Arogya Mission- A holistic approach towards health care for rural Bihar

EXECUTIVE SUMMARY

The rural areas within the Country are very vast in terms of geographical size and more so in underdeveloped States like Bihar. This large size combined with poorly developed infrastructure base indeed pose great difficulty in physical distribution of health service combined with the dismal functioning of State run health services with inadequate human and technical resources to meet the health needs of a larger segment of population. In addition the cost of to avail facilities of private health care is out of reach for poor and marginalized section of the population.

Such a problem can be surmounted by setting up a health clinic at a block level with all the required facilities and a concentrated village based medical van facility making modern methods of health care available “at the arms length of desire”. This innovative approach of designing health clinic in combination with the mobile health van will help take the health infrastructure at the nearest village of the rural populace especially in those villages which are currently not served by any PHC and private clinics. The targeted population will be the rural population especially poor and marginalized sections of the society who have difficult access because of geographic and social conditions and where government health facilities exist but are in inaccessible.

This venture to operationalize a health clinic and mobile health van will improve health service quality the operational, financial and technical replicability and sustainability are considered in the project design. The project will provide a large segment of rural population availability of health facilities at an affordable cost and will set up a model of affordable health care in the State.

SOCIAL IMPACT SUMMARY

It is well documented the root causes of poor health outcomes are poverty and low levels of education. Since Independence, public financing and provision of health care services have been the main foundation of health care policy. Public sector health programs in India have faced well-recognized problems, such as inadequate access by the most vulnerable groups, poor quality and coverage of primary and secondary facilities, and—until recently—excessive focus on sterilization and inadequate focus on maternal and child health. Given the high rate of communicable disease and the low rate of immunizations, the health system will need to provide for a large number of people suffering from tuberculosis, acute respiratory infections, measles, malaria, leprosy, and other common ailments, as well as HIV/AIDS. The majority of the population in rural areas uses the services of unregulated and often unqualified medical practitioners, such as “Jhola Chap” doctors and faith healers. By any index to measure socio-economic development the state of Bihar lags far below the national average and remains well behind other states. The state of health facilities in the State is far below the acceptable mark and within the same there are regional varieties the East Champaran district fares much below the State average in terms of health and education the government-run PHCs and CHCs are increasingly irrelevant, the majority of population have to avail the facilities of private doctors or quacks who charge exorbitant amount of fees Rs. 150-200 per consultation which is beyond the reach of poor people and lead them to further penury.
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The proposed venture will provide health facilities to the population residing in Areraj Block in East Champaran district. To meet the healthcare needs, the Arogya mission will work at different levels. The first one consists of the clinics that will be held every Saturday and Sunday in Areraj. In those clinics, patients from over 300 surrounding villages will be treated each week at a nominal cost. Secondly, health camps in different surrounding villages would be organized twice a month. In these health camps, general check-ups and check-ups regarding specific, differentiating diseases and various nutritional problems including pellagra and facio-maxillary malformations, and cataract will be carried out. The third main part of the venture would be mobile health van. The van will be equipped with basic medical facilities and will facilitate in bringing patients to clinic or hospital in case of severe health problems. A team of specialist doctors will be identified and the doctors will visit the clinic on a specified day. The Clinic will be fully equipped with health equipment to address primary health issues along with facilities for minor surgeries and short procedures. Basic laboratory infrastructure for testing facilities and physiotherapy will be set up at the clinic. The clinic offers medical treatment and counseling.

Primary beneficiaries are the underserved and hard-to-reach rural population who suffer a high risk of contracting communicable diseases. The venture would provide healthcare to interior areas in the district where majority of poor people live and where no medical units exist. People in the focus villages will have access to hospitals and other medical aid and will be able to receive timely treatment, due to greater awareness about major illnesses and minor ailments, diet and nutrition, childcare and women’s health.

What are the top three measurable social benefits? Please quantify the measurable social benefits in numbers (e.g. the number of tons of plastic removed from landfills, expected rise in family incomes, percentage increase in school enrollment, etc.) Monetary translations of these social benefits are welcome.

The health program will improve the livelihood status in the area by reducing vulnerability to casual and temporary illness that causes loss of daily wages. The affordable health program will reduce the financial burden which means financial resources available will be invested in better nutrition and education for their children. Third it will reduce maternal and child mortality rate and will create an awareness on the importance of family planning thus leading to smaller family sizes.

BUSINESS VALUE PROPOSITION

This model extends to daily healthcare, short and long term illness and emergency aid. It is a model that would be replicable in all the, without requiring big financial investments. The model is based on an idea can change your life proposition (in this model the life of poor and marginalized sections in the State). As Government run health facilities across State are in a dismal State there are very few charitable or NGO run health facilities in the State and the private health service providers charge exorbitant fees beyond the reach of poor people.

