Fourth Six Monthly (Second Annual) Report Arogya Project Phase II

1 February 2011– 31 January 2012

Strengthening Self Sustaining Management Systems for Primary Health Care in rural Uttarakhand

Aarohi

Submitted 14 January, 2012

Summary

The Arogya project aims at systemic reforms to strengthen the state sponsored health care delivery mechanism. Aarohi has attempted to evolve a model health care delivery system, which is simple, cost effective, humane, and self sustained by communities located in the remote regions of Uttarakhand, making use of secondary and tertiary healthcare services being provided by the government and non government institutions.

While the overall aim is to reduce maternal and child morbidity and mortality, the process has been through forming and strengthening the Village Health and Sanitation Committees, improving the functioning of the ANM, training village health workers functioning as ASHAs or Swasthya Karmis (SK), and through them, ensuring that essential maternal and child care services as laid out under the NRHM, are delivered to select 30 village communities, covering 12,261 people from 2,071 households. In the last year, a total of 617 pregnant women received antenatal care and 60% received complete antenatal care by parameters defined by Aarohi, 231 deliveries were conducted of which 69% were home based, mostly conducted by Aarohi trained dais. 4% of pregnant mothers were identified as high risk and all were referred in time. Currently there are 718 children in the age group 0-3 years that are being regularly monitored, of which 20% are malnourished. In the past year there has been one maternal death and 17 infant deaths.

Over the past year, partnerships with different NGOs, concerned Government departments, private practitioners have been established. Tuberculosis surveillance has been started under the RNTCP program in association with Mamta Samajik Sansthan, Dehradun. Special efforts have been made to liaise with block and district level government authorities.

Near complete coverage of primary immunization has been achieved through raising awareness and motivating both mothers and ANMs. Both Ante natal and postnatal coverage for pregnant mothers has shown a steady increase. Intensive Dai and SK training has ensured the early recognition of complications of pregnancy resulting in timely referrals and prevention of maternal deaths.

A robust HMIS (Health Management Information System), now sends sms alerts for any deaths of the target population up the chain of monitoring to the Advisor of the project and detailed verbal autopsies are recorded. While maternal deaths, maternal anaemia are currently coming under control, the issue of malnutrition and infant deaths needs greater vigilance.

Under social determinants of health 47 community garbage pits have been constructed and are in use and 5,940 domestic garbage pits have been dug and are in use; 1,020 families of pregnant women and children between 0-5 years have received vegetable seeds; 65 smokeless chullahs have been constructed of which 45 are in use; 32 Rainwater tanks are installed. A total of 196 drinking water sources have been identified through a participatory appraisal process; 68 of these sources have been tested and 55 found faecally contaminated.

Supportive curative services have been improved with the addition of a dental surgeon and the beginning of general surgery on a monthly `camp' basis.

1 Aim and specific objectives of Phase II

Aim To create a model and reproducible community-based health care delivery system in order to reduce maternal and child morbidity and mortality, and improve the general state of well being of the population within the project area[1].

Objectives

- To improve maternal health
- To enhance child health status and decrease child mortality and morbidity
- Build capacities
- To promote health awareness, general well being and preventive care
- To establish linkages with government and other organizations
- To promote goals of National Rural Health Mission
- To improve the status of various social determents of health

1 The project area involves 24 villages in the remote Okhalkanda block of Nainital district. Also, 6 villages from the first phase in Ramgarh block being guided through a phasing out process. Project covers a population of 12,261

2 List of Villages in Project Area

Sr	Village	Population	Households	Sr	Village	Population	Households
1	Galni Malli	338	71	**16**	Chamoli	472	76
2	Galni Jamni	343	70	**17**	Kwairala Talla	447	81
3	Khansyu	421	58	**18**	Satkhol	571	91
4	Khansyu Bazaar	427	52	**19**	Bhayalgaon	498	86
5	Jhadgaon Talla	840	115	**20**	Sangila Paiyakholi	219	36

6	Jhadgaon Malla	466	67	**21**	Sirmoli	152	26
7	Sal	477	97	**22**	Sonarkhola	114	27
8	Sirayal	307	45	**23**	Matiali	225	40
9	Kalaagar	329	71	**24**	Karayal	283	42
10	Kalaagar Tanda	339	68	**25**	Bhadrakot	404	69
11	Kalaagar Kafrali	328	77	**26**	Ejar	414	71
12	Gargari Malli	549	77	**27**	Haidakhan	451	70
13	Gargari Talli	476	71	**28**	Rekhakot	578	95
14	Kwerala Malla	403	82	**29**	Tanda	538	92
15	Chamoli Kitoda	484	72	**30**	Okhalkanda Talla	368	76

Currently the project area includes a population of 12,261 from 2,071 households.

