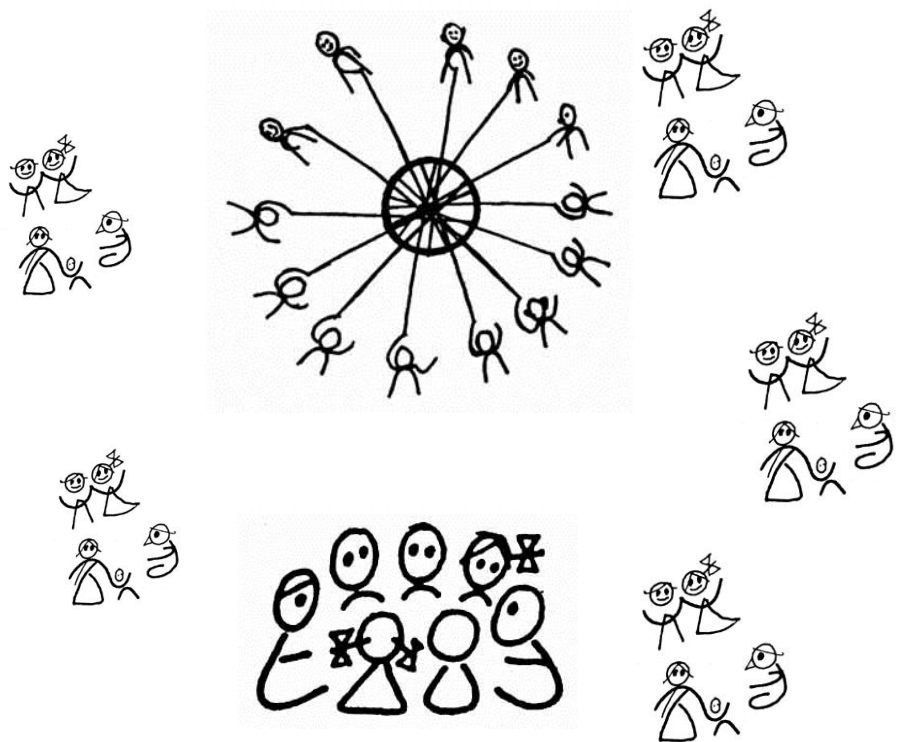


2013 - 2014

Community Health Learning

A Report on the Community Health Learning Experience

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SOPHEA



sochara
building community health

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First and foremost I like to thank my parents who supported me and encourage me to join the programme even though they did not have any knowledge about the organisation.

I take this opportunity to express my profound gratitude and deep regards to all the facilitators for their guidance, monitoring and constant encouragement. The help and guidance given by them time to time shall carry me a long way in the journey of life.

I am obliged to the Community Extention Unit Staffs for the valuable information provided by them. I am grateful for their cooperation during the period of my assignment in Perambalur District.

My sincere thanks and gratitude the staff's members of IIPH Shillong and the staffs of Bethany Society help the researcher in conducting various interviews and support in giving guidance on how to carry on the research.

My thanks also go to the Swasthya Swaraj Society Team for welcoming me to be with them in Orissa for my final field work.

Last but not the least I thank my batch mates for helping me and for being there with me always. Thank you so much.

REASON I JOINT SOCHARA

Community Health Learning Programme to me sounds like the programme for the people works related to health like the ASHA. the ANM and the Anganwadi Workers.

I came to know about SOCHARA from the local newspaper, The Shillong Times, it came through our university Martin Luther Christian University Shillong, I did not know anything about the programme to make it sure me and my friend Sabeena went to talk about this to our Vice- Chancellor Dr. Glen Kharkongor just to be sure about this.

I was surprise to see that they recruits the social worker too, but I was happy to see there is research and action also include in the programme, this was one of the cause I joined the programme.

MY OBJECTIVES

To know about health in the community

To understand the various determinants of health

To have a good knowledge of research

Chapter 1

First time in SOCHARA

I was surprise to see an open class with no benches and tables, the person who took the session of our first session here is Sam Joseph, I was so happy to see and get to know his experiences, Social Mapping is not new to me I have done it before during my Master but what he taught is so correct the first thing that make me so interest in his session is his saying that the NGO only knows how to empower the people but never ask them what they want and never want to work with them. I felt guilty because I was one of them and I was doing that during my whole master degree.

First time with the fellows

All are so nice hard working and well informed. But the best are my co- fellows we are like sisters and brothers we eat together we laugh together the most important we learn from each other sharing things which we don't know and helping each other when we are confuse.

First time with facilitators

The facilitators here are super well informed, seeing them the spirit of helping and working with the community inspires me a lot. What I like most of them are that they never see us as their students but as there co-learners

Field visits

FRLHT the visit to Foundation of Revitalization Local Health Tradition is very nice it was my first time visiting such place. I am amazed to see such place. We visited many departments there, the one which they have the names of various plants and have software to translate the names to the local name is very interesting. I like the place where we stayed it is very relaxing and calm away from the city and the noise. One main thing I like most is encouraging the traditional way of treatment and I could see that this place have that.

Chapter 2

My first field visit was in Siddapura slums

This is my first experience visiting the slum; my impression on the slum is dirty but it was completely different. The slum is located behind TB hospital near NIMHANS hospital, there is a public toilet the temple is an Aganwadi there, and the inner part of the slum is cleaner compare outer part of the slum

Visit to Dommasandra PHC visit met Block Medical Office

We visited Dommasandra PHC we found out that there was no doctor there was only a nurse, we met the block education officer she is responsible with giving awareness programme in the area. The day we visited was an immunization day there were many pregnant mothers, I observed that the ANMs were in an immunization room immunizing the babies; it was my first time seeing the immunization card.

Snehadan visit

During the visit we were giving the responsibility to distribute food to the people there, there were many people there. what I don't understand in this institute is that they them self says that apart from giving them services they also try to awake people about stimatisation, but the staffs there have their own dining hall which is more organize and clean, what I have in my mind is that they could eat in the same room and if they do not want to share their food or so they could have their own timing. Over all the experience of visiting there is a good idea but I feel bad for the people there since they might think we went there how an AIDs patient look like.

Nimhans wellness center

I like the wellness centre there and the idea of having a community centre, since it will help many people who cannot support the expence of going till NIMHANS.

Nimhans Sakalwara community mental health center

During the visit we met the supervisor Dr. Daniel Chisholm; it was my first time seeing a PHC who gives interest in mental health, what is unique about this center is that we all know about NIMHANS and its work in the urban places but this is the first center I have known that reaches the rural people also.

Basic Need India

My experience with BNI I s by visiting the member's house. During the visit we went to the member house who is mentally ill she have a son who is also mentally ill, the mother develop the sickness because of over stress this happen after her husband died, she also shared that she faced problem in the schools as the people there mistreat her son badly.

This is a first opportunity for me to be expose and learned about Community Mental Health intervention.

NUHM launch

It was a big opportunity for me to be able to get a chance to attend the launching of the National Urban Health Mission health in Bangalore. There were many people there and people get to sit in front there is no special place for the invitees or the common people as such. What I like the most there was the man who walk around dress himself on a costume with the types of non-communicable diseases written all over himself, It is very interesting and a very good effort since it create a sense of an awareness on the various illness as well.

