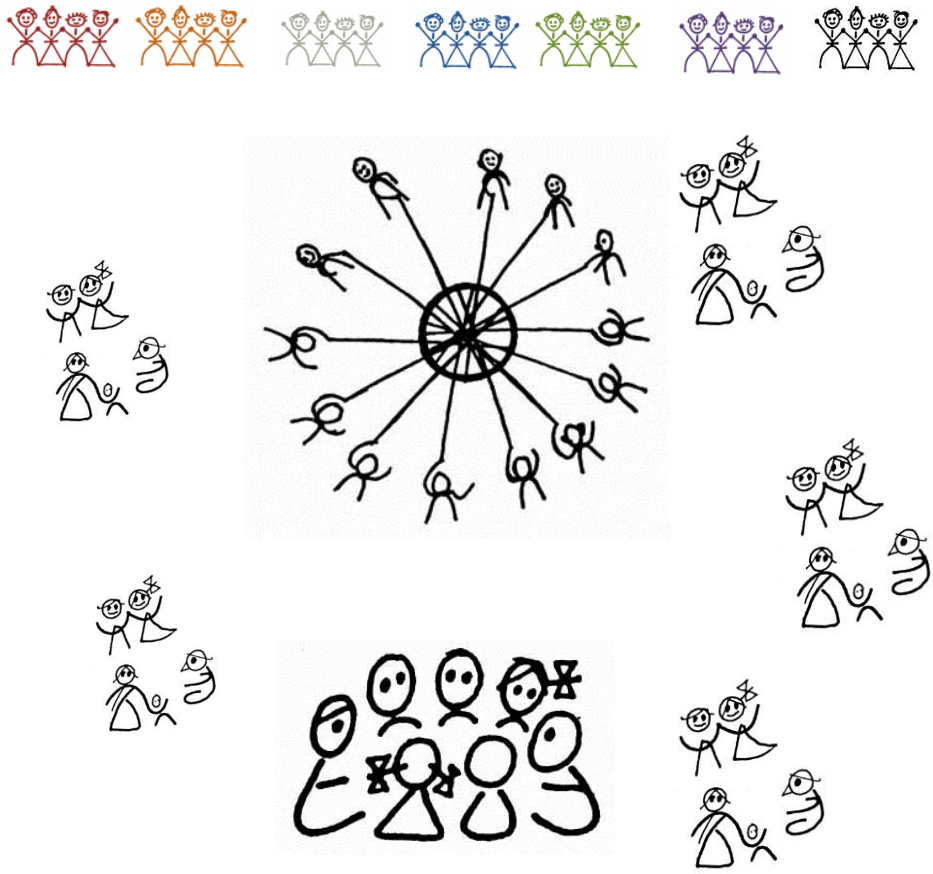
2013 - 2014

Community Health Learning

A Report on the Community Health Learning Experience

Sabeena Lyngdoh



SOPHEA

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REACHING THE UNREACHED: A JOURNEY IN COMMUNITY HEALTH

JULY 2013 to JULY 2014

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Contents

Acknowledge

I warmly thank you to Dr Thelma and Dr Ravi for giving a great opportunity to join as a fellow in this learning programme and open my thoughts about community health. The knowledge I received from here had enriched and developed my skills to work in the community.

I would also like to thanks all the facilitators which have seen me growing day by day and this would not be possible without their help and support

My gratitude to all the field mentors Mr Ameer, Mr Francis, Mr Lepikho, Ms Dari, Mrs Sandra, Mr Carmo, Dr Ravi D'Souza and all the field staff who has helped me during my difficulities and show the right direction on how to achieved our goals.

I thanks to all my co-fellows whom I start my journey and walk till the end and supported my strength and weakness

Thanks to all the working staff of CHC Hari, Tulsi, Swamy, Ms Maria, Kamala Amma, Joseph all were welcoming and helpful.

Why I joined CHLP

I always dream of myself that I one day I will be someone and be successful in life, but as years pass by my aim and ambition keep on changing where at one point of time my educational status was very low though I was lost on the way to achieved my dream goals I was an optimistic person didn't look back and move forward in life. My best day in life is when I joined Master in Social Work where I get to explore things around and get to know about the community.

Then came to SOCHARA joined the fellowship programme made my entire world change and I must say that am very bless to come to Bangalore and be a part of community health learning programme. Before joining CHLP I had limited knowledge about Public Health if I think back it ends till medicine and hospitals.

The word "Community Health" attract me the most when I came to know about the fellowship programme and tried to think hard the different between community and community health because what we learned in MSW is only community not community health.

I was keen to learnt about community health because some way it related to social works in the way to serve people but the strategies and approach to the community are different.

My objectives on CHLP

To learned about the whole process of this CHLP

To learned about the community

To learned about the approaches and strategies towards the community

To learned about NRHM goals and frameworks

Key learning from collective sessions

Social determinants of health – I was clueless on what are this big words meant to be but after the session was taken I just felt keen interest to learn more about it. A social determinant of health covers the housing, nutrition, water, environment, education, early marriage, unemployment, poverty, alcoholism almost everything that affect health of a person. Documentary of Ramakka story give us a clear idea on the various factor of social determinants of health from the child health to nutrition, poverty, distance, lack of awareness, believes, ignorant all the other factors lead to the dead of the child of Ramakka. The whole learning of process of community health are based on social determinants of health and I have learned how to look towards the community understand their problem and be as a facilitator to helped them.

Quantitative research

Research has been an important subject during master's degree but it was difficult to memorize everything because it was totally new subject for me and had a tough time to consume it everything about the subject. We had a session with Mohammad sir on quantitative research he explain like research do not arise when there is one solution to the problem, only if there is one or more solution than a comparison can be done and find out the appropriate solution to a problem than research could be conducted. Quantitative research is classified into – survey research, correlational research, experimental research, causal comparative research.

He also taught us the quantitative goal is to generalize 'the truth' found in the sample population. Generate the hypothesis prove with the hard factors/data inductive, the advantages is like it provides estimate of the population at large, provides extensiveness to attitude held people, provides result which can be condensed to statistics, allows for statistical comparison between

various groups, has precision, is definitive and standardized, measures level of occurrence actions trends etc., indicates the extensive of attitudes held by people. Common approaches to quantitative research are surveys, custom survey, mail/ email/internet, telephone, self questionnaire, omnibus, correlational, exploratory, experimental, descriptive and trend analysis.

Quantitative research has been taught us during my master's degree but the detail information I received from SOCHARA is un comparable I had a better understanding of research here and the methods to its approaches the steps of quantitative research are identifying the problem, collect and evaluate existing information i.e. literature review, formulate research objectives and hypothesis, identifying the study subjects, design and develop tools. Mohammad sir also talk about validity meaning is a particular characteristics of that reflects what is suppose to reflect and depends on the sensitive and specificity.

Qualitative research

Qualitative research is a new term for learning because we never had sessions on qualitative research before, I learned the qualitative research is more useful to know the in depth problem of the community the strategies is different from quantitative research the sample size is small and yet we can get lots of information from the people and analyzed it later for knowing the problem at the grass root level. One of the approach of qualitative research is in-depth interview uncover the deeper incidence, insight story, we can get into stream of conscious, empathetic understanding and good relationship with respondents. Focus group discussion is another way to know the problem of the community and get the way as to where exactly the problem lies and how to tackle with the problem.

Paradigm shift

Paradigm means world view the session helps me to learned on how we look and take upon things like

Patient as person

Population as society

Disease as health

Providing as enabling

Professional control as demystification

Drugs technology as knowledge/social process

Medical pluralism

The medical pluralism session was taken by Dr Ravi explain the fellows that modern medicine/ allopathy/ western medicine is taking control alone in the health system in India they have been trying to monopolise the market. This topic has given me broader look that we should have medical pluralism in the country like the traditional medicine provide by local healers and traditional birth attendant must be encourage and get recognize or AYUSH as an alternate medicine or make it optional for the people to choose which treatment does they prefer rather than only allopathy medicine. The delivering system at the hospital has made it mandatory for the mother that they are helpless for not going to the dias for delivering the baby but in reality the dias performed well than the doctors in the hospitals the care provided by the dais at home during the delivery and after the delivery is a great job that also without being paid.

