

OUTREACH SERVICES

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CMC's founder, Dr Ida Scudder, within two years of starting a one-bed dispensary, had single-handedly treated 12,000 patients. But she felt frustrated: many patients still remained outside the ambit of medical services. So, in 1906, she began setting up roadside clinics, taking the services to villages and hamlets outside Vellore. That was the beginning of CMC's outreach.

CMC is unique among unaided, private sector healthcare institutions in not limiting itself to high-tech tertiary care but actively using secondary and primary healthcare models to deliver healthcare to rural India, giving priority to the needs of the urban and rural poor, including the most vulnerable, disadvantaged communities – women, children, the mentally and physically challenged, leprosy and HIV patients, the poor and neglected elderly, slum-dwellers, tribal populations and others.

In 1948, to provide basic healthcare services to rural communities, with special



Scudder's roadside clinic in bullock cart

focus on preventing maternal mortality and tackling leprosy (then an endemic and highly prevalent disease), the Kavanur Rural Health Centre was started in the K.V. Kuppam rural block of Vellore district, 25 km from the main hospital campus, with Dr Hilda Lazarus as Director and Dr Robert Cochrane as Principal. In 1977, rural healthcare was redefined by introducing socioeconomic development programmes as part of healthcare delivery and the Centre was renamed the Rural Unit for Health and Social Affairs (RUHSA).

In 1956, under CMC's Department of Preventive and Social Medicine, a rural health centre was started in Bagayam, with a few MCH centres in the Kaniyambadi rural development block, in Vellore district. This has grown to CMC's present-day Community Health department.

In Vellore town, CMC started LCECU in December 1982, in response to the needs of the urban poor. The initiative also demonstrated that, in an environment of escalating healthcare costs, quality rational care could be provided at low cost.



The Team at RUHSA

Community Health Department

The Community Health Department provides primary care to the rural, urban and tribal communities nearby and serves as a training ground for medical, Nursing and paramedical students.

In 2015-16, the CHAD hospital attended to 88,916 outpatients and 10,733 inpatients, including 3,243 women who were delivered in the facility. A special highlight of the programme includes Counselling services. The most common psychological problems in the community include those related to maladjustment between spouses, alcoholism and HIV, for which counselling and free legal aid and advice is provided. The counsellors are regularly invited to the Special Prison for Women for counselling



In the Ward at CHAD

its registered inmates. The prison authorities also refer clients who need help to this centre. So does “Udhavaum Ullangal”, a voluntary organisation. After counselling the clients may be referred to MHC, the domestic violence protection officer or a short-stay home.

The education of doctors, nurses and Allied Health professionals is central to the

vision of the Department. Some of the educational initiatives include Community Orientation Programme for first-year medical students introduced in 1975, Epidemiology Resource Centre for training professionals in research launched in 1985 and MD programme in Community Medicine started in 1974 and Masters in Public Health Programme started in 2009.



Day care for the elderly

Community Development projects

The Jawadhi hills tribals project, initiated in 1980 for a population of 30,000, aims to improve maternal and child health through regular clinic-based antenatal care, growth monitoring of children, nutrition education and ambulance services. In 2014, a permanent health care facility, the C.K Job Tribal Health and Development Centre, was inaugurated. An important facet of the work in Jawadhu Hills is the development of a scholarship scheme aimed at providing Nursing and AHS training for tribal youth.

There are two day-care centres for the elderly, functioning in two villages in Kaniambadi rural block, which serve 38

beneficiaries. Basic medical services, occupational therapy, recreation, health education, nutritional support and counselling are offered.

Reproductive health and family life education in the adolescent health programme for girls has been underway for school going children. The demand from schools and colleges for conducting such programmes on an ongoing basis has been increasing in both rural and urban areas, and CMC has begun working regularly with organisations like Students Partnership World-wide India (SPW) to broaden the outreach.

