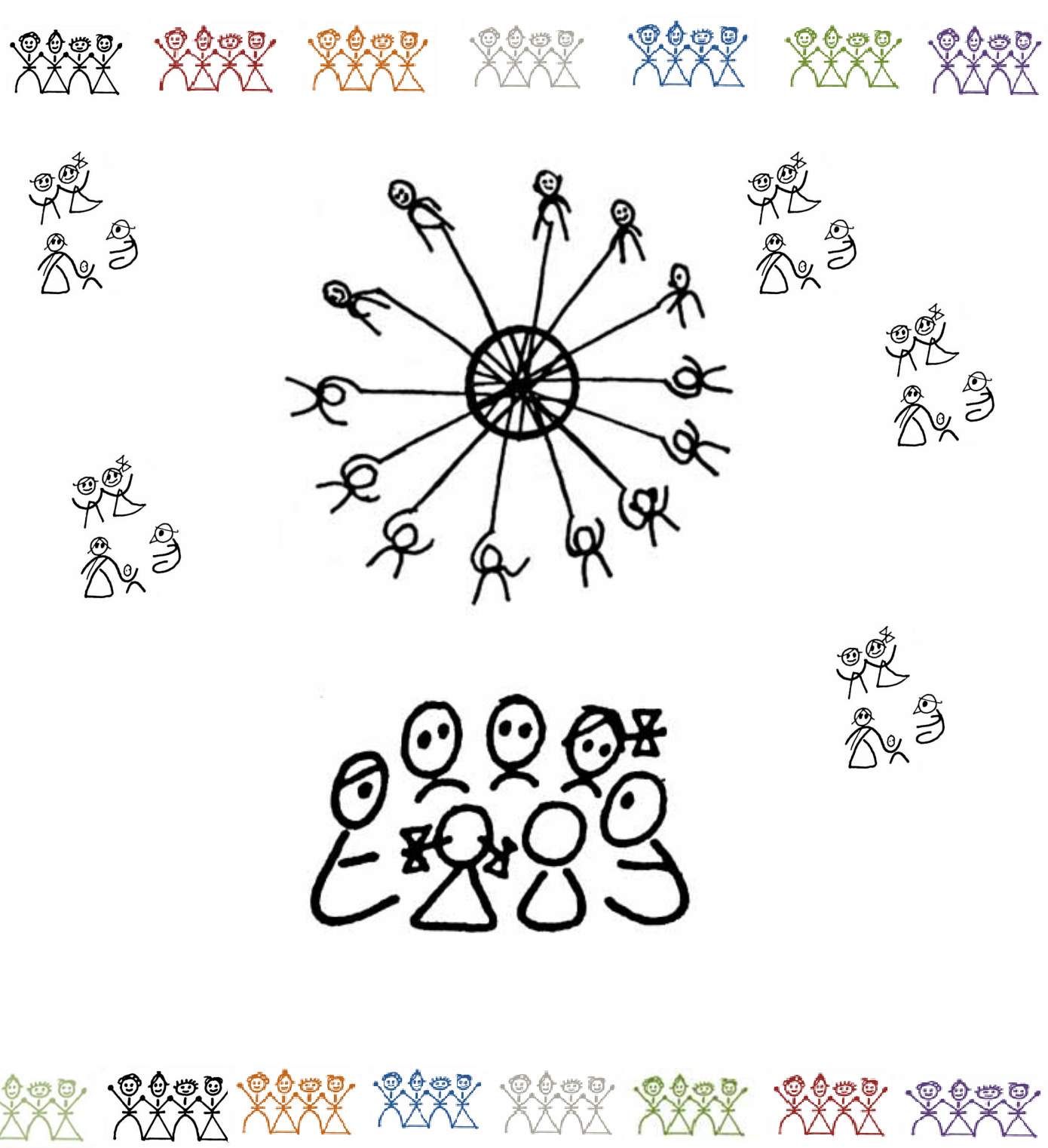
2014-2015

Community Health Learning Programme

A Report on the Community Health Learning Experience

Yashodha G



SOPHEA

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Community Health Learning Program

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Society for Community Health Awareness Research and Action

A Report on My Community Health Learning Experience

Yashoda Ganiga

Community Health Fellow

C o n t e n t s

Acknowledgement

First of all I would like to express much indebted thanks to my parents, family members for their encouragement and support to complete this fellowship programme.

I would like to thank full to JEEVA PROJECT team for their encouragement and support to complete this fellowship programme.

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My ongoing journey:

I was brought up in a middle class Hindu tamilyan home in Darooji village of Bellary Dist. Darooji my ground mother home, but native is Hulikere village Kudligi taluk, Bellary Dist. My father is a Farmer, and mother home maker, and I have one elder brother, elder sister and one younger brother. We are happy in our village set up.

I did primary school in village, that time in my village and I went to Kanamadugu village for my 10th, PUC and BA this village near to my village 4 km distance. During my studies from Primary school to PUC I was interested in studies and I failed in my PUC exam and started learning tailoring and was interested to create new design on tailoring. When I had discussion with my parents about continuing tailoring they suggested continuing my education with DEd training. As I was not that much interested in teaching field after in passed PUC with first class marks I was joined Bachelors of Arts. During my BA. 1st semester I got good marks in class room, my family members were very happy. That to my father. When I saw my father happiness I decided to continue my education with the aim of becoming a good teacher. But during my graduation one of our senior spoke about the Post Graduation Social Work (MSW) . After my graduation I stated learning Tailoring because I was very much interested in tailoring profession. But when I got results I was passed with the distinction and my father and other family members were very happy and with the support and suggestion from my father I joined MSW course from Gulbarga university PG centre Nandihalli. .

Nandihalli is a village where I studies my MSW. During our studies on MSW we had lot of problem because of lack of proper guidance from the faculty on studies and research related activity but with the support from seniors and other we completed our MSW.

After my completion of Post graduation I joined Myrada NGO where I use to travel two hours to reach organization to do work and I have to Change two buses to reach the office I was working as a community organiser, here saw different field area and I learnt differences between MSW field and working field areas, starting one or two months field work was difficult for me. I completed six months in Myrada project and then I joined JEEVA Project.

Jeeva Project: I was worked as a FRA (Field Research Associate) from 20th Jan 2012 to 31st Jan 2014 In JEEVA Project under Mahila Samakhaya Karnataka (partner NGO) Kudligi Taluk Bellary Dist. Through Jeeva project we working at five areas Kenchobanahalli, BAnavikallu, Hurulihal, Ayyanahalli, Chikkajogihalli Tanda, worked with Mother and Child, mainly Dai surveys, before joining was not aware of hospital deliveries, home deliveries, pregnant time celebrations, after Dai roles, and two time I observed hospital deliveries that time nurses behaviours, sometimes they used bad words, at the time what I felt in my delivery time I never go hospital, delivery time is a rebirth for every women's, they have that much pain, after delivery mother she is a happy because reason for child, and I had a wonderful experience working in this project.