System thinking and Institutional design

Session conducted by Sam Joseph helped to learned about what is community, is a group of people who have an understanding and share a one particular issue.

I learned how to approach the community by not going in the community as an expert but we go and learned from the community people. System has parts/ boundaries/ purpose/ hierarchy he explain us by giving an example of a tree its boundaries are the roots, purpose to bear flowers and hierarchy are the branches.

JOINT USE

EXCLU	Low	high
Easy	Private good: Chalk, pen food, private doctor, can	Club/ association group good: Cricket stadium cinema
	Common pool resource: Pasture, village pond Fish in the sea	Public good: Road, hospital, school Air, national radio

ADICO

A - Attributes of membership, I – aim/goals/purpose, C- condition of coming together D – deontic O – or else

This ADICO implies a community coming together and work for the action it's a kind of working rules for the movement.

Casual loop diagram – was the best way to learned about the community's problem and it's a people participation they know it better were the problem lies and what are the solution to it.

Social mapping- help us to identify the major landmarks of the village and if we take any particular issue it's the easiest to reach the respondent house for example if we want to know under 5 children in the community social mapping is the best way to give us direction.

Occupational health

I find the session very interesting moreover it's a new topic for me to learn about it I think as a community health we should we aware of all rounder health issue happening in the country. We hardly talk about the health of the people working in factories or anywhere else, Adithya talk about the dalits people who use to clean the dirty pit holes in the city down the tunnel and if death happen in case of accident but no one is takes the responsibility of the death. People working in chemical factories has also bad health condition because they never take protection to cover themselves when the gas is tested and the waste coming from the industries is affecting the people in general through water or air.

Basic type of Non Government is charitable

Society – more formal, transparent and they are broad have bi-laws of governing bodies

Trust – non formal, it's more like family business and less transparency in financial and activities

For a good NGO frequent meeting is important, monthly meeting is a must because all these more responsibility, accountability, transparency in the NGO and external must come and evaluate the whole process.

Chander – urban health

Dr Ravi – inner learning checklist

Who is urban poor?

- Street Children
- Unorganised labour
- Pavement dwellers
- Recent rural migrants
- Sexual minorities

- The uncared aged
- People with disabilities and mental ill health

Urban health Challenges

- Inadequate housing,
- Unsafe water,
- Poor or non existent sanitation,
- Unemployment or Underemployment
- Various pollutions affecting the

environment.

- Accidents including occupational hazards
- Social conflict including virus of communalism

Where do they live?

Most urban poor live on places that are overcrowding with poor sanitary conditions, not mean for human habitation lacking facilities such as water supply, toilet facilities, and place for waste disposal. Some of these places are permanent and others are temporary, (UN Habitat 2003).

The location may be classified as follows

- Slums located around industries
- Slums located around residential areas

Slums located around commercial areas

Checklist

1. Values
    - Equity
    - Gender
    - Rights
    - Quality
    - Integrity
2. Social / communication skills
    - Class
    - Caste
    - Gender
    - Hierarchy
    - Stigma
3. Social action
    - Empathy
    - Listening
    - Leadership
    - Conflict resolution
    - Supportive supervising
4. Learning skill
    - Self learning
    - Learning facilitation
    - Group discussion
    - Communicate
    - Creative

Globalization

Prasanna took a session on globalization he scratches from Alma Ata declaration and said to have social justice we have to have equitable approach with fundamental rights.

Components of Alma Ata – nutrition, education, water and sanitation, maternal and child health, prevention of endemic diseases, immunization, treatment of minor ailments/disease and essential medicine.

WHO works on equity principle each government pays a funds differently but when it comes to vote each country must gave one vote not according to the fund i.e. is called social equity logic.

Capital logic works if they give 22$ they should get 22 votes. Like in 1978-98 the US stop to share the amount in WHO the developed countries starved of funds and it became marginalized. In 1983 Africa 1st recession balance of payment than International Fund Monetary and world bank demand the government have to work for them for continuing the funding i.e. called structural adjustment programme it works as reduced import, increase export (devalue the currency), reduce budget, user fees, liberalize (leave to the private sector for development), devalue the currency and health medical care will be taken care by the private sector. After the recession in 1983 they start with selective primary health care by treating the disease one by one its 18 programme in total.

Globalization is a global village no borders and no barriers. Cooperate led globalization this was interesting part of it how government is monopoly, inefficiency, low performance so government is barrier because they put tax on private and never go bankrupt. This means less tax more private investment, less private more efficiency they will produce more GDP and there will be more income is called percolation theory.

Health is not a market logic failure because we are not a direct consumer, informative cemetery and externalities. Health does not follow market logic because health is beyond efficiency so we need equity and market logic failed because poor or sicker need more care but they are charge more vis-a-vis rich people goes sometimes but pay less.

Learning from Field visits

Joining SOCHARA has given me a great opportunity to focus on different area and interests. I was always confused as to what interest me the most because all the health issues seem to be important and interesting. Different organization visits have shown me the way as to what I want to focus and performed my fieldwork for the rest of the journey in SOCHARA.

Snehadaan organization - work with the people living with HIV/AIDS, our one day visit have taught me a lot on about HIV/AIDS. Learned on how the organization take care of the people suffering from HIV provide them medical treatment plus healthy food and rooms for them to stay. I really empathize to the people who are living with a dreadful disease and maximum of the patient said they got it from their partners, they are being rejected and isolated from family and friends, thrown out of the house which is very painful scenario if we think about. I had a great time playing with HIV/AIDS children are very innocent and full of life. One think it motivates me is that the children knew what they are suffering and why they are having the medication but still they love their life and each children have aims and goals it is really a positive side to feel about it gives me hopes to on how to live a beautiful life.

Dommasandra PHC – this is my first visit to PHC in South Indian states and I am excited to go and had pre concept idea about the PHC would be same as in Meghalaya i.e. it is not working and it would be just a building. We travel by a bus and walk a few minutes to the PHC, I observed some writing in kannada and posters on health awareness about tobacco, tuberculosis, HIV/AIDS etc. we met two ANM they are busy in immunizing the children with a long quene of mothers with their babies. The ANM lady was kind she showed us the sterilize syringes, band aids, pain killers, other medicine and the box a kind of refrigerator to keep the medicine for immunization, tai or mother card is necessary during the immunization for the recording. We met block extension officer explain us about the population covers is 7 villages and some it happens that the nearby place where the PHC is not covering people will come for the treatment, she shared some of the problems and one is the transportation where the staff members of the PHC never reached on time. The officer was a bit hesitant to show us the health report of the PHC though she was polite to us but did not share the whole information. For any emergency case the people have to rush for about 40 kms this is one of the main issue that struck my mind and cannot imagine how will a severely ill people have to travelled such a long distance. We also came to know that the doctor was absent during the particular day and the ANM is performing all the activities and be responsibility towards the patient. I also observed a lady who was in a labour pain and standing in the door for her call and support. Then we all move to the pharmacy the pharmacist showed all the medicine available and explain us about each medicine.

Siddapura slum visit

Usually slums I have seen only in television and movies and heard lot about it, I was extremely excited to go for a slum visit and get to learned so much from the people and their living condition. This slum was situated behind the NIMHANS quarters of doctors it was a big area the houses were attached to each other and it's a crowded place. We were divided into groups so we went some house visits and interacted with them. People were sharing their problem and difficulties like land eviction, sanitation, Anganwadi center is small, water problem , drainage system was lacking and lots more. Mostly the women staying in the slum are domestic workers and men would be drivers or mason. One of the family we interacted the husband died so the wife have to take all the responsibility along with five children and she is earning 3000 per month she also shared she was having a difficult time in supporting her family. The environment of the slum is not fresh and clean open defecation was high because the common toilet constructed is far from the main population and houses this is the reason people never use the toilet and they prefer to go and defecate outside. There is also high of people going to private hospitals than government they feel private hospitals provide better treatment than government hospitals and they are happy in spending more because the service is good. The people living slum are having lots of the problem the government want them to move away from here but the people are trying hard to raise their voice for not letting them go because they feel they would be homeless in this big city. This slum is a mixed community of Tamilians and Kannada people are living in this slum but they have a good bond and respect towards each other.

