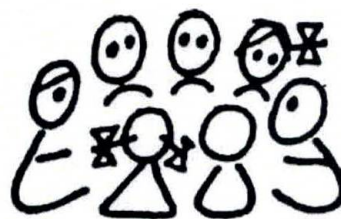
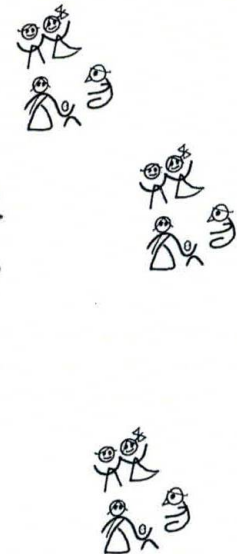
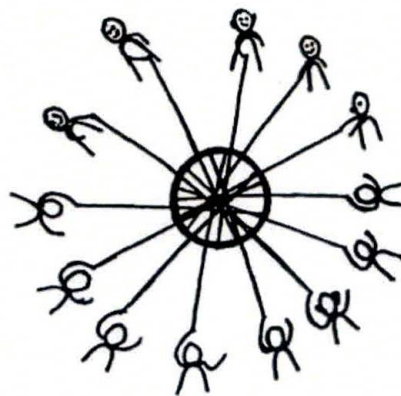
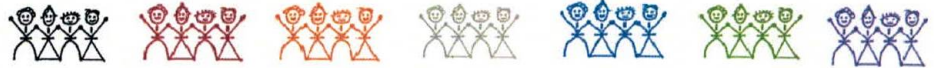


Community Health Learning Programme

*A Report on the Community Health Learning
Experience*

**KULESWAR
MAJHI**



School of Public Health Equity and Action
(SOPHEA)



Society for Community Health Awareness Research and Action

CHLP J  URNEY
J  INING  F
D  TS.....

KULESWAR MAJHI

CHLP FELLOW (2015-16)

Go in Search of your People
Love them;
Learn from them;
Plan with them;
Serve them;
Begin with what they have;
Build on what they know.
But of the best Leaders
When theirs task is accomplished,
their work is done,
The people all remark:
“We have done it ourselves”

-Old Chinese verse

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INTRODUCTION

My journey started with joining the Society for Community Health Awareness Research and Action (SOCHARA). When I think that of my life I feel am a lucky person. The dots of the life may not join if we look into the future, but when I look back in to my life, the dots are beginning to join themselves.. These dots are the challenges and problem which I faced in my life. These gave me the experience of life which developed my consciousness to be alert and not to go through those problems again.. This is make me step by step to make a new world with full of happiness. Each person join each stages of life it create a bonding with each other. Which are making us strength and understanding to work with supportive environment.

My dream was going for defense line in India. After higher secondary level I went to Army training successfully completed physical activities but in the medical exam I was disqualified. On that time I was really sad time than after try to continue my graduation at Padampur. During those days I tried again 6-7 times different paramilitary forces. On that time also couldn't succeed by different reasons. On that study period I was contacted with NSS work in the college. So I interested to do that work. I felt very happy in inner side. So had decided that time I will do social work related study help the marginalized group. Because social work is to doing something for the people to develop their community.

After the graduation I joined Master of Social Work at Sambalpur University. Before I was very shy or fear to talk other people. Than after in the university I was free of mind with mixing friends and I was developing little bit of English speaking. The most important during those days when I was contacted on Art of Living yoga's and meditation class. It will give me inner joys or happiness and healthy life style. This is developing my personality to talk other people. During my master degree I was applied for ERASMUS MUNDUS programme at Denmark through our department, so I had made my passport but on that time I couldn't succeed that programme. I continued my study than in the final year I got a chance for European Volunteer Service (EVS) through my classmate friend. On that time I already had passport so it was not default for me to apply that volunteer service. I got selected for "Sport for Tolerance" that programme for one year in Dragasani, Romania.

After European Volunteer Service I was searching for jobs on that time my friend Lokanath Sahoo told me about the SOCHARA (Society for Community Health Awareness Research and Action) fellowship programme. I applied for this fellowship through him and after that I selected.

This fellowship programme giving balance between theory and practical knowledge. All the staffs from this organization like friends whenever I want talk, if they have free time. This fellow show me ground reality health situation of the India. On this program learning from the learner.

Different field experience and cultural diversion of India. This teaching methods and reflection make us to understand the level of the problems. It is teaching us work in a group dynamic in the community health.

This community learn from community and work for them.....

LEARNING OBJECTIVES

I joined the SOCHARA with a blank mind to understand about who a Community Health worker is. I considered it to be a platform to gain the knowledge and make it experiment for the people. I wanted to myself explore the ideas about the health. Before I thought that health is only to work on creating awareness to among the people. I wanted more knowledge about the diseases, water and sanitation. I felt that, maybe this will be helpful to me to work for marginalized people for whom health is distant.

I thought it will be good chance to interact directly with the people, know their problems, and develop my skill and knowledge. I am interested to work in health sector of the community, because this needed for development of the people. In India different kind of health related problems exist more so particularly at the village level. They are not getting information about proper health related problem and not aware about health related issues. With this background I developed the following objectives when I joined SOCHARA:

- To understand the Water and Sanitation problems in the community.
- To get the idea about the community health and their perspective and paradigm shift of health in India.
- To understand or get the knowledge about the community health worker challenges, problems and finding the solution through the community.
- To prepare myself before going to the field to face and deal with the community.
- To feel rural life culture and situation of health.
- Develop different skill such as communication, speaking and writing.

Arise! Awake! and stop not until the goal is reached.....

All the power within you can do anything and everything.....

- Swami Vivekananda

LEARNINGS FROM COLLECTIVE SESSIONS

HEALTH FOR ALL

In the process of health for all will take so much time for achieving this mountain. The Alma Ata declaration was foundation of this process but it was not successfully making houses for all of them. There is no equity to this work which we achieved till date. Who has top level people they got that house and control there. They are making new houses for people that is corporates hospital. From the business motive and making money from the poor people. To preventive model than we converted curative model of each diseases. We are just making plan to achieve this goal always but not fully work on that areas. **The constitution of World Health Organization (WHO) (1946) states that good health is state of complete physical, mental, social and mental wellbeing, and not merely absence of disease infirmity.** Through this definition it will be so difficult achieve all the human being from the society to each of them together. They are not describing details about the how to achieving these goals. From the sustainable development goals which are overlapping their work for the marginalized people. This goals are target based which will be complete in 2030.

We are flowing only health for all concept which are going through different direction. There is so many NGOs are working with this concept to give the right and responsibility of health in India. People are indirectly depending on this. They have to work in different direction through the social determinant of the community. Also there is so many indirect which is giving us healthy life like improvising sport activities in community. Through the concept it will be looking both man and woman development. If we go through only in woman empowerment but problem where is mans. The man are also need a direction for development their character. Man are more responsible to making any criminal activities.

The health for all concept will be achievable while the equity will be working in this country. We need so many social movement for them. It will be coordination of health worker with community rural or urban marginalized areas.

MY UNDERSTANDING ON ALMA ATA DECLARATION

Alma Ata declaration came to this world in 1978. Before this declaration we didn't have anything which work not only curative method but also the preventive methods and give the responsibility government bound to work with participation of the local people. On the people participation to right to their health which is very innovative idea this is came from the Alma Ata declaration.

It gives equity among the people whose are marginalized in the society. This declaration provide new direction of health care facilities are Accessible, Available, Affordable, Acceptable and Quality (A₄Q). on inter sectorial coordination thorough the local community use of the appropriate and scientific technology also provide the eight element which are giving all root

level of problems that mainly see in the community. It's empower the people to make them aware about their problems give the solution by using the local resources.

Now these day modification or development of the medical science which came after the globalization and lots corporate involving and pharmaceutical company. The World Trade organization and World Bank are working on selective curative model of disease are creating the very dangerous problem on the world. All the private company working profit orienting work and health care facilities for the poor background family now also difficult. In India we have the national health policy in 1983 after the Alma Ata declaration than again it's revises on 2002. Health situation of this country hand on big corporates or multinational company and they making their profit work and pressure to the government. The privatization on the medical science which not affordable for medium and lower income people in village areas.

We have so much creative rules and guidelines but implementation of work totally collapse. Some people initiative in this countries through their organization dedication they are trying to make the community and urban health improvement with collaboration of the government for making benefit of people and following the Alma Ata declaration. Health for All people health movement which are slowly making changes in the country. Right about the health is our fundamental right and take people participation. Empowerment and give the responsibility to the people on their local demand.

COMMUNITY HEALTH

Before to join here I was thinking that working in a community with the people and give them some government medicine according to their diseases. To teach them prevent from diseases and aware from the dangerous diseases which are present on their community. To make them support of the taking the medicine and doctor's prescription. Give the training the ASHA of the villages and SHG groups etc. To survey of the villages to their diseases according to the diseases prepare the model of curative methods.

While I am started studying the health is important part of our life and also the community. Without health in our body is like a dead. Community health is not only curative from the diseases but also preventive, promotive and rehabilitative. It is the process of the socially, economically, politically and ecologically to make them aware from diseases. The empowering is the main process of the preventive and people participation give them equity to all the people benefit from health. This is process are making people enable and empower to the people for diseases which is main benefited for village people. If poor people have affected from the diseases, they have no money to buy a medicine, if he/she has brought a medicine but the food is not available for their family. Than the without the food their daily life maybe effect. So preventive them how they aren't getting a dangerous diseases make them understand what is import of health and also nutrient in our body with the people participation.

Axioms of the community are the main learning in the community health like responsibility for their own health and demand health on right, attorney over health, building equity empowering

the community beyond the social conflicts, promoting enhancing in the sense of community etc. These axioms are the main part of the community health and to convert the biomedical model to social model in the community.

This is community action work to participation of local people. Use their local resources in the community. The main focus on give them total right to the community what they want? They will decide their need from them. Government implementing suddenly some project but not informing the community which will be drawbacks. So that that work for some time and benefited from the upper level people and not a sustainable work. On that time community has do not want about that scheme or work. My total participation of the people should be make them understand and work also sustainable.

One the story about the cooperative milk in MallurKarnataka, small idea make huge different. On the milk product profit they started the health center on their villages and then some villager transfer to the silk. This one of the example of if we want to do something with people participation and understanding we can change the way of thinking.

On the story of the Abhay and Rani Bang were fight about the different types of issues with people participation make them empowered and trained them to fight for the diseases. This is very inspirational and motivation story two of them.

Health care is the part of the health system. On the health system is the cultural believe basic of the illness which is generally traditional methods on the villages which available for treatment of different kinds of diseases to their own profit. But health care is associate with sub center, primary health center, community health center, district level health center etc. in the social determinant which is include different factor. If we study about the disease we have to find out their factor of determinant which are really help us to make the research work of the finding solution to the problems. If we understands their determinant than work for that and empowering of the people.

The community health mostly effect on the globalization process which is increase the price of the medicine by the entering of the branded and product patent medicine making poor people suffering of the problems. On the globalization process different foreign company making their business in broad areas. So we have to empower the generic medicine process to the people which really affordable for all of them. The community main problem is poverty with this problem are link to each other. Social health model work for the community empowerment through the participation non-governmental organization. On increase of their economic condition then the health process is achievable.

FROM FLOOR MAPPER TO TAP TURNER OFF!

From the working on the community health is different experience on various kinds of situation people are facing problems which are making them like a disable. Through surrounded problem

and try to finding the solution from the problem without concern of the where is this problems are started. We are not finding the solution of problem. The modern medicine system now these days of curative method which are floor mapper. They are not telling details about any diseases of their preventive measures which are necessary step for all of us.

Farmers are depending on their agricultural land. They have only way to improve their livelihood from the land. The pesticide or GMO food influence the market in the agriculture field. There are decreasing the market price value in Indian market. Chemical fertilizer in village areas providing fertilizer in subsidy to farmer for increase the production of cultivation. The company providing that fertilizer through the engaging grassroots level of society. Government giving those new seed which is hybrid, the farmer can use only for one times. Where farmer getting the loan for their cultivation. After cultivation farmer giving their loans from their paddy. That on the last seasons of the cultivation, who has given the subsidy is make a Mandy (paddy shelling market). On this way the farmer bound to give their paddy to him. They cut the fertilizer and pesticide loan from the paddy and rest of the money given to farmer. Farmers do not know about the big problem which is creating in the Panjab who so much fertilizer using states during the green revolution. They are effecting so much health problems like Cancer. May be it will be creating this problem here in future. So it will understand about the grassroots level to stop using the chemical fertilizer in t cultivation field which causes of decreasing soil fertile power.

The create awareness and enable to farmer more use of organic material which is our traditional methods. This method will be use like tap turner off method. The coordination of village gram panchayat and political level and participation people. Because the root of the problem is using of chemical fertilizer, so the most using of organic material of environment friendly.

LEARNING FROM THE LEARNER

Each condition of life giving meeting with various people which are giving us their knowledge and experience of challenges their life. To learning from them to make conscious level high. The mixer background of the fellows from different parts if India which make us cultural diversity. The information about the different culture where their working his/her field placement on different organizations. They were sharing they challenges and learning which had very useful for me. The thinking of different challenges I can reflect to them and so it will not happens to me, so consciousness on the mind is created.

The collective session class what we are understood we reflected on second day. In this reflection class it was afraid to me while I attained to the first session during the two to three months. Than after I realized this is one of the practice to broad our intellectual and capacity. Through learning from other fellows understanding on their perception. What I did not understand on view of my understanding I learned from them. They were learning from me. The discussion about any topics with group and collect all the suggestions from them with understanding work.

I met so many experience person in this community health journey they are influence me. The sharing of their life experience, activities and reflection. They are making foot print in my heart. They told story which were very effective and learning from each story from their real life.

It is process of learn from learner is applicable in my field placement Kondh tribal areas. To learn from their culture and learn from the people. We couldn't do anything without support of them. They suggested us what is right and wrong according to their experience. These were very useful for me to learn from them also providing them to external support to them. This process is always continue in journey of life.

COMMUNITIZATION

The community work with the participation people empowering and enabling them development of community. Through this process the communitization work on the people society. In health sector on the village community they have different health specialist or traditional healer whose are caring people health problems. They are using traditional way of method to care of patient which they learn this on that community from other healer. The communitization need to involving the community which are the make themselves sustainable health development. NHM work through the make them village people make awareness about the different kinds of disease of their preventive and curative model. To give comprehensive health work the Village Health Sanitation Nutrition committee (VHSNC) and ASHA worker engage people to make the health work in the community.

On the village scenario when I had done my field work on Nehela village Kaniguma Grampanchayat, Th. Rampur block Kalahandi. I met with ASHA worker on that area. I tried to talk with them and discussed with their work. She attained every training which given from the government. About health she checks the pregnant women, malaria treatment and post-natal care. But when I asked how to treatment of the malaria she told me that first I check from the RDT malaria test then I give medicine. The problem that she does not how much malaria doses medicine to give the patient and how to check the expiry date if the medicine. So it will be very dangerous for the patient self.

