

REPORT OF THE

KOKUVIL - KONDAVIL COMMUNITY HEALTH PROJECT

1980 - 1983

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UNIVERSITY OF JAFFNA, SRI LANKA

With the compliments of

Department of Community Medicine  
Faculty of Medicine, Jaffna, Sri Lanka



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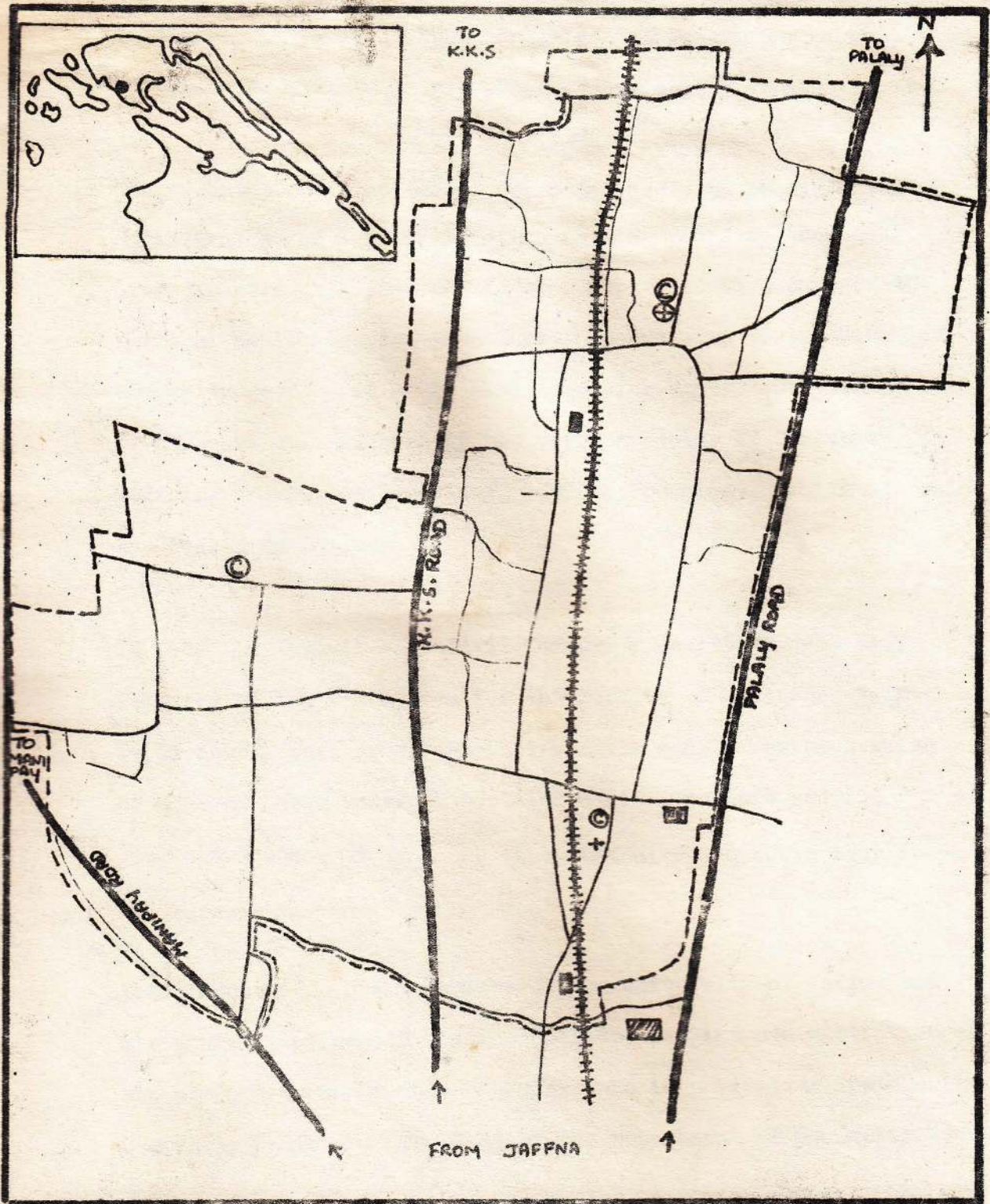






# MAP OF THE

## KOKUVIL - KONDAIL COMMUNITY HEALTH PROJECT AREA



- |  |                 |  |                                     |  |                |
|--|-----------------|--|-------------------------------------|--|----------------|
|  | Major Road      |  | Faculty of Medicine                 |  | Clinic Centres |
|  | Minor Road      |  | University of Jaffna                |  | Project Area   |
|  | Railway Line    |  | Central Dispensary & Maternity Home |  | Boundary       |
|  | Railway Station |  | Central Dispensary                  |  |                |







## 1. INTRODUCTION

The Faculty of Medicine, University of Jaffna was established in November 1978. A Professor of Community Medicine was appointed in January 1979, in order to organise the Department of Community Medicine and partake in the general development of the Faculty.

