

SOCIAL DYNAMICS OF HEALTH CARE

The Community Health Workers Scheme in Shahdol District

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The Community Health Workers Scheme was introduced ostensibly to promote people's participation in the delivery of health-care. The scheme did not however envisage other changes in the health infrastructure or incorporate new developmental strategies. The article examines the impact of the rural social and economic realities on the scheme in Shahdol district of Madhya Pradesh where it was introduced in 1977. It shows that the prevailing network of linkages which serve only to increase and strengthen the hold of the elite, have fully absorbed and distorted the scheme. The poor who were the supposed beneficiaries, had no say in either the decision-making or the running of the scheme. The author concludes that in the absence of efforts to either change the social matrix or at least control some of the key components, schemes such as this one are bound to fail.

The Community Health Workers (CHW) Scheme was introduced to the Indian health services panorama with many promises. It was to promote people's participation, provide health care to the poor and deprived rural population, and be the vanguard of Primary Health Care in the Indian setting. A constant refrain in the planning process was the need to revive self-sufficiency in Primary Health Care and make it a part of the broad developmental process:

The scheme however, was introduced without any significant changes in the health service infrastructure which was to support it. It simply took over the responsibility of implementing the existing health programmes without any review of priorities and the technologies used. The general developmental strategies remained as stagnant as ever and above all - despite all the laudable objectives - the rural population was treated as one homogenous mass without taking into account the reality of social classes and their dynamics. The implications for the working of the scheme were quite serious. This paper examines the impact of the rural social and economic realities on the working of the scheme. It is based on a part of data collected for a study of the CHW Scheme in the pilot blocks of district Shahdol in Madhya Pradesh. The research team consisted of three research investigators.

Methodology

Our hypothesis was that the Scheme's actual performance would be determined by the nature of social dynamics in the area and the official efforts made to overcome the constraints imposed by these dynamics. The aspects that we focussed upon were : (a) Social and economic stratification of the rural population; (b) the links of CHWs with the village

strata; (c) the links between strata which indirectly influenced the behaviour of its members; and (d) the links with the personnel of the health services.

These were the areas which we explored through observations, interviews and group discussions with people of different strata, the CHWs and the PHC staff.

The study population consisted of the first pilot Block selected for the implementation of the CHW scheme. This Block had a population of 39,642 with 109 villages in all.

General surveys were conducted in 34 villages from where CHWs were selected and in 4 villages which did not have CHWs. These surveys were used to understand (a) the socio-economic background of the villages, (b) to explore the views of village residents regarding the scheme and their CHWs, (c) to collect information about the CHW, and (d) to assess the status of other developmental programmes.

For the purpose of this survey, two strata were identified: the "elite" who were defined as the surplus producing farmers, regular government employees, and those who held official positions of Sarpanch or Upsarpanch; and the "poor" who were the marginal or subsistence farmers and the landless labourers. From both the strata, a 50 percent purposive sample of households was interviewed, singly or in groups. The total number of households in the villages covered was 3,743 and their population was 20,534. Out of this the sample covered 193 elite and 2194 poor households. The malaria worker's house list was used for the purpose of identification and 1 to 2 days were spent in each village by the three investigators.

In six selected villages where the 'best'² CHWs resided an intensive survey was carried out. About one-two months were spent in each village. For this in depth study three strata of households were identified based on landholdings and employment. These only roughly coincided with what we considered well-off households, subsistence farmers, marginal farmers and landless labourers but they sufficiently reflected the economic stratification of the village population.³ The categories were of households owing 0 to 5 acres of land, more than 5 to 10 acres of land and more than 10 acres of land along with those having permanent employment in the government services (Table-1).

The intensive study provided qualitative data on socio-economic aspect of village life, health and health care services, developmental programmes, CHW's work and popularity, and his interactions with PHC personnel as well as the people. For quantification of some of these, an interview schedule was administered to a 30 per cent stratified random sample of households.

In addition to these surveys the PHC personnel were observed and interviewed in detail regarding their views and support to the scheme. This was cross-checked with the CHWs as well.

The Pilot Block and the Socio-economic Back ground of it's People

Covering an area of 5125 sq.km., this Block retained parts of the forest which covered the entire district 30 years back. It had 19 panchayats (all Reserved) and 109 villages. Except for one railway line and two metal roads which cut across the Block, its transport was mostly through mud roads. It had a coal mine, and a thermal power station was being proposed within its boundaries. The Block had a higher secondary School, 72 primary schools and 10 junior high schools. Its tribal population was 25,704 and scheduled caste population was 1830.