Awards

In 2014, the Department won the BMJ Primary Healthcare in Challenging Circumstances

award for the Jawadhi Hills Health and Development Project and two Skoch Platinum awards for best governance for a GIS in healthcare and for tribal healthcare at Jawadhi Hills. In 2015, the Association of Healthcare Providers (India) Excellence in Community Engagement award and WHO's 2015 Public Health Champions award.

Several research projects are underway at the Department, including those on the effect of inactivated poliovirus vaccine on gut immunity against poliovirus in children, utilising the community DOTS provider for treatment of TB in Vellore district, evaluating the impact of three feeding regimens on the recovery of children from uncomplicated severe acute malnutrition in India, the aetiology of neonatal infection



Well Baby Clinic at RUHSA

in South Asia, and an open label post licensure trial to evaluate the safety and immunogenicity of indigenously manufactured killed bivalent (o1 and o139) whole cell oral cholera vaccine (trade name Shanchol).

RUHSA

RUHSA provides affordable medical care for rural poor; deploys various models of community development and poverty alleviation and conducts capacity-building training for all levels of healthcare personnel.

Providing affordable medical care for the rural poor

During 2015-16, RUHSA attended to 95,382 outpatients and 4,109 inpatients. Across 23 outreach

mobile clinics, about 25,000 patient visits were managed. Of 4,109 inpatients, 1,286 had come for delivery; 1,100 were children. Subsidised and free care was provided to those with chronic diseases, including 2,655 for diabetes, 1,598 for psychiatric conditions and others for rheumatic heart disease, seizures, HIV, TB, hypertension and chronic lung disease.

Intensifying capacity-building

In addition to training Community Medicine post-graduates, medical interns and Medical Sociology bachelor's degree students, annually, 2,000-plus nursing students from about 50 colleges from neighbouring states are trained in one- to two-week workshops

on integrated health and development and the principles of management, while 1,300 rural medical assistants from Chhattisgarh have been given hands-on primary healthcare training through two-week workshops in batches, since 2012.

Enhancing and enriching ties and partnerships for health care

Since 2007, RUHSA has partnered with the universities of Sydney and Edinburgh, Cornell University and the Global Initiative Against HPV and Cervical Cancer, USA on the "Educate, Screen and Treat" cervical cancer prevention model for rural India. So far, from a 2,00,000 population in and around the RUHSA

A home for abandoned senior citizens in rural India



Irusan and his sister-in-law, Muthu, are residents of Panamadangi, a low-caste colony in K.V. Kuppam block. Irusan's wife died about 10 years ago, after which his two daughters, currently married and living with their husbands, abandoned him. Irusan lives in a thatched hut on a plot of land he owns. Muthu's husband died about four years ago. Her three sons abandoned her. Her in-laws – with whom, as per local custom, Muthu lived – ill-treated her. So she asked Irusan for shelter; and, now, they live in his hut. They live on a monthly Government old-age pension of Rs 1,000, and they are regulars at the RUHSA day-care centre for the elderly.

The 2015 north-east monsoons, which came during November-December, destroyed their hut. So RUHSA put them up in the women's self-help group premises until they made a temporary thatched shelter, using some of their pension. They have now asked RUHSA for help with better housing, and RUHSA has initiated the construction of a brick-and-mortar dwelling, with donations from Friends of Vellore.

service area, 6,612 women have been screened. The patients are treated with the support from Departments of Gynaecology and Radiotherapy.

Preventive healthcare training in low-resource settings

At the mission hospitals in Padhar, MP and Mungeli, Chhattisgarh, through international collaborations and funding, RUHSA has, as part of the Global Innovation Initiative project, conducted workshops on preventing cervical and oral cancer in partnership with distance Education Department.

Community Development projects

To make special caring facilities available to the poor elderly in rural areas, day-care centres for the elderly poor and neglected were started in 2007. The

centres provide free medical care, nutritious noon meals five days a week, a platform for group interaction and venting of pent-up feelings, and varied recreational opportunities. Currently, six centres in the block serve 120 beneficiaries, supported by Friends of Vellore in the UK, Sweden and Vellore Rural Community Trust, UK; and well-wishers in India.

