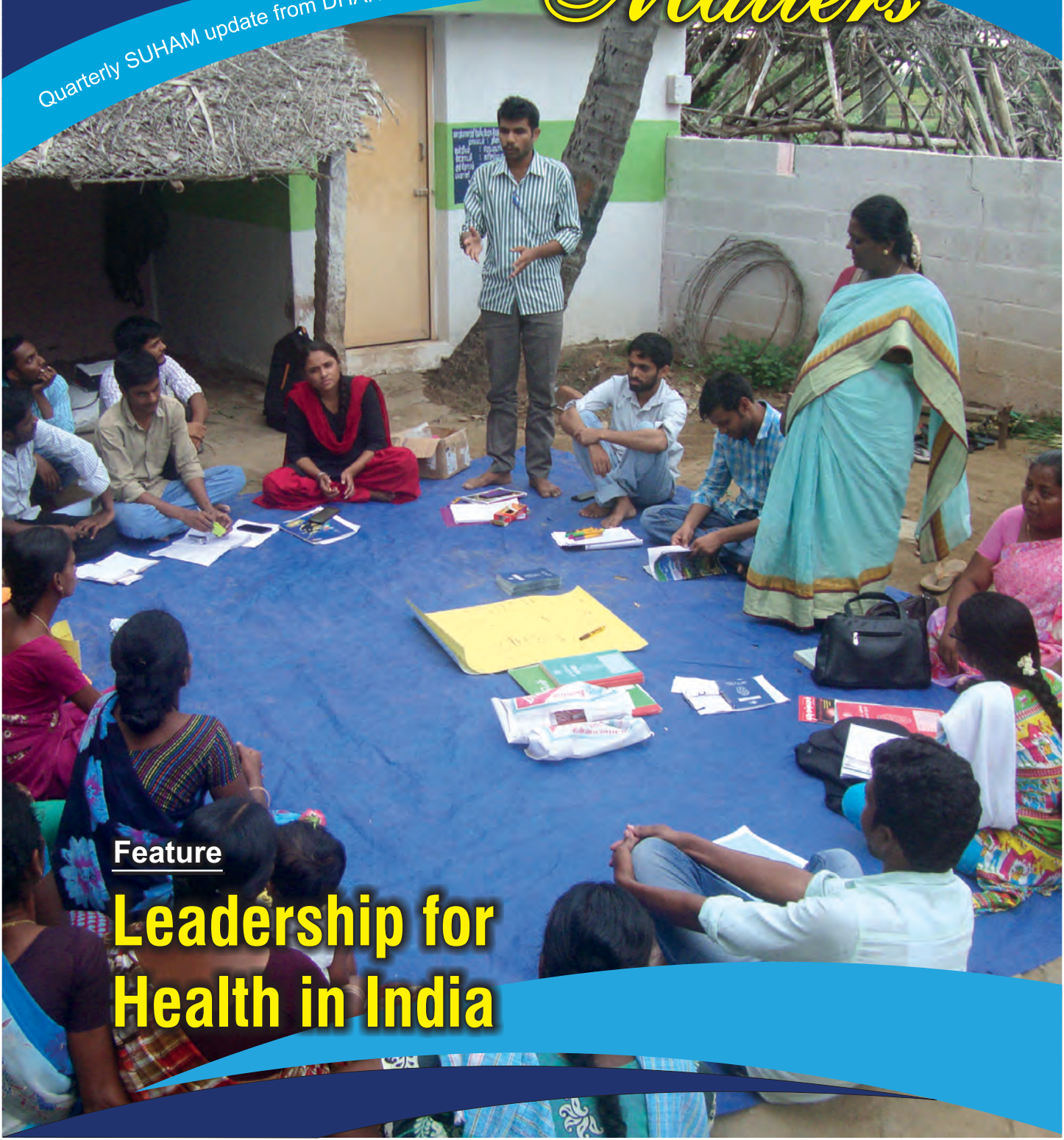
October 2019

Health Matters

Quarterly SUHAM update from DHAN Collective



Feature

Leadership for Health in India

Health Matters

Vol. 1 Issue 2 October 2019

Care during Pregnancy and the first 2 years of child's life, is called the crucial 1,000 days which influences the health outcomes. Malnutrition early in life can cause irreversible damage to children's brain development and their physical growth, leading to a diminished capacity to learn, poorer performance in school, greater susceptibility to infection and disease and a lifetime of lost earning potential. Improving nutrition for mothers and children during the 1,000 days window helps ensure children get the best start to life and the opportunity to reach their full potential. Women who are well-nourished before and during pregnancy are less likely to depart this life during child birth.

Sustainable Healthcare Advancement (SUHAM) Trust

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From the Editors' Desk

Dear Readers,

Greetings from SUHAM Trust!

SUHAM Trust is a healthcare vertical of DHAN Foundation which is a community owned programme. It is expanded with three major branches taking care of preventive, promotive and curative aspects of the programme. The major focus was towards working with the community to promote health, nutrition, sanitation and safe water literacy addressing the issues related to the health problems prevalent that could be prevented by different interventions. Since the community gets empowered through the different health interventions, it moved to the next level of having the curative care at affordable and accessible costs. In spite all the inputs that have gone in to improve the health of India's population, we are still far behind when various indicators of health status are compared globally. Besides the general barriers such as poverty, corruption, low national health budgets, and difficulty in motivating professionals to work in needy rural areas, lack of leadership for health care delivery has been one major factor. There is a need to increase the density of health workforce. What is lacking is the dynamic leadership necessary for bring about such improvements in health care delivery.

We look forward to your critical comments and value addition for the better improvement of the magazine. The readers are welcome to give their suggestions and feedback on the articles featured in the health matters. They can send their valuable feedbacks in mails to suhamtrust@dhan.org

Happy reading!

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Paradigm Shift from Home delivery to Institutional delivery in India

Camillus S. Juliana*

Prologue

The overall development of a country is incomplete without women who constitute nearly half of the human resource potential available in a nation. Special attention is needed during 15 – 44 years of women's lives since the sexual and social wellbeing is reached during this age period only. If no proper care is given during their childbearing process, it results in affecting the overall health especially the reproductive health of the women as well as the health and the wellbeing of the newborn child. In a real sense, the place of delivery is an important aspect of reproductive health care provided by the mother and the quality of care received by the mother and the newborn infant. Institutional delivery means giving birth to a child in a medical institution under the overall supervision of trained and competent health personnel where there are more amenities available to handle the situation and save the life of the mother and child. Giving birth at home is Non –Institutional delivery which has high chances of getting infected from the unhygienic environment which ends sometimes with infant and mother mortality.

Programmes for Safe Motherhood

There are many programmes in India for safe motherhood, like Child Survival and Safe Motherhood [CSSM], Reproductive and Child Health [RCH] programme and also reflected through the goals of National Population Policy [NPP], National Health Policy [NHP] and the National Health Mission [NHM]. The programme Janani Suraksha Yojana [JSY] implanted by NHM is mainly focused to reduce the Maternal Mortality Rate [MMR] and the Neo-Natal Mortality Rate [NMR] through the promotion of institutional deliveries. Under various programmes and schemes like RCH, efforts are being made to involve the health personnel for advising rural people about the advantages and benefits of the institutional deliveries. Female Multi-Purpose Health Workers (MPHW) play an important role during the pregnancy of the women and their home visits provide opportunities for close interaction with pregnant women. Accordingly, they understand the problems associated with pregnancy and provide counseling and services.

Scenario of deliveries

It was felt that childbirth is a natural phenomenon and there is no need to go to a health facility among the rural and tribal people before two decades. There were home deliveries which was decided by the different indicators like, cultural and traditional practices, easy and convenient deliveries at home, onset of labor before the expected date or precipitate labor, distance of the public health system, lack of transportation, fear about hospital, fear of surgical procedures, negative attitude of staff in health facilities, less belief on the hospital systems, services and the myth of poor quality care. Besides these, there are few cases with financial constraints and thinking that the cost of health care in the hospital is very high and overcrowding in urban hospitals. People are not aware that by delivery at home, there are more chances of getting infected from the unhygienic environment and that it is very tough and sometimes impossible to handle childbirth

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complications. In India, still in a few locations like remote tribal pockets in the part of the country, people have the practice of having the delivery at home instead of taking the pregnant women to some healthy facility. This is more common in rural areas as compared to urban areas. Institutional births result in reduced infant and maternal mortality and increased the overall health status of the mother and the child.

