



End Malaria Blue Ribbon Campaign

A life saved Part I

Vipul and Pudumi Boro are from village Majuli in Udalguri Block Udalguri district. They have two daughters Vandana aged two and a half years and Maina who is one year old. Vipul is a daily wage laborer, his wife Pudumi looks after the house. They own a few Bighas of land on which they grow paddy.

In the first week of June Vandana had a fever. The parents tried home remedies but she did not get better and started turning yellow with jaundice after a week. The parents got worried and took her to the “doctor” in the village. He said that he could not do anything for the child. Attempting to do anything will be too dangerous he said and yet gave them medicines worth 1281 rupees. So the parents took her home and called the “Ojha” to ‘cure’ the jaundice. Two different Ojhas came to their home for a week and did the ‘Jhar-phook’. One ‘ojha’ charged them 30 rupees a day for one week and the other 50 rupees a day for 3 days. So they spent another 360 rupees, but Vandana did not get any better.

On the 24th of June after three weeks of being sick and 1500 rupees spent Vandana was unable to eat anything and was becoming unconscious. Her whole body was swollen and she was very weak.

Having tried all they could the parents rushed her to the Baptist Christian Hospital in Harisinga. On examination the child was diagnosed with severe falciparum malaria and anemia. Her Hemoglobin was 3.4gms/dl and she was barely conscious. The parents did not have any more money for treatment and the child needed blood transfusion and proper treatment.

The doctor contacted Adwr project officer and immediately an ambulance was arranged and the child was brought to Baptist Christian Hospital Tezpur on the same evening accompanied by the project officer. The child was semi conscious and very ill.

She was admitted and treatment was started. The child was given blood and improved within a day. After two days in hospital her hemoglobin was up to 6gms/dl and she was able to eat.

She was discharged looking well and happy. The cost of the treatment in the hospital was almost 4000 rupees which was borne by the Adwr project. The parents were extremely grateful.

It was a life saved just in time.

July 2007; ADWR & MFI

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Vandana in the ER at BCH Tezpur



Vandana with her parents in the ER



Vandana on discharge from Hospital



Part II

A village reached, many lives could be saved

Visit to Majuli- Village of Vandana Boro

Vandana went back home, a window of opportunity was opened for the team to enter the village and educate the people and provide them with treatment measures. Our team visited the village and this is a description of the situation.



Vandana at home with her family

The village of Majuli is located 15 kilometres North of Harisinga near the Bhutan Border and the Majuli tea estate. The village is approached by a dirt road and traveling one way from Harisinga requires 2 hours. On one side lies the Majuli tea estate and the other is a thick forest with lots of wild life including elephants. The only way to get there is by private cars or cycle. Patients have to be carried on a hand pulled cart to reach the hospital.



The road to Majuli



The houses



Patient brought to hospital in a cart

The hamlet consists of about 50 houses with a population of 250 -300 people. The only water supply to the village is from a dirty creek which flows down from the mountains. This is diverted into a pond which is the hamlets main source of drinking water and for household utilities. Only 4-5 houses have a toilet facility and the people are unaware of proper hygiene and sanitation practices.

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A woman takes water from the reservoir. The creek which flows down from the mountains

The main source of income is farming. However a majority of the villagers have put their land on mortgage to get money for treatment. Every year malaria strikes and they spend a major chunk of their income on treatment. Lack of financial resources leads them to seek alternative cheaper treatment options.

There is no treatment facility within the village and the villagers have to travel 15-30 kilometres on poor roads to reach the hospital. The sub centre in the village is open only once a week.

Traditional beliefs prevail and they believe that jaundice is caused by demons or evil eye. So the treatment for jaundice is usually herbs and a small white amulet to protect them from jaundice. Along with this they go in for 'jhar -phook' to caste out the 'demons' causing jaundice. Many precious lives are lost due to these beliefs when treatment is available for the 'malaria' which causes the jaundice.



Child wearing the white amulet on the neck to ward off 'jaundice'

Our team visited the village and met the village president and secretary. They had carried Rapid Test kits and a few medicines with them. Four cases of malaria were found and treated. A meeting was arranged in the village for health education and a screening and treatment camp on a Tuesday (being a Hindu village all the villagers come together in the temple premises for a meeting on Tuesday).



Meeting the village president

The following Tuesday the field staff along with the project officer visited the village. 60 people were tested and 10 were found to have falciparum malaria. 5 of them had a hemoglobin of less than 5 grams. Six of the patients were children.



An old lady and her granddaughter both suffering from malaria

The team also conducted a health education session and encouraged the villagers to have a health fund where prophylactic medicines can be purchased for the entire village during the malaria season and they could protect themselves. The village president was very interested in this and it is being followed up with the people.



Imparting health education and providing treatment