Why I wanted to do the community health fellowship

Before I start writing on "Why I wanted to do the Community Health Fellowship" so I wanted to something about why to joined for community health learning programme, we are four members in our family, now My father, mother, younger brother is a student and me, my elder brother he went separate family. I saw my father in my childhood he worked hard for our family. I want do help for my father. I did my MSW and I joined work Jeeva project three years project only. whenever I got this information January 2014 CHC class will be started, my project March 2014 project closing date mail is came our office, so one thought came in my mind after closing this project what do, I want search job otherwise I want do this fellowship programme like this, full of confutation in my mind. I don't have that much information about this fellowship. At the time I discussed with my co worker and our senior fellow Savithri 2005 batch, and all Jeeva team members so they said you do CHLP fellowship programme, all are told positive things only about this CHLP.

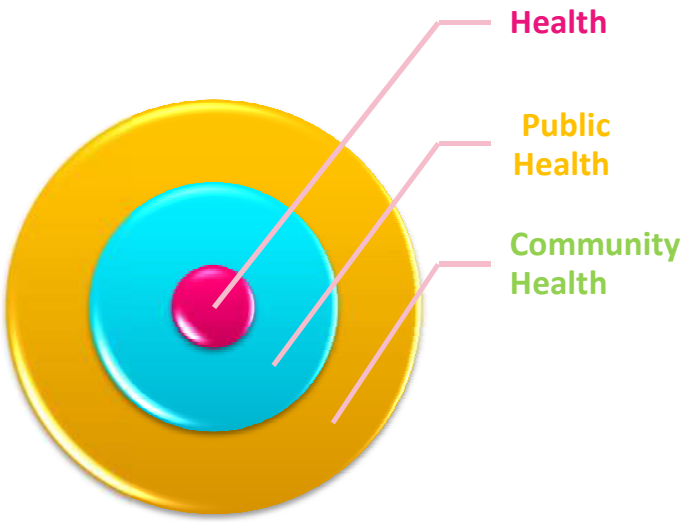
So I thought so I strongly believe this fellowship is more useful for me for getting knowledge in the community health sector and future this is help full for me for dedicating my community, with utilization of knowledge and I will work with our people regarding health problems. So this is the main motto to me to join this fellowship. I was keen to learn about Community health because I am from social work background some way it related to social works in the way to serve but the strategies and approach to the community health.

My Learning objectives

- To learned about the whole process of this CHLP
- To learned about the community
- To Understand the NRHM goals and frameworks
- To Understand about the different field area and their problems
- To learned about the level of Health Care services
- To Understand the social determents of health

Learning from collective session and Exposure visits

After being selected for the Community Health Fellowship programme In Community Health Cell Bangalore, my first session was started Ravi Narayan sir class. This is one year fellowship programme, during this time we went through the various aspects of Health, Public Health, Community health, primary health care services, the people health movement, and we also went to the field to visit various programs.



Health –Health is a state subject. Is not only the absence of the disease, but well being of social, economical, culture, political, spiritual, and mental conditions

Public Health: Is whatever the services are providing by the government. Like sanitation, water for daily use, light, housing, safe drinking water, employment, primary health care, act. Concerned with the public health. This is the prime responsibility of govt. To assure all of these services for community. It is the organized of a society for health through government, voluntary organizations and civil societies act.

Community Health:

Dr. Ravi Narayan took session for us is a process to the community to take up responsibility in providing services for their own health, and demand health as their fundamental human right

In this process of Community Health, communities come together, set their priorities, demand for services according priorities, and after getting it, they take the responsibilities to monitoring it. These services cloud be education, primary health care agriculture, sanitation, safe drinking water, etc.

Primary Health Care:

Is many peoples, organization, and institutions were working for primary health care (basic health care) by 1970's besides the definition of WHO on health after the Alma-Ata the idea of Primary Health Care came as a revolution.

In the Alma Ata (1978), primary health care defined. It recognized the limitations of the medical science and emphasized the need for equity and social justice in health care services. It emphasized the greater decentralization and involvement of local habitants in decision making, planning, implementation,

and monitoring of health care system and services, according to the social economical, political and cultural condition

Health System:

Dr. Thelma madam took session for us Health system comprises all organizations, institutions, and resources devoted to producing action whose primary intent is to improve health. She explains to the three levels of health services primary level. Primary level is (PHC, CHC, Sub centre) Secondary level Tuluks, District hospitals and thirdsery level super speciality hospitals different between three level of hospitals this session I got clear idea about health system .

Effects of globalization on health:

Mr. Prasanna took session for us. Globalization has brought along with it industrialization, and consumerism. One sees that a number of people have lost their jobs. Recently due to recession and it is easy to understand its impact on mental and emotional health. This has had an adverse effect on the economic situation, throwing life out of gear. Globalization has not only affected health, but social, political, culture, agricultural system as well.

Monsoon Game:

Dr. Aditya he took session we had Monsoon game. The monsoon game made me realize, though we say or belief that fight with situation, come out social barriers ,and bindings, a simple game taught me how difficult it is to fight out the social norms, the structure, the power plays, the rules. Poverty, marginalization does not allow you to question. But game thought me if one does not question the norms, the norms would always oppress only a section of society. The role play as one of the farmer family and the situation, which was the put forward for the game, was extremely unjust and is very much faced by

farmers in real situation also made me realize the daunting difficulties which the farmers has to overcome.

Social exclusion:

Mr. Sabu took session for us several social groups exclude based on cast class, gender, and lesbian, gay, homosexual. They have their own health problems but feared by disclosed identification, keeping them on lagging behind health. Busy social lives due to both working partners in the nuclear families have bad effect on mental health of the child.

These challenges can be overcome by only community building, and through community building various activities can be carrying out to get the solution of health problems. It must be clear in mind that we are not against the development, but it must be on the cost of poor people, we can't think of development with any part of the community. Only together we can realize development.

Qualitative Research:

Mr. Sabu took the session for us he talks about qualitative research is a new leaning because in my MSW part we had qualitative research but at the time I didn't get clear idea about qualitative research. This fellowship in research class I learned the qualitative research is more useful to know the in deapth interview uncover the deeper incidence, insight story, we can get into stream of conscious, empathetic understanding and good relationship with respondents. And focuses 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.

Quantitative Research:

We had a session with Mohammad sir on quantitative research he explain research do not arise when there is one solution to the problem. Quantitative research is classified into survey research, correlation research, experimental research, causal comparative research. Quantitative research the sample size is and yet we can get lot of information from the people end analyzed it later for knowing the problem at the grass root level.

