Glimpses From the Grassroots :

A Compilation of short Projects submitted under the Distance Learning Programme of PHRN in Chhattisgarh

Public Health Resource Network

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Foreword

PHRN aims to provide support to public health practitioners working in the districts in all aspects of district health planning and public health management, especially under the context of the National Rural Health Mission. PHRN provides this capacity building support in distance learning mode to cater to the needs of those who would like to enhance their knowledge and skills in public health but are not able to attend a full time formal programme on the same.

The Distance Learning Programme (DLP) on Decentralized Public Health Management is a module based learning programme which complements official processes of capacity building with a more informal, open ended participatory and immediate reaching out to individuals and organizations with essential information and tools as well as with a diversity of views and programme debates. By actively engaging individuals and organizations within their existing spheres of work and by facilitating their participation in enhancing the quality of health services, this course would expand the number of sensitized persons- the potential missionaries needed to support the National Rural Health Mission.

The course activities include attending contact programmes, and submission of assignments and project work. Each participant submits one major and two minor projects. The current publication ***"Glimpses from the grassroots"*** is a compilation of few of the project work submitted by the DLP participants in Chhattisgarh and specifically from the Bastar region. These students are now eligible for receiving the Certificate of Achievement. We hope that these selected projects (Major/Minor) will give you a glimpse of the public health issues in the region.

1 Visit to an Anganwadi centre and discussion on its improvement

Name of the student	:	**Nokesh Kumar Joshi**
Type of project	:	Minor

Location

Village	:	Teplapada
Block	:	Lohandiguda
District	:	Bastar

General information:

Date of establishment	:	2006
Total population of village	:	421
Male	:	228
Female	:	193
Pregnant women	:	03
Lactating mother	:	03
Children between 6 month to 3 yrs	:	24
3-6 yrs	:	22
Aanganwadi worker	:	: Puspha Kashyap
Community	:	: Muria (Schedule Tribe)

Discussions were held with the Anganwadi worker at the ICDS center. The Anganwadi worker discussed on the following points:

1. Supplementary Nutrition:

The quantities of supplementary nutrition given are different for different group. The quantities are as follows:

For the age group of 6 months to 3 yrs (per day): Rice- 100g, Pulses: 20 g, Gur: 10g, soyabean badi: 10 g.

Note: Due to rise in costs badi has not been given to this group for the last two month.

In this age group those who belong to malnutrition grade of III and IV: - Rice: 140 g, Pulses: 30 g, Gur: 10 g and Vadi 15 g.

Note: Due to budget not being available with the SHG, for last month rice, pulses, Gur and badi are not given in take home rations.

3-6 years: Rice: 70 gms, Pulse: 15 grms, Vegetables: 23 gms, Gur: 10 gms are given. They are given cooked meal

3-6 years belongs to III and IV: Rice: 140 gms, Pulses: 20 gms, Gur: 10 gms and Vegetable: 23 gms are given. They are given cooked meal

For Lactating mother/ Adolescent and pregnant mothers: Quantities of 140 gms rice, Pulses: 20 gms, Vadi: 15 gms, Gur: 10 gms per day are together on the Tuesday of every week. On Sunday this is not served.

Note: Due to budget not being available with the SHG, only rice has been given in the last nine months in the take home rations.

2. Weight Measurement:

Regular weight measurements are done every month according to weight and height measurement chart. Extra supplement are given to those who belong to III and IV grade. Suggestions are also given to mothers regarding good nutritious food. Moreover those adolescent girls who are suffering from malnutrition have to go for regular check up in hospital through Ayusmati programme under ICDS scheme.

3. Nutrition and Health Education:

Once in a week on every Tuesday there is a discussion on nutrition and health education is imparted. The major points discussed are about sanitation, cleanliness, child health, importance of complementary feeding after six months, and importance of going to the hospital in case of any illness. The Anganwadi worker has helped seven women to visit hospital and to take benefit from the Ayushmati yojana.

4. Registration:

Fourth Tuesday of every month is taken as Immunization day. The proceedings of the last immunization session are as follows: : One out of three pregnant women got first dosage of tetanus and iron tablets, the other pregnant women got 2nd dosage and the third had just got registered in the centre. Her immunization will be organized in next session. As per information given by the Anganwadi worker, only one out of six children of 0-1 yr, had been given measles vaccination. The rest five children have completed their DPT vaccination.

5. Preschool Education:

These services are provided to 3-6 years old children. The children are taught names of different types of animals, birds etc through songs, dance and games. They are also taught alphabets from charts.

6. Referral Services:

Under referral services, two pregnant mothers have benefitted from Ayushmati yojana and from time to time different types of services are provided.

Note: Once in a week children have to go for outings but due to fear of insects the anganwadi worker does not organize such kind of activity.

Recommendations:

The SHG which is running the supplementary nutrition programme does not get adequate funds regularly. This, in addition to raise in costs compromises the nutrition services provided at the center. It is also recommended that adequate budget must be available on time in order to run the programme.

Editorial Team's Comments/Recommendations

The financial norms for the Supplementary Nutrition Programme (SNP) in ICDS have been increased and they are now less inadequate. But the problem of delayed payments to SHGs still persists and this negatively affects the regularity of the SNP.

Currently in Chhattisgarh, the Supplementary Nutrition Programme is being run by women's Self Help Groups (SHGs). While the cooked food for the children (of ages 3 years to 6 years) coming to the centre is being provided usually by the SHG of that village itself, the take home rations are being provided by a cluster level SHG. In order to ensure regular functioning of the SNP, the money should be given two months in advance to the SHGs.

