

# KAIRA DISTRICT MOTHERS & INFANTS HEALTH PROGRAMME



TRIBHUVANDAS FOUNDATION  
AMUL DAIRY  
ANAND



## KAIRA DISTRICT MOTHERS & INFANTS HEALTH PROGRAMME

By SHRI TRIBHUVANDAS K. PATEL

Kaira district, as is widely acknowledged, has always been to the forefront in developmental activities. Since pre-independence days, Sardar Patel and Gandhiji contributed a great deal in the development of this district. In fact, it was Sardar Patel himself, in the first place, who advised us to have our own milk co-operatives — and (inspite of all the difficulties), milk cooperatives have been organised in even the small villages of the District, so that even these people may benefit. As an illustration of the spirit of cooperation, these milk cooperatives have earned a name not only within the country but also internationally. Thus, we can see that even such a task, though difficult, can be achieved.

Most rural people of Kaira District will definitely agree that their animals are treated effectively by the Co-operative's veterinary doctors. In fact, we can say that the animals are better looked after than the human beings. The health and physical development of the mothers and infants in our villages have not received enough attention. To improve this state of affairs, the Tribhuvandas Foundation has been established, to use the money donated by the milk producers in order to set up an organisation which can advise and assist in helping to improve the health of all mothers and infants of our villages.

I am taking the opportunity of this occasion briefly to introduce the Tribhuvandas Foundation's proposed health and welfare programme. Its main features are: maximum emphasis on the health and welfare of mothers and infants under five (our most vulnerable groups); equal access to all our facilities for all families (regardless of caste, creed or occupation) — and, to achieve this, a four-pronged attack on our main, related problems: namely, the need for (i) better medical care; (ii) better food; (iii) better living conditions (that is to say, clean drinking water, weather-proof homes, fewer flies etc.)—and (iv) a decent income for those who, even now, earn too little cash to feed their young ones.



*The basis for the Programme's success is like that of our Milk Co-op's — every-one concerned has to have his and her say on every question !*

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## The role of the people in the programme

Initially, there are always problems in implementing such programmes, especially those programmes intended to serve, and to be directed by, the village people themselves. But the National Dairy Development Board (which has Indian and foreign experts in several areas) has studied the programme and prepared the necessary reports — and these will be useful in overcoming the difficulties likely to be faced during the implementation of the programme.

There have been many discussions amongst the organisers and workers of the Tribhuvandas Foundation as to how we could best improve the health of mothers and infants in our villages. They believe that medicines alone are not sufficient. For example, if an infant does not get clean water, then medicines and tablets may not have any effect. Similarly, if they do not get enough nutritious food (or if there are flies and mosquitoes around which can spread diseases) medicines won't be effective. Thus, in order to implement such programme successfully, medicine in itself may not be sufficient. Therefore, as well as providing the villages with medicines, we will have also to make drinking water clean and potable. In this and such other matters, the workers of Tribhuvandas Foundation will provide professional advice to the villages to help them improve their health. But, when there are difficulties, especially in initial stages, the Tribhuvandas Foundation will of course need the help of the villages. In fact, the success of this programme depends on the villages far more than on anyone else — just as it has always done with our Co-operatives.

We know what difficulties we have faced in organising milk cooperatives. For example, there were differences of caste and creed — but, when we could face all those difficulties and organise milk cooperatives, then we can certainly bear with some more difficulties and make our health programme a success.

Moreover, we have to bear in mind that this programme is not an "income-earning occupation": it is not like the Co-operative milk business. Therefore, we have to initiate the programme with the help of donated funds — in this respect, the programme differs from our other programmes:

1. We believe that we can obtain about Rs. 3 crores of donated funds. We will utilize these donated funds in initiating the programme and in procuring equipment etc. required for the programme;
2. However, there is no doubt that the funds which have been received for initiating the programme will be exhausted within seven years. Therefore, we have to construct the project in such a way that, when these funds are exhausted, the programme becomes self-supportive and is not affected adversely. Amul itself and the village co-op's can provide additional support — but the programme will require the co-operation of all participating families. It is estimated that a token one-rupee subscription every month will be needed from each participating family.

But we know that there are families which cannot contribute even this nominal amount. Anyway, the programme will not discriminate among our own brothers. We will help them to engage in other activities so that they can contribute at first manually if not financially. The main reason why some cannot contribute financially is usually that they have no gainful employment. If such villagers are given work, they will ultimately be able to help themselves and the programme — and (as I will detail later) this is what we plan that the programme shall do for any and all unviable families.

