STUDY ON

THE IMPACT OF THE HEALTH TRAINING INPUTS

UNDER THE LIVELIHOOD RECOVERY PROJECT

(With Special Reference to the Child-to-child training Programme)

Study Undertaken by:

Setu: Centre for Social Knowledge and Action

Ahmedabad

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We are grateful to International Organisation of Migration (IOM) for their support in the aftermath of the earthquake which destroyed large parts of Kutch and surrounding areas of Gujarat. As part of the livelihood recovery programme, IOM took a broad based approach to rebuilding and rehabilitation of the affected areas which included building shelters, restoring livelihoods as well as intervening in the local problems of living and working conditions. One of the most urgent problems in the area was the health situation and IOM took the initiative to intervene in this area. We are thankful to Shri Sarat Dash and the IOM team for this opportunity to study the impact of this intervention and suggest concrete ways to strengthen what has already been achieved as well as identify new areas of importance in ensuring the health of migrant salt workers.

We would like to express our thanks to all the partners of IOM, namely Prayas, Utthan, Anandi, Samerth, Paryavaran Vikas Kendra, Yusuf Meherally Centre and Setu who have given their valuable time to make this study possible. They have shared their experiences and analysis of the health problems of their particular areas, trainings conducted with the support of IOM and their perspectives for the future directions in this area. We are also thankful to Chetna, the organisation which provided technical support for this health intervention, for sharing their experiences and insights on the entire process and giving concrete suggestion on the possible ways forward.

Finally, we would like to thank all the members of the community – men, women and children – who spent time with us and enriched our understanding of the living and working conditions in the earthquake affected areas of Kutch and Jamnagar.

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INTRODUCTION

After the devastating earthquake of January 2001, IOM made an assessment to find out the most appropriate ways in which IOM could support the local, national and international response to the disaster. IOM's study revealed that the migrant salt workers of the area form the most vulnerable community among the affected and proposed the construction of semi-permanent shelters as an immediate form of intervention. During this phase 2408 semi-permanent shelters for migrant salt workers were constructed as well as provision of drinking water storage tanks, two community halls and a paraplegic centre.

In the following phase it was decided that rehabilitation activities would also focus on the same vulnerable group of migrant salt workers with the objective of improving their living conditions and restoring their livelihoods. This phase included interventions such as:

- To increase participation and to strengthen the capacity of migrant salt workers, particularly women, to (re)establish and supplement a livelihood through priority participation in the reconstruction activities and micro-credit programme (total 1500 beneficiaries of which 50% were women)
- To facilitate the promotion of community based organisation among migrant salt workers that will help them to advocate on issues affecting their livelihood
- To enhance self-sufficiency of members of the target group through temporary employment in construction activities and enhancing their construction skills

- To provide vocational training for 300 persons followed by job placement with a special priority for women
- To provide 15 low cost rest areas close to their work place and 856 permanent shelters for migrant salt workers
- To improve working conditions of 2500 migrant salt workers by providing safe-work kits and multipurpose shaded rest areas

FOCUS ON HEALTH SITUATION

Further, IOM took the initiative to intervene in the critical health condition of migrant saltworkers who face special occupational health diseases due to the nature of their work in addition to the general ill-health and morbidity faced by all poor communities. Being a migrant community who work in sites far away from settled villages, they fall outside the government health schemes and services and therefore do not receive the preventive and curative services available to other populations. Theirs is an issue which has not received as much attention as they deserve and IOM's intervention in this area included:

- To impart training to 200 women from migrant salt worker families on preventive health and hygiene who in turn would act as health motivators/educators in the community
- To train 100 selected children on the concept of CHIL to child and prepare them as health promoters in the community
- To build the capacity of local communities and NGOs to plan and implement sound responses to future emergencies

Thus health initiatives formed an important part of the Livelihood Recovery Project in the aftermath of the earthquake. This report focuses on the impact of the interventions in this area and points to emerging areas of importance.

SPECIFIC OBJECTIVES OF THIS IMPACT STUDY

Given the background of IOM's health interventions under the Livelihood Recovery Project, the aim of this document is:

- To carry out a study on the impact of the health training inputs under the Livelihood Recovery Project with specific reference to the Child-to-child programme
- To liaise and coordinate with the IOM project partner agencies for collecting data from the field
- To provide inputs in identifying future areas of intervention and scope for improvements in the health training programme and specifically the Child-to-child approach for imparting health education
- Assessing the scope for scaling up similar interventions through the project partner's stake-holders forum i.e. the Migrant Workers Development Trust
- To analyse the information collected and document the findings in the form of a report
-

This study traces the thinking that led to formulating the intervention, the process by which the need for specific inputs was assessed, training design and actual trainings, the training experiences of the partner organisations in different parts of Kutch, Jamnagar, Rajkot and Amreli, follow-up initiatives and impact on various sections of the community who were the target groups of the intervention. Further, suggestions for future interventions and strategies have also been suggested.

METHODOLOGY OF IMPACT STUDY

In order to study the impact of the health interventions we used a variety of sources including reports written by the training organisations as well as the partner organisations of IOM whose staff members received training inputs.

In addition, we interviewed personnel of the training organisation for their impressions and analysis of the entire process – understanding the social, economic and environmental situation of migrant workers and their families, nature of salt industry and

salt making process, emerging health issues, assessing the need for health inputs, conducting actual trainings of trainers and dais in each organisation, monitoring training conducted by trainers for the community members and children, strengths of various partner organisations and finally, areas for further interventions and capacity building. Interviews were also conducted with staff members of partner organisations to gain their insights into the training inputs and its practical efficacy, challenges faced while conducting further training with community members and children of their own areas as well as future directions.

Lastly, we also interacted with members of the community who were the final recipients of the health inputs and tried to understand their problems and challenges. These conversations gave a valuable insight into the final impact of the intervention and also ground level suggestions for effective and appropriate interventions in the future.

All these responses were collated and analysed to asses the design and process of the trainings, their impact and the manner and scope for scaling up similar interventions through the project partner's stake-holders forum, the Migrant Workers Development Trust. All the partner organisations are members of this trust and are mandated to work on issues related to migrant workers. Thus, this forum will be undertaking future actions for the welfare and rights of migrant workers in the region.

