Reality of Healthcare in Rural India

Healthcare is the right of every individual but lack of quality infrastructure, dearth of qualified medical functionaries, and non-access to basic medicines and medical facilities thwarts its reach to 60% of population in India. A majority of 700 million people lives in rural areas where the condition of medical facilities is deplorable. Considering the picture of grim facts there is a dire need of new practices and procedures to ensure that quality and timely healthcare reaches the deprived corners of the Indian villages.

Though a lot of policies and programs are being run by the Government but the success and effectiveness of these programs is questionable due to gaps in the implementation. In rural India, where the number of Primary health care centers (PHCs) is limited, 8% of the centers do not have doctors or medical staff, 39% do not have lab technicians and 18% PHCs do not even have a pharmacist. India also accounts for the largest number of maternity deaths. A majority of these are in rural areas where maternal health care is poor. Even in private sector, health care is often confined to family planning and antenatal care and do not extend to more critical services like labor and delivery, where proper medical care can save life in the case of complications.

The Problems

Due to non accessibility to public health care and low quality of health care services, a majority of people in India turn to the local private health sector as their first choice of care. If we look at the health landscape of India 92 percent of health care visits are to private providers of which 70 percent is urban population. However, private health care is expensive, often unregulated and variable in quality. Besides being unreliable for the illiterate, it is also unaffordable by low income rural folks.

To control the spread of diseases and reduce the growing rates of mortality due to lack of adequate health facilities, special attention needs to be given to the health care in rural areas.

The key challenges in the healthcare sector are low quality of care, poor accountability, lack of awareness, and limited access to facilities.

Various organizations are coming together for improvements in health care and technology plays a crucial role to facilitate this. Information and communications Technology provides host of solutions for successful implementation of these changes.

As per National Rural Health Mission Report

700 million people live in 636000 Indian Villages

Majority of people die due to preventable and curable diseases like diarrhea, measles and typhoid

66% of rural Indians do not have the access to the critical medicines

31% of the population travels more than 30 kms to seek healthcare in rural India

Healthcare in Indian Villages

- Rural Health centers are critically short of trained health medical person
- 8% primary health centers do not have doctors
- 39% PHCs do not have lab Technicians
- 18% PHCs do not have a pharmacist
Technology for Rural Health Care

Several organizations are working alongside the government and NGOs to help relieve the burden on the public health system using mobile technology. India has over 900 million mobile phone users and this fact can be leveraged to employ better practices in even the remote areas. Leading global organizations of healthcare industry are using our mobile technology to enhance the quality of care and bridge the gaps in healthcare services.

Gram Vaani provides cutting-edge mobile and IVR solutions to automate processes and applies best practices in the field. Our services cater to the health care sector, social sector, and corporate organizations for connecting with the difficult to reach markets at bottom of the pyramid.

Improving Healthcare on the ground

We are employing mobile technology in several healthcare projects for leading global organizations. In partnership with the White Ribbon Alliance for Safe Motherhood, for a program of Merck for Mothers, we are working to upgrade the quality of maternity care in India. There’s growing evidence from developing countries confirming that patient’s perception of quality of care and satisfaction with care are critical to utilization of health services. To this end, we are building a quality-of-care checklist for expectant mothers (and their families) to answer using mobile phones and rate on factors such as whether they were treated with respect during the delivery, whether they got entitlement for institutional delivery, whether the transportation provided was of good quality, etc.

This tool is constructive for:
- Making women aware of their rights to demand good quality of care,
- Bringing accountability by highlighting lapses in the health delivery process, and
- Increasing uptake of appropriate health services at the right venues.

As a part of another healthcare program Ananya in Bihar, with NGO’s PATH and PCI, we are mobilizing communities using our voice technologies to demand greater accountability from the health delivery infrastructure. Through simple education and discussion programs on mobile we make the marginalized communities aware of best practices in healthcare and sanitation, and about their rights and entitlements from the health delivery system. The community members are encouraged to engage and share their stories with each other on our open mobile platform, and to demand grievance redressal and accountability from the health system.
In association with Grand Challenges Canada, we conducted a Health campaign to review health services for accountability in Jharkhand. In this campaign on **Mobile Vaani** we invited opinions, experiences, information and feedback from public on current Government health facilities in Jharkhand.

