Right to Health Action by Mitanins in Koriya District

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The following note is an attempt to capture the issues taken up, fights fought and risks taken by the Mitanins, trainers and other tribal women of the villages in their efforts to ensure health and food entitlements to the tribals. The note refers to the Mitanin programme in Manendragarh block of Koriya district one of the least developed and most impoverished areas of Chhattisgarh state where the government is conducting the Mitanin programme. Though there are blocks where the programme is being conducted by NGOs- this is not one of them. However there has been a conscious effort to shape this process from 'outside' by civil society through the Adivasi Adhikar Samiti. Though this is not typical of the programme in every block in the state it gives us an idea of some of the possibilities of empowerment that such a programme opens up. There are however examples like this from almost every part of the state- but given the pressures that State Health Resource Center faces just to keep the programme going- it is unlikely that the thousands of such events would ever be documented.

1. Ensuring Immunisation

1.1 Data collection, providing information and demanding action on immunisation: A campaign to assess the status of immunisation and people's perceptions regarding it was carried out in about 50 villages over 14 Panchayats in Manendragarh block. As a part of the campaign, village meetings were held and the Mitanins and Trainers recorded status of immunization of each child and pregnant women in the Gram Swasthya Register. It was found that there were a large number of children and pregnant women who were not vaccinated. The reason for this was mainly because in each Panchayat, there were a few villages and hamlets where vaccination was not taking place, especially in those without an Anganwadi. This information was promptly shared with the BMO who directed his workers to cover these areas.

1.2 Spreading awareness and providing support for immunisation: The Mitanins and Trainers identified children and pregnant women who had not been vaccinated. They spread awareness about the importance of vaccination and tried to do away with people's negative perceptions. When the ANM came to the village, the Mitanin informed and gathered all the children and pregnant women. This led to a steep rise in vaccination especially in the villages where there is no Anganwadi centre. The Mitanin's efforts in increasing the use of ICDS also helped as she could get large number of pregnant women and children below 3yrs to the centre for Take Home Rations, who therefore got vaccinated too.

In January 2004, a series of Health and ICDS awareness camps were held in 45 ICDS centres jointly with the Women and Child Development Department, Health Department

and NGOs in Manendragarh block. The Mitanins mobilised large number of village people, especially women, to attend these camps. As a result of the camps, a large amount of backlog of immunization in those villages was cleared.

The ANMs were initially very skeptical about the Mitanins' work, and few were antagonistic too. But they have realized the Mitanin's ability in mobilising the community on health issues and now take them seriously.

1.3 Community monitoring of immunisation: Presently, led by the Mitanin, the women of each hamlet monitor the ANM and the vaccination status. The date of monthly immunisation is recorded in a monitoring register. If one month goes without the ANM coming to the village, then the Mitanin reports it to the Trainer who then reports it to the BMO. The community also puts pressure on the ANM to visit.

1.4 Challenges: However in spite of all the efforts there are still more challenges to overcome.

For example, in the case of Kachod Panchayat, not much difference has been made regarding vaccination due to extreme negligence by the ANM. In the summer months, from March to June, the ANM did not carry out any immunization camps inspite of repeated warnings by the BMO. Her excuse was that as there is no refrigerator in the sub-center and neither in the PHC (Biharpur), she has to collect vaccines from CHC Manendragarh, 35kms away from the sub-centre, and then go to villages 5-12kms away. So in the summer months it is not possible to maintain potency of the vaccines. Now the situation is that both the ANM and the MPW have been transferred without the Government placing new people there. So now the fight is on to pressurize the Government to place a Health worker there.

In case of measles vaccines, there is still a lot of backlog to be covered. The vaccine has not been available for the whole of last year (2003). Efforts have been on to cover this backlog, but repeated requests to hold camps have been ignored. But things became very critical in case of Lalpur village. In the village, there is a hamlet of SCs (Basors), which is only 3kms away from Manendragarh town. In this hamlet, three children died of measles in May 2004 but even after that, measles vaccination had not been done for three months. In July when this was reported to the BMO, he sent a team who surveyed and found that in a hamlet of 70 households, about 30 children had not been vaccinated. A three-day vaccination camp was immediately carried out.