On this discussion I realized that we are giving so much responsibility to them to finish the work. But we are not giving them proper quality of training according to their understanding requirement or ability. Also village VHSNC they have but they don't know their responsibility of work. The participation of the people is not there. The road communication from the Panchayat to village is 8 km communication is very bad because of the hilly area. So on this situation the health became very difficult to manage work.

Total power of the village is the gram Panchayat which has total responsibility to self-reliance through coordinating all the work. The ASHA selected from their village so she has good coordination of work of that village. But the Panchayat gives her motivation to work and people should be supporting and for awareness campaign all level village political people, all classes of people and village people including the woman in the all the level of meetings. The village youth

is the main important role for any kinds of development work. During my field work I had participated in Malaria Cycle awareness Yatra with 86 youth from different villages. From the youth side rally the initiative was so creative to support that work successfully. Each village youth on their village organized a people to give them aware through small drama in that village and give them full support on his village. It is main thing that people participation is possible to involving the local people to their work. Give them responsibility to work in their ideas and development to their village.

VHSNC and ASHA is strong back bone any health initiative work and with people participant to support their work. The role of village Panchayat so much power for demanding to government of their upper level for their village work. Youth club is best form of the village people to make development. Also they give their demands through the people need on their village. Health related basic training to privative also provided them than it will make changes on the village. The communitization process will be possible through the dedication and enthusiasms of the people.

AXIOMS OF HEALTH

Axioms of the health is the main work to participate and empowering the people to give their right to health also equity among them. Some main axioms are: responsible for their own health and demand health on their right. Autonomy over health, building decentralized democracy community and team level, building equity and empowering the community beyond the social conflict and promoting and enhancing the sense of the community. These areas are the main factor for the development of the community health. If we have work with the community and trained according to their cultural respect which is main focus to them. Maybe they don't understand our talk so we need work little bit easy for them with some games or traditional dance etc.

The focus on this work for the people not only solution for them but also involve them to work in Participatory through the understanding their responsibility. Sustainable work through this part possible to follow these work with the community. To know the community is important factor for all us. We are working in a community health before need to know about the community and their peoples. Fellow should be know their community because we will with them through their participation so our main goal to knowing the community. The community are friendly unity, equal sharing, mutual sharing, conditional trust and unconditional love which is main part of the communities. So we have to build there to respect of people, culture and tradition, make a rapport with them they will support with us to fulfill our objectives. The main objective is community participation which is need to be success of any planning in community. Without their support we cannot do anything.

HEALTH CARE IN INDIA

In India there is three tiers health system which are Primary, Secondary and Tertiary. On the ground level to top the structure is very good. On the plan and paper the documents are structure on very good manner. The proper coordination from ground level to top level. The village coordination through the panchayat level. The problem in practice which depends on people. But people don't know about this structure. They are busy on his work health care provider. Both are making big distance between them.

In my village areas no body know about the primary health care system. There is only pharmacist who is providing medicine and injection to the people. They are so many quack who are making business to charging so much many from the patient.

SITUATION OF HEALTHCARE IN INDIA

The health for all it will be take time to India. Privatization of health system on the profit motive the involvement of corporate sector. While the local people go to treatment in the government hospital he/she facing lots of problems. Most of health facilities in the government system I my experience are in bad condition. So the general people not getting their proper right and dignity. There surrounded environment of the hospital are unhygienic. So they are spending so much money and going to private hospital or practiosnner. For the treatment of disease they are spending all most of the money, they are borrowed the money giving to the hospital. So not getting proper food and unable proper take care of his family.

On this way how we are thinking that heath for is possible. NGOs are working for the people but people depends on the NGOs to work for their fight. We know what will be the problem will create but not concerning the effect of the problem is how much big. This is gap between making policy and practice.

The government and people proper coordination should be between them. There should no third party which are making benefit for this service. The Non-government organization should be work on most privative work for the people or community.

SOCIAL DETERMINANT OF HEALTH

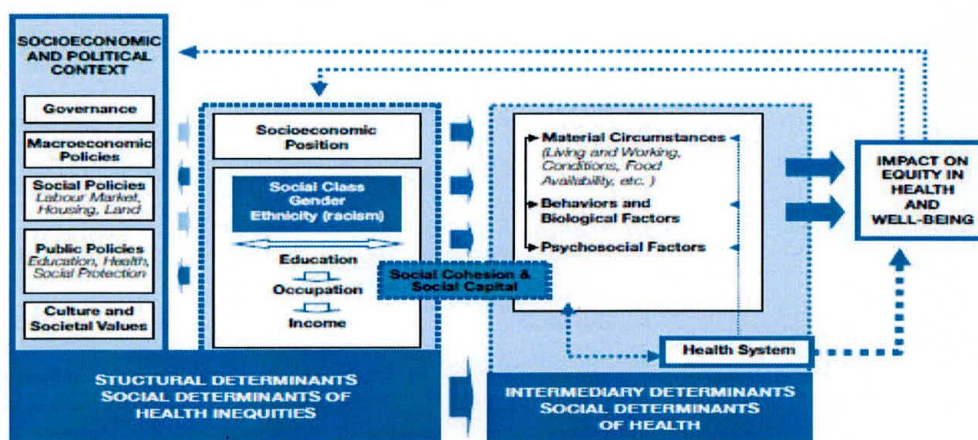
The social determinant is the effects social, political, ecological and economical in the health. This is the main problem arises in community to make understand any kind of problems. The determinants on that community on particular diseases the researcher will be understand that what proper reason behind that. The root level and effecting problem in community understand to make the solution of the problem. This situation the community understanding should be need and total participation work. The social mapping will be main role involve to know their resources. It should be draw through the community.

This is mainly responsible for health inequalities in the society. The proper distribution of any kinds of facilities from the government. The major social determinant are: income and social

status, healthy and child development, education, food security, water and sanitation, employment, social environment physical environment, universal access to medical care, gender and culture. The life should be of people AAAAAQ (Appropriate, Acceptable, Accessible, Affordable, Available, and Quality).

This determinant of need to be focus on the community level. Through this proper coordination work with participatory than it will success. The main work should be done by government.

Figure A. Final form of the CSDH conceptual framework



(Source: A Conceptual Framework for Action on the Social Determinants of Health, Social Determinants of Health Discussion Paper 2, 2010)

GLOBALIZATION

Globalization is positive and negative way of the different aspects. While it's came to first in the Asian countries also all had their this a development for all the sector which will be make development of economic condition. The globalization main focus on implement the foreign companies in the world wide to money making business. Economic of developing countries were forced to open their market to Multi National Company's and their economics to free flow of capital from the western institution through the different agreements. The focus only rich people who will be good position on the society. The marginalized people are far away from these facilities. There is positive point for developing any inter-relation between different international countries in this world. To make strong in economic condition which will be strong them infrastructure and building. The profit making business to promoting their product influencing their product in world market.

The rich people don't want this, because they have enough money for treatment, only lower and middle level of the people suffering from problems. This situation all the part of the country. The education is most effective work on this condition and dedication work of the panchayat level with inter-sectoral coordination.

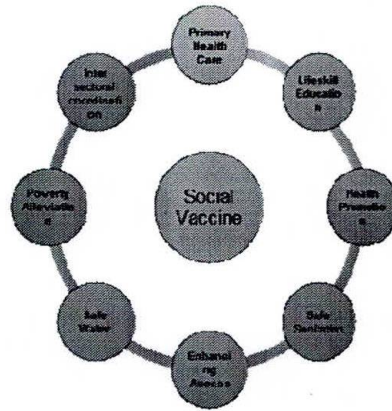
NON-COMMUNICABLE DISEASES

The non-communicable disease are creating big problem in world. Before it was called a rare disease but now a days this is spreading rural or urban area. The changing of life style and food pattern are maybe main cause of this problem. Now these days people do not want work so much. Human being want everything is possible with sitting chair. Urban areas people always busy their work problems and feeling stress. They are not doing any physical activities which are creating non-communicable diseases like hypertension, cardiovascular disease, diabetes etc. In the Urban area there not so much outdoor areas where they can making physical activities all are creating the big building. On student age they are developing non-communicable diseases effected them. This is main growth and development stage of life.

In rural before they were going to talk with the village other people and walking everywhere with doing different activities. They were doing so much physical activities, so no need do any exercise. Then the introduced television which is make them only one room. They are not going to talk with the people. Somehow the Public distribution system making them lazy indirectly. They are not eating so much vegetable only rice and his work maybe this is cause of non-communicable disease. They forgetting about their traditional cultivation and traditional foods. Now these they converted into the cash crop method.

In this condition both rural and urban community health approach should be on the grassroots level for the younger generation. They understand the value of exercise and physical activities. Improve them to do more outdoor activities which is them happiness and strength. The urban area make a space for exercise for all the people. The food pattern should be maintain by the people.

SOCIAL VACCINE



The social vaccine inter connect with the surrounded like political, economic, cultural and social part in the community. It is part which need to be develop in the community to focus on maintain the relationship and intersectional collaboration. A **social vaccine** can be defined as, '*actions that address social determinants and social inequities in society, which act as a precursor to the public health problem being addressed*'. The social vaccine gives the equity among the people which will be development of the community link with inter sectoral coordination. In this vaccine is very needed each and every people from any kind problem or illness. It will give mentally and emotionally strong to deal with various problems. Social vaccine require for the more research and study for social and political way to make policy for improving the health condition of the community level. The work of the social vaccine is to provide the equality and justice for people.

RESEARCH FOR PEOPLES HEALTH

In the problem finding process is the main part of the community work. All the problems will not solve together, so we need plan step by step which is acceptable to the people of the community with community participation. On the research proposal in a community health is require for prepare model of them solution of the community. First finding the problems in the community and choose the one problem of that area. Than that problem we have to find out their different factors. On that factor we have to find out their related to that factor than in back ground of the problem we justified actual reality of problem. Choose the factors according to the time frame of the research. Next is the search for their literature review what are already done by different researcher. Than the hypothetical framework for the research. Formulation of the general objectives and specific objective to work for the community that particular areas. According to that plane for methodology to achieve that goal to find out the problem analyses that area and take experiment on that areas also monitoring and again research. It provide equal participation of the resources and provide the equity among them. To the situational analysis study is the what, why and how it happening to conduct the research and find out their solution. The research is main factor is to find out the problem then again related to the problem find out their factors and analysis the situation than priority setting for objective than planning after implementation on

that situation and monitoring evaluation. If again there is a problem again we have to do research go through all the process.

WATER AND SANITATION

This is system we have to change the promotion and prevention work to community. Self-empowerment to make and use the toilet is very important part of the life. On this session how the make community participation Mr. Prahalad describe that while the community people not understanding anything than try to understand them to their understanding methods. It was really impressed to solve and make understand easily in the community. The form of the community always there is some culture attached with them, so we need to respect their culture. Through community participation and using their local resources. Low cost model in the appropriate technology in the community. They will decide which type of toilet they will need and use regularly. Not only use but also clean the surrounded environment. It is most important part of the community. Give them responsibility according to their understanding.

In our village most of the people going to the open defecation but who has rich or businessman they had toilet. In my family we did not have a toilet before eight month. I wanted that toilet but I did not know how to make understand my parents than after that sanitation class I improved my confidence then tried to convince them. After within a month we started make toilet in my house. Now we have a toilet my parents also using that and also their happy.

The people will understand what we are but implementations is difficult task for them. So use their understanding and fellow of them than the work will be success.

WOMEN'S HEALTH

In the Indian patriarchy society women always suffering from some problem. She will do all the work till morning to night but without any salary. Only one who is balancing her family from the income level. She is doing any from the home without hesitation carefully with control their emotion. Women health in necessary issue to change their thinking from other. Make them empower to fight each and every problem against her.

Women is the main part of our families. They have skills to manage the houses on the maintenance of the budget also save some money. They are doing all the work from house start from morning till the night like washing clothes, preparing food and take care all of us. In our male dominated society they are suffering lots of health related problem, harassment, domestic violence, dowry, female feticides etc. women don't getting proper nutrition food which is main effected their body and health because when she prepare a food but eating last, so not getting nutritional foods. Then also take care of her husband and also the children. Women generally talk to hesitate their internal problem from the other people, so lastly they are facing problems. Society people think that women are venerable.

Health and empowering is main development idea for our society. If the women are develop she is good take of their child, husband, family and also the community. Then also the development of country accordingly. Every developmental sector women are performance is better than man and they are competing with the man. Education is the important role to empowering the woman and take care of their health. Women also earning money for their family like a man, so they equal part of the family level income generation. We can more awareness about health conscious through the different government different plans and programmes. ASHA and SHG are main role to empowering the woman to get their right and provide good platform in the rural areas. Women is a future of tomorrow and without women our generation will destroy. So we have to give them proper opportunity and health facilities.

MENTAL HEALTH

The main work to do about the change thinking pattern of human being through the grassroots level. Work should be done from the community make them support the patient. It is a stigma that the mental disease will harm to other.

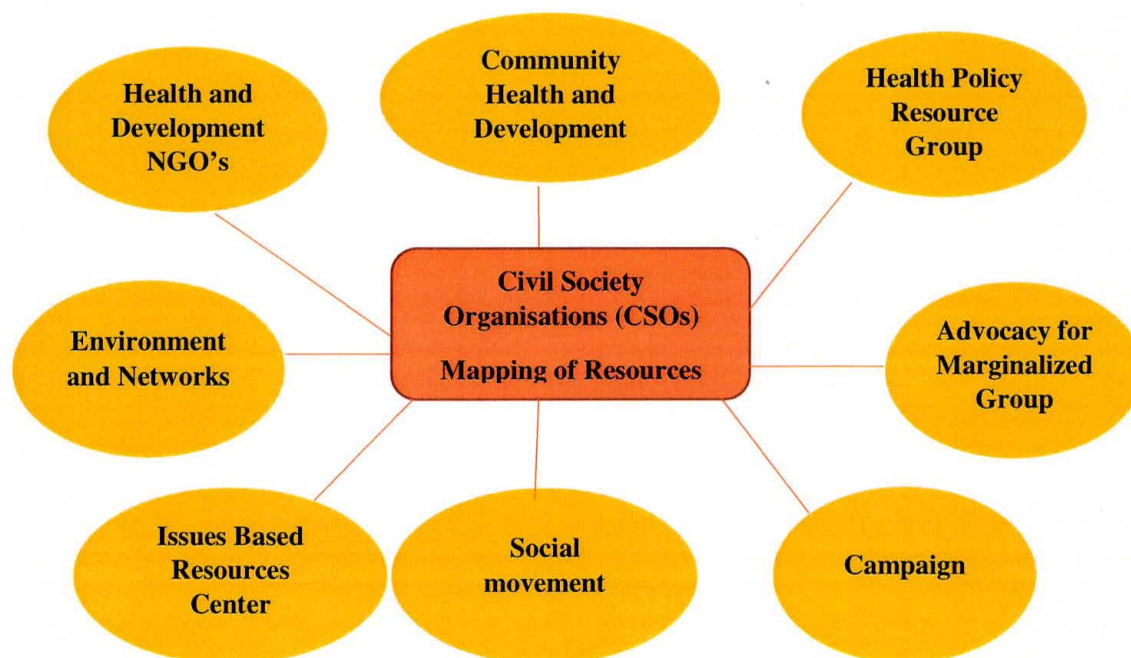
They will need social, political and emotional from the participation of the community. Community should be give them wings so will also fly freely in this society.

