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COVID 19: STRENGTHENING THE PRIMARY HEALTH CARE IN RURAL INDIA IN VIEW OF CURRENT SCENARIO AND POLICIES

Community Medicine

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The census statistic indicates, a huge majority (69 per cent) of India's population resides in rural villages. The actual numbers of COVID-19 cases in the rural regions of India could be much higher than the official figures because of low testing rates [1] and people's reluctance to get tested,[2] to begin with. Given that 69 percent of India's entire population is rural,[3] adequate steps need to be undertaken at the earliest to prevent the occurrence of a health catastrophe in rural India. However, the virus does not differentiate between rich-poor or rural-urban dichotomies. It is particularly a threat to a country like India, in rural areas that also have the highest overall burden of disease globally.[4]

The Indian rural health care system is a three-tier system comprising Sub-Centres, Primary Health Centres (PHC), and Community Health Centres (CHC). There is currently a shortfall in health facilities: 18% at the Sub-Centre level, 22% at the PHC level and 30% at the CHC level (as of March 2018) .[5]

The central government in May 2021 released the Standard Operating Practices (SOP) on COVID-19 management in peri-urban, rural, and tribal areas. [6,7] The blueprint tasked the state health secretaries to oversee the implementation of the SOPs at the grassroots level. The following are the key actions listed in the strategy:

1. Accredited Social Health Activist (ASHA) workers to be trained by Panchayati Raj institutions to identify early signs of COVID-19. 2. Women's self-help groups to be utilised for promoting awareness on symptoms and COVID-19-appropriate behaviour. 3. Test, Triage and Treat. The mechanisms for screening, isolation and referral of cases must be strengthened, along with the monitoring of home isolation cases. Facilities for COVID-19 care are to be ramped up, and focus to be given on mental health. 4. State health administrators to triage patients in order to reduce mortality. 5. Vaccination to be stepped up, especially for those above 45 years of age. ASHA workers and block medical officers to mobilise the population. 6. Central and state government schemes to be leveraged for providing food rations, drinking water, sanitation, and employment under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA). Interlinkages with medical facilities in nearby districts/sub-districts to be established for emergency services.[8] 7. A three-tier structure to be set up: A Covid-care centre for mild cases; primary health centres or community health centres or sub-district hospitals for moderate cases; and district hospitals or private hospitals for severe cases. Ambulances to be made available for the rapid transport of patients.[9] 8. The use of drones to be explored for delivering vaccines in remote villages and isolated communities.[10]

The health care services and systems in India are still developing and have challenges of workforce shortages, absenteeism, poor infrastructure and quality of care.[11] Despite the National Health Mission and Government's commitment, adequate and affordable healthcare is still a mirage. The healthcare system in rural India faces a chronic shortage of medical professionals which is detrimental to the rural health system in terms of the quality and availability of care for rural people. The State focus has been on curative care, whereas poor infrastructure and poor coordination between the line departments makes it difficult to tackle public health emergencies such as COVID-19. The health care system is not adequate or prepared to contain COVID19 transmission in the rural areas, especially in many northern Indian States because of the shortage of doctors, hospital beds and equipment; especially in densely populated underserved states.[12] We still do not know the real statistics of the epidemic in rural areas. The country is at a tipping point and we do not know what direction it will take. The outbreak can head either way. COVID-19 creates a special challenge considering the poor testing services, surveillance system and above all poor medical care including shortages that were mentioned earlier. Apart from the economic suffering of the already famished society, this could disseminate or spread the disease in rural areas. We do not know about their exposure and status of infection of these population. What is important at this moment is to use the lessons of this pandemic in the rural areas of many Indian states where the health care systems have to be improved considering the huge population in rural areas, untrained staff in caring and handling of patients during an outbreak of infectious diseases, and a huge shortage of beds, and equipment. Despite these challenges, the government can take a three-pronged approach to stop the epidemic. These are to invest and prepare healthcare providers in rural areas for the epidemic; massive education programme to educate people; and to create a strong surveillance system that can help in reducing the spread and fatality. Health care providers in rural areas are unregistered and untrained and do not know what to do in such an emergency. Hence providing clinical guidelines, training and handholding may help.

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REFERENCES:

1. Mithilesh Dar Dubey, 'Testing times for rural India as delay in RT-PCR test results may hasten the Covid spread'. GoanConnection, May 5, 2021.
2. "In rural India, fear of testing and vaccines hampers COVID-19 fight", Livemint, June 5, 2021.
3. Trading Economics, "India – Rural Population".
4. Mitra S. The implications of COVID-19 for rural India. IDR. 2020;25 https://idronline.org/the-implications-of-covid-19-for-rural-india/ March. [Google Scholar]
5. Statistics Division, Ministry of Health & Family Welfare Bulletin on rural health statistics in India. 31 March 2018. https://data.gov.in/catalog/rural-health-statistics-2018?filters%5Bfield_catalog_reference%5D=6680151&format=json&of fset=0&lim it=6&sort%5Bcreated%5D=desc
6. Sneha Mordani, "Centre gives states blueprint for containment of COVID-19 in rural areas", India Today, May 17, 2021.
7. Government of India, Ministry of Health & Family Welfare, SOP on COVID-19 Containment & Management in Peri-urban, Rural & Tribal areas, May 16, 2021.
8. "Govt issues SOPs to combat Covid in rural areas, focus on awareness, screening, isolation", India Today, May 16, 2021.
9. G S Mudur, "Union Health ministry releases guidelines for Covid management in rural areas", The Telegraph Online, May 17, 2021.
10. Rina Chandran, "Drones are delivering vaccines to rural communities in India", World Economic Forum, May 25, 2021.
11. Health Management Information System, Government of India. Highlights. https://nrhm-mis.nic.in/Pages/ RHS2019.aspx?RootFolder=%2FRURAL%20HEALTH%20STATISTICS%2F%28A%29%20RHS%20%202019&FolderCTID=0x01200057278 FD1EC909F 429B03E86C7A7C3F31&View={473F70C6-7A85-47C5-AB5C-B2AD255F29B2} (Accessed on 22 April 2020).
12. Mitra S. The implications of COVID-19 for rural India. IDR. 2020;25 https://idronline.org/the-implications-of-covid-19-for-rural-india/ March. [Google Scholar]