The teaching and practice of Community Medicine requires the establishment of a field practice area attached to the Faculty of Medicine. This area should be a representative part of the national health service structure. In addition to teaching and community service it would also serve for experimentation in health care and research in the various fields of Community Medicine such as epidemiology, medical sociology, health education, and health economics.

In 1980 the Kokuvil - Kondavil Community Health Project was selected as the field area for the Faculty of Medicine, Jaffna. It is partly peri urban and partly rural and is representative of most of the country in Socio-economic structure and its health problems. It is close to the Faculty and is in easy access to students.

The project is a joint venture of the University of Jaffna and the Ministry of Health. At present the routine administration of the project is under the MOH Kopy, who is a visiting lecturer in Community Medicine. The Head of the Department of Community Medicine



has the approval of the DHS to experiment on Health Service methods and organisation. It is proposed that at a later date the administration of the project would be taken over by the Department of Community Medicine, and the Head of the Department of Community Medicine would then function as the MOH of this Health Area.

We welcome joint research projects with Departments of other Faculties in the University, like Sociology, geography and economics in studies related to health.

## 2. ADMINISTRATION, STAFF, BUILDINGS AND TRANSPORT

### 2.1 Administration

The Community Health Project Area continues to be under the administrative control of M.O.H., Kopay. In the next phase steps will be taken for the transfer of administrative control to the Head, Department of Community Medicine, Faculty of Medicine, Jaffna. He will then be responsible to the Director of Health Services through the Superintendent of Health Services, Jaffna, for carrying out the Health work in the area.

### 2.2 Staff

#### 2.2.1 Medical

Professor of Community Medicine, Lecturer in Community Medicine and M.O.H. Kopay make up the medical team.

There was only one lecturer till end of 1983 to assist

the Professor of Community Medicine.



#### 2.2.2 Para Medical

Para Medical Staff consists of 2 Public Health Inspectors and 4 Public Health Midwives. They are all employees of the Department of Health. One P.H.M. area namely Kokuvil West remains vacant from 1982. SPHM attached to office of MOH Kopay assists in supervision of PHMM.

#### 2.2.3 Others

This group comprises the employees of the University namely a technician, a clerk and a labourer.

#### 2.2.4 Volunteers

There are 21 volunteers trained by us in Kondavil area and 15 untrained volunteers in Kokuvil area. It is proposed to train these untrained volunteers and a few others in due course.

#### 2.3 Monthly conferences

Monthly conferences are held once a month at M.O.H Office, Kopay, on the third Thursday. These conferences are attended by the staff of the Department of Community Medicine and the entire field staff of M.O.H Kopay. The object of these conferences is to assess the work carried out in the area during the month and to plan for improvements in the quality and quantity of services provided.



## 2.4 Buildings

### 2.4.1 Department of Community Medicine

The Department of Community Medicine, is temporarily housed in a section of the Pathology Laboratory, General Hospital, Jaffna. When the first floor of the Faculty of Medicine, Jaffna at Thirunelvely is completed this department will be shifted there. The contractors hope to complete the first floor by September 1984. There is no telephone facility to our present office.

### 2.4.2 Clinic Buildings

Clinics are conducted at three places, namely

- i) Kokuvil Central Dispensary
- ii) Kondavil C.D & M.H
- iii) R.D.S Building, Kokuvil West

Accommodation is not adequate at Kokuvil C.D and at the R.D.S building at Kokuvil West. Furniture is inadequate at all these centres.

## 2.5 Transport

There is a Jeep gifted to the Department of Community Medicine by the UNDP, which has been previously used by the Sri Lanka Army.



## 2.6 Funds

Vitamins, minerals and some items of stationery were obtained from the Health Ministry Funds given to MOH Kopay and other items of stationery from the University Funds.

The Jaffna Rotary Club had kindly presented the appointment cards of the ante natal mothers.

## 3. AREA, POPULATION AND VITAL STATISTICS

### 3.1 The Area

The Community Health Project Area comes under the Kokuvil Sub-Office of the Jaffna District Development Council (which was earlier known as Kokuvil Village council) and includes Kokuvil and Kondavil villages.

The area is approximately 8 square miles in extent. Land is generally flat, soil is well drained, deep and mainly composed of calcic red latarsol type. 25 to 30 per cent of the land in the project area is used for cultivation and the remainder is for homesteads.

The climate is warm and the temperature averages between 26 to 30 Centigrade, highest during months of April and May and the minimum is between December and February

Rains are associated with the North East monsoon which is from October to February. The rest of the months are dry. The annual rainfall ranges between 1000 - 1500 m.m. Cultivation is based on the North East monsoon. Mean relative humidity is around 75 % by day and around 86 % by night.