Tamil Nadu visit

One week visit to Tamil Nadu with the Madhya Pradesh group was fun and get to learned lots about community action for health. We visit Vellore in Dr Chandra organization met the village health sanitation nutrition and water committee along the panchayat leaders and animators from the village. I really get inspired by the works in changing the community and empowered themselves and fight for their rights. For me it was amazing to get and hear all these kind of stories from the local people it really feels the greatest power lies in the people and nothing is impossible if they want to bring change for the country. Dr Chandra and her team members had really worked hard to motivate the people and bring change for the welfare of the community. In the afternoon we went to CMC (Christian Medical College) Vellore, observed the hospitals they

have different department for every illness we met the medical social worker she helped us around to see the whole building of the hospital from OPD to HIV/AIDS testing center, they have separate compound for leprosy patients, tuberculosis patients, malaria patients covering with mosquito net around the bed. The hospital was clean and with big environment it's amazing to see all the new things around especially me who did not even think I will get to visit in this kind of place. Later in the evening we move to Chennai it's a 4 hours journey and we stayed in a hotel, next day we went to golden beach Chennai had a good time with the fellows and MP team we sat on many thrilling rides and it was one of the memorable day for me. The day after we went to CHC community health cell unit, Chennai met the working santosh, naresh, suresh, sudha had a short presentation about the whole process of community action of health and their approach to the community after that we had discussion on our 4 days visit in vellore and what was our key learning. It would we first time in my life to see a kind of people's health movement though the project has stop but the tremendous worked they had performed was head off and inspirational for me.

Association of People with Disability visit

We visited the APD school there were differently able children sitting and playing in the classroom some kids where talented they like to dance and sing with us, they were all loveable when they see us they were so happy start hugging and kissing all of us. Children with locomotors, hearing impair, speech impair and some children mental illness at the early stage of life, there were more mentally retarded children in the school. Overall it was a great learning by spending such a short period of time with the children has given me thought of on how to reduce the growing disability in the country.

Basic Needs India visit

We start the journey in the morning went to visit a slum where BNI and APD are collaborated with each other, reaching there we went for home visits focusing on the mental health issue of the community. First house we met a lady who is developing mental illness because of her husband death she have two sons and the only earner of the family, the second son also has mental illness and stays at home most of the time. The mother was normal earlier but due to the sudden death of her husband she stop behaving normal and start taking things in a negative way.

Then we went to visit another house we sat outside on a mat interacted with her she is unmarried and stays with her elder sister, she work before in the petrol pump and earned for her livelihood though she has got mental illness but her way of living is very positive may be she goes out of the house and interacted with lots of people which helped to bring change in her personality and stay healthy. After the home visits we went to BNI office met Guru and Mani relax for 10 minutes introduce ourselves and Guru presented on the whole process and the works of BNI about goals, achievements and challenges. We had a very interactive discussion lots of questions were being raise throughout the presentation and also learning from out slum visit on mental issues we had in the morning.

Foundation of Revitalization of Local Health Tradition visit

FRLHT is a registered Public Trust and Charitable Society, which started its activities in March 1993. The institutional agenda of the Foundation for Revitalisation of Local Health Traditions (FRLHT) is derived from its vision: "enhancing the quality of medical relief and healthcare in rural and urban India and globally by creative application of our rich medical practices, action oriented research, education, training and Community services based on India's Traditional Health Sciences" and thus revitalize Indian medical heritage".

This is the best field visit ever in my entire life I just love the place the environment is so fresh and clean its natural beauty has attract me the most and I would love to visit the place again and again. We went for two days trip in FRLHT and stayed their one night we met the director he was very welcoming to us and told us to explore the area and learned about different type of traditional plant medicine and let him know by the end of the day. We start our day in the conference hall introduced ourselves and our visit objectives, than we move out exploring the plants names and what are its speciality along with one of the staff from the organization. It's beautiful to see traditionally we are so rich in with plants and get cure without using allopathy medicine, we visited the hospital which provide medicine made by the pure plants for the people coming for treatment, the laboratory was big and the lab technician explain how from each plant they transformed into a medicine, there are shampoo, face cream, massage lotion, lip balm lots of product they have produce. Very interestingly they have made human body with the bricks in the garden and they plant according as to what is required like for the eyes, nose, mouth, hands, legs

and to the other parts of the body. I had a great day and learned so much about plants and it is amazing to see some of the plants which we grow at home but did not realized it's a medicinal plant and how useful it is, in the evening after we observed and note down all the medicinal plant we went back to our room and rest. I got to learned a lot from the visit especially the plants which we see normally in the road side those are all medicinal plants, as per the explanation by the director he working hard on traditional medicinal plant to be recognized and available in the market so that the people will have optional to take medication and not only the English medicine is important for the people to get cure they can also feel relieved by taking AYUSH medication.

Fieldwork placement and learning

My first fieldwork was place in CHC Chennai as I was interested in communisation or community action for health after the field visit from Tamil nadu I really want to learned more about it.

Overall objectives and learning outcome

To know about the community

We have been place in Perambalur Distrivct for our field work, under Dawn Trust organization we select four panchayats for our field work they are Bommanapadi, Ammapayalam, ladapuram and Easanai Panchayat.

In these panchayats agriculture is one of the main occupation they cultivate cotton, rice, onions, maize, sugarcane, ragi, drum stick vegetable, in which they earned their livelihood. We observed that most of the houses are pucca and some are semi pucca houses. There is proper transportation in all the four panchayats, in every panchayat there are Health Sub Centres, Government Schools, Anganwadi Centre, Panchayat office, Ladies toilets, Village Library, Village well and water tanks.

To understand the relationship of the Panchayats with the local NGOs

We learned when the CAH project was functioning the NGOs or the animators give trainings in conducting different health awareness programme. The people along with the

VHSWNC members are being motivated to demand their rights and how to take care of their own health. Since the project has ended the animators does not visit the panchayat anymore the VHSWNC members is not functioning and are not being motivated anymore.

While interacting with the animators we learned that they have faced difficulty, since the project has been ended the president and the VHN does not conduct meetings and rarely contact the committee members, they faced problem in making the people understand about the reason of them not visiting the panchayats.

We learned that the animators plays an important role and have a good communication with the people when the project was still functioning, but at present the relationship between the people and the animators is not as strong as before.

To understand the function of the local organization

To achieve this objective we have interacted with the Block Coordinator of the project from Dawn Trust Organisation Mr. Raj and from Udaya Trust Mr Shiva. They are the main person in taking the initiative in implementing the project in Perambalur and Ariyalur District. These NGOs have played a significant role in implementing the project at the panchayat level, they selected the animators and give them training on various aspect on health and keep on motivating the VHSWNC members to take responsibility for their own village health and do not depend on others.

To understand the role of the local NGOs in motivating the community or the Women section of the community in implementing the project

Role plays and cultural programmes were conducted in different villages to aware the people especially the women section of the society to come out of their house in fighting their own rights. The implementation of the CAH Project has mostly empowered the women in demanding their rights not only in the Gram Sabha but also to the higher authority such as the BMOs and to the District Collector.

To understand the function of VHSWC

The committee members have their roles and responsibilities in their own panchayat. They are function under the present of the VHN and the panchayat president, Anganwadi teacher, SHG member and health Inspector; these members along with the VHSWNC representatives looks after the healthy functioning in their own panchayat they also look after the function of the different health system falls under the panchayat. The following aer the main functions of the VHSWNC

- Every village Panchayat with the population of up to 1500 can form Village Health Sanitation Water and Nutrition Committee
- The committee should work along with the development committee of the panchayat on matters relating to health, water and sanitation.
- The committee can have special invitees as required to enable them to function better and achieve the goals. Special invitee can include other elected representatives of the Panchayat including Panchayat Union or District Panchayat any official connected with the issues, any individuals the Committee decides to invite.
- The Committee can form sub-committees as required and include in its special invitees as members
- The committee should try to have all hamlets represented and covered in its members/ special invitees/ sub-committees.
- The committee will meet every month and the chairperson may himself/herself call, meeting of, the committee any time and on the receipt of such requisition, from the members.