HEALTH TRAINING INPUTS
UNDER THE LIVELIHOOD RECOVERY PROJECT

HEALTH STATUS OF MIGRANT SALT WORKERS

In the earthquake affected areas of Kutch and Saurashtra, the worst victims were the migrant workers who are asset-less and financially worst off. Due to the arid conditions characterized by poor rainfall agriculture does not provide adequate employment. This situation is worsened by salinity ingress in the region. As result large numbers of workers and their families migrate in search of work. They work in a number of sectors such as salt pans, brick kilns, roof tile factories, charcoal manufacture and so on and they live in the work sites along with their wives and children, who also contribute their labour.

The migrant salt workers which were identified as the target focus group for IOM's interventions live and work in the harshest and most dangerous conditions. The working conditions are particularly bad for those who harvest the salt, as they have to walk barefoot in the heat of 30 to 40 degrees centigrade. Most workers face diseases like hypertension, skin problems, and blindness due to exposure to the sun and radiation from the salt. Women face all these health problems and further problems because of their gender such as gynecological problems. Of these pregnant and lactating women are more vulnerable. Children are at high risk as they are exposed to a dirty environment, heat and humidity. They do receive the protection of immunization and the environment exposes them to worm infestation, diarrhoea, skin infections and so on.

Migrant workers stay on the salt pans for eight months of the year, without access to preventive or primary health care. The government health care systems hardly make an effort to cover the salt pans and being far away from the village sites, salt workers and their families can scarcely access the formal government health care facilities. Neither can they get access to the public distribution system which gives them foodgrains at an affordable price. As a result they are malnourished and this further affects their health status for the worse.

The conditions in which salt workers work are equally harsh and they lack even the basic protection in the form of boots, gloves, hats and goggle to protect the parts of the body which are exposed to the salt water and heat. The labour officers responsible for implementing government safety standards are characterized by their neglect of the salt workers and the complete lack of interest in protecting the rights of the workers and compelling salt pan owners to provide protection to the workers as per the rules and regulations.

IOM'S OBJECTIVES OF HEALTH INTERVENTION

IOM decided to intervene in this situation by taking steps to increase access of migrant salt workers to government or NGO run health services, to creating a cadre of trained community health workers among the partner NGOs who would act as change agents and providing safe-work kits to protect workers at the saltpan sites. An important component of these health interventions was to also provide health training to women volunteers from among the community of salt workers. In addition, 100 selected children from migrant salt workers' families were given health information and were empowered to focus on the community's health.

Specifically, health training inputs under the project aimed at:

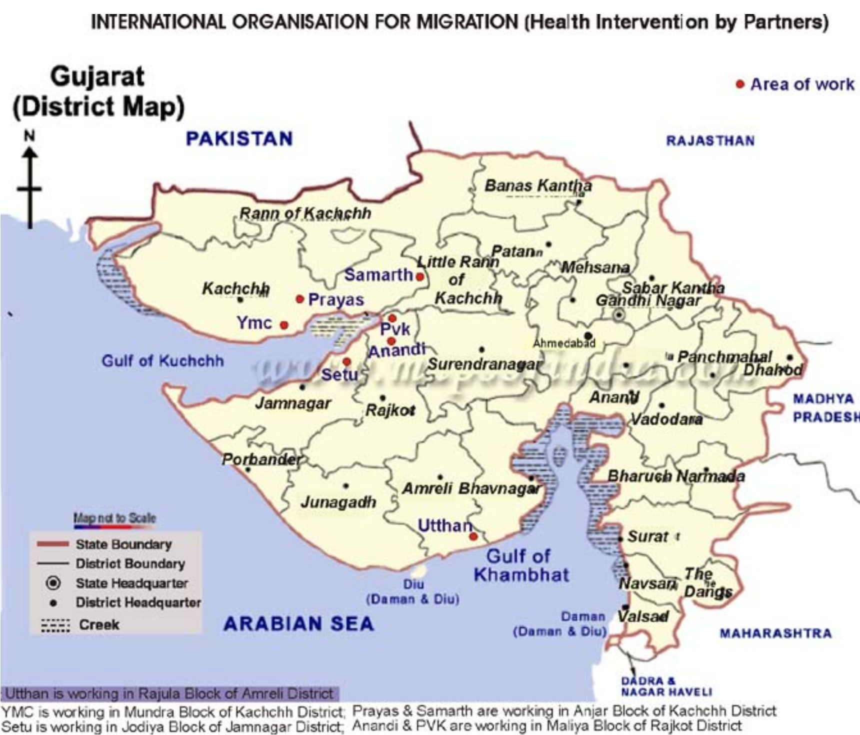
1. Imparting training to about 1000 migrant salt workers on prevention of occupational health hazards.
2. Imparting training to about 200 women from the migrant salt workers families on preventive health and hygiene who will in turn work as motivators/ educators in the community.
3. Training 100 selected children on the concept of Child-to-Child and prepare them as health promoters in the community.
4. Building capacities of local community and NGOs to plan and implement sound responses to emergencies.

To facilitate the implementation of the training programmes under the health interventions, specific capacity building inputs were also provided to the field level staff of the partner agencies. This was primarily to develop a common understanding of

health issues and also build up their training skills with specific reference to imparting health messages.

It was decided that the intervention with children would use the CHILD to child approach wherein older siblings are oriented with information regarding basic health issues and are trained to look after simple health problems. The project looked upon this as an opportunity wherein the capacities and understanding of the elder children on health issues could be built up and they could be developed as mediums for spreading information on health and hygiene issues and also initiate behavioral changes among the children of the salt worker families.

IOM's seven NGO project partners in Gujarat were Yusuf Meherally Centre, Prayas, Samerth, Paryavaran Vikas Kendra, Anandi, Setu and Utthan. The chart on the following page gives an overview of the geographical areas in which the partners' work and the issues addressed by them.

