



Policy Options for Sustainable Holistic Health care Intervention:

Insights from a PPP experiment¹

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Introduction

India's traditional health care systems have always emphasized a holistic approach to healing that is in line with the widely quoted definition of Health by the World Health Organization (WHO) - 'a complete state of physical, mental and social well-being and not merely the absence of disease or infirmity'. India has a rich heritage of traditional medicine with the traditional health care systems thriving through ages. The systems of medicine - both of Indian origin and other countries - acclimatized and assimilated in to the Indian cultural landscape form Indian Systems of Medicine (Prasad, 2002). The Indian healthcare system is one of the world's largest community-based indigenous systems of medicine with six recognized systems of medicine - Ayurveda, Siddha, Unani, Yoga, Naturopathy and Homoeopathy (Rajeev, 2012). In this regard, the WHO which has taken a keen interest in the traditional systems of medicine has been globally promoting the traditional Medicine Program of WHO through several perspectives ranging from cultivation of herbs, manufacturing, dispensing, preparation of guidelines for common masses in traditional systems of medicine. Further, the Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH), Central Council of Research in Ayurveda and Siddha, and numerous other collaborative centres of WHO in India have been allocated Appraisal Project Work and Direct Financial Cooperation projects aimed at strengthening these traditional systems as evidence-based systems of medicine for global acceptance.

AYUSH

The Ministry of AYUSH promotes the concept of AYUSH Gram⁴ (village) as part of expanding the healthcare interventions through Indian streams of medicine. Intervention is promoted under the central scheme 'AYUSH and Public Health' concept. AYUSH Grama project in Karnataka is a unique Government sponsored program on a public-private partnership (PPP) basis, designed to bring cost-effective and affordable health care systems to the general public. The specific objectives underlying the programme include the enhancement of health

indicators, avoidance of diseases, promotion of healthy lifestyles, training in the preparation of home remedies for common ailments, promotion of yoga, meditation and nature cure, conducting specialized therapies like Panchakarma and Ksharasutra procedures, prevention of communicable, non-communicable and local endemic diseases, research and training for capacity building of those involved in the programme. Under AYUSH Grama project, a total of 10 Grama Panchayats from 9 districts have been selected with 10 different Non-Governmental organizations being engaged in implementing the programme. All these organizations were known for addressing health issues using traditional methods. In this policy brief, we have focused on Dr. Mathai's Rural Holistic Medical Centre (DMRC), SOUKYA Foundation's intervention in improving community health care under Jadigenahalli GP, part of peri-urban Bengaluru.

DMRC, SOUKYA Foundation's Intervention through AYUSH

Government of Karnataka, with the support of Department of AYUSH, Ministry of Health and Family Welfare and SOUKYA foundation⁵, established a Health Care Centre in Jadigenahalli, Hoskote Taluk, Bangalore Rural district, located at a distance of 32.3 kms from Bengaluru city. The DMRC, SOUKYA Foundation started working from 2012. Our study aimed at (i) analyzing the impact of DMRC, SOUKYA Foundation's intervention on improvement of Public Health; (ii) identifying key challenges in improving public health in the context of AYUSH programme; (iii) providing a way forward for a sustainable approach towards integrating health care and environment. Based on the secondary data available with DMRC, SOUKYA Foundation, discussions with doctors were held followed by a pilot study. Both structured and semi-structured survey instruments were designed for a primary survey and group-level meetings.

Primary data was collected from households using a structured questionnaire related to socio-economic aspects, AYUSH activities, preferences, perceptions of health care centres, access to health care, water

¹ This paper is part of a larger study carried out in Jadigenahalli Grama Panchayat, Hoskote Taluk by CEENR with a focus on Ecology, culture and Health during Dec 2013-May 2014 and updated recently. We acknowledge the contributions of research staff - Hemalatha B.R, Poornima S and Rashmi K.P

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⁴ AYUSH Gram is a concept where one village per block is selected for AYUSH interventions of health care.

