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Challenges of Healthcare Provision in the Conflict Zone of the 'Red Corridor' in India

Swain Ansuman, Sumit Kumar

Prasanna School of Public Health, Manipal, India.

ABSTRACT

Introduction: India faces numerous internal conflicts with the Naxalite insurgency being one of them. Since the onset of the Maoist insurgency in the country in 1967, the Naxalite activities have impeded the healthcare provision in those regions. With a perennial scarcity of healthcare infrastructure, personnel as well as security, the healthcare system takes a toll. Consequently, the state of healthcare in these regions is dismal.

Aim: This paper aims to explore the challenges of healthcare provision in the conflict-affected regions of India.

Methodology: Published literature was reviewed from Pubmed, Scopus, and Google scholar to look for reports on healthcare in conflict zones of India. The search phrases were Conflict zone in India, healthcare in the Red corridor region, Naxalite and Maoist insurgency. Selected studies were reviewed for evidence to support this narrative review.

Results: Due to the lack of availability of essential facilities for subsistence, healthcare workers are often unwilling to work in the 'Red Corridor' region of the country despite the provision of attractive packages by the government. The consequences of the shortage of healthcare facilities are reflected as poor health and well being of the natives of these areas.

Conclusion: As the healthcare sector is dependent on many other, holistic measures need to be taken to scale up the healthcare provision in these conflict zones of the country.

Key Words: Conflict zone, Healthcare provision, Maoist, Naxalite, Red Corridor, Health infrastructure

INTRODUCTION

Global peace is a necessity of the health and well being of populations. The Sustainable Development Goal (SDG) number sixteen accentuates in its targets, a reduction in violence, conflict, and corruption globally as they stand as staunch impediments in the way of achieving betterments in several sectors, including healthcare.¹ Although the 'International Humanitarian Law (IHL)' strongly condemns any act of hostility towards healthcare institutions and personnel, such instances are numbered plenty across the world.² In 2017, a total of 188 hospitals were destroyed, 50 ambulances were damaged, and over 100 healthcare workers were killed worldwide as a result of conflicts.³ Such conflicts may be due to external threats such as terrorism or due to internal situations, for instance, civil wars. The situation is no different in India with the insurgence of 'Naxalites' in 170 districts in 13 states.⁴ Spanning over different regions of West Bengal, Bihar, Jharkhand,

Odisha, Chhattishgarh, Madhya Pradesh, Andhra Pradesh, Maharashtra, Karnataka, and Tamil Nadu, the belt of Naxal activity has been termed as the '*Red Corridor*'.⁴ While the term '*Naxalite*' is often used interchangeably with the term '*Maoist*,' both depict armed struggle against the government due to several debatable reasons.⁴ However, the conflict has significantly affected life and property in the conflict zones. The deleterious impact of conflict on healthcare systems and the public health structure of the region often translates into difficulty in providing quality healthcare.

CHALLENGES IN HEALTHCARE PROVISION AND ACCESS

The roots of *Naxalism* often arise from socio-economic deprivation in underdeveloped regions.⁵ Since the onset of Naxalism in 1967, there has been an unprecedented

Corresponding Author:

Swain Ansuman, Prasanna School of Public Health, Manipal, India.
Phone: +918018556700; Email: ansuman1swain@gmail.com

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expansion in both *Naxalite* activities as well as areas. Unequivocally, this has affected the regional health systems adversely. In 2001, the *Red Corridor* region had an average of five healthcare facilities per lakh population, compared to the national average of eleven.⁵ Due to the ubiquitous threat of *Maoist* activity in the region, the number of healthcare personnel operating in the region is scanty, and the local people usually tread long distances to get to a health facility. The paper by Sahay depicts in detail the difficulties faced by healthcare personnel in the *Maoist* dominant zones and the reluctance to be posted in such regions.⁴ He further mentions the insufficient Public health system and the difficulties in establishing a set-up in the areas. According to another report by Solberg, not only the government but even NGOs are obstructed from establishing any healthcare setup in the *Maoist* controlled areas of Chhattisgarh.³ Figure 1 explains the challenges faced by healthcare personnel in the Red Corridor region of India.