Thus, we will be able to raise one-third of the funds required in the form of participating families' one rupee monthly subscription, another one-third will be contributed by the milk cooperatives and the remaining one-third of the funds will come from the milk producers' union — Amul, so that when the funds donated initially are exhausted, we believe that our programme will continue to be viable. This will be achieved by each contributing according to his means: the individual family, the village co-operative and the Union (Amul).

We know from past experience that we have not only to cooperate physically but financially also in order to overcome our problems. We all have to agree to this without any difference of opinion. If this can be done right from the first month of the initiation of the programme, substantial funds can be raised which can be used not only to obtain necessary equipments, professional doctors, nurses, engineers etc. — but also to continue the programme indefinitely on a self-supportive basis (even after seven years).

## Our core programme

The structure of this programme, which will be beneficial to all villages, has been evolved by the Tribhuvandas Foundation. It is simple, consistent and very easy to understand. The prime importance of this programme is to enable us — all families of Kaira District — who are otherwise deprived of scientific thinking, to follow the scientific approach to problem solving. Another feature of the programme is that it is not imposed from above and hence all those involved have to agree on decisions about it.



As has been said earlier, of all our services, the Care of Mothers and Infants is the fundamental one, which is at the centre (although other services are proposed, to provide added momentum to this service). To implement the programme successfully, every village *which wishes to participate* will have to decide for itself about adopting this service.

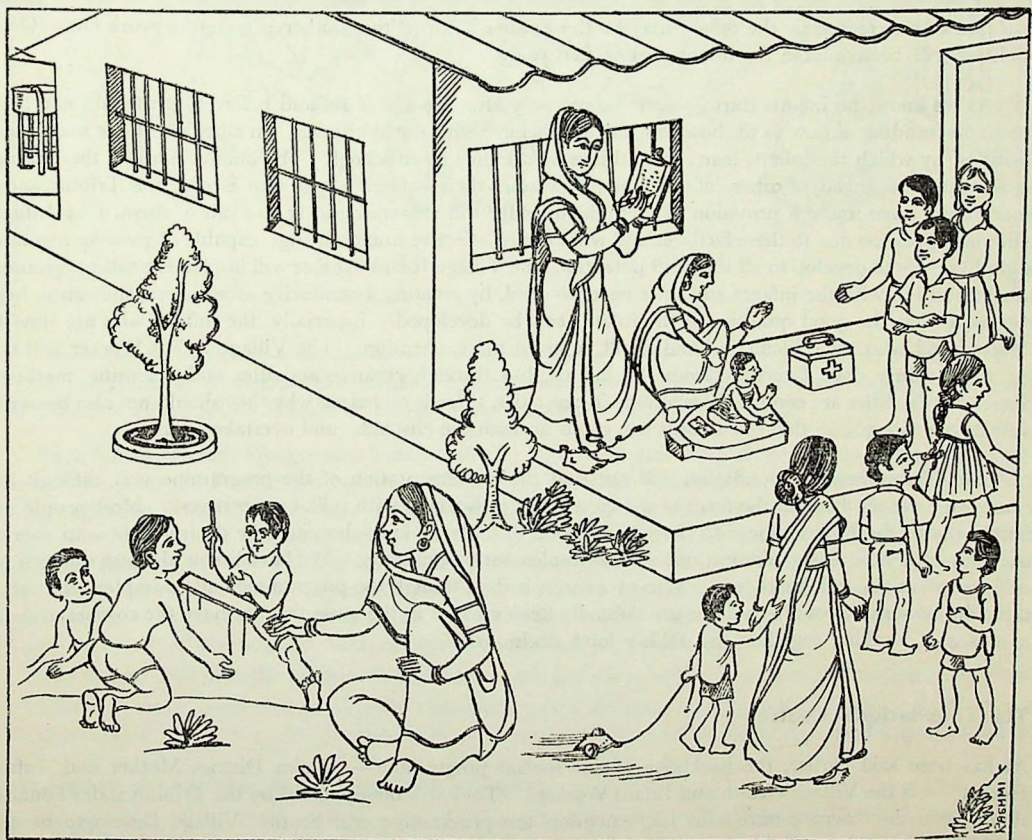
The Core of the programme is the Mothers and Infant's Health Programme. This will be based on three sets of workers:

1. The Tribhuvandas Foundation's Mobile Nurse Teams: these will be made up mainly of professional nurses, supported by doctors, who will visit every participating village every week or so —

PLUS two very important ladies *in each participating village itself*: namely —

2. The Village Health Worker, chosen by the village itself, trained by the Tribhuvandas Foundation — and helped by the Mobile Nurse Teams — who will provide instant first-aid and basic medicines, who will weigh every baby regularly, to check on its healthy development etc. — and

3. The Village Infant Worker — again, a lady of each participating village, trained by the Tribhuvandas Foundation — who will help the Village Health Worker in her work, who will administer a programme of providing special extra food for under-fed infants, and who will run an Infant Day-Care Centre for infants whose mothers are ill, or busy working in the fields etc.



