

Chapter V

Healthcare facilities are essential to keep a society healthy so as to enable the citizens to remain fit to meet the challenges and responsibilities of life.

Our studies relate to healthcare facilities and reaches of state health services based on first hand information and inputs from secondary sources.

Health is "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

– World Health Organisation

"It is health that is real wealth and not pieces of gold and silver"

- Mahatma Gandhi

Assam Scenario:

Assam has not been able to achieve the desired health outcomes. Poor literacy rate, low per capita income which is mainly due to high density of population, wide urban rural gap, improper water and sanitation facilities etc have contributed in one way or the other to the under developed health sector. It may not be a herculean task but we are still to go a long way in controlling the vices inherent in such a deplorable health scenario. Problem further aggravates as we do not have a clear picture about panchayath's role, accountability and responsibilities

We have seen, in the past couple of years, many new hospitals have come up, numerous vaccine camps are being held, institutional deliveries are being carried out, new medical colleges are being established and most importantly infant mortality and maternal mortality rate have been reduced. There has been eradication of polio and increase participation of NRHM, but, the health infrastructure, delivery systems, manpower, resources are not strengthened enough so that the poor people can have access to affordable and adequate healthcare facilities in the state.

Golaghat District:

The Kaziranga National Park area lies almost entirely in between the National Highway 37 now (State Highway 1) and the Brahmaputra River extending from the eastern part of Nagaon to the Golaghat district. Healthcare domain of KNP area is under the Golaghat District Health Administration of the Government and the Bokakhat Civil Hospital is nodal centre of all healthcare activities through NHM. Local health infrastructure is not different from that of other parts of Assam which may be summarised as below-

- Shortage of trained medical manpower.
- Non access to sparsely populated, remote, far flung areas.
- inadequate Governance in the Health sector.
- Need for improved quality of health services rendered.
- Need to make effective and full utilization of existing facilities.
- Need for effective and timely utilization of financial resources available.
- Morbidity and Mortality due to Malaria.
- High level of tobacco consumption and the associated high risk to cancer.

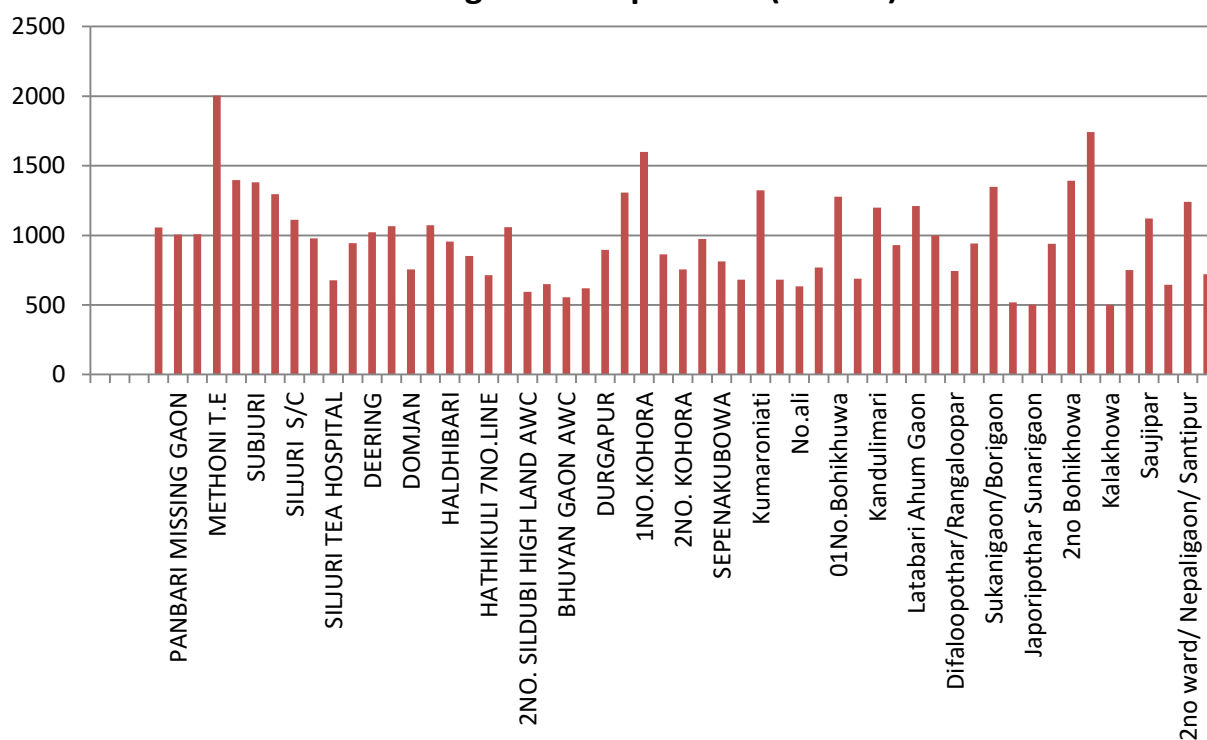
Status of Healthcare Facilities in the study area from Haldhibari to Dhanshrimukh:

As for the areas we have surveyed covering the fringe areas near the national park, the healthcare facilities have not penetrated into the farthest reaches of rural areas and are not being accessible easily by those living in these areas. The population in several villages in the area live in poverty and they have a high morbidity and mortality cases caused due to malaria, Japanese encephalitis, diareaha, tuberculosis, jaundice. **Water-borne diseases are also common, and show a steep rise during periods of floods as these areas are inundated almost every year during recurrent floods.** The health infrastructures available are still not being able to provide healthcare services at their doorstep as the road communications are in a very bad shape in remote areas like Bamungaon. During emergencies particularly in rainy seasons hospital vans are not being able to make a way out in the flooded areas. The region continues to be marked by low agricultural productivity, poor infrastructure, tenuous communications and nascent levels of industrial activity. The CDR and CBR are still high in

these areas as compared to whole of Assam. Infant mortality rate is still high in these areas. The continuing prevalence of diseases reflect shortcomings that should be addressed by the health care system. **Diarrhoea is a common cause of mortality among children.** Acute Respiratory Infection (ARI), primarily pneumonia, is another cause of illness and child mortality. **About 70 percent of women in Assam have some degree of anaemia. The prevalence of anaemia is higher for rural women than for urban women. Among children too the prevalence of anaemia is high.** Cancer, cardio-vascular diseases, diabetes and stroke are important non-communicable diseases affecting the older population. There is no sign of any boat clinics or mobile clinics in these areas although mobile clinics have been introduced in certain areas of KNP. Boat clinics could be a solution to these villagers in availing prompt and timely services. The efficacy of infrastructure in rural, especially remote areas is apparently less than required.

The State needs to find the resources that will enable the expansion of the health care system and allow for its efficient functioning in these remote areas.

Village-wise Population (in Nos.)



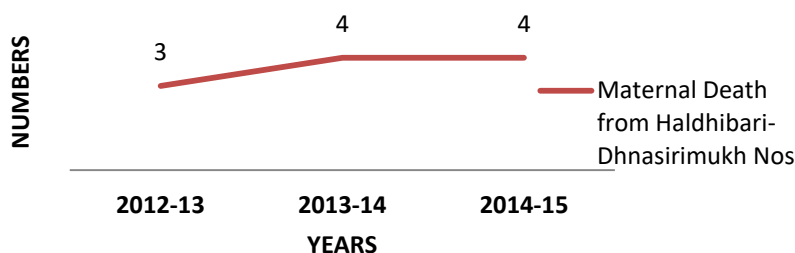
Sl.No.	Village	Population	Sl. No.	Village	Population
1	Panbari Dasgaon (Sub-Centre)	1057	28	2No. Kohora	755
2	Panbari Mishing Gaon	1005	29	Dagaon	974
3	Borveta	1009	30	Sepenakubuwa	812
4	Methoni T.E	2004	31	Dhansirimukh	681
5	Borjuri Basti	1396	32	Kumaroniati	1323
6	Subjuri	1381	33	Polasguri	681

