Community health learning

A report on five months experience in community health learning program

(9th Feb 2015 to 30th june 2015)

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Why I Wanted To Do Community Health Fellowship

I came from a very remote area of Manipur where a district hospital hardly function let alone a community health Centre. I witness death out of dehydration and also children dying for the same. I saw poor people helplessly bearing their illness which can be easily prevented or cured by timely intervention at community level. I was aware, yet I was helpless to do anything as I did not know what, how and where to start. I was always unhappy and angry at the system that serves only the rich people but somehow I felt that anger should be channelled. I was then exposed to community health workshop whilst at Bosco Institute facilitated by Dr. Sunil. There on, I realized that I can contribute my service for a good cause instead of just playing a blame game and saying what needs to be done. I feel that I should be skilful in carrying out my vision of a just society in which people lead a healthy and happy life.

Therefore, In order to achieve my vision, I want to seek a platform where I can grow into a better skilful person so as to understand things from ground reality.

My Learning Objectives

To increase my knowledge and skills in the realm of health and community health and to understand health from psychosocial, economic, political, ecological and cultural dimensions

- To develop a skill in working with community on health at different levels
- To understand health from different angles and skill to address health related issues
- To broaden my knowledge and skills in dealing with the social determinants of health
- To deepen my understanding on tribal health and a skill to deal with tribal health problems in India

- Deeper Understanding on equity and equality
- To understand the design and implementation of NRHM
- To improve my communication skills and to gracefully articulate my thoughts
- To develop a skill in networking and advocacy
- To improve my writing skill
- To develop a life skills, which will capacitate me in all situation
- To see myself transform into a scholar activist from just a service provider
- Lastly but not the least, to see myself more self reliance, confident, informed, efficient, passionate, loving and caring human being.

Keys Learning From Collective Sessions

Sam has rightly said that we cannot learn anything until we are ready for it. I would say that Facilitators in SOCHARA have mastered to formulate an excellent appetizer into our brain that stimulates dendrites of the brain to accumulate the intense knowledge that each one of them have to put forward. From the very first day, their warmness and acceptance, have taught me what community should be like. Community without these characteristics lost its essence of community. The concept on community and community health were furthered by Ravi and Chander by citing different life experience stories and examples from field experience. I learned the importance of creating and building a community from within oneself encircled by family to a larger extends called community rather than building separately.

Understanding Health, Community, And Community Health

Prior to joining sochara, health for me is all about doctors in the hospitals or clinics prescribing medicines and that they are God sent people to give us good health. I could not really differentiate ill health and health. For me prevention of illness/diseases and promotion of positive health hardly struck my mind which also reflects the mentality of my own family and my community back at home.

My initial understanding on health was mostly confine with an absence of diseases or free from any short of pain. That could be reflected back from the responses I usually gave whenever I was asked for my well being by others. I would always tell them that I am fine since I did not have any illness at that moment. I would hardly consider my health as “a state of complete physical, mental, social and spiritual well being and not merely an absence of any diseases or infirmities”.

Health is no longer at the hands of a few medical professionals as I had usually believed. Health is more than being free from illness as well. It is more about rights for all to live a healthy life. A lives being free from fear of constant starving, free from fear eviction and displacement, free from anxiety inducing activities like inequality, discrimination, corruption,

and unequal distribution of wealth and resources. Health therefore, is more about creating a just society irrespective of caste and class, creed, religion, race, gender, age etc.

Community is not just a structural representation of people. It has lots to do with interaction, interpersonal communication, bonding among the people, sense of belongingness, sharing common goals, helping each other, showing sympathy and empathy in time of needs etc.

Community health is a foreign word to me though I have attended workshop once on the same whilst at Master level until I reached SOCHARA. A moment of smile passes my cheek whenever I recalled back my telephonic interview with SOCHARA team over the phone for the fellowship. I had a good interaction with the team and then I heard Chander congratulating me for the successful interview and that I can start preparing for my journey to Bangalore. Meanwhile to wine up the interview Dr. Thelma asked me one last question which made me silent me for altleast 20 seconds and leave me speechless. The question was to describe community health on my own words. That moment had sparked curiosity within me to know about the term community health. Today I make sure that I should be able to digest the term in a way that even at the middle of my deep sleep I must be able to answer and do justice to them just like what Prasanna had said about the component of Alma Ata Declaration.

Community health is a process of enabling people, to exercise collectively their responsibility, to their own health and demand health as their rights. So it is continues efforts of enabling people by the community health workers rather than confined in providing services to the people which create dependency of their health on others hand. Community health is also more about preventing illness at the community level by the community themselves as their awareness level on diseases and health increases and also promoting positive health in the community by encouraging healthy characteristics such as good interpersonal relationship, empathy in time of trouble, etc. Moreover the people, in community health, take ownership of their own health and can protect their rights from exploitation with collective efforts.

The Mallur Story-Connection between Health and Development

The Mallur story was an excellent illustration on how development can affect health and vis-versa by Dr. Ravi. Mallur is a village in Kolar Distric of Karnataka in which people from different caste live. Mallur has a successful story on milk production in which they formed their own their milk cooperation to look after for milk export to Bangalore city. Not only that all the shareholders contribute certain amount to run village health centre with the collaboration of St. John Medical College since 1974. However, the health status of the people was rather low and they were many malnourished children in the village. The simple reason for this incident is that people from Mallur had shifted their locally grown crops into cash crops which gives them money but not the needed nutrients. Moreover, caste plays a major role in the lives of people of that village with regards to health seeking behaviour. Therefore, with this session I learned that prior to any intervention at community; it is a must to study the community from

social, economic, political, ecological and cultural dimensions to gain a holistic understanding of the people.

Situational Analysis of Health and Health Determinants in India

The session on situational analysis of health (SAH) and Health determinants in India was facilitated by Rahul. From this session I learned that SAH can be used for planning, assessment, and can help us sets our priorities for any intervention program. I also learned that in order to assess health status of a particular community, data collection and analysis of data is a much and from analysed data indicators could be drawn. Indicators then can be used to compare the situations and also for planning which makes situational analysis much easier.

The social determinants of health such as sanitation, water, poverty, literacy and nutrition were also discussed which I took it for granted with related to health before joining SOCHARA.

Sanitation and Community Health

Sanitation was not my concerned at all and it hardly bothers me precisely because I did not know the importance of sanitation in preventing feaco-oral diseases. I thought that people had opted out toilet may be because they do not want to spend their time, labour and money. However, after attending Pragla session and discussion on sanitation and community health, I could see changes in my view and perspective on sanitation and its importance. Excited with this new information, I could no longer stop myself from analysing my own village with regards to toilet keeping in mind the SEPEC dimensions. So here is the result of my reflection and analysis of my own village.

One third of the households in my village are living without toilets. There are few important reasons why they opted to go for open defecation than to toilets. Firstly, our village is at the top of the mountain in which water is a major problem faced by the villager. To get a couple of bucket water one has to descent down a mile or a half and climb up again with heavy load. Moreover, in my village, people are struggling to get enough drinking and for basic domestic used let alone splashing water for toilet. Secondly, due to lack of proper knowledge on the appropriate techniques of making toilet, they felt that toilets gave unpleasant smell in their surroundings. Thirdly, the awareness level on feco-oral infection was very low among the people of my village.

Therefore, if I want to bring about total free open defecation in my community, firstly I should help them to bring enough water in the community. Secondly, I should be able to raise their awareness level on feco-oral infections. And thirdly, I should be able to tell them an appropriate technique to build low cost effective toilets. All these initiation at a community level can bring down the incidence of diarrhoea, hookworm infestation and other feco-oral infections particularly in children because feco-oral infections is one of the top three causes of deaths among children.

Caste System India and Its Effect on Health and Development

In Indian society, Caste system firstly, had created a concept of purity and impurity into the mindset of people and had divided the society into four unequal castes. Those so called impure caste are regarded as untouchable by other upper caste and are deprived from their rights to education, worship, social participation, and even to the extent of fetching water from common well. These long exploitations and deprivation of the lower caste had a long way in determining their health. Most of their children due to societal inequality suffer malnutrition and had fall a prey to many diseases such as diarrhoea, fever, cholera, worm infestation etc. which causes thousand lives every year.

