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**HEALTH EDUCATION PROJECT
KAMAYYAKOUNDENPATTY
MADURAI DISTRICT
TAMIL NADU**

1978-80

**STATE HEALTH EDUCATION BUREAU
DIRECTORATE OF PUBLIC HEALTH AND
PREVENTIVE MEDICINE, MADRAS.600 006.**

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REPORT ON HEALTH EDUCATION PROJECT

KAMMAYYAKOUNDENPATTY

MADURAI DISTRICT --- TAMIL NADU

In collaboration with:

W.H.O. - IRC and C.H.E.B.

by the

TAMIL NADU STATE HEALTH
EDUCATION BUREAU.

Report prepared by:

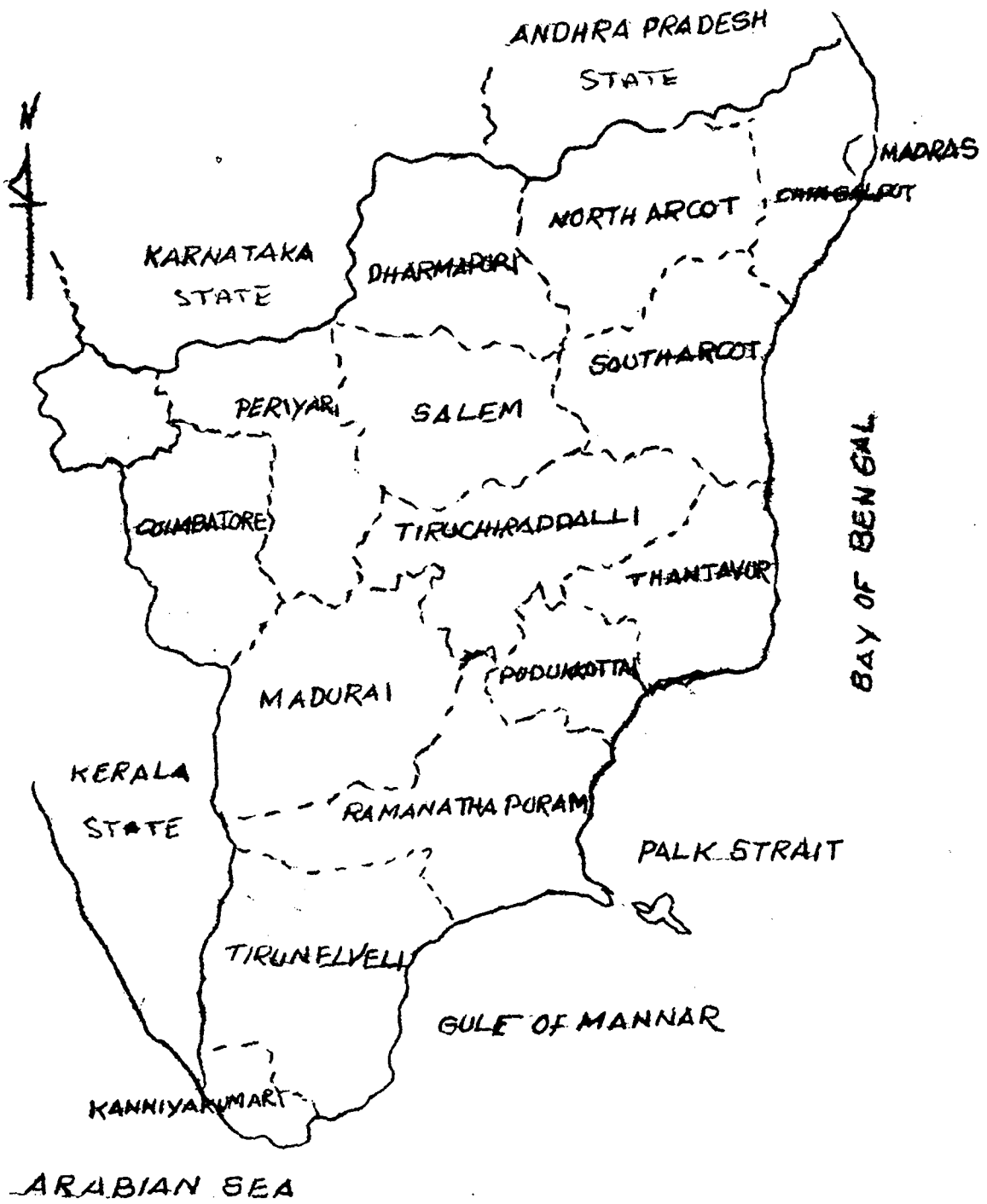
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TAMIL NADU



HEALTH EDUCATION PROJECT

KAMAYYAKOUNDANPATY

MADURAI DISTRICT.

