Patil of Kollam Village, Adilabad

Bharat Dekho

FACT FINDING REPORT

POST PANDEMIC STUDY ON RURAL HEALTH INFRASTRUCTURE AND QUALITY IN TELANGANA

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Consolidated Report- Post Pandemic study on Rural Health Infrastructure and Quality in Telangana

Presented and Compiled by Team - BHARAT DEKHO

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Acknowledgement

We would be lying if we say that the journey during this project was easy. It was the people who supported us in many ways who took away many potential barriers that could have hindered this project. We would like to extend our heartfelt gratitude to all the volunteers, organizations and individuals who have supported us in this journey. To start with, the immense support in terms of logistics and field assistance provided by Mr. Jeevan Kumar (Human Rights Forum) was commendable. We would also like to thank all our volunteers who have attended our meetings at 9 PM and 10 PM in the night after understanding our work schedules - Shreya Kulkarni, Bharadwaj Sista (who joined us all the way from UAE), Lalit Pandey (Jaipur, Rajasthan), Murali Krishna (Hyderabad), Dr. Viplav Kumar (Hyderabad).

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Introduction

Bharat Dekho is a voluntary social organization founded with a sole aim of addressing a wide spectrum and amalgamation of issues faced by the common people of Indian villages and towns. The complications and wide array of problems faced by the people are brought to the

notice of designated people's representatives and corresponding authorities, along with other Samaritans who wish to join hands to alleviate their issues.

Context

The country has witnessed a horrific view of mass deaths during the second and first wave of Covid 19. The limitless SOS calls, messages, shortage of medicines, beds and oxygen showcased the poor management and limited resources in our public health infrastructure. It is in this context we decided to deep dive and find the root cause of the governance catastrophe we have witnessed in the last 2 years. Currently, we are trying to examine public health institutions in rural Telangana to identify enablers and blockers to quality public health services in rural areas. The districts and Mandals visited by our team which are the focal point of this consolidated report are as follows: - Shadnagar Mandal (Rangareddy District), Mahabubnagar District, Utnoor Adilabad Mandal, Nekonda Mandal (Warangal District) and Bhadradri Kothagudem District.

The modus operandi throughout this altruistic field trip was to access, analyze, interpret, and listen to the agony and pain common people in rural areas went through during the global health crisis. Our focus was to visit those places which are away from the capital of the state or the center of development. This report has been compiled succinctly yet comprehensively and brings to one's notice the key issues faced by the people of those mandals (blocks), along with the contemporary condition of the PHC's (Primary Health Care) and Sub-centers. The report is not representative of the overall Health governance in the state of Telangana. The report intends to highlight the patterns and the critical governance blockers which we found in all the 5 districts we visited. Attached along with them are the attested copies of the letters written to the District Collectors and corresponding authorities shedding light on these complications which need immediate redressal. Our team at Bharat Dekho hopes this report draws the attention of all the stakeholders in Public Health.

Understanding and Analysis

1. Decentralized Health Infrastructure and units

Starting from the village level we have governance structures and infrastructure to manage public health. From VHSNC (Village health sanitation nutrition committee which is a village level committee headed by the gram panchayat head with ASHAs, ANMs, and Anganwadi teachers) to a CHC (community health centers). We came to the conclusion that the existing structure can enable us to reach out to every citizen. In reality, things are different. In Kondurg, Rangareddy district we found a Sub-Center which was not only closed but was used as a water purifier unit. A detailed study needs to be conducted across the state examining the health of the governance structure. There is also a need to build mass public awareness to educate them about the current structures, it's roles and responsibility.

2. ASHA workers, ANMs and Sanitation Workers: Critical actors to deliver quality public health care in scale

The biggest and the most important network of human resources which enables door-to-door health services in rural India are our ASHA (Accredited Social Health Activist) and ANMs (Auxiliary nurse midwife). It won't be an exaggeration to say that both ASHA workers and ANMs are the most important enablers of Quality Health Care. However, it was sad to understand that the majority of them do not receive quality training resources and salaries on time for the service they deliver. They are our **Front-Line Warriors** and we the citizens of the country should acknowledge their services and focus on ensuring more priority and benefits to our caregivers. Another key actor which is being ignored by the larger system are our sanitation workers, the majority of them are contractual workers. All the workers we interviewed complained about not receiving a timely salary, they also complained about the poor working conditions and lack of support structure. State government needs to take cognizance of the current conditions of our ASHA, ANMs and Sanitation Workers in the state. It won't be wrong to say that without them the public health service in rural areas will never be able to provide a quality service.

