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# A Report On Community Health Fellowship Learning Visit At West Bengal Voluntary Health Association

2005

*Conducted By*

**Community Health Cell**
**Bangalore**

*Supported By*

**Sir Ratan Tata Trust**

**Duration: -1st June05 to 13th August05**
**Presented By: - Shekhar Saha**
**Guided By: - Mr. D. Poddar**
**Executive Director of WBVHA**
**And**
**Respective Project Director of WBVHA**

For lib
Shekar Saha

# Final Report on fellowship

by Shekar Saha

## Introduction:-

This is continuation of the first phage fellowship programme on community health. After evaluation of first phage as per my both mentor' (local level & overall) recommendation & official recognition CHC has decided to give me opportunity to continue my fellowship for next 6th month. I was very happy to get this and was trying to utilize this opportunity as my level best. Right now I am going to finish this valuable moment through this report. it is the last lap. It will be finished on 20th April'06. Here I am trying to make my last & final report regarding my fellowship doing & learning activities. I think programme scheduled will be helping others to understand when, where & how I had able to act as a community health fellow during the last phage. So here mention first my programme scheduled then explain it in details.

Programme schedule for 2nd & last phage of Community health fellowship as follows

| Period | Place | Under the supervision of | Important role | Activity in short |
|---|---|---|---|---|
| 01-10-05 to15-10-05 | CHC, Bangalore Karnataka | Dr. Thelma Narayan Coordinator CHC | To Share about Assam experience and questing and suggesting regarding the subject which are discussed during orientation? | To participate as a learner cum facilitator of he orientation programme for 3rd batch CHF scheme. |
| 16-10-05 to 20-01-06 | ఖతం జీనిబి, Bongaigaon, Assam | Dr. Sunil kaul Managing Trustee ఖతం జీనిబి | To take responsibility as an associate cum facilitator | a) survey on MMR& IMR<br>b) health worker training<br>c) follow-up the health programme |
| 21-01-06 to 25-01-06 | CHC, Bangalore Karnataka | Dr. Thelma Narayan Coordinator CHC | a participator cum learner | To share the previous experience in northeast |
| 26-01-01 to 31-01-06 | SDRC, Vellore Chennai | Mr.S.J. Chander CHC | As a participator | To learn about the new things |
| 01-02-06 to 02-03-06 | ఖతం జీనిబి, Bongaigaon, Assam | Dr. Sunil kaul Managing Trustee ఖతం జీనిబి | To take responsibility as an associate cum facilitator | a) health worker training<br>b) follow-up the health programme |
| 03-03-06 to 31-03-06 | Leave due to take the responsibility as a father of new born child | | | |
| 1-04-06 to 20-04-06 | ఖతం జీనిబి, Bongaigaon, Assam | Dr. Sunil kaul Managing Trustee ఖతం జీనిబి | To take responsibility as an associate cum facilitator | a)Office and library management<br>b)follow-up the health programme p |

22/4/06

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   c) Few words about RCH & Key Learnings

**Report in short on 3rd batch orientation:**

After finished my first phage of fellowship I came to CHC, Bangalore to participate as learner cum facilitator of the 3rd batch (new batch) fellowship orientation programme where from I have been started 2nd & last phage journey as a community health fellow through this scheme. As per training scheduled it was start from the day of 15th September'05 but according to my 2nd phage programme I was attending the orientation programme from day of 3rd October'05 and came to an end on 15th October;05. Through the programme Community Health Cell had offered this opportunity to share various ideas & experiences regarding health & health alignment issues towards policies & implementation for all. It was very useful to fellows to learn about lot of aspect of health. According to programme scheduled of Last 15th days of this orientation has focused on presentation by fellows and also discussed of health for all.

This is the platform where fellows were getting the freedom to learn new things and sharing with others to get new ideas and facilitate it through implementation. To days burning issues of health is that need an environment where everybody will have to get their fundamental right to health care. So it is no doubt that this community health fellowship programme has been trying to sensitize fellows to learn more and more about real meaning of health for all. We enjoy the programme though group Discussion and presentation. We could learn lot of knowledge and idea's of that very subject. It was motivated us to take the responsibility to create an environment for healthy society. All fellows were presenting their experience what ever they had got information regarding community health & broader determinant of health. As a old fellows I was presenting the my last 1month understanding of the health situation in Assam & how the NGO named బితం జీనిబి has been trying to over come the situation and make to establish the right of health care in the newly formed district called Chirang.

**Report on Study placement**: - As discussed with my mentor, I had decided to go Bongaigaon (Assam) and to continue my study placement under the super vision of Dr. Sunil Kaul, the managing trustee of NGO called బితం జీనిబి. Here I am trying to look back and share my learning cum doing episode.

At a glance Chirang districtis is the part of BODO land movement: -

It is the newly formed district. After the formation of Bodo-land territorial council as a district Chirang has been carved out of Kokrajhar & Bongaigaon. There are two subdivisions in the Chirang. They are at Kajalgaon & Borobazer. It is bounded by Bhutan on North, by Kokrajhar district on the West, by Bongaigaon district on the South by Baksha district on the East. There is dense forest in the foothills of the Royal Bhutan. Total population of the Chirang is 3, 43,626 (Approximate). The Manas national wild life park is the centre for tourist attraction of the district. It was declared as national park in 1990, located at the foothills of the Bhutan with unique Bio-diversity. The economic development is dependent on agriculture and allied activities and also weaving. Near about 90% of the population is engaged in agriculture. The area consists of a multi ethnic culture including the Adivasis, the Koch-Raj-Banshis and the Bengali Muslims in addition to the predominant Bodos. ON February 20, 1993, a memorandum of settlement was signed between the representatives of the All Bodo Students' Union and the Bodo People's Action Committee (ABSU-BPAC), which had led a sustained and often violent agitation for the creation of a separate state of 'Bodoland' comprising nearly one-third of Assam. The accord, however, was on the creation of an 'administrative authority within the State of Assam', called the Bodoland Autonomous Council (BAC) and not of 'Bodoland'. It is to provide maximum autonomy within the framework of the Constitution to the Bodos for social, economic, educational, ethnic and cultural advancement.

The Bodos have rich traditional of festivals. They have contributed a lot in the field of festivals and ceremonies. The festivals & ceremonies of the Bodos can be classified in to religious and seasonal. Both are closely connected with agriculture. Garja, Kherai & Marai are associated with the Bathow worship. The dances are essentials and inevitable part of kherai festivals. The dance represents the activities and behavior of gods and goddess. The kherai dance strictly restricted to the women folk. Men are allowed to play various musical instruments, yet they have to maintain the honorable distance within precinct. Baisagu and Domashi are seasonal.

If we look back to the recent past history of the Bodos it is always found that the Bodos never compromised their identity and never allowed the others to denigrate their dignity. They always tried to protect and preserve their rich culture, language, literature and colorful tradition keeping peace with the developing of human civilization It was on the February 15, 1967 is scared day in the history of Bodo community, the all Bodo student union, shortly known as ABSU was founded uniting all the students community of Bodo people living in India and abroad. The emergence of ABSU is the beginning of the emergence of political consciousness among the Bodos as well as the tribal of Assam. The first political parties also came into being in 1967 only under the initiative of the ABSU. It has big role in the awakening of linguistic and socio-culture movement of plains tribal people of Assam. Irony of the fact ABSU is a known as non political student body. During the period of 1972 to 1980 the ABSU led the land restoration movement to get back the land form illegal immigrants who occupied the tribal land in the tribal belts. The union closely associated with every activity of Bodo Sahitya Sabha (BSS). It took an active part in the language movement. In 1986 ABSU led a direct political movement demanding a separate state for Bdods which is popularly known as Bodoland movement. After a strong movement in 1993 Bodo people able to get self administrative power called Bodoland Territorial Autonomous Council(BTAC).

The Boro people are one of the indigenous ethno-linguistic groups of present North Eastern India belonging to Indo-Mongoloid origin of Tibeto-Burman language family. Though spread in different parts of this region, as well as, in the neighbouring countries, majority of their population is found in Assam. The Boro p he Boro society is a patriarchal one, father being the fountainhead, sole authority and the complete owner of the family property. However, the mother and the other female members of the family are not neglected. In fact, the patriarchal Boro Society is intrinsically inter-woven with matriarchal traits in it. In the household concern, the mother has no complete control that the father or the husband has. Sometimes this lineage may further be testified by at least two types of marriages, in which, the man comes to live with the woman in her establishment is called 'Gwrjia' in Boro language. In other words, the Boro society is egalitarian in character so far as sharing of properties; access to education and other developmental opportunities are concerned. People form the largest indigenous group in the present demography of the region.

Source: - website document.

**Littlie bit about ఋతం జీవిబి**

As a pioneer NGO "ANT" (Action for North-East Trust) has been working for last five years to improve the lifestyle of rural people through the women empowerment. Set up by a group of professional committed to rural development, the ANT focuses its work to the poorest and disadvantaged sections of northeast region of India. It is situated at Bongaigaon District of Assam and working at the rural areas of Chirang district. "Self-help group" for women and strong commitment of ANT's associates have made a strong hope to reach the mission and also they had made plan to start another mission is being to solve rural health problem under the leadership of self-help groups. It is also running a successful weaving programme which has been sustained as a separate organization of the weavers called Aagor Dagra Afad. People rights programme takes another responsibility to meet the people requirement trough awareness campaigning and grass root level bare foot pharmacist system is treated as direct intervention for health care programme. "Use the low-cost technology and get the better result" is one of the methodologies of the organization. Explore the Eri plantation and Entrepreneurship Development Programme is another major activity of said organization

**Community Health programme through Bare foot Pharmacist:-**This is the direct community health programme for rural areas of newly formed Chirang district run by బితం జీవిబి. As discussed with my mentor as a community health fellow I had taken the responsibility for health programme as an associate of said organization for last phage of fellowship. From the month of September '2005 to last day of fellowship I was involved in the said programme. Most of villages of the same district have not found any basic health care services from govt. sector. Voiceless people of that's villages are dependent on untrained Quakes for their medical problem. They are unable to go in town for treatment due to poor

communication and long distance. Keep in mind this real situation of villages, the Ant made a plan to do a health programme for people, by the people and of the people. This is called village pharmacist. Women selected from the villages by the villagers were trained to handle 25 to 30 medicines, thus providing basic medical care in their village. Near about 40 villages has been getting basic medical service as essential or rational medicine to cure from common diseases through the said programme. All medicines are produced by a NGO called locost pharmaceuticals based in Baroda, Gujarat. It is not free of cost programme because said organization is believe that it is very difficult to sustain any programme for long time with in limited resource with out the community contribution. Good quality at low-cost medicine helps the community to save the money while they were exploited by local pharmacist and untrained rural medical practitioners (locally called quacks)

During the monthly (September'05) updating cum sharing meeting I had interact with health worker's those were trained few years back by the leading of Dr. Sunil Kaul. Then I made a action plan to work on community health in this area with the help of well trained village pharmacist. Among them two Bodo women named Puspa & Mitinga had agreed to help me as health team supervisor. Then I took a bicycle & went around the remote area where ఋతం జీవిబ has been working for last 4years. I was able to reach 30 villages. Though this mission I did my learning trips with the methodology as individual interaction & group discussion. Most of the time I saw local people especially male person had found to gossip in tea shop. So an idea came in my mind that it was best way to talk with village people about their life & life style. This was the place where people were sharing about their social economic condition including health care system and side by side I made instant questionnaire to find out the real heath situation in said area. With help of community health worker's I also did focus group discussion with women to know about their health status including maternal & child health system and individual interaction with village people also helps me to learn about community health.

Health worker's meet in every month is basically an initiative to recall knowledge & practice whatever they learned from bare foot pharmacist training programme. I took sharing session with them as a facilitator cum trainer. Of course I was able to over cum the language problem and improved myself day by day to speak in Assamis language with help of community worker. It is the opportunity to learn multi language and multi culture.

As a resource person cum facilitator I conducted the health workers meet on recall the heath information and updated if any thing required through participatory methods. That was the opportunity me to share my learning experience with them and also got the knowledge about their ideas on community based programme. Its help me to realize health practices of bodo tribes and migrate Bengali Muslims. According to their education most of them non matriculation but their knowledge level are in satisfactory level and also their commitment towards society is appreciable rather than local ANM or ICDS workers. Presently they are handling the barefoot pharmacist system without help of others and they made plan to expand their said programme other remote areas of Chirang district. But it is truth that this programmes not enough to meet the comprehensive health services. I think as organizational commitment point of view it should be take an action to start a comprehensive health care programme first then expand the programme in other place and side by side sensitize the govt. sector to improve the health care system in Chirang district.