3 Major Project Indicators and their statistical summary

Project indicators help to measure the extent to which the objectives and targets of the Phase-II are being attained.

3.1 Maternal & Child health

The specific objectives are:

- Reduction of maternal, perinatal, infant and child mortality and morbidity.
- Promotion of physical development of the child (0-5yrs) within the family:

Statistical Summary of Maternal health (Corrected to nearest whole number) :Table 1

Table-1 (corrected to nearest whole number)

Sr No	Month & Year	Total no of Pregnant women	% of Women getting complete ANC[2]	%of pregnant women anaemic (Hb<11 gm %)	% of identified high risk pregnancies	% of referral of high risk pregnancies	% of PNC visit	% of Postnatal complications	% of referral of women having Postnatal complications
1	Feb'11 to July'11	310	61	13	4	100	85	5	100
2	Aug'11 to Jan'12	307	59	17	3	100	67*	3	100
	Total	**617**	**60**	**15**	**4**	**100**	**75**	**4**	**100**

[2] Defined in the project as 3 visits by SK/ASHA/ANM/Dai, check-up including weight, pallor, edema, abdominal check, Hb at registration, 2 TT doses, 100 Tab IFA. All pregnant women, however, are tracked and visited by the SK.

* Figures have dropped due to severe monsoon. Access to villages like Bhadrakot, Rekhakot, Tanda, Chamoli, Chamoli kitoda & some part of Galni was closed for a large part of 2 months.

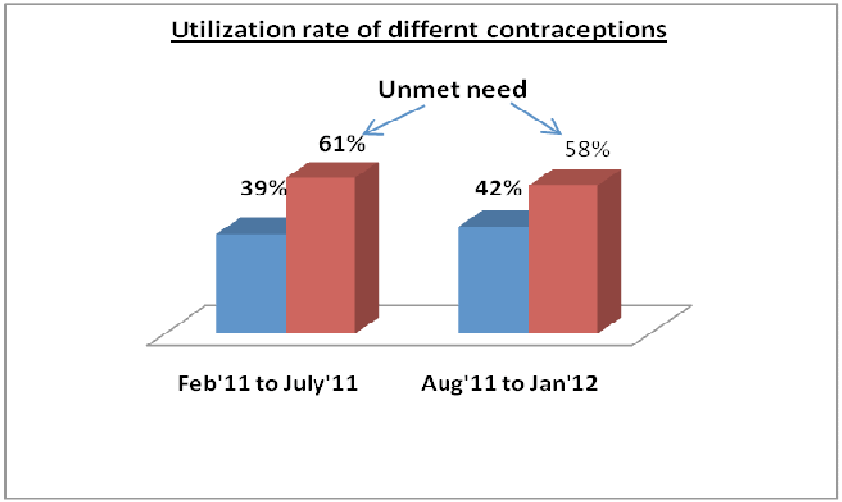
ANC coverage as per WHO definition:
Is the % of women aged 15-49 with a live birth in a given time period that received Antenatal Care provided by any skilled health personnel (doctors, nurses, or midwives) at least once during pregnancy, as a percentage of women age 15-49 years with a live birth in a given time period.