⁵ SOUKYA Foundation Charitable Trust was established in Bangalore by Dr. Issac Mathai in 1996 for extending quality treatment free of cost to the masses.



resources, sanitation and hygiene, food and addicted habits, user satisfaction, medicinal plants growing and usage as part of receiving a systematic feedback and assessing the implications. Focused Group Discussions were held with ASHA⁶ workers, SHGs, Youth organizations, village leaders, School teachers. Stratified random and purposive sampling methods were adopted for capturing perceptions.

Responses were collected from a total of 102 households (10% of the sample). The representation was further segregated based on the number of follow up visits made by patients to DMRC, SOUKYA Foundation. 70% of the sample was drawn from >10, 5-10 and 2-5 follow up visits respectively and 30% from one-time follow up and one-time visit.

DMRC, SOUKYA Foundation's Activities: Health Care Approach

The patients are treated based on their symptoms through various approaches - (a) Homeopathy; (b) Homeopathy and Ayurveda; (c) Homeopathy, Ayurveda and Yoga; (d) Homeopathy, Ayurveda, Naturopathy, Yoga.

Health Care Activities⁷

There are 22 activities as per the design of AYUSH Grama and are described briefly. Providing Panchakarma and Naturopathy treatments are chargeable; however, the cost of treatment provided is 20% less than the normal price. *Ksharasutra* is a treatment for patients suffering from Piles and Fistula.

Balopachara (Paediatric Care) is a treatment provided for children aged below 12 years with homeopathic medicine for improving immunity and providing nutritional supplements. *Mother and Child Care* programme focuses on maternal health and neonatal care of infants by providing medical kits, advice on life style changes with respect to nutrition, *Pranayama* (Breathing exercise) and *sukshayama* (Finger loosening, eye and head exercise) as part of promoting natural birthing.

Prevention of Viral Diseases focuses on Dengue, Chikungunya, etc. Trainings are conducted for creating awareness regarding cleanliness and personal hygiene besides preparation of natural mosquito repellents from locally available plants - Neem and marigold plants. *Vector Borne Disease prevention* aims at creating awareness regarding vectors, vector-borne diseases and associated complications, measures to control and the significance of cultivation of medicinal plants like Marigold, Eucalyptus, Tulasi around houses as part of preventing the spread of mosquitoes. Providing training in the preparation of home based repellents using ingredients like Bajee, Vidanga, camphor, cow dung, cow urine, arka.

AYUSH Grama promotes de-addiction⁸ programmes by creating awareness and providing homeopathic medicines. The addicted people are identified during personal visits by Doctors and ASHA workers. Alcoholic patients who take the initiative and visit DMRC, SOUKYA Foundation are treated in the hospital, while some unwilling patients are

treated by doctors through personal visits and persuasion. *Geriatric Care* is about providing treatment to the elderly population. Special Medical Camps are conducted for treating the elderly. *Yoga Therapy* is conducted on every day basis.

Livelihoods

With regard to *Survey of Rare and Endemic Trees DMRC*, SOUKYA Foundation team has identified 15 endangered species cultivated near its health centre, a demo farm. As regards *Cultivation of Medicinal Plants*, DMRC SOUKYA Foundation has seen a low response due to water scarcity and constraints in adapting to new cultivation options. Regarding *Home Remedies Program*⁹ DMRC, SOUKYA Foundation's role has been to educate people in the use of local herbs and spices for preventing minor illnesses at affordable costs. ASHA workers impart this knowledge through conducting training programs. *Herbal and Kitchen Gardens* – Promotion of herbal and kitchen gardens ensures daily nutritional requirements. This programme has been well received and practised.

