

ISST - Institution of Social Studies Trust

HEALTH THROUGH PANCHAYAT

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Introduction

The Panchayati Raj Institution in India came into existence through a long process of evolution. The introduction of community development programme in 1952 was conceived to democratise and decentralise development leading to greater participation of people in development activities. The ideal however, could not be realised as the Panchayati Raj Institutions existing then was effected by political and administrative factors.

The 64th constitution Amendment bill in the late 80's envisaged a constitutional status to the elected bodies at the lower levels of administration equate representation for scheduled castes, scheduled tribes and women have been provided in the elected bodies at all the levels with an enabling provision for a similar reservation for other background classes. A fixed tenure of 5 years, regular elections and mechanism to ensure appropriate financial allocations are other measures designed to strengthen these bodies. Other important features to strengthen these bodies are:

- Preparation of plans for economic development and social justice.
- Implementation of schemes for economic development and social justice.

The provision of the 73rd Constitution Amendment have generated unmistakable optimism in the minds of the people that the Panchayati Raj bodies will become vibrant institutions in the rural areas. The way, the different states have passed their respective Panchayati Raj bills within the stipulated time frame is reassuring.

The Panchayati Raj Institutions in West Bengal

The West Bengal Panchayat act was enacted in 1956 which was subsequently modified and the West Bengal Zilla Parishad act came into existence in 1963. This act provided for a four-tier structure consisting of Zilla Parishad, Anchalik Parishad, Anchal Panchayat and Gram Panchayat. This act underwent further change during 1973 when a consolidated legislation called " West Bengal Panchayat Act " was enacted. The act provided for three-tier Panchayati Raj system as in the case of other states in line with national ' model' of Panchayati Raj set up with gram panchayat at village, panchayat samiti at block and Zilla Parishad at district level. The act provided for direct election to each tier of the PR system, i.e., gram panchayat, and panchayat samiti and zilla parishad. Elections to the Panchayati bodies on party lines were first held during 1978. In pursuance of 73rd constitutional Amendment, West Bengal Panchayat Act was further amended in 1992 in order to provide for reservation of women in not less than one- third of total seats in Panchayats

West Bengal has 17 Zilla Parishads, 332 Panchayat Samities and 3343 Gram Panchayats. The PR body provides for 664 seats in Zilla Parishad, 9516 seats for Panchayat Samities and 61, 396 seats for Gram Panchayat.

Number of seats reserved and actually elected during 1993 Panchayat Elections.

Name of the tier	No. of Bodies	Total seats	No. of seats reserved for		
			S.C	S.T	Women
Gram Panchayat	3243	61398	12546 (16,966)	2412 (4114)	21, 628 (21, 742)
Panchayat Samity	332	9516	1813 (2, 734)	411 (676)	3, 202 (3202)
Zilla Parishad	17	664	119 (184)	28 (47)	227 (227)

- excluding Women
- Figure in parentheses give the actual numbers elected

For implementation of programs the officers of state government belonging to different departments and functioning at the gram panchayat, block and districts provide technical and administrative assistance.

The gram panchayats have the following category of staff:

- (i) Secretary- deals with administration and accounts matters
- (ii) Job assistant- dealing with all matters, technical or otherwise in connection with preparation of schemes under various programs and their implementation.

(iii) Gram Panchayat Karmee- (Group D employee)- two or three such employees posted in each Gram Panchayat.

At Panchayat Samiti level, the staffing pattern is as under:

- i. Executive officer – BDO being the ex-officio Executive Officer;
- ii. Secretary-Extension Officer of Panchayats (posted as ex officio Secretary) dealing with administration and accounts matters;

Other supporting staff:

Services of the officials of Rural Development Department and other departments posted at the block level are placed at the disposal of Panchayat Samiti.

Staffing pattern at Zilla Parishad :

- i. Executive Officer – District Magistrate ex-officio Executive Officer
- ii. Additional Executive Officer – One IAS officer in the rank of Additional District Magistrate posted as full time Additional Executive Officer;
- iii. Secretary -a senior State Civil Service Officer looking after administration and accounts matters ;
- iv. District Engineer with supporting staff dealing with preparation of plans, estimates and implementation of programme.
- v. Executive Officer, Assistant Engineer and other staff of Rural Development Department are placed on deputation to Zilla Parishad.
- vi. Other supporting staff

Structural co-ordination of Panchayati Raj and Regular Governments at different levels

District level :

The Sabhapati (head of the Zilla Parishad) is a key functionary of the Zilla Parishad elected by ZP members. He chairs the district planning board meeting as head of District Panchayat Administration. He is assisted by District Magistrate as the executive officer of Zilla Parishad. The DM is assisted by an Additional Executive Officer in the rank of Additional District Magistrate. The DM is responsible for all matters, relating to implementation of schemes approved by the Zilla Parishad through its standing committees. There are ten different standing committees headed by Karmadhakya elected from among the members of Zilla Parishad.

- Standing committees at the district and Panchayat Samities
- Following subjects were transferred to Panchayats after Amendment of West Bengal Panchayat Act of 1994 in line with 73rd Constitutional Amendment.
- Artha Santha Unnayan O Parikalpana Sthayee Samity.
- Janaswastha O Paribesh Sthayee Samity.
- Krishi, Sech O Samabaya Sthayee Samity.
- Purta Karya O Paribahan Sthayee Samity.
- Siksha, Sanskriti, Tathya O Krira Sthayee Samity.
- Khadya Silpa Tran O Janakalyan Sthayee Samity.
- Bon O Bhumi Sanskar Sthayee Samity.

- Matsya O Prani Sampad Bikash Sthayee Samity.
- Khadya O Sarbaraha Sthayee Samity.
- Bidut O Achiracharit Shakti Sthayee Samity.

