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Health

This is one sphere of our activity where the emphasis has been slowly shifting. Home visits still remain an important part of our health workers' routine (at Chandalati one woman covers 179 families, at Fatullyapur two cover 356 and at Bajitpur three cover 315) but they now need spend less time there. Intend, they made a number of visits to new villages, helped run immunization camps there, and trained local women to work in those villages.

First as women, and then as people who care for children, these health workers have established easy and durable rapport with wives in the families they cover. They are their friends, advisers and often guides. They are usually at hand if somebody has to betaken to the nearest health centre. A total of 33 women opted for a medical termination of their pregnancies and our workers made the arrangements. A very silent revolution has taken place in a small sphere; young women in very conservative households have asserted their rights in this area. Incidentally a programme of interviews with some of these women was broadcast over the BBC.

The following table will give an idea of the ways family planning is practised in these three villages. For the record we do not have any health worker in Andharmanik and Kolsur as both villages are within a kilometre of a government health centre.

Method	Chandalati	Fatullyapur	Bajitpur	Total
Condom	3	45	2	50
Oral pill	28	38	9	75
Tubectomy	14	34	16	64
IUD	—	16	1	17

It is unfortunate that the onus for contraception is still very much on women in these villages, but despite our best efforts we have not been able to break the all-India norm.

Our health workers can decide on the correct medicine for some common and uncomplicated diseases, and they have a lot of patients coming to the clinics we have in the three villages.

We sell the medicine at cost price. The government health centres give us certain medicines, some doctors also give us what they receive as samples, and one generous doctor also buys medicines for us. We also buy on our own. The table below is self-explanatory.

Village	Number of patients	Cost of medicines supplied (in Rs)
Chandalati	738	1065.00

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Beliyakhali	621	372.90
Fatullyapur	106	11.70
Bajitpur	614	843.60

At Beliyakhali and Fatullyapur most of the medicines supplied had been received free, so we did not charge for them.

Even as we run these clinics our workers also speak to people about the use of herbal medicines. We see no dichotomy in this. Modern medicine is usually expensive and often, because of the indifference v of its practitioners, harmful, and sometimes unnecessary. Yet, we are not in a position to totally do without it. It is always better to try out a herbal drug but at the moment we cannot but recommend both systems. A total of 134 people were advised to use herbal medicines when they came to our clinics, but the number of people who actually used these is much greater. We have been able to persuade many people to grow at least a few herbs or medicinal plants in their house and they use these when necessary, without us knowing about it.

The most successful part of our health programme this year was the large number of toilets we built. We offered two models. The first, a really low-cost affair, has a pit, a tin sheet moulded into a pan through which the waste matter is washed down with water, a few bricks for the feet - this is all that we take responsibility for. The materials are bought by the beneficiary, we trained some people to do the digging and to set the bricks and the pan, and it is again up to the user to provide the pit cover and the privacy on all sides. The total cost works out to between Rs 100 and Rs 150, of which our contribution is less than Rs 30. In 12 villages we constructed 874 of these, and one of the people we trained, who went to distant villages to sell his skill, independent of Swanirvar, constructed 93 more such toilets.

The second model is a semi-pucca one. Here a cement slab, complete with a pan and syphon and foot rests, is offered for Rs 300, with the user taking care to provide privacy. We subsidize 50% of the cost and altogether 45 of these were constructed.

Bleaching powder was used to disinfect 182 tube wells in Bajitpur, Beliyakhali and Chandalati. We constructed, as part of a government programme, 75 smokeless chullahs in Punra, Haiderpur, Bajitpur and Dweep Media. Blood donation camps were held at Punra, Beliyakhali and Andharmanik and altogether 185 donors came, many of them women.

Immunization camps continued to be held regularly under government auspices but with our active cooperation.

A survey of 1185 children under 5 revealed that 34 of them suffered from severe malnutrition. Trainings and workshops for our own workers and for those who ' wanted to work in the new villages were held regularly. Most of these were held at the Swanirvar house but a few were hosted by other villages too. The table below gives an idea of the range of subjects covered.

Subject	Duration	Number of participants
Nutrition	2 days	22
kutcha toilet	2 days	7
Yoga therapy	2 days	30
Pulse polio	1 day	27
Gastro-intestinal diseases	5 days	22
Monthly meetings	1 day	8
Nutrition	1 day	8
Year planning	1 day	18
Herbs exchange workshop	3 days	21
Kutcha toilet	2 days	12
Nutrition	1 day	14
Nutrition	1 day	26
Government health services- how and where available	1 day	52
Leadership and innovativeness	1 day	49

The resource persons for these meetings were a varied lot. There were doctors from Calcutta-based NGOs, local health department officials, our health supervisor, and at times our health workers also spoke to totally new participants.

To make sure that they perform competently, we have to see to it that our workers have more than their experience in the field to fall back upon. Accordingly, they were sent to attend four training programmes in Calcutta. Three of these were of 3 days duration and the other carried on for 5 days. Our health supervisor went to a 10-week community health and development training organized by a Bangalore-based NGO.

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Apart from personal or group meetings, we tried to spread the message through banners, stickers, leaflets, posters, wall writings etc, but the most effective was undoubtedly the health procession organized on 7 December. It traversed 5 km passing through 3 villages and at various points various people joined in - children, mothers, teachers, health officials. The processionists carried placards and banners, and our children's cultural-troupe performed plays, dances, songs, puppet shows, all touching upon some aspect of health or public hygiene.