Educational Activities

School Health (School yoga) yoga classes are part of the curriculum in schools. In fact, yoga classes conducted by DMRC, SOUKYA Foundation, have reinforced and strengthened the programme with a focus on theory in terms of explaining different types of asanas (postures) and their associated benefits, thus making it interesting to children. Pranayama and Surya Namaskar are taught as part of improving children's fitness, health, stamina and concentration levels. Yoga program is popular as it has helped improving the health status of children besides influencing even parents to learn yoga. *Health and Hygiene* - In all schools, DMRC, SOUKYA Foundation promotes health and hygiene practices. *Check-ups at Anganwadis*¹⁰, focus on preventing mortality among children through conducting monthly check up programs in Anganwadis. Children are made to undergo malnutrition, physical growth, anaemia, and respiratory ailment tests. Later, children diagnosed with ailments are treated with Ayurveda/ Homeopathy medication and monitored regularly.



Yoga practice in Schools, Jadigenahalli village

Awareness Creation

DMRC, SOUKYA Foundation has adopted different approaches towards creating awareness regarding their purpose. To build confidence among people about the AYUSH approach, they have made announcements, distributed pamphlets and banners. Besides this, they conduct free medical camps where they screen patients for various ailments, including Diabetes, Hypertension etc and provide medication accordingly.

⁶ Accredited Social Health Activists (ASHAs) are community health workers instituted by the Ministry of Health and Family Welfare, Government of India, under National Rural Health Mission.

⁷ Section inputs are based on Soukya Foundation data and discussions with doctors

⁸ Addiction is defined as a chronic relapsing disorder found among people abusing substances like cigarettes, alcohol, rave drugs, and medical drugs

⁹ Home remedy treatments to cure diseases with commonly available spices, vegetables, herbs, plants.

¹⁰ Indian government started Anganwadi in 1975 as part of the Integrated Child Development Services program to combat child hunger and malnutrition for children aged between 2 to 5 years.

Announcements and Medical camps have made a huge impact in terms of creating awareness. They have also trained and engaged ASHA workers in promoting programs of DMRC, SOUKYA Foundation. Neighbours are also playing an indirect role in promoting awareness by sharing their views and confirmatory experiences (Manasi et.al, 2016).

Key Findings

Patients Visiting DMRC Soukya Foundation

The number of patients visiting DMRC, SOUKYA Foundation shows a mixed trend across months/villages. A large number of people visit health camps for availing themselves of the benefits for simple ailments. Follow-up visits for medical care by patients depend on the type of ailments – chronic or common ailments - which account for varying trends. Largely patients have experienced positive results from homeopathy treatment; 41% have got partially cured and 32% fully. Several patients have been able to see improvements in their health status with life style changes combined with medication.

Patients' Preferences

DMRC, SOUKYA Foundation's intervention appears to have been welcomed by the community, as patients get due attention in terms of time, free checkups and medicine. There are 3 Private clinics and 1 Primary Health Centre (PHC) functioning at Jadigenahalli; since the PHC largely caters to Gynaecology issues, private clinics are the only option available for patients for seeking treatment. Patients from low-income groups go to private clinics and government hospitals located in Hoskote/Malur (at a 12 Km Distance), while, patients belonging to high-income groups go to private hospitals in Hoskote.

Diabetes and Hypertension are the most common ailments observed. Earlier, 8.8 % of hypertension and 13.73 % of Diabetic Mellitus patients preferred Hoskote and Private Clinics in Jadigenahalli. However, after the intervention made by Soukya, 5.88% of hypertension patients and 11.76 of Diabetes patients have chosen DMRC, SOUKYA Foundation for treatment. These changes indicate that people are increasingly convinced of the effectiveness of treatment being provided at DMRC, Soukya Foundation. Also, treatment at DMRC, SOUKYA Foundation is preferred by arthritis and hyper acidity patients. It is interesting to note that patients who had been on allopathy drugs earlier have now switched over to homeopathy medication, (14.71% of hyperacidity, 11.76% of arthritis patients have switched over from allopathy to homeopathy). However, for common ailments like fever and body pain, patients prefer to seek treatment at private Clinics/Hospitals as there is a general perception that homeopathic and Ayurvedic medication takes a relatively longer time in curing of ailments, thereby affecting their daily routine activities and absence from work. Allopathic treatment is seen as more effective in terms of delivering quick results. However, when it comes to seeking treatment for body pain and allergies, people prefer DMRC, SOUKYA Foundation (24.51% body pain and 8.82 % allergic patients).

