CELEBRATING COMMUNITY HEALTH!!!

Community Health Learning Programme (CHLP) 2015 – ‘16

Ms. Fatima

Society for Community Health Awareness Research and Action

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Acknowledgement

I say thanks to my dad and mom, for giving me chance to fulfill my dreams and for their unconditional love and support and everyone who has helped me throughout the term.

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Another learning, observation and experience in SOCHARA and SOPEA are that there is a transparent structure without any hierarchy and they all help each other.

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PART ---A

My community health journey

Introduction

I am Fatima from koppal District. Now we are living in Yadgir district. My background is bachelor in social work and master in social work. I completed it in 2014-15. I was studying in MSW last semester when I joined Saki Trust for my block placement. There, I saw Mr. Prahalad Sir Sanitation documentary. Asma and Yashoda who are SOCHARA's ex- fellows came to SAKI TRUST that time I heard of community health learning programme then. I have been waiting to join CHLP since that day. After MSW I join national family health survey for one month. I did work in that health project and was getting good salary but learning is more important. I think I want to learn more about myself and community. I want to learn more in my interest area- women and child development. I was not sure which one I want to choose then and had so many questions in my mind. I have started internal thinking and also about my life now. There were so many obstacles my family. They didn't agree to send me to Bangalore. They were afraid Bangalore was a big city and I am a girl. Decision making was very big challenge for me. SOCHARA team supported me, Maria and victor spoke to my family and my family agreed. I am so happy I got opportunity start my new journey in SOCHARA, want to like to work at community level as I have no work experience .I started my journey in SOCHARA on 22nd February 2015 .

My learning objectives

Developing Good communication skills

Good report writing skills

I am interesting in documentary

Participate rural appraisal I am here to learn more about community health.

Research skill.

I want to learn more about NRHM programme

Reading, writing ,speaking skills

Case study

Programme management skills

To improve my knowledge of women and child health

Learning from collective session

In the six months orientation period for the community health learning programme 2015 to 2016

I learnt so many things like knowledge, value of relationship, related community health, different culture, different community, reflective, critical thinking, personal, professional, reflecting.

Community means: my understanding of community means group of people, we feeling, living people together one particular place, their own culture, language, tradition, values, assumption helping each other called community.

Community health: I learnt in collective session community health means enabling empowering people to take care of their own health which includes conscientisation and political action {community health cell }

Health means in my understanding before SOCHARA health means disease, physical wellbeing. I am from a non –medical background and I learnt in SOCHARA health means ,health is a state complete physical, mental, social,and spiritual wellbeing {WHO }

Globalization:

Prassanna take session globalization I was not sure why we study about globalization and how is it related to health. When they explained about globalization my all doubts were clear. Globalization comes with its positive impacts and negative impacts. A positive impact means new technology, marketing, the world wide movement toward, economic financial ,trade and communication integration. The negative impact is no health equity, culture is destroyed, agriculture, food security is compromised. When globalization came its effect was less government more privatization of all sectors

Structural adjustment programme - This programme by the world trade organization have direct effect on farmers ,new institution established and more profit to MNC companies. Government monopolize and the lobbying power of pharmaceutical company has effect on health , no health programs, cut in health care and education, no subsidies to farmers and the poor .all over increase in problems like malnutrition ,infant mortality, poverty, unemployment.

My understanding of Alma – Ata

The international conference on health held at AlmaAta to discuss Health for All. The idea of “Health for all” is to achieve health in physical, mental and social wellbeing with equity and social justice. It was to protect and promote health as a fundamental right; health for all means there is no inequalities, all are one. There is inequality in the status of the people between developed and developing countries .Primary health

care is an essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families, community.

In this conference they discussed that primary health care is most important ,in primary health care is main goal and also they covered 8 elements of primary health care and 4 principals of primary health care they are community participation ,inter sectoral collaboration ,appropriate ethnology in CPHC. Primary health care addressed the main problems in the community providing, promotive, preventive, curative and rehabilitative services accordingly. Primary health care makes and uses local, national and other resources with community participation.

Here are some sub-titles like principles of Alma Ata, logic of Alma Ata, strategies of Alma Ata, approaches to Alma Ata. The main goal of Alma Ata is to achieving health for all

1978 Alma ata declaration

Health for all

Primary health care

Health is a fundamental right Equity

Appropriate technology

Intra-sect oral collaboration

Community participation

After Alma Ata

GOBIFF

Growth monitoring

Oral rehabilitation

Breast feeding

Immunization

Female education

Family planning.

NRHM

The National Rural Health Mission (NRHM) is an initiative undertaken by the government of India to address the health needs of rural areas. Launched in April 2005 by Indian Prime Minister Manmohan Singh, the NRHM was initially tasked with addressing the health needs of 18 states that had been identified as having weak public health indicators.

National health mission goals

Universal health care

IMR,MMR,IFR

Universal access to public Health services such as women's health ,child health ,water sanitation and hygiene, immunization and nutrition

Promotion of healthy life styles.

Prevention and control of communicable and non-communicable disease including locally endemic diseases

National rural health mission objectives

Implementation of JSY

Recruitment of ASHA

Formulation of state and district health program me

Formulation of family planning and welfare societies

Communalization

Communization: my understanding of communitization is peoples participation of the program NRHM started 2005. It's a central government programme. This programme's main goal was to scale up the primary health care. The main goal of NRHM is increasing the health access to community .ASHA, VHSC, ROGI KALYANA SAMITHI.

Accredited Social Health Activists

Community Health volunteers called accredited social health activist have been engaged under the mission for establishing a link between the community and the health system. ASHA is the first port of call for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access health services in rural areas. ASHA Program is expanding across States and has

particularly been successful in bringing pecople back to Public Health System and has increased the utilization of outpatient services, diagnostic facilities, institutional deliveries and inpatient care.

Reference

[http://nrhm.gov.in/communitisation/asha/about-asha.html]

VHSC

Village Health & Sanitation Committee National Rural Health Mission envisages the community to take leadership at local level, related to health and its related issues. It will be possible only when the community is sufficiently empowered to take leadership in health matters. Clearly, it requires involvement of Panchayati Raj Institutions in the management of the health system. This could be possible if a committee is formed in each village under the chairmanship of Gram Panchayat member and representative from the community. Village health and sanitation committee {.ASHA and ANM} planning, management of untied fund to the health, total one year fund 10000 per year .its related health, water, sanitation.

Rogi Kalyan Samiti

The Rogi Kalyan Samiti is a management structure that acts as a group of trustees for the hospitals to manage the affairs of the hospital. Financial assistance is provided to these Committees through untied fund to undertake activities for patient welfare.

Social determinants of health: it is a new learning for me I learnt here health means not a disease. Social determinants of health depend on safe drinking water, sanitation, housing basic needs, food, and environment. All is important because we do not take good nutrition and person becomes ill, anemic, low weight, They are not healthy. We have drinking water also important, safe water because contaminated water also affected, waterborne daisies. Poverty, cultural beliefs system.