CDS & ANM's activities in the rural the said area's :- According to supreme court orders in 2001 is that each and every hamlet should have a ICDS center and each & every children under 6 including pregnant and lactating mother are getting the supplementary nutrition form the ICDS center. But here not a single CDS centre is found to distribute supplementary nutrition among the children and pregnant women or actation mothers. It is because of poor governance and rampant corruption. And Angwadi worker's point of view they were never receives any food items for regular nutrition management programme. So they re doing their job as only the teacher of pre-school educational. After several discussions with few ICDS vorkers and the ANT associates I had made a plan to take initiative to linkup with them to improve the ituation. But unfortunately it was not happened in reality due to misunderstanding of people rights rogramme which was run by ఋతం జీవిబ. After that we were trying to sensitize them that purpose of the heatre show on people right had not to blame to Angwadi workers but blaming the poor governance of

said department. So we need your help to improve the situation of ICDS system Chirang district. At lastly they are not agreed to extend their hands towards improvement of health system. My perception is it is not because they are in under institutional pressure; it is the question of lack of motivation.

Ideologically Auxiliary Nurse Midwife (ANM), Sub center, Primary Health Centre (PHC), block Primary Health Centre (BPHC) or Rural Hospital is the backbone of rural health care system. If you would like to see the just opposite scenario for rural health care system, I think it is the right place where dose not has any single health care system (govt.) is found to run properly. Most of areas do not have sub-centre, ANM has not found to work in village, PHC & BPHC is found to run by night guard (Choukider), these are real situation of said district. So it is the opportunity for local pharmacist or untrained rural medical practitioners (locally called Quacks) to exploit the poor people through the mal practice. In other hand village people do not have any option to avoid the quakes. That means quacks are the backbone of said area's health care system. Another pathetic fact I heard from the voice of few lactating mothers of different village. All are very poor in terms of economical condition. They all are delivered child in home just few months ago and the home delivery had conducted by the night guard of nearest PHC and the guard had taken Rupees 3 thousand to 4 thousand from each family for said service. Antenatal care, postnatal care or child immunization programme is never found to see in here. So inactive ANM or non functional PHC or BPHC made them unhappy to see maternal mortality or child mortality in regular basis. So here intervention by బితం జీనిబి through the village pharmacist programme is very appropriate and helpful for the rural people. But this intervention not enough to decrease the MMR or IMR and made them happy to see the good health care system.

Transportation and existing health pharmacies: - There are the places under the district of Chirang. Assam where I did my fellowship through the organization called. Last 6th month I was unable to see any active govt. health care system in these areas for the basic health care services because not a singe sub centre including PHC and BPHC has been working in proper way. Most of them are non-functioning and there is only one civil hospital has been working like some thing is better than nothing. It is 40 to 50 km far from the remote villages of the said district and side by they do not have any motor transportation to reach quickly and take the chance to save their life from serious illness. So they have only one option to use Thela ambulance with the hope of survives. This is another cause of disgrace death. I think nothing needs to say that how the village pharmacists work. Given bellows two photographs are showing the real picture of health care system.

**Need to take action to establish the health right & save the Mother & Child life from disgrace death:** -During study placement in Assam, my mentor dr. Sunil Kaul had given me opportunity to find out the real situation of the maternal mortality rate in rural area's of Chirang district where బతం జీవిబి trying to improve the life style through the health care & livelihood support heath care system. As community health fellow I did a survey on MMR & IMR in 20 villages of said district. I had used the methodology as focus Group discussion and individual interaction with the help of barefoot pharmacist cum health workers. The statistical report has given below-

## Vital Statistics on MMR & IMR
## Area:-Chirang District.
## Period:- Dec'04 to Dec05

| Serial No | Name of Village | No of house hold | Population | No of child Birth | | No of pregnant women | IMR (Number) | MMR | Others mortality | Total Death |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | M | F | | | | | |
| 1 | Bhabanipur | 65 | 550 | 5 | 1 | 4 | 3 | 0 | 1 | 4 |
| 2 | Amaguri(choto)<br>Udalguri,Laidopara | 70 | 600 | 4 | 2 | 5 | 0 | 0 | 1 | 1 |
| 3 | Thangabari | 66 | 400 | 6 | 1 | 4 | 1 | 0 | 0 | 1 |
| 4 | Dwimuguri | 34 | 300 | 5 | 1 | 3 | 1 | 2 | 2 | 5 |
| 5 | Khanthalguri | 100 | 600 | 6 | 4 | 5 | 2 | 2 | 2 | 6 |
| 6 | Palangshiguri | 110 | 700 | 5 | 3 | 8 | 4 | 1 | 0 | 5 |
| 7 | Gaibari | 70 | 450 | 3 | 5 | 3 | 0 | 0 | | 0 |
| 8 | Simla bari | 110 | 700 | 2 | 7 | 8 | 1 | 1 | 2 | 4 |
| 9 | Dogor para | 40 | 250 | 1 | 1 | 1 | 0 | 0 | 2 | 2 |
| 10 | Uttar Rowmari | 40 | 300 | 3 | 3 | 3 | 1 | 0 | 3 | 4 |
| 11 | Khagra bari | 42 | 300 | 3 | 3 | 3 | 1 | 0 | 0 | 1 |
| 12 | Lowzuri para | 45 | 300 | 2 | 5 | 2 | 0 | 0 | 1 | 1 |
| 13 | Dolha para | 40 | 300 | 1 | 4 | 0 | 0 | 0 | 1 | 1 |
| 14 | Habru bari | 23 | 150 | 1 | 2 | 0 | 0 | 0 | 0 | 0 |
| 15 | Dima pur | 48 | 300 | 4 | 5 | 3 | 1 | 0 | 1 | 2 |
| 16 | Palasguri | 42 | 300 | 5 | 3 | 3 | 0 | 0 | 1 | 1 |
| 17 | Khatri bari | 33 | 250 | 2 | 2 | 0 | 0 | 0 | 2 | 2 |

| 18 | Bandwguri | 41 | 300 | 4 | 4 | 2 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|
| 19 | Sona pur | 32 | 250 | 4 | 1 | 1 | 1 | 0 | 1 | 2 |
| 20 | Kairabari | 85 | 650 | 7 | 12 | 10 | 2 | 1 | 0 | 3 |
| **At a glance** | | **1136** | **7950** | **73** | **69** | **68** | **18** | **7** | **20** | **45** |

| |
|---|
| MMR1:-SaharaBegam w/o Roujan, village of khairabari |
| MMR2:-Rosonara begam w/o Harun, village of Simla bari |
| MMR3:-Lomoti Bramha w/o Blen Kr. Bramha, village of Dwimuguri |
| MMR4:- Janela Goyari, w/o Amritlal Gayari, village of Dwimuguri |
| MMR5:-Mishri Basumatari, village of Khanthalguri |
| MMR6:- Chaya w/o Sobaram Basumatari, village of Khanthalguri |

**MMR:-4000**

**IMR:-130**

It is truth that 20 villages survey report not enough to establish the maternal mortality rate as per definition of MMR but there is no hesitation to say that above mentioning MMR or IMR is the result of one the most poorest health functioning system in Assam and it is the indicator that our health care system is too far from the concept of comprehensive health care. After submission my survey report, బితం జీనిబి as organization had decided to take an action on it through peaceful campaigning on the celebration of international women day, 8th march 2006. Signature campaigning & national high way blocked were using as peaceful methodology. Near about 300 hundred women came from villages & stepping together towards in front with placard on the disgrace death. Question is how long we will wait to get the right to health care for all. I think need a strong movement all over India and must be linkup with other's right movement. Hope this campaigning will help to others to take initiative in North east. I was very happy to take the responsibility to share my contribution for this campaigning as a community health fellow. Given bellows photographs are the representative of said movement.

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&Òü ">¸àÚ¹ šø[t¡¤àƒ A¡¹à¹ ¡ú

Photographs?

They demand that:

1. As per Government of India rules there be two health workers every 3000 population; all vacancies to be filled up

2. ANM should visit every house every two weeks to check up and give care to pregnant women
3. Supreme Court orders be followed to provide nutritious meal daily to every pregnant and breast feeding mother at the Anganawadi centre
4. Free evacuation facilities be available during emergencies and that the government makes such facilities available free of cost as per RCH guidelines

**Report on MSS:-**

During the days of 17th December to 19th December'06, I had gone to Kumarikata, under the District of Baksa, Assam to participate the Women Peace Corps (Mahala Shanti Sena) organized by TAGS (Tamulpur Anchalik Gramdan Sangh). It is the one of the oldest NGO in al over Assam. It was initiated in 1962 and registered as Gramdan Sangh in 1966. It aims at changing the existing economic system to bring about a casteless & classes free society free from exploitation. From the beginning TAGS, Khadi programme is taken up as the important basis for economic empowerment of the rural poor. It has work sheds for livelihood through Khadi. Soil & water conservation; irrigation; bio gas plant; low cost latrine; smokeless chulahs; drinking water well' cooperative granaries in village' health service for women & providing supplementary nutrition for children are the other activities taken up. It has always taken up a leading role in cases of calamities by providing much needed relief service. Through the MSS programme I could learn useful idea to motivate the women groups towards any movement. It is based on Gandhian Ideology. They are saying that world today is hungry for peace. The Women Peace Corps will be a carrier of peace and will be the medium of revealing the power of peace. The very fast task of the MSS will be to make change peaceful. It is a moral force. It will always be free because it is related to the spirit of nonviolence movement. Acharya Rammurti of Sramabharati Khadigram & Mr. Ravindra Nath Upadhyay of TAGS both are leading this mission with the hope of changing the society under the leading women groups

Today, throughout the entire world, there are many national, sub-regional and regional women's groups that are actively advocating peace and creating alternative communication networks that are opening new spaces for non-violent resolution of conflict and new forms of solidarity both between women and men. It is truth that war, violence & conflict are the way to destroy human dignity and create an unhealthy world where there is inequality, inequity, rampant poverty unemployment malnutrition etc. who suffering most from these, obviously women. Yes! We need a peace full world where there is love-respect -dignity for all. Is it possible? If yes, how is it? Lot of action had been done and lot of action has been going on and lot of action has to plan to take in future. But what happened! Still now these are increasing everywhere. I think Basic idea of MSS is to start social movement to change the society under the leading women groups and it is one of the ways to reduce the gap between violence and non-violence and it is the another platform for women to take initiative to establish their rights. When I was presenting the concept of MSS during the fellowship meet, most of them sharing their ideas about this movement in negative because their point of view it will be make the another platform for women to take the extra burden and presently they have already in under pressure of over burden. No doubt it was the good criticism of said programme. But I think if we are able canalizing this programme in right way may be it will be help the women to reduce their burden and enjoy their rights.

Mid-term Review and Reflection: - This was the opportunity for 3rd batch of all fellows to meet together and sharing each other whatever they could learn about various aspect of health programme. It was three days programme (23-01-06 to25-01-06) and conducted by CHC under the guidance Dr. Ravi Narayan & Dr. Thelma Narayan. Asha. Morning session of first day we were utilize as group discussion on fellowship experiences and learning points and 2nd session was the presentation by Asha, Sathya and Arun. Asha & Sathya did their presentation on post Tsunami intervention in tsunami affected areas. And through this presentation we were getting the lot of information regarding the real situation of those areas where low cats people were not able to get proper facilities. They are exploiting by the system till now. This experience alert us how the caste system is affecting the development for all. Then Arun did his presentation on how the dalit people are exploited by the so called upper caste. 2nd day Dr. Thelma

was explain to us about national rural health mission including ASHA project. Then I and
: both did our presentation about our work experience in north east. It was 3rd and last day of this
refection session when I came to know in detail history and activities bout Medico friend circle
dr. Ravi Narayan, All India Drug Action Network by Anat Phadke and Locost by Chinu.

**ıy feelings about MFC Annual meet**:-

ɔf the best opportunity me as a community health associate to know in detail about the
'Medico friends circle through the group of genius in different back ground. Most of them are
fessionals. MFC is a nation-wide group of socially conscious individuals interested in the
ems of people of India. Since its inception in 1974.it has critically analyzed the existing health
and has tried to evolve an appropriate approach towards health care which is humane and
eet the needs of the vast majority of the people in our country. It was two days (27th to28th
nnual meet of MFC in Snehadeepam Retreat Centre, Vellore. This was the opportunity to do
ction through critical analysis on various aspects of selected issue. "Quality and cost of
the context of the goal of universal access" was selected as a main topic of this meeting. Lot
ıad come out through the group discussion. For me it was first time to attend this meeting
e whole things as a leaner and I am very happy to share that it was help me to understand
real health situation India and how the govt. policies are destroyed the health system. It is
y care should be maintain but first priority is ensure the basic health care for all then to an
y, because right now poor people have two options when they are suffering due to
ıs are – one if they would like to survive from the disease, so they do not have any chance
ıily and 2nd option is If you would like to see to save your others family members, so
take ongoing health care because here only high cost health care is running. I think given
s to make the sense, what I would to say that about present fact of basic health care for all
h cost treatment ⟶ sale the land ⟶ lost the livelihood ⟶ No food-
malnutrition Infection ⟶ Again disease No money
⟶ Death.
Disease ⟶ High cost treatment ⟶ sale the land ⟶ lost the livelihood
shelter Migrate for survival increase migration ⟶ no healthy atmosphere(no
: drinking water- poor housing)
ɔt) low food consumption ⟶ low wage due to cheap labor & more profit
ıin disease ⟶ No enough money ⟶ Malnutrition ⟶ No treatment ⟶ Death.
voice during the discussion that no doubt this topic is required but it is time to only
: basic health care for all, until unless need a strong action on it with the full of energy.

