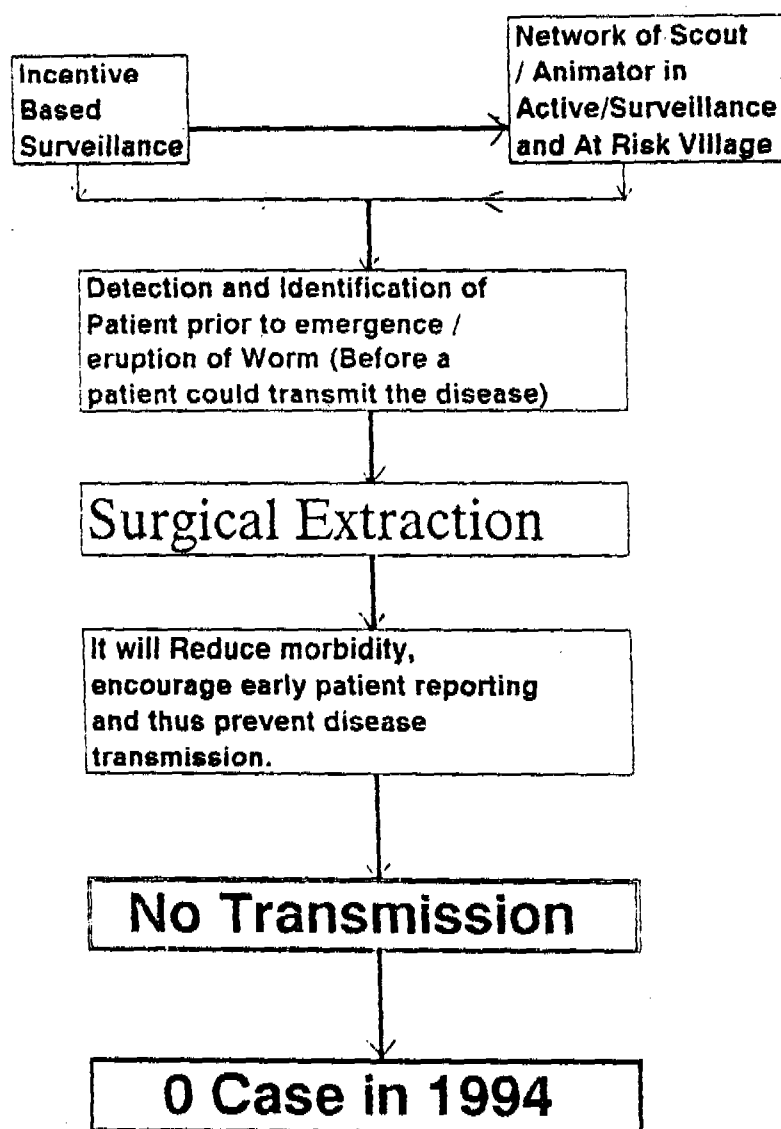


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JOIN THE FIGHT AGAINST GUINEAWORM DISEASE

SWACH GUINEAWORM ERADICATION STRATEGIES





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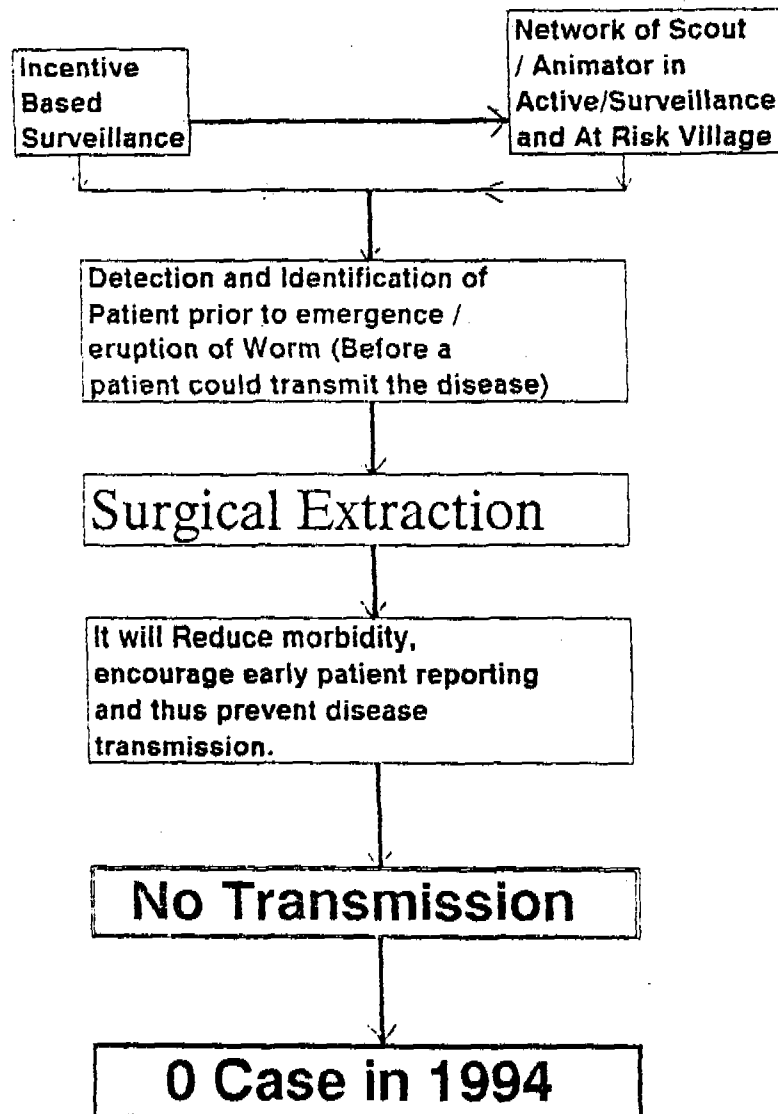
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JOIN THE FIGHT AGAINST GUINEAWORM DISEASE

SWACH GUINEAWORM ERADICATION STRATEGIES



SWACH GUINEAWORM ERADICATION STRATEGIES FOR 1993

1. Background:

Sanitation Water & Community Health Project (SWACH) since its inception has been making tremendous efforts to eradicate guineaworm disease in the Project Area. The situation as on 1.1.1993 is as follows.

S.N.	District Block	No. of villages/ G.W. cases affected in 1986	No. of active surveillance villages(1992)	1991,92
		Vill	Case	Vill
1.	UDAIPUR	733s	4192	102
2.	DUNGARPUR	300	3263	36
3.	BANSWARA	149	752	-
				311
				274
				134

Integrated approach combining hardware and software activities have been adopted to tackle this dreaded disease. The major hardware activities have been,

- a) Drilling of 7750 boreholes fitted with HPs.
- b) Conversion of 8568 stepwells in to drewells.

The major software activities conducted, have been

- a) Village Contact Drives.
- b) Intensive Guineaworm Awareness Drives.
- c) Distribution of funnel filters.
- d) Deployment of a comprehensive network of Animators/Scouts.
- e) Massive Social Mobilization and Health Education campaign.

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Temephos application and Guineaworm case management have been the other activities. 2399.209 liters of temephos covering 2052 drinking water sources covering 455 villages with population 3,66,797 have been covered in year 1992. 13086 Guineaworm patients have been treated in the Project period in the last 6 years.

SWACH, hardware and software, interventions have proved effective in dramatic reduction of the guineaworm disease incidence.

