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Assessment Report

Health profiling of 40 villages in Kishanganj and Shahabad blocks of Baran district, Rajasthan

Acknowledgement

People to People Health Foundation conducted the community health assessment and prepared the report with the support of SBI Foundation, SBI Capital Securities in Kishanganj and Shahabad Block of Baran, Rajasthan. It was done with support and guidance from the Chief Medical Health Officer, Baran, and Block Health Officers, Kishanganj and Shahabad blocks of Baran, Rajasthan. We are thankful to all the partners who were involved and contributed to the successful completion of the baseline community health assessment report. We are deeply grateful to SBI Foundation and SBI Capital Securities for providing us the opportunity to become an implementing partner for the 'SBI Sanjeevani Clinic on Wheels' Project. This project intends to improve the health outcomes of the Kishanganj and Shahabad blocks of the Baran district through the Mobile Medical Unit intervention. We are also grateful to all community members, the team of surveyors and especially, the District Health Administration, without them this assignment would never have been completed.

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Executive Summary

The public health system in India aims to provide universal access to free healthcare. All efforts are put to to meet this goal however there are population, subgroups stay in inaccessible areas and are often stay out of the coverage area of fixed facilities and out of the gaze of mainstream services. The PPHF and SBI Foundation's 'Sanjeevani Clinic on Wheels' aims to provide doorstep health services to rural communities for early detection of serious illnesses. It intends to improve access to primary health care services and referral services to target population in Kishanganj and Shahabad Block of Baran District in Rajasthan. The first step is to conduct a community needs assessment which is a systematic approach to determine the unsatisfied healthcare needs of a population with the goal of making changes and improvements to meet these unfulfilled needs. The methodology incorporates qualitative and epidemiological approaches to understand health problems and health-seeking behavior to design community-specific strategies.

The survey covered all selected 40 villages in two blocks for MMU interventions. A total of 240 households/families and 20 key informants were interviewed along with 8 Focus Group Discussions (FGDs) after obtaining written informed consent. Secondary data was also collected for village-level level parameters.

Most of the villages are far from the main road and face difficulty in transportation to the nearest heath facility and travel connectivity. Farming is major occupation and higher illiteracy among women was present. Women between age 18-40 years constitute major (42%) proportion of population. Overall, three-fourths of the households depend on wood/ wood coal/ dung cake for cooking and two-thirds go to open fields for defecation. These households do not have a proper drainage system and three-fourths of the households dump their daily waste at community dumping sites. Half of them is using water from the tube wells/bore wells for drinking. Almost one-third of them are dependent on handpumps or public taps.

All 240 households reported having at least one member with addiction and tobacco being the topmost. Key informants and FGDs highlighted addictions as being very common among women and men. Other substances abuse consists of bidi, gutkha, cigarette, alcohol and local chillum in men and women both.

Major disease among adults was reported to be Noncommunicable disease like Hypertension, and diabetes along with infectious diseases like Tuberculosis (TB). The highest reported condition was anemia (52%) among the households. Apart from these, the other health problems among men are perceived as malaria, joint & muscle pain, asthma and dengue. The health issues like anaemia and white discharge are also perceived to be common among women. The key informant and households' perception was also supported by secondary data that the most common health problem among children is malnutrition, especially in the Shahabad block. Other health problems faced by them are diarrhoea, malaria, respiratory illness, skin infections and dengue with seasonal variations.

The most common preference for medical care is private doctors followed by government hospitals (PHC/ SC) in the village. In Shahabad, three-fourths of the households seek care from private practitioners. Overall, two-thirds of the villagers are concerned about ineffective health care services and feel that major constraints are distance and time to travel (due to difficult terrain) to health care facilities. Most of the households have suggested a doorstep health care delivery and better transport connectivity which are currently missing in the villages to get better health care services. They also emphasized the urgent need to access safe water, sanitation, and hygiene services.

The reports highlight the underlying need and justify the requirement of Mobile Medical Units (MMUs) in these hard-to-reach areas. The provision of medical mobile OPD, awareness camps and a drive to support Bharat Swach Abhiyan will be a perfect complimentary effort to answer these unmet needs. The report directs the focused care for early screening, diagnosis, and treatment of Non-Communicable Diseases (NCDs), Tuberculosis (TB) and Malnutrition along with catering unmet needs for women health. The huge burden of addiction and perception of joint and muscle pain also directs to include the provision of services for the de-addiction and physiotherapy for people in need in the future. The MMUs need to work in an all-inclusive model where community ownership will be an essential thread in this multilayer knitted scenario.

Background

As the second-most populous country in the world, India makes a substantial contribution to the global burden of disease, accounting for 18% of the world's deaths . Chronic disease is predicted to account for 53% of all deaths, while communicable diseases, maternal health, and nutritional deficits constitute 36% . Within India, there are wide variations in these indicators across gender, caste, education, and geography.

The public health system in India aims to provide universal access to free healthcare. The National Rural Health Mission, and now the National Health Mission has made much headway in improving access to health care services, especially through strengthening the public health system. However, there continue to remain twilight zones in many parts of the country, where a small but significant proportion of people do not get access to services that they are entitled to.

Baran is one of the aspirational districts of Rajasthan. In Baran, Kishanganj and Shahabad blocks have the highest number of hard-to-reach villages that are not covered by a regular fixed health system. An MMU is one of the options to ensure better access and timely help to the needy at their doorstep. MMUs have become an effective tool for the health system to reach out to an unreachable population.

'SBI Sanjeevani Clinic on Wheels' aims to provide door-step health services to hard-to-reach communities by providing early detection of serious illnesses and increasing community awareness. PPHF will be the implementing partner for these 2 MMUs that will be run in Kishanganj and Shahabad blocks. The selected geographical location poses a different set of development challenges and is part of an aspirational district. The initiative is a joint effort of the SBI Foundation and PPHF with ground support from the district health administration.

Project Overview

It is a community-based outreach program where MMUs in the selected villages would address general health concerns, including but not limited to NCDs (Hypertension, Diabetes, etc.), general reproductive issues in women, common health issues of adolescents, malnutrition, skin ailments, and geriatric care. The MMUs and special camps approach of the program will increase the accessibility of health care services to marginalized sections of society with community-based interventions.

The project will cover 40 villages under intervention. On average, 2 camp will be held in a day, summing to around 88 health camps in a month in two blocks. Special camps will be held quarterly. Services would be provided free of cost. Daily mobile health camps would be conducted in locations as identified by the district administration or engaged stakeholders to take healthcare to the doorstep of the people who require it the most - poor, disabled, aged, sick, and vulnerable. The project would engage stakeholders such as Gram Panchayat Institutions, Integrated Child Development Services (ICDS) (Aanganwadis), ASHA, ANM, Block Development Program and Health Care facilities (Sub-Centers and Public Health Centers).

Mobilizing the members of the community, cooperative action plan preparation, instilling a sense of participation and collective efforts to reduce vulnerability to various health concerns that a particular community faces at the local level, are important features of this project. One of the key outcomes of this project is to improve access to health services and improve health outcomes of approx. 15,000 people in the selected block of the targeted district. The project will mobilize members from all the sectors of the community like ICDS, Health department, Education, Panchayat, VHNSC etc. to ensure the forever-lasting impact and sustainable development of society.

Objectives of Assessment

- To assess the health problems in selected 40 villages from Kishanganj and Shahabad blocks of Baran, Rajasthan.
- To assess the availability of primary health care services in the selected geography.
- To assess the risky health behaviors and health care seeking practices in the selected geography.
- To recommend effective measures addressing the observed gaps in healthcare services identified in the assessment.

Methodology

A total of 40 hard to reach villages from Kishanganj and Shahabad blocks of Baran district, Rajasthan were selected based on the discussion with district health authority. The names of villages (block-wise) are given in table below:

S.No	Villages in Kishanganj block	Villages in Shahabad block
1	Amroli	Anjali karadiya
2	Badipura	Baseli
3	Baman Deh	Beer Khera Dang
4	Banda-Khurd	Bharoli
5	Barodiya	Dhuaa
6	Bislai	Harinagar
7	Brahmpura	Hodapura
8	Chandrapura	Kotra
s9	Gordhan pura	Kunda
10	Halawani	Mandi sahjna
11	Kadeeli	Mandi sambhar singha
12	Kali Mati	Mathiyakhara
13	Karwari Kalan	Musredi
14	Karwari Khurd	Nayaganv
15	Lakrai	Rampur Taleti
16	Madopura	Sandhari
17	Pachlawada	Sanganva
18	Rajkeda	Semra
19	Ranwasa	Sukha Semli
20	Simlod	Tilganva

Table 1 - List of villages in each block

Quantitative Data Collection

A total of 240 households were selected for quantitative survey through random sampling from each of the 40 villages of Kishanganj and Shahabad blocks of Baran district, Rajasthan.

A multiple-choice questionnaire was developed. Apart from the socio-demographic details, this questionnaire recorded information about hygienic conditions (source of drinking water, fuel for cooking, latrine facility, dumping of daily waste), present diseases, addictions, health problems, medical care and health service access. Households' opinions regarding improvement of health condition of the villagers were also recorded. Apart from primary data collection, the village level secondary data was also collected from health registers with the support of ANM/ ASHA and other health staff. The data comprises of total households, total population, population in different age groups, pregnant mothers and deliveries, different disease cases reported from April-22 to March- 23 and contact details of relevant actors & health staff.

Please refer to the detailed assessment form (Annexure 1). The questionnaire/format is available both in English and Hindi.

Recruitment of Field Team and Process for Data Collection: A team of 6 local experienced surveyors were recruited who were familiar with geographic terrain, language, and cultural context. All of them have prior experience of multiple years in conducting village health surveys, interviews, and discussion. Under direct supervision of project coordinators, the data collection occurred from date 12th June till 18th July 2023 in both the blocks.

Kobo Collect mobile app (ODK platform) was used for the quantitative data collection. The questionnaires were converted to the format supported by the software application. The login-ids/ password for the field teams were created and the app was installed on their mobile handsets. The forms were deployed on the web application and mobile app. The survey forms were also tested before starting the data collection process.

A one-day training session was conducted for the field team to get them familiar with the questionnaire and use of mobile app for data collection. They were also provided with a quick guide on using the mobile app for data collection.

The team conducted door-to-door visits and interviewed the head of the household /family as per the questions in the data collection tool. One single form captured the information for one household. At the end of the day, the coordinator used to submit the data collected with a good internet connection.

