Report

Impact Assessment of
Swachh Bharat Abhiyan Project
Implemented by Aarogya Foundation India
in Blocks of Jharkhand State

Submitted to

Aarogya Foundation India

Jharkhand Chapter

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Content

Acknowledgement

Since the launch of Swachh Bharat Mission (SBM), a lot of momentum has been built up and significant progress has been made. Under the Swachh Bharat, the sanitation coverage in rural India has gone up from 42 percent to over 63 percent. Though, the SBM is not a toilet construction programme but a behavior change mass movement and the real key to bringing about behavior change on the ground is to have grassroots level trained motivators who generate demand for toilets and cleanliness. Aarogya Foundation India, Jharkhand chapter has voluntarily join hands with the SBM and decided to implement the Swachh Bharat Abhiyan Project in two blocks of Jharkhand. The grass root functionaries were trained and deployed in the field. The key objective of the project is to create the environment conducive for the cleanliness drive and also offer a variety of programme include preparation of soaking pits and distribution of water filters etc. in order to activate the process of behavioral changes.

The SBM and the SBA Project have simultaneously been implemented in two blocks however, many provisions have been made under the SBA project. Therefore, it was felt by the AFI that the impact of implementation project should be assessed separately. The present study is an attempt in this direction. It was an excellent and unique opportunity for us, at the ADRI, Ranchi to be entrusted with this study.

I record my sincere thanks to Sh.Puneet Agarwal Ji , Office Secretary, Aarogya Foundation India, Jharkhand chapter for providing our Centre an opportunity to conduct the present study. I would also like to thank Dr. Mukul Bhatia for his constant help and co-operation throughout the conduct of this study. I place on record the information we have received from field in-charge of both the blocks during the course of the study.

The final report is the outcome of the sincere efforts of Ms. Puman Tirkey, Associate Programme Coordinator and Sh. Ramchandra Singh, Programme Coordinator of SRC, ADRI, Ranchi and the Field Investigators. I express my sincere thanks to the administrative, technical and library staff of ADRI, for their constant help and cooperation.

Last but not the least, my special thanks to the respondents which include the community members especially the PRI Members, Sevikas and Sanyojikas and school students and Teachers who have cooperated with us to bring forth this report.

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Abbreviation

ADRI	Asian Development Research Institute
AFI	Aarogya Foundation of India
CBOs	Community Based Organisations
FGD	Focused Group Discussion
GP	Gram Panchayat
IEC	Information Education Communication
NGOs	Non Government Organisation
OBC	Other Backward Class
ODF	Open Defecation Free
PRI	Panchayati Raj Institution
SBM	Swachh Bharat Mission
SC	Scheduled Caste
SRC	State Resource Centre
ST	Scheduled Tribe
WHO	World Health Organisation
WWW	World Wide Web

Chapter – 1

An Introduction to the Study

Introduction

Swacchta that is cleanliness is the abstract state of being clean and the habit of achieving and maintaining that state. Cleanliness may imply a moral quality, as indicated by the aphorism "cleanliness is next to godliness", and may be regarded as contributing to other ideals such as health and beauty. As observed by Jacob Burckhardt,"cleanliness is indispensable to our modern notion of social perfection.” In Hinduism, cleanliness is an important virtue and the *Bhagavad Gita* describes it as one of the divine qualities which everyone must practice. The Sanskrit word for cleanliness is 'Śaucam' and interestingly, the *Bhagavad Gita* repeats this word in many slokas.

On a practical level, cleanliness is related to hygiene and diseases prevention. When we talk about hygiene and diseases then it is necessary to add drinking water and sanitation with it. Without proper sanitation we can’t keep our surroundings clean and prevent ourselves from diseases. Around 1989, David Strachan put forth the "hygiene hypothesis" in the *British Medical Journal* that environmental microbes play a useful role in developing the immune system; the fewer germs people are exposed to in early childhood, the more likely they are to experience health problems in childhood and as adults. The valuation of cleanliness, therefore, has a social and cultural dimension beyond the requirements of hygiene for practical purposes.

Mahatma Gandhi said “Sanitation is more important than independence”. He made cleanliness and sanitation an integral part of Gandhian way of living. His dream was total sanitation for all. He use to emphasize that cleanliness is most important for physical well-being and a healthy environment.

Sanitation and drinking water in India has always been the central issue. However, it continues to be inadequate despite of the longstanding efforts by the various levels of the government and communities to improve the coverage. The rural sanitation programme in India was introduced in 1954 as a part of First Five Year Plan of Government of India. The 1981 census revealed that rural sanitation coverage was only 1%. The government has begun giving emphasis on rural sanitation after declaration of International Decade for Drinking water and Sanitation during 1981-90. In 2015, 40% population has access to improved

sanitation, 63% in urban and 29% in rural area. In 2008, 88% of population in India had access to an improved water source but only 31% had access to improved sanitation. In rural areas where 72% of India's population lives, the respective share is 84% for water and 21% of sanitation.

In the light of the above, on 2nd October, 2014, Prime Minister of India launched a nation-wide cleanliness campaign called Swachh Bharat Mission. It is India's largest ever cleanliness drive. The objectives of Swachh Bharat are to reduce or eliminate open defecation through construction of individual, cluster and community toilets. The concept of SBM is to provide sanitation facility to every family, including toilet, solid and liquid waste disposal system, village cleanliness and safe and adequate drinking water. Under the mission, nearly 10 crore toilets will be constructed by 2019. Since the launch of SBM, nearly 2 crore toilets (nearly 20% of the target) have been built. In order to accelerate the pace of work and aspect of behavioral change, it was envisaged that the CBOs/NGOs have to be associated in the implementation of the mission in the rural area. They are considered for active involvement in IEC activities including demand generation, capacity building assistance in construction and ensuring sustained use of facilities.

The SBM has made progress since it was launched in 2014. However, to be able to meet the enormous challenge to making India ODF by 2019, the aspect of behavioral change and inter personal communication have to be accelerated. As a result of continuous efforts by the government, CBOs/NGOs and communities, things are moving in the right direction. During last one and half year many villages have been declared ODF village.

Context of the Study

The Present study is located in the two blocks, Bhandra in Lohardaga and Gola in Ramgarh district of Jharkhand. Jharkhand literally mean the land of forest. Forest and forest produces are one of the major sources of livelihood in the state. The state also accounts for 40% of the mineral resources of India but it suffers widespread poverty as 39.1 per cent of the population is below the poverty line and 19.6 per cent of the children under five years of age are malnourished. The State is primarily a rural state as only 24 percent of the population resides in cities. In certain areas of Jharkhand, poverty and consequent malnutrition in rural area have given rise to diseases like tuberculosis (TB). Many of the blocks in the state are declared malaria prone zone. Although several public and private health facilities are available in the state however, overall infrastructure for dispensing health related services require much improvement.

Aarogya Foundation of India is a Non Government Organisation serving the health of rural people of India under the umbrella organization – Ekal Abhiyan. Ekal Abhiyan has its presence in 54000 villages across the country through Ekal Vidyalayas. Since its inception, Ekal has focused on health besides educating the rural adolescent. It has also been associated with the Swachh Bharat Mission and undertaken various activities in rural and tribal villages. After experiencing for several years in the health sector, a separate unit 'Aarogya Foundation' was instituted under Ekal to initiate health programmes including hygiene and sanitation in a new vigor. The major objective of AFI is to activate and actuate the preventive health care which include propagation of safe disposal of solid and liquid waste, safe drinking water, construction of toilets, lowering the incidence of diseases and improving hygienic practices in order to check infant and child mortality.

Besides, many initiatives in the other parts of the country, AFI have launched Swachh Bharat Abhiyan Project in two blocks of Jharkhand on pilot basis. It was envisaged in the project that awareness on hygiene and sanitation can only lessen and prevent diseases. Therefore, core issue of Swachh Bharat Abhiyan (SBM) along with health and hygiene amalgamated in to one and implemented through SBA project. Altogether 105 villages in two blocks of Ramgarh and Lohardaga district have been covered under the project. In order to implement the project at the grass root level, 60 Aarogya Sevikas were selected and trained. Besides that 12 Sanyojikas and two field officers were also engaged to monitor and supervise the activities. A state level committee was also constituted to review the progress of the project. The SBA project was launched in September 2015. Initially, the project was planned for one year however, an extension of six months, up to 31st March 2017 was granted to complete the activities.

In order to carry out the activities, a plan of action was meticulously developed. After the selection of the field functionaries, they have imparted three-day training and asked to complete the base-line survey. Environment building activities including wall writing, display of posters and chart and prabhat pheri etc. were undertaken. Meeting with stakeholder were also organized in order to sensitize them for construction of toilets and soak pits. Resource support was provided to the beneficiaries / villagers for construction of soak pit. Besides that programme on safe drinking water was organized and many households have been provided water filter on free of cost. Awareness programmes on disposal of solid waste were organized and villagers were trained and encouraged to make compost by recycling the non-degradable waste. Various activities include sports and painting competition etc. were organized in the schools and teachers were also apprised about the programme.

Rationale of the Study

Impact on disease burden due to inadequate and unsafe water, lack of sanitation and poor hygiene behavior is a complex issue. During 2006 and 2007, Sulabh International Academy of Environmental Sanitation carried out a study, supported by WHO to review and analyze, regional, national, state and district level data of water supply and sanitation coverage and co-relate the same with selected infectious diseases. In the final report submitted to WHO, it was observed that there are many confounding factors including inadequacies in the water supply and sanitation coverage figures at the state and district level. The lack of adequate sanitation and safe water has significant negative health impacts including Diahhorea. The government has spending a lot of energy and fund to improve the access to water and sanitation for all. However, It has been observed in various studies that the primary reason for health benefits not being commensurate with the investment was neglect of hygiene behavior issues.

Despite the improvement in facilities in sanitation, disposal of solid and liquid waste and safe drinking water, much more has to be done with regards to aware the rural population on hygiene practices including use of toilets. Actually, perception of the community on health and hygiene issue has a strong influence on practice of hygienic behavior together with provision of sanitation facilities have significant impact on reducing burden of diseases like cholera, diarrhea and typhoid etc. Since the knowledge on health and hygiene is low among the rural mass and also the behavior and practices are lower, Aarogya Foundation of India, Jharkhand chapter has initiated an integrated health and sanitation programme that include awareness and behavioral change.

An impact study on implementation of SBA project was proposed and meant to study the extent of its outreach and outcome along with to assess the overall impact of the programme on community including perception, participation and practice towards health and hygiene.

Chapter – 2

Methodology

This study was conducted with an aim to assess the impact of the implementation of Swacch Bharat Abhiyan Project in two blocks, Bhandra in Lohardaga and Gola in Ramgarh district of Jharkhand state. Best level of precision in sampling method and other aspect of methodology were important aspects of this study. The details regarding the methodology adopted in the study are provided in this chapter.

Transparency in data collection was of foremost concern for this impact study. For every activities to be conducted and as a part of data collection process, detailed information was collected through meeting and interviews in order to develop an understanding about the processes, objectives, norms and resources during the implementation period of the project. Discussions with the field functionaries and office bearer of Aarogya Foundation regarding maintaining records were also adopted to supplement other data.

2.2 Objectives of the Study

The main concern of this study was to inform and guide the Aarogya Foundation on how far the community becomes aware about the cleanliness, health and hygiene, sanitation and safe drinking water etc and the change in practices. The broad objectives of the study were as follows:

- To assess the perception and practices related to cleanliness, sanitation, health and hygiene.
- To assess the level of knowledge of AFI field functionaries
- To examine the provisions made by AFI, its usefulness and also usage by the beneficiaries.
- To assess the effectiveness of the project in terms of changed practices and regression in diseases.

2.3 Scope of the Study

The scope of the present study is as follows:

- Collect data through questionnaires and interview schedules from sampled GPs of two blocks – Bhandra in Lohardaga nad Gola in Ramgarh district. Interactions were administered with community members, especially the PRI Members and students and teachers of Upper Primary School to examine the outreach of the programme.

Interactions were also held with the Aarogya Sanyojikas ans Sevikas in the sampled GPs.

- FGD with the community members including other stakeholders such as PRI Members (Mukhiya and Ward Members), Anganwadi workers and Sahiyas etc.
- Analyses of collected data to find out the impact of the project measured through various factors like increase in awareness, behavioral and socio-economic changes among the beneficiaries and incorporate the observations made during the study.
- To find out practical implications and suggest to improvise the process and other factors.

Research methodology

Qualitative Survey Research methodology was utilized in the study to determine the impact of the programme on community. Random sampling method was used for the selection of revenue villages, beneficiaries, student and teachers etc from two blocks. All the field functionaries (Sanyojikas and Sevikas) working on date were interviewed.

Levels of respondents

- Category I (a) - Community Members
  Category I (b) - Panchayati Raj Members
- Category II - Aarogya Sanyojikas and Sevikas
- Category III (a) - Students of Upper Primary School
  Category III (b) - Teachers of Upper Primary School

Sample of the Study

The project is being carried out in two blocks of Jharkhand and sample of the study comprised of the following:

- Total no. of GPs : 22 (13 and 9 from Gola and Bhandra respectively)
- No. of Revenue villages : 30 (15 from each block)
- Total no. of Respondents : 506
- Community members : 300
- PRI Members : 45 (2 per GP)
- School Students : 84
- School Teachers : 24
- AFI Functionaries : 53

Block wise list of sampled GPs and Villages

District	Name of the Block	SL	Name of GPs	SL	Name of Village
Ramgarh	**Gola**	1	Banda	1	Murpa
		2	Bariatu	2	Bariatu
		3	Betul Kala	3	Patratu
		4	Hesapora	4	Hesapora
		S	Huppu	5	Toyar
		6	Hematpur	6	Hematpur
		7	Maganpur	7	Maganpur
		8	Rakuwa	8	Rakuwa
		9	Sangrampur	9	Sangrampur
		10	Saragdih	10	Saragdih
		11	Saram	11	Saram
				12	Kujukalan
		12	Sutri	13	Sutri
				14	Rola
		13	Uperbarga	15	Uperbarga
Lohardaga	**Bhandra**	1	Akasi		Akasi
		2	Baragain	2	Baragain
		3	Bhandra	3	Bhandra
		4		4	Kaspur
		4	Bhaunro	5	Bhaunro
		5	Bhitha	6	Bhitha
				7	Makunda
		6	Gararpo	8	Gararpo
				9	Dhanamunji
		7	Udrangi	10	Udrangi
				11	Ambera
		8	Masmano	12	Masmano
				13	Burka
		9	Jamgain	14	Jamgain
				15	jhiko

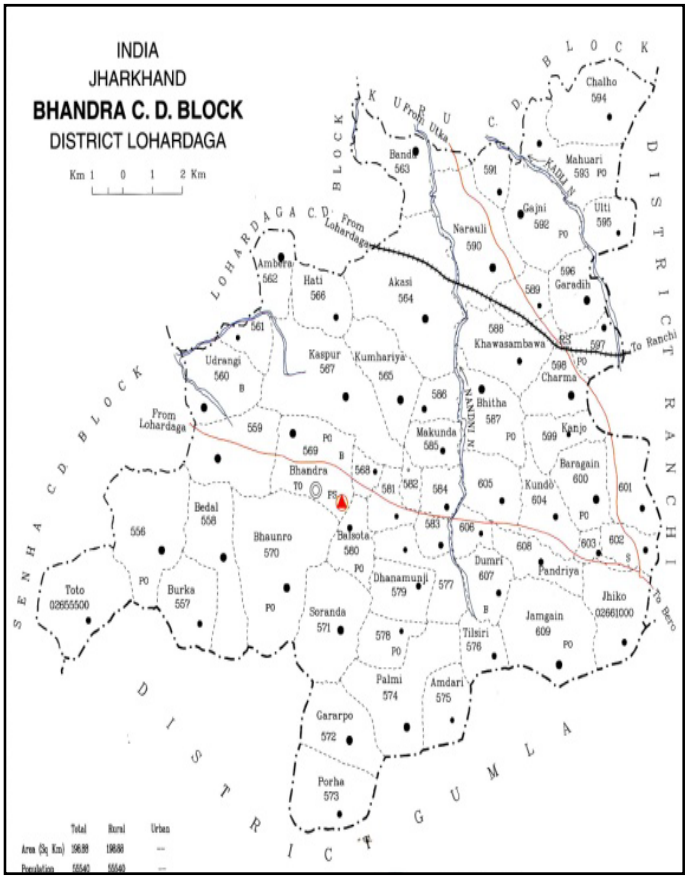
Profile of the study area

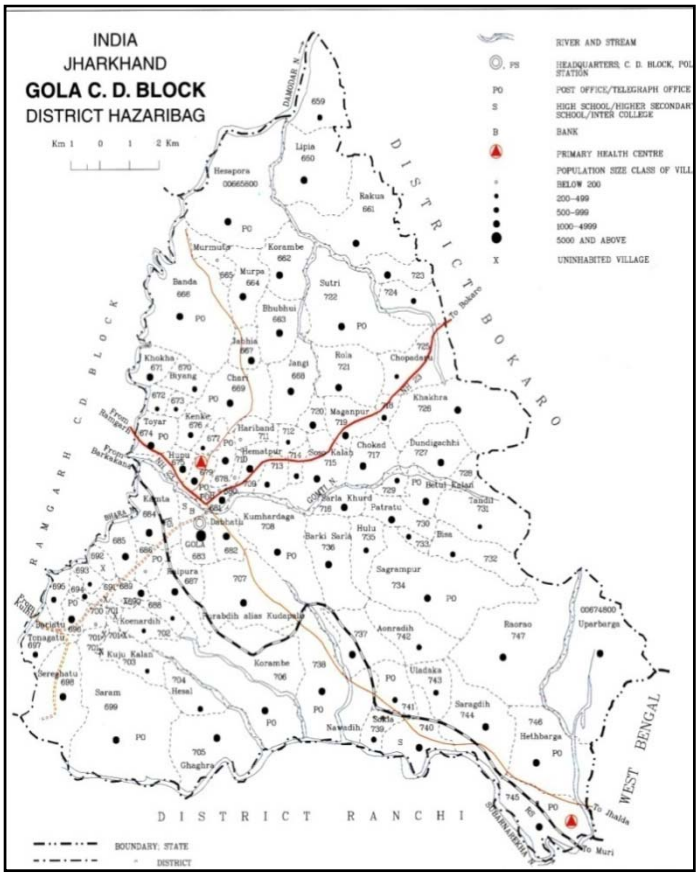
The study was conducted in Bhandra and Gola block of Lohardaga and Ramgarh district respectively. Lohardaga is one of the oldest districts of the state and existed before the creation of new state however, some of the districts were reorganized after formation of the Jharkhand state in 2000 and as a result Ramgarh district was come into existence in 2014. So far as the Jharkhand state is concerned, it has 24 districts. One interesting thing about Jharkhand is that 22 district, except Lohardaga and Khunti, share its border with the neighboring states. Jharkhand has a population of 32.96 million, consisting of 16.93 millions males and 16.03 millions females. The population consists of 28 pecent tribal people, 12

percent Scheduled Caste and 60 percent others. As per the Census of India 2011, the literacy rate of the state was 66.41 percent, 76.84 % and 55.42 % in males and females respectively.

Bhandra is one of the blocks of Lohardaga district. As per the census 2011, total population of the block was 57303 out of which female population share the 28549 number of the total population. Out of the total population the share of STs is 64%. Altogether 11203 household are there in the block spread over 45 revenue villages in 9 Gram Panchayats. As per the census 2011, the literacy rate of the block is 65.36% in which male 76.93% and females 53.17%. Agriculture along with forest and forest produces are the main source of livelihood. The block is also the major market of nearby area.

Gola is one of the oldest blocks of the state which came under Ramgarh district after bifurcation of Hazaribag district. As per the census 2011, total population of the block was 149810 out of which female population share 73045 no. of the total population. The district has a mix population and STs and SCs share 8.1% and 29% respectively of the total population. Altogether 28485 household are there in the block spread over 86 revenue villages in 21 Gram Panchayats. As per the census 2011, the literacy rate of the block is 65.36% in which male 76.93 and females 53.17%. The block is famous for production and supply of potato and maize.





Tools

With reference to the information collected and with a view to maintain uniformity and precision in the collection of data, the research team developed tools for the study. Survey instruments were designed to elicit responses. The tools were as follows:

- Survey tools to capture reflection of AFI field functionaries.
- Survey tools to capture reflection of community and PRI members.
- Survey tools to capture reflection of Students and teachers of primary school in the sampled area.
- Dissension points for Focused Group Discussion (FGD)

The tools were pre-tested in the field and finalized subsequently. The questionnaires consisted of issues related to the SBA project, in addition to recording demographic / socio-economic and availability of water and sanitation facilities within the respondent's household.

