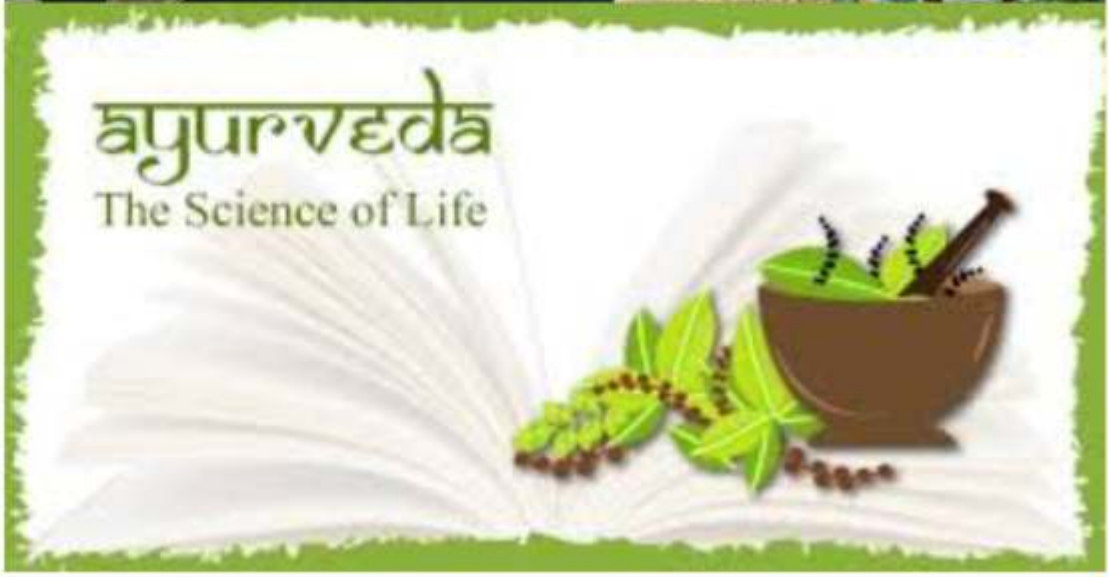
2017

Evaluation of Ayurvedgram Yojna in Chhattisgarh

By

State Health Resource Center (SHRC), Raipur, Chhattisgarh



Directorate:
Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy (AYUSH), Chhattisgarh

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PREFACE

The State Government of Chhattisgarh has taken a novel initiative Ayurveda Gram Yojna to develop 500 Ayurvedic Villages in the state.

The directorate of AYUSH, Department of Health and Family Welfare, initiated the scheme in 2003 with the aim of *"Swasthasya Swatha Rakshnam/ Aturashya Vikarprshnam"*.

Chhattisgarh is a predominantly tribal state having an abundance of herbal and medicinal plants. The indigenous systems of medicine as well as the service available from the local herbal medicine practitioners, bone setters, and traditional healers are well accepted.

This scheme uses the existing resources of the state to provide a greater coverage of AYUSH services for the community. Co-location of AYUSH unit/ clinics was also started by government to revitalize traditional therapies and indigenous medicines. Many strategies were adopted by the state government to improve delivery of AYUSH services in rural areas to make it successful, hence several states are willing to replicate the model.

The directorate of AYUSH, Chhattisgarh identified the need to assess the functioning of the Ayurvedgram to determine whether programme components are producing the desired outcomes and to assist in continuous quality improvement of Ayurveda Grams Yojna.

The aim of the study is to evaluate the Ayurveda Gram Yojna (AGY) in Chhattisgarh. The main objective was to identify the barriers to successful implementation of the programme so that a strategy can be developed to strengthen the programme.

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We would like to extend our gratitude towards all District Ayurveda Officers, Ayurveda Medical Officers, Pharmacists and other supporting staff for their immense support.

Our thanks and appreciations also go to all members of Ayurveda Gram working groups (village head/representative, Mitanin, ANM, AWW, Dai) and participants belonging to the community for their encouragement and support in accomplishing this work.

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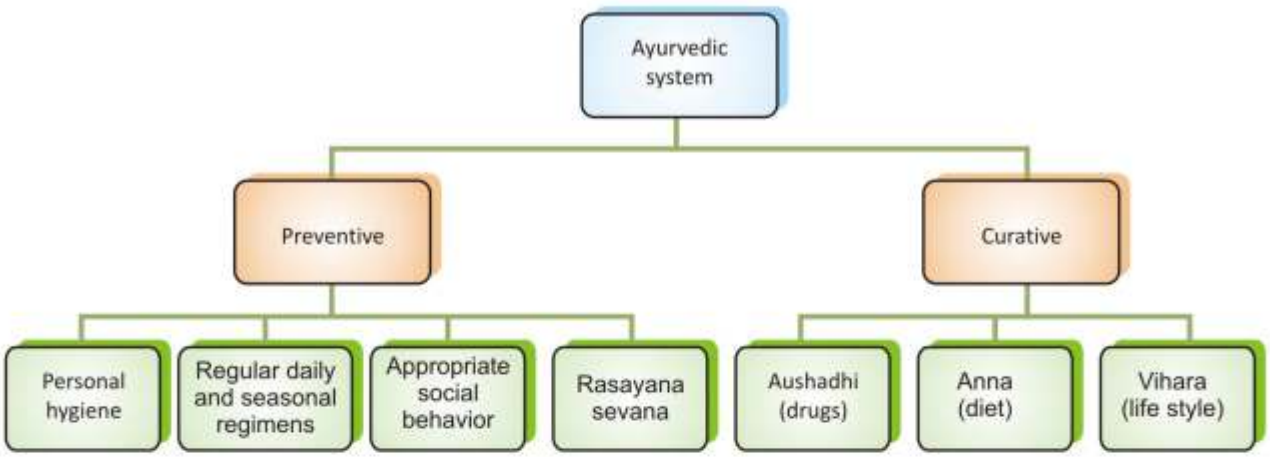
BACKGROUND

India, with wide variety of cultural heritage, is proud of some exceptional therapeutic forms that look at health, disease and causes of disease in absolutely different ways. The best part of Indian System of Medicine mainly focuses on holistic health and well-being of humans . Other than allopathic medicine in India, other different forms of systematically appropriate and suitable systems of indigenous medicine, such as Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homeopathy (AYUSH) system, are practiced in diverse parts of the nation. Under the National Rural Health Mission, AYUSH system is one of the vital strategies, under which all primary health centers and community health centers provides AYUSH treatment services under the similar roof . In March 1995 department of Indian System of Medicine & Homeopathy (ISM&H) was created and renamed to AYUSH in November 2003. AYUSH system has an objective to provide amplified awareness for the expansion of these systems. However history unearths that AYUSH system is filled with many ups and downs since its traditional form of Indian System of Medicine & Homeopathy (ISM&H) to its present form of AYUSH .

In Chhattisgarh state 0.59 lakh sq. km area is under forest constituting about 44% of its geographical area and have become a large store house of varieties of medicinal and aromatic plants in forest areas and to sustain the lives of large population of forest dependent rural communities through addressing their food, health and livelihood issues (Action Plan 2010-11). To reflect its richness in terms of bio diversity, the State of Chhattisgarh has been declared as a "Herbal State" and organized efforts are being made, right from the time the new State was created in 2000, to conserve the traditional knowledge of use of herbal medicine.

Among the AYUSH stream of medicine, Ayurveda is well accepted in the rural context. The requirement of Ayurveda services in rural Chhattisgarh was realized to achieve the health care need of rural population, and so as to achieve the goal, Ayurveda Gram Yojna was implemented in Govt. Ayurveda Dispensary of Chhattisgarh. The Department of AYUSH had initiated the 'Ayurveda Gram Yojna' from the year 2003 and 121 villages were selected where AYUSH health care facilities are already present. The physicians of the villages created awareness about the Ayurvedic Swasthavritta and propagated the use of herbs as home remedies in common ailments. The scheme was accordingly started in the financial year 2008-09 Among 25 villages out of 121 for piloting the study. The scheme since then has expanded and currently (End of 2014-15) being implemented in 500 villages across 146 blocks in the state of Chhattisgarh. The scheme was focused on specific objective to achieve good public health in rural area, maintain lifestyle according to Ayurvedic regimen, promote cultivation and use of medicinal plants, control and prevent endemic diseases, make national health programme successful in those villages.

The treatment in the Ayurvedic system is holistic and individualized with following components-



A set of guidelines were issued by the Directorate of AYUSH for facilitating implementation of the scheme.

Accordingly, the scheme has nine objectives which are as follows –

1. To inform all the people in the village about the basics of good health according to Ayurveda principals.
2. Giving information to village residents about the Ritu-charya (seasonal routine) and Din-charya (daily routine).
3. Taking information about food habits and daily activities of Ayurveda Gram villagers, to advise them about correct practices according to principles of swasth-vritta (healthy behaviour).
4. Impart knowledge on the importance of the Ayurveda herbs and drugs in the villages and encouraging people to use them and to work for their protection & conservation.
5. Giving advice to village residents about treating common / seasonal ailments with the home remedies and available herbal preparations.
6. Improving knowledge (Among the village residents) about 'van-aushadhi' (herbs naturally occurring in forests) and encouraging their use.
7. Encouraging farmers to cultivate commonly used medicinal plants while protecting the land used for traditional crops.
8. Organizing campaigns for prevention against the diseases prevalent in the area like TB, Malaria, Dengue & Water borne diseases and to make arrangements for full treatment of people suffering from these diseases.
9. To participate in all National Health programmes and makes them successful in Ayurveda Gram.

AIM OF THE STUDY

The aim of the study was to evaluate the current status of implementation and the potential actions in the process of the scheme.

Objectives

- To evaluate the health awareness regarding Ayurveda among households in Ayurveda Gram villages.
- To assess the herbal medicinal plants used/cultivated by local population of Ayurveda Gram for various mild diseases/disorder occurring in their locality.
- To assess the treatment seeking behavior for common/seasonal ailments.
- To assess the impact of Ayurveda Gram Yojna on National Health Programmes.

METHOD

Study design

Cross-sectional study

Duration of data collection

Six months (February 2016 to July 2016)

Sample selection

Estimated sample size required for the study was computed using online software "OpenEpi 3.0". The sample size was calculated assuming that 50% of population is aware of Ayurvedic health system. A sample size of 471 was arrived at, with 97% confidence interval and allowing 5% margin of error.

Sample Size for Frequency in a Population

Population size(for finite population correction factor or fpc)(*N*):	1000000
Hypothesized % frequency of outcome factor in the population (*p*):	50%+/-5
Confidence limits as % of 100(absolute +/- %)(*d*):	5%
Design effect (for cluster surveys-*DEFF*):	1

Sample Size(*n*) for Various Confidence Levels

ConfidenceLevel(%)	Sample Size
95%	384
80%	165
90%	271
97%	471
99%	664
99.9%	1082
99.99%	1512

Equation

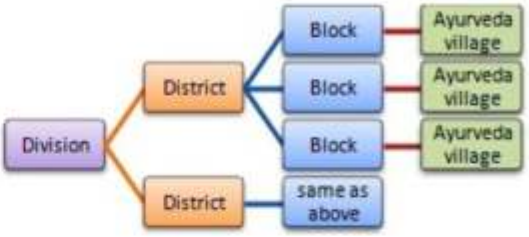
Sample size $n = [DEFF*Np(1-p)]/ [(d^2/Z^2_{1-\alpha/2}*(N-1)+p*(1-p)]$

Results from OpenEpi, Version 3, open source calculator--SSPropor

Study area and sampling frame

Study covers all five divisions of the state. A total of 44 villages were covered in 35 blocks which come under 13 districts of Chhattisgarh state. A list of 500 Ayurveda Grams was taken as a sampling frame. Purposive and convenience sampling was used to select 44 Ayurveda Grams. The following conditions were followed in selection of villages-

- *at least two districts should be covered from each division.*
- *three blocks should be selected from each district.*
- *at least one Ayurvedgram or village from one block.*
- *each district should cover* ***Ayurvedgram from different phases.***



Division	Districts	Blocks	Villages	Implementation year
Bastar	Kondagaon	Kondagaon	Girola	Phase-1 (2008-10)
			Bhamni	Phase-3 (2013-15)
		Dahikoga	Dahikonga	Phase-3 (2013-15)
		Farasgaon	Linjoda	Phase- 2 (2011-12)
	Kanker	Bhanupratappur	Bhanbeda	Phase- 2 (2011-12)
		Durg Kondal	Tarhul	Phase-3 (2013-15)
		Narharpur	Dabena	Phase-1 (2008-10)
Bilaspur	Bilaspur	Bilha	Beltara	Phase- 2 (2011-12)
		Pendra	Navagaon	Phase-3 (2013-15)
		Takhatpur	Khathakoni	Phase- 2 (2011-12)
			Bharni	Phase-1 (2008-10)
	Janjgir-chapa	Baloda	Budghan	Phase-3 (2013-15)
			Pantora	Phase-3 (2013-15)
		Bhamnidhi	Jharna	Phase-3 (2013-15)
		Malakharod	Sakarra	Phase- 2 (2011-12)
			Suloni	Phase-3 (2013-15)
	Raigarh	Raigarh	TARKELA	Phase-1 (2008-10)
			MAHAPALLI	Phase- 2 (2011-12)
		Baramkela	SANKARA	Phase-3 (2013-15)
		Dharamjaigarh	KHADGAON	Phase-1 (2008-10)
			KHINDA	Phase-1 (2008-10)

Durg	Durg	Dhamdha	Ghodi	Phase-3 (2013-15)
		Patan	Jamrav	Phase- 2 (2011-12)
	Rajnandgaon	Rajnandgaon	Surgi	Phase-1 (2008-10)
		Dongargarh	Rampur	Phase-3 (2013-15)
		Chhuikhadan	Dhodha	Phase- 2 (2011-12)
	Kabirdham	Kabirdham	Marka	Phase-3 (2013-15)
		Bodla	Chilphi	Phase-1 (2008-10)
		Lohara	Virendranagar	Phase-3 (2013-15)
			Surajpura	Phase-1 (2008-10)
		Pandariya	Baghamuda	Phase- 2 (2011-12)
			Mohgaon	Phase- 2 (2011-12)
Raipur	Dhamtari	Dhamtari	Kharenga	Phase-1 (2008-10)
		Magarlod	Singpur	Phase-3 (2013-15)
		Nagri	Dugali	Phase- 2 (2011-12)
	Raipur	Aarang	Mandir hasod	Phase- 2 (2011-12)
		Dharsiva	Sondra	Phase-3 (2013-15)
Surguja	Jashpur	Bagicha	Roni	Phase-3 (2013-15)
			Sulesa	Phase-3 (2013-15)
	Surajpur	Bhaiyathan	Gangoti	Phase-1 (2008-10)
		Ramanujnagar	Krishnapur	Phase-1 (2008-10)
	Ambikapur	Ambikapur	Sergava	Phase- 2 (2011-12)
		Batoli	Batoli	Phase-1 (2008-10)
		Lundra	Lamgaon	Phase-1 (2008-10)

Respondents

Study respondents include-

A. Ayurvedic Medical Officer (AMO) - 32

B. Pharmacist - 38

C. Mitanin/AWW/ANM - 39

D. Head of village - 17

E. Household- Eldest male/female member of the house – 475

Study tool

Different study tools were used to elicit the information from different respondents. Each study tool had the following parts related to Ayurveda Health System-

- Identification of the respondents
- Awareness about Ayurveda Gram Yojna (AGY).
- Awareness about life style components of Ayurveda Health System [Daily routine (Dincharya), Seasonal regimen (Ritucharya).
- Effect of Ayurveda Gram Yojna (AGY).
- Participation in National Health programmes.
- Problems and suggestions.