Table 2

Sr No	Month and Year	Total no of Deliveries	% of Institutional deliveries	%of Home deliveries		No of Abortions	% of women starting breast-feeding immediately after birth of the child	% of women starting breast-feeding within half an hour after birth of the child	No of maternal deaths
				Trained Aarohi TBA	Non-trained TBA/Others				
1	Feb'11 to July'11	102	28	63	9	01	19	36	01
2	August' 11 to Jan'12	129	**33**	54	13	09	20	33	0
	Total	**231**	**31**	**58**	**11**	**10**	**20**	**35**	**01**

Table 3

Sr no	Month & Year	Total Eligible couple for family planning	Total Couple using different pills	Total Couple using condoms	Total Couple using copper-T
1	Feb-11 to July-11	4140	590	1002	31
2	Aug-11 to Jan-12	4590	703	1190	21

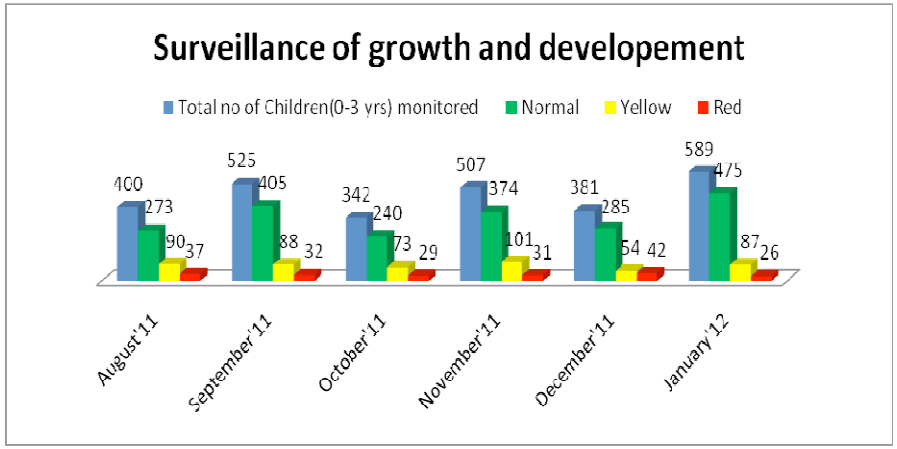


3.2 Surveillance of growth and development

Surveillance of growth and development is a specific function of the mother and child health services.

Purpose: To identify those children who are underweight for their age and educated mothers / other care providers to get them on the road to health.

Implementation: Our SKs use the growth chart (designed by Aarohi in accordance with the parameters of WHO) to monitor the physical growth of children of the age group 0-3 yrs.



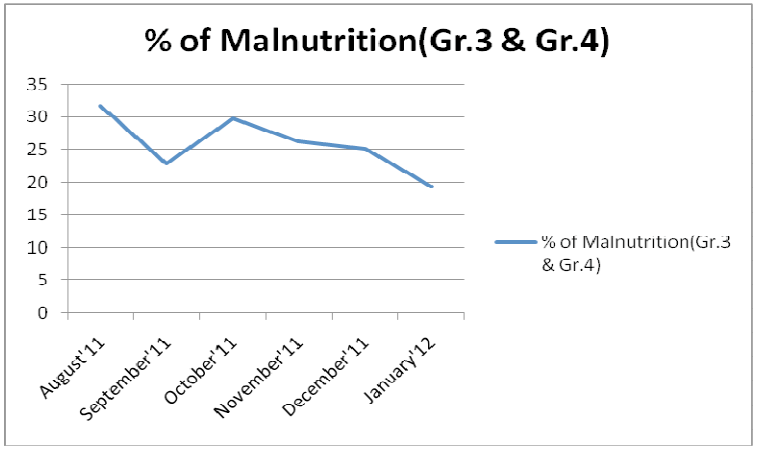


Table 4

Sr No	Month and Year	Total no of children(0-3yrs)	Total no of children(0-3yrs) monitored	% of Gr 3 (Yellow) Malnutrition	% of Gr 4 (Red) Malnutrition	% of malnutrition (Gr 3 +Gr 4)
1	August'11	529	400	23	9	32
2	September'11	693	525	17	6	23

3	October'11	442	342	21	8	30
4	November'11	695	507	20	6	26
5	December'11	483	381	14	11	25
6	January'11	718*	589**	15	5	20

*Current population of children 0-3 years in 30 villages. The figures in earlier months are not accurate due to incomplete data collection from villages due to health issues in SK families / severe monsoons / non functioning weighing machines.

