# Profiling Health Facilities in Jharkhand, via the Jharkhand Mobile Vaani network

May - June 2013



Gram Vaani Community Media Pvt. Ltd.



## 1. Introduction

Jharkhand Mobile Vaani (JMV) has since the last one year emerged as a common platform for the people of Jharkhand to express their views, share their experiences and address their queries/questions/doubts on a myriad of issues they encounter on a day to day basis in their lives. In this capacity the callers and listeners of JMV have actively taken up issues pertaining to gaps in the service delivery systems of various government schemes, lack of awareness on social issues, better understanding of agricultural practices and others issues.

Grand Challenges Canada sponsored a health campaign, starting on 24<sup>th</sup> April 2013, a time when JMV was receiving a lot of items on Health services and accountability issue in Jharkhand. Every week listeners were provided with a new topic to discuss their issues related to public health facilities. During the first phase of four weeks, four topics were taken up for weekly discussions. Those topics were based on people's everyday experiences of health care, like; available health facilities at PHCs, Laboratory testing and Delivery facilities at Government Health Centers, availability of clean toilet and drinking water at PHCs, and distance of the nearest health center from the village, so that we could provide a platform to the JMV listeners to express their opinion on the present scenario of health care in Jharkhand. Callers left their opinion, life stories, experiences, and other essential information on this platform.

The second phase of the campaign started on 19<sup>th</sup> May 2013. Every week listeners were provided with different topics related to the availability of human resources in health facilities, and awareness of the people about specific health issues. The issues discussed in the second phase were derived from the discussions held in the first phase.

The main objectives for the second stage of the campaign were:

- 1. Understand the present scenario of health facilities in Jharkhand.
- 2. Any major issue/problem/concerns that people are facing while seeking health services.
- 3. Understand the scenario of Quality of Care in the Government Health Centres.
- 4. Increase awareness about seasonal diseases.
- 5. Build awareness about accountability in health care.



# Stats related to the campaign:

**Duration –** 19<sup>th</sup> may to 30<sup>th</sup> June 2013

Programme duration on JMV: 2 hr slot weekly for 6 weeks

Number of items published – 110 Number of active contributors – 74

Number of users who heard these items – 1411

**Media partner –** Panchayat Nama, Aaj Newspaper, Jharkhand Jagran.

Districts from which callers participated – Dhanbad, Bokaro, Chatra, Giridih,

Hazaribagh, Palamu, Garhwa, Pakur, Jamtara, Saraikela-Kharsawa, East-Singhbhum,

Koderma, Khunti, Ranchi, Ramgarh, Deoghar.

Other states from where callers participated: Gujrat, Rajasthan, Punjab, M.P.

# 2. Campaign process

Six promotional messages to solicit content were prepared and played on weekly basis. The topics were selected based on the issues highlighted in the previous phase of the campaign. Listeners provided their opinion, concerns or feedback on the issue throughout the week, and all the items were played on a particular day of the week for two hours on JMV.

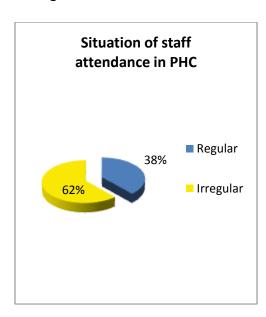
Week	Topic	Promo Content
1	Staff attendance & number of vacant posts in Government Health Centers	Share information about available staff attendance and number of vacant posts in the nearest PHC.
2	Availability of life saving drug in Health centers	Comments on availability of life saving drug in Government health centers and also report if money is being charged for free medicines.
3	Preference of hospital and reason behind the preference	Discuss about the preference of hospitals between Government and Private. Also share the reason behind this preference.
4	Diseases affecting the villages most	Share information about the diseases that are affecting the villages most and the available health facilities to control the outbreak.
5	Awareness campaign on Malaria	Discuss about the initiatives that are taken at the community level to prevent Malaria.
6	Awareness campaign on Diarrhea	Share information about the initiatives that are taken at the community level to prevent Diarrhea and also comment on the available Government health facilities to treat Diarrhea.