Panchayat Samiti :

Sabhapati is the head of the Panchayat body at the Panchayat Samiti (block level) elected by the Panchayat Samiti members. The Block Development Officer is the Executive Officer of Panchayat Samiti and a key functionary in the functioning of the Panchayat Samity.

Sector officers at the block level are members of different standing committees. The Joint Block Development Officer assists the Block Development Officer in regular implementation of developmental activity in the block.

Gram Panchayat :

This is headed by the Pradhan elected by the members of GP. He is assisted by the secretary of the Gram Panchayat. A job assistant who is a semi- skilled person looks after the implementation of schemes like Jowahor Rojgar Yojana and other technical work. Gram karmees are paid employees of the Government.

CINI AND ITS ACTIVITIES

CINI has been working for women and children with specific focus on health and nutrition development. In 1974, the focus was on combating malnutrition in children, which expanded to cover women in the eighties. The long experience has provided the opportunity to understand the root causes of ill health and the organisation was able to develop an appropriate community based health care system. In the late eighties and early nineties, the organisation in its efforts to diversify, started activities aimed at income generation , credit group formation and basic minimum amenities to the community for holistic, integrated development.

Different strategic moves were adopted to develop community based health care system, The 73rd Amendment to the constitution of India specifies the health of the community falls under the jurisdiction of the Panchayats. The one third quota for women among elected local representatives has provided the added opportunity of activating the Panchayat structure to address the special needs of women and children. The presence of CINI can be broadly divided under implementing and supportive role.

The study' Health Through Panchayat' was initiated in July 96 in collaboration with Institute of Social Studies Trust, New Delhi.

The objective of the study were :

- a) Ensuring a systemic and regular monitoring of the health status of the community in general and reproductive health status of women in particular by community based worker(s) and feeding this information to the local structure of administration and decision making on a continuing basis.
- b) To ensuring that a functioning process of information dissemination and service delivery mechanism is involved. So that the three-tier panchayat structure is tied up with health related governmental and other existing structure; the entire system is made accountable to the community and responsive to articulated needs on the ground on a continuing basis.
- c) Ensuring that systematic process documentation is set in place.

Study Design

CINI has been working in Amgachia, Rasputja and Pachim BishnupurGram Panchayat for quiet sometime Kanganberia Gram Panchayat was the only Panchayat where activities were taken up for the first time, however people were familiar with CINI activities and seek it's health care services provided through it's clinic and hospital. These Panchayats were easily accessible they are by facilitating intense frequent interaction. Kanganberia Gram Panchayat was selected at the request of the BMOH; Samali as it was felt that CINI's effort would help to improve the prevailing poor health situation of the area as regards poor immunization status, personal hygiene and environmental sanitation.

Initially the project was discussed with Gram Panchayat, Panchayat Samity, Zilla Parishad, Block, District and State health officials and women's group members explaining the project objectives and inputs and the nature of co-operation needed from them for achieving the study objectives.

Strategies Adopted

1. Discuss objectives of study with Gram Panchayat (G.P) prior to seeking their consent for conducting the study.

Select villages only if G.P gives its consent.

2. Orient Panchayat members in health survey so that they know about the objectives and the problems the survey is trying to bring to light and seek their suggestions and incorporate them if necessary.

Discuss survey findings with the Panchayat.

Make a monthly yearly work plan involving the Panchayat members.

Orient Panchayat members in common health problems of women and children and can be done for this prevention and treatment.

Involve Panchayats in monitoring the Sub- centre level functioning.

Facilitate Panchayat to identify their role regarding health.

3. Facilitate periodic meetings with local women's groups in the community to understand their health needs.
4. Facilitate periodic meetings with health personnel(ANM, Health supervisor, District and Block level officials of health, ICDS and Panchayat members) to discuss health issues.

1st Phase Survey	Population Covered	Households Covered
Raspunja Gram Panchayat	4037	834
Amgachia Gram Panchayat	4128	808
2nd Phase Survey		
Kanganberia Gram Panchayat	4118	864
Paschim Bishnupur Gram Panchayat	4240	939
Total	16523	3445

Salient findings of the survey

Total households covered 3445, among these households

Average HH size	Sex ratio	Average age at marriage
4.30	961	15.6

Drinking water facilities			Drinking as it is Without precautions			Toilet facility	
Tap	Tubewell	others				Indian system	others
(1391)	(2045)	(9)	(3370)			(648)	(491)
40.37	39.36	0.26	97.82			18.81	14.25
Education profile			Illiteracy Rate				
Population 16523			All	Male	Female		
			23.5	34.9	12.7		

General Health status for last 15 days at the time of survey

Reporting	Seriously	Treatment sought	Seeking Govt. Facilities
(2965)	(1099)	(2316)	(278)
17.94	36.25	78.5	9.6

Status of female health

Female population Covered (6915)	Married (2677) 61.2	Unmarried (454) 31.2		
Average age at 1st conception(yr.)	Contraceptive use	Tubectomy	Vasectomy	
18.1	43.1	24.4	1.8	

A comparison of Amgachia and Raspunja Panchayat :

Of the two villages Raspunja and Amgachia in phase-1, the former had average household size of (4.8%) and the later (5.1%). The sex ratio was 963 and 949 respectively. The religious minorities(Muslims) in Raspunja was (15.2%) as compared to Amgachia (8.9%). 3.4% households reported visit by GHW as compared to 0.4 in Amgachia. The use of sanitary toilets in Raspunja was (22.5%) as compared to (2.5%) households in Amgachia. In Raspunja (76.6%) sought treatment for serious illness as compared to (84.3%) in Amgachia. There were more (38.5%) unmarried women in Raspunja compared to (27.5%) in Amgachia. In Raspunja about (48%) of unmarried women reported seriously ill compared to (30.6%) in Amgachia.

