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Moynapur Rural Healthcare Foundation

Final Report

Summary :

***NB : All the sentences in italics are quotes that I collected from personal interviews with the doctors involved in MRHF.*

I. The organization

1. History

Moynapur Rural Healthcare Foundation is an NGO created by Dr Binayak Deb in 2015. Dr Deb is cardiologist at the Rabindranath Tagore International Institute of Cardiac Sciences, NH, Kolkata. He studied in London and lived abroad for many years before he decided to come back to India. Dr Deb has been very inspired by the work of Dr Shetty, founder of the Naranaya Hrudayalaya (NH) hospital, or simply Naranaya Health, known for its mission to provide affordable healthcare to the most needed thanks to a a pressure on unecessary costs. Dr Deb is a passionate doctor ; his main motivation, as he had told us, has to do with his deep dislike for the intermingling relationship between medicine and money ; he wants to give access to the probably most important human need, which is healthcare, to people who were before deprived of it.

Moynapur Rural Healthcare Foundation (MRHF)'s mission is to provide free healthcare to the rural population of Moynapur, West Bengal, India, and, more broadly, to the rural population from the whole remote region surrounding the village.

Once every two months, MRHF organizes a camp there, where everybody can come, have a real consultation with a doctor, and get a diagnosis on his/her condition. *« The whole idea is to organize camps for free ; they are diagnosis camps for the underprivileged people »,* explains Dr Deb. If the camp was first a heart camp, gathering mainly cardiologists in order to address cardiac problems, it has now managed to expand and gather several specialists, addressing a wider range of diseases.

The other main action of MRHF is the Scolarship Programme. Dr Deb personaly engaged in promoting local youth to encourage a new generation of doctors. He explains : *« The second aspect is to integrate the underprivileged medical students to the society ; to facilitate them to become doctors, or paramedical professionals, like nurses, physiotherapists, laboratory techniciens… So we have a scolarship programme for that. We give about 20 scolarships per year. »*

This programme goes along with the organization's general mission : it is not about giving away financial help ; it is about help and empower local village population.

2. Functioning model

How does such an organization function ? Many of the practioners we talked to emphasised the *motivation to give back* as being the main factor of success of the camps. Nevertheless, the organization of the camp costs a lot of money. How is this all financed ?

First, we have to make a distinction between the organization of camps and MRHF, because they are not perfectly linked. Dr Deb explain the overall functioning in these terms : « *We use the resources of Naranaya Health and Rabindranath Tagore International Institute of Cardiac Sciences. They give support in terms of doctors, in terms of other logistical support, which helps to conduct these camps. Transports, lodging, and the functionality of the camps are taken care of by Naranaya Health. MRHF looks after local logistics –such as the location of the camps, and the proper fucnctionality of the camp, but also the food and the hospitality given to the doctors who come for the camp, and the overall local management. »*

For the camps themselves, the main costs are captured by transportation –three and a half hours of train for one way, and the local jeep to access Moynapur–, lodging, and healthcare costs such as ECG scans and blood sugar tests.

MRHF finds its own funding thanks to external sources, which are mainly Naranaya Health, but also other corporate entities. Both integrate this support to their CSR policy. A remaining part comes from private donations.

All the resources are used to be as efficient as possible, and the organization of the camp remains simple : it takes place in the village school. Though, it does not mean that the operations are not made in a professional way. On the contrary, the idea of the camp is to bring all the expertise of a high-quality hospital, in the villages.

I. The camp

1. Purpose

The principle is to gather together several specialists and provide a free diagnosis for the people living in the remote area of Moynapur. The problem that was identified by the practioners is that most people do not know what they suffer from. They might think they have a lung problem whereas they actually have a heart problem. The diagnosis provided by the specialists allow them to know precisely what is their problem (if they have one), and whether they should travel to the hopital or not.

« What happens with these people in the villages is that they don't know why they are feeling a certain way. For example, a patient has breathlessness, he doesn't know whether it comes from the heart, from th lungs, or whatever. So if you don't come and tell them what is their problem, they will go to this place and that place, and they will spend all their money in the wrong direction. So our idea as an NGO is to get to them and provide them healthcare at their doorstep », says Dr Lalit Kapoor.