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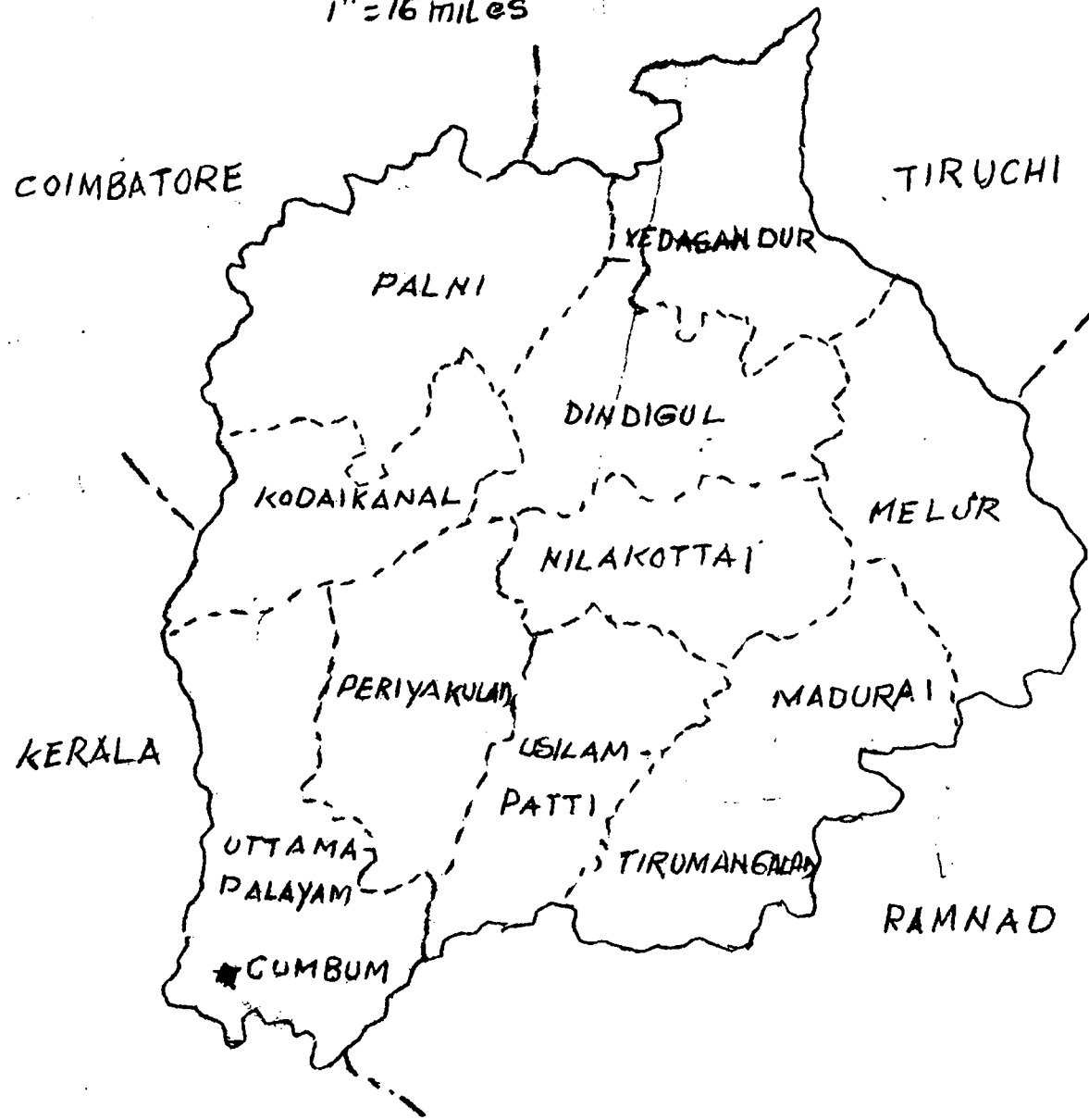
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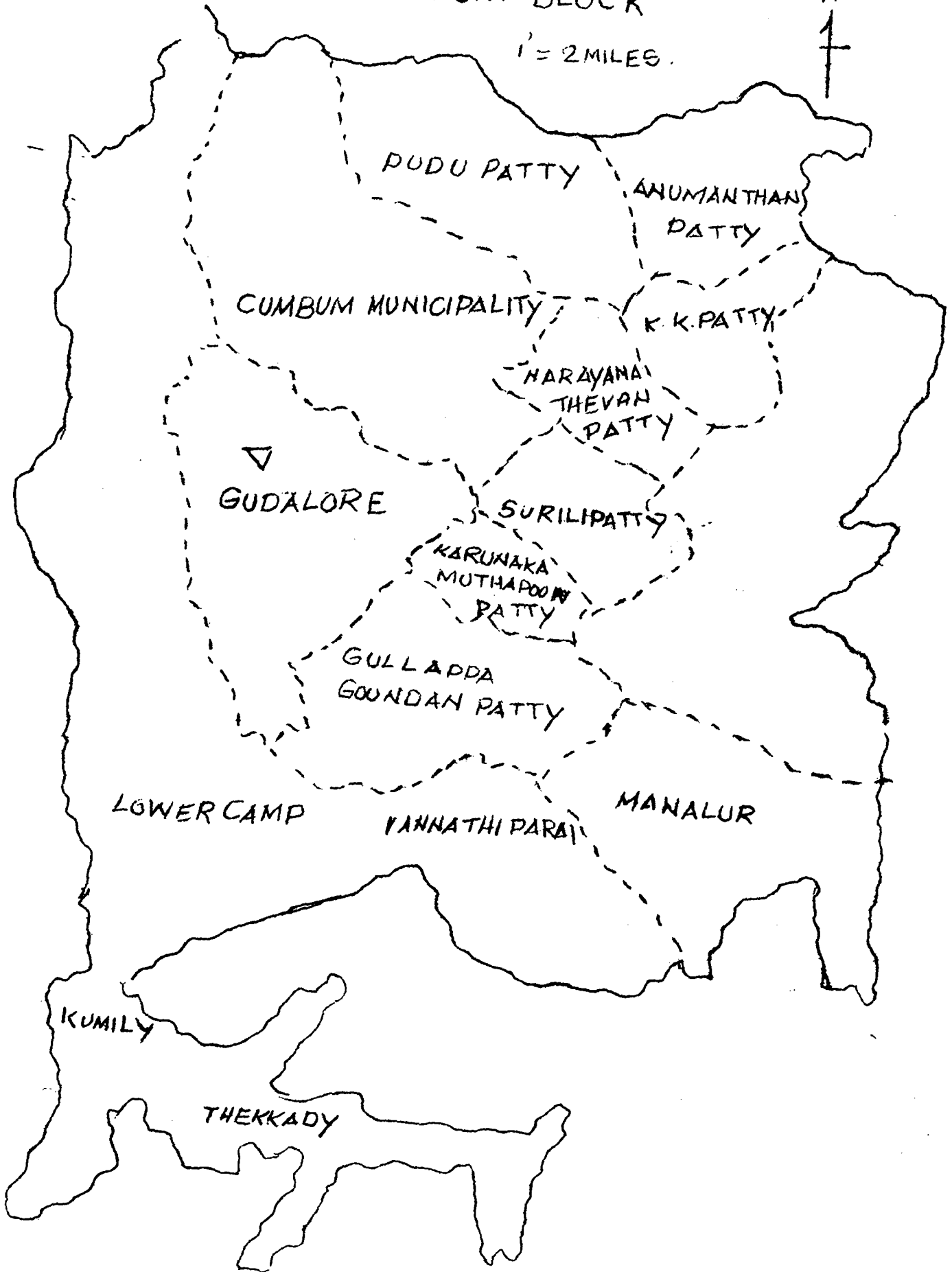
DONE BY: THE STAFF OF PRIMARY HEALTH
CENTRE GUDALUR OF R.C.A.P.
(DINDIGUL) AND CUMBUM BLOCK.