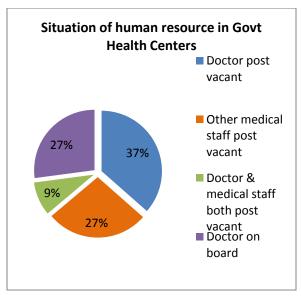


The content from the listeners of JMV came in the form of information, opinion or as a form of life stories in response to the promo for the week.

# 3. Community Feedback and Major Findings

Availability of doctors at the health clinics: The responses from the community during the first phase revealed that lack of human resource at the health facilities can be the reason behind the poor quality of service delivery in the health sector. To validate these findings, a promo in week five invited information about the staff attendance and the number of vacant posts in the nearest Government health centers. Only 38 percent of the callers informed that the staffs were regular at the Government Health Centers in their village.





Among the 62% contributors who reported irregular staff attendance, cumulatively 73% of the respondents reported that there were vacant posts at the Government Health Centers in their villages.

#### **Irregular staff & Doctor in Lalbangla PHC:**

Vipul Hazari from Baghmara block of Dhanbad called up to inform that the nearest PHC is almost 8 KM from his village but they don't get the benefit of that PHC due to irregularity of Doctors. On paper all the posts are filled and all the laboratory investigations are done here but staffs visit the hospital only during the health camps. On the other days only a non-medical staff and an ANM runs the health center. http://voice.gramvaani.org/vapp/mnews/10/show/detail/47854/

Irregularity of staffs



# Poor Health facility at Ichak block of Hazaribagh:

Deepak Kumar Singh from Ichak block of Hazaribagh called to inform that the villagers of this area get very little health facility due to unavailability of basic health services. Doctors rarely visit the health centres. There are many villages that are situated at the top of the hill and far away from the block head quarter. It becomes impossible for them to bring the patient to the district hospital every time.

http://voice.gramvaani.org/vapp/mnews/10/show/detail/47852/

Poor attendance

## Vacant post in Nawadih health center:

Md. Zamiruddin from Nawadih Bokaro called up to inform that they have a health centre in their panchayat but the doctor post is vacant for a long time. After the retirement of the previous doctor no doctor has been deputed here till now and they have only one nurse in the health centre. Due to this vacant post villagers are not getting the benefits of the health centre.

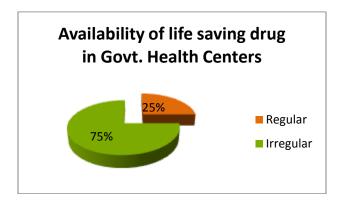
http://voice.gramvaani.org/vapp/mnews/10/show/detail/47861/

Vacant post



Availability of Life saving drugs in the Government Health Centers: The promo of the Sixth week asked listeners to share whether Life saving drugs were available at their nearest Health Centre or not, and also report if money was being charged for the free medicine.

75 percent of the people informed that the supply of life saving medicine is very irregular at their nearest Health Centres, and 22 percent of these informed that money was being charged for these life saving medicines.



# Medicine unavailable at Bengabad PHC:

Md. Iqbal from Bengabad, Giridih called up to inform that free medical distribution is possible if there is a regular supply of medicine. Every time when patient visit the hospital they come to know that medicines are not available. Sometimes it also happens that medicines are available but the staffs deny from distributing. Under this circumstance villagers are feeling helpless and remaining deprived of the facility of free medicine.

http://voice.gramvaani.org/vapp/mnews/10/show/detail/48600/

Unavailability of life saving drugs

## PHC staff charges money for vaccination:

Lakshman Ram from Giridih called up to inform that the availability of life saving medicines are very irregular in his nearest PHC and the staffs charge money indirectly for making it available to the patient.