Generally normal person think that they are dirty, most of afraid from them, so we need to change our behavior from ourselves. But it not an easy process to suddenly change someone mind and give them solution in overnight. The mental health main basic needs are treatment, counseling, individual support, family support and community support. All the mental health disease cure on this process but sometime maybe develop process of the patient slow. So we have to give time to their disease for better development. Love and affection with good environment are much need from all side to the patient also we can give them training to their work himself or herself. Because sometime they don't know anything so we need to train them. If we train them in a good way they will come to their normal life. We saw one documentary movie how he survive from mental health disease from the support all of them and he is working for their family to income generation work. So all the mental health diseases are curable but they need proper facilities of treatment like social, mental, physical and ecological.

HEALTH MOVEMENTS, SOCIAL MOVEMENTS AND SOCIAL CHANGE

The think of change something from society or develop the society we need a movement to concern the government what is their lack in which specific area. Through movements people from community will be united than it will be successful. To make the need and development any in this country movement good effect on people minds than they will think about that matter support. From the health prospective we different movement different times. This started Dr. Jayprakash total Revolution is a combination of seven revolutions, viz., political, social, economic, cultural, ideological or intellectual, educational and spiritual; and the main motive

being to bring in a change in the existing society that is in tune with the ideals of the Sarvodaya. Then after we have different movement which will bring change on Indian context in health. The important movement People's Health Movement at Bangladesh in 2000. They discussed about border determinant of health. On the grassroots level people will get the health facilities. This is about situation of the health and discussed about the World Bank influencing health on the curative process.



Source: Commission of Social Determinant of Health: PHM India-Perspective

TUBERCULOSIS BACTERIA (TB)

This Tuberculosis Bacteria more people are affected on this disease in India. The mainly effect this disease in poor family people or under poverty level of people, so that this disease name also called as poor man disease. The main cause of this disease when our immunity system is low than this disease spread actively in our body through the air. If a person affected on this disease then he/she can affect ten person than multiple affected ten person. The main problem of this this disease is poverty, so this disease mainly recognized in urban slum areas and rural areas in the family people. They don't have been getting proper nutritional food than immune system is low than if someone effected on the TB so easily attack on other people.

Symptoms of this disease are Cough (dry 3 weeks), fever (evening temperature), loss of appetite, feeling tired, weight loss and night sweat. The test of this disease are Sputum Test (Mantoux Test), X-ray and Smirnov Test.

In India treatment for this disease is first started as Direct Observatory Treatment (DOT) than after this success other 180 countries also started this methods. India again revised this treatment their name is Revised National TB Control Programme (RNTCP). On this method government has written some components for full fill eradication TB and more easily accessible for the poor people. The components are Political and administration commitment, good quality of diagnosis, good quality of drugs, supervised treatment and systematic monitoring and accountability. All this components for the people free from the TB and easily available near their health center.

In my field place community there new introduce of the modern medicine, so there not aware about the importance of the medicine. They are taking own way which will be dangerous for them. When we talk about this TB treatment if they not talking regularly there is more chance of the resistance of TB. So this condition community should be aware about this deadly disease. I saw some patient in my field placement who has now resistance of TB disease.

The main causes of the disease is our immunity level. Solution of this disease is make our daily nutritional level high and good quality of food. To get our body healthy and strong but we have to aware this knowledge for uneducated and poor people.

EXPOSURE VISITS

1) **BBMP Meeting in Bengaluru:**

The Programme was manifesto meeting of different political parties for BBMP election at Bengaluru. All the Non-Government Organisations from Bengaluru together presented their manifesto in front of all the political parties. The local organization working on ground level and always interacting with the local people, so they have known about actual need of problem. Put the pressure local political parties for their demand and discussion various situation in Bengaluru. All the discussion was happened on Kannad language. I was that only observer from all the discussion. It was good to saw all the discussion about different issues and all the political parties were giving their view or ideas that problems. To address any manifesto with all the local organization and properly planned then put in front of the political parties candidates. It will good participatory process of the different organization.

2) **PHC Visits**

I visited Primary health center in in Domasundhra. Unfortunately that day doctor had on leave. So we just observe the PHC and their facilities. They are providing the primary level of treatment also referring to the hospital. Delivery cases taking that place and providing the vaccination to the children. They are segregating the various garbage of medical waste on different dust beans. The doctor is coming from other parts the hospital but some nurses are

staying there. This situation similar most places in India. Maybe it will difficult to tackle the emergency patient if the doctor is not there. The surrounded environment of the PHC was so clean and peaceful.

3) APD (Association of People with Disability) Visit

Ms.. N.S. Hema is the founder of the organization who is actually suffering the problem of disability. Unfortunately that day we did get a chance to meet her. Those who suffer the critical situation then got the experience about the different challenges and problem of life. She one of the strongest lady with the full of knowledge. This big organization if we think it will be difficult task for us. But she enthusiastic on her work totally dedicated of people with disability. Lastly she won her disability which is she made strongest point her life. She made herself self-dependable and role model for other.

4) Ground Level Panel Discussion

The discussion about the different sustainable development goals from World Health Organization (WHO). All the different selected organization from India discussing their right and responsibility of that goal. They are sharing their experience from the field and given community participation of the solution. The main discussion about the give the identity about the third gender. It was great participation of Tran's gender community in this discussion. The discussion also happened in India the problem coming always implementation of work and how much sustainability through the people participation.

5) FRLHT (Foundation for Revitalisation of Local Health Traditions)

This organization who is working on local traditional healer. Upgrading the local traditional medicine from the local people making them proper utilization of that medicine. Documentation of the traditional medicine which are doing through the local healer in different tribal or Adivasi community. They are taking training for traditional healer and given the awards to them. Dr. Prakash B N who is researcher on malaria and find out their solution from the local healer. He discussed about the malaria disease and it's spreading. He shared his experience in Odisha tribal community they prepared Malaria traditional medicine from the support of local people and experiment to them. On that time the result was good. This is sustainable appropriate programme for the local people. They hospital for the Ayurvedic treatment but it's money far from the general people.

6) NIMHANS (National Institute of Mental Health and Neuroscience)

This institution working on mental health related diseases. Mental health is like a stigma on some part of the India. This is one kind of disease which is cure by the medicine, family and local support from the community. In the institution they are providing different types of therapy according to need of disease. They are working on community level and they have made two institution on different district of Karnataka. Through community participation this work will be

successful for them. Sometime they are also facing so many challenges to working in the community. Most of the youth in India facing depression of different kind of problem. This institution them particular therapy according disease of depression.

7) Grace Organisation

The value of waste on the money making work. The grace organization working different sector of development within one of the sector is waste management work in Bangalore. They have tied up with BBMP for waste management work. They segregating the different kinds of dry waste materials on their center than sending for recycle those materials. They have given ID card to the worker who is collecting the dry waste materials from the different area. This ID card give them support from the sign and they maybe use for different purpose for their home. Because most of the worker are migrant from different areas, it will very good process to provide them proof ID card for their work. They have done housing project on slum community through the help of government project and participation local people. Providing non-formal education to the slum children and providing food supplements.

8) Alternative Law Forum (ALF)

This organization of lower group which is working on various kinds of issues. They are working for protecting their right of people and give them equity or justice to them. They have discussion of the different issues with Non-Government Organisation group than after with some decision they fight to the government in court. I have gone there two times discussed different issues.

9) Informed Consent: Myth and Reality by Shyamala Natarajan

The main objective of the meeting was to show the reality our informed consent how it's working in reality. On this main researcher is Shyamala Natarajan and she discussed about their research which is reality happening. She is mainly working HIV/AIDS testing informed consent.

This informed consent in HIV/AIDS is started from US while the transgender made a revolution again their government. On that result US government make policy for confidentiality of the dignity of the person who is suffering from that disease. The right of dignity and autonomy over health is part of the people. So that the strong initiative of the government the protection and prevention. The government also give the assurance to protect every person dignity and more affordable, accessible and acceptable into the people.

In Indian context this disease is stigma of the society. HIV/AIDs people couldn't survive their life this community. Basically on this disease effected on the woman's. In this society women are more vulnerable then and they are suffering so much exploitation, harassment, etc. The Indian government also adopt the US policy about the informed consent but in reality it does not work. Mainly when the pregnant women suffer so much problem if she is found HIV positive. Because this information is disclose to their family and their relatives. Than the problem starting to the pregnant women. The pregnant don't know about this test rule before the test you have to consent to the patient to protect from the consent and adequate understanding information should

be provided to the women. Also participant have a power to refuse about this test if she feel uncomfortable. On the reality defaults of the test no risk have been consent.

To implement of this rule informed consent on the ground level the information should be circulate. Give them right autonomy over their health. To make them empower to utilize their right and responsibility.

10) Mental Health Discussion by Dr. Mani

He is experience person who is working on this mental health disease with community last more decade. In their situation understanding is significant to identify any problem of this disease who identifying their factors on surrounded environment. The discussion through the role play is big impact of understanding all situation from coming to our mind and through the group member or viewer participation make that interesting. They are understanding the condition of the patient how it will be solve her problem from mental stress. The role and responsibility of all the member in the society which will be made to patient emotional support. So, she will express all the felling in-front of believable person who is much closed. On the role the problem solving like real life situation which we are facing. Participant in the role they were think that his/her responsibility for the patient.

In situation of mental depressed the patient should express their felling or the closed relative should understand her feeling and behavior. On the motivational way try to diagnosis the root level of problems. Than come to any solution. This process will take time, so we should total support to patient mentally physically and emotionally.

11) Reflection On Alumni Meeting

In the family all members supporting to the child to walk, speak and eat food like that SOCHARA also supporting us to develop the knowledge and experience in different areas of the health. These are forms gives us increase our knowledge from different expert persons and sharing of their experience have suggested us motivate to work for people. The Alumni meeting organized by SOCHARA and discussion about overall situated condition of the health in India, integrated mental health with primary health care, Alumni interaction and discussion about networking. On the second day we had health situation of India, building capacity for health equity in India, Feedback from the Academic Research Council (ACR) and SOCHARA Institutional Ethics and Scientific Committee (SISEC), video documentary, sharing of experience Mentors and Alumni and most fabulous session story about their SOCHARA journey. All the session was well planned and organized by all the team members with the fellows.

On the first session had taken by Sri KeshavDesiraju on different aspects of health and various health situation of the states in India. He had given different issues and problem of the health. In this session also discussed about the privatization of hospital is difficult problem occurring in

India which is collapse the health condition in India. The implementation of various schemes by the government but problem is human resource in medical team. Now this medical science converted in the factory or corporate work which is only for the profitable jobs. The work is mainly not going to the need of the people health affordable and acceptable. In the village scenario the upper level people said any health work not implement properly is main responsible are ASHA or Anganwadi worker in the village. They try to make a distance any problematic situation and told that other are responsible for them. Mr. Desisraju raised a one logical think that we are not able health care Poor, sick and a female! On this issue is very critical in Indian contest is very difficult.

On the next session gives us really good ideas of Integrating Mental Health with Primary Health care. In this session Dr. Mathew Verges (Prof. of Psychiatric in NIMHANS), Dr. Mani Kaliath (Director of Basic Need India) and Dr. Ramkrishna Goud (Additional Professor of Community Health). These three experts are really experience on three different areas. From them I learn different aspect of the mental health in this country. They are mainly raises to use the community human resources and train them to work as health worker which is really acceptable by the community in the mental health field. The example of MANSI Project which is trained the local people available on that areas and give them freedom to work on their way it really acceptable by the community. On these woks we are giving the Right to Health prospective on Health for All.

Father Claude, Father John and Dr. Chandra whose are really energetic person in these health relative different issues. They were giving motivation to the youth for work in the difficult situation on problematic areas. To support of these people learn of their work dedication and enthusiasms.

Dr. Chandrasekhar Shetty is energetic young personality nature. This has given us learn different health status of the world and learn about from them. Also discussed about the how health can achievable on the contest of Accessible, Affordable, Applicable and Quality. Learning of the comprehensive primary health. On the next session Dr. Thelama Narayan which about the A Chronicle of the CHLP. In this session more know about the SOCHARA work and his history. This is give us new ideas for all of us to work in the enthusiasm in this big field.

On the interaction of the senior fellows which is really good to know each other and their works. We have made a plan to make bond to sharing of work reflection on their experience. Some interaction of senior personality who had come to that meeting. To make a rapport building and to their work.

On the lastly Dr. Ravi Narayan share of Journey of SOCHARA which is amazing full of excitement. His journey in SOCHARA is very remarkable both of them is like a role model for us. To talk about ethics is to learn by our practice really fantastic line given by him.

12) Reflection Of Child Trafficking

The child trafficking and child labor is the serious issue in our country. It is main effected part of this crime are rural slum and tribal areas. The prostitution worker are mostly involving the 10-14 year old girl child. Children are coming from the other state and countries they have either kidnapped nor migrated child or who has come from through the brokers than selling them to the prostitute market. Some the parents sell to the child on different hands to need money. In the prostitution market they are not giving to the child proper food to eat then forcing them to entertain to the customers for in 24 hours works. Some children health condition too bed in condition which is not bother from them.

Justice and care India in Bangalore organization which is work to give the justice and care to the child. Ms. Santi is working on that NGO. They have rescue the children from different places through the police. Because on the prostitution work more gangs or vagabond are involve on this market. So they are do want to come even in media also maybe there life will be threat. On this procedure they filing FIR in police station and also talk with layers but not come to the courts. The organization and team member name is keep secret.

They are doing own procedure to rescue child provide them counseling, pre and post fellow up. They have present the child in front of Child Welfare Committee in 24 hours. Contacting the child home, if the child is from other state or other countries this organization contact with that state or countries organization give the details about child family background. If child don't have home they try to contact with their relatives and their background, team member ask their relative that able to take care of that child or not. If the child don't go they are relative or she is without family than they send to the shelter home. On the shelter home they are providing education or if the child want to do vocational training, craft or any other skills she has than they try to explore them to that areas. After child is grow she can able to generate some income and she is making their own decision than girl is independent doing anything. Till 21 age she stay in shelter home. In this age generally they able to found some job or any work for them.

The main courses of this crime is related to poverty. Sometime if there is any calamity, no employment and no any work. So the children getting effected and they are bound to do the prostitution work in different areas. They are migrated from one place to another place. They are living in the critical condition. The child involve these area they are growing and also die.

So these prostitution involvement of politics and big connection with the people, so that their root is very strong. We have act immoral trafficking act 1956 than embedment in 1986 and 2006. But these act not affected to these people. The people participation to protect these kind of activities is not working. So make our defense level stronger and not involving of dirty politics but good politics. To stop these situation we have work on the root level aware and empowering them to the right of the child and dignity. Through the help of some non-governmental organizations. Provide them some vocation training to able to generate their income condition.