Ethical consideration

- Informed consent was taken before the data collection.
- Confidentiality was maintained.
- Ethical clearance from inhalational ethical committee

Data management and analysis

Microsoft Excel 2010 was used for data entry and descriptive analysis.

Result section

Perspective of Ayurveda Medical Officers regarding AGY

- Gender wise distribution of Ayurveda Medical Officers
- As per Ayurveda MOs opinion different objectives of AGY
- Rating given by Ayurveda MOs for following aspects of the programme guideline of AGY
- Different factors taken into consideration when village was developed as an Ayurveda Gram
- Ayurveda Gram Working Committee
- Number of members in the committee and awareness regarding their responsibilities
- Members of Ayurveda Working Committee
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- Reasons for not collecting Health information before the implementation of AGY
- Community level efforts under AGY
- Grant details for last three years under AGY
- Grant expenditure details
- Different factors acting as barrier in successful implementation of the AGY
- Different factors providing strength to AGY
- Different shortcomings of AYG according to Ayurveda MOs
- According to Ayurveda MOs changes in Ayush Health facility
- Changes in Ayurveda clinic OPD due to AGY
- Changes in Ayurvedgram due to AGY
- Contribution in other health programmemes
- Records found for other health services
- Suggestions given by Ayurveda MO

Status of Ayurvedgram Dispensary

- Physical appearance of the buildings
- Essential infrastructure
- Staff
- Services offered
- Number of patients in OPD (From January 2015 to December 2015)
- Type of patient in OPD (From July 2015 to December 2015)
- IEC (information, education & communication) activities

Awareness of other committee members and villagers regarding AGY

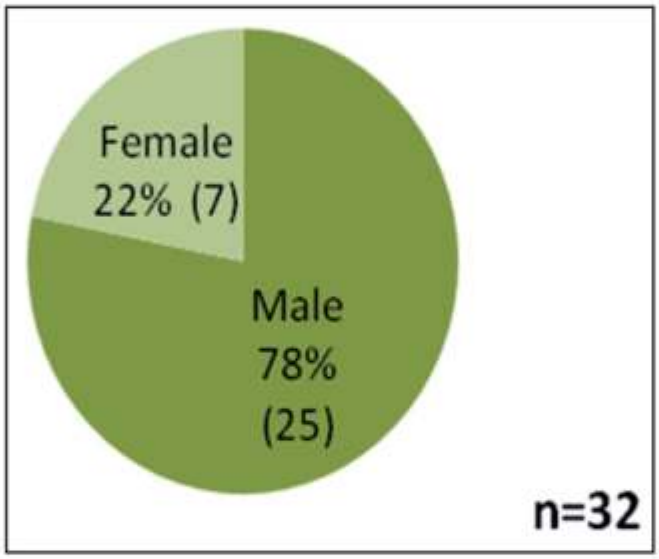
- Characteristics of the villagers
- Hygiene and sanitation status of the villagers
- Daily routine of the study participants
- Source of information and acceptance for AGY
- Health Seeking Behaviour for common health problem (Fever, cough & cold etc.)
- Most frequently quoted home remedies for common health problems
- Suggestions for improvement in AGY
- Specific comments related to AGY

I. Perspective of Ayurveda Medical Officer regarding AGY

Ayurveda Medical Officer is a title used for government official designated for providing medical care and health services at Ayurveda Clinic. The post is held by a physician who has a recognized degree/diploma in Ayurveda, Unani, Siddha, Homeopathy . During the study period a total of 32 Ayurveda MOs were interviewed.

Following observations were made based on information collected-

Figure.1.1. Gender wise distribution of Ayurveda Medical Officer



✓ Figure depicts that majority (78 %) of Ayurveda MOs were in male category.

Table.1.1. As per Ayurveda MOs opinion different objectives of AGY

		Objectives of AGY			
		First	Second	Third	Forth
		n (%)	n (%)	n (%)	n (%)
1.	Awareness regarding Ayurveda treatment	7(22)	8(25)	4(13)	2(6)
2.	Protect health	**11(34)**	4(13)	1(3)	0
3.	Create awareness about good health	5(16)	1(3)	2(6)	1(3)
4.	Create awareness about home remedies	1(3)	3(9)	1(3)	3(9)
5.	Create awareness about health camp	3(9)	3(9)	4(13)	0
6.	Free health services	1(3)	0	1(3)	2(6)
7.	Create awareness about medicinal plant	2(6)	**9(28)**	3(9)	3(9)
8.	Create healthy society	1(3)	0	0	1(3)
9.	Medicine manufacturing	1(3)	0	2(6)	0
10.	Promote yoga for good health	0	1(3)	4(13)	0
11.	Healthy lifestyle to prevent NCDs	0	1(3)	4(13)	1(3)
12.	Participate in National Health Program	0	1(3)	2(6)	1(3)
13.	Promote cultivation of medicinal plant	0	1(3)	2(6)	3(9)
14.	No comment	0	0	2(6)	15(47)
	Total	32 (100)	32(100)	32(100)	32(100)

✓ As mentioned earlier AGY has nine objectives (Table 4.2) but above table explains Ayurveda MOs require more training to get aware about the AGY so that they can work potentially.

✓ Out of 32, majority (11) of Ayurveda MOs reported, AGY has first objective to protect health of villagers. While, some (7) have reported AGY has primary objective to create awareness regarding Ayurveda.

Table.1.2. Rating given by Ayurveda MOs for following aspects of the programme guideline of AGY

		Rating given by Ayurveda MOs					
	Program guideline of AGY	**1 Very less**	**2 less**	**3 good**	**4 very good**	**No response**	**Total**
1.	Clearly objectives are written	1	3	4	23	1	32
2.	The logic behind the program	0	2	5	24	1	32
3.	Evaluation & Monitoring	1	2	9	19	1	32
4.	Responsibilities of the member of committee	2	3	11	15	1	32
5.	Guidelines to spend the grant	3	2	9	16	2	32

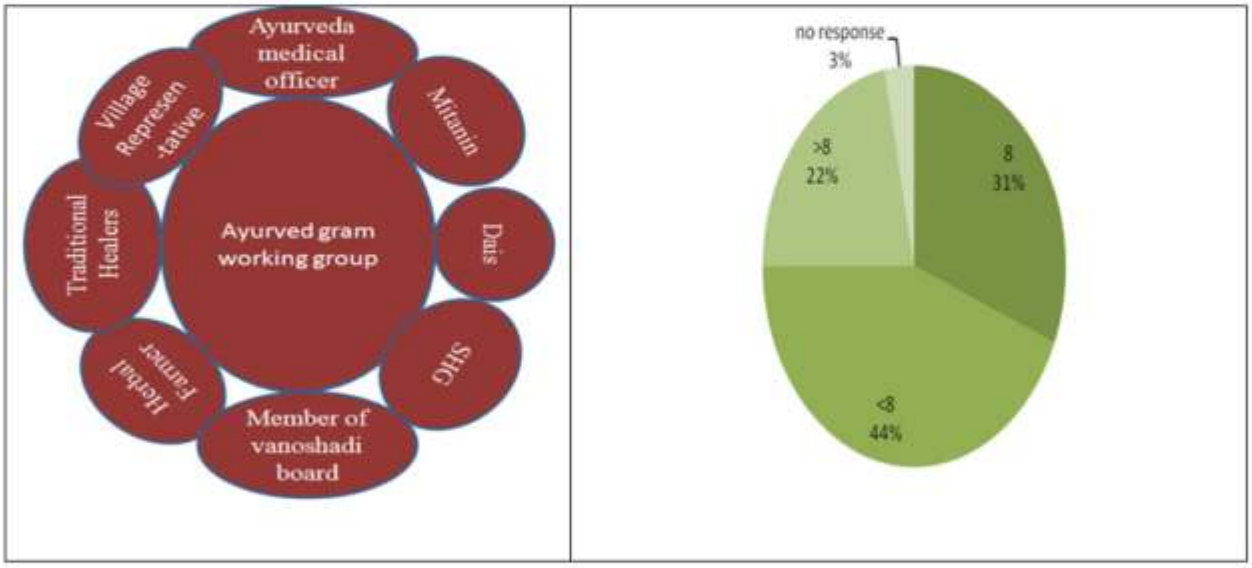
✓ Almost all Ayurveda MOs were rated "very good" for different aspects of AGY programme guideline.

Table.1.3. Different factors taken into account when village was developed as an Ayurveda Gram

Factors	Yes	No	Don't know	Total
Situation analysis	27	4	1	32
Community participation	26	5	1	32
Stakeholders opinion	27	3	2	32
Availability of basic infrastructure & facility	24	6	1	31
Gender equality	30	1	1	32
Age group specific facility	30	1	1	32
Making local health tradition popular	30	1	1	32

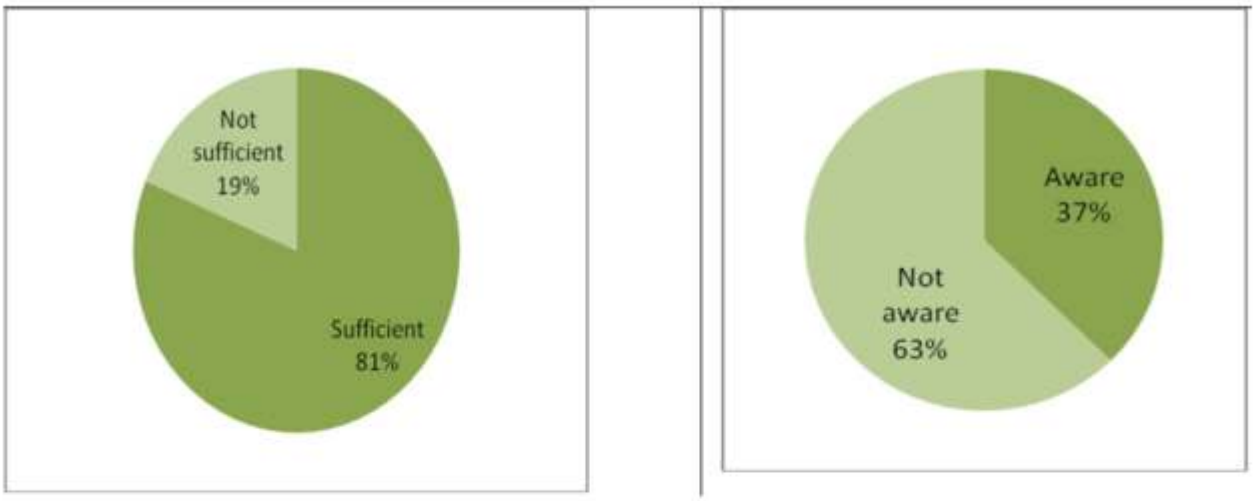
✓ Almost all Ayurveda MO's reported that AGY was implemented after considering above mentioned factors in mind.

Figure.1.2. Ayurveda Gram Working Committee



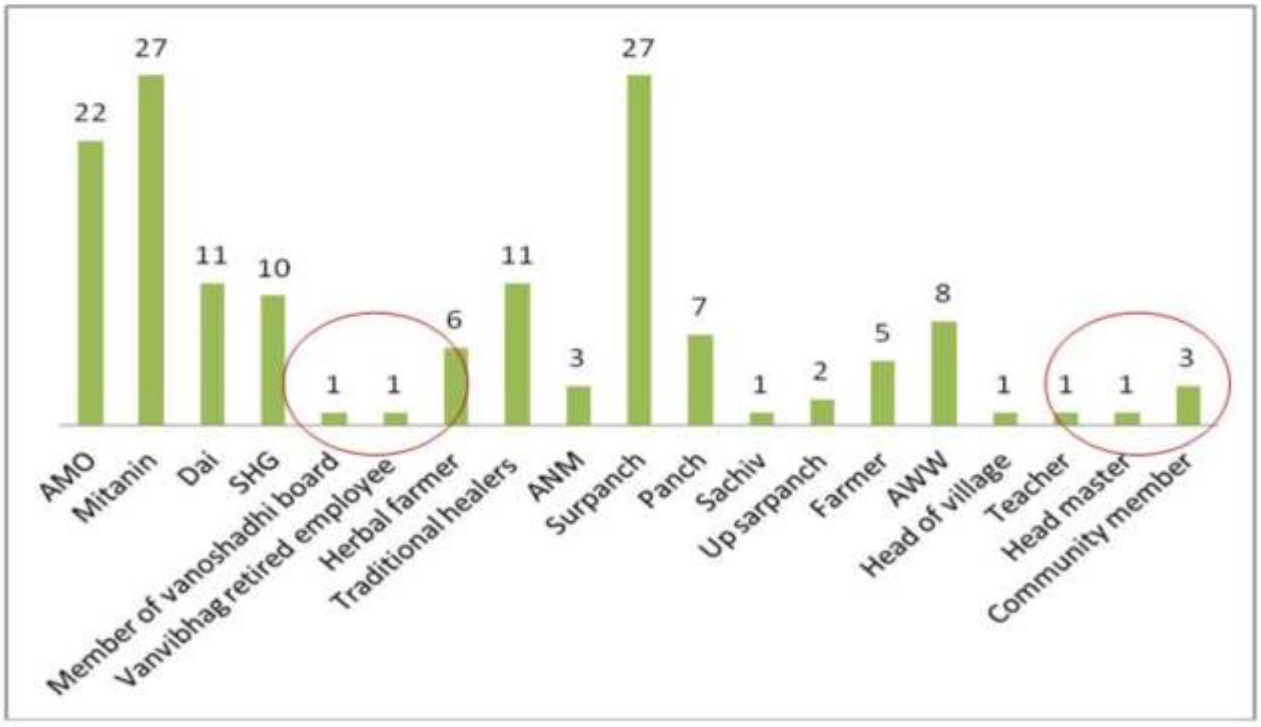
✓ All Ayurveda MOs reported that village level committee was formulated as per guideline. It was found that majority (44%) of committees have more than 8 members.