Impact assessed through queries on Awareness and Practices

Hygiene Perception	Hygiene Practices
Issue 1: Personal Hygiene	
1. Unclean / unsafe water on health 2. Hand washing with soap-water	1. Hand washing after using toilet 2. Hand washing before eating
Issue 2: Safe drinking water	
3. Source of drinking water 4. Open source of water and 5. Contamination of water and water borne diseases	3. Drink Water after boiling / filtering 4. Use of water filter 5. Preventive measures for water borne diseases
Issue 3: Safe disposal of human excreta	
6. Need for sanitary toilet 7. Hand washing after use of toilet 8. Construction of individual and community toilet	6. All family Members using latrine 7. Members not preferring toilet usage – reason 8. Construction of toilet
Issue 4: Safe disposal of solid waste	
9. Proper disposal of waste and garbage 10. Useful disposal of garbage	9. System of disposal of waste / garbage 10. Garbage disposal through making of compost
Issue 5: Safe disposal of liquid waste	
11. Drainage of waste water 12. Need for soaking pits	11. House drain connected to outside drain 12. House / kitchen connected to soak pits
Issue 6: Prevention from diseases	
13. Occurrence of diseases in the family / community 14. Treatment of diseases	13. Incidence of diseases 14. Preventive measures and domestic treatment
Issue 7: Sanitation in the community	
15. Insects spreading germs 16. Accumulation of water increasing diseases	15. Drain water accumulation near house 16. Garbage dump within locality

Collection of Data

A team of researchers and the fieldworkers had spent eight days in the field in two phases. Both quantitative and qualitative data collected along with the discussion points came during the FGD were arranged, documented and finally tabulated in excel sheet for analysis.

Chapter - 3

Data Analysis and Discussion

3.1 Introduction

The study explored the impact of implementation of Swachh Bharat Abhiyan Project and the changes occur among the beneficiaries including PRI Members and students of primary school. The study was carried out keeping in mind the objectives of the programme. Data collected was compiled and tabulated. Analysis of the responses gathered from the respondents led towards major findings of the study.

The purpose of this chapter is to present the result derived from the analysis of the responses generated from administering the schedules among the beneficiaries of the programme.

3.2 Tabulation of Data

Principal objective of the study was to assess the impact of implementation of Swachh Bharat Abhiyan Project and involvement and participation of community in the programme. It was also assessed the increase in awareness on cleanliness, health and hygiene among the AFI functoionaries. This chapter contains a qualitative content analysis of the responses generated from the respondents. All sampled GPs were visited and SRC, ADRI, Ranchi team and interacted with the respondents in both formal and informal setting and recorded their responses. Personal observations were also observed by the investigators.

3.3 Analysis of Data

Qualitative survey research methodology was utilized in this study to determine the impact of implementation of Swachh Bharat Abhiyan Project along with community perception towards the programme. Field observations and suggestion were documented to supplement the data collected and then item wise data was analyzed.

3.4 Demographic Profile of the Respondents

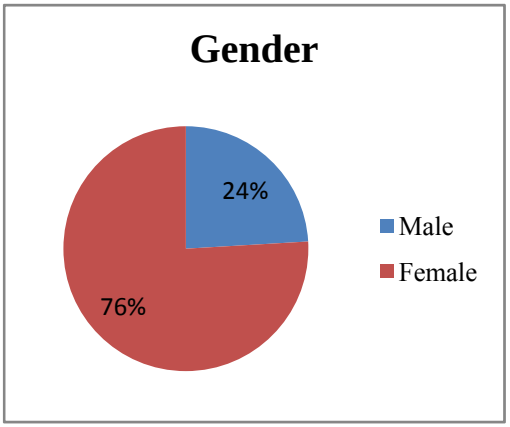
The first section of the entire schedule was designed to collect demographic information about the respondents. The sample survey encompassed a total of 506 respondents consisting of 345 community members including PRI Members, 53 AFI functionaries and 84 school students with 24 teachers of the same school. Responses from the respondents have been tabulated under three categories:

- Category I - Community Members including PRI Members
- Category II - Aarogya Sanyojikas and Sevikas
- Category III - Students and teachers of Upper Primary School

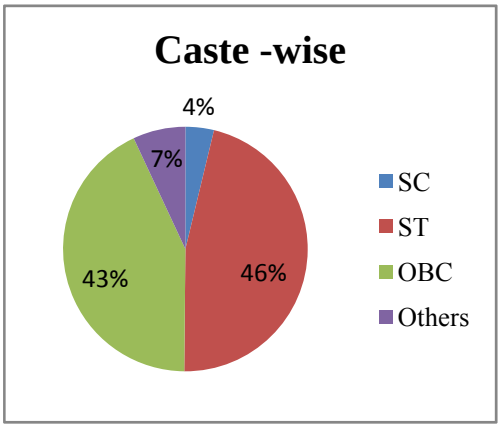
3.5 Category I - Community Members including PRI Members

A study to assess the impact of the programme can only be completed considering the role and experiences of the community. The project is being implemented with the objectives to aware the community towards hygiene and sanitation and thus they constitute the foremost level of the participants of the study.

Gender distribution of the Community Respondents

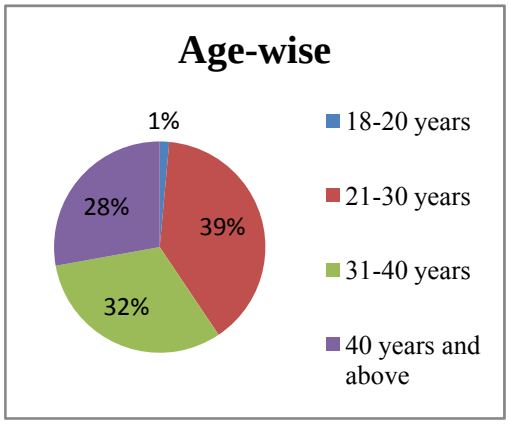


Caste-wise distribution of the Community Respondents

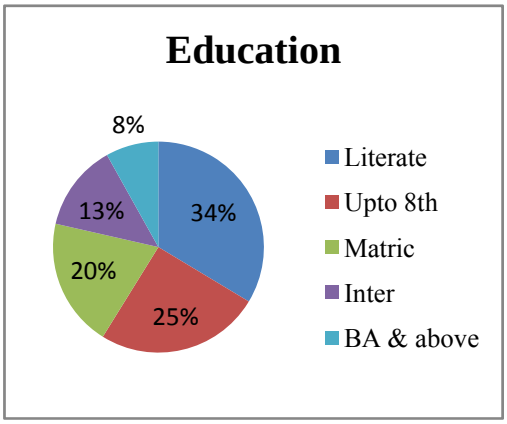


- Altogether 345 respondents participated in this category out of which 300 were community members and 45 were representatives of PRI. Out of a total of 345 respondents, 83 were male and 262 were female. As far the caste is concerned 160 were Scheduled Tribe, 148 were OBCs, 13 were Scheduled Caste and 24 were others.

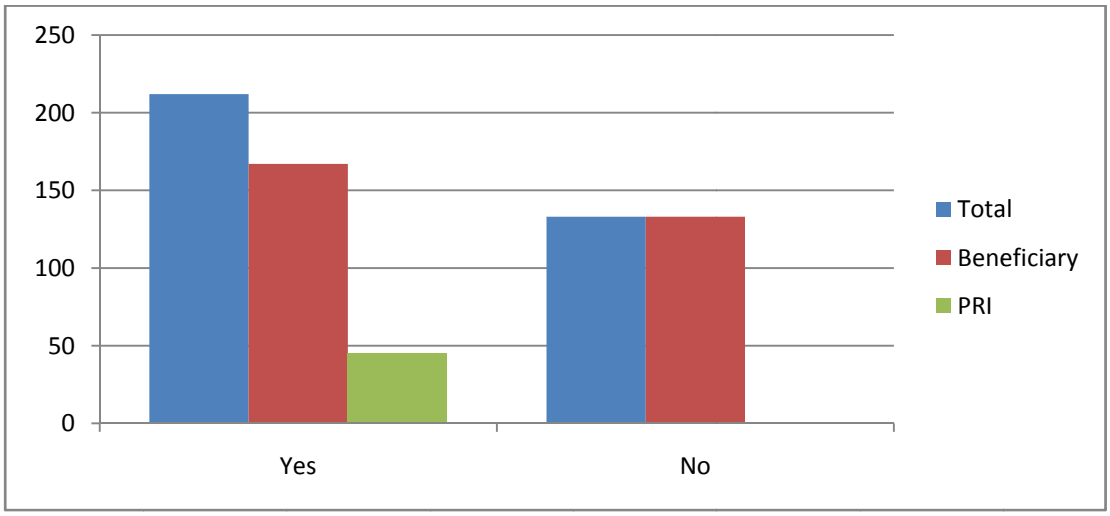
Age-wise distribution of the Community Respondents



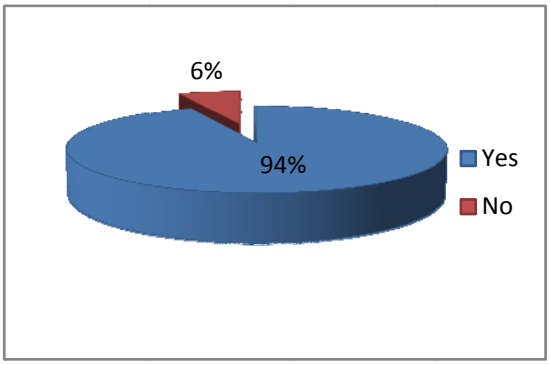
Education level of the Learner Respondents



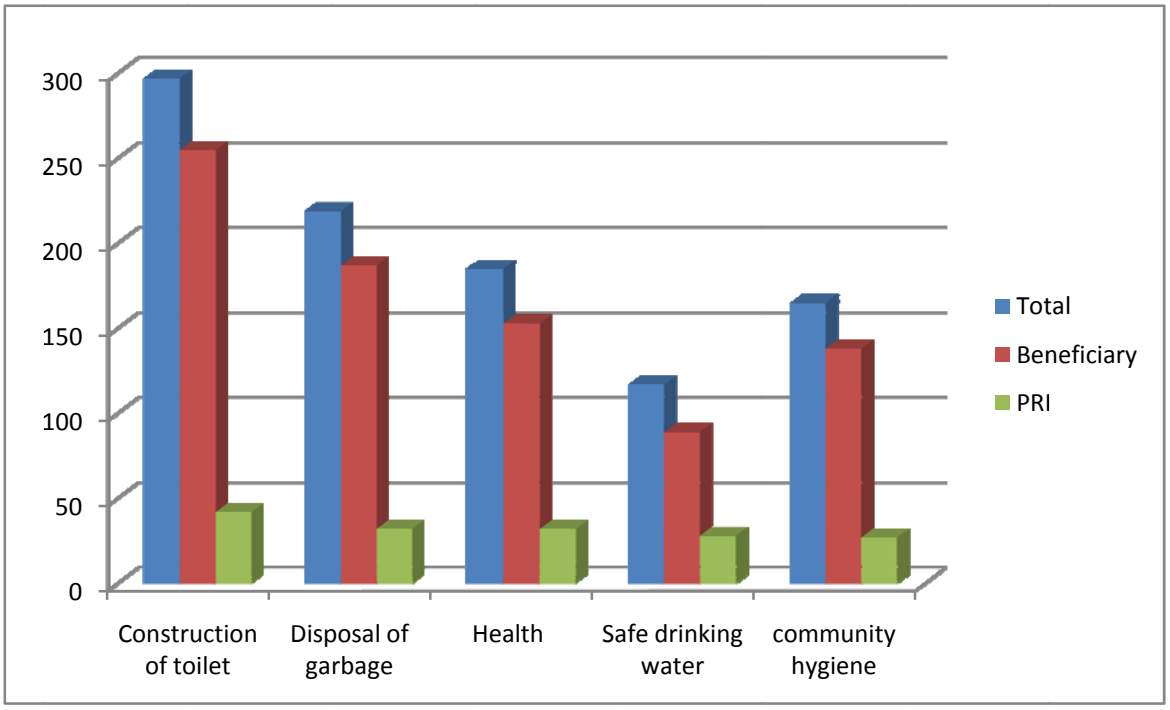
- Out of a total 345 respondents, 135 were in the 21-30 years age, 109 were in 31-40 years of age, 96 were in the age of 40 years and above and 5 were just adult in the 18-20 years of age. As far as education of respondents is concerned, 116 were found literate, 87 were up to 8th standard, 68 were matriculate, 46 were intermediate and 28 were graduate and above.
- It was found that 61.46% of the respondents have toilet in their houses whereas 38.55% do not have toilet in the house. Interestingly, not a single PRI member found without having toilets in their houses.



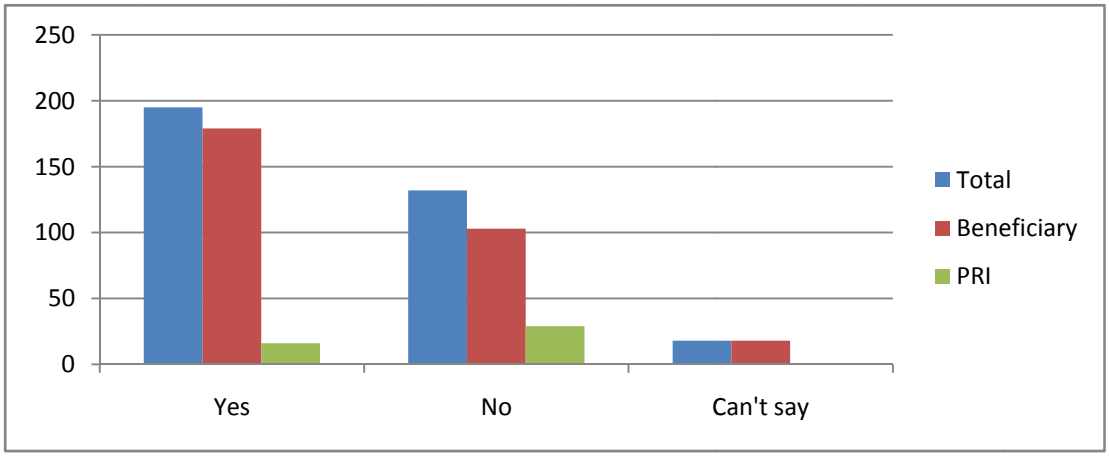
- Irrespective of sex, caste and education, almost all the respondents (93.62%) have heard about Swachh Bharat Mission, a flagship programme of government of India. Many of them have participated in the activities / programme of Swachh Bharat earlier organized at block/GP level.



- When asked, what the Swachh Bharat Mission is all about, 93% of the respondents correlate the Mission with construction of toilets followed by safe disposal of solid waste – 62.33%, health – 51%, individual and community hygiene – 46% and safe drinking water – 33.91%. It was observed that the respondents do have the knowledge that appropriate disposal of waste water is also one of the objectives of the SBM.

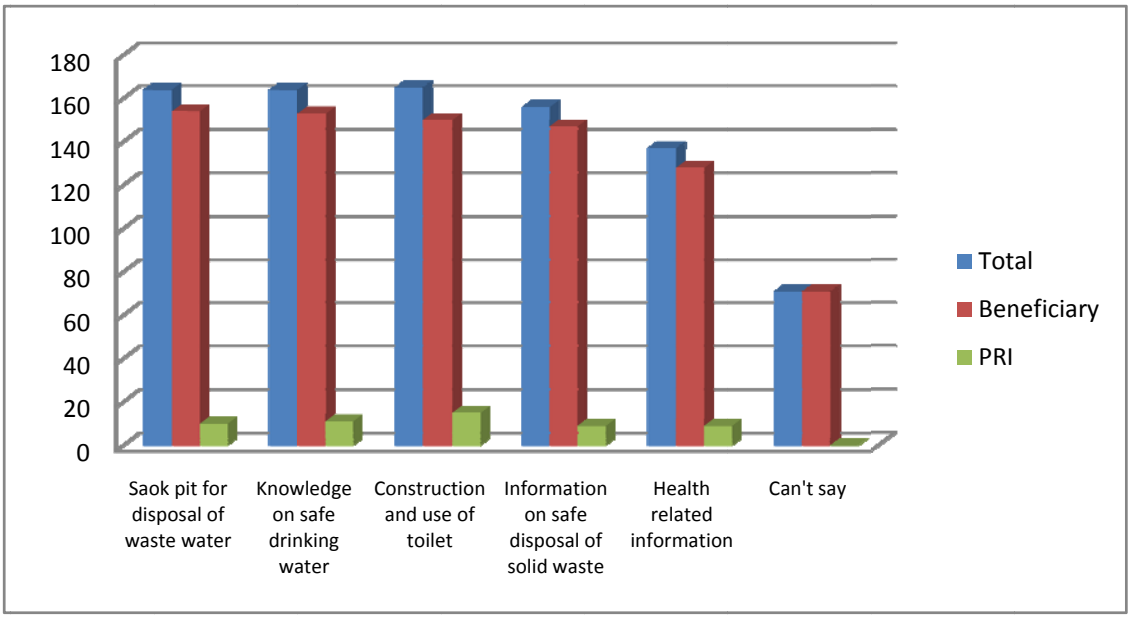


- So far as the Swachh Bharat Abhiyan (SBA) project is concerned, 56.52% of the respondents were found familiar with its implementation by AFI, consisting of 59.67% and 35.56% of community members and the PRI members respectively. It was observed that the respondents find some what difficulties in differentiate between SBM and SBA Project. This is also important to mention that the PRI members were found less informed about the SBA project being implemented by Aarogya Foundation.

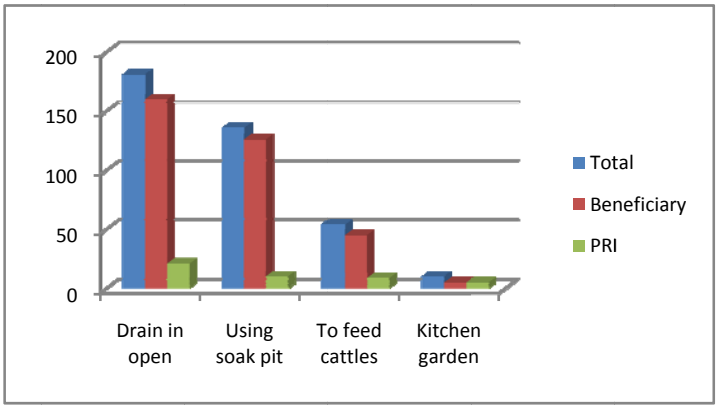


- Out of those familiar with the SBA project implemented by AFI, more than 50% of the respondents were found aware about the activities carried out by ground level functionaries. It was observed that 51.33% of the respondents were informed about construction of soaking pits for disposal of waste water. 51% of the respondents were

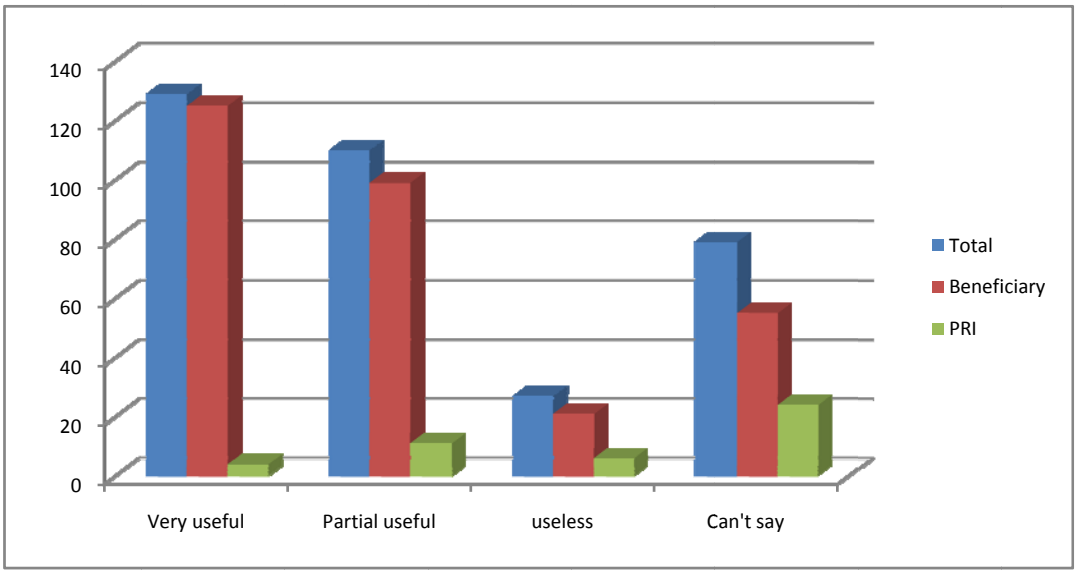
found of the view that safe drinking water and uses are the main activity carried out under the project. Approx 50% of the respondents have recognized construction of toilets and disposal of solid waste as the main activity of the project.



- It was observed that 77.09% of the respondents those familiar with the project came to know about its activities through the AFI field functionaries. *Ekal aacharyas* were also found involved in disseminating information and 18% of the respondents be given information on the SBA project by them.
- It was found that 52.46% of the respondents use to drain the waste water in the open however, approx 40% of the respondents drain the waste water into the soak pit purposely prepared for that whereas 15.65% of the respondents make use of water to feed their cattle.