13) Meeting With Father Claude

I met with one of the senior community activist from Bangalore their name is Father Claude. He is really energetic and motivate person in the age of 83. He has lots of ideas and experience to work in a community of different area of India. It was memorable day for to I have met that kind of person on my life. He had shared their experience how to tackle the community problems and analyses to make action in that area. Its motivated me work in interior tribal and Dalit area to make them empower to get their rights. Before I had so much confusion on my mind for work in community. How I start to work in a community? But during the discussion I realized myself I can do for the community health area development which is bring my knowledge and experience to give the proper support and awareness to access their right. He had given the example of the Baba SahebAmbetkar who is worked for right of the Dalit people. Baba had get experience to stayed in community communicate with them, spend their time to know their problems and get the all the information slowly. Analyses their community problem brought together them for fighting their rights.

He discussed one story that is from Bangalore, around 30 year before. There was a one community which is staying in forest areas. The people from Bangalore avoided them to seat and talk with them. They were migrated from the other state in 18th century. After the met with some people in Bangalore he went to their community. Discussed with the community people hind, muslin and Christian. There was around 60% are Christian, 20% Hindu, 20% are Muslim. There was also hierarchy which is main problem of that area. So he called all of them for the workshop just talk to them than there told them we are a human beings no any caste and we all have right to live with dignity. The caste system is created by us which is make disturbance of our society. So he encourage them for the education. Education is a weapon to destroy the caste related problem and aware us about our right of life.

We have the equal right to live with other people. So I decide to work in community with the help of any organization. In the working period I want most of the time interact with their problems and relies myself beyond the problem which is really important. First I have learn the knowledge about the health and my make my experience some information about this topic. It's really essential for me to teach them a proper way of their knowledge.

LEARNINGS AND REFLECTIONS OF COLLECTIVE SESSSIONS

I have learning so much things from SOCHARA it will always contiunue from bonding as family. There is many things to tell on my mind but few following importance thing writing which are most importance for me.

- **Friendly Environment:** On this organization there no hierarchy everyone has unique knowledge and experience with multi background fellows of difference state. I have seen first

time on my life like this friendly environment. All the staff friendly nature understanding any topics. Maybe I will be not find this type of environment but try to make this types environment.

- **Research work:** On my mentor guidance I have done my research proposal and research work.
- **Learning from the learner:** Each fellow and staffs has various experience and their related field work. Their knowledge and information had been giving so many information.
- **Reflection Learning:**The reflection learning good example of learning from other understanding on particular topic.On their and perceptions of the situation.
- **Report writing:** This skill I need to improve and I will be more to improve also.
- **Communication skill:** Communication with English with other fellow it was difficult for me but slow it is develop with conversion with other. On the presentation skill improve little bit.
- **Journal Club:** The discussion of on the particular with the group we can find out some other innovative ideas through the different ideas.
- **Story Telling Skill:** I need to improve this skill more so that I can able each experience on my work to understand easily to the people. The making a story and telling to someone maybe more effects to the people.
- **Ethical Research:** On the community health journey study on ethic based study to the community. It focused on the do not harm or effect of mental, social and physical on the study period.

LEARNINGS FROM FIELD PLACEMENT

UNDERSTANDING THE COMMUNITY

I had placed on Kondha tribal areas Th.Rampur Block, Odisha. Through the Swathya Swaraj Organisation which is working on that areas. The community is most important part is relationship with each other. They know each other and every people from village and treat them like a family. I was so excited to first time went to that areas on the way I had surrounded condition is so much beautiful. I had never that kind feeling on my life. I placed in Kondh community tribes in Kalahandi, Odisha. It was real community which I had never seen in my village. The full of natural environmental beauty like haven in the earth. There climate is so fresh the water drink from the mountain through the gravitational force. There are many streams which are coming from the mountain. They have natural traditional food which is full of nutrition. There is no hierarchy between man and woman. They are living totally different from the development.

The organization Swathya Swaraj working in five different panchayat of Kalahandi. There is no good transportation of the road. The name of the villages are Nehela and Arakhpedi. The transportation village road so damaged, going through the forest small road with three streams on the way. Four wheeler vehicles are impossible to go there; even two wheelers will go but will face so much damage road and streams. While I was going from bike difficult, I faced so much problem and one of the staff Swathya Swaraj helped me to take the bike. Then I went by walk to my destination. There people always going by walk and some of them by cycles. In the rainy season they have stay their own place all the communication is close. If they want to go other village that time has to cross big rivers on the way. They are facing so many problems on that time. Also the mobile and electricity are not there. They are depends open the solar light panel but it was not working condition on that village.

Infrastructure:

The houses are building with the soil and bricks. Also some houses have made by soil and bamboos. Some household also got benefit of the Indira Abas Yojona by Odisha government. Village people are leaving there life one or two rooms. The water condition of that village is very poor they using the water from the streams and there is one tube well but the water almost gray-yellow type sometime. The condition of the house is so clean and around their environment also clean. They are usually make their own self and government also given some support to them. For cleaning houses using cow dank. They think that this is best for all the houses. The toilet has all the houses but there condition is so bad, so there no using that toilet almost going for open defecation.



History:

This village has no history but name Nehela mean without any road communication and don't consider that village. Problem of road communication and any facilities is not there so that village name has done Nehela. I had discussed with the village leader who is the main of that village and all are calling that person "Gotia".

Group existing:

The group existing of that village all belongs to Adibasi and they are ST and SC family. They are sub-caste divided in Majhi, Harijan, Goud etc. they are main occupation is the agriculture. Most of them are cultivating on the forest after cleaned. The main cultivation is rice, corn, mustard, sweet potato (red and white) etc. First who clean the forest that person is cultivate there. Each year they are doing like this. In that time they have meeting on their community to start the cleaning of forest. They are going to their field from the early morning and coming back to houses in the evening time. They are doing so much hard work in the field also some them going to night time in the field for protecting cultivated food. They are doing hunting of the wild animal while the animal come to their field. This is only for the protection they are doing this work.

Festivals:



Guddi (Goddess) of the Village

They are main festival is Toki Parvo or Poush Purnima which is celebrate in January. Festival celebrating in every 15-20 years each village according their economic condition they celebrate this festival. The villager contributes their money and all the nearer villager come to that festival for celebrating together. This festival for whole one week. The villager put new clothes and make village clean and colorful. Every village has the Guddi (village God) in the middle of the

village they celebrating their festival on that place. Toki means girl and Parvo means festival. On 50-60 year before this festival they were giving girl to their Goddess or bali the girl (cutting the girls head). But now they are cutting goat for village Goddess. Each main people of the house take small piece of the goat flash and putting their home or land. They are also celebrating Dewali, Holi etc. In Dashera village people are celebrating their festival on their village gram planchayat village. There is no Ram and Ravan they are celebrating drama, recording dance, traditional dance etc. The SC and ST people celebrating their Diwali on different days. Both caste celebrating style is different from each other. The other festival like Bali Jatra, AmmPorvo etc.

Health Problems:

The main health problems of Nehela village are malaria, diarrhea, scabies etc. On the rainy season they are facing many problems because the village communication to other village is not work. They are only depends on the traditional healer and kaviraaj. The village people told that in the last year in rainy season almost 30 to 35 children are died on that area in various diseases. The doctor facilities are only Bhawanipatana and Th. Rampur. If the patient need to hospital they have taken the patient and cross the mountain and rivers. Because problem of road communication. The so much people are suffering of the Maleria and Diarrhea. They are taking water from near river. They are making small wells on near the river and taking the water from there.

Education Facilities:

The education is facilities so bad on Talnehela village. They are three teachers only including headmaster and one teacher appoint Kartabya NGO. The school children also using the river water for their cooking and drinking. There is 1 to 8 class of student is 95, butprsent only 50-60 students. For under five year children also one lady is there. She is funded by Krtabya NGO and she is teaching under five children on the school building.

Economics:

They are depending on the cultivated food and forest. There is no option for the economic growth for the people. Youth people migrate other state for employment. This is also main problem of that village people. Their youth are going to other state like Kerela and Karnataka. The youth are going one time then they are going every year and come to their villages spending the money for their family.

Social Structure:

There is social structure between SC and ST caste. Both the caste houses different hamlets little bit distance from each other. The condition of the SC community people has developed their life style but ST population situation not changed. The house structure also make them difference in the community. There celebrating Diwali in a different days and both are different structure to celebrate the Diwali festival.

Attitude and Value:

Kondh tribe really respecting all the people and helpful for other. While I was staying in the Arakhpedi village we didn't have wood for cooking, village saw us like that they provided so much wood for us. They are very take for some times they are giving they are vegetable and food. I never forget in my life about the mustard leaf eating many times in that village. One of our SwathyaSathi made a Chulha for us because we were cooking on the road side.



(Chulha made by village Woman)

UNDERSTANDING THE COMMUNITY PRIORITIES

- 1. Livelihood:** The main source of their livelihood is agriculture. They are going to their cultivated land early morning doing hard work there than coming to the home. His wife and children also going with them to cultivation field. Sometime they are getting construction work or road from the government than they are going that work. Most of the youth going to outside for work. After six month to seven month they are coming to that village. They are depending also agriculture of paddy which is now going to case crop for them.
- 2. Education:** In Tal-Nehela village one school for the children till eight standard. But there is only one teacher and one head master also subsequent teacher from the Kartabya NGO. But they are no proper communication system of the road, so the teacher coming to that school from two kilometers and going after the Lunch. The student also sitting in a same class. There is only two hall for till eight class students. So the problem will be arises normally. The students enrolled their name but not coming to the class. The teacher also not interest to make teach to them. Only for name shake the school is running. Most of the children going to the eight class but they don't know about read and write Odia language. Maybe there is understanding problem of the local language of Koi. But children are speaking the Odia very good.
- 3. Health:** The health condition of that areas far distance from government facilities. There is no transportations system to take a patient. They usually going first Gurugunia for their treatment. They are calling nearer quakes from nearer village and spending so much money to them. The Malaria is the main health problems on that areas and most of them died because of this dangerous disease. It is mostly effected on children and pregnant women. If something illness will happened they first believe this ill will be something

spiritual work or spirit. They are going to village Guru. Guru treatment the disease their own spiritual way telling some mantra with alcohol and chicken.

- 4. Basic Amenities:** Housing condition is good for them some got the opportunity from Indent Awash Yojana and some of them trying to getting that. They are build their own houses. They Panchayat 9 km far from the village. They have to go by walk or in cycle. The condition transportation is not good. They are going through the forest with small and crossing the river. In the Rainy season it is very difficult to go the panchayat any work or for PDS. In the rainy some of them till chest of water from the river. Water condition of that village from the gravitational water. Sometime it will be contaminated so that they are suffering from different diseases like diarrhea. They are taking that directly from the streams. In the Tal-Nehela the condition of water situation too bad they taking directly from the streams. There is no gravitational water connection for them.

UNDERSTANDING THE FIELD PLACEMENT ORGANIZATION

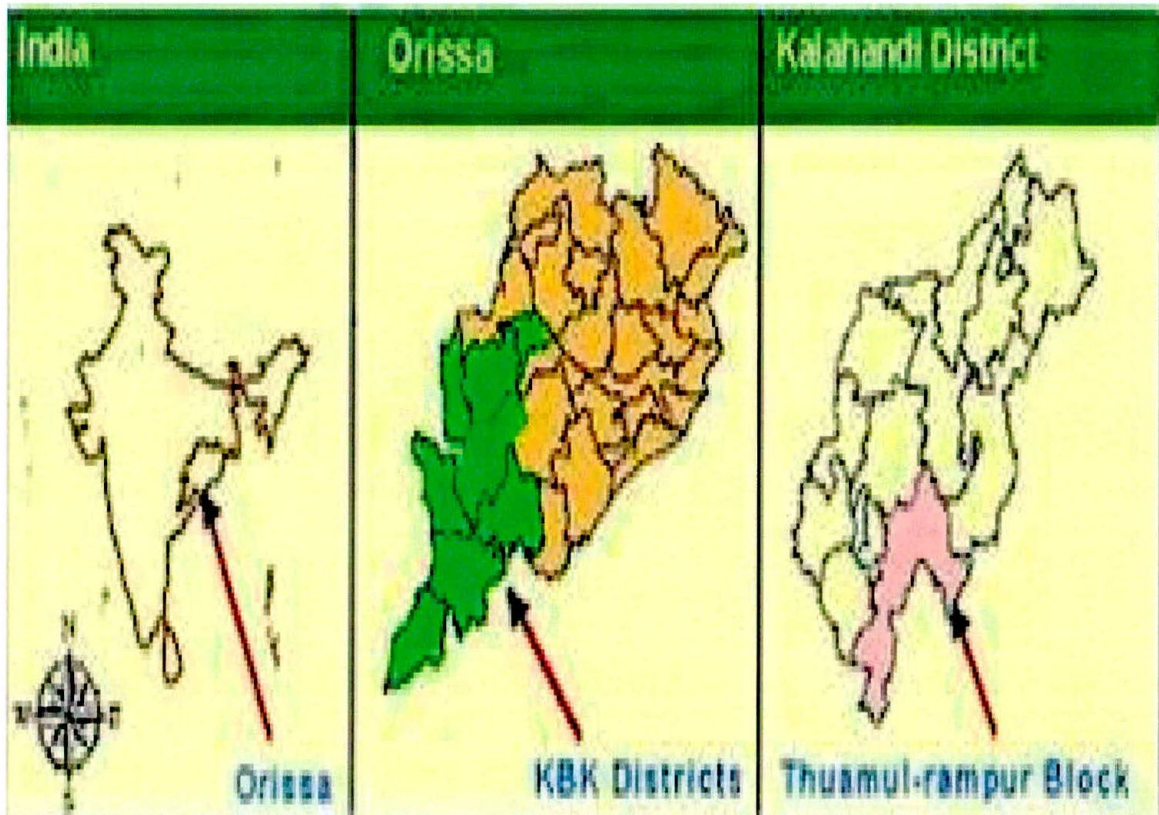
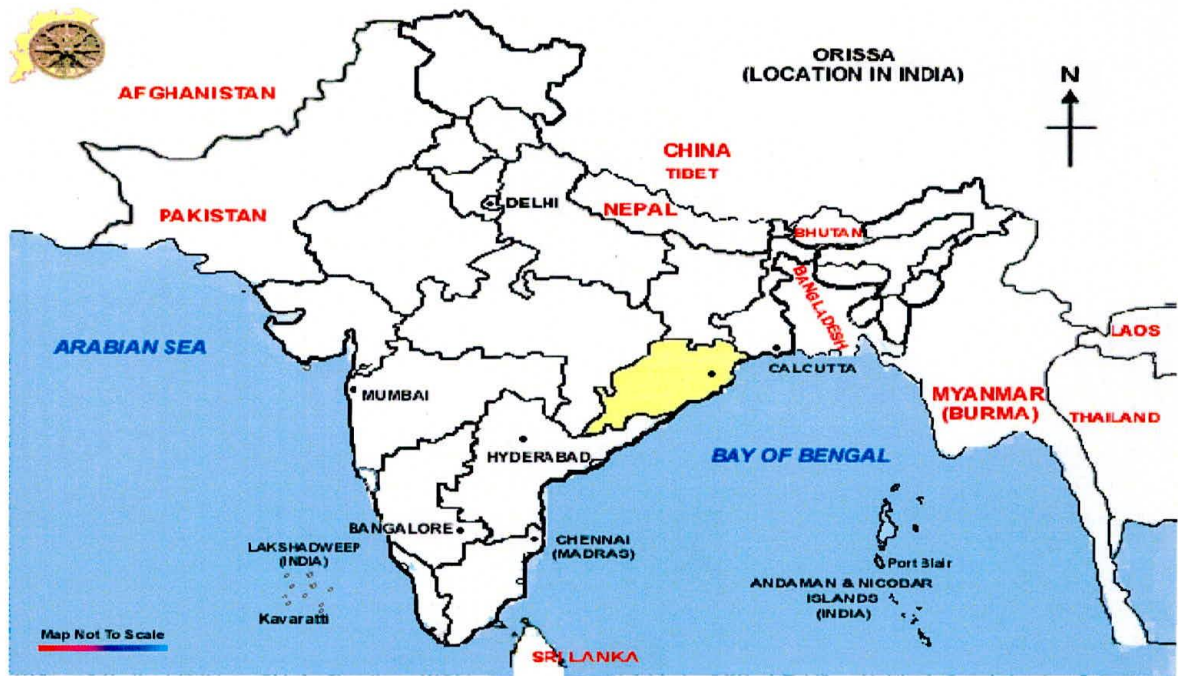
In the first week I didn't do any work in the field. Because all the staff went to the field they came here to the organization on the Friday. Then again our director Dr. Aquinas Edassery went to the Bhubaneswar in on Friday night. So I didn't get a chance to meet him. On this occasion I tried to develop my knowledge about their work and activities. With the Nidhish (Programme Coordinator) had given me some information about this organization. He has been working since five month. That week I met all the staff from the office and they had given me their annual report for explanation all kinds of activities they have taken in the community since 2014. They have more than 25 member including SikshyaSathi's.