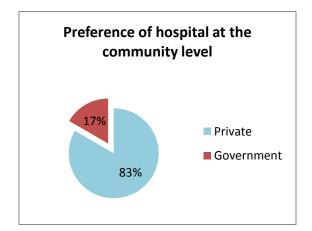
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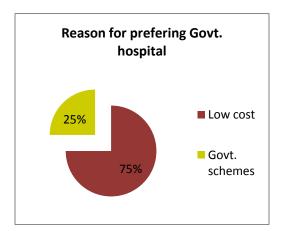
Money charge for free medicine

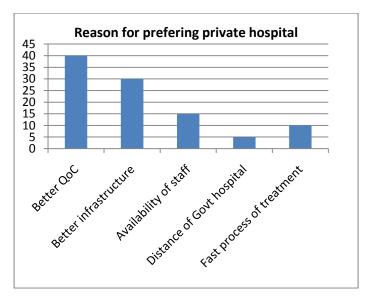


**Preference of public or private health care at the community level:** The promo of the seventh week asked listeners to discuss about the preference of hospitals, public or private, and the reasons behind this preference.

Total 83 percent callers from different districts of Jharkhand shared that they prefer private hospitals. Among these 83 percent about 40 percent callers cited better quality of care as the reason behind preferring private hospitals, followed by 30 percent for better infrastructure at private hospitals.







Only 17 percent of the callers informed that they prefer Government hospitals, and among them 75 percent reported that they prefer Government hospitals because of its low cost.



# Poor quality of care at government hospital:

Gopal Pal from Chandankayari, Bokaro called to share that people prefer private hospital due to the batter quality of treatment. He also shared his life experience about poor quality of treatment at government hospital. He mentioned that he visited the nearest government hospital for some regular health check up and the reports showed severe problems with him while in a recheck up the private hospital everything came normal.

http://voice.gramvaani.org/vapp/mnews/10/show/detail/49302/

# Poor infrastructure at Government health center diverts patients to private:

Deepak Kumar Singh from Hazaribagh called up to inform that in all 16 blocks of Hazaribagh district Government health facility is poor and in majority of the hospitals the basic infrastructures are not available. If villagers wish to take the benefit of Government health facility they have to go to the district hospital. He assumes that it might be the cause behind people visiting privet nursing homes. He also reported that only poor people visit Government hospitals because they can't afford the cost of treatment in private hospitals.

http://voice.gramvaani.org/vapp/mnews/10/show/detail/49284/

## Doctor doesn't visit PHC regularly:

Akther Hussain from Saraikela-Kharsawa called to inform that the villagers of Chawda are depended on quack for general treatment. They have Tiruldih PHC about 3 KM away but doctor visit PHC once or twice in a week for two hours. So people are not used to visit PHC for any illness. He also reported that if something serious happens, they take the patient to Ranchi or Jamshedpur for treatment in patient in private hospital.

http://voice.gramvaani.org/vapp/mnews/10/show/detail/49300/

Poor QoC

Poor infrastructure

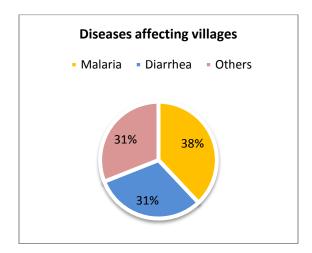
Irregularity of staffs



Diseases affecting villages the most: The promo of the eighth week invited listeners to share information about diseases that affecting their villages, and available Government facilities to tackle the outbreak of the disease.

38 percent of the callers reported Malaria, followed by 31 percent for Diarrhea, and the rest cited other diseases like viral fever and Diabetes.

When probed on the availability of Government health facilities, 58 percent of the callers informed as having very little facilities available at their health centers, followed by 25 percent who cited the lack of Government facility altogether.





#### Malaria affected Ghatshila:

Biswajit from Ghatshila, East-Singhbhum called up to inform that Ghatshila is a Malaria affected area and villagers are not aware about the disease. Grass root level intervention is needed to make people aware about Malaria.

