

NORTHEAST REGION - Health & Dev. Project.

RF_IH_15_SUDHA

1. Fr P.L. Sebastian, DDC
Director, Catholic Chateau
CNA Tura 794002
Garo Hills, Meghalaya.
2. Dr Tushar Kanjilal
Project Director,
Tagore Society for rural development
Kangabalia project.
P.O. Kangabalia,
via Gataba, 24 parganas
w.B.
3. Lokasiksha Parishad,
Ramakrishna Mission Ashrama
Narendrapur, 24 parganas
w.B.
2. Tamulpur Anchalik gramdan Sangh, (NE.2)
Kumarkata 781360.
GPF Dr. Kamrup,
Assam.
3. Total Health Care project (UNICEF, EIU)
UNICEF Tamulpur Block,
Kamrup Dt, Assam.
4. Teachers Training Programme
NIMFW Paramedical Training Institute,
Kokima
5. Nagaland Peace Centre
NIMFW Kokima. Dr. Nam
6. Nagaland Gandhi Ashram
NIMFW ~~Kokima~~
Village + P.O. Chu Chu tin lang
Dr. Mokokchung. Mr. Natwar Tikkar.
7. Sr Myrtle Fernandes
Resident Meghalaya VHA
Dum Basu Mahdal.
VHA P.O. Mendal
Garohills - Meghalaya.
8. Sr. Lillian Marak
Sec. Meghalaya VHA
VHA Gauoshi Dai Hospital
Shillong
9. Medical Officer (PH)
Office of Chief MHO
Goalpara, Dhubri
783301 Assam. Dr. Ashok Das
10. Medical College
Gauhati.
11. Medical College
Dibrugarh.
12. Choephelling Tibetan Settlement
P.O. Choephelling
Via Niao
Tura Dt - 792122
Assam Pradesh. P. Thondrup

INTEGRATION OF PRIMARY
HEALTH SERVICES IN A STATE

by

Dr. D.D. Arora, Director,
Health Services, Mizoram Aizawl.

This Multipurpose Scheme is being conducted since 1978. It consists of the following programmes:

- 1] Oral rehydration programme; 2] Malaria eradication programme; 3] Family Welfare programme;
- 4] M.C.H. Services excluding Expanded Programme of Immunization; 5] Leprosy control programme;
- 6] T.B. Control programme; 7] Expanded programme of immunization; 8] School health services; 9] Health education and Health education on nutrition.

The activities of these programmes will be discussed in brief.

Health in the Hills

FR. P. L. SEBASTIAN

AS the name suggests, Meghalaya is the abode of clouds. It is a land of eternal charm and sunshine, verdant forests, abounding in wild life and undulating hills meet the eyes everywhere. This is the home of the Garos, Khasis and the Jaintias. Among these tribes, the Garos number about 4.5 lakhs, inhabiting the Garo Hills, has an area of 11,467 sq. Kms. Tura is the only town. 95% of the population lives in villages, nestling among the hills, approachable through mountain paths.

The Garos are sturdy, with a short physique like the other tribals. When they fall sick, the local priest or doctor—Kobiras—is called. Due to the unavailability of modern medical aids, people are forced to be satisfied with local medicines, sprinkled with rituals for placating the evil spirits. Some of these medicines do have tremendous healing power. Name any sickness from common cold to cancer, the doctor comes up with a healing herb. It is indeed a field calling for study and research. Broken bones are set, just by the sense of touch and healed in not more than a couple of days. Even the educated man, when sick, has recourse to local medicine. Local midwives have delivered all the babies in the villages, and very few have died of tetanus.

Infant mortality rate is very high among the Garos. Government is now determined to raise the health standard of the people. Eleven Primary Health Centres have been opened, employing ANMs, Angavadi workers, etc. *Integral Child Development Scheme* (ICDS) has been started in collaboration with UNICEF. The family Welfare Department is immunising babies. Government has already started training Community Development Workers and Dais going in for a major break-through in *Primary Health Care*.

Malaria is unfortunately a scourge of Garo Hills. People are prone to be lethargic and lazy mainly due to the low level of hemoglobin caused by continuous attacks of malaria. WHO (World Health Organisation) has joined forces with the

local Government to eradicate malaria. *Drug Distribution Centres* (DDC) and *Fever Treatment Clinics* (FTC) are being opened in the remotest villages. It is quite usual for a school teacher to see one of his pupils suddenly start shivering and running out of the class to sit under the sun. Though malaria has not been completely eradicated, the number of deaths is dwindling.

Leprosy and T.B. are quite widespread among the people. At Tura, there is a Chest Clinic, providing curative facilities both for inpatients and outpatients. There is an area in Garo Hills, where leprosy is rampant. Government has not done much by way of prevention, but settled the sufferers in a colony, providing them with medicine and food. Sisters of the Society of Christ Jesus, are looking after this colony. The medical Mission Sisters working in this area are pushing into remote villages with their mobile clinics.

