

Primary Health Care Survey for 6 Target Villages in Banteay Srei District, Siem Reap Province

1- INTRODUCTION AND OBJECTIVE

This is an initial survey of primary health care, prepared by NKFC manager Mr Ros Buntha with Mrs. Toon Maach (Health Worker) from operational health centre Banteay Srei. This is not a full participatory rural appraisal (PRA); that uses different tools, takes considerable time and needs greater involvement from the village people.

The objective of this survey is to obtain a deeper understanding of the present villagers' knowledge of Primary Health Care in the target area and to use that data to analyse their problems so as to develop training lessons for them.

2- SURVEY FORM

A discussion was conducted in early March between NKFC's manager and Mrs. Toon Maach to identify the appropriate information related to water borne disease and family sanitation in the target area.

The survey form developed by the NKFC manager covers two pages in both languages (Khmer and English). This survey form focuses mostly on the area of water borne disease and family sanitation. At the end of the survey form is space for additional comments from the villagers. Any other relevant information was recorded by the interviewers on the back of the survey form

3- METHODOLOGY

The objective of the survey was introduced to the village people before undertaking the interviews. NKFC staff used the questionnaire form as a basis for the survey interviews, but further questions were asked building on the villagers' answers. These included questions on morality, as well as clarifications.

Both individuals and groups of village people were surveyed through the survey form with informal group discussion to identify common information on water borne disease and family sanitation. More than 10% of the families in each village were surveyed. The survey was conducted to cover people of all living standards in the village.

4- ACTUAL SURVEY

The survey was conducted from mid-March to mid-April 2001. The NKFC manager piloted the survey in three different places with Mrs Toon Maach, Health Worker from Operational Health Centre Banteay Srei and also joined her for the interviews at least once every week. Most interviewees were women and aged from 20 to 60 years. On average, 5 interviews were conducted each day. 104 individuals were interviewed based on the survey form and 88 people attended twenty different group sessions. For the number of families surveyed, please see **Table 1** below:

Table 1= Number of villagers (individual and groups) covered by the survey

#	Villages	# of families	Individual interviewees		Group Interviewees	Total Covered
			Women	Men		
1	Kom Proum	235	20	5	5 groups =22 ps.	47 persons
2	Chouk Sar	207	14	6	4 groups = 20 ps.	40 persons
3	T. Kralanh	297	22	7	6 groups = 25 ps.	54 persons
4	Rohall	33	4	1	1 group = 5 ps.	10 persons
5	Prei Thmai	48	4	1	1 group = 4 ps.	9 persons
6	Ta Koh	185	13	7	3 groups = 12 ps.	32 persons
Total	6 villages	1,005	77	27	20 groups = 88 ps	192 persons

5- DATA ANALYSIS

5.1 General information

The general situation of the 5 villages (Toul Kralanh, Chouk Sar, Rohall, Prei Thmai and Ta Koh) is similar except for part of Kom Proum village, which has water on the land throughout the year making it more susceptible to disease in some years (Most of cattle in this village got Hemorrhagic Septicaemia disease last year).

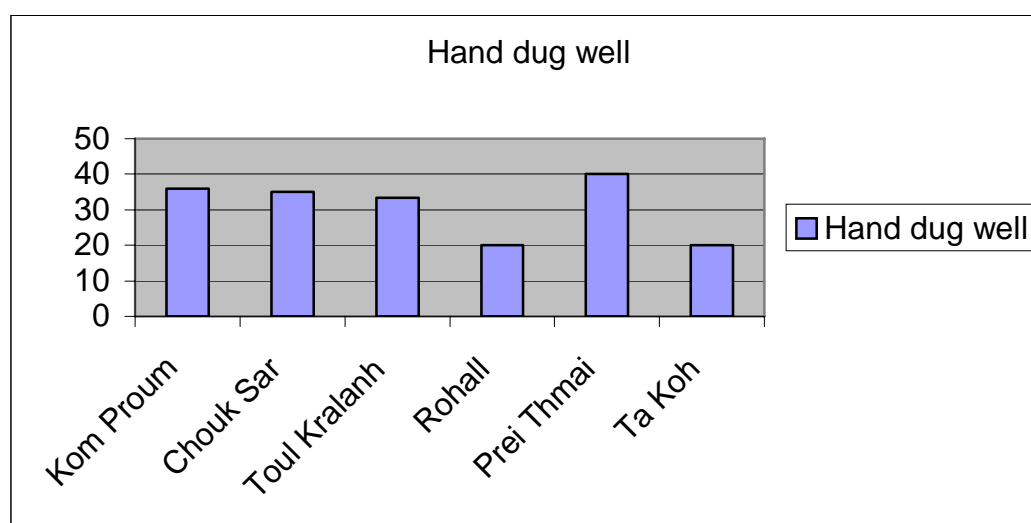
The living conditions in Ta Koh village are different from the other five villages. Ta Koh village had earlier access to clean water and has more than 50 wells (10 are drilled wells + 40 hand dug wells). There are many big fruit trees in Ta Koh and Kom Proum villages, which make the environment cooler and it provide village people with more nutritious foods. .