The most commonly reported reproductive health problems were giddiness (52.5%), vaginal discharge (44.7%), tiredness (40.6%), and breathlessness (34.3%) in Raspunja. In Amgachia the

percentage was 70.2%, 67.6%, 51.9%, and 51.1% and 48.5% respectively. Thus more women in Amgachia suffer from reproductive health problems as compared to women in Raspunja.

A Comparison of Paschim Bishnupur and Kanganberia Panchayat

In the second phase Paschim Bishnupur and Kanganberia were surveyed .The average household size was 4.5% and 4.7% respectively. The sex ratio was 986 and 946.The religious minorities in Paschim Bishnupur were 41% as compared to Kanganberia with only 16.6%. 0.5% households reported visit by GHW at Kanganberia whereas Paschim Bishnupur reported 0%. The use of sanitary toilets in Paschim Bishnupur was 33.5% as compared to 14.5% households in Kanganberia. In Paschim Bishnupur 70.3% sought treatment for serious illness as compared to 82.8% in Kanganberia. There were more 32% unmarried women in Kanganberia were as compared to 26.9% in PaschimBishnupur In Paschim Bishnupur about 63.5% of unmarried reported seriously ill as compared to 30.8% in Kanganberia. Among the married women 54% reported seriously ill in Paschim Bishnupur compared to 31% in Kanganberia. As regards Vasectomy as a method of family planning 1.5% of the eligible couple at Kanganberia adopted Vasectomy compared to 0.6% in Paschim Bishnupur. The most common reproductive health problems in Kanganberia were tiredness 53.3%, vaginal discharge 40.8%, breathlessness 40.7%, and menstrual problems 33.6%. In Paschim Bishnupur it was 51.4%, 42.3%, 32.8%, and 32.1% respectively.

- **Assessment : Critical evaluation**

1. Even with close interaction with Panchayat health has not been able to engage the Panchayats attention as a very small percentage(1-1.5%) of the total budgetary allocation was ear marked for health and health issues were hardly discussed during the gram sansad and gram sabha meetings till early1998.
2. A number of meetings previously scheduled were cancelled by the Panchayats because of other engagements.
3. Due to Panchayat elections during the study period Panchayats were unable to provide time from December 97 till September 98. This affected the quality of the study. Orientation was provided to the newly elected Panchayat members in November 98.
4. Panchayat has yet to change its mind set from a passive to an active one by

identifying health needs of women and children through discussions with their parents and women and demanding appropriate attention from the health officials.

Study tools :

Pre-tested questionnaire was used to get general impression of the socio-economic conditions and the health profile of the population with special focus on reproductive health problems of women.

PRA were used for :

- a) Need assessment of the community people.
- b) Social mapping.

- a. Resource mapping.

Chapati and Venn diagram for preference ranking of different health problems

Focus group discussion to get an idea about workload of women, child health problems, reproductive health problems, general and reproductive health issues among adolescent girls.

Time Frame

Total duration : June 1996 to December 1998.

Activities during

	August96 March97	April97 December98
Activity-1		
	Survey	Survey
	September November 96	August to November 97
Activity-2		
PLA Focus Group discussion Meeting\ Venn diagram\Chapati game (with married and adult women)	13	79
Focus Group discussion (with male group)	x	1
Matrix Ranking (with married women)	x	1
With Adolescent Girls	x	7
Activity- 3 Meetings		
Gram Panchayat	1	8
BPHC(Samali and Chandi Daulatbad)	5	2
State level and district level meeting	2	x
Panchayat Samity	x	4

Review Meeting with GP and Village women	x	1
Meeting with CBWV	x	7
Activity- 4		
Orientation Training for Research Investigators	1	x
Orientation Training for Research Investigators and Gram Panchayat members	x	1
Training for Panchayat and Community members	1	2
Orientation Training for Community Based Women Volunteers	x	1
Orientation for Rural Health Practitioners	x	2
Orientation for Local Dai,s	x	1
Adolescent Camp	x	4
Activity- 5		
Nutrition demonstration Session	x	1
Activity- 6		
Celebration of International Women's day	x	1
Celebration of world Population day	x	1
Activity- 7		
Para wise group meeting (conducted by CBWV)	x	432

NARRATIVE REPORT

PLA exercises were held with women's group in four Gram Panchayat area. Venn Diagram was used to rank health problems of women and children. Some process and findings are discussed below.

PLA- 1

PLA exercise was held at Raspunja paschim para village for ranking of health problems of women and children. Thirteen village women attended the meeting. In the beginning the mothers hesitated to speak, but after a little cajoling by the ANM they gradually started opening up. Initially different mothers talked about different ailments but afterwards they reached a consensus and ranked the ailments. The women were given a chart paper and some pieces of round brown paper of different sizes and asked them to paste on the chart paper. The biggest size denoting the health problems they considered the most problematic and the smallest the least problematic. They ranked the ailments, wrote the names of the ailments on the pieces of paper mentioned and pasted them on the chart paper. The mothers preference ranking was as below :

Fever\ Cough \ Cold
Diarrhoea \ Vomiting
Backache\ Paleness
White dischargeWorm
Ear infection
Menstrual problems
Tuberculosis
Scabies
Toothache

PLA-2

Krishnarampur Village

Cough\ Cold
Diarrhoea
White discharge Acidity
Abdominal pain
Menstrual problems
Asthma

PLA-3

Raspunja Siberdanga

Diarrhoea
Cough\ Cold\ Fever
Giddiness\ PalenessAbdominal pain
Menstrual problems
White discharge
Scabies
Worm
Toothache\ Ear infection

PLA-4

Kanganberia Agradut Club

Fever\ Cough\ Cold
Diarrhoea\ Acidity
Mentrual problem\ White discharge
Giddiness\ Paleness
Abdominal pain
Worm\ Dysentry
Ear infection

PLA-5

Uttar Kajirhat Kalitala

Cough\ cold \ Fever
Diarrhoea
White discharge
Acidity\ Gastric
Dysentry
Backache\ Abdominal painToothache

PLA-6

Kanganberia Chandpur Primary School

Subject: Venn diagram for resource mapping

No of participants: 10Age group 20 to 45

The exercise was preceded by explaining the objective and the procedure for filling up the different sizes of spherical papers. Then we started to fill up the Chapati with the help of village women and panchayat members. They were fully involved in completing this Chapati. After finishing this diagram we displayed and discussed it with them. The Venn depicted village resources considered important by the women. Such as sources of drinking water, primary school, Sub- centre, market place, Panchayat office, Block development office, Primary health centre, other hospitals, Post office, Police station etc.

