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GOVERNMENT OF NAGALAND
DIRECTORATE OF EVALUATION, NAGALAND
(KOHIMA)

IMPACT EVALUATION REPORT OF FAMILY HEALTH AWARENESS WEEK PROGRAMME IN NAGALAND (26th April.....1st May 1999)

By
The Directorate of Evaluation
Government of Nagaland,
Kohima.

PREFACE

This is a quick impact Evaluation report on Family Health Awareness week programme sponsored by the National AIDS control organisation Minister of Health and family Welfare Government of India. This programme was conducted all over the country as such Nagaland also participated in this weeklong programme during 26th April/ 1999 to 1st May '1999. The objective of this programme was to create awareness of the danger of sexually transmitted diseases such as AIDS.

The Department of Evaluation has been entrusted to evaluate the impact of this week long programme. As such a brief Evaluation and observation report is submitted.
The Department is grateful to the officials of the Health Department for their fullest Co-operation extended to our team members during their field visits.

The Department also acknowledge the sincere efforts made by the Department officials and field staff under the team leaderships Smti.W.Chubala, District Evaluation officers, Kohima in collecting all required data from the field.

The overall Co-ordination and supervision of conducting and preparation of this Evaluation programme was entrusted to Shri. P.B.Wati, Deputy Director. His contribution for timely completion and preparation of report is much appreciated.

It is expected that the report will prove useful to the implementing Department/agency and all those who are directly or indirectly involved in the programme.

Dated: 31th August'1999
Kohima

sd/-
(T.N.MANNEN)
Development Commissioner
Ex-Officio Director of Evaluation
Nagaland: Kohirna

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CHAPTER - I.

IMPACT EVALUATION REPORT OF FAMILY HEALTH AWARENESS WEEK-PROGRAMME IN THE STATE OF NAGALAND (26th April - 1st May/ 1999)

INTRODUCTION.

Back Ground.

National AIDS control organisation has initiated a weeklong FHAW programme all over the country in all State and Union Territories from 26th April to 2-05-99. Since the HIV epidemic has passed through a decade in our country like wild fire. We have seen the spread of infection from high-risk groups to general population, which is being manifested in the form of increasing HIV prevalence in the pregnant mothers. Efforts have been made by the Government of India to make the people aware about HIV infection and ways and means to protect themselves. However the level of awareness in rural population, slum dwellers and others marginalised groups has not been found encouraging. Therefore there is an urgent needs to scale up awareness Campaign to achieve high level Awareness in the population about HIV/AIDS and others related diseases like RTI/ STI and so on treatment in the rural areas.

Sexually transmitted diseases are quite prevalent in the both rural and urban areas, but the treatment facilities under the health care system are not utilised by the clinics. One of the reason is people ignorance about the common sexually transmitted diseases and reproductive tract infection specially in Women.

As such efforts are needed for early treatment of those cases in order to reduce transmission of STDs and there by HIV infection. Keeping this in view the Government of India in Collaboration with States and Union Territories all over the country has conducted /launched a massive week-long awareness campaign on HIV/AIDS with detection and screening of cases having reproductive tract infection including sexually transmitted diseases. The proposed dates of this massive campaign was 26th April to 1st May/1999.

As such the same awareness campaign was launched in the State of Nagaland by the Health Department initially in the two selected Districts such as Mokokchung District, and Kohima District, as sample districts and programme was conducted successfully during the mentioned period covering all the villages and town in the two sample Districts

To assess the impact of this programme the State Evaluation Department was assigned to submit a Quick impact Evaluation report on FHAW programme in the State by the State steering Committee. Hence out of the two Districts the Department has selected Kohima District as the study sample district. The study covered three (3) Villages in the each centre.

2. Objective of the programme.

(1) To reduce the prevalence of sexually transmitted diseases which has a direct bearing on HIV transmitted.

3. Methodology of the programme.

(1) To scale up level of awareness on HIV/AIDS in rural area and in other vulnerable groups of population in the State
(2) To identify the high risk group for targeted intervention programme.
(3) To make the people aware about the services available under the public sector for the management of RTI/STDs.
(4) To facilitate early detection and prompt treatment of STD: RTI cases by utilising the infrastructure available under primary Health care system including provision of Drugs.

4. Coverage of the programme.

In the State of Nagaland out of the total Eight (8) Districts, the State Health Department has selected two sample districts for this programme such as Mokokchung District and Kohima District and covered all the villages under the Districts by the programme.

5. Coverage of the Study.

The State Evaluation Department has selected the Kohima District as the study sample District to conduct the impact study which is 50% where the State Government has conducted this massive (FHAW) programme. The impact study covered 5 (five) PHC/CHU under the District from the different comers covering 3 (three) villages under each centre.

CHAPTER -II

INTERVIEW MALE AND FEMALE HEALTH WORKERS AT THE CAMP SITES.

2.1.WHETHER THE TRAINING PREPARE IS ADEQUATE FOR THE FOLLOWING.

In each health centre/camp one male and one female were conducted interview to ascertain whether the training given to them is sufficient or not. In this connection already indicated in the TABLE 1 col.3 to col.1s0.

a) Door to door visits: - Out of ten-health workers interview all of them responded adequate which is 100% of the respondents.

b) Training prepares to conduct this camp.
In this connection also all responded adequate. In future also such training should be imported with the latest methodology or technique to equip them more efficient.

2.2. USEFUL OF IEC MATERIALS IN DISCUSSING RTI/ STI WITH THE PEOPLE.

In this connection the following observation had been made by the field visit team: - using the IEC material, out of ten health workers interviewed 30% of the respondents responded it is extremely useful and the 60% of them said it is useful. Where as 10% of them do not know any knowledge about the use of IEC materials.

2.3. GETTING OF HELP FROM THE DIFFERENT ORGANISATION TO CONDUCT THE CAMP.

a) From community leaders: - Here out of ten health workers Interviewed 90% responded positive, only 10% of them responded negative answer. Here the cooperation made by the community leaders is also appreciated.

b) Participation made by the NGO's:- In this program was responded only 40% of the respondents and the negative replied/answer was 60%. In future those NGOs should be informed by the sponsoring department to participate in such program without fail if they neglected the program due to non-information since they are the best agents of the community.

c) Participation made by the panchavat members: - As indicated in the TABLE No. 3 the participation made by the panchayat members was reported 80% of the respondents where 20% in the negative side. In a community panchayat members are the representative voice of the people. As such their co-operation is mass in every program among the village community society. As recorded during interview the performance of the panchayat members in this program was appreciable.

d) Private practitioners: - The co-operation made by the private practitioners in this program was found to be very low which was only 20% of the respondents responded in the positive side but the rest 80% was negative side. In future they should be involve in such welfare activities of the people. Since they are professional in the right line to exercise their actual co-operation.

e) Help from other fields: - The participation made by the other group of the people in this program was responded by 50% of the respondents, which indicated the people interest in this special program. interviewed 90% responded positive, only 10% of them responded negative answer. Here the cooperation made by the community leaders is also appreciated.

