

AWARENESS ON HEALTH & HYGIENE

A Report Submitted To Department Of
INFORMATION TECHNOLOGY AND ARTIFICIAL INTELLIGENCE & DATA
SCIENCE

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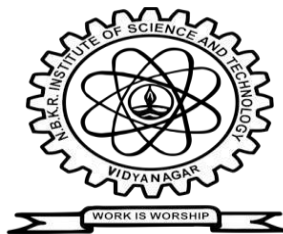
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BONAFIDE CERTIFICATE

This is to certify that the project work entitled “**COMMUNITY SERVICE PROJECT**” regarding to “**HEALTH & HYGIENE AWARENESS**” is a bonafied work done by D.Nikhil, D.Govardhan, G.Neha, G.Mohansai, J.Sumanth, K.Manohar, Y.Narasimhulu, K.Himaja, K.Srivani, K.Shasank, K.Sahithi in the department of INFORMATION TECHNOLOGY AND ARTIFICIAL INTELLIGENCE & DATA SCIENCE, N.B.K.R INSTITUTE OF SCIENCE AND TECHNOLOGY, VIDYANAGAR and is submitted to department of IT and AI&DS. This work has been carried out under my supervision.

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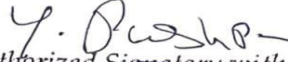
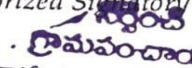
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Student's Declaration

We are here by declare that the project report entitled “**Awareness on HEALTH & HYGIENE**” submitted by me to **Mr. M. Sivapratap Reddy, Assistant Professor, Department of IT and AI & DS, NBKR Institution of Science and Technology, Vidyanagar** in partial fulfillment of the requirement for the award of the Degree in B. Tech in IT and AI & DS Department is a record of actual project work carried out by me under the guidance of **Mr. M. Sivapratap Reddy**. I further declare that the work reported in this project has not been submitted and will not be submitted, either in part or in full, for the award of any other degree in this institute or any other institute or university

Certificate from Official of the Community

This is to certify that _____ (*Name of the Community Service Volunteer*) Reg. No _____ of **N.B.K.R Institute of science and Technology** (*Name of the College*) underwent community service in **Kondapuram Village** (*Name of the Community*) from _____ to _____. The overall performance of the Community Service Volunteer during his/her community service is found to be _____ Good (*Satisfactory/Good*).


Authorized Signatory with Date and Seal

నిమగ్నచారి
కొండపురం, వాకాడు మండలం

Acknowledgement

we wish to express my gratitude to those who extended their valuable co-operation and contribution towards the project.

we would like to thank my project guide **Mr. M. Sivapratap Reddy** for his valuable time and continued assistance for the successful completion of the project.

we would also like to express gratitude to **Mr. M. Sivapratap Reddy**, Assistant professor in the department of IT and AI&DS of **N B K R Institution of Science and Technology**, Vidyanagar for facilitating this project and providing his guidance throughout the duration of the project.

we would also like to thank the faculty and staff of the institute for their support. A special thanks to head of the department **Dr. A. Narayan Rao**, Director of the Institution **Dr. V. Vijaya Kumar Reddy** and Correspondent of institution **Mr. N. Ramkumar Reddy**. we would also like to thank the **Kondapuram Residentials and Sachivalayam Staff** who cooperated for this service.

We would like to convey our heartfelt thanks to **Staff Members, Lab Technicians**, and our **Friends**, who extended their cooperation in making this project as a successful one.

We would like to thank one and all who have helped us directly and indirectly to complete this project successfully.

Problem statement

In many regions, there exists a considerable gap in health awareness across different demographic groups, contributing to preventable diseases and poor lifestyle choices. A significant portion of the population lacks essential knowledge regarding nutrition, physical activity, mental health, and preventive care, which leads to increased healthcare costs and a decline in quality of life. This gap is particularly evident in underserved communities where access to reliable health information is severely restricted.

Commonly occurring health issues include diabetes, stress and anxiety, respiratory problems, infectious diseases like malaria and dengue fever, sleep disorders, and various chronic conditions such as cancer and thyroid disorders. The financial burden of treating these preventable diseases can be substantial for both individuals and the healthcare system. Furthermore, these health challenges can disrupt daily activities and diminish overall wellbeing, often resulting in decreased productivity and increased absenteeism from work. The ways by which I helped the society in solving problem are :-

- ➔ Clean Water Initiatives
- ➔ Waste Management Campaigns
- ➔ Health Check-up Camps
- ➔ Sanitation Facilities

Executive summary

Community programs can expand the opportunities for youth to acquire personal and social assets and to experience the broad range of features of positive developmental settings. The activities we performed in the community service are Providing awareness on Sanitation facilities, Awareness on Waste Management, Clean water Initiatives and Health camps. The activities are of great significance as they effected the people aware on Health and Hygeine who acknowledged my work.

As the first task, we collaborated with local authorities to improve access to clean water for the residents of Kondapuram. This included the installation of borewells and water purification systems to ensure a reliable supply of safe drinking water. By providing clean water sources, we laid the foundation for better health outcomes in the village.

The second task is recognizing the lack of proper toilet facilities as a major contributor to poor hygiene, we prioritized the construction of sanitation facilities as the second task. Through community engagement and collaboration with local volunteers, we built toilet complexes in strategic locations throughout the village. This initiative aimed to reduce open defecation and promote the use of hygienic sanitation practices.

The third task is recognizing the need for accessible healthcare, we organized health check-up camps as the fourth task. In collaboration with healthcare professionals, these camps provided residents with free medical consultations and treatment for common ailments related to poor hygiene. By addressing immediate health concerns, we aimed to improve overall well-being in the community.