- Soak pits were found in the household of 42% of the respondents. It is pertinent to mention here that 70% of the respondents realized the usefulness of the soak pit in the house and the community places as well. It was found that many of the respondents were not aware about the soak pits and that is why 22.9% did not express their view on this issue whereas 7.83% of the respondents find construction soak pit useless.



Everywhere it looks clean in Masmano village. 42 years old Smt. Rudayien Oraon came to this village twenty years ago by virtue of marriage. She recounts the days when there were no drainage system in the village and malaria and diarrhea was rampant. Persons from each family got sick due to contaminated water and water accumulation on roads especially, in the rainy season. She recalls the incidence of diarrhea occurred three years ago. During and after the incident, nearby villagers even, relatives avoid to come to the village.

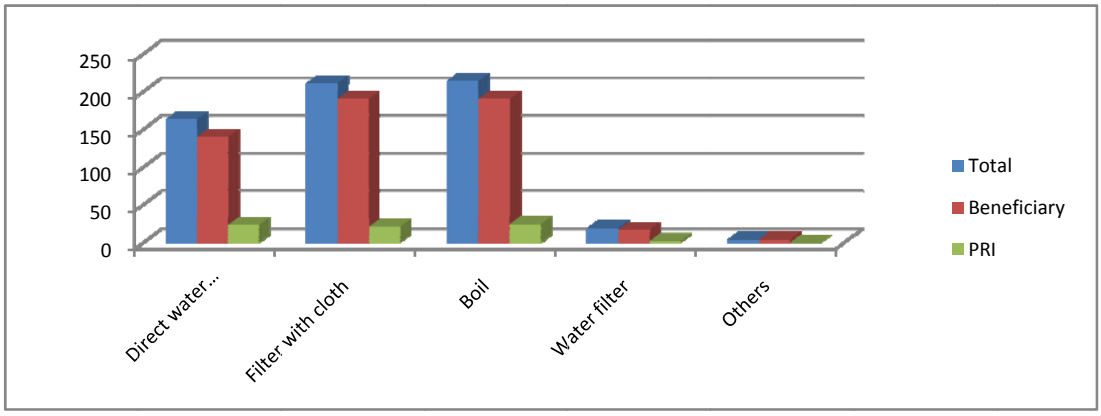
She said that the situation has been changed after implementation of SBM and SBA project. Cleanse the water sources and public places at least once in a month become practice in the village which was earlier supported by AFI functionaries. Household have been encouraged to construct soak pits which prevented the water accumulation on roads.

Smt. Rudayien said that women in the village are now more aware on health issue. Institutional delivery has been increased which help in reducing MMR and CMR. Activities on safe drinking water, use of toilet and hygiene and sanitation have considerably made the community aware which resulted in social and economic progress.

- Well has been found the major source of potable water in the study area. Well water is being used as drinking water by household of more than 72% of the respondents. Household of 52.76% of the respondents get drinking water from borewell and household of approx 5% of the respondents have been connected through pipeline water supply.

  It is important to record here that 23.67% of the respondents have been provided water filter by Aarogya Foundation.
- Respondents of the study area were found aware of contamination of water and undertakes various methods for purification of water as preventive measures in order to decrease the possibility of water borne diseases. It was observed that boiling the water before consume is the most popular purification method in the area and

household of 62.03% of respondents using this 61.16% of the respondents filter the



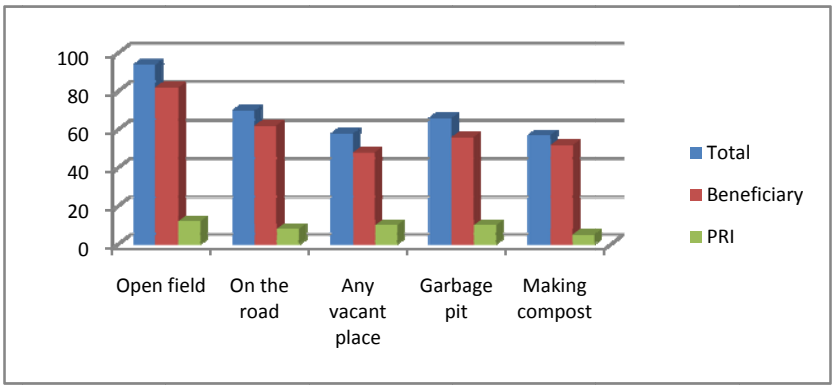
water by using clean cloth. How sizeable number of household (47.25% of the respondents) were found do not follow any method to make water contamination free before consume.

- Progress has been made with respect to construction of toilets in the study area. It was found that 61.46% of the respondents do have toilet in their houses whereas 21.13% of the respondents do not have toilet in the house. 17.43% of the respondents were found either constructing the toilet or waiting for the approval of subsidy amount by block office.

  Out of the respondents having toilet in the house, members of more than 80% of respondents' family using toilet regularly while 9.5% never used toilet for various reasons. However, altogether 66% of the total respondents agreed to the usefulness of toilet for good health and the general well being.

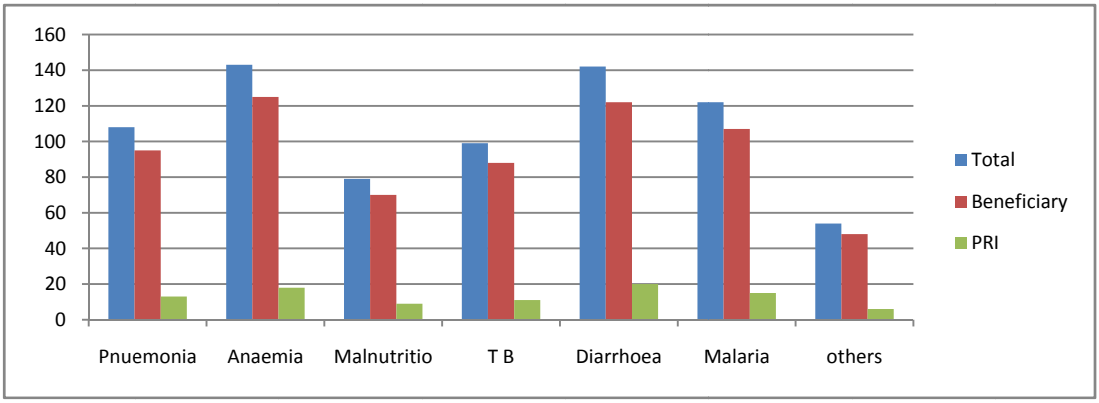
  When asked the reason for not using toilets, 51% of the respondents were found of the view that the villagers are not accustomed and prefer defecation in open. However, lack of water to clean the toilet was also found a reason for not using toilet.

- Level of awareness on disposal of solid waste was found low to medium among the respondents. Household of 27.25% of the respondents use to throw the garbage in the field / farm land followed by on the roadside (20.29%), garbage pit (19.13%), any vacant place (16.81%) and making compost (16.52%).

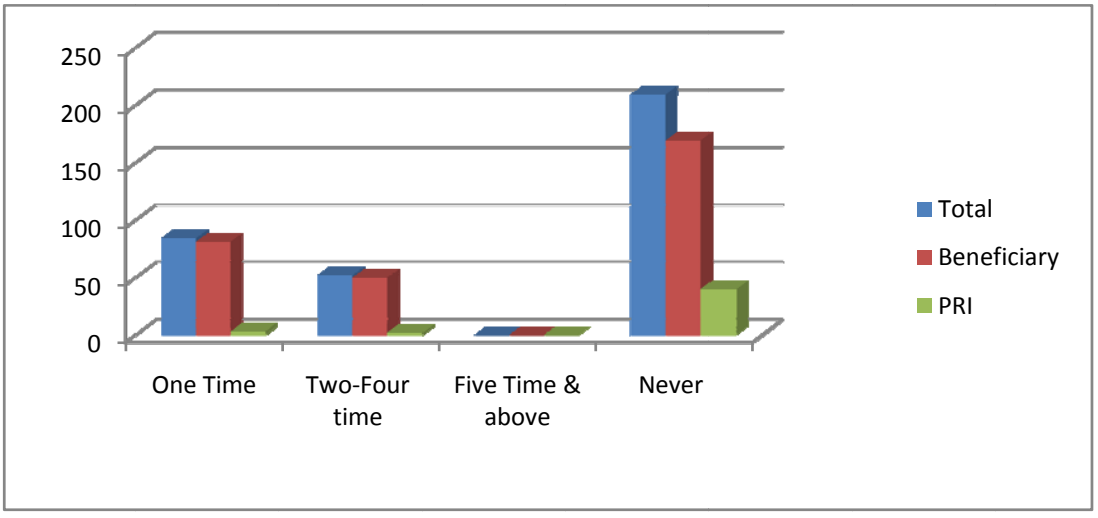


It was observed that Aarogya Sevikas / Sanyojikas have made efforts to impart training to the stakeholders on making compost from garbage. When asked whether they have knowledge about the training on compost, 31.88% of the respondents were found aware whereas 51% of them were found unaware about the training programme. In spite of that, almost all the respondents were found affirmative on making compost is advantageous for rural economy.

- The incidence of diseases during last two year was recorded for members in the respondets' family. Incidence of anaemia was found in 41.45% of the respondents' family followed by diarrhea (41.16%), malaria (35.36%), pneumonia (31.3%), TB (28.7%), Malnutrition (22.9%) and others diseases (15.65%).

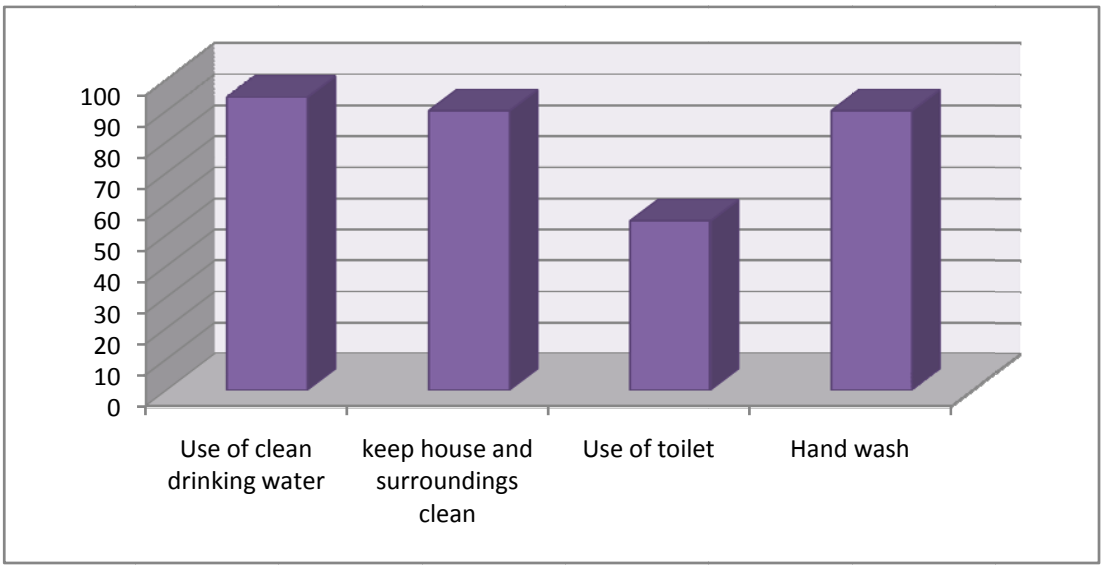


- It was found that 67.24% of the respondents choose government hospital for treatment of disease whereas 43.48% of the respondents prefer to visit to the private doctors.
- Organisation of Swasthya Mela was found an important activity carried out by AFI functionaries. However, most of the respondents (60.58) were found never participated in the swasthya mela. Out of the total respondents, 24.35% have participated once, 15.07% participated 2 to 4 times in the swasthya mela organized by AFI functionaries. Despite of that it was observed that information provided at the



Swasthya Mela were found valuable by majority of the respondents. Very few respondents were found of the view that oragnising this kind of activity is useless.

- It was found that respondents do have a fair knowledge on hygiene and sanitation. On the basis of respondents' perception and knowledge, it was attempted to find out how far their knowledge translated into practice.
- It was found that 94.33% of the respondents are using clean drinking water in order to prevent water borne diseases. More than 90% of the respondents found habitual in keeping houses clean and the community places as well. Out of the total respondents 54.49% were found habitual in using toilet and also cleaning the same periodically.



Irrespective of availability / non-availability of toilet in the household, hand wash was found in practice among the respondents after use of toilet and before meal. It was found more than 90% of the respondents wash hands with detergent / soap-water followed by ash/soil (8.73%).

Management of waste water can be seen in Mahtotola of Tonaghatu village in Gola block where all household have constructed soak pit. One of villagers Sh. Shambhu Mahto said that 2-3 years ago the situation was worse due to water accumulation and garbage. Many times it created disharmony and became cause of dispute among the villagers but thanks to Aarogya Didi who supported to change the scenario.
Vegetable cultivation is the main source of livelihood in the area and it was reported that in recent years water level has been increased enabling the villagers to irrigate their land. Now, not only the villagers get rid of water accumulation but also able to grow more vegetables which resulted in increased income. Community members are now aware on cleanliness and hygiene and gives full credit to Aarogya Didi.

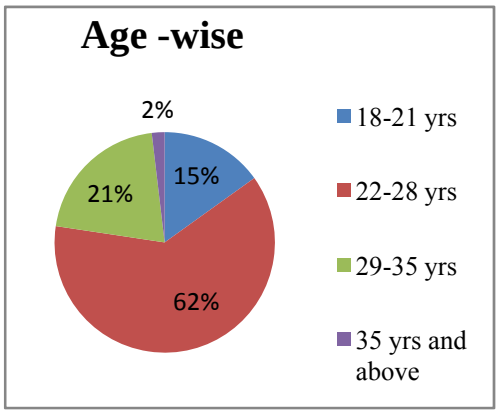
- The respondents were asked to grade the Swachh Bharat Abhiyan Project on 1 to 5 scales. 68% of the respondents were found of the view that the activities carried out at the village level have genuinely helped and bring in change that is why be given 4.

3.6 Category II - Sevikas and Sanyojikas (AFI Functionaries)

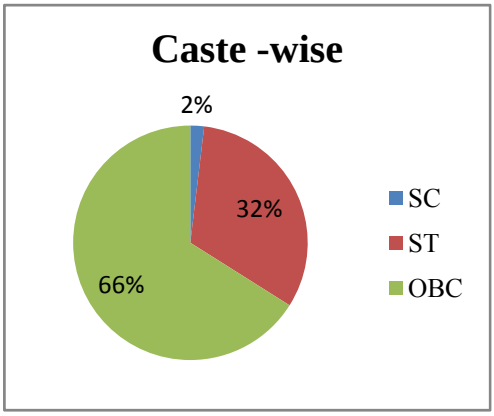
The functionaries at the grass root level which include Sevikas and Sanyojikas are playing pivotal role in implementing the project in both the blocks. There are 60 Sevikas and 8 Sanyojikas working in the study area. They have imparted 3-6 days training in order to discharge their duty. Besides, monthly review-cum-orientation is also being organised.

In order to assess the impact of the project as per the objectives set, it was important to evaluate the knowledge level of the functionaries. Altogether, 53 respondents, all female, were interviewed under this category.

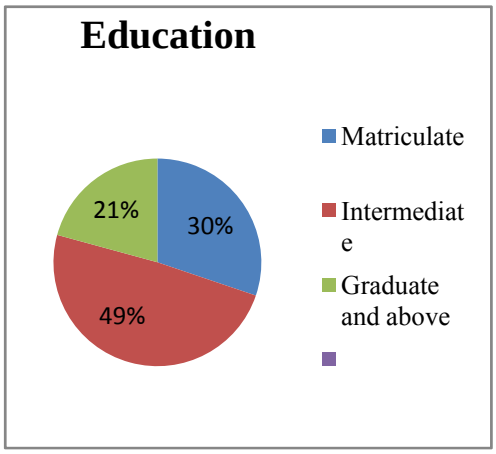
Age-wise distribution of the Community Respondents

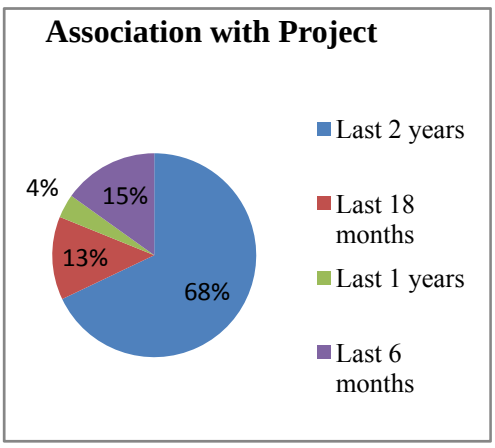


Caste-wise distribution of the Community Respondents

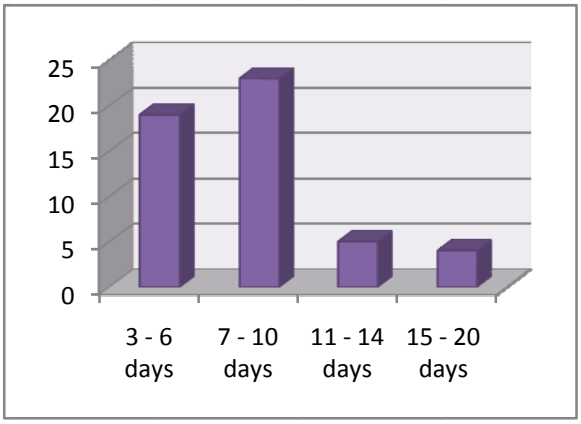


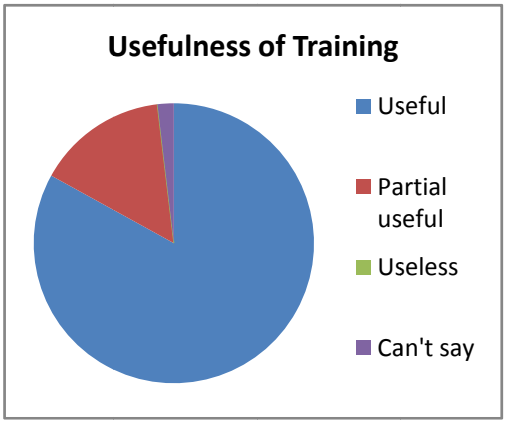
- Out of a total 53 respondents, 33 were in the age between 22-28 years, 11 were in 29-35 years age group, 8 were found just become adult in the age 18-21 years and one was in the 35+ age group. Out of a total 53 respondents, 35 were OBC, 17 were STs and one was SC.
- As far the education of the respondents is concerned, 26 were intermediate, 16 were matriculate and rest 11 were graduate and above.



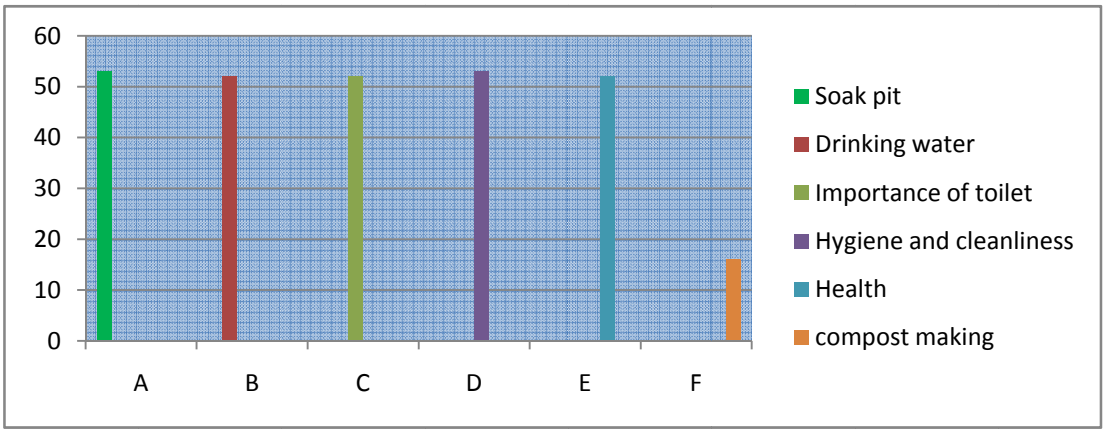


- Out of the total respondents, 68% of the respondents were found associated with the project since last two years while 15% of the respondents are being associated since last eighteen months. However, it is important to mention here that Savikas and Sanjojikas are very enthusiastic and 84% of the respondents associated with the project with passion to do something for the society.
- Training of the functionaries was perceived as an important element in order to make them knowledgeable on different topics. Out of total respondents, 43% have attained 7-10 days training while 35.85% of the respondents participated in 3-6 days training programme. 3.77% of the respondents never participated / attended training programme. However, majority of them (83%) found training very useful to perform their field work.

