Rural Health Care Foundation: Providing primary health care services to the base of Socio economic pyramid

Kolkata, Indiakolkata, India
Anant Nevatia

Year Founded:
2009
Organization type:
nonprofit/ngo/citizen sector
Project Stage:
Scaling
Budget:
$50,000 - $100,000
Website:
http://www.ruralhealthcarefoundation.com/
Twitter:
https://twitter.com/rhcf2009
Facebook:
https://www.facebook.com/ruralhealthcarefoundation

- Health care
- Health education
- Sanitation
- Wellness

Project Summary

Concise Summary: Help us pitch this solution! Provide an explanation within 3-4 short sentences.

Rural Health Care Foundation (RHCF) provides what is possibly the lowest cost healthcare in India, to low income groups in the remotest areas of West Bengal. Medical facilities in these areas if present, are generally sub standard or completely dysfunctional.

WHAT IF - Inspiration: Write one sentence that describes a way that your project dares to ask, "WHAT IF?"
What if every person irrespective of their income and social status could receive affordable and easily accessible primary health care facilities?

About Project

Problem: What problem is this project trying to address?

According to Economic Survey 2013, the Government expenditure on health in 2010 was estimated around 4.1% of GDP. Only 2% of medical professionals are available to serve 78% of the population. Accessibility, quality and affordability of care are major issues. Another alternative is to travel to private hospitals located in urban areas which is time consuming and expensive. To deal with such challenges, RHCF centres are built across West Bengal.

Solution: What is the proposed solution? Please be specific!

The solution would be to set up maximum number of affordable primary health care centres to the densely populated remote areas of West Bengal where Government Sponsored health care units can not reach or if present, offer poor quality services to the people. In some areas the local quacks and private medical practitioners charge high rates for offering basic medical care. Our aim is to reduce dependency on such units and individuals. Our Doctors at the Centre also educate and counsel people on basic hygiene and sanitation. Awareness in turn would contribute to a better standard of living. The money which they would spend on travelling to avail medical services can now be saved and channelised in generating nutrition and educating children.

Awards

India Health Care Award 2014, India NGO Awards 2014, Bihar Innovation Forum Award 2014, East Zone Winners of Masterpreneur India 2014, Mahindra Spark The Rise Award Season 2 Round 1, Karamveer Puraskar 2012, Certificate of Merit by Americares 2012,

Impact: How does it Work

Example: Walk us through a specific example(s) of how this solution makes a difference; include its primary activities.

Nagori Bibi (Prescription No 397428) is a mother of two young children, working as a part time tailor to make ends meet. Poor dental hygiene is a problem in rural areas of India. She was suffering from severe toothache which she ignored for weeks. Due to paucity of funds she was unable to visit a dentist. It was only when her pain became unbearable, her neighbor suggested she visit the RHCF centre. After diagnosis, she was advised to undergo an extraction as her tooth had decayed. She had her tooth extracted and received medication for a week, and her pain gradually reduced over a period of time. RHCF's Centres have 4 departments General Medicine, Eye, Dentistry and Homeopathy. Each Centre has 4 doctors serving each department.

Impact: What is the impact of the work to date? Also describe the projected future impact for the coming years.

From 2007 to August 2015, more than 11 lac people were treated in these primary health care centres, 7572 successful Cataract surgeries and 411 Cleft lip/palate surgeries for children have been conducted. Affordable and easily accessible medical facilities have contributed towards a better lifestyle. Mortality rate has gone down and these places have registered low infant death rate as well. Money spent on travelling to hospital based in urban areas can now be saved and channelised to generate nutrition and educating the children. Future Impact would be to generate employment for the localities especially women who have limited job opportunities in the villages. Shops can be set up adjacent to the clinic, offering different products to the visiting clients. RHCF's centre would reduce government pressure in serving the population and people no longer need to depend on quake for the treatment.

Spread Strategies: Moving forward, what are the main strategies for scaling impact?

Moving forward, main strategies of RHCF would be to 1. Identify a densely populated and easily accessible location to set up more Basic Health Care Centres to reach more people. 2. RHCF has received support from various organisations like Rotary Eye Hospitals for Cataract Surgery and Smile Foundation for Cleft lip/palate surgery. Scaling up would require collaboration with more Civil Societies, health care bodies, corporate sponsors to garner maximum resources both in cash or in kind keeping in mind the long term sustainability. 3. Ensure minimum competition

Sustainability

Financial Sustainability Plan: What is this solution’s plan to ensure financial sustainability?

RHCF is based on a business model which is Sustainable, Replicable and Scalable. Sustainability would require tying up with Pharmaceutical wholesalers to procure medicine nearing expiry date at the most affordable price. Also recruitment of retired medical practitioners would reduce the cost which in turn would make the Centres self sufficient and sustainable.

Marketplace: Who else is addressing the problem outlined here? How does the proposed project differ from these approaches?

Beside RHCF centres, local quacks and private medical practitioners provide poor and sub standard medical care at a much higher rate. State Government run Medical facilities though exist but are non functional. Very often, lone charitable clinics or medical camps offer free treatment to the locals. RHCF does not provide free treatment as it believes free treatment are not valued. Our Charge is affordable with no hidden cost vis-a-vis hospitals which can be very expensive. Mostly hospitals are apathetic towards patients whereas our doctors are sensitised and treat patients with utmost care.