GUINEAWORM CASES REDUCTION TABLE

As per Medical & Health Department, Search Report

DISTRICT/YEAR	1984	1985	1986	1987	1988	1989	1990	1991	1992
1. Udaipur	6152	3902	4192	1551	2847	1833	1169	489	71
2. Dungarpur	2924	4149	3263	3163	723	582	439	385	90
3. Banswara	765	710	752	697	178	139	38	89	2
Total	9841	8761	8207	5411	3748	2554	1646	963	163

SWACH TREATMENT 749 3110 2758 3133 1762 1050 514

GW AFFECTED (Active) VILLAGES REDUCTION PATTERN

	1988	1989	1990	1991	1992
MEDICAL	448	359	347	267	83
SWACH	347	377	343	266	137

2. Tasks for 1993:

For the year 1993, the SWACH strategy to eradicate Guineaworm disease, will be:

- 2.1 To consolidate the gains made so far and ensure that 1994 becomes zero incidence year.

Contd....

- 2.2 To detect, identify and treat all cases prior to eruption of the worm. To do this effectively an incentive based reporting system followed by surgical extraction of worm will be adopted.

Incentive based surveillance	-> Identification of patient prior to emergence/eruption of worm. (Before a patient could transmit the disease)	Surgical Extraction will reduce morbidity, encourage early patient reporting and thus prevent disease Transmission.	-> No Transmission ↓ v (0 cases in 1994)
↓ v			
Net work of Scout/Animator in active/Surveillance At Risk Village			

- 2.3 In case the patient is identified at a later stage, efforts would be made in cooperation with local people to restrict the movement of the patient to prevent further transmission.
- 2.4 To ensure that treatment with Temephos of unsafe drinking water source is done effectively and regularly.
- 2.5 To ensure co-ordination between the village level workers of health, Panchayat Samiti, Post & Telegraph, revenue etc. for effective surveillance.
- 2.6 To adopt further decentralisation and field orientation by shifting headquarters of officers nearest to the affected area and appointment of OICs with definite norms for field work and responsibilities.
- 2.7 To establish a strong network for Handpump maintenance.

2.8 To transfer, in a phased manner, some activities to the concerned line department without jeopardizing the Guineaworm eradication efforts.

To launch massive anti guineaworm campaign and undertake social mobilisation activities, like, Intensive Guineaworm Eradication Drives, Awareness Camps, Organising exhibitions, trainings and orientation programmes for different ageinces, forming of village level guineaworm eradication committees and students competetion etc.

3. RESTRUCTURING OF OFFICE SET UP

From 1st February 1993, Project will temporarily (for the Guineaworm Season) i.e. from February to October establish sentinel offices in the endemic blocks with fixed and mobile medical units for management of Guineaworm patients. These offices will be managed by an officer-in-charge, an experienced ayurvedic Vaid and support staff comprising Jr.Engineers, Health educators, Ward boy etc.

Jhalawar, a primary district under RIGEP may also have similar kind of set up. One sentinel office can be set up at Bakani block, a Guineaworm endemic block, for better implementation of Project interventions.

It is proposed to have sentinel offices at following places.

S. No.	Name of District	Block where the field office will be set up.	Cluster block
1.	Dungarpur	A. Dungarpur B. Bicchiwara	Entire district Bicchiwara, Semalwada
2.	Banswara	A. Banswara B. Anandpuri	Entire district Anandpuri Bagidora
3.	Udaipur	A. Udaipur B. Sarada C. Salumber D. Gogunda E. Jhadol F. Kherwada	Entire district Sarada Block & Girva Salumber & Dhariawad Gogunda, Kotda & Kumbhalgarh Jhadol & part of Girva Kherwara.

- 3.1 Project Officer concerned should immediately take necessary steps and hire suitable accommodation for sentinel offices. Office premises to be hired must have 3-4 rooms. One room can be used as office, one for operation theatre, one for indoor patients and one for store and some parking space for vehicles. Each sentinel office will have one officer-in-charge.
- 3.2 The staff posted at these offices will stay there and that will be treated as their duty station. It will be deemed to be temporary transfer. Therefore, no one will be entitled for T.A.etc., as admissible to Govt. Servants on transfer. Whenever staff go out to field from their headquarters, they will be entitled for TA/DA as per Project Norms. The expenditure incurred on sentinel offices will be met from UNICEF funds and can be booked under "Guineaworm surveillance" head. Annexure A shows tentative expenses. P.O's/OIC's can spend the amount as shown in Annexure 'A'.
- 3.3 For office support to look after indoor patient and to do office errands ,OIC's can hire the services of a labour on daily wage basis for each office.
- 3.4 These field offices will be responsible to monitor and supervise all Project interventions in the area. They will establish a close rapport with PHC incharge, PHE officials and block administration. They will support surveillance

Contd....

network established by the Project through scouts and animators. They will supervise, guide and support surveillance workers, conduct their monthly meetings, organise. Trainings and orientation programmes, distribute all IEC literature, funnel filters and ensure its use by the community. They will motivate community and Gram Panchayat Officials to maintain the hardware constructed by the Project and will seek their support and cooperation in Guineaworm eradication.

They will ensure Education and treatment of Guineaworm patients and their follow up. They will give incentives to reporters/patients and take all possible measures to check further transmission of the disease.

They will conduct various training programmes for field level functionaries of ICDS, WDP, adult and informal education, health department, teachers training, students training and competition. They will also launch health education campaigns. Training calendar detail of tentative is shown an Annexure 'B'.

If necessary, they after getting approval, may convert stepwells into draw wells, release HP sites, and will undertake Handpumps repair campaign in infected villages.

Their prime objective will be to establish, supervise and sustain surveillance network, quick reporting of patients, treatment and follow up. They must analyze the history of each patient very minutely and take all relevant measures to prevent any further contamination of water sources.

In consultation with Health Department, they should chalk out a fixed monthly schedule of temephos application. They will issue temephos to Health Department. They will assist Health Department in triennial Medical Searches. It is expected that both SWACH and Medical and Health Department should exchange the lists of patients and in case of any discrepancy, should settle the matter after due verification of facts from patients and village community. The final list will be jointly signed by PHC

Contd....

incharge and OIC at Block/PHc level and by Dy.CMHO (Health) and Project Officer at district level.

If necessary, and if the urgency so demands, OIC's may hire the vehicles, using their wisdom and adhering to the principles of Financial propriety, for the treatment of Guineaworm patients and temephos application. Details of proposed expenditure is shown in Annexure 'B'.

3.5 JOB CHART OF OIC's

1. They will be overall incharge of the area allotted to them.
2. They will ensure, support and sustain surveillance network.
3. They will implement all Project interventions in their area of operation
4. They will ensure Scout/Animators/Coordinators meetings.
5. They will maintain and record all the information received from the field.
6. They Will ensure payment of honorarium to scout/ animator.
7. They Will organize Awareness campaigns/Drives.
8. They will be fully responsible for all Guineaworm eradication related activities in their area.
9. They will ensure temephos application in all unsafe sources.
10. They will ensure case management and distribution of incentives.
11. They will ensure slogan writings on walls an publicity.
(OIC will be able to decide and spend upto Rs.5,000/- on publication/wall slogans and publicity.)
12. They will exercise control and look after day to day administration of field office.
14. They Will furnish timely information to Office.
(They will maintain accounts of their office. They can spend upto Rs.5,000/- on a vehicle every month. In case of dire necessity, they may hire vehicles for temporary periods.)
15. During Scout/Coordinator/Meeting with other officials of Govt./NGO OICs can spend Rs.3/- per person for tea/refreshment etc.

Contd....

4. CASE MANAGEMENT

For Case Management Project will take the services of 4 Ayurved Vaid on deputation from the State Ayurved Department from 1st. February to September 1993, besides two regular APO (Medical) already posted in the Project. In order to tackle situation more effectively services of 6 retired Ayurved vaid/young Vaid from open market will also be taken. These Vaid will undergo training before taking up their job. In future the services of these Vaid may be useful for RIGEP.

