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Health

OUR COMMUNITY health programme is a many-pronged one and this year we did something or the other in altogether 11 villages. Of these, Bajitpur, Chandalati, and Fatullyapur - three of our five "original sites of presence - saw the most activity, in both range and commitment, and two, Punra and Gokulpur, found us digging in a beginner's toe-hold. In the six others, Dweep Media, Uttar Media, Bhojpara, Sarafrazpur, Beliyakhali, and Parpatna gradually increasing activity in the preceding three years meant that now we were an established presence. We have six women workers who get a monthly salary, and seven others who are paid an activitybased allowance.

We worked for mother and child care in all 11 villages. Our basic target population comprises women of chili-bearing age, and children under five. Family planning continued to get a major emphasis and our workers in these 11 villages kept regular contact with 3868 eligible couples, advising them about and providing them with means of temporary contraception. The following table summarises our work in this area.

Name of village	Number of sterilizations	Oral pills	Condoms (cycles)	Loops
Bajitpur	3	792	4.990	1
Dweep Media	6	399	8640	8
Uttar Media	14	762	17570	4
Fatullyapur	7	1555	14400	3
Bhojpara	3	675	9100	1
Sarafrazpur	1	1180	7200	6
Punra	16	924	7200	2
Chandalati	1	668	1030	1
Beliyakhali	9	698	4200	3
Parpatna	2	1847	6660	1
Total in 10 villages	62	9500	80990	28

There were 18 recorded cases of Depo Provera injection and 93 women admitted to taking the help of homoeopathic practitioners. The first is positively harmful and the second possibly inefficacious. We carried on with vaccinating children against diphtheria, polio, partussis, tetanus, measles, and tuberculosis. The vaccines are supplied by the Government which organises camps in four of these 11 villages. Our workers keep in constant touch with the

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Government staff, remind mothers of when their children are due for vaccination - the need for such reminding is gradually decreasing - and help herd them to the camp, in the running of which they provide all assistance. At Bajitpur the vaccination camp began at our initiative and is still run by us in the premises of our local affiliate, with our workers doing everything from bringing the vaccine from the Government stores to returning the unused but properly preserved stock. Children in the other villages have to travel varying distances to get to a camp or health sub-centre for their dose, and our workers see to it that this inconvenience does not affect attendance. For this they regularly visit the households under their care, for each of which they have a dossier. Apart from registering them for and then reminding them of vaccination, during these home visits they advise women about rules of hygiene and sanitation, take the body weight of pregnant women, check their blood pressure, supply vitamin and iron tablets. On most occasions when a woman has to go to the health centre our worker is almost sure to accompany her. As part of the polio eradication programme all over India children up to 5 years of age were this year given their fifth oral vaccination dose. As before, we cooperated with the Government efforts with all our resources and ability.

Our workers identified all children in the relevant age group, spoke to their parents of the need to join the programme, were present at the camps, and helped make them a success. The following table shows the performance of these camps.

The figures relate to the 11 villages taken together.

October 1999	Vaccinated children	3013	Absent children	7
November 1999	Vaccinated children	309	Absent children	1
December 1999	Vaccinated children	317	Absent children	10
January 2000	Vaccinated children	3115	Absent children	56
February 2000	Vaccinated children	3054	Absent children	108
March 2000	Vaccinated children	3104	Absent children	63
Total In six months	Vaccinated	18550	Absent	245

There are many reasons why 100% success is not achieved in any village. Some of them are legitimate and some others, given the situation in rural India, perhaps unavoidable. But how do we disabuse some parents of their stubborn conviction that these doses masquerade as polio vaccination and that actually, as is certain to be realised years later when the loss cannot be repaired, these are meant to ruin the vaccinated children's procreative ability? The pity is that in many cases such notions are

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strengthened by insidious campaigning by people who should, and possibly do, know better and that with every passing phase of the campaign, the non cooperative section is getting more articulately and assertively obstructive.

