What Do the People Say About Health Care Facilities?

Gopal K. Kadekodi, Mallesh S.N., Seema Hegde

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What Do the People Say About Health Care Facilities

Gopal K. Kadekodi, Mallesh S.N., Seema Hegde*

Introduction

People are the ultimate beneficiaries of any development process, including that of health care. Understanding such a development process requires a two-sided analysis, namely a supply side and a demand side. The supply side scenario can be captured and analysed in terms of the provisioning of health care facilities. In the context of a rural setting, the major institutions and schemes are primary health centres and units, Anganwadi centres, malaria eradication and several immunisation schemes and programmes, public and private hospitals and clinics. When it comes to the demand side analysis, it is very important to analyse the voices of the people regarding access and utilisation of health care facilities in the public and private domain, as well as views regarding other dimensions of development, including the impact of the economic reforms process on health care.

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

- Conducting primary surveys in the selected states with households as a unit of measurement.
- Conducting Focus Group Discussions (FGD) in selected villages in the three states – Maharashtra, Karnataka and Orissa.

This paper deals with the second aspect of this demand side story. The basic questions posed to the villagers in the village group meetings were:

- How are the public health facilities functioning (e.g., availability of doctors, medicines, health education etc.); to what extent do they serve the people; and what are their views about private facilities?

* The views expressed in this paper are those of the authors and do not necessarily reflect the views of GOI, UNDP or IIPA.
1 Most of the supply side analyses have been presented in other CMDR papers.
2 This aspect has already been dealt with and analysed in other CMDR papers.
3 See Annexure I for the details of these and other questions taken up in the FGD.
What are the different water outlets; are they adequate; is the water drinkable; and are they within reachable distance? How do the people view the sanitary facilities in the village? Are they aware of the health effects of a bad sanitary situation?

What are the morbidity levels of various diseases that the people are normally exposed to?

What are their views about different kinds of nutritional support for children?

What can be said about consumerism, including alcoholism?

What are their views on agriculture related health problems; effects of the use of pesticides, fungicides and chemical fertilisers?

What is the status of the Public Distribution System in the village? and

What are the views of the people on health care cooperatives?

As can be seen from this list of questions, some of them have direct relevance to poverty (e.g., alcoholism, nutritional support and PDS), others to the supply side (e.g., availability of health care facilities including drinking water supply); and many others refer to demand and coping strategies (e.g., private facilities) and environmental issues (e.g., sanitation facilities, use of pesticides etc.). Thus the questions are expected to provide a complete picture of the ultimate effect on the health status.

The information so gathered is first analysed at the village level, then aggregated to the district, and finally the state level using statistical techniques. Secondly, it is also analysed by the individual questions listed above, subsequently deducing aggregated views. Invariably, situations ‘as of 1990s’ and ‘about ten years back’ (more specifically prior to the 1990s) are posed as the two scenarios on which the status of public health demand and functioning of the delivery system are compared and analysed.
The objective of capturing the voices of the people is best met by conducting FGDs among the concerned people (Mukherjee, 1995; Chambers, 1997; Holland and Blackburn, 1998).

In this study, FGDs were carried out in three states at the village level. The three states were Orissa, identified as belonging to the category of less developed states; Karnataka representing states placed at the medium level in the development continuum; and Maharashtra, a highly developed state.

Since the states covered in the study are highly diversified in terms of geographical coverage and climatic conditions, it was felt necessary to design the FGDs in a large number of villages covering various agro-climatic sub-regions in each state. One district in each of the sub-regions was selected for the FGD. On an average, four villages in each district were selected on the basis of a simple random sampling (without replacement).

The sampled districts are shown in Table 1.

Care was taken to inform all the households about the exact day, place and timing of the meeting. The purpose of the discussion was explained to the villagers prior to the meet-}

<table>
<thead>
<tr>
<th>State</th>
<th>Level of Development</th>
<th>Names of the Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orissa</td>
<td>Low</td>
<td>Balasore, Gajapati and Malkangiri</td>
</tr>
<tr>
<td>Karnataka</td>
<td>Medium</td>
<td>Dharwad, Bidar, Chikkmagalur, Chitradurga, and Mysore</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>High</td>
<td>Thane, Gadchiroli, Nasik, Amravati and Dhule</td>
</tr>
</tbody>
</table>

*Details regarding the climatic variations and hence the use of agro-climatic delineations to select the districts, and the villages are discussed in detail in other CMDR papers.*
discussion and voiced their views. Summary views that emerged at the village levels are presented in Annexure II.

The responses were then classified or ranked in a hierarchical manner with numerical (as 1, 2, 3, 4 etc.) or qualitative rankings (such as excellent, good, OK, bad and so on). Thus, a series of responses at each village level on a large number of questions and issues formed the basic information set for further analysis.

Using a Multi-Criterion Analysis (MCA), the village level responses are first aggregated at the district level (Munda, 1993; Jansen, 1994). For this, responses on all the clusters of questions under one category are aggregated and a composite ranking is obtained for each of the seven categories of health related issues, for each district, in each of the selected states. Subsequently, these rankings are aggregated from the district level to arrive at the state level for each of the seven categories of issues. Finally, the composite rankings of all the seven categories are further aggregated to arrive at the state level overall rankings. While doing this, the rankings of the negative effects were treated as ill effects and those of positive effects as benefits. The composite ranking or score is a hierarchical representation on the health status. The MCA is a robust method, which provides relative scores or ranking about the various health related attributes listed earlier. Such ranking procedures are followed separately for the two scenarios, namely for the ‘before-reforms period’ and ‘during the current reforms period’. The relative scores are then interpreted to reflect upon the hierarchical situation in respect of the seven categories of health related issues in the three states over the two scenarios. Though the process of change in the health status is perhaps a continuous one, this segregation into periods helps in understanding the impact on a comparative static basis, over time and between the states.

A comparative picture of three states before and during reforms period is given as composite indices in Figures 1 to 3.

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1 In the language of MCA, they are often referred to as scores. After scaling, they can range from (+) 1 to (-1).
2 Also deduced are the aggregate scores at the district level over the seven categories of issues, to be called District Level Aggregate Rankings.
When it comes to health related issues, water and sanitation are most important. The situation on this front seems to have improved in all the three states between the two time periods. However, it can be noted that it was already quite high in Orissa during the pre-reforms period (with a score of 0.56), which further improved marginally during the reforms period (to a score of 0.65). Both in Maharashtra and Karnataka, the status was at par (also with Orissa) during the pre-reforms period. But, as compared to Orissa, it seems to have improved much more in Maharashtra (0.72) and Karnataka (0.79). It is worth noting that in Karnataka, the improvement is quite significant from a score of 0.51 during the pre-reforms period to 0.79 subsequently.

- On the whole, it can said that the water and sanitation situation has improved in all the three states; marginally in Orissa; better in Maharashtra and Karnataka, where it is almost equal.

With respect to the morbidity levels of various diseases, it was worst in Orissa during the pre-reforms period (with a score of 0.82), but improved during the reforms period (as reflected in a decline of the composite score to 0.67). Likewise it has shown improvement in Karnataka (with a drop in the score from 0.74 during the pre-reforms period to 0.57 during the subsequent period). The situation has worsened in Maharashtra (as depicted by an increase in scores from 0.45 to 0.63). Therefore, it can be safely said that as against a good improvement in Orissa and Karnataka, it has really deteriorated in Maharashtra.