**ased programme:-**

ı me opportunity to enjoy the right based programme during my study placement. So
ould like to share my opinion on it. We knows that our constitution has been given us
'ith dignity through the fundamental right. But what happen in reality, just opposite
n through out the country. That means poor people have no right to live with dignity
act as slaves of rich people and they have always been exploiting by the corrupted
*becomes meaningful when it provides space to its citizens to expect and demand
reflected in their active participation not only in the democratic processes but also
l in the process of public services"* social watch India. So this is the crucial time to
ıts through the strong & reachable awareness programme and 1year back said
decided to start a programme on people rights. Presently they have strong
ıis mission all over the Assam through the networking with other's NGO. They
ıt theatre group. It has able to perform on right to information in various places of
ed back from the voice of local people I it is the one of the best opportunity to
their right and sensitize them to take peaceful action to enjoy their right.

**The ant at a glance through SWOT as a analytical point of view.**

A **SWOT** analysis is an instrumental framework in Value Based Management and Strategy formulation to dentify the Strengths, Weaknesses, Opportunities and Threats for a particular organization The SWOT liagram is a very good tool for analyzing the (internal) strengths and weaknesses of a corporation and the external) opportunities and threats. It analysis helps us identify ways to minimize the affect of veaknesses in our business while maximizing our strengths. Traditionally, a SWOT confines strengths ınd weaknesses to our organization's internal workings while opportunities and threats refer only to the xternal environment. Here, I am trying to get a better look at the big picture, consider both internal and xternal forces when uncovering opportunities and threats of the pioneer voluntary organization called 'he ANT where I had done my community health fellowship study placement.

## Strengths:-

ı) Sprit of Volunteerism:-All associates of this organization have educational capacity to earn more ıoney from others secure job for self-development but their high level volunteerism sprit is help them to ıake a environment to work for poor within the limited resource. They are happy to accept the simple life 'ithin low salary.

) Motivation:-They have strong commitment on sustainable development for poorest to the poor people. ɔ their motivation towards work and responsibility help them to carry the mission in right way.

) Freedom of work: - This is the platform where each and every worker has a right to establish his or her eas of development for poor and also start new project.

) Selection procedure: - There is the way to get right person for right work. Not only staff & community ılunteers but also beneficiary's selection system is very good for sustainable work. Interims of staff lection, Academic back ground is not enough to work with them and also need positive attitude to work remote village for poor people and to make healthy relationship with others staffs as like family embers. For the selection of community volunteers and beneficiaries, it should by the community, of the mmunity and for the community.

Low cost structure:-As per my understanding if we would like to sustain the programme within limited sources in community level it should be at low cost otherwise it is very difficult to sustain the ɔgramme successfully. So said organization always has been trying to utilize good quality at the low st technology.

Need based approach:-Most of organizations are depended on project but this is the organization vays trying to understand community and then start a programme on what the community needs..

Way of community assessment: - Before start any programme they should have done enough study h the community and to make with them a good relationship to asses the community need.

Ready to accept the challenge: According to organizational point of view there is nothing impossible to ve the any problem which is relate with development for poor, because their understanding is problem ans challenge and they are always ready to accept the challenge.

I) Transparency: - There is place where I found 100% transparency regarding any matter especially in monitory disbursement. I think it is the very strong column for any institution.

J) Participatory approach: - This is the very important methods for any organization to create healthy atmosphere in work place and it is very helpful to worker of the organization to do their level and enjoy their work with more satisfaction. Here I have seen the real participatory approach.

K) Slow but steady: - They are believed in character or life style of ant, so they do not have any plan to become elephant like so called big organization but they would like to reach poorest to the poor of said district with in their limited resource. I think it will be help the any organization to sustain their programme for long time.

L) Publication cum library:-They have lot of books or training materials and news letter etc. regarding health issues or other developmental issues. This is the opportunity of the workers to learn more about various issues which is help them to carry their journey smoothly and it also helpful for others those are wanted to learn about the said subject.

## Weakness:

a) Staff strength not sufficient: - Presently బితం జీనిబి has been running various developmental works through the cluster wise within limited staffs. As per my realization most of workers are under pressure of overload work. Fortunately Strong motivation is help them to accept the situation. But I think if it is possible to increase staffs for same programme, may be it will be helps the existing staffs. So it has to need more paid workers to carry the mission smoothly.

b) Lack of full time coordinator: - It is the very important for any organization to link up with one programme to another programme and it is very useful to make an environment where every beneficiaries or workers has able to get the near about same satisfaction. That is why need a fulltime and efficient coordinator who is able to take responsibility to make healthy bridge between one programmes to another.

c) Lack of 2nd line leadership: - This is one of the most valuable issues to sustain the organization for long. It is truth that five years not enough to meet this requirement and it is long time process but I think here need to start this process. Though I don't how it is possible.

d) Net working system not in satisfactory level: - If you would like to see the comprehensive development in your area, it should have needed a good and strong networking system whether it is with government or NGO sectors. Because it is very difficult for one NGO's to meet the all kind requirement. I know that here it is not easy to make healthy relationship with govt. sector or and others NGOS. ఝతం జీనిబి has been trying to their level best but it is not reached in satisfactory level.

e) Not has enough money to start a comprehensive health care programme: - we know that money is one of the important factors to do some thing better than where you are. Same problem is happened here. They have an urge to start a comprehensive health care programme but not in vain due to lack of long term funding.

g) Poor record keeping & financial management system: - These are other important criteria to go ahead towards sustainable and quick service. It is no doubt to say that they are doing well their best but I think it is not enough to go in satisfactory level.

h) Poor Library and office management system: - బితం జీనిబి has lot of book to use as library but they do not have good management system to maintain properly in regular basis. And also office management is in satisfactory level.

i) No separate training wing: Training is a process or methodology to improve skill for those who are involved in community work at any level. Bur they do not have any separate training wing to work on it.

k) No motor vehicle to save the time to reach in village:-Motor vehicle is not the symbol of aristocracy and most of the time it is helpful for all to do the more work in short time. But here I could not understand their philosophy about motor bike for the staffs. They thought there is no need to use motor vehicle

because it will be felt guilty to work with poor. But I think no need to worry about it because more intervention in same time made them happy to give more time for people.

## Opportunities:-

a) Scope to expand the area of work or reach to more people
b)Other NGOs realize gradually tò come forward towards need of strong network:-
c)Right based approach will be help to create a platform to sensitized the village people to wards govt. roles and responsibility for poor:-
d)Most of SHG called Jagruti groups are ready to start self business
e)Local youth groups (ABSU-All Bodo Student Union) are ready to cooperate.
f)Network with newly formed autonomous body called BTC (Boro territorial council)
g)Insurgency is over and day by day improves the situation:-

## Threats: -

a)Poor governance
b)Poor road construction
c)Collapse the govt. health system in remote area
d)Poor socio-economic condition of Migrate Muslim community
e)Flood or erosion
f)Village fund system
g)Mal functioning of ICDS
h)Mal practice of RMP
i)Mal practice of PHC's guard
k)Corruption in govt. sector
l)Male dominated village development committee:-.

## Over all comments on the matter of study placement:

As discussed with my mentor dr. Thelma Narayan, last lap of my fellowship I was in Assam under the supervision of dr. Sunil Kaul the managing trustee of a voluntary organization called ఔఅం జీవిఔ and during my study place I was working with ఔఅం జీవిఔ as an associate. It was the great opportunity me to carry my placement study in said NGO.. No doubt to say that it is useful platform to learn about community participation not only in community health but also in life hood programme which is very close to broader determinants of health. Here I specially learn the reality of commitments towards the programme to improve the quality life of poor and also learn how poor governance and mal development policy for few has been affecting the whole system all over Assam. As a young organization it has been trying to their level best to improve the life style and reduce their medical expenditure for common & easily curable diseases. But my point of view in the matter of community health programme as an organization their achievement is not in satisfactory level. Though we know that five years are not enough to reach in satisfactory level under the authenticity of unhealthy situation in Assam and due to this as a community health fellow I was really unable to learn in through the practical intervention on comprehensive health care programme, like Jemkhed or Search. It is my perception that in future may be 5 to 10 years after as an organization ఔఅం జీవిఔ will have to become a platform by which people of Chirang district will get the facilities of comprehensive care service.

## Over all comments in relation to Community health fellowship scheme: -

There is no doubt that concept of semi structure fellowship programme is far better than formal structure and it will be helping fellows to take the responsibility to spread the practical situation in community health all over India as well as abroad and also motivate them to take an initiative to linkup the community health programme with the broader determinants of health through the right based approach. It is the great opportunity of those people who would like to see picture of healthy society where there is people will have to enjoy their fundamental as right to live, right to health right to food & so on with dignity. All right, But my point of view there are lot of scope to reach more and more well wishers of community health programme through this scheme, that means I think to need little modification of the said fellowship programme as follows-

a) It should be minimum one year and maximum three years.
b) It should be spread out through the news paper or any popular publication in regular basis.
c) It should be generate within the 30 to 50 students at a time.
d) It should be certify as academic value.
e) It should be linkup with academic cum professional institutes those are very close to Community health Work
f) It should be have specific course content and to give more attention on each topic.
h) It should be have long orientation training programme, minimum two months and midterm for one month and end term for two months.
i) It should have a mechanism to involve the number of the expert regarding subject of said courses.
l) It should have a system to introduce the all field level mentors during the orientation Programme.
k) It should be take initiative to involve the govt. sector to sensitize them about the purpose of this mission.

## Acknowledgement:-

There is an endless list of those to whom I am greatly indebted; with out whom I could not have learned so much more during my fellowship in community health. I express my sincere gratitude again to Dr. Thelma Narayan, Ravi Narayan and Dr. Francis who have given me a opportunity to study in community and also sincere thanks to Ratan Tata trust for kind fellowship. I express my sincere thanks to all community health fellows for the sharing their experience and extending their cooperation as friend. And also I would like to express my gratitude to all staffs of CHC
I owe an especial debt of gratitude to Dr. Sunil Kaul the managing trustee of బితం జీవిబి for his kind acceptance by which I got opportunity to do my fellowship placement study in Assam. His valuable guidance helped me to make a good plan to utilize this opportunity. I am also indebted to all staffs of బితం జీవిబి for sharing with me their years of experience in their respective field. I am also indebted to weaving team of Udanshree Dera for their valuable cooperation. While much of my time was spent in discussion with local people including barefoot pharmacists and SHG members who gave their valuable time and described me the challenges they faced and provided their interpretations of what was going on in their village. I express my thanks to all of them. At last but not least I would like to convey my gratitude to my family for their support to carry my learning episode on community health. At lastly sincere thanks to the members of ant to accept me as your family members and guided me as a friend.

# Preface

As a pioneer organization The Society for Community Awareness Research and Action has been working through Community Health Cell, Bangalore with the sprit of voluntarism boom on primary focus to improve health and access to health care of the poor and marginalized for over two decades. **CHC**'s efforts have been directed towards strengthening community processes through empowerment for health, by working in partnership with **NGOs** and also engaging in policy dialogue and participatory preprocesses with government in a spirit of critical collaboration. It has organizationally committed itself to working for the people health movements at local, national and global levels and to actively promote the people charter for health. **CHC** has made a plan to work gradually increase the number of student placement, internship and fellowship in order to support young persons who are making an option for community health. That is why **CHC** has been offering the Community health fellowship scheme from April, 2003. It has developed into semi structured alternative learning experience in community health. It is also offering young professionals who are interested in community health an opportunity to develop perspectives rooted in the social paradigm, to experience field realities through placement in community health projects and to be touch like minded people. Sir Ratan Tata Trust has given finically support to the fellows to carry this mission efficiently through the Community Health Cell. Fortunately I have got this facility to learn more in community health for 6$^{th}$ months (6$^{th}$ May'05 to 5$^{th}$ November'05).
After valuable discussion with my mentor Dr. Thelma Narayan, coordinator of CHC, Bangalore and Mr. D.P Poddar, Executive Director of **WBVHA**, West Bengal and Dr. Sunil Kaul, Managing trustee of **ANT**, Assam, both of them agreed to allow me to study in community health in their organization. Then I have decided to go first at **WBVHA** and after that I will go at **ANT**. Here I would like to share my learning experience at **WBVHA** under guidance of Mr. Poddar. As a friend philosopher and guide he has made schedule for me how to reach my mission step by step. So I have started my ongoing learning through various projects in different places of West Bengal like urban health in Kokata, basic health care project in Sunderban, adolescent & HIV/AIDS in Darjeeling District and RCH project in Jalpaiguri District.

