

UNTIL recently, life was a constant struggle for Radhesingh, a 26-year-old tribal from Vanthewad, a village in Gujarat's Bharuch district. His small patch of land yielded hardly enough to feed his family. And though Radhesingh had some skills as a carpenter, Vanthewad offered few opportunities to practise them.

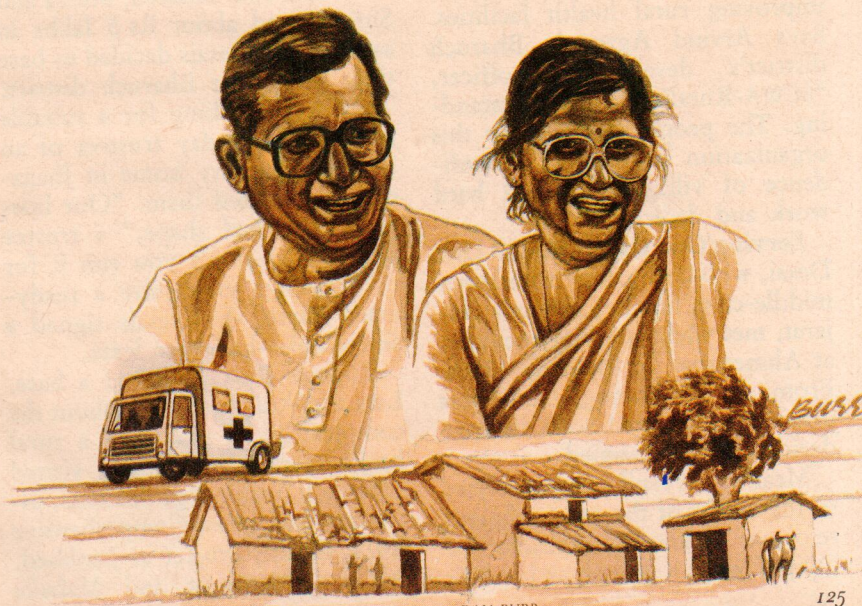
Today, though, Radhesingh works full-time at a hospital, preparing surgical trays and assisting doctors in the operation theatre. He is now comfortably off and a respected member of his community. "Best of all, I'm helping people too," he says proudly.

Radhesingh works for the Society for Education, Welfare and Ac-

By developing an innovative health service, this remarkable couple has offered a future to thousands of ailing villagers

The Good Doctors of Jhagadia

BY SHANOO BIJLANI



ILLUSTRATIONS: DAN BURR

tion (SEWA)-Rural, an innovative private health organization based in Jhagadia, a small town 20 kilometres from Bharuch. Run by Anil and Lata Desai, a remarkable couple who started it in 1980, SEWA-Rural has had a dramatic impact on the abysmal health standards of this largely tribal region. Infant mortality, as high as 164 per thousand in 1980, is down to 90 per thousand. Malnutrition and malaria are under control, and more than 70 per cent of the area's children have been immunized against polio, DPT and measles.

So impressive has SEWA-Rural's performance been that in 1985 it was chosen as a recipient of the World Health Organization's \$1-million Sasakawa award, given for improving rural health facilities. Says Arvind Agarwal, Bharuch district's development officer, "SEWA-Rural's work is outstanding. The people working for this organization have won the confidence of villagers through hard work and dedication."

Serving God Best. Anil and Lata Desai, who both come from lower middle-class families in rural Gujarat, met while studying medicine at Ahmedabad in the early 1960s. From the beginning, Anil was drawn to Lata, and soon the two decided to get married.

Meanwhile, Anil was introduced to the works of the great religious reformer Swami Vivekananda by Dilip Desai, a friend and fellow

student. Anil was stirred by Vivekananda's dicta that India's progress lay in uplifting her villages and that one can serve God best by working among the poor. After her marriage in 1967, Lata too was influenced by Swami Vivekananda's vision and the couple decided to start a community health programme in rural Gujarat.

But first, to get more clinical experience and raise money for their project, Anil and Lata moved to the United States in 1972, where Anil qualified as a surgeon and Lata specialized in paediatrics. "We stayed there for nearly eight years," says Lata, "but we never forgot our goal."

After returning to India in 1980 with their two children, Meera and Shreya, and about Rs 5 lakhs in savings, the Desais decided to base their project in Bharuch district. They were looking for a suitable site when one day trustees of an 18-bed maternity home in Jhagadia, approached them. "Our hospital is in bad shape," a trustee said. "Why don't you run it for us?" Happy to acquire a ready-made clinic, the Desais signed a seven-and-a-half-year lease.

