

Tribal Community Health Centre Vikramgad Block **(A unit of the Dr. M. L. Dhawale Memorial Trust)**

1. Background of the Dr. M. L. Dhawale Memorial Trust (MLDT)

The Dr M L Dhawale Memorial Trust was established in 1987, after the untimely demise of Dr. M. L. Dhawale, an M.D who was a practicing Homoeopath. His students and patients to fulfil his vision of service to Humanity through the spread of Scientific and Standardised Homoeopathy established the Trust. The Mission of the Trust is:

“Excellence in Integrated Homoeopathic Medical Care, Education, & Research in order to promote “Positive Health” in a cost effective manner.

The Trust strives to reach positive health to the masses – health, which is not mere absence of disease, but a vibrant sense of wellbeing. This it does through the chief treatment modality of Homoeopathy, since Homoeopathy seeks not only to cure the illness but to also restore health and promote its practice. For last 28 years the trust has been actively working with this mission of Positive Health from its six centres through 12 rural clinics, 14 urban clinics and 5 hospitals. Through these institutions, the Trust treats more than 100,000 patients per year, most of them from the marginalized sections of society.

The Trust’s thrust has always been to identify pockets underserved by the Government machinery or by other institutions and serve them. Be it the tribal population in backward districts of the state, rural population or slum communities in the urban neighborhoods. While serving the community, the Trust has always emphasized on the necessity for providing quality care and has exploited every opportunity to research the efficacy of homoeopathy on prevailing ailments. To our credit, the Trust has several published research papers and has received a number of accolades from the fraternity for our pioneering work in hitherto unexplored territories.

One such initiative has been the Share and Care Community Health centre in operation since 2000 serving the tribal community of the Vikramgad Block of Palghar District. Set up through a generous donation from the Agilent Technologies routed through the Share and Care Foundation, USA, it is in need of major upgradation of its infrastructure

2. Cottage Hospital for Tribal Community

This hospital is situated in a tribal region about 100 kilometers from Mumbai. Mere 100 kms, away, but the region is devoid of basic necessities of life. Fifteen years ago two young doctors from the trust noticed the abysmal health care service available in this area. They started serving patients here by visiting door to door in most inaccessible areas on foot. Thereafter one of the villagers donated his land and the Trust built a ten bedded hospital and a community health centre funded by Share & Care Foundation, USA. Over the years, the hospital has served thousands of patients and has won acclaim from far & wide, including Government of India’s Ministry of Health & Family Welfare for running a Community based Mother & Child Care program.



Statistical data of the services offered during 2015 is:

No.	Type of Service	Numbers
1	Villages served	25
2	Population served	40,000
3	Population BPL*	75%
4	OPD Patients	9,460
5	Normal & LSCS Deliveries	161
6	Antenatal Care	637
7	Women Served	6,082
8	Children served	1,547

* BPL – annual income between Rs.18k – 25K (\$272 - \$378)

3. On Going Projects

3.1 Mother & Child Care

This is our flagship project. When we started working in this area, due to lack of hospital services, more than 90% of the women delivered babies at home without any antenatal care and in most unhygienic conditions. Consequently, the maternal as well as infant mortality rate was very high. Trained community health volunteers (CHVs) and mobile van that visits villages at regular frequency form a vital part of our service delivery network.



Trained CHV taking blood pressure of patient



Doctor examining child in mobile van

Through a series of awareness camps, promoting antenatal care, explaining the importance of hospital delivery, we were able to encourage the women to deliver at the hospital. After 12 years of sustained efforts, the home delivery rate is now less than 20%.



Female patient ward at Cottage Hospital



Patient being taken in ambulance

Government of India, through the Ministry of Health & Family Welfare, recognized our efforts and awarded us the status of “Service NGO” of the region which was responsible for organizing Reproductive Child Services to this region.

We continue this program through persistent emphasis on not just the expectant mothers, but also their family members, who in most cases are the decision makers.

We are also working with adolescent girls to educate them about health, hygiene and family planning.