- 4.1 If the services of Qualified but inexperienced Vaid, presently not employed anywhere are taken then they will be considered as "apprentice" for three months and Rs.75/- per work day will be paid to them. After three months of apprenticeship, if Asst. Project Officer (Medical) certifies that they have developed required expertise to manage a Guineaworm patient independently then they will be paid as the other experienced Vaid, whose services are taken from open market.
- 4.2 Though Guineaworm disease have been classified into different stages by the Project, but for all practical purposes we will have the following distinction between an infective and non-infective patients.

PRE-ERUPTIVE: Surgical extraction
Health Education
Follow up.

POST-ERUPTIVE: Bandage or Surgical extraction
(whenever is possible)
Health Education
Follow up.

This distinction will enable the project staff in deciding the interventions to be implemented and will also help in deciding village specific strategy.

Contd....

- 4.3 On receiving information about Guineaworm patient, the OIC must ensure that medical unit moves to the village/hamlet to verify the case. If case is verified, he or she will be immediately given treatment. If surgical extraction is possible it will be done then and there. The patients treated must be revisited/ followed up after 4 days, positively. The patient will be given all required medicines, injections, bandage etc., as per the standard norms. The incentive amount will also be given at the spot. If OIC's want they may decide to give 50% incentive amount at the time of extraction and 50% at the time of follow-up. This may help in ensuring that patient is available at the time of follow-up.
- 4.4 Patient after treatment will be educated on how he got the disease. A patient must understand cause of the disease, so that he can be our message bearer in the village. All information relevant for our purposes will be obtained from the patient. Those Vaidys, who comes from government set up will be paid salaries and allowances as per GOR/SWACH norms, which ever is beneficial to them.
- 4.5 The experienced Vaidys (including retired), who are taken on contract basis will be paid on the daily wage basis. Each such Vaidy will be paid Rs.125/- per day, if the services are taken within the district of their residence, If they are asked to work at other districts they will be paid @ 150/- per work day. No other allowance will be admissible, unless directed Travel cost of these people will be borne by the Project. All the Vaidys, whose services will be taken by the Project will undergo an orientation course. The objective will be not only to sensitise them about the magnitude and importance of the problem but also to train them in adopting aseptic surgical procedure, sterilization of equipments etc.

- 4.6 In order to improve response mechanism and for quick treatment and follow up of patients, the services of experienced and SWACH trained Vaid, who are working in different Government Aayurved Hospital (see Annexure E for details) can also be taken OIC's are expected to contact these Vaid.

Whenever a pre infective case is reported the OIC's will take the case to any of these Vaid and will ensure surgical extraction of the worm. For every case, a honorarium of Rs.50/- is to be paid to the Vaid. The extracted Guineaworm will be kept in a bottle with a label showing date of extraction and name of patient/Village. In case if a patient has more than one Guineaworm, then Rs. 10/- for each additional Guineaworm extracted is to be paid to the v aids. In those situations, where only partial extraction is possible then a Vaid is to be paid Rs.30/- and rest amount of Rs.20/- is to be paid at the time of follow-up when the entire worm is extracted.

Bandages, medicine, injection etc. are to be provided free of cost by project. Project will issue one surgical kit to all these v aids. The Vaid are expected to work in close collaboration with the OIC's and will maintain the details of all Guineaworm cases seen and treated by them in the prescribed formats.

5. Incentives:

The ultimate objective of SWACH is to achieve zero disease incidence and then sustain it. Then only certification of eradication is possible To achieve zero figure an incentive based surveillance and reporting system is designed.

- 5.1 Any one, other than the regular employed staff who motivates, and brings the Guineaworm patient for treatment in pre-eruptive stage (i.e. before the rupture of the Blister) will be paid an incentive of Rs.200/- per case. If a motivator comes and informs about a patient but is unable to bring the case to the mobile center but takes the Medical

unit with him and presents the Guineaworm case in pre-eruptive stage, then also he will be entitled for the incentive allowance of Rs.200/-.

- 5.2 If a Guineaworm patient reported in pre-eruptive stage has more than one worm and detected during the time of extraction, the reporting person will be entitled only for one time incentive of Rs.200/- but if the patient has multiple worms, all emerging at different intervals and not identifiable by the Vaid in the first instance, (when the case is examined) when case is reported, in all such cases, the pre-eruptive case will be treated as a New Case. (for the purposes of incentive) and incentive amount of Rs.200/ is to be paid to the motivator again and as many times as the patient is presented in a pre-eruptive stage. But if any patient with multiple worms is brought by a reporter even with a single post-eruptive worm, he will not be entitled for the incentive amount.
- 5.3 Besides paying incentive to motivator/reporters the incentive will also be paid to the patients who come forward for the treatment. Patient with pre-eruptive stage of Guineaworm disease will be paid Rs.100/- each time he comes with pre-eruptive worm at different intervals.
- 5.4 A patient with multiple worms, detected at the time of reporting, will be entitled only for one time incentive of Rs.100/-.
- 5.5. A patient with post-infective worm will be paid Rs.50/-. In case, where reporting person is a patient himself/herself and comes on his own for treatment in pre-eruptive stage, will be paid Rs.200/-. In all such cases patient incentive of Rs. 100/- is not to be paid separately.
- 5.6. The motivator/reporter, who brings the case to a sentinel office, will be paid actual travelling expenses for himself/herself and for the patient. (From the village to the place of treatment)

- 5.7. In some situations, a reporter may bring a suspect/doubtful case, who after examination may not be found to be a Guinea worm patient. Even in such situations also, the actual TA is to be given to both the patient and the reporter.
- 5.8. Those Guinea worm patients, who are advised to be indoor patients will be provided free meals (maximum upto Rs.20/- per day per person) free meals are also to be provided to one attendant of patient.
- 5.9. For all those Guinea worm patients, whose worm has been only partially extracted may be persuaded to remain as indoor patient and Rs.20/- per day of each hospitalised day may be given as compensation for the loss of labour. By this arrangement we can ensure non-transmission of disease as well as quick recovery of patient.

6. Scout/Animator Scheme:

All endemic villages of 1992, 1991, 1990 and 'Villages At Risk' will have either Scouts or animators. They must be resident of the infected hamlet/village. If the village/hamlet is too big and it is felt that one surveillance worker is not enough then the number of surveillance workers may be increased, as per the necessity. Scouts/animators should be young, energetic, having communication skills and a zeal to do the work assigned to them by the Project.

If any new village is detected in 1993, OIC concerned should immediately select and depute scouts in that village. TOP PRIORITY IS TO BE ACCORDED TO IT.

- 6.1 Honorarium to scout/animator : Rs. 150 per month as honorarium will be paid to Scouts/Animators. Actual TA will be paid to scout/animators whenever he/she is called for meetings 10 Kms away for his/her village. They will be selected by the Project Staff in consultation with the community and leading organizations, if any, in the area.

- 6.2 After selection scouts/ animator will be given a residential training for 4 days. After every two months (i.e. three times in the season) they should be given one day orientation, for morale boosting so that they may not be trapped by monotony syndrome
- 6.3 OIC's should ensure that scout/animator must visit the households allotted to them for surveillance. They must write slogans, paste posters and distribute IEC literature and disseminate SWACH messages.
- 6.4 Job Chart:: Scouts and Animators
1. To visit the households (minimum once every week)
 2. To write slogans, paste posters and distribute IEC literature to villagers.
 3. To contact school teacher, field level functionaries of Govt. deptts, NGO's, to take their support .
 4. To contact influencers to seek their support.
 5. To distribute funnel filters, to demonstrate its use and to change bottom nuts, whenever the bolting silk cloth is torn so that funnel remains usable.
 7. To request community to maintain and take care of hardware, constructed by the Project, especially converted wells.
 8. To detect, identify and motivate Guineaworm cases for treatment.
 9. To follow up the patients after treatment.
 10. To assist in temephos application.
 11. To organise Awareness Camps, Intensive drives, exhibitions etc.
 12. To assist Project in training programmes etc.
 13. To assist Health Department in Guineaworm case searches.
 14. To maintain record of Guineaworm patients, their water sources etc.
 15. To appraise SWACH about village situation.
 16. To keep a strict vigil on all people going out or coming into village, especially for social/religious obligations, like 'Barat', Fairs or religious congregation etc.
7. Funnel Filters:

During 1993, the Guineaworm affected village of 1990, 91 & 92 and at risk villages will be covered under guineaworm surveillance. If any new infected villages are identified, they, will also be put under surveillance. On the basis of 1992

experiences, it is felt essential that each and every house in guineaworm affected village/hamlet must have funnel filter. During 1992 funnel filters were made available to the house holds of 1991 and 92 villages only, but to avoid any possibility of transmission of the disease, it is proposed that every household of villages under surveillance should also have funnel filters. Most of the families are having having funnel filters which have threaded bottom and incase the filtering silk cloth is damaged, bottom nut / cap can be provided to make the funnel reusable, wherever it is not possible, a new funnel filter is to be given.

