

Saving lives round the clock, a step at a time

ON THEIR OWN Tucked away in the mountains of Arunachal, two primary health centres offering 24x7 services to people weave a success story with the scarce resources at their disposal

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WALONG/WAKRO (DIST ANJAW/LOHIT): At 9.45 pm, a young woman walks into the Kibithoo health sub-centre, blood dripping from her face. Yet another victim of a domestic squabble.

Oni Ering and Pura Menu, auxiliary nurse midwives (ANMs) at the sub-centre, clean the wound, stitch it, and send her back with tablets and a neat bandage. Ering and Menu's work isn't done, though. It's never exactly done when you have set up camp at a place as non-descript as Kibithoo, near the China border, offering 24x7 services to the people.

Run by the Karuna Trust, the Walong Primary Health Centre (PHC) is one of 11 such establishments being run by NGOs on a non-profit basis in Arunachal Pradesh under the Public Private Partnership (PPP) model of the National Rural Health Mission (NRHM) since 2006.

The sub-centre caters to 10 villages sprinkled over the mountains, where landslides and road blocks are common occurrences and walking long distances routine. "At times, we walk about 10-km stretches to reach our destination," says Milo Yanga at Walong PHC.

Equipped with a modern delivery room, the centre also conducts blood tests. "Earlier, we had to go to Tezu, about

200 km away, for a blood test," says Billangli Tamai, who runs a PCO at Walong.

In neighbouring Lohit district, some 250 km away, patients can get to the Tillai sub-health centre under Wakro PHC by crossing several streams, including the Kamphai Nala, through a steel wire hanging bridge. It caters to eight villages.



■ Locals children get a check-up at a primary health centre run by Prayas during a Measles Catch-Up Camp in Pukhuri village near Wakro in Lohit district of Arunachal Pradesh.

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In the absence of electricity, the clinics have to rely on solar cells. "If our mobiles are not charged, it becomes difficult to even call an ambulance to ferry a pregnant woman to Wakro, 22 km away," said Jasoilu Singhpho, another ANM. Though they mostly treat fever and injuries, it is better than nothing for the villagers.

However, even as facilities at the PHCs continue to improve with an increase in testing equipment (an ultra-sound machine, for instance) and bed strength (from six to 12), problems continue to plague them. For a while now, both the PHCs have been surviving on non-MBBS doctors, and grappling with high attrition levels. "Not many MBBS doctors are willing to work for this kind of a salary. I have been talking with the Arunachal government about this," says Amod Kanth of Prayas.

Speaking on attrition, Anjaw DRCHO Sajinglu Chai-Pul says, "We conduct training programmes. If the doctor goes away, it goes waste."

"Doctors and other staffers are unwilling to move to remote areas. Those who do, ditch us for permanent government jobs," says Mousumi Gogoi, coordinator for the north-east, Karuna Trust.

Making things worse, the funds generally arrive two-three months late. Dr Dimong Padung, nodal officer for NRHM, Arunachal Pradesh, agrees, but says, "The money comes from the Centre. The delay is on their part."

After two terms till March 2012, the model has received an extension only till May 2012. There is a threat of uncertainty looming large as 90% funds come from Centre. "We have strongly taken up the case with the Centre for continuation," Padung adds.