Head Stream SGH mela

The Mela was held in A.Narayanpura, the mela was organize by Headstream, in this mela the members of the SHG came together to celebrate they were giving opportunity to do what they want they perform dance and sing



on the stage, there are various skid perform the one capture me is the home remedies skid perform by the member of Headstream, but what I like most there is seeing the children enjoying and applause for their mothers.

FEDINA rally

This is my first rally in Bangalore; the rally is from NIMHANS Hospital to The Labour Department Office, there they have speeches and skids showing how the domestic workers are being violated by the people who employ them.

Headstream summer camp

We attended the last day of the summer camp in Headstream there were dances and songs and also skids, the camp was for the SHG member's children, our co-fellow Madhavi and Anusha volunteer the camp, they were very enthusiast and they have the connection with the kids.

Monsanto Rally

I feel really good to get an opportunity to participate in this rally protesting against Monsanto which is one of the horrified companies that want to take over trade and cultivation in many countries. The protest was held in a very interesting way all the protesters were walk backward to show that Monsanto should step back in producing the Genetic Modified Crops, many participated we were all enthusiast and so into the rally there were some wearing gas mask we all have stickers on our faces. They were all so nice the rally was properly planned, they were distributing waters bottles, and on that bottle there is a coca-cola tag. What I am thinking here is we were protesting against the company and we are using and distributing water that was made by that company, I felt bad to see that happens and I think that should not happen it is not wright and it looks odd and funny when people knows about this.

Community Extension Unit (CEU) visit

The visit to Community Extension Unit in Chennai is exited and I came to know about Communitisation process from the visit we had a session about the project, I get to know first from here about the pooling in the Sub Center. We visited Arulsclvi Community Based Rehabilitation Center, there we observed the community people coming together I was surprise to see that they know about the Patients' Rights.

Chapter 3

medico friend circle (mfc)

The medico friend circle (mfc) was formed in the year 1974, by a group of friends that comprises of four doctors and a social worker. These friends was motivated by Jayaprasad Narayan a Gandhi follower, this circle was registered as an organization not as an association , since all the people here are equal and distribute ideas freely. The difference between mfc and other association and organization is that there is no hierarchy distribution between them but the only have a convener who served two years, the convener takes care of organizing the meeting twice a year and an editor that published the articles given by the members. Then again the best articles were selected and published in a formed of a book, these includes-



1. In search of diagnosis (analysis of present system of health care)

health care which way to go?

health and Medicines under the lens

medical Education Re-examined

The main aim of this circle is friends coming together interchanging ideas and re-motivating themselves in working with the community, their aim is Health for All they also work for educating people in need and their rights. Medical pluralism is also one of the areas they concentrate.

The members in this circle considered themselves small that is the reason the names and the letters do not have a capital letter. The interesting things here is that anybody can join and be a member of the circle, they welcome individually not as an organization.

I enjoy talking with Imrana ma'am a lot I feel like I can connect with her instantly, she is so nice an so good she corrected some of my views regarding the meeting and the purpose it was formed.

Workshops-

Clinical Establishment Act workshop

In this workshop for first time I realize about the importance of the public health sectors and how to strengthen them, I came to know about the Patient's Rights. There were many light minded people in the workshop contributing their thoughts and ideas some agree and some disagree with some, my favorite was a presentation by Abhay Shukhla about the horse and the elephant, the elephant signifies the private sectors and the horse signifies the public sectors that was one of the good example of understanding the power of the private health sectors, this shows that the Government should be responsible enough to be able to strengthen their health services.

Social Justice and Equity workshop

The workshop starts by a welcome speech from Mr. Chander, the theme in this workshop is mostly about the Universal Health Coverage and about working together from the lower level to the higher level on various determinants of health in different field like the urban health, environmental health, mental health and also privatization of health care.

I was with the urban health group the group members shared about the problems of the slums dwellers in Bangalore and also in some of the places where the members are, slums dwellers are the main topic here since they are under urban setting, they have mention about the National Urban Health Mission that will be launch soon that it will cover about 779 cities and a coverage population of 7.75 lakhs, like in the NRHM here there will also be an ASHA but probelby will be call as USHA.

Chapter 4

Times in Tamil Nadu

During our stay in Tamil Nadu we stay in a room in Bala Mandir, we visited Gomanapundi village and went to the Anganwadi center, we also had a meeting with the Animator in the

Panchayat office, later we went to the old VHN (Village Health Nurse) house she is old and have retired from her work, there is no VHN there and we observed that there is no sub center in the village. The Anganwadi is clean and well ventilated there were posters written for the kid's learning there.

A field work report from 23rd October, 2013 to 23rd November, 2013

Catholic Health Association of Tamil Nadu is situated in Tiruchirappali District; it is a district nodal office for the CAH project it concentrates two districts namely Perembalur and Ariyalur District.

CHAT is a registered under society regulation Act 1997, as the Non- governmental organization, the agency has been serving the people in Tamil Nadu since 1962. Till 1983 it runs the name of Catholic health Association of Tamil Nadu it later change its name to Catholic Health Association of Tamil Nadu because of the shift of medical care to health care.

Its vision on the Health for all, the society envisioned and equitable where people's health is in the people's hands. The organisation moves beyond from being a network of individual practitioners to promoting network, advocating and lobbying to broader determinants of health.

CHAT works with three local NGOs: - DAWN Trust, Udaya Trust and Gandhi Gramodaya Sangam were focusing 86 Panchayats. CHAT provides various meetings for the animators and the committee members through these local NGOs. At present CHAT is working with the Tuberculosis Project, same like the CAH project this project also implemented through the local NGOs.

The pilot phase for 86 Panchayats was started in the year 2007, this project function from NRHM (National Rural Health Mission) from the Ministry of Health and Family Welfare. The CAH- project aim at improving Government Health services and encouraging the participation at large in the health system to provide substantial, qualitative and integrative health for its citizen. The CAH project was initiative by the Central Government in the name of Community Monitoring which meant to improve the community ownership, which again people participation in evaluating and monitoring the programme together with the health providers.

The Village Health Water Sanitation Nutrition Committee (VHWSNC) was formed in the panchayat, it is an important unit of operation and interaction it has about 25 numbers of volunteered members from different section of the village, it also include the social sectors like the Anganwadi Workers, the Village Health Nurse (VHN) and the Panchayats leaders. The

VHSWNC develop the village health plan by rapid assessment of the burden of diseases, treatment, it also monitor the health services to be offered at village level.

Block Primary Health Centre Visit

Objectives-

To interact with the Block Medical Officer

To understand the functions of Block Medical Officer, medical Officer

To know the services provided in the Primary Health Centre

To understand the relationship between the people and the health personnel

Observation

During the visit in Ammapayalam Block PHC, I observed that the centre is divided into two buildings one is for the general patients the other is for the delivery system. There are two staffs for registration. The PHC is situated near the road and bus stop; there were many people and students coming for check- ups.

Learning Outcome

We visited the Block Primary Health Centre in Ammapayalam Panchayat, met the Laddapuram PHC Medical Officer, Dr. Vijay Anand and Block Medical officer Dr. Mrs. Vasantha. Ammapayalam Block PHC covers 20 panchayats with the population of 97639. During the visit I learned that the schedule has been divided specifically for the doctors and the VHNs in the respective PHCs; in which every 3rd Tuesday of every month a Block Review Meeting with the VHN and the ICDS workers; Anti Natal Care check-up is being carried every Tuesday in the PHC, the doctors also visited the school for students check-ups; then in the Sub Centres the VHN give immunization to both pregnant mothers and babies every Wednesday.