Anubhava Series:

Rangabelia Comprehensive Rural Development Project" (RCRDP)

Really I like this project RCRDP started in the year 1975-76 by Tushar Kanjilal Padmashree as a programme director. This is related empowerment concept. Here they started women's Industrial cooperative society, Women's training cum production center, Gram sanghatan this only. Before reading this Anubhava series so many thinks I don't know after reading a was understand different aspects of work expels Agriculture, Agro services, Mahila samity and special collaborative programs. In my MSW part I didn't read this type of book.

Occupation Health:

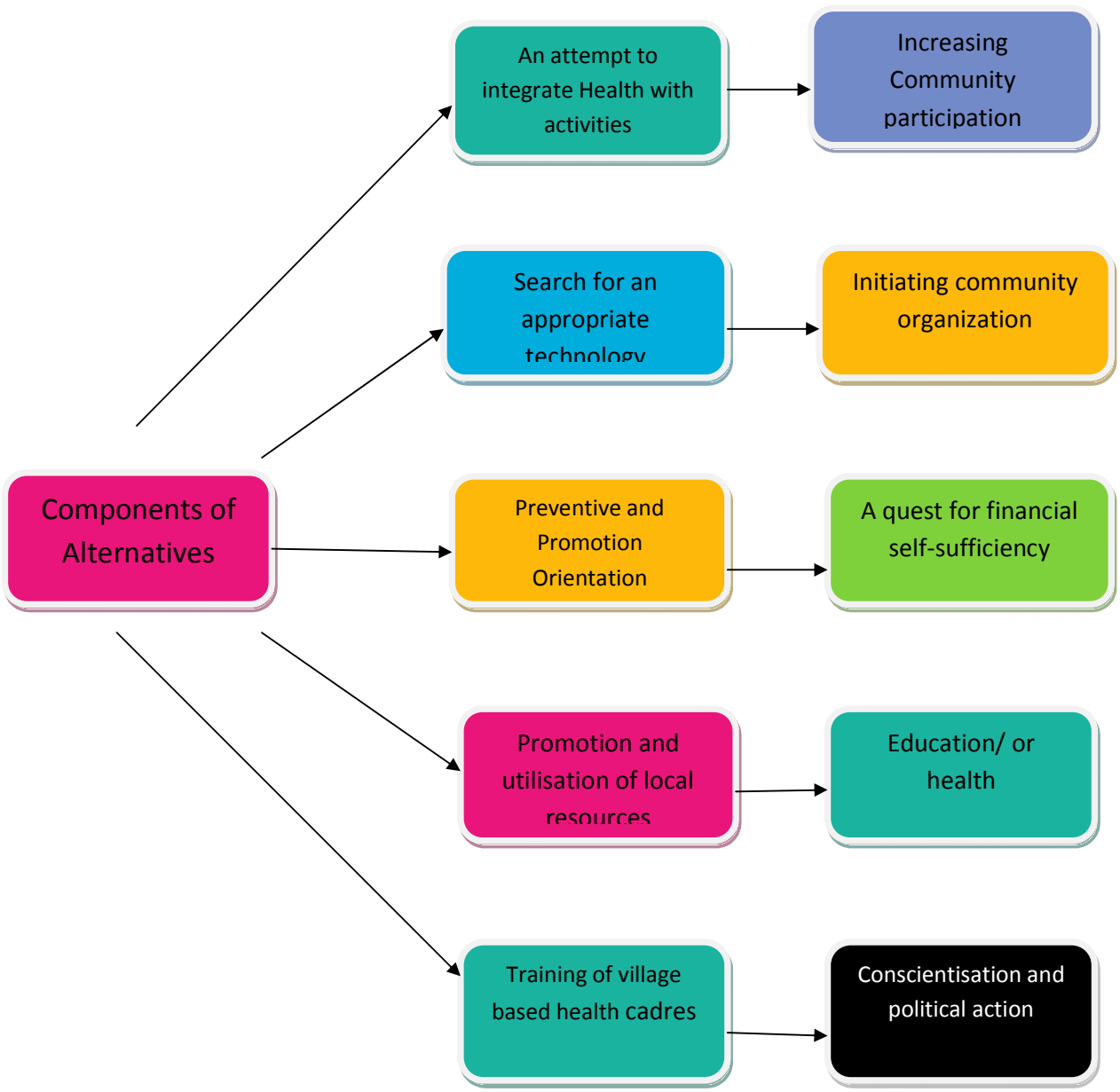
Dr. Aditya took the session for us to understand occupational health has created several determinants of health, including rick factors from their work place like it leads to circulatory diseases, accidents, respiratory diseases, communicable disease and others. Causes for diseases. People working in 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.

Communication:

Mr. Krishna took the session for us in BA and MSW part I had this communication class but this Krishna sir class very different he didn't use power point, block broad he did different way of the class two days we did sound communication, action communication, activities and gdrams communication every person having different type of skills sometimes this class we all area participate all activities we had really very good class.

Alternatives:

Dr. Shiridi Prasad took the session for us he explain about the Alternative is the fast, advanced, Scientific, this alternative easily available but allopathic is a not scientific. History of hospitals this related to the Gowthama dudda and Jeevaka story also. The health components of alternatives much has been written on many of them and hence giving a detailed list of sources would suffice what is more important, however, is to identify the broad components of the care emerging in these alternative.


Components of Alternatives
An attempt to integrate Health with activities
Increasing Community participation
Search for an appropriate technology
Initiating community organization
Preventive and Promotion Orientation
A quest for financial self-sufficiency
Promotion and utilisation of local resources
Education/ or health
Training of village based health cadres
Conscientisation and political action

Learning's from Exposure visits and Workshops

Rajendranagar slam:

We visited to the Rajendranagar slam this my first urban visit before going usually slums I have seen only 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 and their living condition. In this slum we did PRA social mapping and we collected slam information peoples help to us for our work, we don't know about that area history, total families, and area facilities and problems when we did PRA at the time we know about the slam and some of the family last 30 years living this slam only and some of them peoples they don't have Permanente houses but no documents also. All caste peoples living with tougher no centesimo slam peoples they celebrate all festivals Hindu, Muslim both. There is peoples going government and private hospitals for treatment they feel private hospitals provide better treatment they sending more money because service the good. This slum is a mixed community of Tamilyan and Kannada people are living in this slum.

Snehadan Organization:

This Organization work with the people living with HIV/AIDS, our 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 room for them to stay. I really empathize to the people who are living with a dreadful diseases 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 houses which is very painful of scenario if think about. But still they love their life and each children's have aims and goals it is really a positive side to feel about it gives me hopes to on how to live a wonderful life.

