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## HEALTH

There are reasons to fear that the involvement of governments, both at the Centre and in the States, in the provision of health services will decline. The Alternative Economic Survey, 1996-97 says investment in medical and public health has come down from 2 per cent in the 6th five-year-plan to 1.75 per cent in the eighth. The Government of India's Economic Survey reveals that while in 1992-93 health accounted for .88 per cent of the budgetary allocations, in 96-97 this declined to .85 per cent. The vacuum is being filled by private investment in various health care services. These are naturally profit-oriented and so often terribly and impossibly expensive, but what is of more concern to us is that the vast majority of rural people have no physical access to them.

Our work in health may be divided into four major sections, though they naturally overlap. In mother and childcare, our six health workers, all women, look after immunization, nutrition, antenatal care, breast feeding, family planning. They also visit our schools to check the children's basic health, talk to women, in the company of or without our nutrition garden workers, about the need for such gardens at every home. These have all become routine work for them, either in their own village or in the neighbouring one where they have been gradually moving in for work in cooperation with the local group, and we are not giving details. The basic principle remains the same. There is a family health card which the workers follow and regularly update. In matters of immunization etc little prodding is now needed as people have become aware of their own needs and ways, and liaison with the government in setting up such camps and division of responsibility have become matters of easy habit now.

We give below a few tables to show progress in certain spheres. The first is on family welfare in 9 villages.

Village	No of eligible couples		Termination of pregnancy		Contraception			
			Total	Quacks	Proper supervision	Sterilization	Loops	Pills
Fatullyapur 13305P	493	14	6	8	14	18	1257C	
Sarafrajpur	440	6	4	2	23	11	885C	6475P
Bhojpara	481	4	3	1	10	16	576C	6520P

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Bajitpur	329	10	1	9	3	—	423C	2896P
Dweep Media	96	6	1	5	3	1	230C	1629P
Uttar Media	157	8	-	8	6	7	491C	5135P
Chandalati	275	4	2	2	4	4	802C	4017P
Parpatna	559	13	4	9	11	7	1323C	5342P
Beliyakhali	135	-	-	-	21	5	605C	4635P
Total	2965	65	21	44	95	69	6592C	49954P

(C=cycles) (P=pieces)

In these 9 villages we also kept a record of births and deaths, but this is not totally accurate as many women go to their parents' house for the confinement, and some deaths may also take place outside the village. Incidentally, our health workers help all parents acquire a birth certificate of their new born child, according to law. A table gives a picture of births and deaths.

Village	Births		Sex	Deaths				
	Total	Still	Live	M	F	0-1yr	1-Syrs above	
Fatullyapur	60	1	59	31	28	1	2	19
Sarafrajpur	23	2	21	14	7	-	-	11
Bhojpara	29	1	28	16	12	2	-	6
Bajitpur	76	5	71	37	34	4	-	18
Dweep Media	12	2	10	5	5	2	-	4
Uttar Media	23	-	23	15	8	4	-	8
Chandalati	26	-	26	15	11	-	-	12
Parpatna	45	-	45	21	24	6	2	10
Beliyakhali	15	-	15	9	6	1	2	1
Total	309	11	298	163	135	12	2	89

Of these 309 births, 202 were assisted by trained midwives, 76 by untrained ones, and 31 at health centres. As usual we provided various services to women during their pregnancy and, after the birth, to mother and child.

In the absence of a qualified medical person and also of equipment, our health check-ups in schools do not amount to much but our health workers do the best they can. Personal hygiene is checked; if anyone is ill and present, some sort of treatment is offered; chronic complaints are sought to be cured. Altogether 5843 check-ups (this figure is arrived at by multiplying the

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number of children by the off number of visits) were made in 14 schools and 579 cases were treated. We also made a survey of about 2600 children under 5 in 9 villages, and found that 100 and 272 of them suffered from severe and moderate malnutrition respectively. We kept a tab on the children throughout the year. Poverty, and the resultant lack of food, were the principal reasons behind the children's condition, but there were others like worm infestation, lack of awareness and information, and lack of care because the mother was away from home and/or too busy making a living. We could not do anything about the lack of food, or the mother's working habits, but we did tell the parents about the other matters and how to possibly overcome them. The nutrition gardens (please see in the section under that name), we hope, will make an impact on this in the coming years.

In public hygiene and sanitation, we did not install any smokeless chullahs or make any low-cost toilets this year, but we disinfected 1303 tubewells in 9 villages with bleaching powder, as a preventive measure against contamination.