Health Sub Centres visit

Objectives

To meet the Village Health Nurse

To know the facilities provided in the Sub Centres

To understand the relationships on with the people

To know the VHNs opinion regarding the implementation of the CAH Project

Observation

During the visit in Ammapayalam Sub Centre, I observed that many under 5 babies and pregnant mothers came for immunisation. I also observed that every mother have the immunisation card with them, this card help the VHN, Mrs. B. M. Raja Mani, to follow- up the type of immunisation been given. The VHN also help the pregnant mothers in filling up the Dr. Muttu Laxmi Reddy Schemes form, this scheme is a scheme only for the pregnant mother this schemes encourage the mother to deliver their child in Government Hospitals, an amount of Rs. 21000 is been given to the mothers. They are firstly registered in the Sub Centre by the VHN Rs. 4000 is first given during the Anti Natal Check-Up, another Rs. 4000 is given when the delivery been done in the PHC and the last amount of Rs. 4000 is been given during the Post Natal check-up.

The visit in Aesanai Sub Centres we met Mrs. Gomati the VHN of Aesanai panchayat, I observed that the Sub Centres is situated near the road and near the bus stand, the surrounding in the Sub Centres is not that healthy nor clean there are stagnant waters around the sub Centre and no proper dumping place in the panchayat. The Sub Centre have two rooms, one room is for storing the medicines the other room is for check- ups, the Sub centre is not being clean properly the walls and the roof of the building were not being properly maintain, I also observed that the is no electricity connection in the Sub Centre.

Learning Outcome

I learned that the VHN in Ammapayalam , Mrs. Raja Mani, did not stay in the village since her house is nearby, Ammapayalam is the only panchayat she is responsible, the Sub Centre is open only in the immunisation day since there are many work in the PHC, she also mentioned that she is given overload work in the PHC she have to take care of the paper work. Over load work is the reason she cannot attend the people in the village, the



pregnant mothers. I also learned that the PHC is a rented house and the panchayat pays the money from the fund to the house owner every month. When asked about her opinion about the CAH Project she said that the project is very good project in which she gained respect and trust from the people which is important for building a good communication with the people.

Mrs. Gomati, is the VHN Easanai Panchayat, during the visit I learned that most of the people in the village were having fever, I also learned that VHN did not stay in the Sub Centre since there is not proper facility like no proper bathroom, no water and no electricity in the Sub Centre. When asked about the reason of these entire things she said that the Government did not give importance on maintaining the Sub Centre properly. When asked about the CAH project she said that she is very much happy that the project was ended since there were many works for her to be done and that she is responsible for the village's health.

From both the VHN, I learned that there were no meeting conducted since the project is over, there opinion on the project is that it help the to have a good relation with the people but it is very hectic for them since they have to cover 5 or more villages doing their work in the panchayats and in the PHC is a huge task for them.

School visit

Objectives

To know the function of the Health Committees in the school

To know the importance of the doctor visiting the schools

To understand the responsibility of the teachers towards the health of the students in the school

Observation

We went for a school visit in Easanai and in Laddapuram Panchayat, here I observed that the doctors are scheduled to visit the school every Thursday of every week, In Easanai Government High School we met Dr. Prakash the MO of Aelamvalur PHC, during the school visit I observed that there were three VHNs from Vanakam Madavi, Mrs. Vimala Kelakarai VHN and Easanai VHN helping the MO in the school, the girls student from class viii till class x, were distributed 3 packets of sanitary napkins. I also observed that the doctor also examining the students both boys and girls the medicines were distributed to the student. The school maintain a School Health report for each students in the school the students or the old cases of the particular student were follow-up by the doctor and the VHN.

In Laddapuram Panchayat, I observed that the teachers are very co-operative, since it is not a school health programme day there was neither the VHN nor the doctor visits the school, I observed that the school is divided into two parts; one is the primary school and the other is the high school. The school is situated near the public distribution shops and near the village bus stand; there is no proper toilet facilities and no proper drinking water in the school.

Learning Outcome

From the school visit in Aesanai Government School, I learned that the school maintain the School Health Report, the doctor follow up the cases of each student in the school from this report, I learned that the serious cases were refer to the Block PHC in Ammapayalam Panchayat and in Perembalur District Government Hospital. The sanitary napkins of three packets each were distributed once in every three months to the girls of class viii to class x. 20% of the students in the school are anemic.

In Ladapuram Government School, I learned that the VHN or the Medical Officer visit the school once in every three month, during the visit they distribute sanitary napkins and iron folic tablets to the girls students. We interacted with the teacher name Indira Gandhi, from her I learned that the PT teachers is responsible and was trained for first aid and to recognized the problem or sickness of the student in the school.

Panchayat visits

Objectives

To understand the relationship of the Panchayat President and the Committee members

To know the reason of not continuing the meeting

To know the function of the VHSWNC in the Panchayat

Ammapayalam Panchayat :- This panchayat is one and half hour away from Perembalur District, during the visit in this panchayat I observed that the Block Primary Health Center is situated near the bus stand, during the visit I observed that the Village Administration office, Public Distribution System, Panchayat Office, Anganwadi School. We also visited the VHSWNC member's house Mrs. Muttu Laxmi, I learned that the VHSCNC in the village were very active in demanding their rights in the Panchayat, they did not conduct any meeting since the project is over they said that they were very motivated and empowered during the project phase. We met the Panchayat Thallaiva's house Vallarmadi we interacted with her, she is co-operative with us, she mention that the project is very good for the village she also mention that committee members function in the panchayat is very good since the people themselves engaging themselves in improving village health. We met the Anganwadi Teacher and visited the

Anganwadi in the village I observed that there is a separate room for cooking and storing, I observed there is one weight measurement machine, when interacted with her; I learned that she is responsible to register the pregnant mothers in the panchayat. There are 22 children in the Anganwadi they came at around 8'o clock in the morning and leave at 4'o clock in the evening, they are given egg and rice in the morning and afternoon the nutritional powder is given in the evening

Aesanai Panchayat:- during the visit we met the president Mr. Ram Dev, and some of the Committee members we also held a meeting with the committee members in this panchayat we have Mr. Raj as our resource person during the interaction with them I observed that they were very angry with the NGO and the animator of not visiting them they demanded that money, even though we tried explaining them about their role in the village and about their roles and their responsibility in their own village. We also visited the Anganwadi centre and observed that the Anganwadi is dirty and small, we interacted with one of the villager their and found out that she never sent her children there because the food is not properly clean.

Laddapuram Panchayat :- during the second visit in the village we start with the Transect Walk, we start the work from the auto stand we ended the walk in the same place. During the visit I observed that the schools, village banks, distribution shop, village library, village toilet, cow sheds are all situated in the other side of the panchayat where as the village houses on the other side. The village is clean and properly planned every two houses have one tap in front. We conduct the meeting here 10 members came we had a discussion on the reason the discontinue conducting the meeting there answer is that even though the meeting is not conducted but whenever there is a problem in the panchayat they discussed with the Panchayat President which is very co-operative with them.

