

CARING FOR THE ELDERLY IN KUTCH

Mar 9, 2015, 02.00 AM IST



When Adani Foundation embarked on its CSR journey, it recognised that given the landscape of its presence - Kutch, where the Mundra port was located - there would be a number of initiatives in which it could effectively engage. However, the one that has addressed an unmet need, endured and grown is related to healthcare, inspired by the reality of most youngsters leave the region to seek work and leave behind older family members. What Adani noticed was something beyond the evident reality of most Indian rural landscapes.

There was an evident unfulfilled need in Kutch due to a relatively low incidence of doctors and medical facilities, but there was something else. This need was most marked in its elderly, affected by a combination of low income, low mobility, low family support and low awareness. Adani didn't have to go far to find its clues. It noticed that that nearly 25 per cent of outdoor patients comprised senior citizens. Besides, Adani discovered that these were either too badly off to seek competent medical attention or did not possess the confidence to commute and engage with doctors.

Based on this reading, an inclusive, replicable and scalable model was designed to cater to the need of the elderly of 35 villages and six fisherfolks' settlements. The objective of this project: Spread health awareness among senior citizens; promote health care-seeking behaviour; support preventive, regular check-up and critical health care needs. Woven around these guidelines, Adani launched mobile health care units and rural clinics that would provide basic health care to the marginalised while general and specialty health camps addressed other health care needs.

And here too, Adani could have smugly congratulated itself for effective implementation and gone home. But for something that Adani noticed; it observed elderly women and men come in with various complaints, even though the camp would be focusing on something different. Which is when Adani recognised the relative futility of periodic camps. It realised that these camps would address unmet medical needs only when Adani conducted them; the required solution needed to address medical

realities when patients desired. And that is how Adani narrowed down to an effective Health Card Scheme, promising anytime preventive and curative intervention. The scheme proved different for some good reasons.

One, Adani would have been happiest launching initiatives entailing large numbers; this initiative was across a relatively smaller group but extending deeper. Two, most medical insurance companies were unwilling to insure the elderly beyond the age of 65; Adani's initiative addressed precisely that segment. Three, there was always the danger that the empanelled hospitals would not address unmet needs of the target segment the way Adani desired; when Adani assumed management control of a hospital in Mundra, it began the process of consolidating necessary services, providing transportation to patients and delivering holistic support. Four, Adani commenced its service through a pilot phase, which served as a suitable period to observe, introspect and course-correct.

Five, Adani coupled card handover with awareness- building, listing benefits, reimbursement process, empanelled hospital list and network of multi-purpose workers covering all villages. Six, Adani spelt out the advantages: Cashless facility when used at empanelled hospitals, reimbursement when using empanelled hospitals, development of an intranet to track card utilisation, periodic satisfaction surveys and service priority to card holders at empanelled hospitals. This is what the card delivers: Coverage up to Rs 75,000 over three years, health check-ups delivered at one's doorstep, checks woven around inclusion and awareness creation rather than exclusion, the facility to carry forward insurable amounts not utilised in a year, and interventions covering chest X-ray, ECG, urine and blood profile, personal, clinical and addiction history, check-up by medical officer and checks for cataract and ENT issues.

Encouraged by the initial response, Adani's Health Card Scheme was made a full-time initiative in 36 villages in Kutch covering more than 4,000 individuals. This initiative is now being scaled up; in 2015-16, it is expected to cover the entire Mundra block of 61 villages and fisher-folk settlements comprising more than 8,000 senior citizens. This means that Adani's intervention does what social health security achieves in the developed countries, except that, in this case, it addresses the focused need of the elderly. What started as a health care-centric initiative has started rippling across as a social game changer. Neighbours are escorting elderly neighbours to medical facilities because there is no waiting and nor does money have to be spent.

Doctors at empanelled hospitals have begun waiving charges for senior citizens if the health card has exhausted (within a cost category). Village leaders are extending transportation and moral support for members seeking timely treatment. The patients are surprised that feedback is being sought not only from them, but also relatives and village leaders. Which is why, when one of the patients was asked about the role that this card is now playing in her life, she replied: "It is like my own son. It is doing what my son would have done if he had been around."