2 Assessing the functioning of Village Health and Sanitation Committee (VHSC) in one village of Bastar district

Case study I		
Name of student	:	**Manoj Kumar Pandey**
Type of Project	:	Major
Location of the study	:	
Village	:	Negiguda
Panchayat	:	Ghatpadampur
Block	:	Jagdalpur (Nangur)
District	:	Bastar
Date of visit	:	21/07/2009

Process recording

A meeting of the VHSC was held in Ghatpadammur panchayat. In this meeting the members who were present include Sarpanch, Mitanin, Mitanin facilitator, President of the VHSC, Panchayat Secretary, ANM, members of the village SHG and few other women from the village. The Block Resource Persons, District Resource Persons (DRP) and Field Coordinator from the Mitanin programme were also present in this meeting. This was the first meeting of the VHSC of this village after its formation.

In the meeting all Mitanins came on time but the sarpanch and panchayat secretary came two hours late and attended the meeting only for 15 minutes. In the meeting the Field Coordinator shared important information for ensuring proper functioning of the VHSC. It was discussed that at least stationery, meeting register, cash book etc should be bought immediately and the money for these expenses should be taken out from the bank account. The DRP informed that Rs 10,000 as untied fund has been deposited in the bank account of the VHSC.

During the meeting one Mitanin said that water collects around the hand pump in her hamlet and she demanded that a soak pit must be dug for proper drainage. But there was no further discussion on this issue. The team from the Mitanin programme shared detailed information to all the members about VHSCs, from formation to the utilisation of untied funds. It was discussed how the untied fund could be spent effectively as per priority and that every hamlet of the village should be benefitted. The need for good record keeping was stressed upon.

Concluding the meeting, the panchayat secretary said that as not all members of the VHSC are present, the VHSC will again convene after seven days

Observations:

The above case study shows that though the VHSC has been formed, it is not functioning properly.

Regular meetings of the VHSC are not taking place and utilisation of fund is minimal.

The panchayat secretary is not participating in the proper functioning of the VHSC. He does not take any interest in the meetings of the VHSC and play a very limited role.

Recommendations:

It is very important that regular meetings of the VHSC should take place. Having regular meetings would ensure that some discussions, or activities are going on and the VHSC is not completely non-functional.

There are a number of community organizations in the village, like SHGs, Youth groups, and NGOs. It is important to involve these organisations in the VHSC meeting.

There are various purposes for which untied fund could be utilized. But in Bastar area, the untied funds have not been utilized properly. Though the VHSC have been formed, there have been problems in opening of bank accounts. One reason for this is that though a lot of responsibility for VHSCs lie with the Panchayat Departmment, they have no understanding of the concept. Hence it is important that the Panchayat department officials be trained on this subject.

Conclusion:

The VHSCs have been formed but regular meetings are not taking place. Monthly meetings of the VHSCs need to be organized in which discussions on utilization of the untied fund can take place with the involvement of all members of the VHSC. Only through active participation by the Anganwadi worker, ANMs, Mitanins and other members of the VHSC, can malnutrition status be monitored and improved and successful village health plans be made.

Case study II	:	
Name	:	**Smrita Nayak and Namita Nayak**
Type of Project		Major
Location of the study	:	
Village	:	Karkapal
Block	:	Jagdalpur (Nangur)
District	:	Bastar
Date of visit	:	25/07/09

Process recording

The VHSC in Karkapal was newly formed and this was its first meeting after formation. All the members were present in the meeting. The members included the President of the VHSC, Sarpanch, Panchayat Secretary, Mitanin, Anganwadi worker, ANM, Ward Panchs, Kotwar and eight women members.

The following issues were discussed in the meeting:

The role and responsibilities of VHSC members and other invited members.
Utilization of untied find.
Function of the VHSC.
Importance of record keeping.

The next meeting of the VHSC was scheduled for 31.7.09 by the panchayat secretary. It was to take place in the Panchayat Bhawan and stationery was to be bought on that day.

Observations:

There have been problems in the formation of VHSCs in the area. Officials from the block office and Panchayat members have not participated. In some places, the formation has been done without a proper village meeting.

Trainings of the VHSC members have not taken place and VHSC meetings are not being conducted regularly.

These show the gaps in the early stages in the formation of VHSC. All this has a negative impact on proper functioning of the VHSCs.

Editorial Team's Comments/Recommendations

The success of any community programme depends upon the level of ownership of community has over the programme. In the formation of the VHSC, there is need to ensure adequate representation of all the sections of society. It is important that meetings are conducted regularly to discuss the emerging issues and planning to resolve them.

The untied fund is provided to the VHSC for the village and it is to be spent as per the local needs and decisions of the VHSC. Considering this, the VHSC must make sure that the amount is spent according to the decisions of members of VHSC and not on the directions of someone from the block or district. It can be used for a variety of needs including in providing support for health emergencies of vulnerable families, nutrition, health awareness, ensuring safe drinking water, sanitation etc.

The primary function of VHSC is to prepare and execute Village Health plan and utilization of untied grant needs to be seen as a component of it and not the sole purpose. VHSC needs to be strengthened as a platform for bringing in role of Panchayats in health and thereby to facilitate decentralized health planning. Mitanins and their support structure can play an effective role in facilitation village health planning through VHSCs. There are a number of villages in the state which have thus managed to solve a number of health issues through participatory action. Learnings from such examples need to be used to promote village health planning in all areas.