Size and Social Composition of Villages Surveyed

All the villages were predominantly tribal. They could be grouped into 12 villages which had a few Scheduled Caste households (group I), 15 villages with 1-2 households of the Hindu upper castes (group II), 7 which had 10 percent or more households belonging to the upper castes (group III) and 4 where the muslim population was significant (group IV).

Although these villages were commonly referred to as tribal villages, they could be called

tribal only to the extent that the majority of their residents belonged to one tribe or the other. The organisation of these villages, their economic relations and their social rules had little which could be called exclusively tribal. The small minority of non-tribals in the village maintained a posture of superiority and freely referred to the adivasis (tribals) as "Stupid" and "lazy", and blamed their character for their impoverished living conditions. A slightly deeper look into the dynamics of these villages, however, brought out the real mechanics of these characterisations.

Economic Stratification

Estimation of households owning 0 to 5 acres of land (poor) and those owning more than 10 acres of land or employed (well-off) gave an idea of the economic stratification in these villages (Table 2).

The stratification, seen against the social background of the villages, brought out some interesting features of socio-economic patterns. Six out of the seven villages of group III had the largest numbers of well-off farmers. Most of these villages were also the larger villages of the Block which were well-connected and provided employment to a significant percentage of their own population. Secondly, employment in the colliery was a significant reason for the observed percentages of well-off households in all villages, especially Group I and Group II villages. Villages of Group IV alone had no such households. Most of their Muslim and tribal inhabitants worked as rickshaw-pullers or as wage-labour in the nearby town.

Another striking characteristic of the pattern was that percentage of households owning not more than five acres of land increased from Group IV to Group I. It was also evident that the non-tribals generally constituted the bulk of the well-off farmers or the employed residents of the village whereas the adivasis were the poor, landless, or marginal farmers. Though all non-adivasis were not always well-off, invariably the Brahmins, Thakurs and Jaiswals, if they did not have sufficient landholdings, had the few available government jobs and had captured whatever other employment opportunities existed in the area.

Yet another feature that emerged was the large number of poor and ill-fed people in spite of a significant number having land. Only in 19 villages the percentage of landless was 30 percent or above. Thus, having land was not necessarily a guarantee against poverty. It was not uncommon to find

households who owned land but had no means to use it. Often the land was too difficult and unproductive to labour upon. So they preferred to do wage labour rather than toil on an unpredictable piece of land.

The Web of Life

The pressures of production processes knit the people together into a web of social relations the terms of which were determined by the nature of production, the intensity of needs, and by the paucity of economic alternatives in and around the area. Agriculture was the major activity binding people together. The marginal and poor farmers owned 1-5 acres of land and were able to produce grain which sufficed for 2-6 months. Together with the landless they constituted 31-80 percent of the surveyed population. These farmers depended upon their labour to earn for the rest of the year. The subsistence farmers were those who owned land and could produce enough for the year with family labour alone. The rest we called middle farmers or the well-off farmers who employed labour and also managed to produce some surplus. They constituted 0-45 percent of the households.

The forms of labour exchange varied from fixed period contracts "Harvahi", daily payments in barter system "bani mazdoori", to free use of the plough for two days in exchange of five days of labour "Podika", and loaning of bullocks for a season in exchange of grains. The wages were either two kilos of paddy or Kodu a coarse grain daily or 240 kilos of paddy or Kodu for four months of Harvahi. Sometimes, instead of this, the Harvahi was given 12 kilos of grain to sow on a piece of land. The produce was his except for the land rent that was deducted. Yet another form of exchange was working free of cost for each other at the time of sowing and harvesting, a practice most common among poor and marginal farmers. Wage labour was uncommon and money as payment was offered only by farmers who were essentially colliery employees. Very often even these terms were not available to people who then depended upon collection of forest produce and fire wood.

The subsistence farmers using family labour just about managed to eke out a living. Their sole concern was to remain operational and they consequently tended to keep aloof, being always on the look-out for odd jobs to supplement their income.

The artisans were few (Basorth, Agaria, Chamar, Lohar and Kumhar castes). Their trade was dwindl-

ing in the face of competition put up by the growing industries. Many did wage labour and farming as well or had completely shifted over to these.