Perceptions regarding Medication and Cure

People regularly visiting DMRC Soukya Foundation for treatment perceive that for experiencing positive results from AYUSH treatment, adhering to doctors advice, taking medicines on time and follow- up visits are important (62%). They have also realized that homeopathy medicines take time before impacting health positively and life style changes are equally important. This requires time and efforts on the part of patients

which is not noticed among several patients indicating that awareness and changes of mindset towards life style change take a longer time.

Patients' Interest in visiting DMRC, SOUKYA Foundation

Overall, 26% of the people have been visiting Soukya Foundation for the past 6 months followed by 23% once in a month. This indicates more number of follow-up visits by patients, while only 5% of the people are found visiting this Foundation since one year. Within a short period, DMRC, SOUKYA Foundation has been able to draw attention of the people; however, patients not adhering to follow-up visit are an issue.

Spread of AYUSH through word of mouth

Large numbers of people have been found spreading the word to their own family members and relatives/friends about their treatment at DMRC, SOUKYA Foundation based on their own experiences. Overall, 66.66% of the people have influenced others, 41.17% influenced own family members, while 15.68% have influenced their relatives living in neighboring villages to avail treatment.

Challenges

Discussions with DMRC, SOUKYA Foundation personnel indicate that finance is an issue, as medicines are provided free of charge. Procuring an uninterrupted flow of funds can be a challenge in the long-run. The discussions also reveal that it is difficult to get doctors to work in peri-urban areas. Although Jadigenahalli is located close to Bengaluru, it does not provide all the facilities that a city provides.

Based on the community response, it took more time to create awareness as the AYUSH systems of medicine were new. Besides, Diabetic conditions prevailing among several patients were identified for the first time during health camps with doctors facing difficulties in ensuring the implementation of lifestyle and dietary changes among patients. This indicates that inculcating improved habits with respect to hygiene is difficult, as they are deep rooted. Similarly, enrolling people for de-addiction programmes has proved to be challenging.

Policy Options

Tapping resources from local institutions

The current model of health care followed by DMRC, SOUKYA Foundation needs to be sustainable and replicable socially, economically and environmentally. Possible financial options may be priced from among varied economic groups with free aid only for the very poor. There is a fair scope for involving other formal/informal institutions in financing the programme. There is also a scope for Research Institutes, NGOs, Corporate Houses, in terms of integrating and contributing to this programme. Their combined strengths could be utilized for supporting environmental awareness creation programs related to sanitation, hygiene, education etc at various levels besides exploring other possibilities.

Involving Self help groups¹¹ can be another point of integration where they have been remarkably successful. Currently, Jadigenahalli GP has around 46 SHGs, which is a significant number. All members of SHG are aware of DMRC, SOUKYA Foundation and its activities and consider intervention of DMRC, SOUKYA Foundation as a positive and useful initiative with access to medical care and treatment being easy and convenient. Youth organizations¹² play a significant role at the village level. Currently, there are 2 Youth Organizations, willing to work

¹¹ A self help group is a village based financial intermediary usually consisting of 10 to 20 local women or men. Members make small regular contributions in the form of savings over a few months until there is enough capital to begin lending. A self help group may be registered/ unregistered as a micro financial institution for community action.

¹² Youth Organizations in villages are informal, nonprofit organizations dedicated to social activities as part of improving village life.

with DMRC, SOUKYA Foundation as social workers towards awareness creation regarding its activities.