2. Visit of the camp

Our journey began way before the official timing of the camp, which was on October 20th, 10am. Accessing the place requires some time, and a certain level of logistics to make everything fluid. We met Dr Subhasish Chakraborty, Dr Lalit Kapoor and Dr Binayak Deb at the Howrah train station on October 19th and went all together for three and a half hours of train untill Bishnupur. We then took a car and reached our hotel where we had a very nice dinner with all the doctors who had come for this special occasion –five of them in total. The day after, we woke up early to reach Moynapur by jeep –which did not keep us from stopping on the way for a little touristy visit of the Rasmancha temple with the doctors. After an hour of car, we reached Moynapur, where we have been welcomed by the MRHF team, which looks more like a family than any association team. It actually is a big family, and we have been

received in the grand-mother's house – where we had absolutely delicious meals—as her very grand-children.

At 10 am the camp started. We entered the village school where people were already sitting on chairs in the middle of the playground, as in an open sky waiting room. All around were the classrooms, which were used as consultation rooms. Sitting at the teacher's desks in front of the blackboards, each in one room, the five doctors saw patients one by one.

Dr Lalit Kapoor in consultation. Moynapur Camp, October 20th 2018

Before going to see them, all the patients had to go through a preliminary examination where nurses verified their blood pressures and such other information. This examination room was the first one, located just next to the camp entrance door. The patients could therefore show the results to the doctors first and foremost, with their medical files, which they were also carrying with them.

The flow of people was quite fluid. Many people came but it never felt like it was crowded. Everything was organized well enough so that a high amount of people could be seen, in these four or five hours, without any rush or disorder. The atmosphere was calm and peaceful. Yet, on that day, almost two hundred patients came to the camp.

The camp ended with a special closing celebration, and speeches held by the doctors and main organization's members. We were given a beautiful fabric as a thank you gift that we wore around our neck, not without a certain emotion from my side.

Closing ceremony at Moynapur Camp, October 29th, 2018

3. Impact

The impact of the camps can fall into two main ones : a financial impact, and, of course, a health impact.

- Financial impact

The principle of the camp is to deliver a high quality service absolutely free of charge for the patients. The patients can save a lot of money, and even have access to something they could not have afforded. Dr Lalit Kapoor explains : « *We don't come with money to give them. But by saving them money and giving them the right direction, we give them a financial impact* ». For those who could have afforded some treatments, lacking a proper diagnosis, they could have spent their allocated budget in the wrong way, by going to see the wrong doctors –which

includes travel costs…–, and, at the hour of the god diagnosis, find themsleves broke. With saving their money, the camp also saves them a lot of time.

- Health impact

The health impact sounds quite obvious. Many of the village people living in remote areas, in the absence of doctors, simply never receive healthcare and proper treatment. The words of Dr Deb are enlighting enough ; he says : « *When we started off the first camp of MRHF in 2014, it was the first health camp ever, in the history of the village –which exists since 300 years. So basically we have started from zero. So whatever steps we have made now, it is probably in the positive way, because we have now people coming from the villages to the hospitals. We have seen that the health scenario and the awareness was much better compared to what it used to be before the camps strated. So definitely a postive impact has been made in Moynapur and in the surrounding villages where the camps took place. »*

The camp comes then to fill a huge gap in remote areas' healthcare access. Doctors also come to bring the light to patients who are sometimes lost concerning their own condition. This is what Dr Lalit Kapoor says : « *I got a patient today who has a heart issue which he did not know about. He did not know that his heart is getting weaker and weaker. And in the last two years, it has become quite bad. If it leaves it like that, in two years, he will need a heart transplant ; but if he addresses the issue today, he might get away with a small operation. So coming on the right time and providing the information at the right time, is our mission* ».

Doctor's consultation room in Moynapur camp, October 20th 2018

III. My project

1. The video

The project that I chose to lead is a documentation work. It is a short video, aiming at being useful to the organization which might use it for its communication, by releasing it on YouTube, and maybe on an Indian TV channel.

2. Document and show the example

The main point during the day was to get as much information as possible ; to be imerged, attentive and open to anything that was happening. I took notes of what I could observe, in a journalistic perspective.

If I did observe carefully during the day, I also conducted some interviews with the practioners. I had prepared the interviews before and questions regarded their role in this camp and their

views on the organisation, its strenghts and limits, its possibility to grow. Their answers are quoted in the present report.

