

# A GLOBAL HEALTH EXPERIENCE IN TWO INDIAN CITIES: JODHPUR AND DELHI

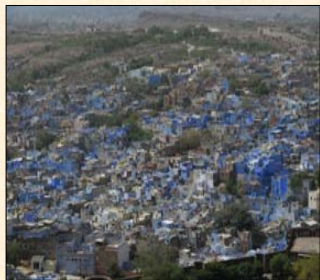
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## BACKGROUND

### Selected WHO Indicators

Total population (2005)	<b>1,103,371,000</b>
(2nd most populous country in the world, 17% of world's population)	
Life Expectancy at birth (2004)	<b>62</b>
Crude birth rate (births per 1000 pop., 2007)	<b>23.2</b>
Crude death rate (births per 1000 pop., 2007)	<b>8.3</b>
Population living below national poverty line (1999-2000)	<b>26.1%</b>
Adult literacy rate, both sexes (2006)	<b>64%</b>
Human Development Index (ranking 2011, out of 187)	<b>134</b>



## AIMS

- 1) To witness and experience the breadth of advanced pathology not seen in the West
- 2) To observe, appreciate, and practice the clinical examination where it is highly valued and performed at a high level, a clinical skill that is underutilized in American medicine
- 3) To experience the delivery of health care in a developing setting, especially as delivered by generalists
- 4) To learn and appreciate how one community-based organization has provided solutions for children with developmental and intellectual disabilities

## DR. SN MEDICAL COLLEGE Jodhpur, Rajasthan

- Clinical rotation in internal medicine, pediatrics, and HIV at affiliated government hospitals
- Located in Jodhpur, also known as the Sun City and the Blue City, the largest city in the western region of the desert state of Rajasthan, the land of medieval Indian forts and palaces
- The visiting student works with teaching faculty, postgraduate students (residents), undergraduate students (medial students) on hospital rounds
- Experience can include community health center, visit to rural district hospitals, and an emphasis on infectious disease and tropical medicine

•Contact: Dr. Sununda Gaur, Professor of Pediatrics gaursu@umdnj.edu



## The Experience

For 2 and a half weeks I had a variety of clinical experiences in the affiliated government tertiary hospitals, Mathurdas Mathur Hospital (MDM), Mahatma Gandhi Hospital (MGH), and Umaid Hospital for Women and Children. My program included mostly rotations on the internal medicine wards (MDM and MGH) and pediatric wards (Umaid), but also included time in the ART centre (antiretroviral/HIV center), outpatient department clinics (OPD clinics), as well as a visit to a district hospital in Jaisalmer, Rajasthan. Any features one can anticipate of a third world medical center are present - incredibly high volume, understaffing, poor funding and resources. Notable cases included infectious TB encephalitis with extrapyramidal features, TB meningitis with nerve palsies, severe iron deficiency anemia with koilonychia (first time observed!), numerous HIV and HIV wasting syndrome, AKI with complicated malaria, and numerous pyrexia of unknown origin. Non-communicable disease (NCD) were well represented as well, as India has a burgeoning burden of morbidity and mortality from NCD. Notable pediatric cases included pertussis, SLE, congenital rubella syndrome, and amniotic band sequence.

## SAMADHAN INDIA (NGO) Delhi

- Internship in a NGO serving children with developmental and intellectual disabilities via
- Located in Delhi, the National Capital Territory and 2<sup>nd</sup> largest city in India, and 8<sup>th</sup> largest metropolis in the world
- The visiting student works with the NGO's director to plan an individual experience in developmental clinic, health fairs, women's empowerment, livelihood projects, human development, and disability advocacy
- Contact: Dr. Sununda Gaur, Professor of Pediatrics gaursu@umdnj.edu



## The Experience

I also spent 2 and a half weeks in Delhi at Samadhan. The twenty-year old NGO has been innovative in providing programs and services to children with disabilities from poor communities. Programs include a pediatric clinic, community outreach to identify children with disabilities, an inclusive preschool, livelihood programs for both children and mothers, health camps, early intervention, women's empowerment, and innovative dramatherapy productions. I was able to spend time with two pediatricians in their developmental clinics, learning about how they, with limited resources, evaluate and care for children with disabilities. I ventured into the community, a resettlement colony where hundreds of families live in small 2-room residences stacked on top of each other, with the community health worker to screen children for developmental disabilities. One of the staff members also invited me into their home in the resettlement colony, and we discussed some of the challenges his family faces. Together we visited a school to talk with the principal about some of the successes and challenges of Samadhan's students who were integrated into mainstream classrooms. I was also fortunate to participate in a 2 day conference with leaders in intellectual disability in India to discuss strategies of moving research in the field forward in India.

## CONCLUSIONS

This global health experience allowed me to appreciate the value and necessity of developing advanced clinical skills in resource-poor settings. The clinical examination, an undervalued skill in the West, is of great import in the global setting, where advanced diagnostic and therapeutic technology is most often unavailable in diagnosis and management. While community organizations like Samadhan have made great strides in disabilities awareness, advocacy, and services, such as inclusive education and livelihoods for those with intellectual disability, significant social and system-wide challenges remain.



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## For further information

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