A paradigm shift to institutional deliveries

Appropriate delivery care is crucial for both maternal and perinatal health and increasing skilled attendance at birth is a central goal of the safe motherhood and child survival movements. Skilled attendance at delivery is an important indicator in monitoring progress towards Millennium Development Goal 5 to reduce the maternal mortality ratio by three quarters between 1990 and 2015. Mothers must deliver their babies in an appropriate setting, where lifesaving equipment and hygienic conditions can also help reduce the risk of complications that may cause death or illness to mother and child. Research consistently shows that high cost is an important constraint to service utilization particularly for the poor. Long-distance can be an obstacle to reaching a health facility as well as a disincentive to even try to seek care. Rural populations are particularly disadvantaged due to lack of transportation.

India's Child Survival and Safe Motherhood Programme (CSSM), launched in 1992, involved training of physicians and traditional birth attendants (TBAs), provision of aseptic delivery kits and expansion of existing rural health services to include facilities for institutional delivery i.e. supplying essential equipment to district, sub-district and first level referral facilities to deal with high risk obstetric emergencies (MOHFW 1997-98). The initiative aimed to improve the proportion of pregnant women receiving three antenatal visits, and the proportion of deliveries conducted by trained attendants. The CSSM gave way to the Reproductive and Child Health (RCH) programme in 1997, at which point the scope was widened to include other reproductive and child health services. The second five-year phase of the RCH programme (RCH II) is currently being initiated and contains a comprehensive newborn health strategy that includes the promotion of institutional deliveries, with cash subsidies for poor families and compensation of TBAs facilitating the process. In areas remote from facilities, improvement of home-based newborn care via auxiliary nurse-midwives is envisaged. The programme on the upgrading of Primary Health Centers was initiated in 1999 when the Survival and Safe Motherhood Program was focusing on first referral level facilities. As births receiving skilled attendance at home are a small sub-group (9.6% of all births), it was decided to combine them with other home deliveries, thus yielding a dichotomous outcome, institutional versus home delivery.

As per the NFHS 1 [1992 - 1993], 74% of the deliveries took place at home and only 34% were attended by the doctors or Nurse/midwife. The portion of the antenatal care received from the allopathic doctors was steadily increased with education from 25% for illiterate mothers to 84% of mothers with high school education. During that period, Kerala ranked first in receiving the antenatal care up to 97% and the lowest 12% and less existed in Assam, Bihar, Nagaland, Rajasthan and Uttar Pradesh. As per the survey report of NFHS 2 [1998 – 1999], the percentage of institutional deliveries at the national level was 36.3 and the deliveries with the assistance of trained professionals were about 42.3%. This included institutional deliveries with Kerala [93.0%] ranking first and the lowest, less than 15 per cent in Bihar, Nagaland and Uttar Pradesh. The results also reflected as 20 to 22% of the deliveries with trained professionals in the above mentioned three states. The NFHS 3 [2005 – 2006] reflected that births attended by a Doctor/Nurse/LHV/ANM/Health Professional were 48.8% which showed an increase from the overall institutional deliveries in NFHS 2 as 42.4% and NFHS 1 as 33%. This was made possible due to continuous effort by the government and also the non-government organizations and the institutions working for the promotion of institutional deliveries with full antenatal care during the gestation period. Strong associations between the place of delivery and community access

and household wealth are apparent, and education, region and birth order are also important influences. Institutional deliveries accounted to be 40.8% which was only 33.6% in NFHS 2 and 26.1% in NFHS 1. The results of the survey conducted for NFHS 4 [2015 – 2016] showed that institutional births account to be 78.9% which was only 38.7% from NFHS 3 with the tremendous increase of 40.2%. This was made possible because of the different maternity schemes and services of the central and state governments which were reflected as 36.7% with the financial assistance from Janani Suraksha Yojana [JSY] during 2015 – 2016. Births with the assistance of doctor/ nurse/ANM/LHV have been raised to 80.1% over two and half decades. Children born at home who were taken to a health facility for further services within 24 hours of birth also exists now to a very meager level of 2.5% only because of the awareness about the health facility.

Case Study

The case is about an interesting lady who was a traditional birth attendant who conducted more than 200 home deliveries in and around her village over forty years turned to be a change agent promoting institutional deliveries for her village people. She is Rana Kara 72 years popularly known as "Rana Mousi" married and hailing from Kasaguda village of Sorsipadar Panchayat, Semiliguda block, Koraput district, Odisha. She is from the tribal community having agriculture as the major occupation. She got married at the age of 13 years immediately after one year of her puberty to the person from the same village who was only 17 years. She had three children, one female and two male children with the gap of one year each. But it was quite unfortunate to lose all the three one by one immediately after the birth of 15 days and the male children within 7 days. She assisted her grandmother for home delivery at the age of 8 and she started to handle the delivery at the age of 10 and she felt proud that she is bringing a life into this world. She used the herbals for sedation and also during the difficulty in delivery which makes the pregnant women feel comfortable and easy. She uses the thorn from the forest shrub to do the stitching for the caesarian cases which she did for only two cases. She is also a good Radiologist who with her fingers can 'scan' the position of the baby. She makes the delivery very easy by applying the herbal extract on the abdomen and also by giving little orally. She had been practicing this for more than forty years. Due to the widespread reach of the health facilities for institutional deliveries and also the intervention by ANM/ASHA in the remote pockets, people started to move into the public health system. She also got sensitized about the institutional deliveries for safe motherhood and safe delivery, she now became the change agent in the past one decade advising the pregnant women to go to the government hospitals and stopped the home deliveries completely. But the entire communities have strong and trust in her, so she assists them in the hospital for safe delivery in the public health system for a minimum of three days and help the post-natal mother to handle the newborn and insists on colostrums feeding. She is aware of the 108 ambulance services also. She proudly says that she feels high in bringing a child to see this world and that is the blessings she has in her life. Thus, her story shows how a traditional birth attendant became a change agent in promoting institutional deliveries among the tribal communities in the not reachable zone of Koraput district, Odisha.

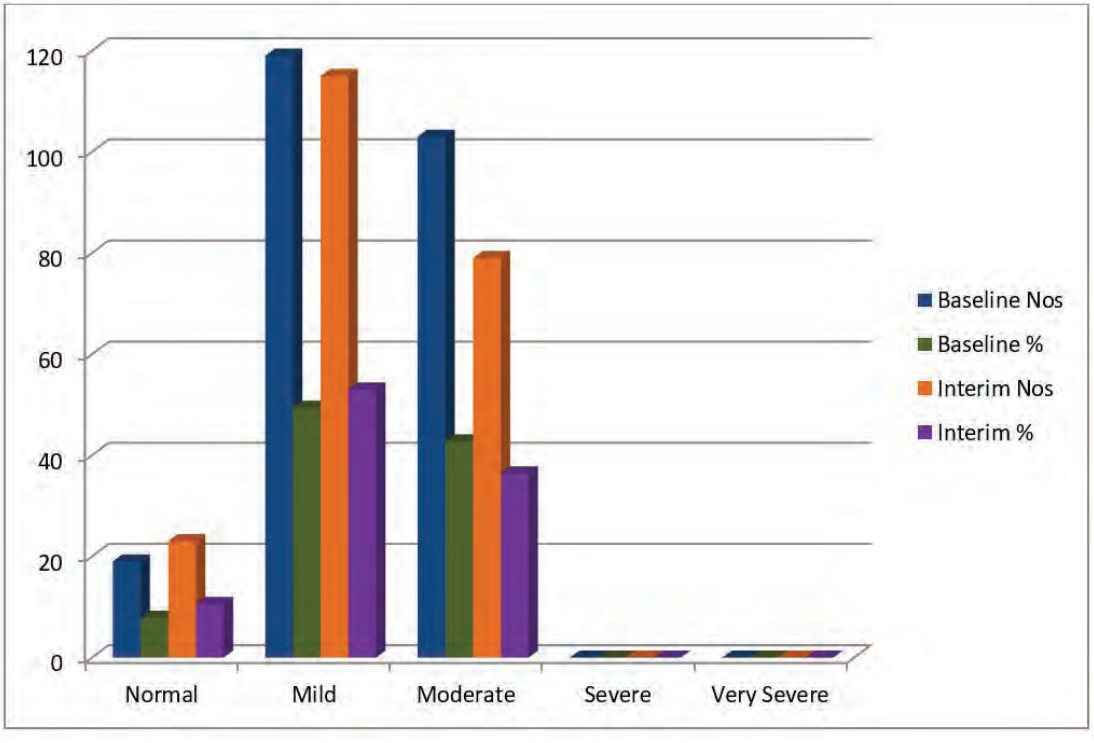
Importance of Health MIS

Dr. Jolly Abel*

Monitoring is the regular observation and recording of activities taking place in a project or programme. It is a process of routinely gathering information on all aspects of the project. To monitor is to check on how project activities are progressing. Monitoring also involves giving feedback about the progress of the project to the beneficiaries, implementers and the donor so f the project. Reporting enables the gathered information to be used in making decisions for improving project performance. Monitoring is very important in project planning and implementation. The purposes of monitoring are