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2.4.PERSONAL DISCUSSION ABOUT THE ISSUE OF RTI/STI DISEASES WITH THE PEOPLE.

As and when the interview was conducted with the male and female health workers about the sensitive issue of RTI/ STI60% of them responded that they could comfortably discussed the problem without any hesitation. But 40% of the respondents there is some problem while discussing about the sensitive matter with the people to find out their real problems.

2.5. HOW CAN HIV/AIDS BE PREVENTED?

As and when the interview was conducted both male and female health workers, the following information had been recorded by the field teams.

a) Single partner: - All the respondents opted single partner to get rid of the HIV/AIDS.
b) Using condom: - Here also 100% of the respondents responded the use of condom to prevent the HIV/AIDS.
c) Hygiene (cleaning genitals):- 7 out of ten opted cleaning of genitals, which is 70% of the total respondents and the rest 30%, says no.
d) Cannot be prevented: - Out often (10) interviewed, 10% of the respondents says this diseases cannot be prevented, but 90% of the respondents opted can be prevented. So the positive side is much higher then that of the negative answer.
e) The treatment of RTI/STI indicated in the table is 100% of them reported in the positive side of the treatment.

2.6 DO YOU THINK HOLDING OF SUCH CAMP WILL BE USEFUL IN FUTURE ALSO.

The table itself clearly expressed that the holding of such camp in future also useful for the benefit of the community. The total health workers conducted interviewed were ten (10). All of them responded 'YES' which is 100% of the respondents. Hence for the benefit of the people state government as well as central government should organize such program from time to time as desired by the people.

2.7 WHETHER THE PROGRAM IS USEFUL FOR THE COMMUNITY.

As indicated in the above table 7 col. No. 3 the program is very much useful for the community. The answer given by the health workers is 100% positive answer to conduct such camp in the future also.

INTERVIEW MALE & FEMALE HEALTH WORKERS AT THE CAMP (F.H.A.W.)
(COMBINE M+F)

Whether the training prepares you adequately for the following?

TABLE NO.1

SL. No.	Name of PC/CHC	Door to Door visit				To conduct this camp			
		Yes Nos	No Nos	Some what Nos.	Not sure Nos.	Yes Nos	No.Nos.	Some what Nos.	Not sure Nos.
1.	VISWEMA PHC	2	Nil	Nil	Nil	2	Nil	Nil	Nil
2.	KEMEPFUPHI CHC	2	Nil	Nil	Nil	2	Nii	Nil	Nil
3.	SECHU CHC	2	Nil	Nil	Nil	2	N.	Nil	Nil
4.	TSEMINYU CHC		Nil	Nil	Nil	2	Nil	Nil	Nil
5.	PEREN CHC	Nil	2	Nil	Nil	2	Nii	Nil	Nil
	TOTAL	8	2	Nil	Nil	10	Nil	Nil	Nil

N.B: In each PHC/CHC interviewed 2 nos. of Health Workers
(Source: - Field Investigation)

How useful was the IEC materials in discussing RTI/STI. With the people?

(M+F)
TABLE NO.2

Sl. No.	Name of PC/CHC	Extremely useful Nos.	Useful Nos.	Mot useful Nos.	Can not sa) Nos.
1	VISWEMA PHC	2	Nil	Nil	Nil
2.	KEMEPFUPHI CHC	1	1	Nil	Nil
3.	SECHU CHC	Nil	1	Nil	1
4.	TSEMINYU CHC	Nil	2	Nil	Nil
5.	PEREN CHC	Nil	2	Nil	Nil
TOTAL		3	6	Nil	1

N.B: In each PHC/CHC interviewed 2 nos. of Health Workers
(Source: - Field Investigation)

INTERVIEWED BOTH MALE & FEMALE HEALTH WORKERS AT THE CAMP (M+F)

TABLE NO.3

Did you get any help from the following to conduct the camp?

Sl. No.	Name of PC/CHC	Community leaders		NGOs		Panchayat Members		Private Practitioners		Others specify	
		Yes Nos	No Nos	Yes Nos	Yes Nos	No Nos.	No Nos	Yes Nos	No Nos	Yes Nos	No Nos
1.	VISWEMA PHC	2	Nil	2	Nil	2	Nil	Nil	2	Nil	2
2.	KEMEPFUPHI CHC	2	N|l	1	1	1	1	1	2	1	1
3.	SECHU CHC	1	1	1	1	1	1	1	Nil	2	Nil
4.	TSEMINYU CHC	*2*	Nil	Nil	2	2	Nil	Nil	2	2	Nil
5.	PEREN CHC	2	Nil	Nil	*7*	2	Nil	Nil	2	Nil	2
	TOTAL	9	1	4	6	8	2	2	8	5	5

N.B. In each PHC/CHC interviewed 2 nos. of Health Workers
(Source: - Field Investigation)

This programme deals with the sensitive issue of RTI/STI.

Were you personally comfortable talking about this issue with other people?

TABLE NO.4

S1. No.	**Name of PC/CHC**	**Yes Nos.**	**No Nos.**	**Somewhat Nos.**	**Not sure Nos.**
1.	VISWEMA PHC	Nil	Nil	2	Nil
2.	KEMEPFUPHI CHC	1	Nil	1	Nil
3.	SECHU CHC	1	Nil	1	Nil
4.	TSEMINYU CHC	2	Nil	Nil	Nil
5.	PEREN CHC	2	Nil	Nil	Nil
TOTAL		6	Nil	4	Mi!

N.B: In each PHC/CHC interviewed 2 nos. of Health Workers
(Source: - Field Investigation)

INTERVIEW BOTH MALES FEMALE HEALTH WORKERS AT THE CAMP FHAW (Combine)

How can HIV/AIDS be prevented?