Health systems :health systems are very important and are either traditional government ,private,

Power walk game: power walk game in this game I realize the real situation in community ,society ,class ,cast, gender, education, Dalit ,disability, rich ,poor, employment , its shows inequalities ,inequity in community

Monsoon game :my reflection about Mansoon game its shows really what happens in our communities, society ,agriculture related game farmers ,depend upon agriculture in India 65% people depend on agriculture ,poor people ,Dalit, social exclusion, money lender people depends on money lender , depend on rain, marketing ,climate change ,debits, formers didn't know how to do agriculture , I learnt in this game and a saw really mirror of the world in this game .

Caste: Ravi sir took secession I learnt told in class who believes cast he is "**mentally ill**"–if you are cast bound in community many cast in India. I saw in Gulbarga,yadgiri district so Many of cast system Dalit people sit in down ,at tea shop and they drinking water and tea plastic glass and other cast people drink in different glass ,they were not allowed to the temple .,so much social hierarchy.

Research: Iam social background I did 2 research in my master degree I didn't do ethics related research but in SOCHARA very new experience I learned ethic ,ethics come in heart not in mind ,Ethics are values ,respect ,to human being. SISEC presentation, in-depth interview, focus group discussions, qualitative method and quantitative method I learnt hear its very use full it was a new experience.

[TB]Tuberculosis: Thelma mam class I understand about TB, my reflection about TB, TB major public health problem and also TB is a worldwide chronic communicable bacterial disease .it is caused by mycobacterium tuberculosis.TB is a old enemy this is not a new Disease.TB is considered to be a very wide spread diaseas.since ancient time a major suffering for humanity, from Vedic period TB is called as king of diaseas.now days government spent lot of money for TB control programme's.

Two types in TB

Pulmonary TB

Extra pulmonary TB

Pulmonary: TB is a communicable its spread on air dropped TB.

Extra pulmonary TB is its effected lungs it is not communicable.TB symptoms: 2 weeks cough, daily evening fiver, showering, weight loss.

Vector [air in TB]

Poverty

Malnutrition

Poor hygiene

Environment

Social behavior

Education

Community health approach to control TB: first we understand in community how to spread TB, we consider social determinants of health and also individual level, family level community level awareness ,early identification ,scope of hosing about TB health education, information education communication material, correct diagnosis ,treatment, follow-up, facts, RNTCP,DOTS these are very important in community approaches.

Gender and health: In collective I learnt gender and issue of class, sex is a by birth but gender is a relational .In society so much men and women inequities men dominated women, in society also main prefers for men and they have more rights, women only in four wall in the home ,no women empowerment ,no equalities, so much discriminations ,social exclusion ,women also suffering many health problems and also women social determinants of health like education ,family, empowering ,gender, food, it's very important class for us to learn .

Social determinants of health SEPCE analysis: In SOCHARA its new learning form social determinants of health, it's very important. Social determinants depend on health of people income, education, occupation; these aspects have effect on indiudual and family. And also social, economic,political,cultural,ecologically effect health ,social determinants very important its basic needs water,sanitation,food, housing social justices and equity. First individual health is a important and health is fundamental right. The conditions in which people are born,grow, live, work, and age in this systems. That are put in bad condition to deal, with illness. Social determinants part of development without development we can't achieve good health

Axioms of community health: In SOCHARA Axioms are main foundation and also pillars, it's very important for community approach, if community health workers follows these Axioms in community it will help in better work. To work with community its very challenging to enabling empowering communities, community participations, their rights and responsibilities and health is a human right. When communities participate to ask their rights we can achieve health for all its our dreams. Integration and health development activities like agriculture education, to preventive promote rehabilitative. Use of appropriate technology locally available.

Water and sanitation: Prahalad sir session I learnt about water and sanitation in India 70 % people living in rural area, people are didn't had toilet all of them are going for open defecation because they are believes systems ,culture, assumption,attitude,value, behavior. Gender and mental health women facing these are problems teasing and harassment, domestic violence impact of mental health feeling shame,feeling of worthless, mental stress, suicides.

Urban health: In collective I understood about urban health I have no idea about urban health I learnt in SOCHARA urban health problems, health systems, and urban slums, more than of each six billion inhabitants already live in urban area. In urban areas more road traffic, injuries in cities and also air pollution, drug use and violence and crime .slums are unhealthy, segregation, social inequities

My understanding urban planning I think our urban city plan people must be educated on their own capabilities, risk,

Rights, and responsibilities and capability communities must be organized and empowered must be circumspect in planning, policy formulation, easy to access no traffic injuries, problems, creating healthy housing and social determinants water ,transport hospital and also healthy communities .improved energy supply and air pollution control ,government and communities need to promote good nutrition ,and also to substance abuse and crimes no slums all are equal equities concept main in our urban people are participate and heath for all , health is a right .healthy community ,healthy nation improving policy ,social change ,equitable health system these are important better urban planning.

Group discussion: In collective session I learnt from fellows ,group work , discussion about health, real social problems ,when we came after field placement all fellow sharing their different experience of community problems like rural, urban, slum, adivasi, heath problems. And also everyone's learning, challenges ,also different Power Point presentation skills ,way of talking ,debates ,role-plays , singing dancing ,reflecting ,team work, Supporting each other, encourage each one them ,feedback , all learnt lot of in group.

Journal club: before CHLP I don't know about journal club some fellows doing journal club I am start thinking what is this asking Rajeev. He explained us its research articles about issues being discussed as a group. So I understood and i also presented MFC related one urban health article. That day I learnt how to present articles its very useful for me.

Field visit(organization visit)

We visit different –different organization each one also good I enjoy and learnt new ideas, lot of knowledge work structured learning and in different working area its very useful for me.

Primary health center Domma Sandra : Its first visit this PHC cover 15000 population we interacted with medical officer he explain about PHC functioning total 3 medical officers and staff nurse 3 members and also 16 ASHA workers and 5 sub centers in PHC 6 beds. This PHC is good and also its good opportunity to visit and to understanding of government services ASHA rogi kalyana samiti programmes and also we interact some people in PHC.

Snehasadan : My second field visit sevasadan to day's workshop about transaction analysis their we learnt psychopathological method of human behavior. It's very useful session about human ego status id, ego and super ego .and also understanding ourselves and also people,

I learnt 3 theory in this session

A theory of personality

A model of communication

A study of repetitive pattren of behavior

There is 3 ego status human personality

Parent: parent is now commonly represented as a circle with four quadrants nurturing, positive and negative,controlling –structuring positive and negative

Adult child: adult is become a both role like parent and child

Child: child is adapted –cooperative and also free positive and negative, negative and positive.

Association of people with disability:APD is a good organization its invention of Hema. she started this organization.APD work with disability people main goal empowering enabling habitation of disability people ,its working grassroots level one girl sharing her life journey its really heart touching she explain about her problems challenges she now working in APD .APD has working on economically marginalized people with disability now working in rural and urban also APD another branch in Davanagere.

APD programs

Education

Horticulture

training

therapeutic services

FRLHT: In this organization we spend two days' time this compass is very nice trace disparity university this NGO working Ayurveda medicine, traditional medicine we Rembered that day local medicine ,home remedial treatment its we use full us .in this garden 1550 herbal medicine plant good garden hear ,they working with local healer,even based research in TDU 3 schools is their school of health science bridge between tradition knowledge and science .