- Analyzing the situation in the community and its project;
- Determining whether the inputs in the project are well utilized;
- Identifying problems facing the community or project and finding solutions;
- Ensuring all activities are carried out properly by the right people and on time;
- Determining whether the way the project was planned is the most appropriate way of solving the problem at hand.

Management Information System [MIS]: A management information system (MIS) is a system that generates minimum information for maximum utilization for Chief Executives to take timely decisions for managing the organization. Management Information System (MIS) is one of the methods of monitoring. Management Information System therefore, plays a vital role in the management, administration and operations of an organization. A MIS is a set of systems and procedures that gather data from a range of sources compile it and present it in a readable format. Managers use MIS to create reports that provide them with a comprehensive overview



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of all the information they need to make decisions ranging from daily minutiae to top-level strategy. Today's management information systems rely largely on technology to compile and present data, but the concept is older than modern computing technologies. (David Ingram). MIS refers to the processing of information through computers and other intelligent devices to manage and support managerial decisions within an organization.

Health Management Information System (HMIS) It is an information system specially designed to assist in the management and planning of health programmes, as opposed to delivery of individual health care. (WHO 2004: 3) It is a system that integrates data collection, processing, reporting, and use of the information necessary for improving health service effectiveness and efficiency through better management at all levels of health services. The World Health Organization (WHO) stated that the proper collection, management and use of information within healthcare systems "will determine the system's effectiveness in detecting health problems, defining priorities, identifying innovative solutions and allocating resources to improve health outcomes.

Steps to device a HMIS

1. Set indicators of input, process and output to measure the effectiveness of the health programme to achieve the programme or project or institution objectives.
2. Identify minimum information needed to measure each of those indicators and list the associate information required.
3. List the number of levels at which the information has to be generated.
4. List the type of records and registers to be maintained in each level. – Who will collect and who will record and maintain?
5. Type of consolidation to be done at each level -Who consolidates? – To whom and at what periodicity it should be sent
6. Plan for periodical weekly or monthly review meetings at each level – Use the consolidated report at each level and discuss on, how to get accurate information, updating information regularly and storing it using an electronic device. Use the consolidated report at each level to solve problems and take decisions
7. Device plans to generate flow of information from low level to high level and from top to bottom periodically
8. Use this information to produce Quarterly, Half yearly and Annual Reports to monitor the effectiveness of the health actions
9. Draw the Flow Chart for which the MIS is aimed for
10. Use the reports to take decisions to manage the project

Indian Government: The health care system in India is monitored by the MIES which collects information from the community level through VHN, ICDS staff …, PHC (Level 1), DHS (Level 2), State Hospital (Level 3), Country (Level 4)

Health Information Management (HIM): is information management applied to health and health care. It is the practice of acquiring, analysing and protecting digital and traditional medical information vital to providing quality patient care. With the widespread computerization of health records, traditional (paper-based) records are being replaced with electronic health records (EHRs). The tools of health informatics and health information technology are continually improving to bring greater efficiency to information management in the health care sector. Both hospital information systems and Human Resource for Health Information System (HRHIS) are common implementations of HIM.

Purpose of Management Information System

Making Decisions: The main purpose of a management information system is to make managers' decision-making more efficient and productive. By pooling information from a range of sources into a single database and presenting the information in a logical format, an MIS can provide managers with everything they need to make highly informed decisions and perform in-depth analysis of operational issues.

Collecting Information: An MIS can be developed to collect nearly any type of information managers require. They can view financial data such as daily revenues and expenses at a glance and attribute them to specific departments or groups. Performance indicators such as the timeliness of projects or the quality of products coming off an assembly line can help managers pinpoint areas of needed improvement. Staff can manage schedules for work shifts, incoming deliveries and outgoing shipments from any place linked to the MIS.

Compiling Reports: One of the most valuable features of a management information system is, the ability to pull in internal and external data from a variety of sources and present it in an easy way to analyze. Internal reports present information in a way that managers can understand, by including all relevant data and grouping data in a logical manner.

Front-line Benefits: Front-line employees can use an MIS to perform their jobs more effectively as well. For example, employees at all levels can consult an MIS to check on the status of inventory items, view stats related to their specific department or group and request internal transfers of materials.

Importance of the Health Management Information System: Management Information Systems (MIS) not only include software systems, but the entire set of organisation processes and resources that are used to pull together information from functional or tactical systems. Data is then presented in a user-friendly and timely manner so that mid and upper-level managers can use it to take the right actions. The entire system is designed so that the organisation will meet its strategic and tactical goals.

Significance: Organizations have multiple functional systems. These usually include healthcare delivery systems, community-based health programmes, financial systems, inventory systems, logistic systems and more. MIS combines information from multiple systems. This helps management staffers better understand their own departments' contributions. In many cases, the combination of data, such as health care delivery combined with available inventory, help the manager take the appropriate action in order to meet the beneficiary's needs.

Function: The primary function of MIS is to help a manager take an action, answer a question or ask the right question. The questions or actions should directly relate to tactical or strategic goals. A health project manager who uses projections from the financial systems to compare with actual health activities can better gauge whether goals will be met. If the target is not going to be met, then the manager and his group can review their past actions and make necessary changes in order to increase sales and meet goals.

Characteristics of a Good Management Information System:

The most important characteristics of an MIS are those that give decision-makers confidence that their actions will have the desired consequences.

Relevance: The information a manager receives from an MIS has to relate to the decisions the manager has to make. An effective MIS takes data that originates in the areas of activity that concern the manager at any given time and organizes it into forms that are meaningful for making decisions.

Accuracy: A key measure of the effectiveness of an MIS is the accuracy and reliability of its information. The accuracy of the data it uses and the calculations it applies determine the effectiveness of the resulting information. The sources of the data determine whether the information is reliable. Historical performance is often part of the input for an MIS, and also serves as a good measure of the accuracy and reliability of its output.

Usefulness: The information a manager receives from an MIS may be relevant and accurate, but it is only useful if it helps him with the particular decisions he has to make. For example, if a manager has to make decisions on which employees are to be cut due to staff reductions, information on resulting cost savings is relevant, but information on the performance of the employees in question is more useful. The MIS has to make useful information easily accessible.

Timeliness: MIS output must be current. Management has to make decisions about the future of the organization based on data from the present, even when evaluating trends. The more recent the data, the more these decisions will reflect present reality and correctly anticipate their effects on the company. When the collection and processing of data delays its availability, the MIS must take into consideration its potential inaccuracies due to age and present the resulting information accordingly, with possible ranges of error.

Completeness: An effective MIS presents all the most relevant and useful information for a particular decision. If some information is not available due to missing data, it highlights the gaps and either displays possible scenarios or presents possible consequences resulting from the missing data. Management can either add the missing data or make the appropriate decisions, being aware of the missing information. An incomplete or partial presentation of information can lead to decisions that don't have the anticipated effects.❑

Leadership for Health in India

Dr. Rajaratnam Abel*

Prologue

In spite all the inputs that have gone in to improve the health of India's population, we are still far behind when various indicators of health status are compared globally. Besides the general barriers such as poverty, corruption, low national health budgets, and difficulty in motivating professionals to work in needy rural areas, lack of leadership for health care delivery has been one major factor. Indians have been well known for making excellent plans, but are poor in follow up implementation. The seven decades of Indian independence have witnessed too many plans, papers and proposals giving top priority to the health issues in India. Unfortunately, despite huge economic growth, health continues to be the greatest predicament. The accessibility of healthcare as well as utilization of available healthcare facilities, especially in rural areas, continue to be poor in India. Unfortunately, the remarkable economic development particularly in terms of gross domestic product (GDP) growth rate has not witnessed similar accompanying increase in health care budgets. It has only led to growing economic disparities between the rich and the poor resulting in similar disparities between the rich and the poor with worse health outcomes for the latter. This widening gap has health, social and economic consequences for the poor.