The Community Health Project Area covers part of the A.G.A Division Nallur. It comprises 4 Grama Sevaka Divisions and part of Vannarpannai South G.S Division.

### 3.2 Population

**Table - 1** Kokuvil - Kondavil Community Health Project Population by Grama Sevaka Divisions

G.S Divisions	Area (Sq.Miles)	1981 Census Population	Estimat Populati for 1983
Kokuvil East	1½	7,791	8,058
Kokuvil West	2	6,085	6,293
Kondavil East	2	7,839	8,107
Kondavil West	1½	4,378	4,528
Vannarpannai South (part)	1	1,800	1,861
Total	8	27,893	28,847

#### 3.2.1 Ethnicity

Tamil speaking population, majority of them being Hindus. There is a small floating population consisting of Muslims and Sinhalese. There is a small village called Uyarapulam where the majority are Tamil Catholics, engaged in fishing.



### 3.3 Housing

Approximately 35 % of the houses in the project area are stone built and tile roofed. The rest of the houses are of mud walls and cadjan roofs.

### 3.4 Literacy

The majority of the population can read and write one language, namely Tamil.

It is proposed to do a detailed Socio-economic study in 1984. This study was delayed due to lack of funds.

### 3.5 Health Facilities

There is one C.D and M.H at Kondavil and C.D at Kokuvil. Both manned by Registered Medical Practitioners. But for specialised treatment people in the area go to General Hospital, Jaffna which is about three miles away.

### 3.6 Social Organisations

There are seven Social Organisations in the Community Health Project Area. The following are the organisations contributing to the improvement of the facilities in the project area.

3.6.1 Rural Development Societies - There are sixteen in the project area (vide annex). Their main functions are in community participation for development of the village according to the resources available in the area concerned.



3.6.2 Community Centres - There are twenty one Community Centres (annex). Whose main functions are providing reading room facilities and recreation.

3.6.3 Nallur M.P.C.S Women's Bureau.

3.6.4 Young Men's Hindu Association - This association promotes the spiritual health of the villages.

3.6.5 Family Planning Association - Assists in recruiting new acceptors for Family Planning. This is active only in Kondavil East.

3.6.6 St.Johns Ambulance Association - Volunteers of this association manns First Aid Posts at Temple Festivals and school sports meets.

3.6.7 Red Cross Society - This society started its activities in our project area only recently.

### 3.7 Vital Statistics

#### 3.7.1 Birth Rates

The number of births are taken from the Birth and Immunisation Registers maintained by the PHMM.



Table - 2      Kokuvil - Kondavil Community Health Project Area  
Births and Rates, 1980 - 1983

Year	1980	1981	1982	1983
Births	672	740	674	661
Crude Birth Rate	24.5	26.5	23.7	22.9

Except in one PHM division which has no permanent PHM, the recording is almost complete.

The Crude Birth Rates for these years are between 26.5 and 22.9. The rate for Sri Lanka is 28.0 (1981) and for Jaffna District 27.9 (1981). The rates given by other University Community Health Projects are as follows: Kotte, Colombo 12.5 (1983), Hindagala, Peradeniya 22.7 (1982), and F.T.A Baddegama, Galle 20.4 (1981).

### 3.7.2 Death Rates

The number of deaths shown in Table 3 are taken from the returns sent by the Registrars for the area. Many deaths take place at General Hospital, Jaffna. Statements of these deaths are not sent to us. Hence these figures do not give the true picture of mortality. Further about 60 % of the infant deaths are not registered.



Table - 3 Kokuvil - Kondavil Community Health Project Area  
Deaths, 1980 - 1983 (see text)

Year	1980	1981	1982	1983
Deaths (From Registrar's return)	40	26	44	30

### 3.7.3 Infant Mortality

During 1980 and 1981 the number of infant deaths taken from the registers maintained by the PHMM were 4 and 11, giving IMRs of 8.3 and 21.2 per 1000 live births respectively. A study of infant mortality in 1982 and 1983, showed that there had been gross under registration of infant deaths, and during these two years our numbers are correct ( Table 4 ). The figure for Sri Lanka is 37.7 (1979), for Kotte Community Project 17.0 and 9.4 (1982,1983) and for Hindagala Community Project 32 and 15 (1979,1980).

Table - 4 Kokuvil - Kondavil Community Health Project  
Infant Deaths and rates, 1982 - 1983

Year	1982	1983
Infant Deaths	20	13
Infant Mortality Rate	40.4	25.9



### 3.7.4 Maternal Mortality

Maternal deaths given below are those reported by PHM. As the numbers are small, rates ~~have~~ ~~has~~ not been calculated.