Vimochana:

This organization started by 1979. Vimochana has been working with the vision of the making violence against women unthinkable and creating a violence free world for all. Vimochana organization activities Campaigns, Community support groups, net working, and vision of women. Vimochana mainly working with women's this helpful for women's resistance to violence both within the home and within communities, culture and political. To make families, communication and the state responsible for and responsive to the growing violence against women. To create alternative spaces and for a public debate and dialogue to bring about attitudinal and institutional changes on our society discriminatory attitudes towards women. To make visible the deeper connection between increasing violence in the personal sphere of the home and the increasing brutalization of the lager public policy.

SEVA IN ACTION- (SIA)

Is a voluntary Organization working in since 1985, working with disabilities. Developing an inclusive society which value the abilities. SIA is working with Community Based Rehabilitation program integrated and inclusive education program, training in disability areas and inclusive education besides working with government system. Seva In Action has resources centres in Bangalore Rural and Ramanagara district in partnership with local communities, families and people with disabilities. The services conducted in the centre- Early Intervention, medical Rehabilitation, Home based education, Vocational trainings, formation of parents group. Rachana- Skill development unit and enterprise, National Trust, Research and dissemination. We some met they all are physically disabilities but they are not disables because all are have different skills. What I felt we are all also disabilities no one not perfect.

Association of People with Disability (APD)

We visited the APD. Working with disabilities, this one the community based rehabilitation, centre. And education based rehabilitation centre also. Here I observed different type of disabilities Childers 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. They providing formal and informal trainings. Their focus Health, Education, livelihood, social and empowerment and Bangalore, Davagere, Kolar, Bijapur, Chittamani, Ramanagara working in different area. Some kids spoke with us they talented and they helping nature also one disability child he helped to other disability child, whenever I saw in APD really I felt we are not real human beings, physically we are not disable peoples but mentally and some other way we are disable peoples.

FRLHT (foundation for Revitalisation of local Health Tradition)

We visited the FRLHT, this organization focus on the local traditional practices, nowadays went with allopathic medicine but Ayurvedic, home remedies only. Here observed so many Ayurvedic plants only separate garden is there, herbal medicine related books there in library. FRLHT are basically acting on few themes which are given below :-

- Conservation of natural medicinal resources
- Information technology and traditional knowledge
- Bridge between traditional knowledge and science
- Scientific repositories of natural resources
- Revitalisation of folk healing system, research hospital, Botanical repository, scientific research, clinical services, rural livelihood.

I sent one day at FRLHT where the focus was on ayush. Here I learned how important the local herbal medicine is. In a family some herbal plants can be planted and this can be a source of remedy for some disease like cloud, stomach pain, vomiting, diarrhea, skin problems all this medicine our grandmother medicine.

KAIROS:

"Kannur Association for Integrated Rural Organization and Support"

Is a Social Services Society. It started its independent involvement in 1999. The area of operation covers the more then civil disnstricts of Kerala Kannur and Kasaragod. Kairos working with Dalits, Kairos collaborates with many developmental agencies through planning and extension of various programmes of government and Panchayat raj institutions. Organization doing many developmental activities, environment, water and sanitation, watershed management gender and development, and conducting HIV awareness programme. Useful so this visit very for me because we don't other state community activities and Kerala visit I observed lot. Here we had different food and housing types, compare to man's women's education is high.

Shanthi Pain and Palliative Care Society Kerala:

we visit the Shanthi Pain Palliative Care society this is community based rehabilitation centre, and working with chronically ill, bad ridden, and incurably patients, such as cancer, Paraplegia, HIV, PVD, CVA, Psychiatry, kidney and old age peoples. The society has three teams one lead by a doctor, the other by nurses and volunteers and third by community volunteers. The society run an outpatient clinic at the kalppetta, the clinic not only provides medical treatment for but also extends social psychological and economic care. We are community health fellows but sometimes this organization related our work. This visit I understand different between NGOs.

Work shops

Topic - Access to Toilets, Gender, and Mental Health perspective'

organized in Bangalore from September 18-9-2014 To 19-9-14 first day we did welcome address followed by the self introduction done by the all participations organization here first session Nagaratnna bhat she took Nirmal Bharath abhiyana concept, Aim off the NBA and objectives and total budget of water and sanitation. Here she explains about the House toilets, Anganawadi toilets and school toilets and sanitation personal toilets important of toilets we discuses about the waste management. Government only not responses NGOs and community peoples responsibilities. We had Argam session, Prahlad took the "Millenniums Development Goal" he explain six main goals. And Dr. Thelma took session about the Access to Toilets women's Health and Gender Issues this we disuses some fundamental questions this related women's health status and 7 to 8 organization they sheared works and experience. I understand what are the challenges facing the community this workshop I got clear about toilet, gender and how to affecting its mental health.

MFC Meeting:

I am starting the very first day of the orientation class about Medico friend circle. Ravi Narayan sir took the session at the I am in wrote an only the Important points that I notated during the session. This session begun by providing the basic meaning of the MFC and Dr. Ravi Narayan sir explain about MSC and the existing of the health care, we have realized, is not geared towards the needs of the majority of the people, the poor. The sessions gave me a deeper understanding what is MFC and goals and activities. But I didn't attended the MFC this is good an opportunity for me.

Medico friend circle 2014

Topic – Mental Health

Medico circle annual meeting (41th) organized in Hyderabad from August 8th to 9th 2014. On first day we did welcome address followed by the self introduction done by the all participations.

The theme of the MFC meeting is about the Metal health and the topics discussed during the meet are

- Rights and care of the mentally distressed
- Experience sharing of basic needs India
- General practice, and mental health
- Global mental health movement and alternate forms of care
- Community care initiatives
- Addictior, from caste and tribal perspective
- LGBTQ and perspective on mental distress
- Psychotropic drugs from a pharma activism perspective and other insight, ideas for meet
- Cares perspectives
- Statement on ECT

In MFC meeting I observed that the intellectual people who were present there were enthusiastic and how responsive I debating on the topic and different issues relating to mental health.