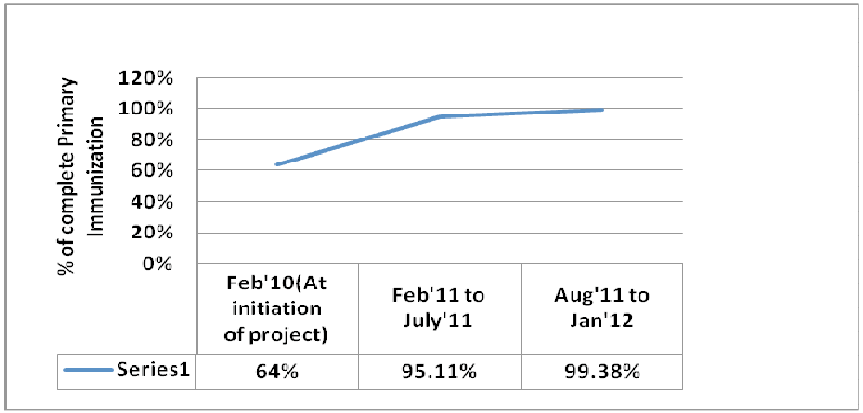
Sr No	Month and Year	Total no. of Villages	Total no. of children (12-23 months)	Total no. of Completed primary immunization
1	Feb-11 to July-11	30	1229	1169
2	Aug-11 12	30	1297	1289

** Numbers monitored less since monitoring done every month for those less than 1 year and then every 3 months unless underweight.

Child Health

3.3 Primary Immunization Data

Table 5



(NB: Okhalkanda block PHC has not been receiving any Vitamin A since 1 year as a consequence no child is getting Vit.A dose. All the ANM centers are running out of stock of Vit.A. Some ANM and concerned village heads have given a written concern letter to Aarohi for intervention into this matter. We have filed a RTI in January on this issue on behalf on an individual community member.)

3.4 Child morbidity and mortality

Table 6

Sr No	Month and year	Prevalence of diarrhea (0-5 yr)	No of early neonatal deaths (0-7 days)	No of late neonatal deaths (7-28 days)	No of Post-Neonatal deaths (28-12 months)	No of child deaths (1-5 yr)	No of child deaths attributable to diarrhea & Pneumonia
1	Feb-11 to July-11	736	4	1	2	3	3
2	Aug-11 to Jan-12	381	5	2	3	0	3
	Total	**1,117**	**9**	**3**	**5**	**3**	**6**

Total infant deaths in the whole year is 17

3.5 Statistical Summary of Other Project Outputs

Sr. No	Indicators	Total No	Remark
1	Garbage pits(Public)	47	Among which 31 pits were made at different schools benefiting more than 2000 students and rest 16 were made at public places benefiting 55 households in the project area
2	Garbage pits(Domestic)	5940	Dug and utilized by households
3	Seeds(Families)	1020	Distributed among pregnant women & children (0-5 years)
4	Committee members	409	Village Health and sanitation committee members
6	Smokeless Chullah	65	Out of which 45 are being utilized (utilization rate is 69%)
7	Rain water Harvesting Tank	32	At public places
8	Deworming	70	Done once in 6 month
9	Water Testing of Spring sources	196 (all)	68 reports received so far, of which 55 are faecally contaminated

4 Program Personnel (Human resources at community level and at organizational level)

At community level

Sr. No.	Health worker	Proposed	Working	Remark
1	Swasthya Karmis (SKs)	30	30	13 of selected SKs are also associated with the NRHM as ASHAs.
2	Dai	30	56	
Total		**60**	**86**	

At Organizational level

Requisite qualified & experienced staff supports the project. Details as of 31st January 2012 are given below:

Sr. no	Posts	Sanctioned	Appointed	Remark
1	Advisor	1	1	Permanent
2	Coordinator	1	1	Permanent
3	Assistant Coordinator	1	1	Permanent
4	Health supervisors	9	10*	Permanent (*Revised)
5	Trainers	3	2	2 on Permanent
6	Technical staff	1*	1	Full time (* Revised)
7	Doctor/ specialist	2*	2	1 Permanent 1 Part time (* Revised)
8	X- ray technician	1	1	Permanent