Codified system written knowledge and theory based and clinical Indian. And also non-medical heritage. None codified system it is local language father to son family, its based knowledge, oral transition people to people. They working village based health traditions, folk tradition general practices, dayi, and ethno veteniourypractitioner.locally available herbal very useful piper, neem, tulsi, aumbuthaballi nice class.

National Tuberculosis Institute (NTI): Visit to National Tuberculosis Institute (NTI) in Bangalore city ,TB is a communicable disease TB in various parts of the body but major action will be given to lung tuberculosis as this the commonest because it is the most transmissible type .,tuberculosis is spread from person to person through tiny droplets infected sputum that travel through the air .if an infected person coughs, sneezes shouts, or spits ,bacteria can enter the air and come into contact with uninfected people who breathe the bacteria in to their lungs

DOTS center :direct observed treatment short course chemotherapy we visit dots center how to treatment given for TB patient and they working in grass root level how to do work and treatment they explain about TB causes how to prevention TB they work community level ,6 month minimum take treatment its cured they explain about how much government spend amount for TB programme and also government services ,TB treatment available in PHC ,ASHA worker also its very useful class .

Bhoomihabbha: BhoomiHabba was a weekend spent in a serene setting of Visthar, an NGO its very joy full day people all came different deferent places other members also join this programme its nice programme ,school children ,women youth ,all members participate and also posters ,exhibition ,workshop,documentary,streetplay,song,doll,dance,foke songs ,music eco campaigns and nature walks ,photograpy ,posters ,dolls exhibitions ,art workshops for children, sale of traditional crafts ,different culture, about nature about agriculture and also awareness programmers different state food ,I attend one work shop like

Workshops

Communication Magi, In 2 days workshop I learnt lot of skills its very nice class communication is most important in communities because rapport build up ,leaguing ,observation ,patients ,way of talking ,how to do awareness programme like role-play ,documentary ,social media ,personality development ,behaviors, positive thinking ,leadership qualities, voice modulation , human ego states ,eye contactreportingskills,documentary ,presentation skills this workshop very usefully in my future and in my life, and leant lot of thinks

Alumni program: in this workshop December 7, and 8, this celebration in t St. Johns. It was not just a gathering but a celebration of community health in SOCHARA family. Its joy and celebration day I like Dr

.Chandra and also keshavdeahiraju speech and mental health panel discussion I like Ravi sir words about ethics ,ethics u can't teaching its living its value ,right,prinicipal every think is relativism . alumina fellows sharing their field work experience about CHLP experience learning ,challenges, we got good knowledge and thinking community health journey is very amazing and wonderful .and also importentents of mentoring and mentis relationship ,

Sanitation work shop : workshop on community culture and trickling the sanitation problem through a sustainable community health approach in SOCHARA bang lour sanitation and community culture are interlinked .to attain positive sustainable sanitation practices by all person we need to understand community culture in the context of defecation ,as well as clean environment and personal hygiene practices ,value attitude,assumtions,behaviours and believes people share about themselves and others and about the natural would they live make up community culture .in Karnataka rural population depend on open space for defecation .in this work shope different organization also involved they discussed about there are problems .and projects ,programmes ,services ,and achievements .some SOCHARA fellows reports also dissection I leant hear how many problems girls women ,health problems because sanitation is very important

My learning from CHLP

Improve my communication Skills

More knowledge about health

Different culture from different state

Reporting skills

Way of taking

Thinking, reflection

Research

PART -----B

Learning from field

My field work placement in the MYRADA organization. I start my journey 6 month field with community ,field mentor, MYRADA staffs ,ASHA, ANM,village life ,health problems reality of life ,working with children, women MYRADA organization is good its working with different project watershed,working with primary health center , self-help group, farmers group etc. I learnt about organization history working area, meetings.

MYRADA Organization information

MYRADA was started 1968 MYRADA means

My: Mysore

R: Resettlement

A: And

D: development

A: Agency

Captain valium Davidson and Sri carnal was MYRADA founders, MYRADA was started in 1968 because of help to Tibetan people the government decided in resettling Tibetan .the Tibetan program is started 1968 to 1978 this is a 10 years program totally 25000 peoples have come to india MYRADA is divided 40 family government was gave 2 acre land . MYRADA main objective rehabitation for Tibetan people.

Then Mysore resettlement and development agency was founded in 1968 to assist the government in resettling Tibetan refugees .Mysore state has become Karnataka .the Tibetan program ended in early 80s .by 1982 Myrada moved out of resettlement and began to focus entirely on the poor marginalized in the rural areas. During this period MYRADA was searching for a mission to guide its strategy .this search involved an analysis of the causes which kept people poor, interaction with people in the villages and debate within the organization .all these resulted statement which emerged in 1987 .the acronym MYRADA is now in common use and has become the organization's logo .

Vision

Building institution of the poor and marginalized which are appropriate to the resource to be managed and objective to be achieved

MYRADA Philosophy of work

People participation

Building poor

Planning

Implementation

Monitoring

Evaluation and replaying

Technical service

Facilitation

Organization objectives

In 1968 objective Rehabitation for Tibetan people

Building of the poor people

Women and child development

Helping of the poor people and service provided

Current project and future project

MPHC project : making primary health care a reality this project was started 2012 ,5 year project 78 villages cover

Child found India : 19 village devadurga block cover 4 panchayath this project working 0- 5 years children

TDF : tribal development fund 9 village kakkera block

Future project

Livelihoods domain

Local governance domain

Environment and natural resource management domain

Health domain

Education domain

Training /capacity building /networking /sharing

Source of funding

SDTT :SIR DORABJI TATA TRUST

NABARD

FARIN FUND

Programmes

Watershed program

Self help group

Training program

Water and sanitation

Kitchen garden

Nutrition program

Organization scope

MYRADA yadgir project SDTT-MPHC Programme in shahapur cover 4 PHC

Naganoor

Kakker

Jeratagi

Aralagundagi

Present health program

"MYRsADA SIR DORABJI TATA TRUST making primary health cares a reality. A model for sustainable strategies through good governance and community based monitoring in rural North Karnataka .3- year project with support from Sir Dorabji Tata Trust (2012- 2015)

Goal of project

To improve quality and reach of primary health care through effective community based responses with the support of local institutions such as the VHSC, GP and ArogyaRakshaSamithi program me

8 Elements of primary health care

Health Education concerning prevailing health problems

Promotion of proper **nutrition**

Adequate **safe water** supply &**basic sanitation**

Maternal and Child Health including **Family Planning**

Ensuring **Immunization**

Prevention & control of **locally endemic** diseases – dengue, malaria etc.

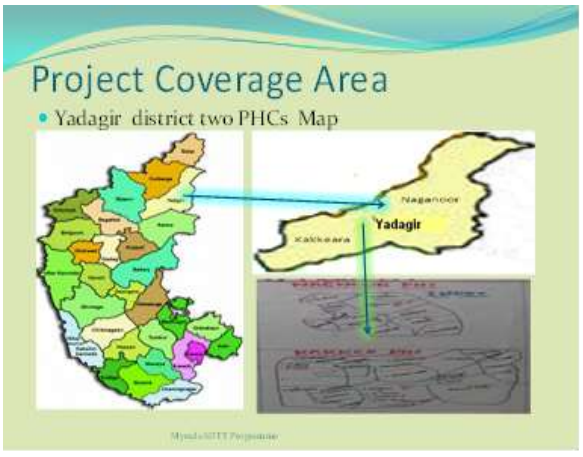
Appropriate **treatment** of **common illnesses** – fever, cough, pain, diarrhea etc.

