

## REPORT ON VISIT TO URBAN SLUM

Indira Gandhi National Open University in collaboration with the Public Health Resource Network and National Rural Health Mission started the Post Graduate Diploma in District Health Management (PGDDHM) from July 2009. The course is intended to train the professionals working in the health sector.

One of the practical sessions in this course is visiting a slum in the urban area and writing a case study about health status of a family in that area. There is a set of questions to ask to the respondents in the case study which includes the information about recent illnesses, health care facilities, drinking water facilities, health seeking behavior, expenses on the health care etc. The participants of the PGDDHM course went to the urban slum area in Gudihari region in Raipur on 13<sup>th</sup> October, 2010. In Gudihari the participants visited Surya Nagar in Gogaon area. This report talks about the glimpses that the group of scholars had during their one day visit to the Satnami Para.

Gudihari is a big habitation where people from low income group reside. It is made up of different neighborhoods and Gogaon is one of the neighborhoods in Gogaon. Gogaon is divided into different pockets. The pocket where the scholar had their field visit was called the Satnami Para. This area is inhabited by the people belonging to Satnami Caste which comes into the Scheduled Caste category. The socio economic status of this community very low and so the situation of this community becomes more vulnerable. All the families in this community are not migrated but they are living in this community since generations.

There are around 300 to 400 families in this pocket. There is a Sub Health Centre (SHC) in this area where there is one ANM and one Health worker is posted. According to the people from that area, the Sub Health Centre only provides services of immunization and ANC. For any other health need, the residents of this community have to go to Pahadi Chowk. The hospital in Pahadi Chowk has only 5 beds and all the beds are for ladies.

There are common findings from the visit of the participants. These findings indicate towards the upsetting neglect of the community by the authorities.

The easy access to health care facilities for the residents of this community is certainly not a reality. As said earlier, there is only one Sub Health Centre which is not fully functional. Residents go to private health care facilities in the hour of need. There are Registered Medical Practitioners (RMPs) to whom the residents usually approach for the health problems. The RMP charges are different and they charge anywhere in-between Rs. 100 to 200. It includes the tablets, injections and consultation fees. The majority of the residents said that they do not have faith in the civil hospital; therefore they usually go to the private clinics.

The deliveries of pregnant women are carried out by the aaya sometimes trained and sometimes untrained too. One of the respondents told about a strange custom that the mother cannot have food for five days after the delivery. Immediately after the delivery, the mother is given no food and water for 24 hours. After 24 hours, the women can have only tea and water for the next 4 days.

There is no awareness about the Rashtriya Swasthya Bima Yojana launched by the Government of Chhattisgarh. Many of them do not have the card and those who have; they do not know the rules and benefits of it. One of the family shared that, they had the RSBY card; while they had treatment in Medical College Hospital in Raipur, the authorities did not give them back. There were people who have spent large amounts on treatment of dysentery and other diseases. One of the lady told that they had to sell their land to arrange money for the treatment of one of the member, their father in law. To minimize the cost, the people usually visit the medical store first and then they approach to the doctors.

The residents of this area are involved in making Bardana which is their only source of income. The bardana making involves handling large number cement rucksacks from which they prepares Bardana. The handling of large number of cement rug sacks all day long has severe impact on their health and majority of them have Acute Respiratory Symptoms. They suffer from chronic cough and they are unknown about their TB Status. In one of the family, there was a girl of 10 years who has cough for past 2 years. In one of the family, it was informed by a person that his father had taken some treatment but he and his father are not aware about what the treatment was about. The participants concluded that it must had been the DOTS treatment based on the description given by the son.

The number of children in each household is more as compared to other localities. It is evident from the fact that almost all the households visited by the participants had 5 or more children. The family planning concept is nonexistent in the area.

This shows that the health status of the residents in the satnami para is very much poor. The participants shared the fear of finding at least one case of TB or such kinds of disease in each of the households. The neglect of the concerned officials is unpardonable and there should be a proper planning to intervene in the present status.