9	Lab technician	1	1	Permanent
10	Nurse	2	2	Permanent
11	Volunteer Nurse / midwife	2	2	Permanent
12	BSPT animator &Youth animator	2*	4	Permanent(* Revised)
13	Accountant	1	1	Permanent
14	Driver	1	2*	Permanent (*Revised)
15	Office help	2	2	Permanent
16	Part time computer operator	2	2	Permanent

Total	32	35

5 Capacity Building

5.1 Capacity building of project and community level worker

Trainings / Workshops

TRAINING CONDUCTED	NUMBERS	OUTCOME
Workshops (Supervisors,SKs & Trainers)	2	Increased knowledge regarding Leprosy, HMIS (tracking system),Different family planning methods, Oral hygiene, Micro-planning
Clinical Training	2	Enhanced clinical skills(Anatomy & Physiology, Oral hygiene, General medicines and its side effects)
Training of Trainers (TOT)	2	Enhanced skills of working with communities, of analyzing & planning. Skilled in water testing (PSI, Dheradun)
Vision, Mission & Values workshop	3	Freezing vision & mission of Aarohi and thinking of organizational values; looking at work with a broader perspective
Baseline survey workshop	3	Understanding the why and how of baseline surveys

Dai trainings & Dai kit	41	Leanings •"5 Cleans needed for delivery of baby. •Management of 3rd stage of labour. •Referral ante-intra & post natal. •Importance of breast feeding. •No immediate bathing of newborn. •Family planning. •Ante and post-natal care. •Food taboos. •Emergency breech delivery. •Menstrual Hygiene. •"Do not deliver at home". •Care of the very small baby. •Improvement in the feasibility & safety during home delivery
HMIS workshop	7	• Development and understanding of HMIS by the team. • Addition of 5 tools in the present HMIS • Introduced Pregnant Women tracking and Child immunization tracking tools. • Introduced Verbal autopsy tool.
Staff training	31	Enhanced skills, interim evaluation of project
VHSC training	10	• increased participation, • Promotion of working capability with health department, and AAROHI • Development of village health plan

VHW training & workshops **(Topics covered for SKs outlined. Topics for Dais and VHSC members)**	74	• Outline basic general anatomy & physiology, detailed female reproductive system. • History taking and Registration for ante-natal care. • Vital signs. T.P.R. B/P • Ante and post natal care including Referral and "Do not deliver at home" (The high risk pregnancy.) • Anaemia. Prevention. Diagnosis and Treatment • Minor disorders of pregnancy, aetiology and alleviation. • Menstruation. Physiology and hygiene. • 5 Cleans" necessary for delivery of baby. • Family planning. • Care of the new born baby
Reading & training materials & evaluation of Supervisors (weekly)	15	• Increased understanding of health & related issues. • Increased perception of social issues. • Evaluation of weekly proposed program
Staff meetings	3	• Increased mutual understanding. • Ensure the proper follow up of training guidelines provided by Aarohi.
Behaviour Change Communication (BCC)	7	• Development of interpersonal communication. • Proper handling of IEC materials.
Total	**195**	

5.2 VHSC Capacity building

Sr. no	Name of the activity	Process	Outcome
1	Evaluation of first year of project and of SKs	1 day workshop	Time spent by SK every month in her area
2	Incentive for SK	1 day workshop	Increment of incentives
3	General information on RTI	5 day workshops conducted in 18 project villages of Okhalkanda block	Awareness on RTI • Gragari, Kalaagar (shortage of teacher in school, incomplete construction of school building, bad condition of road, shortage of potable water in Kalaagar Dhura) • Sirayal(Absence of ANM Centre) • Khansyu,Haidakhan,Ejar(absence of doctors in health centre)
4	Problems faced in implementation after the first year of the project	1 day workshop	Need for monthly meetings of project staff with VHSC members; difficulties in administration at village level
	Exposure trip of VHSC	1 day workshop	• Experience sharing;

5	members		• Increase mutual understanding between different villages.
6	Problem identification	3 day workshop	• Absence and shortage of teachers in schools.