http://voice.gramvaani.org/vapp/mnews/10/show/detail/50130/

# Diarrhea affected Paplo Panchayat doesn't have health facility:

Bokaro: Ajay Kumar Mahto called from Paplo, Bokaro to inform that Diarrhea is affecteing Paplo Panchayat every year but no facility available nearby for villagers. They travel to the district hospital for treatment which is far away from the village. http://voice.gramvaani.org/vapp/mnews/10/show/detail/50124/

affected village

Malaria affected

village

Diarrhea



## Malaria affected Kherabera doesn't get minimum facility:

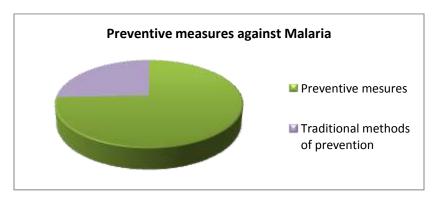
Dhanbad: Pharkeshwar Mahto from Kherabera Panchayat of Topchanchi called to talk about the discriminative attitude of Government. He informed that Kherabera is severely affected by Malaria and geographically it is situated amidst of forest but even after several applications Government is not recognizing this area as Malaria prone area. They are not even getting the minimum facility of bleaching powder or basis treatment in PHC due to poor accessibility.

http://voice.gramvaani.org/vapp/mnews/10/show/detail/50127/

Poor health service

**Awareness campaign on Malaria**: Promo of the ninth week asked listeners to share information about initiatives taken at their community level to prevent Malaria.

67 percent listeners talked about different preventive measures like cleanliness or the use of mosquito repellants, and 23 percent people spoke about using traditional methods for Malaria prevention.



To create awareness in the community, JMV took the initiative for an advisory with a physician who spoke about the dos and don'ts in Malaria.

## **Expert advice for preventing Malaria:**

Dr. Ashish from Rangarh spoke about different preventive measures of Malaria.

http://voice.gramvaani.org/vapp/mnews/10/show/detail/51355/

Expert advice



## Cleanness in the key to prevent Malaria:

Indor: Yogesh from Indor, M.P called up to share his knowledge about prevention of Malaria. He said Malaria can be prevented by keeping the surroundings clean and use kerosene on any logged water to kill the mosquito.

Cleanness

http://voice.gramvaani.org/vapp/mnews/10/show/detail/51204/

## Traditional method of keeping mosquito away:

Janardan Mahto from Baghmara Dhanbad called up to talk about different traditional way of preventing Malaria. He also informed that mosquito is the main reason behind Malaria and everybody should keep them away.

http://voice.gramvaani.org/vapp/mnews/10/show/detail/51359/

Traditional method

## Tribal community suffering due to lack of awareness:

Bajle Ahmad from Litipara, Pakur called up to inform that ancient tribal community of Litipara block is suffering from Malaria due to lack of awareness.

http://voice.gramvaani.org/vapp/mnews/10/show/detail/51358/

Lack of awarness

## **Laboratory investigation for Malaria not available at PHC:**

Lakshman Ram from Giridih informed that in their nearest PHC doesn't have the facility of laboratory investigation to detect Malaria. Lab technician get the reports done from the district hospital and charges money for this facility.

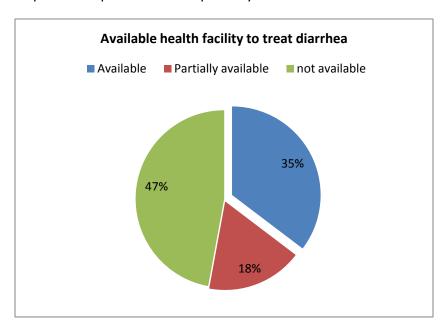
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Lack of health facility



**Awareness campaign against Diarrhea**: Promo of week ten asked listeners to share information about initiatives that are taken at the community level to prevent diarrhea, and also the availability of facilities such as ORS, saline water etc at the Government clinics.

47 percent of the listeners informed about the unavailability of basic health facility, and 18 percent reported to have partially available health facilities.



To create awareness in the community on the prevention of diarrhea, JMV took the initiative and an advisory was provided. A physician was interviewed by a JMV volunteer about preventive measures, and a Sahiya provided information on dos and don'ts of Diarrhea.