- On the whole, morbidity levels seem to have improved in both Orissa and Karnataka during the current reforms period, whereas they have worsened in Maharashtra.

The availability of health care facilities is also analysed, taking note of the responses in respect of public facilities. This was said to be very bad in Maharashtra during the pre-reforms period (with a score of 0.38), whereas it was rated very high in Orissa (score of 0.64) and moderate in Karnataka (0.46). In the current reforms period, all the three states have shown improvement in the availability of health facilities, with a very high ranking in Orissa (0.91), while Karnataka and Maharashtra have shown moderate levels of improvement.

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

In respect of nutritional support to children, it was said to be fairly good in Karnataka during the pre-reforms period, whereas it was very low in both Orissa and Maharashtra. It seems to have improved over the period, remarkably in Maharashtra (from 0.31 to 0.67), as against...
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very little in Orissa (from 0.33 to 0.40). It has also shown quite a bit of improvement in Karnataka (from a score of 0.55 to 0.70) over the two periods.

- Thus, nutritional support improved in all the three states, but was much better in Maharashtra than in Karnataka. However, very little improvement was seen in Orissa.

Another major health related problem arises from the use of pesticides, fungicides and inorganic chemical fertilisers in agriculture related activities. The effects during the ‘pre-reforms period’ were stated to be very low in all the three states, but seem to have gone up substantially during the ‘current reforms period’, in all the three states, the most in Karnataka, followed by Orissa and Maharashtra. This is a matter of serious concern.

- Agriculture related health problems seem to have gone up uniformly in all the three states.

Alcoholism is another major issue analysed based on the information provided by the villagers. Initially very high in Maharashtra (0.89), it was found at lower levels in Orissa (0.47) and Karnataka (0.43) during the ‘pre-reforms period’. During the ‘current reforms period’, Orissa registered the highest rate of alcoholism (0.91), followed by Maharashtra (0.88) and Karnataka (0.73).

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

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

- In brief, the functioning of the PDS has improved considerably in Maharashtra, remained the same in Karnataka, but has deteriorated in Orissa.
Figure 1: Composite Indices (Ranking) of Health Related Issues for Karnataka State—A Comparative Picture of Before & During Reforms Period

- Source, distance, nature etc, garbage drainage and toilet
- Suffering from diseases like diarrhoea, typhoid, cold & cough etc.
- PHC, private doctor, awareness, satisfaction, drug shops, transportation
- No. of Anganwadi centres
- Use of fertilisers, pesticides and related diseases
- No. of alcohol shops
- Service and quality

<table>
<thead>
<tr>
<th></th>
<th>During Reforms</th>
<th>Before Reforms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water &amp; Sanitation</td>
<td>0.79</td>
<td>0.51</td>
</tr>
<tr>
<td>Morbidity pattern</td>
<td>0.57</td>
<td>0.74</td>
</tr>
<tr>
<td>Availability of health care facility</td>
<td>0.68</td>
<td>0.46</td>
</tr>
<tr>
<td>Nutritional support for children</td>
<td>0.70</td>
<td>0.55</td>
</tr>
<tr>
<td>Agriculture related health problems</td>
<td>0.74</td>
<td>0.23</td>
</tr>
<tr>
<td>Use of alcohol</td>
<td>0.73</td>
<td>0.43</td>
</tr>
<tr>
<td>Functioning of PDS Services &amp; its quality</td>
<td>0.69</td>
<td>0.67</td>
</tr>
</tbody>
</table>
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Figure 2: Composite Indices (Ranking) of Health Related Issues for Maharashtra State—A Comparative Picture of Before & During the Reforms Period

<table>
<thead>
<tr>
<th>Issue</th>
<th>During Reforms</th>
<th>Before Reforms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source, distance, nature etc, garbage drainage and toilet</td>
<td>0.72</td>
<td>0.57</td>
</tr>
<tr>
<td>Suffering from diseases like diarrhoea, typhoid, cold &amp; cough etc.</td>
<td>0.63</td>
<td>0.45</td>
</tr>
<tr>
<td>PHC, private doctor, awareness, satisfaction, drug shops, transportation</td>
<td>0.62</td>
<td>0.38</td>
</tr>
<tr>
<td>No. of Anganwadi centres</td>
<td>0.67</td>
<td>0.31</td>
</tr>
<tr>
<td>Use of fertilisers, pesticides and related diseases</td>
<td>0.60</td>
<td>0.24</td>
</tr>
<tr>
<td>No. of alcohol shops</td>
<td>0.88</td>
<td>0.89</td>
</tr>
<tr>
<td>Service and quality</td>
<td>0.72</td>
<td>0.38</td>
</tr>
</tbody>
</table>

Functioning of PDS Services & its quality
Figure 3: Composite Indices (Ranking) of Health Related Issues for Orissa State-
A Comparative picture Before & During Reforms period

<table>
<thead>
<tr>
<th>Category</th>
<th>Before Reforms</th>
<th>During Reforms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source, distance, nature etc, garbage drainage and toilet</td>
<td>0.65</td>
<td>0.56</td>
</tr>
<tr>
<td>Suffering from diseases like diarrhoea, typhoid, cold &amp; cough etc.</td>
<td>0.67</td>
<td>0.82</td>
</tr>
<tr>
<td>PHC, private doctor, awareness, satisfaction, drug shops, transportation</td>
<td>0.91</td>
<td>0.64</td>
</tr>
<tr>
<td>Quality and regularity and health status like malnutrition</td>
<td>0.40</td>
<td>0.33</td>
</tr>
<tr>
<td>Use of fertilisers, pesticides and related diseases</td>
<td>0.68</td>
<td>0.10</td>
</tr>
<tr>
<td>No of alcohol shops</td>
<td>0.91</td>
<td>0.47</td>
</tr>
<tr>
<td>Service and quality</td>
<td>0.69</td>
<td>0.80</td>
</tr>
</tbody>
</table>

Water & Sanitation

Morbidity pattern

Availability of health care facility

Nutritional support for children

Agriculture related health problems

Use of alcohol

Functioning of PDS services & its quality
Health Facilities: Aggregated State and District Levels

The aggregate view at the state level is arrived at by taking into account information on all the seven individual health related issues. Once again an MCA is applied here. These aggregates take into account both the negative and positive effects on the status of health.

