# REPORT: Healthcare services in Gulbarga District

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I. Introduction
Youth for Seva volunteers, Mrs. Vyjayanti K and Ms. Sinu Joseph visited Gulbarga district from Nov 23 - Nov 25, 2011 to understand the healthcare scenario there and study the need to initiate a “Doctors for Seva” team to help address the problem of shortage of doctors in selected taluks of Gulbarga district.

Data obtained from the government showed two taluks, Aland and Afzalpur, in Gulbarga district which seemed to have a problem of fewer doctors at the CHC and Taluk Hospitals. These two taluks were also termed as the most backward of all taluks of Gulbarga. Hence, we planned to visit these two taluks specifically and understand the healthcare situation by interacting with the local people, the staff of the PHC, CHC and Taluk Hospitals.

Although our visit was specifically keeping healthcare and non-availability of doctors in mind, we also made a note of other issues. Presented below are the findings and observations from the visit. We have also specified the areas of possible intervention from our side in future through the Doctors for Seva network.

II. Healthcare in Aland Taluk
We covered four locations in Aland Taluk, namely Narona, Kadaganchi, Nehru Nagar Thanda and Dangapur.

Narona – We began our study by visiting the village at Narona, located close to the Narona Community Health Centre (CHC). A member of the gram panchyat, guided us to the nearby village. We interacted with a household which had a recent birth, an ASHA worker and the staff and doctor at the CHC.
1. Case of recent birth – Savithri (second from right in the pic) had just delivered a child 8 days ago. The delivery was normal and was done at the CHC by a trained nurse. Having had a BPL card, she even got the benefits from Janani Suraksha Yojane and the Madilu Kit (comprising baby clothes, blankets, and other items for a new born child). All through her pregnancy, she was visited by the ASHA worker, who ensured that she made regular visits to the CHC and undertook all necessary tests, vaccinations and drugs meant for pregnant woman.

Observations:

- Savithri and her family were very happy with the government facilities, the ASHA worker’s assistance and the easy access to healthcare through the nearby CHC.
- She said that the doctor was always present and the availability of nurses 24 hours, free medicines and the 108 Emergency services made it easy to avail basic health facilities.
- When asked if there were any other health facilities which she felt were necessary, she suggested a scanning machine at the CHC because she had to travel to Gulbarga city to get the scanning done.
- Awareness about government schemes for a BPL card holder was also noteworthy.

Possible areas of intervention

- Gynaecologist at the PHC/CHC

2. ASHA Worker – Savithri’s brother led us to the ASHA worker’s house which was in the same village. The ASHA worker briefed us about the work she does:

- She covers a population of 1000
- She makes monthly visits to pregnant women and ensures that they visit the PHC/CHCs. She helps them obtain and update the Thaayi card
- She follows up on women who may need to visit Gulbarga either for a scan or for a Caesarean delivery
- She keeps track of people in her area who have been coughing for over 2 weeks, and gets them tested for Tuberculosis
- She administers DOTS for those suffering from Tuberculosis (at present, only one man, aged around 60 had TB)
- She also ensures that children go to the Anganwadis
- Before we left, 4 ASHA workers met us requesting us to do something about the low payment they receive. Many a time, though they follow up on a pregnant woman for months, she ends up leaving to her mother’s house for delivery. This leads to the ASHA worker missing out on her payment since it is incentive based.

Observations: The presence of an efficient ASHA worker in this village clearly showed in the health of the people, especially the pregnant women. There were hardly any cases of chronic ailments. Her only request was if there could have been a lady doctor for the pregnant woman to interact with, since most women feel uncomfortable talking to a male doctor. Her sincerity towards work and regular follow-up with the people in the area allotted to her were truly commendable.