Before starting the questionnaire, the objective of the data collection was explained, and written consent was obtained for recording the information.

Qualitative Data Collection

A total of 20 Key Informant Interviews (KIIs) with CHO, MO, BMO, ANM and ASHA and 8 FGDs were conducted with the households/ beneficiaries to assess the current health problems in their blocks and villages (Annexure 2).

Key Informants	Kishanganj	Shahabad	Total
CHO	2	2	4
MO	1	3	4
ANM	3	2	5
ASHA	4	3	7
Total	10	10	20

Table 2 - Key informants interviewed

FGDs	Kishanganj		Shahabad		Total
Groups	Male	Female	Male	Female	
Kotra			1	1	2
Kunda			1	1	2
Baman Deh	1	1			2
Chandrapura	1	1			2
Total					8

Table 3 - FGDs conducted

The FGDs were conducted by forming male and female groups of identified villagers. The proceedings of the FGDs were audio recorded in Hindi language which were later transcribed and translated in English language for data analysis purposes. Informed written consent was obtained from the participants (Annexure 3 & 4).

Data Analysis and Reporting

According to the village level secondary data, there are 2,894 households in 20 villages of Kishanganj block with 15,172 family members (more than 5 family size in each household).

There are 1,844 households in 20 villages of Shahabad block with 12,120 family members (more than 6 family sizes in each household). A total of 240 households were interviewed having a total of 1,430 family members with an average of more than 6 family members in each household.

The data analysis was done using quantitative and qualitative data collected from households, key informant interviews, FGDs and the secondary date collection at village level. The sociodemographic profile of the households who were interviewed during the baseline survey are shown in the below tables for both Kishanganj and Shahabad blocks.

Table 4 shows the profile of households interviewed in the villages, in Kishanganj block, 18% were women. Here, 67% of the men and 68% of women are in the age group of 25-44; 20% of men and 59% of the women are illiterate. It was observed that 69% of the men are farmers by occupation and 54% of the women are daily wage workers.

	Men (N=98)		Women (N=22)		Total (N=120)	
	n	%	n	%	n	%
Age (years)						
≤24	11	11.2%	3	13.6%	14	11.7%
25-44	66	67.3%	15	68.2%	81	67.5%
45-64	19	19.4%	4	18.2%	23	19.2%
≥ 65	2	2.0%	0	0.0%	2	1.7%
Mean (SD) Range	36.9 (11.6) 18-73		33.6 (11.2) 22-60		36.3 (11.5) 18-73	
Educational level						
Illiterate	20	20.4%	13	59.1%	33	27.5%
5th Pass	18	18.4%	2	9.1%	20	16.7%
8th Pass	22	22.4%	4	18.2%	26	21.7%
10th Pass	17	17.3%	2	9.1%	19	15.8%
12th Pass	6	6.1%	1	4.5%	7	5.8%
Undergraduate	12	12.2%	0	0.0%	12	10.0%
Bachelor	3	3.1%	0	0.0%	3	2.5%
Occupation						
Farmer	68	69.4%	2	9.1%	70	58.3%
Daily wage worker	12	12.2%	12	54.5%	24	20.0%
Private Job	3	3.1%	0	0.0%	3	2.5%
Shop owner	8	8.2%	0	0.0%	8	6.7%
Self-employed	3	3.1%	1	4.5%	4	3.3%
others	4	4.1%	7	31.8%	11	9.2%

Table 4 - Kishanganj block: Socio-Demographic Profile of Households

In the Shahabad block, as shown in Table 5, 11% were women. Here, 54% of the men and 61% of women are in the age group of 25-44; 43% of men and 38% of the women are illiterate. It was observed 66% of the men and 69% of women are farmers by occupation.

	Men (N=107)		Women (N=13)		Total (N=120)	
	n	%	n	%	n	%
Age (years)						
≤24	3	2.8%	1	7.7%	4	3.3%
25-44	58	54.2%	8	61.5%	66	55.0%
45-64	42	39.3%	3	23.1%	45	37.5%
≥ 65	4	3.7%	1	7.7%	5	4.2%
Mean (SD) Range	42.5 (12.2) 21-70		39.6 (14.3) 23-65		42.2 (12.5) 21-70	
Educational level						
Illiterate	46	43.0%	5	38.5%	51	42.5%
5th Pass	28	26.2%	1	7.7%	29	24.2%
8th Pass	14	13.1%	2	15.4%	16	13.3%
10th Pass	10	9.3%	3	23.1%	13	10.8%
12th Pass	5	4.7%	0	0.0%	5	4.2%
Undergraduate	4	3.7%	1	7.7%	5	4.2%
Bachelor	0	0.0%	1	7.7%	1	0.8%
Occupation						
Farmer	71	66.4%	9	69.2%	80	66.7%
Daily wage worker	28	26.2%	3	23.1%	31	25.8%
Private Job	4	3.7%	0	0.0%	4	3.3%
Govt Job	1	0.9%	0	0.0%	1	0.8%
Shop Owner	2	1.9%	0	0.0%	2	1.7%
Self-employed	1	0.9%	0	0.0%	1	0.8%
others	0	0.0%	1	7.7%	1	0.8%

Table 5 - Shahabad block: Socio-Demographic Profile of Households

Out of 1,430 family members of 240 households, there are more females between 18 to 40 years of age (42%), persons with age 60 or above constitute 12% and children up to 2 years of age are 9%. In Kishanganj block, 10% are children up to 2 years of age which is marginally more than in Shahabad block (7%).

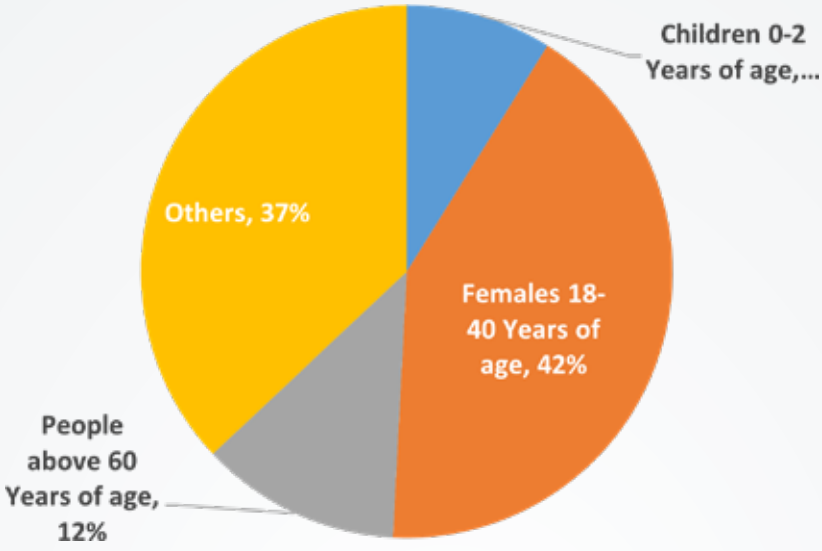

Fig 1 - Age Distribution Among Family Members of Households

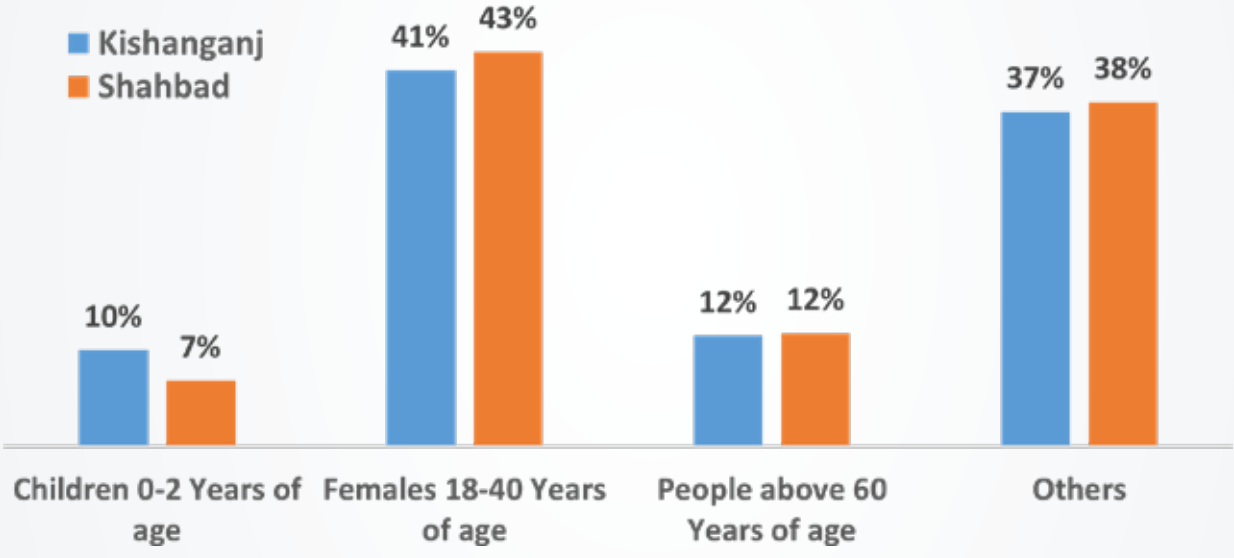

Fig 2 - Age Distribution Among Family Members (Block-wise)

1. Pregnant Women and Children

According to the health registers, the following table shows data from April 22 to March 23:

	Kishanganj	Shahabad	Total
Number of pregnant mothers	273	318	591
Number of children born	247	333	580

Table 6- Number of Pregnant Mothers And Children Born

Very few have disabilities among family members of households. Out of total disabled, the percentage of disabled are more in Kishanganj block (70%) than in Shahabad block (30%). Out of 80 households, there are 14 pregnant women who all go for regular check-up. Out of 127 children (0-2 years of age), 106 have completed routine immunization.

2. Housing and Hygiene status

Drinking water

Out of 240 households, nearly half of them are using handpump/ public tap/ stand post tap water for drinking. More than one-third of them are dependent on tube well/ borewell.

In Kishanganj block, nearly two-thirds of the households are using tube wells/ bore-well for daily use of drinking water. In Shahabad block, nearly one-third of the households are at risk of health issues due to unsafe drinking water through unsafe wells. In their opinion, more than one-third of the villagers are using tube wells and the rest are using drinking water from handpumps and wells.