Vocational training for rural youth

The RUHSA Community College provided vocational training to 300 youth last year, taking the total to 4,494 over the past 15 years. The training is affiliated to the Tamil Nadu Open University and the National Institute of Open Schools and covers the mechanism of two- and four-wheeler automobiles, refrigerators, air-conditioners, rewindable motors, and

electrical wiring for homes; and a beautician course for women. The aim is to better the socio-economic status of the rural communities by enhancing employment opportunities. Since 2000, over 85 percent have been gainfully employed, a significant number absorbed in reputed companies across south India.

Other community development programmes include Six Youth Clubs, with 120 members, to guide and motivate the rural youth to make better career decisions and six Clubs for Marginal Farmers who are linked up with the National Bank for Agriculture and Rural Development for relevant training and small-budget financial assistance. RUHSA has also facilitated an interest-free loans of up to Rs.30,000 per farmer to purchase milch animals with support from Friends of Vellore, UK. In 2014-16, 24 farmers were provided with loans.

Research

Several research projects are underway in collaboration with International Universities. Key projects include those on multiplexed antenatal screening for infections using point-of-care tests by health workers and on cervical cancer prevention for rural India and the Vellore-Aberdeen Nutrition Exchange project.

Awards

In 2014, RUHSA was awarded a Skoch Foundation award in the Social Inclusion category, which recognised RUHSA's 37 years' involvement in raising the status of rural communities through primary healthcare, training initiatives, population-based research projects and community development programmes.

LCECU

A 40-bed facility housed in the Schell Eye Hospital campus in Vellore town and managed primarily by Family Medicine specialists, LCECU provides services to poor urban patients at affordable costs. First-time patients are required to provide proof of residence and are screened subsequently by social workers. Patients may also be referred to LCECU by the social workers and by community health and urban health nurses in the College of Nursing's Community Health wing. During the year, the Unit attended to 63,245 outpatients and 1,737 inpatients.

Over the years, these services have been expanded by broadening community mapping, raising the number of

outreach clinics, school health programmes and community-based rehabilitation of the disabled. In partnership with the Department of Physical Medicine and Rehabilitation, through half-day workshops among college students, Project Helmet was initiated in 2014 to sensitise youth and young motorists on injury prevention and safe driving practices.

Patients pay a one-time registration fee of Rs 25. Routine care attracts no consultation fee but medicines are paid for – often at subsidised cost. Costs are kept to a minimum by patient counselling for better self-management, good history-taking and thorough physical examinations, prudence in requesting tests and scans, use of generic drugs and basic, no-frills infrastructure.

Outreach care stories from Psychiatry department Unit III

Psychiatric illness, poorly understood, is shadowed by stigma and rarely paid sufficient attention. Persons suffering from psychiatric diseases have no voice because of the inherent nature of major psychiatric disorders, which disrupts the patient's awareness of pathology and need for treatment. Poverty compounds the problem: the significant deficit in treatment services results in tragedies that play out quietly in unattended corners of the world.

Yet the following stories are examples of the miracles that happen when healthcare professionals and communities work together.

A young man, Mr B, was a schizophrenia patient. One day, when acutely symptomatic, he climbed on to an electrical power transformer, touched a live wire and sustained burns. He was brought to the psychiatric ward at CMC because he could not be treated at the local government hospital. At CMC, his burns were treated and a skin graft was done for a patch of skin that had festered for long. Although he continues to be psychotic, the CMC Psychiatry department, with a local NGO, Udhavum Ullangal, has appointed a volunteer to make house calls and administer depot injections periodically to keep the schizophrenia under control.

Mr K had been confined to his home for many years because he had schizophrenia. His elderly mother would collect and sell firewood to feed her son and herself. However, after LCECU and Unit III started treatment, Mr K improved. However, his mother developed psychosis, and LCECU started her treatment. But her condition deteriorated drastically and, to manage both mother and son, LCECU negotiated her transfer to the nearby Missionaries of Charity home in Shenbakkam.