The non agricultural labour was yet another cog in the wheel, exploited both by the contractors and government agencies. Paid around Rupees three a day in spite of the existing minimum wages, the labourers had to seek employment with these very exploitative agencies because, firstly, the contractors and private businessmen were hand in glove with each other and secondly, there were no other alternatives.

Through these working relations, the poor found themselves entangled in an exploitative network but knew of no ways to get out of it. Even though the well-off farmers were unable to provide work to all who needed it, they wielded power through their ability to provide odd loans (of seed, grains and money) and "sifarish", (influence).

The well-off were thus left alone to make their own profits, not just through land but through most of the administrative agencies which existed in the area and which were supposed to deliver help and relief to the poor. One example of this was the Panchayats, which worked as tools to soak up public resources for private purposes. The Block Development Officer worked through them and through the village elite and so managed to reach only a small section. The elite used their sources and their contacts to exercise their own power and to consolidate the conditions of their own family members. As a matter of fact, the word 'elite' in the context of these 38 villages is a misnomer. What we really had was a handful of not-so-affluent families who, either because of their caste Hindu background and past power, or because of their land holdings, had acquired respectable positions. 'Respectable' because they were the ones who entertained, hosted, and informed visiting officials, police personnel, and at times, politicians, and they were the chosen few for delivering to the people whatever the Block administration had to offer. The intensive study showed that only a few in category III performed this role.

It was not uncommon to find that in these villages the lowly paid but most sought out positions of CHWs, Adult education tutors, and Raha-tkar relief work mates had been captured by the same persons belonging to these families or the family of the Sarpanch or different members of his

clan. It was here, then, that caste and family loyalties began to influence the economic relations. The opportunities were few and unemployment vast. With the majority of adivasis being unacquainted with laws, rules, and functioning of the administrative system, it was not difficult to usurp (with the help of higher officials) what was meant for them. Still better was the practice of including one or two of them, giving them a few crumbs, and getting their thumb impressions on the official papers. The divisions within the adivasis and the influence of Hinduism, which had brought in with it the concepts of superior and inferior tribes, helped to ward off any dissent. The Raj Gonds, who considered themselves Khsatriyas (Thakurs) through their social superiority as well as land ownership, were the closest to the bureaucracy.

The landless and poor lived in fear of the local administrative machinery. In the event of an encounter they would rather let the 'Bare log' (big people, the rich) of the village play the intermediary than face them on their own. It was a common practice to pay the Sarpanch to get one's work done rather than do it oneself. The officials, however, preferred a system of direct payment. The police and the Patwari were the two most feared officials. Every village had people complaining of land disputes where, simply because they could not pay them, either their land was transferred to others or they were threatened with 'benami'. The experience at the Tehsil office was no different, where every clerk wanted his pound of flesh. If any one tried to bypass this system he either never got his work done or he was so entangled with the "rules" and "laws" and all the loopholes that go with them that he was left utterly bewildered. It was basically to avoid this unfamiliar world of "Kanoon" (law) that the people were forced to part with their hard earned money. It was no wonder that they were mortally afraid of the "Sahibs".

The petty traders who bought off the produce of the farmer or their forest collections were another link in the chain of exploitation. Since people needed oil, salt, clothes, and other necessities they had to exchange some of their produce for money. This exchange occurred at harvest time when grain prices were lowest and the poor farmer invariably lost in this exchange. He in fact lost twice because, soon after his own stocks finished he had to go back to the same traders who now sold him his grain at double the price. Similarly, the forest produce collected by the villagers were bought at

throwaway prices and the same were sold at 200 percent profit in the market.

Introduction of the CHW Scheme

It was within such conditions that the CHW Scheme was introduced in the Block from 2nd October 1977. The implementation was done in a hurry. The PHC staff had only a week to inform panchayats, do the propaganda in the villages, complete the formalities of selection and make logistic arrangements for the training programme. The staff had severe reservations about the principles of the scheme (that health care through non-professionals is possible) and the abilities of the local population. Also, they were reluctant to take any additional work responsibility so they followed the dotted lines of the state circulars and did not bother to take initiatives in preventing the selections from being distorted by the existing power balance.