PLA-7

An exercise at Raspunja village Jalasi para was held on 4th August, 97 with village women. An attempt was made to have an idea of the various resources utilised by the people of the area and the distance at which these were located. The group was briefed about the exercise to be undertaken after an ice breaking session. They were asked to select one person who would point out the resources and the appropriate distance from the youth centre where the group gathered. The group members agreed to the suggestion of discussing any controversies arising to reach a consensus.

The local CHG, Molina Mondal was selected to identify the various resources utilised and the distance at which these were available. A total of 13 women participated in the exercise. The resources utilised by the villagers were PDS and Balwadi, which were situated very close to Jalasi para. Other resources on the West were PDS shop, market, Sub- centre, tap, youth club

and non-formal education centre (within 1 Kilometre). In the east was Searight Hospital within 1.5 Km, Raspunja market, Pharmacy, a Homeopathy and Allopathic dispensary (run by non-registered medical practitioner). In the north there is a fertiliser factory where some members of the community worked and Vidyasagar Hospital, a Govt. Institution is located about 12Km away. They visit two Cinema halls located in the north, on the Diamond Harbour road. The PHC at Samali is located 3km.in the south. The Block Development Office is located 10km.away in the north-east direction.

The information given was revalidated before concluding the session.

Focus group discussions held with women's group to have an idea of the workload of women and common illness.

Workload of Women

Information received from Raspunja village

No. of participants: 8

Age group: 18 to 50 yr.

A meeting was held with women's group at the Raspunja Balwadi. In all nine women participated. The CINI team initiated the discussion on the nature of work done by women. Five women narrated the work done by them. Usually women get up from bed between 6 to 6.30am. wash their face, clean the teeth, swept the courtyard followed by cleaning with a wet piece of cloth. They clean the utensils used the previous night in pond water. They then washed their face and cleaned their teeth followed by changing their saree for a fresh one. The above activities took about one and half to two hour. Tea is taken with puffed rice for breakfast. Some women go to the local market for purchasing vegetables. The women who go out to work take puffed rice and tea. The women are mostly engaged in sowing, cleaning weeds, harvesting and de-husking of paddy. Women who have to go out to work often return home to cook in the afternoon and go back to work again soon after having their lunch by 3-30pm and return home by 5-5.30pm. Women who stay at home finish their lunch by 1.30pm. followed by rest for about two hours. Some women go out to collect cow-dung, dry twigs and stumps of dry paddy plants to be used as fuel this takes about two hours and is a bi or tri -weekly activity. Many women watch the evening TV programmes. The favourite is being the Sunday evening Bengali movie. Puffed rice was prepared once a week for the family consumption. They fetched water three times a day for the purpose of drinking and cooking from the local tap. Whereas some cooked the evening meal others make do with the meal prepared in the afternoon. They went to bed at night between 10and 11pm.

At Parbatipur, Kasthamahal and Kajirhat villages the picture was the same. But at Kanganberia village we found a different picture In one part of the village most of the village men and women are busy rolling biris. In between their routine household chores the women roll biris helping in their husbands income . Elder female siblings also take care of the younger brothers and sisters in the family. They also prepare food for the family. In other part of the village(Molla para, Udayat para, Mal para, Purba Ghosh para) women are engaged in puffed rice making. Adolescent girls and boys are also involved in zari work and making brushes for white washing and cleaning. They have no time to see TV programme. But they are ardent listeners of radio programmes. They usually go to bed after 11pm..

Focus group discussion with women

Focus group discussion conducted in Kanganberia village with women were attended by 20 women in the age group 22-50 of these two were unmarried. Families of two women owned

agricultural land, one of the women's husbands was in government service. Families of these women owned television, 19 owned cycles and radio, four owned cows, sixteen owned pacca houses. Families of only four women owned sanitary toilets. Drinking water facilities existed by pumping underground water and supplying it through taps at specific points three times a day. Common ailments suffered by women were weakness, giddiness, sudden black out and white vaginal discharge. Children mostly suffered from cough and cold, loose stool, fever, acidity and skin diseases like impetigo, scabies and boils. They preferred to go to the local quack practitioners as he was easily accessible, dispensed medicines from the clinic that were effective in curing many illnesses. Sometimes they dispensed medicines on credit. Only when the quack practitioner was not available, or the illness was complicated or was of a serious nature we did they go to a registered practitioner or a hospital. Some of them visited the PHC for minor ailments also. Women took their children to the sub-centre for immunization.

Focus group discussion (Raspunja village)

The meeting was held at Raspunja village (Siberdanga) Balwadi centre. We started with social mapping. All women participated fully in exercise. We wrote up the guardian's name of the family according to the location. from the place of the gathering as told to us by the community members.

After completing this diagram we discussed with them about the reproductive health of women. Two of the women Bharati Mondal 28yrs. Kanchan Bala Sapui 50yrs told that they were suffering from prolapse. They were advised to attend the OPD of Searight (NGO) or Bangur Hospital (GOVT.).