MADURAI DISTRICT
1" = 16 miles



CUMBUM BLOCK

1" = 2 MILES.



PAPER
ON
HEALTH EDUCATION COMPONENTS IN SLOW SAND FILTRATION
PROJECT - TAMIL NADU - INDIA

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INTRODUCTION

The Slow Sand Filtration Project under NRC -NEERI with community participation was taken during January 1978. The Central Health Education Bureau provided the leadership and the State Health Education Bureau drew out plans in phased manner as per expectations of the project.

Village Kamayagoundanpatti in Cumbum Block in Madurai District was chosen. The Primary Health Centre Gudalur and the Block at Cumbum initiated the implementation of Health Education components with the guidance and help of the State Health Education Bureau.

BASELINE HEALTH SURVEYS:

At Kamayagoundanpatti for a population of 12,216 (at the time of initiation of project) with 2,555 families a base line survey was conducted on

.....2)

the following lines:-

1. Pre Educational Diagnosis.
2. Base Line data collection on Health status including Morbidity pattern.
3. Survey on Sanitary conditions
4. Community diagnosis
5. Community diagnosis on water and Health status

HEALTH EDUCATION PROGRAMME AND THE IMPACT

The Health Education Programme was conducted in a phased manner which included the preplanning, planning and establishing different committees at various levels, training of Health Staff, Community leaders, teachers, Women and other staff of various category.

The leadership to conduct the Health Education Programme was given to the District Health Officer who in turn provided intensive guidance and help to the Primary Health Centre staff. The Health Education Training Officer of State Health Education Bureau co-ordinated all the activities of

.....3)

the project work.

During the Health Education Programme, an awareness on slow sand filtration was created among the people and simultaneously baseline surveys were done. Based on the analysis of the survey findings educational sessions were organised for village welfare committee, Women, other influential leaders, teachers and pupil. During the construction of S.S.F. and after the construction, education was given on prevention of water-borne diseases and the importance of utilising safe water. As a result of action programme RCAP latrines, soakage pits, Hotel sanitation, frequent chlorination, Gobargas plant were encouraged.

The impact was assessed in many ways at various levels by health workers and other officials involved in the project. Different educational methods were used to obtain peoples idea on S S.F. project connected with water and soil sanitation. The post educational diagnosis,

...4)

KAP study, evaluation on water utilisation and evaluation of disease pattern has showed the documentary evidences on the impact. Successful and unsuccessful experiences of the workers have also shown the impact of the programme as whole. As per the set objectives the impact was observed and the tape recorded voices of the people have proved the change in the knowledge, attitude and practice before and after the commencement of the project.

COMMUNITY PARTICIPATION Before, during and after the commencement of the S.S.F. the degree of participation by the community was a sustained one. Frequent feed back were obtained by them through the representatives of the community. The response level went upto 80% to base line data collection, participation in educational and information session and Evaluation. There was no political influence and the leadership by the leaders provided democratic way and thus decision making paved way. Socio economic conditions of the entire population was fairly well and therefore co-operation at all levels were well obtained.

....5)

The expectations as per the set objectives on Health and Education were fulfilled to a maximum level and the peoples participation wherever and according to the need were utilised.

PROBLEMS FACED:

It is important to bring out some of the salient points with reference to the conduct of the project work where they were constraints on resources like men, material and money. Constraints on proper utilisation of water supply from S.S.F. Constraints in distribution system and provision of stand poles and house connections were also present.

TRANSFER OF STAFF

Change of staff position due to transfer on Health, Engineering, Block and Town Panchayat side made the project to suffer to certain extent.

Re-orientation on health subjects and guiding the field staff for the conduct of Health Education activities, consumed time.

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STUDIES:

During the conduct of the Project and after the commencement of the project, the Health staff conducted few simple studies on (1) Sickness pattern (2) Identification of water borne diseases cases (3) Worm Infestation (4) Studies of water utilisation (5) Study on Health and allied problems. During the conduct of the study period the functioning of slow sand filtration revealed both technical and administrative problems. The above studies also showed a rapid variation on morbidity pattern. This is mainly due to the technical failure on the distribution system in S.S.F. Consumption of water by the people has shown dissatisfaction only to little extent. Difference in taste of water has also been one among the problems.

For the above problems the officials found that the following reasons are contributing factors which posed a problem only to a section of people to utilise the above water.

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1. Heavy seasonal caustic pollution due to Dhobi Khana at the reservoir bed.
2. Deficiency in supply of stand poles.
3. No replacements of old pipes which has resulted in thin supply of water.
4. House pipe connections are limited and the connections are on unequal levels.
5. Failure of electric power system.

ADMINISTRATIVE REASONS: With the Committee's formation, passing of resolutions and bringing into action took time as the resolutions demanded the State level action.

District and block level officials were not able to meet very often to solve certain local problems due to their prior commitments.

FINANCE:- The financial position on Health did not provide wide scope for conducting the project in an effective way as per phased plan. Developing educational materials, training, Research Programme, were restricted, due to want of funds. Research and studies were not planned on

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longer duration due to non availability of research
investigators at the District and Block level. Economic
reasons restricted to sample, random and selective
studies and surveys. The Distance factor from State,
District and the Block also attributed to limited visits
for want of more fuel.

Paper presented at the Meeting of
Representation of SSP -Project Countries
NEGPUR-INDIA- SEPTEMBER, 1990

BY

MRS. SUMATHY S. RAO

AND

DR. P. KRISHNAMURTHY.