Throughout the project, we emphasized the importance of community engagement and education. Workshops and awareness sessions were conducted to inform residents about the significance of hygiene practices, such as handwashing, safe food handling, and the use of sanitation facilities. By empowering the community with knowledge, we aimed to foster long-term behavioral changes and ensure the sustainability of the project's impact.

The successful implementation of this community service project in Kondapuram village has laid the groundwork for a healthier and more hygienic community. By addressing the root causes of poor health and hygiene, we believe that the project will contribute to improved quality of life for all residents, particularly vulnerable populations like children under five. Moving forward, we will continue to monitor the progress and provide support to ensure the long-term sustainability of the project's outcomes.

Topics

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Chapter 1

Introduction of community Service

1.1 Defining

Community service is work done by a person or group of people that benefits others. It is often done near the area where you live, so your own community reaps the benefits of your work. You do not get paid to perform community service, though sometimes food and small gifts, like a t-shirt, are given to volunteers.

Community service can help any group of people in need: children, senior citizens, People with disabilities, English language learners, and more. Community service is often organized through a local group, such as a place of worship, school, or non-profit organization. You can also start your own community service projects.

1.1.1 Background

Community service is a non-paying job performed by one person or a group of people for the benefit of their community or its institutions. Community service is distinct from volunteering, since it is not always performed on a voluntary basis. It may be performed for a variety of reasons.

- ➔ It may be required by a government as a part of citizenship requirements, like the mandatory "Hand and hitch-up services" for some municipalities in Germany, or generally in lieu of military service or for civil conscription services.
- ➔ It may be required as a substitution of, or in addition to, other criminal justice sanctions – when performed for this reason it may also be referred to as community payback.
- ➔ It may be mandated by schools to meet the requirements of a class, such as in the case of service- learning or to meet the requirements of graduating as class valedictorian.
- ➔ In the UK, it has been made a condition of the receipt of certain benefits.[dubious – discuss] (see Workfare in the United Kingdom).

1.2 Need and importance

Community Service Has a Number of Important Benefits Engaging in community service provides students with the opportunity to become active members of their community and has a lasting, positive impact on society at large. Community service or volunteerism enables students to acquire life skills and knowledge, as well as provide a service to those who

need it most. These are some of the common benefits of participating in a community service program:

Psychological benefits: Volunteering increases overall life satisfaction and helps you feel good about yourself because you are helping others. It can also help to decrease stress and ease depression.

Social benefits: Volunteering engages students with the community, creates special bonds with the population being served, and increases social awareness and responsibility. **Cognitive benefits:** Volunteering helps students enhance their personal knowledge, grow from new experiences, and develop better interpersonal communication skills.

Participating in community service not only makes a difference to the organization and people being served, but also makes a difference to every student's career prospects. Participating in community service activities helps to enhance student resumes by allowing students to obtain work-related skills prior to graduation, builds good references for employers in regards to community involvement, and provides a forum to network with future potential employers. It also helps students develop civic and social responsibility skills and become more aware of what their community needs.

You can also make a positive contribution to your community by earning an online degree in nursing, criminal justice or psychology. Contact us today for more information about our programs where you can learn how to help real people and leave a positive impact on the world.

1.3 Forms of community service

There are three types of community service and service-learning: direct, in-direct and advocacy. Once a community need is identified, the project activities that are developed will align with one or more of the types. Below are definitions and additional examples of each type of community service and service-learning.

Direct :- You can develop direct service activities where students interact with the recipients of service or the physical environment they have targeted for improvement. You and your chapter can volunteer at a food kitchen to serve community members in need. Or perhaps you can work with your community senior center to create an adopt-a-grandparent program that lasts beyond FFA Week.

In-Direct :- If you don't have the ability to come in direct contact with the beneficiaries of service, you can organize an indirect service activity where students channel resources to a problem but do not interact with those being served. This can include organizing a canned food drive to donate to a food pantry in a neighboring community or participating in a community beautification project.

Advocacy :- It is important to always be an advocate for the issues that inspire you. During advocacy service activities, students bring awareness to an issue and inspire others to take action.

1.4 Ways to participate in community service

There are hundreds of ways to participate in community service, depending on the skills and interests. Some common community service examples include.

- ➔ Working with schoolchildren: Tutoring children after school, collecting school supplies to donate, planting a school garden.
- ➔ Working with senior citizens: Visiting residents of a retirement center, delivering meals to senior citizens, driving them to appointments.
- ➔ Improving the environment: Holding a recycling contest, planting trees, creating a new trail at a nature center.
- ➔ Helping low-income people: Passing out food at a soup kitchen, collecting used clothes to be donated, making first aid kits for homeless shelters.

Chapter 2

Objectives and Methodology

2.1 OBJECTIVES:

- To provide brief idea about Health & Hygiene to students.
- To educate the community on the importance of personal hygiene practices, including handwashing, dental care, and sanitation to prevent disease.
- To identify and implement solutions for providing safe drinking water.
- To educate villagers on effective waste disposal methods.
- To assess and improve sanitation facilities in the village.
- To give awareness among the students about how to recognize the disease and take necessary actions according to it.
- To suggest the students to drink water regularly and stay hydrated.
- To suggest the students to use online applications for monitoring the health like 'My Health', 'Aloe buds', 'Waterlogged', 'Hygiene Helper' etc.
- To develop and distribute informative materials (brochures, posters, etc.) that illustrate best practices in hygiene, sanitation for villagers.
- To provide the information about the diseases that are occurring and make them aware of it.

2.2 METHODOLOGY

- Firstly we Conducted preliminary meetings with local leaders and school authorities to understand community needs and gather support for the project.
- As this is a group project we implemented door-to-door surveys to assess current health and hygiene practices among households, using structured questionnaires to gather data on sanitation, drinking water, and waste management.
- And then we analyzed survey results to identify key health issues, such as inadequate sanitation facilities and lack of awareness regarding hygiene practices.
- We organized workshops and health camps in the village to educate adults about the importance of personal hygiene, sanitation practices, and safe drinking water.