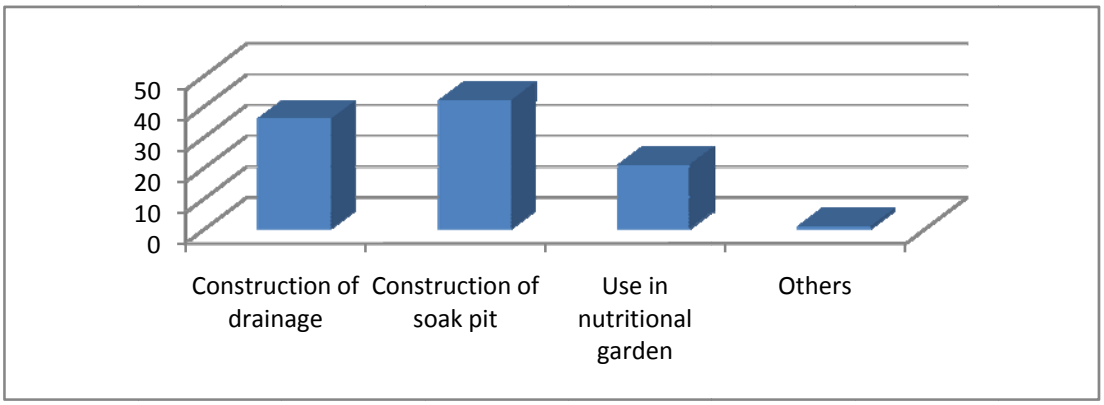




- It was found that Sevikas and Sanyojikas organizing the activities for what they have trained upon. It was observed that all the respondents (100%) have carried out the activities on proper disposal of waste water, construction of soak pits, safe drinking water, making aware the community on use of toilet, health, hygiene and cleanliness etc. Some 39% of the respondents were also found engaged in imparting training on making compost from garbage/solid waste.



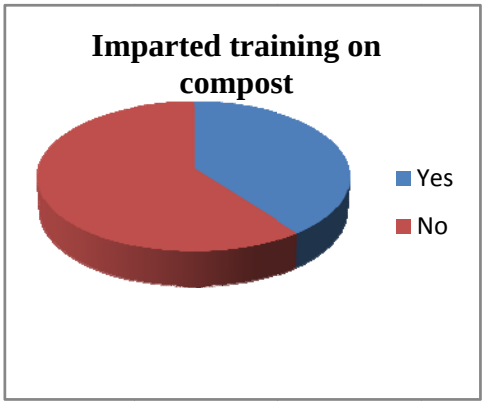
- Appropriate disposal of waste / used water is one of the important area on which Sevikas / Sanyojikas have made efforts in order to achieve the objectives of the project. It was found that 79.25% of the respondents have either make aware the community on the issue or provide support for construction of soaking pits for disposal of waste water. Approx 68% of the respondents sensitized the household in their operational area to construct drainage. It was advised by 40% of the respondents to use the waste water in the nutritional/kitchen garden.

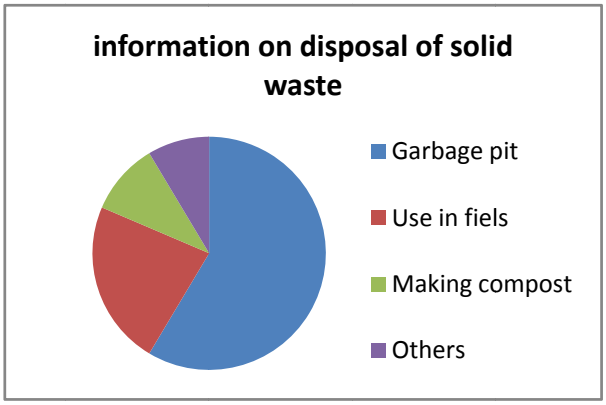


This is important to record here that 617 soak pits have been constructed in the study area so far and it was found that 66% of the respondents have contributed in preparing 1-10 soaking pits in their operational area.

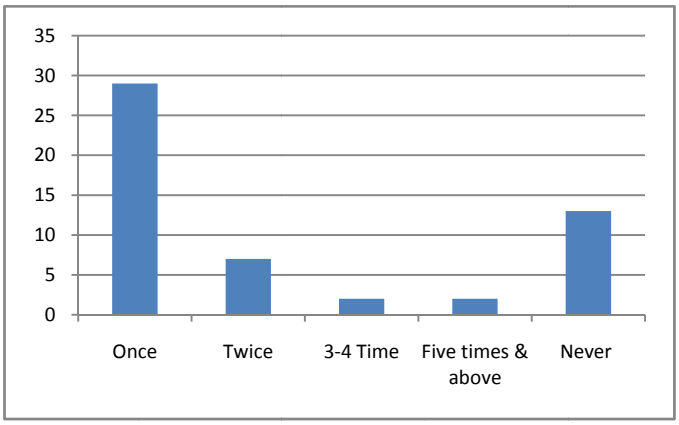
It was found that Sevikas and Sanyojikas do have knowledge about unhealthy effects of water accumulation. Out of the total respondents, 62% were found able to name two diseases that may happen due to water logging while 27% of the respondents name at least one disease.

- It was found that Sevikas and Sanyojikas have made efforts in order to aware the community members on management of solid waste garbage. Out of the total respondents, 39.62% have imparted training to the villagers on making compost from garbage / solid waste. It was verified from the record that so far 233 persons have been trained on making compost from garbage.





- It was found that 54.72% of the respondents have organized *Swachhta Diwas* at least once whereas 24.53% have never organized such kind of activity in their operational area. 13.21% of the respondents have organized the diwas twice whereas 3.77% of the respondents have organized *Swachhta Diwas* up to five times during the project period.

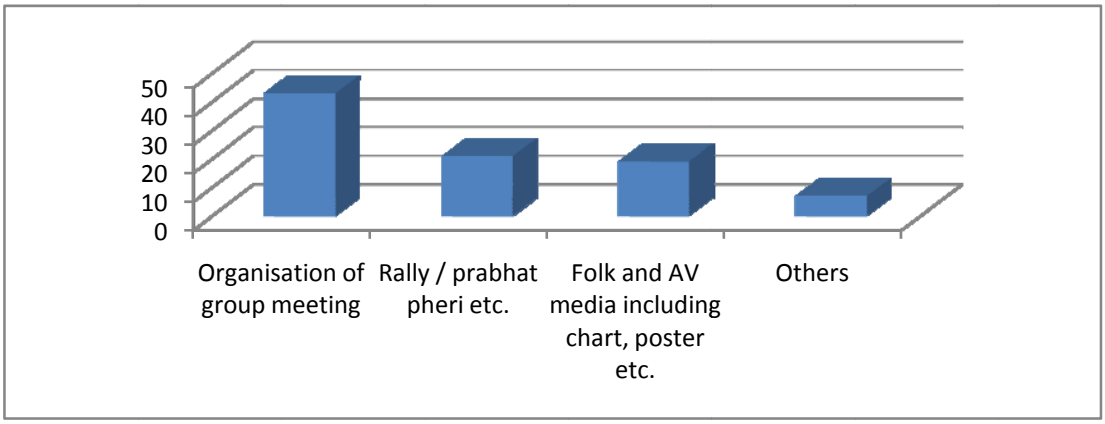


- All the respondents (100%) were found aware about contamination of water and water borne diseases. When asked to name water borne diseases, more than 85% of the respondents have stated diarrhea, dysentery and jaundice as the major diseases.

Gadarpo in Lohardaga is a tribal dominated village and situated in the deep forest on the border with Gumla district. Water borne diseases were very common in this area. Water accumulation everywhere makes this village unhealthier. Discerning the unhealthy condition along with poor sewage, 26 years old Mrs. Sakuntala Devi of this village associated with AFI as Sevika two years ago and taken this challenge positively.

Ms. Sakuntala started motivating the villagers not to drain the waste water in the open / road. She also successfully campaign for construction of soak pit and till date more than ten soaking pits and drainage constructed by the villagers. In order to prevent the water borne diseases, water filters have been distributes to nine families.

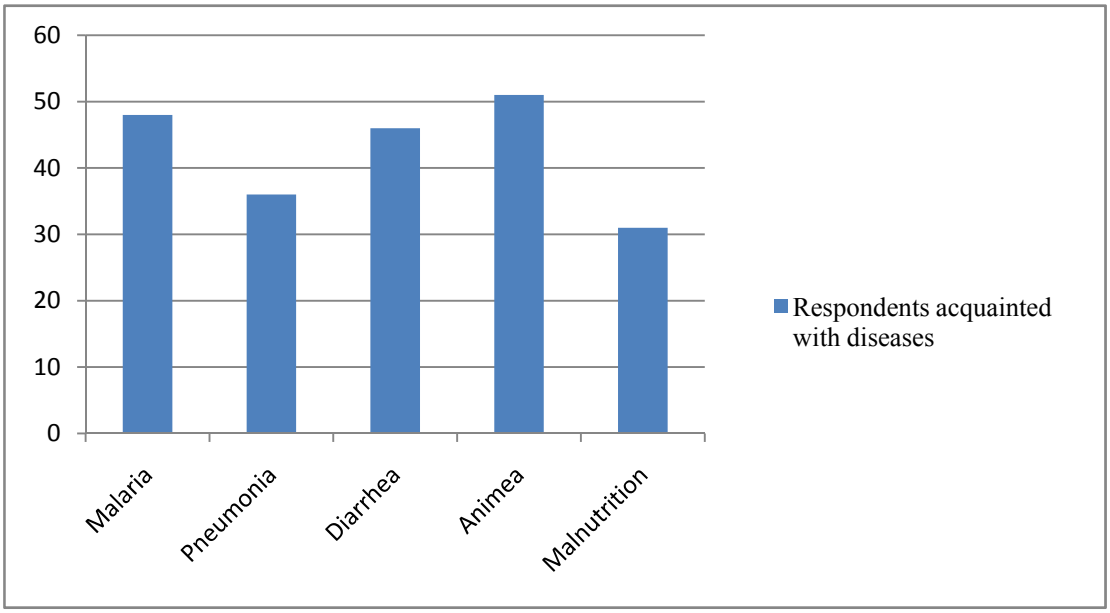
- In order to prevent the water borne diseases, it was recommended by 90.57% of the respondents with regard to purity water before consume by boiling the water whereas 81.13% of the respondents have suggested the beneficiaries to filter the water with cloth to prevent the possibility of water borne diseases.
- It was checked with the record that 92.45% of the respondents have carried out survey



to identify the household with/without toilet in their operational area. It was observed that different methods were used in order to motivate the community members for construction of toilet. 81.13% of the respondents organized group meeting, 39.62% of the respondents organized rally / prabhat pheri and 35.85% of the respondents have applied folk media and audio-visual as medium to aware the villagers.

It was also observed that 4237 households motivated for construction of toilet and out of which 2608 have constructed toilet so far.

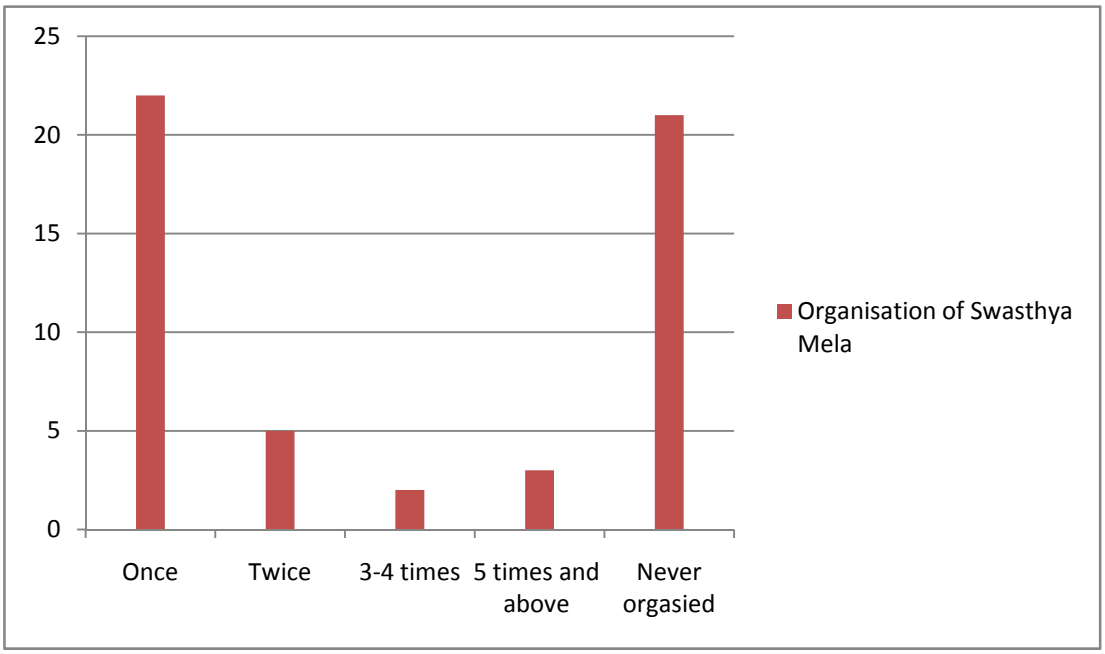
- It was attempted to find out the change in practice evolved with respect to use of toilet. 35.85% of the respondents were found of the view that 5 to 9 household out of ten are now accustomed in using the toilet.
- It was observed that the Sevikas / Sanyojikas were very much engaged in counseling women on health and nutrition. Child nutrition was found another area on which they are also providing information to the parents, especially to the women. It was reported by more than 95% of the respondents that a positive change in health and nutrition practice can be seen in the area.
- In order to assess level of the knowledge on diseases, the respondents were asked to elucidate, symptom, cause and prevention of given five diseases. Out of the total respondents, 60.37% were found aware and acquainted with all five diseases. 96% of the respondents were found precise knowledge on anemia followed by malaria (90.5%), diarrhea (86%), pneumonia (68%) and malnutrition (59%).



It was also observed that villagers are being informed about the health services available and encouraged by the AFI functionaries to visit to the nearby government hospital for treatment.

In spite of that villagers are availing the facilities available at the government hospital, Sevikas were found providing information on domestic treatment, mostly on fever, joint pain, skin diseases and diarrhea etc.

- Out of the total respondents, 41.51% have organized the *Swasthya Mela* at least once while 39.62% of the respondents never organized *mela* in their operational area. 9.43% of the respondents have organized such kind of activities twice whereas 9.43% of the respondents organized *Swasthya Mela* three to five times.

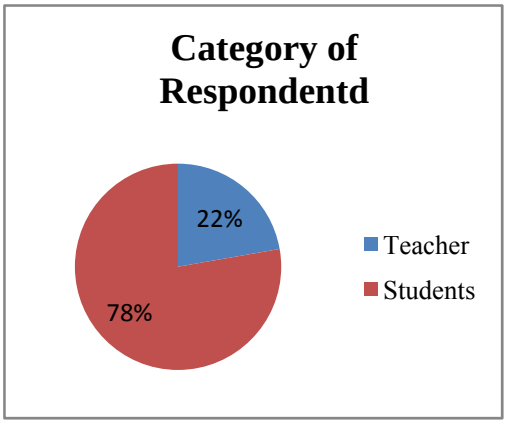


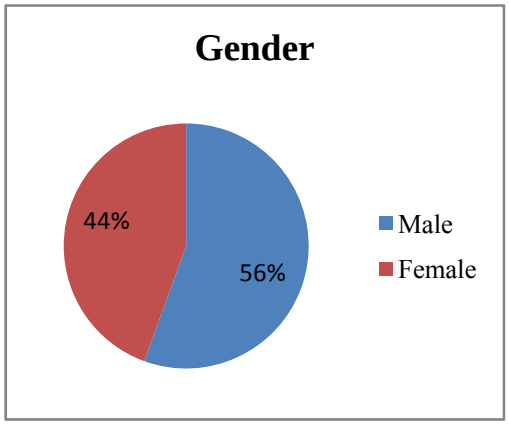
- The respondents were asked how far they are satisfied with the project, majority of the respondents express satisfaction over the work done under the project. 19% of the respondents were found of the view that the length of the project is not adequate and should be extended up to three years for sustenance and consolidation of motivation and practices among the beneficiaries.

3.7 Category III - Students and Teachers of Upper Primary School

Under this category, the students and teachers of upper primary school of study area were covered. Most of the responses were in the yes or no form in students' survey and also in the form of their personal reflections and the practices. The teachers were asked to reflect on the impact of implementation of SBA project in the GPs and in the school as well. Thus, responses were generated from the questions asked to estimate the impact of the programme on health and hygienic behaviors.

- Out of a total 108 respondents participated in the study, 84 were students and 24 were school teachers. Out of a total 108 respondents, 55.6% were males whereas 44.4% were females.

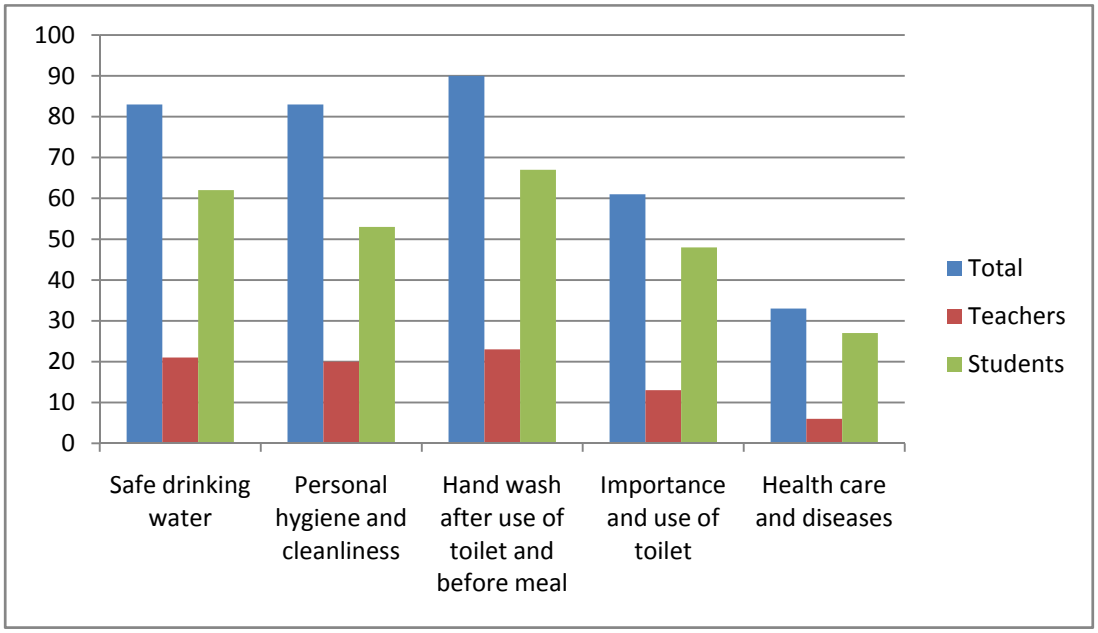




- Altogether 21 schools were covered in the study. Toilets were found in all schools. There were 60 toilets were found in the schools covered under the study. Out of a total 60 toilets, 57 were found functional and 5 defunct.
- Out of the total respondents, 95% were found of the view that schools' toilets are being used by both, the teachers and the students. However, it was observed that girls are using the toilets but not by all the male students. It was also observed that toilets are being cleaned on regular basis.
- It was found that 98% of the respondents were familiar with SBM and more than 93% of them correlate SBM with construction of toilets followed by management of Garbage (68%), personal hygiene and community sanitation (72%) and cleaning of water sources (52%).
- So far as the SBA project is concerned, 62.25% of the respondents were found familiar with its implementation in the GP. Since, the AFI field functionaries used to visit the school for organization of different activities, majority of respondents come to know about the project through them only.