Velur panchayat :- we visited the PHC there we met doctor Venketesh the newly appointed doctor in the PHC, during the visit I observed that there are information boards like the Citizen Charter Board in the PHC. The doctor is very co-operative and informed us about the facilities in the hospitals and when referral cases needed for the patient they are sent to the District Hospital in Perembalur or to the Block PHC in Ammapayalam. But, when asked about the VHSWNC and about NRHM he mentioned that he is not responsible with that and that he did not have any idea about the committee since he is new there.

The village in Velur is clean we met two committee members we found out that the project is very helpful to them there are many improvement in the panchayat during the project one of the example is the street lights and the water starts function when the Committee was formed. They are all very active and motivate with the project.

We also visited Varunasi VHSWNC members about 20 members came for the meeting we interacted with them on their work and function in the village they are very motivated and have a good relationship with the VHN and the President. As the committee members they also works

as the referral agents for the TB project they still conduct the meeting every month with or without the VHN.

Programmes attended

Blood donation camp in Arumbavur panchayat, from this programme conducted by one of the private clinic, there were about 50 villagers came for giving the blood in the camp. I later found out that the blood that has been collected is been sold in the blood bank shop in Perembalur with an amount of Rs. 1200 per bag.

TB meeting in Ammapayalam and in District Government Hospital in Perembalur, this meeting was held to give awareness about the services in the Government Hospitals and also on how to prevent it from spreading most of the participants are quarries workers.

Activities conducted and Activities Plans from 25th November, 2013 to 8th December, 2013

24th November 2013- Attended a Regional Workshop on Clinical Establishment Act in Thiruchirapalli

During this visit I observed that the local NGOs came together they were discussing about the people difficulties faced in the health centers and the hospitals. It is very good to see this especially since we have attended the National workshop regarding this same topic it is good to see that they took the discussion to the regional level also.

25th November 2013- Interaction with the ex- animator Mrs. Vallarmadi

Mrs. Vallarmadi came to the office we had a talk with her regarding the project, she was very happy during the project phase and also feel good since the villager know her and respect her and her work. She is working now as a staff in Dhan Lakshmi College, she left the NGO (Dawn Trust) since the project has ended.

26th November 2013- Visited kelakarai Panchayat

The main crop of this village is cotton they cultivate cotton and sent it to Trichy, Madurai and some other places. Previously they were very happy cultivating cotton since the demand is high but at present they have to sell at a very low cost of Rs. 40 per kg, the people faced lots of difficulty with this they also mention that they have not faced problem because of the price but when they try to change the crop the soil becomes very dry and unfertile.

27th November 2013- Visited Udhaya Trust in Ariyalur District

We met the secretary of the Trust he is very enthusiast person and hard -working he takes care of the Trust and the project at the same, the Trust now like Dawn Trust they are now working for TB project, this project also use the animators to go to same villages where they concentrate before, he like the CAH project very much since it deals with all the people in general and also feel encourage and empowered as they were recognized by the health officials and could get a proper dialogue with them regarding their functions because of this project.

28th November 2013- Discussion with Dawn Trust Secretary

From the discussion I learned that the Trust is owned by his family, there are nursing home, hostel and the Trust under his family, the aim is to reach the poor people and help them in supporting on their journey for education.

29th November 2013- Visited District Government Hospital in Peremballur

During the visit I observed that the hospital is situated near the market place it is very crowded other thing that I observed is that the people on the hospitals before they enter the hospital they leave their footwear outside, it is very nice to see them practice this not just at their own home but in the important places as well.

30th November 2013- Preparation for World Aids Day Rally

We were in the office helping the staffs to prepare banner and pamphlets for the rally.

1st December 2013- Visited ex animator house Mrs. Nirmalla

While interaction with her I learned that she was also responsible of five villages like other animators, she have to leave the project since she got married and got a baby, when asked about the project she likes it very much because feels empowered and important in working for her own community.

2nd December 2013- World Aids Rally in Perembalur District

We had a rally with the Nursing students; the rally was from the organization till the old market area. The rally went smoothly we help in distributing the pamphlets to the tea vendors, drivers etc.

3rd December 2013- Bommanapadi Panchayat

There are 20 members in the committee; the members arranged the meeting in one of the member's house, during the interaction we found out that the higher case dominate the lower

caste, we had a meeting with them trying to find out the reason of discontinuing the committee meeting.

4th December 2013- Meeting with Laddapuram panchayat president

The president is very co-operative and supportive he attended the meeting conducted by the members at 5 o'clock in the evening, we get to observed the members asking him questions about the VHN why she cannot come even though she was there in the village for the immunization and also about the sanitation and maintaining the water tank in the village.

5th December 2013- Laddapuram PHC visit

During the visit I observed there was an Ante natal care check up in the hospital, we could not interacted with the doctor since he was very busy, we interacted with the mothers regarding the facilities and about the VHN facilities.

6th December 2013- Ammapayallam VHSWNC meeting

In this village we visited the member's house; we also met the VHN and the panchayat president in this village we were very surprise to know that the president is a women, we talked with her regarding the panchayat system she explain that she was elected by the reservation quota.

7th December 2013- Bommanapadi VHSWNC meeting

We went to Bommanapadi had a meeting with the members, after we found out the reason of discontinuing the committee all the members blame the animator of not coming to the village, we talk to them about the project that it have limited time and that the committee should continue even without the animator coming to the village.

8th December 2013- Advance Christmas celebration with Christian Educational Institution' students

The students invited us to the advance Christmas celebration, there were song performance, dance and also dramas.

Our stay in Tamil Nadu was enjoyable and memorable we did not only learned about the project and the organization, but we also learned about the way people lived and also about coping up with other people from a complete background and society.

Chapter 5

Field work report, Bethany Society, Mawkyrwat Block from 21 February to 18th March, 2014

Weeks	Plans and Activities conducted
Week 1	Meet the IIPH staffs and Bethany staffs,
Week 2	Visit Rangthong village, meeting the ASHA and visit the PHC
Week 3	Visited Jakrem and interacted with the people, meeting with ASHA
Week 4	Visited Pynden sakwang village and Phot-Jaud village meeting ASHA
Week 5	Visited Nongsynrieh meeting with ASHA
Week 6	Interactions and FGD in Mawranglang
Week 7	Interactions and FGD in Rangthong village
Week 8	Re visit the villages

Objectives

To understand Social health determinants in the village

To understand the community and their participation in solving their problem

To know the function of health services in the village

To explore community knowledge about health care practices

We went to visit the staffs of IIPH in Shillong there we met Mr. Lipekho a senior lecturer of the institute, we inform him regarding the field placement, but we came to know that the institute is not familiar with any of the villages in the district or the state so we went to Bethany Society Shillong met the Director of the organization Mr. Carmo Noreha, we talk with him about our field placement since we are known with the organization from our Master degree we select South West Khasi Hills District as our field area.

There is a branch of Bethany Society in Mawkyrwat area, their target group is the differently able people they are working on the Community Based Rehabilitation Project focusing health, education, livelihood and rights. They are working on the rights and promoting livelihood of the differently able people, they also educate and aware the people about their rights in the society.

We stayed in Mawranglang village with one of the eldest lady of the village, there is no sub center in the village the houses here are far from each other, rearing animals is one of the main occupation of the village there are three primary schools all high schools and college is situated

only in Mawkyrwat which is 2 hours on foot, there transportation in the village is very difficult and expensive there are no transportation from the Government sector.