HEALTH EDUCATION PROJECT
KAMAYYAKOUNDENP ATTY
MADURAI DISTRICT --TAMIL NADU

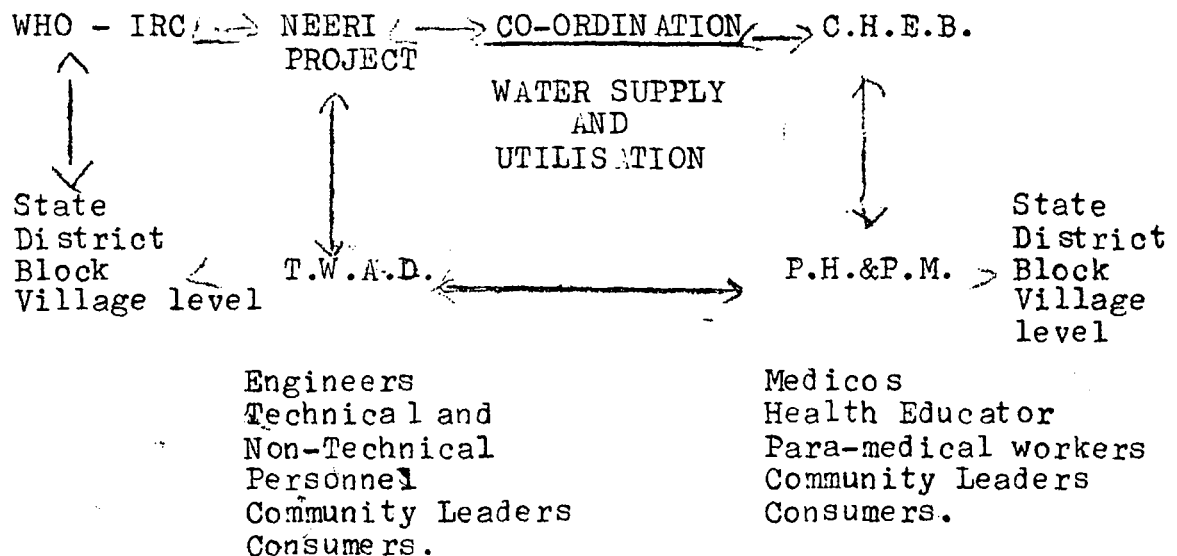
INTRODUCTION:

Under an agreement between the W.H.O. International reference Centre (WHO-IRC) for community water supply., the Hague, Netherlands and the National Environmental Engineering Research Institute (NEERI) Nagpur, one of the collaborating Institutions of WHO-IRC a Research cum-Demonstration Programme on Slow Sand Filtration has been taken up by the later since January 1976 in four States - Andhra Pradesh, Haryana, Maharashtra and Tamil Nadu.

The Central Health Education Bureau has been given the responsibility for co-ordinating the health education service programme for the selected villages to be conducted by the local health organisation.

In Tamil Nadu, Village Kamayyakoundanpatti in Cumbum Block in Madura District has been selected for the Project and Health Education services are to be developed in this village.

DELIVERY SYSTEM OF THE PROJECT
 COLLABORATION



PROJECT LOCATION AND THE NEED:

Kamayyakoundenpatti is a Selection Grade Panchayat in Uthamapalayam Taluk, Madurai District. The Town Panchayat is supplied with water drawn from the composite water supply scheme supplying water to eight Cumbum Valley Panchayats. The existing water supply provides only 4.5 litres per capita per day. For meeting the basic hygienic needs, the proposed supply through Slow sand Filtration will be approximately 13.5 litres per head per day. Since the village Panchayat is anxious and has tapped the relief from local resources and sought the help of Tamil Nadu Water and Drainage Board to execute the Scheme. The estimated cost of the filter bed installations is Rs.3.00 lakhs. The cost per 1,000 litres works out to 22 paise. The need for the construction of the filter bed is to evaluate the suitability of the slow sand filtration on research cum-Demonstration Centre basis for utilisation of the filtered water supply.

The need for Health and Education arose while the installation is under construction. The purpose is for proper utilisation of filter bed. Since the community is directly related to the quality of water and its utilisation, it is felt that the community should be prepared well for proper acceptance of the new scheme and the utilisation of water. Therefore, the State Health Education Bureau of the Public Health and Preventive Medicine Department was involved to co-ordinate with the T.W.A.D. Board, Tamil Nadu. The aim of the project is to improve the health of the people by decreasing the morbidity and mortality rate of water-borne diseases. Therefore, systematic phase-wise Health Education activities along with construction of work was initiated.

OBJECTIVES:

- i. To improve the health status of the community with special reference to child population under five years.
- ii. To prepare the community for effective utilisation of the improved water supply.
- iii. To assess the impact of the health education.
- iv. To assess the utilisation of water and the health behavioural practices.

SPECIFIC OBJECTIVES:

1. To diagnose the community's K.A.P.
2. To develop suitable educational aids as per the community diagnosis.
3. To mobilise the community through leaders for acceptance of health and environmental programme related to safe water supply.
4. Conduct of study on awareness of Project improved health behaviour on environmental sanitation and improved water supply.
5. To assess the impact of the entire health education programme related to supply system.

PROJECT METHODOLOGY:

The Project is divided into four phases as follows:-

1. Preparatory Phase
2. Planning Phase.
3. Implementation Phase
4. Evaluation
5. Reporting and Documentation.

1. PREPARATORY PHASE:

- A. Formation of Advisory Group
- State Level
 - District level
 - Block level
 - Village level

At the above levels, the group will consist of Chairman, Vice-Chairman, Secretary and the Members. The officials include the Director of Public Health and Preventive Medicine, Assistant Director of Public Health and Preventive Medicine (HEB) District Health Officer, Medical Officer-in-charge, Officers of State Health Education Bureau, Engineer and the local President of the village. The Advisory Committee will function for systematic review and assessment. The Advisory Committee at its own level will meet every quarter and review the progress made on health Education activity and suggest further improvement.

STATE LEVEL COMMITTEE:

This Committee will see and render necessary co-operation and assistance to the respective departments for the effective implementation of the project.

DISTRICT COMMITTEE:

This Committee consisting of the District Health Officer, District Development Officer, Executive Engineer (T.W.A.D. Board) and other officials will meet once in three months and will decide the plan of action, implementation and evaluation. The committee will also involve the local agencies and will render necessary assistance.