Community level meeting at Kasthamahal village

This meeting was conducted at Kasthamahal village. Mothers from Uttar Kasthamahal and Dakshin Kasthamahal village attended. Two Panchayat members were present at the meeting. Firstly we discussed with them about the programme objectives. Women asked questions about their health problems. During emergency they attend Vidyasagar Hospital (GOVT.). Rest of the time they visit local practitioners. Three of the mothers had some problems. One had severe vaginal discharge; rest two had menstrual problems. She was advised to attend Chandri Daulatbad PHC. They were informed of the presence of a lady doctor. Later on discussions on the common reproductive health problems and their prevention was taken up. At the end a suitable meeting place was decided for the next meeting.

Raspunja village (Molla para)

The meeting was held at Raspunja village Molla para . In the beginning of the meeting only 45 women were present but soon after it increased to seventeen. At first women were asked to discuss the issues of the previous meeting. But they felt shy to respond. After the discussion was initiated some women recalled and responded correctly. One of the women who was very much engaged in community service as CHG wanted to know the procedure of severing the umbilical cord, she also enquired whether there was any problem if the cord was cut one day after the birth of the child. An appropriate answer was provided.

Participatory methods were adopted during the discussion regarding mother and child health showing the flip chart.

Discussions were held regarding the following:

1. Ante- natal check up during pregnancy.
2. Preparation for safe delivery. Food requirements during pregnancy and lactation.
3. Feeding and care of infants.

Meeting at Kanganberia village:

A meeting at Kanganberia village was organised to discuss health problems of women and children, the need to improve health services in the area and selection of a village level women health volunteer. A total of 17 women including one Panchayat member participated in this discussion. Common health problems of children according to women were diarrhoea, fever, indigestion, cough and cold, skin infection like boils and impetigo. Women's health problems were backache, breathlessness, tiredness, whitish vaginal discharge, and indigestion. They usually went for treatment to local quacks and primary health centre at Samali PHC, as this was nearer. Sometimes they also went to Amtala to seek treatment from specialists. Women who went to PHC had both good and not so good experience. Some women spoke of the long queue at the OPD, poor behaviour from staff, superficial examination and non-availability of medicines. They requested that CINI provide health facilities to women and children.

They selected Aparna Jana to work as a health volunteer. All aspects relating to roles and responsibilities including the honorarium of Rs. 200 was also discussed. Member of the group were told that children and women with health problems could visit CINI for consultation.

Meeting at Parbatipur village

A meeting was convened at Parbatipur village. Twenty-one mothers and one Panchayat members attended the meeting. They were asked to select a community-based women volunteer, who had good communication skills, was literate so as to keep records and had the ability to develop linkages with the Panchayat and health personnel. She was also expected to conduct meeting twice a week in each para. After discussion the women selected Ranu Sardar for CBWV. Ranu consented to take up the assignment. Our last agenda was regarding the grant for Rs. 5000 to the local Gram Panchayat as an emergency health fund to be spent for women and children of the Panchayat area.

Meeting at Parbatipur village :

The Pradhan of Paschim Bishnupur GP, Karmadhaksha health sub committee, two other local panchayat members, two local youth club members, one primary school teacher, local ANM, male health assistant and men and women attended this meeting from the neighbourhood. The total participants numbered thirty-four. At the outset the participants were briefed about the objectives of the study, the activities undertaken and the project duration. They survey findings were shared to initiate discussion. The participants agreed with the study findings. The CBWV explained her activities to the participants. Explaining the activities of the sub -centre followed this. She also informed that the sub-centre was open on Wednesdays from 1 to 4 p.m. and one Friday in a month if vaccines were given The Pradhan asked the participants to report all births and deaths to the local Anganwadi worker.

Focus group discussion (with men)

Focus group discussions were held with men's group on 17.2.98 at Rasputja village. Seventeen men participated in the discussions. After self-introduction by the participants the objective of the

discussion was made known to them. The objective of the focus group discussion was to have an idea about the occupation, number of days they were out of job, number of children they had health problems they faced and where they went for treatment. The age of men ranged from 22 to 35 years. All were married and number of issues ranged from one to three. When they knew that there were people from CINI, for they wanted to know if CINI would provide medicines for treating male illness. When they came to know that CINI would only help with awareness building they grumbled that they had missed their sleep, got up and left.

The common health problems men suffered were fever, cough and cold, acidity. According to men women and children suffered most compared to them. The men find regular jobs for about 6 months in a year as agricultural labours, rest of the months they have to look for jobs as daily labourers. Jobs were different to get and they could find jobs for about 7 to 10 days in a month. The daily wage earners got Rs. 35 to 40 per day. Only one person in the group was a regular wage earner in a factory. They earned about Rs. 200 per month. During lean season many had to take loans to meet. Most men did not help in the household work as they felt domestic work was the domain of men. They visited the local quacks for treatment of their health problems as their services were available locally, at the cost and could be paid in instalments. Complicated illness faced them to seek treatment from private registered practitioners or Government hospitals. As the men grew restless the meeting had to be brought to an end thanking the participants.

Matrix ranking for treatment seeking behaviour for sick children as informed by mothers of Dakshin Kasthamahal village of Bishnupur Block-1

The discussion was held with twelve women of whom six had children under 6. One first time pregnant mother, one newly married and four had children older than six years.

The mothers were asked what diseases commonly occurred to children and from where did they seek treatment. For the treatment seeking behaviour only mothers with under 6 children were asked to respond to get the prevalent picture.

The most commonly occurring diseases among children were diarrhoea, respiratory tract infection, worms and skin diseases. For better understanding of the treatment seeking behaviour by parents the diseases were grouped into mild, moderate and severe.