Provision of **essential drugs** and**first aid**

REFRENSSE

WWW.MYRADA .ORG [MYRADA PROFILE]

Target group and Geographical area of intervention



Intervention in 8 PHCs

Bidar – Bhatambra, Dubulgundi

Gulbarga – Jeratagi, Arulagundagi

Yadgir – Kakkera, Nagnoor

Bellary-Bennikalu, Alaburu

Understanding community

Physical aspects**:-**yadgir district surpurtaluk in nagnoor village it's very hot area. in this village one gram panchayath and one primary health center and total nagnoor population 6600 each person 10 acres land but no source of water for irrigation and some people own Borwell. Some people lives in their own field, some people in community. In this village total 5 anganwadi is their and 3 government schools two primary and one secondary and 2 private schools primary and no college specialty.

Health status:

In nagnoor village before starting MYRADA project they are more health problem. After MYRADA intervention the malnutrition has reduced and it promoted 100% intuitional delivery. The PHC has 4 available, accessable, affordable,

Food: People use food common food like dal rice andJavari**,** wheat, bajara, rice, and green gram, locally all available. They farm in their fields and also some people depend on PDS shops and they doing kitchen garden they using vegetable also like bringal, dramatics, methi, and pumpkin. In this village weekly Thursday once market were arranged all types vegetable available and they buying.

Education: Education system: in this village education system is good one primary schools is there and one secondary school, there is totally 5 anganwadis all people support education and prefere education.

Water and Sanitation: Surapurtaluknagnoor village only 30% of peoples are using toilet remaining people are going to open defecation, no toilet contraction, sanitation system is very bad not good community dislike to contraction toilet. Now some people construction toilet only 10 toilets are constructed and it's functional.

In this village drinking water facilities too bad only pipeline collection is there but some area water is available and some not available.

Existing institution: in nagnoor village one ngo is established shananna .g honikar the non government organization name is ""Raithasanjivini rural development and education "

Organization objective: natural recourse applied farmers, no comical use, vermin compost not use

Existing groups: bhavani self- help groups to day I have visit self help groups and discussed about in nagnoor village total self help groups members. Monthly 100 rupees saving and they monthly one time conducted meeting monthly once. and mentioning documenting monthly report .and SHG member help to their group members this amount who have need money they utilized this amount with interest 2 rupes ,other people take SHG money 3 rupes interest this self help group one time take loan in Krishna gramina bank . And also MYRADA help to this SHG.

Gramasaba: all community people involed gramasaba, panchayath member, village community leader and myrada all member participate this meeting they discussed all panchyath scheme project

Caste system : in yadgir district surpurtaluknagnoor village so much cast system main dominate ST shadul tribe dalith lives sapreat area and social hierarchy is so much but some village festivals all involved ,all respected other people and community people good understanding .

Source of income: all family depends on agricultures, daily wages family, gold smith, carpenter, chamber, shops, and drivers.

Types of irrigation: in nagnoor village people use canel water and borwells, Krishna bhaggyajalanigama no water problems

Education system: in this village education system is good one government primary school, one secondary school and also privet school also now people are to support education and priparance for children education but they giving more priparance to male are education so female's education is low.

Community general information

Iam visitnagnoor primary health center in kirdalli village, in this village people are good different types of people Hindu, Muslim, Christian.in Kirdalli village. total population 2504,all people participation is good ,helping nature ,good attitude ,good culture .total population 2504 male are 1341,female are 1163 total

hose hold 403 and anganawadi is are 3 ,primary schools is 1 and secondary school is 1 total self help groups 3 and ration shop are 4 other shapes 4

They depended agricultures they product rice, green gram, cotton, wheat total 10 bowels and five opened well. and all community peoples are use drinking water ,water filter .number of disabled 17 and physical disabled 8 earring Ingrid 4 and mentally illness person 3, asha worker 2 in this village total toilets 4 ,RMP doctor

Social problems: inyadgir district main health problems and education problem, child marriage, child labor, so much dowry system, male dominated, alcohol major problem in kirdalli tand men and women both drinking alcohol in daily,

Infrastructure: our field nagnoor village there is no good roads very bad kaccha roads only 3 time bus available ,transport problem is so much other people are coming PHC but no services of bus no bus available ,all house good inftrastruter,so many house pakka some hose system kaccha ,

social structure : in nagnoor village lingayath people ,and other hindu ,muslim ,,all people is there .class cast gender discrimination is there ,male dominated ,so much caste system dalith living different area .

Demographics:surpurtaluknagnoor village this village total population 6600in this villageSC,ST,OBC **,**and also one thanda is there that is banana community ,people spoke kannada,hindi,urdu,banjara community spoke banjara their own local language.S

Community leaders; in this village formal and informal community leader in this village sharnanna honker leader helping people any programme and support .political leaders and discuss community works ,he is a good worker .he also ask village people all participation all programme .

Community attitudes and values

In nagnoor village people attitudes and values is good .they give respect all community people .they participate village festival, other community functions marriage, good relationship helping nature.

community culture :.this village culture is good every morning first roti they gave their village temple .its good culture ,all village people participation all jathra there is system is good .everyone involved community festival ,good relationship this village famous temple is two temple .sharnanabasaveshwara,.sugureshwaraInnagnoor village people was celebrate fare one month continue

community people economics status: Innagnoor village no poor family all middle family is their poor family rear .no land less people ,all village people depend upon agriculture family and auto drivers ,daily wages people economics status is not bad they product ,rice ,vet ,cotton ,green gram . Javari

COMMUNITY Visits

anganawadi in kakkera village first anganawadi total children 55 ,Sam /mam children 3 ,pregnant women 11 ,disabled 7 in this anganawdi no self help groups .And we visit second anganawadi :total 85 children ,regular attendants' 40 total house hold 136 ,Sam children :2, disabaled2,pregnant women 10 ,this anganawdi population 890,0-5 years children 130 total, monthly first day weight check up,

Food system

One time milk

After noon lunch

Green gram,

Pregnant women food system

Jiggery

Ground nut

Wheat

PHC VISIT

visit primary health center primary health center cover 20000 to 40000 population primary health center 6 bed is their 24 hours work total 7 rooms is there .total staffs in primary health center

Ayahs doctor

Senior officer

Junior officer

3 nurse

1 lab technician

Clark

Daye

At tender

PHC services

Medical care

Nutrition of RTI /STI

Lab monitoring and supervision

New born care

Sp,ayush

Rights

Responsibility ,opd ,medicines

Understanding NRHM program and communitization

National rural health mission recognizing the importance of health in the process of economic and social development and improving the quality of life our citizens the government of India has lunched the national rural health mission.

National health mission goals

Universal health care reducing

IMR,MMR,IFR

Universal access to public Health services such as women's health ,child health water sanitation and hygiene, immunization and nutrition

Promotion of healthy life styles.