At Bajitpur one child was stricken with polio in August 1999. When the subdivisidnal hospital confirmed this, a special camp was held by the Government where 100% of the eligible children were present to receive the dose. If this was not a flash in the pan, it was the panic induced by the child being affected that did the trick.

In the fields of vaccination family planning etc. we have not done too badly but we certainly could have done better. However, success is not a matter of just competent management and coordinated commitment; often enough the ground reality proves to be unpredictable and intransigent. It is interesting and educative to compare our records over the years, but we do not give them here because this report is something of a public document and they could be misleading as grassroots evidence because our surveys are done and the data collected and analysed by people with no statistical training. Also, in a strict sense they are incomplete because in every village there are some households, no matter how few they may be, which refuse to answer our questions. We welcome any qualified individual or institution wishing to analyse our extensive data on vaccination, births, deaths, terminations of pregnancy, sex of the newborn etc. In some villages we continued to run some sort of a clinic where allopathic medicines for common ailments are supplied at cost price. Herbal medicines are also available there, or at least suggestions on how to make them. Because of this the number of persons seeking herbal help cannot be properly documented and the figures below are approximate.

Village	No. of patients	Cost of medicine	No. of herbal patients
Fatullyapur	783	Rs 1643.15	146
Sarafrazpur			76
Bhojpara			50
Bajitpur	1438	Rs 1978.00	74
Dweep Media	530	Rs 185.35	89
Uttar Media	145	N.A	162
Chandalati	38	Rs 5.00	117
Beliyakhali	667	Rs 497.00	13
Parpatna	1218	Rs 1542.50	449
Total	4819	Rs 5851.00	1176

Providing remedial services is useful but our resources will always be woefully- inadequate if conditions are not created in which people need these services less. For this it is imperative to make them aware of the simple rules of sanitation and hygiene, adapted, when necessary, to their area-specific and socio-economic conditions.

Throughout the year we held awareness camps on subjects as varied as family planning, vaccination, problems of puberty, life education, herbal medicines, blood donation, cleanliness, use of clean water, use of latrines, nutrition, deworming, gastro-intestinal diseases and their easy treatment, etc. On occasions there are resource persons from outside, but usually our health workers can now very competently talk to a group of women on all these topics. Altogether 193 such meetings were held in 11 villages, with 4122 women attending, listening, and asking questions.

Midwifery has been allowed to fall into disrepair, disrepute even, without any worthy alternative within universal reach. This is a loss and we think that this gentle art can be a mainstay of health care in villages if its practitioners are given some training to update their skills and hone their intuition, and some basic tools. We are still to decide on how to go about this, but we made a beginning this year by learning in detail about what most of them do, and how, when we held seven three-hour-long meetings in nine villages, with a total of 135 practising mid wives.

These meetings and camps were held in the villages where we work, but at our administrative head office at Andharmanik also we organized trainings, workshops, meetings, and camps to share information and experience, to plan our work, and to evaluate performance. The table below gives a summary.

Subject	No. of meetings	Duration	No. of participants
Monthly meetings	12	1 day	88
Quarterly meeting of health workers and village organisers	3	1 day	39
Workshop on analysing survey data	2	1 day	11
Workshop on use of adolescence kit	1	1 day	5
Awareness camp on adolescence kit, reproductive and child health	1	1 day	8
Workshop on year planning	1	1 day	7
Training on Life Education	4	2 days	94

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(for Kishor Kishori Bahini)

All-round health and development	2	4 days	38
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(for Kishor Kishori Bahini)

Nutrition (for youths)	2	2 days	46
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We could not organize any exposure trip for our health workers, nor did they go for any training outside our, project area, but the health supervisor was sent by our funding partner, CRY, to a two-phase training spread over eight days at CINI, Calcutta on reproductive and child health. In response to a request from an NGO in Purulia, our health supervisor and a mistry went to train people there on the construction and maintenance of low-cost toilets.