Learning from Field experience

Swami Vivekananda Youth Movement (SVYM)

My first field work I want Swami Vivekananda Youth Movement Is located at Sarugur Mysore District. And my field are was B. Matakere Sarugur taluk about 18 km. history of SVYM. Inspiration of SVYM, Vision, mission and values

Background of the Organization

Swami Vivekananda Youth Movement (SVYM) is a registered non Government development Organization. Started in 1984. by a group of medicos inspired by the teachings and national ideals of swami Vivekananda. It working in the sectors of Health, Education, Community development, training research and advocacy and consultancy services. 80 Bedded Hospital in Sarugur and 15 Bedded Hospital in kenchanahalli. This organization focuses by the Tribal Communities in tribal community four types Jeenu Kurubas, Betta Kurubas. Soliga and Arava. It is working in the sectors of Health, Education, Community Development, Training, Research and Advocacy. And Consultancy Services. Our Inspiration-Swami Vivekananda & Mahatma Gandhi, Our Vision- A Caring and Equitable Society free of deprivation and strife Our Mission- To Develop and facilitate processes that Improve Quality of life of people. Four Values of SVYM- Satya-Truthfullness, Ahimsa-Non Violence, Seva-Service, Tyaga-Saerifice

Objectives:

- To address the unmet health needs of the community
- To familiarize the community with various government schemes as well as various health, education and development related services of Swami Vivekananda Youth Movement

  Leaning from
- To undertake, and collaboration Behaviour Change Community activities in order to catalyze demand generation in health, and contribute to positive behaviour change

Learning's

- I learnt participatory skill and communication
- I understood non adjust mental attitudes
- In group discussion we got a clear idea about community problems and facilities
- I learnt Haadi people's attitudes and their culture
- I learnt the difference between tribal and non tribal's

Reflection:

Swami Vivekananda Youth Movement Really Community based hospital. This SVYM working in the sectors of Health, Education and community development. They running community related projects Arogya Vahini Nairmalya Vahini, Vatsalya Vahini Chaitanya Vahini, SEEP (Socio, Economic, Empowerment, Program) Diabetic Project.Before going field I don't know different types of tribal's, they language. SVMY conducted Health camps, street plays, role plays, programs in tribal area 30 years back tribal's they don't know Hospital, institutional deliveries, now they aware about Institutional deliveries. Tribal another word Haadi, first time this field work I heard about this word. And two times we visited MHU(Mobile Health Unit) here we saw

tribal areas, tribal peoples they don't have proper house sing facility, drinking water facility, and main toilet facility. At the what I felt lack of awareness, lack of education.

Learning's Second Field SAKHI TRUST

Background of the Organization:

Sakhi Trust works among youth in the Hyderabad-Karnataka (HYKA) region which comprises of six districts of Karnataka – viz. Bidar, Gulbarga, Yadgiri, Raichur, Bellary and Koppal. The HY-KA region is the most backward part of Karnataka in terms of human development indices. The Nanjunadappa Commission Report (2003) submitted by the High Power Committee to Study Regional Imbalances constituted by the government of Karnataka has sketched in detail the aspects of the backwardness of this region.

This region stands out as a single unit and shares a similar socio-cultural and economic stream due to the fact of being ruled by the Nizam of Hyderabad for over 400 years and got liberated from the Nizam only in 1948. The neglect of youth, especially in education and employment, is highlighted in the report. Sakhi is a youth Resource Centre working for enabling the human resource within youth in Hyderabad Karnataka region with a specific focus on the girl students of vulnerable communities. Dr. Bhagyalakshmi, who had finished her doctoral studies, initiated this centre as a part of the SAMVADA youth program and took up the challenge of working since 2002 for enabling girls to become important human resource for their own empowerment and the development of the region.

The important objectives:

1. Empowerment of women , children and youth affected by economic and social exploitation
2. Promotion of education of youth particularly young women's
3. Supporting the higher education of girls from vulnerable communities for their empowerment.

JMS (Mahila Jagrutha Sanghatan Raichur dist)

In second field work we went to Sakhi Trust at the time three days we visited JMS Raichur organization conducted Women's valance work shop. so we had two sessions related Gender issue and women's Education and we selected Amareshwara camp and did toilet surveys and we identified using Non using toilets and cause. This is a women group working on empowerment, savings and livelihoods. The women are from the lowest rung society – Dalits. Hence they had been the most oppressed lot. Through JMS the women have become aware of their rights, they publicly protest incidents where women have been abused, have brought better roads to the villages and also sanitary toilets. They are also becoming economically empowered through lively hood initiatives like terracotta jewellery, herbal medicines and Neem seed fertilizers. Living with them for few days was a great opportunity to learn about their lives, the issues the women face, how JMS has empowered them and how the health care facilities are functioning in their area.

Learning's

- learnt about tucation profile method
- I understand about school dropout children's different types of causes
- In second field work we collected district profile our own district I don't know but I got clear idea about district level sectors
- I learnt primary, secondary and tertiary prevention of health care services
- I learnt PPT report writing skill

Appendix 1: Acronyms

CHC – Community Heath Cell

NRHM – National rural Health Mission

NFHS – National family House Survey

NRC – National Rehabilitation Centre

NRLM – National Rural livelihood mission

NBA – Nirmal Bharath Abhiyana

ACHAN – Asian Community Health Action Network

SAP – Structural Adjustment Programme

IMF – International Monetary fund

DALY – Disability Adjusted life years

PHA – People Health Assembly

CSDH – Communication on social determinants

LPG – Liberalization, Privatization, Globalization

PHC – Primary Health centre

CHC – Community Health centre

NGO – Non Government Organization

SEPC – Social, Economical, Political and Culture

IPHS – Indian Public Health Standard

VHSC – Village Health Sanitation Committee

NSSO – National Sample Survey Organization

CHAI – Catholic Hospital Association of Indian

CSU – Central Service Unit

WHO – World Health Organization

WB – World Bank

ICE – Information Community Education

UIP – universal Immunization Programme

TRIPR – Trade Related Intellectual Property Right

CDC- centre for diseases control

NCPHI – National centre for Public health information

NEPHT - National Environmental public Health Tracking

KIDROP – Karnataka internet Assisted Diagnosis Retinopathy of Prematurity

WHP - World Health partners

ICT – Information Communication technology

GOBIFF: G – Growth Monitoring

O – Oral Rehabilitation

B – Brest Feeding

I – Immunization

F – Female Education

F – Family Planning

KAIROS Visit

Tribal's Meeting

SHG Meeting

Group Discussion

PART –B

RESEARCH

Title:

"A Study on the Barriers affecting the functioning of ASHA Workers in Danapura, Hanumenahalli and Nagenahalli village of Hospet taluk"

Introduction:

ASHA Worker program in India

The National Rural Health Mission (NRHM) lunched by the government of India in April 2005 has laid out an important agenda to systematically invest and improve the quality of primary healthcare in rural in India, especially based women health volunteers to be known as Accredited Social Health Activists(ASHAs) The ASHA has re-focused attention on a long history of community health worker initiative and challenged to state governments and civil society innovators to facility and sustain community mobilization for health on a large scale across the poorest regions of the country.