Selection Procedure

The result was that the selections were left to the discretion of the panchayat and therefore, effectively, to the whims of the Sarpanch or the Upsarpanch. In the majority of the panchayats, neither were all panchayat members contacted, nor all villagers were informed. Only those applicants were encouraged whom Sarpanches favoured. Very often the PHC in fact strengthened the hands of the Sarpanch in selecting undesirable candidates due to caste, class, and religious links and justified themselves by saying, "if others are doing it why shouldn't I". For 40 positions only 54 applications were forwarded, of which from 30 villages single applications were received. In ten villages the tie was either between members of the elite (mostly non-tribals) or among the many relatives of the sarpanch. In two cases rejected candidates were finally accommodated by creating new village clusters for them. This showed that not only the supervising staff but also the doctors and the Block Development Officer participated in the manipulations. According to some of the PHC staff members, "most of the Thakur and Brahmin candidates were no good compared to some adivasi candidates. But the lower educational level of the latter were used as an excuse to reject them". They felt, "relations and connections were more important than qualities" and said "the discretionary powers of the selection board always favoured the elite".

Of the 36 CHWs interviewed, 22 said they were informed by the Sarpanch about the scheme, 12 said the PHC staff told them, and only 2 had heard

of it from their friends. Invariably, those called by the Sarpanch were asked to apply for the training. None was told to inform others.

The general survey as well as the intensive study revealed that the majority of the people had no information regarding the scheme in general or the selections in their villages. This was particularly so for category I where 88.2 percent expressed no knowledge of selections (Table 3). Among those who expressed knowledge of the selection process, none thought it was their responsibility also. People considered Sarpanch or the hospital to be responsible for selection of CHWs in 45-50 percent of the households.

Background of CHW

Sixty percent population of the block was of scheduled tribes or castes. Despite this, of the 37 CHWs selected, only 20 were from adivasi households and none from the scheduled castes. The reasons for such distortions began to unfold when we looked at the socio-economic backgrounds of these CHWs.

Social Background : The majority of the CHWs were Brahmins and Thakurs among the non-tribals. Even the lower caste Hindus had a very marginal representation (Table 4). It was revealing that the tribal CHWs came largely from those villages where the entire population was either tribal or some lower caste Hindus lived there. In those villages where 10 percent population or more was caste Hindus or Muslims, invariably all CHWs were non-tribals. Even in those villages where only 1-2 caste Hindu families resided 53 percent CHWs were non-tribal.

Our data further shows that except for seven CHWs who were not related to the Panchayat members, all others either had links with past or present panchayats or were themselves Sarpanches or Upsarpanches (Table 5). These links were common to adivasi and non-adivasi CHWs and indicated close-knit elite groupings whose members kept interchanging their positions in the power capture game. Yet another link of the CHWs was with influential families of their villages (Table 5c). If we take this into account then even out of the seven CHWs we are left with only four who could claim no links with the power elite!

Land Holdings and Occupation The land-holding pattern of the CHWs was very different from that of the general population. It reflected their links with

the landed sections (Table 6). It also brought out the differences between the tribal and the non-tribal elite quite clearly. Not only the tribals owned comparatively less land, their families alone depended upon wage labour. Only three out of 20 tribal families had an employed member while among the non-tribals six out of 16 had employed members.

The CHWs themselves had varied occupations in addition to their health work. Eight did farming also, four were big contractors, and four had become professional practitioners of sorts. Eight had managed to get the supervisor's jobs in relief projects while two had become tutors in the adult education scheme. Another three had managed to get both these jobs at the same time while the remaining seven did odd jobs like taking contracts for bidi leaves, shopkeeping and so on. The relevant fact is that the 17 who owned over 15 acres also held the most paying occupations like contract work, professions of sorts, and large farms! Also it was significant that, despite a scarcity of jobs, this small group had managed to acquire multiple employment.

Education and Age Twenty percent and 30 percent of the adivasi CHWs were high school and middle pass respectively as against 41 percent and 47 percent of nonadivasis with similar achievements. The low achievements of adivasis only underlined the irrelevance of making middle school a criteria for selection.

The desirable age of a CHW was to be over 25 years of age. In this Block however, twenty three (64 percent) were under 25 years of age.

Performance The general survey data helped to group CHWs into four groups based on people's responses. Of the 34 villages, in 15 the elite as well as the poor talked well of their CHWs, in 4 the elite talked well but the poor were divided, in another 12 the poor as a whole were dissatisfied, and in three both categories of households were dissatisfied.

