Healthcare for the POOREST of the POOR

Poor people cannot usually afford to pay for skilled medical care, but a Health and Development NGO in South Asia is challenging that norm by finding ways to make healthcare accessible even to the poorest of the poor.

From humble beginnings as a TB clinic over 30 years ago, it has grown to include a 150-bed hospital and 23 community health care centres, and directly impacts over three quarters of a million people within its community. Despite its impressive growth, the organisation still retains its original mission to serve God through serving the poor and underprivileged, particularly women and children.

The hospital receives people sent from its organisation's community target areas as well as those who arrive off the street. In the target areas, trained paramedical staff provide basic medical care from community health care centres, and refer patients with more complicated conditions to the hospital. Volunteer village health workers give preventive health education, pregnancy care, supply simple medications and report back basic statistics.

Patients admitted to hospital are expected to pay what they can afford, but if they are unable to cover the full bill they are assessed by a team, which decides on a reasonable payment. Approximately two-thirds of all patients receive assistance in this manner. However, for those patients who have no resources at all (about one in every five people), the bill is completely cancelled. All patients receive the same high standard of care, regardless of their financial situation.

Common medical problems in adults include infectious diseases (including TB and tropical diseases), surgical problems, chronic conditions (such as diabetes), and pregnancy and childbirth complications. As in similar countries, children are mainly ill with gastroenteritis, pneumonia and/or malnutrition. Most babies are born at home, without trained help, and otherwise well newborns die of cold or infection. Many women die in labour, and others suffer medical problems as a result of prolonged obstructed labour.

Pregnancy advice and care is provided by the community health care centres, many of which are set up to enable expectant mothers to give birth in a safe environment: in 2007 alone, 1320 births were recorded at

A CONDITION OF **INJUSTICE**

An estimated two million women worldwide suffer from obstetric fistula, a hole between the bladder and the vagina through which urine constantly pours. It is an entirely preventable condition, and the injustice is that it exists at all in the 21st century. Fistulas used to be common across the world, but they are now virtually unheard of in developed countries, thanks to improvements in social and economic conditions and the accessibility of high quality maternity services.

the health care centres. Over the 25 years that the hospital and community arms have worked together, pregnancy-related and childhood deaths have decreased in the community areas, compared both with when they started, and with surrounding areas not served by the NGO.

While the NGO strives to be sensitive to the cultures and religious beliefs of the various ethnic groups in their area, their vision is to see people living as God intended, in spiritually, physically, socioeconomically and emotionally healthy communities. Even though about 50% of the staff and 90% of the patients are not yet followers of Jesus, all are encouraged to care for the people in their community on the basis of scriptural values and the example of Jesus Christ, who came so that all – even the poorest of the poor – might have abundant life.

The author is a doctor from NZ, and has been based in South Asia since 1998.

The medical causes of obstetric fistula are easy to identify – prolonged obstructed labour, either because the pelvis is too small, or the baby too big, or the baby is lying in an abnormal position and unable to be delivered normally. The social causes underlying these bare medical facts are much more complex: early marriage – before the girl's pelvis is mature enough to deliver a baby safely – and poverty resulting in chronic malnutrition, leaving women stunted in their growth.

ROSHIDA married when she was about 12 years old, and her first pregnancy followed fairly quickly. The baby was lying across her womb rather than head down, and when she went into labour the baby's arm came out first, and the baby died. When her second baby also died in childbirth, the prolonged labour caused an obstetric fistula – she became constantly wet and smelly and people could not bear to be close to her. She was also regarded as spiritually unclean, so was unable to pray or participate in worship.

When her husband divorced her Roshida returned to live with her parents, but they could not cope with the constant smell. She had to move into a separate hut, similar to a cow shed, and was unable to work in any job that required proximity to other people.

After suffering for about eight years, she came to our organisation for help. Her fistula was easily repaired, and 14 days later she was dry. Her condition had brought deep shame to her, so before she left the hospital, our chaplains prayed with her, for Jesus to cover her shame and make her whole again.

Three months later she returned to the clinic a different woman. She was now earning money and playing an active role in her family and community. When we asked her if she'd be willing to speak at the opening ceremony for the hospital fistula unit, her response was, "Why not? People need to know!" And so the woman who had been too embarrassed to show her face on the ward told her story in front of 100 people, including local dignitaries and journalists. Not only had she regained her physical health but her self-esteem had blossomed – she was healed in the full sense of the word.

NOOR JAHAN was in labour for four days with her second child before suffering a double tragedy – not only was the baby stillborn, but the prolonged labour had caused an obstetric fistula.

"Nobody liked me after that," explained Noor Jahan, "not even my mother or my husband. I was very neglected. My husband married again and separated from me without divorcing me."

She was discovered by one of the village health workers who had been to a seminar on fistulas. When initially approached about coming to the hospital for surgery she refused: "I would rather die than have other people know." But after she and her husband (who had already spent a lot of money on previous failed attempts at treatment) had further discussions with hospital staff, she decided to have the surgery.

"After being cured I got a new life. Now I am with my family and my husband. My husband loves me very much after my successful operation. Now my neighbours and the villagers like me very much. I am grateful to God and to the hospital."

She now tells all her neighbours about the dangers of early marriage, and encourages all the pregnant mothers in the village to go for antenatal care. She has become an advocate for women in her own community.

A partner with IS England & Wales (but with a strong Kiwi connection), the author is a doctor who spent 16 years serving in South Asia.