TABLE NO.5

Sl. No.	Name of PCOC	Single partner		Using condom		Hygiene		Can not be Prevented		Treatment of RTI/STI		Others	
		Yes Nos.	No Nos.	Yes Nos.	No Nos.	Yes Nos	No Nos.	Yes Nos.	No Nos.	Yes Nos.	No Nos.	Yes Nos.	No Nos.
1.	VISWEMA PHC	2	Nil	2	Nil	Nil	2	Nil	2	2	Nil	Nil	Nil
2.	REMEPFUPHI CHC	2	Nil	2	Nil	2	Nil	1	1	2	Nil	Nil	Nil
3.	SECHU CHC	2	Nil	2	Nil	2	Nil	Nil	2	*2*	Nil	Nil	Nil
4.	TSEWHU CHC	2	Nil	2	Nil	2	Nil	Nil	2	*2*	Nil	Nil	Nil
5.	PESEN CHC	2	Nil	2	Nil	1	1	Nil	2	*2*	Nil	Nil	Nil
	TOTAL	10	Nil	10	Nil	7	3	1	9	10	Nil	Nil	Nil

N.B: In each PHC/CHC interviewed 2 nos. of Health Worker
(Source: - Field Investigation)

INTERVIEW BOTH MALE AND FEMALE HEALTH WORKERS AT CAMP (COMBINE)

Do you think holding of such camp will be useful in the future also?

TABLE NO. 6

Sl.No.	Name of PC/CHC	Yes Nos.	No Nos.	Not sure Nos.
1.	VISWEMA PHC	2	Nil	Nil
2.	KEMEPFUPHICHC	2	Nil	Nil
3.	SECHU CHC	2	Nil	Nil
4.	TSEMINYU CHC	2	Nil	Nil
5.	PEREN CHC	2	Nil	Nil
TOTAL		10	Nil	Nil

N.B: In each PHC/CHC interviewed 2 nos. of Health Workers
(Source: - Field Investigation)

Did you find the programme useful for the community?

TABLE NO. 7

Sl.No.	Name of PC/CHC	Yes Nos.	No Nos.	Not sure Nos.
1.	VISWEMA PHC	2	Nil	Nil
2.	KEMEPFUPHICHC	2	Nil	Nil
3.	SECHU CHC	2	Nil	Nil
4.	TSEMINYU CHC	2	Nil	Nil
5.	PEREN CHC	2	Nil	Nil
TOTAL		10	Nil	Nil

N.B: In each PHC/CHC interviewed 2 nos. of Health Workers
(Source: - Field Investigation)

CHAPTER - III

OBSERVATION IN THE VILLAGE AND CAMP SITE

3.1 NUMBER OF CAMPS ORGANISED IN THE VILLAGE.

As instruction given by the national AIDS control organisation, the government of India all the village were covered under the health centers during the week long health awareness program. The impact evaluation study have selected only three villages in each health center and collected data as instruction given in the program. As indicated in the TABLE -1 all the village camp were conducted both men & women combine camps, through camps were organized combine the responses made by the people were appreciated in all the camps.

3.2 DISPLAY/VISIBILITY OF MATERIALS IN THE CAMP.

It is clearly indicated in the TABLE-2 from col. No. 3 to col. No. 8 the display and visibility of the camp materials like banners, posters and wall writing during the village camp. As per instruction given in the guide line study team has selected only three villages in each health center. The materials like banners and posters were observed in the 80% of the Camp, only 26.66% of the wall writing were available in the camp. It was observed that the performance of the display percentage was not bad except wall writing.

3.3 TIMING OF THE CAMP.

The details timing of the camp are been indicated in the TABLE-HI from col.No.3 to Col.No.6 as recorded by the field teams in all the 15 village camps. As indicated in the TABLE -3 the following timing was observed during field visit

a) Morning before 10.00 A.M all of the 15 camps six (6) camps were held before 10.00 AM which is 40% of the camp.
b) Late morning between 10.00 A.M to 12.00 noon 60% of the camp were conducted as indicated in the TABLE - 3.
c) Afternoon from 12.00 noon to 3.00 PM only 6.66% of the camp were held.
It was observed that the best timing for the rural people was after 10.00 A.M to 12.00 noon as recorded in the field.

3.4 DURATION OF THE CAMP.

The different duration of the village camps has been indicated in the TABLE - 4 Col.No 3 to Col.No 5 against each health center. As indicated in the above TABLE - 4 Col.4 the duration of the camps 1 hr to 2 hrs are been conducted in 11 villages camp out of 15 camps. As such 73.33% of the camp were held under this duration. But more than 2 hrs duration was held only in 26.66% of the camp. It was observed that the duration of lecture given in a camps within a day visits was found sufficient/normal.

3.5 WHO ARE ALL PRESENT IN THE CAMP?

The detail different groups of people attended in the village camp meetings are been showing in the TABLE - 5 from Col.No.3 to Col.No.11. The following group of people was present in the village camps from the different disciplines.

From each health centre 2 health workers male and female were attended in all the camps. The total number of non-health workers (public) attended in camp meeting in all the 15 camps were 1117 Nos. as observed during the field visits.

The number of NGOs/volunteers present in the meeting is indicated in the Col.No.5 of the table. The number indicated in each health center is combine number of three camps under the particular health center. The total number of NGO and other volunteers present in all the 15 camps were 193 Nos. The attendance of NGOs/volunteers were observed not upto the level of satisfactory. In future they should be informed properly by the sponsoring department. As showing in the Col.No. 7 & 8 of the table in all the camp only male doctors were available except one female doctor in only one camp. In future female Doctor should also be participated in such camp for the convenient of the people. But 5 Nos. of female Doctors of private practitioners were attended during the camp. The contributions made by the practitioners of female Doctors are appreciable.

3.6 THE TARGETED AGE GROUP FROM 15 TO 49 YEARS ATTENDED IN THE CAMP.

The attendance of age group from 15 to 49 years both male and female are indicated in the TABLE -6. The figure indicated against each health center in combined figure d three camps, conducted under the particular health centre As indicated out of five centers except one all the centers the targeted age group attendance was observed satisfactory

3.7 AVAILABILITY IF MATERIALS/MEDIA AT THE CAMP

The camp materials and media availability during the program are indicated in the Col.3 to Col. 14 in the TABLE -7 As observed in the camp site the following percentage c the camp materials were available in the camp site.

a) Banner used/available in the campsite 80% of the camp
b) Poster available 80% of the camp.
c) Flip books available 80% of the camp.
d) Hand bills 60% of the camp.
e) Public address system 60%.
f) Others material available was 20%.

The utilization of camp materials are found reasonable in all the camps.