Figure.1.3. Number of members in the committee and awareness regarding their responsibilities



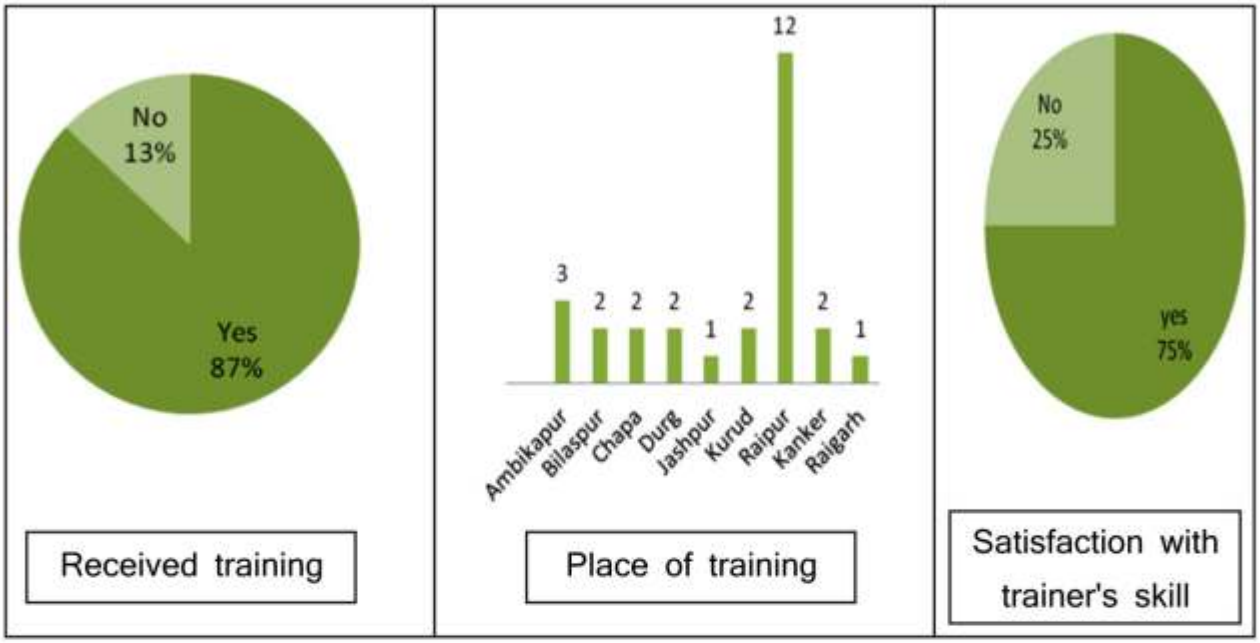
- ✓ Majority (81%) of Ayurveda MOs said that Ayurveda Working Committee has sufficient number of members, only few (19%) of them reported committee members are not sufficient, it should include villagers, teachers and more number of Mitanin.
- ✓ Most (62%) of the Ayurveda MOs blamed that committee members are not aware of their responsibilities.

Figure.1.4. Members of Ayurveda Working Committee



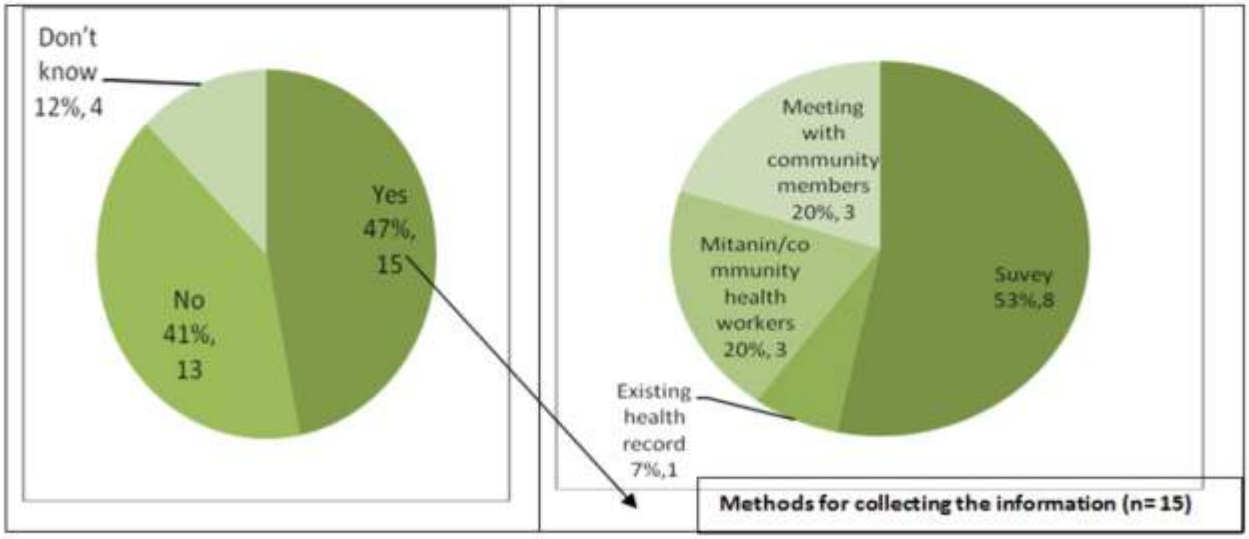
- ✓ It was obsereved that very few committees have members from forest department. Only one committee has included a teacher as a Ayurveda Working Committee member.

Figure.1.5. Responses regarding training under AGY



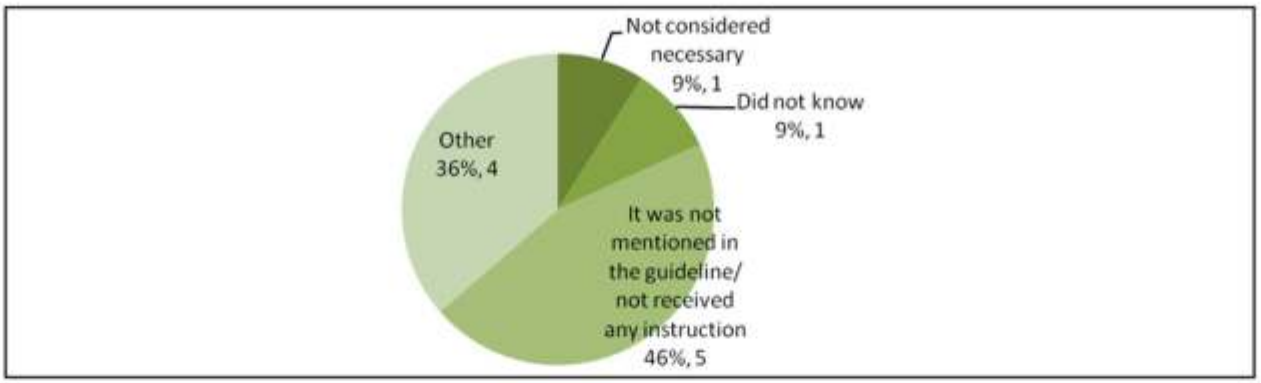
- ✓ Majority (87%)of Ayurveda MOs reported they had received training under AGY . Mostly, they received training at Raipur district.
- ✓ Majority (75%) of trainees reported that they were satisfied with trainers skill, while, few (25%)reposponses were negative for the same.

Figure.1.6. Collection of information related to health problem of villagers before the implementing the programme



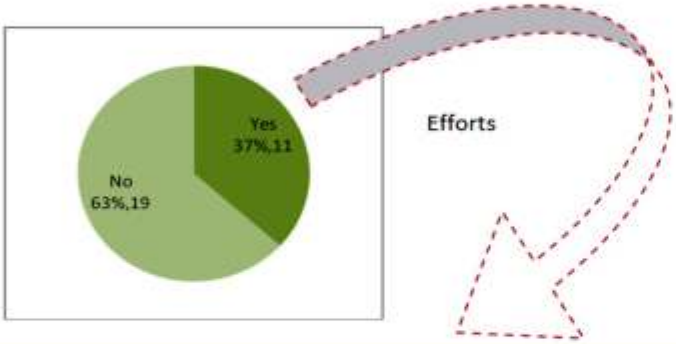
- ✓ Approximately, half proportion (47%) of the Ayurveda MOs reported that information related to health problem was collected before implementing the AGY and most (53%)of the information was collected through Hour hold survey.

Figure.1.7. Reasons for not collecting Health information before the implementation of AGY



✓ Five Ayurveda MOs, who had not collected health information before implementing the programme, blamed that it was not mentioned in the guideline.

Figure.1.8. Community level efforts under AGY



- ➢ Use of tape recorder to spread information regarding health camp and importance of local medicinal plants.
- ➢ Use of local language (Chhattisgarhi) in audio and pamphlet.
- ➢ Additions to those folksongs were also used to create awareness about AGY.
- ➢ Health related information had been spread in Jan Shivir (camp).
- ➢ Distribution of swasthwardhak modak (made of ayurvedic medicine) to the malnourished children.
- ➢ Awareness regarding sickle cell anaemia
- ➢ Preparation of massage oil for body pain
- ➢ School based competition on knowledge of ayurvedic medicine.
- ➢ Ayurveda based protection against Malaria
- ➢ Plantation of ayurvedic medicinal plant
- ➢ Promotion of ayurvedic drinks - kadha, tea, jaljeera etc.

✓ Only, less than 50% Ayurveda MOs reported that they are actively doing efforts for community level awareness regarding AGY.

Grant for AGY

Table.1.4. Grant received in last three years under AGY (N=32)

Year	Received	Expense
	Median (min-max)	
2012-2013	32,864 (25,000-40,000)	33,000 (8000-40,000)
2013-2014	40,000 (25,000-40,000)	29,358 (3000-40,000)
2014-2015	40,000 (15,000-40,000)	33,000 (14000-40000)

✓ All most all Ayurveda MO reported they receive maximum 40,000 INR for their expenditures.