The scout / Animators will begin their work from 1st. Feb. 1993. They will visit every house hold & prepare a list of households in his/her area of operation , availability of funnel & its present condition. On the basis of this survey Project officers will provide requisite quantity of funnel+bottom nuts to OIC's, who will ensure its distribution, through Scouts and Animators. If any new village is identified in 1993, funnels should be immediately distributed to all the families residing in that and surrounding villages.

8. Coordinators

As Project has limited staff therefore to supervise and support scouts/animators, the need for supervising agency in the form of coordinator is devised. Every 15-20 Scout's work will be supervised by coordinator, who will organise scout/ animator meetings in his cluster on every 10th, 20th and 30 th day in a month.

8.1 From April to August, coordinator will take meetings on every monday (i.e. 4 meeting every month) and ensure that scouts are doing their work in a desired manner.

8.2 Coordinator himself must visit,(minimum once every month) all the villages allotted to him.

8.3 Job Chart(COORDINATOR)

1. To monitor, supervise and support the scouts.
2. To make minimum one visit, in all the villages allotted to him and mobilise community support.
3. To help and ensure timely reporting, treatment and follow-up of patients
4. To ensure temephos application in all unsafe sources in his villages.
5. To help and assist in organising Awareness camps, intensive drives etc.
6. To conduct meetings of scouts of his cluster.
7. To serve as a link between scouts and Project.

8.4 HONORARIUM TO COORDINATORS

Rs.400/- per month + 200/- as TA (fixed) will be paid monthly as honoraium to coordinators whenever he moves out of his block for meetings etc. actual TA + food or Rs.20/- will be paid. In cases where coordinators are called for meetings away from their clusters, they will be paid actual T.A. only.

9. IEC MATERIAL:

The Animators/ Scouts/Coordinators will be given following material and formats to enable them to discharge their duties efficiently.

- A canvass bag.
- Krishna Malham, dressing strips+cotton wool+ bandages.
- 2 T- SHIRTS
- IEC material
- Pamphlets + Posters+tin posters etc.
- Stickers
- Funnels+Bottom nuts
- Magnifying glass+Plain transparent drinking water glass and

Different formats in which they are expected to maintain record and submit it to office.

10. TEMEPHOS APPLICATION

Chemical treatment of infected/unsafe drinking water sources is one of the intervention to break the Guinea worm transmission cycle. Though medical and Health Department is doing this work but due to very busy schedule of other programmes, emphasis on Abate application does not receive top priority hence village wise, block wise temephos application programme will be chalked out by OIC in consultation with PHC incharge.

Contd....

10.1 Though it may not be very important to apply temephos in the villages under surveillance but in our discussions with medical department, they insist Abate application in even surveillance villages hence the strategy for 1993 will be:

- Temephos application in infected villages of 1992 and villages which are found to be infective in 1993 by specially trained SWACH Teams.
- In rest of the villages by Health Dept.

10.2 OIC's will ensure fixed date monthly schedule. OIC's will also collect monthly information of Abate application from PHc incharge and will furnish it to office for record and analysis purposes.

10.3 OIC's without fail will ensure application of temephos in infected villages of 1992 and villages found in 1993 religiously and furnish monthly report to PD Officer through PO's.

10.4 In villages which report patients in 1993, OIC's will send application teams and take all measures for Abate application in all the unsafe sources within 2 days of detection of a Guineaworm case.

10.5 OIC'S may hire the services of skilled labour for temephos application. Skilled labour can be paid at the rats of Rs. 35/-per work day. OIC's may submit their proposal with budget estimates for approval.

Contd....

11. Bio-control Measures

Project on an experimental basis and subject to acceptance of the community will introduce fish Catla in selected wells of infested area. This particular variety of fish is preferred because of the findings of Dr. Durve's study titled "Monitoring Cyclops in rural well..". The Catla Fish is an indigenous variety of Indian Carp famous for its high growth rate and delicacy as food. Catla is a proven cyclop feeder or planktivore.

If for any reason this fish is not found to be suitable then other known cyclop feeder fish may be introduced.

12. Stepwell Conversion

Project will identify the drinking water sources from the patients. OIC's/JEN's will visit the drinking water source, and if, there exists any chance of contamination, ~~then~~ they will prepare the estimates and after getting formal approval from the Project Office, these unsafe sources/stepwells will be converted to Drawwells either by Rural Development Department or Project.

13. Handpump Repair Campaign

Project has already drilled and installed handpumps in guineaworm infested villages, wherever feasible. Handpump indeed provides safe water to people but people equally suffers, whenever handpump breaks down. People tend to divert again to unsafe drinking water sources as no choice is available to them.

Contd....

Therefore project in collaboration with Public Health Engineering Department and Rural Development Department will undertake a "Handpump Repair Campaign" in the affected village of 1990, 91, 92 and At Risk Villages. This will not only facilitate access to safe water to people but will also ensure non-contamination and thus non-transmission of Guineaworm disease.

Approximately 400 Handpump are out of order in the Project area. Special teams of mechanics/fitters will be selected/trained for each block. Within one month (Starting from 15th March to 30th March) all the Handpumps, which have mechanical fault, will be repaired.

Every month during the Scouts/ Coordinator meeting OIC's will review the Handpump breakdown situation. They will chalk out a repair programme, with the project selected teams of mechanics. Therefore it will be a continuous and routine activity.

Project will procure some Handpump spares from approved agencies. The detailed budget estimates are available in Annexure 'D'.

14. Social Mobilisation Strategy

Regarding details of social mobilisation strategies, please refer to Project document "Social Mobilisation strategies in SWACH"

14.1 Intensive Guinea worm awareness drives will be organised in the months of April (1 to 15)

- June (1 to 15)
- July (1 to 15)

These Drives will be conducted with the help of Scouts/coordinators and other trained volunteers. The objective is to search case, disseminate SWACH messages and to build anti-guineaworm disease tempo.

14.2 Village Contact Drive

As we are nearing zero incidence, it is of utmost importance to make ourselves sure that no hidden cases exist. Therefore it is proposed to organise village contact drive, covering the whole Project area, to search cases.

14.3 Project Officers will plan a village contact drive- cum case search campaign in the month of May 1992. Project officers will submit proposals. It will be better if the entire area is divided in clusters and scouts/coordinators/DTT member/Professional puppeteers are given 2 day training and then this programme is launched.

14.4 This strategy seems to be inevitable for the Banswara district which has reported zero incidence in 1992. Besides one VCD, Banswara Project officer will undertake fortnightly searches in all the villages.

