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HEALTH

We have been working in three villages since 1990-91 and 15 others joined us in the year under review. The extent of our commitment and the strength of our presence vary from new village to new village. We held a blood donation camp each in four villages with 225 total donors. Certain sections, traditional believers that blood donation is not for them, are now shedding inhibitions, maybe as a result of our efforts to raise awareness. This year 200 smokeless chullahs were built in 8 villages, taking to 1639 the number of chullahs we have so far built in 14 villages.

In the local immunization camps the vaccines are supplied by the Government and the camps are run by its health workers, with major assistance from our people. Our workers bring in the children and the mothers. One village holds weekly camps; four villages have them once a month, while in another we have been able to persuade the Government staff to come only once in two months.

There were two special polio vaccine camps as part of an all-India simultaneous effort. We collected 4177 children for the December camp, and 4288 for the January one. There were two special camps for immunization against diphtheria and tetanus in one centre. There were 87 children in one camp, and the second, restricted to students in our school, saw 73 children.

Last year we had built about 1000 low-cost toilets but this year none at all. This is because we had been led to understand that the Government would extend to our area its sanitary mart project, making our efforts in that direction appear either redundant or competitive. In the event there was no sanitary mart, but by that time it was too late for us to do anything. Fortunately some toilets were built. A man trained in the job by us has set himself up in business and travels in the area, even to distant villages, making such toilets. This year, he found 75 clients. Incidentally, a film was made on him and his work, and Swanirvar's role in this. It is to be shown on national television in the University Grants Commission slot. While he was making his toilets we made sure that those we had built were being used and were in good shape. Two students of a rural development course in an Orissa institution came to us for their fieldwork and, as part of it, surveyed the toilets built by us at Chandalati and found almost all of them in use even after a few monsoons.

The main problem with improving the drinking water supply is the presence of arsenic in tubewell water, often greatly beyond acceptable limits. We are afraid there is very little we can do about it, except tell people to use alum or to use groundwater as much as possible, but

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neither is a satisfactory alternative on a large scale. We thus concentrate on trying to free from bacteria the water the people drink or use for cooking. This year chlorine filtration was applied to 1684 tubewells in 14 villages. In cases where people use groundwater or the tubewells are uncooperative, we recommended use of chlorine tablets and 4000 of these were distributed. Our health workers, trained in diagnosing and treating common diseases, received 1787 patients in live villages and gave them basic allopathic medicines at cost price. Last year 2079 patients were similarly treated in four villages. The reason why the number has come down lies in the success of our efforts to gradually de-popularise harmful modern medication practices. We distributed 1065 ORS packets.

Our clinics treated 806 patient% in four villages with herbal and home remedies but this number is inexact as a number of families now have at least a few essential herbs in their kitchen gardens, a concept popularised and nurtured by us, and we cannot keep a record of when they are treating themselves.

Our workers assisted Government staff (after, if we may say so, also motivating them to implement the national programme with more than token interest) in checking health and hygiene indices of 2246 children in 19 Government primary schools in 12 villages. In our own primary schools regular health check-ups are done. Health workers and teachers jointly take part in this. In one village a doctor from the local primary health centre conducted a camp to train them in the work.

In family planning we could persuade 122 women in 8 villages to go for a tubectomy. For reasons that are not unique to our region, and which we are unable to overcome, men are still not the target of permanent sterilization. In eight villages 77 men use condoms, 178 women are on the pill, and 59 wear the loop. These are through our efforts, which supplement the Government drive. We organized two camps at a primary health centre and altogether 45 women came for tubectomy. This year 48 women chose to medically terminate their pregnancy. Home visits, with a meticulous record of the medical history and growth factors of all members of the household, especially mothers and children, have always been a major part of our work. However, our health workers are gradually shifting away from their respective villages, where they concentrated their efforts ii: tire last few years, to new ones, six of Mulch are now reasonably covered.

Before the pulse polio campaign, we identified 3433 children eligible for the vaccination after

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surveying 11 villages. For family planning, we surveyed 10 village to discover eligible couples. Of these 1561 had more than two children. Of them 594 have opted for permanent sterilization, and 422 practise some form or other of temporary contraception. Of the 1117 couples who have two children, 402 have chosen permanent sterilization, and 366 adopt temporary measures, and of the 999 couples who have one child or none, 24 have chosen sterilization, and 310 follow temporary measures. We make regular follow-up visits to see that the kitchen gardens and the herbal part of them are flourishing, that the low-cost toilets are in working condition and are being used, to check the depth and pipe conditions of the tubewells. So far 188 people have received some sort of health training from Swanirvar to work on their own in their 15 villages. We have been able to check on only 42 of them in three villages to see how they are doing. Altogether 1444 people participated in 104 awareness camps in 14 villages. For the general people we wrote health slogans and painted appropriate pictures on 64 walls in seven villages. Besides, we have displayed 250 posters, and distributed 300 leaflets and 200 folders in 14 villages. Also we have prepared 250 teaching aids on health matters.

Our health supervisor spent a week in Belgaum at a workshop organized by INSA India. He also attended a watershed development course for a week in Udaipur. Three of our health workers attended a four-day workshop on kitchen garden and herbal medicine in Calcutta. All health workers attended a day's training on school health conducted by the local Block Medical Officer at Andharmanik. They in their turn conducted nine one-day trainings on nutrition where 240 mothers attended in all.

Government medical officers conducted trainings on pulse polio, school health etc. with widespread participation. The Association of Voluntary Blood Donors trained 32 people on how to motivate people into donating blood. At least once a month a meeting is held at Swanirvar where health workers, their supervisor and other Swanirvar staff discuss and review work progress, and make plans, to one village there was a day's camp on diarrhoea. Government doctors and health workers demonstrated to 67 women and 15 men how ORS has to be prepared and administered.