BLOCK LEVEL COMMITTEE:

The Committee will consist of the concerned Engineer, Block Development Officer, Medical Officer, Chairman of the Block, General Health Inspector of the Primary Health Centre, the Health Educator (Research cum-Action Project) Dindigul and the Block Extension Educator and the Health Inspector R.C.A.P. Block. The above Committee will initiate action to implement the programme and organise community into action.

VILLAGE LEVEL COMMITTEE:

A Welfare-Committee with identified leaders formal and non-formal will be formed. The Committee to meet once a month and review the Committee members participation assistance and involvement. The Committee will also suggest the ways and means of better effective implementation.

B. BASE LINE DATA:

Prior to the implementation of the Health Education Project, it has been decided to collect basic information in the form of simple studies and surveys by carrying the following procedures:-

1. Community Diagnosis.
2. Educational Diagnosis.
3. Household survey on Design Data Analysis.
4. Survey on Sanitary facilities.
5. K.A.P.on spread of water-borne diseases.

The above studies and surveys included the people's present knowledge, attitude and the practice with regard to water consumption and the related diseases on water and sanitation. Also includes the awareness of mode and spread of diseases. Baseline data were collected through interview and observations. The above studies and surveys were done at random sample to find out the health status, morbidity, pattern, awareness knowledge and practice.

CONDUCT OF THE PROJECT WORK

FORMATION OF COMMITTEES:

Different Committees were formed and prior to that preliminary meetings with Director, NEERI and Director Central Health Education Bureau were held and accordingly a formal approval from the Government of Tamil Nadu was obtained to work in the project. The Committee at District, Block and Village level are met frequently once a quarter for renew and progress.

STAFF RESPONSIBLE FOR THE PROJECT WORK:

It was decided by the Directorate that the District Health Officer will take the responsibility of Health Education Project and the Health Educator Training Officer (SHEB) to co-ordinate the activities. The Assistant Director of Public Health and Preventive Medicine (HEB) to be in-charge of the project at State level. The Director of Public Health and Preventive Medicine to give all the possible guidance and to see the project-team co-ordinates the work with ~~concerned~~ concerned officials. At the PHC level, Medical Officer in-charge to shoulder the responsibility of the activities with this team and the staff concerned. Since the Research-~~car~~-Action Project is in operation, the Health Educator and the Public Health Engineer to give necessary guidance.

TRAINING

BLOCK AND PRIMARY HEALTH CENTRE LEVEL:

An orientation training of the Primary Health Centre and Block staff was conducted with a view to appraise the staff on the objectives of the Health Education Programme, proposed plan of action and the method of imparting the information to the public for acceptance of the proposed water supply from the filter bed and its usage. Also

the staff were trained to conduct community and educational diagnosis, KAP studies, collecting baseline data, etc., Training was given to prepare and use inexpensive audio visual materials.

TOWN PANCHAYAT LEVEL:

The Executive Officer, the Doctor at the Rural Dispensary, the Auxiliary Nurse-Midwife, the Assistant Engineer (Agriculture) and the other officials were given orientation course on water, sanitation and health. The role of each personnel was explained and the officials are participating in the village level Advisory Committee meeting organised once a month by the Welfare Committee members.

VILLAGE LEVEL:

The Primary Health Centre staff with the help and guidance of the District Health Officer, District Public Health Nurse, Health Educator (RCAP) identified the leaders and other influential persons formed the Welfare Committee. This Committee functions to meet once a month and review the NEERI Project work.

EDUCATIONAL ACTIVITIES

The leaders were given training on Hygiene, Water-borne diseases and about the proposed water supply Scheme. In order to create awareness, recorded dialogues, health songs and other visual materials were used intensively to educate the public on water-borne diseases and the way to promote healthy life. The leaders were given information session on findings of educational diagnosis and based on that microscopic examinations for worms were demonstrated. The leaders were also requested to help the P.H.C. team for stool examination of the School children.

Education for women in the village were also given simultaneously and the care of ante-natal, post-natal, infant feeding, etc. were highlighted. Cleanliness campaign was conducted by the women, where all the schools took active participation. The leaders also helped the R.C.A.P. staff in surveying the houses for latrine construction. One hundred and ten houses have come forward to construct R.C.A.P. latrines. Out of which so far twenty three completed and fifty are under construction.

Teachers of the five schools from Town Panchayat were given orientation training with the help of Audio-visual materials. The teachers were requested to help in the health education project and prepare on water problems and environmental health problems. The teachers of the elementary schools specially arranged for mothers session to educate on worm infestations and to demonstrate through microscope the life cycle of the worm and the mode of spread. In this connection, the PHC organised a small exhibition on prevention of water-borne diseases. In the high school, Medical Examination was arranged and the deficient children were treated. Educational sessions were conducted to the parents by the teachers.

SPECIAL CAMPS:

During the contact of educational activities it was proposed that in view of the International year of Child celebrations should be done in the village and school Health Day should be celebrated. Camps for women and to be organised to discuss on the new water supply scheme competitions among the school children from Standard V to VIII on Health Drama, Role Play, Songs and debate were conducted. Deserving children were suitably awarded. Similar camps were conducted for men and the women.