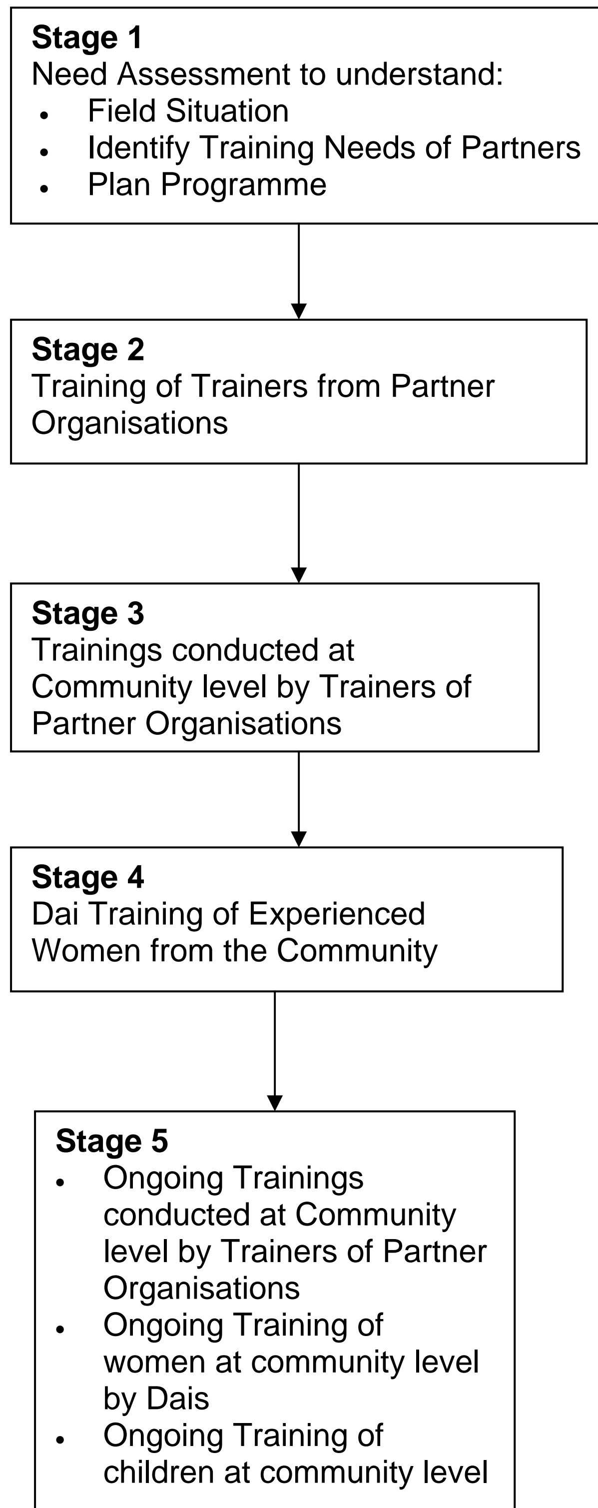


IOM's NGO project partners in Gujarat

	Organisation	Geographical Coverage	Issues addressed by Organisation
1	Yusuf Meherally Centre	Mundra Block, District Kutch	Education, Health, Livelihood interventions and community control over natural resources.
2	Prayas	Anjar Block, District Kutch	Promote Community Based organisation of vulnerable sections for their Human rights and better quality of life. Livelihood – On Farm & off farm through SHGs and Micro Finance Institutions. Natural resource management Strengthening local self Governance Disaster preparedness
3	Samerth	Rapar Block, District Kutch	Education, Community health services, watershed programmes in desertified areas, Capacity building of weaker sections of society, micro-finance interventions, disaster preparedness and mitigation, programmes for the promotion of communal harmony, research and documentation.
4	Paryavaran Vikas Kendra	Maliya Block, District Rajkot	Community control over natural resources, conservation programmes, micro-finance, community health interventions and policy-level interventions in food security, health policy and water policy
5	Anandi	Maliya Block, District Rajkot	Women's empowerment and capacity building, community health with special focus on women's health, advocacy programmes to strengthen local self-governance and public distribution systems, micro-finance, skill training, networking with women's groups in the region
6	Setu	Jodiya Block, District Jamnagar	Issues related to migrant workers' rights, environment issues of coastal Gujarat, capacity building of marginalised communities, education of children of migrant workers, disaster preparedness and mitigation, policy intervention and networking
7	Utthan	Rajula Block, District Amreli	Water-related programmes, watershed development, skill training and micro-finance, community health issues, women's health, research and networking.

STAGES OF HEALTH INTERVENTION

The health intervention basically consisted of five stages as depicted below:



DETAILS OF IOM'S HEALTH TRAINING INPUTS

Role of CHETNA

Chetna is a non-government support organisation, whose mission is to contribute in empowerment of disadvantaged women, adolescents and children to gain control over their own health and that of their families and communities. Chetna is a training and resource organisation working since 1980 in the areas of Health, Education and Development concerning disadvantaged children, adolescents and women in the life cycle approach.

With this background, Chetna was entrusted with the responsibility of supporting the IOM and its partner NGOs working with the migrant salt workers in Kutch area in effective implementation of the Health programme. Chetna was a technical partner envisaged to effectively contributing in building capacities of project stakeholders for training field and community workers in improving the health and nutrition/living conditions of the displaced and migrant salt industry workers and their families.

A four phase training strategy was formulated by Chetna as follows:

1. Training Needs Assessment through a visit to the field area and interview/focus group discussion with the concerned functionaries and community members
2. Training for capacity building of NGO functionaries
3. Follow up and support at the field level trainings to NGO functionaries
4. Documentation

TRAINING NEEDS ASSESSMENT

As a part of the four-stage process, Chetna conducted a Needs Assessment which included visits to saltpan areas to observe and understand the situation, to understand the role the local identified NGOs are playing and identify their training needs. The team interviewed NGO functionaries and persons in the community and held focus group discussion with women, men and adolescents. A questionnaire was prepared for this purpose.

To gain a complete picture of the condition of the salt industry, the team also met with the Deputy Salt Commissioner, Government of Gujarat who is stationed at Ahmedabad and collected information, documents related to the policies, schemes and services available to the saltpan workers.