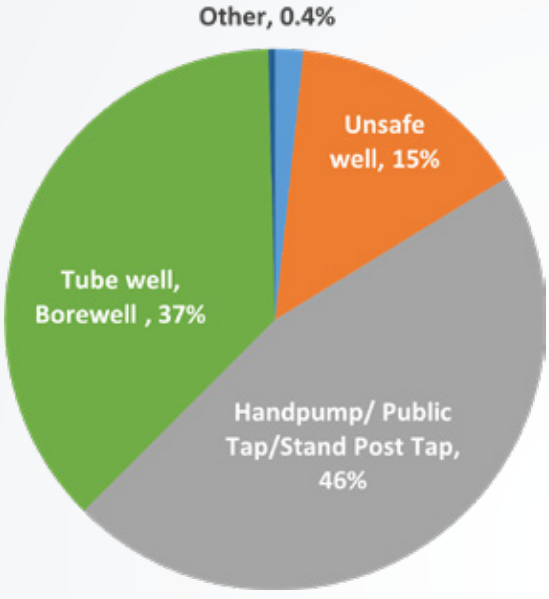

Fig 3 - Source of Drinking Water

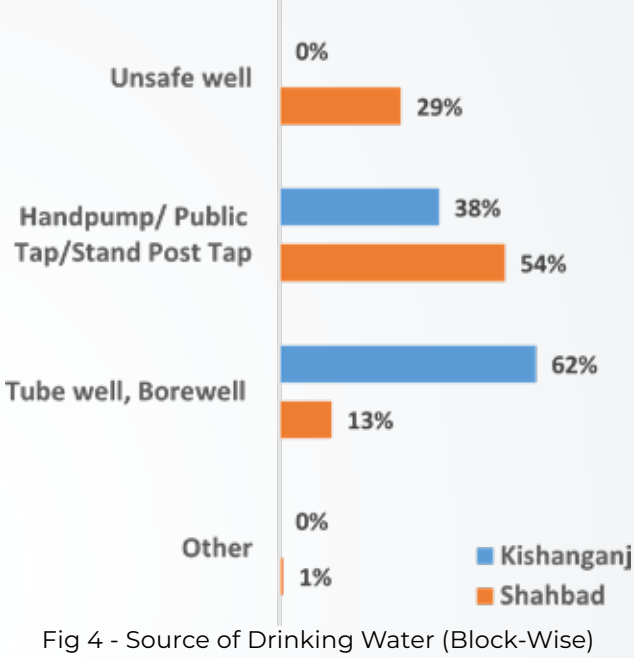

Fig 4 - Source of Drinking Water (Block-Wise)

Fuel For Cooking

Overall, three fourth of the households are dependent on wood/ wood coal/ dung cake for cooking. In Kishanganj block, more households (33%) have access to LPG/ biogas than in Shahabad block (12%).

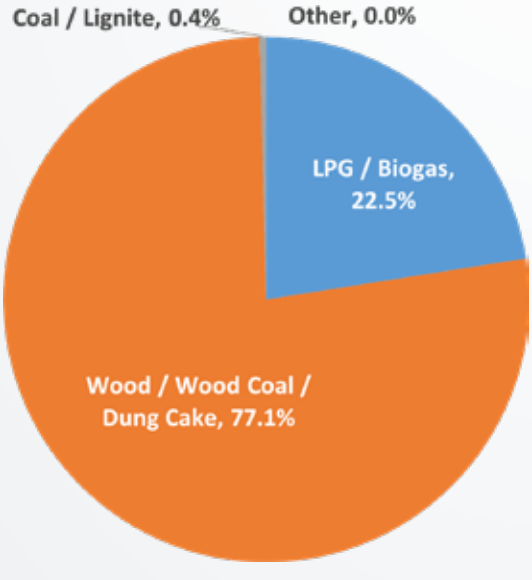

Fig 5 - Source of Fuel for Cooking

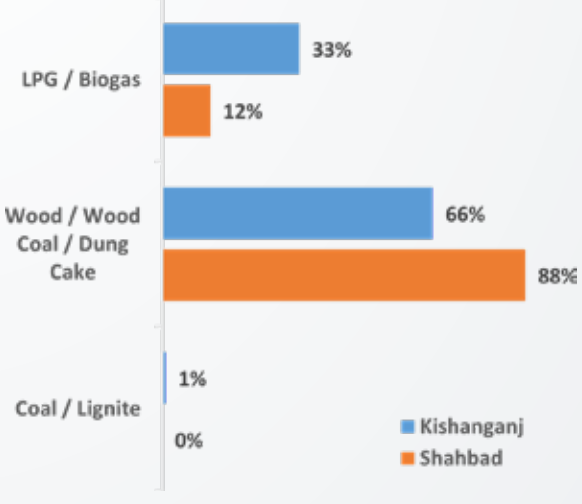

Fig 6 - Source of Fuel for Cooking (Block-Wise)

Status of Latrine facility

Almost two third of the households go to open field for defecation. There are very less homes with built-in toilets (1%). In Shahabad block, three-fourths of the households are using open field as compared to half of the people in Kishanganj block.

In their opinion, the maximum villagers (70%) go to open field and less than 1% are using community latrines.

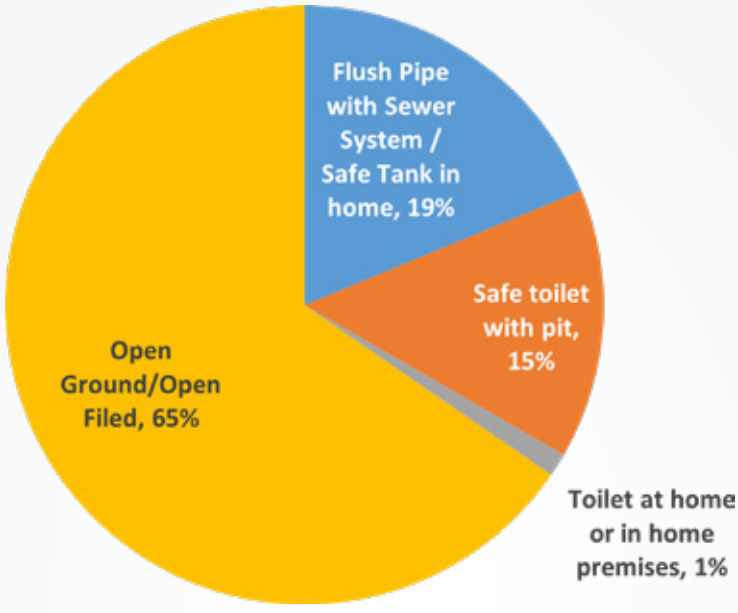

Fig 7 - Latrine Facility Used

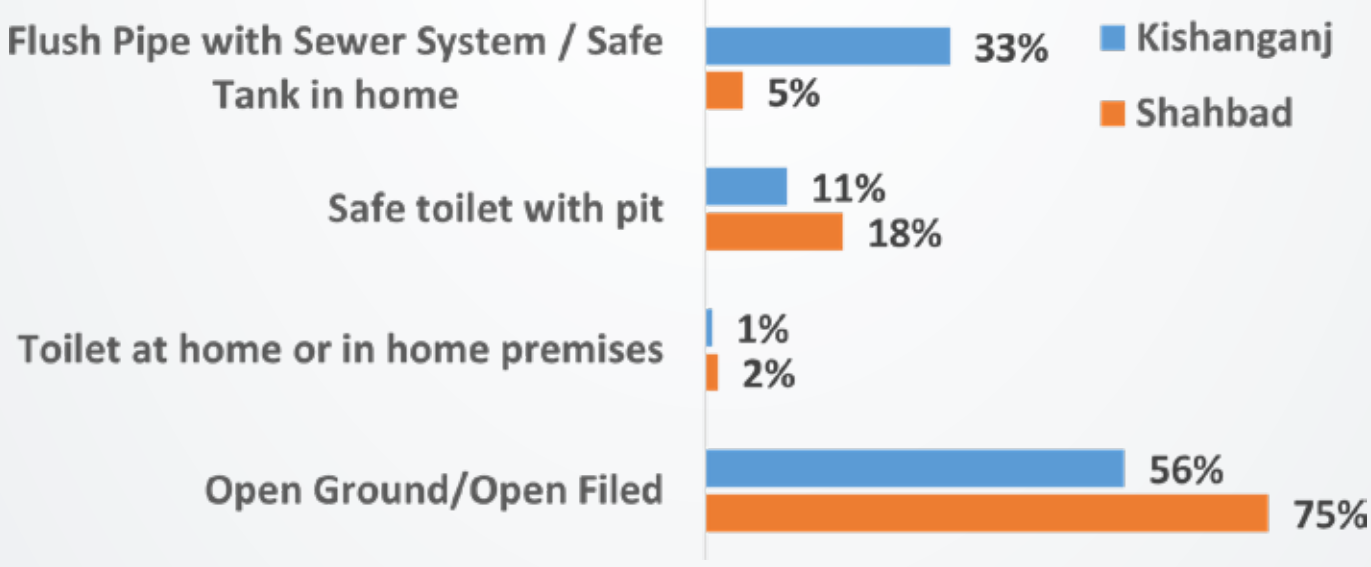

Fig 8 - Latrine Facility Used (Block-Wise)

Status of Waste Disposal and Drainage system

More than half of the households dump their daily waste at community dumping site. In Shahabad block, the hygienic conditions are slightly different when it comes to daily waste as more households (15%) are dumping it at the outside gutter than in Kishanganj block (5%).

