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AN EPIDEMIOLOGICAL APPROACH TO PARTICIPATORY
RESEARCH IN EVALUATION
(an ongoing study)

The Community Health Centres of the programme spread over a hundred villages sprang from a feeding programme under international aid. The package of services created consisted of take-home supplementary feeding, health and nutrition education and rudimentary forms of health care. The programme penetrates into one hundred and twenty four villages covering 38,000 families. This represented 75% of the eligible low income rural families with children under five in the district. Each child is weighed routinely once a month, with his weight recorded on a growth chart. Mothers receive their lessons in health and nutrition along with the supplementary food. The unique feature of this programme is the impressive out reach creating a high degree of interaction between the delivery system and its beneficiaries.

The highlight of this community health out-reach is the successful recruitment and training of the village girls to implement the programme on a day-to-day basis.

The centres were launched after many meetings between the organising group and the people. Although centres did not emanate spontaneously, in course of time, there was a rush of enthusiasm. Girls were recruited from the community and given short orientation courses. When it was realized that hard work and slow progress was what was being offered, there was a waning interest. In due course people realised the potential for the girls in the form of education and employment. Over the years the training programme itself has undergone changes, to suit the needs of the community.

Training of the volunteers at different levels became a highly specialised function of the programme. The training programme of the health workers includes subjects like community development, leadership training, public health and hygiene, nutrition and family welfare. With increasing responsibility, the inputs increased. The training is done by a team of experts who are drawn from other sources as well.

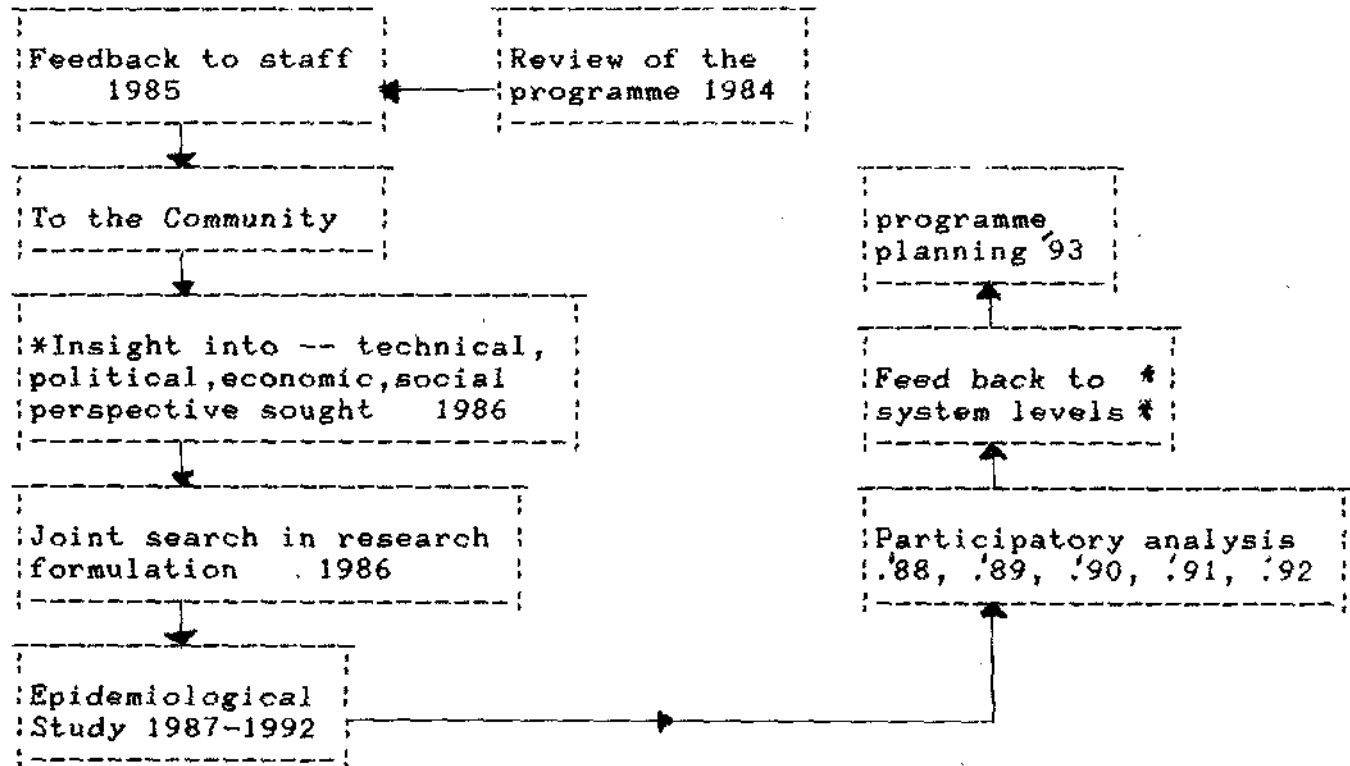
A major factor contributing to the popularity of the programme is the back-up and infrastructure of the church. The district also provided a relatively easy and frequent communication facility. This together with the high literacy level of women has favoured the programme. For the same reason, the minimum literacy level of the health worker is no less than a school graduate and amongst the community organisers, it was not unknown to find girls who were post-graduates. The importance of supervision and back-up service has been emphasised in the programme. The system has initiated an endogenous process of creative and reflective action.