Table - 5      Kokuvil - Kondavil Community Health Project Area  
Maternal deaths, 1980 - 1983

Year	1980	1981	1982	1983
Maternal Deaths	Nil	1	Nil	2

## 4. PROGRAMME OF WORK

### 4.1 Family Health

#### Clinic Services

- (a) Clinics are conducted on every Monday at the C.D & M.H Kondavil. Ante natal clinics are held on first and third Mondays, while child welfare and family planning clinics are conducted on second and fourth Mondays.
- (b) Clinics are conducted at the C.D. Kokuvil on every first and third Wednesdays of the month. Child welfare clinic on the first and the Ante natal clinic on the third Wednesday.
- (c) Since September 1983 a Poly Clinic is being conducted at the R.D.S Building in Kokuvil West on every second Wednesday of the month.



### Recording System

A.N.C - Ante natal clinic records are designed and printed by the Department of Community Medicine. This is maintained by the respective midwives.

Appointment Cards were gifted by the Jaffna Rotary Club. These are kept by the mothers and have details of risk factors associated with the family, previous pregnancies and present pregnancy and information regarding blood group, V.D.R.L / T.P.H.A results and immunisation with tetanus toxoid.

C.W.C - For infants and pre-school children the record card issued by the Department of Health Services is used. Referral forms provided by the Department of Community Medicine are used when referring mothers and children for specialised treatment. There is good co-ordination between the Community Health Area clinics and General Hospital, Jaffna.

### Staff

Staff conducting each clinic consists on an average 2 - 3 medical officers, 1 Public Health Inspector, 4 Public Health Midwives, a technician and 2 to 3 volunteers from the village.



4.1.1 Maternal Health Services

Clinic Care

Pregnant mothers are requested by the PHM to attend the Ante natal clinics from about the fourth month. The mothers have been registered either in their homes or at their first visit to the clinic.. Steps are being taken to discourage clinic registration. Each pregnant mother is expected to attend clinic once a month. The "at-risk" mothers are seen more often. Those that need hospital ante natal care are referred to General Hospital, Jaffna.

Table - 6 Attendance at A.N.C - 1980 to 1983

Year	No.of Mothers	Total No.of visits	No.of visits per mother
1980	587	1827	3.1
1981	641	2080	3.3
1982	439	1593	3.6
1983	462	1307	2.8

Although it is desired for each pregnant mother to visit the clinic five times during her pregnancy this has not been achieved ( Table 6 ).



Each pregnant mother attending the clinic is weighed, her urine is examined for albumin and sugar, blood is examined for Hb % by Talliquist method by the mid-wife/volunteer. A physical examination is done by a medical officer.

V.D.R.L examination was started in 1982. 315 specimens have been taken till the end of 1983. Out of which one was positive and was confirmed by T.P.H.A test. She was referred to the V.D clinic, General Hospital, Jaffna for management.

Pregnant mothers are immunised with Tetanus Toxoid to prevent neonatal tetanus ( Table 7 ). Two doses of Tetanus Toxoid are given to the mothers after the fourth month of pregnancy. Booster doses are given to mothers who have not been fully immunised within the previous three years. Wherever there is doubt about the previous immunisation complete immunisation is done.



Table - 7      Immunisation of Pregnant Mothers with Tetanus Toxoid,  
1980 - 1983

Year	1980		1981		1982		1983	
	No. Immu- nised	% Immu- nised	No. Immu- nised	% Immu- nised	No. Immu- nised	% Immu- nised	No. Immu- nised	% Immu- nised
1st	233	39.7	316	49.3	224	51.0	259	56.1
2nd	200	34.1	194	30.3	171	38.9	170	36.8
Booster	153	26.1	92	14.3	64	14.6	135	29.2
Percent Completely immunised	60.2		44.6		53.5		66.0	

Supplements      Thripasha ( Wheat soya blend) provided by the Care-Health Department is deistributed at these clinics to the following groups.

- i) Pregnant mothers whose Hb percentage is less than 50 % as tested by Tallquist method.
  - ii) Lactating mothers during the first six months.
- Vitamins and minerals are also distributed to pregnant mothers after their first trimester.

Anti-helminthic drugs such as Antepar and T.C.E are given to the mothers, as a routine after the first trimester.

Minor ailments too are treated at these clinics for which few selected drugs are available.



Home Care The P.H.M visits the homes of the pregnant mothers on a pre planned basis.

Table - 8 Visits by PHM to homes of Pregnant Mothers, 1980 - 1983

Year	1980	1981	1982	1983
No.of Pregnant Mothers visited	590	596	525	530
Total No. of home visits	3808	3600	2615	2509
Average No.of visits/ pregnant Mothers	6.5	6.0	* 5.0	* 4.7

\* In 1982 and 1983 home visits were not done in Kokuvil West PHM area as it has been vacant.

Place of Delivery and Accoucheur ( Table 9 ) As a policy institutional deliveries are encouraged. Mothers who are at risk are referred for delivery at General Hospital, Jaffna. Those mothers with no problems are told to have their delivery at M.H Kondavil. But most mothers prefer to deliver at General Hospital, Jaffna.



