



# Health e-Letter

## Letter from the Editor

For most of us, 46 per cent of India's children being malnourished are merely a statistic. So, when last week a retired bureaucrat gave details of the scale of corruption in the biggest maternal and child health programme, the Integrated Child Development Scheme, it did not quite jolt a distinguished gathering of experts on food security, nutritionists and policy makers into questioning the existence of a scheme which uses up Rs 8,000 crores annually but shows little by way of results.

The ICDS has been in place since 1975, yet India continues to have the largest number of malnourished children in the world. Fifty per cent of the children under six who do not survive each year, die only because they do not get sufficient food.

A former secretary to the Union government N C Saxena did not quite mince words when he put the blame squarely on the government for allowing the scheme to continue with its present structural weaknesses. A well-known route of corrupt practices is procurement. Yet, all ICDS supplies continue to be centralized. The system has been so profitable for a few that even "excise contractors have been supplying supplementary food for ICDS," said Saxena.

Evidently, corrupt practices do not remain confined to the top. They trickle down as well. An anganwadi worker, who plays a key role in the successful implementation of the programme, has to pay a bribe of at least Rs 40,000 to get the job. Predictably, she pays this in the

hope of recovering it over the next two to three years.

It's an issue that the political leadership has been acutely aware of. The dynamic young Congress MP Sachin Pilot found that false registers were being prepared at the anganwadi centres. The number of registers at ICDS centres he visited was more than the number of children. At one such centre he found 18 registers whereas the number of children was barely nine!

That was not all. The workers were making their entries in pencil so the supervisor could fill in the final data. Is it any surprise that these ICDS centres show that only eight per cent children in the country are malnourished? "The value of these registers in providing information to the government is zero," says Saxena. But the programme continues without any change as no one is agitating.

Within government, it may be a low priority area. Why should it be so for civil society? These children need public-spirited citizens to take up their cause.

Vol 2, Issue 6, July 2008

### IN THIS ISSUE

**NEW TO HIV:** Lose health and gain a thousand rupees

### **PRIVATISATION FALLOUT:**

No checks on hospital bills

### **KARK ROG:**

Find its meaning to quit smoking

### **AIDS PROGRAMMES:**

Need to offer freebies for attendance

### **UP HEALTH MESS:**

Costs go up so sub-centres go down

### **COUNTDOWN POLIO:**

Deadly strain is back in UP

## New to HIV: Lose health to gain a thousand rupees

By Shekhar Deshmukh

*Panaji:* Peter Siqueira (name changed) has been living with HIV for several years now. When he learnt about his positive status, his entire world crumbled. He became depressed and lost all desire to go to work. As a result he lost his job at a hotel. He now struggles to find a job and to retain it. What makes it worse is the discrimination he faces everywhere. Looking after his family is a big challenge for him.

Unfortunately, Siqueira is not alone. There are several others like him who are willing to compromise with their health conditions if only it could help them feed their families. The scheme has been structured in a manner that a positive person has to prove that his immunity is failing to get the benefits of the schemes. A positive person needs to show a CD4 count of below 200 to get assistance.

"It is difficult to understand why the government is ignoring those whose CD4 count is not less than 200. They too need nutrition," says a positive person. "Even if we die or struggle to live with deteriorating health, at least our family will get a thousand rupees which can provide them with one square meal," says another. Goa has an estimated 10,000 persons living with HIV. Out of these, only 510 are on antiretroviral drugs.

### GOA: HIV FACTS

Persons living  
with HIV in Goa (estimated)

**10000**

Persons on  
antiretroviral drugs

**510**

Admitting that people were taking desperate steps to avail benefits of a scheme which is yet to be implemented, a GOA State AIDS Control Society (SACS) source says, "Our organization has written to the state government about this. The government has very clearly mentioned in its notification that HIV patients and not people living with HIV would be entitled for this assistance. SACS can only bring the issues to the notice of the government and it is doing so."

Mahesh Govekar, a social worker associated with Zindagi Goa, a positive peoples' network, says the announcement of this scheme has created several problems. "Till this date, we do not know what documents we need to get the benefits of this scheme. We also need to know when this scheme would be implemented," says Govekar.

Pointing out some of the drawbacks of the scheme, Govekar says people are forced to disclose their status to get assistance under the scheme. This often results in increased cases of discrimination. "Although Goa has moved forward, but cases of discrimination still persist. Such disclosures will only increase hardships for people living with HIV, who are already in a desperate state," he adds.