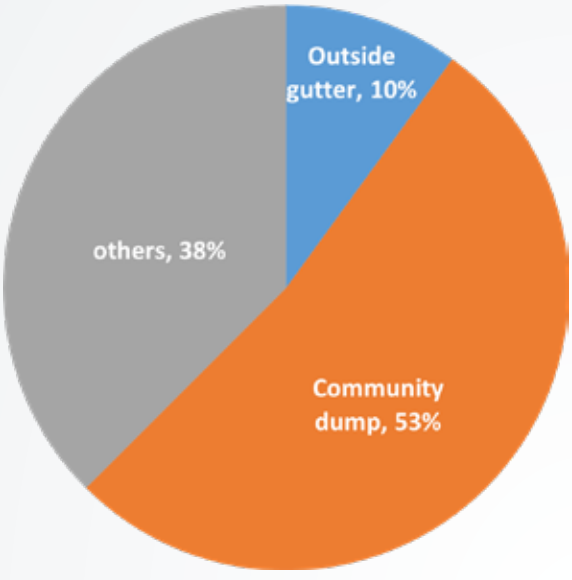

Fig 9 - Status of Waste Disposal

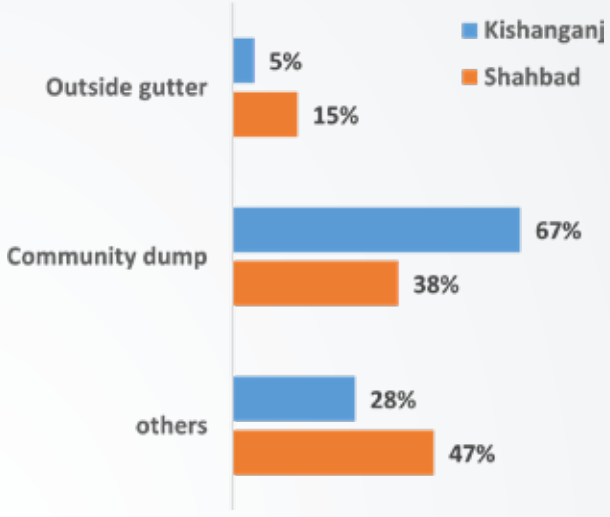

Fig 10 - Status Of Waste Disposal (Block-Wise)

Drainage system

These household do not have proper drainage system in their villages.

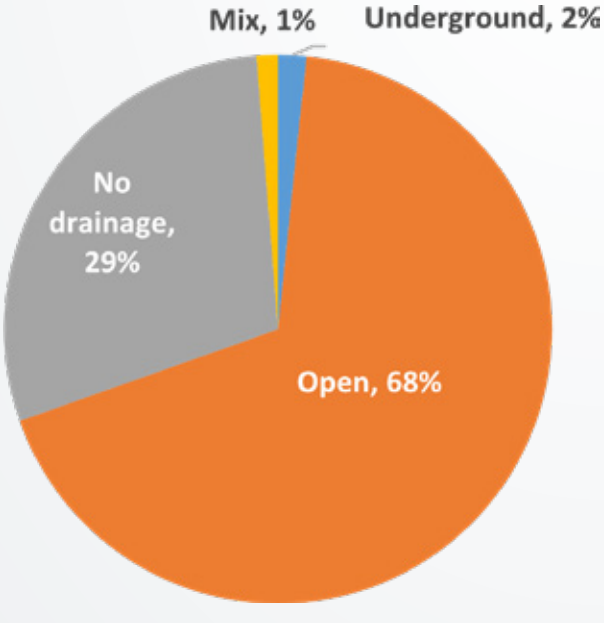

Fig 11 - Type Of Drainage System

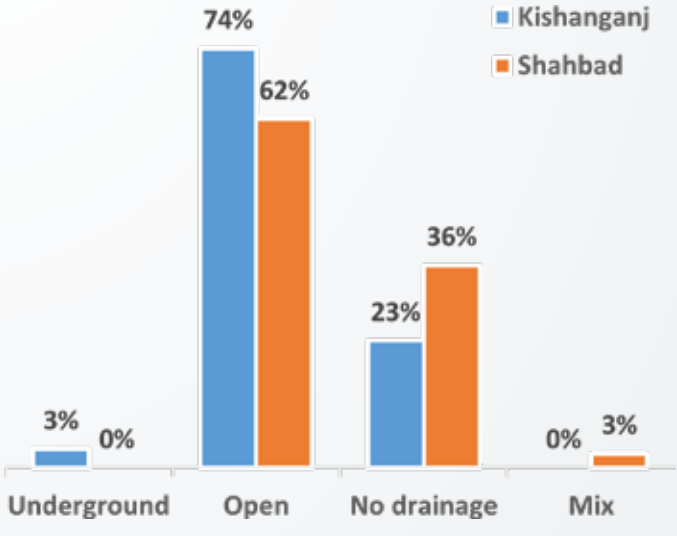

Fig 12 - Type Of Drainage System (Block-Wise)

3. Health Status (Addiction & Disease Profile)

Addictions

All 240 households have family members who have more than one addiction. The maximum (92%) is addicted to tobacco followed by smoking and alcohol consumption.

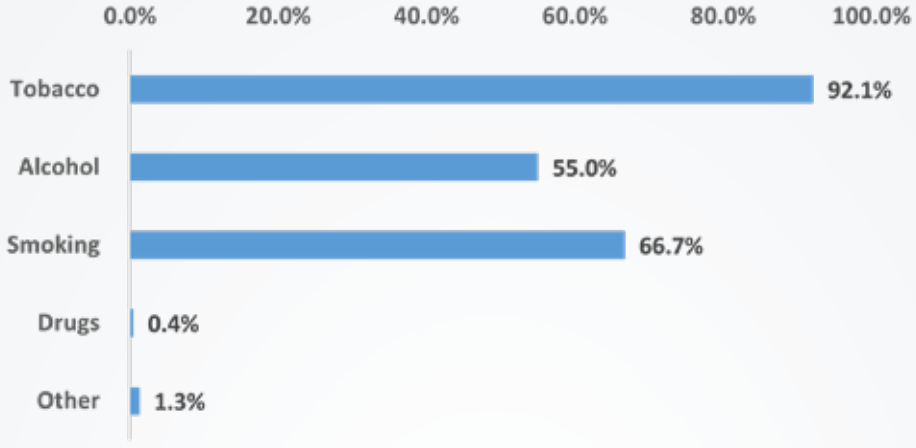

Fig 13 - Presence Of Addictions In Family Members

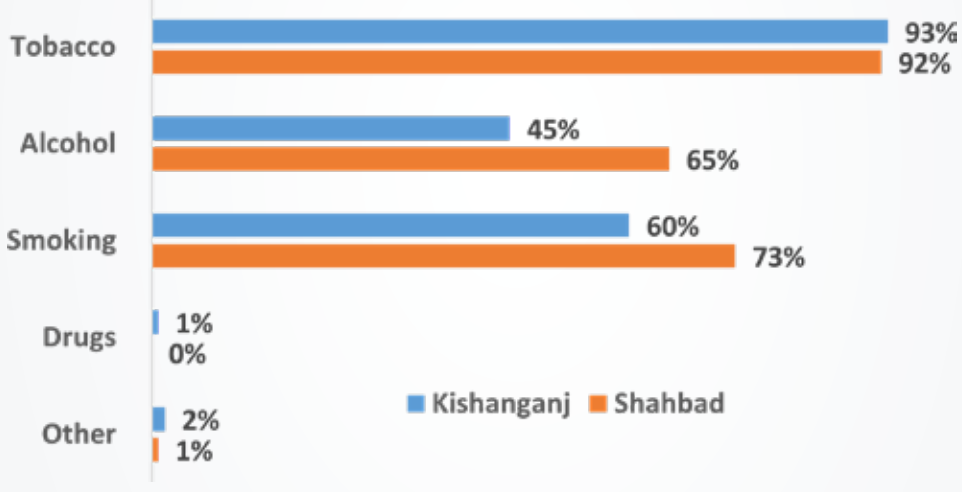

Fig 14 - Presence Of Addictions In Family Members (Block-Wise)

According to the opinion of these households, most men in villages are addicted to multiple substances like tobacco, bidi, gutkha, cigarette and alcohol. The consumption percentage of tobacco and gutkha is also very high among women in villages. However, women are less addicted to alcohol as compared to men. The other category includes local chilam which is common in villages.

There is not much difference opinionated for addictions (tobacco, bidi, gutkha and alcohol) among men in both except consumption of cigarettes is reported less in Shahabad.

Among women, consumption of gutkha pointed to be higher in Kishanganj than Shahabad according. Higher numbers of women in Kishanganj are predicted to be using bidi and cigarettes as compared to Shahabad block.

The key informants have also mentioned that tobacco, bidi, gutkha, cigarette is very common among men and women in these villages. The consumption of alcohol is less among women as compared to men.

Major Health Problems In Communities

According to the village health registers and other secondary data from the villages of Shahabad Block, the highest reported cases of malnutrition malnutrition (among children), followed by anemia, diabetes, hypertension, and TB. However secondary data from villages of Kishanganj reported hypertension, TB, Diabetes, and a few cases of malnutrition (among children) from April 22 to March 23.

The disease profile of family members of these 240 households is presented below with the highest member (52%) reporting anemia followed by skin infections (49%), hypertension (38%), diabetes (24%) and infectious diseases like TB (16%) depicted in fig 15.