3 Verbal Autopsy of Infant Mortality

Name of student : **Paras Manikpur, Shivani Burman, Narendra Kumar Vaidya**
Type of Project : Major

Location of the study
Village : Matapadarpada, Karanpur
Block : Kondagaon
District : Bastar

Name of the child	Gudiya	Name of the mother	Kamalabai
Sex	F	Occupation of the family	Agriculture
Date of Birth	25/05/10	Annual Family Income	Rs 15,000
Date of Death	Same day	Number of family members	2 adults
Place of death	Home	Age at the time of Death	8 hours
Problem	Low birth weight	Status of any treatment	No
Reason behind death	Low body weight	Distance of sub centre from Pada	3 km
Distance of PHC from Pada	13 km	Distance(CHC)	30 km.
Name of the respondent	Meenabai	Relationship with family	Neighbour

Observations:

Mitanin was informed about the delivery.
Mitanin referred the child to the PHC but the family could not go there due to lack of transportation facilities and money.
No medical services were provided to the child.
Only traditional healers are available in the *pada* who are more approachable.

Discussions:

In this case study though the respondent has mentioned that the main reason of the death of the child is low body weight, there are many more factors which have led to mortality. They include weak financial condition of the family, non availability of transportation facility and institutional delivery, lack of awareness in the family, limited outreach of Mitanin and overall lack of access to health services.

Recommendations:

Role of the Community- The Mitanin has an important role to play in informing the pregnant woman and her family about importance of nutrition during pregnancy, registration, and ante natal services. She can also inform the family about the danger signs and help them make financial provisions and provisions for referral transport through the Village Health and Sanitation Committee.

Role of the health system- ANM is the are village level representative of the health system. It is her duty to provide ante natal and other services. She should do regular checkups of pregnant women, including for anemia, malnutrition and other risk factors and bring about awareness regarding these. She should encourage and help the family for institutional deliveries s where facilities for low birth babies are available.

Role of the Panchayat-The Panchayat should identify all the pregnant women and provide them with money and transport.

Editorial Team's Comments/Recommendations

The skills and knowledge of community level functionaries of health and anganwadi regarding managing newborns need to be improved as a priority. Skills of Mitanins need to be strengthened on counseling for newborn care.

It is well known that the first 7 days are critical is for the survival of mothers and newborns. Focus of community level workers in this period should be enhanced.

Better community level screening and referrals of sick neonates backed by strong institutional facilities are important to reduce neonatal mortality. Referral transport and facilities of public transport in general are also critical factors to be addressed. Availability of essential drugs like Cotrimoxazole with Mitanins and Gentamycin with ANMs also needs to be regular.

Low birth weight is a huge risk factor for neonatal mortality. As a long term strategy, socio-economic factors like age of marriage, low status of women in the family, education, nutrition, care during pregnancy, limited source of income, illiteracy, social vulnerability, lack of access to health services etc. which are some major causes of high IMR, need to be addressed through strong public policy.

4 Assessing the School Health Programme in one school of Bastar district

Name of student	:	**Rajani Gupta**
Type of Project	:	Major
Location		
Village	:	Bade Pushpal
District	:	Bastar

Objectives:

To assess the health programme in schools.

To assess availability of essential medicines in the school

Observations:

When I reached the school in Bade Pushpal, I found four teachers present, including the principal. According to them there are 140 students in this school, out of which 70 are girls. In this school it is a mandatory task of the administration to impart knowledge and information to the students. The discussion is basically focused on the importance of health, hygiene and sanitation to the student. For example, they have been told about the importance of washing their hands with soap before having the mid day meal and of regularly trimming hair and nails.

Every year the school organizes a health check-up camp. This health check up is mandatory for every student. But this year the check-up had not yet been organized. After check up essential medicines are also provided. On every Saturday the school organizes sessions of physical exercise where moral education is also imparted. Along with this nails etc are checked. A first aid kit is available in the school which contains Dettol, Tincture, Iodine, and Paracetamol.

Conclusions:

Though in the school there are some facilities for first aid, but it is essential to have regular health check-ups. During these health check-ups a doctor need to be present. Referral services and treatment for seriously ill students should be provided. There should be at least one session every month on health education for the students.

Editorial Team's Comments/Recommendations

School health programme is an essential and important part of public health. All the three measures curative, preventive and promotive are included in this programme. But, it is necessary to create awareness about the importance of this programme among the community, training and academic institutions, parents, schools and students. Their participation is important for the successful implementation of the programme.

Partnership and alliances with government agencies and non government organization working in this field would be required in order to implement this better.

Capacity enhancements of school teachers as well as trainers of school teachers can help in improving programme performance.

Convergence amongst implementing agencies i.e. Health and Education, is important for the successful implementation of school health programme.

Component of Adolescent health and nutrition also needs to be integrated.

Adequate efforts need to be made for inclusion of disability prevention and support while ensuring inclusive education.

Regular evaluation and monitoring is needed from micro to macro level to check the problems which may came across in the programme implementation.

5 Understanding how gender affects women's health

Name of student	:	**Salil Pandey**
Type of Project	:	Minor
Location		
Village	:	Kharijharia
Post	:	Tapkara
Block	:	Kunkuri
District	:	Bastar

Process recording

Prembati* lives in Kharijharia village of Jashpur district. She is 38 years old has two daughters and one son. She had an infection of RTI (Reproductive tract infection) when she was just 16 years old. She is unmarried at that time. Prembati discussed the matter with her mother, but her mother told her not to worry and that it's the problem of body heat and will heal automatically. But the problem continued. At that time she was in class 9th and she used to travel 6km with cycle even in this situation. One day in school her clothes got wet from the discharge and her classmates saw this. After this incident she never went back to school because she felt awkward.

Due to the nature of the ailment, Prembati would always feel ashamed to speak about it to her family members. The family member too would feel embarrassed to discuss it as it was a reproductory tract infection. In addition to this, their weak financial situation, lack of awareness about the problem and lack of public health infrastructure prevented them from availing any treatment for Prembati.

Prembati got married when she was 18 and after her marriage she also discussed with her husband about getting treatment. Her husband would always tell her that they will go to the hospital whenever he gets time, but that day never came. Nearly 12 years after marriage Prembati had the courage to visit the local Integrated Counseling and Testing Center (ICTC) on her own and narrated her problem to the counselor. Since then she has been under treatment and also goes for follow-up counseling.