The Needs Assessment process revealed the following insights:

Work conditions

The migrant workers spend about eight months of the year at the saltpans working in harsh conditions for lack of other avenues of employment and livelihood opportunities. They are in a state of perpetual debt and due to their lack of bargaining power, they work in extremely exploitative situations. The salt manufactures show the migrant salt workers as casual laborers so that they are not liable to provide the necessary health, education, crèche or housing services etc.

As per the government, there is a provision or augmentation of medical facilities including conducting Health/cum-Eye Camp, which is organised minimum once a year. However it was reported that the camps are organized at such timings, which are not convenient to the labourers. All the saltpan areas, are far from villages and as a result workers cannot access services of ICDS, primary health /sub centre or a school. Thus the expectant/nursing mothers, infants and young children have no health facilities.

The Government of India's Namak Mazdoor Awaas Yojana (NMAY) scheme mentions the construction of sanitary latrines. A system of the drainage from the houses is also recommended to avoid overflow from the kitchen, bathroom, etc. However due to the water scarcity the maintenance of sanitary latrines is a problem. Most of the latrines are used as storeroom.

Occupational health and Safety kit

Saltpan workers have to work for long hours in salt waters in the sunlight. They perspire and lose lot of water. They face health problems like itching all over their bodies, low vision, dehydration and tiredness. Health kits are provided but seldom used as the protective footwear is uncomfortable for working in the water. Glasses are also not worn and instead women use their dupatta.

Health Problems

Common health problems among salt workers are:

- Nicotine addiction among men and adolescent boys
- Children, adolescent girls and pregnant women are anemic.
- Due to water scarcity migrant workers and their families are not able to maintain personal hygiene which has resulted in a range of skin diseases.
- Continued exposure to saline water also causes a range of diseases such as blisters, edema, itching
- The nature of the work is such that many men have back problems

The main health problems faced by the community were:

Men	Women	Children
Edema Swelling in foot/hand Skin cramps Low vision Lethargic /tiredness Blisters Ulcers	Anemia Back pain/abdominal pain Tiredness Blisters Ulcers Headache Swelling in foot /hand Itching	Fever Cough/cold Vomiting Diarrhoea Numbness Worm infestation Cholera Blisters

Situation of Women

Adolescent girls and women (especially during the pregnancy and nursing period) are at increased risk of infections and diseases. In addition to their labour role in the saltpans women bear the sole responsibility of cooking and feeding. Due to lack of water and privacy, there is poor menstrual hygiene among adolescent girls and women and this results in reproductive tract infections (RTIs). During this time as there is loss of blood and due to inadequate dietary iron, majority of them suffer from anemia.

Pregnant women are at risk as antenatal care and services are not available and the anganwadi, primary health center or a sub center is far away from the saltpans. They do not get the required immunizations or folic acid supplements during pregnancy. Deliveries are generally conducted at home without the safe delivery kit and even trained dais or traditional birth attendants are not available.

Health services

Health checkups are regularly organised by the government but the target population cannot receive it because the saltpans are hardly covered by the officials. Some of the NGO partners have made efforts in this direction such as YMC, which operates a mobile van in Mundra taluka. But these services cover a miniscule fraction of the population.

The ICDS services are available only in the home villages of salt workers but the work site where migrant salt workers and their families reside for 8 months have no facility of AWW/PHC visit. The Salt Commissioner says that health issues are the responsibility of the health department which in turn claims that migrant salt workers are casual laborers and therefore do not fall under their jurisdiction. There are government schemes which provide mobile van to the NGOs/salt manufacturers. Yet majority of the grass root level functionaries and community members are unaware of Government policies, schemes and programmes for salt industries' workers. Thus the state government has no worker friendly policies, schemes or programmes for the migrant salt workers, which are actually being implemented at the ground level.

TRAINING NEEDS IDENTIFIED

On basis of the observations, focus interviews and analysis of the questionnaire, the following needs emerged:

Capacity Building Needs

The assessment indicated the need for Training of partner NGOs as Trainers and conducting a training of organizational leaders and co-ordinators from partner NGOs. Briefly, the objectives of this capacity building effort would be:

- Building perspective of the NGO partners about the situation of the migratory salt workers and need for strategic interventions
- Enhancing knowledge regarding health/education/developmental concerns of migrant salt workers
- Developing skills in participatory training, communication, leadership, linkages, innovative health education approaches.
- Strengthening NGO capacity for training of women health volunteers, teachers and young students belonging to saltpan areas.
- Capacity building of selected community members, especially women and children by the trained NGO functionaries to enable them to address nutrition, health and developmental needs.

Information Needs

- Increase awareness about nutrition, safe health practices, hygiene related issues, information about diseases and women and children's health
- Enhance the NGO capacity to conduct activity oriented Health Nutrition awareness campaigns.

Need to Strengthen Government Services at Saltpans

- Strengthen the functioning of health services
- Strengthen water supply for drinking and other needs
- Enhance advocacy skills of NGO functionaries to work with the government health department and water & sanitation department for getting required health services for the workers and their families.

Income generation Interventions

- Develop alternative livelihood possibilities with better remuneration
- Provide skill training and required entrepreneurship support
- Initiate Self Help Groups among the migrant salt workers
- Initiate group of young people among migrant salt workers for income generation activities and vocational guidance.

Need for Participatory learning-training approaches

- Introduce participatory training methodology of learning
- Child-to-Child concept for enabling children

TRAINING OF TRAINERS PROGRAMME

Based on the need assessment study, it was decided that Chetna would conduct A Training of Trainers for representatives of IOM's partner organisations.