The elite, despite their satisfaction, said that the CHWs were useful only for minor illness. They were neither aware of the scope of principles of the scheme nor of the duties of CHWs. He was considered a paid PHC employee. The non-tribal elite were often patronising towards their tribal CHWs. For example, they commented, "He is the only educated one among them and education has put some sense in him"; "The poor fellow can treat only according

to his intelligence, how can he go beyond"; or, "The boy is sincere, he always comes to ask if any thing is required". For the non-tribal CHWs however, the tone changed to "He is very intelligent and we hope that he would be considered for more than just a Swasth Rakshak". "He does so much more than the health worker and is still so poorly paid"; or "The non-tribals have done well in all spheres and CHW is no exception". The well-off tribals, on the other hand, were protective about their own tribal CHWs and even tried to cover up their faults, but if they had a non-tribal CHW, they were cautious and respectful and talked in appreciative but subservient tones of the 'Bhaiyyaji' or 'Babu' (big brother).

In villages where the poor were divided in their opinions the population was generally mixed. Here the social group to which the CHW belonged invariably favoured him, like in villages Medki, Dhawra and Khickiri. In Badwahi the Brahmin CHW was unpopular among all the tribal poor except for the Baigas who expressed satisfaction. Baigas also happened to be a landless majority who worked for the Brahmins and were almost bonded to them as labourers.

According to the poor the CHWs charged for giving them drugs and often even for chlorinating wells. They said that instead of visiting the houses of the poor the CHWs preferred to go to the nearby villages where they could practise easily. The Harijans complained that their houses were never visited, "He is for the 'bare log' and not us", "We dare not ask for help, if he gives something it is our good fortune but there is none with such a fortune". Despite their views this section of the villagers was keen not to get into trouble for talking, "We don't want any more trouble".

In villages where the CHW did not reside, people were familiar with his curative functions but had not seen their CHW for months together. When people's views of their CHWs are seen against the data on the CHWs' socio-economic backgrounds, some of the trends that emerge are revealing. All CHWs who were given satisfactory rating by the poor as well as the rich were tribals except for 1 out of 15 in this group. On the other hand, those who were not liked by the poor but liked by the elite were non-tribals, mostly, 9 out of 12 CHWs in the group. The distribution of tribal : non tribal in the other two groups was 2:2 and 1:2. Given the distribution of villages, it naturally follows that the popularity of CHWs among the elite as well as

the poor was higher in purely tribal villages (58.3 percent) where CHWs were also mostly tribals, whereas their unpopularity among the poor alone was higher among the mixed villages, 8 out of 12, i.e. 84 percent villages, where most CHWs were non-tribals.

In addition to the findings of the general survey the intensive study of six villages brought out the following significant findings:

Nature of Services Provided by the best CHWs

These CHWs were considered helpful by the people. However, their performance over the year had declined remarkably. Thus in the villages where they did not live they had stopped paying their usual visits or they went only once or twice a month. In the residential villages also, people felt that the CHWs' initial enthusiasm had died down. Even then they agreed that the CHWs did help in illness. Their utility in minor illness was acknowledged but there was a significant difference in the response of the three categories:

Allopathic treatment was used alone or in combination with other forms of treatment by 55.0 percent, 76.8 percent and 92.2 percent of the households in category I, II, and III respectively. The reasons for this difference were more economic rather than a matter of preference. An important fact was that the CHWs were the source of allopathic treatment (alone or with other sources) in 39.0 percent households of category I and 26 percent in category II and III. Apart from this higher dependence of the poor on CHWs, it was also important that the poor combined CHWs with traditional healers and the well-off with hospitals! (Table 7.)

For major illness the use of allopathy was markedly higher in all categories (80 percent or more) but the use of CHWs was much less. Even then, out of all households using allopathy, the highest use of CHWs was by category I (40 percent), the lowest by category III (14.8 percent). This was an interesting finding which indicated that the poor now had health care facilities which they did not have before. The information on the CHWs' preventive activities, their free accessibility and their practice patterns however, reveals the nature of this success.

CHW's preventive activities in the area of chlorination of wells, maternal and child health; education and environmental sanitation were almost negligible. Only 31.7 percent category I households (as against 0.9-2 percent of the first two

categories) said CHWs chlorinated wells in their houses and even they were not aware of their other activities (Table 8).