Table 2: Composite Indices of Health Delivery Status in Three States

<table>
<thead>
<tr>
<th>State</th>
<th>During Reforms Period</th>
<th>Pre- reforms Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karnataka</td>
<td>0.3969</td>
<td>0.2316</td>
</tr>
<tr>
<td>Orissa</td>
<td>0.3379</td>
<td>0.2081</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>0.3374</td>
<td>0.2601</td>
</tr>
</tbody>
</table>

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

The district-wise overall health status is also quite at variance within each of the states. The aggregated and district-wise situations are depicted in Figures 4 to 7. In Maharashtra, while Amravati and Gadchiroli districts maintained their high health delivery status, Nasik district improved its status substantially during the reforms period, followed by Thane and Dhule. In Orissa, Malkajigiri district has been lagging quite a bit in the health delivery systems, both before and during the reforms period. In Karnataka, Mysore has shown remarkable progress, while Bidar district is quite behind the state average. Table 2 shows the composite indices of health delivery in the three states.
Figure 5: Composite Indices of Health Delivery Status in Maharashtra State: A Comparative Picture of Before and During Reforms Period

Figure 6: Composite Indices of Health Delivery Status in Karnataka State: A Comparative Picture of Before and During Reforms Period

Figure 7: Composite Indices of Health Delivery Status in Orissa State: A Comparative Picture of Before and During Reforms Period
Annexure 1

Guidelines Listing the Major Health Related Questions/issues for Focused Group Discussion Regarding Health Status

<table>
<thead>
<tr>
<th>I. Water and Sanitation Facilities.</th>
<th>Before</th>
<th>Now</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Water</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• No. and type of public wells/ponds etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Nature of water- potable/salinity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Water availability throughout the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If not in the village, distance of water source</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Time taken to walk down to the source</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Water cess- amount paid, effectiveness of the service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Adequacy of water to drink (human beings and animals): for day to day routine activities (bathing, washing clothes, animal rearing, others)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Sanitation Facilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Drains and sewerage- open or underground</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Maintenance of drainage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Garbage cleaning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Public toilets and their status-Sulabh, panchayat's, any other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Morbidity related to maintenance of sanitation facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sanitation cess</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Contd...
## II. Morbidity Pattern in the Village

- Presence of communicable diseases
- Presence of non-communicable diseases
- (Record the morbidity pattern for children, adults and elderly separately)

## III. Availability of Health Facilities

**Kind of facilities available in the village or nearly village**

- **Public** - PHU, PHC, CHC, any other
- **Private**
  - Visit by the doctor at regular intervals
  - Presence of a clinic, hospital
  - Number of private doctors present in the village
- **NGOs**
  - Rotary Club, Lions’ Club, Rural Development Society, religious institution
  - Any other

### 1. Comparison between Public, Private and NGO Facilities with regard to

- Costliness of services
- Effectiveness of services - usability and relevance
- Prompt availability of services
- The kind of satisfaction that the community derives from these different facilities
- Withdrawal of services by the government health sector such as supply of medicines

### 2. Medicine

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

### 3. Health Education Programmes

- Experience with the family welfare programme
- Types of awareness programmes
  (Information on the usefulness, relevance, adaptability for people)

---

**Annexure 1**

*Contd...*
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### 4. More on Availability of Health Facility

<table>
<thead>
<tr>
<th>Before</th>
<th>Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connectivity by road: Pucca road, Kutcha road</td>
<td></td>
</tr>
<tr>
<td>Public transport: Bus, auto, private vehicles</td>
<td></td>
</tr>
<tr>
<td>Any other</td>
<td></td>
</tr>
</tbody>
</table>

### 5. Preference for the Type of Service

Preference of the community for the type of medical facility or doctor:

- Public
- Private
- NGO

### IV. Nutritional Support for the Children

- PHC
- Anganwadi
- NGO

### V. Agriculture and Related Health Problems

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

### VI. Use of Alcohol in the Village

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

### VII. PDS Functioning

- Availability of rice, sugar, kerosene, etc.
- Regularity in the service provided
I  Water and Sanitation

1. Water

Water is a basic amenity for human beings. It should be viewed both from the angle of quality and availability. Compared to the pre-reforms period, the water facilities have improved in Thane district. As against 23 water sources (wells, hand pumps, river, etc.) earlier, there are now 27 working in the four selected villages. Due to the increase in the number of wells, inhabitants have to walk shorter distances and spend about 20-30 minutes to fetch water. Adoshi and Chas even now face water shortages in the summer while the situation in Aghai and Khaire is different - it has been reported that water is available throughout the year. ‘Nal Yojan’ has been sanctioned for all villages, but the villagers get water only for a few hours through the taps, particularly in the summer. Earlier, the villagers were not paying any ‘water cess’ to the gram panchayat; even now except for Aghai village (Rs. 40 per month) they still do not pay a cess. The Targeted Compound List (TCL) technology is now being used by all the gram panchayats for purifying water, whereas only two villages had adopted this technology earlier.

2. Sanitation

Sanitation is one of the key indicators for good health and environment in any community. It is pertinent to note that earlier there were no sanitation facilities such as drainage, garbage clearing and toilets, but now at least garbage clearing facilities are available in the selected villages. However, there are no public toilets. People defecate in the open. In Aghai village some villagers have built private toilets on their own. Five years ago, the gram panchayat had given Rs. 2500 for building toilets, some people built them, but many did not. During that time the villagers had to pay Rs. 300 as sanitation cess per year, a scheme now abandoned. Due to lack of maintenance of drainage and sewerage, water spreads around the houses. The unhygienic surroundings lead to skin diseases, typhoid, diarrhoea, vomiting, fever, cough and cold. At present, there has been a slight improvement in the condition because of improved educational facilities.

II  Morbidity pattern

During the reforms period, the morbidity pattern has worsened - both adults and children are suffering from communicable as well as non-communicable diseases.
Earlier, both adults and children suffered from diseases like malaria, diarrhoea, measles, vomiting, skin infection, waterborne diseases, typhoid, leprosy, scabies, jaundice, dysentery, cold and cough, fever, and gastro-enteritis. Now some more diseases have been added such as TB, cancer, diabetes, whooping cough and eye problems among the adults and malnutrition and mumps among the children.

III Availability of health care facilities

The availability of health care facilities has improved in the selected villages of Thane district. Earlier there was one Primary Health Centre (PHC), three private doctors and one NGO working in the villages and they were providing good service. Villagers were satisfied with the PHC. Now one PHC, two private doctors, three ANMs and two NGOs provide health care facilities to villagers. The PHC is charging five rupees as case paper fee, earlier it was three rupees and private doctors charge 20 to 40 rupees per patient. The ANM centres do not provide regular and good service. The Tata Institute of Social Sciences (TISS) has been working in Aghai village for the last 11 years, under the Integrated Rural Health & Development project. It provides Anganwadi and Health Education Programmes to the villagers. Now Bharatiya Agro Industries Foundation (BAIF) is another NGO working in Chas village.

There are no medical shops in the selected villages, only basic medicines are available in general shops. This situation has not changed. In Adoshi village, even basic medicines are not available.

Till now no health education programmes have been organised; though it has been reported that ‘TISS’ had given all types of health education lectures in Aghai village.

Road and transport facilities have improved, all villages now have buses and private vehicles. Adoshi and Chas have pucca roads, but earlier the bus service was not frequent and except for Adoshi, all other villages had kutcha roads. Even now a kutcha road connects the padas and the people face a lot of problems during the rainy season.

IV Nutritional support for children

Anganwadi centres provide nutritional support for the children. Earlier, there were only four Anganwadi centres in two villages (Aghai, Chas). Now there are six Anganwadi centres working in all four villages and children get ‘Usal, Khichdi’ to eat, but malnutrition is still seen among the children.

V Agriculture related health problems

There are specifically no agriculture related health problems seen among the villagers though skin diseases, cold and cough are commonly seen. However, 10 years ago, one death had been reported due to poisoning in Aghai village.