Objectives of the TOT

1. To build perspective of the participants about health, education and development in the context of migrant salt workers.
2. To enhance knowledge regarding Health/Education/development of migrant salt workers with special focus on environmental sanitation, personal hygiene, occupational health hazards and reproductive health aspects.
3. To update their knowledge about existing Govt. health programmes and services at State and National level for migrant salt – workers.
4. To enhance knowledge, awareness and skills about how to impart health education in the community.
5. To introduce various health education approaches, especially the concept of Child To Child (CTC) and its steps of implementation.
6. To introduce the participatory training methodologies and enhance their skills as trainers

Content of TOT

1. Understanding the status of women, adolescents and children in the Rights perspective
2. Gender sensitization in the context to health of women, adolescent and children
3. Occupational health concerns of migrant saltpan workers
4. Personal hygiene and Environmental sanitation
5. Reproductive system and its functions
6. Conception and Family planning measures
7. RTI/STD, HIV-AIDS
8. Antenatal Care, Intra -natal Care, Postnatal Care
9. Care of under 2 years children
10. Immunization
11. Detection and management of some common childhood diseases. Like ARI and Diarrhea
12. Health education approaches-Child To Child (CTC)-concept and approach
13. Govt. efforts, policies and programmes for migrant salt workers
14. Behaviour change communication, Counseling
15. Community participation
16. Participatory training, Role and skills of Trainers.

Training of Trainers

Finally, the five-day TOT was conducted by Chetna at their training centre in Ahmedabad. It consisted of participatory sessions, discussions, demonstrations, film shows and practical sessions.

Selection of Trainees

From each partner organisation, workers with some experience of health activities and those associated with the NGO's ongoing health activities were selected for participation in the TOT. In some cases, the selected trainees were also associated with the local ICDS programme and it was felt that by undergoing the training they would be able to do their current job more effectively as well spread the message farther.

TRAININGS CONDUCTED AT COMMUNITY LEVEL BY TRAINERS

After receiving training as trainers, these community level workers of every partner organisation further passed on the inputs to the women and children of the village through formal and informal ways. Formal trainings were held at the village level and informally, health messages were imparted and discussed at meetings of the village Self Help Groups (SHGs), through discussions on health related topics in the village and extensively explained through posters.

At the formal trainings held at the village level, when the workers of the partner organisations conducted the village-level trainings, the staff members of Chetna performed a monitoring role and ensured that the Trainers did the trainings effectively and supplemented the expertise by offering specialized information and assisted the newly trained local trainers. Each partner conducted these trainings throughout the following months.

These trainings were also used as an opportunity to forge linkages at the local level. For example, resource persons were not invited from outside. Instead, the doctor of the local Primary Health Centre, ANM (Auxiliary Nurse Midwife) as well the existing staff in the health centres run by the partner organisations were invited to act as resource persons and give specialized information and explanations to the village-level trainees. Thus, linkages were made with the local health system and the training programme was also linked with the existing health delivery system.

DAI (Traditional Birth Attendants) TRAINING BY CHETNA

About four months after the TOT a Dai (TBAs) Capacity Building Training was held. For this training each partner organisation selected about five women who would be the trainees. The women who were selected were either local Dais or who had some experience in women's health issue. The objective was that the training would improve the skills and knowledge of women who are already performing deliveries in the villages and saltpans and directly benefit the community. It was also thought that by being exposed to communication and training skills, these women would be able to impart their knowledge to others in there are and expand the knowledge base.

The Dai training was also spread over five days and the sessions focussed on:

- National level programmes on health and various schemes for migrant saltpan workers.
- Reproductive health, specifically women health.
- RTI/STDs
- Safe Motherhood
- Developmental changes during adolescent age.
- Knowledge and perception on health.
- Water born diseases and its preventive measures
- Health and sanitation
- Nutrition and balance diet.
- Point should be remembered during training.
- CTC programme and its approach.
- Participatory training concept, methodologies and skill of facilitators.
- Learning through structured exercises.

The Deputy Salt Commissioner, Govt. of Gujarat was invited to share recent policies and programmes at state and national level for salt workers and participants got an opportunity to interact and present the field situation.

In the final session, participants prepared an Action Plan of their field level activities in their area. They were able to analyse the local situation, identify issues, plan local level training programmes and steps for their implementation. The collective objective was to prepare 100 women health volunteers (including TBA, literate/neoliterate women, AWW) and 25 CTC children

IMPACT OF THE HEALTH TRAINING INPUTS

During the course of this impact study, all partners reported positive benefits from IOM's health intervention and training inputs. The feedback was in the following areas:

Capacity Building

1. After the TOT, community workers of the different partner organisations felt empowered to assist and advice the local populations in matters related to health. For instance, one partner reported that when epidemics such as malaria struck the village, with their newly acquired expertise, they were able to guide the village residents about appropriate preventive steps as well the curative steps to be taken when people were affected by the disease. Village populations felt that instead of being mute victims of these epidemics, a greater understanding of the causes of diseases and the steps to be taken for their eradication has resulted in their being able to cope with illness and mitigate its effects.

2. The training equipped the community workers to effectively communicate their newly acquired knowledge to the larger community. After the training, there was active interaction about the health concerns of the local populations. For instance: care of infants and new born children, issues related to pregnant women, nutritious food, routine ailments of women, male female relations and issues related to their personal lives, occupational health problems, seasonal ailments and so on.

3. As a result of these interactions, the local population is more knowledgeable about the local health system and its responsibilities. People are now clear about what services the health system should provide and there is greater awareness about their health rights as citizens.

4. Trainees who attended the TOT gained greater analytical skills. As a result they were able to analyze the reasons for ill health in their own areas. This has led them to hold discussions and orientation camps with community leaders and parents and discussed health issues with them. Together they have identified and focussed on

certain traditional habits and practices which result in ill health in the community and devised ways to address these problems.

Increased Information

1. Partners reported that after the training they felt better informed about diseases, about processes in the human body, the importance of sanitation and so on.

2. As a result of the inputs participants have understood the connections between drinking water purity and disease and the important role of clean water and promotion of hygiene for ensuring good health.