The arsenic menace keeps growing. The Government's stand seems to have changed from one of public denial that any problem exists to one of grudging admission and tardy action but that has not stopped people from dying of arsenicosis nor has it lessened by a decimal point the long-range fatal presence of arsenic in ground water all over our area of work. Our resources are too meagre for us to do anything even remotely effective but we are in touch with large institution

which can provide leadership and maybe something will take shape before it is too la before more people die of this than in any epidemic seen ever before, as the World Health Organization seems to fear. OXFAM gave us a few field kits and with these we tested water from 23 tubewells in a few villages, chosen randomly. There was nothing random in the results though, as 18 of the samples showed the presence of arsenic, but there was no way for us to ascertain the exact degree of its presence.

We continued to build low-cost toilets and 448 were added in 7 villages (Gokulpur - 99; Atulia - 36; Jashaikati - 95; Parpatna - 100; Kalinga - 44; Shimulia - 43; Chandalati - 36).

Collecting blood continues to be a priority in our health project. We train local youths to a as motivators in their own areas, and help any organization that wants to hold a collection no lion camp, not necessarily in our "own" villages his villages. We give them publicity material, send our children's and/or adult theatre group to produce a street play on blood donation, liaise with the blood banks, and help with some money towards arranging the camp.

Our only condition is that no private blood bank will have any presence in all this, and also that

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the local Government blood banks should be asked to come as often as possible. Unfortunately, their keenness, particularly that of the blood bank of the Basirhat subdivisional hospital, to collect blood does not quite match the people's willingness to donate it, and it is a pity that the Calcutta-based blood banks, too, are sometimes not very eager to exploit to the most the potential the camps offer. Our target for the year was 1000 units of blood, but we overshot this by 20%, as the following table shows. Janakalyan Samity of Magurkhali, one of the most active of our affiliates, brought together 297 donors at one single camp. Our efforts in this direction were recognised by the Association of Voluntary Blood Donors, West Bengal, by its award of a handsome trophy, for the second year running, to us as the NGO to collect most blood in the State.

Organization and village	Date of camp	Total donors	Men	Women
Nabakallol Gram Unnayan Samity, Rudrapur	30.4.99	42	36	6
Unique Coaching Centre, Katiyahat,	8.8.99	71	66	5
United Club, Bithari	14.10.99	90	80	10
Jyoti Sangha, Bhojpara	15.11.99	40	39	1
Janakalyan Samity, Magurkhali	21.11.89	297	237	60
Netaji Seba Sangha, Bajitpur	30.11.99	88	72	16
Pall! Unnayan Sangha, Purbapolta	8.12.99	109	94	15
Nabasree Sangha, Iswarigachha	19.12.99	77	56	21
Sanghasree Club, Punra	15.1.00	82	76	6
Vivekananda Smriti Seba Sangha, Uttar Media	31.1.00	63	51	12
Gram Unnayan Kendra, Fatullyapur	8.2.00	71	59	12
Yubakbrinda, Mandra	11.2.00	43	40	3
Swasthya and Paribesh Unnayan Kendra, Matia	21.2.00	50	43	7
Pall! Unnayan Kendra, Chandalati	21.2.00	40	34	6
Bankra-Gokulpur Gram Panchayat	22.2.00	20	20	none
Total 15 villages		1083	1003	180

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All the work that we take up in our health programme is meant for the whole population of a village, except the one we have for the schools we run ourselves. This is not deliberate selfishness but a compromise dictated by certain exigencies. We organised a day's orientation training this year for our 35 pre-primary school teachers, their supervisor, and for our six health workers. The teachers of our primary schools received the training last year. Our goals were very limited. A survey had shown most of the children developed sores in their oral cavity in winter and we took measures to give them relief. One prescription was to make sure they ate sufficient leafy and/or green vegetables just before the onset of winter and our kitchen garden workers met mothers about this. Seeds were given to families with doubtful purchasing power so that they could grow something for their own consumption. To supplement the vitamin intake this ensured, we distributed to each of 1000 children 10 tablets of vitamins B & C. We did not run a general deworming campaign this year, but some teachers took tablets from us and organised camps for their children.