In the beginning the CHWs used to visit different areas of their residential village and the villages allotted to them but this had now become a rarity. People now had to request them to see a patient. Though these CHWs helped according to most people, 29 percent households in category I said that the CHWs refused to come and see a patient. Also, 28 percent of the poor said that he charged for injections - indulged in private practice - as against 16.7 percent and 3.9 percent in category II and III (Table - 8). In addition, in case of major illness, even category I households paid in 84 percent of illness although they used CHWs to the maximum 40 percent. This indicated that though the CHWs were mainly used by category I, the trend showed replacement of the "traditional Gunia" a by a "modern Gunia" rather than emergence of self-help and self-sufficiency.

Supervision: The scheme envisaged supervision by the community in administrative matters and the PHC in technical matters. However, high percentages of households in the first two categories said they knew nothing about supervision (Table - 3). Even those who mentioned panchayats separated themselves from the responsibility since there was no identification with the panchayat at all. The Sarpanches themselves were least inclined to be active in this aspect. In fact since they were a party to the selections and mostly related to CHWs, even in cases where people were unhappy they found no reason to act against the CHW's interests. Of the 19 panchayats, none had taken any action against any CHW at any point of time nor made efforts to stream-line the CHW's activities.

Five CHWs were themselves Sarpanches and Upsarpanches and they said that their panchayats had no directives about the panchayat's supervisory responsibilities. Even among the CHWs, only 3.5 percent had heard of the panchayat's supervisory role.

The technical supervision by the PHC staff was more a bone of contention rather than an asset. The Health Workers attempted to pass on their work to CHWs, boss over them and treat them as subordinates. The CHWs resented this once they realised that the PHC workers were more interested in private practice. Some were also able to retaliate given their social status and acquaintance in the village. The extent to which this conflict developed

was largely determined by the socio-economic backgrounds of the CHWs. The non-tribal CHWs were assertive, dominating and socially powerful. They either cared little for the paramedical workers or were treated well by them out of sheer desperation. Among the tribals, the resourceful CHWs (Sarpanches or well-off) managed better since their local status was important but the others fared poorly. They were not only not given any help by the various PHC workers but also treated with much contempt.

The role of the senior staff at the PHC and district levels was not much different. All the doctors and most of administrative staff came from non-tribal caste Hindu backgrounds and had their own views of the social reality. In their busy schedules of working for Family Planning programme, Rahatkars, office administration, and looking after the 'VIP' visitors, the District Health Officers' only contact with the people of the area was through their private practice. For them the 'locals' were a mass of backward and unintelligent humanity with whom it was difficult to communicate. Condescendingly, the DHOs let the PHC medical officers handle the scheme. They themselves were hardly familiar with it. According to the two consecutive DHOs, 'What can these untrained locals do; let them atleast help our health workers'. For them, even the village Mukaddams and the Sarpanches were "unintelligent people". Given the choice, they were for closing the scheme any day.

At the PHC, except for one medical officer (out of four) all the rest were either indifferent or vocally against the scheme even though they agreed that the CHWs were giving some help to people where their own workers had failed. Interestingly enough, all these medical officers used the CHWs influence to get referred cases for their private practice. This link was strong and in return some CHWs were patronised by the medical officers. Their usual answer for letting things pass was, "we have no control over the CHWs and the Panchayat doesn't act. Even if we report something there is too much political interference and we know that except for getting unpopular we won't gain much".

Discussion

Our data projects a pattern of social reality wherein a handful of the non-tribal elite in collaboration with the well-off tribals controlled the majority of the poor - individually through terms of work and collectively through social institutions like

panchayats. Both tribal and non-tribal poor had little access to the Block's developmental agencies. The areas general backwardness precluded alternatives to the existing pattern of living. Further, there was a general lack of information and education and the interaction of the majority of the poor with the outside world was extremely restricted. This meant that their dependence on the elite and the dole provided by the state was total. As a result, the two in collaboration got away with many acts of omission about which the people may know but could do nothing.

In such a setting, the exercise of giving "people's health in people's hand" through their 'elected representatives' may sound good on paper but is bound to get mutated by the social matrix within which it is placed. This is what happened to the CHW Scheme in Shahdol. Though officially it was a voluntary scheme, a scheme of the people, it continued to run — despite reminders from the state — as yet another of the government's unsuccessful schemes.

The relevant aspect of the problem is that though the scheme did not work according to plans, the CHWs did cater to certain needs of the village population. It is thus apparent that while the explicit design of the CHW Scheme had not worked, there was an implicit design to its functioning. This design can only be recognised when we look at the linkages of the CHWs with the other categories, as suggested by the hypothesis of our study.

