The Role of a Nurse in a Village Development Project

By Miss G. Shalekar

The role of a nurse in a village development project will be interesting and rewarding if she has a genuine interest in social work. I would like to share my experience in such a project for more than 10 years now so that my fellow nurses are able to realise the importance of the work in rural areas of our country where medical facilities are scarce.

The Village Development project of Sir Dorabji Tata Trust in Satara District in Maharashtra was started in 1953 for the purpose of community development. Nine villages with a total population of about 10,000 who are mainly farmers are under the project. Landless people rear sheep or take up manual labour. Children are uneducated, unhealthy and neglected. Every adult including women are busy earning their livelihood.

The prime objective of the Trust has been to help the people to improve their economic condition. To achieve this, health and education cannot be neglected. So each village is provided with a primary school building and a large well for drinking water, with a wind mill and a storage tank, provided with taps. One dispensary for the whole project area, staffed with an Hon. Medical Officer who visits the dispensary once a week, a resident pharmacist, a health visitor (in whose place I have been working), two trained dais and a female attendant, is situated in a central village. People are encouraged to use better seeds, improved tools and better quality cattle through proper advice and financial help, sometimes to supplement the Govt. aid given to the farmers. So far the Trust has invested more than Rs. 20 lakhs on this project.

The services of the nurse in the project are utilised in the following areas:

Curative Services

Once a week patients are attended at the dispensary on a very nominal charge. If necessary the treatment is carried on throughout the week as per doctor’s orders. The two dais and the nurse are stationed in three different villages for the convenience of the people. All drugs are made available, however costly they may be, if the M.O. feels they are necessary. The patient has to go to the bigger hospital only for deeper investigations and surgery. Other days of the week minor ailments are attended by us in the absence of the M.O. and major cases go to the private doctors in the town. Many a time I have dared to do things, which a nurse is not supposed to do, such as giving I.V. injections and stitching wounds.

Maternal & Child Welfare

Ante-natal cases are examined as they come, many of them have to be examined by home visits. Deliveries are conducted in their homes. Abnormal cases are advised transportation to a District Hospital. Home visits are given to the post-natal cases. Triple antigen is given free to all infants and M.V. drops to needy infants. Polio vaccine was tried once. We found it very hard to administer it in the absence of electricity. Also there is very poor cooperation from the people with regard to preventive medicine, but things are improving slowly and we are getting better co-operation day by day.

Child Welfare or ‘Balwadi’

We have been able to conduct Balwadi in three villages. In fact this has been a hobby, which I started in the village I resided first and handed it over to the dai after about four years. Then I shifted my quarters to another village of our project, where I started another Balwadi. My day begins with a round of the village collecting the pre-school children. This gives me an opportunity to establish better international relationship and understand their condition better. Children are given powder milk or nutritional biscuits whenever possible. Montessory equipments are provided for the physical and mental development of the child. Congenial environment is maintained so that the child becomes social and is ready to enter the school. Children are encouraged to cultivate good health habits by demonstrations and examples. In fact one can pick out the child, who has attended the Balwadi. This is a great achievement of the Balwadi commended by the school teacher. These children also learn useful handicraft and simple mending etc. according to the individual ability and aptitude.

School Health Services

Local school is visited almost daily and other schools periodically about once a week in the jeep by me. A check on their personal and school environment is kept and the child is treated for ailments. Medical examination of each child is done at the time permits. Simple health talks are given and a first aid kit is maintained in each school. But the success of all this depends on the interest and co-operation of the teacher.

Training of indigenous Dais

The local custom of attending the deliveries is very unusual here. Anybody in the house or in the neighbourhood cuts the cord with (Contd. on page 414)