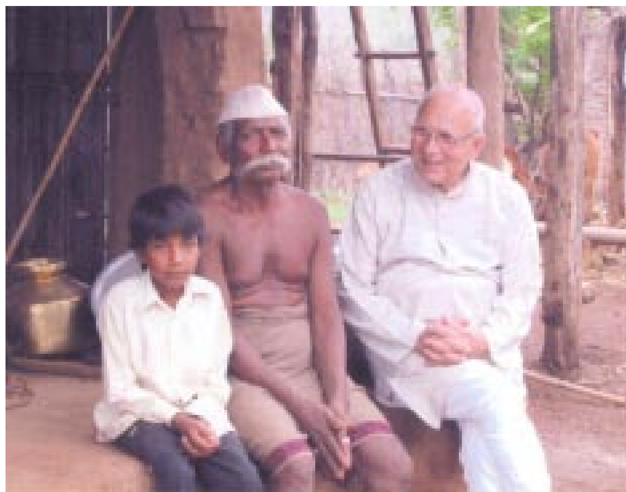
THE FOUNDATION FOR RESEARCH IN COMMUNITY HEALTH (FRCH), MAHARASHTRA



Dr Antia with tribal elder and a young boy from the Jalgaon district

While medical specialists demand huge funds and state-of-the-art institutions, Dr NH Antia declares, “Give me trees.” The director of the Foundation for Research in Community Health (FRCH) who believes in providing alternate models of health and medical care that are in keeping with India’s economic, social and cultural reality, says that sitting under a tree and training local village women in community health care can be far more effective than any high-tech institution.

This thinking outside-the-box convinced him to set up the FRCH in 1970 in the Worli area of Mumbai, along with Dr Nergish Mistry and Dr Ambrose who gave up his job in a cancer hospital. Although FRCH’s initial project with the rural people of Mandwa (North Alibag area) in the early 1970s failed because of political pressures, it did sow seeds of Dr Antia’s trust in uneducated but intelligent village women. The roots of his philosophy were vindicated when these village women in the mid-1970s demonstrated they could achieve within five years over 70 per cent of the health targets set by the government (based on WHO norms) for the year 2000. These included targets for water-borne diseases, leprosy, malaria, family planning and immunization.

Years later, the fruits are clearly visible in the Purandar taluka of Pune where around 50 local women called tais dispense not just health care, but overall development. The FRCH staff and Seema Deodhar, a former nurse and now senior research officer, carry out non-formal training methods beneath the shade of a tree or in a temple. This cost-effective measure and part of the Indian ethos, ensures a greater level of community participation.

Parinche, as the project is known, has spun off a module used by the National Institute of Open Schooling (NIOS), Delhi to organize the training of such health workers on a national level. At the first level will be the gram sakhis who receive training for a year. Admission qualification has been reduced from the tenth standard to the fourth standard but only trainees who have the support of an umbrella organization committed to the cause of people-based health care will be admitted to this course. On the next level, these gram sakhis will register with NIOS for the second year Sahyogini course for enhanced training, including basic clinical medicine and pathology. Sir Dorabji Tata Trust has generously supported the lateral concept of a people-based formed health care with its funding of Sahyogini, the development of the new upgraded village-based functionary. The concept has also spread to Orissa, Gujarat, Jharkhand and West Bengal where Parinche’s tais have now become the teachers. The current grant from the Trust is for Rs. 35 million.

Dr Antia’s vision was born out of the conviction that western models were not suitable for the needs of the people in 95 per cent of rural India and the urban slums. “In today’s market economy

world doctors are only co-opted by the health industry and the most useful trade is human suffering," he says.

The plastic surgeon's altruistic approach and faith in a public health service was nurtured in the post-war years when he worked in London and saw the birth of Britain's National Health Service. Working under Sir Harold Gillis, the father of modern plastic surgery who performed facial surgery on wounded soldiers in the corridor of the private wing of a mental hospital in Bathingstoke, convinced Dr Antia it was the expertise that mattered, not the hospital. "I learnt how much you can do with how little and conversely how little you may achieve with so much."

These lessons were put into practice when he returned to India. He operated on the leprosy patients in the Kondhwa Leprosy Hospital on the outskirts of Pune at the light of dawn – one patient holding the torch and another helping to sterilize the instruments by boiling them in a hundi of water.

Later at the JJ Group of Hospitals in Mumbai, he attempted to break existing stigmas by wheeling leprosy patients into the operating theatre himself and admitting them into the general ward. Dr Antia's insistence on thumbing his nose at accepted convention is perhaps what has fuelled his way through the path less travelled. He has urged the Association of Rural Surgeons to perform blood transfusions if it will save lives even if the Blood Banks did not have the mandatory air conditioning facilities. It is also this belief in learning through experimenting that makes him declare puckishly, "I always tell the youth make your mistakes but learn to question everything. If it doesn't work, try lateral thinking. Do the opposite."

He stresses on the need to understand village reality. "Village women have often asked for medicines for their cattle and said they can look after the health of the family only if their cattle are well." This is where Parinche demonstrates how health must be intertwined with other branches of development veterinary expertise under BAIF, irrigation, horticulture and the concept of local self-governance or Panchayati Raj – one of Dr Antia's pet themes. "Parinche is about empowerment," he notes.

The fascination that he experienced when he peered down a microscope to examine nerve tissue is what he passes on as a wand of wonder in the villages. Children are amazed as they watch a mosquito larvae hatch from eggs in a jam jar. A drop of oil on the larvae teaches them the first lesson in malaria control. Health is demystified.

For critics who believe that only doctors can deliver the goods Dr Antia has a quick rejoinder, "How will you get the doctors to the rural areas? We have 14 lakh doctors in the country and yet barely 20 per cent of the PHCs function, according to the government's own estimates. Let the people service 70 per cent of their own health needs."

Clinical training camp of the Sahyogini program, Mandwa

Tribal women being introduced to the world of microbes