Jana Prerit Abhiyan

People's Plan for a Samarth Bastar

1 Health and Nutrition

1.1 Current status of health-related issues

1. The district has 37 Primary Health Centres, 8 Community Health Centres and 234 sub- centres.
2. The birth rate is 20.1 per thousand and the death rate is 7.9 per thousand.
3. The infant mortality rate is 40 per thousand as against the rate of 34 per thousand for the country as a whole. The goal is to bring this rate down by half by 2022.
4. The maternal mortality rate is 162 per lakh and the goal is to bring this down to 50 per lakh by 2022.
5. The percentage of vaccination is 88% against a target of 100% vaccination.
6. The incidence of diseases such as T.B., leprosy etc. is high compared to the national average.
7. Malnutrition is a major challenge, especially in the tribal societies. The Chief Minister, on recognising the gravity, has launched a mission to eradicate malnutrition.
8. Bastar district has the highest wasting rate amongst all districts in Chhattisgarh at 33.9 % as per National Family Health Survey 4.
9. Alcoholism could also be one of the factors affecting health of the population and its impact needs to be studied.

1.2 Potential and possibilities

Good health and adequate nutrition are prerequisites for ensuring sound education for a child and assurance of livelihoods to a family. At the same time, income and education levels also impact the health. Provision of health facilities and achievement of satisfactory health and nutrition indicators is no doubt a challenge in a district like Bastar given the difficulties of access and remote locations of most villages. The difficulties are compounded because of the lack of education and low levels of income of the people.

However, through some systematic efforts and innovative solutions it would be possible to address most of the major issues related to health. The crucial areas would be to spread awareness and to ensure proper nutrition, sanitation etc. It is possible to improve most indicators of health by focussing primarily on nutrition and sanitation. Control of diseases like T.B. would also be easier with provision of nutritious food.

If one is ready for some experiments, instead of relying purely on the official machinery and the conventional modes for delivery of health services, some other approaches could also be tried. The local resources available in the district could be tried out for addressing some of the issues. First, the knowledge resources of the local population and the locally available medicinal plants. Secondly, the locally available food items could be used for providing nutritious food especially to children and expectant mothers.

1.3 Existing schemes and arrangements

As mentioned earlier, there are 37 Primary Health Centres, 8 Community Health Centres and 234 secondary health centres in Bastar district, besides a Civil Hospital and a District Hospital with a Medical College attached. There are over 60 specialists and medical officers (though much below the cumulative sanctioned strength of 140), over 150 nurses and 50 lab technicians. Besides these, there are over 420 staff belonging to the category of Auxiliary Nurse and Midwife (ANM). These staff include the regular staff in the departments besides the staff under National Health Mission (NHM) and even some with the District Mineral Fund (DMF) support. Besides NHM, other programmes such as Integrated Child Development Services (ICDS) and POSHAN schemes are implemented to combat malnutrition. The government schemes include various measures for addressing specific issues. For example, for combating malaria the various measures include facilities for testing blood, programme of pulse malaria, distribution of mosquito nets and fumigation of residences. For ensuring that medical services reach out to the population, the department has introduced the concept of Weekly Haat Clinics as well. As regards malnutrition, recognising the enormity of the challenge, the Chief Minister termed it as a bigger threat than Left Wing Extremism (LWE) and has launched the SuposhanAbhiyan on the occasion of Gandhi Jayanti.

It can be seen that there is thus no dearth of schemes and many of the schemes are comprehensive and attempt to address the problems with a multi-pronged approach. However, the crux of the problem is in the difficulties in the delivery of the various programmes and schemes especially with the paucity of staff and the difficulties faced by the existing staff in reaching out to distant locations.

1.4 Reasons for under-achievement of potential

1.4.1 Pattern of Control

As mentioned earlier, the schemes designed for delivering health services and fighting malnutrition etc. are comprehensive and take into account all aspects of the issues and the ways to address them. For example, the analyses carried out by the experts and the government machinery of the causes of malnutrition and poor health indicate an in-depth knowledge of the factors of malnutrition etc. and the issues in addressing them. However, there are difficulties in the benefits of the schemes reaching out to people effectively due to issues of remote locations, difficulties of travelling and reaching the locations, paucity of people willing to work in remote areas etc. It is also difficult to monitor if the existing staff is attending to their duties regularly.

Private healthcare practitioners and service providers do not go to rural areas. The people, therefore, have to depend mostly on government services (or, in some cases, on government staff providing services privately). People often do not have adequate knowledge of the various schemes and the benefits to which they are entitled under the schemes. They would, of course, know that the staff has to be present in the centres.

However, most patients are not in a position to demand regularity of provision of service from the officials. As such, the beneficiaries of the services are completely dependent on the government machinery.

1.4.2 Institutional capabilities

Considering the challenge of reaching out to a population in remote areas with limited infrastructure, the incidence of various health disorders and the extent of malnutrition, the government machinery appears to be facing an uphill task in ensuring that health services reach all the people and that the targets for various indicators are met within the timeline. The government departments appear to have inadequate infrastructure and limited staff. Moreover, the existing staff on roll may have difficulties in accessing the locations regularly. The problems to be addressed require not just medical treatment or dispensation of medicines. The issues of malnutrition of children and mothers, the anaemic conditions of women, the importance of sanitation etc. are issues which need to be addressed though awareness creation or efforts to reduce gender bias. It is not known how well the field staff is equipped to meet these demands on the system.