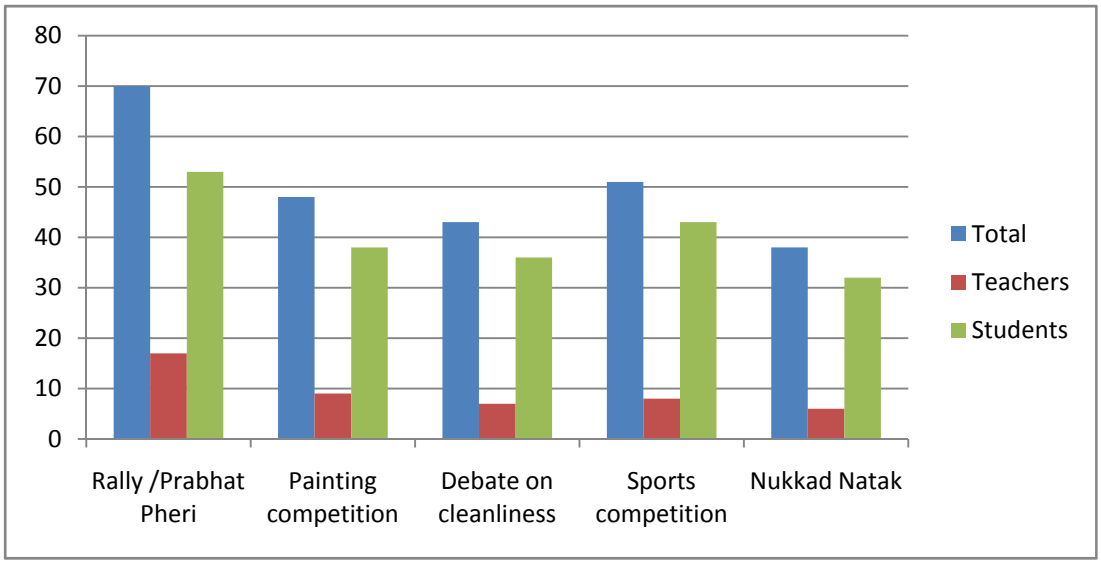
- It was found that 60% of Sevikas / Sanjojkas have visited school twice Followed by once (10%), there times (12%) and four times and more – (8%).
- Besides organizing the competition and other activities in the school, information on cleanliness, use of toilet and personal hygiene etc. were provided to the students by AFI functionaries. Students were also given information on safe drinking water.

  It was attempted to examine three viewpoints to be considered as factor for change in practice among the students. First, learning imparted at the school on hygiene and sanitation. Secondly, types of activities organized by AFI functionaries in order to aware the students on Swachh Bharat Abhiyan Project and lastly, how far the students become aware about the issues related to cleanliness and sanitation along with degree of change in practice.
- It was found that information on various subjects are being provided at the school. Hand wash is the foremost topic on which 83% of the total respondents were found be unanimous that the issue discussed on regular basis. Out of the total respondents, 77% were found of the view that tutorials on safe drinking water have been taught whereas 76% of the respondents recognize elements of personal hygiene and cleanliness as the main content of learning. Some 56% of the respondents consented importance of toilet as the theme discussion in the school.

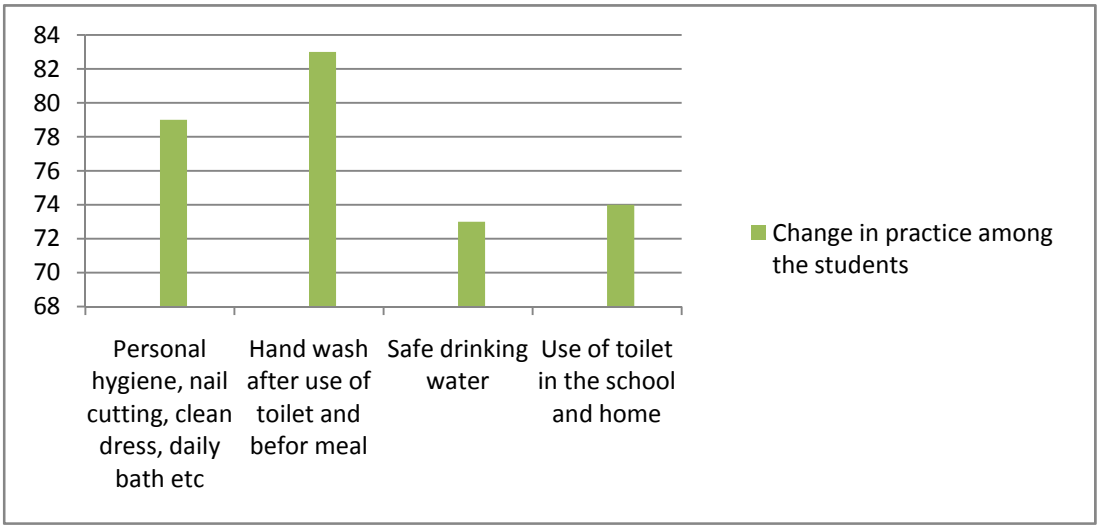


- Various activities were organized by AFI functionaries in the school in order to making the students aware on health, hygiene and sanitation. Rally and prabhat pheri has been observed as the main activity organized in the schools. Sports and painting

competitions were also organized. More than 30% of the student respondents participated in the debate on cleanliness organized by AFI functionaries.



- It was observed that during the organization of activities in the school, poster and chart developed by AFI were displayed to convey the message on health and hygiene.
- So far as the students are concerned, considerable change in hygiene practice was observed. Hand washes after use of toilet and before meal was found in practice among 98.8% of the student respondents. Behavioral changes related to personal hygiene was observed and 79% of the respondents were found habitual in nail cutting etc. 98.8% of the student respondents were found accustomed with use of toilet.



As for the impact of the programme on students in concerned, it was observed that change in hygiene practices among the students can be seen. It was emerged in discussion with the teachers that students may influence the members of family with respect to adopt the hygiene practices.

3.7 Organisation of Focused Group Discussion (FGD)

In order to assess the impact of the project, Focused Group Discussion with the community members was organized at four places (Kaspur and Masmano in Bhandra and Tonaghatu and Bariatu in Gola). It was also examined the perception of the villagers towards health and hygiene and how for change of practice take place.

Following are the issues come up during the discussion:

- **Disposal of Waste Water**

  It was informed by the participants that most of household use to drain the waste water in the open or adjacent to the house called *Bari*. Even, nobody care the place around the handpump or well which was the source of drinking water. It resulted made the village full of dirt and in the rainy season it become pool of mud which also resulted rise in number of mosquito and housefly. Due to this, possibility of Malaria and dysentery became increased. Some time it become a reason for criminal breach of peace.

  During last one year number of soak pits, individual as well as community level, have been contracted. to drain the waste water. Comments on the effect of Soak pit :

  - No water accumulation on road and around the water source.
  - Amount of mosquitos and housefly reduced.
  - Prevention of discuses resulted increase in saving.
  - Mutual relation among the villagers secured.

- **Construction and Use of Toilet**

  It was come up in the discussion that those who have constructed toilet with their own resources are using toilet however, not all are using those who constructed toilet obtained government subsidy. However, participant were found of the view that they constructed toilet because government has made this mandatory.

  It was revealed by many that they do not need toilet because defecation in the open became habit. Non-availability of water or insufficient water was found another reason why some people do not use toilet. Moreover water sources are located away form the household. Some of the participants said that cleaning the tank is very difficult because few person are available who do this work.

Following are the remarks related to toilet:

- Dignity of women has been built up.
- Prevention from diseases like dysentery and malaria.
- Increase in saving due to less expenditure on treatment of diseases.
- Got freedom from fear of wild animals.
- Overall, cleanliness in the village.

- **Disposal of Solid Waste / Garbage**

  It was informed by the participants that almost all household have got own garbage pit and the same has used to throw garbage. Villagers use to burn the garbage time to time and the ash used as compost. This resulted less use of fertiliser and also saving of money.

- **Drinking Water**

  Well, handpump and pond are the major source of water in the village. In recent times, awareness level on drinking water has been increased. Purification of water is believed to be a preventive measure which decrease the possibility of water borne diseases. Some comments are:

  - Boiling the water before consume is the most effective purification method used by most of villagers.
  - Filter the water by using cotton cloths.

  It was observed that the abovementioned methods have helped in reducing the diseases like – Dairrhea, Typhoid and other water borne diseases.

- **Health**

  In the past, villagers use to visit to the quacks for treatment of diseases. However, awareness on health has been increased considerably. Now, most of the villagers go to the PHC or private doctors. Participant were also found aware about the services available at the government hospitals.

Chapter – 4

Major Findings, Recommendation and Conclusion

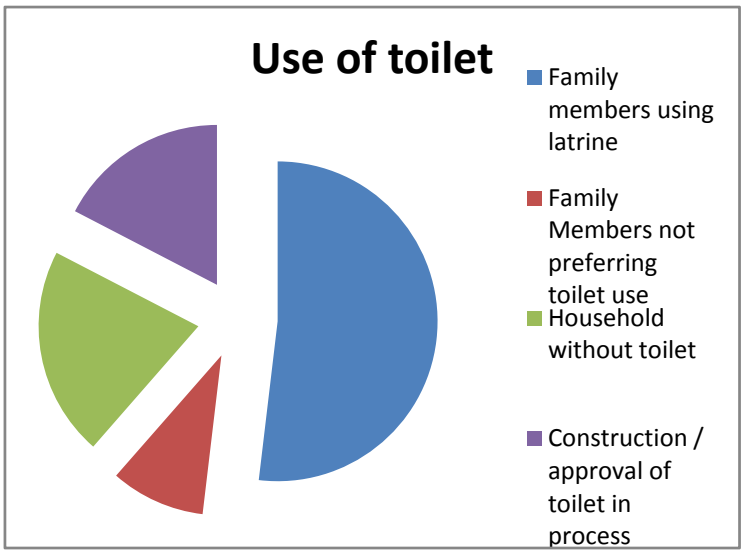
4.1 Findings

Among the findings, the most important is that the villagers were undoubtedly made aware of the local health and hygiene issues affecting their community. The evidence was based on the feedback from the villagers on these talks showed SBA project an effective program. Some of these are:

A woman in village Kaspur of Bhandra, said, "The discussion in the women group was truly enlightening and gave me a good insight on how to deal with common ailment for children and myself."

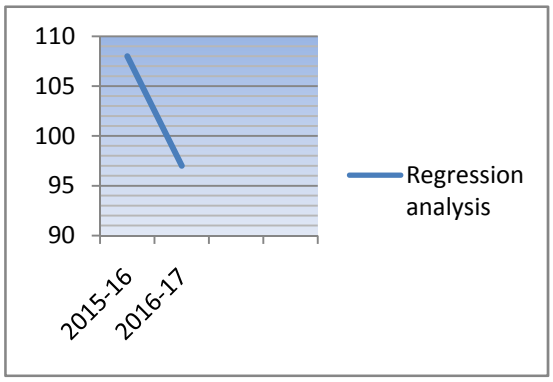
A man in the village Tonaghatu, of Gola, said, "I will now ensure that not only my family members but neighbors are also using toilet."

- The project aims to make the community aware about hygiene and sanitation. It was observed household toilets in the study area have been increased and construction of new toilets is in progress. It is important to mention here that the villagers are now able to comprehend the link between cause of diseases and hygienic practices and many of the respondents found affirmative that diseases can be prevented by using toilet. Even, the persons not preferring toilets were found aware about importance of toilet and its usage.
- Despite of this, use of toilet by all is a farfetched imagination. Just more than fifty percent are using toilet whereas 30 percent of the respondents were found not preferring toilet or the household is without toilet.

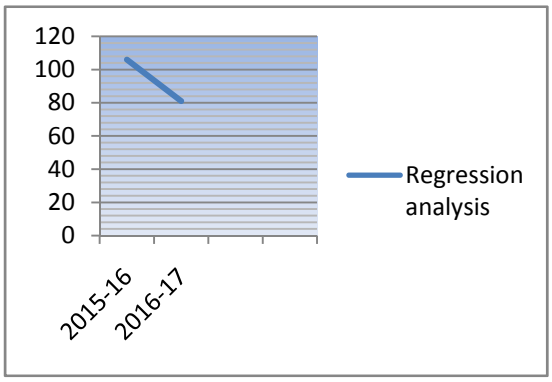


- It was found that the women who had toilet in their households tended to have higher level of awareness about sanitation and hygiene.

- It was found that PRI members are more aware about construction of toilet in their household however, contrary to this 60% of the PRI members does not know about the SBA project.
- The study shows that perception on hand wash was high and the practice on the same was also found high. Even, the school going children were found aware about hand washing after using toilet and before eating. Most importantly hand washing with soap-water was found in practice.
- The study shows that there was relatively low perception and low practice for disposal of solid waste. In some places, it was found that the community garbage pit do exist however, household garbage still being thrown in the open. A system of useful disposal of solid waste/garbage is evolving in the study area. AFI functionaries have imparted training to the community members on making compost from garbage.
- The level of awareness on disposal of liquid waste was high while the practice was low. Many of the houses in the study area yet to be connected to the outside drain and resulted water accumulation outside the house or on the road.
- It was found that a commendable process of constructing soaking pits and connected with the house drain has started in the area. A sizeable number of soak pits have been constructed in the area which also validates the relevance of the project.
- On two issues, personal hygiene and home/food sanitation, awareness was medium while practice was high.
- Respondents who were more aware of hygienic practices tended to report fewer diseases in their households over last two year. A sharp decline in diseases like – malaria and diarrhea was observed in the study area.

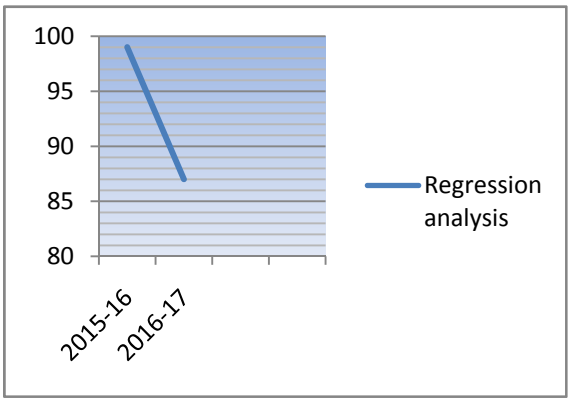


Anemia cases

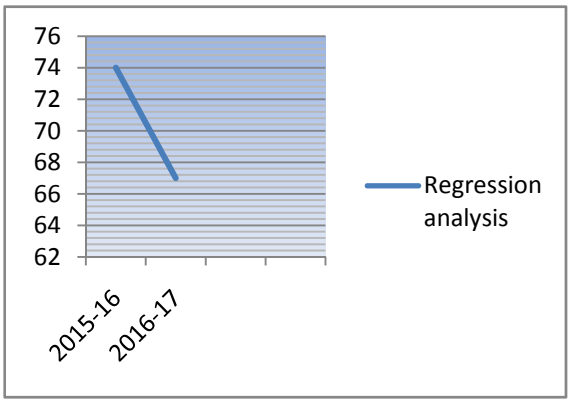


Diarrhea cases

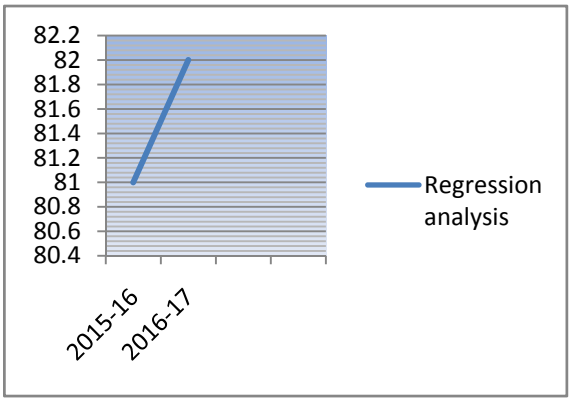
- In last one year diarrheal cases have been declined by 23% and 10% less Anemia cases were recorded.



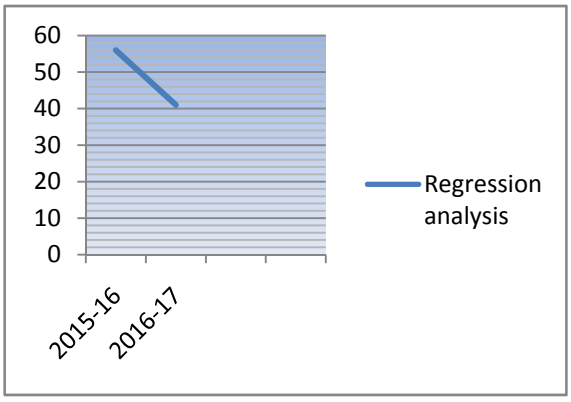
Malaria cases



Malnutrition cases



Pneumonia cases



TB cases

- Incidence of water and sanitation related diseases show a decreasing trend and IEC activities carried out by AFI has contributed to this. However, pneumonia case has been increased by 1.23%.
- Perception and practice was found medium to high in terms of treatment of diseases. Understanding and availing of health services has also been increased and people use to visit the PHC / government hospitals, especially for the institutional delivery.
- Respondents were found aware of disadvantages of using impure water and consequently bad effect on health. It was found that they have a better understanding that using open source of water can result the diseases like diarrhea and jaundice.
- It was found that SBA project is being fairly implemented in both the blocks. Participation of community members with the project seems quite good.
- Behavioral change and practices were observed among the community members especially school going children. For instances, the community uses their time in more meaningfully and also members be self-indulgent in cleaning of water sources, roads and other public places etc.

- It was observed that this programme has helped in improving social harmony through mutual understanding of duties to the society. Prior to this project, there were many instances of conflict and clashes of opposed interests taken place due to garbage dumping and water accumulation etc. It is pertinent to mention here that there is sharp decline found in this kind of conflict among the community members. It was also felt by the respondents an environment has been created for cleanliness.
- Community approach towards the SBA Project was found positive. One of the reasons observed was the influence of the organization and implementation of multidimensional activities under this project.
- Overall, the study shows an increasing trend in health and hygiene awareness with improvement in sanitation coverage.

4.2 Recommendations

- Given the level and intensity of programme activities, it was difficult to achieve cent percent community wide impact in such short duration. It is suggested that programme should continued for longer duration, ideally for 3-4 years.

- Though, the programme has a great impact in the operational area however, there is a need to constitute an implementation committee at the GP level in order to ensure community participation in the programme. The members may be assigned to monitor the programme at the grass root level.

- The PRI members were found less informed about the SBA project being implemented by Aarogya Foundation. In order to harness the potentiality of local self governance, PRI Member should be encouraged to associate with the programme. The PRI Member found more enthusiastic about the programme and also agreed to extend all kind of support to the programme.
- Other stakeholders like – Sahiya, Aanganwadi Sevikas were also found not much aware about the activities carried out by the field functionaries. Therefore, it is suggested that members of community based workers must be associated with the project.
- Knowledge and learning of functionaries at the grass root level is the most crucial input for improving the quality of the project. Therefore, it is highly recommended that short-term refresher training programmes should be provided at regular intervals so Sevikas and Sanyojikas can upgrade their skills and learn more about heath, hygiene and sanitation along with interpersonal communication skill.

- It was felt that there must be mechanism to evaluate the progress of the programme and it is recommended that mid-term evaluation in every six should be conducted in house.

4.3 Conclusion

The study on Implementation of Swachh Bharat Abhiyan Project was conducted to assess the impact of the programme on community along with evaluate the skill of functionaries. The finding suggests that community members were inclined towards the cleanliness programme and desired maintain continuity of activities conducted bt AFI. The perception of the community particularly the women regarding the public health and hygiene issues is an important influencing factor in conditioning the practice of hygiene in the community.

Yet, despite all the struggles and problems that beset the health system in Jharkhand, the innovative approach of making the community aware on health and hygiene is a creditable option to address fundamental needs of people in the state. However, sustainability of this experiment will largely depend upon reinventing the programme and the process to serve the hygiene education needs in the existing socio-psychological times.

One of the most difficult aspect of community level programmes is ensuring sufficient penetration and reach across a community to attain population-level impact. Thus, although specific programme component may be effective, the low level of involvement in individual level behavior change programme limits the community wide impact.

In spite of that, the experiment is an innovative approach and it is a most reliable and interactive mode of reaching the rural and deprived communities with low literacy rates and little access to health services in the remote areas in Jharkhand.

