

# Health care of salt workers in surendranagar district



**ASSIGN  
BUSTER**

## **INTRODUCTION**

HEALTH is a blessing from GOD. The enjoyment of highest attainable standard of health is one of the fundamental rights of every human being (Preamble to WHO Constitution UN, 1948). According to Human Rights Article 25; every one has the right to... medical care and necessary social services. According to a well-known adage, “ He who has health has hope, and he who has hope has every thing”.

Understanding the impact of social inequalities on health has become a public health priority in the new millennium (1). Social, political, and economic factors now are acknowledged to be fundamental causes of disease that affect behavior, beliefs, and biology (2). This recognition is changing the theoretical framework of epidemiology by incorporating the complex, interactive process that creates population health differentials (3). Understanding this socio-biological translation among general masses is critically important because it is very important to know the behavior of general masses that in turn help in prioritizing and planning problems and their solutions. Throughout industrialized countries lower adult socioeconomic status (SES) has been clearly linked to poorer health (4-5).

Whenever we look globally at the health status in different settings, a wide variation is noticed, in terms of Mortality and Morbidity as well as quality of life. In making choices for health funding in low-income countries, policy makers and donor agencies are guided by epidemiological evidence that indicates the burden of disease on the poor. There is a large body of

evidence from developed countries demonstrating an association between poverty and risk of common health problems (6).

India is a developing country with one of the most diverse populations in the world. In spite of considerable economic progress in recent years, India continues to face challenges dealing with poverty, unemployment, malnutrition and disease and disability. If we put a cursory glance at Indian health scenario then we can come across certain gruesome health problems such as population explosion problem, hunger and malnutrition (under and over), non-availability of safe drinking water, improper refuse and excreta disposal, high prevalence of communicable diseases, increasing prevalence of non-communicable diseases and lack of medical care facilities. Due to unequal distributions of resources hunger and malnutrition are problems everywhere and have harassed mankind and threatened peace throughout history.

For many people in the rural areas or remote regions of the India, health facilities are inaccessible and beyond means. The cost of staying alive pushes one quarter of Indians below poverty line. In our Country too many people die as a result of no access to even the most Basic Health Services. Our goal should be that not a single individual feels in any way less of human being. That means by making it possible for every person to receive good health through developed Public Health System. Without some utmost efforts and appropriate measures it seems impossible for every person to receive good health through developed public health infrastructure.

Among India's states, Gujarat has largest coastline and highest number of airports. The population of Gujarat is 5, 0596, 992 with a literacy rate up to 70 percent (census 2001). Gujarat has also some of its most impressive traditions (including hospitality) with a vibrant cultural diversity blended with modern amenities of transportation. Gujarat has also quality network of educational institutions. The state has done proud to the nation in socio-cultural, agricultural and industrial (Textile, Cement, Petroleum, Low-Pressure Gas, and Pharmaceutical) fields. It has also earned its rightful place on the national tourist circuit.

In spite of all these, the fact remains that, overall development in world & in our own country has not made significant impact on life of salt workers in Surendranagar district & else where in Gujarat. Although government & few voluntary organizations are trying hard to improve life situation of salt workers, programs is too slow. This is because situation is complicated because of various factors like wide geographic area with scattered houses, inadequate water & food supply, inadequate health services, illiteracy, poor economic condition with debt, complex market situation etc.

On other side well within Surendranagar City a Medical College is having altogether more than 800 health personnel, which includes medical specialist, other doctors, nursing staff, interns, medical students, nursing students & other supportive staff. It is also having well equipped hospital for tertiary as well as primary & secondary health care.

Looking at need in area, these rich resources should be utilized at the earliest possible. So with following aims & objectives C. U. Shah M. C. & <https://assignbuster.com/health-care-of-salt-workers-in-surendranagar-district/>

Hospital have decided to join hands with Govt. & NGO for supporting health care of salt workers of Surendranagar district.

We hope for success & developing a model to be followed in other part of Gujarat & Country.