Figure.1.9. Grant expenditure details

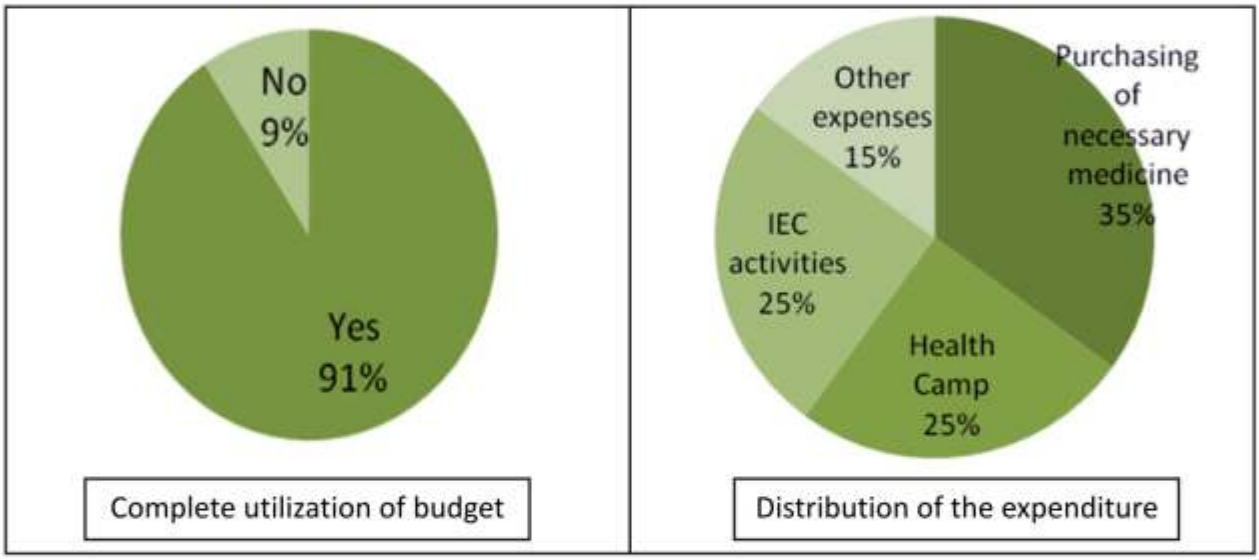


Table.1.5. Distribution of budget

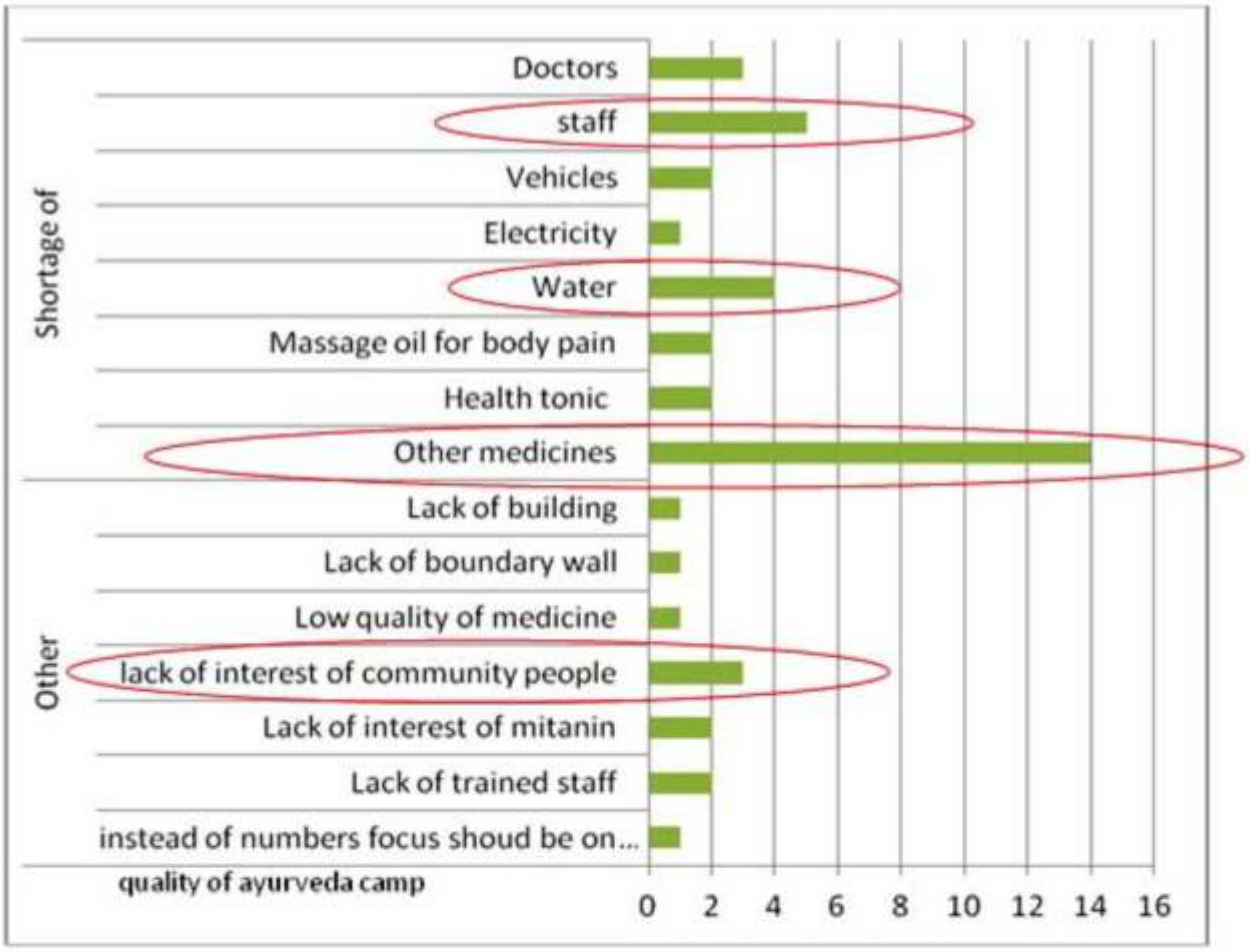
Budget for	Sufficient			
	Yes	No	No response	Total
Purchasing of necessary medicine	14	16	2	32
Health Camp	22	7	3	32
IEC activities	26	4	2	32
Other expenses	25	3	4	32

✓ Majority of Ayurveda MOs reported that budget should be increased to purchase medicines.

✓ Following suggestions were made by few Ayurveda MOs-

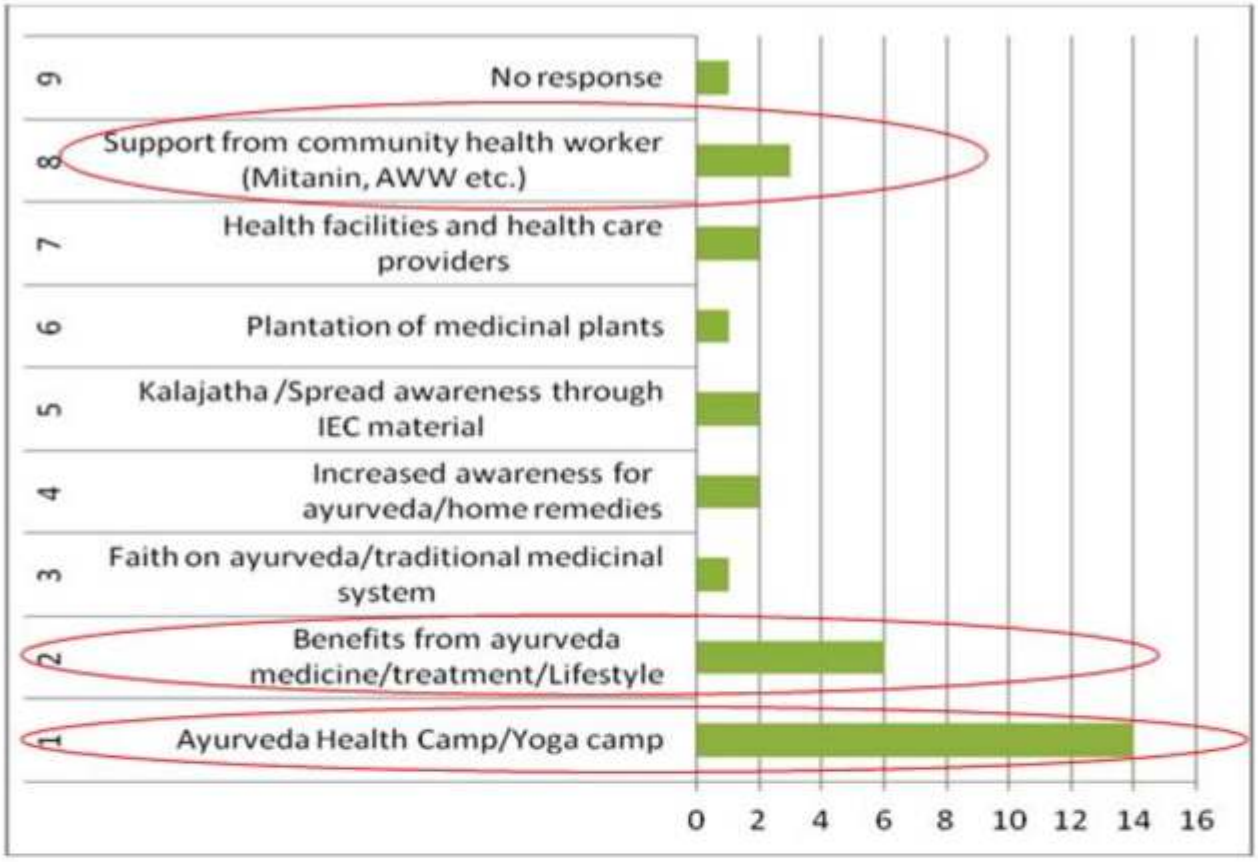
- Provision for advance budget.
- Separate budget should be for AGY and dispensary.

Figure.1.10. Different factors acting as barrier in successful implementation of the AGY



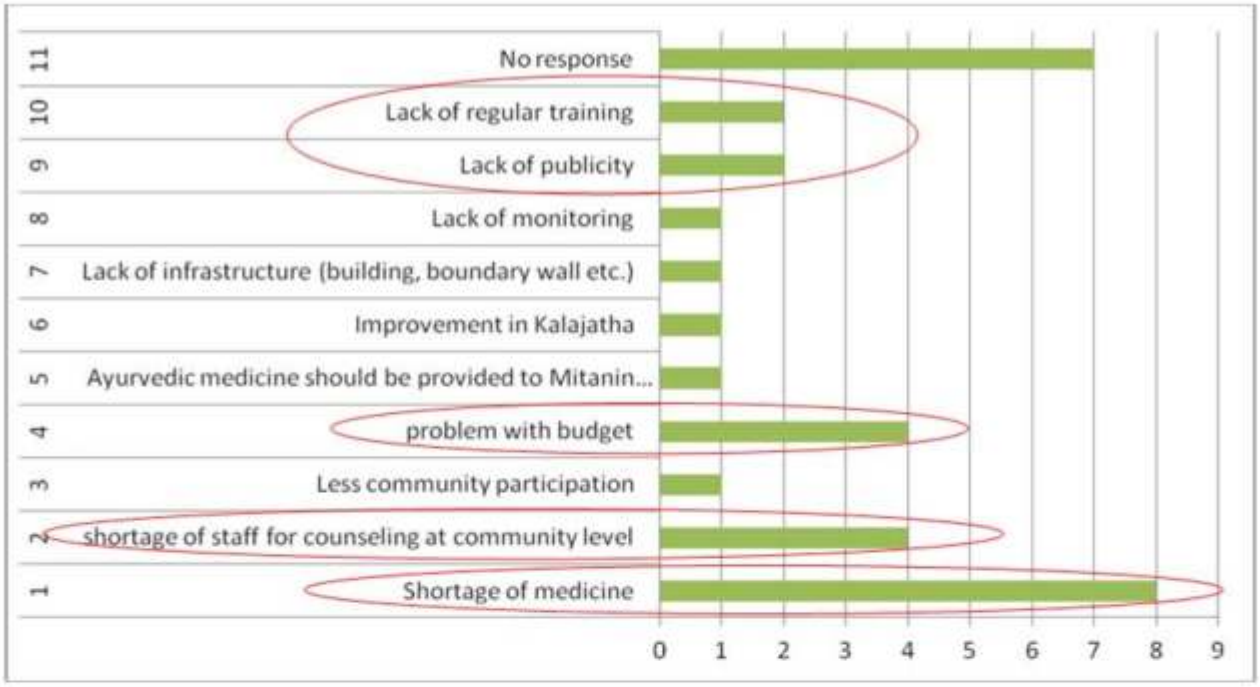
- ✓ Majority of Ayurveda MOs reported they do not have sufficient medicine to treat community people.
- ✓ Due to shortage of water supply they are not able to cultivate medicinal plants.
- ✓ Few Ayurveda MOs reported, they do not have sufficient staff to conduct awareness programme for AGY.
- ✓ Community people are not aware due to lack of publicity.

Figure.1.11. Different factors providing strength to AGY



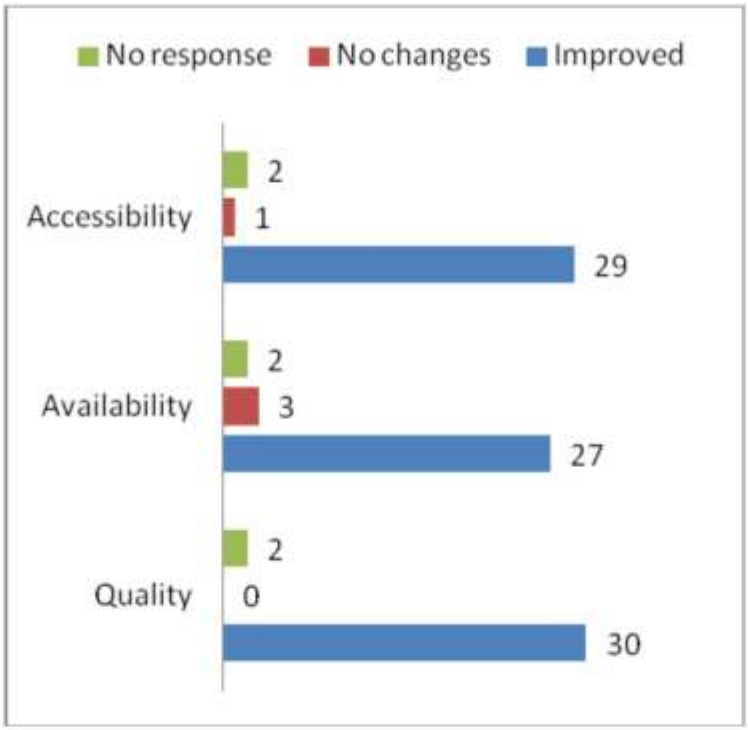
- ✓ Free health camp or yoga camp was the most frequently mentioned factor which provides strength to AGY.
- ✓ Other than, free health camps, benefits from Ayurveda lifestyle and support from community health worker were also frequently mentioned response for strengthen the programme.

Figure.1.12. Different shortcomings of AYG according to Ayurveda MOs



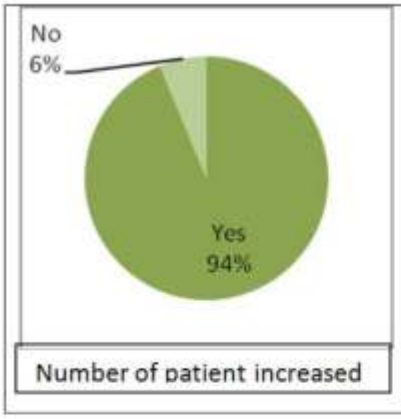
- ✓ Majority of respondent mentioned shortag of medicine and Human Resources as weakness of the programme.
- ✓ Few Ayurveda MOs reported difficulty in budget utilization (Table.1.9).
- ✓ Lacking of regular training and less publicity were also frequently mentioned short comings of the programme .

Figure.1.13. According to Ayurveda MOs changes in Ayush Health facility



- ✓ Almost all Ayurveda MOs have reported improvement in accessibility, availability and quality of health services due to AGY.
- ✓ Following reasons mentioned for not improving the system –
  - Quality of medicine is not good
  - Packing is not appropriate
  - Shortage of medicine
  - Shortage of staff
- ✓ Lack of awareness

Figure.1.14. Changes in Ayurveda clinic OPD due to AGY



Categories of patient		Number of patient in OPD			
		Increased	decreased	No response	Total
Age specific	Old aged	24	6	2	32
	Child and women	26	4	2	32
	Adult	5	2	25	32
Disease specific	Communicable	17	10	5	32
	Non-communicable	24	5	3	32
Service specific	OPD	22	5	5	32
	Refer	20	5	7	32

- ✓ Almost all Ayurveda MOs reported that number of patients increased after implementation of the programme.
- ✓ Following reasons were mentioned for the change-
  - People are getting aware about the programme
  - Women have become aware about different gynaecological problems and they approach to treatment.
- ✓ Very few Ayurveda MOs reported no change in OPD, while asking about reasons, following were the few reasons mention for no change –
  - Shortage of staff (Doctor, Pharmacist etc.)
  - Shortage of medicine
- ✓ Lack of infrastructure

Table.1.6. Changes in Ayurvedgram due to AGY

Changes due to AGY	Increased	No change	No response	Total
Use of medicinal plant increased	27	2	3	32
Manufacture of medicine increased	17	10	5	32
Availability of Ayurveda medicine	24	2	6	32

- ✓ Majority of Ayurveda MOs reported increase in, use and availability of ayurvedic, however, manufacturing of ayurveda medicine requires more effort.