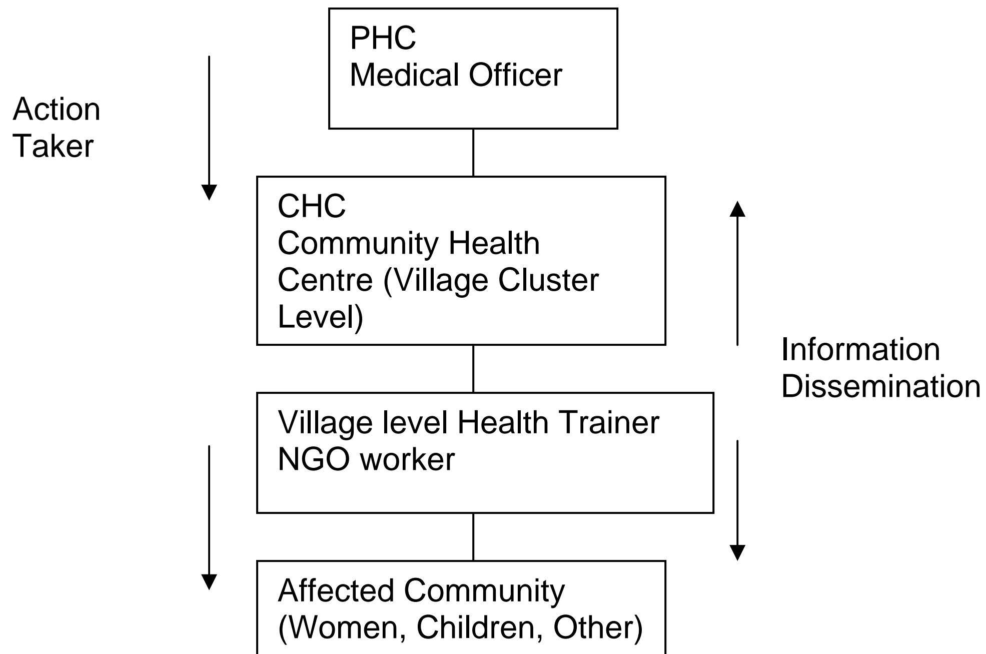
3. Similarly the importance of sanitation and the role played by the absence of sanitation systems in the spread of disease has become clear to the people. The importance of simple actions like washing hands after defecation has become clear and community workers have incorporated these aspects into their interactions with the community members.

4. The clarity regarding women's physical system, reproduction related processes and details related to pregnancy and childbirth have increased and women at the village level have become better informed about the female anatomy and physiology. A more scientific approach has replaced the earlier mixture of vague facts and superstition, though care has been taken that local traditional knowledge is not undermined or cast away.

5. Trainees learned to prepare health kits as well as charts and posters to communicate health concepts and information particularly awareness about water-borne diseases. This has greatly helped them in communicating these messages to the general public.

Strengthening of Linkages

1. All partners reported improved linkages with the local health delivery system of the government, namely, the Primary Health Centre as well as ANM and Multipurpose Health Worker (MHW). This was a result of the inputs whereby these newly trained workers were well-informed enough to act as pressure group to secure the health rights of the village community.



2. As a result of the Health Input Training, the credibility of the Community Level Workers has greatly increased. At the community level, the villager residents feel that the community workers have specialized information and are knowledgeable enough to help them with their day-to-day health problems. At the other level, the local Primary Health Centre officials too take the Community Health Workers seriously as they realise that they are well informed and knowledgeable about health issues and are no longer ignorant about the causes and control of disease as well as well as the duties of the health system and the health rights of the people. As a result, the local health systems have become more alert than earlier and have realised that they have to be accountable to the people they are meant to serve.

Increased Focus on Children

1. Community workers received special training on the care of children and children's ailments. This information was then given to children in the village who in turn passed on the information to other children. As a result of these interventions, children now understand nature, ecology, problems of health and precautionary measures to ensure good health. This has important implication for the good health of future generations and due to their awareness and impact as pressure group, the health systems would also improve their delivery process and become more responsible.

Increased Focus on Women

1. Till the health inputs were given the traditional mindsets were strong regarding women position in the local and community hierarchy. While these mindsets cannot be radically transformed in a short span, the TOT increased people's analysis in this issue and made them more aware of gender issues. In a direct way, as mentioned before, their understanding of women's health and the ways to improve it has increased. Special inputs were also given to village women who better understood how to take care of themselves and their children as well as other women in the village. Thus the issue of women health and status has come to the forefront, in comparison to earlier times when the issue was hardly acknowledged.

SUGGESTIONS FOR FUTURE HEALTH INTERVENTIONS

Focus on Migrant Saltpan Workers

1. Special intervention needs to be continued to be made for the health of saltpan workers as the largest number of workers are in this sector and all the IOM partners are engaged with them in one way or another. Saltpan workers' health issues are also very specific and relate to the environment in which they work in such as skin afflictions, problems related to insufficient water available for drinking and sanitation needs, eye problems, and problems related to continued exposure to heat and saline water. Specialized medical responses are needed to combat these occupational diseases as well efforts need to be made to mitigate the effects of these environmental conditions. Therefore the need for well-designed, easy-to-use, safety kits become paramount.

2. Special health camps need to be organised at the salt pans on diseases specific to saltpan workers such as special eye camps, special skin disease camps where specific attention is paid to these diseases rather than dilution of focus due attention being paid to general ailments like fever, cold etc.

3. With the construction of the shelter/rest house at the saltpans by IOM, these health camps could easily be organised in these shelters. Before the training it is important that each partner organisation holds meetings with the workers to determine the most convenient time so that workers and their families can take full advantage of the camps.

4. It is necessary to establish linkages with the saltpan owners so that they not only take joint responsibility to provide healthcare facilities and share the financial aspects of it but also give workers time off from work to attend the camps and benefit from them

Focus on other migrant workers

1. Though saltpans are the single largest employers in the earthquake affected areas of Kutch and Jamnagar, partners felt that more attention should be paid to migrant

workers in other occupations too as their health status too was very poor. This was also considered important because often migrant workers move from one occupation to another as they were basically attached to a contractor who could take them to a saltpan in one season and shift them to a brick kiln in the following year depending on where he was able to secure a labour contract. Following this, partners felt that occupational health camps were required specially related to:

- Charcoal making
- Brick kilns
- Roof tile manufacture
- Road repairing/construction

Each of these occupations has its own health issues, which need specialized information and intervention. These health camps must be held at the work sites themselves as the people who need the input most will be present at the work site.