3.8 CONTENTS OF DISCUSSION IN THE CAMP.

The discussion made in the camp during the program at the village camps are found to be satisfactory. As indicated in the TABLE - 8 from Col.3 to Col.14 are clearly indicated in the table. The contents of discussion conducted in the camp are as follows: -

a) Symptom of RTI/STI discussion 100% of the camp.
b) Causes of RTI/STI discussion in the 100% of the camp.
c) Treatment of RTI/STI discussion in the 100% of the camp.
d) Prevention of RTI/STI discussion in the 100% of the camp.
e) HIV/AIDS issue discussed in the 100% of the camp.
f) Other health issue discussed in the camp about 73.33%. It is observed from the above that the performance is appreciable.

3.9 METHODS OF CONDUCTING MEETING IN THE CAMP.

It is indicated in the TABLE - 9 Col.3 to Col.4 the interaction discussion and one to one interactions were not taken place in all the camp. This was informed to the study team that due to shortage of time all the items could not be covered during one-day camp. But small group interaction and large group lecture were given in all the camps by the medical team during the program. However by given mass lectures and small group discussion/interaction may covered the general population those who were attended the meeting.

3.10 EXAMINATION OF PATIENTS AT THE CAMP SITES.

Examination of patients in the camps were done in all the camp as indicated in the TABLE - 10 in Col.3 which fulfilled the objective of the program and find out at least some of the cases during the camps for further treatment of the diseases.

3.11 PRIVACY ENSURED DURING THE PHYSICAL EXAMINATION.

TABLE -11 clearly showing that the privacy maintained during the physical examination were ensured in all the camp during the program. Though the camp were conducted in combine both male and female the physical examination were conducted in separate counter for male and female.

3.12 REFFERAL SLIPS GIVEN BY THE HEALTH WORKERS AT THE CAMP SITES.

Out of the 15 camps only in six-center referral slips were issued to the patients after the examination. But in nine centers referral slips were not issued. It is observed that the case was not detected in those centers/camps.

OBSERVATION AT THE VILLAGE CAMP SITE FHAW
(MALE & FEMALE COMBINE)

Number of camp organised in the village.

TABLE NO.1

Sl. No.	Name of PC/CHC	One camp for both men &	Two camp for men & women	Four camp for each men, women Unmarried boys & girls
1.	VISWEMA, PHC	3	Nil	Nil
2.	KEMEPFUPHI CHC	3	Nil	Nil
3.	SECHU CHC	3	Nil	Nil
4.	TSEMINYU CHC	3	Nil	Nil
5.	PEREN CHC	3	Nil	Nil
	TOTAL	15	Nil	Nil

N.B: The figure indicated in each PHC/CHC is combine figure of 3 camps.
(Source: - Field Investigation)

Display/visibility of the materials in the village campsite.

TABLE NO. 2

SI. No.	**Name of PC/CHC**	**Banners**		**Posters**		**Wall writing**	
		Yes Nos	**No Nos**	**Yes Nos**	**No Nos**	**Yes Nos**	**No Nos**
1.	VISWEMA PHC	3	Nil	3	Nil	1	2
2.	KEMEPFUPHI CHC	3	Nil	Nil	3	Nil	3
3.	SECHU CHC	3	Nil	3	Nil	3	Nil
4.	TSEMINYU CHC	3	Nil	3	Nil	Nil	3
5.	PEREN CHC	Nil	3	3	Nil	Nil	3
TOTAL		12	3	12	3	4	11

N.B: The figure indicated in each PHC/CHC is combine figure of 3 camps
(Source: - Field Investigation)

OBSERVATION AT THE VILLAGE CAMP SITE FHAW
(MALE & FEMALE COMBINE)

TIMING OF THE CAMP/MEETING

TABLE NO. 3

Sl. No.	Name of PC/CHC	Morning before 10A.M Nos.	Late morning after 10 A.M.to12 Noon	Aftefnoo12 Noon 3 P.M.	Evening after 3 PM.	Remarks
1.	VISWEMA PHC	Nil	2	1	Nil	Two camp Viswema ar one each in th other 2 selecte village
2.	KEMEPFUPHI CHC	Nil	3	Nil	Nil	
3.	SECHU CHC	2	1	Nil	Nil	
4.	TSEMINYU CHC	Nil	3	Nil	Nil	
5.	PEREN CHC	3	Nil	Nil	Nil	
TOTAL		5	9	1	Nil	

N.B: The figure indicated in each PHC/Cr. *Z* is combine figure of 3 camps
(Source: - Field Investigation)

Duration of the camp

TABLE NO. 4

Sl.No.	Name of PC/CHC	Less than 1 hour	1-2 hours	Longer than 2 hours
1.	VISWEMA PHC	Nil	3	Nil
2.	KEMEPFUPH1 CHC	Nil	3	Nil
3.	SECHU CHC	Nil	Nil	3
4.	TSEMINYU CHC	Nil	2	1
5.	PEREN CHC	Nil	3	Nil
TOTAL		Nil	11	4

N.B: The figure indicated in each PHC/CHC is combine figure of 3 camps.
(Source: - Field Investigation)

OBSERVATION OF THE VILLAGE CAMP SITE (FHAW), KOHIMA DISTRICT

Who are all present at the camp (No. Of people attended)

TABLE NO.5

SI No.	Name of PC/CHC	Male health workers	Female health workers	Non-health workers	NQO/ Volunteer	Male Doctors	Female Doctors	Private practitioners (Male)	Private practitioners (Female)	Panchayat member/ President
		Nos.	Nos.	Nos.	Nos.	Nos.	Nos.	Nos.	Nos.	Nos.
1	VBWEMA PHC	6	6	151	25	3	Nil	Nil	Nil	40
2	KEMEPFUPHI CHC	6	6	145	42	3	Nil	Nil	Nil	43
3	SECHU CHU	6	6	350	51	3	Nil	Nil	5	35
4	TSEMINYU CHC	6	6	270	36	3	Nil	Nil	Nil	38
5	PEREN CHC	6	S	201	39	3	Nil	Nil	Nil	25
TOTAL		30	30	1117	193	15	Nil	Nil	5	181

N.B: The figure indicated in each PHC/CHC is combine figure of 3 camps.
(Source: - Field Investigation)

OBSERVATION AT THE VILLAGE CAMP SITE (FHAW)

Number of Female & male targeted population age group from 15-49 yrs attended in the camp.