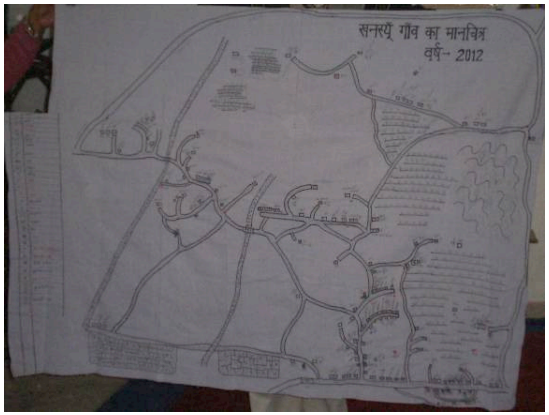
			• Absence of ANM • Scarcity of Potable water supply • Miserable condition of village roads.

5.3 Village Health Micro-plan

Village health micro-planning process facilitates VHSC members to arrive at their action agenda engaging government, elected representatives and other key actors in the process of overall development of health of the village.

Process:

Resource Mapping → Track Visit → Village meetings to understand the factors affecting health → Identification of the problem → Solution categorization and possible networking → Documentation



Initial stage of resource mapping (Khansyu) **Finalization of resource mapping (Khansyu)**

We have already completed solution categorization and possible networking for all 30 project villages and we are in the last stage of documentation which"ll be completed probably in the first week of March. Due to the election in the state during January'12 no concerned officials were available for the final documentation procedure.

6. Community Mobilization

This includes a three-way approach to address the top & bottom level to strengthen the capacities and capabilities of the community and involve people.

- **Individual level**: SK visits all the households.
- **Community level:** Capacity building and conducting meetings with stakeholders and panchayat representatives.
- **Village level:** Conducting village level meetings and health camps.
- **BSPT:** Bal Swasthya Prachar Team activities with school children.

Community Mobilization Activities

Sr	Name of the meeting	Total Meetings / Street Plays/ Cinema	Attendance				Objectives covered
			Male	Female	Total	Average per meeting	
1	Village level meetings	91	1738	1702	3440	38	General information regarding Arogya Project ,Various aspects of health issues related to mother and child and on various social determinants of health
2	VHSC meetings	217	1030	1339	2369	11	Project evaluation, performance of SKs, Village health micro-plan

3	Tok meetings	1179	2856	9454	12310	10	Monthly health discussion especially on current health issues
4	Street Plays	14			1562	112	Diarrhoea and general sanitation
5	Chalta Firta Cinema (open air theater)	2			180	90	Increased understanding of society's role, responsibilities & awareness regarding social issues

6.1 BSPT (Bal Swasthya Prachar Team)

Objective of BSPT: To educate children on various issues and sensitize the community through students.

BSPT Activities:

Sr	Name of the activity	Description	Remark
1	Clean up campaigns (7)	121 children participated	Cleaned 1 Stream water Source"Dhara", 4Naulas, 1 Water tank (3000 litre) &1 road.
2	Workshop for BSPT team leaders (6)	128 team leaders participated	Topics covered: First Aid, Jaundice, Typhoid, Balanced diet & understanding of objectives of BSPT and clarity of work ahead

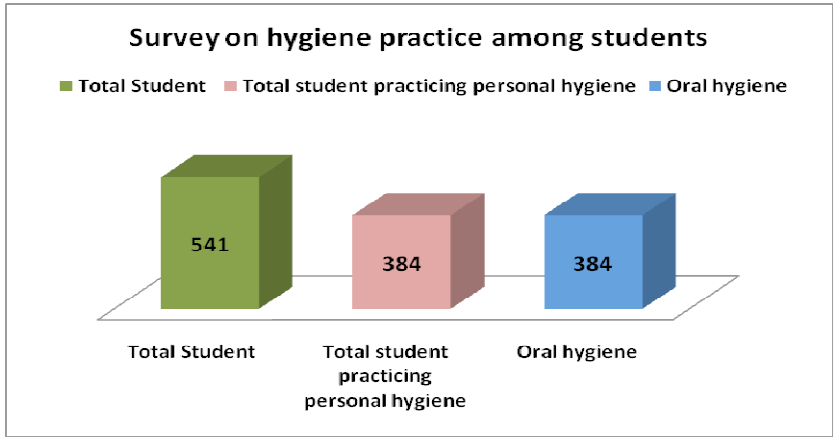
3	BSPT animators training (9)	In house training	BSPT animators could understand how to work with children and plan their work according to their syllabus.
4	Training for BSPT team (9)	Introduction of project personnel, domestic & environmental hygiene, Jaundice, Typhoid, Balance diet & First-Aid	Understanding of issues, Increased in the knowledge of various water borne diseases, nutrition, hygiene & knowledge on First-Aid.
5	Exposure Trip (74 team members participated)	• Social Work & Research centre (SWRC), Chalthi, Champawat • Banasur Fort & Devidhura Temple.	Interaction with children of Bal Panchayat of SWRC, Understand the utility of renewal energy like solar energy, interacted with the barefoot solar engineers(most of them are illiterate) Understood the historical & cultural importance of the forte & the temple
6	Discussions on diarrhoea & vomiting	• 2663 students of 30 schools participated	Increased understanding of prevention & control of diarrhoea & vomiting.
7	Discussions on ORS	• 1505 students of 30 schools	Learned how to prepare ORS in home and the importance of ORS.

