



COMMUNITY HEALTH INITIATIVE (CHI)

This is a sustainable, replicable model covering a population of two million (mainly Tribals) in rural Thane District, Maharashtra, to establish a fully functional community-owned health delivery system in support of the National Rural Health Mission to reduce disability through prevention and cure.

SUSTAINABILITY

It is expected that the activities initiated by Impact India Foundation (IIF), showcased in this presentation, will be adopted and incorporated in the Government system. Community ownership of the programme will help in community-based monitoring. Village Health Committees will empower the community to internalize the importance of health issues and generate a demand for health services. The formation of a Task Force, comprising senior Government officials, involved Corporate representatives and respected members of the community - such as Teachers and medical professionals, will be responsible for guiding sustainability.

6th February, 2013

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ACTIVITIES

1) **Immunization:** Objective – To improve quality and extend coverage.



Working together since June 2012, Impact India Foundation's Community Health Initiative (CHI) staff assists Government health staff in immunization of children against vaccine preventable diseases, through 61 immunization village-level sessions. CHI staff maintains a list of potential beneficiaries per month and look out for dropouts, whom they motivate to participate. The Government's Auxiliary Nurse Midwife (ANM) appreciates CHI staff's help in reaching beneficiaries in remote inaccessible areas. This has resulted in an increase in the coverage of immunization to 95% (5% migration). CHI staff participates in National Pulse Polio programmes on Sundays seeking out beneficiaries from remote, unapproachable areas, brick kilns, including road construction labour.

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2) Ante Natal Care (ANC) and (Post Natal Care) PNC Cases

Objectives: – (i) To improve quality and coverage. (ii) To ensure the birth of healthy, normal weight and disability-free infants.



CHI demonstrates the importance of tracking pregnant and new mothers, case by case, counseling them and imparting quality care. Along with the Government's Accredited Social Health Activist (ASHA) the CHI ensures early registration of pregnant women in the first trimester and a minimum of 4 ANC check-ups at 12 weeks, 26 weeks, 32 weeks and 36 weeks of gestation with necessary investigations: Haemoglobin (Hb) estimation, Blood pressure, Weight, Height, Urine test and abdominal examination by Auxiliary Nurse Midwife (ANM). Iron & Folic Acid (IFA) supplements are provided, ensuring their daily consumption throughout pregnancy and counseling on nutritive diets. ANC cases are motivated to deliver their babies in institutions irrespective of geographical constraints. This programme has shown an improvement resulting in 96 % coverage with Migration placed at 4 %. Home visits to new mothers every month promote exclusive breastfeeding for six months and detection of PNC infections. In association with Government, Impact holds Health camps attended by Gynaecologists and Paediatricians for timely detection and treatment of high risk pregnancies. Effective ANC and PNC services result in the birth of healthy, normal weight, disability-free future generations, thereby reducing the Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR).

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3) **A. - Capacity Building of Government Health staff**

Objective: Ensure sustenance of the gains achieved by developing field-trained manpower



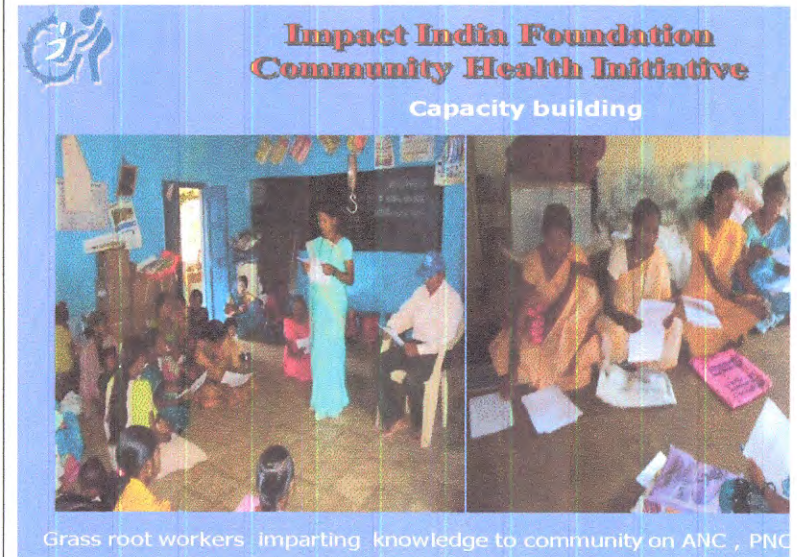
CHI commenced monthly Capacity Building sessions, as a sustainable measure, for 225 persons - CHI staff (15), Anganwadi Workers (134), ASHAs (75), and ANMs (11) to develop the capability of the staff to orient rural communities on various health issues and motivate them to take advantage of Government health services and schemes. A one-day training programme is arranged every month in support of the Government's Integrated Child Development Scheme (ICDS) and Health Departments.

