

# HOW CONFLICT AND VIOLENCE FRUSTRATE THE DELIVERY OF HEALTH CARE

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Conflict in Manipur is exposing the displaced population to health issues. | Photo Credit: PTI

“Once the conflict started, my wife and I had to leave our jobs as healthcare providers in Imphal almost overnight”, recounts a Kuki doctor. He agreed to speak only if his identity was protected. All healthcare professionals who shared their opinions wanted the same protection. Though this doctor had been working for Jawaharlal Nehru Institute of Medical Sciences (a premier government institution located in Imphal) since the start of his medical career, his need for safety eventually overcame his loyalty to his institution.

“The problem currently is that both JNIMS and RIMS (Regional Institute of Medical Sciences) - the only centres offering tertiary healthcare services are located in Imphal. Patients in need of services such as ICU care and dialysis cannot be referred to these hospitals, especially if they belong to the Kuki community. We end up sending patients who need advanced care to Nagaland – either Dimapur or Kohima,” he adds.

After all that has happened over the previous months, the doctor still misses a time when people worked together. “The worst is that I am not in touch at all with my colleagues”, says the Kuki doctor. “We had good camaraderie at work. Now there is so much distrust that we all keep to ourselves worried and fearful. Sometimes when we needed a hand managing a case or an opinion, all we needed to do was call someone we knew who could help. That is no more possible.”

“The healthcare infrastructure in Manipur is such that all the good hospitals, private or public are concentrated in Imphal. The other districts are very underserved, their district hospitals lack specialists and infrastructure,” says an anaesthesiologist who also quit his job in Imphal. “For example, Kangpokpi district hospital is operated solely by district medical officers who are MBBS graduates. There is no operation theatre, blood storage facility etc. there. It functions more like a community health centre than a district hospital. And this is true of all other districts in Manipur,” he says. But what is new is that the conflict has uncovered disparities because large hordes of people are being displaced from Imphal and some are moving to severely under-equipped areas. “This has overloaded an already weak system. District medical officers are now called to work inhumane hours and to attend to a heavy workload without the tools to do so.”

According to this doctor, many specialists have left Manipur because of the threat of violence

which has also exacerbated the healthcare problem. “Only a handful of MBBS graduates are managing everything on the public health front. I never imagined that there would be a day when it would be difficult to find even an MBBS doctor.”

Adding to this is the fact that according to NHFS-4 data, only 3.6% of Manipuri households have health insurance. Most people in Manipur need to pay for much of their health care needs from their own pockets. Coupled with weak public infrastructure which may drive them to seek private sector services and the economic liabilities created by the ongoing conflict, this is a serious concern for people living in Manipur.

“We used to source a lot of medicine from Imphal”, says the Kuki doctor, currently working in one of the other districts. “We even arranged blood from there. Now, however, the patient’s name dictates whether or not they will receive blood. Their Aadhar details will be checked before anything is given to them,” he says. “In any case the logistics of transporting medical supplies from Imphal have gone haywire,” says the anesthesiologist. “We are trying to get supplies from other states.”

In September, a team of doctors visited relief camps in Manipur. Their assessment of the health situation was grim. Overcrowding, lack of good nutrition, reduced access to clean drinking water were all visible. It could potentially become a breeding ground for infectious diseases. Lack of privacy and supplies for menstrual hygiene were also observed.

The doctors recommended vaccination against measles, administration of oral Vitamin A supplements as well as improving living conditions and nutrition in the camps. In reality this is difficult to achieve because of the paucity of resources. “Most of these camps receive donations from NGOs and other social welfare organisations but the need far outweighs the resources coming in. Some hospitals in the private sector also subsidise care for patients coming from the relief camps but more often than not, it is not enough.”. One report indicated that relief camps are not receiving any government aid and are being run on donations alone.

According to a postgraduate resident from another state, working in Imphal, many patients with rare autoimmune diseases who would come in from tribal areas to seek medication like monoclonal antibodies have stopped coming. “We used to maintain a list of names under each rare disease to help us keep track of their treatment. Initially, some managed to come with their names changed but eventually, they too stopped. These medications are not easy to come by and these diseases can kill if not treated correctly. I shudder to think of the suffering they are going through now.”

Medical education in the state too has taken a hit. “Usually people with higher ranks join Manipur colleges but due to the conflict, seats here are being ignored. Only people with lower ranks have joined this year,” she says. “Many undergraduate and postgraduate students have also quit their seats fearing for their safety, even missing exams. This is damaging to their careers.”

Due to the violence and displacement, people have lost their health records and important documents including ART cards (anti-retroviral therapy cards) carried by HIV positive patients as a record of their treatment. As per NHFS data, Manipur has the highest concentration of HIV-positive patients in the country on treatment. Efforts are being made to get treatment for them without their ART cards, based on their treatment history alone.

The healthcare system in Manipur is grappling with a number of challenges. The concentration of medical facilities in Imphal, exacerbated by the displacement of communities, has strained an already fragile system, leaving other districts significantly underserved. The departure of specialists, logistical hurdles in medical supply chains, and the lack of health insurance amplify

the plight of both healthcare providers and patients. Relief camps, established as a refuge for those displaced, present their own set of health risks. Health records are also missing. The long-term implications for the region's healthcare are dire. There is a case for urgent and sustained effort.

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