5.2 Water usage in the village

There are different types of water access in the villages, such as river, pond, drilled well, ring well and hand dug well. The survey focused on the sources of water that the village people use. The survey revealed that the village people still use the water from the hole without a well ring, dug themselves next to their house. NKFC has tried to stop the necessity to use such wells by the provision of ring wells with access to clean water.

Prei Thmai village revealed the highest use of water from hand-dug wells. Rohall and Ta Koh have the lowest incidence of water drawn from the hand-dug wells. None of the interviewees used river water. Other village people use pump wells and ring wells. Please see **Table 2** for more details.

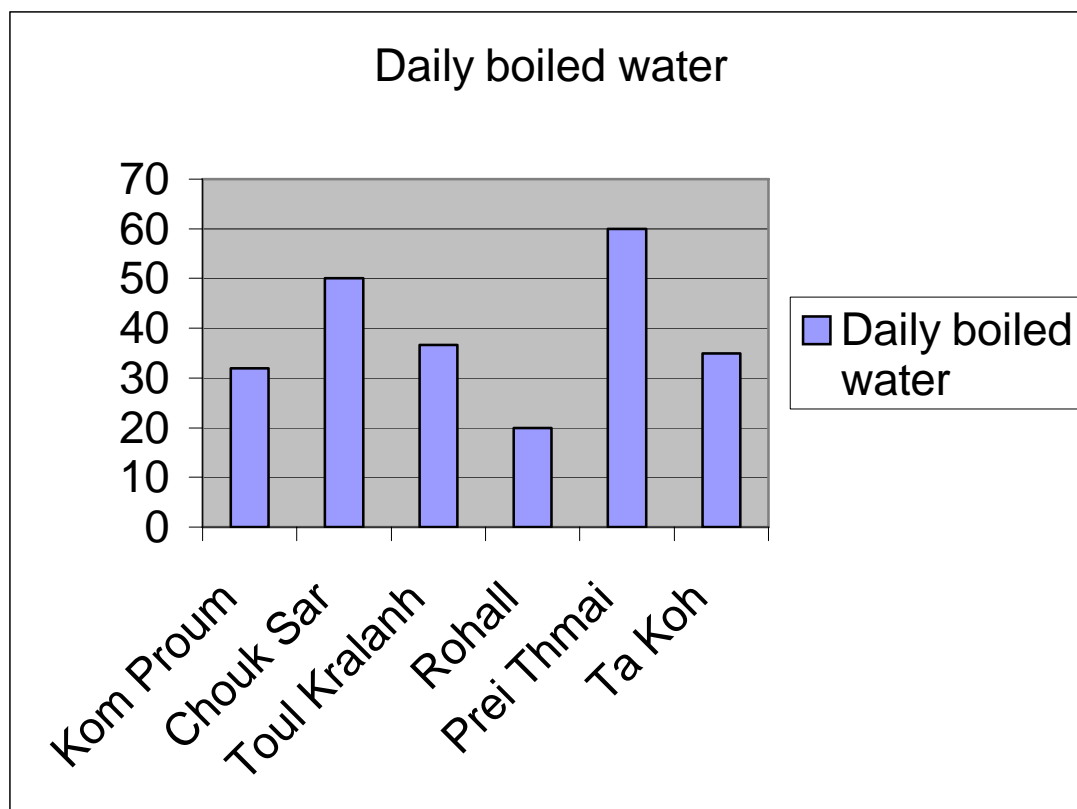
Table 2 = Percentage of village people using water from hand dug wells (a well without ring)



5.3 Boiling water

The survey also identified the number of village people who boil water for daily drinking. The survey revealed that the village people in Prei Thmai village boil water for drinking more than in any other village, while Rohall village has the lowest number of people boiling water for drinking. Water is boiled only for the old people because the children don't want to drink hot water. (Table 3) gives the percentages of village people boiling water for drinking.