Current Scenario

There are five groups of health problems affecting the country. Under nutrition coupled with obesity; the incomplete programme of infectious diseases; the increasing burden of non-communicable diseases (NCDs) and the advent of epidemics caused by new pathogens. Road traffic accidents with resultant deaths are also on the increase. Under nutrition has not been adequately addressed. Simultaneously obesity is being added among the well to do populations. Malaria, tuberculosis and HIV/AIDS the three most common communicable diseases continue to hover around with no sight of being brought under effective control. Diabetes appears to be growing in epidemic proportions throughout the country, besides heart diseases and cancers adding to the total burden of non-communicable diseases. The recent spate of dengue deaths, especially among the vulnerable sections of the population, laid bare the unpreparedness to handle an epidemic that could suddenly hit a state like Tamil Nadu.

Investing more in health is of utmost importance. Government expenditure on health should increase from 1.3% of GDP at present to at least 2.5% immediately and subsequently to above 4%. Shamefully, as percentage of GDP, India has one of the lowest allocations to health among all countries of the world. This leads to catastrophic health expenditure due to high out-of-pocket expenditure. This pushes a large proportion of the poor further into poverty, finding it difficult to get out of such a situation. The health system should be strengthened to improve the functioning of the existing government health infrastructure, making the health services responsive to the needs of the poor and the disadvantaged sections of the society.

Need for Health Leaders

There is a need to increase the density of health workforce. It starts with increased physician: population ratio (7 per 10 000 population) and nurses: population ratio (17.1 per 10 000 population) as against the global average of 13.9 and 28.6 respectively (World Health Statistics, 2015). The nurses: physicians ratio is also very low in India (0.6:1), as against the nurses: physicians ratio of 3:1 in some of the developed countries. That these and other interventions are necessary has been well known. They are nothing new. What is lacking is the

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dynamic leadership necessary for bring about such improvements in health care delivery.

A survey involving over 100 health care leaders, identified that there were deficiencies in perceived 'existing competency' and 'required competency.' All managers, irrespective of where or what they manage, perform four generic tasks. These include, planning, organizing, leading and controlling. Health leaders are managing at operational levels and not at transformational levels. One might get the impression that leadership is necessary at a high level of political or civil services. However, committed leaders at much lower levels of responsibility at the district and block levels could also bring about changes under their authority, without major inputs from the higher levels.

The Current leadership for health in India

Unfortunately, India is filled with transactional leaders. These leaders identify and clarify job tasks for their subordinates and instruct them to carry out what has been decided above. Creativity and innovation has no place under this pattern of leadership. Avolio and others have stated that a transactional leader determines and defines for their subordinates and suggest how to execute their tasks. What is needed for India is transformational leaders. These leaders encourage subordinates to adopt the organizational vision as their own through inspiration, thus adopting a long-term perspective and focus on future needs. Transformational leaders tend to have a holistic or comprehensive perspective approach of perceiving and implementing health care delivery.

Despite some success, health systems across the globe have struggled to improve population health. Unequal access, rising costs and paying out of pocket health expenditure for low quality health care is the bane of a country like India. It is imperative to assess the presence of critical competencies of health care leaders, that they can gainfully utilize for optimal health care delivery. Health care leaders are not endowed or equipped with requisite competencies to carry out their work. The skills they lack are; skills in finance, relationship building, human resource management and development, strategic orientation-thinking, planning, managing, initiatives, and decision making. The other required skills are in performance measurement, process management, accountability and achievement orientation shifting from a focus on inputs to a focus on outcomes or impact.

The needed change

Business as usual will not bring about any change in the health situation in the country. In the same input-oriented approach to health care delivery in the country, even doubling or tripling the health care budget to beyond 4% will not improve the health of the people. There is a need for radical change in healthcare leadership in India to witness any significant improvement in the health situation. Health is an enormously complex system in any

country. With all the paradoxes in India it is even more complex. Change cannot be made without leaders- with vision, with a respect for evidence and with the ability to inspire people. Even seemingly simple ideas for change require multiple strategies, in multiple domains and taking various stakeholders into account. Furthermore, according to Barry Bloom, systemic changes cannot be led by one leader. It is a collective effort, requiring coordination among many advanced leaders in multiple sectors in different levels of health care delivery, working towards the collective goal of improving the goal of the global population.

There is a leadership vacuum in the health care delivery system in India. The medical professionals in India do not have effective leadership. The dual role played by civil servants and the medical professionals is one major reason for this vacuum in leadership. As a young doctor working Ranchi, the then summer capital of Bihar, I witnessed the final stages of the eradication of small pox from our country. It was not the civil servants or the doctors who were given the key leadership role. The leader of the team that controlled the final assault on small pox was a dynamic Deputy Director (More powerful than a Director today) of TATA Steel, Jamshedpur. Oh yes politicians and civil servants had leadership positions without any power to decide but only to receive reports.

Just look at the professional or medical superstars of today. They are not leaders. They have become representatives of the medical industry rather being the leaders of the profession. They are recognized with various national awards not for bringing about health changes in our country, but for establishing thriving, profitable corporate structures. Although their proclaimed goal is to serve the patient, ultimately their balance sheet, return on investments and their shareholders are the primary focus.

The so-called professional organizations have been hijacked by hospital owners. Even those who are leaders of medical colleges are challenged with only meeting the routine regulatory deficiencies and without focus on any national vision. To fill this vacuum, new leadership has to emerge from the younger generation of medical and professional leaders. The need for filling this vacuum needs to be introduced to up and coming health mangers trained in different institutions of the country. Hopefully some of them will see the gaps in the health leadership and try to equip themselves and develop over time to provide the transformational leadership needed.

So, what is the direction of the leadership vacuum that needs to be filled. Listed below are some of the key areas of leadership that is crying for leaders. It is unlikely that it is going to be one leader. If a team of young leaders come together and choose to make a difference in the health status of India's population, it can be done.

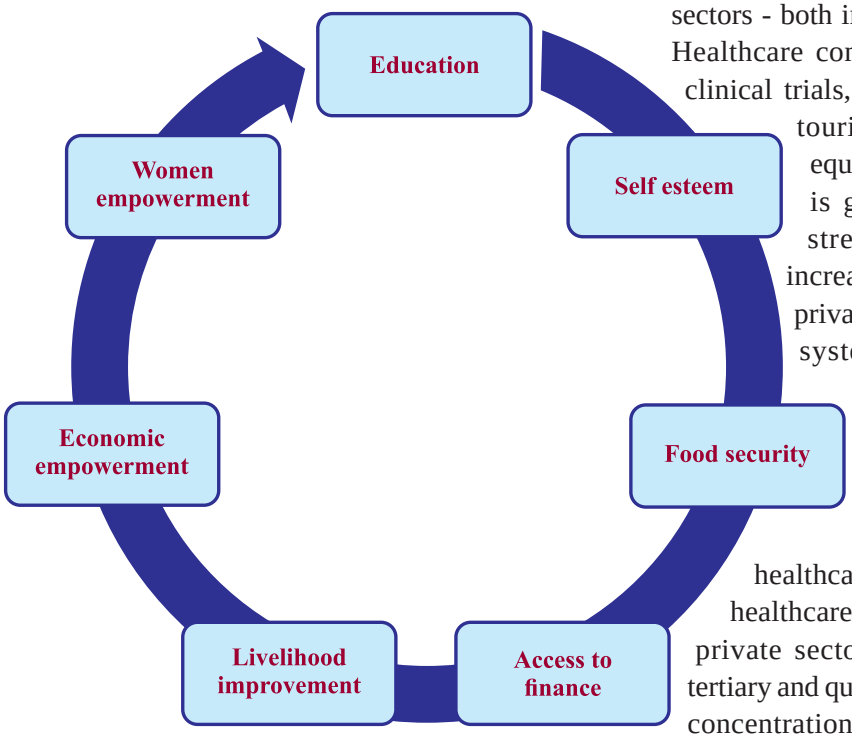
Major Leadership Challenges

- Leadership challenges in health may be summed up as below.
- Leadership that can ensure participation by different stakeholders involved in health policy and administration.
- Leadership that can ensure that the government allocates at least 2.5% of the budget in the next phase and over 4% subsequently
- Leadership in reforming and redesigning existing longstanding institutions to serve the broader areas of public health needs
- Leadership in channeling Universal Health Care through the existing political and bureaucratic systems prevailing in the country
- Leadership is needed for empowering the people through behavior change communication (BCC) on the role that they could play in demanding and utilizing the needed health services.
- Leadership in ensuring adequate access to essential health care by the poor
- Leadership in increasing the quality of health care provided by the government health system
- Leadership in making the health care services affordable by the poor.
- Leadership (Individual leaders) is needed for bringing under control each of the major uncontrolled communicable, non- communicable diseases and road traffic accidents. ❑