Table.1.7. Contribution in other health programmes

		n (%)	Total
1.	Provide ANC checkups to pregnant women	12 (38)	32
2.	Provide medicines for anaemia	32 (100)	32
3.	Counselling Family planning Adolescent health Hygienic condition	22 (69)	32
4.	Distribution of nutritious sweet to reduce malnutrition in children	12 (38)	32
5.	Spread awareness about vaccination	15 (47)	32
6.	Refer cases TB Malaria Leprosy Cataract	18 (56)	32
7.	Health camps	32 (100)	32
8.	Awareness rally for healthy lifestyle	32 (100)	32

✓ Except few, most of the Ayurveda MOs reported they are contributing in other health programmes as well.

Table.1.8. Records found for other health services (July 2015 to December 2015)

	Yes	No	Total
Vaccination	3	36	39
ANC	9	30	39
Distribution of iron tablets	2	37	39
Leprosy	11	28	39
Malaria	34	5	39
Referred TB cases	16	23	39
AIDS	0	39	39

✓ Total 39 Ayurveda dispensaries were visited. Out of total 39 dispensaries very less number reported about contribution in ANC, Vaccination and iron distribution services. Majority of them said they are taking efforts for malaria prevention.

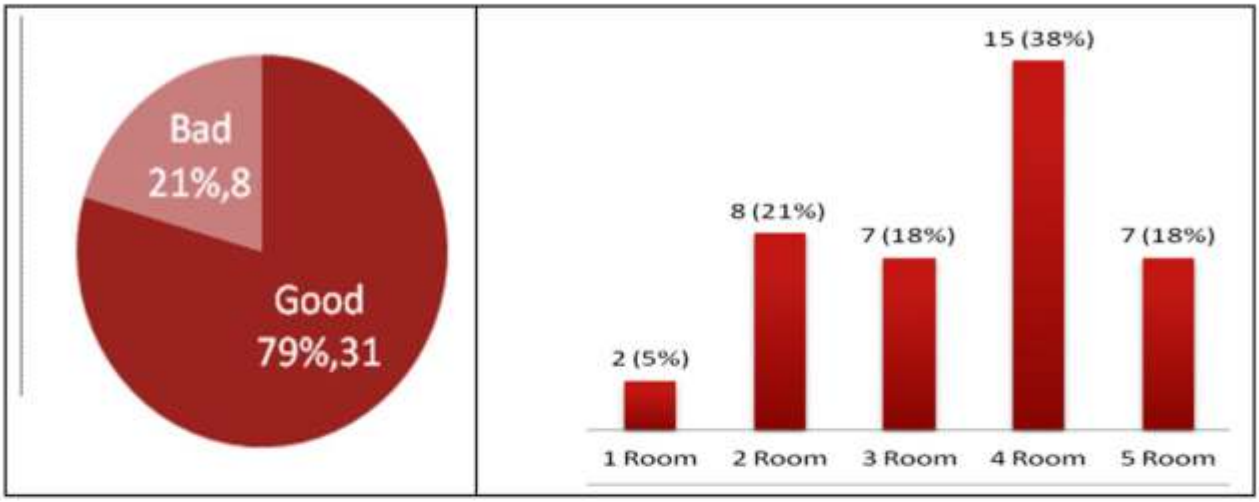
Table.1.9. Suggestions given by Ayurveda MO

Medicine	
➢ Ayurveda medicine should be in tablet form instead of powder	1
➢ Quality of medicine should be increased	6
➢ Supply of medicines for first aid and emergency.	1
➢ Type of medicine should be decided based on need.	1
➢ Regular supply of medicine	7
Financial	
➢ Bills should be cleared on time	1
➢ Budget should be increased and provided on time	2
➢ Decentralization of budget	
➢ Financial Aid should be provided to the farmer to produce ayurvedic medicines	1
➢ Fund should be increased for the camp	1
Training	
➢ Intensive training for Community Health Workers	1
➢ Regular training programme for committee members	1
➢ Training for Ayurveda MO and other staff	2
➢ Training programme for Ksharsutra and Panchkarm	1
➢ Village level workshops should be organised for staff and committee members	1
➢ Yoga teachers should be provided for yoga therapy	1
➢ Kalajatha programme should be improved; focus should be on use and production of medicinal plant.	1
Herbal Garden and infrastructure	
➢ Each ayurveda village should have one herbal garden.	3
➢ Regular water supply.	2
➢ Implementation of AGY should be in the villages where ayrvedic medicines are available.	2
➢ Self Help Group (SHG) should be encouraged to produce ayurveda medicine.	1
➢ Infrastructure like boundary wall should be built to protect medicinal plants.	1
➢ Ayurveda lab should be established.	1

Staff		
➢	Regular staff should be available. There are many Ayurvedgram where one Ayurveda MO has in charge of more than one Ayurvedgrams.	4
Awareness programme		
➢	Awareness programme should be increased for ayurveda medicine.	1
➢	Community participation should be increased.	1
Other		
➢	Provision of mobile units for the health camps	1
➢	One Ayurveda MO complained that "most of the time they are busy with camps that's why they are not able to spend much time at OPD". He has sadly quoted "डॉक्टर को डॉक्टर रहने दो..... झोला लेकर जगह-जगह न घूमने दें....."	1

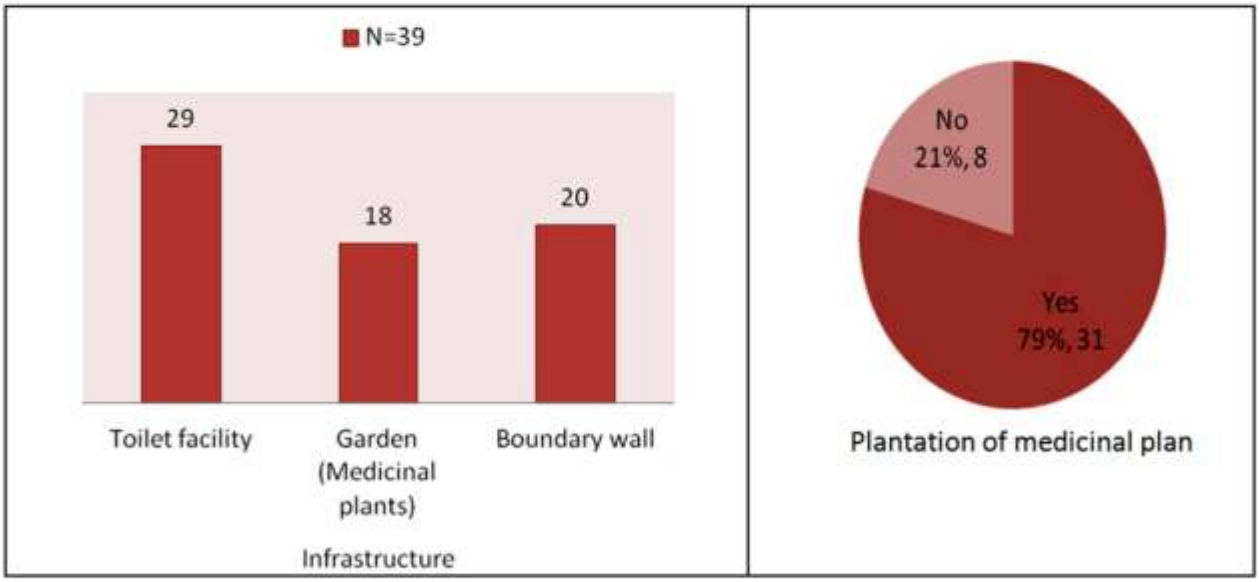
II. Status of Ayurvedgram Dispensary

Figure.2.1. Physical appearance of the buildings of dispensaries



✓ Majority of buildings were found in good status. Most of the buildings have 4 rooms, while, only 5% have only one room.

Figure.2.2. Essential infrastructure of dispensary

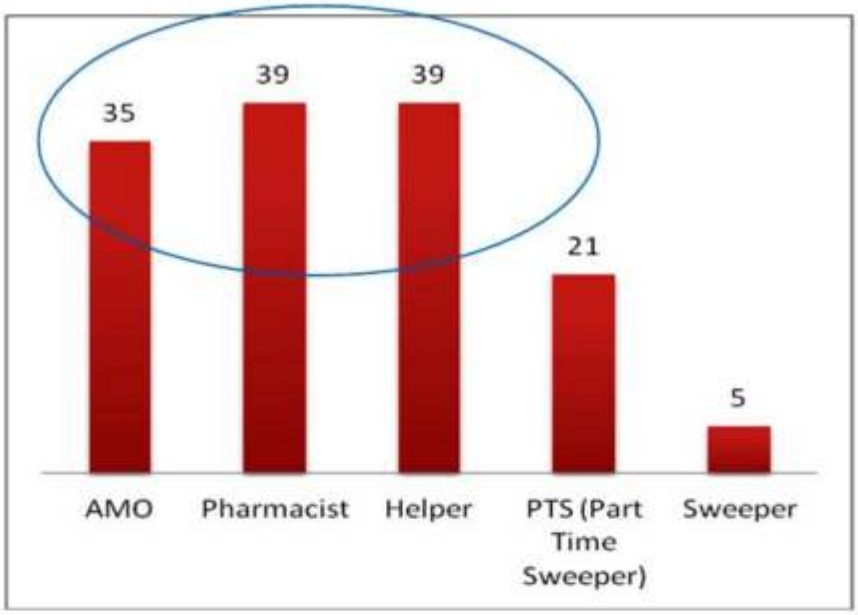


✓ Regarding, essential infrastructure of dispensaries, less than 50% (20) buildings were having boundary wall to protect medicinal plants. Only few (18) facilities have developed proper herbal garden.

✓ Toilet facility was not available in few (10) facilities.

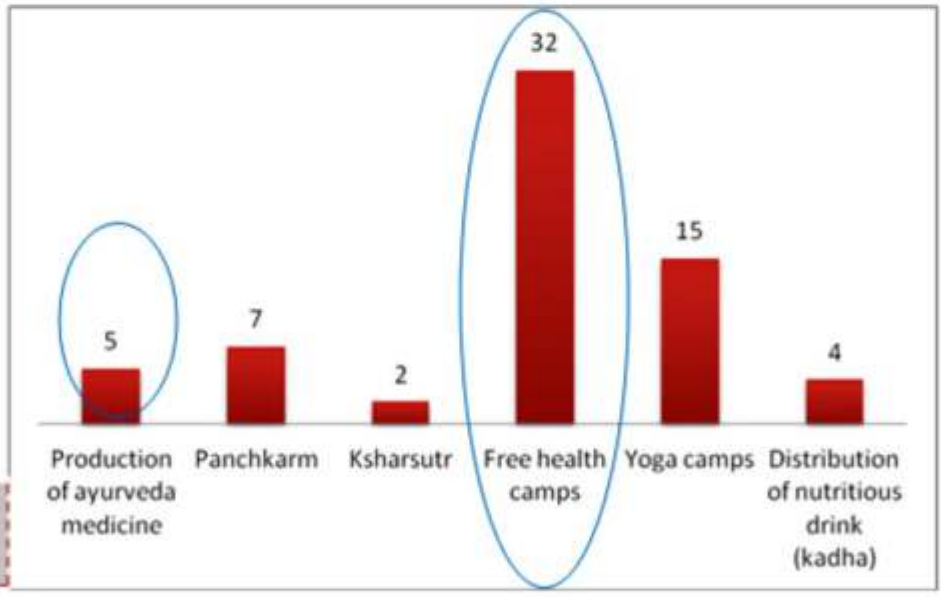
✓ Most of the facilities do not have garden, however, they have planted few medicinal plants in flowerpots (*gamla*).

Figure.2.3. Staff available at dispensary



✓ Majority of dispensary staff includes Ayurveda MO, Pharmacist and helper.

Figure.2.4. Services offered at dispensaries



Reasons

✓ Majority of Ayurveda dispensaries reported about conducting free health camps, however, very less number of dispensaries were found having treatment facilities for *Ksharsutr* and *Panchkarm* .

✓ Very less number of Ayurveda dispensary involved into production of ayurveda medicine. Following reasons were mentioned for not producing medicines –

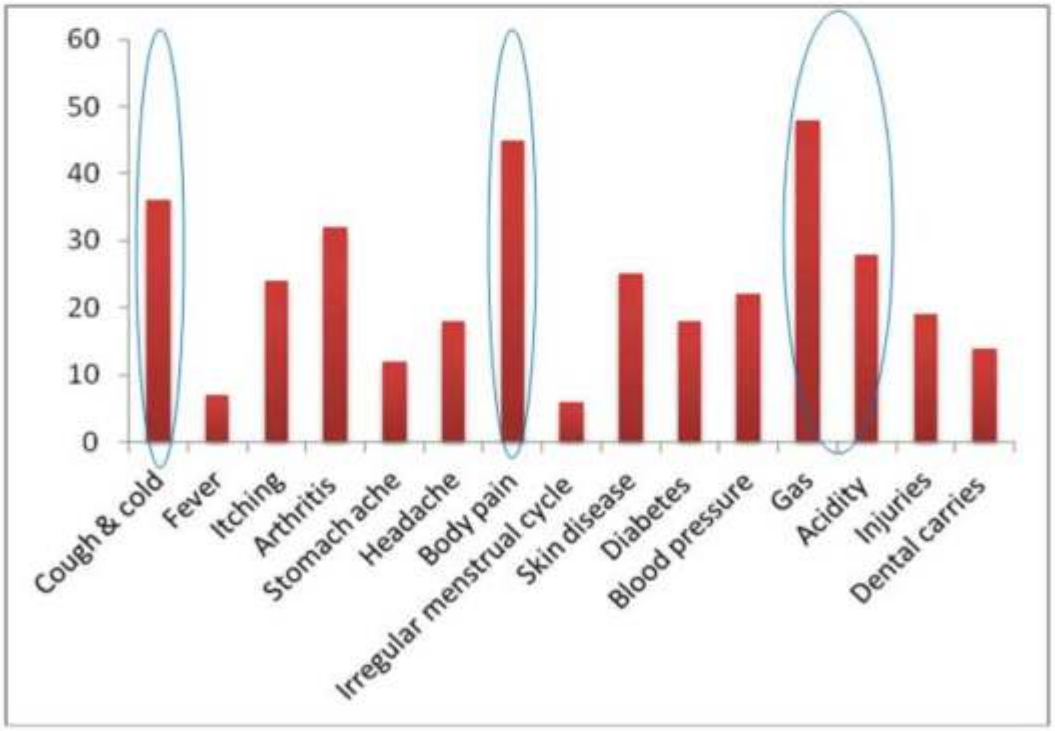
- Drugs are available from outside

- Do not have herbal garden
- Materials are not available
- Unavailability of trained pharmacist.
- Facilities not available for production
- Permanent doctors are not available
- People don`t know much about it
- Lack of human resource for manufacturing
- There are no enough medicinal plants
- Pharmacist not available

