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WHAT DO THE PEOPLE SAY ABOUT HEALTH CARE FACILITIES?

Analysis of Focus Group Discussions in Orissa, Karnataka and Maharashtra states and selected villages in Dharwad district of Karnataka

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Introduction

People are the ultimate beneficiaries any development process, including that of health care development. Understanding such a development process requires a two sided analyses, namely a supply side and a demand side. When it comes to the demand side analysis, it is very important to analyse the voices of the people regarding the access and utilization to health care facilities in the public and private domain, views regarding other dimensions of development including effects from economic reforms process.

With this objective of assessing and analyzing the demand side situation, two different approaches were adopted in this study. They are:

- Conducting primary surveys in the selected states with household as a unit of measurement.
- Conducting Focus Group Discussions in selected villages in the three states.

This monograph deals with the second aspect of this demand side story. The basic questions posed to the villagers in the village group meetings are[1] :

- How are the ***public health facilities*** functioning (e.g., availability of doctors, medicines, health education etc.); to what extent they serve the people; what are their views about private facilities;
- What are the different ***water outlets***; are they adequate; is the water drinkable; are they within reachable distance; How do the people view about the ***sanitary facilities*** in the village. Are they aware about the health effects of bad sanitary situation?
- What are the different ***morbidity status*** to which the people are normally exposed to;
- Their views about different ***nutritional supports*** for children;
- What can be said about consumerism, including ***alcoholism***
- Views on ***agriculture related health problems***; effects of use of pesticides, fungicides and chemical fertilizers
- Status about function of ***Public Distribution Systems*** in the village

Research Methodology

Focus Group Discussions are carried out in three states, at the levels of villages. The three states are Orissa, a low

[1] See Annexure for the details of these and other questions taken up in the FGD.

developed state; Karnataka, a medium level developed state; and Maharashtra, a highly developed state.

Since the states under the study are highly diversified in terms of geographical coverage and climatic conditions, it was felt necessary to design the FGDs in a large number of villages covering various agro-climatic sub-regions in each state[2] . After having reviewed the agro-climatic sub-regions, one district in each of them have been selected for the FGD studies. On average four villages in each district have been then selected on the basis of a simple random sampling (without replacement). Focus Group Discussions are organised by the CMDR teams in each of those villages. Enough care is taken to inform all the households about the exact day of the meeting, the place and timings of meeting. Prior to the meetings, the assembled villagers are explained about the purpose of the discussion, with a plea to air their views and experience very frankly, and without any fear and apprehensions of any rewards.

The sampled districts are shown in the table below:

State	Level of Development	Names of the Districts
Orissa	Low	Balasore, Gajapati and Malkangiri
Karnataka	Medium	Dharwad, Bidar, Chikkamagalore, Chitradurga, and Mysore
Maharashtra	High	Thane, Gadchiroli, Nasik, Amravati and Dhule

A schedule of detailed issues to be discussed was used to raise them one by one in each of the group discussions. Annexure 1 shows the list of such questions. Focus Group Discussions (FGD) were conducted in the selected villages using the schedule of issues at the background. Series of questions are posed to the village groups, one at a time, which can be viewed as pertaining to the seven major categories/ groups of questions mentioned in the Introduction above. A large number of sub-questions and issues are placed before the people under each of these seven categories. On each of these clearly identifiable issue or question, the people are asked to discuss them freely and come up with their consensus view or observation. On all these questions the village communities are asked to provide their group views for the situation before the current reforms period, namely prior to 1990s and in the current reforms period. The responses are then classified or ranked in a hierarchical manner with numerical (as 1, 2, 3 4 etc.) or qualitative rankings (such as excellent, good, ok, bad and so on) at the village level. Thus a series of responses at each village level on a large number of questions and issues form the basic information set for further analysis.

Using a Multi-Criterion Analysis (MCA), the village level responses are first aggregated at the district level. For this, responses on all the cluster of questions under one category are aggregated and a

[2] Details regarding the climatic variations, and hence the use of agro-climatic delineations to select the districts, and the villages are discussed in another monograph exclusively devoted to the analysis of primary data.

Composite Ranking[3] is obtained for each of the seven categories of health related issues for each district in each of the selected states. Subsequently, these rankings are aggregated from the district level to arrive at the state level for each of the seven categories of issues[4] . Finally, the Composite Rankings over all the seven categories are further aggregated to arrive at the state level Over-all Rankings. While doing this, the rankings of the negative effects are treated as ill-effects, and those of positive effects as benefits. Outcomes of the MCA are analyses and interpreted. Such ranking procedures are separately followed for the two sets of data, namely for the 'pre-reforms period' and 'during the current reforms period'.

Status of Health as seen from the Multi-criterion Analysis

The MCA is a robust method, which provides relative scores or ranking about the various health related attributes such as those listed earlier. The relative scores are now interpreted to reflect upon the situations in respect of the seven categories of health related issues in the three states. Some of the major findings are summarised below for the **Before and During Reforms Periods** first, followed by the same at the district levels:

A Comparative Analysis of Health Related Issues and Facilities in Different States

When it comes to health related issues, ***water and sanitation*** are most important. As far as the situation is concerned, this seems to have improved in all the three states between the two time periods. However, it can be noted that it was already quite high in Orissa during the pre-reforms period (0.56), which further improved marginally during the reforms period (0.65). Both in Maharashtra and Karnataka, the status was at par (also with Orissa) during the pre-reforms period. But, as compared to Orissa, they seem to have improved much more in Maharashtra (0.72) and Karnataka (0.79). It is worth noting that in Karnataka, the improvement is quite significant from a score of 0.51 during the pre-reforms period to 0.79 subsequently.

- On the whole, it can be said that ***water and sanitation situation*** has ***improved*** in all the three states, marginally in Orissa; ***better*** in Maharashtra and Karnataka, almost equally;

With respect to ***morbidity status***, it was worst in Orissa during the pre-reforms period (with a score of 0.82), which has improved during the reforms period (with a

[3] In the language of MCA, they are often referred as Scores.
[4] Also deduced are the aggregate scores at the district level over the seven categories of issues, to be called as District Level Aggregate Rankings.

score of 0.67). Like wise it has shown improvements in Karnataka (with a drop in the score from 0.74 during the pre-reforms period to 0.57 during the subsequent period). But the situation has worsened in Maharashtra (as depicted with an increase in scores from 0.45 to 0.63). Therefore, it can be safely said that as against a good improvement in Orissa and Karnataka, it has really deteriorated in Maharashtra.

- On the whole, ***morbidity status*** seems to have ***improved*** in both Orissa and Karnataka during current reforms period, whereas it has ***worsened*** in Maharashtra.

The availability of ***health care facilities*** are also analysed, taking note of the responses in respect of public facilities. This is said to be very bad in Maharashtra during the pre-reforms period (with a score of 0.38), whereas it was rated very high in Orissa (score of 0. 64), and moderate in Karnataka (0.46). In the current reforms period, all the three states have shown improvements in the availability of health facilities, with very high ranking in Orissa (0.91), with Karnataka and Maharashtra ranking improvements at moderate levels.

- In brief, ***Availability of health care facilities*** has ***improved substantially in Orissa and Maharashtra, moderately*** in Karnataka.

In respect of ***Nutritional support*** to children, it was said to be fairly good in Karnataka during the pre-reforms period,, whereas very low in both Orissa and Maharashtra. It seem to have improved very much in Maharashtra (from 0.31 to 0.67), as against very little in Orissa (from 0.33 to 0.40). In Karnataka also it has shown quite a bit of improvement (from a score of 0.0.55 to 0.70) over the two periods.

- Thus, ***Nutritional support improved*** *in all the three states,* ***much*** **better** in Maharashtra than in Karnataka with ***very low improvement*** in Orissa.

Another major health related problem is due to the use of pesticides, fungicides and inorganic chemical fertilizers in agriculture. Its effects during the pre-reforms period was stated to be very low in all the three states. But during the current reforms period, they seem to have gone up substantially in all the three states, relatively more in Karnataka, then in Orissa, followed by Maharashtra. This is a matter of serious concern.