There is a Durbar in the village it looks after the well- being of the society, Durbar is local government that consist of the 'Rangbah Shnong' (headman), secretary and the executive members and the village people including men of the village only, the Rangbah Shnong is elected by the people itself, the Rangbah Shnong have to be the man the women are not allow to join the Durbar, unlike in Tamil Nadu there is a reservation for the women as well but here it is not like that.

There are groups like the youth group the children group in the village is very active, they have traditional musical class and organize programmes like picnic and they also have responsibilities during the village cleaning drive, there are women groups as well but they are not properly function there are Self Help Groups.

The people finds difficult to get help from the health sectors, since it is very far, for minor illness they buy medicines they buy from the pharmacies located in Mawkyrwat but for the major illnesses they first went to the CHC (Community Health Center) and go to Shillong. Most of them prefer to go to private hospitals since they get better service there they feel that in Civil Hospital the staffs behavior in inappropriate.

In this village I also learned and observed that there inequity when it comes to education and reach better health care, for instance there is no high school or good college in the village or Mawkyrwat, their children gets to go to private schools to the capital Shillong whereas the family who cannot support their children they have to drop out from their school this is one of the main problem in the village, when it comes to health distribution the people who can effort goes to the city they get better services, compare to the people who cannot effort they have to go to the PHC or the CHC which is very far and no regular doctors.

Women in the village talks a lot about school drop- out and its impact on the society, they also mention about the problem of alcohol even though the people cannot get the alcohol from the Headquarter or from the village, they always got it from a near -by village.

The people in the village consume and smoke tobacco a lot, when talked about it they are alright with that, some mention that tobacco is a part of the tradition and they cannot live without it.

During my stay there for one month there were three death suspecting cancer and tuberculosis, I never found out the reason since people never talked about it, they considered cancer as a curse.

I have been in the village and have also travel to other villages too; I never come across school health programme or the village health nutrition day. Even though we visited the PHC in Rangthong village we never find any doctors or nurse there.

Since I came across the VHSWNC (Village Health Sanitation Water Nutrition Committee) during my last field work in Tamil Nadu, I tried to find some information about them but I could not no one was able to give me proper answers about the member.

I met the ASHA facilitator in Pynden- Sakwang, she is a member of Bethany Society she is a locomotor she appreciate the society of encourage her to participate in various functions and programmes in the community, she is very active and responsible and because of her work she was selected as the facilitator responsible to look after 22 villages.

I am very familiar with the village since we have worked and stayed in the village before during our Master degree fieldwork, what I realize is that we have change in many ways for instance during our MSW fieldwork we concentrate on organizing various programme in the village thinking that we were doing them a favour with thinking that the people or the community want them or not.



Chapter 6

Collective sessions

Social mapping

The session was interesting; it was taken by Mr. Sam Joseph it is about Social mapping, we reach when the 9 batch present their social mappings they conducted in the different part of the slums. The main think I learned about from this session is never waste community's time. I feel so right when he talk about the typical NGO worker, always think that they are doing the community a favour, this surprise me because this is what we do during our MSW degree but instead never think that the people want or need the NGO help or not.

Alma Ata Declaration and the People's Health Movement

During our first few classes I always heard from the facilitator talking about the Alma Ata Declaration I never heard about it from any one, but it is from Dr. Ravi Narayan that I came to know that there was an International Conference of Primary Health Care of 134 countries, in September 1978 in Alma Ata Kazhakistan, organized by the WHO and UNICEF to achieved a goal 'Health For All' by the year 2000. They have come up with the 8 elements to achieved their goal, the elements includes-

Nutrition

Education

Water and sanitation

Mother and Child Health

Prevention of endemic disease

Immunization

Treatment of minor ailments/disease

Essential medicines

These elements are not the ways to treat diseases but to prevent the mass, without any difference rich or poor, regardless the caste, regions and background.

On November 2000, people around the world come together in Calcutta

On the Alma Ata Declaration anniversary 2003, seeing that health For All has not been achieved yet a group of friends belong from different organisations came, they all goes there as the representatives of their organization but introduced as the PHM's members.

Paradigm Shift

Dr. Ravi Narayan took this session on how the shift of understanding and looking at things is important for us as the community health workers. The meaning of the paradigm shift is the shifting from bio-medical model to social model, which is the shifting of thinking of seeing the client or a patient to a person with problems, or a person who just need help and changing of giving importance to an individual but should see the community as a whole. This also includes the practice of providing resources to the community rather than enabling them to handle their own resources. As a qualified person I always think that we are fully aware of things in the community but to be able to work and understand community we should always go to the community as a learner not as an educator.

Qualitative Research

Qualitative Research is one of the interesting types of research, I have heard about quantitative research and its tools but qualitative research and its process of conducting a research is very nice. I feel that is very important and very in-depth in some of the sensitive issues that cannot be measured by numbers or graphs.

Globalization

I was always appreciate globalization and feel proud that India open to that, but when Prasanna taking classes about Globalisation I was surprise to see the effects especially towards the poor people and how World Bank taking advantage of the poor country like India and it have to be under the Structural Adjustment Programme, India gone to recession and have to go to world bank for loan that is when the world bank asked India to bring down the currency which bring about neo-liberation policy which is known as ' Manmohannomic'.

And when it comes to health in globalization have grown fast in India, it starts from the Selective Primary Health Care of the World Health Organisation to the fast growing of industries and private sectors which affect the poor Indians.

Chapter 7

Times in Bhavanipattnam Odisha- **Swasthya Swaraj Society**

18th June, Hatia Express- I miss my friends and Bangalore and also I am feeling so happy at the same time, I was sitting in the train as it leaved Yashwantpur I realize that I am actually going to Odisha alone. I said and smile to myself okay, this it I am actually doing it. I felt confident to choose to go to Odisha, since it is one of the neglected place and lack in all aspect of services be it education, health, economic and politic, I will get a good exposure there and also get to experience the various determinants of health and able to experience on the way people lived also get to know them.

I have heard a lot about Odisha about how unsafe and undeveloped there but nobody talked about the people and the community there.

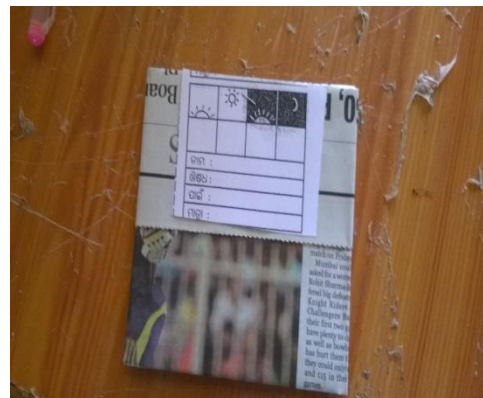
21th June, 2014

We went to a place called Kanigumma there is a clinic, since it was a market day many people came even though it was raining. It was not a first time for me attending health camp but here I could not help them since I did not understand or know the language they speak there.

There is a shortage of staffs in the clinic with many people it is difficult to maintain, I help apply medicines to the people there, there was a girl around 17 to 18 years old she have scabies all over the body, It was difficult to talk to them and tell them what to do and what not to not since I cannot talk there language.