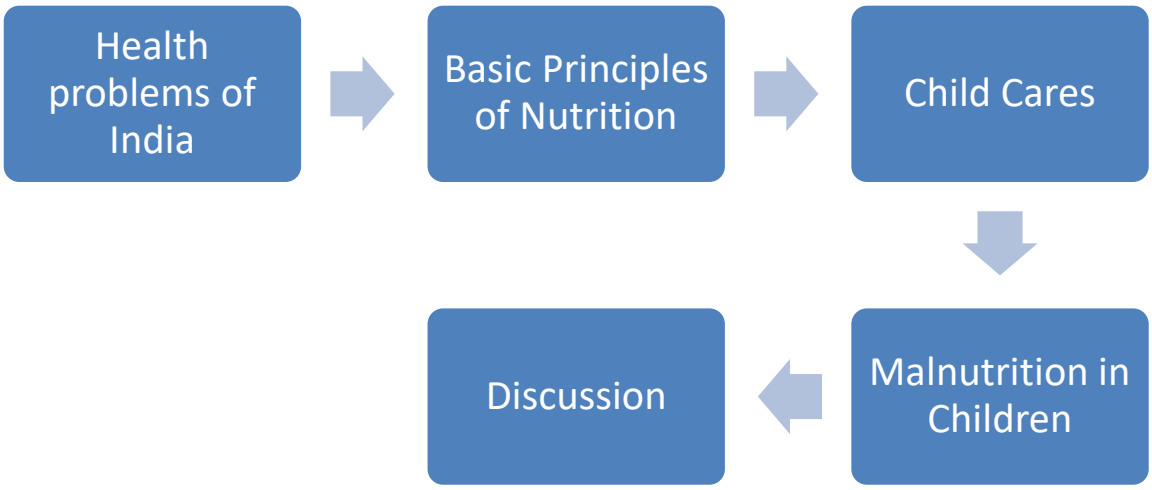
Basic Concepts of Epidemiology

The concept epidemiology has never been as clear as I understood today after attending Aditya's session. I thought that epidemiology has to do only with the causes of diseases. From session, I came to know that epidemiology is "the study of frequency, distribution, determinants of health event in a population and applying the knowledge to improve health". So frequency normally deals with the queries of how many people are affected by certain disease while Distribution look at how diseases are distributed in the population and can be understood at three levels i.e. when, where and who with regards to time, place and person. Determinants on the other hand, deal with social, economic, political, cultural, and ecological dimensions for overall understanding of the disease and also finding out the possible relations among these factors for better utilization of the knowledge to improve health.

The session also deepens my understanding on epidemiological trials of agent, host and environment for holistic knowledge and approach to address a specific disease. Moreover, my confusion with the terms like morbidity (disease), mortality (deaths), prevalence (total no.) and incidence (no. of new cases) were clearer.

Nutrition and Health Promotion

A Sessions Taken By Dr. Ravi D' Souza and Rahul on the Following Themes (14-05-15)



The session begun with the focus on the health problems of India; in which problems were ranked and discussed based on its prevalence in the country. The representation of health problems in India are categories as follows;

1. Communicable diseases or infectious diseases
2. Nutritional diseases or Malnutrition
3. Environmental sanitation problems
4. Medical care problems
5. Rapidly growing population
6. Non- communicable diseases
7. Mental health problem

Take back from this theme;

- Little did I know that malnutrition could cause major deaths in children below 5 years of age and 20% to 40% maternal deaths due to anaemia. The evidence based analysis had removed the ignorance that curtails my knowledge in understanding the reality.
- Had learnt the three major causes of deaths in children Viz. 1. Protein Energy malnutrition 2. Diarrhoea, and 3. Pneumonia.

The second session was on basic principles of nutrition in which the term nutrition was clearly defined to us. The purpose is to be able to tackle the problems of Malnutrition in the community through understanding the importance of nutrition and its basic principles. It is also mentioned that nutrition is more than just food, it has lots to do with immunity, infection, fertility, maternal and child health etc.

For better understanding, chemical components such as protein, carbohydrates, fats, minerals and vitamins were discussed in relation with their functions in the body. More

importantly, micro-nutrients, consumed in small quantities (eg. Vitamins and menerals) and macro-nutrients which has to be consumed in large quantities (eg. Protients, fats and carbohydrates) are well classified and discussed their sources, functions and related diseases causes by its deficiencies in the bodies.

Learning

- Knowing the contained nutrients in its sources could help us to get rid of market manipulation. For instance, a whole grain contains 20 to 25 percent of protein in it no matter whether it is sold in branded store or in an ordinary shop the fact remained the same.
- The terms nutrition and nutrients are as old as myself but hardly bother to understand them and try to put them into practice. I realised that in order to become a guide, I need to be a follower first; or I will be like a preacher who does not know what she/he is talking about.

The third discussion was based on the theme "Child Cares" in which we go over the importance of child care that begins right from pregnancy till the child reaches one year of age. During the session, I came to know about colostrums and its importance such as high contains of ante-bodies which help the baby to build immunity in his/her body. It is also more important to know about colostrums because in some part of the country, some people believe that it contains spoil breast milk and often advise the newly mother to throw it out. Such knowledge in the community can play a major role in preventing a child from getting easy prey to infections and other diseases.

The session also taught me a skill on how to utilize the knowledge related to breast feeding and child care in convincing the lactating mother who has thought over to start artificial feeding because she feels that her baby cries even after she breast feed the baby. She does not know that the baby cries because of stomach disturbance cause by ingestion of air during the feeding. Thereby simple things such as burping the baby after every feeding to exhale the ingested air or to lay the baby flat on the hard floor to allow the air to come out of the baby's stomach which cause discomfort, could be shared with lactating mothers to prevent artificial feeding. If the mother is still not convince about it, and then we can take weight measurement of the baby and compare with the previous one to find out whether there is any improvement in the weight of the baby or not. Therefore, knowing simple things but tremendously important at community level in preventing disease and promoting positive health in children is worth learning.

The fourth discussion was based on Malnutrition in children, which is one of the leading causes of deaths in children. We all know that 45 percent of children under 5 are malnourished in India and those years are the golden years for children to achieve 80 % of their brain growth for their whole entire life. If the child during these years failed to achieve his maximum growth, it cannot be reverse back again in later life. In simple words, the

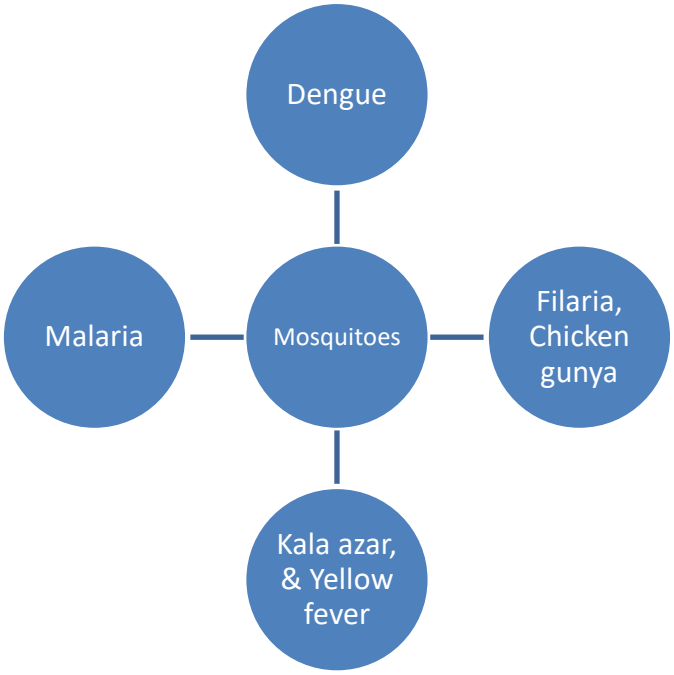
damage is irreversible. However, to realize maximum growth, a nutrient plays a major role in determining both physical and mental growth in the body.

We also discussed about the causes and types of malnutrition in which I learn more about the severe types of malnutrition such as; Marasmus, due to lack of protein and calories in the body, and Kwashiorkar, due to lack of proteins mainly in the body. This information acts as a rejuvenation of forgotten lesson of the past. Besides, the last discussion unveils how to prevent malnutrition in children by keeping in mind the following points;

- encourage and support breast feeding
- continuation of breast feeding at least till the child is one and a half to two year old
- start weaning at 6 months
- discourage artificial feeding

To conclude, the whole day thematic sessions were well explained and presented in a simple manner which I find it informative as well as interesting. The session had helped me in understanding the whole spectrum of health problems in India especially children. All the above information has changed my attitude towards breast feeding because I used to think that giving artificial feeding to a baby enhances their brain and that those babies are more intelligent than breast feeding babies. So personally I feel such myth like mind much have contributed a lot of malnutrition in community where true knowledge hardly reached and especially to those non-literate women.

Vector Born Diseases



The session on vector borne diseases had opened up a new understanding on different mosquitoes causing different diseases in a person. For example, malaria is caused by a female anopheles mosquitoes, dengue by aedes, filarial by culex, kala azar by san flies etc. which did not only provides knowledge but also open up a discussion on how we can control vector borne diseases to certain extend by utilising this knowledge. I had learnt from this session that we should be realistic at our approach, for example, setting up a gaol such as complete eradication of vector borne diseases by using chemical repellents would only causes more problems because for a simple reason it is against law of nature. Therefore, we cannot get rid from diseases totally but we can only controlled or balance it to certain point. I also came to learn about the importance of coordination of various agencies and departments for example engineering coordinate with health department to control and balance the phenomenon of these problems. Even more, I came to learn about the bio-environmental control as the best idea for future. Hence, instead of looking diseases from very narrow perspectives, we should encourage water management, reduce man mosquitoes contact, used non-chemical methods such as planting tulsi in the surrounding etc.