Ten modules on health issues (including Anaemia, ANC care, PNC care, Immunization, Rubella, problems of adolescent girls, and Disability prevention) have been prepared by CHI and provided to all staff as training material for their reference.

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3) B. - Capacity Building of Community at village level

Objective: To create community awareness on health issues and facilities available at PHC and Sub Centres



The Trained staff (CHI and Government - Anganwadi Worker and ASHA) builds health awareness in the community in a phased manner working in 134 villages and padas (hamlets), every month. Monthly attendance is 3000 and includes ANC, PNC Cases and Adolescent girls. Community capacity building is vital to make the community aware and be pro-active on health issues, thereby increasing the demand for access to health services and ensuring sustainability. Health topics include the adverse effects of anaemia and its corrective treatment - in children, adolescent girls and pregnant women, the importance of PNC care, exclusive Breast feeding, nutrition of children 0 to 2 yrs, availability of Government health schemes and infrastructure etc.

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4) Information, Education and Communication (IEC)

Objective- To create community awareness on disability prevention, hygiene, sanitation & nutrition.



A supportive programme for capacity building of the community. IEC sessions are informative, covering a wide range of health topics, and conducted monthly in each of eleven Sub Centres. The total coverage is about 5000 attendees through 100 IEC programmes, per month. IEC sessions are enriched by the use of films, CD shows, banners, posters and distribution of literature in the local language.

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5) Formation of Village Health Committees

Objective – To achieve community-based monitoring of health progress



This activity encourages community volunteers to take ownership of their own health status. CHI staff activate the formation of Village Health Committees (VHCs) addressing the strengths and weaknesses of village health and request assistance from its members to achieve optimum health benefits.

There are 26 VHCs activated by CHI in the Parali Primary Health Centre model comprising: a Sarpanch / Dy. Sarpanch (elected representatives), Teacher, Anganwadi Worker (AWW), Accredited Social Health Activist (ASHA), Auxiliary Nurse Midwife (ANM), two Adolescent girls and two young boys, and a member each, from a Self Help Group (SHG) and the Gram Panchayat. This is yet another step taken to ensure that health measures introduced will be owned and sustained by the community.

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6) School Health Monitor (SHM) programme

Objective: to increase awareness amongst children of hygiene and early detection of disease / disability



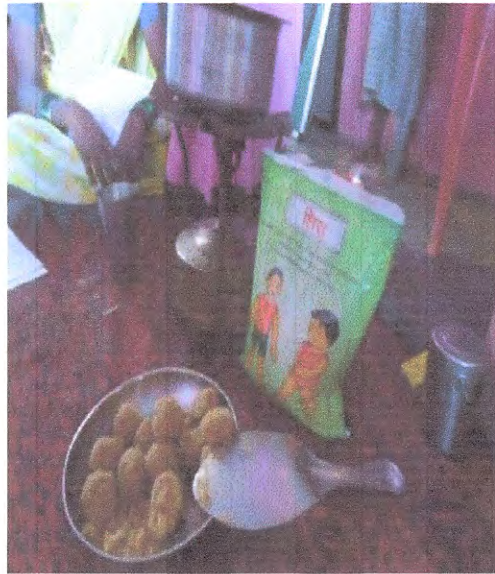
Acknowledging the role of the student as an agent of change, Impact's School Health Monitor (SHM) programme commenced in December 2012 in all Government Zilla Parishad (ZP) primary schools (97) in Parali PHC area. This has increased awareness of hygiene and sanitation in students and promoted early detection and treatment of minor ailments in children: vision, hearing, skin, orthopaedic, clefts and other deformities. This unique programme designed by Impact introduces democratic principles. Each SHM, elected by the children, checks about 10 children every week and records areas of attention. The teachers and parents attend to their ailments for treatment at the nearest Health Centre or Rural Hospital.

Kitchen Gardens (see page 11) are included in this programme.