TABLE NO.6

SI. No	Name of PC/CHC	Yes Nos.	No Nos.	Not Sure Nos.
1	VBWEMA PHC	2	NL	NL
2	KEMEPFUPHI CHC	2	NL	NL
3	SECHU CHC	2	NL	NL
4	TAEMNYU CHC	2	NL	NL
5	PEREN CHC	2	NL	NL
	TOTAL	10	NL	NL

N.B: The figure in each PHC/CHC is combine figure of 3 camps.
(Source:-Investigation)

OBSERVATION AT THE VILLAGE CAMP SITE DURING FHAW
(COMBINE CAMP)

Availability of materials/Media at the camp site

TABLE 7

I. [o.	Name of PC/CHC	Banner		Posters		Flip Book		Handbills		Public Address System		Other publicity materials if any	
		Yes Nos.	No Nos.	Yes Nos.	No Nos.	Yes Nos.	No Nos.	Yes Nos.	No Nos.	Yes Nos.	No Nos.	Yes Nos.	No Nos.
1.	VISWEMA PHC	3	Nil	3	Nil	3	Nil	3	Nil	3	Nil	Nil	3
2.	KEMEPFUPHI CHC	3	Nil	Ni	3	Nil	3	Nil	3	Ml	3	Nil	3
3.	SECHU CHC	3	Nil	3	Nil	3	Nil	3	Nil	3	Nil	3	Nil
4.	TSEMINYUCHC	3	Nil	3	Nil	3	Nil	Nil	3	3	Nil	Nil	3
5.	PERENCHC	Nil	3	3	Nil	3	Nil	3	N	Nil	3	Nil	3
'OTAL		12	3	12	3	12	3	9	6	9	6	3	12

N.B: The figure indicated in each PHC/CHC is combine figure of 3 camps.
(Source: - Field Investigation)

OBSERVATION OF CAMP SITE DURING FHAW
(COMBINE CAMP)

Context of discussion in camp

TABLE NO. 8

SI No.	Name of PC/CHC	Symptom RTVSTI		Causes of RTVSTI		Treatment for RTVSTI		Prevention of RTVSTI		HW/ADS Issue		Others Health Issue	
		Yes Nos.	Yes Nos.	Yes Nos.	Yes Nos.	Yes Nos.	Yes Nos.	Yes Nos.	Yes Nos.	Yes Nos.	Yes Nos.	Yes Nos.	Yes Nos.
1	VBWEMA PHC	3	Nil	3	Nil	3	Nil	3	Nil	3	Nil	2	1
2	KEMEPFUPWCHC	3	Nil	3	141	3	Nil	3	Nil	3	Nil	3	Nil
3	SECHU CHC	3	Nil	3	Nil	3	Nil	3	Nil	3	Nil	3	Nil
4	TSEMNYUCHC	3	Nil	3	Nil	3	Nil	3	Nil	3	Nil	3	Nil
5	PERENCHC	3	Nil	3	Nil	3	Nil	3	Nil	3	Nil	Nil	3
TOTAL		15	Nil	15	Nil	15	Nil	15	Nil	15	Nil	11	4

N.B: The figure indicated in each PHC/CHC is combine figure of 3 camps.
(Source: - Field Investigation)

OBSERVATION OF CAMP SITE DURING FHAW
Methods of conducting meeting in the camp. (FHAW)

TABLE NO. 9

Sl. No.	Name of PC/CHC	No interaction discussion	One to one interaction discussion	Small group interaction discussion	Large group lecture
1.	VISWEMA PHC	Nil	Nil	3	3
2.	KEMEPFUPHI CHC	Nil	Nil	3	3
3.	SECHU CHC	Nil	Nil	3	3
4.	TESMINYU CHC	Nil	Nil	3	3
5.	PEREN CHC	Nil	Nil	3	3
TOTAL		Nil	Nil	15	15

N.B: The figure indicated in each PHC/CHC is combine figure of 3 camps.
(Source: - Field Investigation)

Examination of patients at the camp site

TABLE NO.10

SI. No.	Name of PC/CHC	Done Nos.	Not done Nos.	Not sure Nos.
1	VISWEMA PHC	3	Nil	Nil
2	KEMEPFUPHI CHC	3	Nil	Nil
3	SECHU CHC	3	Nil	Nil
4	TSEMNYU CHC	3	Nil	Nil
5	PEREN CHC	3	Nil	Nil
TOTAL		15	Nil	Nil

N.B: The figure indicated in each PHC/CHC is combine figure of 3 camps.
(Source: - Field Investigation)

OBSERVATION OF CAMP SITE DURING FHAW
Methods of conducting metering in the camp. (FHAW)

TABLE NO.11

SI. No.	Name of PC/CHC	Yes Nos.	No. Nos.	Not available Nos.
1.	VISWEMA PHC	Nil	3	Nil
2.	KEMEPFUPHI CHC	3	Nil	Nil
3.	SECHU CHC	Nil	3	Nil
4.	TSEMINYU CHC	Nil	3	Nil
5.	PEREN CHC	3	Nil	Nil
TOTAL		6	9	Nil

N.B: The figure indicated in each PHC/CHC is combine figure of 3 camps.
(Source: - Field Investigation)

Referral slips given by the health workers at the camp

TABLE NO.12

SI. No.	Name of PC/CHC	Yes Nos.	No. Nos.	Not available Nos.
1.	VISWEMA PHC	Nil	3	Nil
2.	KEMEPFUPHI CHC	3	Nil	Nil
3.	SECHU CHC	Nil	3	Nil
4.	TSEMINYU CHC	Nil	3	Nil
5.	PEREN CHC	3	Nil	Nil
TOTAL		6	9	Nil

N.B: The figure indicated in each PHC/CHC is combine figure of 3 camps.
(Source: - Field Investigation)

EXIT INTERVIEW BOTH MALE & FEMALE IN THE VILLAGE CAMP DURING F.H.AW. (COMBINE CAMP)

How did you come to know about this camp?
(People knowledge about the camp) (Multiple answer)

TABLE 1

Sl. No.	Name of PHC/CHC	Though Health workers (Nos)	Community leaders Nos.	NGOs Nos.	Volunteers Nos.	Propaganda Nos.	Others (Specify)
1	VISWEMA PHC	30	2	1	I	2	Nil
2	KEMEPFUPMCHC	24	4	Nil	1	Nil	6
3	SECHUCHC	15	12	2	1	10	3
4	TSEMINYUCHC	16	13	Nil	Nil	3	9
5	PERENCHC	13	12	Nil	2	5	5
TOTAL		98	43	3	5	20	26

The figures indicated in the above column are out of 30 Nos. of respondent interviewed in each PHC/CHC in the campsite.