Ravi had brought up one case study conducted on the use of bednets among indigenous people in Mandla, India which shows that 93.34 percent of the total population are not utilising betnets that has been provided to them. Understanding on social determinants of health of a specific community is a much before implementing any programmes which we feel is important for the people because often times we failed to address their needs.

Water Borne Diseases – Introduction and Community Approaches By Rahul

Water born diseases such as diarrhoea, typhoid, cholera etc were discussed minutely with special focus on prevention the diseases at different levels facilitated by Rahul. From his session, I learn that by understanding the phenomenon of the diseases we can think about prevention of it. He also brought up the importance of epidemiological trials in understanding the broader aspects of determinants and involving us in identifying the rural- urban sources of water with rough structural representation of the situation on the board. This exercise provided me with lots of information, at the same time it also helped me in retaining the information for a longer period of time. It was more on finding out the linkages of one source causing multiple problems at individual, family and community levels. The discussion also brought out a gateway to control water borne diseases to certain extent by advocating at policy level for privatisation of water, quality testing, and preventing contamination at two levels; one at household level and the other at water sources level.

During the session we also discussed about the process of feaco-oral transmission of infections from one person to the other. The whole circle of faeces to mouth has been explained which at time was hard to believe that we are consuming our own faeces with infected micro-bacteria through water.

Access to Health Care, Patents, Trade and Health, Technology By Prassanna

India before 1947 till 1970 was importing medicines/drugs from other countries because we do not have the capabilities to produce drugs, so we are paying the prices of product patent. India was spending lot of money because of imported drugs. In 1955 a debate starts in India on what sort of system we should have for our medicines. So after 15 years of debates in 1970, Indian patents act 1970 was born in Indian health system in which India had decided that we will not use product patents and process patent is only for 7 years under the act. As the consequences of the act, throughout many other countries like South Korea, Brazil, Argentina follows Indian patent act. In 1970s India also started bulb drugs manufacturing in public sector companies by Hindustan antibiotics limited (HAL) and Indian drugs and pharmaceutical limited (IDPL) and many Indian companies. These public sectors companies requested private pharmaceutical companies to manufacture bulb drugs into tablets/capsule form to make profit. So much of hand holding Indian government gave private drugs companies to increase production as well as the profits. Gradually Indian Pharma companies become bigger and started moving in to WTO and Globalisation.

The company which has been previously supported by public sectors in manufacturing drugs has become so strong that they do not want the government to interfere in their business sectors. In January 2004, Arun Jetley and Arun Shourie from BJP prepare a draft on Indian patent act under the pressure of WTO which was passed in parliament under UPA government in July 2004. The congress government without making any changes in the draft had brought up to the house for amendment, but during the time in parliament, the opposition party in the house where the one who had prepared the draft.

The conditions in the draft are that Indian patent act is ready to pay more than what had been asked by WTO. The draft had removed 3 grant opposition which states that the country can decides the price of the drugs and if voluntary licences is not been granted, the country can use compulsory licensing power for its public health interests. So only voluntary license from the companies was allowed under this new draft which opens a space for private sector drug companies to increase their greed.

But thanks to civil societies who works day and night to counter-act on the issues to bring about justice in the society. With the efforts of many civil societies bodies, the act was reviewed and introduced Section 3D in the act which prevent worst from the worst. So section 3D in the act talks about the 3-grand opposition in which pre opposition, post opposition and compulsory licensing can be imposed on the interest of public health.

Apart from above, we also watched a couple of documentary movie called “poison in the platter” and “dying for drugs” which were very informative and thought provoking for me. In dying for drugs, the pharma company utilising their patent rights had exploited people by

selling their drugs in a very high price which compel poor people to sell all their property to survive out of those medicines. In Korea, Novartis Company sold anti-cancer drugs at unreasonably high price which led the patients to protest against them. Another unfortunate story of a boy who lives with AIDS but due to high price of Ante-retroviral drugs at that point of time, family members could not afford the drugs to keep him alive. The poison in the platter on the other hand brought to our notice about the genetically modified organic GMO in our daily foods which cause a severe negative health impact in our body.

All above topics discussion in the sessions has opened up my thought and awareness which empowered me to make informed choice in life, situations, diets, and also deepen my understanding of present situation with regard to fast process of globalisation. I also came to realise that in the name of education and success, we have aliened our self from being human. The true essence of science has been replaced by so called patented rights where their knowledge and discovery are no more for people's welfare but only to gain their own fame and status out of their finding.

Field Visits to Health Care Centres

1. A visit to Indra Nagar Anganwadi centre (13-04-15)

Introduction

Indra Nagar slum is one of the slums situated in Arera Colony of ward no.51 under Bhopal Municipal Coorporation in South Eastern Bhopal. It has two Anganwadi centres, each of them covering more than 1000 population in each centre. The first One from the main road is situated slightly towards Sai Baba Nagar side and the other towards Gulab Nagar, which can also be connected with PC Nagar slum.

The fellow along with Nidhi, field guide, had visited Anganwadi centre that situated towards Gulab Nagar. The worker was quite busy with her work, yet she managed to spear her precious time with the fellow. From the interaction, I gathered some basic information related to nutritional status of children bellow 6yrs of age, the total population coverage, number of children below 6 year, adolescent girls between the ages of 11 to 18 years of age and also pregnancy and lactating mother under the scheme.

Accordingly, this centre covers 1683 population and 396 household of different communities from different part of India. The total numbers of children are again divided into two groups i.e. children from 0-3 year (total 77) and the other from 3-6 year (total 95). With regard to the nutritional status, Out of 172 children, 47 children falls on yellow line which signify mild malnourished stage of those children, whereas 3 children falls under red line which are severely malnourished and need extra nutritional care for those children. The total number of adolescent girls both school going and school drop-out consists of 147. Whereas, 20 pregnant women and 12 lactating mother are benefiting from the centre.

The worker also mentioned about the traditional belief related to natural contraceptive which often lead to unwanted pregnancy. She also mentioned about the failure of contraceptive pills in the area due to its side effects which is quite confusing with symptoms of pregnancy. She added that only women take measure for family planning and not even a single man approach the worker for condom. The Anganwadi worker could also guide the fellow in providing information regarding the involvement of different NGOs in developing the community in many ways.

Observation

1fighting Malnutrition with limited Resources@ Indra Nagar Anganwadi centre

The first thing that caught my attention is the physical structure of the centre. It is very small and congested with lot of other things deposited inside the room. Moreover, anganwadi centre does not have its own ANC building where children could explore their potential and creativity freely. It is sad to see that the centre is functioning in a small single rented room which is not even fit for five children to fully enjoy the space. In such condition, more than 30 children gathered daily for learning and growing purpose.

The fellow could also observe the effort of ANW in disciplining children to wash their hands but with no proper use of hand-wash facilities such as water kept in a bucket without a mug to prevent contamination and also without soap. The fellow could observe that the children just dip their hands inside the bucket for washing. The quantity of food they served to each children is quite less and insufficient. There is no proper toilet for these children to do their needs.

Though there are flaws in the program implementation, this small initiative at community level has prevented many children from falling into the prey starvation. Moreover, a child learns to develop a sense of community feeling by mingling with fellow friends in his/her own community.

To conclude there is no proper coordination seen among the community health workers such as anganwadi worker, Asha, sahiyokgani and UHSC etc.

2. IMMUNIZATION DAY

Introduction

Immunization day was held at PC Nagar Anganwadi centre which cover 1291 population from 140 households at the average of 9.2 members per house. Most women go for domestic work and men for labour work. Most of the dwellers belong to schedule caste and Muslim community dominate the area. Few adivasi are also seen in the corner of the PC Nagar area. They are migrated from different places such as Maharastra, Khanwas, Khargaon etc. to their present place in search of job. So people from different culture, caste and religion could be seen at anganwadi centre.

Anganwadi Playing a Preventive Role

As the afternoon approach, w omen with their children mostly underweight have started dropping in the centre for immunization. The children were given polio and vaccination of different type depending on month and years of the children. The worker at the same time measures the weight of the children in weight measuring machine hung in the middle of the room. Women who have come to avail the services in the centre were quite familiar with the workers of the centre. They look comfortable and unthreatened to clear their doubts to the workers. Pregnant women in the area were called by the ASHA worker in the centre for tetanus, iron tablets other pregnancy's related information was given at the centre. On this day, a group of community health workers integrated and plays different roles in providing preventive services at community level.

The benefit of hiring worker from the community itself is that they know whom to approach and inform regarding the benefits of such services. Asha along with one NGO worker, were bound to bring pregnant women to make sure that they avail the services available for them in the centre. It's a challenging task for the workers to keep their track on people where people stays and goes often/frequently now and then.