Vision:

- A society free from ill health, illiteracy and poverty, where every human being lives healthy and happy, in harmony with nature.

Mission Statements:

- We commit ourselves to empower the least and the last and the most unreached in the society; to liberate them from the bondage of ill health, illiteracy and poverty and thereby promote equity and equality.
- We facilitate peoples' movement for health by empowering the people for community action for health.
- We promote community based research on the unique health problems in the tribal pockets and find solutions for them.
- All our activities and programmes are participatory, educative, empowering and based on human rights and noble values of tribal culture.
- Our guiding principles are Justice, Equity, Integrity and Compassion



This Swathya Swaraj organization working comprehensive primary health care system covering 75 village in Th. Rampur Block in Kalahandi. His vision are society free of illness, illiteracy, poverty, where every being lives with healthy and happy in harmony of nature. It providing the people equality, equity, social justice and empowering them for self-reliance. Also participation of the people and educating themselves to know their problem and try to solve on their resource available.

This organization reaches out to 75 villages from 5 Panchayats, 13000 population and 3400 households. Here there is total 25 official staffs and 20 SikhyaSathi and 75 SwathyaSathi. They have two clinic situated one is Kaniguma and another is Kerpai. They are trying adopting more villages. This clinic situated from head office 50 km and 100 km respectively. These clinic providing primary health care facilities very low cost or free of cost to the patient. It is providing preventive, promotive and curative services. This organization working on two services that is **health care providing services** and **community empowerment services**.

For healthcare providing service they are providing curative services in clinical methods. Organisation medical team visits both the medical clinics Kerpai and Kaniguma once in a weeks and also conducted antenatal care (pregnant women and under 5 children) once in month from different areas of Th.Rampur Block. AlsoSwathya Swaraj provide the training to the local boys and girls for clinical activities of the both center. They are using mainly local resources from the villages. Doctor staff visiting nearer interior villages distance from the clinics giving them treatment or drugs according to their diseases. Here they mainly providing the diseases like Malaria, TB, Scabies and Leprosy. Organization is giving control programme like TB control programme, malaria control programme and Leprosy control programme. Through experience resource person from outside or within the staffs they are providing this control programme.

The Community Empowering activities programme providing the village level health worker (**SwahtyaSathi**) empowering them to the finding the diseases on their respective village. They are selecting from the village with concern of the village people and their leader. After conductedthe meeting from village people they selected one female person who willing to work as SwathyaSathi. This organization providing creative non-formal training education programme which will they easily understand through the practical showing thoseeducation materials. They providing the training as able to responsibility as diagnose the diseases from their community. The Organisation using the local recourses from the village which appropriate for the village.

Some Initiated Programmes:

- **Health promoting school Programme** is health promotion through the students in the different primary schools. It is involving of parents, teachers and student to give the information about health. It will be start on the community.

- **Tulsiprogramme** adolescence girl programme which is give the information about the reproduction system, sexual health, psychology etc. It started pilot based on 20 village now they will extend this to other village. They are giving the knowledge different issues and problem from training after called the adolescent girls from different village. If the village is far from the clinic organizational member making the camp middle village on that areas than provide the education through various activities. They are giving information through the games, dance or videos.
- **AmePadibaDarkar**(We want education) this programme is 10-14 years old children. Each child learning at their own pace, not examination oriented, not so much dependent on teachers, enabling the children to discover their own hidden talents and interests and develop them and acquire more skills related to their needs. They will be able to look deeply on their own tribal culture, their language, critically analyses their traditions, their value systems and their great heritage. This education provided in non-formal ways which is appropriate learning based.

SOCIAL DETERMINANTS OF HEALTH AND INTER-SECTORAL COLLABORATION

The Kondh tribal areas major health problem which I observed mainly Malaria, diarrhea, tuberculosis, mal-nutrition. The effected sever malaria that is cause of the most of the child and pregnant woman death. In that situation child suffering so dangerous condition of mal-nutrition. They are usually belief of spiritual work or going Kabiraj. Diarrhea one most problem of that area because the gravitational water coming to the tank than going to all the household in the village. If the water is contaminated that will be suffering diseases of all the people. They are not cleaning regularly their tank.

There is two group people where I was there in the villages. ST and SC both have different culture to celebrating their festivals. They are not celebrating festival on same days. SC family people concern about the education and economic condition batter than ST people. I observed some village both are not staying together, only ST people other group and SC people other groups.

In the health inequities there is no difference. But for the economic condition SC people strong than ST and making treatment disease very easily.

There is no difference between male and female about the diseases. ST Woman most of time speaking in Koi language. So it will be difficult to understand them if they within their groups. The woman always coming with her husband to the hospital. Woman is not tell her husband name from her mouth. Sometime maybe husbands are take caring of his wife their busy with his work on the last times take to the hospital. It depends upon their economic condition of the family.

The inter-sectoral collaboration will be need with panchayat, ASHA, ANM, GKS (Gram KalyanSamiti), Anganwadi Worker and school management committee. The main role is local

NGO to give them external support and make his with collaboration with government activities. Discussing all the issues and problem with the community, concerning about the problem. Try to make them strength before face problem like privative measures. The people participatory work so much need this areas NGO or Government doing his work without knowledge of the people. The people are depending open someone, it will be create big problem within them. It will be take time to get them together also in between the village many political leader is there, So get them involvement the people may be automatically understand.

HEALTH CARE PROVIDER AND MEDICAL PLURALISM

These are local resources which traditional knowledge of plant medicine. In the tribal areas we can find someone giving traditional medicine or take care delivery. Each village different structural pattern and every village has great man or woman who is taking care of the diseases or any problem from the village. Now there is a quake also we can found who is known some allopathic information treating as himself as a doctors.

- **Traditional Birth Attendants or Dais:**

Every village one or two Dais to take care the delivery. They are using their traditional methods on delivery process without any technology and modern device. Dias generally one of the old woman who knows about delivery from some people. This is a skill they learn from their village woman. If Dias conducted successful delivery than she will got from the family different kinds vegetables, rice, chicken etc. Other way the delivery will not successfully she did not like to take anything from mother home. But they are using sometime vegetable knife for cutting the emberycalcord which will be maybe very dangerous for pregnant woman. To make them aware to safe and hygiene than it will good for the pregnant woman. The Swathya Swaraj giving the training to the SwathyaSathi's of every project villages for delivery work. But it will also good to teach the Dias, give them education about hygienic condition.

- **Local Healer:**

The Local healer in Kondh tribe they called Guru for man and Guruwen for female. They both are knowingmantra and spiritual work. Using the traditional medicine also they know. If someone ill in the village they are going to Guru or Gurwen after checking the hand they decide what happened to the patient. If the patient has some ghost or spiritual problem than they are doing own work with chicken, coconut, alcohol etc. They are doing there pooja own way. Village people also belief that process. Also Guru will give traditional medicine which will be cure their disease. If the local healer are not able to do that disease than going for allopathic medicine.

▪ **Kabiraaj or Quacks:**

There is so many quacks whose are giving injection of fluede with some allopathic medicine to the patient. They are charging so much money from the people. People think that injection and fluid can help so much for the disease. They are not believing about the medicine work on the body which will be make dangerous condition for them, so they are not completing all the courses of pills. The Kabraaj easily available on that areas they are coming to the houses and giving treatment.

MAL-MAL AND ANTE-NATAL CARE CAMP REFLECTION

Malnutrition an early age leads to is reduced physical and mental development during the childhood. The mal-mal (Malaria and Mal-nutrition) usually each six month in one place. The situation of Malaria and nutrition both are collaborate affect so much in the children. The situation of Kondh areas it's big problem for them. When I was placed on camp there is so many cases of sever mal nourished with effected on Malaria. The standard height and weight for children guided by world Health organization on their respected age but the condition of that area is very pathetic. If there is mal-nutrition the family does not what is this disease how is problem will be arising. Than effected of the Malaria very easily. Most of the people think that may be some spiritual is doing this, so the child is always getting sick. This situation is difficult to understand them the child is SAM they're not doing anything. One the camp from the Kerpai panchayat almost 90% of the village under five child have got malaria. Most of them are mal nourished. The Swathya Swaraj try make them aware to people to know about this disease. They are most of them depends on Gurugunia and quakes.

Where there is delivery conduct in home, far away from any medical service, no knowledge about the disease, Belief on the Spiritual, Don't aware to use the modern. This world different from the develop area. We are making them develop through our ideas and giving them suggestion. But we are not improvising the local recourses which will be useful for them. The ante-natal and post-natal care also like to take care of under five children and pregnant woman. During this child growth & development is star, there is more chances to get the diseases on these ages.

TWO DAYS TRAINING BY DR. FACILITATE

In the Swathya Swaraj two day staff training programme which had focused on treatmentdiseases by using mediational plants. Dr. Facilitate came from Germany to Swathya Swaraj to teach staffs members of some using plants to cure from the disease. She is working in Anamadegroup which is working in Africa Rural areas.

To made us understand about the Malaria dose from the ArteseaAnnus Plant and provide all the details about the plant the plants and how to grow own house in village areas. To grow this plant is very good for tribal areas people where more affected Malaria. Butdisadvantage of this plant we can't reuse their seed for again plant growing. This seed growing not so effect on the

malaria. So she suggest that within the two months cut small branch of the plant and put it another areas to grow.

Dr. Facilitator had trained to make Diarrhea medicine by using the plants and saw us their PowerPoint. About the Maringaplant she had given so much information and their vitamins contains. Using this Maringaleaf we can make nutritional food for pregnant women. Also given information some other plants.

On the second day saw us the practical to make Artimiseaannua Tea, Ointments, snake bite stone and some information about the plants.

It is very good to understand this question is that how much sustainable is this? This plant will not use for second, and also how much acceptable for the community people? She told very well that don't go talk only with the people, do work with them and give them chance to participate from your work. If we can improvise community local medicinal plant from the community people it will appropriate from the community. They will understand the value of health, take their responsibility from the health.

MALARIA AWARENESS CYCLE RALLY

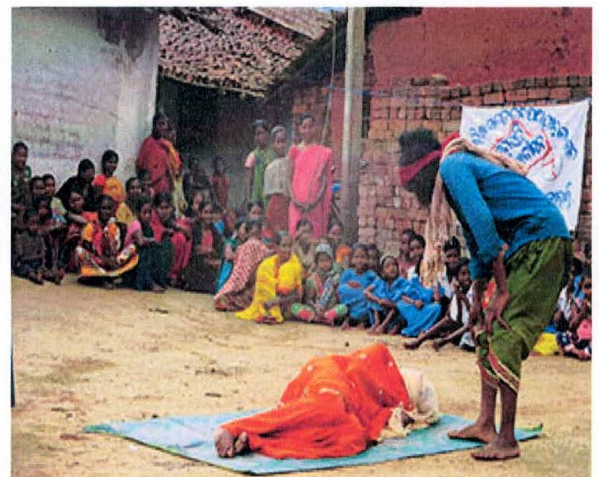
Malaria is a dangerous disease in the tribal areas in Odisha because of absence of health, transportation, and communication facilities in these areas. To empower and educate the community about malaria *Swasthya Swaraj* a health NGO is taking several steps in Thummalrampur Block of Kalahandi District.

A malaria awareness cycle rally was organised between 29th and 31st October 2015, to increase awareness in the villages of Thummalrampur Block. The event saw participation of 86 youth from the community. Together with the staff from *Swasthya Swaraj* there were almost 100 participants. The main objective of the rally was to give information regarding prevention of malaria. In some villages, people do not know about malaria and go to local healers (*Guru* and *Kabiraj*) who are easily available in their locality and hence the rally also aimed to motivate people to utilise medical facilities.

The rally started from Kaniguma Panchayat where the Director of *Swasthya Swaraj* and some *panchayat* members inaugurated it. The Director spoke about rules and regulations to be followed during the cycle rally and motivated the participants to successfully complete the rally. T-shirts and caps were given to all participants of the rally.



It was the first time a cycle rally of this kind was organised in Kalahandi district. The roads through which the rally passed were in very bad condition, but since those who participated in this rally were local people, they were able to cycle in these areas. During the rally, participants cycled almost 120 km covering villages in three *panchayats*-Kaniguma, Sindhipadar and Gunpur. The youth who took part were dedicated and energetic from start to finish of the rally and nobody dropped out of the cycle rally.



During the rally, I visited many villages in Kaniguma *panchayat* and along with others staged in those villages that are more severely affected by malaria. Through the rally, I interacted with a lot of youth and building rapport with them is a memorable learning for me. Since youth are one of the stakeholders to start any initiative in villages, the cycle rally provided a good opportunity to interact with them and know their views. The dramas staged in the villages were able to

effectively communicate with local people. Overall, I understood that to work with groups in the community is a good effort.



LEARNINGS AND REFLECTIONS

It was greatest experience working with Swahtya Swaraj organization and working in Kondh tribal areas. To understand their culture and tradition is different from other culture. They have their own world which surrounded with full beauty of nature.

- **Structure and support of organization:**The learning on first week organization structure and their staffs.Organisation has inspired me on his work dedication working in tribal area where there is no proper communication. This reaching to unreached areas health promoting, rehabilitating and curative method. It supported my research work so much. It is great learning eachother to work with staff members.
- **Research work:** On the research work was first time on the tribal community. Sometime it was challenges I do not have knowledge about the local language but I communicated with Sambalpuri and Odia language.