7	Borjuri TE	1295	34	No.Ali	633
8	Siljuri S/C	1112	35	Bamungaon	770
9	Gosanbor AWC	978	36	1No.Bohikhuwa	1278
10	Siljuri Tea Hospital	678	37	Dhubali,Beloguri	688
11	Panbari AWC	945	38	Kandhulimari	1200
12	Deering	1022	39	Agaratoli	930
13	Bosagaon	1067	40	Latabari Ahum Gaon	1210
14	Doomjaan	755	41	Mazi gaon	1000
15	Lokhipur	1072	42	Difaloothar/Rang aloopar	743
16	Haldhibari	956	43	Ahomgaon	941
17	Htikhuli Mzline	853	44	Sukanigaon/Borigaon	1348
18	Hatikhuli 7 No. Line	713	45	Japoripothar	518
19	Hatikhuli 16 N. Line	1059	46	Japoripothar Sunarigaon	503
20	2No. Sildubi Highland AWC	595	47	Tamulipothar/Rojagaon	940
21	1No. Line Rangajan Crache	650	48	2 No. Bohikhowa	1392
22	Bhuyan Gaon AWC	555	49	Karaiati/ Milanpur	1743
23	Rangajan Kathonibasti AWC	620	50	Kalakhowa	1250
24	Durgapur	895	51	Seujipar	1120
25	Bogorijuri	1308	52	2No. Kalakhowa	645
26	1No.Kohora	1600	53	2No. Ward/ Nepaligaon/ Santipur	1240
27	1No. Sidubi Amguri	863	54	Kalyanpur	720

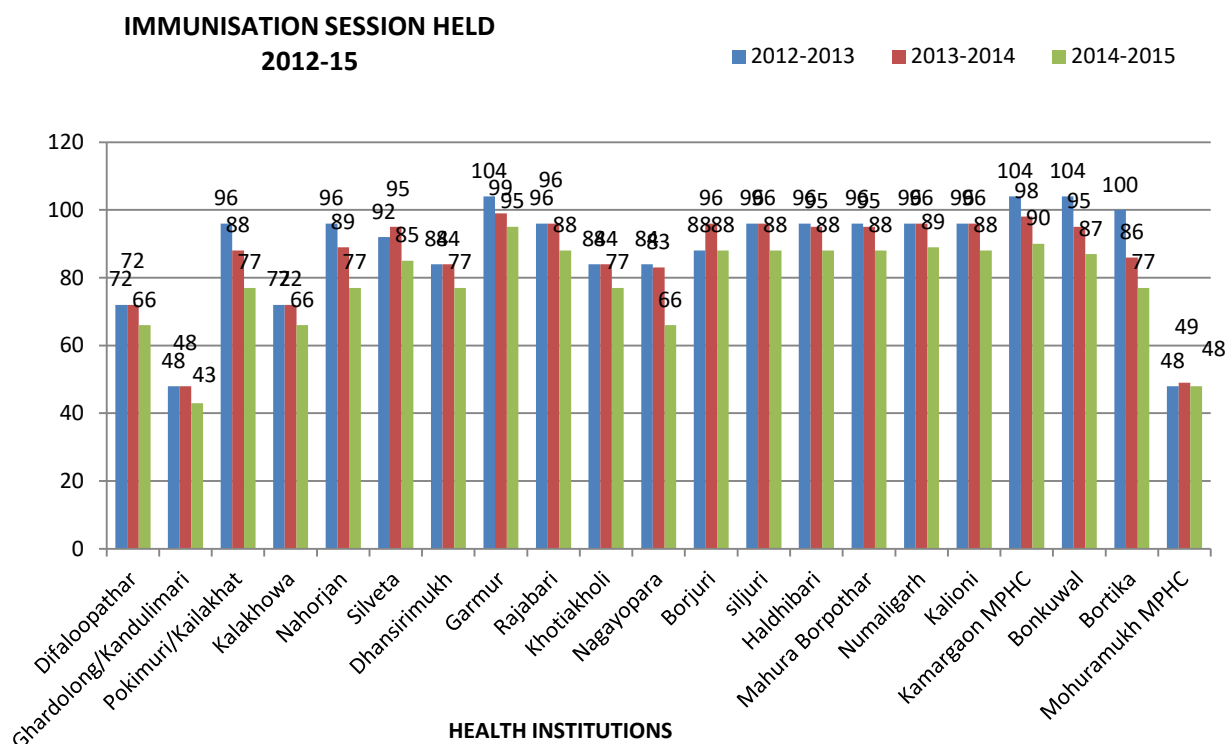
Maternal Death from Haldhibari to Dhansirimukh	
Year	Nos.
2012-13	3
2013-14	4
2014-15	4