Learning

A small girl of around one and a half years was standing with a woman not older than 26 years holding another kid in her armed who is accompanying another lady who had come for pregnancy routine check up. The kids were almost a same high, both were having big stomach and their hands were rather smaller than the normal size of their body. I approached the woman and started a simple conversation which was easily established. She was quite open, yet looks not so comfortable. Our conversation took place just outside the anganwadi centre, From the

conversation I come to know that both of the kids belong to her and the girl is 3 years old while the boy she held in her arms is 1 and a half years old. For a moment I could not believe my ear, because the girl was too small for her age. She could barely run by herself, if I have to exaggerate. Moreover, from the conversation I came to know that she gave birth to both her children in the village and had lost the immunization card which is needed to keep the tract of the given vaccination dose. Moreover she is not sure how many times she had taken them for vaccination, so she discontinues immunising her children. She said that they migrated here in search of job.

From this short interaction, I could draw three important issues; firstly, Family does not have any stable income at the village so they come down to Bhopal in search of job. Secondly, lack of knowledge regarding child spacing and natural contraceptive which led to malnutrition of her children. And lastly, lack of knowledge regarding the importance of vaccination, which also could be the reason of why she discontinued immunization.

3. A Visit To Civil Dispensary Hospital (20-05-15)

On Wednesday morning at around 10 am we reached civil dispensary hospital at 1100 quarters in Arera colony, Bhopal. By that time, five to six patients were queuing for OPD check up. On the wall of the waiting room, collages of activities done were pasted with few captions in it which captures my attention. On it there were pictures taken during Dengu fever awareness campaign, swine flu, and also conducted monthly meetings with ANMs, LHVs, and USHAs. Among the collage was a picture of Dr. Judy Tiwary, M.O of the dispensary emptying a bird feeder kept in the compound of the house where Aedes larvae was seen in it. However, the water remained untouched on top of the cooler kept in the centre at the time of visits could also give Aedes a chance to hatch on it.

A collage attach on the wall of the centre in which Dr. Tiwary was conducting monthly meeting with ASHAs, ANMs.

Interaction with the MO of the dispensary

Dr. Judy Tiwary is the only Medical Officer in the dispensary; the dispensary has two ANMs, two LHV, Two hire vaccinators, three community DOTs providers, one pharmacist and three other health workers in the centre. The dispensary covers 29 slums under which they cover 29 Anganwadis centres, 27 arogya samitis and 15 ASHA workers at community level. The major functions of the dispensary are OPD from 10 am to 12pm, conduct immunization in the community every month, creating awareness in the community regarding communicable diseases such as

diarrhoea, dengu, malaria, TB, swine flu and leprosy, test, training to ASHAs, monthly meeting of ASHAs, ANMs & other para-health workers, and referral services.

The centre covers of five wards; and the services available under this dispensary are OPD, Urban Family welfare, DOTs centre, Mamta Corner and diagnostic and essential medicines ward. The OPD started from 10 am till to 12 pm in which the average number of patients per month varies from 138 in febraury to 54 in april. The doctor mentioned that it goes till 200 in rainy session and the seasonal diseases are most common illness in this dispensary. And on 23rd of every month the dispensary distributed medicines to leprosy patients.

Urban family welfare takes care of vaccination and immunization day of the dispensary as well as VHND at community. Dots centre provides free TB test along with HIV test. They work with NGOs in reaching the community such as Operation ASHA at community level. At present, they have 76 TB patients from different community on which Indra Nagar stood the highest TB infected area. So far the centre has encounter 2 patients who needs second line drug administration for which they had referred to district hospital.

A good place for adeas to hatch its egg on it in the hospital.

Observation and learning

- The dispensary was quite cleaned and well maintained and the huge compound could have been utilized appropriately.
- The patients were examined three metre away from doctor's table and it does not last more than 1 minute for each patient to get consulted. The chair that meant to be for patient was occupied by a visitor whom she had constant interaction. I did not see even a single patient being examined thoroughly by the doctor on that day.
- The indention of medicines was done through written files and there was no technical support such as computer to enter the lists of essential medicines and also the available medicines.
- The dispensary was outnumbered by female staff workers which I feel has its positive and negative; positive because it gives a space for female to economically empower themselves. On the other hand, I feel that male workers are also as important as female worker in the field to bring about changes at grassroot level. Male worker

should equally participate in communitization process as a female worker does through NRHM program. It had become a norms that only female should work with children and women for nutrition and malnutrition and related problems.

- The patient charter was nowhere to be seen in the centre which is supposed to guide the patient in making their own welfare decision.
- The patient who came to seek medical help from this dispensary was mostly people from economically backward and least informed. They need guidance in terms of counselling about their illness and their problems so as to make them aware of their problems and its causes. However, those communications was not seen between health providers and patients in the centre during the visits.

4. A Visit to Kolar Community Health Centre (16-04-15)

Introduction: (16-04-2015) It is 11 in the morning that we reached Kolar CHC, Bhopal to observe the existing health system of the district. we did not have any prior permission letter from the department. Before we proceed to CHC, We divided ourselves into a smaller group in order to avoid crowd and decided to go separately on our own. But when we reached the centre, to our surprise most of the staff we had approached them were warm and open in sharing information.

Information from Compounder

Through interaction with the compounder of the centre, it is collected that the centre cover 85 villages and 29 urban areas, 65,000 population from rural and 1,31,000 population from urban. The centre has 40 bedded with 30 general beds and 10 emergency beds. The following are not complete information since we could not interact with Chief Medical Officer who is in-charge of the centre at the time of visits:

Existence clinical manpower: • Gynaecologist specialist • Medicine specialist • Surgical specialist • Unani • Paediatrician • Anaesthesia	 • 3 • 1 • 1 • 1 • 1 • 1
Existing support manpower: • Nurses • ANM • 26 urban and 80 rural ASHAs • 2 Pharmacist(1 Unani pharmacist+ 1 allopathic) • 1 compounder/accountant • Lab technician • Counsellor	 • 8 • 1 • 106 • 1+1 • 1 • 1 • 1

Facilities:

- In-patient department
- Out-patient department
- Emergency care with 10 beds and minor surgery
- Nutritional rehabilitation centre(NRC)
- 24*7 delivery services
- Blood storage facilities
- Referral services

Observation

The centre is clean and well constructed. On that day, mostly women availed the services. The building has two storeys in which Nutritional Rehabilitation Centre was place at the topmost floor with 10 beds. There was not much patients visiting and admitted on that day. On the ground floor, all the specialists OPD were going on, except for the Ayush Doctor who was taking patient at the corner most room at first floor. The centre has Mamta Corner facility but the room was found empty on the day of visiting. Long lists of medicine were displayed at many places of the building but patients' welfare charter and Rogi Kalyan Samiti were nowhere seen. At NRC counselling centre, the counsellor keep contraceptive pills for malnourished parents in which she mentioned that mostly women undergoes sterilization than men in this centre.

Reflexive Learning

A visit to CHC for me is to be able to visualise the linkages that take place in primary health care system from community level to primary, secondary and tertiary level of care. it is sad thing to learn that we are still running behind biomedical in all our approach and even in implementation of NRHM. A small example I could draw from my observation is that involvement of community people through formation of Rogi Kalyan Samiti. It is nowhere to be seen in the hospital/centre about their roles and existence. One doctor while conversation with him had mentioned that Kolar CHC is the best CHC in the whole Madya Pradesh. Yes it is structurally, according to me, but only few people could benefits from this centre. I could not understand why? But coming back to where I have started, it must be related with the involvement of community in owning the processes of service delivery. In this centre, I assume, like in most other hospital, the biomedical approaches dominated the system and very technical in understanding the factors that causes diseases.

5. JP DISTRICT HOSPITAL (28-04-2015)

Introduction to District Hospital Profile

I reached JP Hospital for the second time with two major objective back in head; first, to understand the overall existing health system in terms of implementing various health policies, delivery of healthcare and management of health services for defined geographic area. Since District hospital is an essential

component of the district health system and function as a secondary level of the health care which provide preventive, curative and promotive health care services to the people of the district. secondly, to observe the manner in which services are being delivered to the people.

My first exposure to Gauravi centre

My entry to Gauravi centre is just like stream water that flows naturally without being a plan to do so. As soon as we reached Hospital we were already too late to get permission from the concern person of the hospital for certain guidance. So we decided to just roam around the hospital and observe thing that we possibly could. But our idea proved to be useless since every single postures, and information are written in Hindi. While we were busy wandering in our own world, Nidhi, field guide, had gone missing for a few minute to seek permission. I do not have any idea of where I am going to, simply following fellow friends to the room. I sat down next to a young woman who was quite tense and confuse. Curiosity obliges me to enquire about the room I landed up to that lady, who responded me softly in a low tune. I probably ended confuse and could not dare to tell her to repeat it little louder. Therefore, my next question to her would be straight forward question of why she was there. But luckily she responded me that she came here to see counsellor for counselling sessions. Then only I came to realize that I am somewhere in counselling room which was gradually unfolded as a started observing carefully that were pasted on the wall.