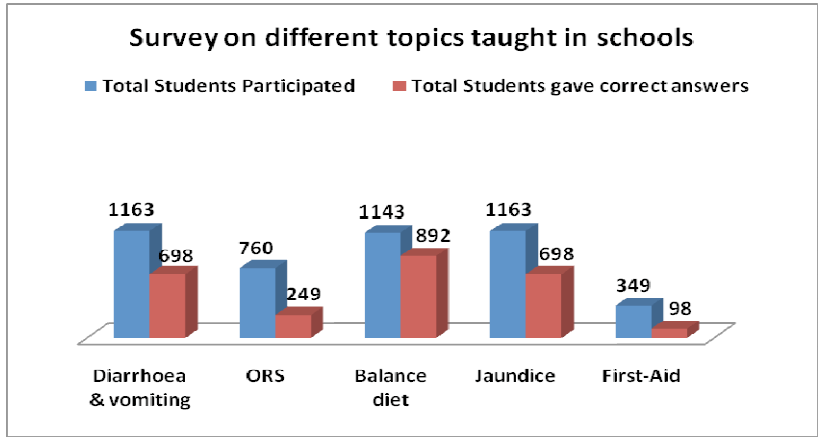
		participated	
8	Discussions on Personal hygiene	• 1495 students of 30 schools participated	Increased cleanliness in some schools in comparison with previous state.
9	Discussions on Oral hygiene	• 1520 students of 30 schools participated	Maximum students clean their teeth daily.
10	First Aid	• 31 team leaders,33 team members participated	Increased knowledge regarding first aid & how to utilize house hold materials in some cases needing of first aid.
11	Discussion on Balanced diet	• 1143 students of 30 schools participated	Increased knowledge regarding the importance of balanced diet and various vitamins & minerals in our diet.
12	Discussion on Jaundice	• 1163 students of 30 schools participated	Increased knowledge regarding the cause, effect and prevention of Jaundice.
13	Village level meeting organised by BSPT(3)	• 27 children participated	Increased awareness to be united to work according to the mission of BSPT

14	Discussion on First Aid	• 349 students of 11 schools participated.	Increased knowledge regarding first aid, how to utilize house hold materials in some cases needing of first aid & how to combat various emergencies related to First-Aid.
15	Bal Mela	• Participated by 29 project schools comprising of 586 students	Prize distribution among 159 students who did well in the annual written test by BSPT

In an independent survey done by SKs, Supervisors and BSPT in January'12 on practicing of personal hygiene among 541 students comprising of 13 schools in Okhalkanda block. The research revealed that 71% students regularly practicing personal hygiene and 71% students brushing their teeth twice a day. This is represented in Graph 1