Though they now had a base, Lata and Anil knew little about the complexities of managing a rural health service. So they visited voluntary health organizations, including the famous Comprehensive Rural Health Project at Jamkhed, run by Rajnikant and Mabelle

Arole*—Magsaysay award winners for rural development in 1979. "Win the trust of the local people," the Aroles advised the Desais. "And train them to work for you."

But first the Desais needed a core staff of professionals. They recruited a 15-member team of doctors, nurses and laboratory technicians, and arrived in Jhagadia in May 1980. However, the wary villagers refused to rent the team a place to stay.

Undeterred, the group slept in a shed on the hospital's terrace. "Everyone shared the work," says Bankim Seth, who joined the staff as a lab technician. "Anilbhai and Lataben would sweep the floor and dust the furniture."

Even after the hospital began functioning, only a few patients trickled in. So to acquaint themselves with the community's social and health problems, Lata and Anil visited the villagers' homes, sat on the floor and discussed crops, weather and babies. The Desais' simplicity and lack of pretentiousness won them many admirers. Whenever Anil's secondhand autorickshaw broke down, for instance, he would push it himself through the streets. "That really impressed us," recalls a Jhagadia housewife. "We couldn't believe that a *sahab* would do that. It made us feel Anilbhai was one of us." Finally, a villager agreed

to rent his house to the Desais, and within four months everyone on the team had found suitable accommodation.

Appalling Situation. By the end of 1981, the maternity home was a bustling 30-bed modern hospital with four full-time doctors, ten visiting consultants, an operation theatre and a pathology lab. As it attracted more patients, unexpected problems sometimes cropped up. "Upper-caste patients in the OPD insisted on being treated first," Lata says. "When we refused—Anil and I don't believe in giving preferential treatment—they'd get upset and leave."

Once the hospital was well-established, the Desais decided to extend their work to ten villages in the area. A survey that they conducted revealed an appalling situation: 75 per cent of the children in the surveyed villages suffered from malnutrition; one of four died before the age of six; less than ten per cent had been immunized against preventable childhood diseases. Anaemia, tuberculosis and malaria were rampant.

Clearly, if SEWA-Rural were to make a significant impact, it not only needed to establish curative facilities but also to promote preventive measures. All this meant additional resources, but that didn't prove to be a problem. The Gujarat government agreed to offer financial help for the project, as did Oxfam and Australia's Commun-

* See "The Good Doctors of Jamkhed," Reader's Digest, September 1979.

ity Aid Abroad.

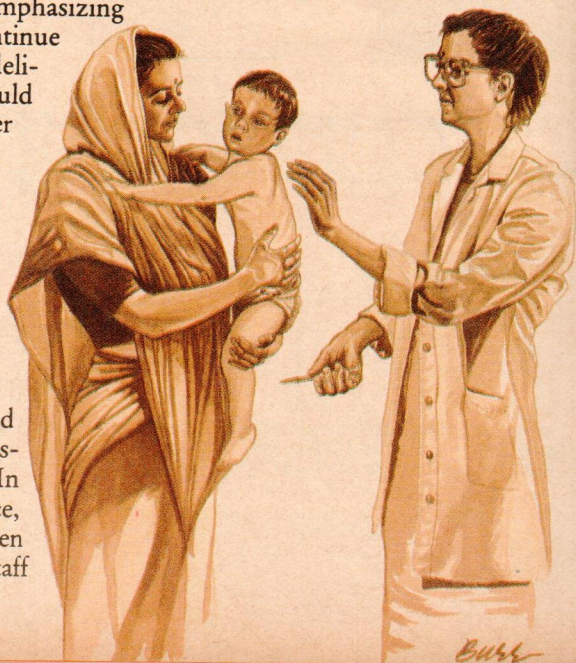
Since the Gujarat government already had midwives, health-and child-care workers in these villages, SEWA-Rural would not have to set up a network of its own. Rather it would take charge of these workers, re-training them if necessary. "To run a model health programme, a voluntary agency should collaborate with the government," says Lata. "The agency has the commitment and the government the material resources."

Getting the co-operation of the village health workers, though, wasn't easy. The *dais* (midwives), for example, were afraid they would lose their jobs. But with skill and patience, SEWA-Rural allayed these worries, emphasizing that the *dais* would continue to be responsible for deliveries; SEWA-Rural would only show the *dais* safer ways of conducting them. Slowly the *dais* came around. "Now we wish these doctors had come here earlier," says Daria, a *dai* of Motasanjha village. "We could have saved so many children."