Figure.2.5. Number of patients in OPD (From January 2015 to December 2015)

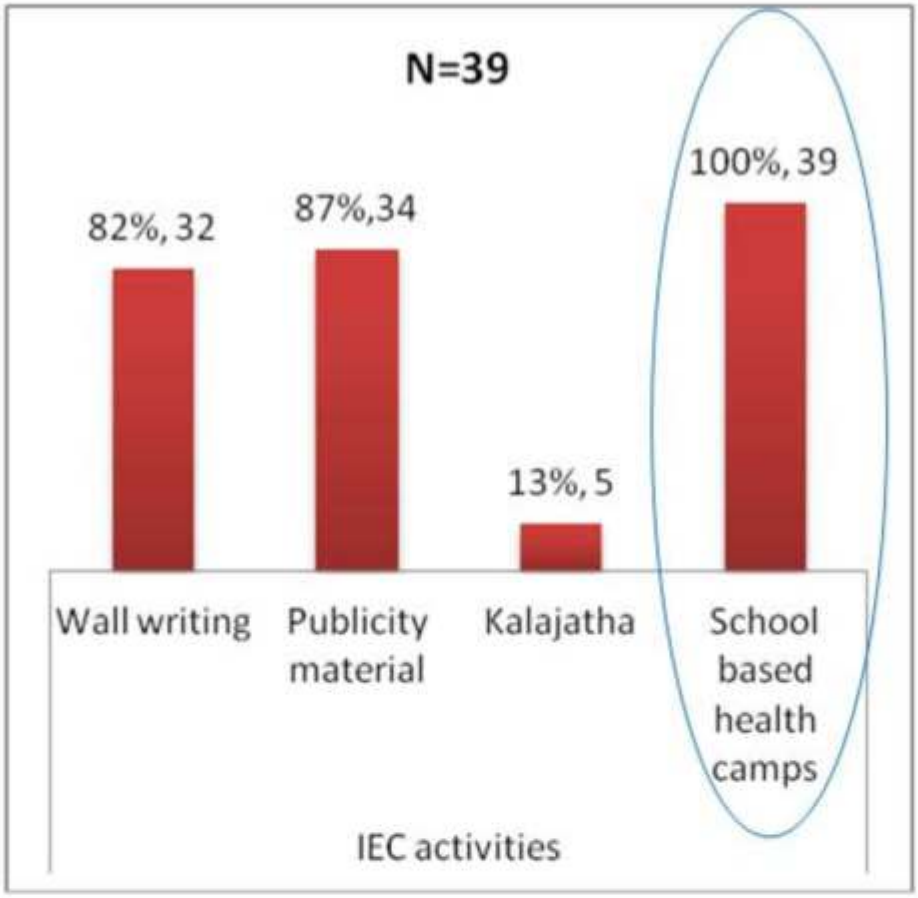
Number of patient	Median (Max-Min)
Male patient	1580 (5567-250)
Female patient	1123 (3572-143)
Old patient	269 (1161-9)
Children	703 (4631-55)

Figure.2.6. Type of patient in OPD (From July 2015 to December 2015)



✓ Cough, Cold, Body pain and stomach related problem were the most commonly reported complain at dispensary during the period.

Figure.2.7. IEC (information, education & communication) activities



- ✓ For publicity, all facilities have school based health camp.
- ✓ Majority of the facilities have publicity material (poster, pamphlet and booklet).
- ✓ Wall writing was missing in few facilities.
- ✓ Very less number of facilities had Kalajatha programme.

III. AWARENESS OF OTHER COMMITTEE MEMBERS AND VILLAGERS REGARDING AGY

Table.3.1. Characteristics of the villagers

		N=475 n(%)
Sex	Male	140 (29)
	Female	335 (71)
Age groups	≤ 25	82 (17)
	26-35	142(30)
	36-45	125(26)
	46-55	67(14)
	> 55	40(8)
	No response	19(4)
Education	Illiterate	87(18)
	≤ 5th class	79(17)
	6th to 10th class	161(34)
	11th to 12th class	51(11)
	Graduation	38(8)
	Post-graduation	16(3)
	No response	43(9)
Occupation	House wife	140(29)
	Farmer	120(25)
	Self business	90(19)
	Student	24(5)
	Labour	34(7)
	Other	67(14)

- ✓ Majority (71%) of respondents include women between the age groups of 26 to 35 (30%) and 36 to 45 (26%).
- ✓ Regarding educational status of the study participants, most of the participants were fall in the category of 6^{th} to 10^{th} class.
- ✓ Majority of women were either housewife (29%) or involved in farming work (25%).

Table.3.2. Hygiene and sanitation status of the villagers

	Responses	N=475 n(%)
Type of house	Kachcha	245 (52)
	Pucca	104 (22)
	Semi pucca	126 (27)
	Total	475 (100)
Sewage disposal system	available	232 (49)
	Not available	243 (51)
	Total	475 (100)
Type of sewage disposal system	Covered	48 (21)
	Open	184 (79)
	Total	232 (100)
Disposal of house garbage	Open space near from house	269 (57)
	Open space far from house	74 (16)
	Pit	125 (26)
	Burn	3 (0.6)
	No response	4 (0.8)
	Total	475 (100)
Regular cleaning of surrounding	Yes	226 (84)
	No	43 (16)
	Total	269 (100)
Source of drinking water	Govt. bore well	227 (48)
	Well	63 (13)
	Hand pump	122 (26)
	Pond	1 (0.2)
	Personal bore well	52 (11)
	No response	10 (2.1)
	Total	475 (100)
Pet animals at home	Yes	283 (60)
	No	192 (40)
	Total	475 (100)
Separate place for the pet animals	Yes	182 (64)
	No	101(36)
	Total	283 (100)
Availability of toilet at home	Yes	221(47)
	No	254(53)
	Total	475 (100)
Don't use toilet	Yes	194(88)
	No	27(12)
	Total	221(100)

- ✓ Half proportion of the study participants were living in *Kachcha* house, only 22% were having *pucca* house.
- ✓ Only 49% of household reported they have sewage disposal system, out of which, majority (79%) of households have open sewage disposal system.
- ✓ More than 50% households reported they dispose garbage in open space near from their home. Majority (84%) of them claimed that they get regular cleaning of surrounding.
- ✓ Regarding source of drinking water, most of the people (48%) use drinking water from Govt. bore well, very less number of participants (11%) reported about having personal bore well.
- ✓ Most of the household (60%) reported they have pet animals at home. Majority (64%) of them reported they keep their pet animals at separate place (far from home).
- ✓ Approximately 50% households reported they do not have toilet at home. Some participants (12%) reported they have toilet at their home but they do not use them.

Table.3.3. Daily routine of the study participants

Daily Routine		Mitanin/ANM/AWW N=39 n(%)	Village head N=31 n(%)	Household N=475 n(%)
Wake up time	Before 5am	4 (10.3)	9(29.0)	64 (13.5)
	between 5 to 6 am	33 (84.6)	21(67.7)	345 (72.6)
	after 6 am	2(5.1)	1(3.2)	66(13.9)
	Total	39(100)	31(100)	475(100)
Product use to clean teeth	Paste	21(53.8)	17(54.8)	239(50.3)
	Datun	12 (30.8)	7(22.6)	187(39.4)
	Paste and Datun	2 (5.1)	5(16.1)	29(6.11)
	Powder	4 (10.3)	2(6.5)	20(4.21)
	Total	39 (100)	31(100)	475(100)
Activities for fitness	Walking	3 (7.7)	5(16.1)	76(16)
	Exercise	9 (23.1)	10(32.3)	84(17.7)
	Yoga	7 (17.9)	6(19.4)	30(6.32)
	All	1(2.6)	2(6.5)	2(0.42)
	Nothing	19 (48.7)	8(25.8)	283(59.6)
	Total	39(100)	31(100)	475(100)

Lunch time	Before 12 noon	6 (15.4)	18(58.1)	135(28.4)
	12 to 2 noon	29 (74.4)	13(41.9)	337(70.9)
	after 2 noon	4(10.3)	0	3(0.63)
	Total	39 (100)	31(100)	475(100)
Afternoon nap	Yes	10(25.6)	7(22.6)	163(34.3)
	No	29 (74.4)	24(77.4)	312(65.7)
	Total	39 (100)	31(100)	475(100)
Duration of afternoon nap	Less than one hour	0 (0)	1(14.3)	4(2.5)
	1 to 2 hours	8(80)	6(85.7)	157(96.3)
	more than 2 hours	2(20)	0	2(1.2)
	Total	10(100)	7(100)	163(100)
Dinner time	Before 8.00pm	5(12.8)	4(12.9)	106(22.3)
	Between 8 to 9 pm	33(84.6)	27(87.1)	336(70.7)
	after 9 pm	1(2.6)	0	33(6.95)
	Total	39(100)	31(100)	475(100)
Sleeping time	Before 9 pm	2(5.1)	0	27(5.68)
	Between 9 to 10 pm	32(82.1)	29(93.5)	379(79.8)
	after 10 pm	5(12.8)	2(6.5)	69(14.5)
	Total	39(100)	31(100)	475(100)
Average sleeping hours	Less than 8 hours	9(23.1)	7(22.6)	103(21.7)
	8 hours	18(46.2)	21(67.7)	300(63.2)
	more than 8 hours	12(30.8)	3(9.7)	72(15.2)
	Total	39(100)	31(100)	475(100)

✓ Majority of the participant reported-

- Wake up time between 5 to 6 am.
- Use of tooth brush and paste followed by, datun to clean teeth.
- People do not do specific activities for their fitness.
- Lunch time between 12 to 2 pm.
- Do not take afternoon nap.
- Take dinner between 8 to 9 pm.
- Sleeping time between 9 to 10 pm.
- Average duration of night sleep 8 hours.

Table.3.4. Source of information and acceptance for AGY

		Mitanin/ANM/AWW N=39	Village head N=31	Household N=475
Anyone taught about daily routine according to Ayurveda	Yes	21(53.85)	17(54.8)	66(13.9)
	No	18(46.15)	14(45.2)	409(86.1)
	Total	39(100)	31(100)	475(100)
Source of information for daily routine	Ayurveda MO	21(100)	15(88.2)	37(56.1)
	Mitanin	0	2(11.8)	29(43.9)
	Total	21(100)	17(100)	66(100)
Changes in daily routine after receiving the information	Yes	17(80.95)	14(82.4)	43(65.2)
	No	3(14.29)	3(17.6)	23(34.8)
	total	21(100)	17(100)	66(100)
Knowledge about Ritucharya (food habit according to seasonal change)	Yes	19(48.7)	14(45.2)	67(14.1)
	No	20(51.3)	17(54.8)	408(85.9)
	Total	39(100)	31(100)	475(100)
Do you change your food habit according to seasonal change	Yes	19(100)	14(100)	58(86.6)
	No	0	0	9(13.4)
	Total	19(100)	14(100)	67(100)

- ✓ AGY has first objective to inform people about basics of good health but majority of the study participants were not taught about *daily routine* and *Ritucharya*.
- ✓ Most of the participant (who were informed about basics of good health) reported they have changed their *Din charya* (daily routine) and they do change in food habits according to the seasons *(Ritu charya)*.

Table.3.5. Health Seeking Behaviour for common health problem (Fever, cough & cold etc.)

	Mitanin/ANM/AWW N=39	Village head N=31	Household N=475
Home remedy	33 (84.6)	20 (64.5)	147(30.9)
Ayurveda clinic	6 (15.4)	9 (29.0)	52(10.9)
Govt. facilities	0	1 (3.2)	81(17.1)
Quack	0	0	165(34.7)
Local healer	0	0	5(1.1)
Medical store	0	0	3(0.6)
Mitanin	0	0	4(0.8)
Misson hospital	0	1 (3.2)	18(3.8)

- ✓ Regarding heath seeking behavior for common health problems, 34.7% of the households reported "Quack" as a first point of interaction, while, 30% reported they prefer "Home remedies" for the same.

Table.3.6. Most frequently quoted home remedies for common health problems

Common health problem	Home remedies	N=200*
Cough and cold	Intake of -	
	- Decoction of ginger, basil (tulsi), black pepper	200(100)
	- Ginger juice with honey.	185(92.5)
	- Lukewarm water.	25(12.5)
	- Massage with mustard oil.	97(48.5)
Fever	Intake of -	
	- Giloy	87(43.5)
	- Chirayta/Bhui neem	165(82.5)
Diarrhoea	Intake of-	
	- Solution of salt and sugar	196(98)
Headache	- Intake if ginger or tulsi tea	73(36.5)
Skin disease	Apply- Aloe Vera , Turmeric	194(97)
Wound	Apply- Turmeric	175(87.5)
Toothache	- Gargle with salt water	69(34.5)
	- Chew Clove	132(66)
Body pain	Massage with mustard oil	143(71.5)

*(200= 33+20+147) - Table number 3.5_ Home remedies

✓ Use of home remedy for treating common/seasonal aliments, is one of the objectives of AGY. Most frequently reported home remedies were mentioned in the above table.

Table.3.7. Suggestions for improvement in AGY

SN.	Suggestions	Mitanin/ANM/AWW		Village head		Household	
		N=39		N=31		N=475	
i	Increase publicity	Response from 13 (33.33%)	12	Response from 23 (74.2%)	6	Response from 169 (35.5%)	37
ii	Regular doctor and other staff		7		4		40
iii	Regular supply of medicine		18		3		29
iv	Regular free health camps		2		2		17
v	Regular kala jattha programme		10		5		16
vi	Boundary wall		6		3		12
vii	Regular supply of water		6		2		8
viii	Motivational programme		4		2		6
ix	Regular rallies		3		1		4
x	Development of herbal garden		0		7		0
	No response		26 (67%)		8(25.8%)		306(64.4%)

- ✓ When asked for their suggestions regarding improvement in AGY, majority (67%)of Mitanin and villagers (64.4%)did not respond, while, most of the village head suggested their view to improve AGY.
- ✓ Most frequently mentioned suggestions were include "increase publicity", "Regular supply of medicine"," need for regular staff" and "Kala Jattha programme".

