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HEALTH

During the year we had six health workers in three villages. The two at Fatullyapur made 707 home visits, the one at Chandalati made 272, and the three at Bajitpur made 550. The subjects covered during these visits fall into four basic categories. The first, relating to pregnant women, includes food and nutrition, immunization, weight record; and maintaining links with the primary health centre to make sure that all the benefits available there reach the woman in need. The second, relating to child care, includes a record of the baby's weight right from birth, immunization, advice on proper nutrition, and treatment of common diseases. The third relates to kitchen gardens. This is strictly a matter for our agriculture department but since these kitchen gardens are meant to fulfil a family's nutritional needs round the year, we want to make the women in a family responsible for their maintenance and nurture. Our health workers have become close to women in every family and so it was decided that they would be best qualified to motivate a family into growing such a garden under our initial help and supervision. This is also part of our effort to spread the feeling that people who work for us must not be bogged down in "specialisation". The fourth subject covered is advice on family planning. Since the government and other agencies are also active in spreading the message of contraception it is difficult to say exactly how many of those practising family planning are doing so following our health workers' persuasion, but the table below includes mostly people who have been influenced by them.

		Fatullyapur	Chandalati	Bajitpur
Men	Permanent	0	0	2
	Temporary	149	10	7
Women	Permanent	12	3	10
	Temporary			
	Pill	115	127	34
	Loop	6	1	0
	Copper T		5	

Our health workers continue to motivate women to visit primary health centres for sterilization and often accompany them there on the days when such camps are held. We organized with help from the Bengal Rural Welfare Service who had trained all our health workers, a sterilization camp of our own at Bajitpur where 8 women underwent tubectomy.

Our workers keep track of when mothers have to take their children to immunization camps and mothers-to-be to go themselves to health centres. This year there were 30 immunization camps in three villages. At Fatullyapur there were 12 camps at the Government health

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subcentre- where the immunization was done by Government staff. At Bajitpur there were 15 camps, 12 of them at our village centre and three at other points, and at Chandalati all three camps were held in our village centre, At both, Bajitpur and Chandalati the immunization done jointly by Government staff and our workers.

We are trying to popularise herbal treatment for various common and chronic diseases and; to facilitate the availability of herbs, are trying to popularise the cultivation of medicinal plants: - However, it will take a long time to wean people away from their faith in the allopathic system, and so, anomalous though it appears, we run clinics in three villages where common diseases are diagnosed and allopathic medicines issued at cost price. However, we always try to do "with the least medication, asking people to give the body a chance to heal itself. At Fatullyapur 163 patients were treated and medicine worth Rs 118.50 sold, at Bajitpur the figures were 1,944 and Rs 3907.25 respectively and at Chandalati 834 and Rs 800.05.

Our health workers incidentally, all of them are women-attended three trainings in use of herbal medicines and three more in primary mother-and-child care, totalling 126 training days. Our health supervisor attended two health network meetings coordinated by BRWS.

Dissemination of information remains a major part of our health programme. this there can be no substitute. For personal interaction and so we held a number of village meetings. There were seven such meetings at Fatullyapur, with 349 participants, and five at Chandalati involving 92 people; the eleven meetings at Bajitpur brought together a total of 452 people. Among the subjects discussed were various health issues, kitchen gardens, family planning, low-cost toilets, education, savings and credit, etc.

We painted one wall at Kolsur, three at Fatullyapur, two at Bajitpur and two at Andharmanik with messages of health and public hygiene. Our most ambitious effort at spreading health awareness was through health "yatra". These were whole-day affairs, beginning with our workers and school-children walking in procession;-carrying posters on various aspects of health and—chanting slogans: As the procession passed through various areas of the village, people joined it and there were halts at some points where children presented plays on health problems, The day ended with a sort-of public meeting -where our workers spoke on health issues facing the village and also on the concept of development followed by Swanirvar. The "yatra" at Bajitpur was on 3 January and at one point included 225 people; that at Fatullyapur was on 27 February and drew 346 people. We organised a blood donation camp at

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Fatullyapur on 22 March where 61 people, many among them women, gave blood.

Most of the low-cost toilets built at Chandalati for less than Rs 35 each are still functioning well, in their third year. However, this needs firm soil conditions, and we appear to have exhausted the possibilities. With their sandy soil Fatullyapur and Bajitpur are totally unsuited to this model, and we devised one, consisting of a cement platform complete with pan and siphon, foot rests, and bamboo walls, costing Rs 705 and installed 15 such units at Bajitpur.

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