Participation in Focused Group Discussion (FGD)

LIST OF PERSONS PARTICIPATED IN FGD AT VILLAGE KASPUR, GP BHANDRA , BLOCK BHANDRA	
1. Shri.Suresh Oraon - Community Member	12. Smt. Chandrawati Oraon - Anganwadi Sewika
2. Shri. Prabhu Oraon - Community Member	13. Smt. Chaiti Oraon - Community Member
3. Shri. Ghuriya Oraon - Community Member	14. Smt. Sitamani Oraon - Community Member
4. Shri. Shyamu Oraon - Community Member	15. Smt.Sukhmani Oraon - Community Member
5. Shri. Sanicharwa Oraon -Teacher	16. Smt.Somai Oraon - Community Member
6. Shri. Gauri Oraon - Community Member	17. Smt. Budhni Oraon - Community Member
7. Shri. Bharat Oraon - Community Member	18. Smt. Shanti Oraon - JalSahiya
8. Shri.Dasai Oraon - Community Member	19. Smt. Sukri Oraon - Community Member
9. Shri. Ramesh Oraon - Community Member	20. Smt. Pramila Oraon - Ward Member
10. Shri.Ramesh Kumar Rana - Teacher	21. Smt. Aarti Devi - Ward Member
11. Ms Sangita Kumari - AFI Functionary	
LIST OF PERSONS PARTICIPATED IN FGD AT VILLAGE MASMANO, GP MASMANO, BLOCK BHANDRA	
1. Shri. Nandu Oraon - Community Member	14. Smt. Rajmani Oraon - Community Member
2. Shri. Krishna Sahu - Community Member	15. Smt. Rajbala Devi - Community Member
3. Shri. Sukhdeo Bhagat - Community Member	16. Ms. Sabitri Kumari - Community Member
4. Shri Birsai Oraon - Community Member	17. MS. Jaimani Mahto - AFI Functionary
5. Shri. Birya - AFI Functionary	18. Smt. Nirmala Devi - Community Member
6. Shri. Bharat Ram - Ward Member	19. Smt. Santoshi Devi - AFI Functionary
7. Shri Lakhan Oraon - Community Member	20. Smt. Rudain Oraon - Community Member
8. Shri. Santosh Yadav - Community Member	21. Smt. Khudain Devi - Community Member
9. Shri. Baldeo Lohra - Community Member	22. Smt. Lalo Devi - Community Member
10. Smt. Malti Kachhap - Ward Member	23. Smt. Shanti Devi- Community Member
11. Smt. Basanti Devi - AFI Functionary	24. Smt. Dashmi Devi - Community Member
12. Smt. Shanti Lohra - AFI Functionary	25. Smt. Seema Devi - Community Member
13. Smt. Shakuntala Tirkey - AFI Functionary	
LIST OF PERSONS PARTICIPATED IN FGD AT VILLAGE TONAGHATU, GP SARAM , BLOCK GOLA	
1. Shri. Tulsi Mahto - Teacher	8. Shri. Mangaldeo Mahto - Community Member
2. Shri. Ramesh Mahto - Ward Member	9. Smt. Usha Devi - AFI Functionary
3. Shri. Sitaram Mahto - Community Member	10. Smt. Kiran Devi - Ward Member
4. Shri. Chunnilal Mahto - Community Member	11. Smt. Babita Devi - AFI Functionary
5. Shri. Jaleshwar Mahto - Community Member	12. Smt. Sandhya Devi - Community Member
6. Shri Shankar Mahto - Community Member	13. Smt. Subhadra Devi - Sahiya
7. Shri. Shambhu Mahto - Community Member	14. Smt. Sushila Devi - Community Member
LIST OF PERSONS PARTICIPATED IN FGD AT VILLAGE BARIATU, GP BARIATU, BLOCK GOLA	
1. Shri.Nandlal Sinha - Community Member	8. Smt. Soni Devi - Community Member
2. Shri. Mangal Mahto - Community Member	9. Smt. Phulo Devi - Community Member
3. Shri. Baleshwar Prasad Sinha - Community Member	10. Smt.Malti Devi - Anganwadi Sewika
4. Shri. Kishor Pandey - Community Member	11. Smt. Aarti Devi - Community Member
5. Smt. Babita Devi - AFI Functionary	12. Smt. Phulmani Devi - Community Member
6. Smt. Usha Devi - AFI Functionary	13. Smt. Champa Devi - Community Member
7. Smt. Jitni Devi - Ward Member	14. Smt. Subala Devi - Mukhiya Bariatu

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एशियन डेवलपमेंट रिसर्च इंस्टीच्युट

आरोग्य फाउंडेशन ऑफ इंडिया रांची द्वारा संचालित

स्वच्छ भारत अभियान परियोजना का प्रभाव एक आकलन

प्रश्नावली-1 लाभार्थी एवं समुदाय के लिए

जिला : ..... प्रखंड : ..... ग्राम पंचायत : ..... ग्राम : .....

व्यक्तिगत विवरण

क) नाम ..... ख) लिंग : [म] [पु] ग) जाति : [SC] [ST] [OBC] [Min] [Gen]

घ) उम्र : [ ][ ] वर्ष ङ) शैक्षणिक योग्यता : [साक्षर] [कक्षा 5 तक] [कक्षा 8 तक] [कक्षा 10 तक] [इंटर] [स्नातक+]

च) व्यावसाय : ..... छ) घर का प्रकार : [कच्चा] [अर्द्ध पक्का] [पक्का] [अन्य]

ज) घर में शौचालय : [हां] [नहीं] झ) घर में पानी का स्रोत : [चापानल] [कुंआ] [सप्लाई] [अन्य]

ट) परिवार में सदस्यों की संख्या : कुल [ ] महिला [ ] पुरुष [ ]

0-5 वर्ष [ ] 6-14 वर्ष [ ] 15 वर्ष से अधिक [ ]

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1. **क्या आपने स्वच्छ भारत अभियान के बारे में सुना है?** [हां] [नहीं]

2. **यदि हां, तो यह कार्यक्रम इनमें से किससे संबंधित है?**

   क) शौचालय निर्माण [ ] ख) कूड़ा-कचरा का निपटान [ ] ग) स्वास्थ्य [ ]

   घ) स्वच्छ पेयजल एवं जलस्रोतों की सफाई [ ] ङ) व्यक्तिगत एवं सामुदायिक स्वच्छता [ ]

   च) अन्य (लिखें) : .....

3. **क्या आपको आरोग्य फांउडेशन ऑफ इंडिया के द्वारा संचालित स्वच्छ भारत अभियान प्रोजेक्ट की जानकारी है?**

   क) हां [ ] ख) नहीं [ ] ग) नहीं कह सकते [ ]

4. **यदि हां, तो इस प्रोजेक्ट अंतर्गत क्या गतिविधियां संचालित हैं?**

   क) गंदे पानी के निपटान हेतु सोकपिट निर्माण [ ]

   ख) स्वच्छ पीने का पानी के उपयोग की जानकारी [ ]

   ग) शौचालय निर्माण एवं इस्तेमाल की जानकारी [ ]

   घ) कूड़ा-कचरा के निपटान की जानकारी [ ]

   ङ) स्वास्थ्य संबंधी जानकारी [ ]

   च) नहीं कह सकते [ ]

5. **आरोग्य फाउंडेशन ऑफ इंडिया द्वारा संचालित स्वच्छ भारत अभियान प्रोजेक्ट की जानकारी किससे मिली?**

   क) आरोग्य सेविका/संयोजिका [ ] ख) एकल आचार्य [ ]

   ग) समुदाय [ ] घ) नहीं जानते [ ]

6. **क्या आपके घर में (गंदा /उपयोग किया हुआ पानी के प्रबंधन के लिए) सोकपिट (सोख्ता) है?**

क) हां ☐ ख) नहीं ☐

7. **क्या आरोग्य सेविका / संयोजिका ने सोकपिट (सोख्ता) निर्माण एवं उपयोगिता से संबंधी कोई जानकारी दी है?**

क) हां ☐ ख) नहीं ☐ ग) नहीं कह सकते ☐

8. **आप अपने घर के गंदे पानी (उपयोग किया हुआ) की निकासी कैसे करते हैं?**

क) खुले में बहा / फेंक देते हैं। ☐

ख) नाली के द्वारा सोकपिट (सोख्ता) में छोड़ते हैं। ☐

ग) जानवरों को पिलाने के लिए इस्तेमाल करते हैं। ☐

घ) किचन गार्डन (पौधे की सिंचाई करते हैं) ☐

9. **सोकपिट (सोख्ता) के निर्माण को आप कितना उपयुक्त समझते हैं?**

क) बहुत उपयोगी ☐ ख) आंशिक उपयोगी ☐ ग) अनुपयोगी ☐ घ) नही कह सकते ☐

10. **आप पीने का पानी कहां से लेते / प्राप्त करते हैं?**

क) कुंआ ☐ ख) चापानल ☐ ग) सप्लाई पानी ☐ घ) तालाब/नदी ☐

ङ) डाड़ी ☐ च) अन्य ☐

11. **खुले जल स्रोत (कुंआ, नदी, तालाव, डाड़ी) के पानी का सेवन /उपयोग हमारे जीवन को किस प्रकार प्रभावित करता है?**

क) बीमारी हो सकता है ☐ ख) डायरिया/दस्त हो सकता है ☐

ग) पीलिया हो सकता है ☐ घ) नहीं कह सकते हैं ☐

12. **घर पर पीने के पानी का सेवन कैसे करते हैं?**

क) कुंआ / चापानल से तुरंत भरा हुआ पानी ☐ ख) कपड़ा से पानी छान कर ☐

ग) पानी को उबाल कर ☐ घ) वाटर-फिल्टर का उपयोग ☐

च) अन्य (लिखें) .....

13. **अधिकांश बीमारी दूषित जल के सेवन से (जल जनित) होते हैं। क्या आपको जल जनित बीमारियों की जानकारी है? नाम लिखें :**

क) ..... ख) ..... ग) ..... घ) .....

14. **आपके परिवार में पिछले दो वर्ष के दौरान कितने सदस्य जल जनित बीमारी से ग्रसित हुए?**

0-15 आयुवर्ग कुल ☐ म ☐ पु ☐ 15+आयुवर्ग कुल ☐ म ☐ पु ☐

15. **आपके परिवार में पिछले एक वर्ष के दौरान कितने सदस्य जल जनित बीमारी से ग्रसित हुए?**

0-15 आयुवर्ग कुल ☐ म ☐ पु ☐ 15+आयुवर्ग कुल ☐ म ☐ पु ☐

16. **क्या आपको आरोग्य सेविका / संयोजिका ने स्वच्छ पीने का पानी की जानकारी दी है?**

क) हां ☐ ख) नहीं ☐ ग) कह नहीं सकते ☐

17. **क्या आपको आरोग्य फांउडेशन ऑफ इंडिया के द्वारा वाटर फिल्टर मिला है?**

क) हां ☐ ख) नहीं ☐

18. **क्या आप अपने घर पर निर्मित शौचालय का उपयोग / इस्तेमाल करते हैं?**

क) हां ☐ ख) नहीं ☐ ग) कभी-कभार ☐

19. **शौचालय का इस्तेमाल स्वास्थ्य तथा स्वच्छता के हिसाब से कितना उपयोगी है?**

क) बहुत उपयोगी ☐ ख) आंशिक उपयोगी ☐ ग) अनुपयोगी ☐ घ) नहीं कह सकते ☐

20. **आपके विचार से शौचालय का इस्तेमाल नहीं करने का मुख्य कारण क्या है?**

क) आदत नहीं है ☐ ख) पानी की कमी ☐ ग) शौचालय घर से दूर ☐ घ) नहीं कह सकते ☐

21. **क्या आरोग्य सेविका/संयोजिका ने शौचालय निर्माण तथा इसके उपयोग के लिए प्रेरित किया/जानकारी दी है?**

क) हां ☐ ख) नहीं ☐

22. **सामुदायिक स्वच्छता के लिए कूड़े-कचरे के निपटान/प्रबंधन को आप कितना आवश्यक समझते हैं?**

क) अति आवश्यक ☐ ख) सामान्य आवश्यक ☐ ग) कम आवश्यक ☐ घ) नहीं कह सकते ☐

23. **आप अपने घर के कूड़ा-कचरा का निपटान कैसे करते हैं?**

क) मैदान/खेत में फेंकते हैं ☐ ख) घर के बाहर सड़क पर ☐ ग) किसी भी खाली जगह पर ☐

घ) कचरा / गोबर गड्ढा में ☐ च) कंपोस्ट खाद बनाते हैं ☐

24. **क्या आरोग्य सेविका/संयोजिका के द्वारा आपको कूड़ा से कंपोस्ट बनाने की जानकारी/ प्रशिक्षण दी गई है?**

क) हां ☐ ख) नहीं ☐

25. **कूड़े से कंपोस्ट बनाना आपके विचार से कितना लाभादायक है?**

क) बहुत लाभदायक ☐ ख) सामान्य लाभदायक ☐ ग) कम लाभदायक ☐ घ) नहीं कह सकते ☐

26. **आम तौर पर आपके परिवार में किसी सदस्य के बीमार होने पर ईलाज के लिए कहां जाते है?**

क) घरेलु उपचार ☐ ख) निजी डॉक्टर ☐ ग) सरकारी अस्पताल ☐ घ) वैद्य / हकीम ☐

च) झाड़-फूक / ओझा-गुणी ☐ छ) अन्य (लिखें) .....

27. **आपके परिवार में इनमें से किस बीमारी से ज्यादा ग्रसित हुए हैं?**

क) निमोनिया ☐ ख) एनीमिया ☐ ग) कुपोषण ☐ घ) टी.बी. ☐

च) डायरिया ☐ छ) मलेरिया ☐ ज) अन्य .....☐.....

28. **क्या आपके परिवार का कोई सदस्य विगत दो वर्ष के दौरान उक्त किसी बीमारी से ग्रसित हुआ है?**

क) हां ☐ ख) नहीं ☐ यदि हां तो कौन सी बीमारी .....

29. **क्या आपके परिवार का कोई सदस्य विगत एक वर्ष के दौरान कोई उक्त किसी बीमारी से ग्रसित हुआ?**

क) हां ☐ ख) नहीं ☐ यदि हां तो कौन सी बीमारी .....

30. क्या आरोग्य सेविका/संयोजिका के द्वारा घरेलु उपचार की जानकारी दी गई/जाती है?

क) हां ☐ ख) नहीं ☐ ग) नहीं कह सकते ☐

31. क्या आपको आरोग्य सेविका/संयोजिका के द्वारा बीमारी एवं इससे बचाव संबंधी जानकारी दी गई / जाती है?

क) हां ☐ ख) नहीं ☐

32. क्या आपने आरोग्य फाउंडेशन द्वारा आयोजित स्वास्थ्य मेला में भाग लिया है?

क) एक बार ☐ ख) 2-4 बार ☐ ग) 5 से अधिक बार ☐ घ) कभी नहीं ☐

33. स्वास्थ्य मेला/मेडिकल कैंप में दी जानेवाली जानकारी कितनी लाभदायक है?

क) बहुत लाभदायक ☐ ख) सामान्य लाभदायक ☐ ग) कम लाभदायक ☐ घ) नहीं कह सकते ☐

34. निम्नलिखित पारिवारिक स्वच्छता तथा साफ-सफाई संबंधी किन कार्यों का आप नियमित पालन करते हैं?

क) स्वच्छ जल का सेवन ☐ ख) संतुलित आहार ☐

ग) अपना घर एवं घर के आस-पास की साफ-सफाई करते हैं ☐

घ) शौचालय का उपयोग एवं साफ-सफाई नियमित करते हैं ☐

35. सामुदायिक स्वच्छता में इनमें से कौन-कौन शामिल हैं?

क) सार्वजनिक स्थानों की साफ-सफाई ☐ ख) जलस्रोत के आस पास की साफ-सफाई ☐

ग) कूड़ा कचरा का निपटान ☐ घ) जल जमाव को दूर करना ☐

ङ) अन्य लिखें .....

36. स्वच्छता संबंधी इनमें से किन गतिविधियों में आपने भाग लिया है?

क) स्वच्छता रैली ☐ ख) स्वच्छता दिवस ☐ ग) सार्वजनिक स्थलों की साफ-सफाई ☐

घ) जल स्रोतों के आसपास की साफ-सफाई ☐ ङ) अन्य (लिखें) .....

37. शौच के बाद तथा खाने से पहले किस चीज से हाथ धोते हैं?

क) मिट्टी से ☐ ख) राख से ☐

ग) साबुन से ☐ घ) सिर्फ पानी से ☐

38. आपके गांव में आरोग्य फाउंडेशन ऑफ इंडिया द्वारा संचालित स्वच्छ भारत अभियान प्रोजेक्ट से आप कितना संतुष्ट है?

(1 - 5 स्कोर दें,) .....

39. आरोग्य फाउंडेशन ऑफ इंडिया द्वारा संचालित स्वच्छ भारत अभियान प्रोजेक्ट का समुदाय पर क्या प्रभाव पड़ा?
(व्यक्तिगत एवं सामुदायिक स्वच्छता तथा स्वास्थ्य, शौचालय निर्माण तथा उपयोग, स्वच्छ पीने का पानी तथा बीमारी की रोकथाम आदि).....

.....

40. अनुवेषक का मंतव्य .....

.....

दिनांक :

अनुसंधानकर्ता का नाम एवं हस्ताक्षर

एशियन डेवलपमेंट रिसर्च इंस्टीच्युट

आरोग्य फाउंडेशन ऑफ इंडिया रांची द्वारा संचालित

स्वच्छ भारत अभियान परियोजना का प्रभाव एक आकलन

प्रश्नावली-2 पंचायती राज संस्थान के सदस्यों के लिए

जिला : ..... प्रखंड : ..... ग्राम पंचायत : ..... ग्राम : .....

व्यक्तिगत विवरण

क) नाम .....ख) लिंग : [म] [पु] ग) जाति : [SC] [ST] [OBC] [Min] [Gen]

घ) उम्र : [ ][ ] वर्ष ङ) शैक्षणिक योग्यता : [साक्षर] [कक्षा 5 तक] [कक्षा 8 तक] [कक्षा 10 तक] [इंटर] [स्नातक+]

च) घर में शौचालय हां / नहीं छ) कब से पंचायत प्रतिनिधि हैं : [ ][ ][ ][ ][ ][ ][ ][ ] ज) पदनाम : .....

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1. **क्या आपने स्वच्छ भारत अभियान के बारे में सुना है?** [हां] [नहीं]
2. **यदि हां, तो यह कार्यक्रम इनमें से किससे संबंधित है?**

   क) शौचालय निर्माण ☐ ख) कूड़ा-कचरा का निपटान ☐ ग) स्वास्थ्य ☐

   घ) स्वच्छ पेयजल एवं जलस्रोतों की सफाई ☐ ङ) व्यक्तिगत एवं सामुदायिक स्वच्छता ☐

   च) अन्य (लिखें) : .....
3. **स्वच्छ भारत अभियान के तहत आपके पंचायत / वार्ड में कौन से कार्य किये गए / किये जा रहे हैं?**

   क) ख) ग)

   घ) ङ)
4. **क्या आपको अपने पंचायत / वार्ड में आरोग्य फाउंडेशन ऑफ इंडिया द्वारा संचालित स्वच्छ भारत अभियान प्रोजेक्ट की जानकारी है?**

   क) हां ☐ ख) नहीं ☐ ग) नहीं जानते ☐
5. **आरोग्य फाउंडेशन ऑफ इंडिया के द्वारा संचालित प्रोजेक्ट की जानकारी किससे मिली?**

   क) आरोग्य संयोजिका / सेविका ☐ ख) एकल आचार्य ☐

   ग) आरोग्य से जुड़े लाभार्थी ☐ घ) नहीं कह सकते ☐
6. **क्या आपको आरोग्य फाउंडेशन ऑफ इंडिया अंतर्गत पंचायत / गांव में कार्यरत कर्मियों की जानकारी है?**

   क) हां ☐ ख) नहीं ☐
7. **आपके ग्राम पंचायत/वार्ड में आरोग्य फाउंडेशन ऑफ इंडिया द्वारा क्या गतिविधियां संचालित है?**

   क) गंदे पानी के निपटान हेतु सोकपिट निर्माण ☐ ख) स्वच्छ पीने का पानी के उपयोग की जानकारी ☐

   ग) शौचालय निर्माण एवं इस्तेमाल की जानकारी ☐ घ) कूड़ा-कचरा के निपटान की जानकारी ☐

   ङ) स्वास्थ्य संबंधी जानकारी ☐ च) नहीं कह सकते ☐

8. **गंदे पानी की निकासी का प्रबंधन न होना / जल जमाव सामुदायिक स्वच्छता को कैसे प्रभावित करता है?**

क) मच्छड़ पनप सकते हैं ☐ ख) बीमारी हो सकता है। ☐

ग) आवागमन बाधित हो सकता है ☐ घ) उपरोक्त सभी ☐

9. **आपके पंचायत / वार्ड में समुदाय के लोग गंदा पानी (उपयोग किया) की निकासी कैसे करते हैं?**

क) खुले में बहा / फेंक देते हैं। ☐ ख) नाली के द्वारा सॉकपिट (सोख्ता) में छोड़ते हैं। ☐

ग) जानवरों को पिलाने के लिए इस्तेमाल करते हैं। ☐ घ) किचन गार्डन (पौधे की सिचाई करते हैं) ☐

10. **आरोग्य फाउंडेशन ऑफ इंडिया द्वारा संचालित प्रोजेक्ट अंतर्गत सोकपिट का निर्माण किया गया/ जा रहा है। आरोग्य संयोजिका/सेविका ने इस संबंध में आपसे संपर्क किया है?**

क) हां ☐ ख) नहीं ☐

11. **सोकपिट के निर्माण को स्वच्छता के लिहाज से आप कितना उपयुक्त समझते हैं?**

क) बहुत उपयोगी ☐ ख) आंशिक उपयोगी ☐ ग) अनुपयोगी ☐ घ) नहीं कह सकते ☐

12. **आपके पंचायत / वार्ड में पीने का पानी का मुख्य स्रोत क्या है?**

क) कुंआ ☐ ख) चापानल ☐ ग) सप्लाई वाटर ☐ घ) तालाब / नदी ☐

ङ) डाड़ी ☐ च) अन्य (लिखें) .....

