

Rural Health Practitioners: the torch bearers for the rural folk of Assam



Comments 16



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"We live in such a place where there is no facility of modern communication system. The road condition is very poor, so naturally transport system is worse. During rainy season we are compelled to live like animals. In health sector, of course we have a dispensary in our village, but there is no doctor for last 15/20 years. So, whenever someone fell sick, the family members of that person had to take the patient for to the state hospital/ phc far away from our village. Apart from that during rainy season our place is affected by flood every time; and this is the time when we people had to suffer a lot. It is very unfortunate for us that though we have a state dispensary here, still we unable to find a single doctor in this institution. But thanks to the Government of Assam for taking such a decision to provide us the rural health practioners. Now we can at least get some medical facilities in our village itself. Otherwise, previously for us it was very difficult to reach a doctor whenever we needed..." --- This is a statement of a villager of Chirrang district. It was a challenge for the government of Assam to provide quality health care to each and every one living in rural areas, but the main barrier to reach the goal was that most of the MBBS doctor are not willing to work in rural areas. Finally, the state government has found a path which can be the solution of this problem...

It was the year 2004, dated 18th September, when the Health & Family Welfare Dept. of Assam had introduced an act—"The Assam Rural Health Regulatory Act 2004". The main motto of introducing this act is to increase in trained manpower for rural areas and in the health sector. A pool of trained physicians, during time of crisis to increase the manpower pool in the health sector. At the same, it is expected that the vacant posts in rural areas will get filled up which will regularise and streamline trained manpower in rural areas and simultaneously increase access to rural people in Primary Health Care.

The prime objective of this act is as follows : i) Opening of Medical Institutes for imparting education and training for the course of DMRHC. ii) To regulate and register the diploma holders in DMRHC. In light of the above Act Jorhat Rural Medical Institute started this DMRHC course. The first batch was started in September 2005. The practical training for this course takes place at the Jorhat Civil hospital, Jorhat. For the first batch of the course 98 students have been selected on merit basis, and this batch has passed out in September 2008. On 1st June 2009 the honourable Chief Minister of Assam, Mr. Tarun Gogoi gave away certificates and appointment letters to 92 students who had successfully completed the course in the Regional Medical Institute. The qualified medi-care practitioners had been deployed at the remote, far flung and rural areas of the state after undergoing basic internship at various health care centres in the state. At present in 13 districts the RHPs are working. District wise posting positions are as follows--- in Baksa 16 nos. of RHPs, in Cachar 2 nos., in Chirang 20 nos, in Hailakandi 6 nos, in Dhemaji 2 nos, in Dhubri 10 nos, in Jorhat 1 no, in Karbi Anglong 11 nos, in Korimganj 6 nos, in Kokrajhar 6 nos, in NC Hills 6 nos, in Tinsukia 2 nos, and in Udalguri 4 nos. of RHPs has been posted so far. At present 3 batches of DMRHC are undergoing classes I) DMRHC /06 batch: 95 students, II) DMRHC /07 batch: 87students, III) DMRC/08 batch 100students.

As per the act the RHPs have to follow some particular regulations-- under sub section (4) every person whose name has been enrolled in the State Register of Rural Health Practitioners shall be entitled to have a certificate issued by the Authority under the hand and seal of the President and the Secretary and bearing a Registration Number and shall be eligible to practice medicine and Rural Health Care in rural areas of the State of Assam. Under Sub Section (5): Every person whose name has been enrolled in the State Register of Rural Health Practitioners shall be entitled to have a certificate issued by the Authority under the hand and seal of the President and the Secretary and bearing a Registration Number and shall be eligible to practice medicine and Rural Health Care in rural areas of the State of Assam. Under Sub Section (6) Provided that no Rural Health Practitioner shall use the word "Doctor" or "Dr" before and after his name. However he may identify himself as Rural Health Practitioner or RHP. Under Section 21. Regarding Prohibition of Practice except as provided in this act. Under Sub Section (1) : No person whose name is not enrolled or has been cancelled or removed from the State Register of Rural Health Practitioners shall practice Medicine and Rural Health Care at any place whether rural or urban in the State of Assam. Under Section (2) : Any person who contravenes the provisions of sub-section (1) shall be punished with imprisonment, which may extend to 6 years or fine which may extend up to rupees thirty thousand or with both.

It should be mentioned here that as per the norms of the stated act the job responsibilities of the RHPs should be—

- He/She will have to attend OPD duty regularly. He/ She will have to attend emergency cases which come to the institution outside the normal duty hours.
- He/She will organize laboratory services for cases when necessary.
- Passive Surveillance – Blood Slides are to be taken for all fever cases and necessary presumptive treatment or Fever radical treatment to be given as per new drugs regime from NVBDCP.
- Treatment for minor illnesses/ Common Communicable & Non communicable diseases.
- He/She will provide quality Ante-Natal checkup and Ante-Natal care.
- He/She will identify High Risk Pregnancy and arranged referral as the case may be and motivate Institutional Delivery for all pregnant women in labour.
- He/She will motivate pregnant women to avail the benefit of Janani Suraksha Yojana (JSY)
- Promote Early (Within ½ hour) breast feeding up to 6 month followed by Complementary feeding.
- Manage cases of Asphyxia and prevention of Hypothermia and infection soon after birth.
- Identification of LBW babies soon after birth and management of LBW new born.

- Increase awareness of use of ORS for all Diarrhoeal diseases.
- Provide treatment of Diarrhea and ARI cases.
- Promote home based new born and child care through IMNCI (Integrated Management of Neonatal & Childhood Illness)
- Provide Routine immunization and Vitamin -A supplementation by conducting Immunization session on every Wednesday. If beneficiaries are more Immunization session may be conducted twice in a week
- Associate with Immunization Week and Intensive Pulse Polio Immunization programme (IPPI) as per schedule.
- Implementation of NRHM, RCH II, NLEP, NBCP, IDDCP, RNTCP, NCCP & IDSP as per Guidelines.
- Create awareness among the eligible couple and community about contraceptive and advantages of small family.
- Provide contraceptives to meet the unmet need.
- Popularize emergency contraceptive (E-Pill).
- Motivate for quality male and female sterilization. (NSV / Laparoscopic Sterilization/Minilap/PPS)
- Submit report in NRHM reporting format to the i/c Block PHC on 1st day of the following month.

It should be mentioned here that the Rural Health Practitioners receiving an remuneration of Rs. 13,000/- per month are presently delivering a worth praising service in the Health Institutions of the rural areas of Assam. Also, after appointment of the Rural Health Practitioners more patients began coming to the health institutions of the rural and remote areas. Particularly, in maternal and child health sector the result is strikingly effective. Apart from performing their regular duties most of the times they had to attend many emergency cases. Just to cite an example, in Pamupathar SHC, under Mushalpur BPHC, of Baksa district the RHP attends all the emergency cases in the absence of the Regular Ayurvedic MO. In Pamupathar SHC an average of 30-35 patients turn up every day for OPD. the RHPs are becoming more and more popular among the rural folk of Assam. Previously, in most of the interior places of Assam the people had to suffer a lot to avail health facilities. Even for some minor health problem they had to travel such a long distance that until and unless it did not become serious people are not willing to go to any health institution which is far away from their village. The service provided by the RHPs found to be satisfactory and the rural people are extending full help to the RHPs in performing their duty properly.

- Ritul Bhagabati

editor

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