For all mild cases of diarrhoea parents bought ORS packets from local medicine shops. For moderate degree of diarrhoea 5 took their children to the local unregistered medical practitioners who was practising in the area, examined the children, dispensed necessary drugs and gave medicines the cost of which was collected in instalment. One mother whose husband worked in a factory said that all their family members went to the ESI general hospital at Joka for any ailments as the services were free and big doctors were available, also it was situated nearby and took only about 20 minutes to reach. None of the mothers' children present experienced severe diarrhoea but said that they would certainly want their children to be treated at a Government Hospital, as it was cheaper provided the services. For mild respiratory tract infection 5 went to quacks (unregistered medical practitioners) and 1 to ESI hospital.

Though none of the mothers children present in the discussion suffered moderate or severe respiratory tract infection they prepare to take them to a government hospital where it is cheaper to treat. For worms 2 bought medicines suggested by the person at the medicine shop counter. Two went the local quacks, 1 to the sub- centre and 1 to the ESI hospital. of four mothers whose children have had skin infections two went to the local quacks and 2 went to the sub-centre.

Focus group discussion with Adolescent girls

Place- Kanganberia Chandour school
No. of participants- 9 Age group- 13-18yrs.
Edu. Qualification- class three to ten
Three of them are drop out

Fathers occupation- Service holder, biri binding, Business man.

All of them have six to eight brothers and sisters. Some of them are engaged in Zari weaving and Biri binding. All the girls to some extent are involved in Biri binding. They usually wake up 5.30 in the morning and retire to bed at night 11pm. The girls are going to school help their mothers in household work. The who do not attend school are always busy in household work and also some productive work. They have no time to see Television or gossiping with friends in the afternoon. But during their work they listen to Radio program till the programme is over. They fetch tap water for drinking and cooking. Common ailments which effect them are diarrhoea, fever, cough and cold, abdominal pain.

They go to Samali hospital for common ailments and for complicated cases they visit the local health practitioner (unregistered) because the medicines were dispensed from their dispensary. The expenses for treatment could be paid in instalments where there is possibility of buying medicines from outside if they visit the local PHC. Four of them experienced in menstrual problems. They suffered from abdominal pain during menstruation and two from white discharge. They revealed that there were discrepancies for elder family members in dealing with children of different sexes

Such as male children of the family were fed first. Male children got priority over the female for schooling, female children were exclusively engaged in household work such as fetching water, assisting the matter in cooking, looking after the younger siblings, washing etc. Discussion on menstrual hygiene focused on the use of a washed and dried cloth during menstrual bleeding, cleaning of the verbal region with clean water, avoid bathing in the pond to prevent against infections of the reproductive tract.

FGD-2 with adolescent girls

Place Parbatipur village
No of participants 14 illiterate 2
Age group 11 to 22 yr.
No of brothers and sisters 3 to 8
Fathers occupation Agricultural labour, Shopkeeper, Carpenter, Business man, Biri binding

Most of them do some domestic work everyday that is cleaning room, utensils and cloths, to bring drinking water. All of them use pond water for cooking and tap water for drinking. Even those people who have tap water near their house use pond water for cooking. They are habituated to see T.V programme and Radio programme also. They usually suffer from cough and cold, fever, giddiness, abdominal pain, diarrhoea. They usually go for treatment at Samali PHC and private doctor, Allopathic and Homeopathy doctor at Khareberia. Five of them were suffering from white discharge, only one consulted with doctor. Some of them were suffering from backache, giddiness during menstruation.

We asked them about their realisation of physical and psychological changes. Few of them have idea about this changes. One of them thought that injury was there. One of the tribal girl

described their superstition regarding the menstruation. Tribal people purified them by drinking Ganga water, cow's urine and Gobar.

Place- Uttar Kajirhat village(Kalitala)

No. of Participants 17

Age group 11 to 18yrs.

Except one girl all are literate, two of them left school

Fathers occupation- agricultural labour, business, service holder and biri binding. Three of them whose mothers have to go for outside work \ ill \ died cook for their brothers, sisters and fathers. At night they finish their home work. Beside cooking most of the girls have to bring drinking water, cleaning the room, utensils and cloths. Most of them have two brothers and two sisters. Out of seventeen girls six of them habituated on Television and eleven on Radio.

Meeting with Gram Panchayat

A meeting was called by Gram Panchayat Pradhan of Paschim Bishnupur at the GP office with a view to form committees at the sub-centre level which will help in supporting the local health infra structures to provide better services to the local population. The meeting was attended by the Panchayat members, officials at the GP office, health officials from the BPHC and sub-centre and CINI representatives. It was decided that a sub-centre level comprising of the male and female health worker, health supervisor, local primary school teacher, the local Anganwadi workers, Panchayat members, Mahila Mondal members and other interested member from the community. The names of the members other than health and panchayat were proposed in their absence. A decision was taken to send letters to all the selected members informing them of their selection in the committees by the Pradhan. All together three committees were formed for three sub-centres Bhasa, Khareberia and Kanyanagar.

The meeting concluded with a vote of thanks to the participants by the Pradhan.

A meeting was called by Kanganberia GP to discuss about the modus operandi for Pulse Polio programme at Kanganberia Gram Panchayat jurisdiction . The commenced on 3.30pm on the appropriate date.

The meeting was attended by two ANMS, Tripti Mondal and Nila Das , the CHG and the Pradhan, Upa- Pradhan and five GP members. The ANM discussed about the problems at the sub-centre. The problems faced were poor light, which led to difficulty in immunization and lack of toilets which was essential for women for women attending the sub-centre. They wanted the Panchayat members to accompany them during home visits for motivating the families for immunising children with Polio vaccine during the Pulse Polio immunization. The Pradhan answered them of electricity connection to the sub-centre but expressed his inability to construct a toilet due to lack of funds. He however assured the two ANMS of the Panchayat co-operation for the coming Pulse Polio immunization.