- In schools, we conducted one hour of awareness class for each section and explained them about hygiene practices through fun activities like games.
- After the session, we also collected the feedbacks from the students about the awareness sessions.
- We partnered with local health workers (e.g., ASHA workers) to reinforce messages about hygiene and sanitation during their regular visits to households.
- We Organized community clean-up events to engage villagers in practical sanitation efforts and promote collective responsibility for maintaining cleanliness.
- We Established a feedback mechanism through follow-up surveys to evaluate the effectiveness of the awareness programs and make necessary adjustments.

Suggested Online Applications:

- ✓ **Hygiene Helper:** An app providing guided videos for daily hygiene tasks, helping users remember important routines like handwashing and brushing teeth.
- ✓ **Waterlogged:** An app that helps track daily water intake, encouraging users to stay hydrated by sending reminders.
- ✓ **Hygiene Quotient:** A platform that offers tools for monitoring hygiene standards in communities, providing real-time feedback on cleanliness practices.

These methodologies aim to create sustainable changes in health and hygiene behaviors within the Kondapuram community while leveraging technology for ongoing education and engagement. In this way we conducted our community service project on **AWARENESS ON HEALTH & HYGEINE**

Chapter 3

Weekly Report

ACTIVITY LOG FOR FIRST WEEK

DATE & DAY	Brief Description of the Daily activity	Learning Outcomes	Person in charge & signature
Day – 1	Visiting Community	Knowing about common locality diseases.	
Day – 2	Visiting Community	Knowing locality health status.	
Day – 3	Visiting Community	Knowing about locals health issues.	
Day- 4	Visiting Community	Knowing about types of diseases people are facing.	
Day- 5	Visiting Community	Knowing about clean water facilities of locals.	
Day- 6	Visiting Community	Knowing about view of health in locals.	

WEEKLY REPORT

Week -1 (From Dt 22/06/2024 To Dt 26/06/2024)

Objective of the Activity done: Topic selection and survey analysis

Detailed Report:

To conduct an effective survey on health and hygiene awareness, we need to determine the participants, decide on the survey type (online or in-person), design the survey questions and layout, distribute the survey, and analyze the responses. This investigation will focus on the experiences and characteristics of different social groups within the community.

A questionnaire will be distributed either by mail, online, or in-person, allowing respondents to fill it out themselves. It's essential to decide which questions to ask and how to phrase them.

For this health and hygiene awareness survey, we have chosen questions that are critical for understanding community knowledge and practices. The proposed questions are as follows:

1. What is your family's history with health and hygiene practices in the community?
2. Which age group do you fall into?
3. How aware are you of basic health and hygiene practices?
4. How many times in a week the street dustbins are cleaned ?
5. Have you ever experienced health issues due to poor hygiene practices?
6. Where do you get the drinking water for your house?
7. After cleaning the house, what will you do the waste materials?
8. Overall, how do you rate the local hospitals in your area ?

ACTIVITY LOG FOR SECOND WEEK

Day &Date	Brief Description of daily activity	Learning outcome	Person incharge and signature
Day- 1	Decide the title as Health safety awareness	Made decision on topic.	
Day- 2	To decide the type of survey (online or in-personal).	Made decision on type of survey.	
Day- 3	Checking out time for survey plan.	Time Management.	
Day- 4	Design the survey questions and layout.	Hypothetical thinking.	
Day- 5	Distribute the survey.	Made decisions who are going to conduct the survey.	
Day- 6	Analyse the responses.	Precisely making the responses from the people.	

WEEKLY REPORT

WEEK – 2 (From Dt 29/06/2024 to Dt 03/07/2024)

Objective of the activity done: Collecting Health & Hygeine Information

Detailed Report:

Health and hygiene can be defined as “the practices and conditions that contribute to maintaining good health and preventing disease.” With the second-largest population in the world, India faces significant challenges in promoting health and hygiene awareness. While greater access to information offers substantial opportunities for public health improvements, it also exposes communities to various health risks. Awareness of health and hygiene practices is crucial, as neglect can lead to serious public health issues.

The COVID-19 pandemic highlighted the importance of hygiene practices, leading to increased focus on personal and community health. Incidents of poor hygiene have been linked to outbreaks of diseases, emphasizing the need for better education in this area.

In 2020 alone, the economic impact of inadequate health practices was substantial, costing millions in healthcare expenses and lost productivity. One of the major challenges in promoting health and hygiene is the widespread lack of awareness regarding proper practices. Even when individuals seek medical advice or report health issues, existing healthcare infrastructure often struggles to effectively address these concerns.

Promoting basic hygiene practices such as handwashing, safe food handling, and proper sanitation is essential in preventing diseases like cholera, diarrhea, and typhoid. The implementation of initiatives like the Swachh Bharat Mission has made significant strides in improving sanitation access and promoting hygienic behaviors across India.

Collecting information on health and hygiene is vital for understanding community needs. Surveys can help identify gaps in knowledge and behavior regarding hygiene practices.

ACTIVITY LOG FOR THIRD WEEK

Day & Date	Brief Description of the daily activity	Learning Outcome	Person incharge & signature
Day- 1	Health & Hygeine Survey	Experience on the survey process.	
Day- 2	Health & Hygeine Survey	Experience on the survey process.	
Day- 3	Health & Hygeine Survey	Experience on the survey process.	
Day- 4	Health & Hygeine Survey	Experience on the survey process.	
Day- 5	Health & Hygeine Survey	Experience on the survey process.	
Day- 6	Health & Hygeine Survey	Experience on the survey process.	

WEEKLY REPORT

WEEK – 3 (From Dt 05/07/2024 to Dt 10/07/2024)

Objective of the activity done: Visiting Community.