- ***Agricultural related health problems*** seem to have ***gone up uniformly*** in all the three states;

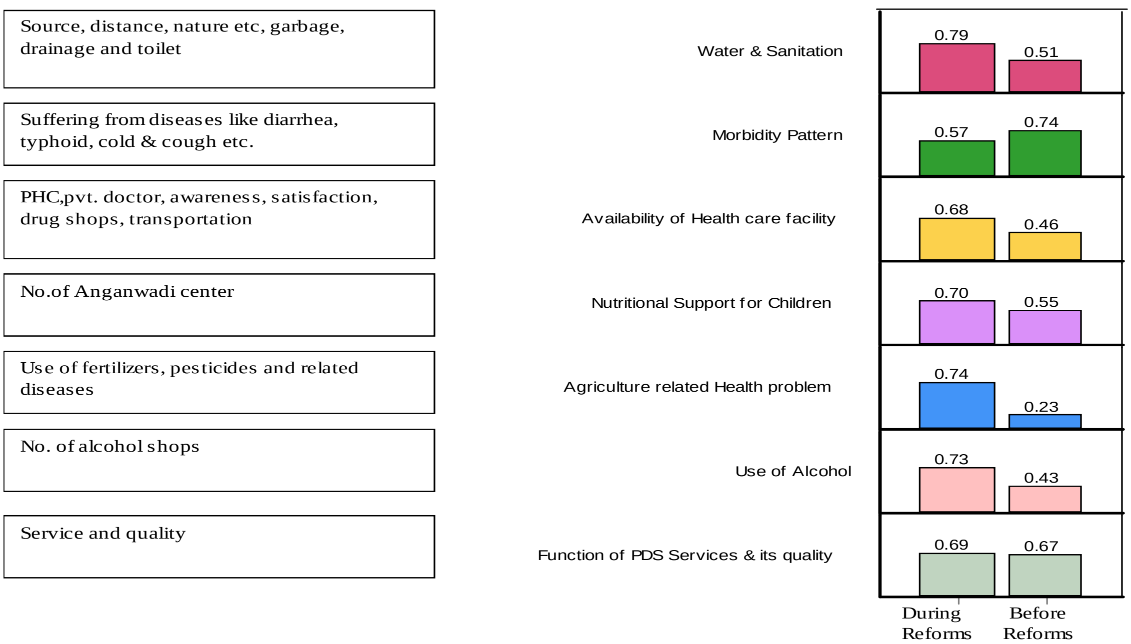
Alcoholism is another major issue analysed based on the information provided by the villagers. Initially it was already very high in Maharashtra (0.89), followed equally but lower levels in Orissa (0.47) and Karnataka (0.43). But during the current reforms period, the same has revered, with Orissa registering the highest rate of alcoholism (0.91), followed by Maharashtra (0.88) and Karnataka (0.73). In other words, the reforms process seem to have opened up access to this health related adverse effects.

- On the whole, alcoholism has increased substantially in Orissa, moderately in Karnataka, bust stayed almost at the same high level in Maharashtra.

Finally, the ***access to PDS*** is also analysed. This facility seems to have improved substantially in Maharashtra (from a score of 0.38 during pre-reforms period to 0.72 during the current reforms period), remained the same in Karnataka (around a score of 0.68), but deteriorated in Orissa (from 0.80 to 0.69).

- In brief, functioning of PDS has improved much more in Maharashtra, remained the same but high in Karnataka, but has deteriorated in Orissa.

Composite Indices (Ranking) of Health Related Issues for Karnataka State
(based on Dharwad, Bidar, Chitradurga, Chikkamagalur and Mysore Districts)
A Comparative Picture of Before & During Reforms Period



Composite Indices (Ranking) of Health Related Issues for Karnataka State

(based on Dharwad, Bidar, Chitradurga, Chikkamagalur and Mysore Districts) A Comparative Picture of Before & During Reforms Period

Source, distance, nature etc, garbage, drainage and toilet

Suffering from diseases like diarrhea, typhoid, cold & cough etc.

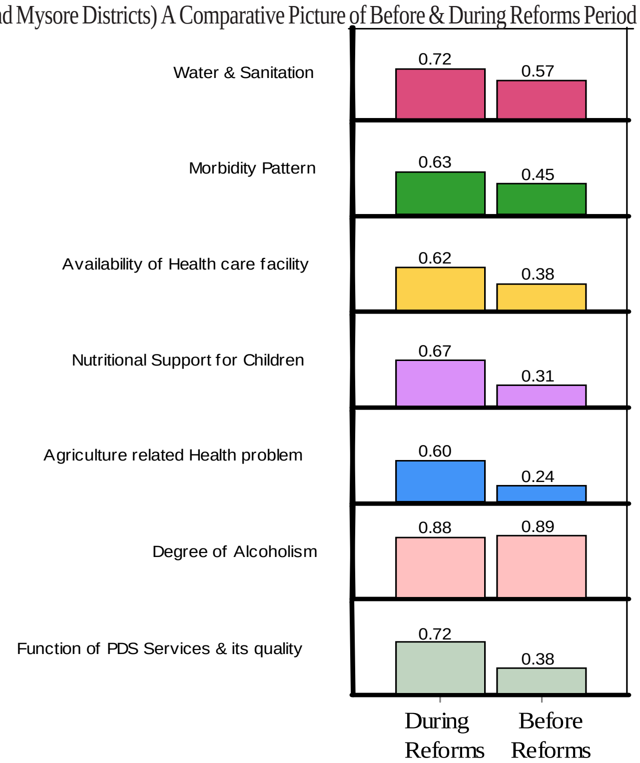
PHC, pvt. Doctor, awareness, satisfaction, drug shops, transportation

No. Of Anganwadi center

Use of fertilizers, pesticides and related diseases

Degree of Alcoholism

Service and quality



Composite Indices (Ranking) of Health Related Issues for Orissa State

(based on Gajapati, Balasore and Malkanagiri Districts) A Comparative picture of Before & During Reforms period

Source, distance, nature etc, garbage, drainage and toilet

Suffering from diseases like diarrhea, typhoid, cold & cough etc.

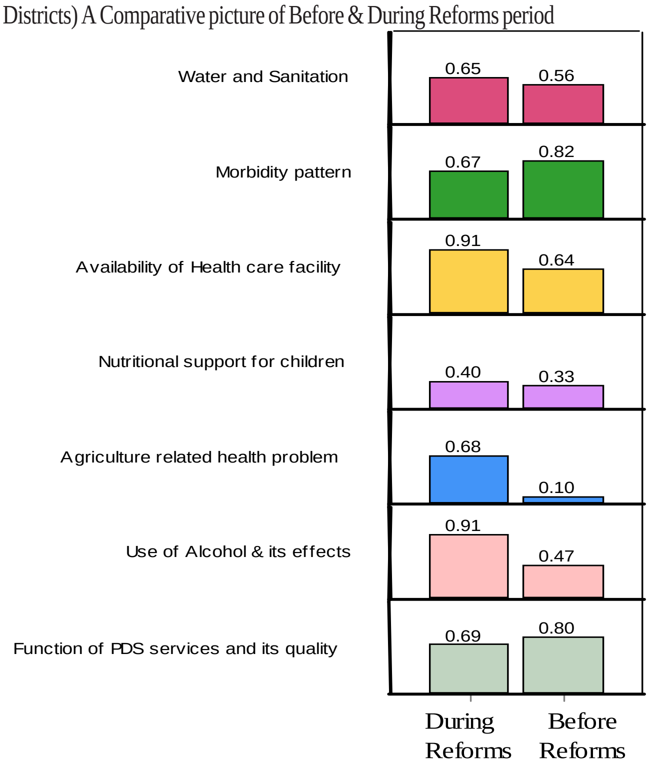
PHC,pvt. doctor, awareness, satisfaction, drug shops, transportation