Links between social classes

The influences of the existing socio-economic configurations on the working of the scheme are clearly visible through our data. The supremacy of a small group of landed elite who controlled the local resources and also the channeling of government funds, created a situation wherein the appropriation of resource and labour had become a part of life. The CHW Scheme provided employment and therefore could not escape the general trend. Appropriation of opportunities provided by it not only brought economic assets for the local elites and their families but also an opportunity to strengthen their social positions by favouring some who mattered. The undemocratic functioning of the panchayats only made the task easier. Following the initial grabbing of positions however, the enthusiasm reflected by the panchayats dwindled into apathy and disinterest when it came to supervision and control. In other words, after

providing patronage to their favourites the panchayats resumed their usual slumber.

It is also important to realise that the Panchayats could get away with this usurpation of the scheme only because people were in no position to protest against those who controlled the implementing institutions, given their social and economic as well as political dependence.

Given the domination of a small section of the population, there was no social pressure on the selected CHWs. Those who did work had their own motives. They were either interested in building their social images or were politically motivated (as the CHWs of Gijri and Varamtola) or had monetary interests. They some times augmented their 'salaries' (honorarium) through indulging in private practice and nobody objected to it. Even those CHWs who were considered good by all showed preferential treatment towards category III households. They charged them less frequently, were readily available to them, and also provided some preventive services however meagre those may be. But the CHWs relationship with the well-off was contradictory. While they served them well, they were used less frequently by this section and only for minor illness. In return for their services though, the well-off protected and praised them and thus ensured the high cost of medical services for the poor.

The CHW in general knew that if they could humour the well-off they would be free to handle the rest the way they wanted. This trend of ignoring the poor was so dominant that even those few CHWs who came from the poorer families often tended to ignore their own kind and over a year, had learnt to reproduce the behaviour patterns of their better-placed colleagues. Thus, they were either practising in their own villages or going to areas where no CHWs were posted and the people knew nothing about the scheme so that they could sell the medicines with ease.

Despite their ambiguous beliefs the majority of the poor opted for allopathic treatment if they could afford it and had also realised the importance of chlorination of wells and vaccinations. In procuring these services however, the people had learnt that money, connections and 'sifarish' were the tools that worked. Voluntarism on the part of the provider and organised demand on the part of the recipients had not been a part of their experiential base as was clear from their experience

of the political processes which moulded the administration of the area.

Links of CHWs with Social Class

Yet another crucial link was between the CHWs and the existing social classes. This was responsible for the quality of selections as well as work of the CHWs. As we have seen, only 4 out of the 36 CHWs could be said to represent the average villager. The rest had their connections with the present or previous office bearers in the Panchayat or came from the better-off families possessing large acreages of land or other business. Since this section of the village population appropriated all resources coming for rural development the CHW scheme was also appropriated. This explains the atypical background of the majority of CHWs as also their ability to acquire other employment. Consequently, not only were there a large number of non-tribal CHWs but the quality of their work in general was affected in several ways.

Firstly, since the CHWs were given the protection of the elite they could do almost what they wished without being answerable or accountable to anybody. In turn the panchayats, the statutory body responsible for their supervision, took no action against them.

Secondly, since the CHWs joined the scheme as a means to augment their income or status they concentrated almost entirely on curative work. Whatever little preventive measures they implemented in the beginning was also given up over time or else they would even charge for chlorinating wells.

Thirdly, since income generation was possible only through charging for their services and furthermore, since they could not very well charge those elite families through whose benevolence they had become CHWs, the brunt of paying for their practice was borne by the poor. Additionally, it should be remembered that the poor had no one else to go to while the well-off preferred to go to alternative health facilities like doctors and hospitals — particularly so in case of major illness. This explains the paradoxical situation of the poor using the CHW more and paying more too.

Fourthly, most of the CHWs were appointed through the agency of the Sarpanch or Upsarpanch but once they themselves became familiar with the bureaucracy and the government officials they began to develop their own alternative income sources. Thus, the post of Sarpanch would become

far more lucrative as would the positions of Rahatkar mate or petty contractor. As a consequence, these alternatively more profitable occupations would demand more of their time and energy, and the quality of work in community health would decline. Even the house visits being done initially would stop.

Fifthly, even those few tribal CHWs who came from poorer families were drawn into the search for better incomes and thus began to ignore their own social strata. It would be unrealistic in such a context to expect them to remain devoted to the cause of the poor.