Orientation and Training

Every VHSWNC after being duly constituted will be oriented and trained to carry out activities specific to the villages to meet the NRHM goals.

Village Health Fund

As a part of NRHM the Government of India have provided to each VHSWNC Rs.10000/- annually as untied grant with the intention to enable local action and ensure that public health

activities at the village level receive priority attention. The fund could be used for any activities related to determinants of health as approved by the committee activities:

- For any village level public health activity like cleanliness drive, sanitation drive, school health activities, ICDS, Anganwadi level activities household surveys etc.,
- Emergency transportation of poor patients
- The untied grant is a resource for community action at the local level and shall only be used for community activities that are evolve and benefit more than one household
- Nutrition, Education, and sanitation, environment protection, public health measures shall be the key areas where these funds could be utilized
- For emergency transportation of high risk pregnant women and new born children
- Every village is free to contribute additional grant towards the VHSWNC
- The untied grant is a resource for community action at the local level and shall only be used for community activities that involve and benefit more than one household
- For creating awareness , prevention and control of vector borne diseases such as Dengue, Chikungunya, Malaria etc., at the PHCs and Sub Centres

Roles and Responsibilities of VHSWNC

- Assessing. Analyzing, prioritizing and developing area specific health plans for each village habitation
- Building awareness on key issues on health and determinants of health
- Community mobilization
- Community resource mobilization
- Facilitating the delivery of RCH outreach services
- Promoting community involvement in disease prevention activities
- Community monitoring of referral compliance of high risk mother and high risk newborn
- Emergency transportation of high risk mother and newborn
- Surveillance and notification of communicable diseases for organizing control measures
- Promoting family welfare services with special focus to Non Scalpel Vesectomy

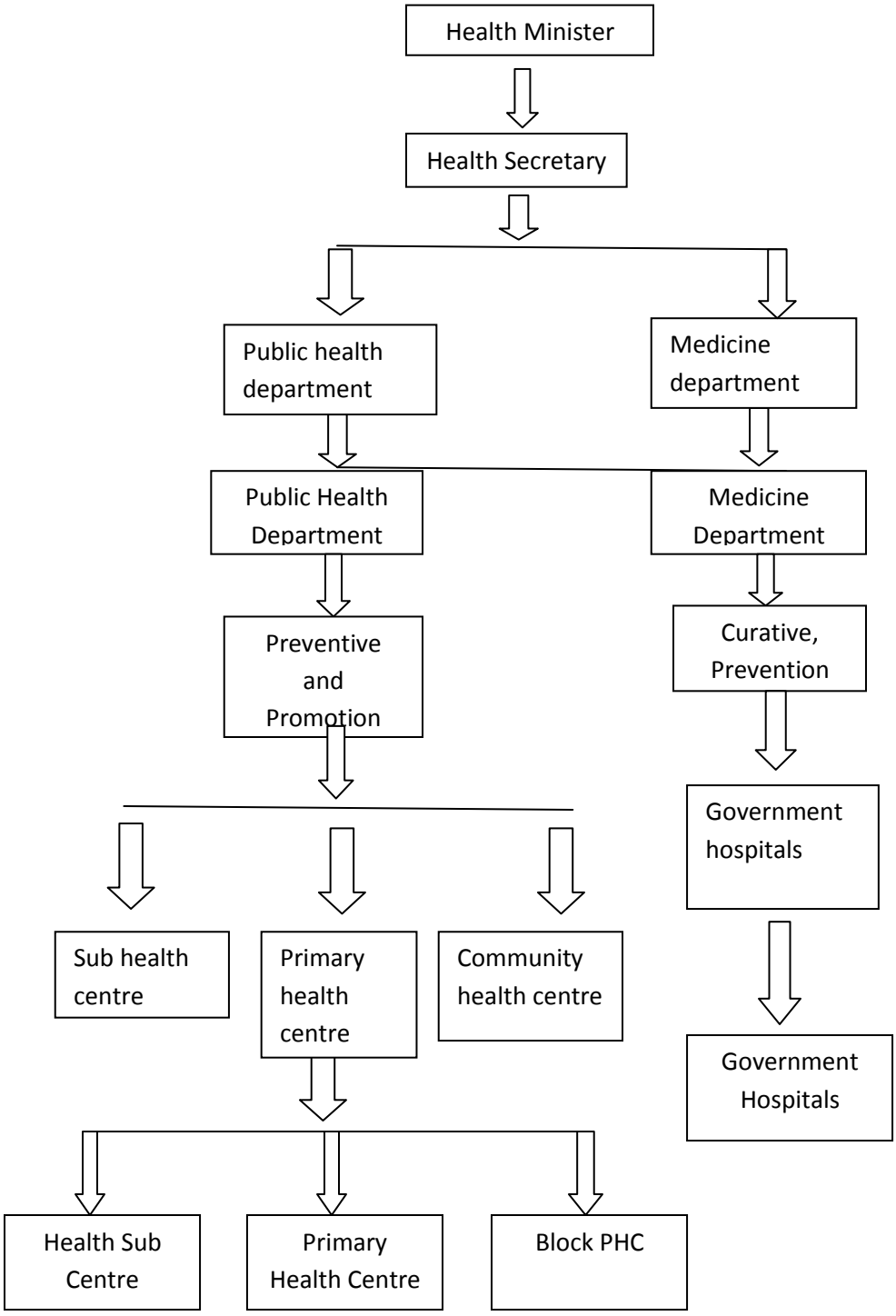
- Ensuring the provision of protected drinking water
- Encouraging the unreached to avail the basic services
- Demand generation for basic services
- Facilitating the identification and distribution of cash benefits to the eligible beneficiaries under Dr. Muthulakhmi Reddy maternity scheme, JSY, Female child protection scheme etc.,
- Facilitating growth monitoring and reading of ICDS children and antenatal mothers
- Community monitoring of utilization of basic services like
    - Conduct and utilization of monthly immunisation clinics
    - Daily water chlorination
    - Availability of ORS packet
    - Weighing of newborn babies
    - Regular school attendance of every child
    - Cash benefits to all beneficiaries

To learn about Panchayati Raj Institution

This institution is formed in almost all parts of the country, the main person of this institution is known as the panchayat president he is being elected by the people for the term of five years. The president plays an important role and responsibility in supporting the panchayat and taking care of the panchayat welfare. All the schemes are being implemented through the panchayat president. He is politically responsible at the grass root level. It has been found that Tamil Nadu is the only state where a DC can remove the president if he is not eligible or does not perform well as the president. The people have to be from the SC community of the panchayat only to contest for the president seat. There is also the shadow president who takes care of all the works on behalf of the president.

To know the health system of Tamil Nadu

Tamil Nadu health system is very vast and different from other state in the country; at the higher level they have the health ministers under it health secretary under which the department is divided into Medicine Department and Public Health Department. The following is the structure that we come up with from our learning.



During the fieldwork we got to learned about Dr. Muthulakshmi Reddy Maternity Benefit Scheme is the scheme implemented in the state of Tamil Nadu, this scheme is implemented in both rural and in urban areas; the pregnant mothers falls under Below Poverty Line is been given an amount of 12000, only the mother above 19 years of age is able to apply the scheme, the money is given in three installments; the first installment or rupees 4000 is given to the pregnant mother who have been registered in Health Sub Centre, and came for Ante Natal Check up and

availed- TT immunisation, blood grouping and typing, hemoglobin testing, weight measurement, BP testing and scanning.

Another 4000 is again given when a mother delivers the baby only in Government Hospitals. Then, the last installment of rupees 4000 is again given to the mother when a child complete the third dose immunisation of DPT, Penta Valent, Hepatitis- B and Polio.