SEWA-Rural also had to contend with the suspicion of villagers. In Ratanpore, for instance, people would not even open their doors to staff

members. "It was tough making friends," says Bankim Seth. "Only after repeated visits would they share a cup of tea with us. Even after that when it came to implementing health measures, they'd turn a deaf ear, preferring to rely on the services of *bhagats* (local witch doctors)." The SEWA-Rural team handled this problem carefully. "Since *bhagats* don't dispense medicines, and only cast spells," says Anil, "they are harmless. Therefore, we never told people not to go to them. We just let it be known that patients should also come to us for treatment."

Gradually the villagers began to realize the benefits of modern medicine. Once the SEWA-Rural team came across a 16-year-old boy suffering from acute jaundice.



A *bhagat* had treated the boy earlier, but without success. The SEWA-Rural doctor persuaded the family to admit the boy into the Jhagadia hospital—and he recovered after a month. And during a 1983 measles epidemic, 200 sick children were treated by doctors of SEWA-Rural. “We worked non-stop,” recalls Pankaj Shah, SEWA-Rural’s community health head, “and managed to save all but four.”

So pleased was the Gujarat government with SEWA-Rural’s management of health services that in April 1984 it handed over responsibility for state health-care programmes in 11 additional villages to the agency. Today, the Desais control every aspect of health, from sanitation to family planning, from surgery to immunization of children, for 45,000 people in 41 villages—a degree of delegation of authority from government to a private organization that has no precedent in India. The unortho-

dox arrangement has worked well: death rates are down by 25 per cent, and nearly 65 per cent of married couples practise family planning.

Since poverty is the primary cause of poor health, SEWA-Rural has also initiated a number of schemes to raise the villagers’ incomes. A technical training centre was established in Jhagadia in 1985 to teach welding, carton-making, carpentry and car repairs to local youths. So far, 49 of the boys have got jobs at the near-by industrial town of Ankleshwar. And to encourage women to become financially independent, SEWA-Rural started *papad*-making centres. Today, three of these centres employ around 35 women who earn more than Rs 15 daily.

SEWA-Rural also hires 47 women as *anganwadi*, or kindergarten teachers. For example, Sushila Mahant, a Brahmin widow of an orthodox family in Motasan-



ja, teaches kindergarten class in the village. She also treats villagers for minor ailments and supervises the preparation of supplementary nutrition from milk, soya-bean and maize for the younger children. For a woman who, a couple of years ago, would never have dared to step out of her home or talk to her neighbours, this is a remarkable achievement.

SEWA-Rural places great emphasis on *esprit de corps*. The organization is run democratically, with the account books open to everyone. The staff is also constantly encouraged to make suggestions for improvement. When the health-care workers and the *dais* suggested that if the colour of the thread (used for tying the umbilical cord) in their sterilized delivery kits were changed from white to red, it could be located more easily, the proposal was immediately accepted.

"In all our programmes," Lata says, "three basics are kept in mind—social service, a scientific approach and a spiritual outlook. We believe that the principle underlying all sincere belief is the same: humanism in the atheist, love in the Christian, brotherhood in the Muslim, non-violence in the Jain and selflessness in the Hindu." Every evening, patients, staff members and villagers gather in a

small prayer-room in the Jhagadia hospital compound and read religious works and sing hymns.

The success of SEWA-Rural has spurred the birth of other health-welfare projects in Gujarat. Dr Lalit Shah, who worked with SEWA-Rural for five years, now runs the health care centre in Gujarat's Sabarkantha district and will soon expand his scheme to 12 surrounding villages. Even visitors to SEWA-Rural quickly come under its spell. "This is a great place to learn healing," says Dr Heena Dhruv, an intern from Baroda Medical College. "Even though I was assigned another primary health-care centre by my college, I was so impressed by SEWA-Rural's work that I was determined to work here."

Dr Sridhar, a SEWA-Rural paediatrician, agrees. "The Desais' die-hard spirit is worth emulating," he says. "Anilbhai's motto in life is never to give up. He has immense faith in people and he knows how to motivate them."

But compliments make Anil and Lata feel uncomfortable. "Every day brings us further confirmation of Swami Vivekananda's insight," says Anil modestly. "Truly, one gets the greatest happiness from helping and living in harmony with others."

NEVER let your feet run faster than your shoes.

— Scottish proverb