writing the same programmes over and over, complete programme are available as **packages**, called "canned programmes". The one most frequently used by social and behavioral scientists is called SPS or Statistical Package for the Social Sciences.

Cost of Computer Services

The cost of computer services are calculated by the length of time required by the computer to complete your **run.** The calculations can be estimated by ascertaining the cost of computer time per hour, which currently runs about $650-750 (U.S.) per hour. So if your data requires 15 seconds, the cost would be between $162.50 and $187.50. If you are writing a research proposal, the data analysis costs should be calculated as part of your budget. However, many universities and some government agencies grant free computer time to faculty and students. And usually the programmes, professional help, and facilities are included in the service.

The People you Need

When you bring your materials to a data centre, your initial contact may be the **data processing manager.** He/she is a highly skilled professional who has background in several machine languages, understands users research problems, and has in-depth knowledge of the total computer system—its capabilities, etc. He/she will direct you to examine your work and determine how to get you the information you need. Then a key punch operator types up your data on computer cards, with data for each element in your study per card. The cards are put in order, with directions inserted to tell the computer what calculations to perform on the data.

Each card contains 80 columns and nine rows. So you must calculate how much data you need for the entire sample. Suppose your questionnaire has 120 items, then you would require at least two cards for identifying data, and the subjects responses or answers to the 120 item questionnaire. The programme is written in Fortran, and a computer called a **compiler** translates the Fortran into a machine language programme. The computer will perform the calculations, and give you a printout of your data—large sheets of white paper with all the statistical calculations completed.

It is important to realize that a computer is absolutely stupid, and can perform only what you tell it to perform. Computers will never take over our work because they cannot think. In fact, computers, because of human error, produce garbled numbers. If you programme the computer with an error it will produce erroneous information, for it behaves exactly like a robot. Programmers have a phrase for this event—it is called "garbage in—garbage out"; you put in nonsense, you will get nonsense. "Ductility" or stupidity is a prominent feature of computers, but should **not** be a characteristic shared by the user of the computer.

Report on the First Phase of the Project on Primary Health Care

Dr. (Miss) A. Chandy

PRIMARY health care is the essential health care made universally accessible to individuals and families in the community by means acceptable to them through their full cooperation and active participation and at a cost that the community and the country can afford. it forms an integral part both for the country's health system of which it is the nucleus and for the overall social and economic development of the country.

Health is a human right, but it has not yet become in reality as a universal human right. The College of Nursing, Uttar Pradesh, Kanpur has been successful in developing a project on Primary health care as stated in Alma-ata declaration (Sept. 1978)—a call for urgent and effective action by all health workers to provide minimum health care for all by 2000 A.D. as a part of development programme. The project was initiated by the T.N.A.I. Kanpur district branch in collaboration with College of Nursing team under the direction of Dr. (Miss) A. Chandy, President, TNAI Uttar Pradesh State and the Principal, College of Nursing, Kanpur.

This is the first time that the nurses of Uttar Pradesh have come forward to extend their services voluntarily to the people living in the slums —away from the four walls of the hospital.

As the project was ready for its implementation Dr. (Mrs.) Hemlata Swaroop, Vice Chancellor of Kanpur University was invited to inaugurate the project on 12th September 1980. In her inaugural speech, Dr. Swaroop expressed her appreciation and support to make the programme a success. She suggested that the project should be assessed, periodically to find out the progress. Dr. Swaroop pointed out that, College of Nursing as a department of Faculty of Medicine of Kanpur University deserves a prominent place for its high standard of performance and will provide assistance to improve future programme as well.

PROJECT PLAN:

1. Philosophy of the project:

We the members of the nursing profession believe that health is a human right and every indi-

Dr. (Miss) A. Chandy is Principal, College of Nursing, Kanpur & convenor of the Project.

vidual has a responsibility to maintain his or her own health. To ensure that right, we have a responsibility to provide for minimum health needs within the available resources of the country.

We accept the fact that majority of health problems do not require the services of specialized persons and can be met by the community itself with its active participation and co-operation with local health agencies.

We also recognize that the activities may contribute towards health, economic and social development of the country.

2. **Objectives:**

(a) General — To prepare the selected community to achieve health by their active participation.

(b) Specific — To develop awareness amongst the community regarding common health needs and health problems.

— To prepare the community to meet health needs and health problems as identified.

— To evaluate the community's participation in achieving positive health.

3. **Project outline:**

Preliminary meetings were held in the College under the Chairmanship of Dr. (Miss) Chandy the Principal of College of Nursing. She being the convener of the project introduced the concept of primary health care to all the senior nursing personnel of local hospitals. The members actively participated and discussed, but due to the shortage of nursing staff, they expressed their inability to start the programme immediately. Therefore the College of Nursing has planned to give services to the area selected by itself at the moment.

(a) **Community selected for the project** is Telwala Hata, Gutaya Nagar. The community consists of 140 families of low income groups with a population of 680. The project team talked with the leaders of the community and it is found that they strongly felt the need for primary health services.

(b) **Personnel involved** for the implementation of the project are the teachers and students of College of Nursing. They devote their free time to implement the plan along with their regular teaching learning hours. Co-ordinators will supervise the programme.

