

ABSTRACT PRESENTATED AT THE ANNUAL SESSIONS OF THE JMA-2003

VILLAGE HEALTH PROGRAM FOR HEALTH EDUCATION AND ENVIRONMENTAL SANITATION.

By Dr. K. Sivapalan, Senior Lecturer, Department of Physiology, Faculty of Medicine.

Introduction:

Vanni area was isolated and subject to severe restriction of movement and supplies during the war years. Preventive health activities had to play a vital role in saving people from illnesses. But the health department was depleted of staff. The preventive health sector was kept going by volunteers trained for six months by NGOo like OXFAM and they were known as Rural Health Assistants. FORUT had more volunteers working with MOHs after two weeks training. All these were given In-Service training by the MOHs with funds provided by NGOo, mainly OXFAM

All the Four MOHs discussed and devised a Village Health Program (VHP) during the years 2000 and 2001 and OXFAM agreed to fund the project. The program conducted by the MOH Mallavi is reported.

Methods:

The MOH Mallavi had 3 PHMs one of whom acted as SPHM, 11 RHAs, and 25 Forut Health Volunteers. Every PHM area had four village level volunteers who would offer ad hog help.

The VHP was carried out once every month. The most deserving Midwife area was identified at the monthly conference in advance. The entire staff of the MOH including the Anti Malarial Team assembled in a common place in the selected village. The PHM or the person in charge of the area gave a basic introduction about the area. Then 15 to 20 families were allocated to a group of two. They visited each house and first collected basic data such as, number in the family, well, toilet, occupation of the bread winner, adequacy of income, environmental conditions, home gardening, animal raring and recent illnesses. They then discussed relevant health issues with the family members. They spent about 15-20 minutes in one house. The PHI inspected the food shops, big farms, herding places, and any place of environmental polusion. The AMC team divided up and some engaged in blood filming fever patients and examination of the slide for Malaria while others caught and introduced "Kachchapaddian" fish into wells and water stagnations. The fish fed on mosquito larva. The SPHM and two others treated minor ailments. The MOH was in the area conducting overall supervision.

After lunch, the villagers, the GSO, other relevant leaders assembled in a common place. The Village Head presided over the meeting. A summary of finding of the team was presented and health education was carried out with talks on two or three topics as relevant to the area and "cultural programs" on health. The day ended with Health Education Video show.

Identified environmental hazards were dealt with by shramadana or similar activity as follow up by the PHI and the GSO.

The same program was carried out in all MOH areas of Vanni. At the end of the year, the MOHs and the OXFAM met to plan the activity for 2001, where it was pointed out that the program was a success for short term but was not sustained. It was agreed to

introduce follow up program for three months by the staff visiting all families twice a week in groups of two and having a closer monitoring on the health aspects and practices.

Results:

The house to house visit has revealed several unexpected hazards: for example, the worst sanitation was observed in the homes of the sanitary labourers of PU. Mallavi who kept the Hospital real clean! This project has resulted in almost all families drinking boiled cooled water and majority of the people using soap to wash hands after defecation. Those who could not afford to build water sealed latrines constructed pit latrines or at least dug a pit and closed it after defecation. Home gardening was promoted and animals were kept in cleaner places. The environmental conditions improved village by village.

Discussion:

We were able to achieve success with predominantly volunteer staff because: they all were dedicated; most people and officials (GSO, AGA and others) were receptive and cooperative; they facilitated efforts to handle non-cooperative persons; we conducted several programs of 'In Service' training (with funds from OXFAM) which included variety of topics such as home gardening and compost making by the Agriculture Instructor, raring animals by Veterinary Surgeon, social relations by a Sociologist and basics of counseling.

The program also provided good experience to the staff and volunteers and promoted team spirit and improved individual skill and efficiency.