Table - 9 Place of Delivery and Accoucheur

Year	Total deliveries	Institutional deliveries	%	Home deliveries		
				By PHM	By Untrained	Unaided
1980	483	478	98.9	0	5	0
1981	520	508	97.7	8	4	0
1982	497	482	97.0	1	14	0
1983	505	490	97.0	3	12	0

#### 4.1.2 Child Welfare Services

Clinics - A summary of the clinic visits by children is given in Table 10.

Table - 10 Clinic Visits by Infants and Pre-school Children  
1980 - 1983

Year	1980	1981	1982	1983
No. of Clinics held	71	70	69	70
No. of visits by Infants	1772	2525	1504	1849
No. of visits by Pre-school children	1062	1491	1804	1480
Total No. of visits by Infants and Pre-school children	2834	4016	3308	3329
No. of Infants per clinic	34.8	44.0	44.2	36.2
No. of Pre-school children per clinic	20.8	26.2	53.1	29.0
No. of Infants and Pre-school children per clinic	55.6	70.2	97.3	65.2



The infants are weighed at each clinic and the weights are recorded in the growth charts among other examination findings.

Immunisation Immunisation of infants and pre-school children is done in the C.W.C by the P.H.MM and P.H.I. Since 1982 the new immunisation schedule recommended by the Department of Health Services ( Table 11) is followed.

Table - 11 Immunisation Schedule

Age	Interval	Prophylactic
0 - 4 weeks	-	* B.C.G
3 months	-	* DPT & * OPV 1st dose
5 months	6 - 8 weeks after the 1st	DPT & OPV 2nd dose
7 months	6 - 8 weeks after the 2nd	DPT & OPV 3rd dose
18 months	-	DPT & OPV



The schedule for children at school and for pregnant women remain the same as given below.

Immunisation	Prophylactic	Interval
School Entry 5 years	* DT * BCG (for those not vaccinated earlier) Typhoid Vaccine - TA (1st) Typhoid Vaccine - TA (2nd)	4 weeks after 1st dose
School 10 - 14 years	* BCG (2nd vaccination) Typhoid Vaccine - TA (Booster) Tetanus Toxoid	
Pregnant Women	* Tetanus Toxoid (1) * Tetanus Toxoid (2)	6 weeks after 1st dose

\* These immunisations are included in the EPI

B.C.G B.C.G is given in the clinic to those who are born at Kondavil Maternity Home, Private Nursing Homes, Homes and those who have no scars. All the children born at General Hospital, Jaffna are immunised before they are discharged.



Table - 12 B.C.G Immunisation, 1980 - 1983

Year	No.of infants immunised	As percentage of infants born	No.of Pre-school children immunised
1980	591	88.0 %	31
1981	674	91.0 %	16
1982	656	97.3 %	Nil
1983	628	95.0 %	23

The above information was collected from the Birth and Immunisation registers of the respective years under consideration.

Primary Immunisation coverage of infants against Diphtheria, Tetanus, Whooping Cough (DPT) and Poliomyelitis (OPV)

Table 13 gives the immunisation coverage of infants born in each of the years under consideration. The figures regarding immunisation status was collected from Birth and Immunisation registers.



Table - 13      Immunisation Coverage of infants in 1980 - 1983 in the Project Area

Immunisation	1980	%	1981	%	1982	%	1983	%
Triple								
1st dose	632	94.1%	666	90%	632	93.8%	559	84.6%
2nd dose	596	88.7%	654	88.4%	590	87.5%	413	62.4%
3rd dose	556	82.7%	579	78.2%	519	77%	257	38.9%
Oral Polio Vaccine								
1st dose	632	94.1%	666	90%	632	93.8%	559	84.6%
2nd dose	596	88.7%	654	88.4%	590	87.5%	413	62.4%
3rd dose	556	82.7%	579	78.2%	519	77.6%	257	38.9%

Immunisation coverage for 1983, especially for 2nd and 3rd dose is low. This is partly due to children born in the latter part of the year were not due for Immunisation and it is probable that there is a delay in commencing immunisation and a prolonged interval between the doses.

Supplements Thiriposha is distributed to the infants below six months and pre-school children who are malnourished.



The distribution of Thiriposha is determined by the availability as the supply is not regular due to transport difficulties.

Vitamins and iron tablets are also distributed to infants and pre-school children.

Antihelminthic drugs such as combantrin and vermoz are also available at these clinics. Minor ailments too are treated with limited drugs that are available.

Home Care Infants and pre-school children are seen at home by the P.H.M during their routine home visiting. Any infant or pre-school child with a particular problem like malnutrition is visited more often.

