

## **An Interaction with Health System of Jhabua district, Madhya Pradesh**

### **Focus on Fluorosis Mitigation Program**

#### **Background**

Increasingly it is emerging that Fluorosis as a disease is endemic in Jhabua district of Madhya Pradesh. Our studies since 2008 in Jhabua have shown that several symptoms of Fluorosis are widely observed in Jhabua. Since people have been drinking high Fluoride water now only for a decade or so, children are more affected. Dental Fluorosis is very common in children with almost 60%-80% children in affected areas showing medium to severe symptoms. But what is more disturbing is the incidence of Skeletal Fluorosis, especially in children. In Jhabua, where adults have a very high rate of seasonal migration, probably adults are escaping the ill-effects of Fluoride as compared with children. We find 10-12 years old children with obvious symptoms of Genu Valgum type affliction due to Fluorosis. Also pregnant women are at high risk from getting affected with skeletal Fluorosis.

Even though previous Fluorosis programs have spotted some of the affected tubewells/dug wells and marked them, there is little awareness amongst affected people. Even when people do know about Fluorosis, they do not know where to get safe water from or what to do for decreasing the effects of Fluorosis. Even though a pipeline project is being implemented now in the district for supply of surface water, this is far from catering to needs to highly distributing population living in dispersed manner on undulating land. So, what can people really do to get safe water?

Secondly, the effects of Fluoride are increased because of the poor nutrition in the diet of people here. The staple diet is Maize, then some Wheat is consumed. There is very less consumption of vegetables and almost nil consumption of Milk. There is therefore a severe condition of malnutrition, maybe relatively not that highly in terms of daily calorific consumption, but surely a lot in certain critical nutrients. Especially relevant to Fluorosis is the malnutrition related to Calcium, Magnesium and Vitamin C in food here. These three nutrients are responsible for offering resistance to Fluorosis even if Fluoride is consumed through water and through food that is grown on Fluoride water.

The route through which safe water is to be delivered to Fluorosis affected persons and good nutritious diet being consumed is not very clear in the near future. But one important aspect is that two streams of the government need to be vigilant here i.e. of Water and of Health. From the side of water department, the emphasis is on delivery of safe water, mainly through pipelines now. But from the side of Health department, there is little to no recognition of the criticality of Fluorosis here. Looking at the entire system of Health delivery in Jhabua – from the District hospital, CHCs, PHCs, village level health workers, some NGOs, private hospitals, individual doctors and surely the alternative practitioners, of herbal and faith based healing; have a very strong role in first, diagnosis of Fluorosis, secondly in prevention and awareness of the diseases, and thirdly in mitigation with the route of safe water, good nutrition and Fluoride free food.

## **Focus of Interaction**

In this proposed interaction with the health system, we will initiate a dialogue with this entire health system in Jhabua district, with initial focus of some blocks – Thandla and Rama.

Predominantly tribal and with sparse public health facilities, Jhabua offers very less option to any patient, but to resort to various other resources outside of the public health system. There is a proliferation of private doctors – qualified with BHMS, and also RMPs – registered medical practitioners – mainly from West Bengal. Also, chemist shops doubling up as clinics are widely seen in the district. In the main taluka towns and district town, one can also spot a few practicing private doctors – MBBS and BDMS. But these doctors are much expensive for the rural patient and also inaccessible in terms of distance. In the private sector, the Jeevan Jyoti hospital in Meghnagar is the only significant facility. However, this hospital too is insufficient and for most purposes, patients end up visiting private doctors in Dahod (Gujarat) which is roughly 50-60 kms from Jhabua.

As a result, with very poor medical facilities, early symptoms go undetected and get compounded into extreme forms. Poor nutrition and poverty add to the health burden causing a heavy burden on society in Jhabua. In this context, it is first important to map out the overall health delivery system picture and with specific reference to our Fluorosis program, look at how each member of this health delivery system would later be playing a role in terms of training, awareness, diagnosis and preventive/mitigation programs.

## **Main Questions**

1. What are the overall health facilities available in Jhabua?
2. What different types of medical practitioners exist in Jhabua? What kind of problems do they attend to, in what manner and how many patients do they serve?
3. What kind of alternative health practices exist in Jhabua? What is their role in the overall health services picture? What kind of problems do they attend to, in what manner and how many patients do they serve?
4. On symptoms of Fluorosis, what do these practitioners think? How would they be useful in a Fluorosis program?
5. What gaps exist in the health system with respect to Fluorosis and how can we plan to fill these gaps?

## **Methodology**

We could categorize the health system in Jhabua into 4 broad groups:

- Group 1: The government system – District hospital, CHCs, PHCs, Village health workers – ASHA, Anganwadi, NRHM
- Group 2: Private – MBBS, BDS, BAMS, BHMS; them RMPs and also Chemists
- Group 3: NGOs – JeevanJyoti type hospitals and health networks; Other NGOs working on community health (also sanitation), and specific health problems like HIV

#### Group 4: Traditional Healers – Herbal based, Faith-based etc.

Looking at trajectory of change happening in Jhabua, probably the public health system would develop more in the future along with availability of private health facilities. People's faith in this system would also increase and hopefully also their ability to spend on health. This would mean that this formal system of health delivery will dominate more in the future as compared with the traditional faith based health delivery systems. However, the time-span over which this change would happen is not clear. On one hand private doctors are sprouting all over the district, but the public health facilities are not showing that rate of improvement. Even for private doctors, predominantly one sees BHMS graduates operating clinics and also in some cases small nursing homes. Therefore the dependence on RMPs, chemists and traditional healers would continue for a decade or more. Till then, any change on health aspects has to necessarily include all four groups mentioned above.

During our interaction with the health delivery system, we would first carry out a phase of exposure and documentation whereby the purpose will be to just create a database of all practitioners. In this process, we will also have an interaction with many such practitioners to answer the above questions. Next, determining which of these practitioners are more useful for our purpose, we will have a training program for such interested practitioners conducted by us along with eminent doctors working on Fluorosis. Some of these practitioners will then be identified to participate in our Fluorosis Mitigation program. All along our Fluorosis program, we plan to have a continuous interaction with all the practitioners through a monthly newsletter in Hindi.

These are outlined in the following steps:

Step 1: An initial interaction to first create a comprehensive database of medical practitioners (all four groups). This interaction will also attempt to answer the questions given above (August – October, 2010)

Step 2: A training program for Fluorosis Mitigation to interested health practitioners drawn from the above database. This program will be conducted by us along with eminent doctors working on Fluorosis (November 2010)

Step 3: A monthly newsletter in Hindi sent to all medical practitioners. This newsletter will have information about our mitigation program, latest advances in Fluorosis, interesting local solutions and contributions from the practitioners (starting from October 2010)

Step 4: Finally, we would like to establish over the period of our program several local experts on Fluorosis amongst these practitioners by direct involvement in our program. These experts will then carry forward the Fluorosis mitigation program in Jhabua and neighbouring districts. (starting January 2010)