Scope of Skill building of women in Healthcare

G. Palaneeswari*

The comprehensive, evidence-based WHO report concludes strongly that investment in Human Resources for Health (HRH) will deliver good returns for the SDGs, women's economic empowerment, and inclusive economic growth. The High-Level Commission estimates that an investment into education, health and social services of two per cent of GDP could result in increased employment rates, of which fifty-nine to seventy per cent of the new jobs would go to women (WHO, 2016, p.25). This increases inclusive economic growth, as investment in other sectors would not create as many jobs for women, and would also perhaps increase gender inequality. WHO suggests that the health sector contributes to women's empowerment, participation in economic and political life, and reduces poverty by contributing to livelihoods. The WHO therefore takes a strong position that investment into the healthcare workforce disproportionately benefits women, as well as improving health outcomes.200 million workers contribute to the health and social sector, one of the biggest and fastest growing employers of women (70% of the workforce). Yet, half of women's contribution to global health is unpaid. Without action, health coverage expansion may be thwarted by a shortfall of eighteen million health workers. The ILO-OECD-WHO Working for Health programme in collaboration with the Global Health Workforce Network Gender Equity Hub aims to accelerate the expansion and transformation of the health and social workforce. This info point session, will explore the gender dividend and the SDG gains within grasp through investments into the health and social workforce.



Healthcare Industry in INDIA

Healthcare has become one of India's largest sectors - both in terms of revenue and employment. Healthcare comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment. The Indian healthcare sector is growing at a brisk pace due to its strengthening coverage, services and increasing expenditure by public as well private players. Indian healthcare delivery system is categorized into two major components - public and private. The Government, i.e. public healthcare system comprises limited secondary and tertiary care institutions in key cities and focuses on providing basic healthcare facilities in the form of primary healthcare centres (PHCs) in rural areas. The private sector provides majority of secondary, tertiary and quaternary care institutions with a major concentration in metros, tier I and tier II cities. India's competitive advantage lies in its large pool

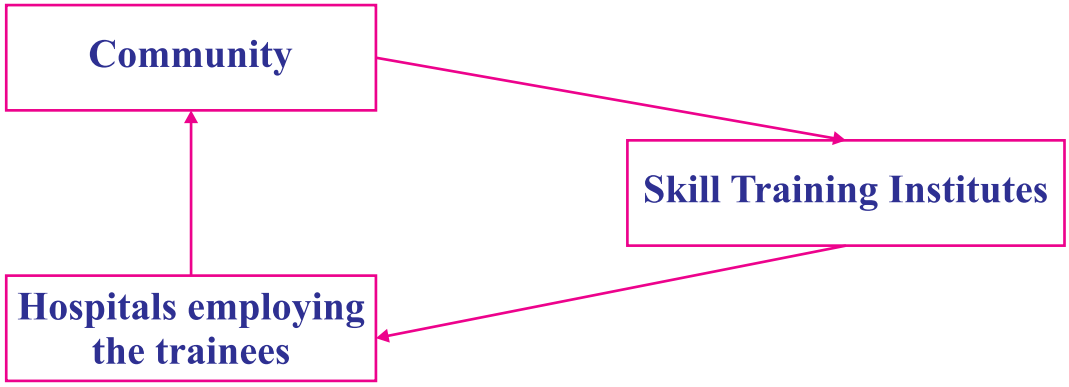
* **Ms. G. Palaneeswari,** Programme Leader, Medical Care & Diagnosis, SUHAM Trust, Madurai

of well-trained medical professionals. India is also cost competitive compared to its peers in Asia and Western countries. The cost of surgery in India is about one-tenth of that in the US or Western Europe. The healthcare market can increase three-fold to Rs 8.6 trillion (US$ 133.44 billion) by 2022.India is experiencing 22-25 per cent growth in medical tourism and the industry is expected to reach US$ 9 billion by 2020.

There is a significant scope for enhancing healthcare services considering that healthcare spending as a percentage of Gross Domestic Product (GDP) is rising. The government's expenditure on the health sector has grown to 1.4 per cent in FY18E from 1.2 per cent in FY14. The Government of India is planning to increase public health spending to 2.5 per cent of the country's GDP by 2025.The hospital and diagnostic centers attracted Foreign Direct Investment (FDI) worth US$ 6.09 billion between April 2000 and March 2019.The sector with a $100 billion remittance is the largest employer in the world. There is a huge opportunity in healthcare sector as World Bank predicts a shortage of 80.2 million workers by 2030 globally and India will need 2 million doctors and 6 million nurses by that time. Healthcare sector is also by far the largest employer of women workforce in the world. A recent survey by Boston Consulting and CII states that Indian healthcare sector will generate 40 million new jobs by 2020.

SUHAM Institute of Health Sciences (SIHS) – on the road to reach Women empowerment

SIHS is an Institute affiliated with BSS (Bharat Sevak Samaj) initiated by SUHAM (Sustainable Healthcare Advancement) trust during the year 2012. It is running with the value of providing Excellence in Health Education. SUHAM Trust is having its SUHAM specialty hospitals from 2008.Getting qualified health resource is very difficult even with the high cost. Sometimes value, attitude and care are the attributes that were missing with highly qualified human resources. On another side it needs to give career guideline to adolescents and encourage them not to discontinue their education and avoid early marriage. Altogether idea is to promote an institute mainly to provide qualified, value based and skilled persons into the health sector by skill training through the institute. SIHS was registered in 2012 and it tends to attract many aspiring young people to continue their education at a very low cost. Through this they could become the bread winner of their family and get their livelihood immediately after their course completion. Following are the unique feature of this institute which makes the institute different from others in the field.



Goal is to triangulate these three shareholders and empower them with economic empowerment and making them to come out of poverty

1. Full one-year class room session with proper curriculum and books
2. Class room segments with direct training from doctors and expertise from the domain.
3. Practical sessions in the hospital premises.
4. Hospital practice segment (HPS) linked with more than 25 hospitals.
5. Ensuring 100% placement after completion of the course.
6. Great opportunity for the under privileged with affordable course fee.
7. Stipend for HPS segment.
8. Skill building trainings given to empower with multi-tasking skill.
9. Reaching out to the students at the doorsteps of schools in villages.
10. 100 % scholarship for poor students through community federations.