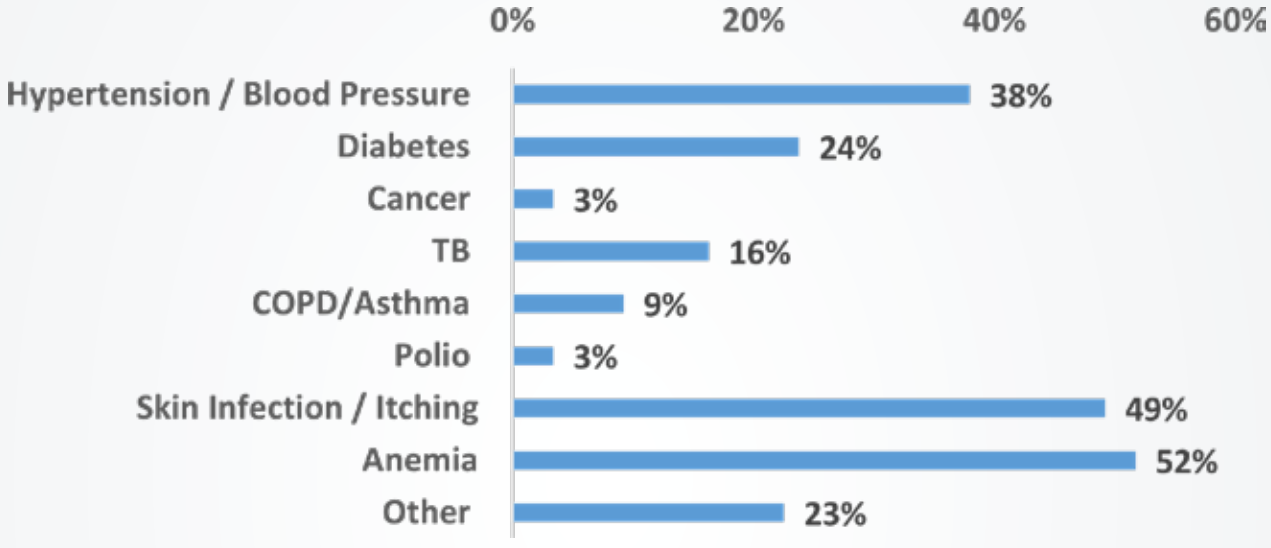

Fig 15 - Presence of Diseases In Family Members from Survey

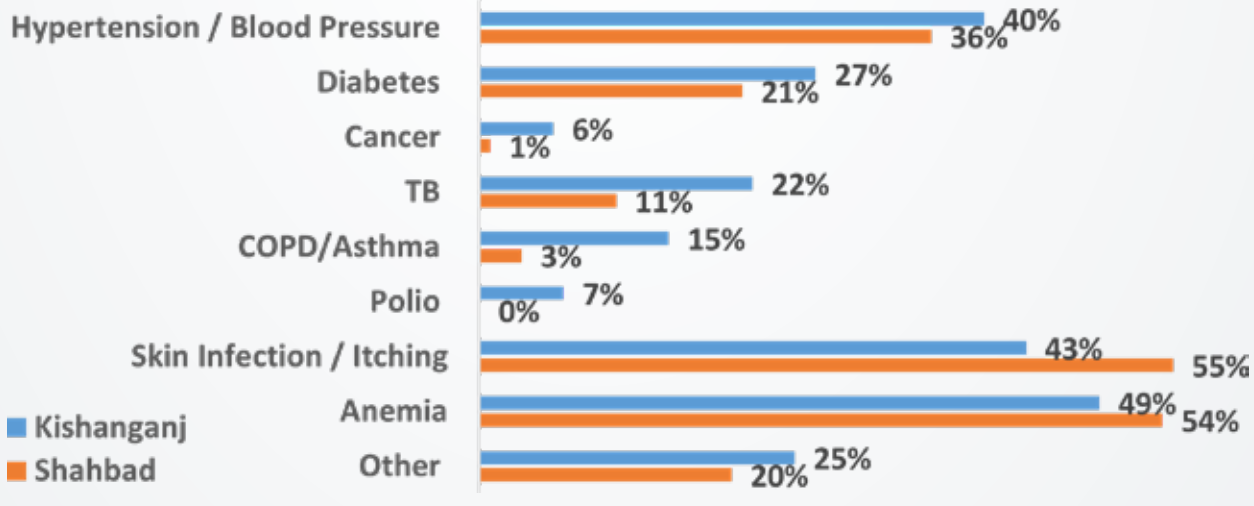

Fig 16 - Presence of Diseases In Family Members from Survey (Block-Wise)

According to the households in Kishanganj block, the most common health problems among men are joint & muscle pain, diabetes, and hypertension while in Shahabad block, asthma and TB are common along with joint & muscle pain and hypertension.

The key informants also believe that men in these villages are having major health issues like hypertension, TB, asthma, joint and muscle pain, and malaria.

In both blocks, women are majorly affected by health issues like back pain, weakness and anaemia. They also suggested that a major proportion of women are also having health issues due to white discharge. The opinion of the key informants is in line with the opinion of the households.

The households suggested that the most common health issues of the children in these 40 villages are diarrhoea, malnutrition, malaria, and respiratory illness along with dengue. A similar disease profile is reported for both blocks.

According to the key informants, there are the highest cases of malnutrition and diarrhoea among village children.

From the qualitative study through FGDs, it is found that diseases like diarrhea, malaria, fever, vomiting, ringworm, itching, breathing problems and dengue are more common and they have seasonal variations. However, health concerns like malnutrition and pneumonia are the major among children and don't have seasonal variation.

Health Care Seeking Behaviours

Preferred Health Care Service Provider

Out of the total 240 households interviewed, most of the households (36%) prefer visiting private doctors from outside of their village for seeking medical care for their illness. 35% of them rely on government hospitals (PHC/ SC). There are private doctors in their villages and one-fourth of the villagers visit them for medical care.

In Kishanganj block, the maximum number of villagers (65%) prefer government hospitals (PHC/ SC) to seek general medical care for their illnesses. One-fourth also visit private doctors available in their villages. They rarely go to private doctors outside of their villages for medical care.

However, the preference for medical care is completely different for villagers of the Shahabad block. Nearly half of the households prefer private doctors either from outside or within their villages. Only 5% prefer government hospitals (PHC/SC).

According to the key informants, more than half of the villagers prefer visiting Government Hospitals (PHC/ SC) and rest of them go to Private doctors from inside and outside of their villages.

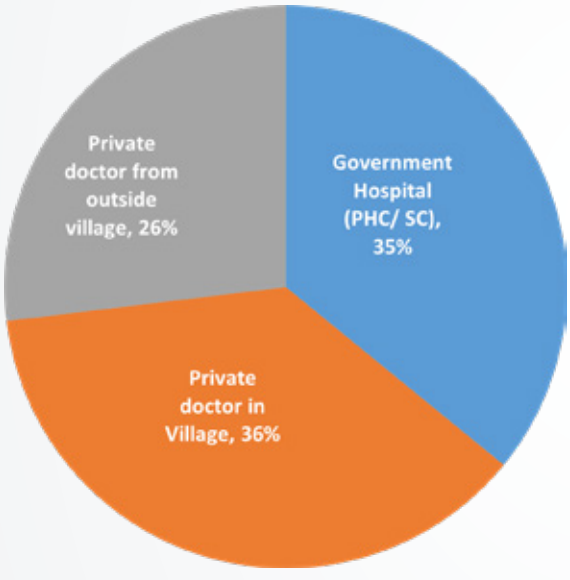

Fig 17 - Health Care Service Provider Preference

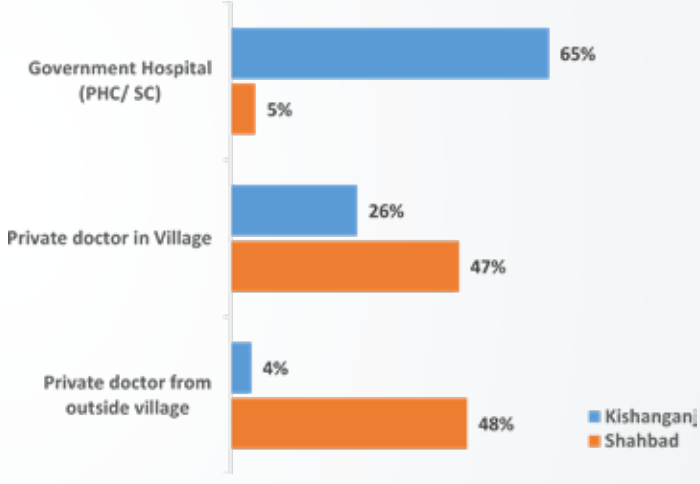

Fig 18 - Health Care Service Provider Preference (block-wise)

According to the focus group discussions, the participants mentioned that private doctors treat them well and give injections and they get immediate relief. This is the reason they believe more in private doctors

4. Barriers in Accessing Health Care Services

Overall, most respondents feel that distance (91%), travel time due to difficult terrain (72%), and costly treatment are the major obstacles to accessing health care services. However, 17% also do not have good faith in the currently available treatment in their villages.

In Shahabad block, almost one-third of the villagers are concerned about ineffective health care services and all of them feel that major constraints are distance and time to travel (due to difficult terrain) to hospitals & health centers.

In Kishanganj block, nearly half of the villagers are more concerned about the available treatment at a high cost. Most of them (85%) feel distance is more to access health care services and 48% see time taken to travel difficult terrain as a concern.

According to the opinion of the key informants, the villagers are facing problems in accessing health care services majorly due to distance and travel time.

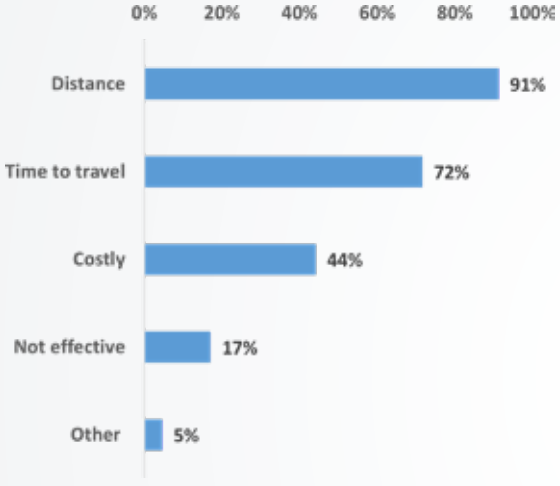

Fig 19 - Barriers in Accessing Health Care

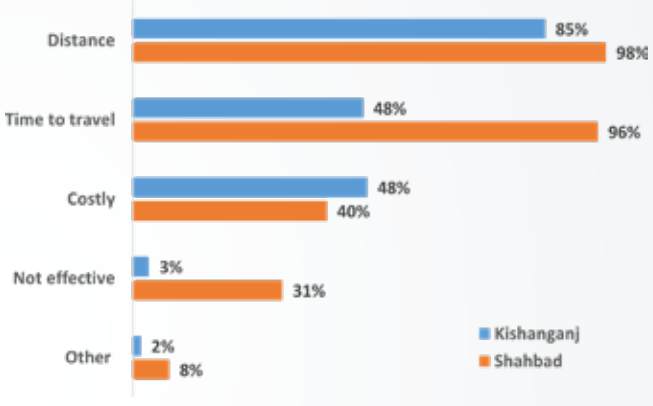

Fig 20 - Barriers in Accessing Health Care (Block-Wise)

The location of villages is very far from the main road, and it may affect the access to health services by the villagers. In Shahabad block, very few villages are close to the main road and most of them are away which is a major hurdle for them in accessing health services.