Observations:

The above case study shows that, due to gender issues at various phases in her life, she was not able to get treatment for her ailment. As a result of this, she had to leave her studies at very early age, and got married. She had to face embarrassment and shame at every stage from her family and friends, and also face suspicion from her husband due to the nature of ailment.

Editorial Team's Comments/Recommendations

Women's access to health services gets limited due to gender discrimination. In addition to lack of importance given to women's health by the family, the available health services also do not adequately address the specific health issues of women. There are also very few strategies and programme to deal with health and other problems during adolescence.

Block/District plans need to adequately address these. A gender sensitive plan should address the following:

- Anemia in women
- Malnutrition in women
- Violence related health issues
- Common women's complaints that can get dismissed as non specific
- Low back ache, Body aches, fatigue and Headaches
- Mental Health issues
- Health issues of socially excluded and marginalised women
- Male participation and responsibility in women's health
- Programmes on adolescent health

Experiences from the Mitanin programme show that female Community health workers can play an important role in both improving access of women to health services and also tackling issues of gender discrimination at the village/family level.

*Name changed to maintain confidentiality

6

Evaluation of PDS in one village of Bastar district

Name of student	:	**Smt. Sangita Pandey**
Type of Project	:	Major
Location of the study		
Village	:	Titirgaon
Block	:	Jagdalpur (Nangur)
District	:	Bastar

Aim:

To evaluate functioning of the Public Distribution System (PDS) in Titirgaon village.

Objectives:

To observe functioning of the PDS in the village.

To identify the major problems in the functioning of the PDS.

To increase the level of awareness among the villagers regarding PDS.

Introduction:

The Public Distribution System (PDS) is the Government's main programme to provide subsidized food grains to poor families. Under this programme, kerosene oil and sugar is also sold at subsidized rates.

BPL grain- Under this scheme every BPL family is given 35kgs of rice monthly at the rate of Rs 2. Currently in this village, 25 people are getting covered under this scheme.

Antyodaya Anna Yojana- This scheme is meant for the poorest of the poor. Under this scheme 35kgs of rice is provided monthly at the rate of Rs 1 to the poorest of the poor families. Destitute families, people with disabilities un cared old and widows are given priority for inclusion under the scheme. Currently in this village, 95 people are getting covered under this scheme.

Annapurna Yojana- Under this scheme uncared old and destitute persons (who do not receive social security pensions) get 10kgs of rice. In this village there is only one person covered under this scheme.

APL grain- Currently there are 89 persons in this village who receive grain at APL prices.

Process recording:

When I reached the PDS shop in Titirgaon village of Nangur block, food grains were being distributed. I observed that each BPL familiy was are receiving 35 kg rice. When I discussed with the salesman, he told me that in this gram panchayat there are 25 BPL and 95 Antyodaya families. He also said that in this PDS shop Kerosene oil and sugar are also given at very low price.

This PDS shop caters to the following types and numbers of beneficiaries:

Scheme	No. of cardholders	Grain entitlement (in kg)	Price per kg
BPL (Yellow card)	25	35	Rs. 2
Antyodaya (Red card)	95	35	Rs. 1
Annapurna (Purple)	1	10	Free
35kgs Orange card	6	35	Rs. 2
10kgs Orange Card	3	10	Rs. 2
Grey Card	90	35	Rs. 2
APL (White card)	89	----	----

When I discussed with some of the beneficiaries, they said that they get food grains timely and according to their entitlements.

Major problems observed in PDS

There are problems in identification of BPL families. The survey procedure itself is problematic. Participation of villagers in the whole process is not elicited and as a result, many a time actual poor people get left out.

Due to low commissions it is very much difficult for the salesman to run the PDS shop honestly.

People have complained that the PDS shop does not open regularly. Sometimes ration is not available on time or the full quota of ration is not available. Sometimes the salesman charges more than the actual price for the grains

Editorial Team's Comments/Recommendations

Currently, in Chhattisgarh nearly 74% of the population is receiving grain at a subsidized rate. This expansion of the PDS by the state Government has ensured that most of the poor are covered under this scheme. Still some poor families have remained excluded from this. Vulnerable communities find it more difficult to find a place in the BPL list. Hence it is recommended that further the Government should provide subsidized grains to all ST and SC families. This move towards Universalisation of PDS would reduce exclusion errors.

PDS in Chhattisgarh has door-step-delivery service of grains to the PDS shop so that the Shopkeeper does not incur extra costs. Issues of corruption by the shopkeeper can be dealt at the local level by organizing the beneficiaries. In addition to that, a PDS helpline (toll-free) has been started by the government for grievance redressal. There needs to be widespread dissemination of information regarding these methods of grievance redressal.

The Supreme Court rulings on PDS very clearly state that each family has to be given 35kgs of grain every month at the designated price, the PDS shop has to stay open all days of the month and the beneficiaries may take the grain in installments. These orders have to be enforced by the administration and through monitoring by the community.

7 Gender analysis and usage of different methods of family planning in JASHPUR district (Vasectomy & Tubectomy)

Name of student	:	**Salil Pandey**
Type of project	:	Minor

Location

Block	:	Pharsabahar
District	:	Jashpur

Methodology:

Sixty families participated in this survey where husband and wife both were present. In the Sampling method, firstly the number of households in Pursabahar gram panchayat was listed and randomly selected in order to get the sample size of 60 households.

The questions were asked in front of both partners in which it was also observed that how many questions are answered by husband and their wife. Moreover it was also observed in how many answers the husband influenced the wife and vice versa.