Shekhar Saha
Community Health Fellow
Community Health Cell
Bangalore
Date: - 16/08/2005

## Acknowledgment

There is an endless list of those to whom I am greatly indebted; with out whom I could not have learned so much more during my fellowship in community health. I express my sincere gratitude to Dr. Thelma Narayan, Ravi Narayan and Dr. Francis who have given me a opportunity to study in community and also sincere thanks to Ratan Tata trust for kind fellowship. I owe an especial debt of gratitude to Mr. D. P. Poddar, the Executive Director of "WBVHA" for his kind acceptance by which I got permission to do my fellowship study in WBVHA. His valuable guidance helped me to make a good plan to utilize this opportunity. I am also indebted to respective staff of CHC, WBVHA, WIN, DAMRI, FPAI, Ram Krishna LokSeba Kendra, Human Development centre, Sunderban Social Development centre, Indra - Narayan Pur Nuzrul Smriti sangha, Indian Institute of training & Development centre, Prerana, Palli Sathi, Asurali GramUnnyan Parishad for sharing with me their years of experience in their respective field of work I am also indebted to ICDS & PHC staff of respective area's for their valuable cooperation.

While much of my time was spent in discussion with local people including pregnant women and adolescents who gave their valuable time and described me the challenges they faced and provided their interpretations of what was going on in their village. I express my thanks to all of them.
At the end, I express my sincere thanks to the CMOH of Darjeeling District, Superintendent of District Hospital and Secretary of Red Cross Society of Darjeeling District for their kind helps.

Shekhar Saha
Community Health Fellow
Community Health Cell
Bangalore
Date: - 16/08/2005

# Abbreviation

| | |
|---|---|
| 1) ANM | Auxiliary Nurse Midwife |
| 2) ANC | Ante Natal Care |
| 3) AIDS | Acquired Immune Deficiency Syndrome |
| 4) BCC | Behavior Change Communication |
| 5) BPHC | Block Primary Health Center |
| 6) BMOH | Block Medical Officer of Health |
| 7) BPL | Below Poverty Line |
| 8) CBO | Community Based Organization |
| 9) CMOH | Chief Medical Officer of Health |
| 10) DAMRI | Doars Alternative Medicine Research Institute |
| 11) FPAI | Family Planning Association of India |
| 12) FNGO | Field level Non Government Organization |
| 13) HIV | Human Immune-deficiency Virus |
| 14) ICDS | Integrated Child Development Scheme |
| 15) NGO | Non Government Organization (Non-profit) |
| 16) PHM | People Health Movement |
| 17) PPNP | Pre & Post Natal Project |
| 18) PHC | Primary Health centre |
| 19) RCH | Reproductive & Child Health |
| 20) SHG | Self Help Group |
| 21) STD | Sexually Transmitted Diseases |
| 22) TBA | Traditional Birth Attendant |
| 23) VHC | Village Health Committee |
| 24) WIN | Women in Need |
| 25) WBVHA | West Bengal Voluntary Health Association |

**To**
**The Executive Director**
**Mr. D. Poddar**
**WBVHA**
**Kolkata, West Bengal**

**Date:-13-08-2005**

**Dear Sir,**

It gives me immense pleasure to inform you that I have just finished my placement journey from 1st June05 to 13th August05 as a Community health Fellow through the study visit in your organization. I take this opportunity to gratefully thank You & all the team members of **'WBVHA'** for having provided me to explore the option of Community health, with a true learning experience & motivation. This study visit helped me to learn more on community health. I have made report on it which is enclosed with this letter. I would like to have your valuable feedback on it.

One thing is very clear to me that most of activities are project based and implemented by the direction of funding agency. But as per my understanding health is fundamental right of all human beings and it should be maintained by the people, for the people and of the people. It is one kind of community needs based long term process. It does not matter of what the funding agencies wish; it is a matter of real needs of community. I think that is why we need a strong community health movement to establish the right to proper health care including Allied services regarding health, like free access to water and sanitation etc. During this visit as a fellow I have realized that **'WBVHA'** has a strong advocacy and network system with others NGO and Govt. sector in West Bengal and that strength should be able to do some action regarding **"People health movement"(PHM)** because with out collective manner is not possible to do success this mission. I would like do work on it under your guidance. I hope, your valuable ideas and guide lines will help me to learn more about "People Health Movement" and do appropriate work.

So, therefore, with a big hope I will wait for your valuable comments on about my idea regarding **"People Health Movement".**

At the end I would like express again my sincere gratitude to you and all the family members of **'WBVHA'.**

With Best Regards
Shekhar Saha
Community Health Fellow
Community Health Cell
Bangalore
**NB- Email:** - shekharmun@rediffmail.com

## Introduction

Voluntary action has long and rich tradition in our country. It entails individual & collective initiatives for common public good. Voluntary organizations have been experimenting with new ways of promoting more sustainable development through flexible and risk taking experimentation. They have been able to develop methods, models and equipments that have been widely adopted by others NGO and Govt. sectors. **"West Bengal Voluntary Health Association"** is like that type of voluntary organization. It is also associated with voluntary Health Associations of India. As a pioneer NGO WBVHA is committed to make the ideal of comprehensive health care service at ground level a reality. It gives equal emphasis to preventive, curative, promotive and rehabilitative aspect of health.

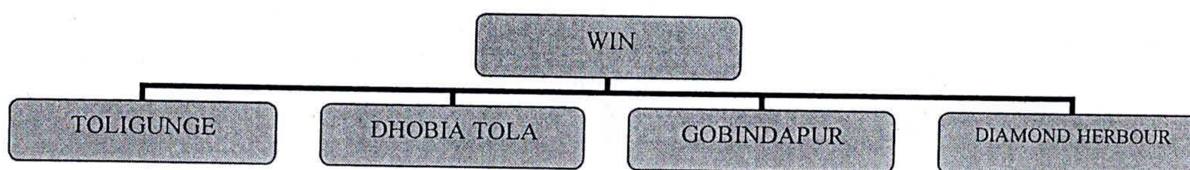
## 'WIN' should be able to win the heart of urban poor

**Introduction:-**On behalf of community health cell, as a community health fellow, I started my learning placement at WBVHA from 1st June'05 through the Urban Slum Health Project. It is run by WIN (Women In Need), a sister organization of 'WBVHA'. Under the great guidance of Mrs. Kathakali Das Pandey, The coordinator of 'WIN' I decided to go slum areas to see real condition of slum dwellers & during this study. I was able to interact with 120 people (approx) including pregnant women and adolescents. Now here I try to look back at my experience in WIN.

**Few words about urban slum:** Everybody knows the slum is a worldwide urban phenomenon. Increasing industrialization and urbanization have created slums in the city. Indian slums are Indispensable part of almost all towns and cities. Even the small and medium towns have slums. The slums dwellers live in horrible areas. Their living conditions are really unfortunate. The low paid workers live in slum areas. Slums consist of sub-standard, ill ventilated, inadequate water supply, unsanitary, unhealthy and poorly lighted houses. Congestion and poor living Conditions are distinct features of slum areas. The absence of inadequate of proper drainage and sewage system is among the major problems of urban slum areas. Apart from environmental problems, it causes serious situation, which pose the treat of malaria, jaundice, encephalitis, dysentery and so on.

The mission for enhanced livelihood opportunities has led to large-scale migration and the mushrooming of the slums in several Indian cities. But sorry to say, a large section of the urban poor do not have access to many of benefit of the urban development. Much of the challenge of delivering services to the marginalized groups lies in identifying them and effectively approaching them, so that limited resources are utilized well and programs address real needs. There is a presence of the public sector as well as NGO in Urban areas. The growing necessity for health services for urban poor, owing to rapid urban population growth, necessities thinking about the collaborative approach of the public and non profit sector for health services in urban areas. As the urban poor are at the connecting point between underdevelopment and industrialization, their disease patterns reflect the problems of both. Three main groups of diseases have been identified. The first, most directly related to poverty, includes infectious diseases and malnutrition. The second includes cardiovascular and mental diseases that, together with accidents, are mainly related to the man-made conditions of the urban environment. The third group consists of disorders that are a result of the social instability and insecurity that have become characteristic of life in many urban areas. They include alcoholism, drug addiction, venereal diseases, and the effect of different types of child abuse and women harassment.

**Few words about 'WIN'** "WIN- Women in need" is one of the pioneer NGO, working in the field of urban Poor to improve the Living condition of them since last 8 years. It is committed to work for women empowerment & child education & health through the comprehensive care & support programme. It is a sister organization of West Bengal voluntary health association. Presently, the organization reaches 4 different slums areas of west Bengal.




**Type work:-**

1) To provide basic health care facilities through clinic for urban poor.
2) To offer academic facilities for adult women through non formal education system.
3) To facilitate women for their self development through the saving & micro credit programme.
4) To provide self employment opportunity to women through the various training programme like Tailoring, knitting, paper pulp & soft toys.
5) To provide crèche facilities for children through the PPN project.
6) To provide academic facilities for student through the sponsorship programme.
7) To provide ante natal & post natal care for pregnant women through the PPN project.
8) To generate awareness to the women regarding reproductive & child health through the street corner meetings.
9) To provide food to improve the nutritional status for women & children through the PPN project
10) To provide free of cost medicine for patient through clinic service.
11) To provide Kindergarten facilities for the children through sponsorship programme.
12) To provide Coaching class facilities for the student through sponsorship programme.
13) To provide hostel facilities for student through sponsorship programme.
14) To provide rational drug for the patient through clinic service.
15) To provide referral service as per need.

## Few words about women empowerment:-

Where women are weak, society can never be strong, where women are strong, society can never be weak. That is why WIN is committed to work for disadvantage slum's women those are deprived of their fundamental right to life, health, education, thinking and action. WIN always trying to enable them through the adult women literacy programme. It is very difficult job to motivate the women to attend this programme. Few of willing women come to literate about basic education. They are happy to get this opportunity from here. It is one kind of ongoing process. Micro credit and saving is another programme for women which run by WIN. It is possible to do through formation of Self help group (SHG). Economically women are very poor rather than man, so WIN already started another programme for through self employment strategy. Needy women getting opportunity to strengthen their economic condition through various training programme like Tailoring, knitting, paper pulp & soft toys etc. these processes are also helping them to gain confidence to undertake activities which they need for daily survival, and through the confidence they developed through these activities such as savings and credit, they get accreditation from the community and move on to seeking more gender equity on other issues.

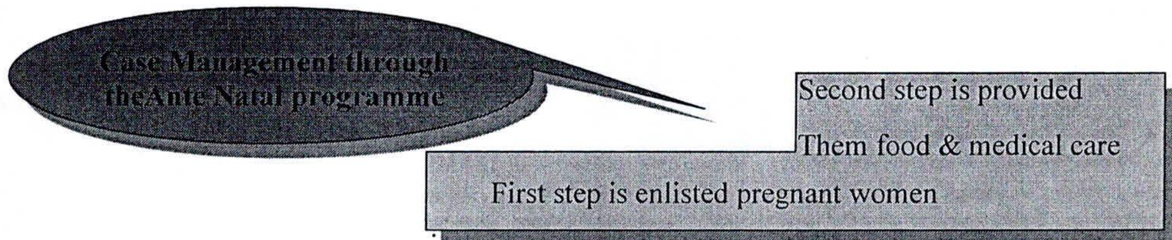
## Few words about Pre and Post Natal Project

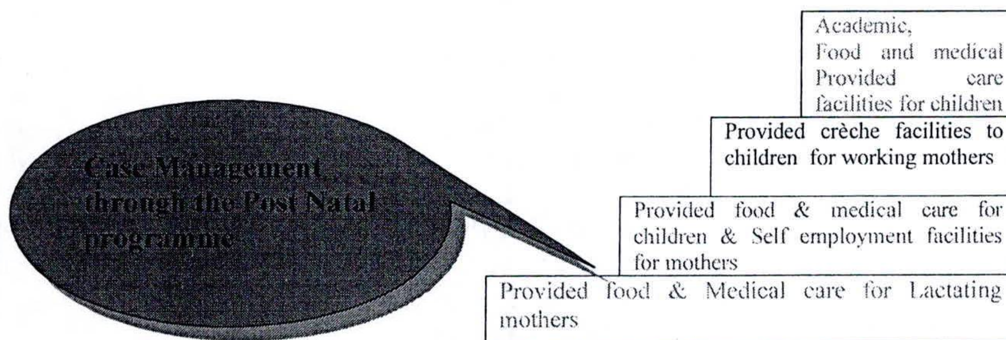
Food is the chief source of essential materials which the body needs for its well-being. These essential materials called 'nutrients'. Good food is indispensable for health at all stages of life and satisfactory growth during infancy, child hood and adolescent in adequate quantities is no less important for pregnant and nursing women since they undergo a severe nutritional stress. Child bearing imposes a great stain and it is important that would be mother leads a healthy life throughout pregnancy one of major factor that promotes health and wellbeing both of the mother & the baby in the womb, is wholesome, nourishing food.

