

CHAPTER 2 : METHODOLOGY

2.1 Objectives

The objectives of the screening program was to test all the tubewells in the selected villages, to identify safe and hazardous well and mark them red or green accordingly, and to identify arsenic patients. It was also required that village maps be prepared and locations of tubewells reproduced on these maps. Tubewell and health related data were to be collected using pre-tested questionnaire. It was also expected that the results of the findings would be shared with villagers along with appropriate messages on how to address the arsenic problem.

2.2 Selection of villages

In the first phase of the program, 21 districts were selected from where reports of cases of arsenicosis were available from existing database. From these districts, 200 villages were selected based on reports of existence of contaminated tubewells from any known source. With the same criteria of selection, the second phase expanded the program to a further 300 villages selected from eight new and the earlier 21 districts, the criteria of selection remaining the same.

2.3 Study Type

A cross sectional survey design was followed. The survey included testing all tubewells for arsenic contamination in the selected villages. All the households in the selected villages were visited and family data collected. Patients suffering from arsenicosis were identified and provided advice.

2.4 Staff

2.4.1 Phase I

The program involved 15 teams to carry out the field activities. Each team comprised of three groups: initial screening group, water-quality testing group and health group. The initial screening group and the water quality testing group each had five workers. The health group consisted of nine members. There was one coordinator for supervising the work.