*Key workers in the Core Programme are two ladies from the villages, working in the village: the Village Health Worker and the Village Infant Worker.*

We, all the villagers, will have to unanimously select a lady who can work as a "Village Health Worker" in providing health services. The villages which want to avail of the Infant Day-care service also, will have to unanimously select a "Village Infant Worker." To enable these two ladies to initiate the work to implement and complete the programme successfully, the Tribhuvandas Foundation will assist them in all possible ways,



will arrange for medicines at cost, for the necessary equipment, supplementary foods etc. and will help them in providing miscellaneous services. Similarly, it will provide training and guidance to the "Village Infant Worker" to enable her to understand the infant's mind and to advise the parents regarding the healthy growth of their infants. So, to start with, each participating village will have to unanimously select these two ladies because the very basis of this programme is the selection and training of these two females.

The Village Health Worker will be responsible for simple treatment of village people during illness, providing first-aid facilities, weighing the infants, so that their physical progress and health can be recorded—and providing basic treatment and health care to all the infants who need it. Thus, the Village Health Worker will be a link between the Nurses of the Mobile Health Teams and the village. With the Infant Day-care Worker, she will provide nutritious food to the infants and expectant and lactating mothers who need it. She will carry out all these activities in consultation with the villagers. She will be provided the medicines by Tribhuvandas Foundation at a reasonable price. The Foundation will purchase the medicines from those companies which produce them at a reasonable price and will directly provide them to the Village Health Workers so as to keep the expenses on medicine at a minimum.

The villages which choose to have a Village Infant Worker will also get those facilities. The Village Infant Worker will also be a lady from the same village who will be specially interested in the activities of infants and will have a flair for infant care. She will take care of the infants who are not given proper attention due to one reason or the other; may-be the mother is ill, or the mother is going for work etc. These facilities will be available for infants below five years.

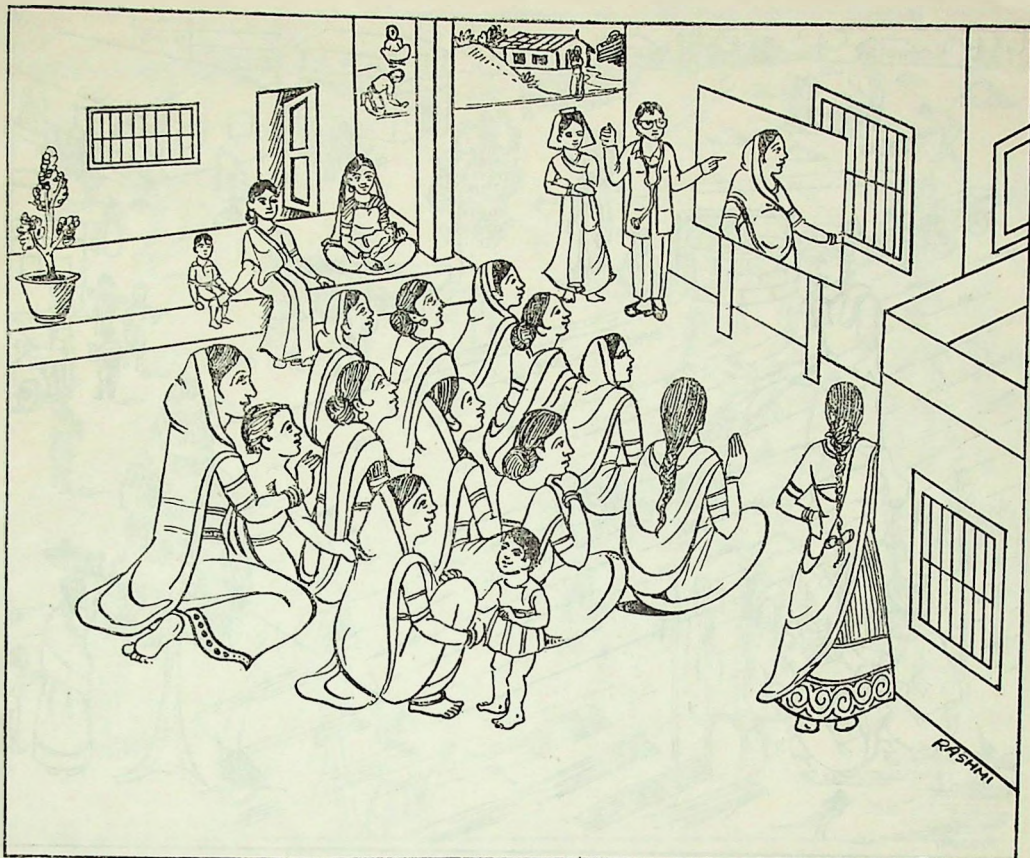
As we know, the infants start going to school only after the age of six and before that they do not have the understanding of how to sit, how to speak and behave with the elders etc. In cities, there are many such facilities, by which the infants learn these things before they go to school. The infants learning these things in advance are ahead of other infants when they start their studies—and that is why the Tribhuvandas Foundation have made a provision of these facilities for the villages desiring to avail of them. Our Infants will make progress due to these facilities and will become effective human beings, capable of growing mentally and physically to develop to all their full potential. The Village Infant Worker will implement this programme in consultation with the infants and their parents—and, by creating a conducive atmosphere, she can so help to ensure that the good qualities in the infants can be developed. Especially, the infants who are slow to develop and who are difficult to handle will be given more attention. The Village Infant Worker will not get these things done forcefully from the infants, but through creative activities and scientific methods. Since such facilities are commonly available in our cities, there is no reason why they should not also be available in our villages, so that our infants can catch up with the city kids (and overtake them!).