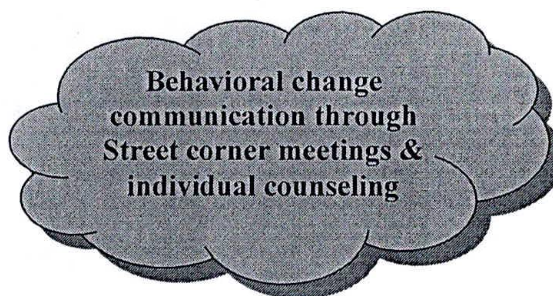
Women suffer from under nutrition because of nutritional protocol in the family of who eats first and how much. Women in general and pregnant women in particular have special nutritional needs. They need 3 times more iron than man to replace the iron lost during menstrual bleeding. Pregnant and breast feeding women need 20 times more iron. Pregnant also demand an extra 150 calories per day in the first 3 months, an extra 350 calories per day in the next six months and about 550 calories during breast feeding. Women require more iodine for their own health and that of their children, insufficient iodine especially in an already deficient mother can result in poor foetal brain development which leads to the birth of mentally sub normal children etc. that means need proper support & Care for women children those are poor. So through previous experience WIN could relies regarding this subject & has started new programme, called PPN- Pre & Post Natal Care. The programme is carried out for the benefit of the pregnant and lactating women & their new born babies. Who is real poor & needy? Is it possible to find out them? Win is able to solve this problem through the selection criteria. It has been fixed. These are

a) She (Pregnant women) should be in B.P.L. category.
b) Up to 2$^{nd}$ pregnancy.
c) After through socio-economic survey.
d) Women delivered a baby in last one year are not allowed to enter but WIN should provide facilities for first child.

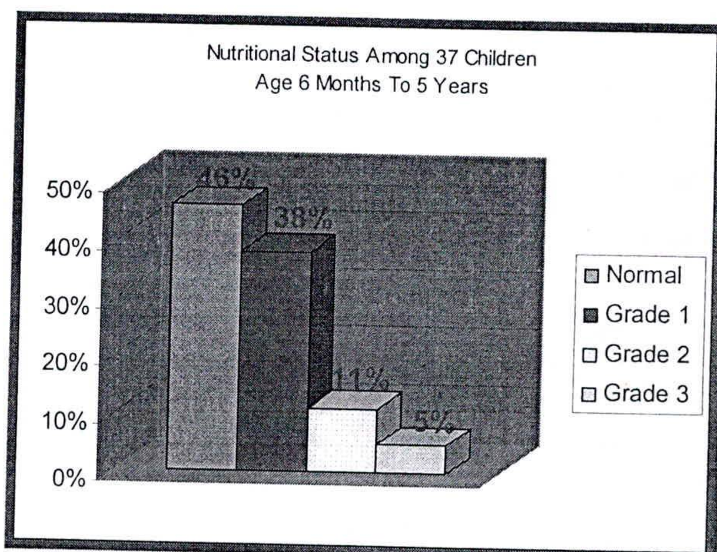
**Strategy:-Case management & Behavioral change communication.**



Through these programme pregnant women to learn she should eat to safeguard her health, undergo an uneventful pregnancy and deliver a strong and healthy baby. Mothers have realized about care of children & crèche facilities help them to improve their heath status. Here I am showing a table on Nutritional status among few children through the Random selection.




*Source WIN health card.*

As a community health fellow my few findings are given below:-

**Positive-**

a] 90 % people are happy to get support from WIN.
b] Awareness level regarding institutional delivery (95% to 98 %) is good
c] 95 % Children are immunized properly
d] Thinking regarding spacing (80 % people are using contraceptives) is satisfactory.
e] Hospital (within 1 km.) is very near to them.
f] They (75 %) are happy with govt. health service, except inadequate medicine.
g] Most of women (95 %) are involved in out side work, so crèche facility is very helpful to them.

**Negative-**

a] Alcohol addiction rate (85% to 90% adult male) is so high among male person.
b] Domestic violence against women is very common.
c] No ventilation in house (near about 100 %).
d] Inadequate supply of drinking water (70 % people are saying).
e] Sanitation facility is not sufficient (only 30 % people are getting this facility)
f] Hygienic condition is poor.
g] 90 % Male persons are not sensitized towards women and child health.

**Key learning's:-**

A] To need awareness and local initiative programme on anti alcohol campaigning.
B] Proper housing is required for them.
C] To strengthen the women empower and need to enable them about their right to health care and equity for survival.
D] With out male involvement is very difficult to solve community health problem.
E] Crèche facility is very good for working mother.

**As a conclusion**

## Need For a strong Awareness Programme &Community involvement

The provision of water supply and basic sanitation facilities would not automatically improve health. The availability of such facilities should be accompanied by intensive health education campaigns for the improvement of personal hygiene, the economical use of water and the sanitary disposal of waste in manner that will improve individual and community health The extremely high rates of population growth; the multiplicity, nature, and scale of the needs; the apathy, hostility, and neglect often exhibited by governments; and the insufficiency of the resources engaged all suggest that it will never be possible to grapple with the problems of the poor in slums and squatter settlements without the initiative and the active participation of the people themselves. In many instances little will be done for them unless they call for action, and in almost every case no lasting benefit will ensue without their active support, understanding, and participation. One purpose of the community organization is to enable slum dwellers to gain organizational and managerial skills, including the confidence to choose who should participate, to work with and use government and non-governmental organizations, and to build mechanisms that demand responsibility and accountability from the resource holders as well as from community beneficiaries So, there is a need to create a process whereby communities equip themselves to participate in the articulation of their problems in the city. What is special about the process is that it helps communities create space for women to participate centrally in the process of transformation, not only in the articulation of problems and finding solutions of it.

## Conclusion:-

As community health Fellow I have got an opportunity to learn about health situation of poor urban slum people through the WIN project. During my learning period I have been trying to find out what are real facts behind urban health problem. As per my understanding if we really desire to work for their healthy life, we need a strong health movement with the help of all.

## Acknowledgment:-

I am grateful to Mr. D. P. Poddar, Executive Director of WBVHA for providing me an opportunity to learn about urban health situation. A special thanks to Mrs. Kathakali Das Pandey, coordinator of WIN for her guidance & also thanks to Mrs. Dipali Chackraborty community health worker of WIN for her kind help to me to communicate with Slum people. Finally a note of acknowledgement to the slum's people for their active sharing & cooperation.

**Date: - 23-06-2005**

# Report on Basic Health Care & support system.

Introduction:-West Bengal Voluntary Health Association as a leading NGO has a strong networking system with other NGO all over West Bengal. Most of projects have been working with the collaboration of others small NGOs. It is based on partnership concept. WBVHA gives technical support to the partners for implementing project in reality. Basic health care project is one of them. Access and affordability become the most important factors both for basic needs and inevitable medical needs. At present, the health picture depicted by health indicators like infant mortality rate, crude death rate, nutritional status among women and children, maternal mortality rate, institutional delivery and couple protection rate etc, is unsatisfactory. This is more so in rural areas. In fact, in general, morbidity and mortality in rural areas is more than in urban. So the unit aims towards building community with active involvement & participation of local NGO's to improve the accessibility to quality health care of the people in general. Through this project WBVHA has been trying to make bridges to reduce the gap of underserved and un served areas in the fields of community health care. As a community health fellow through my field visit I have been trying to understand what is real situation in health of southern part of West Bengal (Sunderban areas) and how basic health care & support programme is implemented by 8 partners NGO under supervision of WBVHA. As per my understanding I have made a report on basic health care & support which is given bellow-

**Working area profile**

*"THE SUNDERBANS"*

The Sundarbans is the largest remaining contiguous block of mangrove forest in the world. It is shared by India and Bangladesh. The Sunderbans area in the southernmost part of West Bengal, mostly in South 24 Parganas and some blocks of North 24 Parganas, is a special region with an exceptionally fragile environment of mangrove forests and estuaries. It has a wide variety of flora and fauna. Many people migrate to the Sunderbans in hopes of earning income through wood cutting, grass cutting, honey harvesting and fishing. It is also a major source of logging, construction of settlements and building of embankments of shrimp culture of West Bengal. 3.5 million People live in the areas surrounding the Sunderbans. The population continues to increase along with the exploitation of resources from honey collecting, fishing and wood cutting. The people however need the forest as one-third of the population live in poverty. The average household has about 6.3 persons. The people live in conditions with unsafe drinking water, poor education and poor access to health facilities. People were brought in to the Sunderbans for jungle clearing and land reclamation from places like Ranchi, Hazaribagh and Orissa. After some time, these people began to make settlements there. The agriculture plots are being turned into aqua culture ponds so that these people can be provided with job opportunities. The groups that make up the community in the Sunderbans are the bawalis (wood cutters), mouals (honey collectors), Krishak (farmer) and jailas (fisherman).

The population of this area is very heterogeneous, with a rich history of in-migration especially in the post-Independence period with new migrants (often displaced people from the east) pushing into a relatively harsh natural environment, clearing forests for habitation and cultivation. This process of uncontrolled population growth has

reduced the per capita cultivable land, and created overcrowding and high rates of disguised unemployment in agriculture, as well as overexpansion of pisciculture and brackish water shrimp farming which have created a range of ecological and socio-economic problems in the region. The consequent difficulties in ensuring livelihood have also led to high rates of out-migration, especially among young male workers. The Sunderbans region has high representation of minorities and other disadvantaged social groups. Scheduled Castes comprise nearly 40 per cent of the population are concentrated in Basanti, Gosaba and Pathar Patima blocks. The economy of the region suffers from very substantial structural under employment. A large part of the population is basically dependent upon rain-fed monocropping (boro rice) and whatever subsidiary activities are available. About half of the households are those of landless laborers. The limited possibilities of extending cultivation and the features of the area, have led to an increase in dependence upon fishing and the collection of bagda prawn seeds. The over-extraction of this local resource (bagda prawn) is one of the most significant problems in the region today. It results from the serious underemployment and low wages, which make this activity (performed mainly by women and children) essential for household survival. However, brackish water fisheries and such collection have created overexploitation and thus scarcity of this prawn species as well as other fish species, making it a highly unsustainable activity. Since the work entails standing in waist-deep or deeper water for many hours, it involves numerous health hazards, including skin diseases and bites from various water species. In addition, there are real risks of being eaten by crocodiles or sharks. For this reason male household heads rarely do this work, since they are seen as the primary earners. Instead, children are kept out of school to engage in this activity along with their mothers. There have also been some reports of child trafficking within the Sunderbans involving cross-border trade.
Infrastructure is poorly developed in this area. There are only 42km of railway line and around 300 km of metalled roads, around half of which become inaccessible in the rainy season. The basic means of communication between islands is water transport which is not well-organized and mainly in private hands. There is an acute shortage of pukka jetties. Because of inaccessibility, most of the inhabited areas still do not have conventional electricity supply. Access to potable water is a major problem for residents. In addition, there are some major environmental problems in the region, some of which are natural while others are created by human activity. One of the important changes relates to the reduced flow of sweet water, because of the shift of the fresh water flow from the Hooghly River into the Padma. This has meant that the major fresh water rivers of the area, such as the Matla and the Bidyadhari, have got cut off from fresh water sources and are now mostly tidal rivers. The resulting increase in salinity has changed the vegetation pattern, affected irrigation for cultivation and caused the formation of saline banks inside the islands. The entire area is disrupted by frequent cyclones and floods and the resultant soil salinity deters agricultural production, the prime source of livelihood for the local people. Control over agricultural resources is vested in the hands of larger landowners. A large section of the local womenfolk commute to Kolkata to serve as domestic maids. Consequently the children are left to fend for themselves. They either go to work to supplement meager family incomes or stay home to look after younger siblings. In either case, they remain deprived of basic education and health facilities. For girl children the risk of getting trafficked looms large. Muslims comprise about 45% of the community and the status of women among them is comparatively low.
Source: - West Bengal Human development Report 2004

## Few words about Partner NGOs

As implementing agency 8 partners are working on basic health care & support project under the management of WBVHA through their existing system. Most of them are working at rural belt of sunderban. Gosaba, Diamond harbor and Patharpratima block of South 24 Parganas district are located in the southernmost tip of West Bengal.

***Name of partners are*** 1) Ram Krishna LokSeba Kendra 2) Human Development centre 3) Sunderban Social development centre 4) Indra -Narayan Pur Nuzrul Smriti sangha 5) Indian Institute of training & Development centre. 6) Prerana 7) Palli Sathi and 8) Asurali GramUnnyan Parishad.

They have lot of experience regarding community development activities. More than 20 years experience, self motivation, dedication and commitment towards community made them to work for the community, of the community and by the community. Few years' back they had been started their work as community based organization; presently they are closely working with state level NGO. They have well acceptance from the community to do some thing for sustainable development for not only health but also improve socio-economic status. It is truth that with out community involvement not a single programme became success in reality. So, they had started their any programme with the collaboration of community and got a fruitful achievement. One of very interesting subject is that they are all different NGO in different places but their working activities are mostly similar. These are Self-Help Groups formation, Micro credit & Income Generation Programme, Integrated community health programme, to participate on national health programme like pulse polio, Malaria control programme etc, Awareness programme as per need of community, Sanitation programme, prevention programme for the Trafficked Women & children, Arsenic Mitigation programme, special medical camp as per requirement of community like Eye Operation.& Dental clinic etc, educational programme for children & adult persons and also Basic Health Care & Support Programme.