CINI explained about the objectives and the activities of the ISST project. We discussed the broad findings of survey undertaken in the project area and initiated comments from the participants. We asked the Panchayat Pradhan to send women members for the 3 day training programme to be conducted at CINI 18th Nov to 20th Nov, 97. The Pradhan was invited to attend and participate in the training. The meeting came to close soon after.

Meeting with Block Primary Health Centre

A meeting was convened on at Chandi Daulatbad BPHC. At first discussed with them about objectives of the study. Then we discussed with them about our training programme. After that one question arose from the side of BMOH, she asked to us " What is there role"? " Why we call meeting repeatedly with them"?

We replied that the Janaswastha Sthayee committee plays inactive role in the community and the community is not aware about our health infrastructure. So our role is to link up the two organisations , to discuss and solve the problems together.

Medical officer of Chandi Daulatbad BPHC and Reba Mali Janaswastha Karmadhakya told that our role first to educate the local people which can equip them with health awareness. So like health programme the NGO's should co-operate in the literacy programme. Karmadhakya

(Reba Mali) also told that if the health staff work and link up with the Panchayat members, the result would be better, The date of meeting should come from the Panchayat members in future-

Reba Mali said. During discussion about fund disbursement BMOH told that this matter should be clear to all village people, because misunderstanding may arise any time.

Then we got a suggestion from MO. Of Chandni Daulatbad BPHC that if the meeting is held on 1st Saturday of the month it would be better because all health staffs will be present there on that day. So the meeting will be more fruitful to everybody. We took this suggestion from her.

Lastly Reba Mali Karmadhakya Janaswasha told us that in the end of January she will convene one meeting at Panchayat Samity about health programme with CINI and BMOH, MO in Chandni Daulatbad BPHC. We gladly accept this suggestion from her.

A meeting was convened at Samali BPHC . The meeting was convened with the objective of sharing the salient findings from the just concluded survey among the health staff, Panchayat and women's group members of Rasputja Gram Panchayat. The meeting was attended by 9 BMOH, Public health nurse, Block Public health nurse and women's group members. After the presentation BMOH felt that certain information like immunization percentages among children, causes of infants deaths would have helped to understand the compliance regarding immunization. He mentioned difficulties in making community members to understand that they attend the OPD for chronic and non serious cases and not drops in at any time of the day thus introducing his privacy. Sometime he is being asked to pay home visits, which he refused. He also mentioned that the BPHC was not being supplied with piped water leading to difficulties being faced by the indoor patients at the hospital who had to use the tube wells . He also informed everybody of the functions of the sub-centres.

Place- Samali BPHC

No. of participants- 10

This meeting was organised to discuss the problems faced by BPHC and the intervention sought from the Gram Panchayat. Though the meeting was to commence at 3pm. it started about 40 minutes late.

Issues discussed were issuance of birth certificate, non- availability of tap water though the PHC is situated only about 100 meters from the water source. Make available suitable space for sub-centre activities.

The M.O Dr. Ghosh Dastidar informed that all births needed to be registered within 3 weeks to avoid complications therefore Panchayat should inform the community. The BPHC lacked supply of tap water which was essential in a hospital as sick persons were not in a position to carry water to the toilets. The BMOH requested the panchayat members to make necessary arrangements to supply tap water at the earlier

He mentioned some Sub-centres, which needed some much re pairs and requested the panchayat members to take necessary action. The BMOH and panchayat members were invited to attend the district level meeting at the Thakurpukur Mahestala Panchayat Samiti .

Meeting with Panchayat Samity

A meeting was held at Bishnupur 1 Panchayat Samity office on 23.12.97. Sabhapati, Janaswasha Karmadhakya and Panchayat members attended the meeting. The meeting was organised to share the salient findings of the survey concluded in October 97 in Kanganberia Gram Panchayat. The meeting about an one hour late because of the late attendance of panchayat members. After the presentation of the findings the Sabhapati of the block appreciated

the findings of the study and declared that the findings helped him to understand women's problems better.

Two block meetings were held in the month of Oct, 98. In the Bishnupur-1 and Bishnupur- 2 Panchayat Samity office to discuss the objectives of the study and the findings to the new Panchayat members. The meeting was attended by Panchayat members from the block and village and block health personnel. This was followed by discussion on the Panchayats role in improving the health status of the people. The areas where the Panchayat can play an important role to increase the efficacy of the health system

Orientation of newly elected Gram Panchayat members on women and child health

The above training was organised to sensitise the newly elected Panchayat members to the issue of women and child health. Issues discussed were the status of women and child health in the community as reflected in the survey. The present role of the Panchayat in health, the Government health programmes for women and children including community need assessment and the health inputs provided by the state health department at the community level.

The district family welfare officer mentioned specifically the Panchayat's role in monitoring the activities of the local health officials and providing necessary support regarding infra-structure whenever needed. The Panchayat members decided to raise health issues at the Gram Sansad and Gram Sava meetings. They also have decided to keep a list of local TBA and Depot holders at the Gram Panchayat office. Some members have also decided to hold discussions with local women's group on issues relating to health.

Community Based Women Volunteers

Eight community based women volunteers were selected in the four Panchayat areas in consultation with the local women's group. Initially they were provided two days training at CINI. The criteria for selection were, the women's ability to converse, organise, provide extra time, could read and write and command respect from the community. These women hold eight monthly meeting (each para once monthly) where they discuss health issues with local women. They also inform the women about the Government health facilities available at the community level. They also kept records of birth and death in their area. Some volunteers have been able to persuade the local ANM to attend the Para meetings. Monthly meetings are regularly held at CINI to discuss the issues to be taken up in the following month with the women's group. Besides certain inputs on women and child health.

The presence of the Para meeting has been very encouraging. The volunteers have been provided with reading materials on women and child health procured from IEC division of the State Health and Family Welfare department. They also participated in meetings with Panchayat and local health officials.