Accredited Social Health Activists (ASHAs) are community health workers instituted by the government of India's ministry of Health and family welfare as part of the mission began in 2005 full implemented there is to be an ASHA in every village in India, a target that transtsates into 250.000 ASHAs in 10 states. The grand total number of Ashas in India was reported in January 2013 to be 863.506.

The sub centre is the most peripheral level of contact with the community under the public health infrastructure. This caters to the population norm of 3000 - 5000. The worker in sub centre is an ANM who is directly involved in all the health issues of this population, which is speeded over the wide area of many kilometres and covering 5 to 8 villages. Many a times the villages are not connected by public or private transport system making her more difficult to

achieve the objectives and goals of providing quality health care for the poor and oppressed sections of the society. So the new band of community based functionaries, named as Accredited Social Health Activist (ASHA) is proposed in the NRHM who will serve the population of 1000 and 500 in hilly and desert terrene.

ASHA is the first port of call for any health related demands of deprived sections of the population, especially women, children, old aged, sick and disabled people. She is the link between the community and the health care provider.

Department of Medical and Health at State and at Centre is looking at ASHA as a change agent who will bring the reforms in improving the health status of oppressed community of India. The investment on ASHA will definitely result in to better health indicators of state and at large the country.

ASHA worker program in Karnataka

As part of the National Rural Health Mission, recruitment of rural health volunteers called ASHA (Accredited Social Health Activist) has been functional since 2007 in Karnataka. Along with the Karnataka State Health Systems Resource Centre (KSHSRC) and the Department of Health & Family Welfare (DoHFW) of the Government of Karnataka (GoK), we undertook an evaluation of the ASHA programme using a mixed methods approach (quantitative and qualitative research techniques) to understand the 'functionality' and 'effectiveness' of ASHA workers in 3 districts (Chamarajanagara, Kolar & Haveri) in Karnataka. By studying the healthcare workers and community beneficiaries, we identified their primary role as link-worker/facilitator, and to a lesser extent as that of health functionary and as social activist. We also identified several strengths and opportunities for enhancing the program in the continuum of care that they offer to mothers, children and families through

antenatal care, safe delivery, postnatal care, early childhood nutrition & care, routine & sick child care, care for common communicable diseases, and family welfare.

I want to study with Mariyamanahalli and Nagenahalli village Hospet taluk, Bellary District

Rationale:

In India one of the biggest challenging today is the dismal state of social determinates of health leading to increasing health inequity. The National Rural Health Mission in 2005 NRHM is accepted as an example of comprehensive primary healthcare with Accredited Social Health Workers (ASHAs) as one of the main components. The maintains are women volunteers and the maintain programme aims to undertake family level outreach services community organization building and mobilization on health and its determinants along with advocacy for improvement in the health system in India. AHSA workers faced, socio, economic, political and service related factors and barriers in community this research hope to fill this gap to a small extant by giving insights into to the process including challenges and facilitating factors this research will also be useful to current ongoing on the future role of the in both maintain ASHA worker programme.

Aim of the Study:

The study aims to understand the Barriers affecting the functioning of ASHA Workers in Danapura Hanumenahalli and Nagenahalli village of Hospet taluk

Specific Objectivities

1. To understand the roles and responsibilities carried out by the ASHA Worker
2. To identify the barriers affecting Ashas worker
3. To assess community's perception about Ashas roles
4. To identify the Health System Response to ASHA functioning

Research Design

Type of Study – Descriptive Study

Method of data collocation – Explain the mixed methods

This study will be mixed method using a Quantitative and Qualitative methods for data collection.

Quantitative: Quantitative research is the numerical representation and manipulation of observations for the purpose of describing and explaining the phenomena that those observations reflect.

Definition: `explaining phenomena by collecting numerical data that are analyzed using mathematically based methods (in particular statistics).'

-By 1994Creswell

Qualitative: 'Qualitative Research…involves finding out what people think, and how they feel, what they say they think and how they say they feel. This kind of information is subjective. It involves feelings and impressions, rather than numbers'

Sampling

I have selected 8 ASHAs from two villages (Mariyamanahalli, Nagenahalli) in Hospet taluk Bellary Dist.

Community peoples

2AMS

2 medical officers

ANALISYS:

General Information of ASHA

	Age	Marital Status	Religion	Caste	Family type	Number of children	Education	Work Experience as ASHA
Respondent #1	28	Unmarried (Deevadasi)	Hindu	SC (Harijana)	Joint	1	SSLC	6
Respondent #2	25	Unmarried (Deevadasi)	Hindu	SC(Harijana)	Joint	3	SSLC	6
Respondent #3	27	Unmarried (Deevadasi)	Hindu	SC(Harijana)	Joint	2	SSLC	6
Respondent #4	31	Married	Hindu	OBC - Lingayat	Nuclear	2	PUC/ ITI	4
Respondent #5	35	Married	Muslim		Joint	2	PUC	6
Respondent #6	37	Married	Hindu	OBC	Nuclear	3	PUC	4
Respondent #7	39	Married	Hindu	SC(Harijana)	Nuclear	2	SSLC	6
Respondent #8	30	Married	Hindu	OBC	Joint	2	PUC	6

To understand the roles and responsibilities of the ASHA Workers

The number of year's experience of respondent as Asha worker ranged from 6 years to 4 years Asha worker in the community. Most of the respondents said to major role and responsibilities

Role: ASHAs is considered to be a healthcare facilititator and provider of a limited range of healthcare services. Health rights would be integral her work and would be focused in the areas of community mobilisation to improve health status, access to services, and promote peoples in health programmes.

Responsibilities: motivating women to give birth in hospitals, Bringing children to immunization clinics, encouraging family planning, Treating basic illness and injury with first aid, keeping demographic records, improving village sanitation. And then other roles after delivery seven times PNC visits, providing tablets for community peoples, Blood smear, identify the HIV and TB patients and follow up, conducting Mothers meeting monthly one times, Nutrition food for mother and child, mother card entry, maintain the ANC and PNC registers, control the communicable diseases and larva survey.

Our responsibilities in community Identify to TB and HIV cases, Pregnant women's checkups, TB and HIV, Follow ups, health related surveys, Hospital deliveries, Awareness for government scheme, after delivery PNC visits, mother and child health care services, provide to tablets, iron tablets for pregnant women's, control to communicable disease and immunization clinics. "Shilpa ASHA Worker said (Name changed)

To identify the barriers affecting Asha worker Role

Family:

The numbers of the respondents suffer due to family commitments and their job and gender identify then family restrictions therefore ASHA Workers faced more problems while going Night time delivery cases these follows.

Education of the c Children's: Usually ASHA workers mine problem children's education and before joining this work some of the respondents they did evening tucation class for their children's and whenever joined this job any time busy, they don't have free time, they can't consternate to the children's education, and carrier and in exams children's got less marks. And if comes night time delivery cases that also big problem because some of the Asha workers having one year, two year, five month children's also so at the time they can't go live children's.