Villagers introduced to Immunisation services

Kharla and Kailashpur are twin tribal hamlets consisting of Cherwa, Gond, Oraon and Pando tribals. They are at a distance of 6kms from the main road and are connected to it only by a kuchcha road that is not motorable during the rainy season. In these hamlets, in the last one-year, no kind of vaccination (either of the children or of the pregnant women) had taken place. The Trainer's cluster meeting was held in the PHC (Kelhari) during which the MPW was confronted in front of the PHC Doctor. After giving some lame excuses he agreed to go there as soon as possible for immunisation. Now the MPW carries out vaccination camps every month and the mitanin helps him wholeheartedly to

ensure that all the children and pregnant women are vaccinated. The Mitanin has earned the respect of both the community and of the Government worker.

In another case, in the Garudol Panchayat, the ANM would go only to the two roadside villages with Anganwadi centers, Garudol and Dulku, but rarely went to the other more remote villages (Bala, Balshiv and Chharcha). The Mitanins reported this to their Trainer who reported it to the BMO. Now the ANM has been forced to start going to these villages too. In this case too the Mitanins offer every help in informing and gathering the children and pregnant women.

2. Preventing and controlling Gastroentitis epidemic -Prevention, Speedy Information flow, pressure on Health Department and Administration to act

In order to prevent the outbreak of gastroentitis, an intensive campaign was carried out in April 2004 in 60 villages of Manendragarh block. The Mitanins were first given refresher trainings on the cause, prevention and treatment of gastroentitis. Then meetings were conducted in 60 villages by the Trainers and the Mitanins in which the cause, prevention and treatment of gastroentitis was explained. Discussions were held regarding irrational use of intravenous fluids and injections and emphasis was put on the utility of ORS (home made). Also, a system for prompt information flow in case of an epidemic was set in place through the Mitanin. Along with that, a list of hamlets with drinking water problems was given to the SDM out of which, in 10 hamlets, hand-pumps were installed and another 15 were repaired.

During the gastroentitis season, the Mitanins along with the community monitored each houses for disease and ensured that ORS (home made) is given to the patients. In many cases the Mitanin would make the ORS herself and feed it to the patient at intervals. Serious patients were taken to the PHC and the CHC. The Mitanin was able to cure a large number of people through ORS and prevent further expenditure.

Gastroentititis epidemic control in Bairagi village

Bairagi is an extremely remote tribal village that is reachable only by an 8km trek through hilly and forested tracts. There was an outbreak of gastroentitis in the village and the Mitanin immediately informed the government worker through the Trainer, while ensuring that all the patients keep taking ORS (home made). The health worker reached the village and treated the patients and as a result there were no deaths. Later the Mitanin, along with other women of the village also put forward their demand for hand-pumps.

3. Preventing and controlling Malaria epidemic

Work on Malaria was done on two levels - 1. By ensuring that Chloroquine is available in all the hamlets of Manendragarh block mostly through the Mitanin. 2. Intensive campaign on larva control in 30 hamlets.

3.1 Ensuring Chloroquine availability at each hamlet level

A survey done by the mitanin trainers in Manendragarh regarding the effectivity of Depot Holders showed that nearly 80 % of the Depot holders were inactive. The Health workers would occasionally supply them with medicines, but either they were not distributing them or distributing them with incorrect dosage. This was the case even with Chloroquine. A dialogue was held with the Collector and at the Block level for the health administration to recognise all the Mitanins as depot holders. This has been carried out in about 300 hamlets. Initially they were given 20-50 Chloroquine tablets, which was insufficient for an average hamlet with 30 households. After further dialogue with the Collector, it was ensured that the Mitanins are given at least 200 Chloroquine tablets at a time. But the real challenge lies in ensuring regular replenishment of the medicine. The Trainers give fortnightly reports on availability of medicines with each Mitanin, which is forwarded to the BMO. But the Mitanins and the Trainers who constantly pressurize the ANMs and MPWs to give them more medicines and even go to the PHC to replenish their stock are fighting the real battle.