Detailed Report:

We visited the Kondapuram village community to gather information about local health and hygiene practices. According to available data from 2009, the village has a population of 6,320 individuals living in 1,583 households, with 3,146 females and 3,174 males. Females constitute 49.78% and males 50.22% of the total population. Among these, there are 1,330 scheduled caste individuals, comprising 654 females and 676 males, representing 21.04% of the total population. Additionally, there are 1,265 scheduled tribe individuals, with 613 females and 652 males, accounting for 20.02% of the total population.

Our focus was on collecting information about health and hygiene awareness in the village, particularly regarding sanitation practices and access to clean water. We observed that traditional health practices are prevalent among community members. These practices are rooted in indigenous knowledge and have been passed down through generations.

We have seen the traditional agricultural practises are in practise by the people of the community. Traditional farming practices are based on the indigenous knowledge and experience developed over the centuries and have remained popular even now. Common traditional farming practices include agroforestry, intercropping, crop rotation, cover cropping, traditional organic composting, integrated crop-animal farming, shifting cultivation, and slash-and-burn farming. Although there are many benefits involved with these practices, such as improved soil fertility, carbon sequestration, resource utilization, biodiversity maintenance, sustainability, there are also certain negative implications associated with some practices such as slash-and-burn activities in shifting agriculture.

ACTIVITY LOG FOR FOURTH WEEK

Date & Day	Brief Description of the daily Activity	Learning outcome	Person incharge & signature
Day- 1	Collecting Health & Hygeine Information	Knowing information about: Current village Health Problems Around the World.	
Day- 2	Collecting Health & Hygeine Information	Knowing information about: Health & Hygeine	
Day- 3	Collecting Health & Hygeine Information	Knowing information about: Different Types of Health Problems.	
Day- 4	Collecting Health & Hygeine Information	Knowing information about: Situations occurred by Health Problems.	
Day- 5	Collecting Health & Hygeine Information	Knowing information about: Awareness on Health & Hygeine.	
Day- 6	Collecting Health & Hygeine Information	Knowing information about: Health Probems all Around the World.	

WEEKLY REPORT

WEEK – 4 (From Dt 12/07/2024 to Dt 17/07/2024)

Objective of the Activity done : Health & Hygeine Survey.

Detailed Report:

We visited the village community and we made a survey on the literature and family details first. Later we made a survey on the Health & Hygeine practices. The questions for the people are as follows:

11. What is your family's history with health and hygiene practices in the community?
12. Which age group do you fall into?
13. How aware are you of basic health and hygiene practices?
14. How many times in a week the street dustbins are cleaned ?
15. Have you ever experienced health issues due to poor hygiene practices?
16. Where do you get the drinking water for your house?
17. After cleaning the house, what will you do the waste materials?
18. Overall,how do you rate the local hospitals in your area ?
19. Do you have any hereditary conditions or diseaeses?
20. Do you follow balanced diet that includes fruits,vegetasbles and whole grains?

Coming to the family details, their personal details , health details and educational status of family members are surveyed.

We have gathered information about health and hygiene practices that significantly impact the community, including issues related to sanitation and access to clean water. The survey process has revealed their current understanding of health risks, common diseases, and the importance of hygiene in daily life.

ACTIVITY LOG FOR FIFTH WEEK

Date & Day	Brief Description of daily Activity	Learning Outcome	Person incharge & Signature
Day- 1	Awareness	Presentation skills	
Day- 2	Awareness	Presentation skills	
Day- 3	Awareness	Presentation skills	
Day- 4	Awareness	Presentation skills	
Day- 5	Awareness	Presentation skills	
Day- 6	Awareness	Presentation skills	

WEEKLY REPORT

WEEK – 5 (From Dt 19/07/2024 to Dt 24/07/2024)

Objectives of the Activity done: Awareness on Health & Hygiene

Detailed Report:

Health awareness means understanding various health risks, the ability to recognize potential health issues, and taking measures to mitigate their effects to protect your well-being. Being aware does not mean that you can eliminate all health-related problems, but it does help in preventing significant health issues that individuals or communities might face. Therefore, health awareness programs play a crucial role in educating individuals, students, parents, and organizations about possible health risks and their prevention methods.

There are several methods to spread health awareness among community members and students to mitigate risks, each having a different impact on individuals:

Conducting Training Sessions: Workshops on hygiene practices, nutrition, and disease prevention.

Practicing Health Recovery Strategies: Encouraging regular health check-ups and preventive care.

Detecting and Planning: Teaching individuals how to identify health risks and plan for emergencies.

Impact of Health Awareness:

Short-term: Information spread through flyers, posters, and newsletters.

Intermediate: Information shared through case studies, lectures, hands-on workshops, and training sessions.

Long-term: Information delivered via seminars, group discussions, and comprehensive courses.

ACTIVITY LOG FOR SIXTH WEEK

Date & Day	Brief Description of the daily Activity	Learning Outcome	Person incharge & signature
Day-1	Health & Hygeine Awareness	Knowing & Presenting the laws of Health & Hygeine	
Day-2	Health & Hygeine Awareness	Knowing & Presenting the laws of Health & Hygeine	
Day-3	Health & Hygeine Awareness	Knowing & Presenting the laws of Health & Hygeine	
Day-4	Health & Hygeine Awareness	Knowing & Presenting the laws of Health & Hygeine	
Day- 5	Health & Hygeine Awareness	Knowing & Presenting the laws of Health & Hygeine	
Day- 6	Health & Hygeine Awareness	Knowing & Presenting the laws of Health & Hygeine	

WEEKLY REPORT

WEEK – 6 (From Dt 26/07/2024 to Dt 31/07/2024)

Objective of the activity done: Laws of Health & Hygiene

Detailed Report:

Health and hygiene laws in India are essential for safeguarding public health and ensuring the well-being of its citizens. These laws provide a framework for managing health risks, promoting sanitation, and ensuring access to clean water and safe food. Below is an overview of significant health and hygiene laws in India: The Constitution of India: Includes a fundamental right to sanitation, and the abolition of untouchability

- The Factories Act, 1948: Includes health measures and safety provisions, such as cleanliness, ventilation, and drinking water
- The Dock Workers (Safety, Health & Welfare) Rules, 1990: A health and safety law in India
- The Environment (Protection) Act, 1986: An environmental law in India
- The Water (Prevention and Control of Pollution) Act, 1974: An environmental law in India
- The Goa, Daman and Diu Public Health Act, 1985: A public health law in India
- Food Standards Agency (FSA): A government agency that issues food safety ratings and ensures that businesses know the rules

Conclusion : The legal framework surrounding health and hygiene in India is extensive and multifaceted, addressing various aspects of public health from workplace safety to environmental protection.

Advantages of Health and Hygiene laws :

Health and hygiene laws offer numerous advantages that significantly contribute to public well-being. Firstly, they play a crucial role in preventing disease.

ACTIVITY LOG FOR SEVENTH WEEK

Date & Day	Brief description of the daily activity	Learning outcome	Person incharge & Signature
Day- 1	Awareness	Presentation skills through banner.	
Day- 2	Awareness	Presentation skills through banner.	
Day- 3	Awareness	Presentation skills through banner.	
Day- 4	Awareness	Presentation skills through banner.	
Day- 5	Awareness	Presentation skills through banner.	
Day- 6	Awareness	Presentation skills through banner.	

WEEKLY REPORT

WEEK – 7 (From Dt 02/09/2024 to Dt 07/09/2024)

Objective of the activity done: Health & Hygiene Awareness Banner.

Detailed Report:

We visited the village community and we made a survey on the Health and diseases. And Created awareness through banner to village people in this survey.

The developed modules are implemented with a blended-learning method; namely via face-to-face workshops with each of the target groups (children, teenagers, parents, educators), which will be followed by online e-educational activities. Active involvement of the target groups will be promoted also through a competition among schools based on the highest number of active participants that will reach the highest level of knowledge. At the end of the experiment, we will perform a general evaluation of the project and measure the level of knowledge acquired.

The educational modules include information on health and hygiene practices, disease prevention, nutrition, and personal safety. As mentioned, we strive to achieve the active involvement of all participants, with special attention paid to the youngest target group (third and fourth graders). We design learning content specifically for their level of understanding, incorporating engaging activities and relatable case studies tailored for both boys and girls. This approach ensures that children grasp essential health concepts while fostering a sense of responsibility towards their own well-being and that of their community.

The objectives and methods of the project include:

- ✓ Overview and analysis of critical areas of health and hygiene related to children and teenagers are essential for understanding their current knowledge, behaviors, and awareness of health risks.

ACTIVITY LOG FOR EIGHTH WEEK

Day & Date	Brief Description of the daily Activity	Learning outcomes	Person incharge & signature
Day- 1	Documentation	Soft skills Practice	
Day-2	Documentation	Soft skills Practice	
Day- 3	Documentation	Soft skills Practice	
Day- 4	Documentation	Soft skills Practice	
Day- 5	Documentation	Soft skills Practice	
Day- 6	Documentation	Soft skills Practice	

WEEKLY REPORT

WEEK – 8 (From Dt 09/09/2024 to Dt 14/09/2024)

objective of the activity done :soft skills practice.

Detailed Report:

We prepared report on the Awareness on Health & Hygeine based on the community service book given by department of IT & AIDS: We went in the process of making report as follows:

- ✓ Introduction Based on Health & Hygeine.
- ✓ overview of the community.
- ✓ Executive summary.
- ✓ Activity logs and the weekly report.
- ✓ Outcomes, Recommendations, and Conclusion.

Chapter 4

Socio-Economic Survey



N.B.K.R INSTITUTE OF SCIENCE AND TECHNOLOGY::Vidyanagar

AUTONOMOUS

Affiliated to JNTUA, Ananthapuram

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student :

Group : B.Tech

Department : IT

Registration Number :

House No : ADPP1903	Panchayat : Kondapuram	Pincode :524127
Post Office : Kondapuram	Mandal :Chittamuru	District : Tirupati

1.Family Details:

S.No	Name of the person	Gender	Age	Education	Profession
1	G.Venkataiah	Male	40	7 th	Farmer
2	G.Girijamma	Female	37	5 th	Housewife
3	G.Abhishek	Male	22	B.Tech	Student
4	G.Ashrutha	Female	20	B.Tech	Student

2.Social Status Details:

- a) Caste: *BC*
- b) Sub Caste: *Kaapu*
- c) Religion: *Hindu*

3.Economic Status Details:

- A. Type of house building : *Pucca*
- B. Nature of House Building : *Own*
- C. Drinking water facility : *Govt. Tap connection*
- D. Availability of agriculture land : *Yes*
- E. Do you have own toilet : *Yes*

F. Do you have Ration Card : *Yes* G. Do you have vehicle : *Two Wheeler*

4. Other Details:

- a) Do you have TV : *Yes*
- b) Do you have Dish Connection : *Yes*
- c) Do you have Mobile : *Yes*
- d) Do you have Laptop : *Yes*

5. Name of the government schemes received:

1.Thalliki Vandanam-Yes

2.NTRF-Yes 3.Raithu

Barosa-Yes

6.Survey Questions:

1). How many times in a week the street dustbins are cleaned in the streets?

- a) Daily b) weekly c) Twice in a weak d) Alternate

days 2) . Where do you get drinking water for your house?

- a) Municipal tap b) bore well. c) pond d) well

3). After cleaning the house, what will you do the waste materials?

- a) Throw on the streets b) Throughout the house c) dustbin d) garden

4). Overall, how do you rate the local hospitals in your area?