A parallel government

Although simple medications can save many lives, outside medicos are not allowed to enter the area.³ The *Naxalites* run their parallel government elected by many villages that are known by different names, for instance, *Janta Sarkar*.⁶ Healthcare is one of the nine divisions of the government often run by local youth members of the *Naxalite* militia. These members are trained by medical personnel who are sympathetic to the cause of *Naxalites* in a covert fashion. Besides, the *Maoists* have set up healthcare units that are reported to be providing free medications to the villagers.⁶ One such example is in the Lalbagh region of the *Naxalite* affected zone of West Bengal, where the *Naxalites* have built 35 health centres with the help of a local organization supporting them.⁶ Further, they have set up provisions for mobile healthcare services and camps as well. However, although the so-called 'People's Government' intends to help people of the region, it has neither been sitting well with the government nor with the local health system.

Lack of adequate healthcare infrastructure

In most of the *Maoist* controlled areas, there is an inadequate number of healthcare personnel, and the ones who are there are often compelled to render services at a minimal price, if not free, by the insurgents. The few doctors practising in the region frequently provide service at the camps organized by the *Naxalites*.⁶ Some healthcare NGOs that work for the betterment of the less developed populations usually collaborate with the *Naxalites* out of compulsion as they would not be allowed to work in the region otherwise.⁶ In the KBK (Koraput-Bolangir-Kalahandi) districts of Odisha, 923 Doctor posts, 102 Pharmacist posts, and more than a thousand para-medical posts are vacant due to the unwillingness of

health professionals to work in the zones of conflict.⁷

The threat to Medical personnel

Similarly, in Chhattisgarh, about 9000 staff nurses and 136 doctors are needed to suffice the healthcare provision requirements of the state.⁸ Despite the government offering attractive packages for working in the *Naxalite* infested regions, almost all healthcare personnel show reluctance to work in these areas.⁹ Although the instances of attacks on health facilities are rare, recurrent roadblocks, threatening government officials, assaults on the police, and many such incidents adversely affect the healthcare system of the region. In the *Malkangiri* district of Odisha, many Primary Health Centres (PHC) and Community Health Centres (CHC) lack Medical Doctors and are often run by Nurses assisted by peons and sweepers.⁷ Besides, the National Rural Health Mission (NRHM) has also been unsuccessful in improving the healthcare provision in these regions due to incessant unrest. Apart from creating many direct hindrances for life in the region, *Naxalite* activities often affect the healthcare sector indirectly.

Insufficient essential amenities and facilities

Despite innumerable attempts made by the government for development, there is little progress made in the *Naxalite* infested regions, mainly due to the hostile responses by the insurgents. The *Maoists* impede any pursuit of development as it would run the risk of losing the support of the local tribal people.¹⁰ These roadblocks in the path of progress invariably mean zero development in the healthcare sector. Besides, the lack of development is another reason for the unwillingness of healthcare personnel to work in *Maoist* controlled areas, apart from the constant threat of conflict. Frequent attacks on Police outposts and other security personnel barracks further aggravate the fear among healthcare providers.¹⁰ The lack of facilities, transport, and even communication at times worsen the complexities of living and functioning in the region. Also, due to the constant dread of being threatened by the *Maoists*, it is difficult for any healthcare personnel to work in these areas. Therefore, substantial action needs to be taken to reinstate and enhance the healthcare provision in the '*Red Corridor*' of India.

THE WAY FORWARD

Although the government has been trying to aid development in the *Naxalite* infested regions of the country, it has been thwarted periodically by the insurgents.⁴ In this background, the country needs to scale up measures to promote healthcare provision in the '*Red Corridor*' region. For that matter, the paper uses the "Socio-ecological framework" to formulate strategies at different levels and sectors with the intent of tackling the problem.^{11,12}

The Socio-ecological model

The Socio-ecological model is a tool to understand the interplay of factors rooted at different levels which include; the individual, interpersonal, community, and societal.¹² The Centre for Disease Control and prevention (CDC) has proposed the usage of the Socio-ecological model to formulate strategies against conflict and violence.¹¹ Therefore, by prioritizing actions to address the challenges of healthcare provision in the conflict zone at different levels of influence, we aim to ameliorate the healthcare provision in the “Red Corridor” region (Figure 2).

Strategies to enhance the healthcare provision

The earlier sections discussed the multiple roadblocks of the healthcare provision in the conflict zone of the “Red Corridor” in India. One of the major issues is the threatening of the healthcare personnel and the public in the region. Figure 2 explains the strategies to alleviate the issue of the socio-ecological model at every level. Prevention at the individual level should address the attitudes, beliefs, and behaviours that promote an effective healthcare provision.