15. Teachers Training

Teachers working in endemic villages will be given one day orientation on Guineaworm disease. All primary, middle, secondary and Hr. Secondary school teachers will be given this training. After training these teachers will be requested to teach students about guineaworm disease. Teachers will take one class every day for one week. Weekly programme is attached separately (Annexure BB). This will enable us to educate all the children and take their support in our endeavour. After students training, a competition will be organized in all the schools. All the students will be given an informative folder, on Guineaworm disease, and one short comprehensive story. Based on these, question paper will be given to all students to answer it. These answer sheets will be checked by school teachers (the key to questions will be provided by Project). On the basis of the marks, each student scores, three top scoring students will be honored by giving prizes.

All three top ranking students from all the schools will be given one day residential training. So that we can have supplementary Guineaworm surveillance network in the affected belt.

VILLAGE SPECIFIC STRATEGY

As we move further in case containment phase Guineaworm infested village alongwith patient becomes very crucial and all efforts are to be done to stop further containimation of the water sources. The moment a patient is identified in a village, we have to :-

- Strengthen the surveillane network.
- Immediate treatment of patient to check further transmission of the disease.
- Quarantine of patient.
- Conversion of unsafe sources into safe sources.
- Provision of new safe drinking water sources.
- Vigorous social amobilisation campaigning.
- Writing of educative Slogans, Pasting Posters and dissemination of disease related knowledge.
- Organising meetings, aVideo show, puppet Shows, to aware athe community and mobilise their support in eradaication Guineaworm disease from that village for ever.
- Inform about the disease incidence to neighbouring villages so that people take all preventive measures, in case, if they travel to infected area.

Remember that we have ^{maximum}~~minimum~~ of 10 days after an adult worm emerges from a patient in which to prevent transmission to another persons. That is the minimal period required for the larvae to enter fresh water, be ingested by cyclops, and mature to the stage which is infective to humans

Either delayed reporting or an emergent worm or delays in implementation of effective control measures can permit such continued transmission.

Therefore it is expected from all of us, who are involved in eradication of Guineaworm disease to act quickly and sincerely.

We hope that by implementing these strategies, we will be able to achieve our objective in the stipulated time framework.

Besides these strategies, Project Officers/OIC's or anyone, if feels that something more can be done to quicken the pace of elimination of drancunculiasis, they are welcome to send their suggestions.

pc1\ws\strateg

ANNEXURE - A

Proposed expenditure on sentinel offices

No. of Sentinel Offices to be set up = 7

A

Sr.No.	Items/Activity	Period	Expenditure @	Total Expenditure (in Rs.)
1.	Office accomodation/ Rent/Water,electricity etc.	8 months	800 Rs.per month	800x8=6400
2.	One daily wage worker for office errands/to attend Patients	8 months	660 Rs.per month	660x8=5280
3.	Newspaper/whitewash/ Refreshment & Misce- llaneous.			lumpsum=1000
Total expenditure for 8 months on one sentinel office				= 12,680

Therefore, Expenditure on 7 sentinel
offices for 8 months will be = $12680 \times 7 = 88760$ Rs.

A = 88760 Rs.

B

Hiring of Services of Skilled Labour for Temephos Application

- a) No. of skilled labour needed = 50
- b) No. of days in a month = 5 days
- c) No. of months = 8 months

$$a \times b \times c = 50 \times 5 \times 8 = 2000$$

Payment of one skilled labour

@ Rs.35 per work day

Total No.of days x Rate of skilled labour

$$2000 \times 35 = 70,000 \text{ for full year}$$

B = 70000 Rs.

C

Estimated Expenditure on Publicity (By OIC's)

Total infested blocks = 15
(where additional publicity is required)

OIC's to spend = 5000 Rs. for a year in each Block

Therefore, $5000 \times 15 = \text{Rs. } 75,000$ for a year

C = 75000 Rs.

D

Estimated Expenditure on Case Management

	@	Estimated Patients	Expenditure
Incentives to Reporter	200	100	20,000
Incentive to Patients Pre-eruptive	100	100	10,000
Incentive to Post-eruptive Patient	50	5	250
Travelling allowance to Patient/Reporter	50 (average)	210	10,500
Expenditure on food for indoor patients/reporter or attendant	40	50	2,000
Compensation for loss of labour for indoor patients	20	50	1,000
Travelling allowance to reporter/patients (doubtful cases)	50	300	15,000
Medicines (including bandages, injections/ Krishna Malham etc)	50	200	10,000
Total Expenditure			= 68,750

* Sometimes medicines are even given to non-guineaworm patients also, who comes on the assumption that they have a worm.

11

Proposed expenditure on hiring of services of Vaid

	No. of Vaids	Expenditure		Total
		Per Month	period	
a) On temporary deputation from government (salary/TA/DA)	4	5000	6 month	=1,20,000
b) " Apprentice " Vaid @ 75/-per work day	6	2250	8 month	=1,08,000
c) Vaids working with Govt.,(who will be paid Rs.50 for extraction of every Pre-eruptive Worm)	6	50 x 50		= 2,500
@ 50/- pre-eruptive g.w. patient				
				----- 2,30,500 -----

Total expenditure on sentinel offices including case management = A + B + C + D + E

$$88760+70000+75000+68750+230500 = 5,33,010$$

Say Rs. = 5,50,000

ANNEXURE - B

Proposed expenditure on Hiring of vehicles for Case Management
and Temephos application

No.of days,an additional vehicle is required per sentinel office	Period	@	Total
7 days in a Month	8 month	Rs.500	$7 \times 8 \times 500 = 28000$
Expenditure on vehicle for all sentinel offices will be			$28000 \times 7 = 196000$
			Say Rs. 2,00,000

NAMES AND PLACE OF POSTING OF SWACH TRAINED VAIDS

Sl. No.	Name	Present Place of Posting
1.	Mr. Arun Vyas	Working in District Ayurved Office, Udaipur
2.	Mr. Jayant Vyas	Govt. Ayurved Hospital BHUTALA, UDAIPUR
3.	Mr. P.L. Sharma	Govt. Ayurved Hospital ODA, JHADOL
4.	Mr. S.L. Javaria	Govt. Ayurved Hospital OGNA, JHADOL
5.	Mr. S.L. Mehta	Govt. Ayurved Hospital KATHAR, BADGAON
6.	Mr. N.L. Chaubisa	Govt. Ayurved Hospital JAGAT, UDAIPUR

ANNEXURE - D

Proposed expenditure for repair of handpumps in the infested area

Estimate for Repair of one handpump

a)	labour charges		
	1/3 fitter @ 50 day	=	16.00
	2 mandays of unskilled labour @ 22 per day	=	44.00
b)	cost of spares	L.S.	60.00
c)	vehicle chargs including POL		
	(i) Hire chargs 300 per day		
	(ii) POL 15 per day		
	1/3 day of vehicle		150.00

			310.00

Estimated Nos of breakdown handpumps
in affected villages = 400.00

Total cost of repair = $310 \times 400 = 124,000$

Say Rs. = 1,25,000

TRAINING OF SCHOOL CHILDREN & COMPETITION OF STUDENTS.

OBJECTIVES

1. To give them knowledge about Guinea worm life cycle & prevention from Guinea worm disease.
2. To explain their role in surveillance

METHODOLOGY

1. Lecture
2. Flip Book
3. Discussion and Question-Answer.

COURSE CONTENT

1. Water-safe-unsafe-importance of filtering water
2. Guinea worm patient identification
3. Guinea worm life cycle & causes and prevention from Guinea worm
4. Role of students in Guinea worm surveillance

BUDGET

Prizes for students of Middle & Sr.Hr.Sec.School

First Prize	1	School bag	1
	2.	Copies	6 (64pages)
	3.	Pen	1
	4.	Scale	1
	5.	Instrument box	1
	6.	Funnel+Bottom nut	1
	7.	Tiffin Box	

Second Prize

1.	School bag	1
2.	Copies	4(64PAGE)
3.	Pen	1
4.	Scale	1
5.	Funnel	1

Third Prize

1.	Copies	6(48 page)
2.	Pen	1
3.	Scale	1
4.	Funnel	1

Prizes for Students of Primary School

First Prize	1	School bag	1
	2.	Pen	1
	3.	Scale	1
	4.	Crayon color + Drawing Book	1
	5.	Funnel	1

SCHOOL TEACHERS TRAINING PRIMARY+MIDDLE+SECONDARY +
HIGHER SEC. (IV CLASS ONWARD)

OBJECTIVE

1. To give knowledge about Guinea worm life cycle & its prevention.
2. To Prepare them for teaching school children about Guinea worm disease.
3. To sensitise them about the Guinea worm disease.