### AIM & OBJECTIVES

Aim:

Improve health status of salt workers & their family members & to develop a system whereby they can be a part of it to maintain their own health.

Objectives:

1. To assess the present situation of salt workers.
2. To address immediate need for medical care.
3. To develop health care system in which salt workers will participate actively for long term impact on their life & future generation.
4. To cooperate with other health related activities for salt workers.
5. To carry out operational research for better & effective management of resources as well as to solve problems related to occupational health.
6. To sensitize young students & work force for sustaining such activities in future.
7. To evaluate the process & outcome for developing effective model health care services for salt workers.
8. To document & disseminate findings about this model, so that it can be implemented immediately at reasonable cost in other parts of Gujarat.

## METHOD

Dept. of Occupational Health Care (Rural) will handle the project under the technical guidance of department of preventive & social medicine & administrative support of Dean, C U Shah Medical College.

## PERIOD

The project is planned for One-year duration, which includes need assessment survey, training, implementation, evaluation, documentation & dissemination.

## POPULATION

All salt workers, presently working in Surendranagar district will be covered under the project. Around 5,000 families are expected to be the direct beneficiaries of the project.

## STRATEGY

An integrated family health care will be provided with 50 community based Agaria Prathmik Swasthya Kendra with support of 5 Agaria Swasthya Kendra. Each Agaria Prathmik Swasthya Kendra will cover around 100 families & it will include following facilities.

1. Health check up
2. Treatment of minor ailments
3. Facilities for referring patients to higher referral centres.
4. Health Education & Awareness
5. Preventions of diseases with Special emphasis on Occupational Health Guidance.
6. Maternal & Child care
7. Guidance about how to have access to essential life commodities.
8. Guidance for alternative employment for temporary period.

## 9. Supportive facility for informal education.

The 5 Agaria Swathya Kendra will be supported with 5 paramedical staff & specialist in field of community health, pediatrics, gynecology & medicine. It will also be equipped with two wheeler (one per center) & 2 mobile health care units.

### MAJOR HEALTH PROBLEMS WHICH NEEDS ATTENTION

- Skin Problems: Dry Skin, Warts, cracks, Fungal Infection
- Eye: Itching, Watering, Cataract
- Hypertension
- Tuberculosis & Malaria
- Backache & joint pain
- Vitamin A Deficiencies, anemia and other malnutrition problems
- Gynec Problems: White discharge, excessive bleeding during menses
- Spread of STDs / HIV
- Diarrhoea & ARI
- Problems of mother & children (ANC, PNC, INC etc.)
- Others as per the need assessment & ongoing monitoring.

### ORGANIZATIONAL STRUCTURE

Dean & Trustees

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Department of Community Medicine

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Project Director

<https://assignbuster.com/health-care-of-salt-workers-in-surendranagar-district/>

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Panel of consultants, doctors, occupational health experts, sociologist etc

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Project coordinator & field coordinator

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Agaria Swasthya Kendra coordinators (ASK)

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Agaria Prathmik Swasthya Kendra (APSK)

(Community health volunteer)

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Salt workers & their family members

## **REFERENCES**

1. Adler NE, Ostrove JM. Socioeconomic status and health: what we know and what we don't. *Ann N Y Acad Sci.* 1999; 896: 3-15.
2. Link BG, Phelan J. Social conditions as fundamental causes of disease. *J Health Soc Behav.* 1995; (special issue): 80-94.
3. Kriger N. Theories for social epidemiology in the 21st century: an ecosocial perspective. *Int J Epidemiol.* 2001; 30: 668-677.



4. Adler NE, Boyce T, Chesney MA, et al. Socioeconomic status and health: the challenge of the gradient. *Am Psychol.* 1994; 49: 15-24.
5. Macintyre S. The black report and beyond: what are the issues? *Soc Sci Med.* 1997; 44: 123-145.
6. Patel V, Kleinman A. Poverty and common mental disorders in developing countries. *Bulletin of World Health Organization* 2003; 81: 609-615.