Mitanin Goli

The Mitanins have been instrumental in containing and treating cases of malaria in a number of villages of Manendragarh block. Once armed with Chloroquine tablets, they have been extremely diligent in giving the correct dosage and ensuring that the patient takes it for three days. When their stock runs out, they go to the PHC or to the ANM to demand more supplies. Along with this they have campaigned against the indiscriminatory use of injections and intravenous fluids. Their work has won them the respect of the community as it has cured a number of people and prevented a lot of useless expenditure. People today know Chloroquine as the '***Mitanin goli***'. They believe that it is this '*Mitanin goli*' that will cure them and not the medicines given by the ANM/MPW or quacks.

3.2 Campaign on Malaria and larva control

Village meetings were held in 70 villages, to spread awareness regarding malaria, especially the utility of Chloroquine tablets. Malaria committees were formed in 10 villages covering 30 hamlets. Volunteers in the Malaria committees were first given training on cause, prevention and treatment of malaria. They were then trained to recognize anopheles larva around their village and how to kill them by pouring burnt lubricant/kerosene oil. A register is being maintained recording the number of fever cases in the village.

The Mitanins provide hamlet wise information to the Trainers regarding the number of fever cases, who are keeping a look out for serious outbreaks.

Outbreak of Malaria epidemic- Speedy information flow, pressure on Health Department and Administration to act

In the month of July, there was an outbreak of malaria, in the Basor para (SCs) of Lalpur village only 3kms away from Manendragarh. The people were not being provided any services by the government. The ANM who lived in the same village, used to only come to the Anganwadi center, which was in corner of the hamlet, and most of the hamlet was ignored. This was reported to the BMO who sent a team there. The team did a house-to-house survey and found that in a hamlet of 70 households, there were around 50 cases of malaria.

4. **Fighting Child malnutrition**

4.1 Forcing ICDS centres to provide supplementary nutrition: In Manendragarh block, there are 103 ICDS centers while there are more than 400 scattered hamlets. Hence the ICDS center of a village is not even able to cover the entire village, but only the hamlet where it was situated. A campaign around ICDS was carried out from August 2003 in 45 centres covering 80 villages. The Mitanins had just undergone training on Child health and malnutrition. They were given additional information about the services provided by the ICDS centers and its utility and told to mobilize people to utilize those services. Hamlet-level meetings were held to spread awareness about ICDS services and to see it as a right, which they should demand. This led to a phenomenal increase in utilization of the ICDS services, especially of Take Home Rations (THR). Mitanins from far off hamlets would gather all the pregnant and lactating mothers and mothers of children below 3 years of age on the stipulated day and go to the center to demand THR. In some cases like Kharla, Kerabehera, Balshiv, Phuljhar the women even go to another village (2-5kms away) to collect THR. Demanding these services has not been easy. The Mitanin along with the women from the hamlet had to fight with the ICDS worker who was not willing to take the extra burden. Today the community, led by the Mitanin, monitors the ICDS centers in 45 centres covering 80 villages. Any irregularities are immediately reported and they also fight it out at the local level.

4.2 Forcing ICDS centres to measure malnutrition

One of the first tasks for the Mitanins and Trainers was to weigh children aged below 5 years and measure their malnutrition status. Weighing machines had to be borrowed from the ICDS centres. This exposed the shocking fact that in nearly 70% of the centres, weighing machines were not in working condition and had been in this state for the last 1year to six months. This issue was taken up at the District level and in some of the centers, the machines got repaired.

5. Opposing irrational practices of private practitioners/Government workers doing private practice – campaign against unnecessary use of intravenous fluids and injections

The Mitanin has been instrumental in campaigning against the indiscriminate use of injections and intravenous fluids and private practice. Village meetings were held in 60

villages in which discussions were held regarding how people prefer injections and intravenous fluids to tablets and how private practitioners and government workers just charge indiscriminately. The people were made to taste bottled saline water, which they recognized as salt water. The actual cost was also shared and the people were aghast that the private practitioners and government workers charge Rs.150 for a saline water bottle, which comes for Rs.12. The actual role of injections and intravenous fluids was explained. Chloroquine injection was shown to the people and it was explained that both the tablet and the injection have the same medicine.