- a) Excellent b) Above average c) Below average d) poor e) Other

5). Do you have any hereditary conditions or diseases?

- a) Diabetes b) Hemophilia c) Thalassemia d) huntigton



Signature of the Householder

Signature of the Student

Signature of the Faculty



N.B.K.R INSTITUTE OF SCIENCE AND TECHNOLOGY::Vidyanagar

AUTONOMOUS

Affiliated to JNTUA, Ananthapuram

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student :

Group : B.Tech

Department :IT

Registration Number :

House No : ADPP1904	Panchayat : Kondapuram	Pincode :524127
Post Office : Kondapuram	Mandal :Chittamuru	District : Tirupati

1.Family Details:

S.No	Name of the person	Gender	Age	Education	Profession
1	T.Venkata Rao	Male	39	10 th	Farmer
2	T.Visalakshmi	Female	35	5 th	House wife
3	T.Srinu	Male	9	3 rd class	Student

2.Social Status Details:

1.Caste: *BC*

2.Sub Caste: *Kaapu*

3.Religion: *Hindu*

3.Economic Status Details:

A. Type of house building : *Pucca*

B. Nature of House Building : *Own*

C. Drinking water facility : Govt. *Tap connection*

D. Availability of agriculture land : *Yes*

E. Do you have own toilet : *Yes*

F. Do you have Ration Card : *Yes* G. Do you have vehicle : *Two Wheeler*

4. Other Details:

I. Do you have TV : *Yes*

II. Do you have Dish Connection : *Yes*

III. Do you have Mobile : *Yes* IV. Do you have Laptop : *Yes*

5. Name of the government schemes received:

1.Thalliki Vandanam-Yes

2.NTRF-No 3.Raithu

Barosa-Yes

6.Survey Questions:

1). How many times in a week the street dustbins are cleaned in the streets?

a) Daily b) weekly c) Twice in a weak d) Alternate

days 2) . Where do you get drinking water for your house?

a) Municipal tap b) bore well. c) pond d) well

3). After cleaning the house, what will you do the waste materials?

a) Throw on the streets b) Throughout the house c) dustbin d) garden

4). Overall, how do you rate the local hospitals in your area?

a) Excellent b) Above average c) Below average d) poor e) Other

5). Do you have any hereditary conditions or diseases?

a) Diabetes b) Hemophilia c) Thalassemia d) huntigton



Signature of the Householder

Signature of the Student

Signature of the Faculty

N.B.K.R INSTITUTE OF SCIENCE AND TECHNOLOGY::Vidyanagar AUTONOMOUS
Affiliated to JNTUA, Ananthapuramu



COMMUNITY SERVICE PROJECT
SOCIO – ECONOMIC SURVEY

Name of the Student :

Group : B.Tech

Department : IT

Registration Number :

House No : ADPP1905	Panchayat : Kondapuram	Pincode :524127
Post Office : Kondapuram	Mandal :Chittamuru	District : Tirupati

1.Family Details:

S.No	Name of the person	Gender	Age	Education	Profession
1	A.Krishna	Male	40	7th	Farmer
2	A.Padmavathi	Female	35	5th	House maker
3	A.Vamsi	Male	24	B.Tech	Student
4	A.Hemanth	Male	21	B.Tech	Student

2.Social Status Details:

1.Caste: *BC*

2.Sub Caste: *Kaapu*

3.Religion: *Hindu*

3.Economic Status Details:

H. Type of house building : *Pucca*

I. Nature of House Building : *Own*

J. Drinking water facility : *Govt. Tap connection*

K. Availability of agriculture land : *Yes*

L. Do you have own toilet : *Yes*

M. Do you have Ration Card : *Yes*

N. Do you have vehicle : *Two Wheeler*

4. Other Details:

V. Do you have TV : *Yes*

VI. Do you have Dish Connection : *Yes*

VII. Do you have Mobile : *Yes* VIII. Do you have Laptop : *Yes*

5. Name of the government schemes received:

1.Thalliki Vandanam-Yes

2.NTRF-Yes 3.Raithu

Barosa-Yes

6.Survey Questions:

1). How many times in a week the street dustbins are cleaned in the streets?

a) Daily b) weekly c) Twice in a weak d) Alternate

days 2) . Where do you get drinking water for your house?

a) Municipal tap b) bore well. c) pond d) well

3). After cleaning the house, what will you do the waste materials?

a) Throw on the streets b) Throughout the house c) dustbin d) garden

4). Overall, how do you rate the local hospitals in your area?

a) Excellent b) Above average c) Below average d) poor e) Other

5). Do you have any hereditary conditions or diseases?

a) Diabetes b) Hemophilia c) Thalassemia d) huntigton



Signature of the Householder

Signature of the Student

Signature of the Faculty

N.B.K.R INSTITUTE OF SCIENCE AND TECHNOLOGY::Vidyanagar

AUTONOMOUS

Affiliated to JNTUA, Ananthapuramu



COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student :

Group : B.Tech

Department : IT

Registration Number :

House No : ADPP19036	Panchayat : Kondapuram	Pincode :524127
Post Office : Kondapuram	Mandal :Chittamuru	District : Tirupati

1.Family Details:

S.No	Name of the person	Gender	Age	Education	Profession
1	Y.venkataramanaiah	Male	36	5 th	Farmer
2	Y.Pushpa	Female	33	5 th	House wife
3	Y.Subramanyam	Male	19	B.Tech	Student
4	Y.Sruthi	Female	15	9 th class	Student

2.Social Status Details:

1.Caste: *BC*

2.Sub Caste: *Kaapu*

3.Religion: *Hindu*

3.Economic Status Details:

O. Type of house building : *Pucca*

P. Nature of House Building : *Own*

Q. Drinking water facility : *Govt. Tap connection*

R. Availability of agriculture land : *Yes*

S. Do you have own toilet : *Yes*

T. Do you have Ration Card : *Yes*

U. Do you have vehicle : *Two Wheeler*

4. Other Details:

IX. Do you have TV : *Yes*

X. Do you have Dish Connection : *Yes*

XI. Do you have Mobile : *Yes* XII. Do you have Laptop : *Yes*

5. Name of the government schemes received:

1.Thalliki Vandanam-Yes

2.NTRF-Yes 3.Raithu

Barosa-Yes

6.Survey Questions:

1). How many times in a week the street dustbins are cleaned in the streets?

a) Daily b) weekly c) Twice in a week d) Alternate

days 2) . Where do you get drinking water for your house?

a) Municipal tap b) bore well. c) pond d) well

3). After cleaning the house, what will you do the waste materials?

a) Throw on the streets b) Throughout the house c) dustbin d) garden

4). Overall, how do you rate the local hospitals in your area?

a) Excellent b) Above average c) Below average d) poor e) Other

5). Do you have any hereditary conditions or diseases?

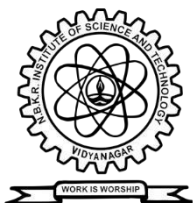
a) Diabetes b) Hemophilia c) Thalassemia d) huntigton



Signature of the Householder

Signature of the Student

Signature of the Faculty



N.B.K.R INSTITUTE OF SCIENCE AND TECHNOLOGY::Vidyanagar
AUTONOMOUS
Affiliated to JNTUA, Ananthapuramu

COMMUNITY SERVICE PROJECT
SOCIO – ECONOMIC SURVEY

Name of the Student :

Group : B.Tech

Department : IT

Registration Number :

House No : ADPP1903	Panchayat : Kondapuram	Pincode :524127
Post Office : Kondapuram	Mandal :Chittamuru	District : Tirupati

1.Family Details:

S.No	Name of the person	Gender	Age	Education	Profession
1	A.Mallikarjun	Male	45	2 nd class	Farmer
2	A.Subhashini	Female	40	5 th class	House wife
3	A.Kavya	Female	18	Inter(2 nd year)	Student
4	A.Srinadh	Male	16	Inter(1 st year)	Student

2.Social Status Details:

1.Caste: *BC*

2.SubCaste: *Kaapu* 3.Religion:

Hindu

3.Economic Status Details:

A. Type of house building : *Pucca*

B. Nature of House Building : *Own*

C. Drinking water facility : *Govt. Tap connection*

D. Availability of agriculture land : *Yes*

E. Do you have own toilet : *Yes*

F. Do you have Ration Card : *Yes* G. Do you have vehicle : *Two Wheeler*

4. Other Details:

- c) Do you have TV : *Yes*
- d) Do you have Dish Connection : *Yes*
- f) Do you have Mobile : *Yes*
- g) Do you have Laptop : *Yes*

5. Name of the government schemes received:

1.Thalliki Vandanam-*Yes*

2.NTRF-*Yes* 3.Raithu

Barosa-*Yes*

6.Survey Questions:

1). How many times in a week the street dustbins are cleaned in the streets?

- a) Daily b) weekly c) Twice in a week d) Alternate

days 2) . Where do you get drinking water for your house?

- a) Municipal tap b) bore well. c) pond d) well

3). After cleaning the house, what will you do the waste materials?

- a) Throw on the streets b) Throughout the house c) dustbin d) garden

4). Overall, how do you rate the local hospitals in your area?

- a) Excellent b) Above average c) Below average d) poor e) Other

5). Do you have any hereditary conditions or diseases?

- a) Diabetes b) Hemophilia c) Thalassemia d) huntigton

A-Subashini

Signature of the Householder

Signature of the Student

Signature of the Faculty

Chapter 5

Activities conducted

5.1 Providing awareness on Health and Hygiene:

We first visited the village of Kondapuram, where poor sanitation posed significant health risks. Our awareness program focused on educating residents about essential health and hygiene practices. We conducted workshops on handwashing, waste management, and nutrition, aiming to empower the community to improve their living conditions and reduce disease incidence.

5.1.1 : Key Topics Covered in the Program

When we performed on our next visit to the village is we conducted workshops that educated residents on essential topics such as proper handwashing techniques, waste management, and the importance of maintaining a clean environment. Participants learned about the significance of menstrual hygiene and nutrition, with practical demonstrations provided to ensure understanding. Informative materials were distributed to reinforce learning and encourage the adoption of better hygiene practices. By focusing on these key areas, the initiative aimed to empower villagers with the knowledge necessary to improve their health outcomes and reduce disease prevalence.

5.1.2: Community Engagement and Impact

When we performed on our next visit to the village is that the community engagement it was pivotal to the success of the project in Kondapuram. Local leaders, health professionals, and volunteers collaborated to create a supportive atmosphere for learning. The initiative saw enthusiastic participation from villagers, who expressed appreciation for the information shared. Feedback indicated a newfound commitment to implementing better hygiene practices within households. Many participants reported changes in their daily routines, such as increased handwashing and proper waste disposal. The program not only educated residents but also inspired collective action towards improving sanitation conditions in the village, fostering a culture of awareness and responsibility that aims to enhance overall quality of life in Kondapuram.

5.2 Our Experience

In our recent community service project in Kondapuram village, we aimed to tackle significant health and hygiene challenges. After assessing the village's sanitation conditions, we identified issues like inadequate waste disposal and a lack of hygiene knowledge. We organized workshops on handwashing, waste management, and nutrition to empower residents with practical skills.

Throughout the project, we engaged actively with the community, fostering a sense of collaboration. We utilized interactive demonstrations and distributed informative materials to ensure that the information was accessible and understandable. Engaging actively with the community, we used interactive demonstrations and distributed informative materials. The villagers participated enthusiastically, asking questions and sharing experiences, which fostered a supportive environment for ongoing discussions.