#### 4.1.3 Family Planning Services

- (a) Family Planning Clinics are held on every other Monday at Kondavil C.D & M.H where IUCD insertions and Depot Provera are available.
- (b) At Kokuvil C.D, as the Depot Provera is issued to the R.M.P., it is available on all days. As the facilities are not satisfactory IUCD insertions are not done there.
- (c) All acceptors for Sterilisation are referred to



New acceptors by method are given in Table 14.

Table - 14 New Acceptors by method during 1980 - 1983

Year	1980	1981	1982	1983
IUCD	-	01	06	36
Injection	-	11	77	57
Pill	17	26	23	16
LRT	45	50	79	62
Vasectomy	40	02	01	02
Total	62	90	186	173

Depot Provera and IUCD are becoming popular but the availability of the former is sometimes a problem.

Table - 15 New Acceptors as a percentage of the population

Year	Total No.of New	As a % of Population
1980	62	0.23 %
1981	90	0.32 %
1982	186	0.66 %
1983	173	0.60 %



#### 4.1.4 School Health Services

There are 14 schools in the project area, 9 in Kokuvil and 5 in Kondavil. The total student population in 1983 is 6075. The list of schools and the student population are given in annex.3.

The School Medical Inspections are fixed to take place during the student clerkship. The schools not covered by the Department of Community Medicine area done by MOH Kopy and RMPP Kokuvil & Kondavil. From 1984 all schools will be done by us.

Table - 16

	1980	1981	1982	1983
<u>Kokuvil</u>				
No.of Schools Visited	9	9	9	9
No. examined	633	612	810	519
No.of defects	93	187	300	161
No.corrected	34	139	89	14*
<u>Kondavil</u>				
No.of Schools Visited	5	5	5	5
No.examined	542	481	502	80
No.of defects	61	39	232	17
No.corrected	23	7	96	17

\* This number refers to only the defects that were corrected at the time of School Medicine Inspection.



In each of the years all the schools have been covered.

The commonest defects found were Dental caries,  
Pediculosis, Anemias and malnutrition.

#### 4.2 Health Education

- (a) The Department of Community Medicine has periodic training programmes for volunteers at Kondavil. There are plans to start yet another training programme at Kokuvil.
- (b) The Public Health Midwives give a short talk to the mothers at the beginning of each clinic on a pre planned basis. The contents of these talks are discussed at monthly staff conferences.
- (c) Medical students give a health talk to groups of students at the commencement of the School Medical Inspection.

#### 4.3 Environmental Sanitation

This aspect is looked after by the P.H.II under the direct supervision of the MOH Kopay.

- 4.3.1 The Housing and Town Improvement Ordinance: It is enforced in all P.H.II areas. Hence all building applications and plans are forwarded by the respective local authority to the M.O.H Kopay who ensures that they comply with the provisions of the ordinance with the assistance of the P.H.II.



## 5. FIELD TRAINING PROGRAMMES IN THE PROJECT AREA

### 5.1 Family attachment programme

A group of three medical students in each batch, in their third year, is assigned to a family in the project area. The families that are selected for attachment usually have either a pregnant mother, an infant or a pre-school child or a combination of them.

The objectives of the family attachments are,

- 1) To orientate teaching to health needs of the community.
- 2) To introduce modern concepts of epidemiology with emphasis on the complexity and multiplicity of factors determining the diseases based on the family.
- 3) To show the need for assessing the feasibility and effectiveness of medical actions in relation to their cost.
- 4) To emphasise that beyond individual aspects, a case has important family and community implications.
- 5) To enable one to understand the family history of patients.

They are attached to the families for a period of one and a half years. At the end of the period, the students submit a report on this assignment and present themselves for a viva voce. Ten percent of the total marks in Community Medicine is given for this component. Since inception three batches of medical students have undergone this training.



#### 4.3.2 Water Supply

The main source of water supply is underground water which is about 25 to 30 feet deep. Majority of the households have their own wells but most of them are unprotected. In Kokuvil and Kondavil East areas there are a few tube wells which are mainly used for agricultural purposes. The quality of the water found in the project area is considered to be the best in the Jaffna Peninsula, as it contains less chlorides and sulphates of sodium and calcium.

#### 4.3.3 Sewage Disposal

Latrines that are available are of water seal type.

The other households have no latrine ~~exception~~ a few, who have pit latrines.

Table - 17 No. of Water Seal Latrines built in 1980 - 1983

Area	1980	1981	1982	1983
Kokuvil	66	42	33	38
Kondavil	27	28	31	43

#### 4.3.4 Refuse Disposal

As the Community Health Area is under the Village Council there is no organised conservancy but there are employees who are responsible for the distruction of all rubbish heaps which accumulate at various public places. Other than the above said disposal, the rest is left to the individual households.



5.2 Several activities, during the Community Medicine Clerkship of one month, are carried out by the students in the project area. These include working in ante natal and child welfare clinics, carrying out school medical inspections and visiting the offices and field with the PHM and PHI.