## Few words about primary health care:-

A basic goal of development is to improve the quality of people, an important indicator of which is the health status of the population. Health is not only an end product of development. It is also a major contributor to it is as it helps to increase the productivity of the work force. Today, there is general agreement that health is an essential constituent of human resource which plays such a crucial role in development. Most of the developing countries of the world including India, the better-off sections of society are in a position to avail the benefits of modern medial science & technology, while the majority of the disadvantaged, especially people living in rural areas, are poorly served and at best receive only rudimentary health care are familiar with the various cycle wherein poor health causes low productivity and reduce income. The lack of income brings in inadequate nutrition & a deteriorating environment that further perpetuates poor health. India, being a signatory to the Alma- Ata declaration is committed to providing primary health care for all. Improvement in the health status of people requires coordinated efforts of the health sector and supportive activities of other sector such as nutrition, education, housing, water supply and sanitation.

The first primary health centre (PHC) was established in 1952 as part of the community development programme. The major functions of the PHC were spelt out as medical care, control of communicable diseases, promotion of maternal and child health including family planning, environmental sanitation, school health, health education and collection of vital statistics. The general aim of the 2nd five year plan in the field of health was to expand existing health services, to bring them increasingly with in the reach of all the people and to promote a progressive improvement in the level of national health. Then the health survey and planning committee appointed to review the development of the service in India. The Bhore & Mudaliar committee recommended consolidation of extant service rather than expansion. In 1975, the Shrivastava committee recommended the creation of large bands of part- time semi-professional workers from among the communities to provide promotive and preventive services and medical care. Community Health volunteers scheme launched in 1977, as part of the Rural Health Scheme, these workers were to act as a link between the health services and the people. The Government of India became a signatory to the Alma Ata Declaration in 1978 on health for all by 2000 A.D. Primary health care was visualized as the nucleus of the country's health system to make essential health care universally accessible. Now, what is primary health care? According to the Declaration "Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation & at a cost that community can afford to maintain at every stage of their development in the spirit of self-reliance & self-determination. The Declaration goes on to say that primary health care addresses the main problems in the community. It comprises providing promotive, preventive, curative & rehabilitative services.

## AT A GLANCE BASIC HEALTH CARE

Each project with have a specific goal & for the realization of such goal. It will mobilize them and coordinate them in an efficient manner. Basic Health Care one of them. It has a specific goal and goal is making a bridge between Govt. Health system and community through the awareness programme for community & linkage or advocacy with Govt. sectors. According to previous evaluation report it is found that PHC's have failed to deliver the goods as expected and the health care delivery of PHC's is abysmally low. They have taken care of only 8 percent of morbidity. They have more or less failed in all the essential services they expected to provide. Further, the PHCs were originally expected to provide the essential health services by entailing the community involvement and participation. As Anju Bajpai and Gurpreep kaur note, the very idea of community involvement in the health care delivery of the PHCs has not taken proper steps. The whole system has been over bureaucratized in practice. Community participation has remained a sale word in policy documents. The bureaucrats have hijacked the primary health care system, the community participation could have access to PHCs.

National health policy aims at universal provision of primary health care services. There is already an extensive infrastructure for making health services available at the grassroots level, which is being continuously extended. However, the services and delivery system has so far not been able to improve the health status of the rural masses to a satisfactory level. This is due to various reasons, including the urban hospital based, curative approach to health services, low priority to public health programmes, lack of medical staff willing to work in remote areas, unsatisfactory delivery system, irregular supply of medicine and limited access of the poor to health care services. So this needs to corrected, otherwise impossible to achieve the real mission towards public health.

Above these scenario is going to be change through lot of intervention by NGO & Govt. combined efforts but not to reach in satisfactory level. Basic health care support & programme is very useful to overcome above these situations and have a opportunity to improve quality health service and increase the accessibility for unserved & underserved Community. That is why WBVHA as an experienced NGO have taken an important role through Basic Health care & support project with the collaboration of 8 partners, funded by MEMISA Belgium.

Basic concepts of this project are:-

1) To make a village health committee and others committee.
2) To strengthen Village Health committee, central health committee and through technical inputs on education and health, so as to enrich community participation.
3) To build capacities of Mahila Mandals on health related issues – immunization, ante and post natal care, health & hygiene and government schemes.
4) To network with local Panchayats and Block level functionaries to ensure activation of relevant committees and access to government provisions.
5) To campaign against child marriages through awareness building on relevant issues for youth clubs, Mahila Mandals and community people.
6) To utilize the existing self-help groups as community well-wishers to take an important role in favor of community health development.
7) To improve basic health services at sub-centre, PHC and BPHC level through advocacy & linkage with ANM, Medical Officer & BMOH
8) To make a Doping Centre for adolescent to aware them regarding their health related problem through family life education.

## Key Learnings: -

A) Good net working with other NGO is valuable way to reach the unserved area's and easy to take action for community health.
B) Community participation is essential for the success of any health programme.
C) Self-Help Groups have emerged as one of the major strategies for women's empowerment and strong women's groups could contribute substantially to the development and convergence of services and activities.
D) Need to strengthen Govt. health service in rural areas

## End Notes:-

Community participation in the program was reflected in the activation of village health committees and adolescent groups. The VHC's included representations from Panchyat members, women's groups, youth groups, village level government functionaries [Anganwadi worker, ANM etc] as well as community opinion makers. The VHC's were involved in monitoring the development of all aspects of the villages – education, health care as well as infrastructure. The youth clubs performed cultural activities with a view to spread awareness among their peers as well as among the larger community on issues of health, hygiene, sanitation and education.

## Acknowledgement:-

I wish to acknowledge the valuable assistance, cooperation and support received from a number of people those are belongs to TBA, ICDS Panchyat and Govt. Health Functionaries. I express my gratitude to all staff of partner organizations. I am also obliged to staff of WBVAH. I express my sincere thanks to Mr. Bishwanath Basu, the Project director of basic health care Project for his kind cooperation.

**Date:-18-07-2005**

## Adolescent/ youth health and HIV/AIDS prevention unit

**Introduction:** Adolescents constitute an important segment of society. Yet until recently, the special needs of this group have not been sufficiently addressed. There is increasing recognition now that reproductive health needs of the adolescents have to be articulated in terms of information and services. So that they can make informed choices leading to improvement in their health status. Adolescent reproductive health refers to physical and emotional well being of adolescents and includes their ability to remain free from unwanted pregnancy, unsafe abortion, STD including HIV/ AIDS and all forms of sexual violence & coercion. However, experience in India regarding effective intervention for young people is very limited. The HIV/AIDS epidemic is a new & complex phenomenon in the world today. It is challenging accepted ways of understanding health and human development in our societies and demanding new forms of holistic responses. It is raising conceptual, ethical and programmatic issues, many of which still need to be named, all of which need to be raised for discussion and exploration. WBVHA has been directly working on adolescent/ youth health and HIV/AIDS issues at Darjeeling district of west Bengal through the Adolescent/ youth Health and HIV/AIDS Prevention unit. As community health fellow I could learn more through my field visit.

**Working area profile:**-Darjeeling district is the northernmost district of west Bengal. It is located on the lap of the Himalayas. The district comprises of four subdivisions namely, Darjeeling Sadar, Kalimpong, Kurseong and Siliguri. Darjeeling Himalaya forms a part of eastern Himalayan ranges and is bounded by Sikkim, Nepal and Bhutan on the north, west and east respectively. It consists of the first three subdivisions of the district while Siliguri is mainly characterized by the tarai and foothills of the district. Darjeeling Himalaya consists of a portion of the outlying hills of lower Himalayas and a stretch of territory lying along the base of the hills known as the Terai. River Teesta is the master stream in the area while the Rammam and Rangit are the two important tributaries of the Teesta. Besides, numerous rain fed rivulets in the hills become the most dominating factor of environmental control during rainy season. Tourism is a climate-based industry while tea plantations that earned fame for Darjeeling Himalaya is largely a contribution of the climate. Environmental conditions play a major role in conditioning the livelihood and economy of the people in Darjeeling Himalaya. The topography, climatic variations, soil condition have all influenced human occupancy. Subsistence agriculture, livestock, forestry, plantations and the deep-rooted poverty, and ignorance have become chronic over the period of time. Besides, the people are living in a very underdeveloped infrastructure. As one may do in many parts of the country, the economic structure cannot be analyzed in the Queen of the Hills merely by observing the towns and roadside developments. A house-to-house survey in the rural villages will reveal the real picture as to how people are struggling for their livelihood. That the infrastructure is unsatisfactory is evident on seeing the poor of remote villages still trudging a daylong walk for shopping in the towns. It means many villages are without proper transport and communication facilities. The rural folks have to walk day long to sell their produce in the nearest town. The situation becomes worse during the rainy season when frequent large-scale landslides and other forms of mass wasting take place in the hills. During this period a large number of villagers lose their lives. Safe drinking water, educational institutions, primary health centre, power supply etc. face similar fate in the rural hills.

## Few words about Adolescent/Youth health HIV/ AIDS programme.

Adolescent:-World Health Organization has defined 'Adolescence' as the period between 10 & 19 years, encompassing the entire continuum of transition from childhood to adulthood. The International Conference on Population and Development in 1994 placed fresh emphasis on the need to ensure comprehensive reproductive health for women including adolescents. During this period significant changes occur in the body, both internally and externally. It is also period of deep emotional changes. Adolescents need to be reassured that physical, mental and emotional changes are a normal process of development. They are necessary for them to move into adulthood. It is only after they have crossed the adolescent phase would be able to take adult responsibility including earning their livelihood and getting married & having children. It is, therefore, necessary that their misapprehension, misconception and resultant confusions regarding physical as well as sexual attributes be removed. Nutrition is a major health issue for them. Sexuality is the next important issue for adolescents. It is important to explain the functional link between sexuality and reproduction. It is also must be emphasized that to undertake reproductive function, full physical development is essential. It is preparatory phase and any premature action may jeopardize their future health and development and may have life long disadvantages. Development of their earning capacity is also crucial at this phase. They must utilize this period in learning how to become responsible adults including acquiring means of livelihood. A large number of adolescent populations are at the middle or high school level. Teachers, therefore, necessarily play a crucial role in the development of adolescents. The teachers need to be urged to be actively involved. Their imparting knowledge requires up-gradation and support. Parents, family and community at large also play a vital role in the development of adolescents. Lack of adequate information on dealing with the requisite patience and understanding hampers smooth transition. It is, therefore, necessary to generate awareness among them too. WBVHA has been working with adolescent/youth to improve their life skill through school and community based awareness programme. Peer Educators play the important role to share the information regarding adolescent health and life skill with others student. It is very easy to reach those adolescent are student but question is how to reach the left. That is why this unit made a plan to reach them through the self-help group. Presently both methodologies are highly accepted to adolescents or youth.

**HIV/ AIDS:-**It would be easy to underestimate the challenge of HIV/AIDS in India. India has a large population and population density, low literacy levels and consequently low levels of awareness, and HIV/AIDS is one of the most challenging public health problems ever faced by the country. HIV/AIDS is still largely concentrated in at-risk populations, including commercial sex workers, injecting drug users, and truck drivers, the surveillance data suggests that the epidemic is moving beyond these groups in some regions and into the general population. It is also moving from urban to rural districts. The epidemic continues to shift towards women and young people. It has been estimated that 38% of adults living with HIV/AIDS in India as of the end of 2003 were women. In 2004, it was estimated that 22% of HIV cases in India were house wives with a single partner. The majority of the reported AIDS cases have occurred in the sexually active and economically productive 15 to 44 age group. The predominant mode of HIV transmission is through heterosexual contact, the second most common mode being injecting drug use. Previously blood transfusion and blood product transfusion were also major causes, but blood safety measures are now in place to prevent such transmission.
It is true that Awareness programme is only way to fight against the Deadly virus 'HIV' and save the human beings. WBVHA has been working directly on it in area of Darjeeling district through the various activities. Here Adolescent peer groups, Leader of Self help Groups and Nodal Teachers play important role to extend the proper knowledge to others.

## Key Learning's:-

A) The life skills approach is an interactive educational methodology that focuses on acquiring knowledge, attitude and interpersonal skills. It ails to enhance young people's ability to take greater responsibility for their own lives by making healthy choice, gaining greater resistance to negative pressures and avoiding the risk behaviors

B) Peer educators are backbone of the mission.

C) Income generation programme for dropout youth is very useful.

D) Life skill education has played a key role in improving adolescent health.

E) SHG is helping people to agree things and to speak together, giving people a stronger voice in decision-making and in negotiating with more powerful forces.

**Acknowledgement: -** I express my gratitude to all staff of Adolescent/ youth Health and HIV/AIDS Prevention unit of WBVHA for their helping attitude. I express my sincere thanks to CMOH of Darjeeling Districts, Superintendent of District Hospital and Secretary of Red Cross Society for their kind help.