Team

Founding Story

RHCF was set up by brothers Anant and Late Arun Nevatia in continuance of the philanthropic legacy of their late father. It was Arun’s suffering...
from cancer and regular hospital visits to treat his illness, that exposed the Nevatia brothers to the limitations of the health care system in India. The duo always wondered how worse off the situation would be in rural areas. In order to do their bit to help in the situation, the brothers gave up on their lucrative careers in order to start their first primary health care centre from Mayapur, (District Nadia) in West Bengal in 2007, though the organization was registered only later in 2009.

**Team**

Our team is a synergy of individuals from different professions, all working in tandem towards a common goal. 1. Anant Nevatia is a commerce graduate with 20 years of work experience. Moved by his brother’s illness and the lack of medical facilities for the rural poor, he gave up his lucrative real estate business to form RHCF and has come up with a successful business model on which RHCF presently runs. 2. Advocate Debashish Kundu is a Lawyer and a Chartered Accountant. He practices in the Calcutta High Court as well as the Supreme Court and guides the Organisation on Legal and Account related issues. 3. Falguni Nevatia holds a degree in Mathematics and education and is a former teacher at one of Calcutta's leading School. Inspired by the cause, she gave up her teaching career and now is involved with the Supply Chain Management of Medicines for the Centres. 4. Sanath Kumar Pandey is the Chief Executive Officer of RHCF. His administrative skills are vital in ensuring effective coordination of the activities at each health care centre and he acts as a troubleshooter as and when required. Beside, RHCF also recruits doctors and medical staffs for each centre from time to time especially when a new centre comes up. For each centre, RHCF recruits 4 doctors catering to each department viz. General Medicine, Eye, Dentistry and Homeopathy. Also students from leading Business Schools and Colleges are hired from time to time as Interns to lend a helping hand to the centres and for administrative purposes at Head Office in Kolkata. For Kolkata Head Office, people are hired from different walks of life to add on to the vibrancy and innovative ideas required towards the growth and prosperity of the Organisation.

**CO-CREATION IDEA:** Please offer a brief description of how you imagine a win-win partnership with Boehringer Ingelheim to better serve unmet needs in health. (Hint: Please mention the underlying business model envisioned that would make such a partnership sustainable.)

RHCF in partnership with Boehringer Ingelheim can focus on the following issues:
1. Identify and set up of new and well equipped Primary Health Care Centres all across the country to reach and cater to the maximum people deprived of any medical attention.
2. Recruitment and retention of qualified doctors for each of the Rural Centres for the smooth running of daily operations.
3. Ensure effective Supply and Distribution of medicines to each of the Centres to cater to the increasing footfall of patients.
4. Turning RHCF’s dream to reality by providing mobile medical facilities offering basic health care to the doorsteps of the poor at the remote areas of India
5. Delivering high quality and affordable Health care to the poor

**NEEDS:** Based on your response above, please specify which of the following resources, operations or expertise by Boehringer Ingelheim you imagine leveraging to actualize the proposed co-creation opportunity. Please check all that apply. (Hint: while financing is often critical to scale, we are also interested in understanding what other assets or expertise could be leveraged).


**EXPLANATION OF NEEDS:** Please explain your choices in more detail.

RHCF centres are located in remote areas with poor connectivity, low infrastructure and low cost of living due to which Supply Chain Management of medicines to each of the centres and employment and retention of qualified doctors are major challenges. Also in the future RHCF aims to set up more centres to cater to the needy and poor people for which we need funding and need to establish contacts with donors. We are also planning to come up with updated facilities to serve people better and need to create awareness about our centres to witness maximum daily footfall to sustain in the long run.

**OFFER:** What are the main assets you may contribute in a co-creation partnership with Boehringer Ingelheim that would better serve unmet needs in health?

Deep understanding of an unmet need in a specific market/context, Insights into marketing, Insights into behavior change.

**FOCUS AREAS:** Which of the following best describes the main focus of your project? (select all that apply)

- Increasing physical access to healthcare to people with restricted mobility or restricted access (senior people, people with disability, remote or difficult areas, etc.), Holistic solutions that work across the entire care continuum (including education, prevention, detection, treatment, management, follow-up), Remote care solutions for health management, treatment, and diagnosis.

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**SECONDARY ENTRY FORM**

Please share what your organisation and Boehringer Ingelheim will Co-Create together

Please specify what your Co-Creation will result in:

If you selected “other” above, please explain:

Please provide a 1-2 sentence summary of your Co-Creation idea

How does this project link to the core mission of your organisation?

Beyond social impact, how does this project link to Boehringer Ingelheim’s core business?

What are the specific inputs and actions that each side will contribute to this Co-Creation idea based on each of your unique competencies and experiences?

Please describe the potential revenue model for this Co-Creation idea.

What possible risks or challenges do you foresee?

Is there anything else you would like to share about your Co-Creation idea?

How much input do you hope to receive from Boehringer Ingelheim?

If you selected “other” above, please explain:

Besides Boehringer Ingelheim, what other types of partners might be valuable to carrying out your Co-Creation idea, and why?

**Source URL:** https://www.changemakers.com/makingmorehealth/entries/rural-health-care-foundation