(c) **Finance for the project.** At present there is no provision of budget or financial resource to run the project. A detailed budget has been worked out and has been sent to U.P. Government for its sanction. The team has approached other sources too. Dr. M. N. Srivastava, S.M.S., L.L.R. Hospital has kindly given articles for first aid and emergency management and care.

4 **Project implementation:**

— The families has been selected.

— Rapport has been established with the leaders of the community.

— The format for conducting health survey has been developed

— The project also includes one Primary school in the same locality to give health care services.

— Weekly visits will be made to the selected families and fortnightly visits to the school selected.

During visits, community will be given education and services in the following aspects:

— Personal and environmental hygiene.

— Maternal and child care including family welfare.

— Immunization against major preventable diseases

— Promotion of proper nutrition.

— Health education concerning prevailing health problems and the methods of preventing and controlling them.

— Appropriate treatment for minor ailments and injuries.

— Adult education.

Group discussions, demonstrations, films and other visual aids will be used to impart health knowledge to the community.

The students and teachers of this college will give services to the community. Students will work under supervision.

5 **Project evaluation:**

— Day to day record will be maintained on the observation made, care given and the progress of the project.

— Pre and post visit conferences will be held regularly for the students with supervisors.

— Monthly meeting of all the supervisors and project co-ordinators will be conducted to assess the strength and weaknesses of the project.

— Periodical assessment will be made to know the change in health behaviour of the community by observation, interview etc. by the convenor.

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bag which can be burnt or put inside covered dustbin. The used bandages and instruments may be put in 2 per cent lysol or dettol before being washed and sterilized.

c) **Nurses having Coryza and throat infections** should not attend surgical wounds, maternity cases, nursery and operation theatre.

d) **Patient's articles, clothes and towels.** Each patient should have separate linen and towels. As far as possible same soap should not be used for all patients. And separate crockery and cutlery should be provided.

e) **Nursery.** The children should have their own clothes, towels and soap. Cradle or bed if changed should be carbolised. They should not be mixed or made to be together as they will be infected by motions, nasal discharges etc. Infected children (eye, diarrhoea, syhilis, rashes) kept isolated, common utensils should not be used. Bathing tube or basins should be washed with soap and water swabbed with an antiseptic before using for another baby. The nurses attending must wear mask gown and gloves as infection can be carried on by droplet and cross infections. Mothers must wear clean clothes. The breasts should be washed before and after breast feeding

f) **Maternal aseptic precautions.** Labour room should be prepared with strict carbolization of walls and articles. Everything should be clean, instruments and linen used should be autoclaved and patients charts and clothes kept outside labour room Persons entering labour room should wear gown and chappel. Patients relatives should not be allowed inside labour rooms. Nurses and doctors should use labour room chappals and wear gown masks and gloves worn after thorough scrabbing of hands.

III. General Precautions

a) Patients admitted to hospital be given thorough sponge or bath, hair combed, nail cut, feet washed and clean hospital clothings given. Patients' dirty clothes sent home or kept with a list of clothes in a separate room.

b) Patients relatives are given health teachings regarding the cause of disease and what they should do to prevent it. Relatives are not allowed to sit on patients beds and throw water, rubbish and food remains on bed or floor.

c) Flies should be kept away from bed and articles.

d) Too many visitors at a time should not be allowed

e) There should be fixed timings for food, treatments and giving and removal of bed pans etc.

f) Daily dusting of beds and lockers is necessary Mackintoshes and rubber articles cleaned, dried and powdered after use. Thermometers and chelate forceps bottles cleaned daily and chelate forceps should be sterilized daily and lotions be changed.

g) Correct strength of antiseptic solutions be used

h) Pests like dogs, cats, rats should not be allowed inside hospital wards and departments.

i) **Nurses Uniform** should be spotlessly clean, shoes should be polished and stockings washed daily.

IV. Out patient departments

After O.P.D. hours sweeping and mopping with disinfectants is necessary. Benches, chairs and tables etc. should be dusted and swabbed with antiseptic lotion

Conclusion

The writer has wide experience in big and small hospitals and in many institutions negligence noted that due to shortage of professionals and insufficient supplies, proper attention of preventive measures cannot be carried out. This article may encourage a real health administrator and workers to organize and carry out principles of prevention of sepsis spreading in hospital wards.

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— Health survey will be repeated in six month interval

— Replanning and modification in the original plan will be done as and when needed.

8. **Future plan:**

(a) The college has planned to make the project a continuous one provided that some financial assistance is available.

(b) To open a nursing clinic on primary health care mainly aimed at counselling and guidance and also referral services will be included in the future plan. It has both the service as well as educational importance.

(c) To help the community in adult education so that they can read health pamphlets which will be made available to them from this college in local languages.

(d) Population education—one of the important future plan of the project is to make the community conscious towards small family norms. As a part of the curriculum, the college has already introduced this aspect and is being implemented in selected community where the students are assigned for learning experiences.

Thus the project on primary health care is a great commitment to work towards meeting the minimum health needs of the community through motivation and participation. Creation of health consciousness is the major expected outcome of this project, then only we can achieve the target minimum health care for all by 2,000 A.D.