13. **खुले जल स्रोत के पानी का सेवन सामुदायिक स्वास्थ्य को किस प्रकार प्रभावित करता है?**

क) बीमारी हो सकता है ☐ ख) डायरिया/दस्त हो सकता है ☐

ग) पीलिया हो सकता है ☐ घ) नहीं कह सकते हैं ☐

14. **आपके पंचायत / वार्ड में आम तौर पर लोग पीने का पानी का सेवन कैसे करते हैं?**

क) कुंआ / चापानल से तुरंत भरा हुआ पानी ☐ ख) कपड़ा से पानी छान कर ☐

ग) पानी को उबाल कर ☐ घ) वाटर-फिल्टर का उपयोग ☐

ङ) अन्य लिखें : .....

15. **अधिकांश बीमारियां जल जनित (दूषित पानी के सेवन से) है। आपके पंचायत / वार्ड में जल जनित प्रमुख बीमारी निम्नलिखित में से कौन-कौन सी हैं?**

क) डायरिया/दस्त ☐ ख) पीलिया ☐ ग) पेट की बीमारी ☐ घ) नहीं कह सकते ☐

16. **विगत एक वर्ष में आपके पंचायत / वार्ड में जल जनित बीमारी से कितने लोग ग्रसित हुए हैं?** .....

17. **आपकी जानकारी में क्या आरोग्य सेविका / संयोजिका के द्वारा गांव/पंचायत में पीने का साफ पानी के बारे में बताया जाता/गया है?**

क) हां ☐ ख) नहीं ☐ ग) नहीं कह सकते ☐

18. **क्या आपको आरोग्य फाउंडेशन ऑफ इंडिया द्वारा समुदाय के बीच वाटर फिल्टर वितरण की जानकारी है?**

क) हां ☐ ख) नहीं ☐ ग) नहीं कह सकते ☐

19. **क्या आरोग्य कर्मियों द्वारा वाटर फिल्टर के लाभुकों के चयन में आपकी सहमति/सहयोग ली गयी?**

क) हां ☐ ख) नहीं ☐

20. **शौचालय का इस्तेमाल स्वास्थ्य तथा स्वच्छता के हिसाब के कितना उपयोगी है?**

क) बहुत उपयोगी ☐ ख) आंशिक उपयोगी ☐ ग) अनुपयोगी ☐ घ) नहीं कह सकते ☐

21. **आपके वार्ड/पंचायत में शौचालय का उपयोग कर रहे लोगों की अनुमानित प्रतिशत क्या है**

क) >25% ☐ ख) 26-50% ☐ ग) 51-75% ☐ घ) 76-90% ☐ च) 91% - above ☐

22. **आपके पंचायत/वार्ड के जो लोग शौचालय का उपयोग नहीं कर रहे हैं, उसका मुख्य कारण क्या है?**

क) आदत नहीं है ☐ ख) पानी की कमी ☐ ग) शौचालय घर से दूर ☐ घ) नहीं कह सकते ☐

23. **क्या आपके पंचायत / वार्ड में संयोजिका/सेविका द्वारा शौचालय के उपयोग हेतु जानकारी दी जाती है?**

क) हां ☐ ख) नहीं ☐ ग) नहीं कह सकते ☐

24. **समुदाय की स्वच्छता के लिए कूड़े-कचरे के निपटान/प्रबंधन को आप कितना आवश्यक समझते हैं?**

क) अति आवश्यक ☐ ख) सामान्य आवश्यक ☐ ग) कम आवश्यक ☐ घ) नहीं कह सकते ☐

25. **आपके पंचायत/वार्ड में लोग घर के कूड़ा का निपटान कैसे करते हैं?**

क) मैदान/खेत में फेंकते हैं ☐ ख) घर के बाहर सड़क पर ☐ ग) किसी भी खाली जगह पर ☐

घ) कचरा / गोबर गड्ढा ☐ च) कंपोस्ट खाद बनाते हैं ☐

26. **क्या आपको अपने पंचायत / वार्ड में आरोग्य सेविका/संयोजिका के द्वारा कूड़ा-कचरा का प्रबंधन तथा प्रशिक्षण की जानकारी है?**

क) हां ☐ ख) नहीं ☐ ग) नही कह सकते ☐

27. **कूड़े से कंपोस्ट बनाने को आप कितना उपयोगी समझते हैं?**

क) बहुत उपयोगी ☐ ख) सामान्य ☐ ग) अनुपयोगी ☐ घ) नहीं कह सकते ☐

28. **आपके पंचायत/वार्ड के लोग आमतौर पर बीमार होने पर ईलाज के लिए कहां जाते है?**

क) घरेलू उपचार ☐ ख) निजी डॉक्टर ☐ ग) सरकारी अस्पताल ☐ घ) वैद्य / हकीम ☐

च) झाड़-फूक / ओझा-गुणी ☐ छ) अन्य (लिखो) .....

29. **आपके पंचायत / वार्ड में निम्नलिखित में से किन बीमारियों से लोग ज्यादा ग्रसित हैं?**

क) निमोनिया ☐ ख) एनीमिया ☐ ग) कुपोषण ☐ घ) टी.बी. ☐

च) डायरिया ☐ छ) मलेरिया ☐ ज) अन्य .....

30. **विगत दो वर्ष के दौरान उक्त बीमारियों से अनुमानित कितने लोग प्रभावित हुए हैं?**

बीमारी का नाम एवं प्रभावित सदस्यों की संख्या .....

31. **आपके विचार से क्या विगत एक वर्ष के दौरान उक्त बीमारियों में से किसी में कमी आयी है?**

बीमारी का नाम एवं गिरावट प्रतिशत .....

32. **आरोग्य सेविका / संयोजिका के द्वारा समुदाय, विशेषकर महिलाओं को विभिन्न बीमारी एवं इससे बचाव की जानकारी दी जाती है। क्या आपको आरोग्य कर्मियों द्वारा ऐसी गतिविधियों के संचालन की जानकारी है?**

क) हां ☐ ख) नहीं ☐ ग) नहीं कह सकते ☐

33. **क्या आपने आरोग्य फाउंडेशन ऑफ इंडिया द्वारा आयोजित स्वास्थ्य मेले में भाग लिया है?**

क) एक बार ☐ ख) 2-4 बार ☐ ग) 5 से अधिक बार ☐ घ) कभी नहीं ☐

34. **स्वास्थ्य मेला/मेडिकल कैंप में दी जानेवाली जानकारी कितनी लाभदायक है?**

क) बहुत लाभदायक ☐ ख) सामान्य लाभदायक ☐ ग) कम लाभदायक ☐ घ) नहीं कह सकते ☐

35. **स्वच्छता संबंधी इनमें से किन गतिविधियों में आपने भाग लिया है?**

क) स्वच्छता रैली ☐ ख) स्वच्छता दिवस ☐ ग) सार्वजनिक स्थलों की साफ-सफाई ☐

घ) जल स्रोतों के आसपास की साफ-सफाई ☐ ङ) अन्य (लिखें) .....

36. **आपके विचार से विगत वर्ष में सामुदायिक स्वास्थ्य के स्तर पर कितना सुधार आया है?**

क) बहुत ज्यादा ☐ ख) सामान्य ☐ ग) कोई सुधार नहीं ☐ घ) नहीं कह सकते ☐

37. **आपके पंचायत / वार्ड में आरोग्य फाउंडेशन ऑफ इंडिया द्वारा संचालित स्वच्छ भारत अभियान प्रोजेक्ट से आप कितना संतुष्ट हैं? (1-5 अंकों में स्कोर दें)**

.....

38. **आरोग्य फाउंडेशन ऑफ इंडिया द्वारा संचालित स्वच्छ भारत अभियान प्रोजेक्ट का समुदाय पर क्या प्रभाव पड़ा?** (व्यक्तिगत एवं सामुदायिक स्वच्छता तथा स्वास्थ्य, शौचालय निर्माण तथा उपयोग, स्वच्छ पीने का पानी तथा बीमारी की रोकथाम आदि)

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.....

39. **स्वच्छता के लिहाज से आप अपने पंचायत को 1 से 5 में कितना नंबर देना चाहेंगे?** .....

40. **अनुवेषक का मंतव्य** .....

.....

.....

दिनांक :

अनुसंधानकर्ता का नाम एवं हस्ताक्षर

एशियन डेवलपमेंट रिसर्च इंस्टीच्युट

आरोग्य फाउंडेशन ऑफ इंडिया रांची द्वारा संचालित

स्वच्छ भारत अभियान परियोजना का प्रभाव एक आकलन

प्रश्नावली-5 आरोग्य सेविका / संयोजिका के लिए

जिला : ..... प्रखंड : ..... ग्राम पंचायत : ..... ग्राम : .....

व्यक्तिगत विवरण

क) नाम ..... ख) उम्र : ☐☐ वर्ष

ग) शैक्षणिक योग्यता : ..... घ) जाति : .....

1. **आप कब से इस अभियान से जुड़े हैं?** .....

2. **इस अभियान से आप क्यों जुड़ना चाहे?**

   क) समाजसेवा ☐ ख) जानकारी व अनुभव प्राप्त करने के लिए ☐

   ग) आमदनी के लिए ☐ घ) घरवालों के कहने पर ☐ ङ) अन्य ☐

3. **अभियान अंतर्गत आपने कितने दिनों का प्रशिक्षण लिया?**

4. **प्रशिक्षण के विषय गतिविधियों के लिए कितने उपयोगी हैं?**

   क) बहुत ☐ ख) सामान्य ☐ ग) अनुपयुक्त ☐ घ) नहीं कह सकते ☐

5. **स्वच्छ भारत अभियान प्रोजेक्ट अंतर्गत आप किन गतिविधियों का संचालन करते हैं :**

   क) सोख्ता / सोकपिट ☐ ख) पीने का पानी ☐ ग) शौचालय के सही इस्तेमाल की जानकारी ☐

   घ) साफ सफाई एवं स्वच्छता ☐ घ) स्वास्थ्य ☐ ङ) कूड़ा / कचरा से कंपोस्ट बनाना ☐

   अन्य (लिखें) .....

6. **साफ-सफाई एवं स्वच्छता से संबंधित किन-किन बातों की जानकारी देते हैं?**

   क) ..... ख) .....

   ग) ..... घ) .....

7. **गंदे पानी / उपयोग किया पानी की निकासी हेतु आप क्या जानकारी देते हैं?**

   क) नाली बनाना व इसे साफ रखना ☐ ख) सोख्ता गड्ढा बनाना ☐

   ग) पोषण वाटिका में पानी को उपयोग ☐ घ) अन्य ☐

8. **आपने अपने कार्यक्षेत्र में कितने सोकपिट (सोख्ता गड्ढा) बनावाया है?** .....

9. **क्या आप जल-जमाव से होनेवाली बीमारियों से अवगत हैं?** क) हां ☐ ख) नहीं ☐

10. **यदि हां, तो बीमारियों के नाम लिखें :**

    .....

11. **आप कूड़े-कचरे के निपटान हेतु क्या जानकारी देते हैं?**

क) ..... ख) .....

ग) ..... घ) .....

12. **क्या आपने लाभार्थियों को कूड़े से कंपोस्ट बनाने का प्रशिक्षण कार्य शुरू किया है?** क) हां ☐ ख) नहीं ☐

13. **यदि हां, तो अब तक प्रशिक्षित लाभार्थियों की संख्या :** ☐

14. **कूड़े से कंपोस्ट बनाना तथा इसके उपयोग हेतु आप किन माध्यमों से लोगों को जानकारी देते हैं?**

क) चार्ट / पोस्टर ☐ ख) प्रशिक्षण के दौरान प्रदर्शन ☐ ग) पंपलेट / हैंडबिल के द्वारा ☐

घ) समूह में चर्चा ☐ ङ) अन्य (लिखें) .....

15. **समुदाय को स्वच्छता संबंधी जानकारी देने के लिए आप किन-किन माध्यमों का इस्तेमाल करते हैं?**

क) फ्लिप चार्ट / पोस्टर का प्रदर्शन ☐ ख) बैठक / समूह चर्चा परिचर्या ☐

ग) नुक्कड़ नाटक ☐ घ) अन्य (लिखें) .....

16. **क्या अपने कार्यक्षेत्र में आपने स्वच्छता दिवस का आयोजन किया है?**

क) एक बार ☐ ख) दो बार ☐ ग) तीन से चार बार ☐

घ) पांच से अधिक बार ☐ ङ) कभी नहीं ☐

17. **आपके कार्यक्षेत्र में पीने के पानी का स्रोत क्या है?**

क) कुंआ ☐ ख) चापानल ☐ ग) सप्लाई वाटर ☐ घ) डाड़ी ☐

ङ) नदी / तालाब ☐ च) अन्य (लिखें) .....

18. **आप लोगों को पीने के पानी का सेवन कैसे करने को कहते हैं?**

क) कुंआ/चापानल से तुरंत भरा हुआ ☐ ख) कपड़ा से छान कर ☐

ग) पानी उबालकर ☐ घ) वाटर फिल्टर का उपयोग ☐

च) अन्य (लिखें) .....

19. **क्या दूषित पानी पीने से बीमारी हो सकती है,** क) हां ☐ ख) नहीं ☐

यदि हां, तो नाम लिखें :

क) ..... ख) .....

ग) ..... घ) .....

20. **अपने कार्यक्षेत्र में आपने कितने वाटर फिल्टर का वितरण किया है? लिखें,** ☐

21. **वाटर फिल्टर के उपयोग एवं साफ-सफाई के बारे में आपने कैसे बतलाया?**

क) घर में जाकर ☐ ख) समूह में चर्चा कर ☐ ग) समूह में प्रदर्शित कर ☐

घ) अन्य (लिखे) .....

22. **आप कैसे आश्वस्त होते हैं कि लोग वाटर फिल्टर का पानी पी रहे हैं?**

क) घरों में जाकर देखते हैं ☐ ख) लोगों से पूछ कर ☐ ग) उपरोक्त दोनों ☐

23. **वाटर फिल्टर के इस्तेमाल से किस हद तक जल जनित बिमारियों की रोकथाम संभव हुई है?** ☐

क) पूर्णत: ☐ ख) कुद हद तक ☐ ग) आंशिक ☐ घ) नहीं कह सकते ☐

24. **क्या आपने अपने कार्यक्षेत्र में शौचालय की स्थिति का सर्वेक्षण किया है?** क) हां ☐ ख) नहीं ☐

25. **यदि हां, तो स्थिति (परिवारवार) बतायें :**

क) शौचालयुक्त परिवार ☐ ख) शौचालय विहीन परिवार ☐ ग) नहीं कह सकते ☐

26. **आपने कितने परिवारों को शौचालय निर्माण हेतु उत्प्रेरित किया है?** ☐

27. **उत्प्रेरित परिवारों में से कितनों ने शौचालय का निर्माण कर लिया है?** ☐

28. **शौचालय निर्माण हेतु उत्प्रेरण के लिए आप कौन सा माध्यम का उपयोग करते हैं?**

क) समूह की बैठक में चर्चा ☐ ख) रैली, प्रभात फेरी, जन संपर्क ☐

ग) नुक्कड़ नाटक, ऑडियो-वीडियो, गीत ☐ घ) अन्य ☐

29. **आपके विचार से प्रत्येक 10 शौचालय युक्त परिवारों में से कितनों के द्वारा शौचालय का नियमित उपयोग किया जाता है?** ☐

30. **क्या आप शौचालय निर्माण संबंधी जानकारी पंचायत प्रतिनिधियों/जल सहिया से साझा करते हैं?**

क) हां ☐ ख) नहीं ☐ यदि नहीं, तो क्यों लिखें, ...

31. **आप अपने कार्यक्षेत्र में महिलाओं को पोषण से संबंधित कौन-कौन सी जानकारी देते हैं?**

क) ..... ख) .....

ग) ..... घ) .....

32. **क्या आपके कार्यक्षेत्र की महिलाओं के खान-पान में कुछ अंतर देखने को मिलता है?** क) हां ☐ ख) नहीं ☐

33. **यदि हां, तो क्या ?** लिखें, ...

34. **आप महिलाओं को बच्चों के पोषण से संबंधित कौन-कौन सी जानकारी देते हैं?**

क) ..... ख) .....

ग) ..... घ) .....

35. **आपको इनमें से किन बीमारियों की जानकारी है तथा ये क्या है?**

क) एनीमिया ☐ .....

ख) डायरिया ☐ .....

ग) निमोनिया ☐ .....

घ) कुपोषण ☐ .....

ङ) अन्य (लिखें).....

36. आपके कार्यक्षेत्र के लोग बीमार होने पर ईलाज के लिए कहां जाते हैं?

क) अस्पताल ☐ ख) झोला छाप डाक्टर के पास ☐ ग) घरेलु उपचार ☐ घ) बैद्य ☐ ङ) ओझा गुणी ☐

37. क्या आपके कार्यक्षेत्र के नजदीक PHC (प्राथमिक स्वाथ्य केंद्र) है? क) हां ☐ ख) नहीं ☐

38. बीमार होने पर आपने कितनों को PHC जाने की सलाह दी? लिखें ☐

39. क्या आप घरेलु उपचार की भी जानकारी देते हैं? क) हां ☐ ख) नहीं ☐

40. यदि हां, तो क्या-क्या?

	बीमारी	**घरेलु उपचार**
क)		
ख)		
ग)		
घ)		
ङ)		

41. क्या आपने अपने कार्यक्षेत्र में स्वास्थ्य मेला का आयोजन किया है?

क) एक बार ☐ ख) 2-3 बार ☐ ग) 4-5 बार ☐ घ) 5 से अधिक बार ☐ ङ) कभी नहीं ☐

42. स्वास्थ्य मेला में आपको किन लोगों का सहयोग प्राप्त हुआ?

क) पंचायती राज संस्थान ☐ ख) स्थानीय स्वास्थ्यकर्मी ☐

ग) जिला स्तरीय स्वास्थ्यकर्मी ☐ घ) उपरोक्त सभी ☐ ङ) इनमें से कोई नहीं ☐

43. क्या आप विद्यालयों में भी स्वच्छ भारत की जानकारी देते हैं? क) हां ☐ ख) नहीं ☐

44. यदि हां, तो इनमें से कौन-कौन सी जानकारी :

क) विद्यालय का साप्ताहिक साफ-सफाई ☐ ख) व्यक्तिगत (नाखून, बाल, कपड़ा) की साफ-सफाई ☐

ग) शौचायल की साफ-सफाई ☐ घ) हाथ धोने की जानकारी ☐

ङ) अन्य (लिखें) .....

45. विद्यालय में उक्त जानकारियों को बतलाने हेतु क्या माध्यम अपनाया गया?

क) रैली ☐ ख) चित्रांकन ☐ ग) वाद-विवाद प्रतियोगिता ☐ घ) खेल-कूद ☐

ङ) अन्य (लिखें) .....

46. क्या आपने समुदायिक साफ-सफाई हेतु कोई कमिटी गठित की है? क) हां ☐ ख) नहीं ☐

47. कमिटी में कितने सदस्य हैं। क) कुल ☐ ख) महिला ☐ ग) पुरुष ☐

48. यदि हां तो कमिटी के सदस्य कौन लोग हैं?

क) पंचायती राज प्रतिनिधि ☐ ख) सहिया / जल सहिया / आंगनवाड़ी सेविका ☐

ग) शिक्षक / विद्यार्थी ☐ घ) आमलोग ☐

49. **आपके गांव में आरोग्य फाउंडेशन ऑफ इंडिया द्वारा संचालित स्वच्छ भारत अभियान प्रोजेक्ट से आप कितना संतुष्ट है?** (1-5 अंक पर स्कोर दें,) .....

50. **आरोग्य फाउंडेशन ऑफ इंडिया द्वारा संचालित स्वच्छ भारत अभियान प्रोजेक्ट का समुदाय पर क्या प्रभाव पड़ा?** (व्यक्तिगत एवं सामुदायिक स्वच्छता तथा स्वास्थ्य, शौचालय निर्माण तथा उपयोग, स्वच्छ पीने का पानी तथा बीमारी की रोकथाम आदि).....

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51. **अनुवेषक का मंतव्य** .....

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दिनांक :

अनुसंधानकर्ता का नाम एवं हस्ताक्षर

एशियन डेवलपमेंट रिसर्च इंस्टीच्युट

आरोग्य फाउंडेशन ऑफ इंडिया रांची द्वारा संचालित

स्वच्छ भारत अभियान परियोजना का प्रभाव एक आकलन

प्रश्नावली-3 स्कूली बच्चों के लिए के लिए

जिला : ..... प्रखंड : ..... ग्राम पंचायत : ..... ग्राम : .....

व्यक्तिगत विवरण

क) नाम ..... ख) लिंग : [म] [पु] ग) जाति : [SC] [ST] [OBC] [Min] [Gen]

घ) उम्र : [ ][ ] वर्ष ङ) स्कूल का नाम : .....