Since, Oriya is similar to Bangla and to my luck I know little Bangla I could somehow talk with her, I came to know that she never goes to school, she helps her mother in the field whole day I asked her the reason she got scabies she did not have any idea.

While we were in the clinic, I observed that there are many people with high fever and many have malaria, I observed tat bcause the people cannot read and write to remind them on the time the should take a medicines, the medicines were kept in the paper bags with the simple figures that a common man will understand with out any difficulties.



On the 23th June, 2014

We had a monthly meeting in the office, we had a discussion on the programs and the work done last few weeks and we also planned for the next two weeks, the last monthly meeting was conducted on April 30th in Kanyagumma clinic.

There was a sharing from the *didis* about them joining the society and how they were inspired by the idea of forming the society. They were so inspired to work with the adwasis in Orrisa.

They were mention about the Swathya -Shathi (Well Being- Friends) they are the trained village health workers the Society is now planning to train the village girls or boys who have passed 8 standard called the Shikya-Sathi (Education-Friends).

24th June, 2014- 27th June, 2014

We left Bhavanipatna to Karpai vllage this village is like a camp for us we kept our luggage there and goes to villages near and far the first village I visited is Sundorgoar, the village have 10 to 12 houses, they lived a very simple life apart from agriculture they earned their livelihood from selling dry leaves to be use in dhabas and stalls for eating food in the city they get very little from there they are selling them Rupees 10 per kilogram.

We also visited Poddapoi village, this small village is a typical tribal place they have a small open hut in the middle of the village there they have a fire place and a big drum tied there. Like the other village this also does not have any electricity connection.

We went to Mahajal and Kachalekha village walking the village are situated far from the main road there are no roads to go to the village, there is no electricity connection there they lived I very simple life but we found out that the people were having high fever and the symptoms of malaria. Girls are not sent to school, only one boy these two villages goes to school, the school is in another village which is an hour or two walk for a child.

In Kachalekha village, while we were sitting with the people one person came calling us there were crying n screaming a man with cold and clamp symptoms, the older women in the village started singing and goes around the village singing to inform the village people about the incident.

The people did not know that the government hospital does not take money, went ask why they don't go to hospital for medicines. There were no roads and only one bus early morning they find it difficult to go since they have to walk far to reach the main road.

We could not talk with the women in this village as soon as we try to approach them they would run away to their houses; I also observed that many of the young youths in these villages goes to school and then migrate to Kerala.

In Taradei village, there were many people gather in the middle of the village, to our surprise we see that they are distributing the grains equally to all the families in the village like in other villages here also girls are not allowed to go to school.



We also visited Shimrang Gaon, Sorgipada and Danapodar mainly to inform the Swathya Sathis in the villages and to conduct the survey on Educational status, like other villages the girls and the women folks are not coming forward to talk, when here also we found out that people and children are having high fever for a week or more.

3rd July to 12th July

This is the first meeting held in Kerpai with the Swathya Sathis there were 22 Sathis, all the Swathya Sathis are married they came with their husbands. I observed that the ASHA also joined the Training for some of the Sathis were very quiet but after the games and refreshment they were open up and talk to each other and response to the training. There was a brief talk on the roles and responsibilities of a Swathya Sathis.

The next day the doctors remain in the Panchayat office, we went to the Samapolla Goan, Sindipodar village Alwaguda village, Konaijabi village, Konaijabi village, Jibang village and Nichemasca village and Kuran gaon these villages are far and there are no transportation facilities there we went to the village walking when we reached the villages the people asked us to go away since there were military personnel camping in the forest near the villages.

Like other villages these villages being cut off from any facilities and from the main town since there is no transportation and there are no facilities in these villages be it health, education and goods.

We had a meeting on and were planning to organize a Training Programme for the Swathya Sathis of the villages in both Kanniguma and Kerpai side. Like last week we tried to cover as many villages for the survey and to inform the Sathis about the training to be held, half of the group went back to Bhavanipatna and two of us stayed in the village, we stayed in the Panchayat house in Kanniguma village that night and make a preparation for the meeting next day.

In the morning, there were not much Sathis like we expected since it was raining and there were no transportation. Since the topic of Training was on Malaria, Dr. Aksish uses flexes to make them more understand he drew many photos which he saw in the villages, they were taught to check the pulse and the spleen and also the Sathis shown on how to recognize people with anemia.

The training was two days all 27 Sathis were staying with us in the Panchayat house, next morning the Sathis were giving a reflection on the topic and they were so amazed to see the malaria parasite in the microscope. The women ended the training with songs and dance.

To conclude, I was shock to see the condition there, people were suffering and dying and cannot do anything they were helpless and were left like that by the Government. It is sad to see that in all the villages we visited most of the children and people were having malaria and so many types of diseases that I did not know about.

I do not know what to say whether it is a good opportunity to see and experience the 'Determinants of Health' there or not, there were difficulties in all their sides there were no schools in the village and if there are schools the teachers are not coming, the girls are not allow to go to school but will be sent to work in MNREGS (Mahatma Gandhi National Rural Employment Guarantee Scheme) and will get Half of the amount as the payment, for them they do not know what to do with their life but will get married at a very early age. They were also not encouraged to come out of the house whenever there are visitors in the village.

Women because they have to give preference to the children and their husband they will go to the field early in the morning work whole day came back to their house and continuous working till their time to sleep, i observed that most of the married women of my age look so old and weak. Even though they have a beautiful love marriage practice which is always so nice to listen



when they talk about that but again the women are so helpless of their men since most of them are becoming addicted to Mohul a local wine.

The youth in the villages will go to schools till class vii or class x, and go to Kerela for work, they work there as daily wage laborers, since they are skilled to make the red brick people employ them for that.

Around 35 villages in this area were not found in the census of the country, so they did not proper health care facilities like ASHA or ANMs.

Even though I stayed there for three week I get to learned so much from the community, 'Globalisation' is another topic I get to learned and experience there too. This happened in Kerpai village and in a beautiful village situated on top of the hill Kuturmani, because this area is rich in iron a company called Larsen and Turbro limited try to take over the area belong to the tribal people.



Next, Gram Vikas in one of another organisation that works on water and sanitation in the villages there, they constructed toilets and bathrooms and also introduced the Gravity Water Flow where people can get water in their villages, this is another topic I learned there- 'Sanitation'. There were toilets constructed in each of the village but what I do not understand is that people used these toilets as a storage room, why? We never know.

I understand that education is the factor that will bring a change in these communities but when think for that how are we expect them to go to school and sit there whole day when they are not use to sitting idle in one place, I think we should always understand the situation of the people in the village.

We are always amazed to see how normal when they talk about death in the family bout later I understand that it is normal for them to die; they consider it as a part of life and someone have to face this in their life.

Peoples in the village are so good and very hospitable, there we can see the real community where people live together they have this common hut in the middle of every tribal village with a fire place and drums all of them will gather there and we were asked to sit there whenever we visited the villages, the women will just wrap themselves with a cloth showing off their tattoos on their chest, legs and arms. What I found out the meaning of the tattoos is so touch; the tattoos are their only jewelries they had and with them they could carry their whole life and no one will be able to take them away from them.

I sometime feel that we go to the villages judging them because they do not know how to look after their children when they are sick, they have a strong belief on Thakurrani (the local pujari), I really want to meet and see how they work then we would be able to work with them together since the community will be more comfortable with them, than with us.