VI Alcoholism

Alcohol shops were not seen in the selected villages of Thane district. Instead, villagers prepare alcohol in their houses itself, sometimes selling a bottle for Rs. 10. The consumption of alcohol is high among the villagers. However, villagers have not reported the extent of alcoholism. Alcoholism was there all along, but in Aghai village the consumption of alcohol has decreased. Only the people living in padas were consuming more alcohol; though consumption has decreased by about five to ten percent in the past five years.

VII Functioning of PDS

Four PDS shops provide regular service to the villagers and rice, wheat, sugar, and kerosene are being sold at government rates. Ten years ago, there was only one PDS outlet working in Khaire village. People were satisfied with the service.

District: Gadchiroli

I Water and Sanitation

1 Water

Water is a basic amenity and includes quality and availability of water. Earlier, there were 36 water sources in the four selected villages of Gadchiroli district (wells, hand
pumps, river, etc.). Now there are a total of 44. Due to
the increase in the number of wells and bore wells, the
villagers of Krishnapur get water within the village, whereas
other villagers have to walk some distance to fetch water,
spending at least 30 to 45 minutes. Except for Kottamal,
the water is potable in nature. The villagers in Nagaram
and Kottamal were facing water shortages during the sum-
mer and even now they do not get adequate water in the
summer. The situation in Krishnapur and Basapur villages
is different. It has been reported that water is available
throughout the year in these villages. Now the gram
panchayat is using TCL technology to purify water in se-
lected villages of Gadchiroli, though Kottamal village had
adopted this technology earlier. Villagers have to pay a
‘water cess’, but it varies from village to village, for ex-
ample Rs. 100 in Nagaram and Rs. 20 in Krishnapur.

2 Sanitation
Sanitation is one of the key indicators for good health and
environment in any community. It is pertinent to note that
erlier Nagaram village had drainage and garbage clearing
facilities; other villages did not have any such facility. Now
things have changed. Drainage and garbage clearing facili-
ties are available in all the selected villages, particularly
Nagaram village, which has all the sanitation facilities, but
only 20-25 percent of the villagers enjoy these facilities.

Due to the lack of maintenance of the drainage and sew-
erage systems, unhygienic conditions were seen around the
houses, leading to diseases like malaria, cholera, dysentery
gastro-enteritis and diarrhoea. The condition has changed
and now only malaria and cholera are prevalent among
the villagers.

II Morbidity pattern
During the reforms period the morbidity pattern increased,
adults and children were found to be suffering from both
communicable and non-communicable diseases. Earlier,
adults were suffering from diseases like malaria, TB, mouth
cancer, gastro-enteritis, diarrhoea, cholera, back pain and
dysentery. Children were suffering from diseases like po-
lio, cold and cough. Now, along with these diseases, some
more are occurring in adults such as skin diseases, body ache
and headache and dysentery and diarrhoea among chil-
dren. There is little control over the diseases, but com-
pared to the other four districts, Gadchiroli is less affected
by morbidities.

III Availability of health care facilities
The availability of health care facilities has increased in the
selected villages of Gadchiroli district. Earlier, one Regis-
tered Medical Practitioner (RMP)) was working in
Krishnapur village; no other village in the district had any
health care facility. For medical treatment they had to go to
the taluk level, where a PHC and private doctors are avail-
able. Now except for Kottamal village, the other villages
have six RMPs, who make regular visits to the villages,
providing prompt service. Sometimes villagers prefer a
private doctor, whom they have to pay Rs.15-20 and the
charge depends mainly on the severity of the disease. In
the PHC they are now charged five rupees; earlier it was
two rupees. The villagers appear to be satisfied with pri-
vate medical care.

One religious institution runs a Mission Hospital in
Nagaram, which has the largest facilities as compared to
the other two. It has been working for the last 10 years.

There are no medical shops in the selected villages; the
situation was the same earlier too. The villagers have to go
to the taluk to get medicines. Even basic medicines are not
available in the villages. Only the traditional healer keeps
some ayurvedic medicines but does not have adequate knowl-
dge about the ingredients and usage.

Earlier family welfare and health education programmes
were not conducted in the villages; such programmes were
conducted only at the taluk level, but now health education
programmes such as eye camps and polio camps are con-
ducted thrice in a year in all the villages except Kottamal.
Road and transport facilities have improved; private and public health facilities are well connected by pucca roads. Only the internal roads of the villages are kutcha; bus and private vehicles provide transport services. In Nagaram village, the interior tribal area is connected by a tarred road. Except for Basapur, the villages are connected by a pucca road and state transport buses are the only mode of conveyance.

**IV  Nutritional support for children**

Anganwadi centres provide nutritional support to the children under the Integrated Child Development Scheme (ICDS). Earlier, there were four Anganwadi centres working in the villages of Gadchiroli district. ‘Khichadi’ was being given to children once a day; the situation is the same at present.

**V  Agriculture related health problems**

There has been an increased use of chemical fertilisers and pesticides in recent days in Nagaram and Kottamal villages. The farmers suffer from headaches and vomiting while spraying pesticides. Since chemical fertilisers and pesticides were not being used in the fields earlier, they did not face any health problems.

**VI  Alcoholism**

There are no shops selling alcohol in the selected villages of Gadchiroli district. The villagers prepare alcohol in their houses itself, but the consumption of alcohol is high among the villagers. However, villagers have not reported the extent of alcoholism and alcohol consumption was considered a tradition, as all the elder members of the family generally consumed it. In Kottamal village a major set back has taken place at present.

**VII  Functioning of PDS**

PDS shops were providing regular service to the villagers of Gadchiroli district. Items like rice, sugar, and kerosene were being provided at government rates, but recently irregularities have been found in the functioning of the PDS.

**District: Nasik**

**I  Water and Sanitation**

**1  Water**

Wells are the main source of water for the villagers of Nasik district. There is only one hand pump which is working, the villagers of Adharwad and Galane have to spend 20-25 minutes to fetch water. There is only one pond, which is two kilometres away from Borli village and ‘Nal Yojan’ has been sanctioned, but it is not working properly. Earlier, villagers did not pay any ‘water cess’ to the gram panchayat, but are now doing so. The amount varies from village to village. The gram panchayat is now using TCL to purify the water, but earlier only one village had adopted this technology. Water scarcity has increased in the district.

**2  Sanitation**

Sanitation is one of the key indicators for good health and environment in any community. It is pertinent to note that earlier there were no sanitation facilities such as drainage, garbage clearing and toilets, but now Galane and Hatane villages have sanitation facilities. There are two public toilets in the villages, which are only for women and two public bathrooms for males in both the villages. A ‘dumping bin’ facility is available in four villages; people put the garbage in the dumping bins and make use of it for preparing compost. Earlier, there was no such activity.

Due to lack of maintenance, unhygienic conditions were seen around the houses. This leads to diseases like diarrhoea, dysentery, vomiting, fever, cough and cold. These are prevalent among the villagers even now.

**II  Morbidity pattern**

The morbidity pattern has increased; adults as well as children are suffering from both communicable and non-communicable diseases. Earlier, adults suffered from diseases like malaria, diarrhoea, skin infections, typhoid, leprosy, jaundice, cold and cough, gastroenteritis, asthma, flu, eye problems, but now some more have been added like cholera,
scabies, dysentery, vomiting, cancer, paralysis and heart problems. Children are suffering from diseases like malaria, diarrhoea, measles, skin infection, cold and cough, jaundice, fever, typhoid, scabies, mumps, asthma, leprosy, eye problem, mental health problems, malnutrition and whooping cough.