Findings from the secondary data:

Total fertility rate in Jashpur district decreased from 4.03 in 1991 to 3.32 in 2001.
Sex ratio in rural areas decreased from 1006 in 1991 to 1003 in 2001.
The sex ratio among S.C. population during 1991 is 990 which marginally increased to 992 in 2001.
The sex ratio among S.T. population which was 1020 in 1991 decreased to 1016 in 2001.

Findings from primary data:

Only 13 percent out of 60 are participated in any type of sterilization while 86.6% in the sample have never participated in any type of sterilization.
In 71.6% of cases, the decision for sterilization are taken by husband while only in 11.6% of the total cases interviewed, it is the wife who takes any decision regarding sterilization.
In the future, 83% of the couples said that the husband will go for vasectomy while 16% said that women will undergo sterilization.
Whenever vasectomy is done, then 81.6% of the couples said that other women friends/relatives help take care of the wife while in other cases the husband takes care of his wife.
14% of the couples said that a male surgeon is usually involved in sterilization while 76% said that woman doctor is involved.
In terms of who motivates the couples for sterilization, 85% said that the ANM motivates while 15% said that it is the MPW who motivates.

When asked if the couple is able to get benefit from some programme through undergoing sterilization, then who will get it done, 88.6% said that the wife will get tubectomy done while 11% said that the husband will go for vasectomy.

Conclusions:

The above finding raises issue of gender and the role of male who influence the decision making of females in Family planning and other issues. Moreover there are many misconceptions in the society regarding family planning like weakness after sterilization. This gives more pressure on women for tubectomy. The incentives which are given during sterilization are more for Male than female but still more cases of tubectomy take place in our society. The data at national and state levels shows that targets for tubectomy are kept three times more than vasectomy. So if we see the above facts there is gender discrimination in family planning at every stage.

Recommendations:

Gender must be considered at every stage of planning, including the programme planning and implementation.
Sensitization from the village to national level, on the issue of gender discrimination by using different media.
Promote programmes for women's empowerment.
Gender related issues must be a focus subject at school and colleges.
Programmes like debates and discussions on gender must be conducted in the media in order to raise awareness on the issue.
There should be a law against gender discrimination
It must also be taken into consideration that men too are victims of gender discrimination.

INTERVIEW SCHEDULE:

1.	Have you participated in sterilization?	Y	No
2.	If yes whose decision	Husband	Wife
3.	If no, If you want sterilization in future, Then who is going to participate?	Husband	Wife
4.	Who will take care in case of vasectomy?	W	Husband
5.	Who will do sterilization (Surgeon)	Male	Female
6.	Who will motivate for sterilization?	Female health worker	Male health worker
7.	If you are take benefit from family planning programme then who will go for sterilization?	H	W

Editorial Team's Comments/Recommendations

In this study, the scholar has tried to see the relation between the gender and choice of methods of family planning. Gender plays a decisive role in decisions of the family planning and the scholar has tried to see this role by studying it with a sample in the Pharasbahar Gram Panchayat.

The findings show how patriarchy and gender relations affect women's health, and the need for considering these unequal relationships while formulating any policy and programme about women's health issues.

Secondly, there must be proactive efforts from the health department and the nongovernmental organization to raise awareness about the facts about vasectomy and to clear misconceptions about it.

Thirdly, the study indicates that there exists unmet demand for family planning services. Availability and quality of Government health services for vasectomy, tubectomy, IUD insertion etc. need to be strengthened.

As a long term strategy, the goal of Women's Empowerment needs to be pursued in various policies.

8 Planning for promotion of Institutional delivery in Bastar district

Name of student	:	**Smt. Smrita Nayak, Namita Nayak**
Type of project	:	Minor
Location		
District	:	Bastar

Introduction:

The population density of Bastar district is low due to its geographical location. Literacy rate is lower than most other districts. Institutional deliveries are less in this district due to reliance on traditional systems of medicines and the non-availability of medical facilities. In order to increase institutional deliveries, it is necessary to develop micro plans through the good relations of the ASHA with the community and make available referral transport.

Objectives:

To observe the present situation of institutional deliveries in the district.
To suggest plans for increasing institutional deliveries in the district.

Observations:

Ambulance service in the district is not enough to cater to all who require it . The problem is more in the public sector arrangements where the ambulances are available but their service is abysmal.

The ambulances available at CHC or district hospital sometimes take the patient to the facilities. But, when they called at the time of emergency they make excuses like the vehicles have gone for repaires, the driver is on leave, the vehicle has gone to pick up health staff, or ambulances are used for VIPs and are not available for the hospitals.

If the government takes stringent steps in this case then we can use the driver in shift to ensure the system functional for 24 hours. At present the services are quite limited and not able to cater to the needs of the population.

Even if the pregnant woman reaches the public facility on time, the treatment is always delayed. The hospital staff always demands illegal or unofficial fees for their services. This increases the problems of S.T.s, S.C.s and others who are living in the rural areas.

The delayed payment of JSY (Janani Suraksha Yojana) incentives is quite de motivating for the ASHA.

ANMs and other skilled birth attendants are not available at sub centers. Also there is non availability of medicines and other necessary equipments.

Strategy:

Ensure availability of ambulance within half an hour to transport patient from village or health center.
Referral facilities made available at all PHCs.
Improving communication facilities between village and facility for ambulance services.
Promotion of Non government organization(NGOs) run ambulance services.
Ensure prompt payment of JSY incentives to both beneficiary and ASHA at the time of discharge from facility.

Editorial Team's Comments/Recommendations

Institutional Delivery can help in reducing maternal mortality. Adequate ANC services need to be ensured. The complicated deliveries need to be prioritized to take place in institutions. Identification of danger signs by Mitanin (ASHA) to screen high risk cases can also be very useful. Availability of emergency care for complicated deliveries needs to be ensured at least at the CHC level. PHCs and CHCs need to be better equipped. Management of these facilities through Rogi Kalyan Samitis needs to be strengthened to ensure quality services. The referral transport services needs to be strengthened.

