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Mabelle Arole Fellowship
8 June 2016
Final Report 2015-2016

"By staying in the narrow confines of curative care, were we not doing a disservice to those very people we had vowed to help?" –Dr. Mabelle Arole

Eleven Months in Jamkhed

From arriving through Mumbai in July along cracked roads that are now all too familiar, to saying final farewells with staff members a couple weeks ago, the last year evaporated pretty quickly under the scorching Jamkhed sun. Amid months that felt like days, there were of course weeks that felt like years—a reality within a rural area suffering from its fourth year of drought. But all in all, I'm struggling to piece together how eleven months with the Comprehensive Rural Health Project went by so swiftly. There are too many faces to name, too many moments to timestamp. But I'm grateful for this report as an opportunity to help reflect on this year.

Grants and Fundraising

Perhaps this isn't the most exciting place to start, but since my last update in March, this is probably the most pertinent. Over the last year, CRHP has faced some tough financial hurdles. A big chunk of our time at CRHP was discussing and coming up with potential solutions that could fund programs in Jamkhed and the surrounding villages. Early on, I had applied for an oral health grant that unfortunately did not pan out. But good news was on its way toward the end of my time at CRHP. We ended up getting a diabetes grant that would fund a diabetic risk score project over many villages—my co-fellow Lauren wrote that grant. We also obtained university funding for projects related to our aquaponics and adolescent programs. The surgery camp that we had put on in January was not only confirmed for the next year, but the Freedom from Poverty Foundation—our Canadian partner—wound up securing commitments from enough medical personnel so that two camps could be run instead of only one. And a proposal we had sent through the state's National Health Mission apparently is moving forward, allowing us to potentially train ASHA workers from across Maharashtra in addressing more communicable diseases and behavior change. So things look like they're heading toward an upswing.

In April, I attended a partners meeting hosted by GiveIndia, a national organization that aids Indian non-profits and NGOs in fundraising. The four-day meeting was an eye-opener in terms of how many resources are available for within-India partnership and giving. Previously, I had been told at CRHP that India-to-India funding wasn't really a huge trend, and though that might have been the case then, it seems that Indian giving is becoming more of a reality now. A big part of this shift is a national law that requires Indian corporations to give two percent of their profits to charitable causes. The law was passed two years ago, and though the uptick has been slow, corporate giving seems to be gaining steam now. Indeed, much of the

conversation around the GiveIndia conference was focused on how to tap into these corporate social responsibility funds. Given CRHP's history and global reputation, and the resources available, I believe we can attract some of these funds to Jamkhed. With Ravi and some of the other players at CRHP, we've started to explore possible collaboration, and the plan is to keep an eye out for more opportunities in the future. Some of these opportunities include leveraging existing platforms to help fundraising efforts. GiveIndia has its own crowdsourcing application—called iGive—that we are currently using to fundraise for our preschool. Utilizing these, and other avenues, would hopefully bring in more revenue for CRHP programs.

Though not exactly medical or healthcare-related, delving into the more operational side of things has been hugely beneficial for my own education. I'm pretty green into how organizations work and subsist, so this insight has been hugely valuable and complements my activities in the hospital, office, and villages. Exposure to this side of NGO life has certainly been a major highlight of my year.

Time at the Hospital

With a rising temperature in Jamkhed heading into the summer months, hospital visits by the surrounding communities declined. This period also coincides with school vacation, allowing families to travel and see relatives, and also probably contributing to the drop in patient volume. Even the high rate of our free delivery program dwindled a bit. Other than the occasional government-run fertility camp, post-operative visits from patients who attended our surgery camp, and a couple of other surgeries, things were pretty quiet at CRHP over the last couple months.

Despite this lack of activity in the summer months, my overall clinical exposure at CRHP could perhaps reflect a small microcosm of what medical school rotations might entail. Infectious diseases were common in the outpatient wing and dressing room, where tuberculosis, post-leprosy complications, and other ailments were tended to. The free delivery program allowed for a comprehensive immersion into obstetrics, gynecology, and newborn health. The surgery camp and post-operation visits were incredible, instructive, and eye-opening. Our diabetes grant provided a good foundation for lifestyle diseases that are deepening their roots in our communities. And the countless cases in between provided insight into the management of a host of other conditions. I felt pretty lucky to be a part of a healthcare team tackling rural India's diverse healthcare needs.