It was also revealed that in the villages no one ever receives the correct dose through injections and this only causes them much harm and expenditure.

Discussions were held regarding the big financial advantage the private practitioners and government workers get in propagating indiscriminate use of injections and intravenous fluids. It was made clear that the Mitanin is going to propagate use of home remedies and tablets.

There have been innumerable success stories where Mitanins have treated people by administering home made ORS and Chloroquine tablets and this has lent lot of legitimacy to the Mitanins. Most importantly, this had reduced useless health expenditure with people going more to the government system and demanding free services.

6. Sending Referrals to PHCs and CHC – demanding services without 'extra' payments

Initially, in many cases, a patient used to take along the Mitanin when going to the PHC or CHC in order to ensure proper services. Today the Mitanin proactively refers patients to the CHC and PHC and most of the time accompanies them. They persistently demand free services from the doctor and refuse to go to their private clinics.

Demanding Government services

Sunita of Chharcha village fell ill with high fever and cough in February 2004, which continued for more than four months. During that time she went to a quack who charged her Rs.40, got injections and medicines from a MPW for Rs.80, went to the PHC in Biharpur where the Doctor gave her two injections and iron folic acid tablets every week for four weeks, charging her Rs.10 every time as fees. By this time she had become very weak and had stopped doing any economic or household. The Mitanin of her village, Sonkuwar, suspected that she might have TB and took her to the CHC Manendragarh. The CHC Doctor told them to come to his house to show the X-Ray and blood test results, but they would have to pay up Rs100 as fees. The Mitanin told the Doctor that they would show to him only once he comes to the CHC in the second half. TB was confirmed and today Sunita is recovering as she is taking TB drugs regularly and her DOTS provider is Sonkuwar Mitanin herself.

The various campaigns initiated have made the Mitanins and villagers aware of their rights and given them knowledge about the services they should demand from the government. In case of ANMs/MPWs doing private practice, there have been instances in which the Mitanins and people from their community first grilled them about whether a particular medicine is government supply or has been privately bought and then only paid

them. In some Panchayats like Garudol, the MPW has reduced the amount for administering injections from Rs.20 to Rs.10.

'Righting' a PHC

Biharpur PHC was literally a non-functioning PHC that used to open only on the local bazaar day. There is only one Doctor who lives 59kms away and a peon who would only do private practice. Till March 2004, there was an average of only 2 patients per day. Also, whoever goes to the PHC has to pay up Rs.10 and this money is not even deposited in *Rogi Kalyan Samiti*. People had just stopped going to the PHC. These issues were discussed in various village and cluster meetings and people were encouraged to go to the PHC to demand their rights. A complaint was also made to the SDM and BMO regarding the Doctor. As a result, the Doctor now comes on most days of the week and there has been a steady increase of people going to the PHC and demanding services. Recently, Mitanin and women leaders of Chharcha village took about 10 children who were ill to the PHC on a bazaar day and they refused to pay any fees. The peon has stopped doing private practice. Immunisation in the PHC area has also improved drastically. In one case, the MPW spent the night in the village to do immunization the next day, as the Mitanin was not available the previous day.

7. Ensuring distribution of Iron Folic Acid Tablets to pregnant and lactating women

The utilisation of Iron Folic Acid Tablets was very low in the area and the ANMs would claim that women refuse to take the tablets. After the training on women's health, the Mitanins spread awareness regarding anemia and the utility of the iron tablets. They started demanding iron tablets for the pregnant and anemic women in their hamlets. It was then discovered that there had been no supply for more than six months; hence the ANMs did not have the tablets to distribute. The Mitanins continued to pressurize the ANMs and pressure was put on the BMO who said it was not in his hands. The case was then taken up with the Health Secretary, which led to prompt supply of the Iron Folic Acid tablets.