3. Better Roads will lead to Quality Health and well-being

Access to quality roads will have a positive impact on Mother and Child's health. This understanding emerged when we saw a pattern in all the 5 districts that improper roads decrease the footfalls in hospitals and demotivate the common public to visit public hospitals and also demotivates ASHAs and ANMs to visit the common public. This barrier leads to untimely death, suffering, agony, and pain. This state of helplessness forces the common public to live in constant fear and stress, leading to mental health issues. The people of Markaguda Village in Utnoor Adilabad said, "Few years ago, one young boy was suffering from stomach pain, we could not reach the hospital on-time he died on the way. It takes us 2-3 hours to walk from here to reach the hospital and we have to cross the stream on the way". A village member in Bhadradri-Kothagudem said, "No ASHA or ANMs come to our village because we don't have roads". Other women said, "Couple of months ago we lost a child due to fever because we could not take the child to the hospital on time". The larger question to ask here - why are this people deprived of their basic rights due to systemic negligence? It's high time that the administration needs to acknowledge the need and act on it right now.

4. Late response time with low quality: *Unhealthy mothers, weak children, and Poverty*

Mangaiyya, a daily wage earner from Bhadradri-Kothagudem lost his second child because health workers could not reach his village on time. The systemic failure of health affects the mother's new-born babies and children the most. We feel there is an urgent need to prioritise quality public health as a State and National priority. We have also observed that the poor quality of health services in public institutions pushes common people towards private health institutions where they get cured but end up spending a hefty amount, which eventually leads the family towards economic instability and financial stress. We came to the conclusion that the current reality of the late response time, with low quality of health services in public institutions, needs to change. We all must make it our mission to enable public institutions to deliver promptly with high quality of care and dignity.

Barricade to Quality Public Health Care in Rural Telangana

During our field visit we interviewed the common public and asked them - What are a few things which discourage them from availing health services from public hospitals? We spoke with other actors in the governance like gram panchayat heads, MPPs, doctors, nurses, ASHA workers and documented their insights on why we are not able to deliver quality health services to the public? After analyzing all the responses, we have listed down the top two reasons, one from the common public and others from public administration.

Common Public	Actors in Public Health Administrations
Majority of them reported, "We don't go to government hospitals because of – **Unhygienic Conditions and Undignified Behavior** ● *Dirty washrooms* ● *Unhygienic rooms* ● *Lack of drinking water* ● *Bad-Attitude of health care professionals and other officers towards common people* ● *Regular absenteeism of health care workers in the public hospitals*	Majority of them reported, "We are not able to give quality service to common public because of - **Lack of Resources and Over Stressed Workforce** ● *Lack of doctors, nurses, and lab technicians* ● *Lack of functioning equipments to do quality diagnosis* ● *Lack of proper roads to travel regularly* ● *Overworked and overstressed workforce* ● *Lack of accountability and care. (Many sanitation workers complained of not receiving salary on time)*

The above-mentioned causes are not standalone problems but are interconnected problems of the larger governance failure.

Call for Change

1. Acknowledgement

All the actors in the governance process need to first acknowledge that there is a wide gap in vision and reality when it comes to giving quality public health services in rural areas.. Irrespective of our position in the governance structure we all should be able to objectively observe the current realities and acknowledge the gaps. Only when we all acknowledge that there is a problem, will we be able to do something about it. Government needs to agree that rural health is suffering from poor infrastructure and lack of human resources. Citizens need to acknowledge that they have failed to hold the local representatives and administration responsible for the gaps.

