

Remote Rural Health Through Diagnostic, Therapeutic, Surgical Camps: A Boon For The Needy

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Abstract

If primary health care is somehow available, to get specialist care under one roof is beyond the dream of those who live in remote rural regions with skeleton health services, access problems, and lack of resources. However, this may be possible with a camp approach and social accountability of civil society, medical institutes, and the government. People get screened, diagnosed, and treated medically and surgically in a cost-effective way, while simultaneously becoming aware and health literate in health education camps themselves. Dr. Sushila Nayar Hospital in Melghat, Maharashtra has been organizing multispecialty health camps with support from Kasturba Health Society, Sevagram which runs Mahatma Gandhi Institute of Medical Sciences, Maharashtra, India. It serves rural masses with concepts of social responsiveness. The camps have successfully helped 16,576 people through surgeries and aids.

Introduction

People in rural areas find it very difficult to get their desired level of specialists' services. If primary health care is somehow available, to get specialists under one roof is beyond the dream of those who live in remote rural regions with skeleton health services, accessibility problems, and a lack of resources. However, it may be possible to inculcate, with a camp approach, a concept of social accountability of civil society, medical institutions, and governments. People get screened, diagnosed, and treated medically or surgically in a cost effective way while simultaneously also becoming aware and health literate through health education in the camp. Some get relief from illnesses which they have lived with all their lives, such as Cleft lip and Cleft palate, ideally treated in infancy (Fig. 1).

Figure 1



Although there are many advantages of such efforts, it needs a vision, proper planning, and resources to have the best outcome. There are some disadvantages too. Some people with chronic illnesses and those who need services of high technology usually not available in the camps get disappointed. But the advantages are multi-fold; in one or two days, patients get diagnosis, work up, and therapy from medical as well as surgical specialists from various departments in the camp. The proximity of the camp to their village ensures the presence of their near and dear around them, no travel problems and no expenses. It helps children, adolescents, mothers, middle aged and elderly irrespective of their economic stature, religion, or any other demographic category. When special camps are arranged for disabled people, they get their disability diagnosed, be it the need for cataract surgery, specs, a walking stick, a hearing aid, or a wheel chair (Fig. 2).

Figure 2



If cancers are diagnosed, the patients are helped by referring to centres for appropriate therapy with government schemes for free services^[1].

Dr. Sushila Nayar Hospital in Melghat, Maharashtra has been organizing multi-speciality health camps with support from Kasturba Health Society, Sewagram. It also runs The Mahatma Gandhi Institute of Medical Sciences in Wardha district of Maharashtra, India to serve the rural masses with a concept of social responsiveness. A team comprising of doctors from various specialities including surgeons, physicians, dermatologists, gynaecologists, orthopaedics, paediatricians, ophthalmologists, otolaryngologist, anaesthetists, dentists, pathologists, operation theatre technicians and nurses, along with their required equipment, visit the camp area. The services of the hospital continue with full response and cooperation from the masses as well as staff (Fig. 3).

Figure 3



Cases that cannot be managed surgically during two days of the camp are tracked to be treated within a month at the same rural health facility where camp is arranged. The camps have successfully helped a total 16,576 people. 815 patients have been helped surgically as well as through aids such as hearing aids, cataract surgeries, and spectacles. Patients were provided with sticks, callipers, Jaipur foot, wheel chairs, ortho knee caps, artificial hands, and surgical therapies (Fig. 4).

Figure 4



Several studies reveal the challenges of access to healthcare as well as determinants of quality health care in rural areas in both developed and developing countries. Employing low-cost innovative health interventions such as mobile health (mHealth) may help improve health by diagnosing and treating various disorders including Non-Communicable disease (NCDs) prevention and control of disorders. This is an opportunity to create awareness among disadvantaged populations. The same is being executed in the camps at Dr. Sushila Nayar Hospital, Melghat, a hilly, forestry region (Fig. 5).

Figure 5



Salah stressed the importance of employing integrative approaches of diseases prevention and control in which existing NCD programs in underserved communities with innovative, low-cost approaches such as mHealth provided an effective and amplified effect of traditional NCD-targeted care. These can be reflected by improved NCD-related health indicators among the population.^[2]

For rural health, medical camps have been used by others nations too. The camp approach has been used in Zambia and Malawi in 2015 and 2017. Recommendations from comparative analyses of the data obtained from their study researchers suggested that camps may help to induce change if implemented by relevant stakeholders. Volunteers in their study were similar in both nation's camps. Medical doctors, nurses, community health workers, and dispensers from the United Kingdom, Zambia, and Malawi undertook this venture from a purely humanitarian

perspective to explore how volunteers could contribute to positive patient health outcomes^[3]. In medically under-resourced regions worldwide, non-permanent surgery programs or camps have been conducted to expand access to specialty medical and surgical services. Gnanaraj^[4] reported that about three-fourths of the patients requiring surgical interventions were diagnosed for the first time during camps in remote rural areas. The surgical camps offered a great way for training locals. Various innovations were made possible during the surgical camps. Unlike the medical conditions diagnosed during the camps, surgical treatment often provides a permanent cure. Tracking of requirements, acquisition, storage, distribution, and utilization needed to be handled properly. Inventory management analysis of health camps promoted effective management of inventory with minimal monetary resources and will contribute to provision of uncompromised patient care^[5]. Surgery camps may be safe, temporizing solutions to unmet needs until substantial gains in rural healthcare are realized.

The World Health Organization^[6] has estimated that 11% of the global disease burden can be treated with surgical procedures, but there are 2 billion people who have no access to basic surgical care. The major problems in rural areas relate to the availability, accessibility and affordability of surgical care. It is expensive to set up surgical facilities in remote areas, even more difficult to get surgeons and others. The camps take all of the diagnostic facilities that are usually available at hospitals to remote rural areas. The laboratories with all the necessary investigations are available, including the pharmacy in the remote area. It is a cost-effective model that has existed. Funds are needed mainly for the capital needs.

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