Gauravi, The one stop crisis centre

My first visit was just confined to One Stop Crisis Centre also called Gauravi centre mainly for crisis intervention which was initiated under NHM to addressed domestic violence, dowry, abuses etc. Gauravi therefore provide legal assistance, individual and couple counselling services at the centre. Gauravi also often deals with critical cases like rape cases, murder attempt cases for legal procedure and also for victim grievance redressal.

Gauravi is situated little secluded in the mist of OPD sections on the ground floor of JP Hospital, adjacent to the waiting room of Gynaecologist OPD. It is consist of a long single room adjoined by another smaller room at the other end. The former room is again sub-divided into smaller cells such as legal cell, counselling cell, reception, phone calls and coordination cell etc. Gauravi has 2 legal advisers, 2 counsellors, 4 phone operators, and other support team members, altogether 12 team members to provide 24*7 services at the centre. Gauravi works hand in hand with Actionaid, an nongovernmental organization, for its service delivery to the people at community level through awareness camps etc. Gauravi also works with many other NGOs for referral and rehabilitation services.

Reflection

Gauravi has proved herself worth establishing its centre in government hospital setting to response immediate crisis situation to the crisis stricken people. The small established centre is providing services mainly in curative form which I feel is another floor mopping activities. Their focus confine only with the people who had managed to seek services from the institution. So the question here is whether the poor people can access these services or not, though services are completely free. For instance a poor woman or adolescence girl, who is economically dependent on male members of the family, would be ready to seek these services though she was deeply affected by domestic violence or say physical, sexual and

mental harassment. Moreover, Gauravi is by its nature is urban centric services which does not have anything to do with community or village level.

Background of JP Hospital

According to 2011 census, the total population of Bhopal is 23, 68,145 and over 7 lakh patients get treated from the district hospital annually. The hospital is consists of 300 bedded with specialist services in medicine, gynaecologist, eye specialist, ENT specialist, Pathologist, Radio, Ortho, Paediatrics, Dentist, Anaesthetic, Surgical Surgeon. JP has altogether more than 500 work force staff working to provide services at different department. The hospital provide 24*7 services in inpatient department for patients who are admitted, OPD from 9am to 1pm with almost all the facilities and specialist except for nephrology, skin and psychiatry specialist. The hospital also has 4 newly constructed OTs new maternity wings, milk bank for special neonatal care unit, etc.

Observation and learning

- ***Nutritional rehabilitation centre;***
  - NRC is a centre to treat severe acute malnourished children of below 6 years of age. It has 10 beds with special diet provision both for mother and children. Normally the treatment last for 14 days in which the mothers of the children are also expected to stay with their children at the centres. So it become even more difficult for a woman who has children more than one to stay at the centre for more than a day let alone two weeks at the centre. Moreover mostly are from economically backward families where losing wages for a day can trigger the whole family to starve. Lack of basic understanding on the cause of malnutrition among children from the government is again one big problem that has compelled the system in focusing only at curative aspect. Had not the family been poor had not the child be malnourished. But this is another expenditure for the government since that is not going to make as much profit as the curative system does. So their program for poor people especially for children starts their and ends then and there.
  - They have four follow-ups after discharge in every 15 days to make sure that the child is improving and gaining his/her weight in which most of the children had gone back to the same condition of malnourished.
  - Thought the NRC work hand in hand with communities health workers such as Anganwadis and ASHAs in fighting malnutrition, their concentration to SAM has created a system where local workers has nothing to do with moderate malnourish children who are at the risk of falling to the prey of severe acute malnourished. For instance, during my visit to Anganwadi centre at Indra Nagar, I was reported that there are 47 children under moderate malnutrition (yellow line) and 3 children are under red line which indicates severely malnourished. The worker reported that they kept an eye on the family of those severely malnourished children and brought them to centre to feed the child in front of them but she clearly mentioned that they have nothing to do with children of yellow line. Moreover, the local health worker are assigned with many other survey, reports etc, which is why they could not focus in the most important work.

- ***Milk bank;***

- Milk bank is recent initiative of Madhya Pradesh government for Special Neonatal Care Unit for new born babies who due to some complication are separated with their mothers. So in this milk bank mothers of the SNCU children extract remove their breast milk and deposited to the bank to feed the baby either by nose feeding or mouth feeding whenever the baby needs it. The milk bank is augmented with pump machine to simplify the process of breast milk extraction and to make sure that it is clean and are not infected. Milk bank also has other infrastructure such as electrical steriliser, refrigerator, and other infrastructure to make sure that even the gown are properly washed and maintained.
- During the visit sister-in-charge mentioned that they used to provide counselling to individuals and also to families members if the mother could not produce milk. The milk bank addresses the cultural practices which restricts the lactating mothers to eat what is needed. This experience has taken me to my field visit at PC Nagar Anganwadi centre in which I encounter a pregnant woman who had come for tetanus injection and also to get some medicine as well to the centre. Inside she was given counselling by the health worker to eat nutritious food as much as she could for the well growth of the foetus. But once she got away from the door, a woman from the same community who was standing outside the centre, out of concern, had offered her an advice not to eat lot nutritious food. Because according to community woman, the foetus would be strangle inside the womb if she eats a lot of nutritious food and added that she would face difficulty in giving normal birth and might ended up in operation which mean caesarean. Fear engrossed the face of that pregnant woman when she heard the words operation. So most of the women of this area, I fear, would opt to eat less which is also quite normal for them than to risk for caesarean during birth time. Thereby, faetus in their wombs are already predetermined with malnutrition by fear which begins right from pregnancy especially in poor family for fear of having caesarean birth. This gap of understanding between the health workers and the communities also plays a major role that contributes to high level of malnutrition in the country. Therefore, in this situation poverty is the means and the ends of malnutrition.
- One possibly thing we could do at community level is to encourage lactating mothers to secure their breast milk in a clean container or bottle to feed the baby when she is away for work to prevent malnourishment.

❖ ***Skill centre:***

- In Skill training centre special care training were provided to the staffs of ANMs , GNMs, Metron and medical Doctors in basic life saving skills, delivery and neonatal care.

❖ ***Blood bank***

- Blood bank as we all know is a bank to provide safe blood to the patients collected from safe donors. They collect blood from the donors with their full consent and on voluntary basis. Forceful and paid individuals are not allowed to proceed for blood donation. Blood bank does not entertained any pre-investigation of blood apart from haemoglobin level of a person. Investigation/blood screenings are carried out to check blood transmitted diseases such as HIV test, Syphilis, diabetes, hepatitis and malaria. If any malfunction or disease is detected from the blood, they immediately call the donors for referral services to other department for further screening. In case if the blood bank falsely detected the donors status, re confirmation/ reinvestigation in the blood bank is not allowed. They

discarded the donated blood with all safety precaution procedure. so referral is much here for reinvestigation of the detected disease by the concern department.

- The bank also has a facility of compatibility test known as cross matching lab to make sure that the donated blood does not produce any negative effect such as allergic, rashes, nausea etc. when it get merge with the recipient's blood.

❖ ***Biochemical department***

- Biochemical department in the hospital represent domination of female workforce which I feel was a good instance for women to engage in different professionals.

❖ Apart from above mentioned areas, we also made a round in counselling centre, Dots centre, adolescent helpline, HIV, leprosy centre, in the same building and Rogi Kalyan Samiti, at the other side of building. The pharmacy in the hospital provides free medicine to all the patients irrespective of their economic status, which I find it very interesting.

Visits to Organizations and Their Related Activities

A brief introduction on Bharat Gyan Vigyan Samiti (BVGS).

Before the commencement of the meeting, Rahul Sharma, Chairman of BGVS Bhopal briefed the mission and vision of BGVS organisation. He stated that BGVS is a nationwide organization registered society started in 1989 by VINOTE VANA. It is started for up gradation and betterment of literacy level in the country. But from 1990, the organization in order to realize its gaol started addressing many other aspect such as RTE (2010) implementation, populization of science, global warming, and social determinants of health and child welfare. BGVS has attempted to bridge the three divides which have been resulted from constant societal disparities and they are growing; knowledge divide, economic divide and social divide. BGVS wants to bring about pro people science by spreading scientific knowledge and scientific world vision amongst the people, working for literacy, continuing education, policy studies etc. he added that science is a way thinking and should not be confined with few technocrat professionals.

An organization visit to Ekta Parishad

A brief introduction on Ekta Parishad: Ekta parishad (unity forum in Hindi) is an Indian activist movement founded in 1991 by P.V Rajgopal. Ekta Parishad works mainly on land rights issues of tribal and also farmers. It believes in non violence movement and dialoguing with the government in a peaceful manner. It is currently operating in 17 states. It is a federation of approximately 11,000 community based organizations and has thousands of individual members. The two main activities of Ekta Parishad are dialoguing with the government at the state level and national level and mobilizing the villagers for struggle at the grassroots level.

