In one of Jharkhand's poorest districts, a village health worker is the only one watching over TB patients

BY ANUMEHA YADAV

On the outskirts of Tarwadih village in Jharkhand’s Latehar district, a path winds through paddy fields and leads to Bhuianola, a hamlet where Bhuian Daliit families live. That month, four residents of Bhuianola hamlet were being treated for tuberculosis (TB), a bacterial infection that mostly affects the lungs.

Radha Devi, the village sahiya or frontline health worker, an Accredited Social Health Activist (ASHA), was walking down the village path and hollered out to Ramavtar Ram, a farmer in his 50s, who was working in the fields. “Nine number medicine course is over for you,” she said. “You will now be on CP.” Ram had contracted TB six months ago and looked emaciated from the infection.

Stepping in
Devi, who has been supervising Ram’s treatment for the past six months, is not a trained doctor or nurse. She has studied only till Class IV and is one of the over 1,325 health activists appointed under the National Health Mission’s community health programme in Latehar. “I am not fully literate, but I recognise medicines through a number or an alphabet in the drug’s name,” Devi said, explaining how she had memorised 13 long and complicated names of TB drugs. TB can be fully cured with a six-month antibiotics course. But India accounts for a fifth of TB-related deaths worldwide. In Jharkhand alone, nearly 40 people die of the disease every day.

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In Tarwadih, Devi met Bartu Oraon, who had a relapse. Then she counselled Neetu Devi, a young farm worker and patient, who had recently delivered a baby boy. Devi advised her to cover her mouth while breastfeeding to prevent the infection from spreading to her baby.

Deadly smoke
Latehar families are especially vulnerable to TB because of their work. When the season’s paddy harvesting is done, they migrate for work to the brick kilns in Benaras in Uttar Pradesh and Aurangabad in Maharashtra. Here they are exposed to smoke that damages lungs and reduces immunity to many infections, particularly TB.

In fact, before Devi was chosen as the sahiya in 2007, she too worked in brick kilns. The contractors offer ₹10,000 to ₹12,000 as an ‘advance’, but there are no regular wages. “At the kiln sites, away from towns, there are no health facilities,” said Devi. “Besides, many people do not complete the treatment course. Some don’t like the taste of the medicines, others worry about the side-effects.”

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Teaching precautions
Devi has been trained by the TB hospital in Latehar. “I ask patients to take precautions, to use ash to cover their spit, or cough only into a gamchha and boil it in water to prevent the infection from spreading.” And to cover the after-taste of drugs, she even buys them packets of namkeen, she said, showing me a small packet of snacks she was carrying for a patient.

Among the more serious patients, Mohan Bhuian, also a brick kiln worker, developed multi-drug resistant tuberculosis, a more deadly form of the disease that develops when a patient gets incomplete or inadequate treatment. This makes the most powerful TB drugs ineffective, and it needs a protracted two-year treatment with highly toxic drugs. This deadly strain can be passed to others through close contact via air droplets in much the same way as regular TB.

Always there
“The sahiya has been coming home to give him medicines every day,” said Sita, Bhuian’s wife. Devi travelled twice with her husband to Itki, 110 km away, where the government runs a sanatorium. After nine months of treatment, Bhuian now had enough strength to walk and had taken the cattle out to graze. But his family was anxious: one of the medicines had impaired his hearing.

The medicine can also make patients depressed, paralysed, or completely deaf. “Sadly, I have seen Mohan go through all these stages this year,” said Devi.

When he started to display these side-effects, Devi went to Itki a second time to act as his counsellor. “Mohan called me and said he feared he was going to go mad,” she said. “I felt he was like my son; I was worried.”

The government did not pay her anything but Bhuian later reimbursed her the ₹400 she had spent on travel.

As a sahiya, Devi is supposed to get ₹100 as ‘incentive’ for each TB case she reports. She has heard that the government has promised to double the incentive and the honorarium this year. But nothing has happened yet. “I have not been paid anything for more than a year,” said Devi. But she was soon up again, ready to see a new patient.

The writer received the REACH fellowship on TB.