Medical Relief Fund

Each of the four Panchayat has been provided one time grant of Rs 5000. The funds were provided to meet expenses towards emergency medical care and investigations. Though three of the GP provided detail expenditure statement which included the beneficiaries name, address and purpose for which the money was provided. One of the GP's had yet to provide the same. This money was over and above the money the Panchayat spent from their budget. Most of the fund was spent on women and children from the lower income group.

Orientation of rural health practitioners in RCH.

One day orientation of rural health practitioner was conducted on 31.7.98. The objective of the orientation was to share and discuss about Reproductive and Child health issues (RCH). They were given an overview of the genesis of RCH and Family Planing in the 50's. Discussions were held regarding the progress in health indicators as well as other indicators influencing health. They discussed about health problems of the population in the respective areas. They also felt that availability of women practitioners would have helped more women to seek treatment and advice for reproductive health problems. They also feel that men need to be more sensitive to the needs of women. Discussion was held on adolescent health needs and the need for awareness generation through interaction with individuals. Booklets published by IEC division of the health department were distributed to the participants. These booklets describes the relevance of RCH programme, the health infra-structure at the grassroots and the preventive programmes. The health practitioners requested their desire to hold similar sessions at CINI at regular intervals for updating their knowledge and skills.

One day orientation of TBAs

One day orientation of TBAs AT CINI was conducted on 27.7.98. The objectives of the orientation was to share and discuss the preventable causes of maternal mortality and complications and to emphasise their role in antenatal and post-natal care. Six TBAs attended the orientation camp. Many of them were eager to attain regular training for they believed that a certificate will enhance their status in the village.

Orientation of adolescent girls.

Three day training programme was organised by CINI for adolescent boys and girls. Twelve girls from the study Gram Panchayat areas were selected for the training. These trained girls are expected to provide necessary information to their peers in the community. These girls have provided with knowledge on the basic anatomy and physiology of the body, menstrual hygiene, gender equality, nutritional requirements on women and children, legal age at marriage, safer sexual practices, care during pregnancy, personal hygiene, environmental sanitation and community health infra-structure.

Nutrition Demonstration Session

One day nutrition demonstration was held at Kastomahal village. During the demonstration posters on care of pregnant women, personal hygiene, growth monitoring of children, weaning food of the baby were displayed and discussed with village women. CINI's health workers prepared low cost locally available nutritious food for the baby , pregnant and nursing women. The village mothers also participated in the cooking. After discussion health workers served all these recipes to women and children.

World population day celebration

A seminar was organised in Bishnupur- 1 and Bishnupur- 2 blocks at the above mentioned topic attended by Gram Panchayat members, local village women, community based women volunteers and health officials. The issues discussed were the individual's role, the role of the state health department and the Panchayat to improve the health of the community.

Net working with various actors

Reaction of the people

Many women have shown interest by attending the discussions on reproductive health problems of women. Many women have attended government and private clinics for consultation and treatment of problems related to the reproductive tract. Some of them have also attended the CINI RCH clinic for advice and treatment. Many women freely talked about reproductive health problems. Many adolescent girls with the consent of their parents are attending the three day adolescent camps being held at the villages. The parents feel that these camps will benefit the health of their children in future.

Response of the Gram Panchayat

Regular interaction with the Gram Panchayat members has led to greater awareness regarding women and child health. Panchayat members now take an active role in discussing health matters at the Gram Sansad meetings.

Response of the Panchayat Samities and Zilla Parishad

The Panchayat Samiti members have been oriented in RCH matters. They are now better informed about these and have expressed their desire to discuss issues related to RCH with BMOH in the monthly meetings. Zilla Parishad is aware about activities carried out by CINI through personal contact and meetings.

Reaction of Health Department

The Health Department officials at the Sub-centre level have assisted in the project by helping orientation of Panchayat members on RCH along with CINI Problems encountered were sympathetically considered by the health officials.

Criticism about the project

1. Though the project has been able to sensitise a considerable number of women problems related to RCH, it did not have sufficient allocation for treatment facilities that were not available at the sub-centre and PHC level.

2. Panchayat members in the initial stage were not very receptive to RCH problems as they were ignorant of the problems moreover health was an area of low priority as could be seen from the resource allocation which comprised only 1% to 1.5% of the yearly budget.

3. The project was initiated in mid 1996 and elections to the new Panchayat was held in May, 1998. This led to a period when regular contact with the Panchayat were affected as members were busy with electoral meetings and campaigns. Fresh orientation had to be given to the Panchayat members.

Suggestions:

1. Panchayat members' orientation in RCH should be included with the training of Panchayat . the Panchayat members must be trained in PRA techniques to identify problems related to RCH.

2. The health budget should be adequately increased and given priority.

3. The linkage between Gram Panchayat , Panchayat Samity and Zilla Parishad needs to be strengthened through regular interaction.

Learning from the study

1. The panchayats are playing an effective role in the process of development of their respective areas, they can play an equally effective role in improving the health situation of women and children.

2. The inputs provided during training of the panchayat by the government only familiarise them to the health programmes and the health infra-structure but there is no emphasis on their role in planning, implementing, monitoring and developing liaison with the health department.

3. There is a great need to familiarise the Panchayat to the PLA techniques for community needs assessment (CNA) as the conventional techniques are too technical, time consuming and costly.

4. The Panchayat and the health department should recognise the health providers such as TBAs and the rural health practitioners as resources and involve them in assessing community health needs for better reach.

5. Adolescent girls to be oriented in RCH at CINI are sharing their experiences with their peers and it is hoped that this will lead to better understanding towards leading a healthy life.

6. The Block Primary Health Centre is now working closely with the Panchayat at assessing community needs and health planning.

7. Health issues have been able to capture the attention of the Gram Panchayat and as a result they raised this issues at the Gram Sansad meeting.