

Health Fail

Serious deficiencies in the implementation of the National Rural Health Mission (NRHM) and its umbrella schemes



Ranjit Singh

It's always better to first get the figures and statistics straight. These help in developing a proper perspective about the issue at hand. Sikkim has one so called premier hospital in the Central Referral Hospital, Tadong and one Referral Hospital, the STNM hospital in Gangtok. Further the state has a total of 146 Sub Centres when the requirement is supposedly only 109, that is, a surplus of 38. The Primary Health Centres are as required at 24; only 2 Community Health Centres which is 2 short of the required number of CHCs and the number of doctors at the PHCs is at 24 when the requirement is 45. Add to this there is a district hospital in every district as well.

When one looks at these figures along with the statistic that there are 260 ANMs which is an excess of 89, one

would get the general idea that the rural areas are well provided for, in terms of medical aid, health care and services. After all each small town and village has a PHC nearby and the surplus of 38 health sub centres has its own reassuring value when it comes to the question of rural health care.

Therefore, it is disturbing and a matter of wonder as well that the main state hospital, STNM hospital is always crowded and choc a bloc with patients from the rural areas of Sikkim and all over. How many of them come with serious or grave ailments apart from the regular stomach ache, food poisoning, injuries, pregnancies, infections etc. The referral rate in the state is crazy and what could border on being criminal is the mortality quotient due to the referrals.

Almost every other patient is referred to STNM or Manipal hospital and the referral does not stop there either. Siliguri, it seems has become the moot point.

Access to health services is rued by the urban middle class. This we know coz their voices are audible. There is also a strong and hard and as rueful a story for the people living in the rural areas of the state; many stories which go unreported and unheard of. A silent lot who do not know better, are not informed better and are not provided for better. The north district as such has a uniquely tragic trail of health related tragedies which finally even compelled a well wishing individual to take the matter to the courts.

Is it not a sick joke that despite sufficient number of PHCs and SHCs in the state a simple non medical condition such as a pregnancy can lead to complications - for whatever reason.

The maternal mortality rates for the state are unavailable as per the Common Review Mission Report of Sikkim, 2011. The infant mortality rates are given to be 33% which is high for a small state.

Added to this is the truancy of medical staff. The non availability of medical personnel in the health centres, especially in the rural areas is a major cause of consternation among the rural folk. As per media reports a couple of months back, a victim of electrocution in Pakyong died on the way to the CRH, Tadong as the Pakyong PHC was devoid of any staff when he was taken there.

The victim, RK Subba could still have been saved but his case is a classic example of compounding of causes. On the way to CRH in an ambulance the oxygen cylinder emptied out and due to lack of oxygen, he succumbed. It is ironical that his death is still recorded as due to electrocution. In STNM a labour from north, Mujakir, was admitted with 55% burns on 10 September. He died 5 days later and all the MS could say, when

Health Care Failure

Echungkipa Lachungpa, 29, in 2006, expired on her way to Mangan; delay in discharge of placenta (PPH) due to inadequate facilities for obstructive deliveries in Lachen. So did her baby. Was referred to CHC Mangan and died enroute.

Diki Lhamu 26 died with her newborn at home in a village above Lachen, in 2007 as she could not get a vehicle to take her to the SHC in Lachen.

Chungchung Lachenpa, 37 expired in the Chungthang PHC as she was unable to reach the PHC in time due to lack of vehicles and bad roads.

Bina Lachenpa lost her child in her womb as required delivery facilities were not available in either Lachen SHC, Chungthang PHC or Mangan hospital or STNM and finally at CRH had an operation and her newborn died, due to obstructed labour and late intervention. And being a BPL she was also made to pay full for the medicines.



The north district has a unique trail of health related tragedies which compelled an individual to take the matter to the courts

contacted by the media, was "... we will look into it". The same response is given when confronted with the major public grievance of non functional machines and instruments in the hospitals. One person relates of how once the Singtam hospital conducted an operation with the help of light from a mobile phone due to non functional generators!