Maternal Death from Haldhibari- Dhanshrimukh (in numbers)

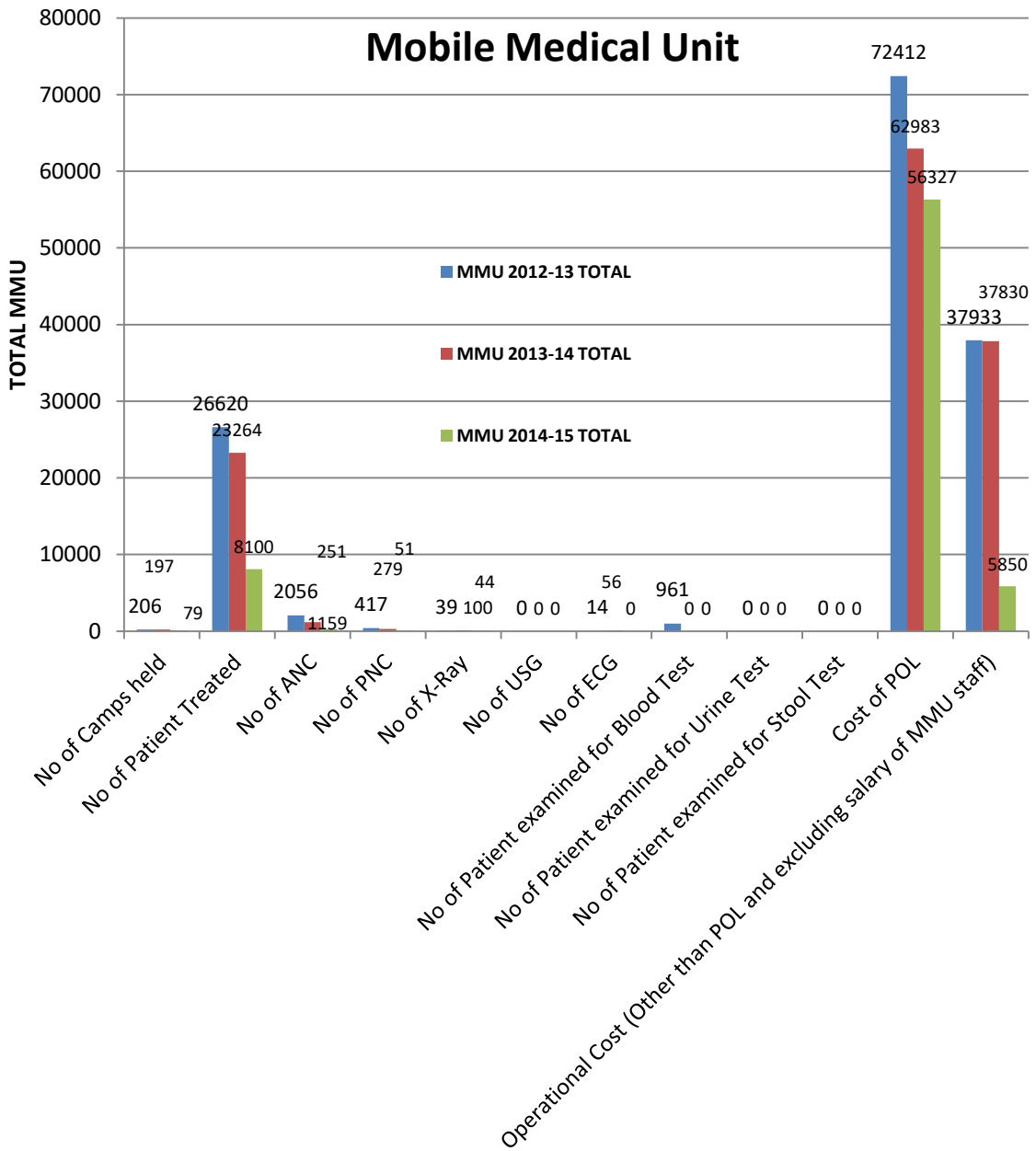


Comparison of Immunisation Session Held 2012-15



Health Institution	Yearly Immunisation Session Held		
	2012-2013	2013-2014	2014-2015
Difalopathar	72	72	66
Ghardolong/Kandulimari	48	48	43
Pokimuri/Kailakhat	96	88	77
Kalakhowa	72	72	66
Nahorjan	96	89	77
Silveta	92	95	85
Dhansirimukh	84	84	77
Garmur	104	99	95
Rajabari	96	96	88
Khotiakholi	84	84	77
Nagayopara	84	83	66
Borjuri	88	96	88
siljuri	96	96	88
Haldhibari	96	95	88
Mahura Borpothar	96	95	88
Numaligarh	96	96	89
Kalioni	96	96	88
Kamargaon MPHC	104	98	90
Bonkuwal	104	95	87
Bortika	100	86	77
Mohuramukh MPHC	48	49	48
Total	1852	1812	1648

Performance of MMU in Golaghat District:



Health Day:

In an attempt to raise awareness about healthcare, women, children and adolescents are being mobilised in the villages by the Anganwadi Workers(AWW) and Auxiliary Nurse and Midwife(ANM) on a particular day once a month which is observed as Health Day. On this day health related issues like nutrition, personal hygiene, care during pregnancy importance of immunisation, institutional deliveries, etc are discussed. Various Medias are used to convey messages to the rural population like poster display, folk dances, etc.

Celebration of health day to drive health consciousness among the population has increased in recent years as compared to some years back.

Performance of Kohora State Dispensary:

Areas covered under Kohora State Dispensary is shown the following diagram:



To have a proper understanding and actual state of affairs we contacted the Medical Staff of the Kohora State Dispensary which was situated on the NH near the Kohora SBI a local landmark to track locations nearby. Following table indicates the basic information relating to the Dispensary serving most of the villages under KNP area is given below:



Total Population covered	30,241
Infant target	481
Pregnant Women Target	570
Eligible Couple	2,924
Sub Centre	3