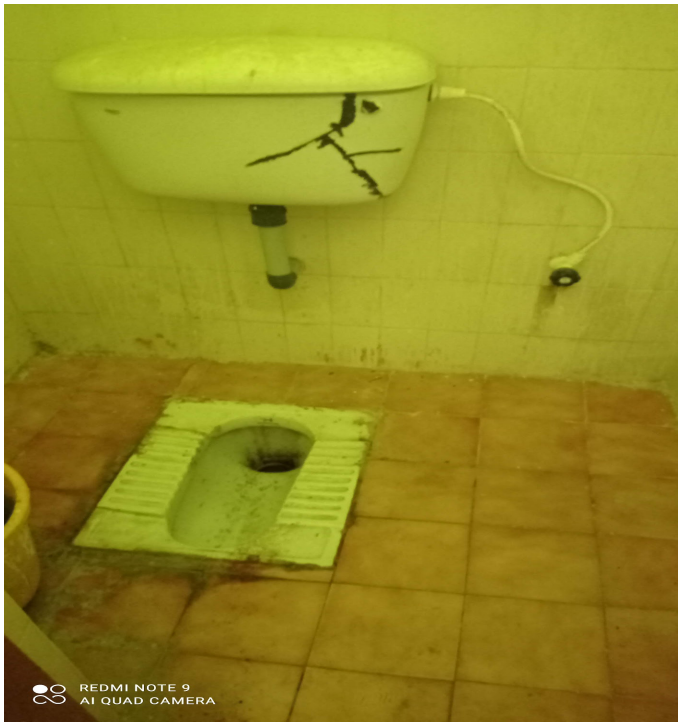
2. People centric mindset and bias towards action

The first and the foremost change we need to bring with all the actors in the governance is the shift in the mindset and attitude towards the sector and people working in the public health sector. The state administration needs to make the public health sector their topmost priority. And the priority should reflect bringing better reforms in the current governance policies and making it more people friendly and strictly monitoring the development on the ground. We strongly believe that citizens should form community level groups or village level groups to monitor the efficiency and effectiveness of the government hospitals. Village panchayats can be given special budget, training, and resources to improve the functioning of VHSN Committee (Village Health Sanitation Nutrition Committees).

Notes from field Visit

1. Warangal District

The visit to Warangal District with the foremost emphasis on the mandals (block) of Nekonda and the Alankanipet PHC's was made on 26th June 2021. There are a few common areas of concern in the PHCs. Both are equipped to treat the common seasonal diseases they treat like TB, Malaria, fever, cold, cough and Hypertension and diabetes. To receive any critical health care, the nearest CHC is Narsampet which is 20 km from the PHCs. And the nearest tertiary hospital is at 46 Kms in Warangal district called MGM Warangal, which is difficult to reach on time in any difficult situation.



There is no regular maintenance of the washrooms at the PHCs. There is no blood bank at both the centers. We heard from the public that they prefer to go to an RMP (Registered Medical Practitioner - is not a doctor who has experience working with doctors) instead of visiting a PHC, which is a deep concerning fact.

Each PHC has sub-centers in their respective villages, primarily visited by an ANM (Auxiliary nurse midwife) and three ASHA (Accredited Social Health Activist) workers. These sub-centers are established to bridge a gap between the people and the PHCs.

But out of the four sub-centers that we visited, only one was open, and one of the sub-centers in Thopanapally Village in Nekonda Mandal was in a pathetic condition. We have found a water treatment plant inside that sub-center.

Our learnings -

1. The local public is not satisfied and lacks trust in one of the PHCs and prefers to either go to an RMP, Private hospital, or other area hospitals, which is alarming.
2. The hygiene levels of the PHC need to improve. There was negligence in terms of regular maintenance of the Washrooms at both the PHCs.
3. There is negligence in terms of Health care infrastructure at the sub-center level.

Recommendations -

1. Immediate assessment of Sub-Centers as per Covid requirements and general medicines.
2. Priority level interventions to supply all the subcenters with Covid -19 resources and the upcoming third wave.
3. ASHA workers and ANM's (Auxiliary Nurse Midwife) need to be given complete resources to take proactive steps to stop Covid-19 spread.

Our team further earnestly appeals that with the critical and imperative intervention of the Telangana Health Department and their redressal systems in tandem with our pragmatic

training modules will synthetically ease the burden on the tertiary hospitals, and it will be beneficial in saving more lives. As a part of an awareness campaign called Stories of Truth, we share this report from a field experience of three social workers, one doctor and one medical representative.

2. **Adilabad District**

The visit to Adilabad District with principal prominence laid to the Utnoor Mandal was conducted on 3rd and 4th July 2021.