1.4.3 Adequacy of financial provision

The various challenges related to health and nutrition need to be addressed in mission mode. Fortunately, malnutrition is now being tackled in mission mode due to the launch of the SuposhanAbhiyan. This should also result in provision of higher funds for the various action points. Similar, though obviously smaller, missions could be launched for control of T.B., malaria or for better sanitation which could result in control of diarrhoea etc.

Funds would also need to be provided for better infrastructure and stock of medicines and dispensables at various centres. Provision of ambulances could help in more timely medical aid in times of medical emergencies of patients.

1.5 Steps suggested

It can safely be said that most indicators of health such as infant mortality, maternal mortality, wasting and stunting etc. could be improved considerably by focussing on malnutrition and sanitation. Awareness creation and arrangements for ensuring nutritious food to women and children would be essential components of action for reducing malnutrition. Sanitation assumes importance because afflictions such as diarrhoea also lead to malnutrition. However, it would be helpful to conduct a comprehensive survey to understand the basic health disorders and the possible reasons for their occurrence, as also the major hurdles in ensuring delivery of health services. The survey should study all the facets of malnutrition based on a representative sample. Besides covering the food habits, extent of gender bias affecting eating habits, sanitation practices, and all other relevant aspects, the study should also include assessment of the locally available nutritious food items and gauge the possibilities of growing such food locally.

The challenges of health demand a multi-pronged approach. The following are some of the approaches suggested:

i. As mentioned earlier, it would be possible to use local resources in terms of knowledge, medicinal plants and locally available nutritious food to combat malnutrition and some of the health disorders. The tribal population traditionally had knowledge of the various medicinal plants and herbs available in the forests and could take care of health disorders without any recourse to modern medicine. While this knowledge is fast disappearing, there are still quite a people in the

tribal communities who have some knowledge of some of the medicinal plants and their various uses. Over the past few decades, we as a society have neglected this store of knowledge due to our dependence solely on modern medicine. It is possible to conduct objective and scientific research and trials on the uses of various herbs. Though it may take some time, it is possible to build on the existing body of knowledge of such traditional herbs and practices and encourage their use at least for minor illnesses. Most of the common illnesses such as digestive disorders, diarrhoea, coughs and colds, fever, minor injuries etc. or even deficiencies of iron and other nutrients etc. could be addressed without recourse to modern medicinal methods. Some of these disorders also contribute to aggravating the issue of malnutrition and taking care of these could go a long way in addressing malnutrition. Use of these traditional medicines by people could reduce the burden on the formal public health system. However, even for the use of the traditional medicine a parallel government machinery would have to be set up, though such a system could be easier to set up and would demand lesser resources.

ii. Tribal groups traditionally consumed various food items which provided them with protein and micro-nutrients. Various fruits, roots and tubers, leafy and other vegetables etc. provided them with the required nutrition. The proportion of millets was also higher than what it is today, partly because of the availability of cheaper rice through the Public Distribution System (PDS). There is a need to restore the consumption of such food items to earlier levels, if reduced. The *Bari* component of the NGGB scheme is step in this direction. Flowers such as mahuwa are also good sources of nutrition. In various places, laddoos of gud and atta from mahua flowers is prepared. These and such other food items could also be served to children in anganwadis and schools as part of the meals. Groups processing forest produce in a village could make such food items from locally available resources.

iii. Traditionally, tribal groups would hunt wild animals and birds and that formed an important part of food and a good source of protein for them. With the ban on hunting and the reduced population of such animals with depletion of forests etc., this source of protein has almost dried up. There is a need to restore similar protein source in their food basket. Animal husbandry should be encouraged not just as a source of livelihoods but as a source of nutritious food as well. Backyard poultry, goat rearing and dairy farming are some of the options. Fisheries and apiculture could also be promoted. Pork is part of tribal food traditionally and promotion of piggery might be better accepted by the tribal groups.

iv. A study has to be made of the extent of impact of alcoholism on health (and on livelihoods and education of children as well). Prohibition may not work fully in tribal areas due to their cultural practices of alcoholic drinks and due to the convention of local brewing. The alternative would be to discourage wines of inferior quality and use of social persuasion (including use of religious platforms) to encourage moderation and restriction of drinking to ritualistic events.

v. For better delivery of health services by the government machinery, groups of concerned villagers or residents in towns should be formed. These groups would have to monitor the delivery of services, attendance of staff etc. and demand improvement in the case of any deficiency. These groups could be of panchayat

members or could be members of any group such as an active SHG or a group specially formed for this purpose.

vi. For controlling water borne diseases, quality of drinking water is important. Here too, the traditional methods of filtering and treating water could be re-introduced.

vii. Education, provision of livelihoods and health are linked in various ways. There should be greater collaboration between the health department and the education department to create awareness and to introduce health interventions. Sanitation, importance of nutrition, elimination of gender bias in food consumption etc. should be discussed in schools.

viii. It needs to be examined if highly trained medical practitioners are needed for all kinds of treatments. It can be examined if an intermediate cadre could be developed, with lesser number of years of formal medical education, to take care of minor ailments and day to day complaints. Experienced nurses and others could be made eligible to get trained to join such a cadre. However, this is a subject of a wider debate.