2. Partners also felt that they needed extra information inputs on the occupational diseases of these above occupations, as they are different from diseases occurring among workers on saltpans. Communication materials specific to these diseases would also be required.

Further Information Needs

1. Partners felt a need for more information on
   Drinking water and related issues
   Sanitation
   Food and nutrition in the local context
   Care of Pregnant women
   Children's health
   Some partners also felt that they need refresher trainings and the Chetna team also felt that quarterly refresher trainings were needed as trainees often left the organisation or moved to new job responsibilities or simply forgot some aspects of their original training. So refreshers were very important. Chetna team was of the opinion that such refreshers could be necessary for a period of two years or so.

2. First Aid

   There was a general feedback regarding the need for greater information on first aid and what to do in emergencies and accidents. Partners wanted focussed information on:

   - Basic Knowledge about First aid box
   - How to administer first aid
   - Preparation of first aid box or health kit
   - First aid in different situations

3. There has been a great positive impact as a result of the improved linkages with the local health system at the village level. As a result partners see the need for greater linkages at the block and district level so that people have access to specialized health care including hospitalization in the public health facilities. For this they suggested gaining more information about health facilities at village level and upto district level

4. Information and Dissemination material was requested on the issue “Health is Right” as partners felt that ultimately it was this ‘rights approach’ which would secure good health for the people. They also wanted inputs for how to effectively mount such a campaign at a district or state –level so that all citizens could gain good health as their rights as citizens.

<u>Capacity Building Needs</u>

1. Partners felt that more trainings are required for:
   - Community based Organisations
   - Primary Health Centre Staff
   - Village level Workers
   - Teachers in the local schools as they are also influential members of the village community and have access to children
   - ICDS staff as they too look after delivery of iron and folic acid tablets and other health services at the village level and are often not adequately informed

2. All dialogue and training with community must take place in the local dialect, such as Kutchi, as standard Gujarati language is not well-understood by the community. For effective community it is important that the health education takes place in the local dialects. Rapar – Vagadi, Maliya, Miyana, Morvi – Kutchi and Miyani, Anjar, Gandhidham – Kutchi, Rajula, Jaffrabad – Kathiawadi. It is imperative that the health worker knows the local dialect and all efforts must be made to communicate knowledge and skills in the language most appropriate for the target audience.

Special focus on Women

Within the group of 'Women' emphasis needs to be put on those within the group who are more vulnerable such as:

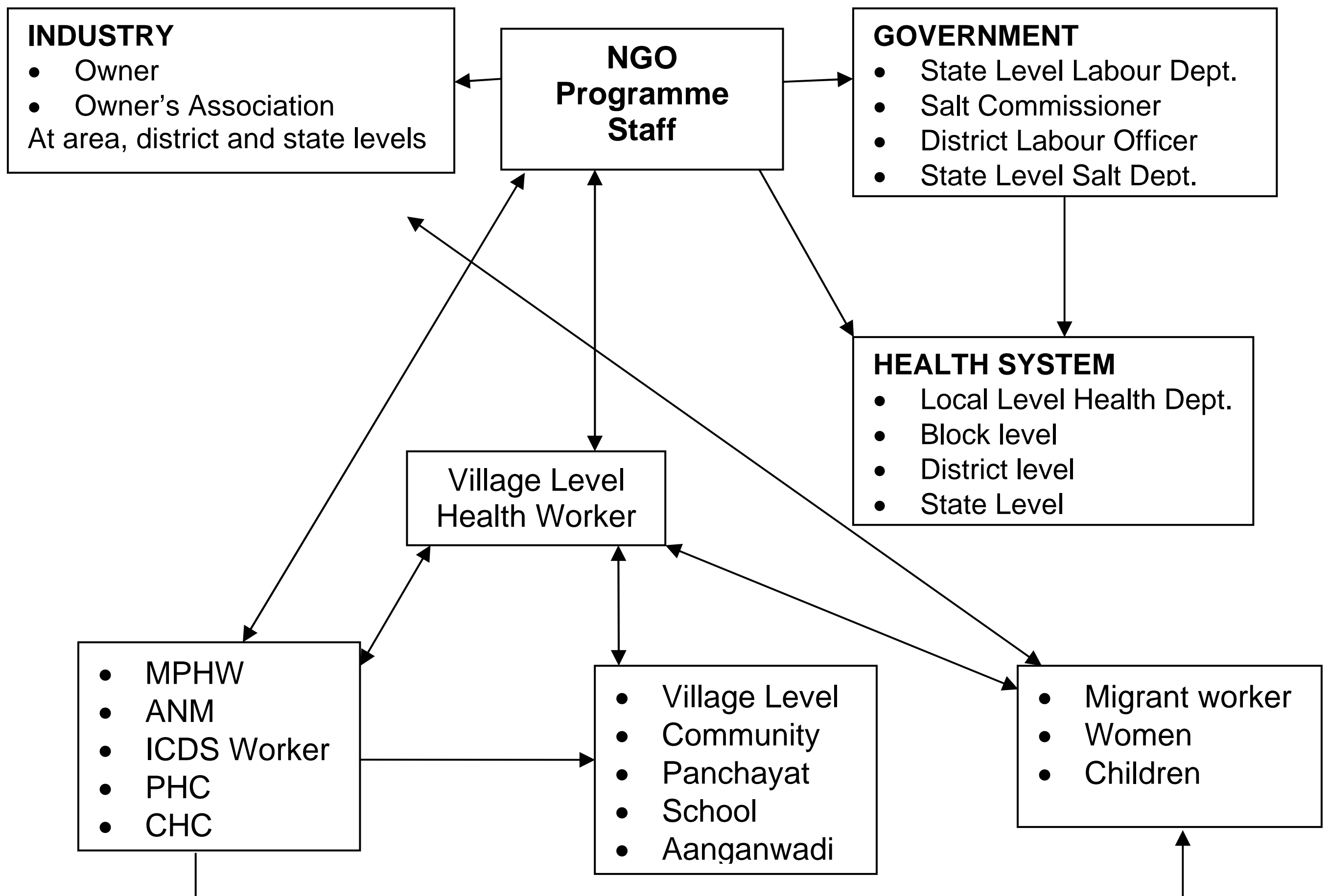
- Widows
- Pregnant women
- Aged women
- Disabled women
- Women of communities such as Kolis, pastoralists, Muslim as they experience health problems caused by their religious and cultural beliefs

Special Focus on Traditional Health Practitioners

1. Special interaction should be undertaken with local priests and bhuvas (faith healers) as they are very influential in the local communities and often their traditional remedies and superstitious belief cause health problems rather than solve them. It is very important to maintain live linkages with these local health practitioners as the community members trust them and listen to them rather than the modern health system. At the same time, it is important to evaluate the practices and recommendations of the local or traditional health practitioners, as many traditional practices are valuable and effective also.