Across the state only five to six livelihood programmes for positive people are being run. "This desperation only points to the need for running more livelihood programmes. Imagine, what conditions they would be in that to get a thousand rupees they are willing to deteriorate their health," says Goa technical support unit program officer Hemant Bhonsale.

President of Positive Lives Foundation Jafar Inamdar says this scheme has misled people from the start. "Initially all people living with HIV thought they could get assistance under the scheme. But only recently was it made clear that only those who are on anti retroviral therapy will get the aid," says Inamdar.

He adds that in the past too schemes meant for positive people did not yield much result. "Dayanand Social security scheme and Kadam bus service scheme for HIV positives did not provide any benefits," adds Inamdar.

However, what this makes clear is that people in Goa desperately need programmes that can help them find a way to earn their livelihood. "Humsath", a

A few months ago Siqueira learnt about the Goa government's scheme of providing financial assistance of Rs 1,000 to positive people with failing health. Siqueira was until then in reasonably good health. However, as he was desperate to get this assistance, he lived recklessly to bring down his CD4 counts which were at 350. After his counts fell to dangerously low levels, he went to the panchayat's office to claim his money. Little did he know that the scheme, although launched in March this year, was yet to be implemented. However, in the process Siqueira's status became public. While the small assistance is yet to come in, Siqueira is having to fight another battle - struggling to live against the odds of discrimination from friends and neighbours.

voluntary organization working for the community of men who have sex with men, runs a livelihood programme. Six positive people have been trained to make handicrafts. Some others have learnt to design jewelry and do weaving work.

Project manager of the program Vishal Chodankar says, "The fact that positive people are willingly compromising their health only reveals the gravity of the situation. Voluntary and government agencies need to run more of such livelihood programmes. We are even planning to come up with a tiffin service very soon. This program will help provide employment to a few more positive people."

## Check rates before you enter the health market

By Manoj Ojha

*New Delhi* : In our last edition we talked about heart bypass surgery being done by the doctors at the Chhatrapati Shahuji Maharaj Hospital (CSMH) for just 20,000 rupees. In this issue, we have compared costs of some surgeries at private and government-funded hospitals. Predictably, in the absence of any regulations, private hospitals are imposing irrational and high charges. Often what appears on the final bill is way above what they demand for the basic surgery.

We looked at a bypass procedure: At AIIMS, a bypass would cost around 40,000 rupees. But if you are thinking of going to Escorts Heart Institute for this surgery, you may end up paying 1,00,000 rupees. The same surgery could cost around 1,40,000 rupees or more at Sir Ganga Ram Hospital.

Next, we looked at the pacemaker procedure. The pacemaker itself may cost about Rs 2 lakh. For implanting a pacemaker, AIIMS charges Rs 2,000. Sir Ganga Ram Hospital charges Rs 30,000 plus the cost of pacemaker (which they do not spell out) and Escorts charges Rs 45,000 plus the cost of pacemaker.

Valve replacement procedures are expensive. At AIIMS, valve replacement may cost around Rs 1,05,000 rupees excluding valve's cost. However, at Escorts the costs get more than doubled. It could cost upward of Rs 2,53,000.

Implanting a defibrillator in people who suffer from irregular heart beats may cost only about Rs 3,000 at AIIMS for the procedure. At Escorts, this cost goes up by several times: it is around Rs 80,000.

What we have listed here are only costs for the procedures. Each hospital may bill you in addition for the cost of drugs, consumables, investigations, and doctors' fee among others.

Increasing privatisation of health care is creating a medical market without any checks and control, say experts. "There is a need to set up a regulatory authority that would regulate the pricing in corporate and private hospitals," says Dr L M Nath, a public health expert and former director of the All India Institute of Medical Sciences. Although the rates at corporate hospitals also include a five star stay, they still are exorbitantly high, he says.

Coming down heavily on the government hospitals, he says, "government hospitals in India are only staff friendly. They look for the convenience of staff and not of the patients. There must be evening OPDs in the government hospitals so daily wage earners, who cannot afford to lose their earnings, can visit hospital during the evening."

It would be pertinent to mention here that in the Vidarbha region of Maharashtra where a large number of farmers have committed suicide, a majority of them have taken loan for health reasons.

### DIFFERENT COST FOR SAME TREATMENT

(in Rs.)