**Date:-05-08-2005**

# Reproductive &Child Health Programme

**Introduction:-** WBVHA was recognized as a mother NGO in 1996 by the Ministry of Health & Family Welfare, Govt. of India and was entrusted with the responsibility of capacity building of field NGOs (FNGO) in implementing the RCH programme in 8 districts of West Bengal. WBVHA disburses funds to the small organization on behalf the government, disseminates information on RCH issues among the FNGOs and is actively involved in organizing training for the members of the FNGOs through its training unit and also guided them to improve their skill to do better performance on public health through this programme. As a nodal agency WBVHA has been implementing this programme through the FNGOs in underserved and unserved areas. As community health fellow I have tried to learn about FNGOs activities regarding community health through my field observation in area of Jalpaiguri district in West Bengal.

**Working area profile:-**

The district of Jalpaiguri in West Bengal flanks the foothill of the Himalayas. The area forms a part of what is well known in literature as the 'Terai' or 'Dooars' and has lately been subjected to large scale human interference and its consequential hazards mainly river shifting, deforestation, water quality and also social problem. From the geological point of view the soil of this district is mainly the product of weathering of fluvial clastics. It has developed on the Quaternary deposits of the Himalayas, which is well within the sub topical climate environment. Geomorphologic, hydrological and physical set up of the Quaternary terrain comprising the interfluves area of the Mahananda, Teesta, Torsha, Jaldhaka, Sankosh and other rivers provide evidences of parallel transverse faults. The drainage pattern, topography and groundwater are controlled by the neotectonic movement. Topography of this district and its environs is characterized by uneven. Elevation of this region varies from 62 m to 350 m. Slope of the region is going towards north to south direction. The land use pattern has also been changing from natural land to man made structure. The main land use of this district is forest (30%), tea garden (20%) and cultivated and non-cultivated land (35%) and other (15%) (Source: LISS-III image, March, 2001). Jalpaiguri district is a land of culture which has multi languages, castes and traditions. This district with a population of 3403204 (Census 2001) is the house of many tribes and communities. The percentage of SC and ST is 36.99 and 21.04 of the total population respectively. Most of the people are directly or indirectly related with tea garden and agriculture. The district has developed dramatically from last decade in different views. Literacy rate is increased from 45.09% to 65.61% but literacy rate is 21.50 % in tea garden belt. The percentage of Below Poverty Line (BPL) families have decreased from 62.01(1997) to 59.53(2002). Education, birth rate control, health condition, drinking water facility and other infrastructures have been improving. Some groups of women have established themselves by setting up Self Help Groups resulting in the upliftment of socio-economic pattern. Malaria, Diarrhoea and other water- borne diseases are 'acute problems' of the tea garden belt in the monsoon period due to the contamination of drinking water .The tube wells or wells used as the source of drinking water do not have any concrete platform in tea garden belts. Aquatic life also faces the problem of contamination of surface water. All environmental hazards directly or indirectly effect of the health condition of tea garden belts compare to other part of district. The Diarrhoea, Malaria, and others water-bone disease are 'Acute Problem' of the tea garden belts in the monsoon period in every year

**The primary causes of the poor health are –**

1) Poor drinking facility due to the contamination of ground and surface water and waste management of tea garden belts because do not have concert platform of tube well and deep tube well.

2) Land use pattern, geomorphology, hydrology condition and drainage networks all are directly or indirectly related with marshy land which are more favorable condition for malaria disease.

**The secondary cause of the poor health condition –**

a) Literacy

b) Lack of awareness

c) Poverty

**Literacy:**

Literacy is one of the prime factors of human interference hazard and creating awareness. Health and literacy both are complementary step for better future. But unfortunately literacy rate is very poor in the tea garden area compare to the district. In 2001 census literacy rate is 63.62% in whole district where as 37.48% in tea garden area.

**Lack of Awareness:**

Being a backward district Jalpaiguri is confronted with a very major social problem which is a great concern for the programmed of eradication water-borne diseases like malaria, Diarrhoea. The entire problem is alarming in this region due to lack of awareness about their health. The rural families, majority of whom are living under the poverty line, they are aware about their sanitation. As per the 1991 census report, only 24.96% of the households in Jalpaiguri have access to toilets. In the tea garden areas, this figures is such at 10.43%

**Poverty of the Tea Garden belt area:**

More than 70% of the total populations in Tea garden area are working as daily-labourer. The percentage of Below Poverty Line (BPL) families have decreased from 62.01(1997) to 59.53 (2002) in all over the district. But the percentage of BPL families in Tea Garden area is 67.07%.Tea garden labourer gets minimum wage in relation to labours of other spheres. The feudalistic character of tea garden management still treats them as their bonded labours. The amenities are to be provided as per rule to the labours which is absent in almost all tea gardens. The development and living-standard of the people of village of West Bengal is induced by Panchayeti Raj since 1978 but the tea garden people were deprived. Since 1997 the tea gardens were brought under Panchayet system. But Panchayet could not provide any development or make any expenditure for the betterment of the people, as the tea gardens are bind by Tea-Plantation Act. The contradiction of the two rules i.e. T.P.Act and the Panchayeti system if not resolved immediately, no development of the tea garden people and their spouses can be achieved, which ultimately may lead to a regional imbalance even within the district.

## Few words about FNGOs

As community health fellow I went to visit two FNGOS in Jalpaiguri District in West Bengal to learn their approach towards community health on account of RCH programme. So here I am trying to highlights few words about them.

**DAMRI:** - "Duars Alternative Medical Research Institute" has been working on various development issues regarding health & education through few project in small area of Jalpaiguri district. At a glance activities are School Health programme, first-Aid training for secondary student, career guidance, community medical service, free coaching centre, need based awareness programme, self-help group formation, need based health camp, family counseling and RCH programme under supervision of WBVHA. It has strong advocacy & rapport with Govt. health functionaries, ICDS, Panchyat Members and Local CBO. Strong commitment made them to work with under-served people those are not getting need based facilities from others side.

**FPAI:** - "Family Planning Association of India", Kalchini Branch is one of leading NGO of North Bengal has been working at kalchini Block of Jalpaiguri drastic on various issues regarding community health under guidance of Mumbai Head Quarter of FPAI and also guided by WBVHA only on RCH programme. It is nationally reputed and has an experience of over 47 years. The branch is covering a tribal population of nearly 80,000 living in slum, forest and tea gardens. Mostly inhabitants belong to Rava, Mech, Dukpa, Santal and Nepali community etc. It is presently work on five 'A 'that means 1) Advocacy 2) Adolescents 3) AIDS 4) Abortion and 5) Access. Over-all mission of this organization is an endeavor to strengthen a voluntary and non-governmental commitment to promote sexual and reproductive health & rights including family planning. It strives support a woman's right to opt for legal & safe abortion, reduce the spread and impact of STD/ HIV/ AIDS and protect people especially adolescent and youth from unprotected sex, unwanted pregnancy, violence, discrimination and abuse.

Bharnabari and Gangotia tea-estate where government health services including RCH are still left untouched, but presently scenario is going to change through the Commitment of FPAI Kalchini Branch. It has made strong net working and linkage with others those are working on community development in same area. Here Govt. health functionaries, Trained Birth Attendant; local clubs or CBOs, ICDS and Panchyat has been working together to fulfill the mission and improve the health status of that community.

The govt. of India has been promoting NSV (No Scalpel Vasectomy) with latest technology for last 7 years. It is hoped that at last men will come forward to shoulder their responsibility for contraception. They have come in droves in some places like Jalpaiguri District of West Bengal. It is the one of success story of FPAI.

"GO FOR HEALTH CLUB" is good idea to address to develop needs of adolescent in a holistic manner. It is like a youth club where the youth doing something for their development. Here everything has been maintaining regularly from the beginning by peer groups. It is strongly used for as information and counseling centre regarding adolescent health including STD/HIV/AIDS. They are also getting the way of earning through the income generation programme.

**Few words about RCH:**-In 1994 when the International Conference on Population and Development in Cairo recommended that the participant countries should implement unified programmes for Reproductive and Child Health. The RCH approach seeks to underline that "people have the ability to reproduce and regulate their fertility, women are able to go through pregnancy and child birth safely, the out come of pregnancies is successful in terms of maternal and infant survival and well being and couple are able to have sexual relations free of fear of pregnancy and of contracting diseases. The Govt. of India followed up international endorsement with a national programme on RCH in 1997. The concept of RCH is to provide need based, client centred, demand driven, high quality and integrated RCH services to the beneficiaries. The RCH programme aims to bring all RCH services within the easy reach oh community. This Programme incorporates the components covered under the Child Survival and Safe Motherhood Programme and includes an additional component relating to reproductive tract infection and sexually transmitted infections. In order to improve maternal health at the community level a cadre of community level skilled birth attendant who will attend to the pregnant women in the community is being considered. Reduction of maternal mortality is an important goal. The Department of Family Welfare has taken several new initiatives, during the current Ninth Plan period, to make the programme broad based and client friendly. The focus was, accordingly, shifted from individualized vertical interventions to a more holistic and integrated life cycle approach giving more focused attention to the reproductive health care. The National Population Policy 2000 recommends a holistic strategy for bringing at the grass root level and involving the NGOs, Civil Societies, Panchayati Raj Institutions and Women's Group in bringing down Maternal Mortality Ratio and Infant Mortality Rate.

RCH Programme which started in the year 1997-98 had end by the March 2005. From 1st April, 2005 RCH 2nd phase has been beginning and some where it is going to start. The focus of the programme will be to reduce the Maternal & Child Mortality & Morbidity with emphasis on rural health care. This time more flexibility have been given to the States for planning their own interventions for achieving the goals, accordingly the states have been requested to make their own project implementation plan with indications for achieving the desired milestones. So WBVHA has given opportunity to FPAI & DAMRI to perform better on account of RCH II.

**Key Learnings: -**

a) Improvement of general educational level along with awareness generation in reproductive health through Information Education & Communication by the help of mass media & health workers are of utmost importance.
b) If people are involved in planning, implementing and monitoring, they have ownership of the programme and this is important for its success.
c) A strong partnership between the service provider and the community will reduce the unmet need and improve the health status.
d) If implemented in an integrated manner, the RCH programme will go a long way towards improving the overall health of women and that of society as a whole.

**Acknowledgement:-**I express my gratitude to Project co-ordinator & Health Workers of DAMRI & FPAI for their helping attitude. I express my sincere thanks to Mr. Mithun Nath, the Project director of RCH Project for his kind cooperation.

**Date :-13-08-2005**

# A Report
# On
# Community Health Fellowship Learning Visit
# At
# The Action for North East Trust & Rural Volunteers Centre in Assam

*Conducted By*

**Community Health Cell**
**Bangalore**

*Supported By*

**Sir Ratan Tata Trust**


**Duration: -16th August'05 to 27th September0'05**
**Presented By: - Shekhar Saha**
**Guided By: - Dr. Sunil Kaul,**
**Managing Trustee of the ANT**
**And MR. Rabindra Nath Director of RVC**

# At A Glance

## Self-Help Groups & Action for Community Health

## Through the ANT

### Introduction:-

As a pioneer NGO "ANT" (Action for North-East Trust) has been working for last five years to improve the lifestyle of rural people through the women empowerment. Set up by a group of professional committed to rural development, the ANT focuses its work to the poorest and disadvantaged sections of northeast region of India. It is situated at Bangaigoun District of Assam and working at the rural areas of same district. "Self-help group" for women and strong commitment of ANT's associates have made a strong hope to reach the mission and also they had made plan to start another mission is being to solve rural health problem under the leadership of self-help groups. "Community Health Cell", Bangalore has provided me an opportunity to learn more in community health through the community health fellowship programme. My mentor Dr. Thelma Narayan, coordinator of CHC has guided me to go in Assam where lot of opportunity to gather new experience in community health and also explained me how Dr. Sunil Kaul, Managing trustee of the 'ANT' as social activist has been working at the really underserved areas of Bangaigoun District of Assam with his strong volunteers groups. So after finished my study visit at West Bengal Voluntary Health Association in West Bengal I came to Assam and met with my new mentor Dr. Sunil Kaul and discussed with my study visit and started my journey here from16th August'05 for one & half month. Through this report I am trying to present my feedback on account of learning mission in community health.

**Little bit about Assam: -** *The* Assamese The population of Assam is a broad racial intermixture of Mongolian, Indo-Burmese, Indo-Iranian and Aryan origin. The hilly tracks of Assam are mostly inhabited by the tribes of Mongolian origin. This broad racial intermixture is the native of the state of Assam, called their language and the people ``Asomiya" or ``Assamese" which is also the state language of Assam. Assam is a land of about 25 million people situated in the northeast corner of India. The principal language of Assam is Assamese although a large number of other languages are spoken. Assam comprises an area of 78,523 square kilometers (30,318 square miles). Except for a narrow corridor running through the foothills of the Himalayas that connects the state with West Bengal, Assam is almost entirely isolated from India. The state has the largest number of tribes within their variety in tradition, culture, dresses, and exotic way of life. Most tribes have their own languages; some of their traditions are so unique and lively that these causes wonder to others. Boro (or Kachari), Karbi, Kosh-Rajbanshi, Miri, Mishimi and Rabha are also among these tribes exhibiting variety in tradition, culture, dresses, and exotic way of life. The national festival of Assam is the Bihu which is celebrated in three parts during a year with great pomp and grandeur by all Assamese, irrespective of caste, creed or religion. Bengali-speaking Hindus and Muslims represent the largest minorities, followed by Nepalis and populations from neighboring regions of India. About a quarter of the population is Muslim. Most Muslims are recent settlers from Bangladesh, although there have been some Muslims in Assam for several centuries. The older Muslims are well-integrated with the society.