The feedback was overwhelmingly positive, with many expressing gratitude for the insights gained. We witnessed a noticeable shift in attitudes towards sanitation, leading to increased participation in cleanliness drives. Overall, our experience in Kondapuram was rewarding, contributing to a healthier community while learning from the resilience of its residents.

Chapter 6

Achievements and Benefits

6.1 Benefits of the project

Here are the benefits of the health and hygiene community service project in Kondapuram:

Improved Health Awareness : The project significantly enhanced the community's understanding of essential health practices, such as proper handwashing, sanitation, and nutrition. This knowledge is crucial for preventing infectious diseases and promoting overall health.

Community Engagement : The initiative fostered a sense of collaboration among villagers, encouraging active participation in health-related activities. Increased awareness led to greater involvement in cleanliness drives and other community health initiatives.

Reduction in Disease Incidence : By promoting good hygiene practices, the project contributed to a potential decrease in disease prevalence within the village. This proactive approach not only improved individual health but also enhanced the overall well-being of the community.

Empowerment Through Education : The educational component of the project empowered residents to take charge of their health. By equipping them with knowledge about hygiene and sanitation, the initiative laid the foundation for sustainable health improvements.

Enhanced Quality of Life : Overall, the project contributed to a healthier living environment, improving the quality of life for residents in Kondapuram. The emphasis on health and hygiene practices fosters long-term benefits for both individuals and the community as a whole.

6.1.1 Reduction of the threat

The initiative effectively reduced health threats by increasing awareness of hygiene practices and promoting proper sanitation. Improved waste management and clean water access led to a decrease in disease transmission. Community engagement fostered sustainable behavioral changes, empowering residents to maintain hygiene and ultimately lowering the risk of infectious diseases.

6.1.2 Downtime should be avoided

Interruptions could lead to decreased participation and interest. Continuous outreach and consistent workshops ensured residents remained informed and motivated, while timely implementation of sanitation improvements reinforced the importance of hygiene, fostering lasting behavioral changes for better health.

6.1.3 Compliance

The initiative was designed to address pressing health and hygiene issues identified within the community. Key activities included:

Health Education Workshops: These workshops aimed to educate villagers about the importance of personal hygiene, sanitation practices, and preventive healthcare measures. The goal was to foster a culture of health awareness that could lead to improved community health outcomes.

Sanitation Drives: Volunteers organized clean-up campaigns to clear garbage from public spaces and distribute dustbins to households. This was essential in promoting proper waste disposal practices and reducing environmental hazards linked to poor sanitation.

Medical Camps: The project facilitated medical camps where local residents received free health check-ups. Medical professionals provided consultations and distributed medicines for common ailments such as hypertension, diabetes, and vision problems, addressing immediate health concerns within the community.

Key Activities

Awareness Campaigns: Conducted door-to-door campaigns to educate families about the significance of regular handwashing, safe food handling, and maintaining cleanliness in their living environments. Distributed educational materials highlighting best practices in hygiene.

Infrastructure Improvement: Collaborated with local authorities to install public sanitation facilities, including toilets and waste disposal units, which are crucial for maintaining hygiene standards. Advocated for the provision of clean drinking water through discussions with local government officials.

Community Engagement: Engaged local youth and women in the project activities to promote community ownership of health initiatives. Established a feedback mechanism where villagers could voice their concerns regarding health services and sanitation.

Outcomes

The project resulted in significant improvements in community awareness regarding health and hygiene practices.

Participants reported:

- Increased knowledge about disease prevention strategies.
- A noticeable reduction in littering and improved cleanliness in public areas.
- Enhanced access to healthcare services through established medical camps.

In conclusion, the community service project in Kondapuram village not only addressed immediate health issues but also laid the groundwork for sustained improvements in health awareness and hygiene practices among residents. The collaborative efforts between volunteers, local authorities, and healthcare professionals were pivotal in achieving these outcomes, fostering a healthier community environment.

6.2 Individual Contributions of The Team Members

- After the announcement of community service project, our first goal was to select the good project based on that we have a discussion to share our ideas and finally we select the project titled 'Awareness program on Health & Hygiene'.
- All the activities in the awareness program were done by each and every member in the group individually.
- We performed the awareness program and had given lectures to the students on cyber security in our local area of native places individually contributing to the team work.
- After that to make the documentation of project report, we share our ideas for good presentation of report so that, it must be understood by everyone.
- So, we can say that the contribution of every member in the group is equal and we put our 100% effort and skills to complete this successfully.
-

Chapter 7

CONCLUSION

7.1 Learning Outcomes

- Participants gained a deeper understanding of health and hygiene practices, leading to improved personal and community health behaviors.
- Team members developed skills in engaging with community members, fostering trust, and encouraging participation in health initiatives.
- The project emphasized the importance of clear communication, enabling team members to convey complex health information in an accessible manner.
- Working alongside diverse individuals and organizations highlighted the value of collaboration in achieving common goals, enhancing teamwork skills among volunteers.
- Participants learned to identify community-specific health challenges and develop tailored solutions, enhancing their critical thinking and problem-solving capabilities.
- Engaging with local residents provided insights into cultural practices and beliefs related to health, fostering greater empathy and understanding among team members.
- The project underscored the importance of sustainable health initiatives, teaching participants how to implement long-lasting changes that can be maintained by the community over time.

7.2 ANNEXURE



Fig:7.2.1 Banner of the Project



Fig:7.2.2 Interaction with kondapuram sachivalaym staff



7.3 Bibliography

7.3.1 Newspapers and Magazines

- Hindustan times
- Times of India
- Community news

7.3.2 Internet

- www.studocu.com
- www.communityservicesproject.org
- www.scribd.com