(Source: - Field Investigation)

Did the Health worker come to your house to inform about this camp/meeting

TABLE 2

SI No	Name of PHC/CHC	Yes (Nos)	No (Nos.)	Don't Know Nos.	If any others Nos.
1.	VISWEMA PHC	17	12	1	Nil
2.	KEMEPFUPHI CHC	20	7	3	Nil
3.	SECHU CHC	18	8	4	Nil
4.	TSEMINYU CHC	9	19	2	Nil
5.	PEREN CHC	9	18	3	Nil
TOTAL		73	64	13	Nil

The figures indicated in the above column are out of 30 Nos. of respondent interviewed in each PHC/CHC in the camp site.

(Source: - Field Investigation)

EXIT INTERVIEW BOTH MALE & FEMALE IN THE VILLAGE CAMP (F.H.A.W.)

Knowledge about the symptoms of RTI/STI (Multiple response)?

TABLE 3

SI. No.	Name of PHC/CHC	Foul smelling discharge Yes (Nos)	Ulcer in the genitals Yes (Nos)	Pain in the lower abdomen Yes (Nos)	Painful swelling Around genitals Yes (Nos)	Other specified (Nos)	Don! know (Nos)
1	VBWEMAPHC	7	9	4	5	2	21
2	KEMEPFUPHICHC	6	8	10	10	1	9
3	SECHUCHC	9	11	8	8	6	7
4	T3EMNYU CHC	15	14	16	18	4	4
5	PERENCHC	9	Nil	2	19	1	2
TOTAL		46	42	40	60	14	43

The figures indicated in the above column are out of 30 Nos. of respondent interviewed in each PHC/CHC in the camp site.

(Source: - Field Investigation)

Who can be effected RTI/STI (Multiple answer)

TABLE 4

Sl. No.	Name of PC/CHC	Men only Nos.	Women only Nos.	Children only Nos.	All of the above Nos.	Men & women only Nos.	None Nos.	Don! Know Nos.
1.	VISWAMA PHC	Nil	Nil	Nil	21	8	Nil	1
2.	KEMENEPFUPHI CHC	2	1	1	20	6	Nil	1
3.	SECHU CHC	Nil	1	Nil	19	4	Nil	6
4.	TSEMINYU CHC	2	Nil	Nil	25	2	Nil	1
5.	PEREN	Nil	Nil	Nil	25	8	Nil	7
	TOTAL	4	2	1	110	28	Nil	16

The figures indicated in the above column are out of 30 Nos. of respondent interviewed in each PHC/CHC in the camp site.

(Source: - Field Investigation)

EXIT INTERVIEW BOTH MALE & FEMALE IN THE VILLAGE CAMP DURING F.H.A.W. (COMBINE CAMP)

Sl. No.	Name of PC/CHC	Husband only Nos.	Wife only	Both wife & husband Nos.	None Nos.	No. Not known. Not sure
1.	VISWEMA PHC	1	Nil	29	Nil	Nil
2.	KEMEPFUPHI CHC	Nil	8	21	Nil	1
3.	SECHU CHC	Nil	7	22	Nil	1
4.	TSEMINYU CHC	2	2	25	Nil	1
5.	PERENCHC	1	3	16	Nil	10
TOTAL		4	20	113	Nil	13

The figures indicated in the above column are out of 30 Nos. of respondent interviewed in each PHC/CHC in the camp site.

(Source: - Field Investigation)

How can HIV/AIDS be prevented? (Multiple answer)

TABLE 6

SI. No.	Name of PC/CHC	Hygiene (Cleaning) Nos.	Using condom Nos.	Single partner Nos.	Cannot be Prevented Nos.	Don't Know Nos.	Treatment RTVSTI nos.	Others specify
1.	VISWEMAPHC	7	13	5	Nil	Nil	21	Nil
2.	KEMEPFUPHICHC	7	18	17	1	8	6	Nil
3.	SECHU CHC	9	21	17	9	5	5	Nil
4.	TSEMINYJCHC	13	27	24	1	10	2	Nil
5.	PERENCHC	9	22	20	Nil	6	4	Nil
TOTAL		45	101	83	11	29	38	Nil

The figures indicated in the above column are out of 30 Nos. of respondent interviewed in each PHC/CHC in the camp site.

(Source: - Field Investigation)

EXIT INTERVIEW BOTH MALE & FEMALE IN THE VILLAGE (COMBINE CAMP) (F.H.A.W)

Do you want us to hold camp/meeting in the future also?

TABLE 7

Sl. No.	Name Of PC/CHC	Yes (Nos)	No (Nos)	Not sure (Nos)
1.	VISWEMWA PHC	29	Nil	1
2.	KEMEPFUPHI CHC	27	Nil	3
3.	SECHU CHC	26	Nil	4
4.	TSEMINYU CHC	30	Nil	Nil
5.	PEREN CHC	26	1	3
TOTAL		138	1	11

The figures indicated in the above column are out of 30 Nos. of respondent interviewed in each PHC/CHC in the camp site.

(Source: - Field Investigation)

CHAPTER V

DOCTOR INTERVIEW AT PHC/CHC

5.1 SPECIAL TRAINING TO PHC/CHC DOCTORS.

The special training given to the health centers are indicated in the TABLE.1 the PHC/CHC WISE Doctors interview conducted by the evaluation team are showing in the column No.3 to col. No.10.

All the 5 health doctors were benefited by giving such training how to diagonise the disease like RTI/STI and the HIV/ AIDS in the health centers from time to time.

The treatment of RTI/STI was given in all the health centers after the camps were conducted which is indicated in the col.7 of the TABLE.

It observed that the having of such campaign was much benefited to the people in the locality.

5.2 IN THE MONTH OF MAY 99 NUMBERS OF PATIENTS COME NEITHER RTI/STI WITH REFERRAL SLIPS FOR TREATMENT AT PHC/CHC?

The total number of patients visited to the centers are indicating in the TABLE 2 of col.No.3 to col. No.4 in each health center in separate column.

The total number of male patients visited to the health center during May 99 Male 72 Nos. and Female 51 Nos. total = 123 Nos. Here the male patients are in the higher side. It indicated here that the impact of the program, since the people are aware of the disease for treatment.

5.3 MALE AND FEMALE PATIENTS DETECTED RTI/STI SYMPTOM IN THE CENTERS DURING PERIOD.

As it is already mentioned in the TABLE 2 the number of patients visited to the health centers after the camps. Total number of such patients reported to the health centers was 123 both male and female during the period.