Table.3.8. Specific comments related to AGY

Mitanin/ANM/AWW	Village head	Household
• People **do not prefer** ayurveda medicine because it acts slowly. • Number of health camps should be increased during **July to September** (during rainy season).	• Information should be spread by Household visits. • Publicity through Villagers meeting ***(gramsabha).*** • **Dress code** for ayurveda staff.	• **Household survey** should be done to increase publicity and counselling. • Spread of information in villagers meeting **(gram sabha/ *panchaya).*** • **Regular monitoring** of the programme. • Mitanin/**Community Health Worker** should increase participation in the publicity. • At present people **are not receiving complete benefits.**

• **Demand** for healthy tonic and medicines for irregular menstrual cycle.	• All **lab testing facility** should be available in Ayurveda dispensary. • **Youth** should participate in publicity. • Publicity and free health camps in **adjacent villages** as well.	• Most of the beneficiaries complained that "they often get powder form of medicine *(churan)* for all disease" **(people prefer other form of medicine (i.e. tablet or liquid form with good packaging).** • **Youth** should participate in the *nasha mukti* programme. • Some people complained that "people **do not get information about health camps".** • Increased publicity through pamphlets and **posters.** • To attract community people facility should **provide good treatment facilities**. • Health camp should be **every month**. • Few participants reported that "they were **charged money** (200-250 Rs.) for medicine and injection". • **Doctors should increased counselling** about the AGY.

✓ Few community health workers revealed that community people do not prefer Ayurveda treatment because it acts very slowly, however they generally prefer allopathic treatment for the instant relief.

✓ Since, during rainy season (July to September) people get more health problems that's why they have suggested above mentioned duration as a preferable time for health camps as per community health worker.

✓ Mostly they face demand to provide medicines to improve health conditions. Irregular menstrual cycle also most frequently mentioned health problem among women according to community health workers.

✓ Village head mostly insisted for publicity by conducting gramsabhas; providing dress code to staff; providing lab facilities; youth participation and involvement of neighbor villages.

✓ Specific comments reported by community people include-

- Increase involvement of community health workers.
- Regular monitoring of the programme.
- Solid or liquid form of medicine instead of powder *(churan)*.
- Good treatment facilities and counseling by Ayurveda MO.
- Availability of free treatment.

CONCLUSION AND SUGGESTIONS

Table .4.1. Few observations from the study

Need improvement

Daily routine of the villagers (Table 3.3)	Objectives of AGY are not very clear among Ayurveda Medical Officers (Table 1.1).
Improved Ayurveda health facility (Figure 1.13)	Ayurveda Working Committee members are not aware of their responsibilities (Table 1.2)
Accessibility to the health facility(Figure 1.13)	Shortage of regular staff (Figure 1.10)
Quality of health facility (Figure 1.13)	Regular Supply of medicines (Figure 1.10)
Number of patient in the OPD (Figure 1.14)	Publicity (Kalajattha, poster, counselling)(Figure 1.10 & 1.11)
Use of medicinal plants (Table 1.6)	Infrastructure (Boundary wall, regular supply of water, herbal garden) (Figure 1.10 & 1.11)
Ayurveda Health Camps/ Yoga camps (Figure 1.11)	
Status of building and wall writing (Figure 2.1)	

Table.4.2. Suggestions to fulfill the objectives of the AGY

SN.	Objectives of AGY	Observation from the study	Suggestions
1. 2. 3.	To inform all the people in the village about the basics of good health according to Ayurveda principles. Giving information to village residents about the Ritu-charya (seasonal routine) and Din-charya (daily routine). Taking information about food habits and daily activities of Ayurveda Gram villagers, to advise them about correct practices according to principles of swasth-vritta (healthy behaviour).	Table 3.4 indicates, very less number of community people are aware of basics of good health i.e. Ritu-charya (seasonal routine) and Din-charya (daily routine)	More publicity at community level, specially, counselling by Ayurveda MO and community health worker.
4.	Impart knowledge on the importance of the Ayurveda herbs and drugs in the villages and encouraging people to use them and to work for their protection & conservation.	Figure 2.2 depicts, very less number of facilities have herbal gardens.	Developing herbal garden would be helpful in creating awareness and interest of the community people in Ayurvedic herbs.
5. 6.	Giving advice to village residents about treating common/seasonal ailments with the home remedies and available herbal preparations. Improving knowledge (Among the village residents) about 'van-aushadhi' (herbs naturally occurring in forests) and encouraging their use.	Regarding health seeking behaviour, Table 3.5 gives information that majority of the household prefer quacks as their first point of interaction; while, 31% reported they apply home remedies. In other hand Majority of village head and Mitanin replied they prefer home remedies.	Community level educational training programme regarding home remedies. Encouragement to cultivate useful herbs.
7.	Encouraging farmers to cultivate commonly used medicinal plants while protecting the land used for traditional crops.	The study did not find any farmer who is cultivating medicinal plants.	Wherever feasible farmers should get training and support to cultivate commonly used medicinal plant.
8.	Organizing campaigns for prevention against the diseases prevalent in the area like TB, malaria, dengue & water borne diseases and to make arrangements for full treatment of people suffering from these diseases.	Figure 2.7 shows that, all facilities have organised school based health camps. Wall writing and material for publicity were found in almost all facilities. Although, most of the participant reported Kalajatha programme as a effective mode of publicity, figure 2.7 shows that there were very few programmes.	Along with Kalajatha programme, other innovative methods should be used to attract and motivate community people. Such as - Use of educational video, pictorial displays.

9.	To participate in all National Health programmes and makes them successful in Ayurvedgram.	Table 1.7 and 1.8 showing majority of the facilities participating in the counselling for good health. All facilities reported they are providing Ayurveda medicines for anaemia. More than 50% of facilities reported they do refer cases for TB, Malaria, Leprosy Cataract	Support should be provided to facilities to encourage their participation in the National Health programmes.

COMPARISON BETWEEN VILLAGES WITH AYURVEDA GRAM YOJNA AND WITHOUT AYURVEDA GRAM YOJNA

Quantitative data analysis of household (HH) data, belongs, to the villages with Ayurveda Gram Yojna(AGY), reveals, community people are getting aware of medicinal plants and they approach ayurveda hospital to seek medical advice. To compare knowledge and practice regarding Ayurveda, similar, questions were asked to HH members of the villages without-AGY. A total of 104 household members were covered from 44 villages without AGY.

Area Covered

SN.	Villages without AGY	HH	Block	District	Divison	Date of visit
1.	Arod	7	Dhamtari	Dhamtari	Raipur	25/02/16
2.	Baghamuda	10	Pandariya	Kabirdham	Durg	15/7/16
3.	Chilphi	15	Bodla	Kabirdham	Durg	17/7/16
4.	Gatapar	8	Kheragarh	Rajnandgaon	Durg	12/04/16
5.	Khinda	10	Dharamjaigarh	Raigarh	Bilaspur	29-06-2016
6.	Kumari	6	Dharsiva	Raipur	Raipur	4/03/16
7.	Munga pader	5	Kondagaon	Kondagaon	Bastar	12/2/16
8.	Parsapani	5	Nagri	Dhamtari	Raipur	26/02/16
9.	Sawantal	6	Thakatpur	Bilaspur	Bilaspur	27/04/16
10.	Surajpura	20	Lohara	Kabirdham	Durg	16/7/16
11.	Tarkela	12	Raigarh	Raigarh	Bilaspur	30/06/2016
	Total	**104**				

Findings

Knowledge regarding different aspects of Ayurveda Gram Yojna (AGY)

	HH in the villages with Ayurveda Gram Yojna	HH in the villages without-Ayurveda Gram Yojna	
Knowledge about	**N=475(100%) n(%)**	**N=104(100%) n(%)**	**P values**
Ayurveda Gram Yojna(AGY)	206 (43)	18(17)	0.000
Ritucharya	63(13)	4(3.8)	0.006
Panchkarm and Ksharsutra	9(2)	0	0.37
Home Remedies for general health problems	200(42)	40(38)	0.494

- ✓ Very less number of people found aware about AGY and Ritucharya in the villages without -AGY.
- ✓ None of the study participant found aware about "Panchkarm and Ksharsutra", however, very few participants found aware regarding the same in the villages with-AGY.

Daily rutien activites mentioned by the study participants

		HH in the villages with Ayurveda Gram Yojna	HH in the villages without-Ayurveda Gram Yojna	
Daily Routine		Households N=475 n(%)	Households N=104 n(%)	***P values***
Wake up time	Before 5am	64 (13.5)	9(9)	0.179
	between 5 to 6 am	345 (72.6)	80(77)	0.369
	after 6 am	66(13.9)	15(14)	0.888
	Total	475(100)	104(100)	
Product use to clean teeth	Paste	239(50.3)	57(55)	0.406
	Datun	187(39.4)	43(41)	0.708
	Paste and Datun	29(6.11)	2(2)	0.086
	Powder	20(4.21)	2(2)	0.269
	Total	475(100)	104(100)	

Activities for fitness	**Walking**	**76(16)**	**29(28)**	**0.004**
	Exercise	**84(17.7)**	**1(1)**	**0.000**
	Yoga	**30(6.32)**	**0**	**0.005**
	All	2(0.42)	0	1.00
	Nothing	283(59.6)	74(71)	0.02
	Total	475(100)	104(100)	
Lunch time	Before 12 noon	135(28.4)	21(20)	0.086
	12 to 2 noon	337(70.9)	82(79)	0.102
	after 2 noon	3(0.63)	1(1)	0.54
	Total	475(100)	0	
Afternoon nap	Yes	163(34.3)	27(26)	0.100
	No	312(65.7)	77(74)	0.100
	Total	475(100)	104(100)	
Duration of afternoon nap	Less than one hour	4(2.5)	2(2)	0.324
	1 to 2 hours	157(96.3)	24(23)	0.046
	more than 2 hours	2(1.2)	1(1)	0.448
	Total	163(100)	27(100)	
Dinner time	Before 8.00pm	106(22.3)	24(23)	0.866
	Between 8 to 9 pm	336(70.7)	78(75)	0.383
	after 9 pm	33(6.95)	2(2)	0.066
	Total	475(100)	104(100)	
Sleeping time	Before 9 pm	27(5.68)	7(7)	0.68
	Between 9 to 10 pm	379(79.8)	90(87)	0.112
	after 10 pm	69(14.5)	7(7)	0.032

✓ "Except "activities for fitness", people in both kind of villages have almost same habits regarding their daily routine.

✓ People living in Ayurveda Gram are found more aware about their fitness, some of the study participant mentioned that they practice Yoga in their daily routine. While, none of the participant mentioned about practicing Yoga in the villages without-AGY.

Health seeking behavior of the study participants for general health problems

	HH in the villages with Ayurveda Gram Yojn a	HH in the villages without-Ayurveda Gram Yojna	P value
	N=475	N=104	
Home remedies	147(30.9)	40 (38.5)	0.13
Ayurveda clinic	52(10.9)	7(6.7)	0.19
Govt. facilities	81(17.1)	27(26.0)	0.03
Quack	165(34.7)	45(43.2)	0.10
Local healer	5(1.1)	0	0.59
Medical store	3(0.6)	0	1.00
Mitanin	4(0.8)	0	1.00
Misson hospital	18(3.8)	5(4.8)	0.63

- ✓ Majority of the study participants in both kinds of villages reported "Quack" as a first point of interaction to seek medical advices for their health problems.
- ✓ Followed by "Quack" "Home remedies" was found most frequently mentioned response by the study participants in both kinds of villages to treat general health problems.
- ✓ Govt. facilities were preferred more in the villages without-AGY, while, in the villages-with AGY, 17% replied they prefer Govt. health facilities and 11% approach for Ayurveda treatment.

Home remedies mentioned by the study participants for common health problems

Common health problem	Home remedies	HH in the villages with Ayurveda Gram Yojna	HH in the villages without- Ayurveda Gram Yojna
		N=200	N=40
Cough and cold	Intake of -		
	-Decoction of ginger, basil (tulsi), black pepper	200(100)	5 (12.5)
	-Ginger juice with honey.	185(92.5)	0
	-Lukewarm water.	25(12.5)	1 (2.5)
	-Massage with mustard oil.	97(48.5)	1 (2.5)
Fever	Intake of -		
	-Giloy	87(43.5)	0
	-Chirayta/Bhui neem	165(82.5)	1 (2.5)
	-Decoction of basil (tulsi)	0	1 (2.5)
Diarrhoea	Intake of-		
	-Solution of salt and sugar	196(98)	40 (100)
Headache	-Intake if ginger or tulsi tea	73(36.5)	15 (37.5)
Skin disease	Apply- Aloe Vera , Turmeric	194(97)	0
Wound	Apply- Turmeric	175(87.5)	1 (2.5)
Toothache	-Gargle with salt water	69(34.5)	0
	-Chew Clove	132(66)	0
Body pain	Massage with mustard oil	143(71.5)	2 (5.0)

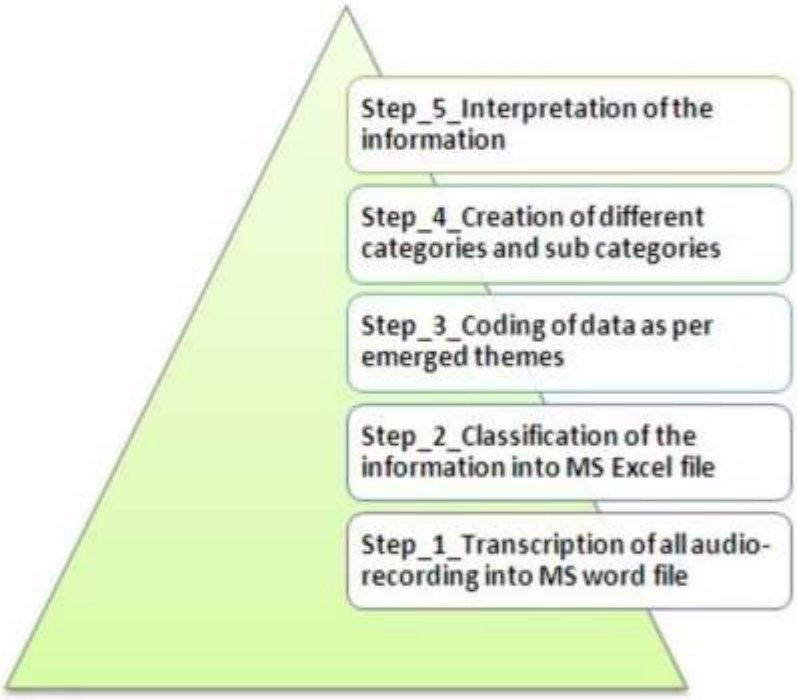
✓ Above table is the summary of different home remedies mentioned by the study participants for general health problems, it shows that people living in the villages-with AGY having better knowledge about home remedies compared to villages-without AGY.