### 5.3 Studies and Surveys in the Project Area

5.3.1 An epidemiological study of infant and pre-school mortality was done during the period from June 1982 to May 1983. This was a part of the study done in the whole area of MOH Kopay. The data is being processed.

5.3.2 A study of the elderly in the area is being carried out by Dr. N. Sivarajah

5.3.3 A comprehensive Socio-economic study of the Community Health Project area is planned for 1984. This will provide us with basic information of the project area, which we do not have now.



6. ACKNOWLEDGEMENT

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LIST OF NAMES OF R.D.SOCIETIES & REG. NUMBERS

Serial No.	Name of Society	Reg. Number
<u>KOKUVIL AREA</u>		
1	Central Kokuvil W.R.D.S	RD/J/N/37/K/1
2	Kokuvil East R.D.S	RD/J/N/37/1
3	Kokuvil West R.D.S	RD/J/N/38/1
4	Kokuvil West W.R.D.S *	RD/J/N/38/K/1
<u>KONDAVIL AREA</u>		
1	Kondavil East W.R.D.S	RD/J/N/36/K/3
2	Kondavil East Kumarakoddam R.D.S	RD/J/N/36 A/3
3	Kondavil North Central R.D.S	RD/J/N/36/3
4	Kondavil East Narayana W.R.D.S	RD/J/N/36 A/K/1
5	Kondavil East Sri Rajeswari W.R.D.S	RD/J/N/36/K/2
6	Kondavil East Sri Narayana R.D.S	RD/J/N/36 A/2
7	Kondavil North Sri Vaakeeswari R.D.S	RD/J/N/36/1
8	Kondavil West Amarakavi R.D.S	RD/J/N/36/4
9	Kondavil West Vivekananda R.D.S	RD/J/H/36/2
10	Kondavil East Gnanaweera R.D.S	RD/J/H/36/K/3
11	Kondavil East R.D.S *	RD/J/N/36 A/1
12	Kondavil West Manchathady W.R.D.S	RD/J/H/36/K/1

\* At the time of preparing this report, these R.D.Societies were not functioning.



ANNEX 2

LIST OF NAMES OF COMMUNITY CENTRES & REG. NUMBERS

Serial No.	Name of Society	Reg. Number
<u>KOKUVIL AREA</u>		
1	Kokuvil Pirampady Community Centre	J/VC/18/CC - 348
2	Kokuvil West Community Centre	J/VC/18/CC - 370
3	Kalaimagal Kokuvil West Community Centre	J/VC/18/CC - 513
4	Manonmany Community Centre	J/VC/18/CC - 371
5	Nethaji Community Centre	J/VC/18/CC - 372
6	Valarmathi Community Centre	J/VC/18/CC - 448
7	Ghandiji Community Centre	J/VC/18/CC - 619
8	Kokuvil Central Community Centre	J/VC/18/CC - 540
<u>KONDAVIL AREA</u>		
1	Amarakavi Community Centre	J/VC/18/CC - 346
2	Kondavil East Community Centre	J/VC/18/CC - 347
3	Sri Vaaheeswari Community Centre	J/VC/18/CC - 351
4	Gnana Veera Singha Community Centre	J/VC/18/CC - 349
5	Sri Narayana Community Centre	J/VC/18/CC - 350
6	Kumarakoddam Community Centre	J/VC/18/CC - 353
7	Vethaparayana Community Centre	J/VC/18/CC - 371
8	Vivekananda Community Centre	J/VC/18/CC - 623
9	Kalaivani Community Centre	J/VC/18/CC - 496
10	Neddilipay Community Centre	Not Registered
11	Atputha Northana Vinayagar Community Centre	J/VC/18/CC - 467
12	Makkal Munneettak Kalaga Community Centre	J/VC/18/CC - 373
13	Vivekananda Library and Community Centre	J/VC/18/CC - 468



ANNEX 3

LIST OF NAMES OF SCHOOLS & STUDENT POPULATION

Names of the Schools	Population as in 1983
<u>Kokuvil</u>	
<u>Mahavidyalaya</u>	
1 J/Kokuvil Hindu College	1447
<u>Junior Secondary Schools</u>	
1 J/Kokuvil East Sri Ramakrishna Vidyalaya	340
2 J/Kokuvil East Namagal Vidyalayam	291
3 J/Kokuvil West Sri Gnanapanditha Vidyalaya	551
4 J/Uyarapulam Methodist Mission Tamil Mixed School	291
5 J/Van.Sri Vaithilingam Vidyalayam	125
<u>Primary Schools</u>	
1 J/Kokuvil Station CCTMS	65
2 J/Kokuvil West CCTMS	158
3 J/Kokuvil Hindu Primary School	536
<u>Kondavil</u>	
<u>Mahavidyalaya</u>	
1 J/Kondavil East Ramakrishna Mahavidyalaya	639
<u>Junior Secondary School</u>	
1 J/Kondavil West Hindu Tamil Mixed School	825
<u>Primary School</u>	
1 J/Kondavil CCTMS	234
2 J/Kondavil North Paramsothy Vidyalayam	360
3 J/Kondavil Roman Catholic Tamil Mixed School	213
Total	6075