Quality and regularity and health status like malnutrition

Use of fertilizers, pesticides and related diseases

No. of alcohol shops and health problems

Service and quality



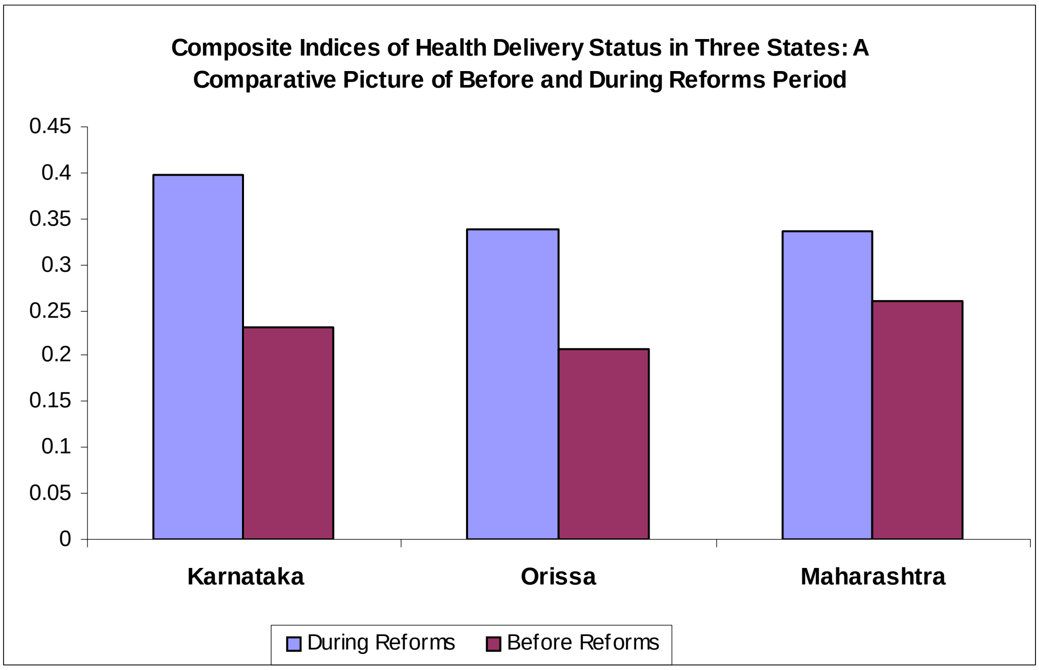
Analysis at the Over-all State Levels

On the basis of the individual issue based information, the aggregate view at the state level is made . Once again an MCA is applied here. These aggregates take in to account of both the negative and positive effects on the status of health.

Before reforms period, the relative scores in decreasing order were: Maharashtra (0.26), Karnataka(0.23), and Orissa(0.21). Hence it can safely said that they are low but almost the same during the pre-reforms period. During the Reforms period, the relative rankings are: Karnataka(0.40), Maharashtra(0.34) and Orissa(0.34). These indicate that the overall status of health is still quite low in all the states, with Karnataka fairing bit better than the other two states.

Composite Indices of Health Delivery Status in Three States

State	During Reforms	Before Reforms
Karnataka	0.3969	0.2316
Orissa	0.3379	0.2081
Maharashtra	0.3374	0.2601



Annexure 1

Guideline listing the major Health Related Questions Issues For Focused Group Discussion Regarding Health Status

I. **Water and Sanitation Facilities.**	**Before**	**Now**

1.Water

- No. and type of public wells/ponds etc.
- Nature of water- potable/salinity
- Water availability throughout the year
- If not in the village, distance of water source
- Time taken to walk down to the source
- Water Cess- amount paid, effectiveness of the service
- Adequacy of water- to drink (human beings and animals): for day to day routine activities (bathing, washing clothes, animal rearing, others)

2. Sanitation facilities

- Drains and sewerage- open or underground
- Maintenance of drainage
- Garbage cleaning
- Public Toilets and their status-Sulabh, Panchayat's, any other
- Morbidity related to maintenance of sanitation facilities
- Sanitation cess

II. Morbidity Pattern in the Village:

- Presence of communicable diseases
- Presence of non-communicable diseases

(Record the morbidity pattern for children, adults and aged separately)

III. ***Availability of Health Facilities***

Kind of facilities available in the village or nearly village

Public- PHU, PHC, CHC, any other

Private-Visit by the doctor at regular intervals, Presence of a clinic, hospital

Number of private doctors present in the village

NGO- Rotary Club, Lions' Club, Rural Development Society, Religious institution, any other

Comparison between public, private and NGO facilities with regard to

- Costliness of services
- Effectiveness of services- usability and relevance
- Prompt availability of services

- The kind of satisfaction that the community derives from these different facilities
- Withdrawal of services by the government health sector such as supply of medicines

Medicine

- Presence of pharmaceutical/drug store
- Type of medicine
- Service provided
- Any other alternative to a full-fledged drug store in the village for basic medicines
- Prices (variations——)

Health Education Programmes

- Experience with the family welfare programme
- Types of awareness Programmes

(Information on the usefulness, relevance, adaptability for people)

Annex to the availability of Health Facility

- Connectivity by Road- Pucca road (all weather road), Kutcha road
- Public transport- Bus, auto, private vehicles
- Any other

Preference for the type of service

- Preference of the community for the type of medical facility or doctor:
- Public
- Private
- NGO

IV. Nutritional support for the children

PHC
Anganwadi
NGO

V. Agriculture and related health problems

- Effects of using fertilizers and pesticides on the health of individuals and domestic animals

VI. Use of Alcohol in the village

- Alcoholism and vices
- Increase in the number of alcohol shops- arrack shops and/or wine shops in the village

VII. PDS functioning

- Availability of rice, sugar, kerosene, etc – regularity in the service provided

Annexure 2

Detailed Write-ups on FGD Outcomes from each of the districts

District wise FGD Report

Dharwad district

Availability of drinking water facility in the selected villages:

Households in the selected villages use to get water for drinking and other purposes from wells and ponds. It is observed from the group discussion that the water quality was not good. So, waterborne diseases like gastro entries, cholera, skin diseases, diorrhea / dysentery were prevalent. Now under National Rural Water Supply Scheme (NRWS) all villages have got tap water supply, this system has been maintained well in all selected villages. As a result of this waterborne diseases have declined. 'Water cess' is collected from the private tap holders at the rate of Rs-15-20 per month.

Sanitation facility in the selected villages:

Earlier, villages had no sanitation facility. Now out of four villages two villages have under ground drainage (UGD) system under the Netherlands' 'Water Supply and Sanitation Project'. The other two villages have open drainage system. The sanitation system has been well in all the selected villages. Now under 'Nirmal Gram Yojan' some households in the selected villages have constructed toilet facility, but there are no public toilets. Households collected the garbage on there own lands for composting.

Morbidity pattern:

Earlier, villagers were suffering from the diseases like choler, skin diseases, malaria, diorrhea/dysentery, cough&cold. And children were suffering from malaria, skin diseases, cholera, cough&cold, scabies, polio and diorrhea/dysentery. This is mainly because of untreated water used for drinking purpose. But now polio and scabies are controlled and other diseases declined in children and at the same time in adults also the diseases, which are seen earlier, are controlled due to implementation of NRWS Scheme and other controlling measures taken by Government. But blood pressure and joint pain are coming up due to change in life style.

Availability of health care facility:

- Selected villages have not good health care facility. Only one village i.e., Ganjigatti has PHC within the village. The primary health service by the government is not good. There are no qualified doctors in the villages, therefore households of these villages have to visit Hubli/Dharwad for getting medical facility, even for getting primary health care and they have to travel about 15-30 km.

- The allopathic medicines are not available in the villages. Villagers have to get medicines from either taluka head quarter or district head quarter, but basic medicines are available in general stores.
- Some health camps like eye check up, antenatal check up, child check up and malaria awareness camps have been conducted in the recent years in the Dharwad district.
- Earlier, one village was connected by kutcha road, but now the condition has improved, the frequency of buses are increased and private tempo also operating.

Nutritional support for children:

Anganwadi centers are functioning well in the selected villages and providing Nutritional support to the children. The no. of Anganwadi centers are increased 40% over the period of time.

Agricultural related health problems:

Farmers are using pesticides, fungicides and chemical fertilizers in their fields. It has caused for problems like skin itching, eye irritation, omitting, headache, since last 10 years.

Consumption of alcohol:

There is increase in the no. of alcohol shops, people are consuming more alcohol. It is observed that youngsters also started consuming alcohol, because of poverty and unemployment.

Functioning of PDS:

All villages have Public Distribution System (PDS) and they are functioning well and they are providing items like rice, wheat, sugar, kerosene. Earlier one village had bad functioning of PDS.