### **BUDGET**

<b>Non-recurring expense</b>	<b>Calculation</b>	<b>Total cost</b>
Furniture of Agaria Swasthya Kendra (ASK)	5 x 20,000	1,00,000
Folding Tent for ASK	5 x 30,000	1,50,000
Solar light system (ASK)	5 x 30,000	1,50,000
Solar distillation	5 x 20,000	1,00,000

plant (ASK)	000	000
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## Folding Tent

for Agaria		5,
Prathmik	50 x 10,	00,
Swasthya	000	000

Kendra

## Furniture of

Agaria		2,
Prathmik	50 x 5,	50,
Swasthya	000	000

Kendra

## Solar

distillation		3,
plant (Small	50 x 6,	00,
capacity)	000	000

Solar light		1,
System	50 x 2,	00,
	000	000

Jeep for		12,
Agaria Mobile 2 x 6, 00,		00,
Dispensary & 000		000
Health unit		
		1,
	6 x 30,	80,
Motor cycle	000	000
Cycle (with		1,
dynamo &	50 x 2,	00,
Light)	000	000
Printers &		10,
scanner		000
Laptop	2 x 30,	60,
Computers	000	000
Equipment	5 x 10,	50,
for ASK	000	000
		1,
Equipment	50 x 2,	00,
for APSK	000	000

Family	10 x 5,	50,
folders	000	000

Health

Education &		5,
training		00,
material &		000

Equipment

Need		2,
Assessment		00,
survey		000

Training of		5,
Volunteers at	50 x 10,	00,
APSK	000	000

Training of		1,
Health co-	5 x 20,	00,
ordinates at	000	000

ASK

		1,
Evaluation		00,
		000

Documentati		2,
on &		00,

Dissemination		000
Total non-recurring expense		50,000
Recurring expense	<b>Per month</b>	<b>Per 1 years</b>
Manpower		
Project Coordinator	15,000	1,80,000
Tutor cum medical officer (2 x 10,000)	20,000	2,40,000
ASK Coordinators (5 x 4,000)	20,000	2,40,000

Data-entry  
operator cum 5,000  
clerk 60,000

Pharmacist 5,000 60,000

Driver cum  
case - clerk 8,000 96,000  
(2 x 4,000)

Community  
Health 50,000 6,00,000  
Volunteers (50)

Honararium &  
Misc work 1,00,000

Drugs  
(Allopathic,  
Ayurvedic  
etc) 5,00,000

Stationary &  
Printing 30,000

Plantation	100x50x	2,
(Medicinal)	50	50,
		000
P. O. L &		1,
maintenance	15, 000	80,
of vehicles		000
Communicati		1,
on	10, 000	20,
		000
Contingency		3,
		44,
		000
		30,
		00,
<b>Total recurring expense</b>		<b>000</b>

CONTRIBUTION OF C. U. SHAH MEDICAL COLLEGE

1. Manpower of following category of persons (cost to be born by CUSMC)

Teaching staff of PSM Department

MSW of PSM Department

Department of Pathology & Microbiology

All Museums & One Tutorial Room for Training

Clinical Department Staff

Ophthalmology

Chest & TB

Medicine

Pediatrics

Surgery

Obstetrics & Gynecology

Others as per the need

Intern Doctors at least 4 on rotation basis & Medical Students for need assessment & health education & awareness purpose. Nursing students will also join when necessary for RCH programme.

(Our students had actively participated in SUNAMI, flood relief etc. & right now they are active in training of village level youth in Kutch & Surendranagar slum & rural area)

2. Office staff at our premises
3. Some of the drugs as well as material used in operation etc.
4. Hospital OPD services as well as indoor services.
5. Cost of food & accommodation for patients & relatives (1 per patient)
6. Library
7. Health education material (including Health Exhibition set)



8. Emergency services including ambulance services.

(If we convert cash for one year, it will amount to be not less than 50, 00, 000/-)