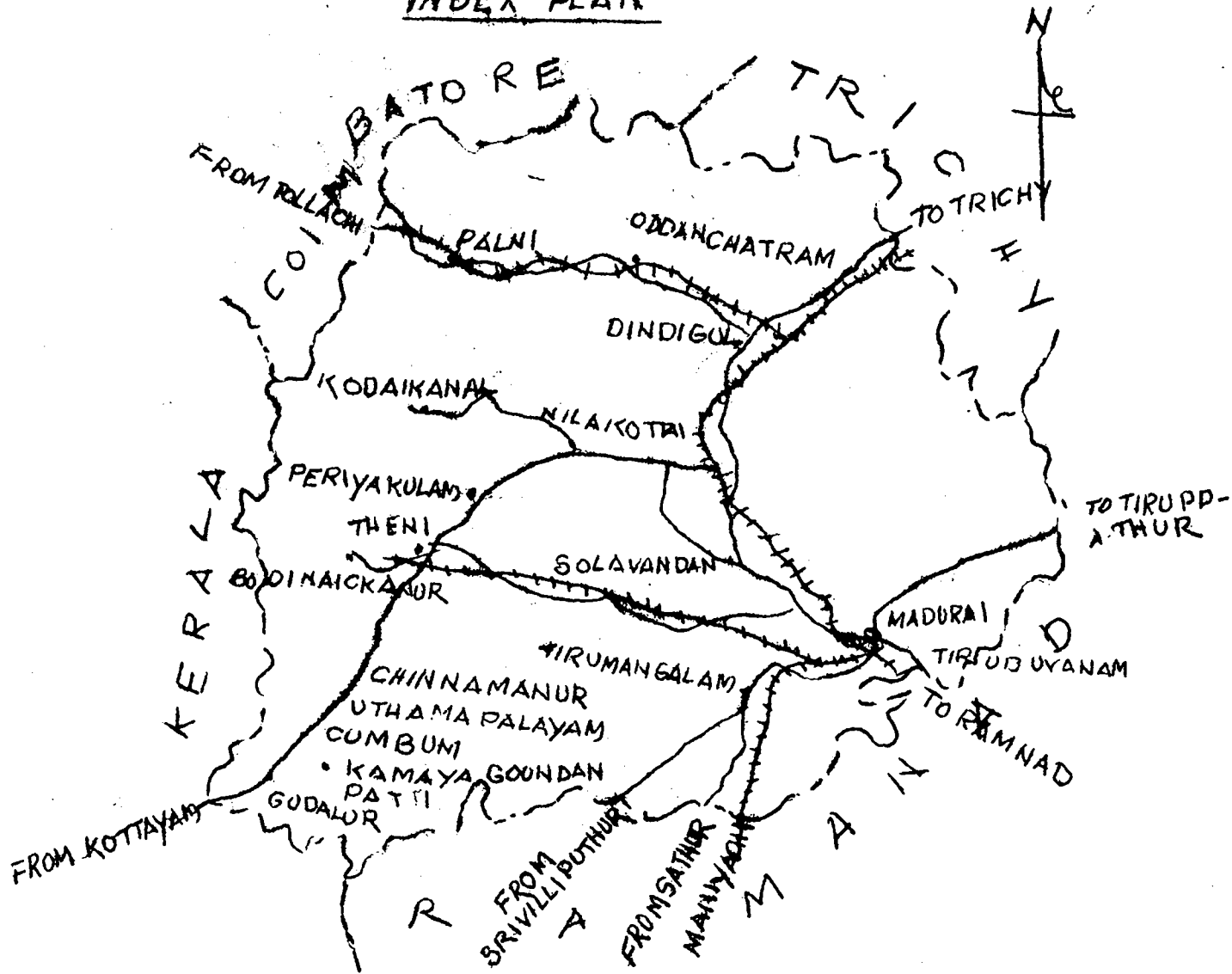
EDUCATIONAL MATERIALS:

Posters, Pamphlets and prepared by the Directorate of Public Health and Preventive Medicine were used widely on the subjects of Cholera, Jaundice, Infective Hepatitis, Typhoid, Diarrhoea and Dysentery.

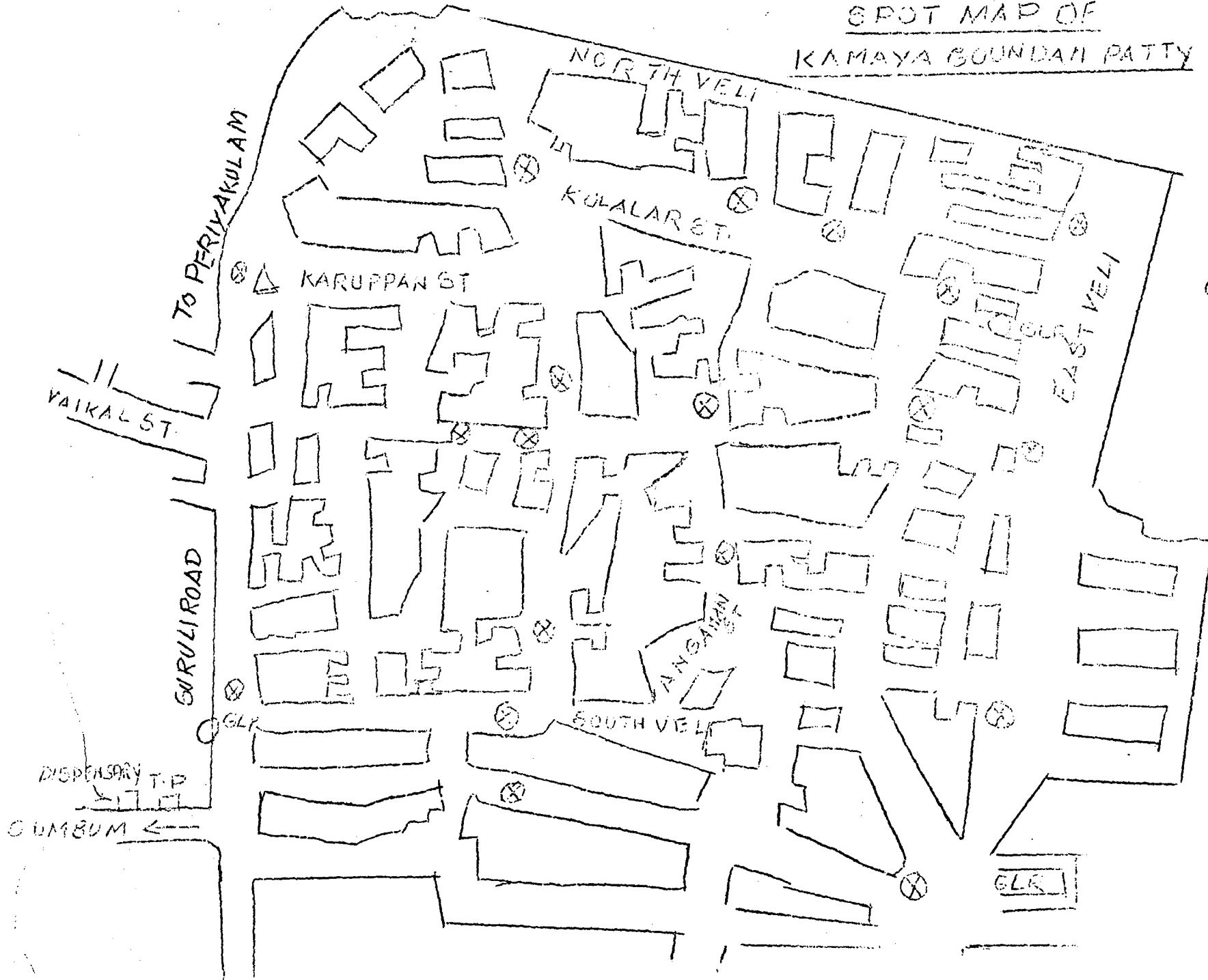
The Primary Health Centre staff prepared charts, posters and Flannel graph for the training purposes. For Public awareness materials like tin sheets, models and panels were made at the District level and these materials to be kept as exhibits in the common hall of the Town Panchayat for Public view. The materials were prepared from the budget allotted for the project.