Prevention and control of communicable and non-communicable disease including locally endemic diseases

National rural health mission objectives

Implementation of JSY

Recruitment of ASHA

Formulation of state and district health program me

Formulation of family planning and welfare societies

Jananisurkshayojana is an Indian government scheme proposed by the government of India .it was launched on 12 April 2005 by. Jay is a safe mother hood intervention under the national rural health mission

JSY AIMS

It aims to decrease the neo- natal and maternal deaths happening in the country by promoting institutional delivery of babies.

It is a 100% centrally sponsored scheme it integrated cash assistance with delivery and post –delivery care .the success of the scheme would be determined by the increase in institutional delivery among the poor families

The yogini has identified ASHA, as an effective link between the government and poor pregnant women in 10 low performing states.aww and ASHA, TBAs activist has been engaged in this purpose she can be associated with this yogini for providing the services

Benefits to mother for delivery in govt .and accredited hospital normal delivery Rs 1400 rural area women urban area Rs 1000 and caesarean section delivery Rs 1500

Home delivery for BPL women Rs.500

Benefit to ASHA Rs 600 for delivery in govt hospital

Role of ASHA worker in NRHM program

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 National Rural

Health Mission (NRHM).[1] The mission began in 2005; full implementation was targeted for 2012. Once fully implemented, there is to be "an ASHA in every village" in India, a target that translates into 250,000 .

Roles and responsibilities

ASHAs are local women trained to act as health educators and promoters in their communities. The Indian MoHFW describes them as

...health activist(s) in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services.

Their tasks include motivating women to give birth in hospitals, bringing children to immunization clinics, encouraging family planning (e.g., surgical sterilization), treating basic illness and injury with first aid, keeping demographic records, and improving village sanitation.[5]ASHAs are also meant to serve as a key communication mechanism between the healthcare system and rural populations.

Selection

ASHAs must primarily be female residents of the village that they have been selected to serve, who are likely to remain in that village for the foreseeable future. Married, widowed or divorced women are preferred over women who have yet to marry since Indian cultural norms dictate that upon marriage a woman leaves her village and migrates to that of her husband. ASHAs must have class eight education or higher, preferably be between the ages of 25 and 45, and are selected by and accountable to **the gram panchayat** (local government). If there is no suitable literate candidate, a semi-literate woman with a formal education lower than eighth standard, may be selected.

Remuneration

Although ASHAs are considered volunteers, they receive outcome-based remuneration and financial compensation for training days. For example, if an ASHA facilitates an institutional delivery she receives Rs. 600 and the mother receives Rs. 1400. ASHAs also receive Rs. 150 for each child completing an immunization session and Rs. 150 for each individual who undergoes family planning.[7] ASHAs are expected to attend a Wednesday meeting at the local primary health centre (PHC); beyond this requirement, the time ASHAs spend on their CHW tasks is relatively flexible.

Monitoring and evaluation work

The Indian government has set up the following indicators for monitoring ASHAs:

Process indicators

Number of ASHAs selected by due process

Number of ASHAs trained

Percentage of ASHAs attending review meeting after two year

Outcome indicators

Percentage of newborns who were weighed and families counseled

Percentage of children with diarrhea and who received ORS

Percentage of deliveries with skilled assistance

Percentage of institutional deliveries

Percentage of completely immunized children in the 12–23 months age group

Percentage of unmet need for spacing contraception among people below the poverty line

Percentage of people who received chloroquine within first week in a malaria endemic area

Impact indicators

Infant mortality rate Child malnutrition rates Number of cases of tuberculosis or leprosy reported as compared to the previous year.

Reference

Government of India ministry of family welfare

Activities

Tippy tap .org {MYRADA]

. First, select a plastic container of approximately 5 liters, or 1.5 gallons, with a handle.

2. Then, warm the base of the handle with a candle until the plastic is soft. Tippy Tap Construction

3. When the base is soft, pinch the base closed with a pair of pliers and then let it cool. Make sure that no water can flow through the pinch closed base. Tippy taps can made from a variety of local materials, including cast off plastic containers, jerry cans or gourds. Be creative! Below are instructions using a 5 liter jug?

4. Heat the point of a small nail over a candle. Use the hot nail to make a small hole on the outside edge of the handle, just above the sealed area. Heat the nail again and make two larger holes on the back of the bottle. The holes should be about half way up the bottle and about a thumb-width apart. These holes will be used to thread string to hang the tippy tap. The holes need to be wide enough apart to hold the string and to be positioned so that the "full" bottle hangs at a 45 degree angle. (This picture shows a 45 degree angle.)

5. Hang the Tippy Tap near a latrine, kitchen, or school. Thread the string through the two holes and tie the ends of the string to a stick, a tree or stable support. Thread a bar of soap and an empty tin can (the lid facing upwards) through another piece of string. The tin will protect the soap from rain and sun. Attach the "soap and tin" string to one of the top supporting strings. Tie a separate piece of string to the bottle cap and leave the string hanging. This string can be pulled to tip the tippy tap over for water to come out the hole in the handle.

6. Pour water into the tippy tap until the water is almost level with the holes in the back of the bottle. The tippy tap is now ready for use.

7. Use the handle or the cap to tip the container and allow water to flow out of the hole onto your hands.

Always wash with soap or ash!

First day weight check up,

Iam attend indri da

ANC check up

SAM and MAM home visit

Weekly meeting with myrada staffs

Tippy tap

Learnt about kitchen garden

Growth chart boys and girls

PHC visit

Attend GP monthly meeting

One month my work with myrada staffs

Nutrition management SAM and MAM

Pregnant women

Environment sanitation

General activities

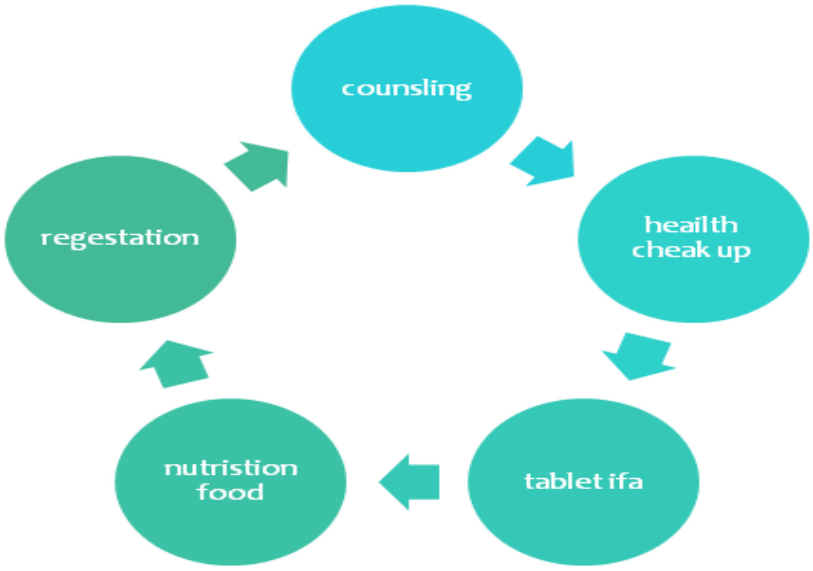
Disabled persons

CBO meetings

One month my learning

Nutrition management savior acquits malnutrition and moderate.