च) किस कक्षा में हैं : छ) परिवार में सदस्यों की संख्या कुल : [ ] म. [ ] पु. [ ]

0-5 वर्ष [ ] 6-14 वर्ष [ ] 15 वर्ष से उपर [ ]

1. **क्या आप स्वच्छ भारत अभियान के बारे में जानते हैं?** क) हां [ ] ख) नहीं [ ]
2. **क्या आपने आरोग्य फाउंडेशन ऑफ इंडिया के द्वारा संचालित स्वच्छ भारत अभियान प्रोजेक्ट के बारे में सुना है?**
   क) हां [ ] ख) नहीं [ ] ग) नहीं कह सकते [ ]
3. **यदि हां तो किससे सुना है?**
   क) दोस्तों से [ ] ख) स्कूल के शिक्षक से [ ]
   ग) आरोग्य सेविका / संयोजिका [ ] घ) अपने माता-पिता से [ ]
4. **आपके विद्यालय में स्वच्छ भारत अभियान की कौन-कौन सी जानकारियां दी जाती है?:**
   क) स्वच्छ पीने का पानी के उपयोग की जानकारी [ ] ख) शौचालय का सही इस्तेमाल की जानकारी [ ]
   ग) हाथ धोने की जानकारी [ ] घ) साफ-सफाई एवं स्वच्छता [ ] ङ) उपरोक्त सभी [ ]
5. **क्या आपके घर में शौचालय है?** क) हां [ ] ख) नहीं [ ]
6. **क्या आप शौच के लिए शौचालय का उपयोग करते हैं?** क) हां [ ] ख) नहीं [ ]
   यदि नहीं तो, क्यों? .....
7. **शौच के बाद आप अपना हाथ किस चीज से धोते हैं?**
   क) मिट्टी से [ ] ख) राख से [ ] ग) साबुन से [ ] घ) सिर्फ पानी से [ ]
8. **भोजन से पूर्व आप अपना हाथ किस चीज से धोते हैं?**
   क) मिट्टी से [ ] ख) राख से [ ] ग) साबुन से [ ] घ) सिर्फ पानी से [ ]
9. **इनमें से आप कितनों का नियमित पालन करते हैं?**
   क) रोजाना ब्रश/दातुन करना [ ] ख) नाखुन काटना [ ] ग) बाल साफ करना [ ]
   घ) साफ कपड़े पहनना [ ] ङ) घर अपने आवश्यकता की वस्तुओं की साफ-सफाई [ ]

10. **घर पर पीने के पानी को कैसे रखा जाता है?**

क) बोतल में बंद कर ☐ ख) बर्तन में रखकर एवं ढककर ☐

ग) पानी को उबालकर ☐ घ) वाटर फिल्टर का उपयोग ☐

ङ) अन्य (लिखें) .....

11. **आप अपने घर पर पीने के पानी का सेवन कैसे करते हैं?**

क) कुंआ / चापालन से तुरतं भरा हुआ पानी ☐ ख) कपड़ा से पानी छानकर ☐

ग) पानी को उबालकर ☐ घ) वाटर फिल्टर का उपयोग ☐

ङ) अन्य (लिखें) .....

12. **आपके विद्यालय में सेविका/संयोजिका आती है?** क) हां ☐ ख) नहीं ☐

13. **यदि हां, तो महिने में कितनी बार।** क) 1-2 बार ☐ ख) 3-5 बार ☐ ग) कभी-कभी ☐ घ) कभी नहीं ☐

14. **क्या आपके विद्यालय में आरोग्य फाउंडेशन ऑफ इंडिया के द्वारा स्वच्छ भारत अभियान से संबंधित किसी प्रकार की गतिविधियां संचालित की गयी है?** क) हां ☐ ख) नहीं ☐

15. **यदि हां, तो कौन-कौन सी गतिविधियां?**

क) स्वच्छ पीने का पानी के उपयोग की जानकारी ☐ ख) शौचालय इस्तेमाल की जानकारी ☐

ग) कूड़ा-कचरा के निपटान की जानकारी ☐ घ) स्वच्छता संबंधी जानकारी ☐

ङ) उपरोक्त सभी ☐

16. **आपके विद्यालय स्तर पर सेविका/संयोजिका द्वारा किस प्रकार के कार्यक्रम आयोजित किये गये?**

क) रैली ☐ ख) चित्रांकन ☐ ग) वाद विवाद ☐ घ) खेलकूद ☐ ङ) नुक्कड़ नाटक ☐

17. **स्वच्छ भारत अभियान प्रोजेक्ट का स्कूल या गांव में कोई दो प्रभाव बतायें?**

क) .....

ख) .....

18. **अनुवेषक का मंतव्य**

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दिनांक :

अनुसंधानकर्ता का नाम एवं हस्ताक्षर

एशियन डेवलपमेंट रिसर्च इंस्टीच्युट

आरोग्य फाउंडेशन ऑफ इंडिया रांची द्वारा संचालित

स्वच्छ भारत अभियान परियोजना का प्रभाव एक आकलन

प्रश्नावली-4 शिक्षक के लिए

जिला : ..... प्रखंड : ..... ग्राम पंचायत : ..... ग्राम : .....

I व्यक्तिगत विवरण

क) नाम ..... ख) पदनाम :..... ग) लिंग :[म][पु]

घ) उम्र : [ ][ ] वर्ष ङ) स्कूल का नाम : .....

च) प्रशिक्षित [ ] अप्रशिक्षित [ ] छ) विद्यालय में शौचालय : कार्यरत [ ] खराब [ ]

II विद्यालय संबंधी विवरण

क) वर्ग तक : [ ] ख) विद्यार्थियों की संख्या : कुल[ ] बालक[ ] बालिका[ ] ग) शिक्षकों की कुल युनिट[ ]

घ) विद्यालय में पीने का पानी की व्यवस्था ..... ङ) विद्यालय में रसोईघर .....

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1. **क्या आपको स्वच्छ भारत अभियान की जानकारी है?** क) हां [ ] ख) नहीं [ ]
2. **आप बच्चों को स्वच्छ भारत अभियान की कौन-कौन सी जानकारी देते हैं?**
   - क) हाथ धोने की जानकारी [ ] ख) साफ सफाई एवं स्वच्छता [ ]
   - ग) कूड़ा कचरा का निपटान [ ] घ) शौचालय का इस्तेमाल संबंधी जानकारी [ ]
   - च) उपरोक्त सभी [ ] छ) अन्य (लिखें), ...
3. **क्या विद्यार्थियों को स्वच्छ पेयजल के सेवन की जानकारी दी जाती है?** क) हां [ ] ख)नहीं [ ]
4. **विद्यालय के शौचालय का इस्तेमाल किया जाता है?**
   - क) सिर्फ शिक्षक [ ] ख) सिर्फ बालिकाएं [ ] ग) सिर्फ बालक [ ] घ) उपरोक्त सभी [ ]
5. **विद्यालय में विद्यार्थियों को व्यक्तिगत स्वच्छता संबंधी जानकारी दी जाती है?** क) हां [ ] ख) नहीं [ ]
6. **विद्यार्थियों को व्यक्तिगत स्वच्छता के तहत निम्नलिखित में से क्या जानकारियां दी जाती है?**
   - क) रोजाना दातुन या ब्रश करने की जानकारी [ ] ख) नाखून काटना [ ]
   - ग) शौच के बाद तथा खाने से पूर्व हाथ धोना [ ] घ) बाल एवं शरीर की नियमित सफाई [ ]
   - ङ) साफ कपड़े पहनना। [ ] छ) अपने घर, कक्षा एवं आवश्यकता की वस्तुओं की साफ सफाई [ ]
7. **क्या विद्यालय में स्वच्छता दिवस / सप्ताह का आयोजन किया जाता है?**
   - क) हां [ ] ख) नहीं [ ]
8. **यदि हां, तो कब और क्या गतिविधि :**

दिनांक / अवसर	गतिविधि
.....	.....

9. **विद्यालय में मध्याह्न भोजन अंतर्गत स्वच्छता संबंधी किन बातों पर विशेष ध्यान दिया जाता है ?**

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10. **क्या विद्यार्थियों को संतुलित आहार तथा इसकी अनुपस्थिति से अस्वस्थता की जानकारी दी जाती है?**

क) हां ☐ ख) नहीं ☐

11. **क्या आपको आरोग्य फाउंडेशन ऑफ इंडिया द्वारा संचालित स्वच्छ भारत अभियान प्रोजेक्ट की जानकारी है?**

क) हां ☐ ख) नहीं ☐ ग) नहीं कह सकते ☐

12. **यदि हां, तो आरोग्य फॉण्डेशन ऑफ इंडिया द्वारा संचालित प्रोजेक्ट की जानकारी किससे प्राप्त हुई?**

क) आरोग्य सेविका / संयोजिका से ☐ ख) एकल आचार्य से ☐

ग) पंचायती राज संस्थान से ☐ घ) ग्राम शिक्षा समिति से ☐

च) सरकारी कर्मचारी से ☐ छ) अन्य लिखें, ...

13. **आरोग्य सेविका/संयोजिका के द्वारा विगत माह में विद्यालय का भ्रमण किया गया।** क) हां ☐ ख) नहीं ☐

14. **यदि हां, तो कितनी बार**

क) 1 बार ☐ ख) 2 बार ☐ ग) तीन बार ☐ घ) चार एवं इससे अधिक बार ☐

15. **आरोग्य सेविका / संयोजिका के द्वारा विद्यालय में कौन-कौन सी जानकारियां दी जाती है?**

क) विद्यालय की साफ-सफाई ☐ ख) व्यक्तिगत (नाखुन, बाल कपड़ा एवं शरीर) की साफ-सफाई ☐

ग) शौचालय की साफ-सफाई ☐ घ) शौच के बाद तथा खाने से पूर्व हाथ धोने की जानकारी ☐

च) स्वच्छ पीने का पानी ☐ छ) अन्य लिखें .....

16. **आरोग्य सेविका / संयोजिका के द्वारा विद्यालय में आयोजित गतिविधियां।**

क) स्वच्छता रैली ☐ ख) चित्रांकन ☐ ग) वाद-विवाद ☐ घ) खेलकूद ☐ च) नुक्कड़ नाटक ☐

17. **आप विद्यार्थियों में किस तरह की व्यक्तिगत/सामुदायिक स्वच्छता संबंधी आदत में बदलाव देखते हैं?**

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18. **स्वच्छ भारत अभियान प्रोजेक्ट का समुदाय पर क्या प्रभाव पड़ा ?**

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19. **अनुवेषक का मंतव्य** .....

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दिनांक :

अनुसंधानकर्ता का नाम एवं हस्ताक्षर

Profile of Asian Development Research Institute (ADRI)

ADRI

The Asian Development Research Institute (ADRI) was established and registered as a Society by a group of social scientists in 1991. The motivation for starting yet another Institute in Patna was not merely to expand social science research, but to emphasise some dimensions of it which were thought to be critical but had received rather limited attention. Included among those dimensions, for example, is to lend social science research a distinct development orientation. Even at best, research institutes do not go beyond generating ideas, leaving the consequential task of operationalising them to other social institutions with most of whom their interaction is rather limited. ADRI would like to go a few steps further by making efforts to deliver its research output to its potential users in a demystified form and spur them to activities. Further, ADRI would also like to promote social science research that emphasizes development as a social process with wide people's participation which, besides material growth, is also mindful of their heritage and aspirations.

With the appointment of a number of full-time professionals in 1995, the academic activities of ADRI had increased manifold thereafter and, with opening of a office at Ranchi, it is one of the leading social science research centers in Bihar and Jharkhand. Since 1995, the Institute had successfully carried out more than 70 technical / research studies, sponsored by different departments of the Government of Bihar, World Bank, UNICEF, CARE, Planning Commission, and different ministries of the central government (in particular, Ministry of Human Resource Development). Over the years, ADRI has developed expertise in carrying out surveys and studies, including diagnostic and evaluation studies through its well-qualified and experienced field investigators, who collect both primary as well as secondary data under the close supervision of the concerned faculty member. The faculty member also holds discussions with the officials / non-officials at different levels.

SRC, ADRI, Ranchi

The State Resource Centre, ADRI, Ranchi was established in February, 2004 under the aegis of National Literacy Mission Authority, Ministry of Human Resource Development, Government of India. It is registered under Societies Registration Act XXI of 1860 with the Government of Jharkhand. The National Literacy Mission Started an innovative programme of adult education in 1988. Keeping in the view with regards to the association of NGOs with

the programme, number of State Resource Centre/s (SRCs) were established, each of them hosted by a reputed NGO. In 2004, the NLMA entrusted ADRI with the responsibility of hosting one such SRC in Ranchi, to support literacy programme in the districts of Jharkhand. The State Resource Centre(s) (SRCs) are mandated to provide academic and technical resource support to adult and continuing education through development and production of material and training modules. In addition, SRCs are required to conduct motivational and environmental building, action research and evaluation and monitoring. The State Resource Centre, ADRI, Ranchi has undertaken numerous activities in the following areas:

- Preparation of teaching-learning and training material for the adult education programme
- Training literacy functionaries
- Action Research
- Evaluation and monitoring of literacy projects
- Undertaking innovative projects such as Basic Education, Interpersonal Media Campaign, Running of Model AECs, and Environment Building etc.
- Other activities specifically assigned by the Ministry of Human Resource Development, Government of India.

Photographs

Interview with Beneficiaries, Gola

Interview with Sevika, Bhandra

Meeting with Sanyojika / Sevika, Masmano Bhandra

Interview with Teacher Bariyatu, Gola

Interview with Sanyojika, Bhandra

Interview with Beneficiaries, Gola

FGD Masmano, Bhandra

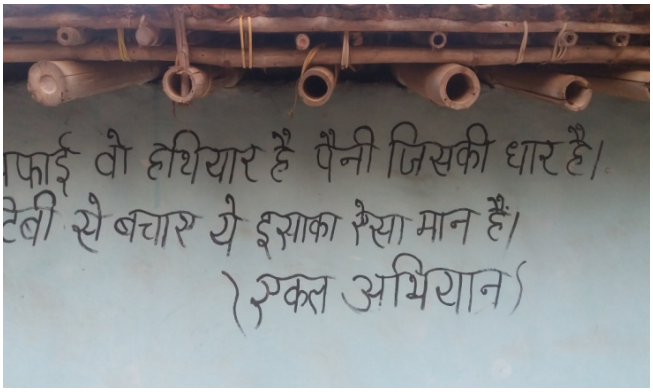
FGD Tonaghatu, Gola, Ramgarh

Pucca Soakpit at Semra, Bhandra

Pucca Soakpit at Porha, Bhandra

Rally at Gola

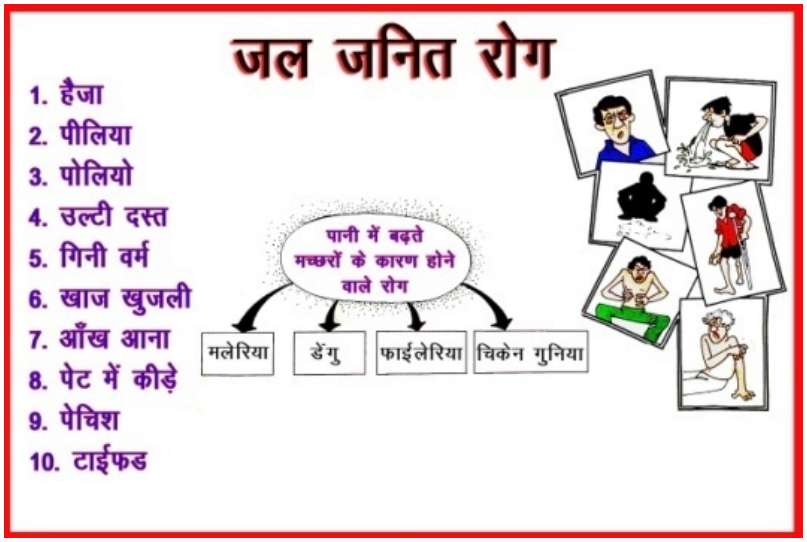
Construction Toilet at Masmano, Bhandra

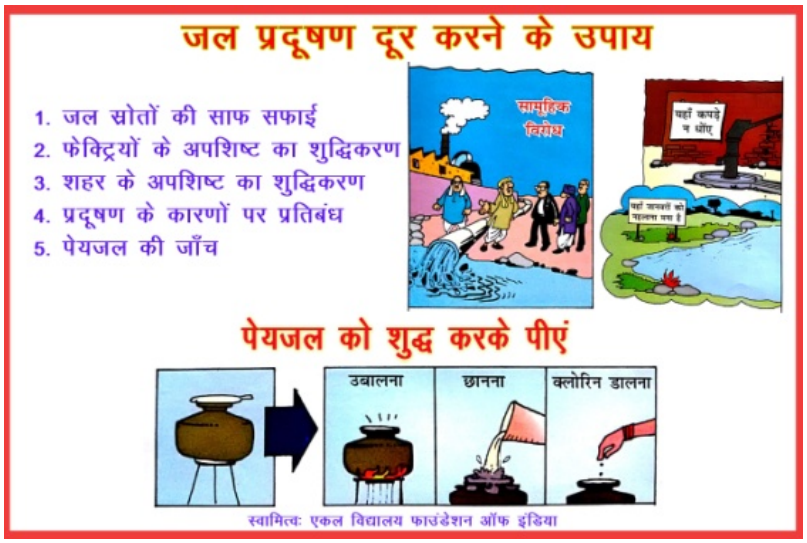


Wall writing

Wall writing

Poster / Chart used to Communicate Message





दस्त का ईलाज

* दस्त का प्रथम और प्रमुख इलाज है कि पानी, शक्कर और नमक की कमी को दूर करना। इसके लिए सरकार द्वारा "जीवन रक्षक घोल" के पैकेट प्रत्येक गाँव में दिए गए हैं।

दवाई तैयार करना:–

* एक लीटर पानी में जीवन रक्षक घोल अच्छी तरह मिला दीजिए। यही दस्त की दवा है।
* दवाई बनाने के समय विशेष सावधानी रखें:–

1. जिस बर्तन में दवाई बनाना है उसे पहले अच्छे पानी से साफ कीजिए। घोलने के चम्मच को भी साफ कीजिए।
2. घोल बनाने के लिए जिस पानी का उपयोग करें वह साफ हो। इसलिए पानी को उबालकर ठंडा कीजिए।
3. पानी उतना ही लें (एक लीटर) इससे कम या अधिक नहीं होना चाहिए।
4. पानी में पूरा पैकेट डाल दीजिए।
5. यह घोल आप केवल एक दिन के लिए ही उपयोग में ले सकते हैं।

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मलेरिया कैसे होता है ?

- अत्यंत छोटे जंतु से मलेरिया होता है और उन जंतुओं का भी एक जीवन चक्र होता है।
- मलेरिया से बीमार व्यक्ति के खून में ये जंतु एक खास रूप से रहते है जिसे अंग्रेजी में गेमोटोसाइटस कहते हैं। एनाफिलिस मच्छर खून के साथ इन जंतुओं को चूस लेते हैं।
- कुछ दिन बाद मच्छर के पेट में इन जंतुओं का रूप बदल जाता है– यह गेमोटोसाइटस से स्पोरोजाइटस बन जाते हैं
- जब ऐसे मच्छर किसी स्वस्थ व्यक्ति को काट लेते हैं तो इनके शरीर में स्पोरोजाइटस के रूप में मलेरिया के जंतुओं को छोड़ देते हैं।

- समय पर दवाई लेने से बीमार व्यक्ति के शरीर में मलेरिया के जंतु नहीं बन सकते।
- जिस गाँव में मलेरिया के मरीजों को समय पर दवाई मिलती रहे वहाँ मलेरिया की महामारी संभव नहीं।

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मलेरिया के मच्छरों की रोकथाम

1. गाँव में मलेरिया के मच्छरों की पैदाइश की जगह ढूंढना :– गाँव में या आसपास जहाँ जहाँ पानी में मच्छर के कीड़े दिखाई दे, तो उसे छननी से निकालकर एक ग्लास में साफ पानी में डालना। यदि कीड़े पानी की सतह पर चिपक रहें तो वे मलेरिया के मच्छर के कीड़े हैं।
2. मलेरिया के मच्छरों की पैदाइश रोकना :– जहाँ मलेरिया के मच्छर के कीड़े पाये गए वह जगह गाँव के लिए खतरनाक है इसलिए :–
   १. जमा पानी नालियाँ बनाकर प्रवाहित करें।
   २. पानी के बर्तनों को सप्ताह में एक बार अवश्य खाली करें।
   ३. पानी के बर्तनों को सप्ताह में एक बार अवश्य खाली करें।
   ४. घर के आसपास छोटे छोटे गड्ढों में मिट्टी से भर दें।
   ५. पानी के बड़े गड्ढों में सप्ताह में एक बार मिट्टी का तेल या जला हुआ तेल (क्रूड आयल) फैला दें।
   ६. बरसात में पानी को खाली टूटे फूटे बर्तनों, टायरों, टीनों या अन्य वस्तुओं में जमा न होने दें।

मलेरिया के मच्छर के कीड़े

अन्य जाति के मच्छर के कीड़े

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