3.2 Malnutrition

Malnutrition does not need any introduction. The data on this subject has been published & discussed often. Several Government & Non-Government schemes later, Maharashtra has 35.4% children with stunted growth, 18.6% wasting and 25.2% are underweight. Undoubtedly, this is a serious health problem. Malnutrition is a state of deprivation and it affects various aspects of children’s development, especially retarding physical and intellectual growth. These children are more prone to infections, further increasing the probability of malnutrition and even death.

With our focus on holistic health, we plan to tackle malnutrition among children in Vikramgad block, using Homoeopathy. The Homoeopathic case definition is an evolutionary study identifying the patterns and the faulty coping mechanisms. It enables better assimilation and a proper growth of the child. The Homoeopathic physician acts as a change agent, not just as a medical officer, but through a relationship formed with the family, the anganwadi (crèche) teacher as well as the community.



Doctor examining a malnourished child



Doctor taking case of a child at a hamlet

Over next three years, we will cover 25 villages, screen over 1200 children in age group of 1 month to 6 years, refer severely malnourished children to Government centres and treat others through a continuous monitoring & follow up mechanism.

At the end of three years we wish to achieve a replicable homoeopathic model to mitigate Malnourishment.

4. Community Development Projects

While health is extremely critical, it is also important for the community to grow in order to remain sustainable and develop economically. The Trust, with help from other non-profits, have embarked upon several projects aimed at community development.

4.1 Education

One of the other victims of abject poverty is education. The region we are operating in has poor education infrastructure, lack of trained teachers and an overall apathy towards education.

Using a team of social workers, we counselled parents and their wards on the importance of education. In collaboration with other non-profits working in this sector, we set up several projects and activities to improve children's learning abilities, coaching for class 10 students, enable their overall development through non formal development activities and to motivate them to regularly attend school. We are working with 10 schools and over 3000 children participate in our various educational programmes.

Over the years, we have seen a remarkable increase in number of students passing through high school and going on either to colleges or to vocational courses.

4.2 Self Help Groups

Self Help Group (SHG) is a group of ten rural women formed with the purpose of attaining financial independence. MLDT has formed 95 SHGs spread across 25 villages and has disbursed loans close to \$100,000 which is being regularly repaid by the women. The women are encouraged to regularly save and once they reach certain benchmarks (which are rather low), the group can approach designated banks for loans at subsidized rates. These loans are to be utilized for micro enterprises that the women may wish to start. These funds are also utilized as soft loans within the group, thereby not having to borrow from the money lender at exorbitant rates. The SHG has inculcated a habit of saving, generating income and has overall improved their financial situation. Out of the 950 women in SHGs over 400 are engaged in income generating activities using loans from SHG/bank.

4.3 Organic Farming

Agriculture in our region was predominantly rain-fed. Consequently, post monsoon harvesting (October) the community used to abandon the land and migrate in search of livelihood.

Our Trust undertook a project to help the farmers cultivate even in non-monsoon season through sustained water conservation projects. We further trained them, to use organic methods for cultivation based on mixed farming – cereals, pulses, tubers, vegetables, oilseeds, fruits thereby producing high quality and healthy food. We have a network of 50 farmers and in 2015 -2016 farmers sold organic vegetables worth Rs 6,12,714 (\$9284). Close to 300 persons benefit through this initiative through consumption of wholesome, balanced diet and enhanced quality of life.

The project has had triple benefit. Their earning capacity has increased manifold, health has improved due to consuming healthy food and children continue their education that was often interrupted due to migration.

4.4 Warli



Many centuries old traditional folk art, called Warli, was dying, because it did not create any livelihood for the artisans. Warli paintings are normally painted on walls or grounds with an austere mud base using one color – white. Each painting depicts a story or an event such as weddings, harvests, festivals et al.

We supported a group of artists by providing them infrastructure and helping them market their products through various sales channels created for them. This has helped in keeping the art alive, spreading its awareness far & wide and helping the artisans to practice the art and earn a livelihood

5 Challenges

The Trust with the help of a team of committed, dedicated and altruistic staff has made a significant impact in the region in improving health, education, livelihood opportunities, empowering women through financial self-reliance and promoting tribal arts through supporting artisans. Needless to say that the path is teeming with challenges.