Home visit and tracking of Sam and mam children 5 steps of nutrition management



Nutrimix production in all SAM and MAM house

1 kg vets

500 gram ground nut

250gram jugry

Myrada plan that nutrimix food and daily community resource persons are fellow up that child

Growth chart pasted all sam ,mam house

We visit sam mam children's home we explain about what is growth chart, green is normal yellow is moderate, red is savior acquit moderate and also danger.

And also myrada attached growth chart all sam, mam home because daily mothers also fallow that chart they also explain mothers.

Kitchen garden

Myrada doing kitchen garden all sam, mam house because poor people in village they did not buying vegetable myrada given seeds Bringal, palace, methi, cucumber, ladies finger all seeds .they use vegetable and also teach how to maintain.

And also eat egg ,milk they ask mothers

Community growth chart updating self help members

Myrada working with SHG group them also fellow up growth chart and awareness pregnant women savior acute malnutrition, children.

Pregnant women

Follow up pregnant women home visit we and myrada staffs

We ask JSY scheme ,watching taxi [mother] card ,health check up 6 check up, NC,

Urine test

Blood test weight

B.P check up

Hive test

Health check up

Myrada provide iron folic acid tablet, nutrimix food.

And also ask hospital delivery uses government scheme, high risk pregnancy.

NC 3 visit monthly community resource person ask breastfeeding 6 month one other food for child it's important. Immunizations, cleanness.

Tippy tap

All sam mam house tippy tap is available myrada doing this tippy tap daily child washing hands and using tippy tap its good plan because children's happy to say this best all children's use regular mothers also ask daily child washing hands.

Tippy tap uses

Saving water

Children's no depend

Hand washing hobbit for children

Tippy tap water going to kitchen garden so water is no waste.

Environmental sanitation

Hand washing all schools tippy tap

Hand washing all AWC tippy tap

Hand washing 50% sam house tippy tap

Toilet gap scheme

Follow up cleaning drainage with gap

Garbage bins in all schools

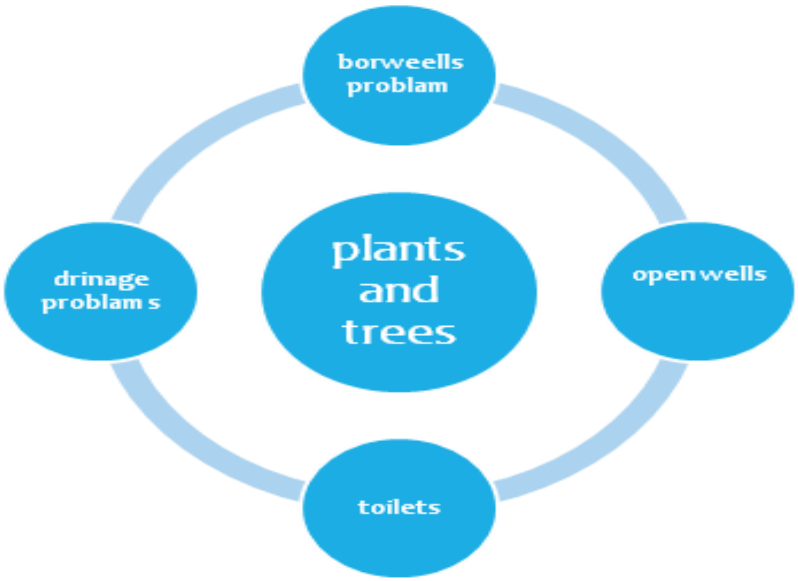
Bleaching of tanks and wells follow up with gap

Fogging ,cleaning water,

Fogging of the village

General activities

Tracking of 5 main issues preparing a specific plan



Updating phi report card sam, mam health check up, pregnant women's village health problems, eye camps conducted, and govt scheme RSBY free operations.

Disabled persons

In nagnoor village total 39 disabled is their myrada working with disabled persons

Activities

Computer trainings

Vocational training for ladies

Driving for boys

Skills based job

CBO

GP meeting

SHG meeting

VHSC meeting

SDMC meeting

PHC meeting

I have attended GP meeting in malagattipanchayat this is first meeting panchayath development officer and president and members all discussed about 3 smithies

Utpadanasamithi

Samajikanayasamithi

Sukaryasamithi

And discussed about village problems water ,toilets, schools, health problems , library problems in village .myradaout reach worker also ask some village problems , watching some sanitation photos .

One day attending indradhanushprogramme in khanapur village

Polio programme

ANM ,ASHA anganwadi worker doctor myrada staff and iam also attending this program me

Indradanush main goal is no gap polio 100% polio successes plan

Anccheck up ,bp immunizations child immunizations

In khnapur village total 300 house hold

We and doctor home visit doctor watching tayi card

My activities

Nutrition management :SAM and MAM children's ,home visit and tracking system of SAM children's in 5 steps of nutrition management .also taking with children's and children's mothers daily fellow up ,weight check up ,myrada proved IFA tablet 100 mg for children's ,and iron tablet 20 mg 'B' COMPALX tablet ,then my nutrimix food also giving information to mother about growth chart .

Pregnant women : myrada working with pregnant women.and high risk pregnancy ,I am visit pregnant women home I am taking with pregnant women and seeing thayi card, nutrimix food hospital report and HB report ,BP , weight check up ,immunization ,hospital delivery uses we ask the wome

Environment and sanitation :hand washing and tippy tap all schools ,filters in schools and ANW ,cleaning of drainage ,garbage disposal, encouraging toilet construction and use, hand washing facilities in schools and anganwadi .

General activities : PHC report card and conducting village health nutrition day ,immunization card filled up for children below 3 years ,tracking of malaria ,dengue ,referral ,linkage RSBY scheme.

Disabled persons : I am visit some disabled home visit myrada help to disabled person linkage with government scheme ,monthly amount ,bus pass, vocational training ,cycle etc.

CBO meeting : I have attended GP meeting and SHG meeting ,VHND program ,PHC meeting

Myrada conducted one health camp in kirdalli tanda

Myrada was conducted one health camp in kirdalli tanda19/10 /15 intanda common health problems like fever ,cold ,cough , joint pain .

My learning and observation in kidallitanda village people are suffering health problems there is no health specialty people are not going govt hospital they are going private hospitals

My learning

CMRC (Community management resource center) in nagnoor village total 57 SHG .MYRADA working with SHG linkage SANGAMITRA BANK .sangamitra giving loan 90% interest help to SHG women's. this is a way to women's development .myrada help to SHG members like a monthly report ,register ,bank account etc.

Anganwadivisit:Iamvisitanganwadi center and taking with teacher ,children's we conducted some activities like game ,songs ,and every anganwadi morning 10:30 giving milk 11:15 green gram 1pm food ,SAM children's food dabble and special care total ANW 25 register mentained.