Possible areas of intervention

- Gynaecologist at the PHC/CHC
- Lady doctor (MBBS) at the PHC/CHC
3. The Community Health Centre (CHC) – The ASHA worker took us to the CHC and got us acquainted with the nurses and staff at the CHC, until the doctor arrived. We noticed the following:

- The cleanliness and hygiene maintained at the CHC was better than several private hospitals in Bangalore city!
- The availability of lab, pharmacy, x-ray (no technician though)
- Very good informational charts were put up all along the corridors (but in English)
- The nurses and staff present were very approachable and friendly
- The doctor present was forthcoming with information and showed us around the CHC
- The CHC had 2 MBBS doctors and staff nurses. They could use a gynaecologist, although all deliveries are handled well by the trained nurses. Caesareans are referred to Gulbarga because they neither have the Specialist nor the equipment to carry out the same at the CHC.

**Observations:** While the CHC was under staffed in terms of the number of doctors sanctioned versus the number present, it didn’t seem to be a problem thanks to the efficient 108 ambulances which took patients to Gulbarga for further referrals. The Taluk hospital at Aland also did not have specialists for Caesareans; hence the only option for patients was to travel to Gulbarga. But since they are informed beforehand if they may need a Caesarean, it seemed like less of a problem.

**Possible areas of intervention**

- Gynaecologists & Obstetricians at the PHC/CHC and at Aland Taluk Hospital
- Any other specialists, especially Paediatrician at the PHC/CHC at Aland Taluk Hospital
The next village we visited was Kadaganchi. Here, we visited an Anganwadi and a household.

1. The Anganwadi – As soon as we entered, we noticed the Anganwadi teacher, 2 helpers and just a couple of children. Then we turned around and saw a group of around 15 children sitting silently against the wall, hidden by the door when we entered. Such a batch of well behaved, healthy looking children was a pleasing sight. The Anganwadi teacher was very welcoming and explained to us all the facilities she receives from the government to carry out her tasks:

- Children are fed different food items on different days – ready to eat Kesari bath mix, Kurkure (chunks of Soya), Lemon rice mix, and protein powder. Stocks of these food items are stored in a separate room in the Anganwadi.
- Weighing scales are used to measure and give the exact amount of food as per each child’s requirement.
- The height and weight of the children are noted in a notebook (growth charts are not plotted).
- The store room was not in very hygienic condition with rats running around and an unusable toilet.
- Medical checkups by the doctor from the PHC happens at regular intervals.

Observations: The Anganwadi teacher seemed very sincere at her work and the children seemed to be very fond of her. All the children looked healthy and it was good to notice that all the food stocks were reaching the Anganwadi as they are supposed to. A little attention towards the hygiene of the store room might be necessary.

2. The household – The Anganwadi teacher took us to a nearby house where we interacted with the men and women and enquired if they have adequate access to healthcare facilities.

Observations: Here too, people seemed quite satisfied with the nearby PHC, availability of doctors and medicines. The level of awareness among people was evident when another family called out to the Anganwadi lady to take a look at their Thaayi card and help them understand when their next doctor’s visit should be.
Nehru Nagar Thanda

We came across a small hamlet of women who called themselves the Nehru Nagar Thanda or “NN Thanda” as they suggested we call them.

Observations: While they seemed like a contented, happy group of people, here were some points we noticed:

- Large families - Each family had around 5-7 children. Although they are aware of procedures of birth control, they seemed to prefer large families.

- Delivery at home – Delivery at home seemed to be somewhat common among women of the NN Thanda. Since by nature they travel every six months, it was common for the women to get pregnant in a different state (Maharashtra) and have the child born in Karnataka. Because of this, they could not get themselves registered for the government benefits like Janani Suraksha Yojane and Madilu Kit. Also, ASHA workers couldn’t keep track of them and they didn’t have Thaayi cards. One of the children was mentally challenged; perhaps as a result of improper home delivery.

- Electricity – We were surprised to find constant electricity enabling them to run a mini flour mill and a motor driven machine for pounding spices.

- Awareness – The women showed us their traditional clothes made for sale and asked if we could help with bank loans. The oldest lady in the thanda owned a mobile phone and confidently said that the number to be dialled in an emergency is 108!

Dangapur

By this time, we were quite sure that healthcare facilities in Aland are available and easily accessible for the local people. However, we decided to stop over at one last village and enquire about the health facilities. This took us to Dangapur.

Observations:
Interacting with a group of women gathered near the water source, we learnt that ASHA and Anganwadi workers are quite regular in this village too.