Participants teachers of primary, middle & secondary school.

CONTENTS:

1. Introduction to SWACH.
2. What is Guinea worm
3. Guinea worm life cycle, causes & prevention
4. Guinea worm surveillance
5. Guinea worm treatment
6. Their role in Eradication

For students

1. Guinea worm life cycle
2. Protection from Guinea worm
3. Guinea worm surveillance
4. Their role in Eradication.

Duration : 10 periods
(one period every day for 10 days)

METHODOLOGY

1. Lecture
2. Flip book
3. Discussion, question answers

BUDGET

(For teachers Training)

1. Honorarium
 - A. To trainer (D.T.T.) Rs. 75/- Head.
 - B. Honorarium to teachers during Training D.A.
2. Honorarium to teachers as trainer
3. While conducting examination and for correction of copies Rs. 50 per teacher.
4. Material
 1. To teachers.
 - A. Folder on Guinea worm
 - B. Copy
 - C. Pen
5. Refreshment to Teachers Rs. 10/- head
6. Travel Allowance As per Govt. rules
7. AV Aids for teachers trainer Rs. 150/- day

AWARENESS CAMPS.

OBJECTIVES

1. To make villagers aware about Guinea worm life cycle causes and prevention.
2. To form women's group.
3. To mobilise them for Guinea worm disease eradication.

METHODOLOGY

1. Flip Charts
2. Demonstration
3. Role play
4. Puppets
5. Song
6. Small group interaction, discussion.

CONTENT

1. Causes of Guinea worm - Guinea worm life cycle
2. Prevention from Guinea worm
3. Use of funnel filters.
4. Use & care of handpumps, converted stepwells
5. To report Guinea worm cases and get treatment & incentives

BUDGET

1. Honorarium
 - A. To DTT members Rs. 75/day
(if it is one day programme if the member has to stay at night Rs.25/day will be paid extra.)
 - B. To resource person, subject matter specialist Rs 100/ session
2. Travel Allowance to DTT members. Actual
3. Refreshment to participants resource persons. Rs. 5/head.
4. Contingency etc. Rs. 250/camp. For bullock cart, camel
5. Material Banner, Puppets sets, hand bills, membership cards for the participants, funnels. Magnifying glass, glass, flags, display board.

INTENSIVE DRIVES.

OBJECTIVES

1. To disseminate SWACH messages.
2. To do case Search.
3. To follow up the patients.
4. To ensure use of funnel filter
5. To mobilise community support for Guineaworm disease eradication.

METHODOLOGY

A team consisting of 6 members (scout+D.T.T. + coordinator+Animator+Professional puppeteer) will visit the endemic village .

They will organise .

Prabhat feris (Procession lead by school children and teacher)

- Will visit households.
- Will write stogain, Poster and cheel/distribute funnels+bottom nuts
- Will perform cultural aprogramme to disseminate SWACH messages. the surveillance of Guineaworm patients & water sources as well as they will give the messages about Guineaworm. This group will give a cultural programme in the evening/night.

BUDGET

1. Honorarium
 - A. To DTT members Rs.75/head+25/-for night stay)
 - B. To scout/animator Rs.10/-per head
2. Travel Allowance Actual
3. Contingency Rs. 150/village-phalls
4. Material Handbills, banner, puppet sets, torch, funnel, magnifying glass, glass.

ORIENTATION PROGRAMME FOR GRASS ROOT LEVEL FUNCTIONARIES OF
ICDS, WDP, ADULT AND NON-FORMAL EDUCATION, MEDICAL &
HEALTH DEPARTMENT, RURAL DEV. DEPT.

OBJECTIVES

1. To give them knowledge about causes & prevention of Guinea worm disease.
2. To acquaint them with their role in surveillance & eradication of Guinea worm Disease.
3. To sensitise them about the Problem.

CONTENT

1. Introduction to SWACH
2. What is Guinea worm disease?
3. Causes, prevention & treatment of Guinea worm.
4. Guinea worm surveillance and reporting to SWACH.
5. Eradication strategy and their specific role.

METHODOLOGY

1. Lecture
2. Flip charts
3. Guinea worm
4. Video
5. Question Answer Session
6. Role Play
7. Songs

Duration : 1 day (5 hours)

BUDGET

- | | | |
|----|-----------------------|---|
| 1. | Honorarium | |
| | A. DTT member | Rs. 75/- head.
(If food is provided then
Rs. 50/- Head. |
| | B. D.A. | As per Govt. norms. |
| 2. | Travel Allowance | |
| | A. To DTT | Actual |
| | B. To Govt. employees | As per Govt. norms. |
| | C. To others | Actual |
| 3. | Refreshment | Rs. 10/- head. |
| 4. | Material | |
| | A. Guinea worm folder | |
| | b. Copy | |
| | C. Pen | |
| | D. IEC Material | |

ANIMATORS ORIENTATION PROGRAMME

OBJECTIVES

1. To give them knowledge of different sanitation aspects.
2. To develop the skill of making soakage pit, kitchen garden

METHODOLOGY

1. Lecture
2. Video
3. Practical
4. Demonstration
5. Role play puppett songs.

Duration 4 days

BUDGET

1. Honorarium
 - A. Resource persons Rs. 50/- session
 - B. Subject matter specialist Rs. 100/-session
 - C. trainer (DTT) Rs. 50/-
 - D. Trainees Rs. 25/-
2. Lodging & boarding Rs. 50/- head
(trainees & DTT)
3. Travels Allowance
 - A. To trainee Actual
 - B. To trainer(1)Govt. Employee As per Govt. Norms
(2)Not Employee Actual
4. Material
 - A. Flip Book(Health)
 - B. copy
 - C. Pen
(will'be provided by PD. Office)
5. Stationary Rs.1000/-
6. AV. Aids Rs. 150/-

SCOUTS /ANIMATOR TRAINING

ANIMATORS

OBJECTIVES

1. To give them knowledge about Guinea worm disease - The Whole Spectrum
2. To develop the skill of surveillance.
3. To develop communication skills.
4. To develop the skill of reporting, monitoring and social mobilisation.