District wise FGD Report
Thane District of Maharashtra State

Four villages were selected for FGD in the Thane district - Aghai, Adoshi, Khaire and Chas.

Aghai village is situated in Shahapur taluk; this village comes under the reserve forest area called “Tansa Reserve Forest”. As the village comes near the dam called Tanasa dam, it gets water throughout the year and it 20km away from the taluk.

Khaire is 25-30 km away from the taluk Shahapur. The village is 4 km away from the shenave, where PHC is located.

Adoshi is situated in Mokhada taluk, which is nearly 25-30 km away from the village. Nearest health care facility to this village is Khodala where PHC, sub-center is there in the village.

Chas is 7-8 km away from the taluk Mokhada, adiwasi stays in the village are takur, katkari, varli.

1) Water and Sanitation:

Water: Water is basic amenity for human beings, it includes quality & availability of water, etc., Compare to the before reforms period the water facility is improved in Thane district. Earlier 23 water sources were working in the selected 4 villages of Thane district (wells, hand pumps, river, etc,) now total 27 are there, because of increase in the wells, habitants have to walk some distance to fetch the water, at least they have to spend 20-30 minutes to get water. Adoshi and Chas villagers were face the water shortage in summer season; even now they are not getting adequate water in summer. But the situation in Aghai and Khaire villages is different. It has been reported that water is available throughout the year in these villages, to get ride of this problem 'Nal Yojan' has been sanctioned for all villages, but villagers are getting water some time only through the taps particularly in summer season. Earlier villagers were not paying any 'water cess' to the Gram Panchayat, now also they are not paying except Aghai village (Rs-40 per month). Now the Gram Panchayat is using TCL as purifier of water, but earlier only 2 villages have been adopted this facility.

Sanitation: Sanitation is one of the key indicators for good health and environment in any community. It is pertinent to note that earlier there were no sanitation facilities such as drainage, garbage cleaning and toilet, but now at least garbage-cleaning facility is available in the selected villages. Regarding public toilets since beginning there is no such facility, people defecates outside. In Aghai village some villagers have built private toilets on their own. Five years before Gram Panchayat has given Rs-2500 for building the toilets some people have built them, but some villagers haven't, during that time villagers have to pay Rs-300 as sanitation cess per year. But now it is not functional.

Due to lack of maintenance of drainage and sewerage water spread on and around the houses. Therefore, unhygienic surrounding was seen around the houses, it leads to diseases like skin disease, typhoid, Diarrhoea, vomiting, fever, cough&cold. These are frequently occurred in the villages at present, but the condition has changed slightly because of improved education facility.

2) Morbidity pattern:

During Reforms period the morbidity pattern is increased, adult and children are suffering form both communicable and non-communicable diseases. Earlier days- adults were suffer from diseases like malaria, diarrhoea, measles, vomiting, skin infection, waterborne diseases, typhoid, leprosy, scabies, jaundice, cold&cough, dysentery. Children were suffering from diseases like malaria, diarrhoea, measles, vomiting, skin infection, cold&cough, waterborne diseases, jaundice, fever, gastro. Now, along with these diseases some more are occurred Adult- T.B, cancer, diabetes, whopping cough and eye problem. Children- malnutrition and mumps.

3) Availability of health care facilities:

Availability of health care facility is increased in the selected villages of Thane district. Earlier 1Primary Health Center (PHC), 3 private doctors and 1 NGO were working in the villages and they were providing good service, villagers were satisfied with the PHC. Now 1 PHC, 2 private doctors, 3 ANM and 2 NGOs are providing health care facilities to villagers. PHC is charging Rs-5 as case paper fee, earlier it was 3 rupees and private doctor charge 20-40 rupees per patient. Where as, ANM centers are not providing regular and good service. Tata Institute of Social Sciences (TISS) is working in Aghai village since 11 years, under the Integrated Rural Health & Development project. It is providing Anganwadi & Health Education Programmes to the villagers. Now one more NGO is working in Chas village (BAIF).

- There is no Medical shops in the selected villages, only basic medicine is available in general shops, the situation has not been changed, but in Adoshi village even basic medicine is also not available.
- Health education programmes were not conducted till now; it has been reported that only in Aghai village the 'TISS' had given all types of Health Education Lectures.
- Road and transport facilities are improved, all villages have getting bus and private vehicles, Adoshi and Chas have pucca road facility, but earlier only bus facility was in less frequent and except Adoshi other villages having Kutch road facility. Now also Padas connected with Kutch road, in rainy season the mud comes out of the road; people are facing lot of problem.

4) Nutritional support for children:

Anganwadi centers are providing nutritional support for children, earlier only 4 Anganwadi center were working in two villages (Aghai, Chas). Now 6 Anganwadi centers are working in all 4 villages, children are getting 'Usal, Khichadi' as diet to eat. But malnutrition is seen among the children, earlier also malnutrition was seen.

5) Agricultural related health problems:

Specifically there are no agricultural related health problems seen among the villagers, skin diseases, cold&cough are commonly seen, but 10 years before one death case has been reported due to poisoning in Aghai village

6) Alcoholism:

Alcohol shops are not seen in the selected villages of Thane district, alcohol is prepared by villagers in their house only, they sell a bottle Rs-10. The consumption of alcoholism is high among the villagers, however, villagers have not been reported about the extent of alcoholism, earlier also it was there, but in Aghai village consumption of alcoholism is decreased, only people who stay in padas are taking more alcohol and within 1-5 years the percentage is decreased i.e., 5-10%

7) Functioning of PDS:

4 Public Distribution Shops (PDS) are giving regular service to the villagers, and rice, wheat, sugar, and kerosene are being provided at govt rates. But 10 years before only 1 PDS was working in Khaire village. People were satisfied with service.

District wise FGD Report Gadchiroli District of Maharashtra State

Four villages were selected for FGD in the Gadchiroli district – Nagram, Kottamal, Krishnapur, Basapur.

1) Water and Sanitation:

Water: Water is basic amenity for human beings; it includes quality & availability of water, etc., water facility in Gadachiroli district. Earlier 36 water sources were working in the selected 4 villages of Gadchiroli district (wells, hand pumps, river, etc,) now total 44 are there, because of increase in the wells and bore wells, villagers of Krishnapur are getting water within the village, whereas other villagers have to walk some distance to fetch the water, at least they have to spend 30-45 minutes to get water. Except Kottaa village other villages' water is potable in nature. Nagaram and Kottaal villagers were facing the water shortage in summer season; even now they are not getting adequate water in summer. But the situation in Krishnapur and Basapur villages is different. It has been reported that water is available throughout the year in these villages. Now the Gram Panchayat is using TCL as purifier of water in selected villages of Gadchiroli, but earlier Kottamal village has been adopted this facility. Villagers have to pay 'water cess' , but it vary from village to village, for example- Nagaram Rs-100, Krishnapur-Rs20.

Sanitation: Sanitation is one of the key indicators for good health and environment in any community. It is pertinent to note that earlier Nagarm village had drainage and garbage facility in the village, other villages hadn't any such facility, but now things are changed drainage and garbage facility is available in all selected villages, particularly Nagaram village having all sanitation facility, but 20-25% of villagers are getting (enjoying) these facilities in the village.

Due to lack of maintenance of drainage and sewerage, unhygienic surrounding was seen around the houses, it leads to diseases like malaria, cholera, dysentery gastro, Diarrhoea, but the condition has changed only malaria & cholera are appearing among the villagers.

2) Morbidity pattern:

During Reforms period the morbidity pattern is increased, adult and children are suffering form both communicable and non-communicable diseases. Earlier days- adults were suffering from diseases like malaria, T.B, mouth cancer, gastro, diarrhoea, cholera, back pain and dysentery. Children were suffering from diseases like polio, cold & cough. But now, along with these diseases some more are occurred Adult- skin disease, body pain and headache. Children- dysentery & diarrhoea, but there is a little control over the diseases and compare to other 4 districts Gadchroli is less affected to morbidities.

3) Availability of health care facilities:

Availability of health care facility is increased in the selected villages of Gadchiroli district. Earlier 1 RMP doctor was working in the Krishnapur village, no other village had any health care facility in the district. If at all they want to get Medical treatment they had to go taluk places, where PHC, private doctors working. But now except Kottamal village other villages are having 6 RMP doctors, they made regular visits to villages and providing prompt service, sometime villagers prefer private doctor, where they have to pay Rs-15-20 and mainly the charge depends on severity of diseases. In PHC Rs-5 is being charged, earlier it was Rs-2, somehow villagers are satisfied with private treatment.