8. Demanding free TB examination and free TB drugs

In Manendragarh block, there was no RNTCP programme for the last few years. Nevertheless, the Mitanins were encouraged to bring suspected TB patients to the CHC and demand free services from the government. This was not being provided and as a result, a lot of resentment was generated. This put pressure on the health system and the RNTCP programme was finally started on 15th August 2004. Since then the Mitanins have been bringing more suspected TB patients to the PHC and CHC for testing. And in a number of villages like Gundru, Chharcha etc., Mitanins have been made DOTS providers.

9. Active and open opposition to Domestic Violence

In quite a few villages, the Mitanins have played an important role in taking up the issue of domestic violence. The Mitanins were first sensitized on the issue of domestic violence. Then in all the village meetings, this issue was discussed. The awareness has

spread to some extent that wife beating is not an acceptable thing and women have been encouraged to take action against it with the help of the Mitanins and the Trainers.

There have been cases of women/Mitanins going to the Police to complain about violence after being encouraged by the Mitanin/trainer. Samudri, Mitanin of Parasgarhi, was mercilessly beaten by her husband who then ran away with their two children. Samudri was then driven out of the house by her brother-in-law and sister-in-law. Samudri informed the Trainer and then she was taken to meet a Lawyer for advice. The husband got to know and he promptly returned and apologized to her. He has behaved himself since then. In another village, Rojhi, the Mitanin Manmati's brother-in-law beat her over a land dispute. She went to the Police and filed a FIR against him after a village meeting. In another case, a couple Dugla village used to drink alcohol and mercilessly beat their children, including their daughter aged 15yrs. The Mitanin of the village encouraged her to report to the Police. The Police threatened the parents and now they no longer beat the children. There are more cases in which the Mitanin/Trainer has counseled the woman and threatened the man beating his wife, like in Tarabehra and Vishrampur. In some cases, Mitanins, like Jaimatiya in Kariabehera, have sheltered women in the middle of the night and also called village meeting to put pressure on the husband. In Dulku village, after discussions on domestic violence in the village meeting, the villagers got together to put pressure on a man to stop beating his wife. When he did not listen, the villagers socially ostracized him.

10. Leading the campaign on Right to Food in Koriya

The Right to food campaign was started in Manendragarh block in 80 villages with the Mitanins leading the campaign. Special trainings and meetings were held in order to familiarize the Mitanins with the issues in Right to food.

Mid day meal and ICDS: The Mitanins and Trainers clashed with schoolteachers on the issue of Mid-day-meal, ICDS workers on the issue of distribution of daliya, oil and gur. The community led by the Mitanins/Trainers wrote affidavits against 7 teachers who were themselves irregular or were not serving mid-day-meal regularly. Out of these, three got transferred and the rest were punished monetarily. As a result, those schools are running regularly. As a result of public action led by the Mitanins, erring ICDS centers have been corrected and its utilization has increased many folds, even though in most villages, Mitanins and Anganwadi workers remain at loggerheads.

Courage shown by the Mitanin in correcting the Anganwadi and School

Rambai is the Mitanin of Rokda village. She is a widow and stays alone with her 10year old daughter. The Anganwadi in her village had not been functional for over six months as the Worker was from another village and she would never come to open the center. When in January 2004, the Health and ICDS awareness was held in her village, Rambai mobilised the women of her village who came to the camp in large numbers and complained against the Worker to the Supervisor. As a result, disciplinary action was taken against the Worker and now daliya is cooked in the Anganwadi daily and THR distributed weekly.

In the same village, it came to the notice of the villagers that the School Master had sold 1 quintal of the Mid-day-meal grain and there was one Master who used to be perpetually drunk. In a meeting organized by Rambai, the women of the village wrote a complaint against the Masters. Before the enquiry, the Masters and one Panch served alcohol and chicken to 5 men continuously for two days. At the time of the enquiry, none of the women were called and these 5 men gave a written statement saying that the complaints were false. Later when the women got to know about this, they got very angry and complained again. When the Panch got to know about this, he came, drunk, to Rambai's house at midnight and verbally abused her and troubled her for 2-3 hours. This time the SDM was brought to the village for the enquiry. All the men and few women of the village had fled to avoid any confrontation, but ten women, led by Rambai went to the school and openly spoke against the teachers and the Panch. The SDM threatened the Panch that if he ever tries to trouble the women again, he will have to pay dearly. The drunken teacher was transferred and disciplinary action was taken against the teacher who had sold the grain.