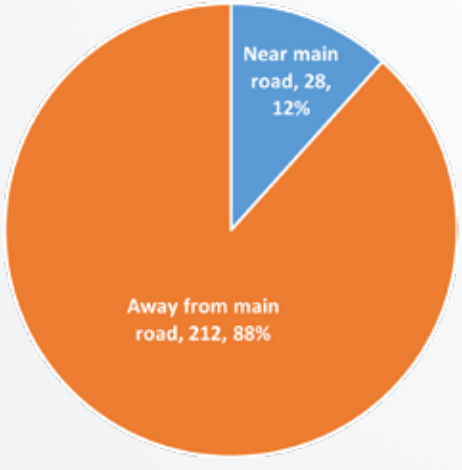

Fig 21 - Location of Villages

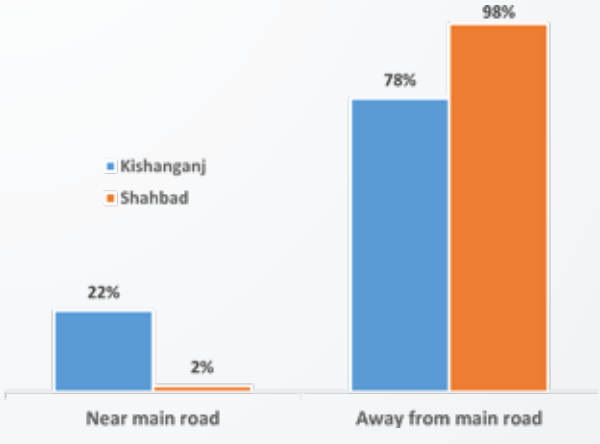

Fig 22 - Location of Villages (Block-Wise)

The discussions among the male & female groups raised the concern of distance of their village is far CHC/PHC and there is limited transport facility and are forced to go on foot.

5. Solutions and Needs from Community

The majority of the households and key informants have suggested for doorstep health care delivery and transport connectivity which are currently missing in the villages to get better health care services. They also emphasized on the urgent need to access safe water, sanitation and hygiene services like gutter closure and waste disposal which are critical for villagers' health and wellbeing.

In Kishanganj block, more households (35%) are concerned about closure of gutters as compared to Shahabad block. In both blocks, more than one-third of the households feel that waste disposal should be improved. The villagers (41%) of Shahabad block also suggested having concrete road for better movement during medical emergencies whereas only 34% in Shahabad block feel the same.

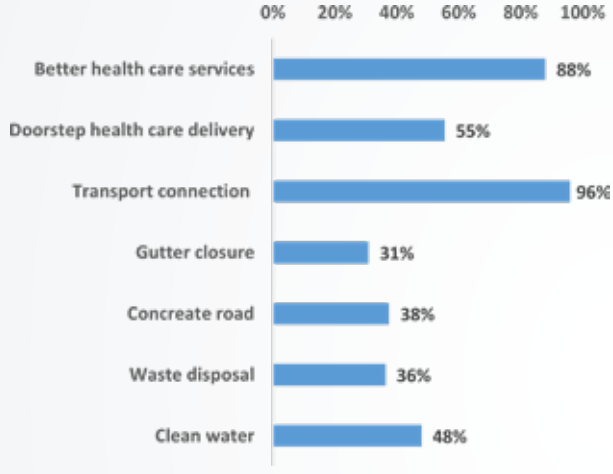

Fig 23 - Solutions & Needs from Community

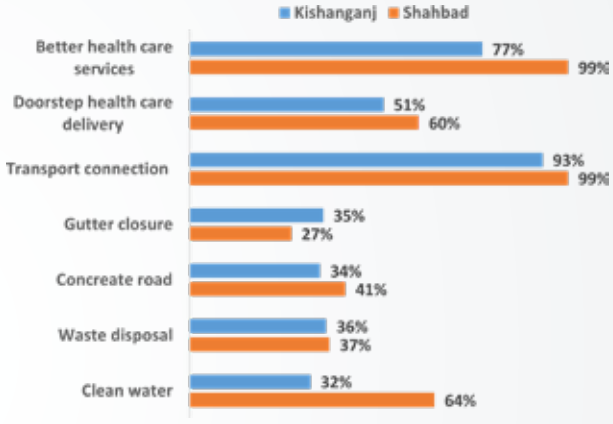

Fig 24 - Solutions & Needs from Community (Block-Wise)

According to the formed groups, the villagers should get clean drinking water, toilets should be constructed, and roads should also be built in the villages for people to easily walk and access health facilities. Also, the dirty water that fills the streets of the village should be cleaned up.

Block wise Summary

Kishanganj block

There are 2894 households in 20 villages of Kishanganj block with 15,172 family members (more than 5 family size in each household). A total of 120 households and 10 key informants were interviewed along with 4 FGDs in 20 selected villages. Nearly two-thirds of the households are using tube wells/ bore wells for daily use of drinking water and one-third of them have access to LPG/ biogas. More than half of the households are using open fields for defecation. These households do not have proper drainage systems in their villages.

Most men in households are addicted to multiple substances like tobacco, bidi, gutkha, cigarette, and alcohol. The consumption of alcohol by women is less as compared to men.

More cases of High blood pressure and TB were reported between households. The more common health problems among men are joint & muscle pain, diabetes, TB, malaria, and asthma. Health issues like anaemia and white discharge are common among women. The children are facing health problems like diarrhoea, malnutrition malaria, respiratory illness, and dengue.

Two-thirds of households prefer government hospitals (PHC/SC) to seek general medical care for their illness. One-fourth of them also visit private doctors available in their villages. Nearly half of the households are more concerned about the available treatment at a high cost. Most of them also feel distance and difficult terrain are constraints to accessing health care services. More households are concerned about transport connections and the closure of gutters and feel that waste disposal should be improved.

Shahabad block

There are 1844 households in 20 villages of Shahabad block with 12,120 family members (more than 6 family sizes in each household). A total of 120 households and 10 key informants were interviewed along with 4 FGDs in 20 selected villages.

Nearly one-third of households are at risk of health issues due to unsafe drinking water through unsafe wells. Very few have access to LPG/ biogas. Three fourth of the households are using open fields for defecation. These households do not have proper drainage systems in their villages.

Most men in households are addicted to multiple substances like tobacco, bidi, gutkha, cigarette, and alcohol. The consumption of alcohol by women is very less in these villages.

More cases of anaemia, skin infection, high blood pressure, TB, and diabetes were reported among adults. The more common health problems among men are joint & muscle pain, asthma, dengue, Hypertension, and TB. health issues like anaemia and white discharge are common among women. The children are facing health problems like diarrhoea, malnutrition malaria, respiratory illness, and dengue.

The preference for medical care is completely different for villagers of the Shahabad block. Nearly half of the households prefer private doctors either from outside or within their villages. Only 5% prefer government hospitals (PHC/ SC). Almost one-third of the villagers are concerned about ineffective health care services and all of them feel that major constraints are distance and time to travel (due to difficult terrain) to hospitals & health centres.

Most of the households have suggested doorstep health care delivery and transport connectivity which are currently missing in the villages to get better health care services. They also emphasized on the urgent need to access safe water, sanitation and hygiene services like gutter closure, and waste disposal which are critical for villagers' health and well-being.

Conclusion

This baseline profiling analysis developed has been crucial to explore the real needs and health problems of the villagers. It also provided insights into priority health issues for healthcare services in both Kishanganj and Shahabad blocks.

The villages are remote and face challenges for connectivity which is a barrier to accessing health care services. The major cooking fuel used is traditional wood/cow dung which is a potential risk factor for respiratory illness. Practices like open-air defecation, lack of a good sewage system, and throwing rubbish on the open ground increase the risk of spread for water and food-borne diseases apart from Dengue and Malaria.

The disease pattern shows an increase in the NCDs in this rural terrain which is like a national trend. However, the dual burden of NCDs and communicable diseases like TB with anemia and skin infections are important to note for curating mobile OPD services, tests, and drug supplies. The population is facing the additional challenge of addictions and muscle and joint pain. This pain in the long term affects the quality of life and hinders the earning capacity as farming and daily wedge laborer is major occupations. Addictions are risk factors not only for multiple health issues but the root cause of many social problems in the community.

Women in the community face the dual burden of NCDs and TB along with anemia and reproductive health issues. Similarly, the building block of the community, the children are facing challenges in the form of malnutrition, anemia, malaria, dengue, etc. Thus, the doorstep health service delivery will add momentum to the Universal health care vision of the nation. It will also increase the accessibility to vulnerable populations like women, children, and the elderly.

In the long term, as the report suggests, there should be an additional provision of deaddiction services. The provision of physiotherapy services/ postural correction to reduce joint and muscle pain can be piloted.

Recommendations and Way Forward

- Inaccessible areas due to distance and seasonal factors and lack of transportation hinder access to public healthcare. Limited access to primary healthcare services in remote and hilly areas impacts the outreach efforts of health professionals. Villagers face transportation costs and difficulties in accessing primary healthcare facilities, especially for vulnerable populations such as the disabled, elderly, single mothers, and destitute individuals. Therefore, Planning and prioritising outreach sessions for essential primary health care services is critical and can be bridged through MMU at the community on fixed days periodically and establish referral linkages with the primary health care centers.
- Community awareness, knowledge, and skills building are essential to empower individuals to prioritize their health needs and coordinate with government programs. Collaboration with PHCs for health camps and screening programs can facilitate early diagnosis and prevention.
- Focus on health promotion, disease prevention, and early detection through regular health check-ups, health education campaigns, and screening programs for common diseases. Engagement with local communities to increase awareness, mobilize support for health outreach camps and strengthen local health committees. Emphasis on health education for harmful effects of addiction, hand hygiene practice and the importance of early screening of diseases in the community awareness sessions

- Arranging special need-based specialist camps like Eye Camp, common cancer screening camps, special screening camps for women and geriatric health, diabetes and other Non-Communicable Diseases (NCD) related complications (ex-Diabetic foot, retinopathy, etc)
- Encourage active participation of communities, including women and local stakeholders, in planning, monitoring, and decision-making processes related to primary healthcare services. Establish community health committees to facilitate community involvement and feedback.
- Foster partnerships and collaboration between government agencies, private healthcare providers, non-governmental organizations (NGOs), and other stakeholders to leverage resources, expertise, and innovation for improving primary healthcare service delivery.
- Collaborating with other government departments like ICDS, PDS, rural development, Education, NRLM, and PRIs for collaborative actions. Establishing partnerships with non-health sectors for better access to health services
- Adherence to hygiene and sanitation practices, including handwashing, is challenging due to surrounding conditions. Collaboration with Panchayat Raj system and rural development for effective implementation of Swachta Abhiyan and promotion of the use of clean fuel, building toilets, and waste disposal.
- Malnutrition remains a significant problem and need to address the triple burden of malnutrition. Low awareness in communities about the nutritive value of locally available, naturally grown food leads to unhealthy dietary practices. Collaboration with the Education and ICDS department for the promotion of nutritional, hand hygiene, and local food practices need to be emphasised.
- Tuberculosis (TB) continues to be a serious health issue. Collaboration with National TB program for more effective active and passive screening for TB as well as latent TB if required.
- Inadequate availability of essential medicines, and diagnostic tests in the health facilities. Provide all available diagnostic tests and high-quality treatment/drugs to all patients.
- Identification of community leaders/champions to advocate key health messages at the grassroots level. Building a community-oriented approach in the longer-term where MMUs will work with deeper and active participation and monitoring by the community.
- In the longer term, involving counselling services for addiction and physiotherapy for joint and back pain.
- Celebrating all important National health days to speared awareness and provide high-quality services in the villages.
- Develop and implement effective referral mechanisms between primary healthcare facilities and higher-level hospitals to ensure timely and appropriate management of patients requiring specialized care.
- Provide regular training and capacity-building programs for healthcare professionals to upgrade their skills, knowledge, and competencies in delivering quality primary healthcare services.