Flipcharts, recorded messages role play, health songs were also used widely in the village for different target groups. To measure the effectiveness of the methodology used, a study was conducted and it showed that, people upto 80% liked the role play, drama and recorded messages. 85% people were aware on water borne diseases preventive measures and about ~~5x5~~ S.S.F. for safe water supply. Community gained awareness and knowledge through different media by 60%.

INDEX PLAN



SPOT MAP OF
KAMAYA BOUNDAN PATTY



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- ⊗ TAPES

WATER AND HEALTH STATUS

THE WATER SUPPLY BEFORE S.S.F.

As per the information given by the Executive Officer of the Town Panchayat at present gets its water supply from the Cumbum Valley Water Supply Scheme which gets the water from the 'Periyar Dam'. On the whole, two municipalities such as Cumbum and Chinnamanur and six town Panchayats such as Kamayakkoundanpatty, Gudalore, Pudupatty, Uthamapalayam, Anumanthampatty and Markayyankottai get water from this scheme. As per the Executive Officer, the town panchayat is able to get only 40% of their total requirement from this scheme. The water thus obtained is stored in a ground level reservoir in the village and distributed to the public through taps. There are two more ground level reservoirs in the Town Panchayat. They get water from wells. One of these is situated in the town panchayat office compound and the other in the Harijan Colony. There are 303 private tap connections to individual houses and 24 public taps. Water from this ground level reservoir is let out daily from 4 a.m. to 7 p.m. and 5.30 p.m. to 7 p.m. Water is normally stored in the houses in vessels. Mostly this water is used by the people for drinking and cooking purposes only and for other requirements people use either the river water or tube well water. Many well-to-do families in the Town Panchayat maintain tube wells also along with the tap connections. At times some people use river water and tube well water also for drinking and other purposes especially when tap water is not available sufficiently. Normally people drink the water without boiling. Chlorination of the tap water is done at 'Lower Camp' itself.

regular use at present. They are cleaned and maintained by the Town Panchayat Sanitary workers. There are 61 private dry type of latrines in houses for which the services of the Town Panchayat sanitary workers are made available. There are also 25 RCAP Latrines. The Town Panchayat has dug a trench on the eastern side of the village to be used by ladies for defecation purposes. Some of the men fold use the river side for their purpose. It is felt defecation inside for their purpose. It is felt that defecation inside the town is very less when compared with other places.

Though there is drainage facility in this town maintained by the Town Panchayat, it is not functioning satisfactorily and about 40% of the village is without drainage. Though street sweepings is done by the Town Panchayat, only about 30% of the people have better attitude about sanitary living. Now it has increased to 65%. People have come forward for RCAP latrines.

Dr. Ramachandran, is the Medical Officer of the Government Dispensary. According to the 1976 out-patient register, a total number of 11,097 cases have been treated in the dispensary. Of these, the following were the water and filth borne diseases:-

Dysentery .. 196

Gastro-enteritis and
other diarrhoea cases ..1071

Round worm is commonly found and about 20% of the people are infested. Hookworm is common among the labour class people working in cardomon estate.

Kamayyakoundanpatty comes under the Gudalur Primary Health Centre. The morbidity pattern as per the out-patient register for the year 1977

ECONOMIC CONDITION:

There are about 2,200 families in the town panchayat of which there may be about 500 families who can be considered to be in the higher economic status. They are mostly planters and land owners. There are about 400 families who can be placed in the medium economic status group. They comprise of the Petty sho-keepers, office-goers and small land owners. There are about 1300 families who fall in the low economic status group who are mostly agricultural coolies.

LEADERSHIP:

It is felt that there is good leadership in the Town Panchayat. The present Panchayat President hails from the village 'Nattanma' family and fields considerable respect and influence among the public. Though caste and political quarrels and factions existed in the past, they are dormant at present. People have co-operated well in the past in all developmental activities and now there was 90% co-operation for the project work.

MEDICAL FACILITIES:

At present there is a Government Dispensary in the village with one doctor and there is a maternity centre also.

PUBLIC HEALTH WORK:

Though there is no sanitary Inspector for this Town Panchayat, Public Health Department officials and Primary Health Centre staff periodically visit the village ~~xxx~~ as and when required.