One Religious institution runs a Mission Hospital at taluka place of Nagaram, which has the most facilities as compare to other two, 10 years before also it was working.

- There is no Medical shops in the selected villages, earlier also the situation was similar, if at all the villagers have to get medicine, they have to go at taluk place, even basic medicine is not available in the villages. Only the traditional healer keeps some ayurvedic medicine without knowing its ingredients and the relevance.
- Earlier days the family welfare programme and Health education programmes were not conducted in the villages, such programme conducted at taluk place. But now health education programme are conducted except Kottamal village, like eye camp, polio camp, polio camps are being conducted thrice in a year.
- Road and transport facilities are improved, the private and public health facilities are well connected by pucca roads, only internal roads of villages are kutcha and bus and private vehicles are providing service. In Nagarm village the interior tribal area is connected by tar road. Except Basapur village others were connected with pucca road and s.t.bus was the only mode of conveyance

4) Nutritional support for children:

Under Integrated Child Development Scheme (ICDS) Anganwadi centers are providing nutritional support for children, earlier 4 Anganwadi center were working in villages of Gadchiroli district, 'khichadi' was being given to children once in a day, now also the situation is similar.

5) Agricultural related health problems:

Using of chemical fertilizers and pesticide are being increased in recent days in Nagaram and Kottamal villages, while spraying pesticides the farmers gets the felling of vomiting and headache problem. But earlier days the chemical fertilizers and pesticides were not at all known to farmers to be used in fields, naturally they didn't face any problems.

6) Alcoholism:

Alcohol shops are not seen in the selected villages of Gadchiroli district, alcohol is prepared by villagers in their house only, the consumption of alcoholism is high among the villagers, however, villagers have not been reported about the extent of alcoholism and alcohol consumption was considered as traditional rite as generally consumed by all elder member of the family. In Kottamal village a major set back taken place at preasent.

7) Functioning of PDS:

4 Public Distribution Shops (PDS) were giving regular service to the villagers of Gadchiroli district. The items like rice, sugar, and kerosene were being provided at government rates. But now a day irregularity found in the PDS.

District wise FGD Report
Nasik District of Maharashtra State

Four villages were selected for FGD in the Nasik district – Adharwad, Borli, Galne, Hatane.

Adharwad village is situated in Igatpuri taluk; it 40-45 km away from the taluk.

Borli is situated in Igatpuri taluk.

Galane is situated in Malegaon taluk, Hatane is 20-25 km away from Malegaon taluk.

1) Water and Sanitation:

Water: Wells are the main source of water for villagers of Nasik district. One hand pump is working, the villagers of Adharwad and Galane have to spend 20-25 minutes to fetch the water, only one pond is working, which is 2 km away from the Borli village and 'nal yojan' is sanctioned, but it's not properly working, Earlier, villagers were not paying any 'water cess' to the Grampanchayat, but now they are paying and it varies form village to village. Now the Grampanchayat is using TCL as purifier of water, but earlier only one village has been adopted this facility. Compare to last 10 years water scarcity is increased in the district.

Sanitation: Sanitation is one of the key indicators for good health and environment in any community. It is pertinent to note that earlier there were no sanitation facilities such as drainage, garbage cleaning and toilet, but now Galane and Hatane villages are getting sanitation facilities, there are 2 public toilets in the villages, those are only for women and 2 public bathroom for males in both villages. 'Dumping bin' facility is working in 4 villages, people put the garbage in dumping bins and make use of it for preparing compost, but earlier there was no such activity.

Due to lack of maintenance unhygienic was seen around the houses, it leads to diseases like diarrhoea, dysentery vomiting fever, cough&cold, now also these are appearing among the villagers.

2) Morbidity pattern:

Morbidity pattern is increased, adult and children are suffering form both communicable and non-communicable diseases. Earlier days- adults were suffer from diseases like malaria, diarrhoea, skin infection, typhoid, leprosy, jaundice, cold&cough, gastro, asthma, flue, eye problem, but now along with these few more are appearing like cholera, scabies, dysentery, vomiting, cancer, paralysis, heart attack. Children are suffering from diseases like malaria, diarrhoea, measles, skin infection, cold&cough, jaundice, fever, typhoid, scabies, mumps, asthma, leprosy, eye problem, mental health problem, malnutrition, whopping cough.

3) Availability of health care facilities:

Availability of health care facility is increased in the selected villages of Nasik district. Earlier 1 ANM center and 2 private doctors were providing health care facility for the villagers of Nasik district, they were satisfied with private doctors treatment and villagers prefer to go taluk place where they get PHC and qualified private doctors, normally Rs-5 is being charged in PHC as case paper fee, but where as Rs-20-30 is being charged by private doctors. Now also villagers prefer for private treatment, at present 2 ANM centers and 3 private doctors are working in the villages.

a. There is no Medical shop in the selected villages, villagers have to go taluk place to get medicine, in Adharwad and Galane village only basic medicine is available in general shops, 10 years before the condition was quite similar.
b. Health education programmes were not conducted in earlier days. But now Programme held in 2 villages out of 4 villages (Adharwad and Galane), those are medical checkup camp and eye camp, during that time some information was given on basic sanitary needs and hygiene etc.,

c. Road and transport facilities are improved, all villages have getting bus and private vehicles, villages are connected with pucca roads, but still the villagers of Adharwad are facing inadequate buses. Earlier villages were connected with kutcha roads and buses were only mode of conveyance, but frequency of buses were very less, that was once in a day and at night time villagers had faced lot of problems.

4) Nutritional support for children:

Anganwadi centers are providing nutritional support for children, earlier there was no Anganwadi center was working in the selected villages. Now 6 Anganwadi centers are working in all 4 villages since 6 years, children are getting 'Usal, Khichadi, Maize powder and Milk powder' as diet to eat.

5) Agricultural related health problems:

There are few agricultural related health problems seen among the villagers, skin diseases, fever, cold&cough are seen among the villagers of Adharwad and Galane, but 10 years before skin disease was appeared in Galane village, other villages hadn't faced any problems, because they might have used less chemical fertilizers and pesticides or hadn't any idea of chemical fertilizers and pesticides.

6) Consumption of Alcoholism:

Alcohol shops are not seen in the selected villages of Nasik district; villagers in their house prepare alcohol. The consumption of alcoholism is high among the villagers, however, villagers have not reported about the extent of alcoholism, earlier also it was there, but in Galane village alcoholism is decreased, now only 10% of people are consuming alcohol in the village. Moreover adults are started consuming alcohol and other drugs like Ghutka.

7) Functioning of PDS:

4 Public Distribution Shops (PDS) are giving service to the villagers, and rice, wheat, sugar, oil and kerosene are being provided at govt rates. But 10 years before only 2 PDS were working in Adharwad and Hatane villages, that time they were providing rice, sugar, and kerosene at fixed rate.

District wise FGD Report
Amravati District of
Maharashtra State

Four villages were selected for FGD in the Amravati district – Bordi, Kakada, Churni, Hatru.
Bordi village is situated in Achalpur taluk.
Kakada village is situated in Achalpur
Churni villages is situated in Chickhalda.
Hatru is 70 km away from the taluk Chickhalada, it surrounded by the forest area.

1) Water and Sanitation:

Water: Water is sufficient enough for Kakada and Hatru villages, because in Hatru village a river goes near by the village, for washing cloths and animal raring villagers go to river only, naturally villager have water throughout the year. And in kakada village 10 wells, 1 hand pump and 2 bore wells are working, drinking water come form tap and tap water available throughout the year. All these resource are within the village. Where as in other 3 villages people have to walk 0.5 km and have to spend 25-30 minutes to get water.

Villagers of Bordi and Churni are facing water scarcity problem. In Churni village one pond is working, but water is not potable, usually for washing cloths, bathing and animal raring people use pond water, but water is banned for farming. Nal yojan is there, but it is not functioning and it has been reported that different types of germs present in drinking water, still villagers have to drink water. In all villages people are paying 'water cess' about Rs-40 and TCL is being used as purifier of water, earlier, also situation was similar.