Challenges in the sector

- Discontinuing education during the training because of marriage proposals and personal constraints.
- Providing education in the sector at a lower fee hinders the expansion of the institute but accommodated with support from hospitals.
- Lack of qualified Tutors available to take care of the students.
- Focusing on communication skills and language
- Creating a working atmosphere in other hospitals during Hospital Practical Segment.
- Grooming them as multitasking person because students are from varied and diversified family backgrounds

The courses offered in SUHAM Institute of Health Sciences are

1. Medical Laboratory Technician (One Year)
2. Operation Theatre Technician (One Year)
3. Diploma in Patient Care Assistant (Two Year)
4. Pharmacy Assistant (One Year)
5. ICU care Technician (one year)
6. X-ray Technician (one year)

During the last seven years of experience, were able to create impact on more than 150 poor families by way of providing them with a livelihood education, meaning that education provides them with livelihood for them. The students were gaining confidence, discontinued education earlier was completed, and early marriages were avoided and stopped. In some cases, deserted women or widows got life after this education. In most of the families, the graduating students became the main earning person and supported their younger ones for continuing their studies. With the growing demands we need to get the support for improving the infrastructure, free food for the poor students and sponsors for capable students who do not even have the minimum fees support. Now admission increased from 8 to 48 and demand for the staffs increased to 100 this year. ❑

Golden 1000 days care:

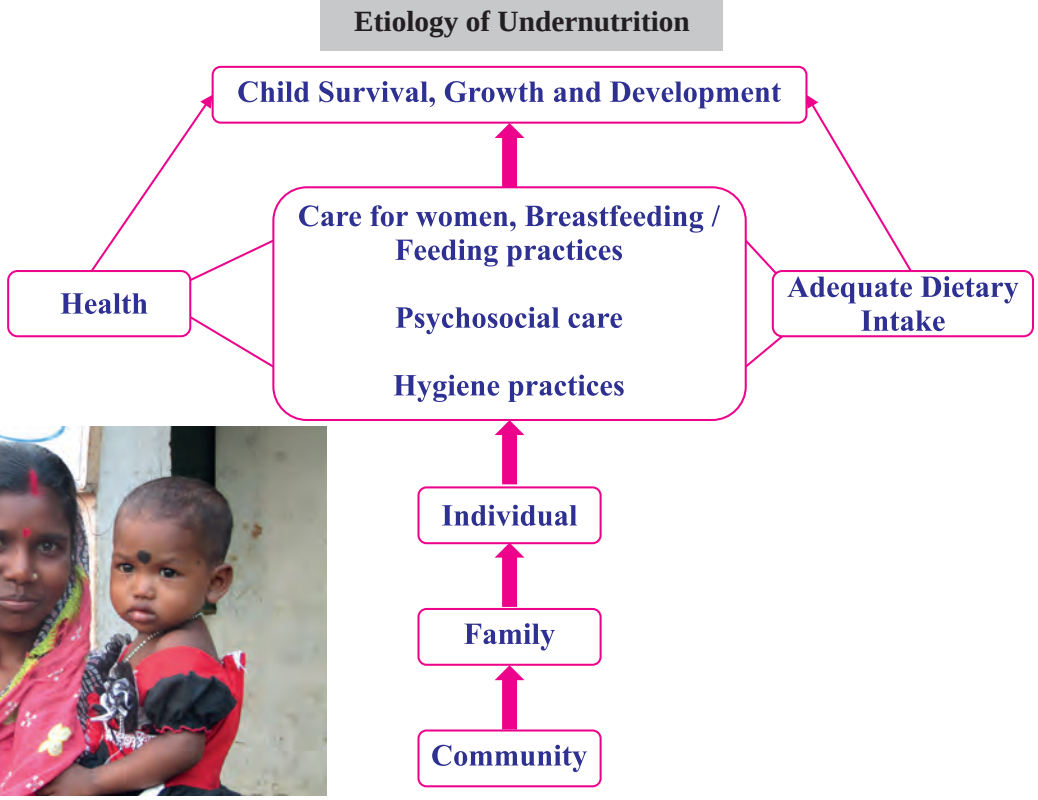
An opportunity to address malnutrition

R. Rajapandian*

Status of Malnutrition in India

Malnutrition, includes under nutrition (wasting, stunting, underweight), inadequate vitamins or minerals, overweight, obesity, and resulting diet-related non-communicable diseases. Globally, 45 per cent of under-five deaths can be attributed to under nutrition. India stands on 128th place (174 per 100,000 live births – World Bank 2015) in ranking maternal mortality and 179th place (39.1 per 1,000 live births – The World Fact Book 2017) in infant mortality rate comparing various countries across the world. Out of the total 150.8 million stunted children in the world, India is home to 31 per cent of them, while half of all 'wasted' children across the globe are also in India, says the Global Nutrition Report 2018. There are 46.6 million children in our country who suffer from stunting (impaired growth or low height for age) — a result of poor nutrition intake in the long term and repeated infections. India is also the country with the highest number of children who are 'wasted' (low weight for height, indicating severe weight loss), an even more severe indicator of acute malnutrition. India has 25.5 million children who are wasted — out of the 50.5 million children who are wasted globally, or half of the global wasting burden. In India 44% of children under the age of 5 are underweight. Around 72% of infants and 60% of children are anaemic.

The Problem and Cause



* R. Rajapandian, Chief Executive, SUHAM Trust

The intra-uterine months and the first two years post birth are the most critical and significant periods of human growth and development. Adverse environmental conditions at these stages such as the lack of appropriate nutrition, health and care are likely to have irreversible impacts on the overall growth and development of the individual. Low Birth Weight (LBW) a birth weight of less than 2500 grams and stunting, a height two standard deviations below the reference median at 3 years of age are comprehensive markers of such chronic deprivation. Children that survive these developmental 'insults' are subject to increased risks for mortality and morbidity throughout life, as well as to poor physical and cognitive growth and development. India bears a disproportionate share of the world's malnutrition burden with almost 33% of its babies born with low weight at birth, approximately two-thirds of which results from growth retardation in the womb (with has particularly devastating sequelae) rather than prematurity.

The causal pathways to Low Birth Weight are complex, with female nutritional status across the life cycle, especially during vulnerable periods of early childhood, adolescence and pregnancy being a critical variable. Nutritional status in-turn is a function of the circular relationship between nutrition and infection, thereby creating a vicious cycle, which is further mediated by contextual social, economic and behavioral dynamics. For instance, the practice of behaviours relating to colostrum feeding, exclusive breast-feeding and complementary feeding which play an important role in avoiding stunting is deeply embedded in the social, cultural and economic milieu.

1000 days care

Care during Pregnancy and the first 2 years of child's life, is called the crucial 1,000 days which influences the health outcomes. The right nutrition during these 1,000 days window, has a profound impact on a child's ability to grow, learn and thrive—and a lasting effect on a country's health and prosperity. That is why it is critical that women and children get the right nutrition during this time. Malnutrition early in life can cause irreversible damage to children's brain development and their physical growth, leading to a diminished capacity to learn, poorer performance in school, greater susceptibility to infection and disease and a lifetime of lost earning potential. It can even put them at increased risk of developing illnesses like heart disease, diabetes and certain types of cancer later in life. The impact of poor nutrition early in life has lasting effects that can transcend generations. This is seen throughout the world as malnourished women give birth to malnourished daughters who grow up to become malnourished mothers in the future, thereby perpetuating the cycle. The damage done by malnutrition during the first two years of a child's life translates into a huge economic burden for countries, costing billions of money lost in productivity and avoidable health care costs. But by focusing on improving nutrition during the critical first 1,000 days, most of the serious and irreparable damage caused by hunger and malnutrition can be prevented.

Important to invest in first 1,000 days

Improper care during 1000 days care leads to malnutrition in children under two years. The new World Bank report (2011) says that stunting in 6 to 24 months of age could be reduced through focusing on adequate feeding, timely health care and environmental health & hygiene. Improving nutrition for mothers and children during the 1,000 days window helps ensure children get the best start to life and the opportunity to reach their full potential. Investing in better nutrition during the first 1,000 days also saves lives. Women who are well-nourished before and during pregnancy are less likely to depart this life during childbirth. And by ensuring that mothers are able to breastfeed and babies get only breast milk for the first six months of life can help to save the lives of almost one million children. Leading scientists, economists and health experts agree that improving nutrition during the critical 1,000 days window is one of the best investments we can make. In fact, every rupee invested in improving nutrition in the first 1,000 days yields a return of better health and economic productivity. There is no