Elderly peoples: Most of the respondents living with joint family. In that family elderly parents, father in low and mother in low also so they elderly peoples usually evening time they can't see. They can't do any work, and cooking. Woking place and home same place ASHAs they can manage but some of the ASHAs they have different field area so evening time if Ashas comes to the home that elderly peoples scolding and they get angry.

Yes ma not any time sometimes family, I am livening with father mother they 60 -70 years old my children's also 7 and 4 years. My parents evening time they couldn't see because they elderly peoples, If I come late they shooting me, why late, who make cooking, we do that work, we cont see evening. "Roopa ASHA worker said" (Name Changed)

Low Income (Deevadasi) usually all respondents suffering from money problems. some of the Asha workers they did tailoring training if they have free time at the time they doing tailoring work, agriculture land labour work and some of the respondents they don't have husband so there are community deevasis this deevasis having a many problems, elderly parents, they want manage children's education. but this job they didn't get proper monthly salary also so respondents do tailoring, land labour work, Deevadasi work.

Non supporting: Most of the ASHA workers having a family non supportive problems. Ashas they can manage all problems but Night time delivery cases if they go late night and if comes late at the time family Mother in low and father in low they will ask more questions and night time don't go outside, this is not good some of the village peoples say something's, Muslim community they can't allowed night time for women's. We can't sleep properly, you didn't monthly salary, left it job, if you do land labour work you daily got 200 to 300 rupees, and sometimes husband also he will ask where is your salary at the time husband also scolding them.

"Yes in my family they can't allowed out said in my childhood, college days also I didn't go any ware, when I was finish my colleges studies I was married immediately after marriage also I didn't go coli, and my land works. But when I joined this work night time delivery time if I go with cases at the time my husband and our parents, they shooting me don't go night like this. But I want go wok because our father and mother 60 years old, my father he can't do works, my only he dork that is not sufficient". Swetha ASHA worker said" (Name changed)

Domestic violence: In my interviews I found due to Domestic Violence takes place by the middle age ASHA. Normally it is difficult for her, he is drunker, he can't do any work, if she attending night time delivery at the he where did you go outside, you don't go this job, and you have relationship with others her husband having a doubting for this women. Sometimes he was biting to the children's and wife.

"my husband also drunkard he didn't living me what to do, when I joined this he beating, shooting me he have, dough ting staring If I go night time delivery cases why you're going night time outside you have relation someone, you are not my wife go like this every day he was beating me" Ratnamma ASHA worker (Name changed)

Community:

Gender: all most all respondents having gender discrimination problems this is main affected to Motivation skill. Because in community peoples all are don't have same attitudes. ASHA worker they can manage ANC and PNC cases but they can't manage TB and HIV patients, because they can't go hospital, they can't drink tablets and some of the poor illiterate family they did home delivery only, so many convened them, ASHAs used from the all motivation skill but community peoples their neglected because she is women this also reason to them.

"*In Community peoples all are not same but some peoples they didn't give good reposes, if we provide quick services that time only, if late scolding to the Asha workers. We can't motivated that is big problem for us"* Shanthi *Asha worker (Name changed)*

Caste discrimination: In my interview I found due to caste Discrimination this is related to social discrimination. In community Four of them respondents having this type of problem, because all Ashas castes different but some of the Ashas faced by the problem in the community. If Ashas visit ANC and PNC houses and surveys at the time Upper caste peoples they can't allowed inside home and sometimes upper and rich caste peoples they didn't give good responses. They don't believe government hospital deliveries and treatment these problems for them.

"Community perception they have caste discrimination because we went ANC and PNC home visits upper caste peoples they can't allowed inside home at the time we feel bad I delivery time they didn't call to Asha workers they going directly private hospital, because some people rich almost they don't believe government hospital" Shilpa Asha *worker (Name changed)*

Lack of coordination: Lack of coordination one of the main problem for ASHA Workers. Because in community peoples they can't give good respect from Ashas and some of the peoples they can't believe hospital treatments, and less then community peoples having a poor responses for Asha working, sometimes ANC and PNC women's they don't have good coordination with Asha workers and Panchayat members and Asha workers if respondents having a community level problems at the time they can't give proper responses for Asha workers, Anganawadi teachers, ANM, Asha to Asha they don't have good coordination this affecting to Ashas work.

Lack of awareness on Public Health System/ Home delivery: Most of the peoples have health awareness but some the respondents shared community peoples they don't have awareness, Ashas giving a Health education for community peoples but less then peoples they didn't follow, they don't know how to do clean in house and some of them peoples conducting home deliveries poor and illiterate peoples like this. If Ashas give awareness but peoples doesn't that much information for health system.

Blaming: Most of the Asha workers they suffering to the Blaming because after delivery JSY, Madillu kit sometime systems improper implementation schemes at the peoples they didn't get schemes at the time blaming to the Ashas and in hospital delivery normal delivery also nurses ask 2 to 3 thousand rupees money that time peoples are blaming to Ashas and slow delivery of the system that time peoples give pressure for Asha worker.

Culture – Belief: in my interview I found due to Belief system. In community peoples they have culture belief system, home delivery, some of them peoples they can't put for children's injections if put injection children's get fever so this also problem for Asha workers.

JSY, Madilu kittu, is a big problem peoples pleaser and night time delivery case but peoples they don't know delivery pain and normal abdomen pain simply call If we go and saw just we come back home but we can't sleep, can't eat that much tension, normal delivery no problem but complication in government hospital nurses they ask more money community peoples blaming for us, convincing also challenge, in community people's less then peoples they don't have health awareness and so many times we use different types motivation skills but no use, in immunization time so many times we call to mother and child they didn't come early and in our community two or three mother they

having a 5 to 6 children's we informed to the women's but they now also didn't do family planning operation really who to say we don't know. "Bhavani Asha worker (Name changed)

Deevadasi System: In my interview I due to found by Deevadasi system. Three of the respondents deevadasis they community this also problem for them because less of the peoples they identify to Ashas they are deevadasis in community at the time Asha workers feel bad and this is affected to they work.

Alcoholic influence: Most of the Ashas they want go night time delivery with cases. So this cases some of their drunks, husband, brother, relations. But sometimes night they full

Health:

Lack of facilities in PHC: Most of the Asha Respondents having a Health system problem. Ashas major and main problem in PHC level they don't have any facilities, No rest rooms, No drinking water, and no toilets because night time delivery they want go with cases at the time they can't eat, sleep, and PHC one or two common toilets patients, nurses, doctors, all are using same only very dirty. This also problem for Asha worker.