Sanitation : Sanitation facility is available in Kakada, Bordi and Churni villages. In Kakada and Bordi villages, Zillapanchayata has given 148, 70 toilets respectively to BPL category people under their scheme, few of them are using and remaining go to outside, but there is no public toilets facility in the villages. In Bordi village open drainage facility is there, Grampanchayat regularly cleans garbage. In Churni village public toilet facility is available since 5 years. Village Hatru don't have any drainage and sewerage system, stagnant water flows surrounding the houses, totally unhygienic and uncleanliness was seen in the village.

Diseases were found in the villages like malaria, typhoid, dysentery, gastro, cold&cough, cholera, now also diseases like malaria and dysentery are appearing among the villagers due to unhygienic.

2) Morbidity pattern:

Ten years before morbidities were few among the adult and children, Adult were suffering from cancer, paralysis, malaria, diarrhoea, cholera, typhoid, but now along with these few more are appearing like dysentery, mumps and gastro.

Children were suffering from diseases like polio, cancer, paralysis, malaria, typhoid, cholera, diarrhoea, and dysentery. Now polio is not seen among the children, few more are coming up measles, mumps, malnutrition, eye problem, gastro.

3) Availability of health care facilities:

Amravti district having a good position in health care facility compare to other 4 districts, totally 2 PHC, 9 Private doctors, one ayurvedic clinic and Nurse visit to Bordi village. The villagers of Chruni prefer to public as compare to private doctors in case of costliness and they feel effectiveness, earlier people didn't feel satisfaction from PHC. Other 3 villagers satisfied with private health facilities, private doctors are giving prompt services to the villagers, some time they give home visits.

The Christian Missionary has set up a hospital in Raseaon (6 km from Bordi) many patients from Bordi visit that hospital, NGO hospital has gained much popularity (for snake bites) that some time people from Amravati and Nagpur also visit there. But earlier, in Bordi village no health care facility was there.

a. Two Allopathic medical shops are functioning in Kaka village since 11 years, but other 3 villages even not having basic drug facilities. Ten years before also the condition was similar, if villagers want medicine they have to go taluk place.
b. Health education programmes like eye camp, polio camp are held in villages except village Hatru still now. If at all the programme will be held in taluk place the villagers have to go there, earlier days except Kakada no where health education programme held, now people are getting little awareness of health.
c. Road and transport facilities are improved, all villages have getting bus and private vehicles, frequency of vehicles are good and villages are connected with pucca road, but ten years before only Kakada village connected with pucca road and other villages connected with kutch road, S.T. buses were mode of conveyance. But villagers of Bordi were using bullock cart as mode of conveyance.

4) Nutritional support for children:

Anganwadi centers are providing nutritional support for children, earlier only 2 Anganwadi center were working in Kakada and Bordi villages. Now 4 Anganwadi centers are working in all 4 villages, children are getting 'Usal, Khichadi' as diet to eat.

5) Agricultural related health problems:

Agricultural related health problems were not seen among the farmers in early days, but now the problems like vomiting, eye problem and skin diseases are appering among the farmers, due to chemical fertilizers, pesticides and fungicides. But in Kakada village 80%-90% of farmers use chemical fertilizers and pesticides since 20 years, but they haven't experienced any kind of problems.

6) Alcoholism:

Alcoholism was high among the villagers in earlier days, it has been reported that "in Bordi village lot of alcohol shops were there", but within this 2-3 years those are closed, now villagers bring alcohol from outside and in other villages also alcoholism reduced slightly, but youngsters are started consumption of alcohol.

7) Functioning of PDS:

Public Distribution Shops (PDS) are working in selected 4 villages; they are providing rice, wheat, kerosene and sugar. Only in Bordi village villagers, who belong to below poverty line are not getting ration in government rate, instead only rich people are getting at government rate. But ten years before only Kakada and Bordi having 2 PDS, the services provided by them were somewhat ok.

District wise FGD Report
Dhule District of Maharashtra State

Four villages were selected for FGD in the Dhule district - Patan, Karle, Asali, Budki. Village Patan is situated in Sindhkheda taluk. Karle is situated in Sindhkheda taluk.
Asali is situated in Shirpur taluk,
Budki is 20-30 kms away from Shirpur taluk.

1) Water and Sanitation : Water:

Availability of water facility in selected villages of Dhule district is improved, earlier only wells and river were main source of water, but now along with these two sources, others like hand pumps, taps, bore well and tank are working in the selected villages, except Korle village other villagers are getting water within the village, regarding scarcity of water 3 villages are facing (Korle, Patan, Asali) only Budaki villagers are getting water throughout the year. Now from 5 years Grampanchayat has started 'Nal Yojan' and villagers are paying 'water cess' to Grampanhayat , but it varies from village to village(20, 40, 360) and TCL is being used as purifier of water by Grampanchayat, earlier villages like Budaki and Patan were getting water throughout the year and villagers of Budki were paying the 'water cess' on those days.

Sanitation: Sanitation facilities are available in selected villages of Dhule district, earlier there was no such facilities for villagers, now drainage, garbage cleaning and toilet facilities are available, in Korle village, 2 public bathrooms built by Grampanchayat for males, but drainage, sewerage and toilet cleaner is not in the village, villagers use to through garbage on public bin, 6 toilets are working in Patana village, the public toilets are only for ladies. Ten years before this type of facilities were not there, simply villagers put the garbage near their house, this caused for unhygienic around the houses, than the diseases like skin disease, typhoid, flue, fever, diarrhoea were appeared among the villagers.

2) Morbidity pattern:

Morbidities are increased at present compare to the earlier days, earlier adults were facing diseases like malaria, typhoid, cold&cough, skin disease, diarrhoea, dysentery, fever and choler, now along with these few more are appearing like gastro, eye problem, flue, vomiting, heart attack, body pain, asthma, T.B, cancer and scabies. Where as children are suffering with diseases like eye problem, flue, diarrhoea, vomiting, malaria, typhoid, measles, polio, dysentery, skin diseases, asthma and malnutrition, whopping cough and some of them are controlled, but earlier days few of them were there.

3) Availability of health care facilities:

Availability of health care facility is very less in selected villages of Dhule district as compare to other 4 districts of Maharashtra state. Only 2 private doctors and two ANM centers are working in the Korle and Budaki villages, earlier there were no such health facility in selected villages, if they want medical facility they have to go taluk place or some where else where PHC or private doctor available, Rs-5 is charged as case paper fee in PHC and Rs-20-25 is charged in private doctors. Regarding costliness is they prefer PHC rather than private doctors.

- There is no Medical shop in the selected villages, but in village Patana and Budaki basic drugs are available in general shops. If villagers want medicine they have to go taluka place.
- Health Education Programmes were not conducted till now; it has been reported that only once AIDS awareness programme has conducted before 2 years in Budaki village.
- Regarding transport facility in selected all villages are connected with pucca roads and frequency of bus and private vehicles is good, but before ten years buses were the only mode of conveyance and Korle & Asali villages have pucca road facility.

4) Nutritional support for children:

Anganwadi centers are providing nutritional support for children, earlier only 2 Anganwadi center were working in Korle village. Now 7 Anganwadi centers are working in all 4 villages, children are getting ‘Usal, Khichadi’ as diet to eat. In Korle village ‘Bhil’ pada children can’t come to these Anganwadis as the pada is much longer distance for the Anganwadis and in Patana village one separate Anganwadi is working for Adiwasi people and another one for villagers.

6) Agricultural related health problems:

Due to use of chemical fertilizers and pesticides farmers are facing problems like body reaction, skin diseases and poisoning, but earlier farmers were not faced such problems.

7) Alcoholism:

Alcohol shops are not seen in the selected villages of Dhule district, alcohol is prepared by villagers in their house and consumption of alcohol is increased among the villagers, earlier also the situation was similar, now youngsters are also started consuming alcohol, gutaka and tobacco.

8) Functioning of PDS:

Public Distribution Shops (PDS) are giving regular service to the villagers, rice, wheat, sugar, and kerosene are being provided at government rates, but in Budaki village 2 PDS are functioning. But 10 years before such facilities were not working in the selected villages.