As per Niti Ayog's report in 2018, Adilabad is the second most backward district in the country. Around 50% of the population in Adilabad belongs to SC/ST category. And many of them speak Telugu, Gondi, and Marathi; also, few of them speak Urdu, lambadi and Kolami. Utnoor is one of the revenue divisions of Adilabad with two mandals and two census towns. We visited 2 hospitals and 3 villages in Utnoor during our field visit. Comparatively a better scenario, people more sensitized and pragmatic, know covid protocols.

The masses are seemingly satisfied with the 104 and 102 Ambulance service and the efforts put in by the government and ASHA workers to improve healthcare and prenatal diagnosis.

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After the visit, we understood that good health and wellbeing is not only about having effective health care centers, but heath care is a much broader concept. These include food habits, farming patterns, economic status, access to roads, availability of resources to the grassroots health workers, and the optimum use of those resources.

We also understood that the current governance processes are not able to reach the most remote and vulnerable communities in these locations.

As the health domain is interconnected with many other factors. We strongly recommend ITDA to create a division-level leadership committee with department heads from health, WCD, and revenue. Together they can brainstorm on the current blockers in the governance process and implement interventions to bridge the gap. This committee needs to work closely with the VHSNC Committee, which works at the grassroot level.

The leadership team needs to immediately take steps to improve the diet by promoting an iron-rich diet. Give support to start kitchen gardens and start monitoring the women's health not when they get pregnant but from childhood. Also, ensure that basic resources, like thermometers and oximeters, are available to all grassroots workers. Our team will work with Markaguda village and make sure that they receive a first aid kit and receive basic training on

how to use the first aid kit. We believe ITDA will support our initiative.

We are hopeful that our vitality will spark a sense of consciousness among all of us, and we can get together and strengthen the public health system.

Attached below is a link to the attested copy of the letter written to the Project Officer of ITDA Utnoor Mandal, Adilabad District to bring to his attention the despondency of the ethnic groups, and the afflictions of the PHC's on their lives for a swift and prompt remedial.

3. Rangareddy District

This visit was conducted on 10th July 2021 at Shadnagar Mandal in Rangareddy District. Our collective experience will be articulated through a succinct compilation of issues which need immediate reparation, along with the corresponding methods of redressals brainstormed by our team.

The district has five revenue divisions: Chevella, Ibrahimpatnam, Rajendranagar, Kandukur and Shadnagar. They are sub-divided into 27 mandals. Mr Amoy Kumar IAS is the present collector of the district.

After a series of interactions with the local people, Sarpanch's, Doctor's and RMP's (Yes, the uncertified RMP's are still looming large much to our dismay, the root of this problem lying at the shoddy and unhygienic surroundings of the PHC'S coupled with the lack of resources and over-the-top expenses has led to the rise of RMPs

Photos from Kondurg PHC

Our team has found the following points to be prominently featured throughout:-

- The double ration of Anemic Patients, antenatal care, and six months. No anemic case. VHSNC - meeting happens once a month - the details of which are sketchy and inexplicable.

- Poor quality of food and late care of Anemia.

The public leaders are rather dormant and are uninformed about several of these key problematic issues.

Key highlights:

- ❖ Choice of Private hospitals over public
- ❖ Choice of RMPs over PHCs
- ❖ The heavy financial burden on common people due to the failure of public hospitals

Reasons:

- ❖ Hospitality in Public Hospitals
- ❖ Lack of manpower and resources
- ❖ Lack of Quality Treatment
- ❖ Lack of Dignity towards patients

Recommendations:

1. A proper functioning toilet at the health centers is a basic human right and a matter of dignity and safety. The toilet needs to improve both at PHC Kondurg, CHC Shadnagar

2. Attitude of the Health Care professionals needs to change towards their patients as the right to equality and right to dignified life are fundamental rights provided by our constitution.

3. VHSNC can become a very good source for decentralizing vaccination processes to provide them at the village level with the help of a sarpanch for the villagers. While ICMR noted that 40 crore population

in the country is still vulnerable to Covid - 19 it is important to focus on these villages.

4. Attached below are the links to the copies of letters written to the Rangareddy District Collector, highlighting, and bringing to his notice these very issues along with the methods of redressal.

https://docs.google.com/document/d/1wOHxqIn3VDRORqTbBXdthHRZK9X4dtEKQaZbU2dac3s/edit?usp=drivesdk

A follow-up letter to the District Collector, intended for Ideation and intervention plan to improve the quality of service in PHCs in Ranga Reddy District is provided below.