### III Availability of health care facilities

The availability of health care facilities has improved in the selected villages of Nasik district. Earlier, one ANM centre and two private doctors were providing health care for the villagers of Nasik district. The villagers were satisfied with private doctors and preferred going to the taluk headquarters where they could avail the services of the PHC and qualified private doctors. Normally the PHC charged five rupees as case paper fee, whereas the private doctors charged Rs. 20 to 30. Now villagers also prefer private medical treatment. At present two ANM centres and three private doctors are working in the villages.

There are no medical shops in the selected villages; villagers have to go to the taluk to get medicines. In Adharwad and Galane, only basic medicines are available in general shops. Ten years ago the condition was quite similar.

Health education programmes were not organised in the earlier days, but now such programmes have been organised in two out of the four villages (Adharwad and Galane), providing medical check-ups and eye camps, as well as information on basic sanitary needs and hygiene etc.

Road and transport facilities have improved, with all villages getting buses and private vehicles. Villages are connected with pucca roads, but the villagers of Adharwad still do not have adequate bus services. Earlier, villages were connected by kutcha roads and buses were the only mode of conveyance, but the frequency of the bus service was very poor—just once a day—so the villagers faced a lot of problems.

### IV Nutritional support for children

Anganwadi centres provide nutritional support for the children. Earlier, there was no Anganwadi centre working in the selected villages. Now six Anganwadi centres are working in all the four villages for the last six years. Children are getting ‘Usal, Khichadi,’ maize powder and milk powder in their diet.

### V Agriculture related health problems

Few agriculture related health problems are seen among the villagers. Skin diseases, fever, cold and cough are seen among the villagers of Adharwad and Galane. Ten years ago skin diseases appeared in Galane village; though the other villages have not faced any problems. This could be attributed to the fact that they might have used lower amounts of chemical fertilisers and pesticides or were not aware of chemical fertilisers and pesticides.

### VI Consumption of Alcohol

Alcohol shops are not seen in the selected villages of Nasik district; villagers prepare alcohol in their house. The consumption of alcohol is high but villagers have not reported the extent of alcoholism. It was also present earlier, but in Galane, alcoholism has decreased; now only 10 percent of the people in the village consume alcohol. Adults have started consuming alcohol and other drugs like ‘gutka’.

### VII Functioning of PDS

Four PDS shops provide supplies to the villagers; rice, wheat, sugar, oil and kerosene are provided at government rates. Ten years ago only two PDS outlets were working in Adharwad and Hatane villages, providing rice, sugar, and kerosene at fixed rates.

### District: Amravati

#### I Water and Sanitation

##### I Water

There is sufficient water in Kakada and Hatru villages because a river flows near the village. Villagers go to the river...
for washing clothes and animal rearing; naturally they have water throughout the year. There are 10 wells, one hand pump and two bore wells working in Kakada village. Drinking water from taps is available throughout the year. In the other three villages, people have to walk half a kilometre and spend 25 to 30 minutes to get water.

The villagers of Bordi and Churni are facing water scarcity. Churni village has a pond, but the water is not potable. People usually use pond water for washing clothes, bathing and animal rearing, but not for farming. The ‘Nal Yojan’ project exists only on paper. It has been reported that different types of germs are present in the drinking water. People are paying a ‘water cess’ of about Rs. 40 in all the villages and TCL is being used to purify the water. The situation earlier was similar.

2 Sanitation

Sanitation facilities are available in Kakada, Bordi and Churni villages. In Kakada and Bordi villages, the zila panchayat has given 148 and 70 toilets respectively to the Below Poverty Line (BPL) category people under this scheme. However, few people are using them. There are no public toilets in the villages. There is an open drainage facility in Bordi village and the gram panchayat gets the garbage cleared regularly. In Churni village there is a public toilet facility for the last five years. Village Hatru does not have any drainage and sewerage system, stagnant water flows in the village, surrounding the houses. Totally unhygienic conditions were observed in the village.

Diseases like malaria, typhoid, dysentery, gastro-enteritis, cold and cough and cholera, continue to plague the villages due to the unhygienic conditions.

II Morbidity pattern

Ten years ago there were few morbidities among the adults and children. Adults were suffering from cancer, paralysis, malaria, diarrhoea, cholera and typhoid, but now along with these other diseases like dysentery, mumps and gastro-enteritis are being seen.

Children were suffering from diseases like polio, cancer, paralysis, malaria, typhoid, cholera, diarrhoea, and dysentery. Polio is no longer prevalent among the children, but a few other diseases such as measles, mumps, malnutrition, eye problem and gastro-enteritis are surfacing.

III Availability of health care facilities

Compared to the other four districts, Amravati district was seen doing well in the health care sector with two PHCs, nine private doctors and one ayurvedic clinic. The villagers of Churni prefer public health facilities as compared to private doctors both in terms of cost and service. Earlier, people were not satisfied with the PHC. The other three villages were satisfied with the private health facilities. Private doctors provide prompt services to the villagers, including home visits.

There is a Christian Missionary hospital in Raseon (6 km. from Bordi) and many patients from Bordi visit that hospital. The NGO hospital has gained popularity (specially for treatment of snake bites) and people from Amravati and Nagpur also come there. Earlier, there was no health care facility available in Bordi village.

Two allopathic medical shops are functioning in Kakada village for the last 11 years, but the other three villages do not even have basic drug facilities. The condition was the same even 10 years ago and the villagers had to go to the taluk for medicines.

Health education programmes like eye camps and polio camps are held in all the villages except Hatru. Earlier, health education programmes were held in Kakada. People are now becoming more aware about health.

Road and transport facilities have improved in all the villages. The frequency of bus services is good and villages are connected by pucca roads. Ten years ago only Kakada was connected by a pucca road and kutcha roads connected the other villages. State transport buses provided conveyance. The villagers of Bordi use bullock carts as a mode of conveyance.

IV Nutritional support for children

Anganwadi centres provide nutritional support for children. Earlier, only two Anganwadi centres were working
in Kakada and Bordi villages. Now there are four Anganwadi centres working in all the four villages. Children are being given ‘Usal, Khichadi’ to eat.

V Agriculture related health problems

In the earlier days, no agriculture related health problems were seen among the farmers, but now there are problems like vomiting, eye problem and skin diseases due to the use of chemical fertilisers, pesticides and fungicides. In Kakada village 80 to 90 percent of the farmers have been using chemical fertilisers and pesticides for the last 20 years, without experiencing any problems.

VI Alcoholism

There was a high incidence of alcoholism among the villagers in the earlier days. It has been reported that there were a number of alcohol shops in Bordi village, but they have been shut down over the last two to three years. Villagers now bring alcohol from outside the village. There has been a slight decrease in alcoholism in other villages too, but now the youngsters have started consuming alcohol.

VII Functioning of PDS

There are PDS shops operating in the selected four villages, which provide rice, wheat, kerosene and sugar. In Bordi village, villagers belonging to the BPL category do not get rations at government rates; instead the rich people do. Ten years back only Kakada and Bordi had two PDS outlets; the services provided by them were average.

