A Rural Community Health Experiment

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Sokho is a tiny village that none knew until about four years ago. In late 1969, a Cathotic mission was established and an ambitious agricultural development scheme launched. Over the last three years, the Agricultural programme hasn't been a total success and one of the reasons is generally the impoverished health of the population.

Sokho village is located in the Garhi Panchayat of the Khaira Block, Monghyr District, Bihar, on the east, south and west, the Kiul river snakes around Sokho and the entire Garhi Panchyat. The northern approach is guarded by the Sono river. Altogether, in the rainy season the entire region is quite inaccessible, and consequently medical aid is difficult to come by,

Three health hazards are particularly prevalent in the district: malaria, tuberculosis and worms. Malnurition and ignorance about elementary dietary and health habits are largely responsible for the T.B. and worms. A fourth hazard, really a killer, is Small Pox. Each year, an epidemic sweeps the country-side. The number of deaths that occur is not really known.

Staffed by a single nurse, a private dispensary "the Nazareth Dispensary" was established at Sokho in 1969 which has attempted the gigantic task of educating the surrounding villages within the four Panchayats, apart from the normal duties of health care. A Community Health Scheme has been in operation since 1972. Each third Friday of the month, a lady doctor, a Public Health nurse and a registered nurse from Nazareth Hospital, Mokameh, 59 miles from Sokho, come for the weekened clinic. On an average, the doctor examines and prescribes for about 60 patients at each visit. The resident nurse is responsible for the continuity of treatment and the health progress of the patients. It became increasingly clear that many were unable to avail of this monthly visit. Distances were too great to bring bedridden patients to the clinic. Besides, relatives were often too busy with their respective jobs in the fields or the forests to carry the patient to the clinic. It became inevitable that, the doctor should reach to those in greatest need.

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Hence early in June of this year each of the local Mukhiyas was visited and the plan to conduct a a Health Camp, was explained. In consultation with them, a sub-centre in each Panchayat was selected, where Public Health Team would spend two days a week and conduct the clinic. The core of the plan was providing the services of the Public Health Team from Nazareth Hospital, Mokameh. A Lady Doctor, the Director of the Community Health Programme and two staff nurses volunteered their services. Assisted by the local Sokho personnel, the team comprised eight members in all.

A generous donor contributed Rs. 2,000 towards the cost of medicine and equipment. It had been previously agreed upon that only the very destitute would receive free advice and treatment and all others would have to pay the full cost of drugs or if this was beyond their means they would be charged concessional rates. A couple of patients paid by giving half a dozen eggs, another brought a "*Lota*" of milk at one centre. The programme co-ordinator was able to persuade a couple of young men to raise a contribution for a destitute old man. Self help in the matter of health was the ultimate goal of all the Health Education Programme.

While the doctor examined, diagnosed and prescribed, others of the team registered names, dispensed drugs and performed paramedical duties. Health talks were also delivered on such topics as scabies and its prevention, the battle against the housefly ; small pox, importance of vaccination and infant nutrition. Some of these talks were recorded and broadcast over the public address system. Various audio-visual materials were used in delivering the health education programme. On the road to the sub-centre, popular film songs blared over a loud speaker which drew large crowds towards the caravan of Health Team. At suitable intervals the caravan halted and a puppet show was put on. It aimed primarily to educate mothers; it did not fail to interest the men folk too. Before the caravan proceeded, many parents were persuaded to have their children inoculated against T.B.

The average number of patients at each centre was 48 per day. Invariably on the first day very few people attended the clinic. Their confidence required to be built up and they watched and asked questions. The following day they arrived with their sick relatives. Only at one place the response was very good, the local school master's influence was the telling factor. There were plenty of reasons for discouragement. But an evaluation of the programme showed that the meagre initial response was encouraging keeping in mind the centuries of ignorance and dreadful apathy born out of fatalism that could not be wiped out in a single visit. A weakly visit to the same centres by the local team was a must to ensure continuity of treatment and especially to establish rapport and confidence among the villagers.

About a quarter of all patients examined were T.B. victims. Beyond referal little else could be done for them for the following reasons. They could not afford the costly course of treatment, and even if they could, the Sokho centre could not handle these cases as the laboratory and X-Ray facilities were not existing. State assistance is available only at Patna, the state capital. Further the experience indicates that patients started on a course were most irregular. The moment they feel a little better, they discontinue the treatment, thereby becoming resistant cases.

It would be greatly appreciated if the readers would like to share their views or make suggestions on how to tackle these problems, and any kind of assistance would be most welcome.