ANNEX 4 MAP SHOWING PHII AREAS



 Faculty of Medicine  
 University of Jaffna

 Central Dispensary & Maternity Home  
 Central Dispensary

 Clinic Centres  
 PHI Area Boundary  
 Office of PHI



Subject

Topic

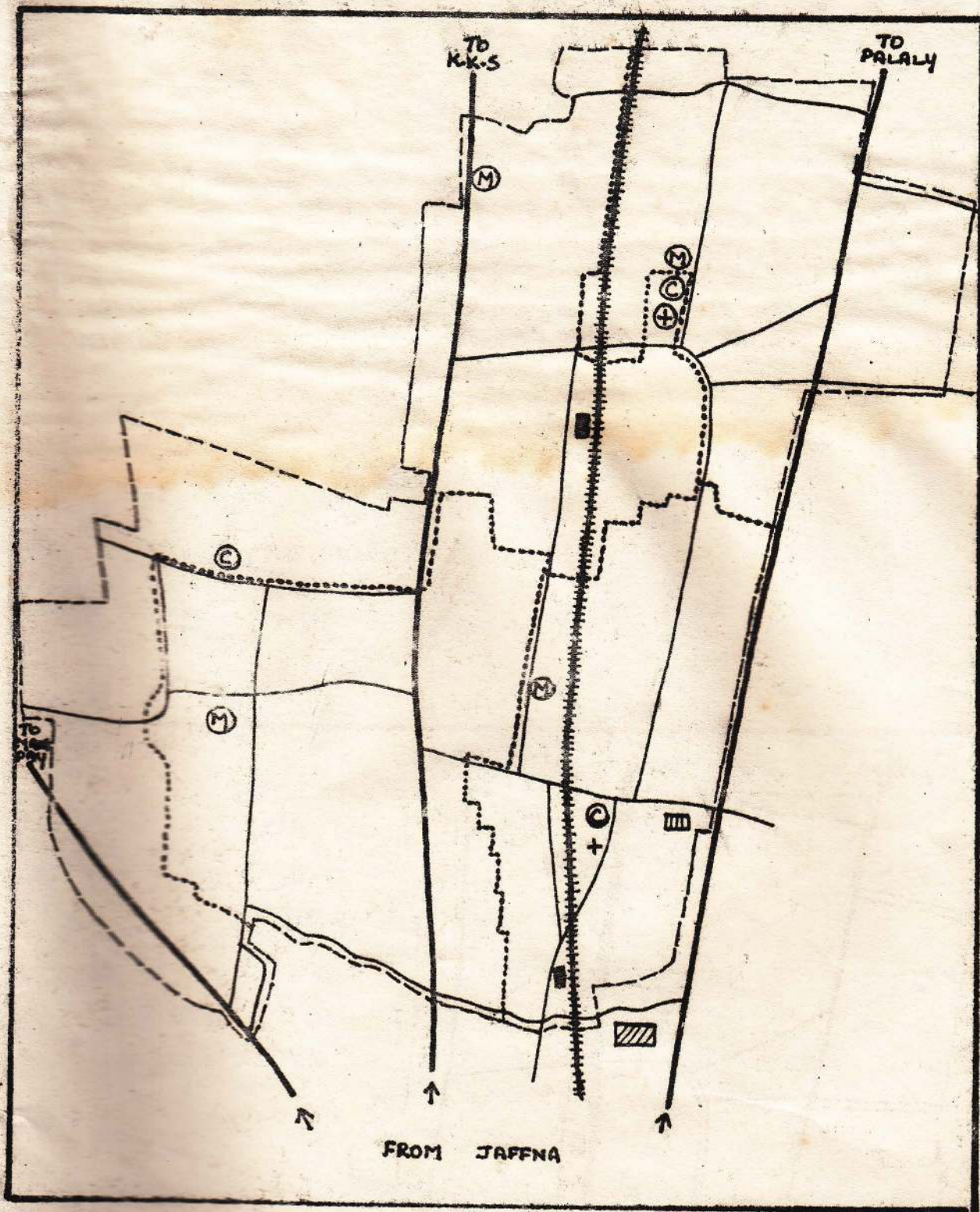


Signature

Teacher

Class





III Faculty of Medicine

⊕ Central Dispensary & Maternity Home

⊙ Clinic Centres

/// University of Jaffna

+ Central Dispensary

---- PHM Area Boundary

Ⓜ Office of PHM