National Sub Centre	1
Village	38
Immunisation Session sites	32
Tea garden	2

Staff strength of the Dispensary at Kohora is as below:

Medical Officer:	1
Pharmacist:	1
LHS:	1
PHC Accountant cum ABPM:	1
Lab. Technician	1
GNM:	2
ANM:	8

SI:	1
PHC SW:	2
MPW:	2
ASHA Supervisor:	3
Vi. Get:	1
Swapper:	1
ASHA:	27

**A series of interviews with some ASHA workers:
How they work and how they are equipped:**

Asha worker-1: Smt.Pratima Gogoi. Phone number-9577412983

Smt. Pratima Gogoi is a resident of Mohapra village. She is 27yrs old and has passed her H.S. schooling. Over the past 4 months she has served as a ASHA worker. During her tenure she has to look after the health conditions of over 206 households spread across two villages, namely, Lukhurakhania and Mohpara. In her short tenure she has witnessed neither outbreak nor prevalence of any disease in the community.' The villages i serve have abundance of water resources and agriculture is well rewarding' she said 'the villages are well-to-do'. Mohpara and Lukhurakhania are self sustaining and hygienic. People are educated and therefore are aware about health and hygiene. Apart from the seasonal stints of viral fever and diarrhoea the village is disease free.

The population primarily comprises of ethnic Assamese people. 30 households of the two villages comprise of Tea/Ex-Tea communities. Many of those people have availed the benefits of Indira Awas Yojana. 3 households do not have any sanitation facility.

Smt. Gogoi is satisfied with her profession. Helping the sick gives her inner satisfaction. However apathy and irresponsive from the state departments has made her work tough. 'Supplies of medicine and other health equipments are not adequate and does not arrive in time since 2012' she said. Moreover due to fewer honorariums received per case the profession is not rewarding. 'The honorarium does not take into account the travel costs and the distance of the travel incurred to take the patient, in case of emergency' she uttered.