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7) Nutrition

Objective: To reinforce the value of Nutrition in pregnant mothers and children aged 0 to two years.



Nutrition in the first two years of life is vital to ensure weight gain of $\frac{1}{2}$ kg per month in the first year, boosting immunity against diseases, and brain growth to 70%. CHI staff accompanies ASHAs on their visit to new mothers and their infants and advise them on issues such as Post Natal Care (PNC), the value of exclusive breast feeding for six months (thereby preventing diarrhea). Supplementary feeding from the Take Home Rations (THR) supplied by the Government's Integrated Child Development Scheme (ICDS) is advocated, in addition to regular home diets, for babies aged six months to two years. The United Nations Scaling Up Nutrition (SUN) programme ensures THR to promote child nutrition and CHI staff demonstrates tasty recipes to promote its acceptance. All this has led to 95% exclusive breast feeding practice and 50% IMR reduction.

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8) Anemia Prevention Mission

Objective: Correction of Anaemia in adolescent girls through Haemoglobin (Hb) estimation, De-worming, and Iron and Folic Acid (IFA) supplementation



Anaemia resulting in poor health is prevalent in 60 % of female Indians (Hb below 10 gm per dl). This condition results in scholastic backwardness, low IQ , irregular menstrual cycles, poor immunity etc. Low Haemoglobin levels are detected in about 3700 adolescent girls (potential mothers) by six-monthly Hb estimation, De-worming, daily Iron & Folic Acid (IFA) supplementation and the promotion of Kitchen Gardens. So far CHI has treated 2600 girls in association with the Government's Departments of Health, Education, ICDS and the Panchayat Samiti.

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9) Kitchen Gardens:

Objective: To sustain the Anaemia Prevention Mission by ensuring availability of nutrients through fruits and vegetables



Seeds are distributed to 1040 households to encourage the cultivation of fruits and vegetables (to broaden one-staple conventional diet) for much-needed micronutrients required for physiological growth.

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10) Curative

Objective: To reduce the number of existing disabled population.



Existing disabilities have been corrected in 72 % disabled surveyed in Thane District's eight Tribal blocks since 2005. These curative services viz: Cataract, Cleft Lips and Palates, ENT, Ortho surgeries, continue in the Parali PHC, Wada area out of local hospitals and through health camps.

AN INNOVATIVE PROJECT OF IMPACT INDIA FOUNDATION FOR PREVENTION OF NEONATAL DEATHS

DISTRIBUTED SO FAR ABOUT 1,000 BABY BLANKETS



A REGISTERED PUBLIC TRUST

**Established by the United Nations and launched by the Government of India
Donations Exempted 100% from Income Tax U/s 35 AC and 50% u/s 80-G of I.T.A.**

BABY WRAP PROJECT



Introduction: This Baby Blanket is made up of sixteen 7" x 7" cloth pieces. One blanket saves one of several thousand infants in Impact India Foundation's (IIF) Community Health Initiative in the backward Tribal areas of the country.

Proposal: To create an important focus in order to prevent the large number of infant deaths in the area.

Background: There is a traditional birth practice in tribal areas which needs to be addressed. It is the resistance to cut the umbilical cord as soon as the baby is born. The custom is to leave the cord as it is until the placenta comes out of the mother's body and it separates naturally - this could take up to one hour. Until that happens, the baby is made to lie on the cold floor near the mother, without clothes and exposed to the vast difference of the heat inside the womb to the cold air outside. No covering is available for the poor mother to wrap her baby. The high rate of infant deaths is linked to this practice.

Aim: To involve privileged persons and school children by helping to prevent infant deaths through preparation of simple blankets to keep them warm. Patches can be sourced from many: Tailors who have left-over pieces, the garment industry, from old but washed clothes of any material, cut into squares, from households. The backing cloth could be old, clean curtains, upholstery, bedcovers, bedsheets etc. A collection drive could be organized in schools for their students to collect materials from households and tailors. This project will also encourage Institutional births.

Contribution: IIF would prefer to receive stitched Baby Wraps, or donations thereof. Each contribution of INR 400 would help stitch together a wrap, as well as, reach it to the baby's mother in the remote, rural areas thereby helping in the promotion of child deliveries in institutions, as against home deliveries and unhygienic birth practices.

CONTRIBUTE TODAY TO HELP SAVE A LIFE!

January 7, 2013


(Mrs.) Zelma Lazarus
Chief Executive Officer

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