The target customers comprise of poor and marginalized sections of population living in Areraj Block but the project will cover the total population in the area but main focus will be on providing affordable health care to
rural poor. In the beginning phase the SSNM trust team will visit the villages in the area to inform them about the health facilities and health camp for this the team will work in participation with local ANMs or PHC to provide information on the services offered by the clinic. The mobile health van will also be used to generate awareness about the health clinic.

As mentioned above the model is easily replicable business model across the State as health is a major area of concern and the available evidence demonstrate that the available health facilities are not accessible to a majority of population. A balanced proposition combining a better quality and affordable health services is a need of the hour there is a need to garner available resources to benefit a larger section of the society who fall out of the health safety net and the proposed venture aims to build that gap. So the model is replicable business model with social responsibility to save precious human resource with availability of better health facilities.

FINANCIAL SUSTAINABILITY

The health industry is the largest growing industry with a scope of greater expansion in addition to providing health care in future the venture will also aim at covering the population with a health insurance policy and estimating the population growth in the proposed area and the State it would be fastest growing sector. In addition here are various government health schemes in the State for families below poverty line they will also be informed the procedures for the same will be encouraged to save Rs. 1 per day for their health insurance.

We charge Rs 25 from new patients and Rs 20 from old patients in the first year of the venture. The fee is kept low so that it is affordable to the community members. Poor and marginalized families in the area have an annual income of Rs 1500-Rs 2000. Members will also be encouraged to avail of health insurance facilities.

The profit will be generated from the fees charged to the patient as well as funds will be raised from private donors and National/International funding agencies in addition the future plan of action will also to collaborate with Department of Health to run PHCs and CHCs in the area of operation. In addition a mobile health van will generate profits as it will cater to a larger segment of population and the cost will be based on the customer’s ability to pay.

We do visualize see any potential risk to the revenue stream and the financial health at this stage as health care is a growing industry and has a huge scope and requirement in the rural areas of the State.

The initial costs for starting the venture are towards setting up of a clinic and payment to the staff and raising awareness about the health clinic. We expect the break even in 6 to 8 months. The current cost structure is as follow:

In the first phase, while we build trust in the PHCs, patients will be asked to pay a good faith fee of Rs. 20 - 25 per visit to the PHC, and the community will be asked to provide volunteer labor for upkeep and upgrades on the mobile van and clinic building. We anticipate using the money collected by the PHCs from the patients for community services and for future development. The idea being that anything we collect from
them, we reinvest in the project and for their immediate welfare. We anticipate that by the second phase, the community served by a given clinic and mobile van would have learned its value to them. We anticipate that they will be willing to pay Rs. 30 per visit by then. Assuming that on average 30 patients visit a per day, this fee would aggregate to cover about 50% of its annual operating cost). The approach is holistic. It is designed to be sustainable and yield long-term changes in rural health care and welfare. The basis measure of success will be winning the trust of the local populations, making significant behavioral changes in their daily lives, and improving their understanding of, and involvement in, a modern technological society. Population control is expected to be a major result of this strategy. The social impact of the project can be measured in terms of improvement in the health status of the population which will in turn lead to a better economic prospects for the family in addition the poor people will be able to invest in education of their children and raised awareness on family planning will lower the fertility rate as well as maternal and infant mortality. At a global level it will contribute to achievement of millennium development goals.

**LAUNCH STRATEGY & REQUIREMENTS**

The venture is in idea stage we are in consultation with local health experts and donors currently the area assessment to assess health requirements of the people as well as major diseases faced by the population is also in place. The survey will also look into the available government health facilities an initial assessment reveals that the state of government run health facilities is dismal with unavailability of basic medicines, irregularity of doctors and non-existence of basic equipments.

One of the fundamental that challenge that we foresee is availability of financial resource and health experts but to resolve this we are in touch with health experts and have contacted donors, trusts, funding agencies to put financial resources together. The market for health care is available the requirement is to put the system in place for people to access quality health care.

The proposed venture is a need of the area as mentioned above the focus will be on generating awareness about the health clinic and mobile van. We will also get in touch with pharmaceuticals, health experts and have a constant dialogue with them on the need of health service. Thus a market for health clinic and mobile van exists in the area the need is to build a model which will provide affordable and quality health care.

The proposed funding requirement is attached as annexure. In addition to the financial resources technical and human resource for the project will be required. Steps are being taken in the same direction with financial resources being immediate concern and need to move ahead.