COURSE CONTENT

1. Introduction to SWACH
2. What is Guinea worm
3. Guinea worm life cycle
4. Causes and prevention of Guinea worm
5. Guinea worm treatment
6. Use of funnel filter & its care
7. Duties of scout/ animator
8. Temephose treatment
9. Awareness camps & Intensive drives.
10. Role and importance of different interventions to break GW life cycle

METHODOLOGY

1. Lecture - Class room sessions
2. Video
3. Practical
4. Demonstration
5. Participation of trainees
6. Songs, Skits, Puppets,
7. Question - Answer Sessions

Duration 4 Days

BUDGET

1. Honorarium
 - A. Resource persons Rs. 50/- session
 - B. Subject matter Specialist Rs. 100/- session
 - C. Trainees (DTT) Rs. 75/-
(Rs.75/- + foode or Rs.25 in residential trainings, otherwise only Rs.75/-)
2. Loading & Boarding Rs. 50/-head (trainees DTT)
 - A. To trainee (Travels Allowance) Actual
 - B. To trainer Govt. employee As per Govt. Rules.
 - C. To trainer if not Govt. employee Actual
3. Material
 - A. Flip Book (Guinea worm)
 - B. Copy
 - C. Pen
 - D. Guinea worm folder and IEC literature
 - E. Bag, Wall Hanging
 - F. Magnifying glass
 - G. Glass
 - H. Surveillance formats - for reporting & monitoring
 - I. Song book
 - J. Funnel & Bottom Hat.
(All material be provided by H.O. Office)
4. Stationary Rs. 2000/-
5. A.V.Aids Rs. 1500/-

MONTHLY REPORT TO BE SUBMITTED BY SCOUT

Name of Scout:

Village:

Hamlet:

Total Household	Households contacted	Name of probable/doubtful case brought/reports	How many were verified and treated as patient, give name	Present status of treated patients	How many funnels were distributed		No. of stepwell	How many unsafe sources were treated with temephos	Status of converted wells
					Funnels	Nuts			

How many broken/steps repaired	No. of HP	Location of Handpumps not functioning	Meeting of women's Group		Intensive g.w. eradication Drives		Awareness Camps		Which institutions were contacted
			Date	How many women participated	Date	How many families contacted	Date	How many people participated	

- School
- ICDS
- MPW
- DWDP
- Postman
- ----

Meeting of village g.w. eradication committee	How many times Coordinator contacted	How many times OIC Contacted	Problems, Which scout is facing
---	--------------------------------------	------------------------------	---------------------------------

Date Organisation

Date-----Signature Scout-----

(TO BE MAINTAINED AND SUBMITTED BY COORDINATOR TO OIC)

Name Coordinator:..... Village:..... Block:..... District:.....Month.....

Village Alloted	No. of scouts	No. of Household	No. of families contacted	Hou many patient were brought to the camps	given patient information only	Ho many were confirmed as g.w. patients	No. of patients who after follow up are not well	No. of Funnel distributed	No. of Blots distributed
-----------------	---------------	------------------	---------------------------	--	--------------------------------	---	--	---------------------------	--------------------------

No. of Stepwell	No. of well treated with Temephos	No. of converted wells	No. of wells (broken)	No. of handpump	No. of break-down HP	Women No.	Group Meeting No. of women participants	Intensive Drives No. of village	No. of families contacted	Awareness Camp village	No. of families participated
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Village g.w. eradication Committee	No. of villages visited	How many times	How many times OIC visited the villages	No. of villages visited by OIC
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Date.....Sig. of Coordinator.....

(TO BE MAINTAINED AND SUBMITTED BY OIC)

Name of OIC _____ Work Area _____ District _____ Reporting Month _____

Village Alloted	No. of Coordinator	No. of Scout/ Animator	Total House-holds	Total House-holds contacted	How many Patients were brought to camp?	Only Infor- mation received	After verification how many of them were found to be g.w. patient	Funnel Distribution Numbers	Village covered
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Bolt Distribution Number	No. of Village covered	No. of Stepwells treated with Temephos	No. of wells converted with wells	No. of converted wells (broke)	No. of handpump	No. of handpump out of order	Women Group Meeting No. of women participants	Intensive Drive No. of villages covered	No. of families contacted
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Awareness camp No. of village	Village Level g.w. eradication Committee village Number	How many villages were visited by Coordinators	No. of visits	Visit by Project Staff No. of village	No. of visits	Wall Paintings No. of villages covered
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Date.....Signature of OIC....

Name of village -----

Code No.-----

Panchayat -----

Block -----

District -----

No. of Hamlets -----

No. of Families -----

No. of Handpumps -----

No. of Converted Wells -----

No. of Stepwells -----

No. of Funnel Filter Users -----

(at the time of First Survey)

Date on which Funnel is distributed -----

Total No. of Patients in 1992 _____

Total No. of Patients in 1991 _____

Total No. of Patients in 1990 _____

(TO BE MAINTAINED BY SCOUTS)

Details of Probable Guineaworm Patient

Sl. No.	Date of Receiving information or identify-	Name of doubtful patient/ father's name and Hamlet	Position of Worm		Date of Verification by Medical Team	Whether Confirmed/ Not confirmed as G.W. Patient	Locati ofBlis on bod part
			Blister formed	Blister ruptured			

(TO BE MAINTAINED BY SCOUT)

Details of Handpumps

Village:-----

Sl. No.	Location of Handpump	Hamlet	No. of Users	Date of Checking Status				
				February	March	April	May	June
				Working/ Not Working				
				Working/ Not Working				
				Working/ Not Working				
				Working/ Not Working				
				Working/ Not Working				
				Working / Not Working				
				Working / Not Working				
				Working/ Not Working				

Details of Converted Wells

Village: -----

Sl. No.	Hamlet	Individual/ Community	Name of Owner/ Father's Name	Present Status			Comm.
				Good Condition	Detail	Damaged Reason	

INFORMATION
(TO BE PROVIDED BY PROJECT)

DETAILS OF PATIENTS IN 1992

Sl.No.	Name of Patient/Father's Name	Hamlet	Stage	Date of Treatment

(TO BE MAINTAINED BY SCOUT)

Information Regarding
Funnel Filter Distribution

Village:-----

Hamlet:-----

Funnel Received:-----

Month:-----

Funnel Bottom Nuts
Received:-----

Sl. No.	Name of Family Head	Family Code Number	Date of Distribution	Signature of Receiver

Name of Scout

I certify that the Funnel Filters as detailed above have been distributed and I have personally verified it and its use by the families.

Name Coordinator

(TO BE MAINTAINED BY SCOUT/ANIMATOR)

Details of Contact with Govt./NGO Functionaries

Sl. No.	Description	Date of Contact
1.	PRIMARY SCHOOL No. of Teachers:----- No. of Students:-----	
2.	MIDDLE SCHOOL No. of Teachers:----- No. of Students:-----	
3.	SECONDARY SCHOOL No. of Teachers:----- No. of Students:-----	
4.	ICDS WORKER Name :-----	
5.	ANM / MPW Name :-----	
6.	OTHERS	
7.	-----	
8.	-----	
9.	-----	
10.	-----	

Details of Households Contacted in a Month

Village:-----

Hamlet:-----

Date	Code No. of Families Contacted	Date	Code No. of Families Contacted
1.		16.	
2.		17.	
3.		18.	
4.		19.	
5.		20.	
6.		21.	
7.		22.	
8.		23.	
9.		24.	
10.		25.	
11.		26.	
12.		27.	
13.		28.	
14.		29.	
15.		30.	
		31.	

(TO BE MAINTAINED BY SCOT/ANIMATORS)

Details of Intensive Drives

S.No.	Date of Drive	Date of Drive Members.	Work done	Was any G.W. Patient Identified ? Pl. write name.	Code No. Families. Contacted during the drive

(TO BE MAINTAINED BY ANIMATORS/SCOUT)

Details of Awareness Camp

Sl. No.	Date of Organisation of Awareness	Place	Name of Organiser's Resource Person	No. of Participants	Code No. of Families

GUINEAWORM PATIENT INFORMATION FORMAT

8. For how many days patient was hospitalised:
9. Name of the source of drinking water(Patient's) :
10. Possible water sources, which (1)
 patient might have contaminated : (2)
11. Follow up Date:

Hamlet:
 Hamlet:
 Hamlet:

Sr.No. of g.w.	Ist Follow up				IInd Follow up				IIIrd Follow up			
	Date	Place	Condition of patient	Medicines given	Date	Place	Condition of patient	Medicines given	Date	Place	Condition of patient	Medicines given
Signature Vaid												