The assessment reveals multiple challenges that hinder access to quality healthcare services, particularly in rural and vulnerable areas. To address these challenges, it is crucial to reorient the primary care system towards improved access to essential primary health care services and empower the community for increased demand and responsibility for health. This requires strong collaboration between the public and private sectors to bridge the access gap and ensure effective service delivery. The implementation of the Ayushman Bharat scheme is a positive step

towards comprehensive primary healthcare, but careful attention must be given to the last mile service delivery through community outreach health programs by primary care implementers to maximize its impact. Additionally, investments are needed to enhance health infrastructure as well as improve existing facilities by increasing the number of well-trained health workers, equipment, and regular supplies.

Furthermore, community participation and health promotion activities play a vital role in increasing access to and utilization of primary healthcare services. Strategies such as capacity building, regular monitoring and supervision, and community sensitization should be prioritized to empower communities and foster a culture of proactive healthcare-seeking behaviour.

Overall, by implementing the recommended measures and focusing on strengthening primary healthcare in the area, the district can overcome the existing challenges and improve the overall health outcomes for its population. This requires a comprehensive approach that addresses the existing gaps, enhances workforce capacity, promotes community engagement, and ensures equitable access to quality healthcare services. Only through these efforts can the district establish a robust and effective primary healthcare system that meets the needs of all its residents and last mile health service delivery.

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2. Kumar V, Kumar Y, Gupta M, Stobbelaar F, Agrawal S, Venkatraman A. Evaluation of the Free Diagnostics Scheme in Andhra Pradesh [Internet]. World Health Organization; 2018. https://apps.who.int/iris/bitstream/handle/10665/277473/andhrapradeshevaluation_freediagnosticsscheme.pdf

Annexures

1. Household Interview
2. Key Informant Interview
3. Focus Group Discussions (FGDs) With Men
4. Focus Group Discussions (FGDs) With Women

1. Household Interview

Date: _____ Number of Interview_____

Name of Village: _____

Respondent Name: _____

Age (Years): _____, Sex(M/F):_____Phone No_____

Education (Illiterate, 5th Pass, 8th Pass, 10th Pass, 12th Pass, Undergraduate, Bachelor)

Occupation (Farmer, Daily wedge worker, shop owner, Govt Job, Private Job, Self-employed, other) _____

Facilitator's Name: _____

Section 1:

Sr No	Household Survey	
A	Household details	Answer (Please tick the appropriate option based on the individual answer)
1	What is the source of drinking water? **Single**	( ) Safe Well ( ) Unsafe well ( )Handpump/Public Tap/Stand Post Tap ( )Tap water in house/plot/boundary ( )Tanker/Small Tanker with Vehicle ( ) Tube well, Borewell ( ) Other
2	What is the source of fuel for cooking? **Single**	( ) LPG/Biogas ( ) Wood/Wood Coal/Dung Cake ( ) Coal/Lignite ( ) Other
3	What kind of Latrine facility is used **Single**	( )Flush Pipe with Sewer System/Safe Tank in home ( )Safe toilet with pit ( )No toilet at home or in home premises ( )Open Ground/Open Filed
4	Where do you throw your daily waste? **Single**	( ) Outside gutter ( ) Community dump ( ) Other
5	No. of Family Members	
6	No. of Children 0-2 Years of age	
7	No. of females 18-40 Years of age	
8	No. of people above 60 Years of age	
9	Any Pregnant Women	Yes/ No
10	Does Pregnant women go for regular check up	Yes/ No
11	Any person with disability	Yes/ No/NA
12	Children completed Routine Immunization	Yes/ No/ NA
B	Health Status of the Household What diseases are present in your family? (Please tick the appropriate option)	
1	Hypertension/Blood Pressure	( ) Yes ( ) No
2	Diabetes	( ) Yes ( ) No
3	Cancer	( ) Yes ( ) No
4	TB	( ) Yes ( ) No
5	COPD/Asthma	( ) Yes ( ) No

6	Polio	( ) Yes ( ) No
7	HIV	( ) Yes ( ) No
8	HCV	( ) Yes ( ) No
9	Skin Infection/ Itching	( ) Yes ( ) No
10	Anemia	( ) Yes ( ) No
11	Other	
C	Substance Abuse status of family member. What kind of Addictions are Present in the family members? (Please tick the appropriate option)	
1	Tobacco	( ) Yes ( ) No
2	Alcohol	( ) Yes ( ) No
3	Smoking	( ) Yes ( ) No
4	Drugs	( ) Yes ( ) No
5	Other	( ) Yes ( ) No
6	Location of village **Single**	( ) Near main road ( ) Away from main road
7	Drainage system common in Village **Single**	( ) Underground, ( ) Open, ( ) No drainage, ( ) Mix
8	Major source of water supply in Village **Single**	( ) Well, ( ) Hand pump, ( ) Tube well, ( ) Taps, ( ) Other
9	latrine usage **Single**	( ) Community latrines, ( ) House latrine, ( ) Open field, ( ) Other
10	In your opinion, what are the major health problems in your village. Can you pls elaborate? Multiple	( ) Diabetes ( ) Hypertension ( ) Heart disease ( ) Stroke ( ) Cancer ( ) TB ( ) Asthma ( ) Joint and muscle pain ( ) Malaria, ( ) Dengue ( ) other
11	In your opinion, what are major health problems in women your village. Can you pls elaborate? Multiple	( ) White discharge ( ) Weakness ( ) Backpain and joint pain ( ) Anemia ( ) other

12	In your opinion, what are major health problems in men your village. Can you pls elaborate? **Multiple**	( ) Diabetes ( ) Hypertension ( ) Heart disease ( ) Stroke ( ) Cancer ( ) TB ( ) Asthma ( ) Joint and muscle pain ( ) Malaria, ( ) Dengue ( ) other
13	In your opinion, what are the major health problems for children in your village. Can you pls elaborate? **Multiple**	( ) Malnutrition ( ) Respiratory illness, ( ) Diarrhea ( ) Malaria, ( ) Dengue ( ) other
14	What are the major additions in village among men? **Multiple**	( ) Tobacco ( ) Bidi ( ) Gutkha ( ) Cigarette ( ) Alcohol ( ) other
15	What are the major additions in village among women? Multiple	( ) Tobacco ( ) Bidi ( ) Gutkha ( ) Cigarette ( ) Alcohol ( ) Other
16	When do people generally seek care for common illness you mentioned? **Single**	( )Government Hospital (PHC/ SC) ( )Private doctor in Village ( )Private doctor from outside village ( )Traditional healer/Priest from village ( ) Other
17	Where do people seek care for children illness? **Single**	( )Government Hospital (PHC/ SC) ( )Private doctor in Village ( )Private doctor from outside village ( )Traditional healer/Priest from village ( ) Other
18	Where do women in village seek health care services for their illness? **Single**	( )Government Hospital (PHC/ SC) ( )Private doctor in Village ( )Private doctor from outside village ( )Traditional healer/Priest from village ( ) Other
19	What are the common problems faced while accessing health care services? **Multiple**	( ) Distance ( ) Time to travel ( ) Costly ( ) Not effective ( ) Other
20	What can be done to improve the health condition of the villagers **Multiple**	( ) Better health care services ( ) Doorstep health care delivery ( ) Transport connection ( ) Gutter closure ( ) Concreate road ( ) Waste disposal ( ) Clean water ( ) Other
	Remark	

Closing

1. Let's summarize some of the key points from our discussion. Is there anything else?
2. Do you have any questions/ comments? Check in the backroom for any additional questions.

Thank you for taking the time for this fruitful discussion.

2. Key Informant Interview

Date: _____ Number of Interview_____

Name of Village: _____

Respondent Name: _____

Age (Years): _____, Sex(M/F): _____Phone No_____

Education: Illiterate, 5th Pass, 10th pass, 12th Pass, graduate, Post graduate

Occupation _____

Facilitator's Name: _____

Please obtain signature on Consent form before starting the interview

Section 1:

Sr No	Adjust the sitting arrangements if required. Questions	Answer (Please tick the appropriate option based on the individual answer)
1	In your opinion, what are the major health problems in your village. Can you pls elaborate? List some of the common health issues? Multiple	( ) Diabetes ( ) Hypertension ( ) Heart disease ( ) Stroke ( ) Cancer ( ) TB ( ) Asthma ( ) Joint and muscle pain ( ) Malaria, ( ) Dengue ( ) other
2	In your opinion, what are major health problems in women your village. Can you pls elaborate? Multiple	( ) White discharge ( ) Weakness ( ) Backpain and joint pain ( ) Anemia ( ) other
3	In your opinion, what are major health problems in men your village. Can you pls elaborate? Multiple	( ) Diabetes ( ) Hypertension ( ) Heart disease ( ) Stroke ( ) Cancer ( ) TB ( ) Asthma ( ) Joint and muscle pain ( ) Malaria, ( ) Dengue ( ) other
4	In your opinion, what are the major health problems for children in your village. Can you pls elaborate? Multiple	( ) Malnutrition ( ) Respiratory illness, ( ) Diarrhea ( ) Malaria, ( ) Dengue ( ) other
5	What are the major additions in village among men? Multiple	( ) Tobacco ( ) Bidi ( ) Gutkha ( ) Cigarette ( ) Alcohol ( ) other
6	What are the major additions in village among women? Multiple	( ) Tobacco ( ) Bidi ( ) Gutkha ( ) Cigarette ( ) Alcohol ( ) Other
7	When do people generally seek care for common illness you mentioned? Single	( )Government Hospital (PHC/ SC) ( )Private doctor in Village ( )Private doctor from outside village ( )Traditional healer/Priest from village ( ) Other

8	Where do people seek care for children illness? Single	( )Government Hospital (PHC/ SC) ( )Private doctor in Village ( )Private doctor from outside village ( )Traditional healer/Priest from village ( ) Other
9	Where do women in village seek health care services for their illness? Single	( )Government Hospital (PHC/ SC) ( )Private doctor in Village ( )Private doctor from outside village ( )Traditional healer/Priest from village ( ) Other
10	What are the common problems faced while accessing health care services? Single	( ) Distance ( ) Time to travel ( ) Costly ( ) Not effective ( ) Other
11	What can be done to improve the health condition of the villagers Multiple	( ) Better health care services ( ) Doorstep health care delivery ( ) Transport connection ( ) Gutter closure ( ) Concreate road ( ) Waste disposal ( ) Clean water ( ) Other
12	Remark	

Closing

1. Let's summarize some of the key points from our discussion. Is there anything else?
2. Do you have any questions/ comments? Check in the backroom for any additional questions.