The Tribhuvandas Foundation will not find the implementation of the programme very difficult because we have the basis in the form of the experience of working with milk cooperatives. (Most people are familiar with the Programmes of "Operation Flood"). We all know how to take decisions, how to express our views and how to organise institutions and implement programmes. We have learnt all these things from milk cooperatives and Amul only. What we mean is that, though the programme and its implementation is difficult, favourable conditions have undoubtedly been created in the sense that we have the co-operatives as a means of working together and taking joint decisions.

### **The Foundation's Centre**

As has been said earlier, the backbone of our special programme—"Kaira District Mother and Infant Health"—is the Village Health and Infant Workers. They will be supported by the Tribhuvandas Foundation—and the "nerve-centre" for implementing the programme will be the 'Village Development and Health Centre' of the Tribhuvandas Foundation. In order to implement the programme systematically, the Foundation will set up this Centre, where there will be doctors, nurses, special equipment etc. The Centre will be on the outskirts of Anand and will be a focal point of all the activities and all the workers. Initially, a provision of three Nurse Teams has been made for implementing the programme. These three Teams, which will each be led by a Professional Nurse, will cover fifteen villages in the first year. Thus each team would cover five villages in the first year. Initially, a team will visit each village once a week. The Nurse leading the team will look after the mothers and infants in the villages, will provide information on health and examine the cases brought by Village Health Worker and Village Infant Worker.





*The Rural Health & Development Centre envisaged for the Tribhuvandas Foundation. Here ladies of the village will be trained as Village Health Workers & Village Infant Workers.*

Each Village Health Worker and Village Infant Worker will visit the Village Development and Health Centre set up by the Foundation once a week. They will furnish information on their area of operation, explain their problems for which the doctors, nurses and child specialist at the Centre will give them training — and where all of them will jointly try to solve their problems. The Nurse of a Mobile Health Team, when she visits a village, will carry with her the medicines for minor illnesses which she will administer to the mothers and infants who require them. Those infants who have special problems will be brought to the dispensary of the Centre — and in case of serious illness, the specialists will be contacted and the necessary action taken to take advantage of the hospital facilities already established in the District.

The Nurses will take the advice of the doctors and specialists of the Centre in performing their work.