One day myrada staff came nagnoor PHC visit we all meet SHG and sam ,mam home visit ,discussed about CMRC formation, and meet disabled persons , pregnant women, and also anganwadi centers

visit one other project child fund india :

This project working in richer district devadurgataluk

I visited one day chikkahonnakouni village now 2 year completed this is a 15 year project .i am attend sponsorship parents meeting all staffs and parents, pregnant women ,mothers, anganwadi teachers also attend this meeting .total in this village 38 family selected because they selected poor family, girl child, SC and ST people ,total child fund india project cover 19 villages .in this meeting discussed nutrition food,childrens education, age height for weight, my nutrimix food, and myrada provided some books, sports materials, and we visit government school different type of tippy tap contraction myrada this tippy tap is permanent not use wood they use iron .

VHND :I am attend VHND program in anganwadi center all pregnant women, mothers ASHA worker and myrada staffs, community resource persons ,panchayath member, girls, this is first time I am attend this program ,all vegetable ,green gram ,ground nut, jiggery, available I am happy attend this program

Service Package for VHND

Maternal health

c held Health

Family Planning

Reproductive Tract Infections and Sexually Transmitted Infection

Sanitation

Communicable Diseases

Gender

AYUSH

Health Promotion

Nutrition

MY NUTRAMIX

Nutrition contents: of the jiggery, groundnut and wheat

Preparation of nutrition : ground nut to made hot and along with ,wheat ,these two items groundnut to be powder ,while putting in the winner jiggery to be added and powder to be proposed it can be feuded to children making laddu

Or boil small glass of water, while water is boiling add the powder and mix throughly and can feed the children making paste

1kg of nutrition: 250 gm – groundnut

150gm- jiggery

600 gm – wheat

Development and result on children and pregnant women due to this nutrition intake ,the weight of children and pw will increase and also fee hemoglobin content in the body also increases

Meeting

Gulbarga project **CIDOR** first field work day we introduced all staff that day I have learn and we also attend water and sanitation meeting all CMRC and ORW attend this meeting project co-ordinate monish was monitoring this meeting

They discuss these are subjects

Gramasabha

SHG approach

Sanitation

Water

Operation and mentioning

NRDWP :Nation rural development water programme

Supply sustainable water

Public participation

PPP: Public ,private, participation

MWS: mini water supply 500 people

PWS :paip p water supply home 60%

GLSR: ground level store reserve

Monthly Meeting

" MYRADA " yadgiri project in shahapur iam also attend SDTT MPHC Project monthly meeting and agenda I have learn CMRC and ORW role and responsibilities and programme officer is attend this meeting they discuss.

Last month report review

Current month progress

0-5 age line list SAM and MAM children final list vitamin A

July 15 to Dec 16 action plan

Field visit

SAM and 6 month status

Indradanush vaccine

Sanitation

Health check up

Water testing

Total ,profile ,index , activities target groups specific plan

Blood test health check up

Field challenges

Work result

July 15 to Dec 15 work plan

Focus activities

SHG implement and monitoring

Malnutrition –moderating

VHSC and GP

Kitchen garden

All pregnant mortal

VHND

Anemia ,immunization

Mother home visit

In-depth interview

Chapter - 3

RESEARCH REPORT

A study on the impact of drinking Arsenic contaminated water on health status among the Kidallitanda Village people

Introduction

Kidallitanda village population 650 with about 150 household. All of them belong to Banjara community. Most of them are living with below poverty line and more family 80% families here are suffering from health problems due consuming arsenic contaminated water.

Arsenic contamination of groundwater is a form of groundwater **pollution** which is often due to naturally occurring high concentrations of **arsenic** in deeper levels of groundwater.

Know of effects on arsenic on human beings: arsenic poisoning is a medical condition caused by elevated of arsenic in the body .the dominant basis of arsenic poisoning is from ground water that naturally contains high concentrations of arsenic .a study found 2007 study found that over 137 million people in more than 70 countries are probably by arsenic poisoning from drinking water. Arsenic has no smell or taste and hence is hard to detect, even if it is present in dangerous Levels. Arsenic positing occurs mainly through contaminated drinking water and occupational exposures.

Uses for arsenic:
Approximately 90 percent of industrial arsenic in the U.S. is currently used as a wood preservative, but arsenic is also used in paints, dyes, metals, drugs, soaps, and semi-conductors. Agricultural applications, mining, and smelting also contribute to arsenic releases in the environment

Arsenic's health effects:

Some people who drink water containing arsenic well in excess of the MCL for many years could experience skin damage or problems with their circulatory system, and may have an increased risk of getting cancer.

This health effects language is not intended to catalog all possible health effects for arsenic. Rather, it is intended to inform consumers of some of the possible health effects associated with epichlorohydrin in drinking water when the rule was finalized.

Arsenic health problems

Organ symptoms	**Problems**
Skin	Symmetric hyperkeratosis of palms and soles ,Melanesia or depigmentation .Bowens disease ,basal cell carcinoma and squalors cell
Liver	Enlargement ,jaundice ,cirrhosis, on –cirrhotic portal hypertension
Nervous system	Peripheral neuropathy hearing loss
Cardiovascular system	Acrocyanosis and Reynaud's phenomenon
Hemopoietic system	Megalobastosis
Respiratory system	Lung cancer
Endocrine system	Diabetes mellitus and goiter

Arsenic contamination of ground water:

Arsenic contamination of ground water is a form of ground water pollution often due to naturally occurring high concentration of arsenic in deeper level of ground water it is a high problem

Source of water

Ground water

Borwell

Open well

Canal

Dam

All Natural resource of water.

Title of the study, aim and objectives :

A study on the impact of drinking Arsenic contaminated water on health status among the Kidallitanda Village people

Aim: To identify the social implication of the health problems due consumption of arsenic contaminated water.

Objective:

To assess the socio-economic status

To identify the symptoms related to the health problems due to consuming arsenic contaminated water

To document the social issues faced due the health related problem caused by drinking Arsenic contaminated water

Methodology:

Study Design: mixed method using the both of qualitative method**.**

Study area and study duration:

The study will be conducted in kidallitanda village of shorapurtalukyadgir district .duration is from 5th October to 20th November.

Data Collection technique and tools

Data Collections technique: Questionnaire survey, in depth interview and focused group discussion

Data Collection tools: Questionnaire survey form, in-depth interview guideline, focus group discussion guide.

Ethical Clearance: Ethical clearance will be sought from SOCHARA Institution, Scientific and Ethical committee, Bangalore.

Data collection time period: October 2015 to November 2015

Inclusion Criteria:

Only people belong to Kidallitanda village from the 20 households be selected

. Data analysis:

Quantitative data will be analyzed manually will the help of excel. Qualitative data will also be analyzed manually using the principle of qualitative software.

Challenges: Since a sample size of 50 household for questionnaire survey and 10 house hold for in-depth interview and 12 household for FGD will be selected for the study. Others might wonder why they are not included.

Ethical Consideration

.Risks and Benefits

Study is going to be conducted to determine the gap between the actual no risk for my study and required, to maintain health, no financial, social, mental, risk involved, if any risk identified during the study it will be addressed in order to protect the right of the respondent.

No immediate benefits is involved for the respondent as it is a descriptive study to determine the gap ,long term benefits are there for the respondent as awareness will be spread about health during the study and it will help to improve their health status .