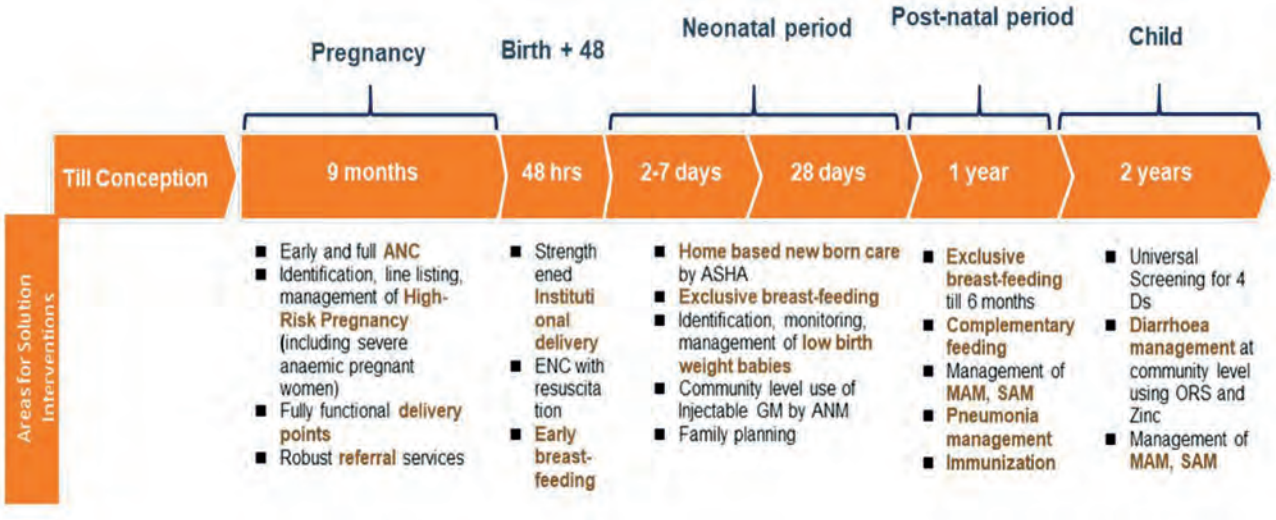
better investment we can make to secure the future of children, families and nations. Appropriate infant and young child feeding practices even in the highest wealth quintile are extremely poor. This indicates that under nutrition in India is not a poverty or food insecurity issue alone, and that child care and feeding information and awareness play an important role. Effective interventions, which cover the three critical determinants, when provided at scale during the first 1,000 days of life, can reduce stunting and improve under nutrition significantly.

Outcomes from the investment made in first 1,000 days

- Builds a child's brain and fuel their growth
- Improves a child's school-readiness and educational achievement
- Reduces disparities in health, education and earning potential
- Reduces a person's risk of developing chronic diseases such as diabetes and heart disease later in life
- Saves more than one million lives each year
- Boosts a country's GDP by as much as 12%
- Breaks the intergenerational cycle of poverty
- Intensification of 1000 days care builds resilient generation

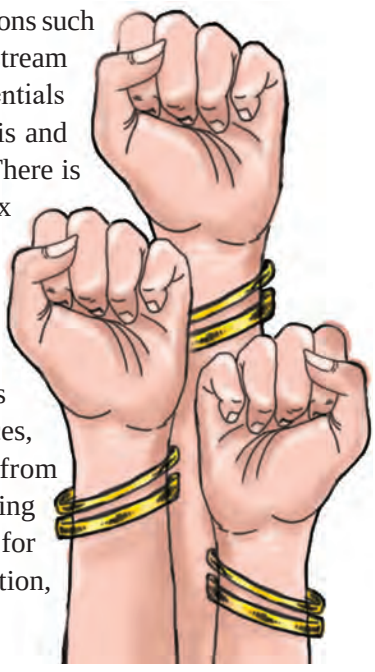
What to do for ensuring care for health and nutrition?

Given the community level behavioral determinants of undernutrition, interventions with communities in the form of behavior change communication to substantially impact the nutrition and health practices of women and children are essential. The public health system and the ICDS are mandated to provide the required package of services to address health and nutrition during critical stages of the lifecycle. However, due to significant gaps in the delivery of these services, knowledge and practice of relevant health and nutrition behaviours at the individual, household and community levels are not favourable. While intervening to improve the effectiveness of delivery systems is crucial, equally important is the active involvement of the individual, family and community to improve the nutritional status of the mother and child. It has the potential to not only change health production at the household level but also increase uptake of available health and nutrition services. Various community level organisations such as panchayats, village level cooperatives and self-help groups (SHGs) potentially can play a crucial role in catalyzing change in maternal and child nutritional status in the community. Policy level decision could steer the performance of each stakeholder and forum to discuss the issues and challenges and derive solutions for effectiveness. The success of indicators shown in the above table must be achieved periodically.



Madurai Symposium, 2019 – SUHAM Events – Knowledge Brief

Convention on "Women Empowerment for Healthy Society"



The Self-Help Groups provide good platform to integrate development interventions such as healthcare, education, etc. The intensive linkage between SHGs and mainstream institutions would bring significant health outcomes. The SHGs have great potentials to promote own hospitals, generic pharmacies, laboratories for early diagnosis and promote health seeking behavior among the poor women and their families. There is a need for legal entity to take care and sustain the initiatives and handling tax formalities. The registered SHG federation which is a charitable trust cannot handle tax formalities. There is a need for exclusive institution to facilitate access to health, nutrition and sanitation services among 4000 to 5000 families at block level. The commandments are to be followed to promote and sustain SUHAM (healthcare) Federations which majorly focus on leveraging resources from mainstream institutions, establishing health linkages for accessing services, creating complementary health structures for sustainability, raising funds from donors, promoting exclusive health governance and health insurance, advancing credit portfolio and design contextual health interventions. The scope is high for empowering women, girls and children through physical, mental health, nutrition, sanitation and hygiene.

Workshop on 'Women Well-being through Access to Safe Water and Sanitation'

The benefits of having access to an improved drinking water source can be fully realized only when there is provision for access to improved sanitation and adherence to good hygiene practices. Beyond the immediate, obvious advantages of people being hydrated and healthier, access to water, sanitation and hygiene – known collectively as WASH – has profound wider socio-economic impacts, particularly for women and girls. Unsafe hygiene practices are widespread, compounding the effects on people's health and also child mortality. Women play a vital role to address these issues as volunteers who join hands with government to take up the safe water practices and in creating open defecation free environment. Women participation in large numbers in the construction of Rain Water Harvesting structures in the rural schools is also gaining momentum. Challenges in open defecation free (ODF) are non-availability of space and rental home without toilet and such challenges are to be addressed for improving sanitation in rural areas by evolving an innovative mix of grant and loan products. To achieve 100% ODF status the change should start from the individual and the household and then the national goal of Clean India is certainly attainable.

Seminar on "Empowering girls through Skill Building on Healthcare"

As healthcare industry in India is growing, there is very high demand on the skilled work force especially women. The studies and reports express that 70-80 % of workforce in healthcare are women. This seminar helped to discuss about the scope and opportunities of skill building in healthcare industry towards empowering the girls and women socially and economically. The comprehensive evidence – based WHO report concludes that Investment in Human Resource for Health will deliver good returns for the SDGs (Sustainable Development Goals), Healthcare has become one of India's largest sectors - both in terms of revenue and employment. Healthcare comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment. India's competitive advantage lies in its large pool of well-trained medical professionals. The issues and challenges related to the aspects can be overcome through different level of education, creating good environment, timely food with proper psychological approach. The impact on skill building was emphasized through sensitizing the right age for marriage, decision making at household level and workplace, social behaviour and exposure to outside world, improvement in communication skills, strengthen them mentally to face challenges and issues in life and able to guide others.

Convention on "Empowering mothers to build healthy generations: A 1000 Days Care Approach"

Health is wealth, especially the health of women is important for well-being of the family. Adolescent girls, pregnant women and Post Natal Mothers are highly prone to health risks. Higher order birth, frequent conception without proper gaps are the major issues among the poorest of the poor, Such higher order birth make mother to become malnourished which implies the mother and also the child at the risk resulting in increase of IMR and MMR. The government is insisting to have the family planning either by the permanent or in a temporary method. Dr. Muthulakshmi Reddy Maternity benefit scheme introduced by the State for the families with maximum two children in economically poor section is given an amount of Rs.18000 rupees for the mother in three phases. The care to be taken for the first 1000 days from the day one of the pregnancy confirmation up to 24 months of the infant is considered to be very crucial. The early marriage leads to early conception resulting in Low Birth Weight with poor cognitive development affecting the future generation. Declaration of the government made them to plan to conduct many awareness and health camps by focusing on the specific 1000 days of the mothers. In addition to that, the "Poshan Abhiyaan" is the scheme aims at nutrition among the mother and child.