The PHC doctor was available and as with other PHCs, the deliveries were undertaken by trained nurses. Caesareans were done in Gulbarga city, as with the other taluks.

However, one complaint was about the daughter in law not having access to BPL facilities although she has a BPL card in her family’s name. The govt authorities insisted that she produce a BPL card in her husband’s address to avail of the free services.

III. Healthcare in Afzalpur Taluk

Having seen reasonably good healthcare facilities at Aland taluk, we were keen on visiting another Taluk and we were told that Afzalpur is a “backward” place with poor health facilities. While in Afzalpur, we visited Devala Ganagapura, Bonganahalli, Athanur and the taluk hospital at Afzalpur.

Devala Ganagapura

We visited a small village in Devala Ganagapura, and decided to do a simple awareness talk on Menstrual Hygiene to get the women to open up to us and discuss problems if any. The talk went well and got the women to laugh and talk to us without inhibitions.

Observations:

- Lack of privacy due to absence of toilets causes women to delay changing the cloth (used for absorbing menstrual flow) frequently. They are forced to change inside the house and use open spaces to clean themselves.

- General preference of a girl child over a boy child might be a reason for having 3-4 children.
• Young girls preferred to skip school and stay at home. The reason given by one of the girls was that the school teacher frequently beats her

• Daily income was a problem since they did not own any land, and had to seek labour options constantly

• However, the ASHA worker and the PHC facilities was again appreciated by the women, and they did not have any complaints about these facilities

**Boganahalli**

We visited a government primary school at Boganahalli and interacted with a school teacher and a lady worker at the school

**Observations:**

• The teachers were all present and classes were being conducted while we walked in

• The teacher showed us stocks of iron, folic acid and Vitamin A tablets which are given to children as suggested by the government

• The mid-day meal for the day was Lemon rice and a lot of children were apparently sent to the school because of the mid-day meal scheme

• The lady worker said that though ASHA and PHC functions fine, the doctor at the PHC is not always present and comes only once or twice in 8 days. However, she was reasonably satisfied with the healthcare facilities available

• Here again, instead of visiting the Taluk Hospital at Afzalpur which is just 15 kms away, most people prefer to travel to Gulbarga which is 45 kms away, despite the bad roads. The reason being that the Taluk hospital does not have specialists or equipment for procedures such as scanning

• The school teacher told us that he is a diabetic, but receives free medicines from the Taluk Hospital for diabetes

• Travelling to Gulbarga usually happens in Jeeps and sometimes patients have to get a loan to bear the expenses for the travel. This means, they end up postponing the treatment.

**Athanur**

Having heard from the lady worker at the school about the doctors at the PHC, we decided to drop in and see the situation ourselves. This led us to the PHC at Athanur. We were glad to note that a senior doctor was very much present along with other staff, attending to the patients who had come to the PHC. Speaking to the doctor gave us useful information on the problems he faced at the PHC and a general idea of the health scenario in this village.

**Observations:**

• The 108 ambulance was not present in front of the PHC, and the doctor mentioned that it is not as frequent as it should be

• The doctor said that complications arise when patients, despite being informed beforehand that they will need a Caesarean and hence must get it done in Gulbarga, end up at the PHC just before delivery

• BP & Diabetic cases are on the rise, and it mainly affect the population over 60 years of age

• Again, people travel to Gulbarga instead of Afzalpur taluk hospital due to lack of specialists at the taluk hospital
Afzalpur Taluk Hospital

Having heard from different sources about the Taluk hospital not functioning as it should, we decided that our next stop should be Afzalpur Taluk hospital. The journey to the taluk hospital and back was terrible with the roads being very difficult to drive on. This might be a major reason for doctors and patients to stay away from this hospital.

The 100 bedded hospital was well maintained and had several patients, mostly women with their young children lined up on the floor outside the doctor’s room. Before the doctor arrived, we had the opportunity to speak to a nurse and asked her why specialists do not come to the Taluk hospital. She told us that one of the reasons is that lady doctors find it difficult to handle patients who are quite rough in their manner, and often land up drunk at the hospital.