The TABLE No.3 showing the number of male and female patients detected RTI/STI symptom was 25 Nos. Out of the 25 patients 6 Nos. of male and 4 Nos. of female come with referral slips. Where as 7 Nos of male and 8 Nos. of female reported to health center without referral slips.

As discuss with the concern Doctors of the health centers early such cases were very rare but after the campaign more cases are reporting in the center.

5.4 DRUG PROVIDED DURING THE CAMP FOR TREATING RTI/STI PATIENTS.

As it is indicated in the TABLE 4 all the four (4) centers were provided drugs for the treatment of RTI/STI patients except one health center which is indicated in the TABLE 4 col. No, 4.

When all the four centers provided drugs for the needy patients, but only one center could not be provided drugs to the patients during the camp, it may be due to certain unavoidable reason, which did not, disclosed to the team members. In future the department should avoid such things if it is in the program.

5.5 WHETHER THE DRUGS PROVIDED TO TREAT RTI/ STI PATIENTS IN THE PROGRAM WERE ALSO USED FOR TREATING OTHER DISEASES?

The use of drugs in the health camps is indicating in the Col. No.3 to Col. No. 5 of the table 5. Actually those medicine/drugs provided for the particular group of patients like - 33-RTI/STI patients should not be utilised in general cases. But here it is observed that the drugs used sometimes in 4 centers, which covered 80% of the selected centers. The second observation out of five centers one health center is using the drug most of the time in general cases. When discussed about the matter with the doctor concern of the health center informed to the investigating team that the drugs were completed to use in the center for other cases due to shortage of general stock in the center. In future the department should provide sufficient drugs for the general patients and avoid such practice.

5.6.CAN THE TREATMENT OF RTI/STI HELP IN PREVENTING TRANSMISSION OF AIDS/HIV?

As it is indicated in the TABLE 6 col.3 to col. 6 regarding the benefit of such treatment and preventing the transmission of HIV/AIDS. The entire doctor in the five-health center answer an YES', which means the program, is beneficial to the of the locality. As such the program should be continued and provide more incentive to the department by the central government in future also.

5.7 USEFUL OF THE PROGRAM IN THE FUTURE.

As indicated in the TABLE 7 col.3 the entire center appreciated the holding of such campaign in the future also. As and when discussed with the village elders and youth group of the community they suggested to hold such camp at least once in a year specially during the winter season when all the schools and colleges students are available in the village during their vacation. This time villagers are also having leisure's time to participate in the camp. So in future such camp should be organised during winter season so that more population of the community is participated in this program.

DOCTOR INTERVIEW AT PHC/CHC

Did the special training help you in the following?

TABLE 1

Sl. No.	Name of PC/CHC	Diagnosis of RTUSTI				Treatment of RTVSTI			
		Yea	No	Some what	No training	Yes	No	Some what	No training
1.	VISWEMA PHC	Yes	Nil	Nil	Nil	Yes	Nil	Nil	Nil
2.	KEMEPFUPHI CHC	Yes	Nil	Nil	Nil	Yes	Mi:	Nil	Nil
3.	SECHUCHC	Yes	Nil	Nil	Nil	Yes	Nil	Nil	Nil
4.	TSEMNYU CHC	Yes	Mil	Nil	Nil	Yes	Nil	Nil	Nil
5.	PEREN CHC	Yes	Nil	Nil	Nil	Yes	Nil	Nil	Nil

N.B.: In each PHC/CHC interviewed doctor incharged only.

(Source: - Field Investigation)

During the month of May 1999 nos. of patient come neither RTI/STI referral slips for treatment at PHC/CHC.

SI. No.	Name of PC/CHC	Male Nos.	Female Nos.
1	VISWEMA PHC	4	4
2	KEMEPFUPHICHC	60	45
3	SECHU CHC	Nil	Nil
4	TSEMINYU CHC	8	2
5	PEREN CHC	Nil	Nil
TOTAL		72	51

N.B.: The figure indicated in each PHC/CHC is combine figure of 3 camps.

(Source: - Field Investigation)

DOCTOR INTERVIEW AT PHC/CHC

Male and female detected RTl/STI syndrome in all the 5 PHC/CHC during the period.

TABLE 3

SI. No.	Symptoms	Total Nos.	Nos. of patients who come with referral s5p		No. Of patient who come without referral slip	
			Male Nos.	Female Nos.	Male Nos.	Female Nos.
1.	Urethral discharge syndrome	12	3	1	6	2
2.	Vaginal discharge	2	Nil	Nil	Nil	2
3.	Genital Ulcer	Nil	Nil	Nil	Nil	Nil
4.	Engemial swelling syndrome	1	1	Nil	Nil	Nil
5.	Lower swelling pain	10	2	2	1	4
6.	Scrotal swelling	Nil	Nil	Nil	Nil	Nil
7.	Optalmic neonatorum	Nil	Nil	Nil	Nil	Nil
TOTAL		25	6	4	7	8

N.B: The figure indicated in each PHC/CHC is combine figure of 3 camps.

(Source: - Field Investigation)

Drugs provided during the programme for treating RTI/STI patients

TABLE 4

Sl. No.	Name of PC/CHC	Yes	No	Not sure
1.	VISWEMA PHC	Nil	1	Nil
2.	KEMEPFUPHI OHC	Yes	Nil	Nil
3.	SECMU CHC	Yes	Nil	Nil
4.	TSEMINYU CHC	Yes	Nil	Nil
5.	PEREN CHC	Yes	Nil	Nil
TOTAL		4	1	Nil

N.B: The figure indicated in each PHC/CHC is combine figure of 3 camps.

(Source: - Field Investigation)

DOCTOR INTERVIEW AT PHC/CHC

Whether drugs provided to treat RTI/STI in this
Programmes were also used for treating other disease?

TABLE 5

SI. No.	Name of PC/CHC	Never	Sometime	Most of the time
1.	VEMEMA PHC	Nil	Yes	No
2.	KEMEPFUPHICHC	Nil	Yes	No
3.	SECHU CHC	Nil	Yes	No
4.	TSEMINYU CHC	Nil	No	Yes
5.	PEREN CHC	Nil	Yes	No
TOTAL		Nil	4	1

N.B: The figure indicated in each PHC/CHC is combine figure of 3 camps.

(Source :- Field Investigation)

Can the treatment of RTI/STI help in preventing
Transmission of HIV/AIDS?