A number of studies have shown that the mothers who reach to the facilities incur out of pocket expenditure for medicines, unofficial fees to nurses/doctors and other requirements during the delivery. This dissuades the community from going to the facilities. It is necessary on the part of the facilities to provide quality health services free of cost to these patients. It should be ensured that the families do not have to incur any out of pocket expenditure.

In the functioning of Janani Suraksha Yojana, the DLP scholar has rightly pointed out the key role ASHA can play. There should be linkages between the ASHA and ANM posted at the Sub Health Centre. There should not be delays or cuts in the payment of the incentive to the ASHA or the beneficiary.

9 Description of state and district level health management system using line diagram

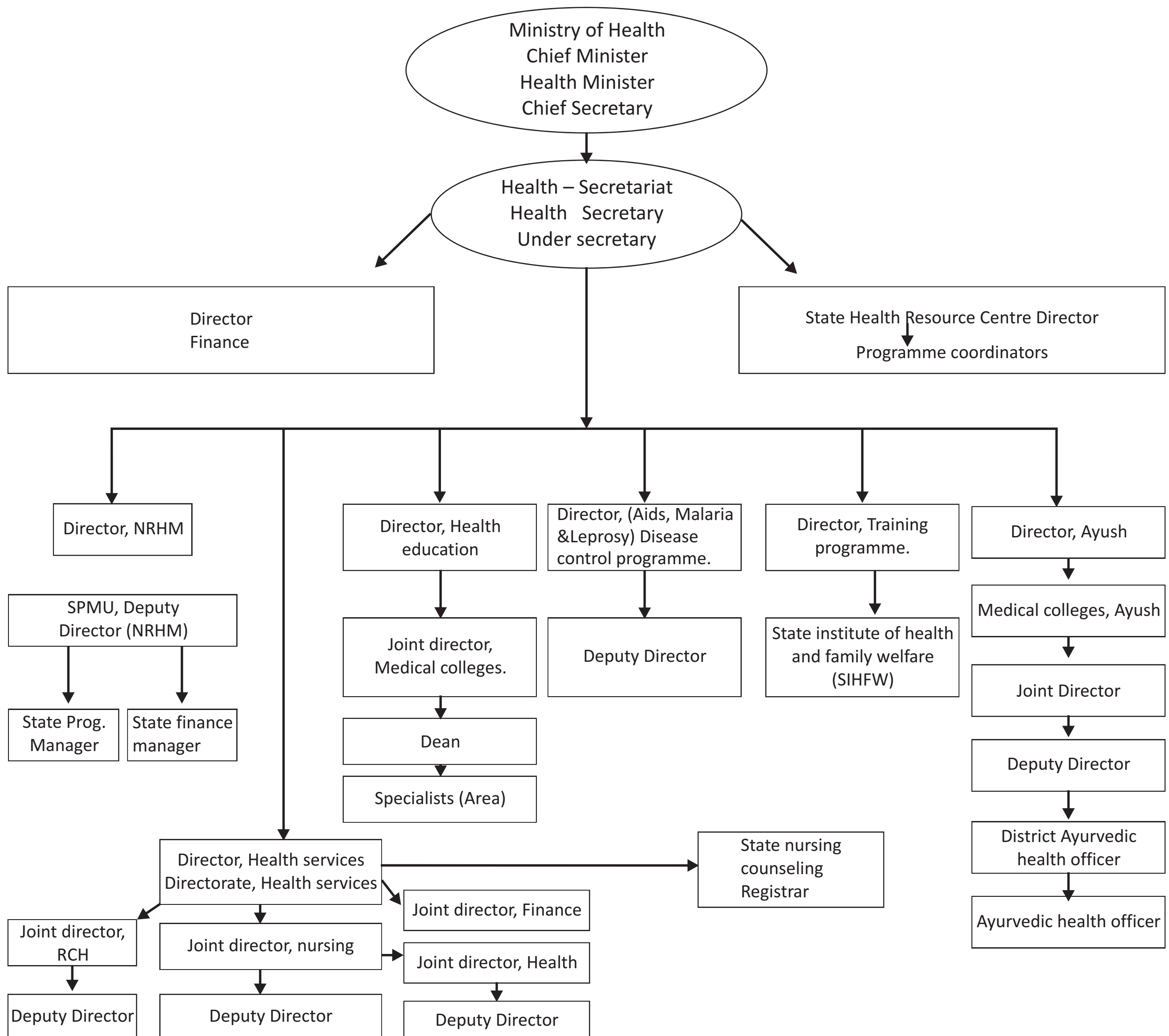
Name : **Shalini P. Raj**

Type of project : Minor

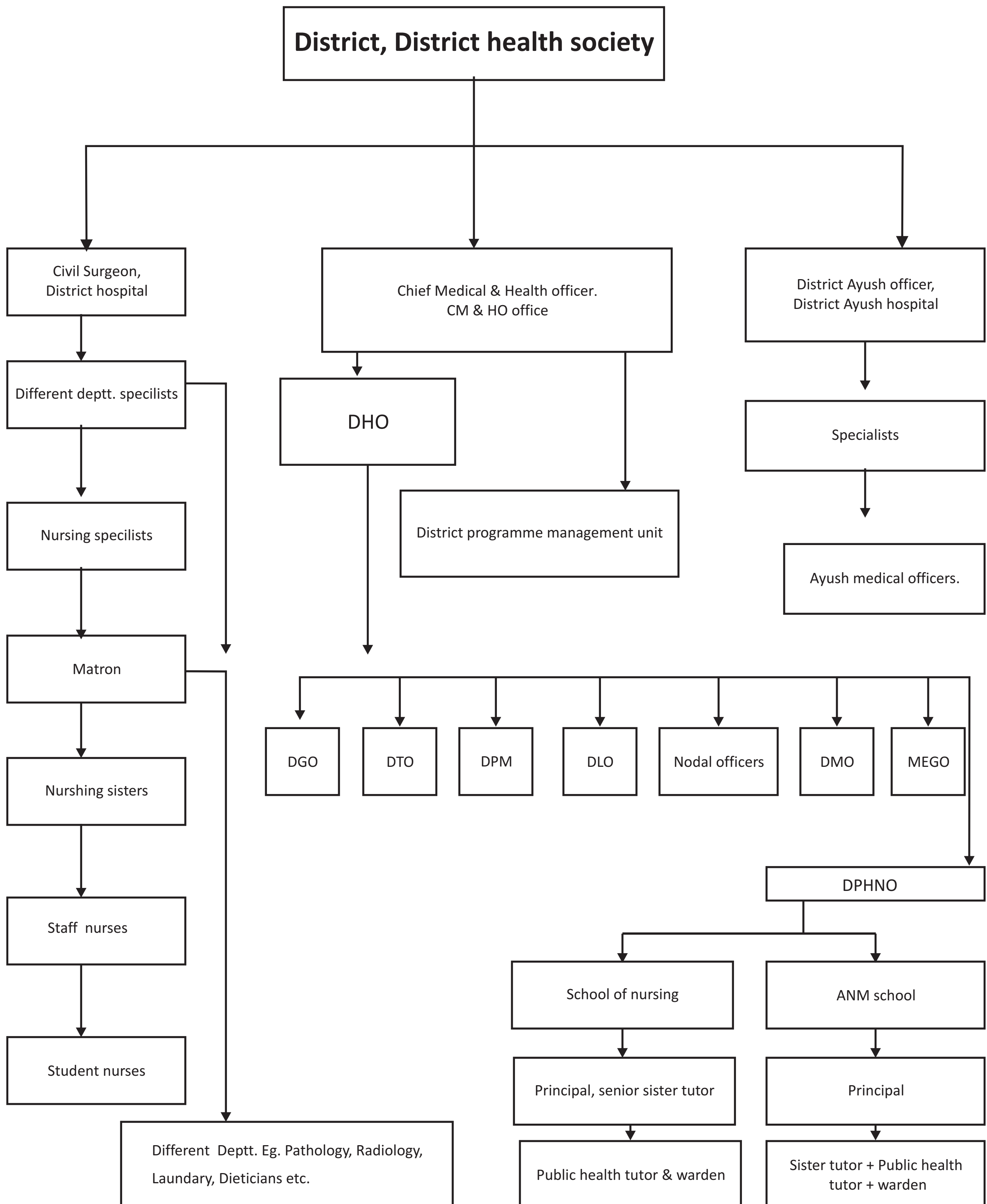
Objectives:

To describe the current systems of health management at State, district and block levels.
To understand reporting relationships of the Health management systems and their supporting system, using line diagrams.