Ekta Parishad had organised series of youth camp at village level to empower them to fight for their rights and to take land reform movement together in the country. Secondly, they had gone for foot march several times such as a march from Gwalior to Delhi in 2007 in which 25,000 people participated and 2012 from Gwalior to Agra which was also participate by 50,000

people. Ekta Parishad is now preparing for another mass March called Jai Jagat in 2020 from Delhi to Geneva to talk with WTO and other organization to stop violence.

Ekta Parishad believes in dialogue, proper channel, and team work to bring about any changes in the system.

Learning

- Integrity with oneself
- Love as the infinite power to create a just society
- Taking more and more care of marginalize people
- Self reliance and taking ownership
- Respecting every individual person
- Importance of advocacy and mobilizing people
- Realization of peoples' strength
- Skilfully managing huge people
- Strong bond and trustworthy
- Power of the poor
- Team work as a tool

A picture taken from Ekta Parishad office; people with full of energy and things to tell....jai jagat!

Reflection

As I was listening to Mr. Aneesh passionately narrating Ekta Parishad journey, I found myself being so relax and hopeful. I know something deep inside me is overwhelming by the fact that many people do believe in creating a just society and that they really meant it when they say so. I could feel integrity in this movement not only because of how he spoke about it but determine by its simplicity nature of its approach and values they fasten to actualize their dreams. For them like in Sochara, love and care are the main pillars in which they established their work with people. Meeting such people is like finding a place to re-integrate my thoughts and actions whole again. Moreover, the cause they are striving for was something very basic

yet the most important for a people like me. Unfortunately, All of my life, I had never imagined that there are also many good people who had been protecting me by preserving the lights of love and humanity in this country. i am not saying Ekta Parishad as the only movement that contribute to good causes but encountering them has really freed my mind from yearlong bondage of judgement towards mainstream India.

An informal Visit Centre for Health and Social Justice (CHSJ) and Swadikar Bhopal

A reflexive interaction with CHSJ and Swadikar

Interacting with Mr. Ajay, the coordinator of Centre for Health and Social Justice was very interesting since it gives me an insight to address issues in a non threatening approach. I have come across and also heard about many organizations who work directly with the victims of domestic violence or gender discrimination which is also equally important to work with the one who exploit them.

CHSJ in a non- governmental organisation that works with gender issue and also with women health. The organization in order to increase the health status of women realizes to work with men. So they therefore started working with men on masculine mentality to address gender issue by approaching them in a non threatening way. CHSJ believes that until men are not involve in the process and struggle of increasing women health status, the health status of women will always remain at the bottom.

Another interesting discussion we had with Mr. Nirmal Das Manker, who works with National Campain on Dalit Women Rights (NCDWR) and also with Swadikar. Mr. Nirmal has taken me to his world of tribal Budget Analysis which I find it very informative and interesting. Every year government came up with their newly made budget for welfare programmes and schemes with special reference to SCs and STs. But in actual, funds are manipulated and diverted to other development activities by the government.

A Visit to Madya Pradesh Vigyan Sabha (MPVS)

Brief introduction about MPVS

Madya Pradesh Vigyan Sabha was emerged as a response to the need of the people after a terrific incident of Bhopal Gas tragedy in 1984. During initial period, the with the collaboration of government of india, had worked as a support system of health, address mental health problem, environmental related issue and also extended to sanitation later. MPVS also conducted survey of 5000 household and submitted its report both at state and central level. MPVS works with health related policies and also brought to the notice of public regarding the list of band medicine in 1986 and extended their knowledge to medical Doctors by giving them training and seminars. MPVS is also an active member of People's Health Movement in the country.

MPVS intervene in Community based development programme initiated by the government of India for some of the most backward states including Madya Pradesh in Five District, three block in each district and 15 villages from each block. Their main area of intervention was in Chindora district of Madya Pradesh where government services hardly reach the villages. They work on Livelihood based activities among the tribal to increase their income through forest product as well as to preserve nature for its sustainability.

At present MPVS continue to work with tribal of Madya Pradesh on Agriculture, watershed, livelihood, environmental issue etc. which are also the social determinants of health. MPVS is purely funded by government of India and did entertain any foreign funds to carry out their mission. MPVS believe that the project must be local need based programme and must not a top down approach based project. Mr. Shazad, the general secretary MPVS shrewdly concluded that for every funders, "money of has its own ideology and is never neutral".

Reflection

I was amaze and nervous at the same time to see a group of grey hair people sitting just in front of me with all their serious look. As for me, it's a first time experience, where a group of grey hair well equipped in skills and knowledge, altogether at one point of time are ready to share their knowledge, skill and experience. Euphoria overwhelm my heart though I was little scare for I hardly had got such attention before. But their friendly environment soon clears my hunch. Though old they mostly are, I was taken away by their readiness to learn, to give and also to generate their wisdom. They all are very down to earth people. I was dazed by their simplicity and dedication to the service of the less fortunate people in this country

A VISIT TO SAMBHAVNA TRUST

THE BACKGROUND SAMBHAVNA TRUST CLINIC

Gases that killed even unborn babies inside their mother's womb

The world worst industrial disaster occurred in Bhopal on the midnight of 2-3, December 1984. 40 tonnes of methyl isocyanate and other deadly gases leaked from pesticide factory owned and operated by America multinational company, union carbide. Till today over 25 thousand has been killed and among the half a million gasses in 1984, close to 150 thousand people continue to battle chronic illnesses. Tens of thousands children born to gas exposed parents are marked by Carbide's poison.

The other ongoing disaster in Bhopal is that caused by Union Carbide's hazardous waste buried within and outside the abundant factory. Over 50 thousand people in the vanity of the factory have suffered chronic exposure to cancer and birth defect causing chemicals that have leached in to the ground water from these wastes. DOW chemical currently owns by Union Carbide refuses to clean up the contamination despite legal petitions by the India government and the victims.

Since 1996 the Sambhavna Trust Clinic has provided free medical care close to 50 thousand people poison by gases and contaminated ground water.

They provide long term care through modern medicine, Ayurveda and Yoga. In modern medicine they follow the policy of "first do no harm" by avoiding irrational and unnecessary medicine. Ayurveda includes Panchakarma procedures for detoxification of the body through medicated sauna, oil massage, purgation and other means. Yoga consists of specific exercise for specific ailment.

Survivors who have been seriously affected by the gases, many of them never recover their sight.

The Sambhavna trust is a registered charitable organization with the sole objective of bringing about positive change in the health and healthcare situation of the survivors. Work at the clinic so far has been funded by Over 6000 individuals from all over the world.

Mr. Satinath Sarangi, the managing trustee, during the discussion mentioned four main important caused of the horrified disaster;

- Firstly, the Union carbide Indian limited (UCIL), is a subsidiary of union carbide corporation (UCC), an American Multinational company, owned by DOW chemical company (TDCC). Therefore, the factory in Bhopal was designed by the US but unlike the Factory in West Verginia (USA). In USA they used stainless steel for constructing the factory whereas in Bhopal, mild steel was utilised.
- Secondly, safety measure was not taken into consideration in Bhopal unlike in USA
- MIC Tank in USA was much smaller than the tank used in Bhopal
- Fourthly, 20 to 30% reduction of cost, thereby, leading to reduction of workers due to which safety training came down from 6 months to 15 days. And also dysfunction of the refrigerating unit from 1982 to reduce the expenses which is around Rs.700 per day.

Even before the incident, Mohammad Asraf, a factory worker had died out of inhaling the deadly poisonous which was followed by 40 other workers being hospitalised for the same in the hospital. On September 1982, a small leak happens but this information was kept secret by the American company as well as by the Indian government. This leakage reached MIC tank which reacted violently with water and causes exothermic reaction at that midnight causing thousands of deaths overnight.

Observation and Learning

Vermi compose for organic used

Herbs plantation for medicinal purpose

Process of making Ayurvedic medicine

In the midst of very congested locality where small alleyway leads our way in a hot sunny day at Bhopal, Sambhavna stood like an oasis after having had a long bus journey. I could feel the frankness of nature as I proceed towards the gate of Sambhavna. The clinic unlike other clinics looks calm, clean and people friendly.

We were at first attended by one of the staff member and took us around to different department. we had visited OPDs, in which they have 3 Physician, 2 Ayush doctors and dentist from people dental hospital. We were taken to medical store where they dispense free medicine to the patients. After that we went to a place where they process ayurvedic medicine and then headed towards their beautiful gardent where they had planted almost 150 species of plants.

The team members were warm, simple and ready to share information at any point of time. It was a great privilege to see medicinal plants grown in the garden in which I notice that almost all the plants they had grown are found in my native place. During the exposure to their garden, the staff pointing at hibiscus flower mentioned that it can fight anaemia if taken three flowers each a day continuously for a month. Many other illnesses like weakness, joint pain, and muscle pain, skin disorder etc can be cure by proper utilization of these herbs.