TABLE 6

SI. No.	Name of PC/CHC	Yes	No	Not sure	Do not know
1.	VISWEMA PHC	Yes	Nil	Nil	Nil
2.	KEMEPFUPHI CHC	Yes	Nil	Nil	Nil
3	SECHU CHC	Yes	Nil	Nil	Nil
4.	TSEMINYU CHC	Yes	Nil	Nil	Nil
5.	PEREN CHC	Yes	Nil	Nil	Nil
TOTAL		5	Nil	Nil	Nil

N.B: The figure indicated in each PHC/CHC is combine figure of 3 camps.

(Source: - Field Investigation)

DOCTOR INTERVIEW AT PHC/CHC

Do you think holding of such camp will be useful in the future also?

TABLE 7

SI No	Name of PC/CHC	Yes	No	Not	Do not know
1.	VISWEMA PHC	Yes	Nil	Nil	Nil
2.	KEMEPFUPHI CHC	Yes	Nil	Nil	Nil
3.	SECHU CHC	Yes	Nil	Nil	Nil
4.	TSEMNYU CHC	Yes	Nil	Nil	Nil
5.	PEREN CHC	Yes	Nil	Nil	Nil
TOTAL		5	Nil	Nil	Nil

N.B: - The figure indicated in each PHC/CHC is combine figure of 3 camps.

(Source: - Field Investigation)

CHAPTER – VI

FINDING & SUGGESTION.

6.1 As desired by the people such special awareness Camps/programme should be organised in the near future also, at least one in a year and give the full education to the rural population.

6.2 A booklet/literature on HIV/AIDS and RTI/STI should publish specially rural people in their own dialect to understand the full knowledge about the diseases.

6.3 For the time being all the educational institutions like primary and high school level a compulsory paper/topic on HIV/AIDS and RTI/STI should be introduced by the Educational Department about the awareness of such diseases.

6.4 This programme should not be covered only targeted age group from 15 to 49 years but all the age groups should allow to involve in this programme. Which can cover up to the grass root level in the Community.

6.5 Teachers and church leaders of the community also should allow to involve in this programme since they are the only Educated persons among the locality who are always having good contact with them at any time to teach them the lessons.

6.6 In the future village council/panchayat members should encourage to organise such awareness Camps in the village level from time to time with the help of the Medical Department to boast up more effective of this programme. As such financial assistance also should be given to them during the Camp.

6.7 Full knowledge about the diseases like HIV/AIDS should be given to the village people. As it was informed to the investigating team during field works. Some time people in the village think that person who sick for a long time in the village is AIDS patient and they try to drive away from the village community. This is nothing but due to lack of knowledge about the actual symptom of this disease. In the future such misunderstanding among the people could be avoided by given them details knowledge about the actual disease.

6.8 It was also reported to the team that the people do not like to come and discuss their problems with the Doctor and health workers in the centre due to shyness, also afraid excommunicate by the community when he/she is declare having such diseases. This is one of the serious problem of today among people. To overcome such problem a suitable facility should be provided to those people who are having such problem to discuss freely without any hesitation with the physician in the near future.

6.9 Big sign board should be display in every comers of the village/locality words written in their own local dialect having some illustrated pictures such diseases patients to make them to understand, who can be infected from one person to another. Which can understand even by an illiterate person in the rural locality. Application of such method will play a big role in the programme objective.

6.10 It was also observed that the involvement of NGO's and other volunteer organisation in this programme was not satisfactory. Of course, it may be due to the first of its kind in the locality. If such Camp/meeting is continue in the future also Department should encourage those organisations to participate in the programme since their are the agents of the public and having more contact with the rural population. The present participation made by those groups was only 2% and 3.33% respectively.

6.11 After the awareness programme was launched people awareness about the diseases like HIV/AIDs and STD become more alert in the rural society/community. This was observed when discussion was conducted with the village elders, Men and women, also boys and girls which is the real indication of the programme impact on the rural people. It was also informed to the investigating team by the health centre Doctor's after the Camp more such cases have been reported in the centre which were not before. The same is reflected in the Table also.

6.12 Among the community population more than 805 are poor who are struggling very hard life for day to day livelihood of their family. In such a situation one of the important phenomenon taken place in their society is only direct benefit given to them. Therefore people don't like come to the health centre without getting any Medicine from the health centre. Since most of them are from poor section of the community and they could not afford to purchase Drugs from the market. But hope to get medicines by free cost and for which they use to visit the health centre. But not the importance of diagnosis of their ill health body. Hence sufficient Drugs should stock in the centre (CHC) at least for those poor section of the community. As such Government should keep more attention to the poor rural people where 70% of the total population are living without knowing how to care their body. those organisations to participate in the programme since their are the agents of the public and having more contact with the rural population. The present participation made by those groups was only 2% and 3.33% respectively.

6.13 While going through the details study of this programme. The participation made by the Female Doctors are very little compare to that of the Male Doctors involvement in this programme during the campaign. In the coming future for the betterment of our people both Male and Female Doctors and health workers should represented in all the health Camps uniformly. Because of shyness and other reasons an opposite cannot discuss his/her secret problem freely to an opposite sex to avoid such problems proper arrangement should be done when organising such sensitive team works.

6.14 As discussed with the village elders and youth during the meeting. They have suggested holding such Camp/ meeting in the future at least once in a Year for the time being. The Camp/meeting should organise specially during the winter season when all the schools colleges students are available in the village during their vacation. At the same time villagers are also having more free time during the winter to participate in the Camp. As such more population of the rural people can be covered even in a single meeting/Camp.

6.15 The contribution made by the community leaders was satisfactory when asses the Co-operation made by them. The community leaders covered 90% of the Total Camp during the whole campaign organised by the Medical Department. If and when such programme is organise by the State Government they should allow to involve in the programme as far as possible by giving intimation to them with proper instruction how to mobilise the programme in the community.

6.16 In hilly terrain State like Nagaland such Camp should not organise specially during rainy season. But the best time to cover more population is far better during the dry season. Because of communication problems to reach far flang interior villages. Therefore winter is best time specially for Nagaland. Where communication is very poor during monsoon time.

6.17 For more Awareness of the people about the diseases like HIV/AIDs compulsory testing of blood should be conducted all over the country to detect the diseases like HIV/AIDs and this should be the National policy.

6.18 Last but not the least every individual should have a strong determination to abide by the instruction given by the physicians from time to time to get rid of from the deadly diseases like HIV/AIDs and live a dedicated life in the present society.