We had received some money for making a cement base for all tubewells in Beliyakhali, as a further anti-contamination measure, but had to abandon the scheme as the arsenic menace made this irrelevant. Quite a few tubewells were closed for use as their water was found to contain arsenic much beyond the permitted level. We tested, with help from a Calcutta-based organization, Breakthrough Science, 102 samples from 13 villages and only 22 were found safe. (But there is no certainty that they would remain safe for any considerable period of time.) Of others 44 were unsafe to various extent and 36 were downright dangerous. One of the 8 samples from Beliyakhali was found to be safe, and this is what persuaded us finally to divert the money for cementing the base to awareness campaigns against the largely and for long invisible dangers of arsenic. Apart from sample tests, one-to-one conversations and small informal meetings, we decided to hold a seminar on the problem. It was held at Rudrapur high school and was divided into two sessions, the first for selected participants, and the second open to all. We had made extensive campaigning and so 106 people from 16 villages had enrolled themselves for the first session where they were addressed by, among others, one of the earliest scientists here to have identified and realised the danger and its extent, a representative from Breakthrough Science, and the secretary of the North 24 Parganas district arsenic prevention committee. The afternoon session was held in the large field of the school and there were a large number of people to watch slides etc to explain the problem. Our health workers run clinics where people receive both modern and herbal medicines for common diseases. We are sometimes asked if we should not totally abandon one of the two.

Logically that might be a sensible course but why should there be a total contradiction between the two systems? We leave the choice to the patient, and since our quarrel is not with modern medicine as such but with its misuse and/or overuse, we do not provide anything but the simplest medicines with no known effects to worry about. Our efforts to popularise herbs work at several levels, as will be seen in various other parts of this report, and our sympathies may be said to be with the herbal system of treatment, but since we are not yet in a position to effectively treat every common complaint with herbs, we continue with our allopathic medicines also.

The following table gives the figures for our clinics.

Village	Modern medicine section		Herbal section	
	No of patients	Cost of medicine supplied (Rs)	No of patients	No of those cured
Fatullyapur	655	1398.10	701	629
Sarafrajpur	-	-	367	331
Bhojpara	-	-	400	366
Bajitpur	990	1504.60	311	310
Dweep Media	84	134.80	60	60
Uttar Media	-	-	51	50
Chandalati	116	85.35	291	275
Parpatna	472	344.10	631	614
Beliyakhali	762	576.85	138	138
Gokulpur	14	32.25	-	-
10 Villages	3093	4076.05	2956	2773

We receive some medicines free of cost and often give these free, too, while other medicines are given at cost price. The number of those going in for herbal medicine is actually much larger, for not all of them come to our clinics and thus get recorded. Many have, on our advice, planted herbs at home and may at best consult our worker about what to use and how.

As in the last year we cooperated fully with the Government's Pulse Polio campaign in its second phase this year. We campaigned for this, with our workers organizing walks and loudspeaker campaigns, our children performing street plays and puppetry shows. In general also our relations with the state health department are very good.

We held six blood donation camps, at Rudrapur, Bajitpur, Gokulpur, Andharmanik, Punra, and

Kolsur, and altogether 390 units of blood were taken back by the Government blood banks. At places there were more donors waiting but the collecting team had not come prepared for that large a number.

Two cataract operation camps were the totally new things that we did this year. Out of the 266 people who came to the two screening camps 46 were selected for the operation but 10 of them did not turn up on the scheduled day. So 36 were taken to the district headquarters, Barasat, for the operation. There we took charge of 15 other patients who had been able to make no proper arrangements to look after themselves. Of these 51, one could not be operated upon because of last minute complications. We looked after all of them, both before and after the surgery, providing and administering medicine according to instructions and later; when we found that the Government was delaying with the supply of dark glasses, we got a pair of these for all, at our own cost, and followed this up with powered glasses, too, for everybody. The whole thing was a success and we received all cooperation from the local primary health centre, from the district hospital, and from the District Programme Manager, Health.

Throughout the year we organised village level awareness camps (164 in 9 villages, with 3339 people participating, 3092 of them women) on various aspects of health. A meeting on nutrition was held in 10 villages, and the 216 people who attended these included 194 women. Our health workers met every month and also once every quarter. There were two joint meetings with the culture workers and 32 girls from the Kishore Kishori Vahini (see the section on Youth and Culture) were given two days' training on the special problems, physiological and psychological, of adolescence.

In cooperation with the Association of Voluntary Blood Donors, which helps us in organising every blood donation camp, a motivation training for blood donors was held over 3 days with 56 participants. Our health workers and their supervisor attended quite a few meetings and seminars outside our project area, on subjects as diverse as community health, sanitary marts, environment, arsenic pollution, etc.

In many ways the work of our health department has reached more people than at of others, and has led to more popular participation. In the matter of arsenic, where no one knows what to do exactly, in one village a well has been dug to conserve surface water. A plan to keep one large pond apart in one village for water to be used in the kitchen and for drinking had to be given up because of many problems, but we shall try again, through our Kishore Kishori

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Vahinis, We were part of the popular movement that led to the reactivation of the Basirhat blood bank. This increase in people's awareness has meant that our health workers have now been freed of much routine work. They do not have to make too many home visits; the people now come to them and seek advice on sundry subjects.