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Health

We have six, health workers in three villages, all women. The two at Fatullyapur cover 707 families, the three at Bajitpur 550, and the one at Chandalati 272. All make regular home visits, to advise about mother-and-child care, food and nutrition, to monitor the growth of children and their and pregnant women's immunization schedule, and to motivate their "wards" for family planning, public hygiene, sanitation, kitchen gardens etc. We have no health worker at either Kolsur or Andharmanik because both villages have easy access to a Government sub-health centre and a primary health centre respectively. However, some of the work that a health worker does elsewhere is done in these two villages by our general workers.

We keep meticulous monthly records of immunization, births, deaths, diseases, medicines used, contraceptive measures adopted, etc. in the three villages. In two villages that have been associated with us recently, work on a basic health survey has begun.

We have continued our cooperation with Government staff in holding and running immunization camps. Three extra camps were held at Chandalati because of popular demand and at Bajitpur the regular camp was organized at our local centre. In the three villages where our health workers have been operating little motivation is needed now to send people to these camps, but our workers were deeply involved in spreading the message of awareness and in bringing children and pregnant women to the four immunization camps held at Dweep Media, the first time ever State health staff had gone there, prodded by us, it would appear.

Our health workers have been trained in diagnosing common diseases and to give basic medicines to those suffering from them.

We sell these medicines at cost price. During the year 2,480 patients were treated at our clinics and medicines worth Rs. 3,735 given. The medicines include aspirin, paracetamol, antacids, metronidazole, antihistamines, ampicillin and some other antibiotics, Vitamin B-complex, multivitamin tablets, etc. Some basic arrangements for first aid are also provided.

We would like to lessen people's dependency on modern laboratory made medicine for common and minor physical problems and hence are trying hard to popularize home remedies and herbal treatment, both of which were widely practised even a few decades ago and are still in use. Thus we did not have to start from scratch and our health workers are kept quite busy in this part of their work. Among the diseases treated have been gas, acidity, scabies and other skin conditions, eye infections, worms, leucorrhoea and other menstrual problems, ear

infections, common cold and fever, dysentery, diarrhoea, etc. People are encouraged to grow at least a few herbs near their house.

In matters relating to family planning we have to tread with care. This year our workers managed to persuade 67 women to start taking the pill, two to use the loop, and four to wear the copper T. Thirty-four men started using a condom: This year we did not organize any sterilization camps, but motivated 38 women to go to those organized by the Government.

Training is a permanent and important component of our work, and this year too we sent our workers for various trainings. Our health supervisor and two workers attended a three-phase training held in Calcutta by CRY and WBVHA. Two workers attended a one-month-long "dai" training at a local primary health centre. Four workers went to a two-day herbal medicine training in Calcutta. When the WBVHA (West Bengal Voluntary Health Association) organized a 5-day training at Swanirvar on basic medicines and their use and misuse; and communicable diseases, 22 people attended it.

The Social Welfare Directorate, Government of West Bengal, chose Swanirvar for a two-day training on setting up smokeless chullahs, and 24 people came to attend. This training had both theoretical and practical aspects.

We are part of a health NGO network coordinated by the Bengal Rural Welfare Service (BRWS) and sent two people to its first meeting and one to the second.

This year, for the first time, our workers acted as trainers. A two-day training was held on herbal medicine and kitchen gardens and 28 women from neighbouring villages attended.

Internally, to raise the level of health awareness we held 31 meetings in five villages, with altogether 680 participants. We also organized one camp with Government health staff and 52 people came to this.

We wrote health messages and painted appropriate pictures to accompany these on seven walls in three villages. A camp was held at Bajitpur where 55 people donated blood. The Rs-35-model-a design we are proud of-toilet was built for 35 households in three villages and the more expensive variety, costing Rs. 700 each, had seven takers in three villages. A total of 160 smokeless chullahs were setup in six villages.