A visit to remember Bhopal Museum

Remember Bhopal Museum was inaugurated recently at the 30th anniversary of Bhopal gas tragedy to tell the world what had happened on the intervening night of December 2-3, 1984. A unique museum preserving the belongings and pictures of victims of the Bhopal gas tragedy, in which thousand had lost their lives after inhaling toxic gases leaked from union carbide plant. It is situated at new housing board colony near defunct union carbide plant.

Thousands of deaths after inhaling toxic gases

Reflection

A visit to both Sambhavna trust and Remember Bhopal Museum make me understand the tragedy better. Bhopal gas tragedy is not a simple issue but involve multiple issues ranging from vested interest to legal-political issues. It unfolded the power based value in which people's lives are seen less valuable than their greed to make more profit. It is more unfortunate to know that in spite of all irreversible damage done to those innocent people on that night, the government of India remained inactive and silent till today. Moreover, in order to cover up their carelessness, they were even ready to see innocent people dying. Not only that the government had gone even to the extent of arresting civil societies who along with sodium theosulphate injection were trying to save the lives of people affected by the toxic gases. India being a democratic country, had kept the result of Double Blind Trial test secret to themselves, which was carried out by the government after 3-5 days of Bhopal incident on sodium theosulphate, which was the only medicine available that can possibly excrete poisonous through urination, was published in 2007 after 23 years. That is why the government of India today does not want to remember Bhopal gas Tragedy.

A Visit to Dargah (A Shrine) 14-05-15

Introduction:

A Dargah is a Sufi Islamic shrine built over the grave of a revered religious figure, often a Sufi saints or dervish. The term Dargah is derived from a Persian word which can mean, among other uses, "portal" or "threshold". Some Sufi and other believe that Dargahs are portals by which they can invoke the deceased saint's intercession and blessing (as per tawasul). Still other hold a less supernatural view of Dargahs, and a simply visit as a means of paying their respects to deceased pious individuals or to pray at the sites for perceived spiritual benefits. It is also a place famous for the rituals called Hajri to cure the incurable mental sicknesses.

Relationship between Dargah and mental health problem

We have visited Dargah to understand the health seeking behaviour of people undergoing mental illness. Unfortunately we did not get the opportunity to interact with the concern person who could shrewdly give his views in regards to my queries on mental health problems. Yet the visit could not afford to get worn out easily. During the visit, I met one Hindu woman in her mid 30s at Dargah, according to her, dargah gave her a new life from despair and hopelessness. She lost three kids without any illness in them. She strongly believed that her father in law had done black magic to those children only because she failed to bring dowry in the family. She recounted that she was emotionally blunt after her last daughter had passed away and could no longer shed a drop of tears. Gradually she stops talking with others, could not keep intake with reality, then she ran away from in-laws house and loiter here and there until she found a hope in Dargah. She had recovered her illness and has another three children from the same husband who came along with her. They stay nearby the Dargah in rented room for nearly five year and every thursday she make sure that

she spend rest of her day at Dargah which she feels is the best place in be heard and be blessed.

Back to the community, I have come across four cases related to mental health problems. Through interacting with the family members, it is certain that all of them have birth defects called intellectual disability (ID), formerly known as mental retardation, is a disorder with onset during the developmental period. Though there are multiple precipitating factors of this condition, a nutritional deficit is seen as a major cause of the condition among these four cases.

Attended State Forum for Civil Society Organization on Right to Free Medicines (15 & 16-05-15)

We attended two days state forum for civil society organization on right to free medicine at pastoral centre, Arera colony, Bhopal jointly organised by Jan Swastha Abhiyan. The session begins with a round of self introduction from all the participants from different civil society bodies and also from Department of Health, Govt. of MP. Dr. Himansu, Dy. Director, (procurement & IT), in the presence of keys person of Jan Swasthya Abhiyan such as Dr, Amit Sengupta, Dr. Narendra Gupta, Dr. Ravi D' Souza, R.S Azad and many other. The session was facilitated by Ms. Chhaya Pachauli, Prayas.

The main focus of the discussions are; to understand the present scenario of free medicines schemes in Madhya Pradesh which was introduced in 2012 as a state policy program, how to make a public health system more accountable for all and the other alternatives needed for the achievement of the objectives.

After self introduction, Mr. Arpit Saxena from Drug Department Manager gave his PowerPoint presentation on Access to Medicine Scenerio in the state. From his presentation and discussion, I learn about new schemes which have been implemented in the M.P in 2012 to ensure common people's health such as Sardar Vallabh Bhai Free Medicine Distribution Scheme, Nishuk Dava Vitran Yojana, Free Drug for all (APL & BPL families), Abolishing of existing user fees etc. Sardar Vallabh Bhai Free Medicine Distribution Scheme has been implemented since 2012 in all 1595 health institutions in the state. About 3 lakhs patients are availing its benefit daily. Mostly required generic medicines are provided 24*7 hours to OPD and indoor patients in the hospitals.

Under free drug for all scheme all patients are provided medicines at free of cost. The 24*7 Minimum Drug List mandates the availability of count of medicines as follows;

1. District hospital -147 Drugs
2. Civil hospital- 131 Drugs
3. Community health centre-107 Drugs
4. Primary health centre-71 Drugs
5. Sub health centre-24 Drugs

For better quality of drugs, the department is having the rate contract with WHO-GMP Certified companies. Under Free Diagnostic Scheme, the availability of test in different levels of health facilities as follows;

1. At District hospital - 48 types of test
2. Civil hospital- 32 Test
3. Community health centre- 28 Test
4. Primary health centre- 16 Test
5. Sub- health centre – 5 Test

Mr. Arpit also mentioned that shortage of manpower in government health system is the major challenge. The department has introduced Bar-Coding system for manual intervention in order to increase the reliability and quality of medicines.

Afternoon session was on Equitable Access to all Essential Medicines by Dr. Amit Sen Gupta. Dr. Gupta was of the opinion that free medicines schemes alone is not sufficient to bring about equitable accesses to all essentials medicines, since Doctors plays important role in prescription of the medicines. Thereby, he is of the opinion that collective effort should be made at the entire health care system in which government spent hardly of its 2 per cent GDP for health. From the discussion, I came to learn that 50% to 80% of total population in our country are not access to essential medicines whereas India is the third largest drug producer country in the world. The question therefore, is why can't the pharmaceutical industries of the south make medicines available to people in its own country? From this I came to learned that India has a potential to easily provide free medicine to its entire population without much difficulties if they want to do so. Unfortunately, India has a policy to increase the profit of drugs while it failed to have policy on maintaining the standard of essential medicines in the country. Moreover, privatization had captured the whole pharmaceutical industries which had contributed the government in losing over the control of price of the produced drugs by any company. Thereby, it had turned the market into policy by deciding the price of any drug from the average rate of market prices which is against the ethical aspect of life saving drugs.

In later hour Dr. Narendra Gupta did a presentation on campaign for free medicines to all in which he brought up some finding on price differences between generic and branded medicine that are sold in the market. He also brought up the success story of Rajasthan model in which 98.09 % generic medicines are prescribed by the Doctors. After that we formed a group of four to discuss the breakdown topics and accordingly presented our discussion to the whole groups.

On second day Dr. Ravi D' Souza had made his PowerPoint presentation on Rational Drug Therapy and essential drugs. From his presentation, I have learnt the difference between rational and essential drugs. It is define that rational drug are drugs which are accepted all over the world which are found in pharma text book. Whereas, essentials drugs as those drugs

which satisfy the health care needs of the majority of the population. There basic difference is that "all essential drugs are rational drugs whereas all rational drugs are not essential drugs.

Various irrational drugs are produced in the country from the patented drugs by adding either flavour or other unnecessary combination in the form of newly branded name to extent their patent rights. These types of drugs work same as the previous drug and sometime with more dangerous side effects to the body. It is mentioned that 25% drugs are substandard and that our country has 60,000 pharmaceutical companies which produce drugs. Many of the pharma companies in order to draw more profits from the drugs had lost ethics of practice and essence of drugs. Therefore, bridging the gap in regards to knowledge and understanding between public system and its people is the need of the hour to bring about changes in health care delivery system in the country.

A Visit To National TB Institute And Bhoomi Haba

It's a great privilege to have had exposed to National TB institute especially for me, because I was not fully aware of rational drug regimen and also the consequences of wrong drug regimen. I have heard MDR as a multi drug resistance but only that of its acronym, and I do not know how it develops and the possible difficulties related to it. This visit has made it clear that MDR cases I India is on increasing and there are no sufficient medicines/drugs to fight against this heinous multi drugs resistance micro bacteria. From the presentation, I came to know more about the importance of rational drug regimen which can prevent lot of MDR incidence if given/taken regularly because failing of it can create lots of problem with lots of side effects as well as increase chances of new incidence of MDR patients.