Second fieldwork placement

My second fieldwork was placed in Meghalaya under IIPH (Indian Institute Public Health) Shillong, I did my research study in South West Khasi Hills District it's a newly form district in 2012 under Mawkyrwat Block but for the research and the study title A study on health care services provided by governmental health care facilities. We were again place in Bethany Society, Mawkyrwat to make the work easier for communicating since the organization have closer contact with the people. We stayed in Mawranglang village with one family and the mother was a traditional birth attendant and her children were working outside the village. The area is full of greenery surrounded by hills and huge rocks it's a beautiful place for visiting it will mesmerize us with the river flowing down the hills and the breeze from the tree are extremely attractive and wonderful. Since it's a research fieldwork I spent most of the time with respondents and visiting PHC, SHC, ASHAs and travelling villages to villages. The villages we visited are Rangthong, Jakrem, Mawranglang, Pyndensakwang, Photjaud and Nongsynrieh but for my study I concentrated in two villages Rangthong for PHC and Jakrem for SHC. The district is a bit backward compare to other district in Meghalaya the road facilities is bad, the people are more illiterate, schools are there but mostly closed especially government schools, transportation is still very lacking like very difficult to get a local taxi to go from place to place and since I did my research on the quality of health care services I found out that public health system in this rural communities is very weak and people have less knowledge about their rights and duties as I compared with Tamil Nadu rural communities. It was in this fieldwork got a chance to meet the dias and interact with them I have learned that they are at the stage of extinction because of the scheme Janani Suraksha Yojana the mothers are rushing to get delivered in hospitals and stop going to the dias, but again I learned from the people they give much respect to dias because she is a local person and always ready to helped during the time of need.

Third fieldwork place

I was placed in Madhya Pradesh, Bhopal CPHE (centre of public health and equity) and worked with the local NGO called Muskaan and worked on malnutrition on different slums in urban slum Bhopal. Me and my co- worker visited three slums i.e. Guatamnagar slum, Bapunagar slum and Rajivnagar slum we worked and observed things around the slum. The slums are worst as compared to Bangalore urban slums which are far more better than Bhopal slums because of the development taking place in the south are more better than the north no doubt about but it is so sad to see that people are surviving and living in that condition of life. Muskaan is the organization involved in various activities like education, malnutrition, building income generations, women's health, awareness about rights and responsibilities of the people. We had three weeks field visit to these slums and Muskaan have informal school in the slums were they provide free education and food for the children from 3 to 6 years of age. One teacher from Muskaan would come everyday accept Sunday to teach the children and educate them so that their future would bright and their living condition would be better. After 6 years of age if they want or depends on the family or children they can continue their schooling for higher studies in Muskaan itself because they have the registered school till class 5 and they have a school bus everyday coming to the slums and pick them up for the school or they can joined any other schools to their convenient. I felt it was a nice approached to the community by the Muskaan and worked in the slum itself in a small rented room enough for the children to be fit in and teach the children on the importance of the education.

The slums which we visited especially Guatamnagar slum which is not registered under government is worst among the two slums the houses are all covered with plastics which they collect from the city and somehow cover them from the sun and rain but in fact this kind of situation is almost in all the slums in Bhopal. The kind of work they use to do are rack pickers, domestic workers, making puppets and sell in the market, labourers and one thing is common among the all the slums that men will stay home drink and play cards and women will go for work and earned and support the house and family. The slums kids if they get free time they use to go and begged in the streets.

During my field placement I learned that under 5 children are very vulnerable to diseases and illness and one of the major cause is Malnutrition. Malnutrition and affect the children both

mentally and physically we had a good orientation about malnutrition by Dr Ravi D'Souza and what are its consequences. I learned that taking weight of the children every month is very necessary to know whether the child is growing or not and if he is underweight the child must be taken a good care and eat nutritious food. We got an opportunity to take the weight of the children in those three slums mention above and came across many malnourished children and some are severely malnourished.

Visit to community health center NIMHANS in Sakalwara

All the fellows went to visit the CHC we reached there and met the psychiatrist and explain us about the growth of mental illness is higher in the state compared to the past. There is a different department in the center and since it was still under construction there are fewer patients staying for now.

Visit to wellness center NIMHANS

This is a one of the unique center I have ever visited I really appreciate the work they are doing here because they do not provide medical treatment in the centre except for some cases. I appreciate the approaches they adopted like any one can step in the center and share their problems without any hesitant and pay. I think for any human being the true happiness lies in someone listening to them and show them the way on how to tackle their problem rather bottle up the sorrow and made negative solution. The work they are performing in the center is mostly counseling and help people to facilitate in the right direction.

Protest, Programme and Workshop attended

Headstreams organization - Self Help Group mela

It happened in the summer of 2008. A group of professionals came together to discuss issues and challenges related to the life of the underprivileged in our society. The realities that were unveiled in the course of discussions challenged them to do something about it. They formed a Society and registered it under the Karnataka Societies Registrations Act 17 of 1960 and named

it headstreams. The name spelt out their deep concern in the areas of Health, Environment And Development, and expressed their commitment to add to the streams of development by way of Support, Training, Research, Education And Mobilisation, thereby forming HEADSTREAMS.

The only capital they had was a genuine concern, passion and commitment to serve. The group which included social workers, educationists and counsellors started working among the homeless and neglected children in the market places of Bangalore by contributing their time and expertise. Pooling their personal resources, though limited, they also availed the services of a full-time social worker. The activities gathered momentum over the years as several people joined the team and expanded the scope of work. Eventually the various initiatives to identify with the marginalised in their struggle to attain fullness of life were brought under one umbrella by the name aalamba meaning 'help & support'.

Vision and Mission

- **A world where every** person has an opportunity to realise their inherent potential to live a positive, confident intentional and socially productive life.
- **We achieve this through** promoting opportunities for people to explore and develop their capabilities in an environment that provides security, empathy and fosters freedom through creative means and healthy social interactions

The Headstreams had organized the SHG mela where all the SHG members have come and take part in the programme they were dancing, singing, acting and the crowd was so huge that it almost covers the field. There were posters hanging and it's all about health issues, it's really nice to see that the children and the SHG members are very much into the health awareness and take part in the health issues happening in the country. The skit was the best part it reaches the message to everyone though it was in their local language but it understood the acting was all about traditional medicinal plant and how we can make our own recipe at home if we fall minor illness. All the SHG members were very happy on that day, active in their activities and performance it was a nice visit and capture all the good moments with all the people present on the particular day.

National Urban Health mission

The launched of NUHM was a great opportunity for me to go and see the opening of NUHM all important minister were present on the day and the speeches spoke by all of them regarding the welfare of the people living in slum was promising and could happened if they go according the plan of the project. The crowd were mostly filled will slum people, different NGO's, students, parents and both private and government officials. It was very interesting to see one man was dressing himself in no smoking attire and giving awareness to the people that smoking is injurious to health and what are the bad consequences after smoking. Going on the opening ceremony of NUHM I really feel being a part on one of the history moment and I thank SOCHARA for all the opportunity. What I like the most about the programme was that the hosts all the ministers accept Mr Azad health and family welfare minister of India spoke on kannada and it was a wise thought for all of them to give the speech in local language because the project is for the people and they are the important person to know more about the programme implemented.

FEDINA (Foundation for Educational Innovations in Asia) rally cum protest

I was always enthusiastic in the action part of any health related issue, FEDINA had organized the programme for all the slum dwellers, domestic workers, daily wage earners, elderly people and all the marginalized group of the community to demand for their rights and to be aware of all the government schemes provided for the people. All the protesters tied a piece of red cloth on their head and marched from NIMHANS to labour department office. A huge community people gathered for the rally from 5 year old kid to 60 plus years of age were present on that day. Pamphlets were distributed to the people and slogans were being raise on top of their voice it was really nice to see people were all demanding of their rights and improvement in their living condition.