SANITARY FACILITIES:

There are five public latrines with five seats in each in five different locations. All are dry type of latrines. Of these, three are in

(From January 1977 to December 1977) as regards
the faecal-borne diseases is as follows:-

Total No.of O.P.cases treated	...	51,951
Dysentery	...	1,527
Gasteritis	...	1,532
Iron defficiency (suspected for anaemia due to worms)	...	1,540
Typhoid	...	Nil
Cholera	...	Nil
Infective hepatitis	...	Nil

2. During the year 1978 January to December, 1978.

Total No.of O.P.Cases treated	...	61,781
Dysentery	...	1,728
Gastritis	...	1,826
Iron defficiency (suspected for anaemia due to worms)	...	1,940
Typhoid	...	3
Cholera	...	Nil
Infective Hepatitis	...	Nil

3. During the year 1979 January to December, 1980.

Total No. of O.P.cases treated	...	61,781
Dysentery	...	1,924
Gasteritis	...	1,601
Iron deficiency	...	1,728
Typhoid	...	Nil
Cholera	..	Nil
Infective hepatitis	...	Nil

4. During the year 1980 January to June, 1980.

Total No.of O.P.cases treated:	...	4,480
Dysentery	...	840
Gastritis	...	782
Iron deficiency	...	749
Typhoid	...	Nil
Cholera	...	Nil
Infective Hepatitis	...	Nil

K. S. Batty

Sl.No.	Particulars	1978		1979		1980 upto August	
		Total Cases	%	Total Cases	%	Total Cases	%
1.	Total Number of New cases for the year	19946	-	20077	-	18495	-
2.	Cholera	-	-	-	-	-	-
3.	Age	-	-	-	-	-	-
4.	Jaundice	17	0.08	27	0.13	30	.16
5.	Typhoid	-	-	11	.05	-	-
6.	Dysentery	2117	10.61	5508	27.45	20.35	11.01
7.	Iron Deficiency	2769	13.89	7301	36.397	5017	27.13
8.	Worm infection	249	1.35	1341	6.68	1005	5.44

Present Position:

The situation and incidence of cases due to water and faecal born diseases though slightly reduced by 5.7% the people are aware of the consequences and are taking preventive measures. 96% are now using the S.S.F. water supply according to the study on S.S.F. water utilisation, 40% continue to take water from other sources. All the people 100% have stated that they know about S.S.F. and it is safe for drinking. Therefore, it is well observed that people would like to raise their status of health, provided they are given the proper information, knowledge and health services for proper utilisation.

THE WATER SUPPLY AFTER S.S.F.

The commencement of water supply was since March, 1979 and from the time of supply the entire community is benefitted with the water through various distribution system. New house pipeline connections and erection of standpoles in the village has helped people to fetch water from S.S.F. supply. The study undertaken by Health staff shows 60% usage of S.S.F. People wash utensils in their home instead of going to the river. The decline is by 30%. The distance from home to standpole has become shortened. S.S.F. users about 60.8% report that the water is tasty. Construction of R.C.A.P. latrines has increased to hundreds and at present fifty individuals have come forward and paid the money to construct the same. Gobargas plants and manurepits have increased by 2.2%. The village and the people have realised that S.S.F. water is safe and this has to be consumed and utilised properly.

STUDIES:

It is felt necessary and important for the project to conduct certain simple studies related to water and diseases, peoples attitude, knowledge and practice level on water borne diseases and the acceptance of safe water supply. Based on the objectives of the project and on the educational strategies the following studies were planned and few were conducted. The rest will be undertaken at the time of completion of the project!

1. Pre-educational diagnosis.
2. Post Educational Diagnosis (under implementation)
3. Worm Investation among several children.
4. K.A.P. study on Health activities and the peoples opinion on health.
5. Study on water utilisation.
6. Study on Effectiveness of methods and media.
7. Study on integrated approach to health and allied problems (under completion)
8. Study on sickness (morbidity pattern) (under completion)

The following are the survey and diagnostic methods adopted for assessing the needs of the community:-

1. Community diagnosis.
2. Survey on Health and water status.
3. Survey on sanitary facilities and environmental condition (completed)

The above studies and surveys were undertaken in order to finalise educational strategies, to access the felt needs of the community and as per phased programme to get the results on the achievements of the project.

It is interesting to note that the study conducted in the community shows the extent of knowledge on health possessed before, during and after. Due to the educational impact the knowledge

has improved and the response of the people have also improved. Regarding attitude level, the entire community has accepted the new innovation and were prepared to accept the S.S.F. supply. With added information, education and demonstration methods the practice of the health habits were increased from 25% to 65%.

Acceptance of the programme and helping the health workers to achieve the said objectives were fulfilled by the community through leaders, teachers, pupil and women. Information and communication methods have shown increase in the level of attitude, knowledge and practice of the people. For example increase in construction of RCAP type latrines, construction of Soakage pits, Gobar Gas plant and getting house line connections for safe water supply. Study results on utilisation of water shows the increase in the percentage of users in S.S.F. water supply. This has again confirmed during the valuation of consumers of water supply.

The documentation of experiences of the field workers, conduct of educational activities as per objectives and the monthly reports and records along with surveys done showed the successful and unsuccessful experiences. There was slight set back in the programme results. For example the morbidity pattern recorded on monthly basis shows undesirable results inspite of preventive measures and educational efforts taken. The cause is due to the disturbance in the distribution of S.S.F. water supply. This issue were brought upto the various committees and after the rectification of water distribution system, the sickness pattern on water borne diseases will be reduced to the expected percentage.

The surveys on Environmental conditions and community diagnosis has paved way to the method of conduct of the programme and encouraged people to practice healthy habits. Also the educational diagnosis has helped in improving their knowledge and practice.

EVALUATION

The Project was initiated with broad and specific objectives and in order to achieve these objectives and measure the effectiveness and the impact, it was planned to assess the project activities in various ways. Under monitoring and evaluation, certain yard stick were used to measure the impact. The following methods were adopted to evaluate to the programme.

1. Observations.
2. Surveys
3. Educational diagnosis
4. Communications methods.
5. Interviews and discussions
6. Feed back system.

The following are the areas covered under commencement evaluation.

1. Evaluation on health status after the commencement of slow sand filereration.
2. Evaluation on peoples attitude on functioning of slow sand filtration.
3. Evaluation on health status before and after the project.
4. Recommendation for similar project based the impact of the programme project

During the interim evaluation the impact was assessed in terms of phase planning and to the extent the degree of achievement under the objectives, participation level by the community, degree of involvement of other departmental staff, finding out resources and the effect of implementation.

Quarterly mid-term evaluation provided the scope to assess the impact of Health Education methodology and principles, applied, degree of percentage increase on decrease in the sickness pattern regard to water borne diseases. Staff involvement committees plan of action etc.

The final or the concurrent evaluation which is done and yet to be conducted to give a over all coverage to the health and Engineering aspects to measure the effectiveness of operational details in total as per phased programme and to measure the possibilities of extending similar projects to other area.

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