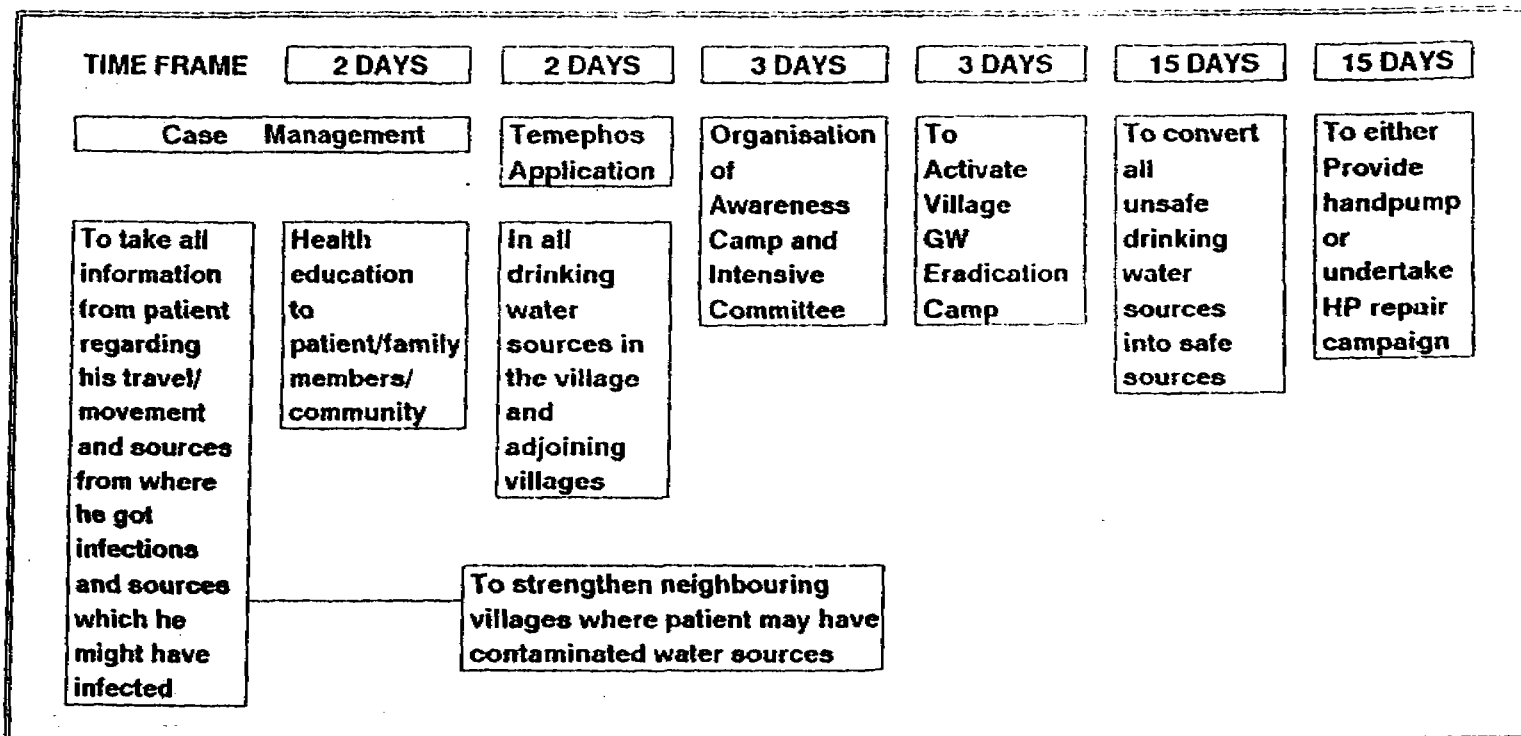
12. Date on which a patient is fully recovered:
13. (A) Incentive amount given to patient:
 (B) Incentive amount given to scout/reporter:

Date:
 Date:

Name & Signature of Vaid

VILLAGE SPECIFIC STRATEGY (GW)

IMMEDIATE STEPS TO BE TAKEN
ON IDENTIFICATION OF A PATIENT



0 Case in 1994

1	2	3	4	5	6	7	8	9	10	11
KHEDASAMOR	318	PADAMJI	60	M	00000	0020	00000	011		
KHEDASAMOR	63	JAVETY	46	F	00012	0220	00000	011		
KHEDASAMOR	80	DAMJI	22	M	00000	0010	00000	011		
KHEDASAMOR	90	GANGA	38	F	00000	0220	00000	111		
KHEDASAMOR	86	DAYALAL	20	M	00230	0000	00003	011		
KHEDASAMOR	48	HIRJI	50	M	00000	0000	00000	111		
KHEDASAMOR	49	BHURI	38	F	00000	0000	00000	011		
KHEDASAMOR	51	KADUV	52	F	00000	0000	00000	111		
KHEDASAMOR	60	BALJI	60	M	00222	0010	00001	001		
KHEDASAMOR	67	RATAN	44	F	00000	0000	00000	111		
KHEDASAMOR	152	DEVESH	60	M	00030	0000	00000	111		
KHEDASAMOR	168	KACHRI	28	F	00000	0020	00000	111		
KHEDASAMOR	192	NARAYANLAL	40	M	00000	0000	00000	101		
KHEDASAMOR	255	BUDI	25	F	00000	0020	00000	111		
KHEDASAMOR	299	DEVSHAN	70	M	00000	0010	00000	101		
KHEDASAMOR	174	SEETA	55	F	30000	1000	00000	111		
KHEDASAMOR	158	DARKI	40	F	00000	0020	00000	111		
KHEDASAMOR	158	CHAMPA	70	F	00010	2222	00000	101		
KHEDASAMOR	50	JEEV	50	F	00000	0020	00100	011		
KHEDASAMOR	129	KADER	39	M	00001	0010	00010	111		
KHEDASAMOR	48	DALU	38	F	00002	0000	00000	111		
KHEDASAMOR	26	BHAVERY	53	F	00300	0330	00000	101		
KANKRI	21	SHARDA	23	F	30303	0330	00000	211		
KANKRI	13	BADI	37	F	00000	0220	00000	111		
KANKRI	13	DHULA	38	M	00002	0020	00000	101		
KANKRI	19	BALJI	30	M	00000	2010	00033	011		
KANKRI	11	DALJI	40	M	00032	2020	00000	121		
KANKRI	72	METHER	8	M	00300	0300	00000	211		
KANKRI	30	MUNI	22	F	00200	0220	00000	111		
KANKRI	57	GOMAN	64	F	00202	0220	00000	111		
KANKRI	56	MANGI	24	F	00300	0220	00000	111		
KANKRI	67	KESHER	43	F	00300	0220	00000	011		
KANKRI	57	FULA	65	M	00000	2211	00000	000		
KANKRI	16	KAMJI	65	M	00222	0110	00010	011		
KANKRI	17	RATAN	35	F	00000	0220	00000	021		
KANKRI	72	MANI	30	F	00000	0110	00000	011		
KANKRI	19	SANU	28	F	00303	0200	00000	011		
KANKRI	55	KAMLA	37	F	30000	0220	00000	011		
KANKRI	42	KESHER	38	F	00200	0220	00000	111		
KANKRI	25	KANKU	53	F	00100	0220	00000	011		
KANKRI	54	RATAN	28	F	00333	0220	00002	111		
KANKRI	48	HUKI	52	F	00003	0000	00000	011		
KANKRI	47	HAKER	48	F	20100	0010	00000	011		
KANKRI	4	SHANTI	30	F	30003	0020	00000	111		
KANKRI	60	PARU	35	F	00000	0110	00000	011		
KANKRI	64	JANTU	33	F	00300	0220	00000	011		
KANKRI	65	MONGJI	56	M	30002	0010	00002	000		
KANKRI	59	HUKA	35	M	00000	0220	00000	111		
KANKRI	41	NANJI	33	M	00020	0000	00000	111		
KANKRI	30	RAMCHANDRA	25	M	30000	0030	00000	111		
KANKRI	5	MANGLA	40	M	00000	2220	00000	011		
KANKRI	21	GATU	33	M	00000	2020	00000	011		