District: Dhule

I Water and Sanitation

1 Water

The availability of water in the selected villages of Dhule district has improved. Earlier, wells and rivers were the main sources of water, but now there are others like hand pumps, taps, bore well and tanks in the selected villages. Except for Korle, the other villagers get water within the village. Three villages (Korle, Patan, Asali) are facing water scarcity; only villagers in Budaki, receive water throughout the year. For the last five years the gram panchayat has started the ‘Nal Yojan’ and villagers are paying a ‘water cess’ to the gram panchayat, but it varies from village to village (Rs. 20, 40, 360) and the gram panchayat is using TCL to purify the water. Earlier, villages like Budaki and Patan received water throughout the year and the villagers of Budaki were paying a ‘water cess’ in those days too.

2 Sanitation

Sanitation facilities are available in the selected villages of Dhule district. Earlier, there were no such facilities for the villagers. Now drainage, garbage clearing and toilet facilities are available in Korle village. Villagers use the public bin for the disposal of garbage. There are six toilets working in Patana village; the public toilets are only for ladies. Ten years back these facilities were not available; villagers threw the garbage near their houses. This caused unhygienic conditions around the houses, leading to diseases like skin diseases, typhoid, flu, fever and diarrhoea.

II Morbidity pattern

Morbidities have increased as compared to the earlier days. Earlier, adults suffered from diseases like malaria, typhoid, cold and cough, skin diseases, diarrhoea, dysentery, fever and cholera. Now along with these there are a few more diseases like gastro-enteritis, eye problem, flu, vomiting, heart disease, body pain, asthma, TB, cancer and scabies. Children are suffering from diseases like eye problems, flu, diarrhoea, vomiting, malaria, typhoid, measles, polio, dysentery, skin diseases, asthma and malnutrition. Whooping cough and some others are under control, but were prevalent earlier.

III Availability of health care facilities

The availability of health care facilities is very poor in the selected villages of Dhule district as compared to the other four districts of Maharashtra. Only two private doctors and two ANM centres are working in Korle and Budaki villages. Earlier there were no such health facilities in the selected villages. They had to go to the taluk or some other place where PHCs or private doctors were available. The PHC charges five rupees as case paper fee whereas private
What Do the People Say about Health Care Facilities?

donors charge Rs. 20-25. Villagers prefer PHCs rather than private doctors, so far as the cost factor is concerned.

There are no medical shops in the selected villages, but in Patana and Budaki, basic drugs are available in general shops. If villagers want medicine they have to go to the taluk headquarters.

There were no health education programmes conducted till now, though it has been reported that an AIDS awareness programme was conducted two years ago, in Budaki village.

Regarding transport facilities in the selected villages, pucca roads connect all villages and the frequency of buses and private vehicles is good. Earlier, buses were the only mode of conveyance and only Korle and Asali villages had pucca roads.

IV Nutritional support for children

Anganwadi centres provide nutritional support to the children. Earlier, only two Anganwadi centres were working in Korle village. Now there are seven Anganwadi centres in all the four villages and children are given ‘Usal, Khichadi’ to eat. In Korle the ‘Bhil’ pada (hamlet) children can’t come to these Anganwadis as the pada is situated far away. In Patana village there are two separate Anganwadi centres - one of which caters to the adivasis.

V Agriculture related health problems

Due to the use of chemical fertilisers and pesticides farmers suffer from problems like physical reactions, skin diseases and poisoning, whereas earlier, the farmers were free from such problems.

VI Alcoholism

Alcohol shops are not seen in the selected villages of Dhule district; the villagers prepare alcohol in their homes and the consumption of alcohol has increased among the villagers. Earlier, too the situation was similar; now youngsters have also started consuming alcohol, gutka and tobacco.

VII Functioning of PDS

PDS shops are operating regularly; rice, wheat, sugar, and kerosene are provided at government rates. In Budaki village, there are two PDS outlets functioning. Ten years back this facility was not available in the selected villages.

Karnataka State

District: Dharwad

I Water and Sanitation

1 Water

Households in the selected villages used to get water for drinking and other purposes from wells and ponds. From the group discussion it was observed that the water quality was not very good. So, waterborne diseases like gastroenteritis, cholera, skin diseases, diarrhoea and dysentery were prevalent. Now under the National Rural Water Supply Scheme (NRWS), all villages receive tap water supply and this system has been well maintained in all the selected villages. As a result of this, the incidence of waterborne diseases has declined. A ‘water cess’ is collected from the private tap holders at the rate of Rs 15 to 20 per month.

2 Sanitation

Earlier, villages had no sanitation facilities. Now two out of four villages have an underground drainage (UGD) system under the ‘Water Supply and Sanitation Project’ sponsored by the government of Netherlands. The other two villages have an open drainage system. The sanitation system has been working well in all the selected villages. Now under the ‘Nirmal Gram Yojan’ some households in the selected villages have constructed toilet facilities, but there are no public toilets. Households collect the garbage on their own land for composting.
II Morbidity pattern

Earlier, villagers were suffering from diseases like cholera, skin diseases, malaria, diarrhoea, dysentery, cough and cold and children suffered from malaria, skin diseases, cholera, cough and cold, scabies, polio, diarrhoea and dysentery. This was mainly because of untreated water being used for drinking purposes. Now polio and scabies are under control and there is a decline in the incidence of other diseases among the children. In adults too, the diseases seen earlier, are now under control due to the implementation of the NRWS Scheme and other measures taken by the government, but ailments like hypertension and joint pains are on the rise due to the change in life styles.

III Availability of health care facility

The selected villages did not have good health care facilities. Only one village i.e., Ganjigatti has a PHC within the village. The primary health service by the government is not good. There are no qualified doctors in the villages; the villagers have to go to Hubli/Dharwad for medical attention. They have to travel about 15 to 30 kilometres to receive even primary health care.

Allopathic medicines are not available in the villages. Villagers have to get medicines from either the taluk headquarters or district headquarters, but basic medicines are available in general stores.

Some health camps for eye check-ups, antenatal check-ups, child check-ups and malaria awareness have been conducted in recent years in the Dharwad district.

Earlier, a kutcha road connected the villages, but now the conditions have improved, the frequency of buses has increased and private tempos are also operating.

IV Nutritional support for children

Anganwadi centres are functioning well in the selected villages and provide nutritional support to the children. The number of Anganwadi centres has increased by 40 percent over the period of time.

V Agriculture related health problems

Farmers are using pesticides, fungicides and chemical fertilisers in their fields for the last 10 years. This is causing problems like skin itching, eye irritation, vomiting and headaches.

VI Consumption of alcohol

There is an increase in the number of alcohol shops and people are consuming more alcohol. It is observed that youngsters have also started consuming alcohol, because of poverty and unemployment.

VII Functioning of PDS

All the villages have PDS outlets. They are functioning well and provide items like rice, wheat, sugar and kerosene. Earlier one village reported that the PDS shop was not functioning properly.

District: Bidar

I Water and sanitation

1 Water

Households in the selected villages used to get water for drinking and other purposes from wells, ponds and tube wells. They were getting potable water all through the year, but in village Bachepalli, the villagers had to walk five kilometres to fetch water during the summer. Now with the implementation of the NRWS and the Mini Water Supply Scheme (MWS), villagers have good quality tap water. A ‘water cess’ is collected from private tap holders and a ‘general water cess’ is included in the ‘house tax’ collected by the gram panchayat.