Nido Tania protest

Another opportunity to take part in the protest it was held in town hall Bangalore we prepared charts and went for the protest. This protest has really touch my heart and angry for being

discriminated from the mainland India towards North eastern part of the country. This is not the first time happening among the NE people being killed or humiliated within our own country, many young students came and joined the protest and different student organizations of NE living in Bangalore had joined the protest. I really feel this is an important issue to talk about to reach the ears of the higher authority for the change we want to bring for the people of NE. It was a sensitive issue to everyone present there because Nido was murdered it a very unpleasant manner if I think back the people staying around the place how could they just pass by and did not stop the fight if only one person could react at that point of time I think Nido would be alive at this point of time. It's really sad to say that people are losing their humanity for not helping other person in suffering from the pain, I feel this is an important aware not only to the culprit but also to the people in general to observed or look around have some humanity and act upon it if they see something wrong is happening around the place and helped the person if in need.

Headstreams summer camp

Summer camp organized by Headstreams I think it was an innovative idea for the children to grow and helped to increase their knowledge. It was one week summer camp but we went and attend the last day programme of the camp, it was fun the children were lovable most of them are most of them are very talented in dancing, singing and acting. The programme was short and informative the organizers had full of energy in working and participating in the camping.

Monsanto Protest against Genetically Modified Food

Before the day of protest Adithya have conducted a session with the fellows and provide information about the GM food and reason for protesting against the company Monsanto. I personally feel the protest against GM food was a unique protest because usually in the rally we will walk straight but in this rally we walk backside which helped to attract the crowd and be aware of what we are doing. The organization Greenpeace organized the rally the media were playing a great role for transferring the awareness to the other states, slogans, placards were holding by the participants and shouted on top of our voice.

Workshops

medico friend circle 2014

Topic – social discrimination in Health

medico friend circle annual meeting (40^{th}) organized in Delhi from February 13^{th} to $15^{th,}$ December, 2014. On the first day Sunil kaul did a welcome address followed by self introduction done by all the participants.

The theme of the mfc meeting is about the' social discrimination in health' and the topics discussed during the meet are

- Case study of why satyam die
- Muslim women and health
- Caste and health
- Intersectionality of discrimination in health and health care
- Presentation on the different patterns of discrimination – caste, health and disease , nutrition data and mental health
- Demographic anxieties on love Jihad
- Presentation and discussion on public health approaches policies affect social discrimination
- Discussion on the responses by movement and ongoing struggles – strategies

My reflection

Social discrimination in health were the outcomes of social inequalities and unequal health distribution and various factors influencing the health status of individuals and groups which can coinage as' social determinants of health'.

In mfc meeting I observed that the entire intellectual peoples who were present there were very enthusiastic and how responsive in debating on the topic and different issues relating to social discrimination in health.

Social discrimination in health as per discussed in the meeting they bring out issues on how children are dying of malnutrition and hunger, maternal mortality, infant mortality and neo- natal mortality, low literacy and inadequately paid labour, migration in search of livelihood etc. discrimination in caste is very high in rural communities like the dalit communities are being look down by the upper caste and unpaid for their works.

Discrimination in health can be various forms like social exclusion for the people living with HIV/AIDS, people with disability, women, children, various occupational groups e.g.(sex workers, agricultural labourers), people living in segregated geographical settings such as relieve camps, slum etc. belong to various socially discriminated communities such as Dalits, Adivasis/tribals, Muslims and other persecuted minorities. All this has a serious impact to health and illness for example what is the health condition of aged men and women in the vulnerable community? How does a poor muslim women who might be with disability or distress in least developed pockets in the country cope with health?

In mfc meeting all the issues related to the topic have been brought out in a very clear and systematic manner were I have learned and gain lots of information from the discussion. Health is not merely a diseases is a wellbeing and dignity by social, economic, political and cultural structure. Discrimination is a symptom of the embedded structural injustice example if a person is not from a dalit family naturally we know how to treat them.

Current scenario

- Inequality and health disparities, increasing polarization of wealth and capital
- Axis of discrimination- caste, class, gender and religion, disability, age, sexual orientation
- Caste in nutrition perspective e.g. upper caste children refused to eat with dalit children or the cooks were dalit and not acceptable to the majority of the village population
- Social discrimination in mental health
- Social discrimination in health care based on the vulnerable population is a biggest issue in public and private sectors even till today.

Clinical Establishment Act

In this workshop they talked about patient's right and the high growth rate of private sector in the country, huge sway of private sector over health care related resources i.e. health resources, services, medical education and materials a nice example related with it about a horse and elephant is huge it's a private sector that we tend to ignore and give all the attention to the horse which is public sector.

When the pain crosses all limits, this paves the way for all the treatment (Mirza Galib).

They also discussed about attitude of government towards private sector no evil, no hearing, no speaking this is one of the reason for the increasing of private sector in the country. Private practitioners play with emotions, excessive cost and unnecessary treatment. Lots of key learning from this workshop like documenting the cases from the people has gone through misdiagnosis from private hospitals this will be an evidence to fight against private health sector.

Social Justice in Health

It was 3 days workshop in St. John Medical College all the expert from public health professionals were present on the particular day they raise the presenters presented on different topics I remember someone spoke about community participation is the powerful tool to bring change in the community. I find the workshop was informative because in anywhere part of the world poor people's health is affected the most so to bring equity among the rich and poor is a challenge but it's not impossible in real sense. The term social vaccine attract me the most means to bring change in social and economic structural conditions to the community people who are vulnerable to diseases.

Overall learning from SOCHARA

I feel am very worthful to join the CHLP and the knowledge I received from the collective sessions and all the field experience is a rich knowledge and has help me personally to be strong and motivate myself to work for the community. During the past 11 months SOCHARA has showed me a direction how to approach the community and worked with them. Dr Ravi has

always been my role model and his lectures has always been interesting and motivating for me I will never forget once he told us be the "Be the Lamp and not the Chandeliers" if we worked for the community and live with them to understand them. I really feel happy and proud of myself to be a part of this CHLP journey I learned to value people and respect their views and opinions, I had learned a lot from the other fellows and respect their culture and traditions, facilitators are there for us I appreciate their hard work but in the journey of community health I have acquired more knowledge from the co-fellows too as we treat ourselves like one family and being in the community ourselves we learned to respect each other and not to live the entire life thinking about the negative thoughts about others because these would not helped us to work with the community in real sense.

My understanding in community health I always thought health related to diseases and doctors but I was wrong it actually related with social, political, economic and cultural factors of human beings in the other hands it relates to all the social determinants of health in the country or world. In the journey I learned that to take community action for health the process of community participation and their involvement in their issues which they themselves try to solve the problem is very important so as a community health worker we have to make them aware about the rights and responsibilities and helped them to showed the way and they themselves will find the solution. It is very important to understand about the community dynamics they have strong believes in different communities we have to be conscious of the various dimension of the problem if we worked with the community. For understanding the community dynamics we should understand about the social, political, economic and cultural dynamics within the community and how to go about for the welfare of the community.

I have got a lot of exposure during my fellowship programme plus I did not had any experience before am fresh post graduate in MSW and if I think now I feel from thousands of people I got a chance to be in SOCHARA family and learned about community health and truly speaking I never dreamt of to be here and meet such a enthusiastic who are so concerned about community and to achieved health for all. I will never forget Dr Thelma's saying that we are co-travellers and learners from each other sharing experience her politeness, humble and wisdom talks have really create an impact in my life, I have learned so much from her may be in future I want to

spread the spread the knowledge of community health like all the team members of SOCHARA have taught us.

Some of the capturing moments during field work

PART B

RESEARCH REPORT

Background Information

In India the primary health care idea was brought earlier way back during the Bhore Committee 1946 this committee, known as the Health Survey & Development Committee, was appointed in 1943 with Sir Joseph Bhore as its Chairman. It laid emphasis on integration of curative and preventive medicine at all levels. It made comprehensive recommendations for remodeling of health services in India. The report, submitted in 1946, had some important recommendations like integration of preventive and curative service of all administrative levels, development of Primary and curative services of all administrative levels, development of primary health centers in 2 stages i.e.

Short-term measure - one primary health centre as suggested for population of 40,000 and each PHC was to be manned by 2 doctors, one nurse, four public health nurses, four midwives, four trained dais, , two sanitary inspectors, two health assistants, one pharmacist and fifteen other class IV employees. Secondary health centre was also envisaged to provide support to PHC, and to coordinate and supervise their functioning.