We have always heard about Orissa of how sensitive and unsafe out there, but when we were in these villages we always enjoy ourselves and get the freedom to and talk to people. We have seen and experience the difficulties there but it is worth the pain because what they taught us of

living with hope and be happy with what they have is more than enough to every man, more about them teaching me about the community and their way of life and cultures, their smiling face inspire me seeing them welcoming us with that face despite their problems and headache is worth staying and being with them there.

Chapter 8

An exploratory study on the functioning of ASHAs in Mawkyrwat Block, South West Khasi Hills, Meghalaya

The Accredited Social Health Activist (ASHA) was formed under NRHM the National Rural Health Mission in the year 2003, ASHA are the main health care providers of the community, these ASHA workers work for the better health situation in the community, ASHA is known by many names in all over India; she is popularly known as the Sister of Hope, she is usually choose by the village people she acts as the health representatives of the village to the health care services. An ASHA worker also acts as a helping hand or a bridge between the community people and the health care services.

ASHA can be found only in rural villages, she cover a population of 1000 she was formed to look after the health situation in the community, she focus on working with the pregnant mothers and the children. Now ASHA are found working with the Primary Health Centre in helping with the health workers

ASHA have a huge responsibility in the society as a daughter, a sister, a mother and also a health worker in the community She (ASHA) is empowered to look after the community under NRHM the National Rural Health Mission in 2003, according to the Health Institute of Family and Welfare (NIHW, 2005) An ASHA is the health activist in the community that create awareness on health and social determinants she also mobilise the local health planning and help in utilization and accountability of existing health services.

ASHA modules 8 tasks and Activities

The tasks specified for ASHA Village health plan, Communication for health behavior change, Linkage with AWW, TBA, ANM, MPW, Counseling, Escorting patient to a hospital, Primary medical care

Act as Depot holder, Record and registration

Home visit should take place once a month, it is important for the pregnant mother and for the newly born babies, this activity will help an ASHA to know and understand more about the health issues in her own community. Attending the Village Health and Nutrition Day (VHND) this activity is done with the ANM and the Anganwadi Workers in the village to bring the services and making the people aware of the preventive measures. Visits to the health facility this activity the ASHA accompanied the pregnant mothers to the hospitals or any health centers. Holding village level meeting with the Village Health Sanitation Water Nutrition Committee and with the people in the village. Maintain records on the numbers of birth or death that will help her to plan and identify the health issues in the village easily.

The Community Health Worker or the ASHA faced many problems according to (Kerry Scott and ShobhitShanker, 2010) poor institutional support and also lack of community participation are the main problem that ASHA faced.

This study was conducted as a part of the Community Health Fellow Programme, the study conducted was '*An exploratory study on the functioning of ASHAs in Mawkyrwat Block, South West Khasi Hills, Meghalaya*'.

The study was conducted in five villages of Mawkyrwat block, Meghalaya, to understand the functions and roles of ASHA (Accredited Social Health Activist) in the villages located in the hilly regions. ASHA, a Traditional Birth Attendants and the women in the villages were included in the study as well.

The staff's members of IIPH Shillong and the staffs of Bethany Society help the researcher in conducting various interviews and support in giving guidance on how to carry on the research. The main thing which STUDY is that the women who are seen as empowered women and

educated women with the freedom from the society or the family have difficulty in going to their work and more or less faced problems like most of the women in the country.

The Traditional birth attendants have got experience for the longest period and are well respected in the community, but now due to increased emphasis of the institutional deliveries system they are being discouraged. More over the educated people often look down on them and see their work as scientifically unsound or primitive way of working.

These two categories of grass root health care workers contribute immensely, for the health of the society but their lack of support from their own families, society and Government discourage them.

Methodology

Objectives OF THE STUDY

- To determine the function taken by the ASHA in the villages of South West Khasi Hills District, Meghalaya
- To understand the challenges faced by ASHA workers in the villages of South West Khasi Hills District, Meghalaya
- To determine people's perception on the functioning of ASHA's in the villages of South West Khasi Hills District, Meghalaya
- To understand the relationship between ASHAs and the community in the South West Khasi Hills District, Meghalaya

Study Setting

The study covered six villages in South West Khasi Hills District Meghalaya, the name of the villages are Jakrem, Rangthong, Mawranglang, Phot-Jaud, Pynden- sakwang, Nongsynrieh. These villages are situated Mawkyrwat Block, South West Khasi Hills District, Meghalaya. Each village has of 50 to 70 households the people in the village belong to a Khasi tribe.

Study Design

Qualitative research method approach was used.

Sampling

One ASHA facilitator from Pynden-sakwang, and 4 ASHA workers from Jakrem, Mawranglang, PhotJaud and from Nongsynrieh village, 2 focus group discussions in Mawranglang village and Jakrem Village were conducted with the women who have used the ASHA services and also the women who have never use ASHA service before. Two in-depth interviews were conducted with the traditional birth attendants in Mawranglang and in Nongsynrieh village.

Data collection

Data collection Procedure

Primary data on the function of ASHA will be collected through focus group discussion and in-depth interviews with the ASHA and the women of the village. Inform consent while interviewing and audio recording of the focus group discussion and in-depth interviews is done along with note taking. Two Focus Group Discussion was conducted with the women who have used ASHA services and women who have never used the ASHA services. Five interviews were also conducted with the ASHA workers and two interviews were with the Traditional Birth Attendants.

Data collection tools

Focus group discussions and in-depth interviews guides were used.

Data analysis

Data collected was transcribed and then translated into English. The translated data was analysed thematically using Atlastti.

Analysis

- To determine the function taken by the ASHA in the villages of South West Khasi Hills District, Meghalaya

- To understand the challenges faced by ASHA workers in the villages of South West Khasi Hills District, Meghalaya
- To determine people's perception on the functioning of ASHA's in the villages of South West Khasi Hills District, Meghalaya
- To understand the relationship between ASHAs and the community in the South West Khasi Hills District, Meghalaya

ASHA functioning on their work

The ASHA, are well aware of their role and responsibilities in their villages but they felt discourage since the Government do not support them fully.

Lack of government support- the ASHA felt that they do not get enough support from the government. The hospitals were they are under give less importance.

According to, ASHA 4 *“ we work so hard for the society and are doing all that the Government asked us to do, to encourage institutional deliveries but what does the Government do to help us nothing and sometime went we visit the PHC we feel so foreign we were being looked down and talked rude”*

According to, ASHA 3 *“I don't know what to say..... Before during our trainings we felt so good because the Government says that it will support us, but now.... We are helpless”*

According to, ASHA 2 *“I will tell you this..... Now we are so much with the private hospitals but we forgot about the public health services the government see and know about this... but it does not care that it will affect us”*

According to, ASHA 1 *“I am workinghonestly even though if I never get any support from anyone..... At least the government should give some respect to us and appreciate our work”*

According to, ASHA 5 *“it is very difficult..... If you understand.....me..... sometime we are not allow to talk in the durbar, how do they expect us to function properly.... the Government knowing that do not do anything to improve our work”*

Less community participation- there is less in community participation the people in the village since most of the people prefer the clinics and private hospitals in the city.