Later, we met the doctor and the medical superintendent and learnt the following:

- The taluk hospital lacks all specialists, except for a General surgeon and an eye specialist who visits once a month
- There is an immediate need for gynaecologists at the hospitals
- Despite all this, they do have around 100-150 deliveries (normal) happening per month
- Although they prefer a doctor who can commit long term, the need was so great, that they agreed to a voluntary doctor visiting few days a month

Possible areas of intervention

- Gynaecologists & Obstetricians at Afzalpur Taluk hospital
- Any other specialist, especially Paediatrician at Afzalpur Taluk hospital
- While OPD cases can be taken up weekly or monthly based on the preference of specialists, the surgery cases should be taken up only if the doctor can follow-up on the patient post surgery

IV. Healthcare in Gulbarga city

On the same day we visited Aland, we returned to Gulbarga city and visited a slum to get an idea of the health situation there.

Observations:

- People rarely visit government hospitals, and prefer private hospitals even if it means that they have to spend money.
- Not all have BPL cards
- Drinking water is a major problem, and water borne diseases are common. One family even spends Rs. 20 for 20 ltrs of mineral water. But another lady who lives in a joint family said that she just filters the available water with a piece of cloth (no boiling as they can’t afford to do it for so many people)
- Community toilets with choked soak pits cause a stench and are a breeding ground for disease causing mosquitoes. In comparison, though the villages we visited did not have toilets, they also did not suffer from any such ailments, perhaps due to the open fields (rather than unclean community toilets) available for defecation.
- The people in the slums of Gulbarga seemed to need much more help for healthcare in comparison to the people in the villages
V. Doctors for Seva in Gulbarga

The purpose of our visit was to understand the health scenario and study the possibility of starting “Doctors for Seva” team in Gulbarga to undertake voluntary work in the surrounding villages. However, the existing healthcare services provided by the government seemed to be adequate and satisfactory and our intervention might be required only in providing specialists to the CHC/Taluk hospitals.

Despite that, we decided to visit some doctors in Gulbarga city to see how interested they might be to initiate a chapter of Doctors for Seva. We were pleasantly surprised to note the willingness of young doctors at Basaveshwar hospital willing to undertake medical camps in the slums and treatments at Basaveshwar hospital. They assured us that finding medical manpower for Gulbarga city to do voluntary work will not be a problem. What they needed was someone to coordinate the process, help with medicines and organize such activities. They expressed interest & willingness to conduct medical camps in government schools and slums in Gulbarga city.

We also met with Dr. Gangambika (HOD of Gynecology at Basaveshwar Hospital) who was also willing to help undertake voluntary work in Gulbarga city. One of her requests was for senior doctors (from the Bangalore team of Doctors for Seva) to conduct training for Laproscopic procedures for the doctors at Basaveshwar hospital. She offered to take care of accommodation and all arrangements for any doctor willing to give such training.

Meeting the DHO – We also met the DHO, Dr. Shivaraj Sajjan Shetty and appraised him about our findings. He was pleased to note our positive feedback and expressed the need to hear such feedback from common man. On his suggestion, we went to the DC’s office but could not meet him since he was on leave that day.

VI. Conclusion

It was indeed a pleasant experience to realize that when it comes to healthcare, Gulbarga isn’t as backward as people say. In fact, the existing government services and schemes are working wonderfully well and this is something we learnt from the people themselves. The efficient ASHA & Anganwadi workers, the excellent connectivity of the 108 Emergency ambulances, the presence of senior doctors at the PHCs and CHCs, the well maintained government health centres and the positive feedback from local people narrows down our areas of intervention.

As a next step, we shall attempt to provide the following assistance in the coming months:

• Attempt to arrange training on Laproscopic sterilization for doctors from Basaveshwara hospital by involving the Doctors for Seva team in Bangalore

• Form a team of Doctors for Seva in Gulbarga city, and through them conduct medical camps in slums and government schools within Gulbarga

• Attempt to have a team of gynaecologists, obstetricians and other specialists from Gulbarga city who can visit the Afzalpur taluk hospital once a month on rotation