A Public Interest Litigation in the High Court of Sikkim raises many such pertinent issues. Filed by filed a resident of Chungthang, Rinzing Chewang and taken up by counsel Dr. Doma Bhutia of the Human Rights Law Network, Sikkim. Dr. Doma Bhutia of the HRLN has taken up several issues of public interest in the past including issues of sexual harassment of women in the

workplace and rights of the disabled, etc.

The petition alleges serious deficiencies in the implementation of the National Rural Health Mission (NRHM) and its umbrella schemes such as the Janani Suraksha Yojana (JSY) and the Reproductive Child Health scheme. Among the deviations in the implementation of NRHM, as alleged, is the non compliance to the provision of a health centre required to be operational 24 hours a day and also the availability of 24 hour a day emergency services. All time availability of medical staff in the health centres in the rural areas, is also a stipulation under the guidelines which is found to be lacking on the ground.

In addition to this it is alleged that life saving and essential drugs especially blood and oxygen are not often available along with blood storage facilities. These are emergency and life saving requirements. The north district does not have Reproductive Tract Infection or Sexually Transmitted infection testing or treatment services. And there are lots of migrant workers up north. As a result there is routine transfer of patients; many do not reach the referred hospital; lack of transportation. As per NRHM guidelines

a PHC should cater to 5000 Chungthang PHC caters to less than 3000 and still has not been able to live up to standards. Viewing the matter seriously the high court ordered that all life saving drugs be made available in the health centres where found lacking. This triggered the Health Department to seek reports from all its PHCs and sub centres on their status.

The crazy rate of referrals to STNM from all over the state results in the hospital always being short of beds. On the other hand it is surprising to note that the Common Review Mission Report, 2011, in its findings, states that it found many beds empty in the Mangan hospital. This is bound to be the case in the districts when almost all patients are referred to Gangtok. Nurses and doctors in STNM hospital admit to inadequacy of beds which is a major reason for referrals.

One reason for the massive referrals, as also highlighted in the Common Review Mission Report, is the tendency of the PHCs etc to wash their hands in the slightest apprehension of any complication. "...the service delivery in PHCs is also getting affected because, in

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case of doubt, one tends to refer the case (rather) than try to manage it..." says the report. On the other hand even the confidence of the public is not with the PHCs and there is a general tendency to come to the bigger hospitals.

MS, STNM or Health Department officials refuse to comment on such important and urgent issues of public importance. No explanation on routine transfer of patients; or on the matter of asking patients to go to private clinics for routine tests and x-rays or non functioning machines or on how Mujakir, a labourer from north district died with 50% - 55% burns on 15 September when he was admitted to STNM on 10 September.

There is also the aspect of denial of due medical treatment to the vulnerable women, especially those who are in the short stay homes or in other homes run by NGOs. As Dr. Doma Bhutia says they also deserve free medical assistance but since they have no BPL cards or requisite documents cannot avail of such. Women in short stay homes and other homes run by NGOs should get their entitlements as provided under Janani Suraksha Yojna (JSY), emphasis Dr. Doma Bhutia.

As stated by Dr. Doma, denial of proper health care is denial of the right to Life. In fact Right to Health care has been incorporated as an inalienable part of the Right to Life as per Article 21 of the Constitution. This Article 21 should be the guiding principle which says that no emergency patient should be denied medical aid. Right to Health is an inalienable component to the Right to Life.



Health Department submits report

Three months after public interest litigation was filed in the High Court of Sikkim on the state of health services in Sikkim, the Health Department has managed to compile its report on all health related infrastructure and drugs available for submission to the Court. An affidavit has been submitted by the Additional Advocate General, JB Pradhan, informing the court on the health related infrastructure in the state.

The infrastructure relates to the primary health centres and the sub centres in the four districts. A list of life saving drugs was also forwarded to the court, which, as per the state Health Department, are available in the hospitals and primary health centres. The division bench of the high court comprising Chief Justice P Kohli and Justice SP Wangdi further directed the Additional AG to submit an affidavit on the availability of life saving drugs.

The court had directed the State respondents to furnish details of the facilities available at the district and sub divisional hospitals, the primary health centres including dispensaries with details of the number of such centres. Furthermore, the High Court had directed that the state furnish details on the availability of life saving drugs with their name/ brand and quantity along with expiry dates.

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