ASHA Worker-2: Smt.Ruby Saikia Phone number- 9706738225

Smt. Ruby Saikia is 30 yrs old. She is a resident of Sepenekubua village. She has been engaged as the ASHA worker of the said village since the year 2006.During her long stint as a ASHA worker she has reoprted, detected and helped many patients recover from diseases and maintain a healthy environment. Tuberculosis and jaundice are the most commonly detected disease in the village. In the year, 2006 2 cases of Jaundice were reported. Smt. Saikia took the appropriate measures to take the patients to the hospital. She also advised proper diet for speedy recovery from the disease. In another instance in the year 2014 3 cases of tuberculosis were reported. 2 female and 1 male member of the village were affected by tuberculosis. The male person was employed in Bangalore . The patient is said to have contracted the disease in Bangalore itself. After his diagnosis was confirmed Smt. Saikia took him trough the DOTS course. Finally after 6 months the patient recovered fully. 2 female members were affected by T.B. One recovered fully. The other succumbed to the disease. The deceased women displayed signs of alcoholism, low body weight and low pressure. All these factors combined led to the death of the person in the year 2015. Smt. Saikia has worked extensively to spread the awareness on washing hands and proper nutrition. She frequently advises people to take green leafy vegetables and iron rich vegetables like Amla, Guava and Pumpkin. Dysentery and Diarrhoea are frequently reported disease among women. On such occasions Smt. Saikia prescribes Oral Rehydration solution (ORS)and Metronidazole tablets. Children in the village primarily suffer from viral disease, Cough, cold and running nose. In case of extreme viral disease she prescribes paracetamol.

Smt. Saikia has access to an ASHA KIT that comprises of test slides for tuberculosis and malaria. She uses them whenever signs and symptoms of the disease arise. As a ASHA worker she has been given a mobile, umbrella, radio, bicycle.

Giving an overview of the village Mrs. Saikia has found out the total population to be 889. The male population is 496 and female population is 393. The population of children in the village is as follows-

Age group	No of children
0-1	14
1-5	46
10-16	23

The village has 130 eligible couples as on 24th Dec, 2015. 3 households in the village do not have sanitation facility at all. There are 15 kuccha houses in the village. Most of the households are ethnic Assamese. 7 households comprise of ex-tea communities.

All people in the village co- operate in the efforts of the ASHA worker. They are helpful in her mission to maintain a health village.

Asha worker-3: Smt. Juri Gogoi, Ph. No- 957748693.

Mrs Juri Gogoi is 32 yrs old. She has passed her H.S. examination and has been engaged as a ASHA worker since the year 2009. Mrs. Gogoi stays in Doomjan Village and is responsible for the upkeep of the health of the same. The village has 655 population comprising 126 households of which 346 are male and 339 are female. Almost 100 households belong to the Ex-tea tribe community, 5 households among them are Christian and the rest are Hindus and the rest belong to the ethnic Assamese population. There are 5 ST households and 616 SC households. The village has 88 eligible couples who are in their productive age to give birth to newborn babies. 100 households have tube well as their water source. 30 households have sanitation facilities. 130 households have proper electrification. People from the Ex –tea community primarily work as daily wage laborers. Due to their small landholding size, the ex-tea community lacks a backyard for Horticulture or other farming. Usually they resort to fishing to add extra income to their livelihood. Usually an ill- habit of consuming salt tea is witnessed among the community that lowers their Hemoglobin levels thereby leading to acute anemia. Mrs. Gogoi has undertaken a series of steps that include awareness measures to counter and deter this habit. She has achieved minimal success in this endeavor. She has also conducted awareness campaign to teach the village children and elders about the positive implications of hand-wash. Mrs. Gogoi usually conducts her field visits twice a week. Children play a vital role in the future of the village .therefore. She monitors the children’s health very closely. The child population of the village is as follows-

Age group	Male	Female
0-1	8	9
1-5	26	27
6-10	30	21
10-19	90	39

The ethnic Assamese population is quite well off as compared to the rest. Mrs. Gogoi has found diarrhea, viral fever and malaria as the commonly prevailing disease in the village. She puts in all of her effort yet frequently complains about the inadequate honorarium she receives for every case she detects.