	AIIMS	Escorts Heart Institute	Sir Ganga Ram Hospital
<b>Bypass surgery</b>	40,000	1,00,000	1,40,000
<b>Pacemaker implantation (excluding Pacemaker cost)</b>	2,000	45,000	30,000
<b>Valve replacement (excluding Valve cost)</b>	1,05,000	2,53,000	-
<b>Implanting a defibrillator</b>	3,000	80,000	-

## Get the meaning of *karkrog* to keep off smoking

By Manoj Pratap

*Patna:* Cigarette companies have found a novel way to keep consumers unaware of the harmful effects of smoking. In Bihar, these companies are using a not-so-common word for cancer, *karkrog*. These companies are using the Hindi word for cancer in their awareness programmes which is leaving the consumer mystified and clueless.

Leave alone the common man even oncologists in the state are not very familiar with the Hindi word for cancer. This is seen as a ploy to keep information away from consumers. Posters proclaiming smoking cigarettes could

lead to *karkrog* can be seen pasted on paan shops, the most popular hangout spots for people here.

**Leave alone the common man even oncologists in the state are not very familiar with the Hindi word for cancer. This is seen as a ploy to keep information away from consumers. Posters proclaiming smoking cigarettes could lead to *karkrog* can be seen pasted on paan shops, the most popular hangout spots for people here.**

According to experts, marketing gurus have advised the cigarette companies to use this term in what is seen to be their awareness programme against cancer. Even cigarette packets are carrying similar warnings. "Use of tobacco can cause *karkrog*," they say.

Technically, of course the companies are correct. They are using Hindi vocabulary in a state which is part of the Hindi-belt. But the issue here is that many of such words have simply gone out of peoples' vocabulary and neither doctors nor the common man can register the message when this is used.

State health minister Nand Kishore Yadav described this move as an attempt by cigarette companies to mislead people. "Using such words is playing with the health of people. Such practices must be stopped immediately," says Yadav.

Terming this step of the companies as inappropriate, former president of IMA Dr Ajay Kumar says, "Such practices should not be allowed. The word is not commonly used so it may mislead people. Moreover, cigarette is also consumed by people who speak English so usage of this term in Hindi must be stopped."

Regional Unani research institute deputy director says cancer is known as 'sartan' in unani therapy, "but we cannot use the term as it is not widely used."

Mahavir cancer institute director Dr J K Singh, who is running a campaign to help prevent cancer, describes this as a betrayal on part of the companies. "Even doctors do not use this word, this must be stopped with immediate effect," says Dr Singh.

## Only freebies can get people to AIDS programmes

By Aneeta Tewari

*Port Blair:* For the last one year not a single condom has been sold in the Dairy Farm area of Andaman and Nicobar Islands. Dairy Farm is considered to be high risk area for HIV. All efforts by the State Aids Control Society (SACS) have failed to make people aware of the benefits of using condoms to protect themselves from all kinds of sexually transmitted diseases. There are approximately 400 people living with HIV/AIDS in Andaman and Nicobar islands.

NGO advisor of SACS Girish Kumar says he gave a box of condoms to an allopathic medicine shop owner. But he could not sell even a single condom. "People do not want to hear about it. They don't want to buy condoms. They think we are giving them misleading information," says the owner of the shop Sonu.

Girish then advised Sonu to keep the box of condoms outside his shop. Not a single customer came up to find out more or inquire about the condoms just out of curiosity.

This is not the only example of how daunting a task it is to generate awareness and bring about behaviour change in this scenic island.

Here is another such example: On May 25 this year a camp was organized in the Dairy Farm area for people living with HIV in particular and common man in general. Around 30 persons of almost all age group gathered to attend this camp.

A woman participant, began to get impatient within 15 minutes of coming to the camp and inquired from the organizers if they would get 'biryani' to eat. SACS advisor Vivek Singh requested her to be patient and pay attention to what the experts were sharing with them. To this she replied: "We are wasting our time here. If we don't get biryani to eat then there is no point in attending the camp," and she left. Soon after her departure, almost all attendees left the camp.

"We have to face this kind of thing in almost all the camps. We keep refreshments just to lure people to the camp," admits SACS director Mishrilal. As this camp had not made any provision for serving refreshments, people were not interested in staying on.

Mishrilal attributed this behaviour of the people to the compensation distributed after Tsunami. "After Tsunami, they think every camp is meant for free food and refreshments," he added.