2 Sanitation

Earlier, there were no sanitation facilities in the selected villages, but now 50 percent of the selected villages have drainage and sewerage facilities and some households in 50 percent of the selected villages have private toilets, showing that sanitation facilities have improved over time.
II Morbidity pattern

Earlier, villagers used to suffer from leprosy, TB, cholera, malaria, skin diseases, paralysis, diarrhoea and dysentery, but now these diseases are being controlled through the government’s efforts. Among children diseases like malaria and cholera have been controlled and others like skin diseases, cold and cough have declined, due to good quality water and precautionary measures taken by the government.

III Availability of health care facilities

There are no medical facilities available, provided either by public or by private institutions, in the selected villages. In one village, the district health administration provided a Homeopathic centre, but without any doctors. Villagers have to visit taluk headquarters to get health care facilities and they have to travel 10 to 40 kilometres for that.

Earlier, one village had a medical shop, but now two villages have medical shops. However, villagers from the other two villages have to go to the taluk headquarters to get medicines.

No health education programmes have been conducted either by the government or by NGOs.

Earlier, kutcha roads connected 75 percent of the selected villages, but now pucca roads connect 75 percent of the selected villages and the frequency of the bus service has increased.

IV Nutritional support for children:

The nutritional support given by Anganwadis has increased. Earlier four Anganwadis were functioning in the selected villages. Now a total of eight Anganwadi centres are providing nutritional support to the children. Compared to the other four districts, this is the highest number.

V Agriculture related health problems

In the selected villages of Bidar district, chemical fertilisers and pesticides are not used very often, because of non-irrigated land; therefore agriculture related health problems are not evident. Earlier also, the situation was similar.

VI Consumption of Alcohol

The number of alcohol shops in the selected villages has increased from eight to 11 over a period of time, showing that due to poverty alcohol consumption has increased.

VII Functioning of PDS

The PDS is functioning well in three of the four selected villages, but earlier too the PDS facility was good in all the four selected villages.

District: Chikkamagalur

I Water and Sanitation

1 Water

Earlier, households of the selected villages depended on wells for drinking water and other daily routine purposes, but now all selected villages have ‘tap water’ facilities under the NRWS. In two villages the people are using well water for drinking, even though tap water is available. This is because of the sweetness of the well water. The number of wells is more than the number of houses, because that area comes under the hilly region and all selected villages in the district have adequate water supply throughout the year. It was reported in the FGDs that the water had a higher fluoride content as a result of which more people are suffering from ‘dental problems’ i.e., ‘Fluorosis’. The villagers are now paying a ‘water cess’ for the ‘private and public tap’ facility. Earlier, this was not the case. ‘Tap water’ facility is not available in village Kiggi.

2 Sanitation

Ten years back there were no sanitation facilities in the selected villages, but now two villages have ‘open drainage facility’ under the ‘Nirmal Gram Yojan’ and some households have toilet facilities, but there are no garbage clearing facilities in the selected villages.

II Morbidity pattern

In Chikkamagalur district, it was reported in the FGD that because of the excess fluoride content in the water the major ailment is ‘dental problem’. Earlier, diseases like
leprosy, skin diseases, TB and scabies were prevalent though now they are under control. In Kadur taluk the number of malaria patients has increased; more than 9800 malaria positive cases were recorded. It is believed that the immigrants, i.e., shepherds from Chitradurga district have brought it in. The children suffer from skin diseases, cold and cough, cholera, diarrhoea and dysentery, which are being controlled. The incidence of malaria in children has also increased.

III Availability of health care facility

The selected villages do not have good health care facilities; only one village has a PHC, which provides good service to the villagers. Other villages have no qualified doctors and the villagers have to go to the taluk headquarters for medical treatment. Medical shops are not functioning in the selected villages of Chikkamagalur district and even basic drugs are not available.

Health education camps have been organised in only one village – an eye and malaria camp. No such camps have been organised in any other village till now.

Compared to the earlier days, transportation facilities have improved; now pucca roads connect all the selected villages and bus and tempos provide transport services to the villagers.

IV Nutritional support for the children

Anganwadi centres provide nutritional support to the children. Whereas earlier there were five Anganwadi centres providing nutritional support to the children, now there are six Anganwadis functioning in the villages.

V Agriculture related health problems

As a result of using chemical fertilisers, pesticides and fungicides, farmers are suffering from problems like headaches, skin irritation, vomiting and eye irritation for the last 15 years.

VI Use of Alcohol

The number of alcohol shops has increased. Earlier there were five shops in the selected villages. The number has since increased to 10, indicating an increase in the consumption of alcohol.

VII Functioning of PDS

PDS shops are functioning effectively in the selected villages for the last 15 years.

District: Chitradurga

I Water and Sanitation

1 Water

Earlier, households in the selected villages were dependent upon wells and ponds for drinking water and they had adequate potable water all through the year. Now, except for one village, the other three villages have ‘tap water’ facilities under the NRWS. Earlier, in Giriyapur village, households were using well water for drinking purposes, but now the wells are not functional and the pond water has turned saline. The villagers are now paying a ‘water cess’ for the ‘public and private tap water’ facility.

2 Sanitation

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

II Morbidity pattern

Earlier, adults were suffering from skin diseases, malaria, TB, cough and cold, fever, typhoid and asthma. Now TB and typhoid are under control. Children were suffering from diseases like malaria, cholera, cough and cold, eye problems, diarrhoea and dysentery, which are now under control. In the case of adults, new ailments like headaches and asthma are on the rise.

III Availability of health care facilities

Earlier, only one village had a PHC facility, but the service provided was far from satisfactory. Now along with the PHC, one qualified private doctor is also providing medical care to the villagers. However, people from the other three villages have to go to the taluk headquarters for treatment.
What Do the People Say about Health Care Facilities?

There is only one medical shop functioning in one village; the other three villages do not have any such facility. They have to go to the taluk headquarters for medicines. Earlier, there were no medical shops in any of the selected villages.

Recently, health camps were organised in three villages, - a family planning camp, a health awareness and a child check-up camp, but earlier no such camps had been organised in the selected villages.

Now all the selected villages are connected by pucca roads, with government and private buses as the main mode of conveyance. In earlier days, the villagers of Kengunte did not have any bus service, whereas other villages had bus services.

IV Nutritional support for children

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

V Agriculture related health problems

In recent years, farmers of the four selected villages have started using chemical fertilisers, pesticides and fungicides, as a result of which they are facing problems like headaches, skin irritation, eye irritation and respiratory problems. Earlier, these problems were not seen among the farmers.

VI Consumption of alcohol

The number of alcohol shops has increased; earlier only two alcohol shops were present in the selected villages. Now there are two unauthorised and eight authorised shops selling alcohol in the villages and the consumption of alcohol has also increased.

VII Functioning of PDS

Except Giriyapur village, the other three villages have PDS shops. Earlier, also, the situation was similar in the selected villages.

District: Mysore

I Water and Sanitation

1 Water

Earlier, households of the selected villages were mainly dependent on the wells for drinking water and other purposes; now all selected villages have ‘tap water’ facilities under the NRWS. The water level in the wells and ponds has decreased and some wells are not functioning in the villages. The villagers are paying a ‘water cess’ to the concerned authorities for ‘private tap water’.