Better Linkages to be Established

1. For sustainable good health appropriate efforts need to be made by different agencies, each according to their own skill and discharging their own responsibility. But these skills and responsibilities need to be coordinated appropriately. For this coordination is required with:
   - GO staff
   - NGO staff
   - Village level leaders
   - Saltpan owners
   - Brick kiln owners
   - Local, village level doctors, both government and private practitioners
   - ICDS staff
   - Panchayat level Staff
   - Establish linkages with WASMO – Water and Sanitation Management Organisation and get involved in the implementation of these schemes



2. Partners should ensure that members of the local health services are involved in the training and health programmes. Multi-purpose health workers (MHW), Auxiliary Nurse-Midwife (ANM) and primary health centre (PHC) officials must be involved in the programme. When these officials are involved, the saltpan workers will also come in contact with them and can approach them in the future. The government health system also would be exposed to their problems and be motivated to respond in a timely manner.

3. Linkages must be established with local, district level medical practitioners' association and with their support and involvement, specialized training camps must be organised with their involvement and participation.

4. Special efforts must be made to reach out to the owners of saltpans to motivate them to carry out their responsibilities toward the saltpan workers by proving safety kits and providing financial resources for the regular health check-ups of all workers.

Advocacy Efforts Needed

1. Advocacy efforts need to focussed on getting the health system to hold regular health check-up camps for:
   - skin diseases
   - eye diseases
   - women's health
   - malnutrition and children's diseases

   These must be held in coordination with relevant medical department of the local government hospital such as pediatrics, ophthalmology, dermatology, gynecology etc.

2. Special efforts must be made for the promotion of good health among women and children, as they are the most vulnerable sections among the saltworkers. Advocacy efforts have to be made to ensure that health officials make special efforts to distribute iron and folic acid tablets to women in the saltpans and immunization facilities are available to children living in the salt pans.

3. Partners must jointly make advocacy efforts with the central and local level officers of the Salt Commission to ensure that they undertake to use resources from the salt cess for the welfare of salt workers, particularly their health needs.

4. Linkages need to be established with other NGOs and donor agencies which are also engaged in similar programmes so that resources can be combined and the impact can be maximized.

SUGGESTIONS FOR MIGRANT WORKERS' DEVELOPMENT TRUST (MWDT)

MWDT must play a leadership role in improving the health of migrant workers. For this the following directions and activities are suggested:

1. MWDT must take the initiative to hold regular partner meetings on the issue of health and take feedback from them on the current situation as well as plan for the coming seasons in terms of health preparedness. Technical support organisation such as Chetna could also join these meetings. According to the deliberations at these meetings, issue-based health trainings must bee held.

2. Due to the sustained engagement with migrant saltworkers over the last few years, the partners are well-informed about the health problems of saltworkers and much progress has been made in this respect. However, the same cannot be said of the health problems of brick kiln workers or charcoal workers. While there are some commonalities in all these occupational diseases there are also aspect specific to each, which demand a specialized medical response. Therefore, MWDT must make efforts to build up a body of knowledge regarding other occupational disease and the appropriate health responses and impart this knowledge to partners in the form of further trainings and IEC materials.

3. Further to the preceding point, experience with saltworkers' problems has led to the development of safety kits specific to their occupational situation. Similar kits need to be worked out for the other occupational areas and distributed to the workers accordingly. Within this effort, attention must be paid to the specific requirements of women in these areas.

4. MWDT must strengthen its linkages with national and international professional organisations so that it can take advantage of varied experiences and expertise in this area.

5. MWDT needs to evolve a plan for resource mobilisation for its health activities and for this it is important to involve other stakeholders as well. Organisations such as the owners' associations of the different industries involved and local and state-level

chambers of commerce must be approached in this regard and linkages with them must be strengthened.

6. Similarly, linkages must be established with local and state-level medical associations who can provide specialized medical intervention. These medical groups must also be involved when studies are done on the occupational disease of the different industries.

7. MWDT must also establish strong linkages with government health departments at all levels as they have the best medical resources and knowledge. NGOs can at best perform a supportive and supplementary role in conjunction with the government, owners' associations and people's groups.

SUGGESTIONS FOR MIGRANT WORKERS DEVELOPMENT TRUST

Activities to be Undertaken	District/ Location	Partner Organisation	Stakeholder/ Participant
Awareness on hygiene at Saltpan	Saltpan Marine & Inland in Kutch Jamnagar Rajkot	Samerth Prayas	Occupational Health Institute (NIOH)
Health training Camps	Amreli	Yusuf Meherally Centre	Migrant Workers and their families
	Brick kilns all over Gujarat	Setu	Saltpan owners
IEC Materials to be developed on Health and Hygiene Problem	Salt pans at Kutch Jamnagar Rajkot Amreli	Anandi Paryavaran Vikas Kendra	Brick kiln owners Charcoal unit owners
Mother Child Care	Charcoal sites Kutch Jmnagar Rajkot	Utthan	Roof tile manufacturers Local ICDS Staff
Mobile Dispensary			Local Block Level & Village Level Staff PHC & CHC
Provision of first aid box	Roof tiles Manufacturing in Rajkot		
Safety Kits distribution			Local Hospital
Health Check-ups & Special camps on specific diseases			Lions & Rotary clubs
			Central Salt Commissioner
			Labour Departments at all levels
			Water and Sanitation Management Organisation