Thank you for taking the time for this fruitful discussion.

3. Focus Group Discussions (FGDs) With Men

Facilitator Summary Sheet

Date: _____Focus Group Code: _____

Place of FGD: _____ Number of participants: _____

Facilitator's Name: _____ Notetaker's Name: _____

Topic	Discussion/Transitions
Introduction	Facilitators name
	Observer's name
Purpose of FGD	PPHF is working in collaboration with the SBI Foundation and District Health department to implement the medical mobile unit services in your village to improve the well-being of people. Hence, we want to have a general discussion with you so that we can understand the common disease in the villages and status of the health care services to define the required health care services solution for your health.
Confidentiality	We will not be sharing information about you with anyone outside of the research team. The information that we collect from this research project will be kept private. Any information about you will have a number on it instead of your name. Only the researchers will know what your number is, and we will lock that information up with a lock and key. It will not be shared with or given to anyone except (name who will have access to the information, such as research partners). We will ask you and others both individually and, in the group, not to talk to people outside the group about what was said in the group. We will, in other words, ask each of you to keep what was said here individually or as the group confidential. You should know, however, that we cannot stop or prevent participants who were in the group from sharing things that should be confidential.
No right or wrong answers	We would like to know your frank opinion. There are no right or wrong answers to any of the questions. This is not a test. We just want to learn from you. This will help us to assist with the disease conditions in your village and about the health care services.
Length of time Compensation	The discussion will take about an hour. We cannot and will not pay you for the time you will spend on the discussions. But we hope you will agree to take part because your experience and opinion will help us to understand the relevant areas and further plan for getting the best solution for health care services
Talking to one another	As we will be discussing each of your opinions, it will be important that we do not talk at once because we will want to hear each other. Everybody should participate and everybody will be given a chance to put forth their views. If you have any queries, they will be addressed at the end
Explain note taking Confidentiality	_____ Observer/reporter's will be writing down some of the things that we will be talking about so we can remember them later. Does anyone object? We are the only ones who will know your names, we will not use any names in our reports
Checking understanding Clarify	Do you all understand what I have said? Do you have any questions?

Section 1: Profile of Participants (from left to right of the circle):

Sl. No.	Name of the Participant	Age	Social Category of the participant	Education level (illiterate, 4th, 10th, Graduate, Post graduate)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Section 2: Rapport Building

Typology of participants	
	Group of females from villages

The following is a guide. Further try to ask all the questions below in the order given, but it is more important to maintain the flow of discussion. Suggested probes have been included.

Participants introductions (Warm up)	Please introduce yourselves – your name, what do you do?

Let's begin:	Adjust the sitting arrangements if required. Questions	Probe
1	In your opinion, what are the major health problems in your village. Can you pls elaborate?	Magnitude: Are there a lot of health problems in this community such as diabetes, high blood pressure, stroke, heart disease, TB, Asthma, Malaria, Dengue, sickle cell? List some of the common health issues
2	In your opinion, what are major health problems in women your village. Can you pls elaborate?	White discharge, weakness, backpain and joint pain, Anemia, other
3	In your opinion, what are major health problems in men your village. Can you pls elaborate?	Diabetes, High Blood pressure, Stroke, heart disease, TB, Asthma, or others?
4	In your opinion, what are the major health problems for children in your village. Can you pls elaborate?	Malnutrition, respiratory illness, diarrhea, malaria, dengue
5	What are the major additions in village among men?	Tobacco, Bidi, Gutkha, Cigarette, Alcohol, other
6	What are the major additions in village among women?	Tobacco, Bidi, Gutkha, Cigarette, Alcohol, other
7	When do people generally seek care for common illness you mentioned?	
8	Where do people seek care for children illness?	
9	Where do women in village seek health care services for their illness?	
10	What are the common problems faced while accessing health care services?	Distance, time to travel, costly, not effective,
11	What can be done to improve the health condition of the villagers	Better health care services, doorstep health care delivery, transport connection, gutter closure, concreate road, waste disposal, clean water, etc.

Closing

1. Let's summarize some of the key points from our discussion. Is there anything else?
2. Do you have any questions/ comments? Check in the backroom for any additional questions.

Thank you for taking the time for this fruitful discussion.

4. Focus Group Discussions (FGDs) With Women

Facilitator Summary Sheet

Date: _____Focus Group Code: _____

Place of FGD: _____ Number of participants: _____

Facilitator's Name: _____ Notetaker's Name: _____

Topic	Discussion/Transitions
Introduction	Facilitators name
	Observer's name
Purpose of FGD	PPHF is working in collaboration with the SBI Foundation and District Health department to implement the medical mobile unit services in your village to improve the well-being of people. Hence, we want to have a general discussion with you so that we can understand the common disease in the villages and status of the health care services to define the required health care services solution for your health.
Confidentiality	We will not be sharing information about you with anyone outside of the research team. The information that we collect from this research project will be kept private. Any information about you will have a number on it instead of your name. Only the researchers will know what your number is, and we will lock that information up with a lock and key. It will not be shared with or given to anyone except (name who will have access to the information, such as research partners). We will ask you and others both individually and, in the group, not to talk to people outside the group about what was said in the group. We will, in other words, ask each of you to keep what was said here individually or as the group confidential. You should know, however, that we cannot stop or prevent participants who were in the group from sharing things that should be confidential.
No right or wrong answers	We would like to know your frank opinion. There are no right or wrong answers to any of the questions. This is not a test. We just want to learn from you. This will help us to assist with the disease conditions in your village and about the health care services.
Length of time Compensation	The discussion will take about an hour. We cannot and will not pay you for the time you will spend on the discussions. But we hope you will agree to take part because your experience and opinion will help us to understand the relevant areas and further plan for getting the best solution for health care services
Talking to one another	As we will be discussing each of your opinions, it will be important that we do not talk at once because we will want to hear each other. Everybody should participate and everybody will be given a chance to put forth their views. If you have any queries, they will be addressed at the end
Explain note taking Confidentiality	_____ Observer/reporter's will be writing down some of the things that we will be talking about so we can remember them later. Does anyone object? We are the only ones who will know your names, we will not use any names in our reports
Checking understanding Clarify	Do you all understand what I have said? Do you have any questions?

Section 1: Profile of Participants (from left to right of the circle):

Sl. No.	Name of the Participant	Age	Social Category of the participant	Education level (illiterate, 4th, 10th, Graduate, Post graduate)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Section 2: Rapport Building

Typology of participants	
	Group of females from villages

The following is a guide. Further try to ask all the questions below in the order given, but it is more important to maintain the flow of discussion. Suggested probes have been included.

Participants introductions (Warm up)	Please introduce yourselves – your name, what do you do?

Let's begin:	Adjust the sitting arrangements if required. Questions	Probe
1	In your opinion, what are the major health problems in your village. Can you pls elaborate?	Magnitude: Are there a lot of health problems in this community such as diabetes, high blood pressure, stroke, heart disease, TB, Asthma, Malaria, Dengue, sickle cell? List some of the common health issues
2	In your opinion, what are major health problems in women your village. Can you pls elaborate?	White discharge, weakness, backpain and joint pain, Anemia, other
3	In your opinion, what are major health problems in men your village. Can you pls elaborate?	Diabetes, High Blood pressure, Stroke, heart disease, TB, Asthma, or others?
4	In your opinion, what are the major health problems for children in your village. Can you pls elaborate?	Malnutrition, respiratory illness, diarrhea, malaria, dengue
5	What are the major additions in village among men?	Tobacco, Bidi, Gutkha, Cigarette, Alcohol, other
6	What are the major additions in village among women?	Tobacco, Bidi, Gutkha, Cigarette, Alcohol, other
7	When do people generally seek care for common illness you mentioned?	
8	Where do people seek care for children illness?	
9	Where do women in village seek health care services for their illness?	
10	What are the common problems faced while accessing health care services?	Distance, time to travel, costly, not effective,
11	What can be done to improve the health condition of the villagers	Better health care services, doorstep health care delivery, transport connection, gutter closure, concreate road, waste disposal, clean water, etc.

Closing

1. Let's summarize some of the key points from our discussion. Is there anything else?
2. Do you have any questions/ comments? Check in the backroom for any additional questions.

Thank you for taking the time for this fruitful discussion.

About PPHF

We are a not-for-profit public health organization working towards transforming lives for improved health and well-being through locally driven solutions. We have worked in more than 20 states of India with an aim to build the skills of healthcare providers, strengthen management capacity and help create sustainable systems to improve access to quality health services.

We work closely with communities and key actors on sustainable solutions for public health challenges:

- Non-Communicable Diseases
- Women, Adolescent and Child health
- Nutrition
- Infectious diseases
- Environmental Health
- Emergency Health and Disaster Response

We focus on building public health capacity and community actions for better health outcomes. We work collaboratively with stakeholders, leveraging partnerships and influencing policies and practices. Drawing on our experiences and recognizing the unique needs of each region in India, We work in partnership with key stakeholders to design and deliver targeted responses.

Contributor

People To People Health Foundation

Disclaimer

Contact us

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