## **Expert advice on Diarrhea:**

Topchanchi: Baijnath Mahto interviewed Dr. Rajesh Kumar Mahto who is a doctor of Topchanchi PHC in Dhanbad. Dr. Rajesh advised about how diarrhea breakout can be stopped at community level and the first level of treatment at home.

http://voice.gramvaani.org/vapp/mnews/10/show/detail/52032/

Expert advice



## **Government health facility shattered in Chandrapura:**

Ajay kumar Mahto called up from Chandrapura, Bokaro to inform that they have no facility available at nearest PHC which is around 10 KM away. They go to private practitioners or quack for treatment.

http://voice.gramvaani.org/vapp/mnews/10/show/detail/52019/

Lack of health facility

## **Ancient Birhore tribe suffering in diarrhea:**

Shiv Kumar Pandey from Bagodar, Giridih called up to talk about the lack of Government health facility. Panchayat doesn't take care about purifying drinking water by spraying bleaching powder due to which the ancient Birhore tribe is suffering as they are not aware about diarrhea.

Facility not available

http://voice.gramvaani.org/vapp/mnews/10/show/detail/52004/

# 4. Media and partnerships

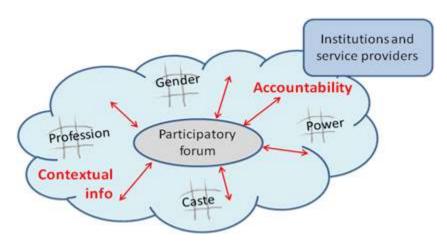
The campaign was covered in every detail by Panchayat Nama through its weekly Suno-Suno page, where the comments and experiences shared by the callers of JMR were featured along with their names and locations. Jharkhand Jagran has taken many of the comments from the villagers for publishing in their newspaper. Aaj newspaper has taken our previous report for publishing with the comment from the Principal Secretary of Health, Jharkhand. Many of the reported experiences have been taken up by the field-level volunteers of JMR and are in the process of being followed up for effective service-delivery.

In the future, significant offline activity will also be conducted via partners, to hold FGDs, interviews of people from the field, and bring active partnership from organisations working on these issues. This will not only help collect more detailed information but also bring greater and more intensive outreach.



# 5. Theory of change: Bringing impact through community media

The figure below captures our theory of change of using participatory communication to enhance two community level dynamics, that is, access to **contextual information**, and sustained **accountability loops**, which leads to social change.



Jharkhand Mobile Radio aims to enable just these information and accountability loops

We know that rural communities are segmented based on caste and power dynamics, with some segments being more aware than others, and able to avail more services than others. This becomes a vicious cycle that we claim can be broken through equitable access to community media forums. These forums allow communities to share information which helps them learn from each other by hearing stories in their own context, and thus improve awareness of their rights and entitlements significantly more than traditional forms of externally originated broadcast communication. This increased awareness helps create demand for services, which is transparently shared on the same forum and improves accountability by allowing communities to cite deficiencies and gaps in service delivery. This also helps generate critical data on service delivery that can be used by policy makers to understand problems and arrive at data-driven objective solutions.



## 6. About Gram Vaani

Gram Vaani [meaning 'voice of the village'] is a social technology company based at IIT-Delhi. We started in 2009 with the intent of reversing the flow of information, that is, to make it bottom-up instead of top-down. Using simple technologies and social context to design tools, we have been able to impact communities in significant ways - more than 2 million users in over 15 Indian States, Afghanistan, Pakistan, Namibia and South Africa. More interesting than this are the outcomes of what we have done: Thirty rural radio stations able to manage and share content over mobiles and the web, corrupt ration shop officials in Jharkhand arrested due to citizen complaints, Women Sarpanches in Uttar Pradesh sharing learnings and opinions, citizen monitoring of waste management in Delhi. Our work has won several awards:

- International Knight News Challenge, 2008
- National Level Manthan Award for technology for development, 2009
- o Economic Times Powers of Ideas, 2010
- Profiled in the top-10 innovative companies of India by Fast Company, 2011
- o mBillionth Award in the news and journalism category, 2012
- o Canada Rising Stars in Health award, 2012
- o Finalist in Ashoka Changemakers 2012 and Vodafone Mobiles for Good 2012 contests

#### **Contact Us**

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