Dr. Chandra asserted that MDR is a manmade phenomenon which was a shocking for me, because as per my concerned, TB is caused by Micro-bacteria and here is a man telling me the total opposite of the same. Later he explained the multiple factors that contribute to resistance such as patient stop taking medicines before the completion of the course, wrong drug regimen by the health practitioners especially in private sectors, no proper regulation to control private practitioners' etc. which is why the incidence of MDR is on rise in India. He also mentioned that study has revealed the relationship between TB patient and Mental illness.

Dr. Uma Shankar in his presentation also mentioned that India as such borne 24 % of the global burden with 500 new cases detected every day. If RNTP vision of "Free TB India" has to be achieved by 2050, Dots alone is not sufficient and feasible rather it has to be carried out inclusive of socio-economic, political cultural and environment aspects. Therefore, coordination of all public sectors is a must; considering the social determinants of health such as proper housing, sanitation, safe drinking water, vaccination, economic security, proper health care system etc.

From presentation and analysis, it is clear that DOTs program is a single handed tool with which our government is trying to fight against TB. Wherein, the government is not ready to increase a budget on social determinants of health without which achieving Free TB India is next to impossible.

My experience in Bhoomi Haba was not so good because of health problem yet it was worth visiting the celebration. I could students were meaningfully involved in the programmes. Such exposure I believe would definitely help the students shape their mind and brings out creativity in them. The

organisation engages the students in as many activities as they could in that short period of time. The activities were well planned, organised, entertaining and informative. In one of their exhibition of an art, a Germany lady had creatively portrayed situational representations of people with her art from her own 40 years of experience in working with people of different areas and issues.

The case study of

KARAN AND HIS BROTHER (12-05-2015)

On Tuesday morning Nidhi and I went to meet anganwadi worker to find out any mentally disable person in the community since she is the most informed and known person in the community. Our assumption turns out to be unfailing when she mentioned a couple of mentally disable person's name, one is a boy and the other is an adult, along with the direction of their houses. With the instruction of anganwadi worker, we manage till to a shop where we made further query about Karan, a boy by his name, to the shopkeeper for the exact location of the boy's house. The shopkeeper after pausing almost a minute reacted with an exotic expression as if something long forgotten has called to her mind again and asserting us if we are looking for a boy whose mental state is not proper. My eyes were wide open as her response sit on my ear. Yes it is Karan we are looking for but we intent to find out by his name; not by his disability. Unfortunately, poor Karan, his disability has overtaken his name and has become his identity in the community.

As soon she mentioned his name, one man who stood nearby the shop has got the boy brought to the shop. A boy with fair skin and cheerful face approach the shop with another boy behind him. As they reached the shop, the shopkeeper pointed out the boy with a fair skin as having mental disability and the later his younger brother Nikhil. Meanwhile, a beard man who came to the shop after seeing us with the kids interrupted saying that the boys were very unfortunate, their mother had left them with their drunkard father, who hardly bother to take care of them. Sometimes when he is drunk, he uses abusive words to his kids and also harms them physically. The beard man said that sometime their neighbours use to give them food when they have nothing in their kitchen to fill their hungry stomach but every day was not possible for them too he added.

Looking at those cheerful faces, my heart sunk to the core; deep within me a voice resounded wishing those cheerful faces to remain for the rest of their lives. However, with the grim reality they had went through by losing their mother and also adjusting with their intoxicated father on daily basis is not a healthy environment for children to grow and develop fully.

As I turn to them to talk, I could no longer hold my curiosity of; wanting to talk to them alone, wanting to see their house and wanting to know more about them etc. to quench my queries, I asked them to take us to their house where the boys might feel more comfortable to talk about themselves. With no hesitation, the boys led us to their house which is not more than ten metre away from the shop. No one was there in the house except these boys. Their father has also gone for work and has not returned yet.

On reaching their house, Karan was busy trying to take out things from the corner behind the main door to show us. As I approached nearer to him, he took out a bowl cover with a plate inside which contained five left over chapattis that they had prepared in the morning by him. Nikhil proudly explains that he had learned how to make chapatti from his father and Karan to wash the utensils. Karan and Nikhil are amazing children with lot of skill in attending their guest. He took us inside the house which is consists of three rooms.

Chapatti safely kept on top of water to prevent insects from spoiling them.

The first room has a bed with full of old shabby cloths, there in one corner they kept their left over chapattis inside a closed container on top of a bowl of water to prevent insects. Near the door was a clay pot with wet cloths wrapped around the pot place on the stool to save drinking water. The front room look unused for a quite long time. The second room was maintained with family pictures in the wall but their mother was nowhere to be seen. The boys showed us their grant parent's pictures that were hung on the walls and this room the father sons build their world. The blankets in the corner were kept tidy and on the floor was a mat.

The boys then leaded us to their kitchen where Karan had kept cleaned utensils on round aluminium rack. As I look around the dark kitchen, I could see nothing except a salt in a big container. I could not believe my eye so do Nidhi who further enquire what do they have along with Chapatti. The answer was more horrifying, that they ate their chapatti with little amount of salt and oil added to it. The kitchen looks like an abandon house except for the cleaned utensil, the old gas plate was there in one corner without a gas cylinder, on the floor was a container in which they use to store their ration but was found empty and also there are some old things occupying every corners of the house.

After having done with the briefing of the house, we sat down on the room in which they led their mat. Not so long had the boys started sharing about themselves, their father had arrived with a dry wood on his shoulder. Nikhil immediately ran towards his father happily and told his father about our visits. Following the boys we came out of the house, the boys were helping their father in placing the wood in the corner outside their house. Just next to their house is an open space, in which they cover the roof with plastic, were a group of men gather the whole day to play cards under that shades.

From his father I came to know that Karan is 10 years old and Nikhil two years younger than Karan. According to his father, Karan was born normal (means with vocal) but after getting discharged from the hospital, Karan had developed jaundice in which they took him to Asha

Nikitan for treatment. But by the time they started his treatment; Karan had already lost his vocal and could not produced sound anymore from his mouth. Karan has been looked after by Asha Nikitan and they had also performed a minor surgery to induce vocal through that. After that they told his parents that he will develop his speech gradually with time. According to his father, Karan is improving and pronouncing words slowly though it might not be very clear yet. And he also expressed his wish of keeping both brothers in some form of hostel where they can get proper education.

Nikhil with his older brother Karan outside their house near a fireplace where they cook and prepare their meal.

Karan as I observed can hear, can understand, response normally to what had been asked for except for the clarity in it. He did not behaved strangely or reacted abnormally during our interacted with him. He gave his opinion whenever it concerns him.

According to the father, both of them had stop going to school since their Grandmother and Mother had passed away last year. However, the neighbours had mentioned that his wife had left the house because of his violence nature. She took the baby girl with her and leaves behind two older sons with her husband. Their paternal Grandpa, who stays with them, is a vegetables vendor and they could maintain their daily expenses with that meagre income he got from vending vegetables. Recently their grandpa had also gone to his native place Chinwada leaving behind his grandchildren with his son who had just fissured his left hand while working. Therefore, so all these days, he did not go for work and I am afraid they did not have anything to eat in the kitchen except salt.

Nikhil is a smart boy with neither thin nor flab. He is very lively and very active. He is always with his older brother and taking the responsibility of cooking and making Chapatti for the three. He is also indeed a good guide. He wants to go back to school again and is aspired to become a pilot in future. The boy who was very bold had suddenly become scare of the future as he talks about school and his dream of becoming Pilot. The situation of Karan and Nikhil is not very different from their fellow friends in the slums. Even a small boy of eight is well aware of the fact that he can go to school only when his family have enough food in their kitchen to eat and also a good family environment to support him in his studies. Unfortunately, Nikhil has to struggle even for basic needs that every child deserves for their proper growth.

Reflection

The journey of self discovery would be an appropriate description of my journey in SOCHARA. In the first two months of collectives, I realised the importance of learning in group and being a part of a community. Because in every community individual has a vital role and responsibility to play at the same time benefitted from the group in terms of information, sense of belongingness, common interest and hands to hold in times of needs. I was given a space to grow with supervision without any compulsion which I felt comfortable and accepted. I was brainstormed by all my facilitators on community, health and community health. I have started community health journey with nothing but SOCHARA has given me the contents of Community health in my thoughts and actions.

My two months fieldwork experience at Bhopal Slum has actually opened up my eye on social determinants of health. I would have never understood the importance of social determinants if I had not been there in the field. These two months of fieldwork has given me insights of ground reality. The shift took place in my attitude over blaming people for their own situation to deny of their rights and voices. Anger and growth were the words to describe my two months experience in short. Anger because people in slum experience all means of exploitation in terms of their occupation, health, sanitation, constant fear of eviction, welfare scheme and by money lenders. That is why the status of people from the slum keeps on going downward rather than going upward position, although government of India occasionally shows their sympathy towards them. Growth in terms of understanding the situations more closely from people's perspective.

The second collective has empowered me to articulate all my observation and learning into more clear, sharp and penetrating information to myself and also to my fellow friends because I also learned a lot from them whenever important information are being shared.