- **Conducted interview and meeting:** I learn about the conduct meeting with people and from my research part I have done the Interview and FGD with them. The main part of this interview skill of the present knowledge, sometime modification of question according to the community people understanding.
- **Mobilization of Youth:** During my field work I met so many youth from different village and make a friendly bonding with them. Through the Swathya Swaraj Staffs discussed different topic about the malaria or their culture.
- **Time management:** To finish any work with our schedule time for planning is good. But it's depends on situations of people. On the field work areas they are going for going from early morning and coming to evening. So they don't have a time talk with them. But according to their prepared my scheduled for interview.
- **Learn cultural of tribes:** Their culture so different from our culture. To learn from cultural diversity.
- **Making Friends:** I make friends with youth and participated on their various activities
- **Anthropometric work and growth chart calculation:** From different camp of Swathya Swaraj while some staff miss there than I worked in Anthropometric.
- **Participated in Cycle Rally:** It was great experience with 86 youth on that Malaria awareness cycle rally.

FIELD STUDY

Study Title:

“A study on extent of and factor influencing treatment adherence among individuals utilising a primary healthcare centre in Th. Rampur Block, Kalahandi District Odisha.”

1. Background:

The growth of medical science great is an achievement for us. It gives us relief when we systematically take the medicines appropriately prescribed by a healthcare provider. On the contrast non-adherence is becoming an increase problem in different parts of the world.

During my fieldwork in Th. Rampur Block, Kalahandi district, Odisha an area with predominant Kandh tribe population, I have spent time in the clinic being run by Swathya Swaraj where individuals of different age-groups visit to their get illnesses checked. For many of those visiting the clinic this is the first contact with the allopathic system of medicine. The main local language is Kui with individuals having little knowledge of Odia language. I observed that they do not speak much to the doctor while explaining telling their problems and say “yes” if doctors suggest something. However, many a time they do not understand the advice. I have seen situation where the family has four to five children all of whom are ill. Then problem arises for the mother how to give the medicine to the children because she unable to remember what tablets and in what doses to give to the children. Therefore, there is a need for informing the patients or their family members about the prescription and consumption of medicine in a better manner. Further alcohol and/or tobacco consumption also are affecting consumption of medicines.

2. Introduction:

In medicine, adherence (also capacitance) describes the degree to which a patient correctly follows medical advice. Most commonly, it refers to medication or drug compliance, but it can also apply to other situations such as medical device use, self-care, self-directed exercises, or therapy sessions.¹

Adherence is defined as ‘*The extent to which the patient’s behaviour matches agreed recommendation from the prescriber.*’ It has been adopted by many as an alternative to compliance, in an attempt to emphasise that the individual is free to decide whether to adhere to doctor’s recommendations and that failure to do so should not be reason to blame the patient.²

Both patient and healthcare provider affect adherence and a positive physician-patient relationship is the most important factor in improving adherence. A review of literature shows that there many factors which directly or indirectly affect adherence. These include: age, gender, ethnicity, language, education, marital status, psychosocial factors (belief, motivation, and attitude), patient prescriber relationship, health literacy, patient knowledge, physical difficulties, tobacco consumption and alcohol intake, forgetfulness, high cost of prescription medication and

history of good compliance. These factors of adherence act out on different diseases, population setting and different countries in myriad ways.³

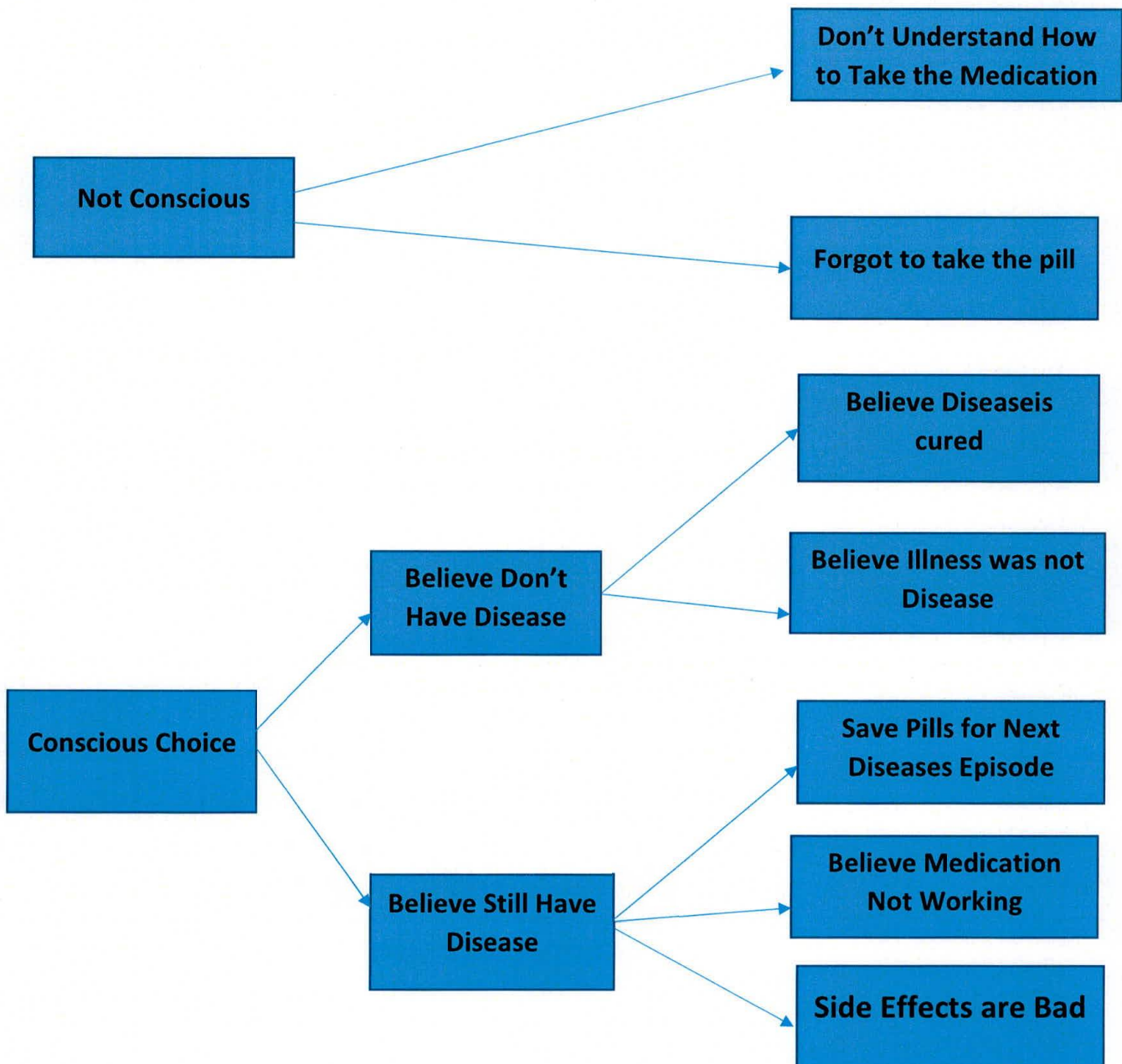
The measurement of adherence is needed in order to plan for interventions and to understand factors influencing it. Measurement of the adherence is to see the effectiveness of a medicine/procedure and to check patient health related issues. It also looks at side effect of medications, which will help in choosing alternatives.

There are direct and indirect ways of measuring adherence. Direct measures deal with measuring either the medicine or its metabolites in different body fluids; these may be impractical in because of their costs and lack of availability. Indirect methods on the other hand are cheaper and easy to measure. These include patient self-report; pill count; health seeking information; information from friends circle, family and spouse; electronic monitoring systems such as the Medication Event Monitoring System (MEMS) and standardised questionnaires measuring various aspects of adherence. Self-reports are based on patient recalling their behaviour and providing honest answers. Counting of pills along with self-report can identify missed medication which is to an extent indicates the actual consumption of medicines. This is also helpful in recognising side-effects of medications which could be a reason for missed medications. Methods those are most suitable for helping individuals adhere to their treatment can be identified through measurement of adherence.^{4,5}

In developed country adherence to long-term therapy in the general population is around is around 50% and is much lower in developing countries.⁴ In India in the context of adherence, research has been for diseases such as glaucoma, hypertension, tuberculosis, HIV/AIDS which require long-term treatment.⁶⁻¹² Short-term treatment is also affected by adherence and there is not much research on this aspect. Th.Rampur block is a malaria prone area and adherence becomes important since non-adherence is associated with development of resistance to artesunate combination therapy (ACT) which currently being used there.¹³

In this context where the population is faced with language barriers and probably cultural barriers it is important to understand extent of adherence and the factor affecting it so that action can be taken to improve the same.

Conceptual Framework of Reasons People May Stop Taking Medications¹³



3. Objectives:

- a) To determine the level of understanding of prescriptions and extent of adherence to treatment among individuals visiting the Kaniguma clinic, Th. Rampur.
- b) To identify patient and provider factors influencing adherence to treatment among the individuals visiting the clinic
- c) To understand community perception regarding adherence to treatment

4. Methodology:

4.1 Study Design: Observational study

4.2 Study methodology: Mix-method (Quantitative and Qualitative)

4.3 Study Duration: 23rd February 2016 to 10th April 2015

4.4 Study Area: Kaniguma and Kerpai Cluster of the Swathya Swaraj, Th. Rampur Block, Kalahandi district, Odisha. Two villages near to the clinic will be chosen for the study.

4.5 Study Population: This cluster covers almost 8000 population under three *panchayats* with people from other than the project area also benefiting. Individuals come to the clinic mostly with malaria, fever, diarrhoea, scabies and tuberculosis. The healthcare facilities are free for pregnant women and under five children, other adults are charged discounted price for medicine and treatment. This clinic is working 24*7 hours and was inaugurated by District Collector on 31st October 2015. Individuals are coming to the clinic daily.

4.6 Sampling:

Sampling Frame: Individual coming to the Swathya Swaraj clinic, Kaniguma during the study period

Sample Size:

A minimum of 50 individuals had selected for conducting an exit survey to assess the understanding of prescription from the Kaniguma clinics. From Kerpai two nearby villages for conducting in-depth interviews and focus group discussion.

4.7 Inclusion and Exclusion criteria:

- Inclusion criteria:
 - Individuals of either gender above 18 years of age using the clinic or care giver
 - Those who are prescribed medicines for seven or less than seven days duration
 - Those who provide consent
 - Those who know Odiya
- Exclusion criteria:
 - Those acutely ill
 - Pregnant women

4.8 Data Collection:

Objective	Data Collection Technique	Data Collection Tools
a	Survey	Prescription and Questionnaire
a	Pill Count	Observational study
b, c	In-depth Interviews with individuals/care givers, healthcare provider (doctor and pharmacist) and 2 Focus Group Discussion	Guide with audio recording and taking notes

Initially those individuals visiting the clinic had chosen for conducting the exit survey to determine the understanding (yes or no) of the prescription based on correctly mentioning the dosage and duration of each prescribed medicine when shown. This method had been used in other settings, had been described as an effective way of assessing the understanding of prescription and is also an factor influencing adherence to treatment.¹⁴

In order to assess the extent of adherence a standardised questionnaires along with pill count used. For this purpose, a list of individuals visiting the clinic from two nearby villages (for purpose of convenience) had prepared along with duration of medications prescribed. All such individuals will be visited at the end of longest duration prescribed medication during which a pill count will be done for each medication along with questions regarding the dosage, duration, and missing of a dose. Pill count was an indication of number of doses missed for each medication but was not comparable across medications. The standardised questionnaire was not worked on that time because the understanding problems of questionnaires to village people during the home visit. To understand their adherence I used only pills count method which was very suitable for me

For understanding the factors affecting adherence in-depth interviews had conducted individuals from the two villages selected who had used services at the clinic during the study period and healthcare provider (doctor and pharmacist) in Kerpai. The in-depth interview participants was same as those who are visited in the Kerpai clinic recently.. Interviews was conducted at the residence of the participant or any other location chosen by the participant which ensures privacy to collect data. In-depth interviews with the healthcare providers was conducted at the clinic. Further two focus group discussions one for men and other for women was conducted in the villages selected. (Annexure 1)

4.9 Data Analysis: Descriptive analysis using Epi-Info to calculate the understanding of prescription, average pill count and adherence as per scores calculated from standardised questionnaire. Thematic analysis had done to identify factors influencing adherence, perceptions of people regarding also

5. Ethical Issues:

5.1 Risk and Benefit:

No immediate risks are anticipated for the participants. Social risk might exist in form of researcher visiting only those houses from where individuals visited the clinic. To overcome this a meeting will be held in the villages to explain the purpose of the study. No unexpected risks are foreseen

While study doesn't have any immediate benefit for the respondent, the exit survey was serve as an opportunity to explain to the individuals/care givers about the prescription. This however might not have expected results and individuals might still not have understood the prescription. The study was giving them information about the problem of adherence and help the community identify mechanisms for improving adherence.

5.2 Consent:

Oral or verbal informed consent was obtained from participants after explaining the intention of the study and providing a participant information sheet in Odia. (**Annexure 2**) Respondents was informed at the time of reading out of participant information sheet that they are free not to take part in the study and also that they can withdraw any time during or after the study. The researcher had available at the clinic for participants to ask any further queries following providing their consent.

5.3 Confidentiality:

Confidentiality was protected during the course of and following the study. Names was not collected during the study. At the time of writing report only aggregated had presented. Respondents was informed about including their quotations verbatim in the report and consent taken for the same. Anonymised data was accessible to researcher supervisor.

6. Results

6.1 Social demographic

CASTE	Frequency	Percent
ST	21	41.18%
SC	29	56.86%
OBC	1	1.96%
GENDER	Frequency	Percent
F	21	41.18%
M	30	58.82%

This is exist interview survey on Kaniguma clinic. In this area the SC population have improved their living and educational condition. Their understanding level from the prescription is good. On that the majority people SC population that is 56.8 % and ST 41.1 %. On that day the male is 58.8 % and female is 41.1 %. (Table.1)

6.2 BELIEF OF ILLNESS

From the qualitative data collection the community people discussed different belief of illness. That are Cause, treatment, affected, treatment, and economic conditions.

- i. Cause of illness:** Most respondents said that they don't know about the cause of illness. If child feeling something unusual activities in his/her body than we think this cause of illness. Few members told from them that some spirit enter into the body is cause of illness. There main problem arises likes headache, body pain, fever and loose motion.

The community people said *"if the unable take breath in the body, or if the so much time toilet coming from the child. For the older one hand or leg pain from their body so we could identify he/she has some illness. Headache and fever also sign of illness."*

- ii. Affected:** There is no particular person to falling illness. Most of the time children are effected from the illness. There is no particular season but rainy and summer more effected by illness.

"There is no limit for illness in person. Illness will happened with children, elder, mother or older man and women."