The impressive outreach has been evaluated from time to time. One of the studies (Osgood and Miller)* concludes that an extraordinary variation in the incidence and severity of malnutrition was seen in the villages that look much the same. They also report that objective social and economic conditions account for very little of this variation, because of the power of exogenous influence such as the price of rice that overwhelms the usual distinction among people, which is a thin line. Much of the objective improvement fails to get at the underlying health dynamics of infection and disease which influence health and nutritional status. Conclusively this question is posed -- Are the children served by the programme better off or was it just wishful thinking to expect nutrition intervention based on the delivery of services, no matter how well implemented, to improve the nutritional status of poor families when the broader context in which the interventions were introduced was so unfavourable to their well being.

To answer this question, an epidemiological approach to evaluate the on-going processes was planned with the staff of the programme.

* John Osgood and Ray I Miller 1978, "Development at the Grass roots. The Organisational imperative" Mimeo

THE PROCESS



* Technical - Morbidity Mortality interaction
 Nutrition Infection Nexus
 Birth Order Birth Interval Influence
 Mother - child link

Political - Access to Health Care
 Ford Aid Vs. Dependency
 Perception of Beneficiary on the
 Intervention Strategy
 Exogenous influence of the political
 environment

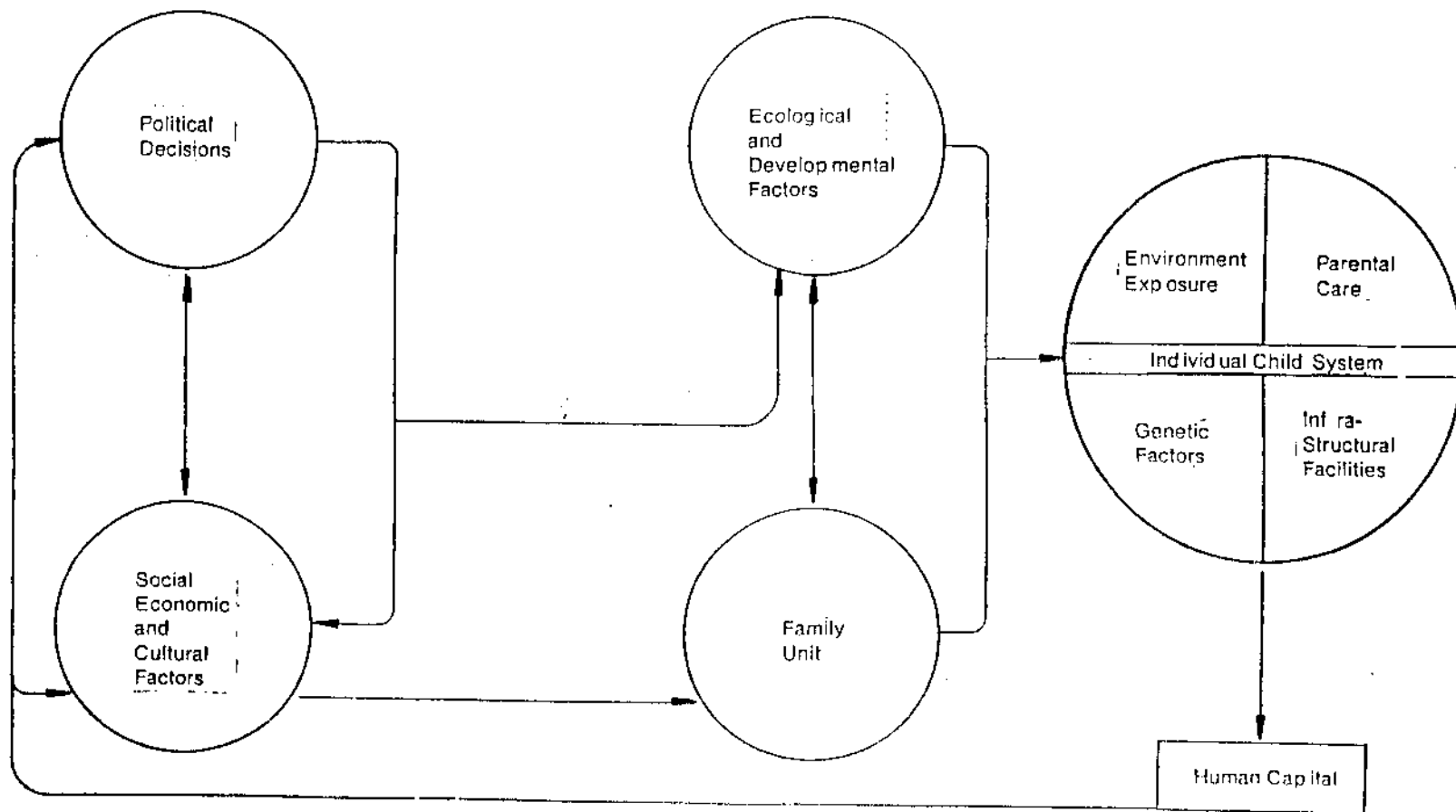
Economic - The class influence
 The Economic Heterogeneity

Social - Mother's Participation
 Women's Groups Leadership
 Group Processes

Cultural - Role of Heterogeneity in Religions,
 Caste and Occupational Background

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Major Conceptual Subsystems



SYSTEMS MODELLING OF CHILD HEALTH