ASHA Worker-4: Smt.Minu Bora, Ph. No. – 7399798489

Mrs. Minu Bora is 35 yrs old and has been engaged as the ASHA worker for four villages namely, Doomjan, Basagoan, Lakhipur and No.2 Geleki. Her villages have a total population of 1124 people comprising 228 households. These villages have a total of 152 eligible couple. Mrs. Bora has identified Anemia as the main enemy hampering women’s health in the village. 16 women suffer from severe anemia and 7 women suffer from minor anemia. Mrs Bora recommends three iron tablets per day for each anemia patient. Another disease affecting the villages is tuberculosis. In the year 2012-13 1 woman suffered from TB. In the year 2015 another man suffered from the same disease. The woman has fully recovered whereas the Man continues to be under physician’s supervision. Malaria is another prevalent disease. In the year 2015, 3 people were affected by malaria. Although DDT is sprayed during the months when malaria prevail, yet, it is not adequate to quell the spread of the disease. The villages under Mrs. Gogoi have an acute water shortage. There are no tube wells, ponds or creek that might provide water. Only one govt. tube well caters to the needs of four villages which are very overcrowded. Govt apathy to establish any water connectivity further adds to the misery. The gradient of the geography plays an important role that hamper water supply in the region. Mrs. Bora states that her region is one of the most backward region of Madhya Kaziranga where basic amenities for life are scarce.

ASHA Worker-5, Smt. Kalpana Ganak, Ph. No- 9577297492

Mrs. Kalpana Ganak, is around 30 yrs old and has completed her high school. She has been engaged as an ASHA worker since the year 2006. The population of the village is 758 comprising of 136 households. Mrs. Ganak has detected tuberculosis and alcoholism to be the most prevalent disease in the village. So far she has detected 1 patient of TB. Viral fever is also common in the village. The child population of the village comprise as under

Age group	No of children
0-1	15
1-5	54

There are 111 eligible couples in the village. Because of her location in a flood prone area sometimes it becomes difficult for Mrs. Ganak to deliver her services. Also her personal life hampers her delivering capacity. She plans to buy a boat with her own personal expense next year so that she could deliver her services to the low lying areas of the village. People in her village are poor, however, they avidly co-operate in her efforts. She is now spreading awareness about proper sanitation in her village. Till now she has received 2 trainings- On module 7 and 8. Flood is major constrain that causes most of the health problems. Mild anemia is another problem among the children. To those suffering from mild anemia Mrs. Ganak recommends green leafy vegetables. Her work gives her an inner relief she says. However hewr personal life hampers her work.

Common problems faced by ASHA workers interviewed by us:

All the ASHA workers seem to harbour similar problems. One such problem is the remuneration received. The remuneration received per patient is very minimal. Sometimes, when the condition of the patient involves visiting hospitals at a long distance ASHA's are forced to shell out money from their own pocket. Moreover the remuneration received does not take into account the inflation of current times.

Infrastructure is another problem for the ASHA's. Sometimes when the ASHA's have to travel long distances with patients at night, they face the problem of accommodation. Hospitals lack accommodation facilities for ASHA, moreover, travelling back to their residences is unsafe for women. Therefore ASHA's are faced with dilemma whether to accompany patients at night or not.

ASHA workers are supposed to display a notice board of available medicines with them outside their residences. However these sign boards are pre-set by their supervisors or local health mission. These supervisors/ local health missions lack information about the medicine available at that point of time with the ASHA's. Supply of medicine is very unpredictable. Since the year 2011 supply of medicines have slagged far behind. Yet the notice board displays the list of the medicines as available. This creates a situation of misunderstanding and distrust between the ASHA worker and the local village residents. Local village residents feel that ASHA workers are withholding medicine supplies to be sold in the open market for profit whereas in reality their supply has ceased, only the display in the board remains. This is a serious misunderstanding which could not be captured by higher authorities in the hierarchy.



Health Camps with the help of local Panchayats and villagers:

We initiated a few health camps in the area to encourage such activities on part of NGOs or individual groups/clubs to make the villagers in remote parts aware of modern healthcare benefits and government services available freely or at an affordable cost.