Links with the Health Bureaucracy

The notion of their own social and technical supremacy generated a feeling of contempt for the CHWs among health workers at various levels of the health services hierarchy. The result was indifference, condescending tolerance, and disinterest among the senior officials, and jealousies and resentment between paramedical workers and CHWs who had captured the clients of the field workers and had now replaced them as doctors!

The health and welfare bureaucracy did nothing to reverse these trends. Given their own needs and links with the local elite they only used these patterns for making profits. They in fact, often protected the defaulting CHWs and never made efforts to streamline their work by either putting pressure on the panchayats or their own organisation. In the process they only reinforced the existing patterns rather than improve them.

Conclusions

Given the indifference, inefficiency and ineffectiveness of the health bureaucracy, the powerful hold of the elite, and the collaboration of the well-off tribals as well as the administrative bureaucracy of the district, the prevailing network of linkages had fully absorbed and distorted the CHW Scheme. The poor, in whose name the scheme was launched, were made to pay heavily for receiving some medical care while they had neither a say in decision-making nor a hand in the running of the scheme. It is a paradox that the well-off, who used the CHWs the least, were also the ones who were bestowed with the CHWs' attention and the poor, who used them the most, had to beg, plead, and wait. This 'success' that the scheme boasts of is certainly not an achievement but a reflection of the dire need of the toiling people.

Our study concludes that people's participation in a health care scheme cannot be an isolated event. The degree of participation (or non-participation) is determined by the overall socio-economic relationships which bind a population and within which all schemes have to function. It is these links with the larger system that decide the success or failure of a scheme. Though confined to a Block, our study identifies the social linkages which influence the scheme and underlines the fact that it is the nature of these linkages which is crucial for the scheme wherever it is introduced.

The experience of Shahdol teaches us that in the absence of efforts to either change the social matrix, or at least control the key components influencing the scheme, or offering people a taste of free preventive and curative health care services, to expect that people will hail the CHW Scheme as their own and that they will also have the strength to control a truant CHW, is far from being realistic.

This, in fact, amounts to protecting the holy cow of people's "participation", irrespective of its social context.

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Notes

1. Those farmers who could sell their produce for profit or could save it for the coming year.
(These villages were mostly so poor that identification of such households was never a problem and every one knew which households could save or sell after consuming two meals.)
2. Judged on the basis of opinions of villagers, PHC doctors and paramedicals.
3. This stratification was used firstly, because it sufficed for the purpose of the larger study, and secondly because the information required was easily available. For a more rigorous class analysis however, land holding alone is not sufficient.

Table - 1
Categorisation using Land Holding and Employment Status in the Intensive Study Villages

Village	Category - I		Category II		Category III		Employed	Total	
	0-5 No.	% of up to 5 acres	5-10 a No.	acres %	Over 10 acres				
					No.	%			
Gijri	43	48.2	10	11.2	0	-	36	40.4	89
Barbaspur	62	52.5	3	2.8	3	2.8	33	31.7	104
Maliagoda	26	29.1	39	43.8	17	19.1	7	7.8	89
Kumurdu	47	43.0	35	39.3	18	16.5	9	8.2	109
Badwahi	143	69.0	44	21.2	10	4.8	10	4.8	107
Varam Tola	21	52.5	5	12.5	3	3.3	11	27.5	40
	345	54.0	136	21.3	51	7.9	106	16.6	638

Table 2
Distribution of surveyed villages according to the percentage of 0-5 acre land owning and well-off households in the four Groups of villages.

% of 0-5 acre land owning households	Group I	Group II	Group III	Group IV	Group I & II together
	Villages %	Villages %	Villages %	Villages %	together %
upto 50	4 (33)	4 (27)	1 (14)	0	8 (30)
51-75	6 (50)	8 (53)	4 (57)	2 (50)	14 (52)
76-90	2 (17)	3 (20)	2 (29)	2 (50)	5 (18)

% of well-off households	Group I	Group II	Group III	Group IV
	Villages %	Villages %	Villages %	Villages %
0-5	9 (75)	8 (53.3)	1 (14.2)	4 (100)
5-10	1 (8.3)	3 (20)	4 (57.1)	0
10-15	1 (8.3)	2 (13.3)	1 (14.2)	0
15	1 (8.3)	2 (13.3)	1 (14.2)	0

See PP. 97 to 100 for tables 3 to 8.