Weaving is the traditional craft of the Assamese, and the women of almost every household take pride in their possession of a handloom. They use their handloom to produce silk and (or) cotton clothes of exquisite designs. The Eri, Muga and Pat are the important silk products of Assam.The most important social and cultural celebrations are the three Bihu festivals observed with great enthusiasm irrespective of caste, creed and religious affinity. The Bohag Bihu, celebrated in mid-April, is the most important one. It is also known as Rangaali Bihu ("rang" means merry-making and fun). It is observed by dancing and singing in open spaces as well as in the houses. The second important Bihu, Magh Bihu, is a harvest festival celebrated in mid-January. It is celebrated with community feasts and bonfires. It is also known as the Bhogaali Bihu ("bhog" means enjoyment and feasting). The third Bihu festival is observed in mid-October. It is also known as the Kangaali Bihu ("kangaali" means poor) because by this time of the year which is before the harvest is brought home, the stock of foodgrains is low in a common man's house.

In terms of life expectancy, literacy, infant mortality, drinking water etc. One finds that in terms of life expectancy at birth (table 9.1), the figure for Assam for male population (58.96) as well as female population (60.87) falls below the national average of 63.87 and 66.91 respectively. Infant mortality rate for the state in 2002 is 62 while the national average is 64. It is to be noted that in 2000, the infant mortality rate for female in the state was 83 compared to 69 for all India. This is rather striking because among the major states numbering 15, only the states of Madhya Pradesh, Orissa and Uttar Pradesh has higher female infant mortality rate. And then we think that there is comparatively less male bias in the Assam vis-s-vis the national scene! In the case of male infant mortality rate, Assam does better than just four other states, namely, Madhya Pradesh, Orissa, Rajastan and UP.

Source:-Website-www.assam.org

**Focusing areas of work:-**

1) The weaving programme: - It is one of income generation programme for poor rural tribal women of the north Bongaibaon in Assam. The women of almost every household take pride in their possession of a handloom. They use their handloom to produce silk and (or) cotton clothes of exquisite designs. It is fully community based and maintained by weavers. This wavers assembly is going to breathe a life f its own. Presently only technical support has given by the ANT. Through this programme more than hundred families are surviving and improve their lifestyle because they are getting proper wedges and healthy atmosphere.

2) Village pharmacist:-Most of villages of the same district have not found any basic health care services from govt. sector. Voiceless people of that's villages are dependent on untrained Quakes for their medical problem. They are unable to go in town for treatment due to poor communication and long distance. Keep in mind this real situation of villages, the Ant made a plan to do a health programme for people, by the people and of the people. That is called village pharmacist. Women selected from the villages by the villagers were trained to handle 25 to 30 medicines, thus providing basic medical care in their village.

3)YES:- Youth for Educating Society is a concept to mobilize the youth through the training programme for forming self help group and involving them in community work. Presently it is going on full swing .lot of social campaigning has been carried out by this groups.

4) Entrepreneurship Development Programme: - It is one of income generation programme for poor rural people. The Ant has been to create special training on entrepreneurship to improve the business skill of poor people.

5) Essential Drugs: - Drugs are most important part of modern medicine but the prevailing concept of pill for every ill may not hold true rather it is detrimental to our health. Rational use of drugs is the process of providing essential drugs to those people who need those most, in right time, in right dose and right cost. So this NGO trying to introduce rational and essential drugs with low cost allover the north east region. They are regularly organizing workshops on it.

6) Right for fight: - Due to poor governance of Assam govt. and lack of information, voiceless poor people are unable to getting lot of facilities which are sanctioned for them. So the Ant volunteers have committed to take action on it through awareness propgramme and bring out magazine.

7) Net working: - Recently the **Ant** has made a plan to work with other NGO's in same district through the strong net working system. The aim of this mission is sharing and helping each other to do the best action for community development.

8) Awareness programme: - **The Ant** has committed to stop the death due to Malaria in same district because here rampant Malaria is real big health problem. Through their active intervention presently the scenario is going to change. It has made possible due to strong awareness drive with the help of street play, posturing, leaflet and also proving proper low-cost medicine through the well trained village pharmacist.

9) Jagruti Groups: - structurally it is Self- Help Groups (SHG) but it is deference from generally known SHG because they are committed to work for community development. Through this action trying to build up their capacity to do dynamic action according to community need. Presently *the Ant* has made near about 50 groups with over 700 members those are well trained to maintain their groups and have ability to work for community.

**Few words about SHG:-**A way to start working that helps to build up the social connections which people find useful in support of their livelihoods objectives & Helping people to agree things and to speak together, giving people a stronger voice in decision-making and in negotiating with more powerful forces. It is also a way of increasing the effectiveness of local actions and providing easier access to micro-credit and other resources and services. Self-Help Groups are a real way to build social capital. Building networks and connectedness to increase the ability of providers and users of services to work together or to strengthen links among individuals with shared interests, and increase their chances to be part of wider institutions, such as political or people's organizations. Exchanging information, working on things together, cooperating and reducing the effort involved in doing something which may provide the basis for informal safety nets among the people. This can be people and also groups helping each other and may eventually take the form of federations of Self Help Groups. A federation of Self-Help Groups is good for building links with service providers, including extension and other government and NGO services, the rural banking sector, suppliers of materials and links to markets. Self-Help Groups raising eri culture, banana plantation & fishery etc. in rural Bangaigoun District has been especially successful. They have the highest savings and therefore have tended to receive larger loans. The formation of Self-Help Groups gave people the strength and confidence to ask for and get the support they need. Bringing together Self-Help Groups, Eri culture and flexible rural credit have improved food security and lowered indebtedness for the villagers.

**Key Learning's:-**

1) Utilize local resource and made community development is the way to improve the socio-economic status of so called marginalized and poor rural people. That is why here SHG and weaving programme are very useful for really needy people especially poor women.
2) The concept of villages Pharmacist is the way to improve the minimum health facilities in remote area's where govt. health facilities are not available.
3) With out community action it is impossible to improve the Government health service and ICDS programme in all over Assam.
4) Concept of Jagruti (Awakening) groups is the way to motivate the people to take action for their own development and make them self-reliant.
5) Strong commitment, dedication, energetic, self confidence and positive thinking of the volunteers of this organization really help me to improve my motivation on account of community work towards community health.

**Acknowledgement:-** I wish to acknowledge the valuable assistance, cooperation and support received from a number of people those are belongs to Village Health Pharmacist, SHG, Youth groups and members of villages development committee. I express my gratitude to all staff of **The ANT.** I express my sincere thanks to my mentor Dr, Sunil kaul, Margining trustee of same NGO for his kind cooperation and guidance.

# *4* days study visit at RVC

**From 15-09-05 to 18-09-05**

**Introduction:-**"Rural Volunteers Centre" has been working for rural development with a common commitment to up-liftmen of rural people through the community involvement since 1993. It is situated at Akajan, a small & interior village of Dhemaji District under the state of Assam. From the beginning it (RVC) has been trying to find out what are the real problem & need of community and then taking lot of action as need as best. Presently lots of activities are going on throughout surrounding of Dhemaji District, Lakhimpur District and river basin area of Bramhaputra. It has covered 40 villages directly and more than 100 villages under her control through strong river basin net working system. Main focusing areas are disaster management for erosion and flood, land issues, income generation programme through the micro credit system, action oriented programme as per need of community, awareness programme on various issues and providing medicine for minor illness through the barefoot doctors etc. through my 4 days study visit I am trying to understand how they are working with community and what strategy they are made for future action.

**Type of work: -**

1) To create awareness among the community for their basic right and motivated them to take action to get for their right in democratic way, like discussion with respective authority, signature campaigning and dharna etc.
2) To provide training among the villagers how to safe and sound themselves during disaster.
3) To create urge among the people how to make self-help group for their better future and how they properly use their money.
4) To establish Goun Bikash kebang (Village development committee) with the community of the community and for the community to shoulder the responsibility of community development. Presently 26 no of GBK are functioning throughout the 26 villages.
5) To build the linkage with respective govt. development agencies and sensitize them to take proper responsibility for their respective job and also help them to do the task efficiently.
6) To form ANM and Barefoot doctor to facilitate a system for the community to get medicine for minor illness with low-cost.
7) To organize various training programme, like agriculture, hand pump repairing, bamboo craftsmanship, poultry farming and basic health care etc.

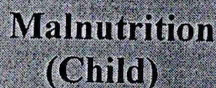
**Key Learning's:-**

1) Village Development committee is best way of community participation. Here it is functioning very well with strong commitment for betterment of their life.
2) Idea of Barefoot doctors system is very useful to community health because they are selected from the village by villagers.
3) Need community action regarding primary health care and ICDS issues due to poor functioning.
4) Movement oriented programme on land issues really touch me to learn how community involvement in action has made a path to do something for the real development for all.

**Acknowledgement:-**

I wish to acknowledge the valuable assistance, cooperation and support received from a number of village people those are belongs to Village development committee, ICDS, Self help group and bare foot doctors (community health worker). I express my gratitude to all staff of RVC.

**Over all Remarks**: - I am very fortunate to get the opportunity to study in community health through the Community health cell which is supported by Sir Ratan Tata Trust. Before start my fellowship I have been working at one of pioneer national NGO called CINI- Child In Need Institute on community health development programme through Life cycle Approach in West Bengal for last 4 years. During that period I could learn regarding community involvement towards basic health care and how to improve the govt. health system through the linkage strategy with Panchayat (local govt.), Block primary Health Centre and ICDS.I could also learn theoretical knowledge on account of community health and how to sensitize the people to take proper steps for their healthy family, like reproductive & child health including nutrition , life skill education for adolescent, family planning and STD/ HIV/AIDS etc.
But here during my fellowship not only I improve my communication skill in English and presentation skill but also I learned lot of new things and ideas in community health as broader determinant. As an example when we were working with malnourish children in rural area of west Bengal that time we are trying to solve the problem through the Nutritional education programme child care programme for community and also introduce the low cost food which are locally available and sensitized them to take each and every Govt. provided Vaccine in proper time and also given advice to them to maintain the spacing between 2 children etc. so during that time my idea was that what are causes behind the Malnutrition. Here I try to show it.




A) Lack of food and nutrition
B) Lack of Knowledge on child care & health and hygiene
C) Inappropriate breastfeeding practices
D) poverty
E) Lack of awareness on family planning
F) Poor govt. health services and ICDS
G) Chronic Infection like diarrhea and Skin diseases etc.
H) Superstition
I) Anemic lactating mother
J) Low Birth weight
K) Worm infested.
L) Biological approach towards malnutrition.
M) Vaccination not done in proper time etc.

Now I trying to mention given below what I could learn more through this first 6th month fellowship programme.

1) Low budget in Govt. health sector and 75 % has gone for staff salaries.
2) Development for Urban and rich people.
3) Corruption
4) So called community involvement.
5) Top-down Approach
6) National & International Policies towards health and health related issues
7) Privatization
8) War and conflict
9) Project oriented work by Most of NGO's rather than Process oriented.
10) Issue based campaigning not enough for real development need movement oriented process. Like people health movement.
11) World Bank and World Trade Organization.
12) Open Market policies.
13) Health for Few not for all
14) Not access to health care for poor and so called marginalized people.
15) Health is a fundamental right but still now not implemented because that kind of movement not reach to grass root level due to unorganized so called marginalized and poor people etc.

So I am really thankful to this fellowship progranmme and also touch me whatever I could lean more towards community health and it is also motivated me to do some thing towards real health development wherever I will work in future. Already I have finished my first phage of fellowship. After discussion with my overall mentor Dr. Thelma, coordinator Community Health Cell and present mentor Dr. Sunil Kaul, managing trustee of the action for North East trust I planning to work in Assam for next 6th month.

In the context of health situation in Assam is very poor as compare to other sate of India. Through previous experience I could see here govt. health system in rural area like most of subcentres and ICDS centre not functioning and voiceless rural people not only unaware about this and but also nothing to do against it. Basic health care system fully collapsed here. Keep in mind this situation; I have made plan to work on it which are given below.

Firstly I shall be trying to understand more how the Ant working towards community health with village pharmacist and low cost village Pathology system and side by I involve in it and also I am trying to become a active associate of the ANT in others activities according to need.

Secondly I shall be trying to sensitize the rural people towards poor govt. health and ICDS system and their right towards the heath for them then trying to ~~organized a~~ movement on it with the strong participation on same people.

Thirdly I shall be trying to learn & understand more and more in new public health.

Shehar Saha

Community health fellow

Community Health Cell

Date:-17-10-2005