These interviews constitute a good part of the final video. The purpose is to create a mix between a theoretical part and a concrete part, between opinions of the doctors concerning the possibilities for such to grow, expand, replicate, and images from the field, showing direct consultations between doctors and patients.

The video also includes a special interview of Dr Deb, which has been shot in his direct working environment, at Rabindranath Tagore International Institute of Cardiac Sciences, NH Hospital.

This content could help the organization to communicate in a clear and efficient way on its action and, also invite other organisms to do the same.

IV. Moynapur Rural Healthcare Foundation : a model for social entrepreneurship ?

1. The factors of success of the NGO

Each organization relies on some factors of succes which enable it to thrive in its mission. Which are those on which MRHF relies upon ? After doing the analysis, I came up with three main factors :

- Doctors

The organization relies mostly upon qualified doctors, and their benevolence, to spend a little bit of time on the camps. Indeed, the camp takes place on a Saturday morning, from 10am to 2-3pm, so that it does not encroach upon their working time, but it still encroaches upon their weekend that they accept to partly sacrifice for this. They do are the main factor of success of MRHF. As Dr Lalit Kapoor said : *« All you need are the right doctors. So the access to the doctors should be there to get the right people with the right mindset. »* Once the doctors are implied, there only needs an external support to finance the operations and the diverse costs ; otherwise everything is taken care of by the direct team, until the logistics.

- External Support

The external support is the second factor of success of MRHF. Naranaya Health plays this role for them, thanks to their CSR policy. It is thanks to this support that the NGO gets the substancial financing it needs to lead its operations. Thus, the contribution of this supporting entity stops at the financing part. It is much and light in the same time, because the whole work has to be carried by the NGO itself, and according to Dr Deb and Dr Lalit, the funding is not the trickiest part of the job.

- Community

The last but not least main advantages of MRHF lies in the community of Moynapur. The organization is carried by a family and mixes several generations. It is thanks to this that when you visit the headquarter of MRHF, you feel more like in a home than in an office. On top of this, they have created a whole network with the local people and can thus count on the support of a whole community. This factor should not be underminded when looking at a long-term and sustainable strategy creation for the organization.

2. <u>Scaling up and replicability</u>

Did the organization manage to scale up ? And how did it do it ? Dr Deb, in his special interview reveals the overall evolution of MRHF : « *Initially it used to be only cardiac camps, but gradually we moved on to multi-specialitiy camps. On October 2018 it was the first multi-speciality health camp which had gathered 8 specialties, knowing, cardiology, cardiac surgery, chest medicine, general medicine, diabeties, neurosurgery, orthopedics, and oral cancer.*

This is a scaling up of the services we are providing in Moynapur. If we talk about scaling up by extending our action to other places, here we meet some difficulties. We plan to scale up in the same place where we are going to regularly ; that is our vision. »

After having exposed the history, the factors of success and the scaling up, comes the question to know whether such a model is replicable, and to what extent. In the overall, the interviewees seemed very optimistic about the chances of replicability of their model, as says Dr Deb : « *This is a replicable model, definitely, because I think that given all the parameters, and the people who are involved, the real challenge is to get them together, to integrate them and motivate them to do what you are doing. »* About this, Dr Kapoor maintains the very same opinion. He says : *« It is very easy to replicate. You need the right doctors, so the access to the doctors should be there to get the right people with the right mindset »*

Here again, motivation seems to be the key, the golden fuel of MRHF, and probably of any organization. It seems to overcome any question related to funding or project design. And Dr Kapoor confirms it. *« The source of funding for the program is not important ; it is just about setting it up, and setting it up can be done by anyone. It can be done by an NGO, by individual groups, by political parties, by local groups of people. From the moment a corporate comes into the picture, they are able to give financial assistance to the patients, because they have the means. They are able to give financial support to extend the treatment beyond this camp, if there is a need for surgery, for instance. So it is more important for the follow-up of this camp to have a corporate support. But the camp itself can be done by anyone »*

Motivation thus appears as the main required element for the camp, but things get more complicated as soon as expansion and scaling up come to the picture. Then, a corporate support seems, according to Dr Kapoor, to play a major role. What importance should be accorded to corporate entities then ? Could they lead such projects as well ? This is the questionI asked to Dr Deb, who replied me the following way : « *I dont think it could be led by companies. I think it could be led by people and individuals who have a motivation and a passion to do these camps ».*

The role of corporate structures in social mission is a continuous debate on which everybody has a different opinion. It is not our point to discuss it here, but it still is part of the questions that each NGO should ask itself, because it helps them to clarify their objectives. Are we a charity ? What is the place we give to money ? Should people financially contribute to the help we are bringing to them ? Those are the questions that each organization should be clear with. I wondered myself what was the position of MRHF regarding these questions, and what was their vision as an NGO. The following part talks about such questions and exposes my personal findings thanks to the interviews and some attentive observation.