People from different districts of Jharkhand left messages on various issues in health care facilities, such as; health facilities available at PHCs, Laboratory testing and Delivery facilities at Government Health Centers, availability of clean toilet and drinking water at PHCs, and distance of the nearest health center from the Village. Within the first 4 weeks of the campaign, more than 1600 callers from 12 districts of Jharkhand called in and participated.

Lot of important facts were brought forward in the campaign. 50 percent of the people informed that there was no facility of Laboratory Investigation or Delivery available at their nearest Health Centers. While a total of 86 percent callers shared that the facility of drinking water and public toilet was not available in the Government Health centers.

The campaign enabled us to:
- Understand the present scenario of health facilities in Jharkhand
- Identify major issues that people are facing while seeking health services.
- Review the state of PHC infrastructure and its connectivity to nearby villages
- Build awareness about accountability in health care

To bring about a change in the existing healthcare system we took the voices of people to the Government authorities. We collated data from our campaign and communicated the real picture to the district collectors and state health department for action.

**Issues discussed during the Campaign**

![Pie chart showing issues discussed during the campaign]

**Other Campaigns on Mobile Vaani**

Social campaigns conducted on **Mobile Vaani** platform are an initiative to identify, understand and get solutions for public problems and social issues. The campaigns are active discussions where the community members are engaged to contribute their views about various issues, and our team helps coordinate these discussions into manageable threads. We have done campaigns on various issues and received tremendous response on our voice based medium on mobile phone, much higher than simple broadcast of information on radio or television. The results for information dissemination and call-to-action through these campaigns have been phenomenal.

We have done the following social campaigns so far:

- Campaign to review health facilities in Jharkhand, supported by Grants Challenges Canada, April 2013
- Campaign on gender equality, to close the gap, with Oxfam India and Oursay, March 2013
- Campaign on rural-urban migration, February 2013
- Galli Galli Sim Sim feature with Sesame Workshop, January 2013
- Water conservation campaign, December 2012
- AIDS campaign, November 2012
- Para teachers’ strike, October 2012
Gram Vaani Technologies for advanced Healthcare delivery

Gram Vaani has built innovative voice applications for organizations working in health care sector to automate and manage their processes efficiently. Our vAutomate suite of technologies provides host of services, including the following mobile technologies that can be used for better rural health care delivery in several ways:

- **vSurvey**: Organizations can create a custom questionnaire containing multiple-choice questions, quantitative input questions, and qualitative audio recordings, that can be broadcast to different contact groups. For example: a network of ASHA workers (community health workers) can be sent a survey to capture self-reported data on the number of visits they did; similarly, AWWs (Aanganwadi Workers) can be sent a survey to get data on the number of children that were fed, the menu that was served, and if they are running out of ration supply and need to alert the district authorities.

- **vInform**: Organizations can build an audio pack with a series of tutorial messages, which can be played out over a phone call to a desired contact group. For example, ASHAs or AWWs, could be sent messages on best practices to follow during ante-natal care, danger signs to look out for, and ensure that they take expectant mothers for institutional delivery.

- **vAnswer**: As an extension to vInform technology, the users can also ask questions, which can be answered by experts. Thus, if ASHAs or AWWs have any questions or concerns, they can record their message which can be answered by experts live or through recordings over the phone.

We customize these services and solutions as per our client’s needs and devise ways to reach ‘under-served’ communities and ‘out of reach’ markets.

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**Gram Vaani** started in 2009 with the intent of reversing the flow of information, that is, to make it bottom-up instead of top-down. Using simple technologies and social context to design tools, we have been able to impact communities at large - more than 2 million users in over 7 Indian States, Afghanistan, Pakistan, Namibia and South Africa. More interesting than this are the outcomes of what we have done: Forty rural radio stations are able to manage and share content over mobiles and the web, corrupt ration shop officials in Jharkhand were arrested due to citizen complaints made on our platform, Women Sarpanches in Uttar Pradesh shared learning and opinions on their work with senior government officials, and citizens were able to monitor and report on waste management in 18 wards of Delhi to hold MCD officials accountable for their work. We work with organizations all across India and in other developing parts of the world.

We have won several awards including the following:

- International Knight News Challenge, 2008
- National Level Manthan Award for technology for development, 2009
- Economic Times Powers of Ideas, 2010
- Profiled in the top-10 innovative companies of India by Fast Company, 2011
- mBillionth Award in the news and journalism category, 2012
- Canada Rising Stars in Health award, 2012
- Finalist in Ashoka Changemakers 2012 and Vodafone Mobiles for Good 2012 contests

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