Table 3 = Percentage of village people boiling water for drinking

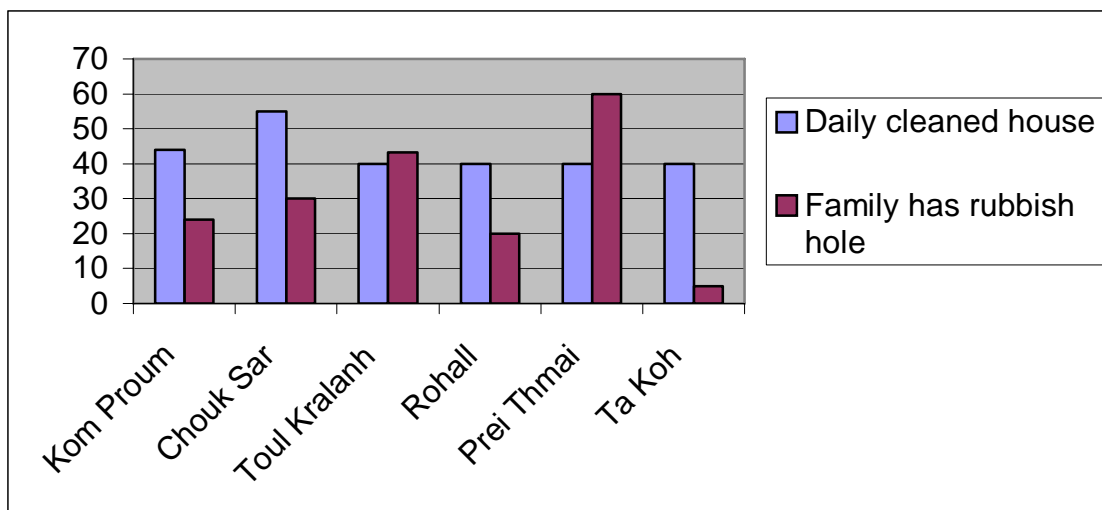


5.4 House cleaning and rubbish hole

The survey focused on daily house cleaning and who has a rubbish hole to keep rubbish or compost materials for organic fertilizer. Both are important to learn the extent of village people's knowledge and practice with family sanitation.

Both results are presented in the Table 4. House cleaning does not vary much from one village to another village. The survey revealed that around 45% of those interviewed cleaned their house daily. Results regarding the keeping of a rubbish hole are very different. The villagers in Prei Thmai village follow this practice more than other villages, while in Ta Koh village very few people follow the practice.

Table 4 = Percentage of village people who cleaned their house daily and who have a hole for keeping their rubbish.



5.5 Water borne disease

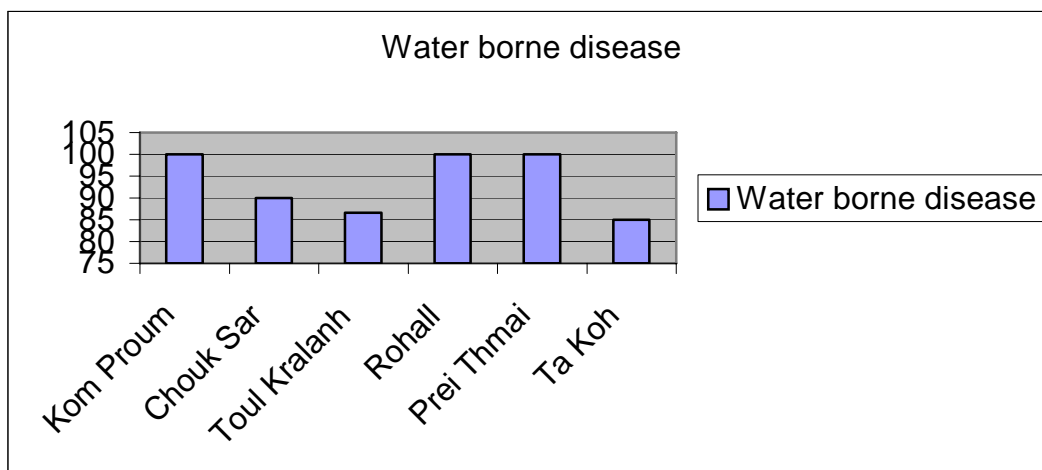
The main point of this survey is to identify the types of disease prevalent, such as those presented below:

- Diarrhoea / Dysentery
- Vomit
- Cholera
- Typhoid fever
- Polio
- Liver scratched
- Worm / Tania and
- Skin disease

To find out if there have been outbreaks of any of these diseases in the target area; to identify the number of families who have experienced each disease during the three months preceding the survey date.

Most of the interviewee's families have contracted at least one of the diseases listed above. Ta Koh village has the lowest incidence of outbreaks amongst the 6 target villages. Please see **Table 5** for more details.

Table 5 = Percentage of village people reporting water borne disease in the target area during the three months preceding the survey



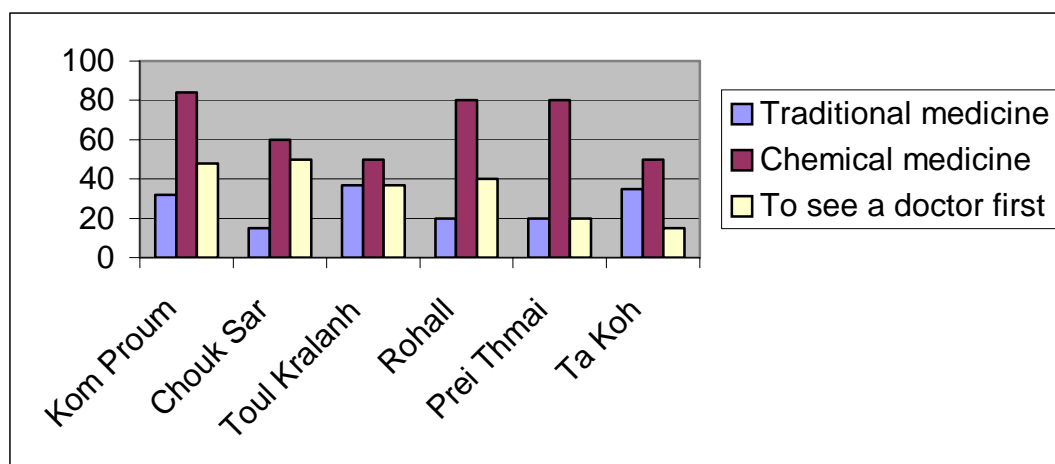
All the diseases above were reported in the target area, except Polio. Cholera was reported by some families in Chouk Sar village in the last three months. Most families reported Diarrhoea, especially amongst the children. Please see **Appendix A** for more detail

Disease treatment

Two broad types of disease treatment are found in the target area. The first is village people treating their diseases with traditional medicine that they collect from the forest. The second is village people going to the pharmacy to buy medicine. In general, they try traditional medicine first and if that does not work, then they go to the pharmacy. Toul Kralanh village reports higher use of traditional medicine than other villages and Chouk Sar village the lowest resort to traditional medicine.

The village people in Kom Proum used commercial medicine more than the other villages. The survey also identified the village people who went to the Operational Health Centre (OHC) Banteay Srei first, before going to buy medicine. Chouk Sar village amongst other 6 target villages reports the highest number of village people going to the OHC first before going to buy medicine, and Ta Koh village the lowest number. Please see more detail in **Table 6**.