According to ASHA 1, *“it is difficult to work in the village when there is no co –operation, when I organize programme most of the women never come they ask me to come in the in the evening because in the morning they are busy with their work, but by that time I have to be home for my children, people were saying it is easy to work in the village but believe me it tough”*

Lack of support from the family- the women in the society finds difficulty in working since there is lack of support from the family members, especially the married women find it hard to look after their job and also their household work at home, they never get the support from the husband especially if they are to talk in public and conduct awareness programmes.

According to ASHA 5, *“I have two daughters and it is a problem for me to take care of work and the kids at the same time”*

ASHA 2 *“I have a problem with my husband whenever I talk publicly, he never like me doing this”*

No salary- ASHA get their incentives only if they enrolled the pregnant mother in the public hospital, they get a sum of 250 per pregnant mothers, but they feel it is a hard job and they deserved to be given enough by the Government.

ASHA 3 said, *“You see... I am poor my husband is a farmer we don't has enough money to buy house hold materials sometimes well..... I think you know more about us right? We do not get money our work is really heavy”*

ASHA 1 said, *“They told us first that we will not get any money the salary will be from the registered pregnant women”*

Growing number of private health services- the respondents are facing difficulty mainly because there is a rise in the private service people tend to go to these services they felt that if there has not been any private hospital they would never have a problem in money.

According to ASHA 5,” *You see now a days people prefer to go to Shillong for deliveries, they all goes to Private hospitals if the Government do something we won’t face any problem”*

People’s perceptions

ASHAs are not available in time of need- the ASHA faced difficulty in going to villages she covered 5 to 6 villages, with difficult terrain and bad roads it is difficult for to find her in times the people find difficulty in times of need.

According to woman who has use ASHA service 1, *“I find it hard when I need something from the ASHA she was never at home; it is difficult to work with people from other village”*

According to woman who have never use ASHA service 6, *“ ASHA have visited my house once but she never visit me again that was the last time, maybe she is busy with her work but it is her job too”*

According to women who have not use ASHA service 2, *“I never go to ASHA... it is better for me to go to Mawkyrwat itself than going her house since her village is in the other side of that.... Hill it is far for a sick person and is hard to go”*

Prefer private hospitals and dias-most of the women in the focus group discussion prefer more to go to private hospitals rather than going to the public, some are totally against the institutional deliveries they believe that the

According to woman never use ASHA service 4,”*we have PHC here doctors are not there they only on the market days.....once a week..... There are no medicines and no nurses too, so it is better to go to Shillong stay there before the due date”*

Forced for institutional deliveries- some of the women prefer to go for home deliveries, but with the institution deliveries the women felt that they were not encourage and being looked down.

According to women who have never ASHA,¹ *“all my children were given birth at home are perfectly fine, but when they got sick people especially the ASHA and the ANM they says it is because they were giving birth at home”*

Dais perception

Not giving importance- the dais are not giving importance by the people or the Government and it is sad to see that they are the last generation of the Dias community in the village with their old age they feel that their skills will disappear from the society.

According to dias 1, *“I was doing this now..... for a long time now, I start doing this since....(pause) the Britishers were here”*

No respect from the providers- the dias find that they being look down by the health providers like the nurses the ANM and the Doctors they faced this when they refer some serious cases to the hospitals the nurse will talk bad about them in front of them calling them not educated and untrained and unhygienic.

According to Dais 1, *“there is one time you see..... I had this girl she came to me for help..... I could not do it, we took a local taxi went to the hospital..... when we reach there the nurse were so rude and talk so rude to me as if I have make her like that, they are all so proud working with the Government”*

Does not talk in the Women Groups any more- the women groups in the society which are supposed to look after the women in the village are all not interested in talking or try listen to the Dias problems.

According to Dais 2, “*previously we are very strong and well respect in the society we were giving chance to talk about health in the village during the gathering but now, the people trust the strangers than a person from the village*”

According to Dais 1,” *they all forgot about health in the village and they us the elders there is no more respect now the world is not the same... now they all after the people drinking and selling alcohol no one talks about health in the gathering they all talks about how to get rid of alcohol*”

Discussions

The study was conducted in five villages of Mawkyrwat block, Meghalaya, to understand the functions and roles of ASHA (Accredited Social Health Activist) in the villages located in the hilly regions. ASHA, a Traditional Birth Attendant and the women in the villages were included in the study as well.

It has been found out that the ASHA are also facing difficulties in different parts of the country also for instant, Kerry Scott and ShobhitShanker, (2010) Community Mobilisation Supplementary Issue, study have found out some of the problems which are alike with the study conducted but the difference is that the Dias or the Traditional Birth Attendance are not include in the study conducted by Kerry Scott and ShobhitShanker.

The Accredited Social Health Activist (ASHA) in the hilly region are seen as the women with wisdom the people that are able to work for the community and also have to take care of the house work despite many challenges they are facing.

It also have found out that the women including the ASHA, the women and the dais felt proud of being from a matrilineal society but what they were saying is that the people think that we are free and do not have any problems but we are not allow to work we are expect to be at home.

During the interaction with the ASHA facilitators she said that it is very difficult to work especially when she have to deal with the higher rank like the BDO or the Doctor in charge in the CHC, they look down on her because she is a differently able person.

The main thing which the research found out from the study is that the women who seen as empowered women and educated women with the freedom from the society or the family have difficulty in going to their work and more or less faced problems like most of the women in the country in which they are not allow to go work outside the village and do not get their support from their families or from their husband in case of married women when it comes to advocating the people in the village they are being looked down by the husband.

The study finding was that the women despite being perceived as empowered faced several problem; they were not allowed to work outside their homes, disregard from their spouses for their advocacy work or even lack of support from their spouses.

Recommendations

Since ASHA are the change agents of the society the need to be strengthen, the Government need to work along with them continuously.

Strategies should be taken to increase their incentives and encourage them in working for the community.

The ASHA faced difficulties in covering all her villages especially in hilly rural areas so Government should see that they are able to go to their own villages.

The Government Health Sectors should respect them and should work together with her even though she works along with the Dais in her village.

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I feel so blessed being a part of SOCHARA not just because of the light minded people here and the things I learned from here, but their appreciation of me having many confusion, it is surprising when people says that it is good to be confuse.

Before coming here I always hesitate about what I want to say or shared ideas I use to have that feeling that people might not like it. But after coming here I do know where i got the confident to talk whatever I am thinking, SOCHARA have change me a lot they always encourage us to talk it does not matter whether it is right or wrong, a thinking of learning together is very nice here.

The session here has been helpful for me personally; it was here that I realize that decentralization is very important and the term social determinants of health are also very interesting. As a social worker we like to work on various issues that affect the society but we never know that we are working on the determinants of health. The idea of equity was introduced to me by Prasanna, we always talk about equality and equal distribution, equity is the last thing that we would be thinking of doing for the community and when I come to know about it I feel so right and true about the unequal distribution for equal opportunities.

The other things I get to learned here is accepting other view points and also being humble and down to earth towards others. Being courageous to one self is also one of the thing that I learn here.

I have completed my Master in Social Work, I always like working with the community and I understand that even thought I am not good in writing or with studies I am always confident with working in the community, I always want a person who would guide me and helping me which way to go I never have that and I was scared that I would lose my interest and might not know what to do.

Joining this fellowship is like a first stepping stone for me I did not have just one mentor but a bunch of well qualified and light minded people who are and will always be there to help me.

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