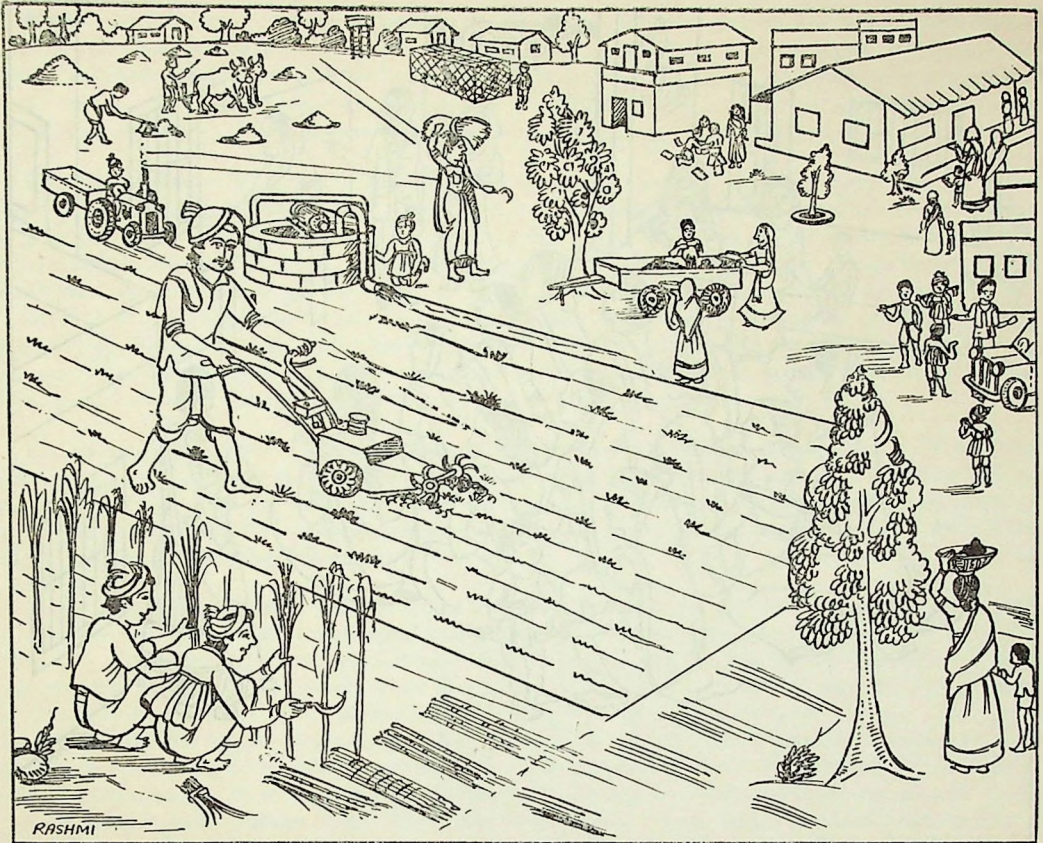
Thus, the entire programme will make available modern scientific services to the villages. Based on our past experiences, we consider this 'pattern' to be the most practical and feasible for successful implementation.

#### **Extra services available to participating villages**

Clearly, we cannot solve all the problems of infants and mothers of the villages by providing our core health service only. Each village has its own requirements and problems. Keeping this in view, the Tribhuvandas Foundation has made provision for other services also in the programme, which can be used by the villages in consultation with the co-operative and with the consensus of the members.

Health is related to other problems; for example, non-availability of nutritious food in the villages, unemployment, poverty — and (the most essential) arrangements for clean drinking water. These are the problems directly related to health. The Tribhuvandas Foundation has, therefore, provided for four additional services in the programme for the overall development of the villages which the villages can adopt if they wish.





*The Young Farmers' Centre will provide not only scientific training for young farmers, but also good facilities for the village's Health Worker and Infant Day-Care Centre.*

We know that—because of a lack of training and other facilities—many of our young farmers, especially the sons of landless labourers, find it hard to earn their livelihood to contribute to the development of their families and of the village. At the same time, we also know that it is necessary to have a base in the village for implementing all its health and infant programmes. Keeping this in mind, a provision for setting up a 'Young Farmers Centre' in each participating village has been made in the programme. The Centre will have one or two hectares of land (according to availability) and 3-4 rooms where the Village Infant Worker can carry out the infant development programmes, where the Mobile Nurse Teams can do their work, during their visits, and where the Village Health Worker can also work.