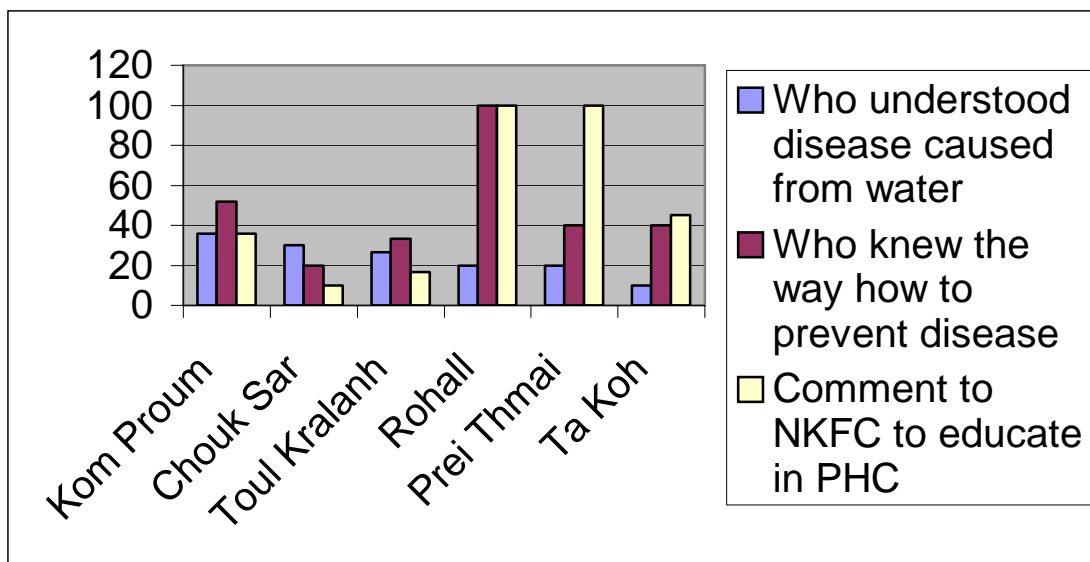
Table 6 = Percentage of village people using traditional and commercial medicines in the target area



5.6 Villagers' knowledge and comments

What do the village people know about the cause of disease? When do the diseases normally break out? How can outbreaks be prevented? What are their comments to NKFC?

Less than 50% of the village people understood that diseases are borne by water and spread by lack of sanitation in the family. Most of them recognized that diseases normally break out at the beginning of the rainy season; few of them said that diseases break out around the year. The village people knew little about how to prevent water borne disease or about family sanitation, except in Prei Thmai village where most of the village people had such knowledge



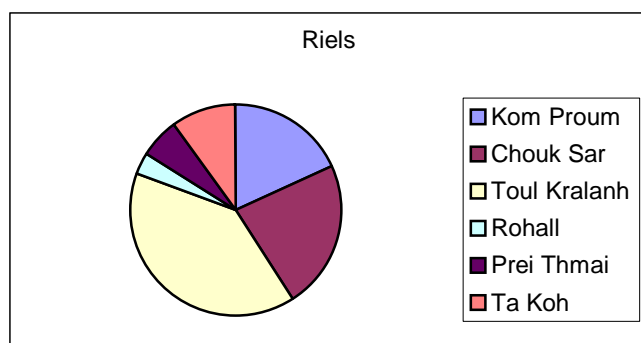
In two villages (Rohall and Prei Thmai) , 100% of the interviewees requested that NKFC educate them about family sanitation and other aspects of primary health care. In the other villages, less than 50% of those interviewed made such requests. Please see **Table 7** for more detail.

Table 7 = Village peoples' knowledge of primary health care and their comments.

5.7 Expenditure for treatment of disease

A part of this survey focused on how much the village people spent per treatment when they fell sick. The result of the survey was calculated to give an average for each village. The average expenditure for one treatment in Rohall village is 3,100 Riels = \$0.80. This is the lowest cost amongst the 6 target villages. The highest expenditure was in Toul Kralanh village, which averaged 37,418 Riels = \$9.60 per treatment. Please see **Table 8** for more detail on the average expenditure per treatment

Table 8 = Villager's average expenditure per treatment of disease



6. Conclusion / Recommendation

The Primary Health Care survey revealed that around 40% of village people still use a hand dug well (a well without ring); that boiling water for drinking is carried out only for old people, and that diarrhoea, worms / Tania and skin diseases are prevalent, especially amongst the children.

The village people have little understanding of the importance of primary health care. On the other hand, they spent relatively high amounts of money on the treatment of diseases.

7. Opportunity /Area of Change

Water Use Education is the main opportunity to improve water hygiene and make the Water User understand the importance of a clean water source and adequate sanitation facilities, thus reducing the

incidence of diarrhoea especially. The training should be more interactive and effective in presentation. Also the visual aids need to be modified so as to be more realistic.

NKFC should encourage each Water Point Committee to establish regular meetings with their members to discuss issues and to obtain feedback.

Internal and external excursions should be organized to motivate village people in sharing of experience and mutual learning.