Consent:

This study doesn't have any immediate benefits for the respondent, the motive of this informed to assess the health problems only same will be informed to each and every respondent and a written consent will be taken on consent form, will be objective of the study will be explain to responded and oral consent will be taken oral or written consent will be obtained from subjects.

Confidentiality

Confidentiality is a right of every respondent and will be protect during study and even after the study .The data will be kept confidential and anonymity will be maintained during sharing of the data with internal and external agencies.

Dissemination

A final report it will be help to respondent and organizational because they improving health

Status and provided health services.

Results / Findings

Health problems

They are facing lot of health problems. Common diseases are skin cancer boils ,knee pain ,white spots ,stomach pain ,acidity, throat pain ,appendicitis ,joint pains ,face swelling ,numbness in legs .acidity ,

Reason

All the local people say that source of water is from a closed gold mine nearby .this gold mine, which was started in 1980, was closed because of high level of ground water there are several rocky small hills around which contain chlorite schist.

Other local people say that they ground water changed after the upper Krishna project was started. In the older days, people used to drink from open wells .but after canal irrigation they shifted to bore wells because of pollution of the canal water .since they have been having problems.

Health services

Government has established water purification unit::in kirdalli tanda people demand government all family drinks filter water and even hotel, and government school children's all drinking filter water ,when filter water plant set up that time all bowel are painted red and sealed

Government has also provided Rs .10000 as compensation to the affected.: in kirdalli thanda people got money from government each 10000 but some people didn't get money that amount given by health treatment

Primary health services are inadequate :people say in government hospital no quality care and services ,there is no treatment for us because no good treatment for cancer and no transport facilities us Transport facilities to PHC and district hospitals is not good we are going private hospitals the government has not done anything to help those with medical problems they just come and go ,but netting is done for us we ,have to spend our own money to get medical help .even then so many people are dying , There are no doctors in PHC ,that's why we go to private hospital. There are no health cards with us (arogyavima card

MYRADA provides ointment for skin boils.: people saymyrada was given monthly skin ointment, they conducted health camp also its useful us .and MYRADA staffs also monthly given tablets and also helping us about health cards like Vajpayee arogya card

Study limitation

Lack of time

Communication

Community support not much incited because many of student use to do research

The community participate because they thought that they done have benefits

Travelling ,weather

Suggestion

The study can conducted on men and children.

To know the best results than can conducted more in-depth interviews and FGD

Discussion: A study on the impact of drinking Arsenic contaminated water on health status among the Kidallitanda Village people .this study was qualitative study using in-depth interview technique and in-

depth interview I found individual respondent experience and also I conducted FGD respondent sharing their personal and different experience problems sharing to respondents .first time when I visit field that time people didn't talking with me they think many student came and doing research no benefit for community or people when I talk with people and explain my study and through consent that time they believe me I am so happy because people so much support they giving information us.in kirdalli tanda so much health problems .

Arsenic contaminated in ground water, Arsenic is the effect of arsenic poisoning, usually over a long period such as from 5 to 20 years. Drinking arsenic-rich water over a long period results in various health effects including skin problems (such as color changes on the skin, and hard patches on the palms and soles of the feet), skin cancer, cancers of the bladder, kidney and lung, and diseases of the blood vessels of the legs and feet, and possibly also diabetes, high blood pressure and reproductive disorders.

Arsenic For provision of safe drinking-water:

Deeper wells are often less likely to be contaminated.

Rain water harvesting in areas of high rainfall such as in Bangladesh. Care must be taken that collection systems are adequate and do not present risk of infection or provide breeding sites for mosquitoes.

Use of arsenic removal systems in households (generally for shorter periods) and before water distribution in piped systems.

Testing of water for levels of arsenic and informing users.

Reading list during my fellowship

Books name

Anusha series: first time I join scare that time I learnt and read anubhav series all successful stories about community health.

Health for all now

Alma ata

Community culture and sanitation

National health programs

ICDS book

Jagatikaranadindajanarogyanandiyaethu [kannada]

Samudayaarogyamattuparisaratarabethikaipidi [kannada]

Hombelaku [kannada]

Nutrition and child care a practical guide

CHLP report

Social justice in health

Ruckus story

International conference on urban health ;

WHO our city, our health, our future.

TB control in India developing role of ngos

Implication of the proposed revised nation TB control programme for India.

MYRADA health book

Conclusion: the study has helpful arsenic contaminated water how effected and I leant about symptoms health problems ,how to effected ,people suffering so much problems ,its natural contaminated in ground water it's not effected suddenly who drink 10 to 15 years its effected .arsenic in ground water and also tobacco ,food air anywhere not water ,.people suffering lot of health problems but no solution only awareness and area shifting and also filter water Myrada org already given 4 rain water harvesting people are using that water in kirdalli tanda daily filter water using 60 cans per day this water started 2 years back .arsenic contaminated effecting water identify 7 years before In family member treat normally and sometimes guest are coming home that time family members treat and superbly room in some family are treat equally .its study useful to me .

Documents attached:

Tools for data collection

Informed consent form

Participants information sheet

Annexure - 1

In-depth interview guidelines

Name:

Age:

Sex:

You said you have any of the following symptoms

How does it affect you of family level?

How does it affect when you go outside.

What do you do?

What have you done to manage these symptoms?

At home, and other places including, TSM. Private and government

What happened to your symptoms

How much money did you spend from each of the places where you sought help from

What do you think you is the cause these symptoms

Annexure - 2

Focus Group Discussion Guideline

Many in the village are having the following symptoms which you may be familiar with, what do you think is the cause.

These are linked to water contaminated by chemical called arsenic, and it will increase the risk of skin diseases, circulatory problems and cancer. What do you think needs to be done?

As a community what action can be taken

who will participate in the action and who will not

what support would you required to initiate the action

A study on the impact of drinking Arsenic contaminated water on health status among the Kidallitanda Village people

Consent Form

The Principal Investigator Ms. Fatima has informed me about the study ”A study on the impact of drinking Arsenic contaminated water on health status among the Kidallitanda Village people” its objective , risk and benefits and also assured me that all the information shared by me will be kept confidential and will not be disclosed to anyone without my consent . She has also informed me that this study will be for the learning and findings which will help MYRADA to initiate action whenever necessary. I am giving my consent to participate in study and also agree to provide information in form of Audio Recording, Video Recording and Photographs.

Name: _____

Date: _____

Place: _____

Participant’s information sheet

SOCHARA is an independent organization situated in Bengaluru which offers Community Health Learning Program (CHLP) fellowship through its SCHOOL OF PUBLIC HEALTH EQUITY AND ACTION (SOPHEA).

Ms. Fatima is a fellow of CHLP and going to conduct “ A Study on the Impact of Drinking Arsenic Contaminated Water on Health Status Among The Kidallitanda Village People “ under the assistance of MYRADA Organization as a part of her fellowship learning process. The purpose of study is learning and as well the finding will be used by MYRADA whenever necessary. To inform about any adverse effect in connection to this study, you may contact to the person whose contact details are given below.

S J Chander

Programme Officer

SCHOOL OF PUBLIC HEALTH EQUITY AND ACTION (SOPHEA)
No. 359Karnataka, India

Email: chc@sochara.org

Phone: +91-80-25531518, 25525372

Web: www.sochara.org

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