A long-term programme (also called the 3 million plan) of setting up primary health units with 75 – bedded hospitals for each 10,000 to 20,000 population and secondary units with 650 – bedded hospital, again regionalized around district hospitals with 2500 beds

Major changes in medical education which includes 3 - month training in preventive and social medicine to prepare "social physicians"

The concept of primary health care is not a new to India but looking in to the situation the public health system is still lacking in many ways. The Indian Public Health Standard is a health policy set up by the government India to improve the quality care delivery and sensitive to the needs of the community. These standards would also help monitor and improve the functioning of the PHC's in the country.

West Khasi Hills, District covering an area of 5247 Sq. KM is the largest district in Meghalaya. The district consist of 5 CHCs, 16 PHCs, 1 District TB Centre and 64 Sub-Centers which are already functioned. West khasi hills district is divided into two district, i.e., west khasi hills and south west khasi hills is a newly discovered district on 3rd of august 2012 and its capital is Mawkyrwat 75 kms away and two hour drive from Shillong, the capital of Meghalaya. It comprises all the villages of Maharam Syiemship and some villages of Langrin Syiemship and Mawiang Syiemship. Mawkyrwat is the area conducted the study.

Meghalaya is one of the state were the quality of health care is the major concerned and the health status of the state is improving at a steady pace. Still there is no proper infrastructure facilities, drugs, doctors are absent, shortage of Para medical staff etc. Health care is the constitutional right therefore it should be more accessible to poor and needy. But what is health today since the day of independence till date people in rural areas are still facing health care problems though standards has been set up for improving health status in rural areas. The people residing in the borders and remote villages are almost adopted to the traditional health care methods, due to non availability of better health care facilities. The National Rural Health Mission in the state has tremendous challenges to overcome in the coming years.

Communicable diseases such as malaria and especially tuberculosis are reemerging as epidemics and the growing specter of HIV/AIDS is very high in the country, maternal rate, mortality rate, malnutrition among children is increasing. Many of these illnesses and death can be prevented or treated cost effectively with Primary health care services provided by the public health system. The government has provided an extensive infrastructure for Primary health centre and sub

health centre exists in India, as per the norms, a typical Primary Health Centre should cover a population of 20,000 in Meghalaya with 4-6 indoor/observation bed and it acts as e referral unit for 4 to 5 sub centers. And as per the population norm, one sub health centre is established for every 5000 population in plain areas and every 3000 population in hilly/desert/tribal areas. In rural areas there are largely underutilized because of the dismal quality of health care provided. In most public health centers which would provide primary health care services, drugs and equipments are missing and unavailable, there is shortage of staff and absenteeism on the part of medical personnel is a big problem in the public health centers.

In India most of the people, even the poor, choose expensive health care services provided by largely unregulated private sector the reason would be various. Not only do the poor face the burden of poverty and ill health, the financial burden of ill health can push even the non-poor into poverty. On the other hand the over growth of population is the instrumental for both poverty reduction and for economic growth these are two important goals for developmental in the country. India spends less than 1% of its GDP(gross domestic product) on public health, which is grossly inadequate. Public investment in health and particular in primary health care needs to be much higher to achieve health targets, to reduce poverty and to raise the rate of economic growth. Moreover, the health system needs to be reformed to ensure efficient and effective delivery of good quality health services.

Title of the study

A study on health care services provided by the governmental health care facilities in rural area of South West Khasi hills district, Meghalaya

Objectives

- To understand the quality of health care services provided in Primary Health Centre and Sub Health Centre
- To find out people's perception on the gap in health services in Primary Health Centre and Sub Health Centre

Operational definition –

Quality of health care services – infrastructure, behavior of Para medical staff, cleanliness, water and electricity availability, toilet facilities, drugs availability, difficulties faced by the people in the PHC and SHC, adequate time given to the patient for explaining their illness, confidentiality maintained or not, people are satisfied or not with the services

People's perception on the gap of health care services – are they satisfied with the services received from the health centre's. In Indian public health standards policy have mentioned clear what are the services and facilities should be available in the PHC and SHC

Methodology

Study Setting

The study was conducted in South West Khasi hills district under Mawkyrwat bloc, Meghalaya the name of the villages are Rangthong and Jakrem where PHC and SHC is situated. In these villages most of the people are schedule tribe and belong to khasi community.

Study design

Qualitative research method approach was used

Sample size

5 persons per PHC and 5 persons per SHC they were all adults age group between 25 to 45

Data collection technique –

The researcher have conducted in-depth interview followed by unstructured questionnaires. The participants or respondents are the people in general who lives in the particular villages and utilizes the health centre services.

Sampling unit

One Primary Health Center and one Sub Health Center

Data analysis plan

The researcher have use a recorder during the interview and transcript in the Microsoft word and analyzed with the helped of ATLAS.ti software for the data that have collected.

Analysis

Quality of health care services in Primary Health Centre in Rangthong Village

Maximum of the respondents said the PHC in this village has been performing well but they also mention that since its government health care system our needs have taken it lightly.

Infrastructure of the PHC – the people response it is government building and newly painted overall the building and water supply, electric supply, cleanliness is maintained well in the PHC.

Misbehave of para medical staff - the behavior of the para medical staff specifically mentioning the nurse and the pharmacists they have been behaving the people with disrespect, not approachable and unresponsive in the PHC.

Absent of the doctor – the doctor is not available everyday she use to come only on the big local market that is twice a week

"one day I went to the PHC because I was having stomach pain and want to meet doctor so I went I ask for the doctor from the staff working in the PHC they said she did not come today than I said to the nurse give me some medicine because it was paining too much so she give me some pain killer and I came back home"

The doctor hardly stay in the PHC quarter - people felt the doctor never stay in the village after all she use to visit only twice a week

Shortage of medicine – the people felt there is shortage of medicine supply in the PHC and this is the reason they tend to buy from private pharmacy and they ignore going to the PHC for treatment though they are getting for free.

According to one elderly woman "*I people find it difficult to go to the PHC because it's a long distance almost 7 km and the local taxi is not easily available, moreover if they reached the PHC to get the medicine which they required are mostly not available"*

According to one adult man *"Drugs prescribe by the doctor are hardly in the PHC"*

Quality of care provided in the PHC is poor - The participant also mentions the water in the PHC it's missing. Majority of the mothers never get their delivery done in the PHC because they don't want to take the risk of their life due to the ignorant of the doctor or nurse during the delivery in the PHC. They use to get the delivery done in CHC Mawkywat which is 17 kms from Rangthong PHC the Village where they are staying. The participants prefer to get delivery done at home with the help of the traditional birth attendant rather than going to the PHC which they are not sure about the services.

According to one of the mother *"I had this incident when I was delivery my baby girl in the PHC I started to get pain my mother call the nurse I was so in pain that I could not even walk but she seems not to be worried about me and instead told me to walk to the labour room all by myself but thank god my mother was there and with her support I reach the labour room and delivered my baby"*

No 108 emergency vehicle facilities- the people felt the 24 emergency vehicle is missing in this village they have to take responsible for if someone fall sick or serious case and arranged the car for the sick person.

Antenatal care checkup – the participants are quite satisfied with the ANC checkup performed in the PHC

According to one of lactating mother "*They use to measure my height, weight, hemoglobin, BP, injections and some medicine if required and for the baby also measuring weight and injections"*

Medicine available – the medicine available in the PHC is mostly for minor illness like for fever, coughing, headache and for stomach pain.

Quality of health services on the sub health centre in Jakrem village

Infrastructure – the people felt the SHC is constructed well the rooms inside are quite big and it's enough for checkup

Behavior of ANM was good – the people felt that the ANM very good at heart, friendly with the people and have a nice character

According to one adult man *"The ANM is a humble person and talks well with the people, she is from our place Mawkyrwat itself so that is the reason may be she is good to us otherwise AMN coming from the town they act differently towards the villagers"*

The SHC opens only twice a week- people felt that sometimes it's difficult if they need urgent medication because it open twice a week and the people have to move out of the village and get there treatment done. It opens only during immunization for children and ante natal care for mothers and post natal care.