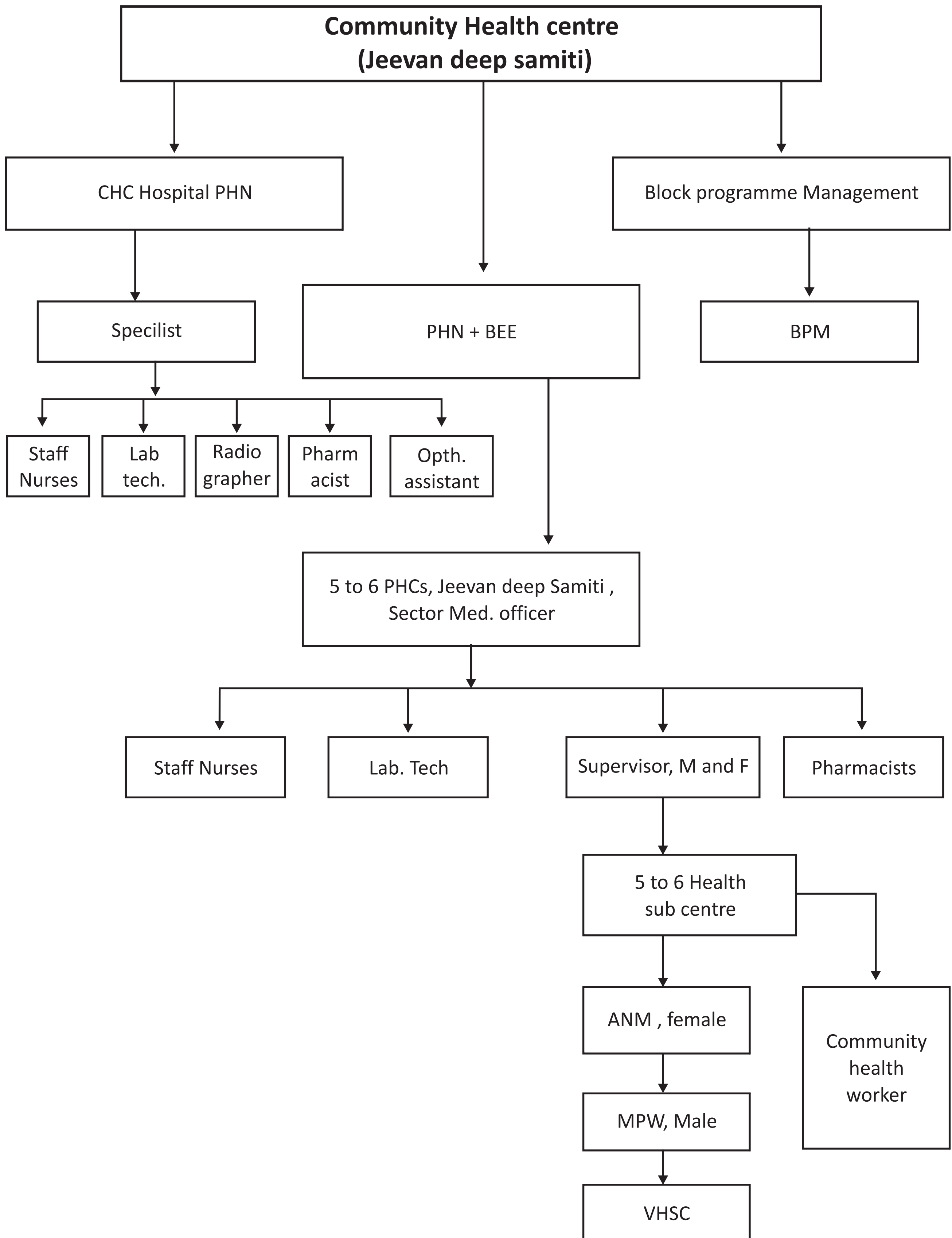
HEALTH STRUCTURE AT STATE LEVEL



HEALTH STRUCTURE AT DISTRICT LEVEL



HEALTH STRUCTURE AT BLOCK LEVEL



List of Projects submitted by students under the Distance Learning Programme in Chhattisgarh

Sl No	Name Of Students	Major Project	Minor Project
1	Ram Gopal Kashyap	Assessment of Socioeconomic factors related to neonatal death	1.Good practices for promoting child health, 2.Visit to Anganwadi centre and discussion for improvement
2	Shivani Barman	Assessment of mitanin monitoring tools and providing suggestions on current indicators and its measurement and develop new tools to collect data to send it to District head quarter.	1. Identify the causes of Infants death and discussed with the family to prevent such situation. 2. Assessment of TB control programme and its outcome in its own Block
3	Ku. Akhileshwari Manjhi	Assessment of Socioeconomic factors related to neonatal death	1.Good practices for promoting child health, 2.Visit to Anganwadi centre and discussion for improvement
4	Ku. Kalawati Mourya	Assessment of Socioeconomic factors related to neonatal death	1.Good practices for promoting child health, 2.Visit to Anganwadi centre and discussion for improvement
5	Shree Ram Singh Nagesh	Assessment of Socioeconomic factors related to neonatal death	1. Good practices for promoting child health, 2. Visit to Anganwadi centre and discussion for improvement
6	Smt. Smrita Nayak	Assessment of functions of VHSC in own district	1.Planning for Promotion of institutional delivery in own district 2. Assessment of total sanitation programme in own area.
7	Smt. Namita Nayak	Assessment of functions of VHSC in own district	1.Planning for Promotion of institutional delivery in own district 2. Assessment of total sanitation programme in own area.
8	Narendra Vaidhya	Assessment of mitanin monitoring tools and providing suggestions on current indicators and its measurement and develop new tools to collect data to send it to District head quarter.	1. Identify the causes of Infants death and discussed with the family to prevent such situation. 2. Assessment of TB control programme and its outcome in its own Block

Sl No	Name Of Students	Major Project	Minor Project
9	Monaj K.Pandey	Assessment of functions of VHSC in own district	1.Visit to Anganwadi centre and discussion for improvement 2. Assessment of school health scheme in Govt. primary school
10	Smt. Rajani Gupta	Assessment of Socioeconomic factors related to neonatal death	1. Good practices for promoting child health, 2. Visit to Anganwadi centre and discussion for improvement
11	Paras Manikpur	Assessment of mitanin monitoring tools and providing suggestions on current indicators and its measurement and develop new tools to collect data to send it to District head quarter.	1. Identify the causes of Infants death and discussed with the family to prevent such situation. 2. Assessment of TB control programme and its outcome in its own Block
12	Nokesh Joshi	Assessment of Socioeconomic factors related to neonatal death	1.Good practices for promoting child health, 2.Visit to Anganwadi centre and discussion for improvement
13	Smt. Shalini Raj	Planning of a training session for a district having five block	1. Description of state and district level health management system using line diagram 2. Designing School health card and school health assessment form
14	Smt. Sangita Pandey	Evaluation of Public distribution system	1.Promotion of institutional delivery 2. school Health programme
15	Dharmu Ram Kashyap	Assessment of Socioeconomic factors related to neonatal death	1.Good practices for promoting child health, 2.Visit to Anganwadi centre and discussion for improvement
16	Kiran Kumar Sahu	Study on relationship between child mortality and socioeconomic condition.	1. Importance of polio immunization. 2. How to strengthen child health programmes
17	Mr. Padum Lal Sahu	Study on relationship between child mortality and socioeconomic condition.	1. Importance of cleanness and how to promotes n school children 2. How to strengthen child health programmes
18	Salil Pandey	Relationship of gender and family planning services especially Male and female sterilization	1.Understanding of Gender and relationship with women health 2. Relationship of gender with society.

Public Health Resource Network (PHRN) seeks to identify like-minded, motivated individuals and organizations through existing state level resource support agencies, NGO networks and state health societies, and reach out to them in order to accelerate and consolidate the potential gains from National Rural Health Mission that can truly change the health scenario of disadvantaged people. PHRN has been active since 2005 in states of Chhattisgarh, Jharkhand, Bihar, and Orissa. It has also supported similar action in many other states, such as Rajasthan, Haryana, Uttarakhand and North Eastern states. PHRN believes in refining its objectives and strategies in accordance with experience as well as circumstances of its work.

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