Infant mortality among the Garos is rather high. Most of the children die of diarrhoea and malnutrition. This problem is now being tackled also by Catholic Charities, the Diocesan Agency for Catholic Relief Services. There are 12 Mother and Child Health Centres, each with a clinic and a nurse. The activities of these centres are now being overhauled, to impart Nutrition Education to as many mothers as possible. The matriarchal system of the Garos is an added asset to the new programme. Recently, 20 village leaders were given training for a month, to educate their fellow women in turn, on hygiene, child care etc, and to organise them to take up some community activities. There is no dearth of land and water. Given the necessary encouragement, the villagers will be able to grow enough food, and nourish themselves with a balanced diet, ushering in a healthy tomorrow.

Fr. P.L. Sebastian, DDCC
 Director
 Catholic Charities
 TURA 794 002
 Garo Hills, Meghalaya
 4-9-1978

TAMULPUR ANCHALITE GRANDAN SANGH

In the wake of the Chinese attack in 1962, the national Gandhian Institutions formulated a border areas scheme. Such a scheme was introduced at Kumarika/in Kamrup district of Assam on the border with Bhutan. The area had already a number of Grandan villages which formed the base of intensive operation under the scheme. In course of time, these villages formed themselves into a Grandan Sangh, the first such organisation of Grandan villages in the Country. The Sangh was established in 1965 at Kumarikata 781260, Dt. Kamrup, Assam and was registered the same year as a Society.

Objectives :

Rebuilding and development of Grandan villages is the main objective of the Sangh. While the actual work at village level will be carried on by the Gram Sabhas of Grandan villages, the Sangh will undertake such activities which are beyond the capacity of individual villages. The programmes to be undertaken by the Grandan Sangh are (i) irrigation; (ii) Flood control and relief; (iii) propagation of Grandan thought and promoting the social order based on Gram Swarajya; (iv) propagation of khadi and village industries; and (v) Creating an atmosphere of cooperation and self help amongst the village people.

Programmes :

The institution initially functioned as a Shanti Kendra under the auspices of the Aikil Bharat Shanti Sena Mandal and its historic peace work was the Angarkata Satyagraha. Grandan development was another work and to that was added khadi work. It is, therefore, said that the three streams of Shanti Sena, Grandan and Khadi meet at the confluence of Kumari Kata.

.....

Khadi and agricultural development programmes were introduced in 25 Gramdan villages in 1965. The Khadi work was later on extended to 25 more villages.

The institution provides training in weaving, spinning, oil ghani (both bullock and power-operated). It has also started bee-keeping.

Presently the institution is engaged in survey and constructing an irrigation channel on the traditional 'dang' providing irrigation to a number of villages for improved agriculture.

Workers :

There are 17 full-time workers and 10 volunteers in the institution.

No. 101
Health
Assam

Total Health Care Project, Tamulpur Block, Kamrup District, Assam

1. Started in 1976.
2. Coverage. Tribal (and other backward communities) population of 1,33,000 in 204 villages of the block.
3. Activities. The project aims at providing various basic health services like Family Planning, Primary vaccination, immunization, malaria survey attending to minor ailments, control of TB, leprosy, etc.
4. Personnel. This block has been divided into 5 zones. Each zone will have a doctor in charge supervising the work of roughly 8 units. Each unit will be headed by a para-medical worker who could be a vaccinator, a health assistant, an ANM, a basic health worker, a sanitary inspector, a leprosy worker, a BCG vaccinator or a smallpox vaccinator. The person in charge of each unit would be responsible for total coverage of about 3 villages of population around 300 families.
12. Reference. EIO, UNICEF.

Note: Information not available for items 5 to 11.

Assam - B
(N. East - 5)

No. 102
Science Education
Assam

Assam Science Society, Gauhati, Assam

1. Started in early 1960 (or may be earlier)
2. Coverage entire Assam. Membership is from University, college and schools. There are Science Clubs and Science Societies affiliated to it.
3. Activities
 - a. Publishes two journals (one for college level and the other for school level).
 - b. Brought out Assamese terminology of scientific terms. Published several books on Science in Assamese.
 - c. Organization of popular lectures in the schools/ colleges, organization of Science Clubs, Science Fairs and Science talent search and organization of museum for children.
 - d. Organization of local science societies at different places affiliated to it.
7. Sponsorship/funds. This is a voluntary organization with grants from State Government and other agencies.
12. Reference. EIO, UNICEF.

Points 4-6 and 8-12 not applicable.

Note: No information available on items 4-6 and 8-12.