"in PHC we don't have rest rooms, in drinking water, no toilet facilities, we use only patient toilets, all are using same toilets its very dirty" Roopa Asha worker (Name changed)

No salary: In my interview I due o found by salary problem all respondents having a same problem because Asha workers they didn't get monthly salary, they fill reports end of the month but this also not coming in time and incentive also cut of payment, no holidays. But some the Ashas want social services, but some the Ashas they want manage, family, children's education, so health system didn't give monthly salary this also main problem for the Asha workers.

"we submit monthly report and our TA amount and other work total work amount but they didn't give monthly payment but after 3 or 4 month that amount come my account we fill four or five thousand rupees but we get two or three thousand rupees only how we don't know if ask they many reason what to do. No stratification for this work. Without salary we do this work" Asha worker

Non coordination: Most of the respondents suffer to coordination problem because Asha to Asha, Asha to Nurses, Asha to doctor, Asha to community peoples they don't have good communication and coordination, some the respondents said sometimes nurses they don't give respect for Ashas and unnecessary they give complete also, so many times they didn't inform for trainings and meeting dates suddenly call to them that time they go because they family, children's. others respondents they have different field areas no transport facility so that time they want to go by walk if they reached late, seniors they can't understand problems scolding to Ashas.

"ANM and Asha to Asha workers we don't have good relationship in working time, sometime Anganawadi teacher also not support to our work, If we one day do larva survey that time they give complete to Male worker and doctors this also big problems for us. Field area different but proper bus facility at the we go by walk if we late they scolding for us" Asha worker

Corruption: in my interview I due to found by Corruption. Some of the respondent's shard about corruption. In government hospital nurses in delivery time they ask more money for delivery cases, if rich peoples they will give but poor and middle class peoples they can't give. community peoples they government hospital is free delivery and free treatment peoples believe to hospital and Asha worker but nurses want money at the time Asha suffering to this problem.

"Delivery time hospital nurses they asking 3 thousand to four thousand rupees for one delivery but they didn't ask directly patients family they pleaser to the Asha workers, how can we ask to the patient family government hospital peoples wants free services at the time we felt irritate nurses behaviour not good this also main problem for us"(27 old ASHA Worker)

Rude Behaviour: Most of the respondents faced to the problem in government hospital nurses they can't give good responses for patients, and Asha workers. Asha workers any information at the nurses they didn't say smoothly, they speak very loudly and some rude behaviour if they conducted delivery they use warts language also. And sometimes 108 ambulance drivers dunkers really they feel bad.

Poor responses: Most of the respondents having a health level problems Ashas workers in Asha monthly meeting and training they shared about this problems but in Asha facilitator, Mentor and male workers l officer then medical officer they didn't give proper responses to Ashas problem and if you have interest you do this work, this not your permanent job your contract workers, otherwise you live this job seniors speak like for Asha workers.

"In hospital Nurses they didn't give respect for Asha workers, any time doctors not available in PHC only nurses, If ask any they didn't give proper responses. We sheared our problem in Asha meeting this not your permanent job if have interest do this work otherwise left it they give responses like this only" (30 years old Asha worker)

In proper implementations of the schemes: In my interview I due to found bi in proper implementation of the schemes because after delivery they suddenly they didn't schemes an but community peoples they can't wait at the peoples they stress for Asha workers.

To assess community's perception about Ashas roles worker

In this research I due to found by the community perceptions most of the responses they give good words for Asha workers, Asha workers they advise the pregnant women and their families for institutional delivery, they gave health education form the community peoples, delivery time they contact with 108 ambulance, she providing tablets for elderly peoples and TB, HIV and pregnant women's. Before joining Asha job community peoples they don't know government schemes and facilities after joining Asha peoples aware about hospital delivery and facilities. Community peoples and Gram Panchayat members also gave good support for them. Peoples have good opinion for them.

To identify the Health System Response to ASHA functioning

In my interview I due found to by system Reponses ANM. Anganawadi teacher, male worker most all respondents giving same opinion for them. whenever Asha joined this job 95% hospital deliveries. Asha they abele to do all workers, they identified more Tb and HIV cases also. But they didn't get monthly salary, if they get monthly salary they will do very well.

Discussion:

The study that has been conducted was focus on Barriers affecting the ASHA work role in Danapura, Hanumenahalli, and of the Nagenahalli villages.

Almost all ASHAs are resident of local community and so a very effective link person in the delivery of health services ASHAs gave good health massages. The ASHA has to work in the community for the rural poor. She has to motivate every household and generates awareness in the community. In general ASHAs are satisfied and happy with the training. Their perception about their job responsibilities appeared to be incomplete and improper. Most important motivational factor for the ASHAs is the financial gain and hope of being absorbed in government job. In general, monitoring and supervision of the ASHAs by MO through ANM and AWW was satisfactory. But ASHAs were not functioning. properly and even their relation with ANM and AWW were not satisfactory. Four of them Asha workers faced by the caste discrimination Most important motivational factor and four of them upper caste Asha worker and non cooperation also big problem for them. but whenever I interact with community people satisfactory for them work all peoples shared about positive things only. But health system didn't give proper responses if they provide good facilities and ASHA workers do very well

My learning's from SOCHARA

I feel am very wrathful to join the fellowship and I knowledge I received from the collective session 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 level.

- ✓ I learnt about How to interact with community people 's
- ✓ I learnt about differences between Community health and Public health
- ✓ I learnt about observation and reflection skill
- ✓ I am able to understand English and Hindi, I am able speak English language
- ✓ In this training I got friends different states (Meghalaya, MP, Kerala, Raipur, TamilNadu, Rajasthan and UP)
- ✓ I had on opportunity to learn a lot from the group
- ✓ I learnt about reporting skill
- ✓ I got clear idea about how to use computer applications for this fellowship
- ✓ Self confidences
- ✓ Learnt about communicable disease and Non communicable diseases
- ✓ Daringness, Patience, smiling and Tension free
- ✓ Presentation skills
- ✓ I leant about music and dance sing

Reading list:

- NRHM common review mission report- Dr. Anbumani Ramadoss
- Health Practice research and formalized Methods- F. Grundy and W.A Reinke
- ASHA Modules – NRHM
- Qualitative Research – David Silverman
- Anubhava Series:
- Rangabelia Comprehensive Rural Development
- Health for All

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Rural Health Mission of India

ASHA roles and Responsibilities

Budget proposal brings cheer to ASHA workers

Fee Scholarship Program - 100% Free Medical Coaching Exam Enrol @ Aakash ANTHE on 23-Nov-14.www.aakash.ac.in/Enrol-for-ANTHE

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ASHA Worker Interview

Community People Interview

ANM Interview

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