Travel

Throughout my time at CRHP, I got to visit a couple places that I had missed during my previous trips to India. As detailed in past reports from this year, Hyderabad, Goa, Aurangabad, and Pune were some of the major destinations. Toward the end of my time at CRHP, I was also able to see Kushinagar in the north, a Buddhist pilgrimage site.

Earlier in September, I attended my cousin's wedding in Sydney, Australia—which was amazing. I hadn't seen that side of my family in almost a decade, so I was really grateful for the opportunity to reconnect. In March, to fulfill visa requirements limiting stays in India for 180 days at a time, I traveled to Sri Lanka and Thailand to visit family and friends. I had taught English in Thailand for a year in 2013, and it was amazing to return and spend all of that time with my host teachers and the school. Sri Lanka was a bit of a whirlwind with various family members located close by, but far enough that hours of travel were needed for each visit. There was a sequence of a few days where I'd take a bus to one relative's home, spend the night, and get up the next morning to travel to the next family member's town. Despite the logistics, it was so great to spend time with my family and see how their lives had changed over the last couple years.

Relationships with Staff

It was a process, but over eleven months at CRHP, it came to feel like a lot of the staff became more like family members than just co-workers. These guys see foreigners come in and out like clockwork, including a new batch of long-term guests every year. That regular turnover, plus my lack of any concrete language skills, made it a bit difficult to get close to some of the staff early on, who (rightly so) didn't necessarily need to invest their time and energy into someone who was going to leave yet again. It was a bit of a fresh adjustment for me, whereas other cross-cultural opportunities usually came with arms and hearts that were overly open and warm. I think my South Asian skin with no Hindi or Marathi skills also confused people—almost like false advertising.

The process of breaking through those silent barriers and getting to know the staff—like almost all of the opportunities I've had—ended up being one of the most cherished parts of this year. With broken Hinglish, swaths of silence became somewhat translatable—stories were told, jokes were made, information was shared, and laughs were had. Pranks were pulled on me, food was shoveled down my throat, games of cricket and football were played. You don't get to that level of comfort between people without giving a bit of yourself up, creating the space necessary for bridges to fill the void. I was blessed to be let into people's stories and homes, to have their motivations for their work passed down to me. Especially during a time where CRHP wasn't the best off financially and within the midst of a severe four-year drought, the staff remained the paragon of persistence, keeping the institution running despite the hardships. To have the trust and ear of CRHP's greatest asset meant a lot during this year.

New Friends

Every year CRHP hosts a handful of recent graduates through fellowships and internships. Being a part of a team of young health professionals allowed me to develop great relationships with people from a variety of different backgrounds and motivations. My year with these guys has exposed me to a ton of issues that has refined my understanding of health and so many other issues. Additionally, through the many training groups here to take short courses, I was able to meet health

professionals from other countries and learn about their work, and particularly, how they aim to incorporate what they learned at CRHP into their own careers. It was pretty valuable to hear about this institution's applicability among people who come from so many parts of the world.

Post-Fellowship Reflections

Overall, the fellowship year was a valuable experience, one whose lessons now may evolve with time as I keep sifting through these last eleven months. My initial motivations for coming to CRHP mirror the core takeaways that I brought home with me: to live with and learn from a long-lasting institution dedicated to community health for India's rural poor. Over forty years of work was paved on CRHP's campus by the time I arrived, and I can safely say that I've been inculcated with the mission and vision of this organization's history. From the Jamkhed model, to the inclusion of community members at every step, to contextual and applicable solutions, to a hyper-awareness of needs on the ground—CRHP has honed a mindset through practice that was shaped by my education and work years. If anything, I'm grateful for the repeated adages of community participation, of emphasizing uncompromising principles among visiting practitioners, of the subtle side-eye cast on Westerners who thought they knew better than people who've been here for four decades.