5.1 Infrastructure Needed

A critical need we face is infrastructure. Community based outreach programmes require round the clock availability of service providers especially in critical area of health as well as continuous interface with various sections of community.

Our services are critically dependent on:

- A skeletal full time qualified medical team, ambulance driver, paramedical and community staff who can be available round the clock to service patients 24 hours a day, 7 days a week.
- Continuous capacity building of our staff, community health volunteers – our barefoot doctors available at each village, self help group women, farmers etc
- Robust community engagement with various groups – villagers, village leaders, patient group, farmers, teachers, self help groups etc

Our Cottage hospital built over a decade ago, was conceived as a Health care project. In a single structure, we designed several health activities including OPD, a casualty, an Inpatient unit with labour room, kitchen and dining facilities, store and residences for medical officers. As the scope of work has expanded there has been a felt need for more space for health related functions. Also, emergency health care through 24 hours casualty services and ambulance has necessitated round the clock attention from residential Medical Officers (MOs) and postgraduate students of the Dr. M. L. Dhawale Memorial Homoeopathic PG Institute who are posted in rotation. Easy access to the hospital makes a difference between a life saved or missed due to likely delay in information and reaching.

Current facilities provided have thus proved to be inadequate to cater to this expansion. The doctors are housed in make-shift accommodation. The support staff often stay in OPDs or in corridors.



Female Doctors residence



Male Doctors residence

The doctors who are committed have decided to settle here with their families. This would entail provision of additional residential and recreational space to sustain a longterm commitment. Our hospital is located in a tribal village that does not offer any decent residential facilities. Stability in medical team will go a long way in making our services sustainable.

Our current infrastructure priorities are:

No.	Type of Infrastructure	Cost Per unit Rs /(\$)	Total Cost Rs. / (\$)
1	2 Residences for resident doctors – 500 sq ft each @Rs.2500/sq ft (\$38/sq ft)	12,50,000 (\$18,939)	25,00,000 (\$37,879)
2.	3 (shared) Residences for visiting medical staff – 250 sq ft each @Rs.2500/sqft (\$38/sq ft)	6,25,000 (\$9470)	18,75,000 (\$28,409)

Putting up the above infrastructure will enable additional space in the existing structure to be freed for the expanded health care activities and will enable a better living environment for the residential and visiting doctors, enable robust capacity building sections across programs and provide space for efficient working of our staff.

Assistance from PPI towards one residence for our resident Doctor will go a long way to fulfill one of the pressing needs of providing residential facilities for the doctors working at the Centre. That will in turn help in making this project a self-sustainable one.

5.2 Operational Costs

The facility, with 6 medical officers, 10 nursing & support staff, 7 social workers and 4 administration staff incurs a cost of Rs. 7 to 8 million per year (\$125,000). In spite of serving over 10,000 patients in year, we are able to generate revenue of only Rs. 350-400,000 (\$6,000). Balance finances to incur revenue expenditure come from Government funds, philanthropic organizations, kindhearted individual and corporate donors under their CSR project funding. There is very little funding for financing infrastructure expansion.

Illustrative list of projects which we have completed or are in progress, with the help of donors is:

No.	Project	Supported By
1.	Construction of Community Centre and Cottage Hospital	Share & Care Foundation, USA
2.	Mother & Child Care	<ul style="list-style-type: none">• Govt. of India, AYUSH department• Aker Solutions, Norway / India• Care India Foundation, India• Tata Trust, India• Several other Individual & Corporate donors
3.	Malnutrition	Oracle Corporation, USA / India
4.	Education	<ul style="list-style-type: none">• REAL Youth to Youth, USA• EOTO, India• D-Mart, India
5.	Sustainable Farming	<ul style="list-style-type: none">• PPI, USA• HDFC, India
6.	Tree Planation	PPI, USA
7.	Warli	PPI, USA