Public distribution system: State level impact was made in the campaign to secure food entitlements for the BPL and Antodaya families. The community led by the Mitanins wrote affidavits against PDS shops in 12 Panchayats and these were forwarded to the Supreme Court Commissioners. As a result, investigations were undertaken in these Panchayats. Consequently, all PDS shops in the initial 12 Panchayats were deprivatised immediately. During the investigation, Mitanins and Trainers were the ones to mobilize the community, especially women, to speak against the PDS salesman. They took on very strong vested interests that were also very strong politically. They were given death threats and three FIRs had to be filed to ensure their safety. One Salesman even made a false case against a Mitanin's husband in order to trouble them.

As a result of such action, all the PDS shops in Koriya and Surguja districts were investigated, where 1100 out of 1200 shops were found to be flouting Supreme Court norms. Hence the Government ordered that all the PDS shops be deprivatised in eight 'tribal' districts of the State.

Currently, monitoring committees have been set up in 80 villages in which, the community led by the Mitanins and Trainers, monitors the working of all the food schemes and records it daily in a register and immediately takes action if there is deviance of any kind.

Mitanin takes on strong vested interests to ensure that food entitlements reach the poor

(1) In Tarabehera Panchayat, the District Vice-President of the ruling Party ran the PDS shop and not a single BPL family had received grain in the last three years and the Panchayat Secretary had deposited most of the cards. The Trainer Mankuwar and Mitanin Jaimatiya conducted meetings in all the villages and got affidavits from the people, which were then sent to the Supreme Court Commissioners. The night before the enquiry, the Panchayat Secretary distributed BPL cards to few people. When Government Officials came for enquiry, Mankuwar and Jaimatiya mobilised a large number of people from all the villages, in front of the shop and they all (especially the women) spoke against the Salesman. The Food Inspector later came to Mankuwar's house and scolded her for causing so much trouble. The Salesman sent death threats to her and the Mitanin. Mankuwar's husband got scared and told her that if she continues such work then he will leave her. But Mankuwar and Jaimatiya continued to travel alone from village to village through the forest and mobilize people. Later they filed an FIR against the Salesman. Today the Panchayat runs the PDS shop and BPL families have started getting their rations for the first time in three years.

(2) Sunita is the Mitanin of Phuljhar village. The PDS shop salesman in their Panchayat had deposited most of the BPL/Antodaya cards since last year. Whenever someone would go to him for rice, he would say that that BPL/Antodaya rice has finished and so for about a year hardly any of the BPL/Antodaya cardholders received any grain from the PDS shop. Sunita mobilized the people of her village, especially the women, to write an affidavit against the salesman. When Government officials went to investigate, she gathered all the women to the PDS shop and all of them spoke against the salesman. The salesman had meanwhile fled the village. His mother threatened to get Sunita killed, in front of the whole village. The villagers in turn warned her that if anything happened to Sunita, then they would drive the Salesman's family out of the village. Meanwhile, the Salesman and Sarpanch pati filed a case of disturbing peace against Sunita's husband, who then had to travel 70kms regularly to appear for his hearings. This case was later dismissed after a dialogue with the SDM. The Government has filed a FIR against the salesman for discrepancies found in the running of the PDS shop and the shop has been transferred to the Panchayat.

(3) Rahawati, Mitanin and Trainer in Biharpur Panchayat led the fight against the PDS Salesman who used to refuse to give BPL grain and the Panchayat Secretary who had deposited most of the BPL cards. One night, when Rahawati was out for a Mitanin training, the Panchayat Secretary and the Sarpanch pati came to her house, drunk, and threatened her husband that they will kill her in the forest. Her husband did not eat for three days, till she returned. But Rahawati was not worried and she continued to do her daily work that entailed traveling alone in very heavily forested hilly tracts. An FIR was filed against the two men. They asked for forgiveness when the Police started troubling them. They were first made to apologise in a big cluster meeting and then only was the case withdrawn.