Meeting precise requirements

Based on the focus group discussions, acquisition of medical equipments (for diagnosis purpose) like scanning machines, X ray, blood check-up instruments at a discount rate at the DMRC Soukya Foundation premises is an important requirement. As people are willing to pay for such services, access to these services would make it convenient. Another important aspect is to fulfil the need for lady doctors as a large number of women visit DMRC, SOUKYA Foundation for treatment. A majority of women have expressed their comfort level in explaining their ailments with women doctors. The popularity of DMRC, SOUKYA Foundation has led to an increase in the number of patients visiting it. Hence, it would be important to increase the staff strength to cater to the increasing demand for a reduction in waiting time. It would also help procure medicine stocks in advance due to an increase in the number of patients and avoid repeated visits during shortage of medicines.

Strengthening Personnel's communication skills of ASHA workers engaged by DMRC, SOUKYA Foundation would aid further. Our discussions with ASHA workers indicate the need for further training in persuasion skills, communication skills and handling of varied situations etc. Besides these soft skills, imparting some basic knowledge about diseases/growing herbal plants/home remedies to ASHA workers would also be useful.

Influencing Life Style Change

It is important to influence people towards Life Style Changes and Holistic Treatments in more innovative ways. Involving mass communication experts would help in this direction. Understanding the nuances of the community before addressing the issue would help, to a large extent. The attitude and views is challenging, as people are more used to Allopathic medicines. Besides, easy access to medicines like pain killers at medical shops and also local shops for self medication is common. Besides, life style changes mean making efforts towards giving up on various addictions and practising yoga which people may find it difficult, given their mindset. Apart from all these, daily challenges of travel and work including time constraints are seen as an easy excuse. Also an easy access to and confidence in private hospitals, given the proximity to the city of Bengaluru could be the main hurdles in this respect.

Improving Local Environs

There is a pertinent need for Water Protection and Conservation Measures, as Jadigenahalli falls under the semi arid zone and suffers from severe water scarcity and depletion. It is important to work on short-term and long-term solutions while addressing this issue to ensure the sustainability of all other programs. As part of AYUSH, Rainwater harvesting needs to be encouraged at large and reviving the existing tanks can go a long way in improving ground water resources. A proposal on the usage of treated sewage water for agriculture from Bengaluru city is another feasible option. Against the backdrop of a severe water scarcity, 86% of the farming families surveyed has

expressed their helplessness to carry on with agriculture. The approach needs to be holistic in relation to the ecological status of the region. Therefore, training and awareness programs aimed at reviving the traditional informal institutions for improving ground water recharge are necessary.

Farmers tend to overuse fertilizers and pesticides without giving a thought to the undesirable consequences. Our observations show that farmers use pesticides without any guard. Our discussions with farmers reveal that they are fairly aware of the negative implications of pesticide use for their health, but tend to be negligent in protecting themselves. GP members and the elderly in the village have expressed their concerns regarding the changing scenario of the agricultural system, uncontrolled usage of fertilizers, depleting ground water levels and their implications for health and environment. Hence, they are keen on getting trained in organic farming, awareness about fertilizer and pesticide effects on health.

Awareness programs on health and hygiene are to be promoted on a large scale. Currently, with toilet construction being largely covered, there are a small percentage of people practising open defecation, which needs to be curtailed completely. Besides this issue, a greater concern relates to solid waste management. Garbage is strewn all over the village, resulting in a poor aesthetics and hygiene in the village. People generally tend to burn the garbage which is more harmful as it causes air pollution.

Conclusion

Poor healthcare facilities affect more than 60% of the population in India. Considering the increased health care expenditure, traditional healthcare systems are comparatively less expensive besides serving as an alternatively good option, given their holistic approach and wellness component. Also, a holistic approach promotes good health through influencing positive lifestyle changes. The DMRC Soukya Case, as an intervention of AYUSH programme, is a story of change that indicates the replication potential of such initiatives elsewhere in the country.

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