---

**A woman participant, began to get impatient within 15 minutes of coming to the camp and inquired from the organizers if they would get 'biryani' to eat. SACS advisor Vivek Singh requested her to be patient and pay attention to what the experts were sharing with them. To this she replied: "We are wasting our time here. If we don't get biryani to eat then there is no point in attending the camp," and she left. Soon after her departure, almost all attendees left the camp.**

---

## UP health mess: costs go up so sub-centres go down

By Manish Srivastava

*Lucknow:* Public health infrastructure shows little signs of improvement in Uttar Pradesh, even after getting approvals for new buildings from the government. The victim of government's slow-paced work this time have been the health facilities meant for UP's villages.

The state government had given its nod to building 1,049 health sub-centers in the villages. However, only 877 were constructed on time. For the remaining, funds have fallen short as building costs have escalated.

---

**The state government had given its nod to building 1,049 health sub-centers in the villages. However, only 877 were constructed on time. For the remaining, funds have fallen short as building costs have escalated. The cost of a health sub-center has increased by about Rs 2 lakh from the time it was sanctioned. About a year ago, the estimated cost of a health centre was Rs 6,20,000. It has now increased to Rs 8,10,000.**

---

The cost of a health sub-center has increased by about Rs 2 lakh from the time it was sanctioned. About a year ago, the estimated cost of a health centre was Rs 6,20,000. It has now increased to Rs 8,10,000.

The state health department had planned to construct an additional 1,049 sub-centers to provide health care to more villages, especially in Ambedkar Villages (name of the state government's model villages).

In September 2007, after the green signal to the proposal, the responsibility of construction of 181 sub-centers were given to social welfare corporation and 868 sub centres were to be built by the construction and design services of the state water department. The estimated cost of these centers was pegged at Rs 65,00,00,000 .

However, the administration took the notice of the

files of the proposed scheme only in February this year. It was then found that as the cost of building materials had gone up, all the sub-centers could not be constructed at the allocated amount. The department then decided to go ahead with construction of only 877 sub-centers.

Again on March 11 this year, the responsibility for the construction of the sub-centers was taken back from the agencies and a new agency was asked to proceed on the work.

A letter of medical education joint-secretary Ram Sajan says that the public works department increased the construction cost. "The rise in cost led to decrease in the number of sub-centers," he says in the letter.

The big question is will the poor condition of health facilities ever improve in UP villages. At least it doesn't seem likely in the near future

## COUNTDOWN POLIO

### Come monsoons, deadly polio is back in UP

By Sudhir Mishra

*Lucknow:* The Mayawati government has decided to start vaccinating children with monovalent-1 polio vaccine to check the spread of the highly infectious P1 polio virus, which has reappeared in the state after a gap of eight months. Soon after this news broke, the state administration decided to advance the monovalent oral polio vaccination for P1 slated for July 6 to June 29.

The state government has sent a proposal in this regard to the Central government.

Health department officials suspect that the P1 polio virus strain, which is more infectious than the P3 strain, arrived in the state from neighbouring Bihar. A 12-year-old girl, Uzma, in Badaun district was found infected by the strain. This forced a rethink among policy-makers, as all 61 polio that were reported in the state this year were of P3 virus.

Earlier the state government was planning to give dose of monovalent 3 during its July 6 drive, but the new development has not only forced the state to change its plan it has also compelled the administration to advance the pulse polio campaign from August to July.

**P1 is considered to be the deadliest of the polio viruses. It can lead to paralysis whereas P3 mostly affects the lower limbs. Another form, the P2 virus, was eradicated from the world in 1999. Uzma is the fifth child to be infected by P1 virus in the country. The earlier four were reported from Orissa, Bihar, New Delhi and West Bengal.**

#### INFECTIONS BY P1 VIRUS

State	No of cases
New Delhi	1
West Bengal	1
Orissa	1
Bihar	1
Uttar Pradesh	1

P1 is considered to be the deadliest of the polio viruses. It can lead to paralysis whereas P3 mostly affects the lower limbs. Another form, the P2 virus, was eradicated from the world in 1999.

Uzma is the fifth child to be infected by P1 virus in the country. The earlier four were reported from Orissa, Bihar, New Delhi and West Bengal.

The state had reported 22 cases of P1 in 2007 - the last case detected in October from Sultanpur district. The highest number of P1 infections were reported in 2002 when the number had reached an alarming 1242. The number plunged to 520 in 2006.

Health and family welfare director general M L Khatloi says, "Thought the case was reported in Badayun, we don't want to take any risk and monovalent-1 drive will be launched across the state. Our primary target is to contain the P-1 virus."