Check-up room in MRHF camp, October 20th 2018

3. MRHF : Charity vs Empowerment

One of the questions that I kept asking the organization members and the doctors was whether they considered their work as philanthropic, or as some charitable action. I had diverse answers to this question, but the point was really to understand if such work –contribute to social improvement and access to healthcare in rural India—needed any philanthropic component to exist. Is it something charitable, or just a virtuous model that could be as well be lead by companies ? To this question, Dr Deb replied with a clear no ; but Dr Lalit Kapoor had a different view point, and thought corporate support was a great tool to take in account « *because they have the means* », and can realize efficiently and fastly big scaling up.

But this slight difference does not keep them from working together on the project, and, on the overall, to share the same vision. Maybe because the major point of interest does not lie there. Both highlighted the fact that funding is not the most important part of the job. The most important part is the service delivery. « *My role is a professional one. You see, there is no free lunch ; a lot of money is being spent there, but the only thing that matters is that the patients are not paying for it. The question to know who is paying for it is not so important. The*

important thing is that the job is done, and a professional job. Philanthropy does not mean that it is a casual job. It is a very professional job that is done there, on the same way we run our clincs », said Dr Deb.

What does it all mean about the approach they chose to deliver their mission ? What is their vision ? Does the fact that they work for social improvement mean that they do charity ?

After an investigation with different members of the project, it seems that you do not need to describe yourself as a highly charitable person to participate in the camps, and doing so, to have a positive impact on hundreds of people. Of course, MRHF relies on the doctors' benevolence to spread its action, but not on an intention of providing charity. First, the doctors do not suffer from any loss, coming to this camp, except from some time in the week-ends, but they are not financially impacted. Then, the intent of the organization is not to do charity ; the approach is different. It has to do with empowerment.

MRHF core team at the end of the camp, October 20th 2018

The way MRHF intends to operate has a certain strength which lies in the fact they have a double mission : one in the short-term, and another one in the long-term. The first one is the camps organization, and the second one is the scolarship programme. And when we think twice, even the first one is a little bit more than short-term perspective : providing diagnosis and have a direct impact on people's health also implies a whole range of other impacts, in their family

life, their worklife, their life-expectancy… It is much more than short-term perspective, in terms of impacts.

The second one is about education, and what is the main goal of education if it is not empowerment ?

On its two main missions, MRHF puts the focus much more on empowerment than on charity. This is also the reason why Dr Deb always refused to give money directly to people –even if it was supposed to cover further costs related to healthcare, like the cost of surgery, of transportation to the hospital, on the same model than the Eye Aravind Hospital, for instance. It may appear as a short-coming for some, but it also has the advantage of being in adequacy with a vision focused on empowerment rather than on charity.

Why is it important to highlight the organization vision and focus ? After the so many criticisms against NGOs of all kinds –for being paternalist, for disempower instead of empower, despite good intentions of spreadind charity around–, any social organization should clarify its goals and its position as a player in the big game of wellfare organizations. MRHF can proudly claim its modest position as an NGO aiming at giving access to healthcare in the remote parts of West Bengal –and especially Moynapur, which might be just a start– and to education thanks to an efficient scolarship programme, without any pretention to substitute to anything already in place. They do not replace anything or anyone ; they do not substitute to a local healthcare economy for the simple reason that there are no doctors in those areas, and it actually is the main justification of MRHF's existence. They do not promote charity, nothing like « Help the poor people from rural India » ; they empower people, by offering them something they would not have had access to without them. They combine short to middle to long-term perspective and do something at their scale, showing the example of how good can an impact be, even from a modest, human-scale and sincere initiative.

« I hope more and more NGOs like MHRF will focus on the rural areas and replicate the model we are leading. I hope in the next years many will come up and will get rid of these disease-related problems in rural areas » said Dr Deb, at the end of the interview. May he be heard.

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