2 Sanitation

Earlier, there were no sanitation facilities in the selected villages, but now three villages have drainage and sewerage facilities and these are being properly maintained. Moreover, the garbage clearing system is functioning well. In Alattur and Hura villages, toilets have been constructed for the inhabitants under the ‘Nirmal Gram Yojan’.

II Morbidity pattern

During the earlier days, adults were suffering from skin diseases, cough and cold, fever, weakness and typhoid; now typhoid is under control, but diseases like AIDS and headache are on the rise among the adults. In the case of children, they were found to be suffering from diseases like measles, cold and cough, skin disease, polio and fever. Whereas now polio and skin diseases are under control, stomach ache is a new complaint, which is on the rise.

III Availability of health care facility

Earlier, one village had a PHC and another village had a Primary Health Unit (PHU); but now the PHU has been upgraded to a PHC, which means both villages have a PHC. One village has a private doctor providing medical care. The remaining villagers have to go to the taluk headquarters for medical treatment.

Earlier, there were no medical shops in the selected villages of Mysore district, but now one village has an allopathic medical shop. The remaining villages do not have
any medical shops; the villagers have to go to the *taluk* headquarters for medicines.

A health education camp has been organised in only one village that is a ‘Nutrition Support and Health Education Camp’. The other three villages have not had any health education camps. No such camps were organised in the selected villages in the pre-reform period either.

Transportation facilities have improved; earlier all four villages were connected by *semi-pucca* roads, but now two villages have *pucca* roads and the other two villages are connected by *semi-pucca* roads. A private bus service is the mode of conveyance.

### IV Nutrition support for children

Anganwadi centres are providing nutritional support to the children. Whereas earlier four Anganwadi centres were functioning in the villages, now there are six Anganwadi centres, which provide regular service to the children.

### V Agriculture related health problems

Farmers are using chemical fertilisers, pesticides and fungicides in their fields and are facing problems like body ache, weakness, skin irritation and eye problems in the four selected villages of Mysore district. These problems were not there earlier.

### VI Use of Alcohol

The number of alcohol shops has increased. Earlier, there was only one alcohol shop in Hura village, but now along with this, one unauthorised shop has opened in Abbur village and the consumption of alcohol has also increased.

### VII Functioning of PDS

Earlier, three villages had PDS shops, but now all selected villages have PDS outlets.

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**Orissa State Consolidated Report**

*(from 12 Villages)*

### I Water and sanitation facilities

Ten years back people used water from the ponds, rivers and open wells for drinking purposes. At present, to meet the drinking water needs, there are three to four bore wells in every village, but due to the lack of proper maintenance and repair, only one or two are functioning at any time, which is insufficient to meet the village’s demand for drinking water. As a result, they use water from the ponds, canals and open wells for cooking and drinking, which sometimes causes health problems. The water is not filtered nor is any method used for cleaning the water. The water from the ponds and canals are used for bathing by humans and animals too.

There is no drainage system in any village for the disposal of dirty water. Most of the houses are surrounded by stagnant, dirty water that breeds mosquitoes. There is no separate place to collect garbage. Garbage is dumped near the house, which creates unhygienic conditions. People use open spaces for defecation. Although some of the villagers who are below poverty line (BPL) are provided latrines on payment of Rs. 50/-, they prefer to use the open spaces as toilets.

### II Morbidity pattern

Ten years back people in Balasore district were suffering from diarrhoea/dysentery, typhoid, cold, fever, TB, smallpox etc. Now as the majority of people seem to be conscious of these serious diseases, only a few people suffer
What Do the People Say about Health Care Facilities?

from dysentery, cold and fever during the rainy and summer seasons. In Gajapati and Malkangiri districts, however, a majority of people suffer from brain malaria and typhoid due to lack of awareness and lack of health facilities. The children suffer from measles, skin diseases, cold and fever due to contaminated water and unhygienic surroundings.

III Availability of health care facility

Ten years back people used to go to the PHC and government hospital for treatment. Now they prefer private doctors due to the irregular and inadequate government medical facilities (i.e., homeopathy, ayurvedic etc.) in the villages. In Malkangiri district, people prefer ayurvedic medicines and traditional healing methods for treatment of their health problems.

It is important to note that people face inconvenient clinic hours, inadequate supplies of drugs, irregularity of doctors and long waiting time in the public health sector. Whereas in the private health sector they face the high costs of drug and financial exploitation by doctors, quacks and the intake of dangerous spurious drugs. As a result of this the tendency for self-prescription in people was found to be increasing, particularly in the Malkangiri and Gajapati districts.

There is a lack of awareness about the various health programmes relating to TB, leprosy and malaria, run by the government and NGOs. However, they seem to be conscious about family planning and some people use contraception. Ten years back there were kutcha roads to every village and people suffered, as due to lack of transportation facilities they were unable to avail health care. Now many of the villages are well connected by pucca roads and good transportation facilities.

IV Nutritional support for the children

Nutritious foods are being provided under the ICDS scheme to all pre-school children. The Anganwadi worker plays an important role in creating awareness about proper health care and nutrition among pregnant and lactating women and children. Although the Anganwadi worker distributes vitamin tablets to the children, which are provided by the government, many more children suffer from severe malnutrition in the Gajapati and Malkangiri districts of Orissa. The children are provided with polio, DPT and other immunisation from time to time. Besides the ICDS scheme, some voluntary organisations are also working for the development of the health and nutritional status of women and children in the rural areas of Orissa.

V Agriculture related health problems

About 70 percent of the people in the rural areas of Orissa depend on agriculture. Ten years back people were using compost for cultivation. Now they use chemical fertilisers, insecticides and pesticides, to get higher crop yields. By using these chemicals they suffer from skin irritation. It is also important to note that using chemical fertilisers destroys the soil’s fertility. The crops grown by using such fertilisers when eaten cause stomach upsets.

VI Alcohol use and its effect

The SCs and STs take arrack (handia) and country liquor regularly, which is locally prepared. The people are conscious about the ill effects of alcoholism, but still insist on drinking alcohol. Female members are very concerned about their husbands’ drinking habits, in spite of the low female literacy rate. In some villages it was also found that the mahila mandal also ran the Nesha-Mukt-Andalan.

VII Functioning of PDS

There is one PDS unit in every village. Only BPL cardholders get articles like rice, sugar, and kerosene. The APL (above poverty line) cardholders get only kerosene. During the FGD people asserted that the items available under the PDS are of very poor quality; suffer from irregular distribution and are insufficient to meet the villagers’ requirements.

VIII Health Care Co-operative

In Balasore district people are in favour of HCC but they are not willing to take any decision about the same. It was found that in some villages there is no mahila mandal, youth
club nor any such organisation to take joint decisions for
the village and the people are reluctant to contribute for
the purpose. During the FGD some people demanded
that instead of forming a HCC it is better to provide mini-
mum facilities like regular services of a doctor, essential
medicines, *pucca* roads and electricity for the existing PHC.

In Gajapati and Malkangiri districts the people welcomed
the idea of starting a HCC. Some people were willing to
pay cash, some people were willing to do voluntary service,
but nobody was interested in giving land. The regular pres-
ence of a doctor, an ANM, minimum essential medicines
etc., are the kind of services people expected from the HCC.


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