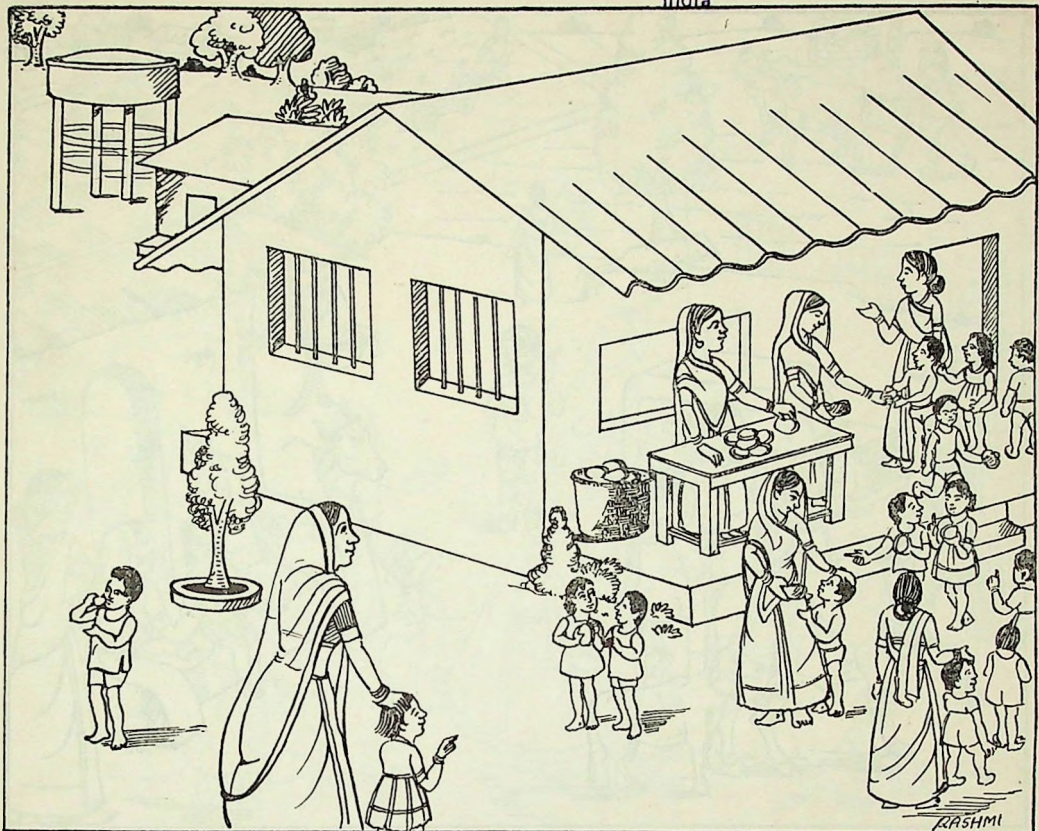
However, the main objective of this Centre will be to create an atmosphere wherein our young farmers and other youths of villages can get the knowledge of agriculture and animal husbandry on a scientific basis, can learn and understand things and can contribute their energies.

Each of these Centres will have the help of a consultant on Sciences who will also be a member of Mobile Health Team and will give advice and training in such activities. These Centres will be so inspired that they keep in mind the local resources and facilities. They will undertake those activities which become helpful to the programme and which help to make the Centre financially self-supportive.

For example, they can undertake programmes like rearing cross-bred calves, poultry, fishpond production, honey-bee keeping and such other programmes which are suitable, in the light of the resources available in the village. The land available with the Centre can be used for growing vegetables, pulses, oilseeds etc. which



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*Provision has been made to enable infants who need it to be given nutritious supplementary foods, to help ensure their health physical development.*

can serve two purposes: (i) it will provide training and demonstration to our young farmers and (ii) it will be useful in providing nutritious food to mothers and infants. Thus, the Young Farmers Centre of the Village will really be an outpost of the Foundation's Village Development and Health Centre; it will be self-sufficient as far as possible — and the veterinary doctors of Amul and experts on science and agriculture of the Mobile Health Teams will assist in its activities.

It is certain that some families cannot give nutritious food to their infants, due to lack of income. In our programme an arrangement has been made through which such families can be helped to become self-sufficient by providing them with a means of livelihood. Especially, those families whose infants are found to be under-fed. (If such families can be made self-sufficient, then they will also be able to help the programme by paying their Rupee-per-month, like other families). An arrangement is therefore made under the Programme by which such families will be helped to rear cross-bred calves, poultry, fish, honey-bees or to make handicrafts etc. The choice of such an occupation will depend upon the aptitudes and abilities of the individual and the resources available. The equipment and ancillary requirements for the occupation such as chickens, calves etc. will be available at the Young Farmer Centre. The technical assistance required for these occupations will be given by Amul veterinary doctors, experts of Mobile Health Teams and Specialists of the Village Development and Health Centre. The funds given for initiating these occupations can either be returned in cash with nominal interest, or in kind—such as young chickens etc., so that more and more families can be provided with an occupation and can be covered under the programme. It is envisaged that this programme will directly cover only one or two families in each participating village each year — but if more such help is needed, the Foundation will seek additional funds for the purpose.