District wise FGD Report
Bidar district

Availability of water and sanitation:
Water:

Households in the selected villages use to get water for drinking and other purposes from wells, pond, and tube wells. And they are getting potable water in all season, but in village Bachepalli, the villagers had to walk .5 km to fetch the water in summer season. Now implementation of National Rural Water Supply Scheme (NRWS) and Mini Water Supply Scheme (MWS), villagers have good quality tap water. 'Water cess' is collect from private tap holders and 'general water cess' is included in 'house tax' by the Grampanchayat.

Sanitation:

Earlier, there were no sanitation facility in the selected villages, but now 50% of selected villages have drainage and sewerage facility and some households in the 50% of the selected villages have private toilet. It shows that sanitation facility have improved over the period of time.

Morbidity pattern:

Earlier, villagers were suffering from leprosy, T.B, cholera, malaria, skin disease, paralysis, diarrhea/dysentery. Now these are controlled by the government. In children the diseases like malaria and cholera controlled and others like skin disease, cold&cough are declined, due to good quality water and precautionary measures by government.

Availability of health care facilities:

- There are no such medical facilities are available either by public or by private in the selected villages. In one village district health administration provided Homeopathic center, but not provided any doctors. Villagers have to visit taluka head quarters for getting health care facilities and they have to travel 10-40 km.
- Earlier, one village had a medical shop, but now two villages have medical shop. But other two villagers have to go taluka head quarters to get medicine.
- There are no health education programmes are conducted either by public or by NGO's

- Earlier, 75% of the selected villages had connected with kutch roads, but now 75% of the selected villages have connected with pucca roads and frequency of buses have increased.

Nutritional support for children:

The Nutritional support given by Anganwadis are increased, earlier 4 Anganwadi were functioning in the selected villages. Now total 8 Anganwadi centers are providing Nutritional support for children. Compare to other 4 districts it is highest in number.

Agricultural related health problems:

In the selected villages of Bidar district chemical fertilizers and pesticides are being less used, because of non-irrigation land, naturally agricultural health problems are not seen, earlier also the situation was similar.

Consumption of Alcohol:

Numbers of alcohol shops in the selected villages are increased from 8 to 11 over the period of time. It shows that alcohol consumption has increased in the villages, due to poverty.

Functioning of PDS:

Public Distribution System is functioning well in 3 villages out of 4 selected villages. But earlier in all 4 selected villages PDS facility was good.

District wise FGD Report
Chikkamagalur District

Water and Sanitation:

Water:

Earlier, households of the selected villages depended on the wells for drinking and daily routine purposes, but now all selected villages have 'tap water' facility under the National Rural Water Supply (NRWS) Scheme. In two villages people are using well water for drinking even though the tap water is available, this is because of sweetness of the well water, in these villages no. of wells are more than no. of houses, because that area comes under the hilly region and all selected villages in the district have adequate water supply throughout the year. But it has been reported in FGD that the water has more fluoride content, as a result of this more people are suffering from 'Dental Problem' i.e., 'Floroses'. Now villagers are paying 'water cess' for the 'private and public tap' facility, but earlier this was not there and in village Kigga the villager don't have any 'tap water' facility.

Sanitation:

Ten years before there were no sanitation facilities in the selected villages, but now two villages have 'open drainage facility' under the 'Nirmal Gram Yojan' and some households are having toilet facility, but there no garbage cleaning facility in the selected villages.

Morbidity pattern:

In Chikkamagalur district, it has been reported in FGD that 'Dental Problem' is the main disease, because excess fluoride content in the water. Earlier disease like leprosy, skin diseases, T.B, Scabies were prevailed, now they are controlled, but in Kadur taluk no. of malaria patients are increased, more than 9800 malaria +ve cases are recorded, it is believed that it has come from immigrants, i.e., shepherd people from chitradurga district. Children are suffering from diseases like skin disease, cold & cough, cholera, diarrhea/dysentery, those are controlled and in children also malaria has increased.

Availability of health care facility:

- The selected villages have no good health care facilities, only one village have PHC, it is providing good service to the villagers, but other villages have no qualified doctors, if they want to get medical treatment they have to go for taluk head quarters.
- Medical shops are not functioning in the selected village of Chikkamagalur district and even villagers are not getting basic drugs in the villages.
- Regarding Health Education Camps, in only one village Health Camp is conducted; those are eye camp and malaria camp, where as in other villages no such camps are conducted till now.
- Compare to the earlier days transportation facility is improved, now all selected villages are connected with pucca roads and bus and tempo are providing services to the villagers.

Nutritional support for the children:

Anganwadis centers are providing Nutritional support for children, earlier, 5 Anganwadi centers were providing Nutritional support for children, but now 6 Anganwadis are functioning in the villages.

Agricultural related health problems:

For Agriculture purpose farmers are using chemical fertilizers, pesticides and fungicides, as a result of this they facing problems like head ache, skin irritation, vomiting and eye irritation since 15 years.

Use of Alcohol:

Alcohol shops are increased, earlier 5 shops were there, but now 10 shops are working in the selected villages and consumption of alcoholism also increased.

Functioning of PDS:

Public Distribution Shops are working well in the selected villages since 15 years.

District wise FGD Report
Chitradurga District

Water and Sanitation:

Water:

Earlier, households of the selected villages were depended upon wells and ponds for drinking purpose and they had adequate potable water in all season. Now except one village other three villages have 'tap water' facility under the National Rural Water Supply (NRWS) Scheme. Earlier in Giriyapur village households were using well water for drinking, but now wells are not working and quality of pond water turned to salinity. Now villagers are paying 'water cess' for 'public and private tap water' facility, but earlier this was not there.

Sanitation:

Earlier, two villages have drainage and sewerage facilities, but the condition was very bad. Now three villages have sanitation facilities and the condition of sanitation facilities are improved.

Morbidity pattern:

Earlier, adults were suffering from the diseases like skin diseases, malaria, T.B, cough & cold, fever, typhoid and asthma, now T.B. and typhoid are controlled. Children were suffering from the diseases like malaria, cholera, cough & cold, eye problem, diarrhea/dysentery and eye problem, but now these are controlled. In case of adults new disease like head ache and asthma are increased.

Availability of health care facilities:

- Earlier, only one village had PHC facility and service provided by that is not so good. But now along with one PHC, one qualified private doctor is providing medical facility for the villagers, but other three villagers have to go taluk place for treatment.
- Only one medical shop is functioning one village, other three villages don't have such facility, if at all they want medicine they have to go taluk place. Earlier, there were no medical shops in all selected villages.
- Recently, in three villages Health Camps are conducted, those are family planning camp, health awareness and child check up camp, but earlier no such camps were conducted in the selected villages.
- Now all selected villages have connected with pucca roads and Govt & private bus are the mode of conveyance, but earlier days, villagers of Kengunte didn't have any bus, they had to go by walk, but other villages had bus facilities.

Nutritional support for children:

Earlier, only three villages had Anganwadi centers, but now all 4 selected villages have Anganwadi centers and these are functioning well.

Agricultural related health problems:

In recent years farmers of the 4 selected villages are using chemical fertilizers, pesticides and fungicides, as a result of this farmers are facing problems like head ache, skin irritation, eye irritation and respiration problem, but earlier these problems were not seen among the farmers.

Consumption of alcohol:

The no. of alcohol shops are increased, earlier only 2 alcohol shops were present in the selected villages, but now 2 un-authorized and 8 authorized shops are working in the villages and consumption of alcohol also increased.

Working of PDS:

Except Giriyapur village, other 3 villages have Public Distribution Shops (PDS), earlier also the situation was similar in the selected villages.

District wise FGD Report
Mysore District

Water and Sanitation:

Water:

Earlier, households of the selected villages were mainly depended on the wells for drinking and other purpose, now all selected villages have 'tap water' facility under the National Rural Water Supply (NRWS) Scheme, the water level in the wells and ponds are decreased and some wells are not functioning in the villages. For 'private tap water' villager are paying 'water cess' to concerned authority.

Sanitation:

Earlier there were no sanitation facilities in the selected villages, but now three villages have drainage and sewerage facility and these are maintained properly, moreover garbage-cleaning system is functioning well. And in Alattur and Hura villages toilets are constructed for habitants under 'Nirmal Gram Yojan'.