Availability of medicine is less – the people felt availability of medicine is less in the SHC and for this reason most of the people do not utilized the SHC if its open at times.

According to one of the mother *"I had one incident my 4 year old daughter cut her feet with the broken piece of the bottle I went to the SHC so the ANM refer me the CHC the reason is they did not have the proper materials for the care which is required. The medicine is not much available and they should have open it every day because the people do not fall sick only on Tuesday and Wednesday they may get it anytime during the week but what can we do as a common people the system has made it like this we cannot change anything"*

Immunisation, ANC and PNC checkup is regular in the SHC- people felt for the children and mother immunisation is done every week without fail

According to one young lady *"I use to go to get immunize for my sister daughter the ANM has got lots of children to get immunize in one day".*

People's perception on the gap of health care services in PHC in Rangthong village

The PHC is central to the public delivery of primary health services in India the idea is to provide curative and preventive healthcare to the rural population goes as far back as the Bhore Committee in 1946. Primary Health center is the cornerstone of rural health services where the people will go and treat themselves there before thinking of somewhere else.

Irregularity of the doctors - most of the respondents said the doctor is not available as per IPHS availability of doctors and Para medicals staff in rural areas is important for the success of the mission and to take preventive measures before its serious.

"*I feel as a human being my life is important for me this an issue where if we go for check up in the PHC we feel disappointment and regret to come to the PHC where there is no doctor to take care for us"*

Shortage of drugs – the people felt this a huge gap in the PHC were they open the health centre but there is no medicine

Unnecessary waiting to meet the doctor and medication – the people felt we village people have to earn for living everyday sometimes they feel going to PHC is a waste of time to wait for the doctor and if they meet the doctor there is no medicines

Behavior of the medical staff is not pleasant – people felt the medical staff ignored the people if they come for treatment and do not treat them with care

According to one lady *"I don't like the nurse in the PHC she is so rude and do talk with the people in a decent manner"*

Services provided in the PHC are not satisfied – people felt they have been living in the village for years and they could hardly see any changes in the PHC there are still lots of improvement they should do for the betterment of the PHC

According to one lady*" I use to go for treatment sometimes and I know the services provided in the PHC I am not satisfied at it but as a poor person we have no other options if its not good most of the people here they go for private clinics or CHC in Mawkrywat instead going to PHC"*

No 108 emergency van

People's perception on the gap of health care services in the SHC in Jakrem village

The SHC is the health care services at the grass root level provided all kind of primary health care services where the approachable to the people is much easier because it's situated within the village itself.

According to IPHS standards the SHC must be open every day but according to the people it opens only twice a week

According to one lady *"we never know when we are going to fall sick so what if we want emergency care suddenly we have to rush to far more hospitals for that it is really a big concerned for the people like us who are poor"*

ANM is unaware about the Village Health and Nutrition Day – the ANM was hesitant to talk about the VHND and she have no idea when and which day to conduct, people felt she is so irresponsible for not having knowledge about the VHND

Shortage of drugs availability

"I prefer to go to direct to CHC Mawkrywat instead to trying to go to SHC which am not sure they will have drugs for minor illness or not"

Not satisfied with the SHC health care services

According to one of the lady *"I have stayed for years heard from people talking about the facilities provided in the SHC but myself I rarely go there because if its good people would not talk bad about it. I find the SHC incomplete opening twice a week for immunization and no other facilities also not even medicine"*

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Limitation of the study

In any social science research endeavour, there are limitations were the researcher faced lots of problems. One the limitation of the study is that some of the respondents were not willing to open up with their view which is a drawback for the researcher to get appropriate answer. The other problem would be, the study may have shortcomings due to lack of experiences on the part of a researcher. Proper guidance for the researcher to conduct the study in the field was lacking as it was in the remote village the only source for communicating is through phone that depends on the network availability. Time was constraints because the people were not available during the day have to go and meet them in the morning but again they are busy to go for their work and so the work keep on delaying and ultimately the researcher has a shorter period of time to conduct the study. Transportation is one of the major drawbacks there is no local taxi available to come down to the village, there would be very less local cars available if we reach on time otherwise we have to walk.

Discussion

The study that have been conducted was focus on one PHC in Rangthong Village and one SHC in Jakrem village the objectives of the study is to know the quality of health care services and the gaps in the health care services provided in the PHC and SHC where from the community people in general are the target group for the study.

The findings which found out from the study are the quality health care services of the public health system are actually very weak in rural areas lack of drugs , no doctors , less cooperation from the para medical staff, unnecessary waiting in the health centre and no emergency van in

the PHC. The gap between the public health system is very vast that has effect the people at the most. IPHS standards have been set up for both PHC and SHC for improvement in providing and reaching to the villages and help the poor but still in the state like Meghalaya especially in rural villages no such improvement has been made.

The quality of health care provided varies from state to state in the hilly area of Meghalaya the quality of services in the PHC would be backward i.e. the terrain where the PHC is situated its difficult for the health care providers to go and stay in the area and followed by high risk of maternal and infant death rate.

The public health system in rural areas of Meghalaya is weak because the government fails in the health sector and do not have a systematic efforts to track the health system and health facilities distribution. There is no system in place to collect data on a regular and standard basis from service providers nor evaluation of health personnel on their technical competence and ability to provide medical care. Its only in the paper written about things like inspection and supervision that visited to health care facilities which most of them are not actually done and they lack behind on monitoring process and there is no kind of assessment done in this kind of work as to look upon whether the health facilities and services are working well or not.

One of the most important global health care efforts was the Alma Ata Declaration of "Health for All by 2000 AD". The declaration defines health in the following terms "health is a state of complete physical, mental and social well being and not merely absence of disease or infirmity and is a fundamental human right", implying that health involves social and economic well being and is an entitlement of every human being. The Bhore Committee report 1946, mentioned that "no individual should fail to secure adequate medical care because of inability to pay for it" and that "health services facility should be placed as close to the people as possible in order to ensure the maximum benefits to the communities to be served".

Out of pocket expenditure is one of the major problem who eats up poor people's income I think if the public health system is strengthen especially in remote villages there would be less growing of poverty in the country and people would get to save more income for their daily activities and future used. On the other hand we could say economic growth and population

health are correlated because poor people are likely to be suffering ill health than the non poor. Thus improvement of people's health is an important for attaining of the twin developmental goals of poverty reduction and economic growth(Gupta & Mitra, 2004).Out of pocket expenditure has another result i.e. people going for treatment in private hospitals because they find being treated well and their services are better compare to public hospitals.

Recommendation

- Have to strengthen the public health system for the better services in rural areas

- People must be aware about their rights and responsibilities in receiving of any kind resources which they are rightful off since they already paid taxes and on top of that we are spending out of pocket more

- Improving of transportation and road facilities is important for better health care services reason the doctor might be interested to serve the community and stay in the village but if there is no proper road connections how will she/he be interested to come and work these kind of area.

- Awareness should be given to the people time to time to the community people about diseases and prevention.

- Medicines have to be available in the health centre this would reduce for the people to spent out of their pocket and going to private sectors.

- Available of 108 emergency van

Conclusion

The quality of health care services is good areas of interest to be studied further though recent efforts have began to focus on it. Quality of health care services is a broad area of study it include various variables covering availability of drugs, equipments to respect shown to the patients during visits by health care providers. Major findings from the study is that the quality of health care services in the villages are still lacking behind and the gap between the demand and services in the public health centre's is the major issue for the government to take up some improvement measurements. People are not satisfied with the services delivered for them in the villages though their living standard is low but their expectation for the improvement of public health system in the community for the better health care will be their great achievement. Yes its true quality of health care provided in PHC and SHC is low on which quality can be judged i.e. infrastructure, availability of drugs and equipment, irregularity presence of doctors but on the other hand to strengthen the public health system it's important for the people to understand the ways for strengthening the public health system and what are the reason that they are still lacking

behind. Public health system can be improved if it's work systematically and work along the private sector.

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