At the level of the Individual

A shift in the mindset of healthcare personnel towards being more accepting of the challenges of the region, rather than abstaining from functioning in these areas is required. Likewise, the natives of the region also need to understand the importance of a well-functioning health system. Conducive local factors such as; welcoming natives, may aid in the healthcare personnel operating in these regions. Moreover, educators such as school teachers, ASHA workers, and village leaders need to prioritize the healthcare needs of the locals and impart health education and promote health-seeking behaviour. In addition to the attitudes and behaviour of the individual, relationships and networks play a role in the matter as well.

Strategies at the Interpersonal level

Community healthcare workers and local leaders are key points of influence when it comes to healthcare decision making. Therefore, strengthening health communication and advocacy, incorporating the village leaders, ASHA workers, ANMs and other leaders is pivotal. Not only are they effective in delivering communications, but also in understanding the healthcare needs and health-seeking behavior of the locals. Besides, local healthcare teams constituting the community healthcare workers and the natives should be formed to better address the healthcare needs of the regional populace. Apart from that, native healthcare practices need to be assessed and selectively incorporated by such teams with the help of locals. However, in a broader sense, a multisectoral approach needs to be considered to alleviate the hindrances in healthcare provision.

Community-level strategies

Insufficient healthcare infrastructure and the lack of essential facilities in the “Red Corridor” region is another standoff for healthcare personnel. Setting up of healthcare facilities and other establishments are often thwarted by the Naxalites. Instead, existing facilities such as schools, community, and meeting halls can be used informally to provide healthcare. Additional training sessions for the community workers, school teachers, and other notable personnel about the provision of basic healthcare such as; first-aid, immunization, infection control, nutrition, and health information, can be organized by the health and education departments of the government. Also, armed personnel trained in healthcare like the CRPF, BSF govt health employees in tandem with state officials may be installed in the conflict zones instead of civilian doctors. The government also needs to acknowledge the fact that the Naxalites have established a healthcare system of their own which although may be questionable for its quality, serves the purpose of helping local people with healthcare needs. Therefore, attempts of a coalition and truce, about healthcare provision in these regions should be made by the government. Further, a multisectoral strategy to elevate the availability of essential facilities needs to be considered as well. The state needs to ponder over the “financial channelization” towards these underdeveloped regions, in an attempt to scale up the development and infrastructure of sectors concerned. Apart from that, a policy level change needs to be appraised to facilitate the strategies mentioned above.

Societal level actions

A centralized national policy needs to be made to address the impediments of healthcare provision in these regions. Taking into account the domains of healthcare, security, education, business, and economy, a standardized code of strategy needs to be formulated by the state which would function explicitly about the conflict zones of the nation. Such a policy may not only help in better healthcare provision in the “Red Corridor”, but also tackle the problem of Naxalism in the country. Some immediate measures to be considered as a start can be; “financial channelization” to these regions, training armed personnel for basic healthcare, training leaders, teachers, and community health workers and deploying increased numbers of defence and healthcare personnel to these regions. Strengthening the security in the “Red Corridor” region shall not only allow healthcare personnel to function and thrive but also promote infrastructural development. Easier said than done, however, it remains to be seen what steps the government takes to address the issue. As many rural and underdeveloped regions of the country lack quality healthcare anyway, those infested with insurgents understandably add to the difficulty.^{13,14}

CONCLUSION

As elaborated by the paper, Naxalism has been a constant threat to the internal security of India since 1967. Among the many sectors adversely affected by the insurgency, healthcare has been suffering in the *Red Corridor* region for a long. Not only is there a perpetual lack of healthcare facilities, but also healthcare personnel due to the unceasing threat of conflict. Moreover, the Maoists deter any attempts made by the government and non-government agencies to establish healthcare provision in these regions. Hence, strategic measures need to be taken to address difficulties in healthcare provision and access in the *Red Corridor* region of the country. Action needs to be taken at the individual, interpersonal, community, and societal levels together to address the issues mentioned. Inclusive of a change in the attitude and beliefs of the people, empowering community health workers and leaders, and the infrastructural strengthening, the Socio-ecological model also proposes a multidimensional national policy taking into account several sectors. While the problem remains at large, the time has come to mitigate this long-standing hindrance of healthcare provision in the conflict zone of the country.

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Figure 1: Challenges of healthcare provision in the Red Corridor region of India.

Figure 2: Socio-ecological model of strategies.