In its lifetime, the progress that CRHP has made is historic—bringing down infant and maternal mortality several-fold, decreasing the rates of diarrheal and infectious diseases drastically, and hammering away at the stigma that surrounded some of rural India's most maligned diseases—all at a time when the national government was largely absent in the healthcare landscape. Their village health worker model became the backbone for India's national ASHA program, whose more than 800,000 workers today take on the role of healthcare provider across India's villages. Recounting CRHP's milestones is proof of the massive footprint they've left on rural and community healthcare, a footprint had that has transformed Jamkhed block's health map from emergency status to a slower, more lifestyle-based burden.

From my very limited experience, in many ways it seems that this enormous progress that CRHP has made is also simultaneously holding it back (take this with a handful of salt since I also am a transitory Westerner). As I've heard Ravi and Dr. Shobha say several times, the diabetes, hypertension, and mental health issues that Jamkhed's villages are currently facing require slower, nuanced, and more longitudinal solutions than the poor maternal health and waterborne diseases plaguing these communities decades ago. Consistent interventions stressing behavior change and education are needed to push back against these silent ailments, and even then, the results may not be realized until many years later.

Currently, CRHP is tilting its programs to meet these emerging threats. A mental health program was rolled out last year. The diabetes grant should be impactful at spreading information around multiple lifestyle diseases and their stressors. University partnerships have invested in measuring the impact of our adolescent

programs. Aquaponics projects and farmer trainings are aimed at tackling drought and the staggering rate of farmer suicide. Though we are headed in the right direction, I often felt that the pace could be quickened, that CRHP was lingering too much on its well-documented past as a path toward a less certain future—that we were using rusty tools from 1970 to fix problems in 2016.

The words quoted above by Dr. Mabelle Arole were said during a time when clinical care, and not public health, was the standard for the population's burden of disease. She and her husband, Dr. Raj Arole, were performing preventable surgeries, advising anemic expectant mothers, treating many cases of diarrhea, and seeing so much illness whose sources could have been addressed outside of the clinic. Together, they realized that the villages had to be included as a primary focus to prevent and tackle healthcare issues before they become more complicated clinical cases—which led to the introduction of their successful, three-pronged Jamkhed model.

Though CRHP's body of work today is an outstanding forty-year statement to Dr. Mabelle's call, I still think her words echo through our current situation. Moreover, I think those words stand as a challenge to always test the traditional norms of doing things, to always look to listen, create, and re-invent structures, policies, and programs that are better in-sync with the community's needs and the resources available to support them. The beauty of CRHP is in its ironclad principles born of decades of service and expertise, principles that will and should never be compromised, but could be woven synergistically with an incredible array of interventions and frameworks that are catalyzing the mission-based success of many like-minded organizations.

I think what Dr. Mabelle was trying to say is that through strong and open-minded leadership, and the pursuit of knowledge and resources that can be passed down to the village level, borders are continuously pushed further so that the dynamic, ever-changing needs of the community are met with solutions evolving as quickly as the issues. I'm very fortunate to have been a part of CRHP's current shift in tackling this side of the epidemiologic transition, and look forward to the progress being made in the future.

Thank You

I owe the opportunities that I got this year to so many people. Thank you to Ravi and Dr. Shobha for welcoming me openly, and trusting me with the responsibilities of doing my part for this amazing institution. The many conversations we had offered a ton of guidance, not only for my work this year, but for what I hope to achieve later on. Thanks for giving me your time and investment.

Thank you to David Pyle and the MAF committee for honoring me with this fellowship. It was a catalytic year for the schooling that lies ahead, putting things in perspective. Thanks especially to David for his support and advice throughout the year.

Thank you to my fellow FIGs, who provided so many good times and so many levels of support. Thanks in particular for lending me your ears, and sharing with me your perspectives.

And lastly, the staff. There are so many who have helped, taught, fed, and trusted me—too many to name that I risk leaving people out. Thank you for treating me like family, and accepting me as warmly as any visitor could hope. Your incredible commitment in spite of the harsh difficulties this year remains one of the most awe-inspiring acts of service that I've witnessed. Thank you for including me in your work, and teaching me things that I couldn't learn elsewhere—lessons that I'll carry with me to medical school and the path that lies after.