- iii. Treatment:** Most of them going to first Gurugunia nearer to village or his villages. They are doing spiritual work or worship than illness will be batter. The Guru (man) or Guruwen (woman) there doing treatment their own way. They are doing there Pooja with Alcohol, coconuts, some different colors, rice, red or black cloth etc.

"We are calling Gurugunia and Baigen or Guruben (women Guru) in our house. They are telling that ther is some spirit is inter that body. If take I need Kukuda (checken), coconut and wine. In time of the birth hapkiheababele (during birthtime some spirit hold), so that also we are giving chicken, goat, coconut and wine. With this things Guru is going to the road but without watching behind, their doing that work, kapadabandhsan mantra padikari (holding some clothes on the road with chanting of the matra). They are doing like this work on the road. After this we were feeling good also. We are doing this spiritual work now also. We are doing some time Haratipooja (name of the pooja). In this we cut chicken, goat and broken coconut with the healp of baigen. On the poojaday they are not looking Baigen face. You are the guru you have to do your pooja and after show his face in the next day morning. Than after the patient will feel batter."

They believe that some of medicinal plant leaf cure from small diseases. They can find and know everyone and it will be easily available.

"This is one of the tree leafs. After make the powder with little water then I putted on my head. It will be remove after pain will be well. This is medicine after it dry then it will be okay."

Some respondent told that they are going to hospital or bangoli doctors. They are belief in the Salein(fluid) and injection which will be giving suddenly feel better. One member told that sometime medicine also feeling better.

“If we feeling leg or pain on the body, we medicine will not cure the pain, so we want the injection of liquid fluid. Because Bangali doctor giving us that kinds of things and we are feeling batter.”

- iv. **Economic condition:** Patient if she/he does not have money, so they do not go anywhere. Sometime they taking the patient near hospital that little far from here. But there is unable cure his/her illness than there is no option for them.

“On that time we did not have money and communication so bad so people are going no any other option only death happened. If we had some we are going Sunger village or Raigada. If don't have money only death is option then marigallefinkideba ta (after death throw the body).”

6.3 COMMUNICATION

The communication is most problem on that areas. They are talking with own dialogue which is Koi language. In hospital most of the people talking with odia language who has known but pharmacist or doctor most of the time talking with Hindi language which are not understanding anything. It will be problem for us to understand their language.

“I am not understanding all the words from her, so these people will understand who no knowledge of so much Odia language. We are not talking with them so much time, so it will also gap between us.”

Understanding suggestionsof doctor and pharmacist	Frequency	Percent
NO	18	35.29%
YES	33	64.71%
Total	51	100.00%

(Table.2)

This table showing the understand level from the doctor and pharmacist during patient meet them. Almost 35.2 % had not understood from the doctor or pharmacist what told. The 64.7 % understood theirsuggestion between the discussions. This data was conducted on Kaniguma clinic.(Table.2)

Problems in understanding suggestions	Frequency	Percent
NO	33	64.71%
YES	18	35.29%
Total	51	100.00%

(Table.3)

In this table problem of understanding during the discussion of the doctor or pharmacist. The understanding problem 35.2 % and 64.7 % did not have any problem of understanding. This data on Kaniguma where most of the population talking with the Odia language but only ST population most of them talking with Koi language.(Table.3)

6.4 PRESCRIPTIONS:

They said that I understand the prescription which is sign from the medicine packets. We are completing the medicine according to the packets. Another member said that I does not understand about that sign. What they are giving from the clinic we are finish one by one.

“What they giving in the clinic we are taking that medicine. “Jenta dele aameheantakhaisu” (what they are giving us we are eating accordingly)

We will eat one by one. We finish the tablet according to understand.”

From the pharmacist said that after giving the medicine we are trying make patient understand by describing the prescription two to three time. Also we taking the help of the girls which are known Odia and Koi language. But girls are talking with only in the Odia. We said they talk with Koi language.

“We just explain as much as simple but even then also difficult to them. Which medicine to take the morning and evening. We will be writing here in Odia also there not understanding this things. Anybody from the village also read that prescription of the package. We written how to eat that medicine but we don't how they are eating. Because of the different color of the medicine we are explaining. Girls are explaining about that medicine. We are writing on the packet than girls are explaining. If they have to eat half than we write half on the packet quarterly also like that. We are also showing them sign from the packet. We are asking them also repeat the medicine.”

Understand Prescription	Frequency	Percent
NO	9	17.65%
YES	42	82.35%
Total	51	100.00%

(Table.4)

This table showing understanding the prescription which 17.6 % were not understood and 82.3 % were understood.(Table.4)

6.5 ADHERENCE DATA ANALYSIS

On my qualitative research about the adherence respondent said in different context which are: Forget to take, understanding, complete pills, feel better, help, afraid, non-adherence and forcing.

- i. **Forget to take:** We are not taking any medicine. The woman are going to the medicine but forget to take that medicine maybe there busy with their work.

"We are not taking any one. Many of the women also taking that medicine. Also they are forget to remember how to take that medicine from the clinic."

- ii. **Understanding:** Respondent said that half of the patient don't understand anything about medicine after them coming to house. They are usually going there to the clinics but only said yes but not understanding anything.

"Half of the man and woman doing same thing they are not taking medicine properly. If nothing understand from the prescriptions than they are not taking anything's. Keeping to their home that medicine."

- iii. **Complete pills:** Some of them completing pills without any hesitation but how they are taking they don't know.

"We are not doing this things, we are completing all the medicine from the doctors"

- iv. **Feeling Better:** we feeling better in the body than we stop that medicine many times. Most of the time we are keeping the medicine for next time when we will fall ill we can take that medicine.

"Also we keep the medicine after feel batter but we are not taking for next disease that medicine. We are not finishing all the medicine from pharmacists."

- v. **Help:** After come to the hospital we are giving them the medicine to it. Making them encourage to take medicine according to the pharmacist said in clinic.

"We are telling to the women and mother to take the medicine. Than after they are taking that. According to the prescriptions of the pharmacist we give one or two medicines."

- vi. **Afraid:** They afraid about the side effect of the medicine for her child, so they are not giving to the child.

"Sometime we feeling afraid of side effect from the medicine which are giving from that clinic. So we stopped that medicine to eat or given to the children."

- vii. **Forcing:** Sometime we are forcing to the child, they are not interested to take any medicine. They are crying to take the medicine.

"What will the child has no interest we just giving them the medicine and tell to take and sometime we will force them to eat"

- viii. **Side Effects:** On this occasion child is voting to taking the medicine than we are not giving that medicine to child. I think that they are side effect of medicine. Another member told we are feeling some headache or body loose so we are not taking any medicine.

"Suppose they are feeling vomiting or something side effect of the medicine also we stop that medicine to take"

Understand Prescription by patient	Frequency	Percent
NO	4	11.76%
YES	30	88.24%
Total	34	100.00%

(Table.5)

This table showing the result of understanding the prescription of the patient. The 88.2 % understand the prescription and 11.7 % did not understand.(Table.5)

Understand the prescription from the guardian	Frequency	Percent
NO	2	11.76%
YES	15	88.24%
Total	17	100.00%

(Table.6)

This data collected from the guardian of patient which were coming with patient. Among the 17 guardian 88.2 % understood the prescriptions and 11.7 % not understood the prescriptions.(Table.6)

6.6 CONSUMPTION

They said that we are not taking medicine after feeling better from disease. If there are not understanding instruction from the pharmacist to take medicine than they are through that medicine. There is no body into make them understand to take the medicine, so we will not take that medicine. Sometime they taking all the when they understand batter. While the children are not interest to take any medicine, it make a problem for them, so we are not giving to the child.

“Nobody able to tell us how to take that medicine in the home. We are also asking to our swathyasathi in our village or no option for us. We are also taking in our mid the medicine.

We are not giving forcefully to the children but if he/she doesn't take that medicine we don't give them forcefully. What we will do if the child will not take the medicine?”

6.7 RECOMMENDATION

The recommendations from the respondents to improve this non-adherence condition. This study was not giving any to community but know from the community what they expect from clinic or hospital, so they will easily understand the procedure of taking any medication. Respondents said that education, cross check, language and watching

- a) **Education:** Respondents said there is problem in village educated people. While we are taking medicine from clinic to our village sometime they forget how to take because different of medicine we hold together. In village someone who giving us education from this problem than it will good for us.

“If someone has in the village who is educated and give them some responsibility to give us instruction to take the medicine for us.”

- b) **Cross check:** We took the medicine from clinic then keep it in a house. The process should be cross check the medicine with the pill count. How many medicine he/she taken or left portion. Make us better way to understand from the village person who is going to patient house.

“All the patients are taking the medicine regularly or not cross check them. The Patient will take the medicine from the clinic and keep it his or her house.”

- c) **Language:** The language so much problem in our areas. In the clinic they are talking in some them speaking Odia but from the doctor or pharmacist both them speaking in Hindi with English. Odia language also men are understand but women it will be difficult.

“If they written patient will not understand anything from the packet. So if they able to make understand in the Koi language maybe it will be good for understanding. Women are not understanding the Odia language also.”

Pharmacist = we are not using technical language but try to understand as much as possible. I am also trying to learning the Koi language. We tell them don't stop that medicine.

“We have to talk Koi language when we distributing the medicine, because the local language main for the local people. We tell them don't stop the medicine but they are stopping that medicine.”

- d) **Watching:** During the patient taking the medicine someone should be there village people or family member to take the responsibility. It will good she/he will take medication will be good way.

“Someone will be stay there when taking the medicine. They will say we will take they forget to take. Maybe that one should family member or village people.”

6.8 HOME VISIT

The home visit had done on that some of the household whose took medicine from the clinic. On this part the result is very sucking. On the research had done some home visit Kaniguma and Kerpaigram panchayat to know about the taking of medicine. Through the pills counts method home visited had done. On the average of pill left from the patient 1.11(0-4). Most of them who did not take medicine or not completing the course were malaria patient.

7. DISCUSSION

The most research has done in the chronic diseases in India. But if there is place where they don't even about the disease and impotence of medicine on that places it will making them another problem from them. When I was placed in Kondh tribal area while patient were coming to their taking to medicine but they are not understanding anything to take the medicine. This small research has done though understanding people perceptions to understanding the adherence. Through used of different tools and techniques but the some standardize questioner did not use because of the understanding level of respondents. The local language factor made also me disable to communicate with them. They are usually talking with them on their Koi language which is dialect from that areas.

The most of the problem started from wrong way taking of modern medicine. This adherence problem is while the people taking the malaria medicine. There is already malaria resistance area and if they taking the wrong way it will be creating big problem from them. So the understanding the problems I had taken the in-depth and exist survey which was different area. The exist survey conducted on Kaniguma clinic where that area the scheduled cast more educated than scheduled tribe area. SC cate people economic condition little bit batter also the education system. But the Kerpai area which I had taken in-depth and FGD most population are ST population.

I have changed two field placement clinic that are Kaniguma and Kerpai. I had done my exist survey in Kaniguma clinic to know adherence level understanding the prescriptions who individual were visited the clinics. Home visit was very difficult to me on that day patient were came far from the clinic. On that was market day on Kaniguma clinic, so the people came far from the clinic. The focus group discussion did in Kerpai clinic nearer two village. In the field so many challenges which was sometime I changed my plan and questionnaire according to the respondents understood easily. The main problem was local tribal language that had biggest problem for me. The timing of the interview of the interview which was really difficult, because they are going to field early in the morning and coming to their in evening time. While I went to interview they were busing with other work.

The main finding of the adherence are belief of illness which are sub-themes is cause of illness. The people don't know about the cause of illness, they belief that if someone fall illness after they show their unusual activities. On this study has done different chronic disease which they not understand about any kinds of disease. Most of them that area going to the treatment of Gurugunia (Spiritual Work), Bangoli doctor (quacks) or clinics and traditional medicine. There are going to first to Gurugunia work than they are going to quacks or clinic. Sometime they are using traditional medicine from the forests. The most common problem is that they are going to hospital on the last stage of the patient and they are spending so much money.

The economic factor from other research has done of chronic diseases. They are spending so much money to taking healthcare faculties ¹². In my study I found that if they have money they are treating with quacks otherwise they are treating with Gurugunia. On this work most of them going to quacks.

On the discussion with community member they were telling that after took the medicine from the clinic women are forget to take that medicine. They are working so many things, so sometime they are forget to take. On the study about communication is making non-adherence with people. On the other research study said that the communication make the patient reliable and comfortable with other. Patient discuss their problems from the doctors and understand the perscription⁵ So on the research placement both patient and doctor speak different languages. It may be creating problem of the patient but the talking the help of someone who known Odia language from the staff. But they are not talking with local languages.

Some member told that they are completing the pills from clinic but the way of taking was different. So this will making them the non-adherence. On this condition completion of

medication is there. Sometime took medicine together or one by one they don't know. One of the primary costs of finishing the medication is the opportunity cost of consuming pills that could otherwise be used to treat a future malaria episode¹³. On the malaria work if we not finish the full course according to the pill it will be make us problem on future.

Feeling better to after taking the medicine than they decide to stop the pills for again disease. They think that after feeling better no need to take more medicine. Patients believed that either their medications are not working or their medications will bother them¹². This study had from the chronic disease.

Helping to someone to giving the medicine also making the adherence which is sometime the person who has giving the medicine has some work and he is not present that time, so the patient don't know how to take the medicine. Forcing to take the medicine also making non-adherence with afraid the medicine provider giving the medicine by forcing to take then patient may be sometime vomiting the medicine or crying than after he/she not take that medicine. Basically it is found in children and sometime in women. There feeling any side effect on during the after taking the medicine than they stop that medicine.

The recommendation of the people said that about the crosscheck the medicine on village and pill count whether he/she taking the right or wrong ways. On this recommendation the some people should be trained to understand the take the medicine. On the village there is someone should be educated people who know about the medicine. While we are taking the medicine from the clinic when we reached the house we forgot how to take the medicine, so that we are not taking that medicine. The language is main thing to communicate with the people with making relationships. They suggested that if someone make understand them in their local language maybe very useful for them. While we are taking that medicine like crosscheck somebody should watching us and giving us the suggestions.

8. CONCLUSION

This study to know adherence level and how much effect on the community and understand the solution from village members through their perception. The adherence factors is more effected on that Kondh areas. On the observation of my study they are taking the medicine from the clinics but not utilizing on the proper way. On recommendation from the village people like crosscheck, education, watching, language etc. Some point of the recommendation may be difficult to work, it will effects on the ethics. The procedure will be start on understanding from the clinic than household visit. Slowly it will take time to understand the modern medicine than after they will understand.

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Annexure 1

Exit Survey

Date:

OPD Reg. No.:

Name of the Patient.....

Age.....

Gender

Village Name

Problem/Disease:

Exist Interview:

a) Did you understand the suggestions treatment advice from the doctor and pharmacist?
Yes/No

b) Did you find any problem to understand? Yes/No

c) Did you understand the prescription Yes/No

d) If there is a single individual on showing the individual pouches with drugs in them is the individual able to correctly tell the dosage, duration and time of consumption. Yes/No

Or

e) If there is a family who has come to the clinic ask the mother/father/guardian to indicate which pouch is for which individual in the family and check if the person tells the dosage, duration and time of consumption for each individual in the family correctly. Yes/No

House Visit

Date:

Name of the Person.....