QUALITATIVE ANALYSIS OF AGY

To accomplished aim of the study, addition to quantitative data, qualitative data collection was also done. Focus Group Discussion (FGD) guide was developed based on the aim and objectives of the study. After the informed verbal consent of the participants, a total of six FDGs and ten in-depth interviews (IDs) were conducted. Study participants for the qualitative study include community members, mitanin and AMOs.

Data analysis

All audio recordings of IDs and FGDs were transcribed into MS word file. Qualitative data analysis software Atlas-ti (Free trial version-8) was used to analyze the data. Following steps were followed to analyze the data.



Ethical considerations

Before initiating FGD/ID, participants were informed about nature of the study and importance of their participation. Participants were informed about their voluntary participation and right to withdraw from study without any subsequence. After briefing and clarifying everything verbal consent was taken for their participation.

Confidentiality

Participants were assured about the anonymity of their identity. Participants were requested to maintain privacy of others as well and not to identify the individuals while discussing in public.

Permission to record

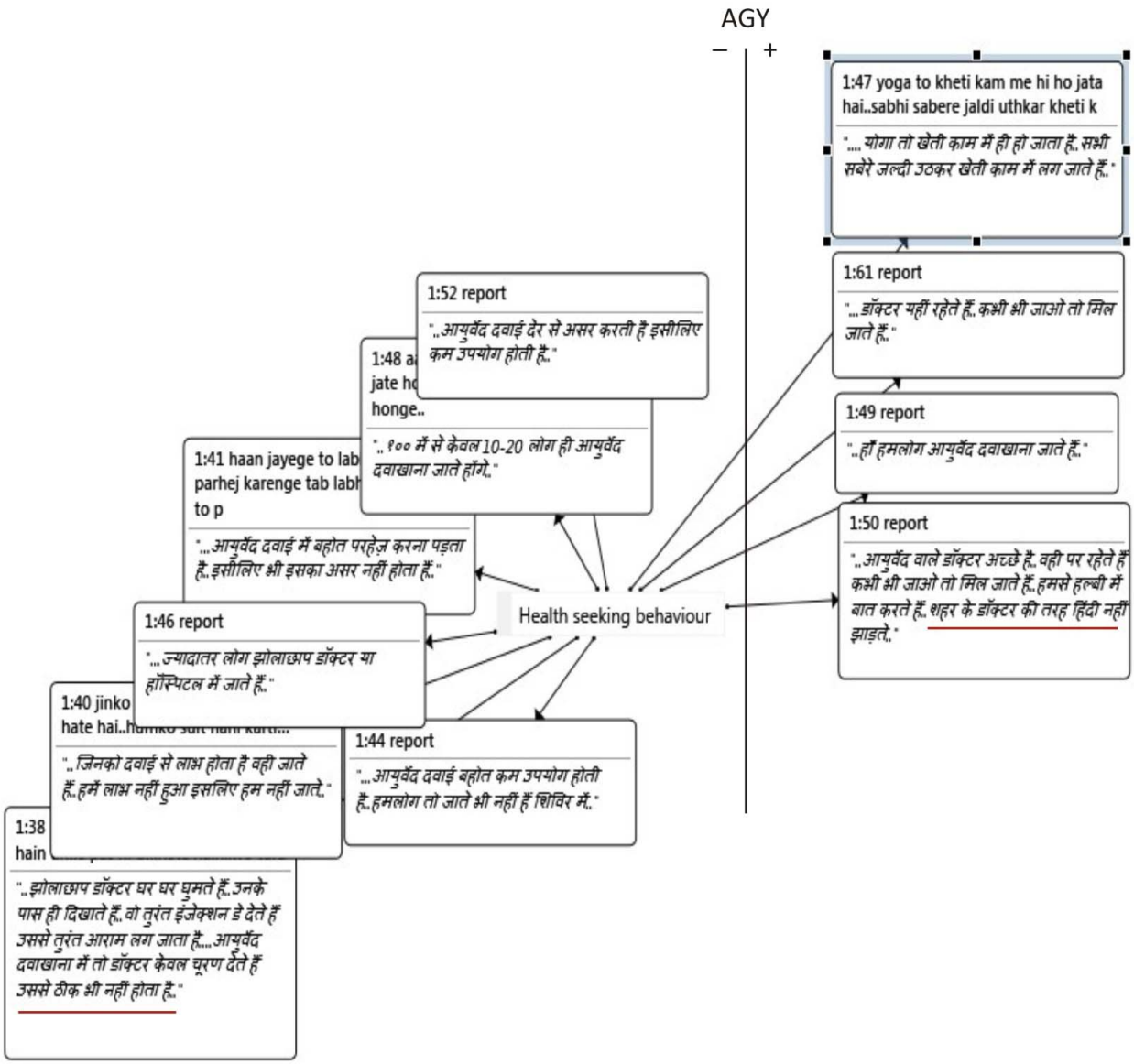
Participants were explained purpose of audio-record the discussion. Verbal consent from participants was taken before turning on electronic audio recording device. Participants were assured to keep anonymous while quoting their quotations. Identification numbers were used to maintain anonymity of participants' verbatim quotations.

FINDINGS

Thematic analysis of qualitative data revealed different factors which, positively (+) or negatively (-) influencing the implementation of Ayurveda Gram Yojna (AGY).

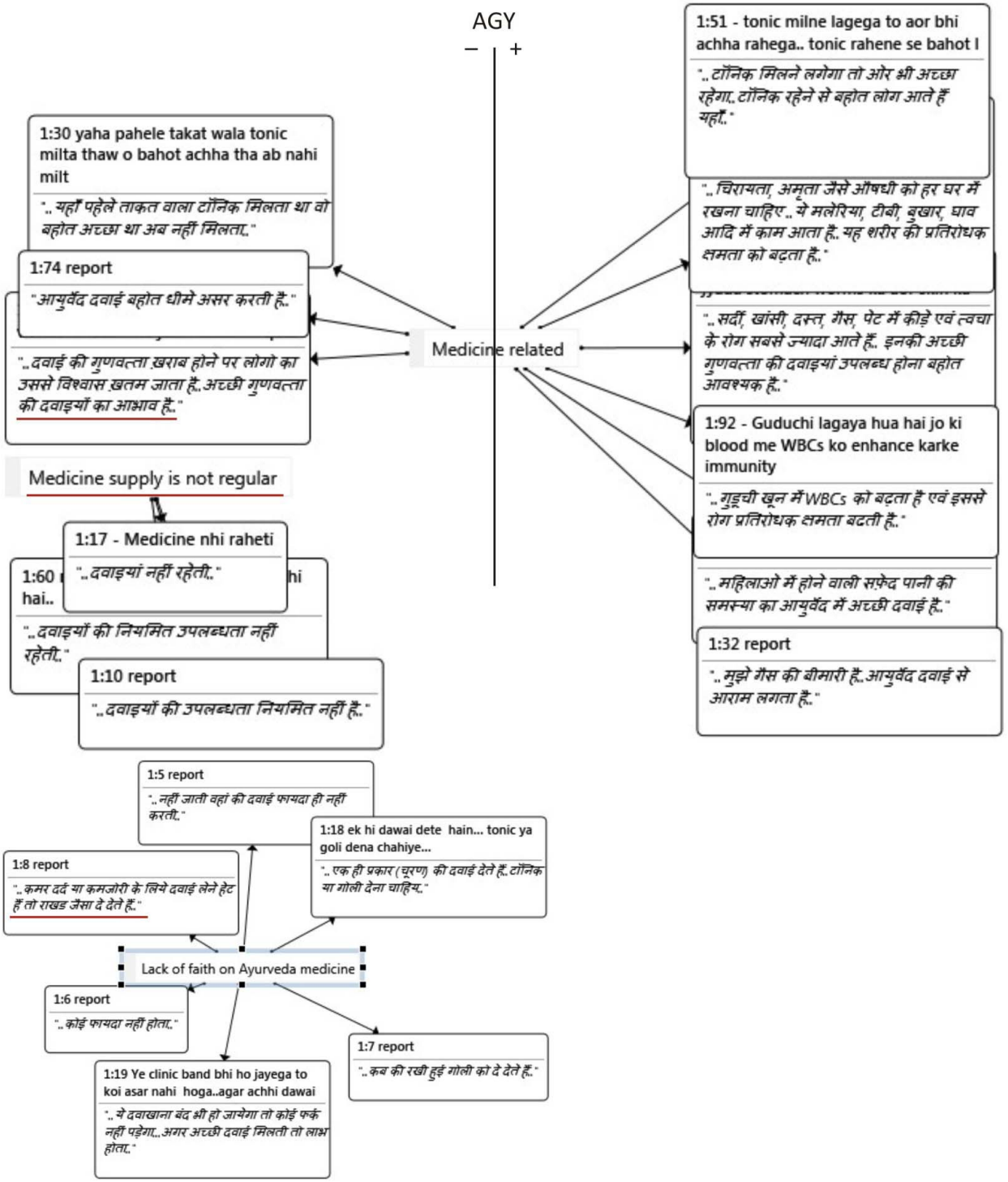
HEALTH SEEKING BEHAVIOUR

Discussion regarding health seeking behavior revels, for easy and any time accessibility, people prefer doctor, who lives in their villages. People feel comfortable to communicate their problems if, doctor can communicate in their **local language**.

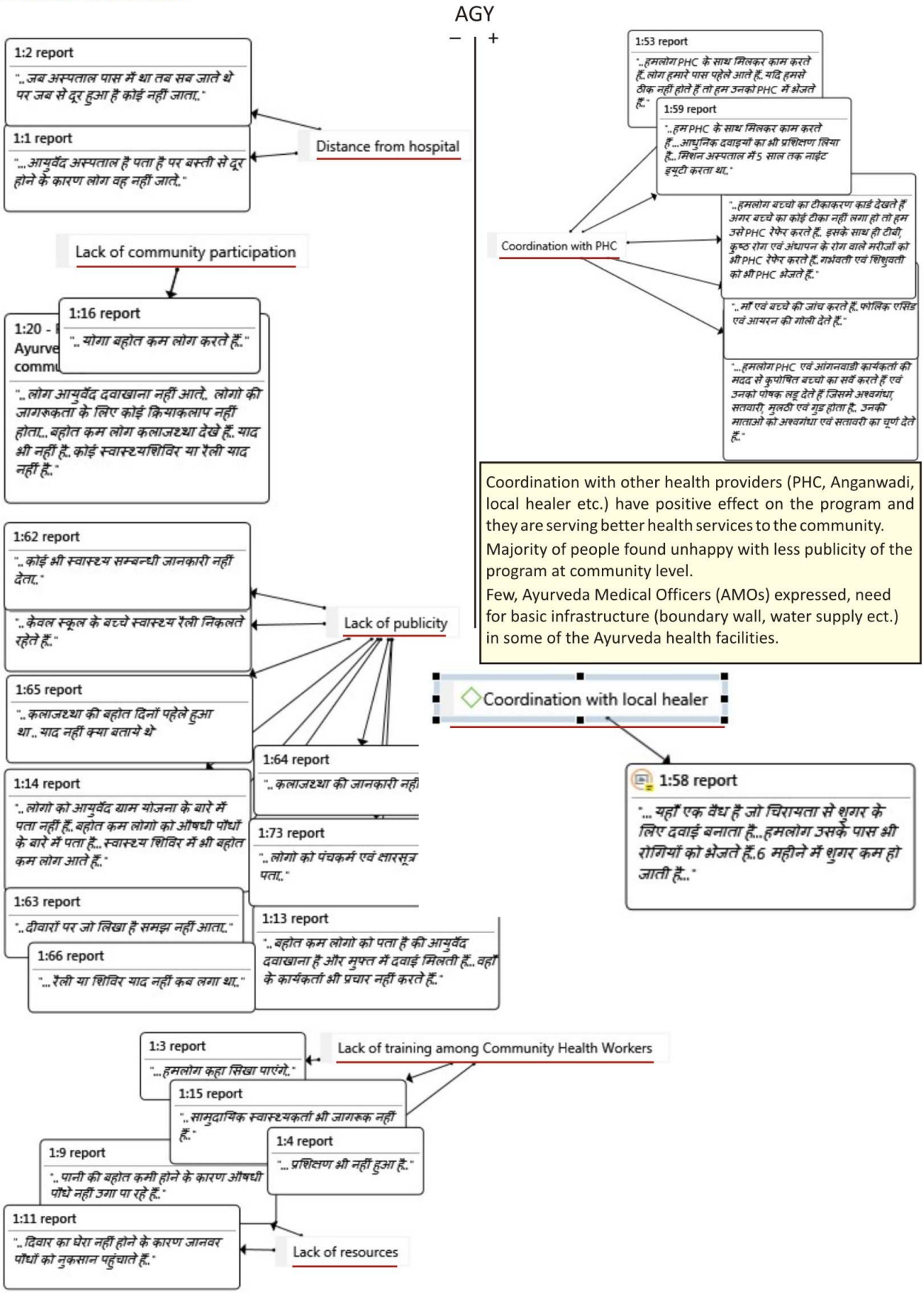


AYURVEDA MEDICINE

Regarding ayurveda medicine, people complained that they are not receiving regular ayurveda medicines for their general health problems. People are not very happy with quality and packaging of the medicine. Some people do not prefer Ayurveda medicine because they do not have faith on Ayurveda, they believe it's hard to follow rules for Ayurveda treatment. However, there are people who understand importance of Ayurveda medicine and they prefer to use Ayurveda medicines.



OTHER FACTORS



Conclusion

Analysis of quantitative and qualitative data shows that findings from both analyses are in agreement and showing triangulation between them. Based on the results following suggestions have been made to strengthen the program.

SUGGESTIONS

- More efforts are needed to make working committee members and community people aware about AGY.
- System for regular supportive supervision.
- Appropriate policy planning for role of Ayurveda MO in National Health programme.
- It would be helpful to improve coordination between other health facilities and Ayurvedic dispensaries at village level.
- Training programme for pharmacist for essential diagnostic testing like haemoglobin, blood glucose, urine.
- Recruitment of regular human resources specially, one regular Ayurveda MO at each dispensary.

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