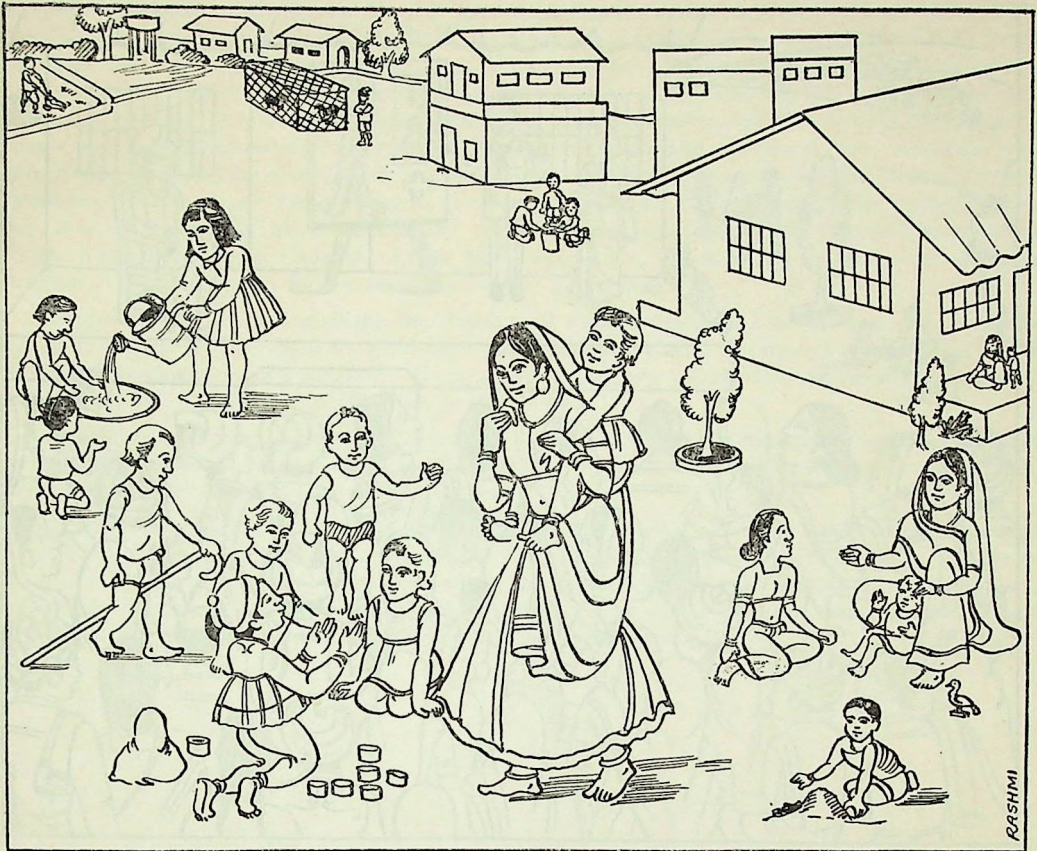
*Remunerative occupations for families who lack gainful work. Here, a landless labourer learns from the Veterinary Doctor how to tend a cross-bred cow.*

I have explained the jobs of the Village Health Worker and the Village Infant Worker. The Village Health Worker will look after the main service of this programme — care of mothers and infants — and will thus be a link between Mobile Health Team and the Village. This has been discussed earlier and hence everybody is aware of it. However, it will be appropriate to consider further the Village Infant Worker. As I mentioned earlier, for the Village Infant Worker, it is necessary to select a lady of the village who is interested in the development of infants, ladies who can do such work sincerely and who can understand the needs of infants lovingly. She needs the virtues of mercy, patience, self-confidence, humour, physical and mental awareness of infants' needs, warmth etc. In short, it is necessary for her to understand infants below five years: She is the Good Mother who all children instinctively turn to.

To enable the Village Infant Worker to work well with the people and to develop her abilities, it will be essential to provide practical training, to give her experience. During this training, she will be briefed about the importance and objectives of infants' service programmes, stages of infants development, child psychology, general problems of child behaviour, the importance of the family in the infant's progress — and how to manage an Infant Day-care Centre, its structure, objectives etc.

The Infant Day Care Centre will be the Centre of activities for the Village Infant Worker. The pre-school days are very much crucial for all infants, because whatever good or bad they learn during these years has a vast bearing on their future development. The development of their basic talents can be very fast during these years: this is the time when they learn *how to learn*. Infants with such training are smart, energetic and inquisitive about new things. Therefore, the Infant Day Centre has been planned to create an atmosphere for the childrens' overall development, over and above taking care for their health and physical development. In comparison to the city infants, the infants in villages do not usually get the advantage of such an atmosphere. The main objectives of such Infant Day Care Centre will be to provide opportunities of daily living with each other in a cooperative manner, in an atmosphere congenial to infants.