4. **Mahbubnagar District**

The visit to Mahbubnagar District was conducted on 31st July 2021. Damarigadda Mandal, Kyathanapally, Doulthabad Mandal [Himareddypalli, PHC Doulthabad] were the prominent areas wherein our team probed and scrutinized over several crucial parameters. The following table can be Inferred when needed, providing the reader with a plethora of information at a glance.

Throughout these different Mandals, after a result of multifarious meetings with the elected representatives like the Sarpanch and the ASHA workers, to the common folk of the village - quite a number of complications propped up during our conversations [be it the irregular and unprofessional shifts of the appointed Doctors at the PHC's, a serious deficit of life-saving drugs and medicines costing multitude of lives, dearth of vaccines and lack of awareness amongst people against the seriousness of getting vaccinated]. These seemingly perennial woes have

persisted over the years, despite predominant changes in governing bodies and representatives.

Concerns	Reasons	Impact
1. Unavailability of Medical officers in the PHC and other staff members	Unknown	• Longer response time • Loss of trust in public institutions • High risk in critical cases
2. Lack of Human Resources	Lack of sufficient recruitment and recruitment of temporary employees than regular employees.	• Longer Response time • Heavy burden on the existing staff • Low quality service
3. Lack of critical resources in our public hospitals (water and medicines)	Lack of monitoring and support by the department.	• Low motivation of staff and people • Inconvenience caused due to unavailability of resources results to poor service • Extra burden on staff and public both mentally and financially

4. Less/No regular payment to contractual worker	Lack of monitoring and support from the department	• Lack of motivation of staff members • Low quality services
5. Undignified behavior of staff members towards the patients	Potentially due to lack of resources and motivation	• Lack of trust on Government treatment. • Mobility towards a heavily paid private treatment.
6. Low rate of vaccination	Lack of vaccines in remote areas	• Higher risk of contamination • Higher risk of mortality • Higher risk of pressure in already low-quality public hospitals.

Recommendations -

- Recruitment of human resources by the government and provide quality training to the staff on dignified treatment towards patients.
- Continuous supply of medicines and other critical resources like water and electricity.
- Monitoring contractual labor employment services and instructing them to pay salary on time and increasing the pay to meet the minimum wage parameters.

- Improve the vaccination rate and awareness in the villages through the VHSNC committees.

5. Bhadradi-Kothagudem District -

Our field visit to the District of Bhadradri Kothagudem was conducted on 28th and 29th August and had a rather tedious itinerary, an assiduous and intensive roadmap was laid out wherein the team covered not only the relevant PHC's but also inspected upon the situation in several small quaint villages. On the 1st day, the team visited Mulakalapalli Mangapeta PHC, Rachannagudem Togu, Saakivagu and Thoggudem. On the 2nd day, yet another expedition to the area of Dummugudem was efficiently executed encompassing - The village of Gaddamadudu and Mulakapadu PHC.

Principally, the population of this district is composed of the ST community. The roads and means of communications to many of these small, clustered villages is a rather vexing endeavor. In monsoons, one can only imagine the plight of these locals when their muddy roads and houses are flooded with water, which is also often the chief cause for many deadly diseases and plaques. Few of the families demand the construction of a local school as the only one in the vicinity happens to be remarkably distant and remote.

The PHC's of Mangepeta and Mulakapadu albeit claiming to be functioning "24/7" are met with deserted corridors, empty reception area, still rooms with an eerie vacant air. Upon a closer inspection the medicines seemed to be stocked, and other equipment evidently unused. Resources though readily available have apparently not met their purpose.

Government intervention is a necessary requisite, and pertinent remedial measures must be deployed immediately to liberate the locals from their woes. The Elected representatives and the relevant authorities holding office should be more receptive and proactive, to investigate people's timely needs and necessities. Employing scientific techniques and newer technology will help amplify the redressal process, speeding it adeptly.

Thank you for reading the report so far. I hope this report ignites a sense of responsibility among all the actors in the governance structure, public leaders, common public and the administration. We wish to do more such field visits within the state to bring to the stories of truth from the ground. If you wish to support us in anyway kindly contact us at email: bharatdekho2021@gmail.com

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