Age.....

Gender.....

Village

A. Medicine name and Strength

1.....

2.....

3.....

4.....

5.....

6.....

7.....

8.....

B. How many days did you take it?

1.....

2.....

3.....

4.....

5.....

6.....

7.....

8.....

C. How many per day did you take it?

1.....

2.....

3.....

4.....

5.....

6.....

7.....

8.....

D. How many pills did you take each time?

1.....

2.....

3.....

4.....

5.....

6.....

7.....

8.....

E. How many times did you miss taking a pills?

1.....

2.....

3.....

4.....

5.....

6.....

7.....

8.....

F. For what reason were you taking it?

1.....

2.....

3.....

4.....

5.....

6.....

7.....

8.....

G. How well does the medicine work for you?

Well= 1 Okay=2 Not Okay =3

1.....

2.....

3.....

4.....

5.....

6.....

7.....

8.....

G. For each of the medications listed above indicate number of tablets remaining with the respondent

1.....

2.....

3.....

4.....

5.....

6.....

7.....

8.....

2. Do any of your medication bother you anyway?

Yes /No

If Yes, How Much did it bother you?

Name of the Medicine	A Lot	Some	Little	Never	I what way did it bother you?

3. Below the list of the problems peoples sometimes have with their medicine. Please check how hard it is for you to do each of the following?

Sl. No		Very Hard	Somewhat hard	Not Hard at all	Comment Which Medicine
1	Remember to take the pills				
2	To take so many pills a the times				
3	Unwanted side effects from this drug				

In-Depth Interview Guide

To read this information sheet introducing you and the research project prior to taking oral consent.

General Information

Name:

Age:

Sex:

Village:

1. Belief of disease:
 - a. What do you think about the illness?
 - b. How you relate the illness with spirituality?
 - c. Can you tell me which season you are getting more disease?
 - d. Which gender group get more illness?
 - e. If someone has illness than how you treat her/him first?
2. Perception about the disease severity:
 - a. How you come to know about the illness?
 - b. What feelings comes to your mind during illness of own self or someone else?
 - c. When are you going to treatment?
 - d. Where are you going to treatment first?
3. Communication Between Provider and Patient:
 - a. What language do you communicate with each other in?
 - b. What language are you using to communicate with provider?
 - c. What difficulties do you face in communicating with the provider?
 - d. What difficulties do you face in understanding what the provider is telling?
 - e. Are you know details about that language?
 - f. If there something that you do not understand do you tell it to the provider? If yes, then how?
 - g. Usually how much time are you spending with provider?
4. Understanding the prescription:
 - a. How does the provider give you instruction about pills?
 - b. Did you understand your prescription last time you visited the clinic?
 - c. Do you understand about the sun/moon sign?
 - d. Are you talking someone's help to understand the prescriptions?
5. Beliefs regarding treatment :
 - a. What do you think about the allopathic medicine?
 - b. Do you think only injections work?
 - c. Does consumption of medicines help in decreasing your illness/improving your health and why?

- d. Are you completing all the pills from the provider?
- 6. Consumption of medicine:
 - a. Where you keep the medicine generally and how do you take them?
 - b. Do you complete the course of pills?
 - c. What kind of difficulties do you face in consuming your pills?
 - d. Are you talking someone's help consume the pills?
 - e. If you forget to take the pills how do you manage it?
 - f. Do you keep medicine for next time after you feel better?
 - g. If there is more than one person ill at home how do you identify which medication is for which individual?
- 7. Beliefs about adherence:
 - a. What do you think about completing all the pills given to you?
 - b. What do you think will happen if you do not consume the pills in the right way?
 - i. Dosage
 - ii. Duration
 - iii. Time of consumption
 - c. In case someone is not taking their medications should he/she be forced to take their medication?
- 8. Side effects:
 - a. Do have any hesitation in taking a medicine?
 - b. Do feel anything after taking the medicine?
- 9. Recommendation:
 - a. What do you think would help you about understand the prescription easily.
 - b. Can you give me few things that would be very helpful?

Pharmacists

- 1. Explanation of the prescription and issue faced:**
 - a. How are you explaining about medicines to illiterate patient?
 - b. Which language do the patients understand?
 - c. If you do not know the local language how do you explain?
 - d. How are you feeling when are you explaining?
 - e. How give the explanation any technical words?
- 2. Packaging of medicine:**
 - a. What do you think about packaging of medicine?
 - b. How do you think different medicine need to be separated and packed?
 - c. Do patients understand about the different packages of medicine?
- 3. Communication with Patient:**
 - a. Which language is better to communicate with the patient?
 - b. Are there any communication gap between you and patient?
 - c. Do the patients ask you any questions about consumption of medicines?

- d. Do you verify if the patients have understood about the consumption of medicines? If yes, how?
- e. What difficulties do you face in explaining about the prescription to the patient?
- f. What do you do if a patient does not understand the prescription?

In-depth interview guide for healthcare provider

- Types of patient coming to clinic
- Patients description of their disease or problem
- Communication with the patient
- Problems in understanding their problems
- Giving instructions
- Challenges faced in making them understand instructions

Annexure-2

PARTICIPANT INFORMATION SHEET

Dear Participant,

I, KuleswarMajhi, am doing my fellowship programme in Public Health Learning Programme, SOCHARA, Bangalore. Thank you for your time and willingness to hear and read about the research I intend to do. This note provides an explanation of the nature of the research. This study will be done as part of my fulfilment of the fellowship program requirement. This consent form may contain words that you do not understand. If there is anything you need clarity on, please feel free to ask me. At the end of this information sheet you will find my contact details.

TITLE OF THE STUDY:

“A study on extent of and factor influencing treatment adherence among individuals utilising a primary healthcare centre in Th. Rampur Block, Kalahandi District Odisha”

PURPOSE OF THE STUDY:

The purpose of this study is to find out the difficulties faced by *Adivasis* people in understanding and taking medications. As you are a member of this *Adivasis* community I would like to learn about the problem of adherence in your community.

DESCRIPTION OF THE STUDY:

The study will be based on individual surveys/interviews/group discussions that are expected to last between 10 and 45 minutes. I will be asking you information on medication prescribed at the Kaniguma clinic of Swasthya Swaraj, Th.Rampur.

RISKS AND BENEFITS:

There are no risks involved in taking part in the study. You do not have to answer any question if you feel the question(s) are too personal or if talking about them makes you uncomfortable. There will be no direct benefits for you but your participation will help improve the adherence to

medications in your community.

CONFIDENTIALITY:

I have taken all the necessary steps to maintain confidentiality of the information collected. The information that we collect from this research project will be kept private. The study supervisor will have access to the information collected. I will not reveal your name or any identifying characteristics to any other party and also will not include them in the final report.

VOLUNTARY PARTICIPATION AND WITHDRAWAL

Your participation in this study is entirely voluntary and should you wish to withdraw from the study at any time you may do so without giving reasons.

CONSENT:

Your consent is required for your participation in the study. You can decide to participate or not.

CONTACT DETAILS: KuleswarMajhi, Contact Detail: +919556001849

CERTIFICATE OF CONSENT

“A study on extent of and factor influencing treatment adherence among individuals utilising a primary healthcare centre in Th. Rampur Block, Kalahandi District Odisha

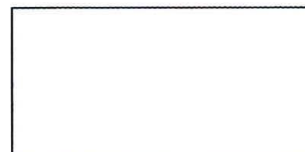
Name of the researcher: KuleswarMajhi

Name of the Institution: SOCHARA, Bangalore.

I have been invited to take part in the study about adherence among the individuals utilising a primary healthcare centre. I understand that it involves me taking part in a survey. I have been explained the purpose and procedure of the study. I have been informed that no risk is involved in taking part in the study and that there will not be any direct benefits for me. I understand that the information I will provide is confidential and will not be disclosed to any other party or in any reports that could lead to my identification. I also have been informed that the data from study can be used for preparing reports and that reports will not contain my name or identification characteristics. I am aware of the fact that I can opt out of the study at any time without having to give any reason. I have been provided with the name and contact details of the researcher whom I can contact.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Name of Participant _____



Signature of Participant _____

Date _____

Thumb print of participant

If illiterate

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness _____

Signature of witness _____

Date _____

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that his/her participation in the study is voluntary and that he/she can choose not to take part in the study. I have explained all the elements including the nature, purpose, possible risks and benefits of the above study as described in the consent document to the participant. I have also explained the participant about the confidentiality of information collected.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this consent form has been provided to the participant.

Name of Researcher _____

Signature of Researcher _____

Date _____

SL. NO.	EXPOSURE VISIT/MEETING	PLACE	OBJECTIVES
1	Some medical student came to know about SOCHARA different work	SOCHARA, Bengaluru	Knowledge about different activities of SOCHARA and their projects
2	BBMP manifesto meeting	Bengaluru	All the organization from Bangalore made their manifesto from different issues of the city and produced all the political parties whose are participated on BBMP election.
3	Meeting with Father Claude D'Souza (former principal of SJBHS)	St. Joshef Institute, Bengaluru	he shared his life experience and encourage to the work for the Dalit or venerable people
4	Alfred Presentation on SPAD	SPAD NGO, Bengaluru	Presented their one month internship research work
5	Visit Primary Health center	PHC in Domusandhra Bangalore	To know information of work on the PHC
6	Mr. Sunil from ANT NGO visited SOCHARA	SOCHARA, Bengaluru	Mr. Sunil shared their life experience and challenges to make ANT NGO in Assam
7	FRLHT	Bengaluru	They share their experience about traditional healer documentation. To know different traditional medicine plants
8	APD (Association People with Disability)	Bengaluru	To know how their working differentiable person
9	Ground Level Panel Discussion	Bengaluru	Discussion with different social worker about the Sustainable Development Goals
10	NIMHANS	Bengaluru	to get idea their process of treatment to mental disease patient
11	MFC Meeting	Raipur	To discussion Urban Health Situation in India
12	Meeting E.P. Menon	Bengaluru	Discussion of his life journey

			problems and Challenges
13	Alternative Law Forum (ALF)	Bengaluru	Discussion on different issues and problems
14	Presentation about Food Security and Agriculture: implication of current policy and budget By MadhuaraSwaminathan	Bengaluru	Impacts of agriculture the current budget allocation. Effect on farmer on Agriculture

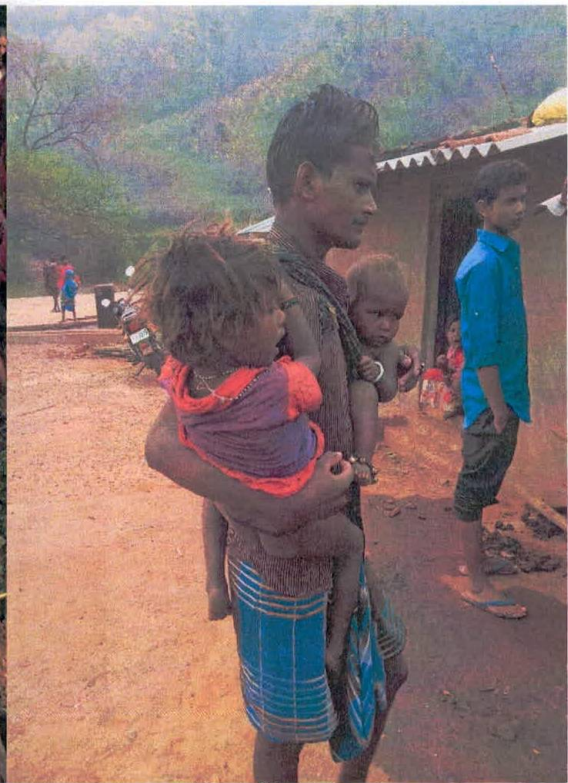
Photos Journey.....



Going for Work



Health Provider



Equality



World TB Day Celebration



Collecting Wood



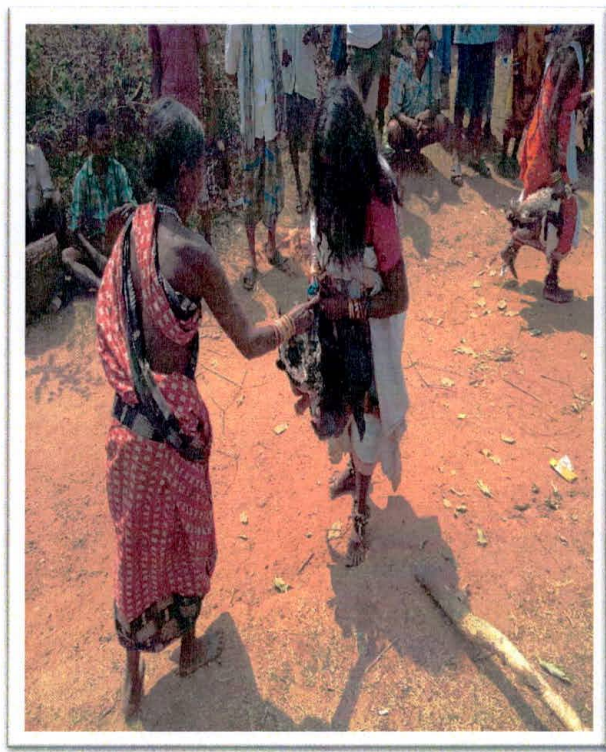
Pharmacist making understand



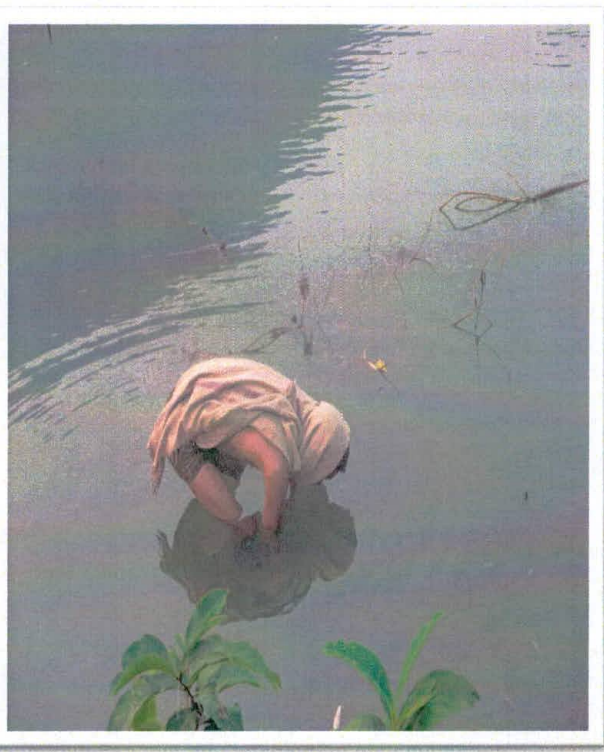
Let's some fun together



Cooking Work



Celebrating Festival



Catching Fish

Thank You!

Community Health Learning Programme is the third phase of the Community Health Fellowship Scheme (2012-2015) and is supported by the Sir Ratan Tata Trust, Mumbai and International Development Research Centre, Canada.



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