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Health

This year we sent two more women for training, and so we now have four health workers, all trained in the basics of health care and public hygiene. Their work in the three villages is coordinated by a health supervisor, who has been trained at a more advanced level, and at more than one place.

Surveys and tables ; Our first task was to make a household to household survey. Fatullyapur with 707 families is such a large village that even two health workers cannot cover all of it, so they chose as many "paras" as they could. At Bajitpur, too, covering the entire village is beyond our only worker, so she too chose a part of it. At Chandalati; which is a much smaller village, our worker has taken responsibility for almost all the "paras".

In these three villages a base line survey has been completed in all the areas where we work and all families have been listed "para" wise. Tables have been made of the reproductive record of all women of child bearing age, of their immunization history, of children's Immunization, one for those under 2 and another for those between, 2 and 6, of infant mortality, of all births and deaths, with causes for the latter of the various contraceptive methods used, of sanitation facilities, and of cooking and drinking water facilities. Naturally, the records are constantly updated.

Immunization: It seems our health workers' hard and painstaking work of explaining to all mothers and pregnant women the absolute necessity to go for their children's and their own immunization has borne fruit. "Special" camps, where the health worker shepherded her wards, are no longer necessary. In all three, villages, everyone to immunized now visits the regular camps at the government health sub-centres on her own. Our health workers check their records to remind everybody when she should go, but such reminders are not needed except in rare cases.

Our survey shows that immunization coverage around the time we began work was less than 50%; our target is to raise it to 90% in two years. Popular response is very encouraging, barring the odd instance of the mother who just cannot be persuaded that her child's later chest cold had nothing to do with the polio vaccine it had taken a fortnight before, but the problem is that the supply of vaccines to health centres is often erratic.

Family planning: This is an area where we perforce have to tread softly, but we have made some progress. Contrary to belief held and authoritatively expressed in certain urban drawing

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rooms, village women, even from very poor Muslim families, are keen on adopting some measure, and are not averse to sterilization also, with or without the mother-in-law's knowledge. It is unfair to claim that all who went in for family planning did so at our behest, but a conservative estimate shows that our health workers were certainly responsible for motivating 116 of them. A village-wise, sex-wise, and method-wise break-up says that of this 116, 16 women at Chandalati, 22 at Fatullyapur, and 42 at Balitpur are on oral pills, 2 men at Chandalad, 18 at Fatullyapur and none at BaJitpur use condoms, one woman at Chandalati and six at Fatullyapur had an abortion, seven women at Fatullyapur were sterilized, two women at Chandalati were fitted with an ICUD but both developed problems leading to their withdrawal.

The problem here is not the people's apathy so much as the Government's. From February onwards there has been no supply of any family planning devices to any health centre in our project area, and no sterilization camps have been held. This state of affairs is likely to continue. We realise that this means the previous months' efforts will all go in vain, but we are in no position to supply pills and condoms free; and very few of the users are in a position to buy them at cost price from us.

Sanitation : Some years ago a Government survey revealed that 97% of Indian families do not have their own toilet and the situation cannot have changed much since then. Community toilets are the obvious answer, but they have failed everywhere. The Government of India initiated a scheme some years ago to construct, through various agencies, toilets costing around Rs. 2000 each. The user had to pay one-third of the cost. We consider this well-intentioned scheme to have little use in solving the problem. The total cost means that only a limited number can be built, and there will be few families in a village who can afford to pay Rs. 650. We decided to go in for an absolutely basic model, which will serve the purpose of public health and have no frills whatsoever, and would cost around Rs. 35. We dug a 5'X5' pit, arranged for it to be covered, constructed the foot rests, fitted a pan and a siphon. The user would arrange for his privacy in any way he thought fit, and for the roof if he wanted one. We constructed 51 of these at Chandalati, then stopped to see how they would survive the monsoon. Since no damage was seen, we went ahead and finished with 94 such toilets, all of which are in use except one which was found to have been constructed partly on land that does not belong to the user. At Fatullyapur, some parts of the village have firm soil which would not subside when a pit is dug, and we constructed 20 a toilets there, too.

Unfortunately this is as far as we have been able to go. For one thing, the soil in the rest of our

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project area is not so firm, and the more "sandy it is the more the need for the pit to have a brick and/or cement lining. This adds considerably to the cost. For another, in certain areas, the Government has built a few of the Rs. 2000 toilets, and people are not willing to settle for less. They would rather wait indefinitely than ask for one of our totally glamourless outfits. At places all that the Government has done is dig the pit and attach the pan the walls and the roof were to come later and even after three years the user is happier to wait than agree to use one of our model. Such warped logic exasperates but we must not allow this to dishearten us.

Health clinics : Bajitpur, Chandalati, and Fatullyapur are all villages which have no health centre nearby, but this very remoteness of theirs is also making it difficult for us to find a doctor who will attend a clinic there once a week or so. While the search goes on, we have arranged certain basic medicines for common diseases to be distributed at cost price. These clinics also have a weighing machine for adults, and a blood pressure measuring device.

Herbal medicine : No matter what arrangements we can make for medicines it will always be cheaper, more convenient, and less harmful the physical system if traditional medicines from herbs and plants could be used. All our health workers attended a three-day training on herbal medicine. They are now working out ways-of persuading people go back to the old methods, not an easy job, which entails identifying available herbs in the village, and making them quickly usable.

Antenatal care : The majority of mothers of malnourished children have no way of knowing when anything is wrong. Most malnutrition is invisible but the use of growth charts, along with regular weighing, can make that malnutrition visible and drastically reduce its incidence.

We have made arrangements for both. For slightly older children we prepare cheap nutrition packets and sell them at cost price.

Diarrhoea among children continues to be endemic, and since it will take time for us to significantly reduce the causes, we have to concentrate on the remedy. We are always ready with our oral rehydration solution (ORS), a mixture of salt, sugar and water, to make up for the dehydration caused by a diarrhoeal infection. We intend to expand our child care activities.

When confidence in child survival grows people generally begin to have fewer children. In the long run therefore a child health revolution would help reduce the rate of population growth. In no country has there been a significant fall in birth rates which has not been preceded by a significant fall in child death rate.

The health supervisor visits all villages regularly and he and all the health workers meet once in

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every month at Swanirvar where progress and prospects are discussed. There is considerable popular involvement in our health work, aided to a certain extent by our publicity efforts. Posters obtained from Mass Media, Government of West Bengal, have been displayed at the village organizations and at tea shops, etc. Walls at strategic points of villages have been covered with health slogans and with writings and pictures on health problems and issues. We have a slide projector, and have obtained some slides also. There are health committees in the villages, comprising mainly women.