

March 30, 2015



HEALTH - It's one of the world's fastest growing economies but India still lags behind so-called developed countries in terms of good hygiene and health care. According to [Healing Fields](#), a non-profit organization that helps the poor access medical care in India, only 52% of Indian women have safe deliveries and one out of every 15 children dies before reaching their fifth birthday.

Disheartening health, sanitation statistics

Other statistics are equally disheartening: 52 million children in India are undernourished and only about 10.5% of people have access to community toilets, forcing 626 million people to defecate out in the open. Nearly 80% of women in India do not use sanitary napkins – because of poverty, poor access and lack of awareness.

According to the World Health Organization, 80% of India's diarrheal diseases is the result of drinking water contamination by poor sanitation.

On a recent visit to Rome where she spoke at the [Voices of Faith](#) event in the Vatican in celebration of International Women's Day, Healing Fields' Catholic co-founder and Secretary

General Mukti Bosco told

[atican Radio](#)

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that while India has become an international hub for quality yet inexpensive, health tourism, the majority of Indians in slums and rural areas has no access to adequate healthcare. She particularly laments the high numbers of unqualified health providers and non-sterile practices in health facilities in rural areas.

Listen to Tracey McClure's interview with Mukti Bosco:

Bosco, an occupational therapist and healthcare manager by training, explains that she was inspired to create Healing Fields sixteen years ago after meeting poor families who were forced to mortgage an important income-making asset to pay for healthcare. Such an asset might be the husband's push-cart used to sell vegetables or the wife's sewing machine.

Bosco points out that aside from the negative impact of healthcare on family finances, 70% of common illnesses in India today are preventable if the average person "has access to knowledge of prevention, of sanitation, clean drinking water and nutrition, hygiene."

Making this information accessible became one of Healing Fields' most important goals, plus ensuring that people had enough money to see a doctor "because 80% of health expenditures in India are out of pocket. So if people fall ill, they have to go to hospital and pay for outpatient care, diagnostics and medicines."

Micro Health Insurance for the poor

Healing Fields designed micro health insurance programs for poor communities in India. "We thought the poor needed financial access and help through hospitalization," Bosco says; "health insurance does not cover out-patient care. It only covers hospitalization."

We found that if families didn't have small amounts of money, even as little as 200-500 rupees (less than \$10.00), Bosco says, "they just delayed going to a healthcare provider and because they delayed it, complications set in. Or even if they went to their healthcare provider, they did not have money to buy the whole course of medication. And therefore, they just bought enough for two or three days and stopped it - and then the disease is not cured, complications set in and then they have to be admitted to hospital."

Healing Fields is no hand-out operation.

"We created health groups in villages where about 15-20 women would get together with a trained woman in each village as community health facilitators. They go through a one year training program learning different aspects of health care, prevention, nutrition, hygiene, water, sanitation, toilets, etc. and they go back into their communities and they have to educate the others. They also learn to form "health savings groups" where women save small amounts of money which is kept within the village on a self-help group model. So if someone falls ill, they can take a loan from the fund 24/7. We have created a network of hospitals and pharmacies and negotiated discounts. [Villagers] have health cards so they take a loan, go and get the healthcare that is required through the loan that they take from the community and the loan from the savings group, and they have to repay that loan."

Now, Bosco says, at the first sign of illness, "people go in and get the care that they require and also money is available to buy the whole course of medication and [the cost of] hospitalization [is reduced]. So that is one way of breaking the cycle of poverty or the burden of disease."

Why are women key players?

The world over, Bosco asserts, "women are the custodian of the family, for the healthcare of the family. She takes care of the family generally...but (a woman) is not the decision maker or the bread winner. She is not the decision maker when it comes to paying – to paying insurance. It is the man who decides. Man has no clue - but he decides because it involves money. But when a woman gets educated, then the whole family, the whole community, gets educated. And when we create a livelihood for a woman with an extra income, the income invariably goes to the upkeep of the family and usually it goes into food and education and clothing and security. Whereas if a man makes a little extra, then it goes into other things. Especially if you

look at the poor, they go into drinking, alcohol, or...cigarettes or whatever else.”

Women have to go the extra mile

Asked if being a woman has been a hindrance to her work, Bosco expresses appreciation for her liberal upbringing and for the encouragement of her husband and children. “It’s been great.”

But in her work, she admits “I won’t say it has been a hindrance, but as a woman [in India] or for that matter, anywhere in the world, we have to doubly prove ourselves. When a man comes and talks about exactly what I’m talking about, [he is] immediately accepted. But when I am speaking, I have to prove myself. I have to prove myself: that the work that I am doing can be as significant as a man would do. So from that perspective... yes, you could say, we [women] have to go the extra mile...”

In recognition of her work, Mukti Bosco has been invited to participate multiple times in the Clinton Global Initiative and she has been named a Fellow of the prestigious Ashoka network of innovative social entrepreneurs.

Source: news.va, March 24, 2015