Morbidity pattern:

Earlier days, adults were suffering from the diseases like skin diseases, cough & cold, fever, weakness and typhoid, now typhoid is controlled, but diseases like AIDS and head ache are coming up in the adults. In care of children, they were suffering from the diseases like measles, cold & cough, skin disease, polio and fever, now polio and skin diseases are controlled and new diseases like stomach ache is coming up.

Availability of health care facility:

- Earlier, one village has PHC and another one village had PHU, but now PHU is upgraded to PHC, means both villages have PHC and one village has private doctor facility, but remaining villagers have to go taluk place for medical treatment.
- Earlier, there were no medical shops in the selected villages of Mysore district, but now one village has Allopathic medical shop, remaining villages don't have any medical shops, they have to go taluk place for medicine.
- Only in one village Health Education Camp is conducted that is 'Nutrition support and Health Education Camp', other 3 villages haven't seen any Health Education Camps. Earlier days also no such camps were conducted in the selected villages.

- Transportation facilities are improved, earlier all 4 villages were connected with semi-pucca roads, but now two villages have pucca roads and other two villages are connected with semi-pucca roads, private bus are the mode of conveyance.

Nutritional support for children:

Anganwadi centers are providing Nutritional support for children, earlier four Anganwadi centers were functioning in the villages, but now six Anganwadi center are functioning, they are providing regular service to the children.

Agricultural related health problems:

Farmers are using chemical fertilizers, pesticides and fungicides in their fields and they are facing problems like body pain, weakness, skin irritation and eye problem in the four selected villages of Mysore district. But earlier days no such problems were appeared among the farmers.

Use of Alcoholism:

Alcohol shop is increased, earlier only one alcohol shop were working in the Hura village, but now along with this, one un-authorized shop is opened in the Abbur village and consumption of alcoholism also increased.

Functioning of PDS:

Earlier days 3 villages have Public Distribution Shops (PDS), but now in all selected villages PDS are functioning.

A Consolidated Report of Focus Group Discussion (Organized in 12 villages in Orissa) By Sanjay Pradhan

The fieldwork of the action research project entitled "Effect of Economic Reform on Health Sector in India" was undertaken in three districts namely Balasore, Gajapati and Malkangiri of Orissa. From each district two blocks and two villages from each block were selected on the basis of humidity climatic zone and proportion of SCs and STs population. A total of 12 villages were covered under the present study with a view to elicit the relevant information. Besides the structured household survey schedule, Focus Group Discussion (FGD) was considered as a major tool for collection of relevant and authentic information directly from the villagers. Governed by this consideration FGD was organized in twelve villages in Orissa with active participation of villagers, Anganwadi Workers, CDPO and Investigators.

Objective of the FGD

The very purpose of organizing FGD is to have a understanding of various diseases, level of awareness of the villagers about the diseases, available of health care facilities and utilization of health facilities by the villagers before ten years and now.

Process

The process began by briefing them about the purpose of our visit to the villagers.

The Anganwadi Worker was asked to gather the people of all communities in Anganwadi center of the village. Though there were initial jerks in discussing about the health issues, the process gathered momentum in due course. It is positive to note that people of all communities were actively involved in Focus Group Discussion and participation of women were found more active than their counterpart in all villages.

Issues raised in FGD

The following issues were raised in Focus Group Discussion in selected villages.

- Water and sanitation facilities
- Morbidity pattern in the village
- Availability of health facilities
- Nutritional support for the children
- Maternity care
- Health problem related to modern agriculture practices
- Alcohol use and its effect
- Function of PDS
- Health Care Cooperative

Results of FGD issues

1. **Water and sanitation facilities:**

Before ten years people were using the water of the pond, river and open well for drinking purpose. At present there are three to four bore well in every village to meet the need of drinking water. But due to lack of proper maintenance and repairing of those well time to time only one or two are functioning, which is insufficient to meet the demand of villagers for drinking water. As a result they use water of pond, canal, open well for cooking and drinking which sometimes create harmful for their health. The water is not filtered nor any method of cleaning water is applied. The water of pond, canal are used for bathing of human and animal.

There is no drainage system in any village for disposal of dirty water. Most of the houses are surrounded by stagnant dirty water that creates mosquitoes. There is no separate place to put garbage. Garbage is put nearby house, which keeps the surrounding in very much unhygienic condition. People use open space for their toilet. Although some of the villagers who are under below poverty line are provided latrine at payment of Rs.50/, yet they prefer open space for latrine.

2.Morbidity patter:

Before ten years people in Balasore district were suffering from diarrhoea/ dysentery, typhoid, cold and fever, T.B, small pox etc. Now as the majority of people seem to be conscious of these types of serious diseases only few people suffer from dysentery, cold and fever during rainy and summer session. In Gajapati and Malkangiri district majority of people severely suffer from brain malaria, typhoid due to lack of awareness and lack of health facilities. The children suffer from measles, skin diseases, cold and fever due to water and unclean surrounding.

3.Availability of health care facility:

People used to go to PHC and Govt. Hospital for treatment some ten years back. Now they prefer private doctor due to irregular doctor, insufficient of medical facilities (i.e., homoeopathy, aurvedic etc.) in the villages. In Malkangiri district people prefer aurvedic medicines and traditional healer for treatment of their health.

It is important to note that people face inconvenient clinic hours, inadequate supplies and drugs, irregularity of doctors, long waiting times in public health sector. Whereas in private health sector they face high cost of drug prices and financial exploitation by doctors, quacks and dangerous of spurious drug intake. As a result of it tendency in people for self-prescription was found growing particularly in Malkangiri and Gajapati district of Orissa.

People are less aware about the various health programmes like T.B, leprosy, malaria run by Govt, and NGOs. However, they seem to be conscious about the family planning and some people use contraceptive method for family planning. Before ten years there was connectivity of katcha road to every village and people were suffering transportation problem for getting medical facilities. Now many villages are well connected with pucca road and having good transportation facilities.

4. Nutritional support for the children:

Nutritious foods are being provided in ICDS scheme to all pre-school children. Anganwadi worker plays an important role to create awareness among pregnant women, lactant women and children about proper health and nutrition. Although Anganwadi worker distributes vitamin tablets to the children, which are provided by Govt., yet more number of children suffers from severe malnutrition in Gajapati and Malkangiri district of Orissa. The children are provided with polio, DPT and other such type of immunization time to time. Besides ICDS scheme, some voluntary organizations are also working for the development of health and nutritional status of women and children in rural area of Orissa.

5. Agriculture and related health problems:

70% of people in rural area of Orissa depend on agriculture. Ten years back people were using compost for their cultivation. Now they use chemical fertilizer, spray of insecticides and pesticides to get large quantity of crops. By using these chemicals they suffer from skin irritation in the hands and head reeling etc. It is also important to note that using chemical fertilizer destroys the fertility of the soil. The crops grown by using such fertilizer when used for food cause stomach upset.

6. Alcohol use and its effect:

The SC and ST people take arrack (handia) and country liquor regularly which is locally prepared. The people are conscious about the vices of alcoholism still they suffer from T.B., bronchitis, gastric etc, by using alcohol. Female members are very careful about the drinking habits of their husbands in spite of low female literacy rate. In some villages it was also found that mahila mandal had also run **Nesha- Mukt-Andalan.**

7. Function of PDS:

There is one PDS unit in every village. Only the people who are BPL cardholders get the articles like rice, sugar, and kerosene. The APL cardholders get only kerosene. Discussing in FGD people asserted that the things available in the PDS unit are very poor in quality, irregular distribution and also insufficient to meet the demand of the villagers.

8. Health Care Co-operative:

In Balasore district people are in favor of HCC but they are not willing to take any decision about the same. It was found that in some villages there is no mahila mandal, youth club nor such organization to take joint decision for the village. They are reluctant to give any thing for the purpose. In FGD some people demanded that instead of forming HCC it is better to provide minimum facilities like regular doctor essential medicines connection of pucca road electricity for the exiting of PHC. Whereas in Gajapati and Malkangiri district the people welcome the idea of starting HCC. Some people are willing to pay cash but no fixed, some people willing to do voluntary services, but nobody was interested to give land. Regular presence of doctor, ANM, minimum essential medicines etc, are the kind of services expected by the people from HCC.