Seminar on "Showcasing experiences of Nutrition Security for Girls and Women"

Rejuvenating, retrieving traditional and good nutritional practices are the way to achieve nutrition security. When food becomes scarce, hygiene, safety and nutrition are often ignored as people shift to less nutritious diets and consume more 'unsafe foods' which pose the health risk. Nutritional Security was addressed through setting up household level Nutrition Garden Programme and promotion of consumption of small millets at the households gain momentum in many field locations of DHAN. Anaemia among adolescent girls and diabetes among all sections of community gets addressed by consuming iron rich foods and small millets for a healthy living. Women and girl's nutrition, in addition to diet shall be focused with passion. Change in eating habits directly reflects in one's malnourishment. Gender discrimination in feeding practices is seen as the disturbing factor which hinders the development aspects. There should be changes in mindset, behaviour and practices related to feeding starting from breast feeding among young mothers. Retrieval of traditional food practices and consumption of green leafy, fresh vegetables will ensure nutrition security at the household level.

Workshop on "Reducing Violence Against Women (VAW) through De-Addiction Intervention"

The implications of alcoholism and drug usage among men and the youth are escalating which results in violence against women, adolescent girls and children. Alcoholism eats away the peace and pleasure in the family. Alcoholism not only impacts the family but also the entire society. Sexual harassment is one of the daring expressions of alcoholism. Indeed, psychological depression is the major implication of alcoholism which can be addressed with love and care without stigma and discrimination. Alcoholism is treatable and there is an immense scope to bring the addicts back to normal life. Everyone should take the responsibility by adapting an addicted family and work for them. The government is expected to give due attention for the families who are all getting services through De-addiction centers. As part of 150th year celebrations, Gandhian principles and values are to be integrated with the de-addiction programmes. Women being the driving force of a family, she has greater role to educate her family members about ill effects of alcoholism.

Round Table on "Alcoholic Anonymous for Women Empowerment"

Women break out emotionally, sad and depressed on their spouse addiction to alcohol. Men took drinking as a social status inherited by culture. On de-addiction women are the major change agents. Alcoholic Anonymous (AA) groups play the major role for effective de-addiction. Post de-addiction most are not associated with AAs, and hence are relapsed. Madurai have 27 AA groups, but AA has not gone in rural areas of Madurai district. Strategies and mechanisms can be worked out through collaboration for promoting more AA's to maximize the success percentage of de-addiction. The AAs groups are like 'Suyambu'-initiated by self-intuition and not on

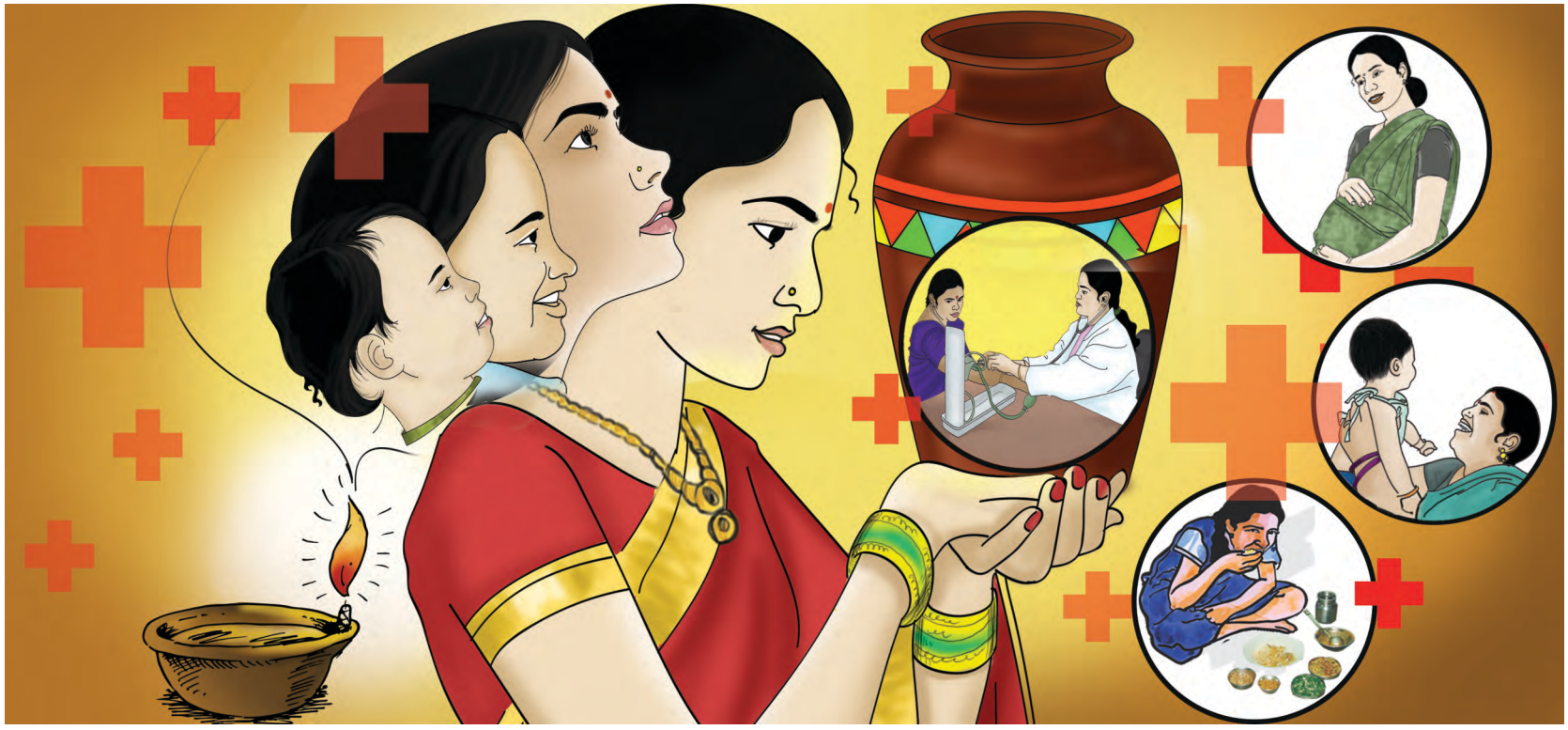
other insistence. These groups will focus on prevention, promotion, curative and eradication of alcoholism from life. Drinking is a disease that can be cured by sensitizing the community. The family members should understand the situation and give enabling environment to the addicts and encourage them to attend AAs meetings. Behaviour Change Communication strategies combined with family environment could make de-addiction process a success.

Workshop on "Role of women in Eye care"

The model of women empowerment through the nursing course of Aravind eye care hospital has been showcased. Generally, women who are involved in offering health services are mostly the doctors and nurses. The women nurses working in Aravind Eye Care systems prove their working in tandem with ophthalmologists increases the efficiency of the doctors. Another community development initiative of Aravind Hospital is the production of eye care accessories like lenses. Women are being trained in the production and quality testing of the lenses which are on par with the International Standard. Vision Centers of Aravind is one of the mile stone initiatives towards women empowerment. Each vision centre is operated by two trained women. The Vision Centers are reaching out more women in the villages to make easy access to avail eye care service with quality. DHAN and Aravind hospital are travelling in the same path for the development of the community in Health care.

Workshop on "Empowering women through Holistic Development: HCL Consortium Way"

The convergences and partnerships are recognized at HCL Foundation as very vital and/or indispensable to socio-economic growth, as enlisted as one of the SDGs (Sustainable Development Goals). HCL Foundation works towards the key interventions to alleviate poverty and achieve inclusive growth and development. The Women Empowerment is expressed in its work and active engagement of community through Life Cycle Based, Integrated Community Development Approach with a thematic focus on Education, Health, Livelihoods & Skill building. The Consortium of HCL with development organization in and around Madurai city works with different age groups of women and children on different development agenda. The collective action of HCL consortium partners is expressed in leveraging services and programmes from mainstream institutions while working as a consortium towards achieving holistic development of women. Multi-dimensional cum integrated approach provides space for empowering women at higher level. There is a need for developing resilience among the community to handle the potential problems like psycho-social, mental health and non-communicable diseases. ❑



Overall mental growth and cognitive development is achieved through life cycle approach

Photo Story of Odisha Tribal Village

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Healthcare Initiative of DHAN Foundation

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