*Under-5's learn how to learn — just by being allowed to play together with simple, natural things. This is the main aim of the Village Infant Day-Care Centre.*

In other words, the Centre will be an extension of the family itself — and a link between the home and the most creative society. Thus, the main aim of the centre is to cultivate happy learning habits in infants for their school days and for their future development throughout their lives.

Even after providing for these services (the Young Farmers' Centre, Infant Day-care, etc.), there may be some villages which will have their own problems. It is necessary to think about these problems also. For example, in some villages, stables are required, while at other places there may be problems of leaky-roofs to the houses, of levelling the land, of digging a small lake or well — or simply of keeping the village clean. In short, based on the needs of each village, there may be different requirements and different schemes. We are confident about their solution in our programme. Therefore, there is also a provision for dealing with such overall problems in our Programme. Any village participating in the programme can put up its own proposal for the complete development of that village. All these proposals, on the basis of their practicality, feasibility and need — will be compared and the best will be given financial assistance by the Tribhuvandas Foundation under a 'Package Service' programme. Such villages will be entirely covered under the programme. The Engineering Graduate of the Mobile Health Team will help in implementing the scheme, assist the villagers in understanding and solving their problems and will thus utilise his knowledge of engineering in rural development on a scientific basis.

#### **Now how to get it done?**

In fact, you can see that in outline the programme is based on our experience of working with milk co-operatives. It is this experience which gives us confidence in undertaking such a big task.

One experience from Amul is that, *properly oriented*, educated people can do a lot and be helpful to our villagers. But the fact is that we usually educate the people of our villages — and then send them to the





*First decisions. When a village decides to participate in the Programme, it has first to agree to participate in the Mother & Infants Health Programme. That means choosing the village ladies who will be the Village Health Worker and Village Infant Worker...and choosing **unanimously**.*

cities for higher studies — and then they either sit idle or go to cities for work! Thus, they are not helpful to the villages. We “export” our educated talent! Therefore, one of the objectives of the programme will be to accommodate the educated people of the villages in the Mobile Health Teams, to bring the benefits of their knowledge to the villages — and to enable everyone living in a village to live a satisfying life right in the village itself.

In a nut-shell, the main representatives of this programme will be the Village Health Worker and the Village Infant Worker, who will be in the villages — while at the Development and Health Centre of the Foundation, there will be Mobile Health Teams, doctors, child specialists, engineers etc. Our main services will be for the health of infants and mothers — and infant day-care. In addition, the villages can think over other provisions of the programme and can select and adapt these services, which include Young Farmers Centre, financial self-reliance for poor families, nutritious food and infant day care — and the complete development of the village. The entire programme is so formulated that it will become self-supportive in seven years. We hope that — as with Amul and milk production — the knowledge of science will be used for developing our villages under this programme.

Just like Amul, it is not easy to initiate and implement this programme. However, Amul has achieved success and therefore let all of us work unanimously, so that we can adopt the same pattern for the health and development of our mothers and infants.

Finally, to implement the programme successfully, let us propose that:



It will be incumbent on the part of the village participating in the programme unanimously to form a Family Health Care Sub-Committee of its Milk Co-operative's Management Committee. The Sub-Committee will shape the programme at the village-level and render assistance and guidance. Thus, the Sub-Committee will be the bridge between the Tribhuvandas Foundation and the village. The members of the Sub-Committee will mainly be from the Management Committee of the milk co-operative. Besides, other people such as local unanis, ayurvedic doctors who are interested in the health of infants and mothers, the mid-wife of the village — and other interested ladies can also be made members. This Sub-Committee will discuss each part of the Programme with the Nurse Teams during their visits to the village. Each time they agree on certain action (say, to establish a Young Farmers' Centre etc.) the Health-care Sub-Committee put forward the recommendation to the Management Committee of the Milk Cooperative, who will then forward each such agreed proposal to the Foundation for the necessary support and action.

Thus, in each participating village, the Health Care Sub-Committee will be very important. It is also important to prepare ourselves for the *unanimous* selection of Village Health Worker and Village Infant Worker; we must not argue over such decisions. If any village argues over *who* shall be the Health Worker etc. — then no lady will be able to work effectively in that position.

Also, all villages which want to participate will have to decide — with their milk cooperative — that all participating families (whether they are members of the milk cooperative or not) will have to be eligible to participate in (and contribute to) this programme.

There is no doubt that we have to find out our own way to do all this. We will learn a lot when we implement the programme, but at present it is necessary that we think over all these things carefully. It is certain that it is a difficult task. However, since we ventured to sell our milk through the milk co-operatives — and we find now that our animals are better treated — then surely we will have to take more pains for the health of our infants and mothers, using the same basic, Co-operative approach.