Graph 1 **Graph 2**





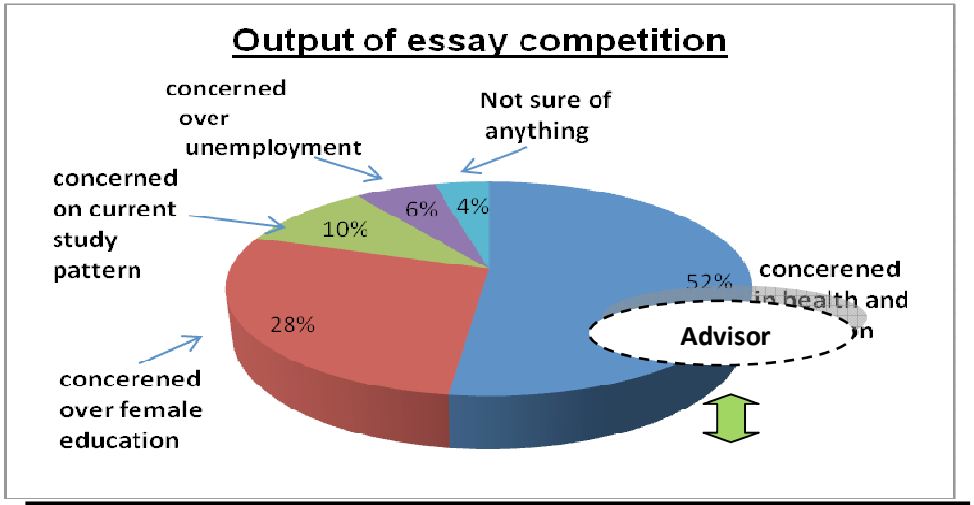
Another written survey made by BSPT animators in August'11 among 1165 students of 30 project schools revealed that 60% students are aware regarding diarrhea & vomiting, 33% students know regarding ORS, 78% students know regarding the various aspects of balanced diet, 60% students know regarding Jaundice and 28 %(Survey comprised of 349 students of 11 schools) knew regarding First-aid. This is represented in Graph 2.

6.1.1 Adolescent health program

This program spreads over 4 inter colleges (Garagari, Paitna, Galni & Patlot inter colleges) covering around 1,062 youths.

An essay competition was held in 4 inter-colleges to access their critical thinking over various prevailing issues. In this competition 148 students participated among which 59% were girls. The outcome is presented in a graph.

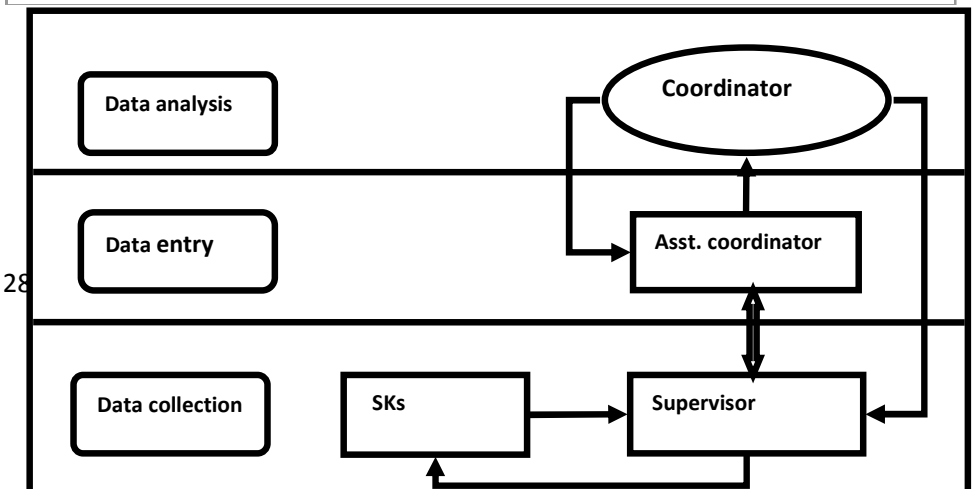
Two Yuvati mandal dal (Adolescent girl group) are formed in the village of Jhadgaon Talla and Saal to sensitize the community on various health related issues and to address taboos surrounding sexual health . Three meetings were held to discuss various health related issues like personal hygiene and first-aid.



7 Monitoring and Evaluation

Health Management Information System (HMIS)

Flow of information: shown in the figure



HMIS tools

The HMIS includes 12 tools (previously 9 tools, 3 new tools are added) out of which 3 tools are planning tools for SK and Supervisor, one SK register containing tools to collect data on maternal and child health. Supervisor reporting format, trainers, BSPT animator and technical staff reporting format; Pregnant women & child immunization tracking format and verbal autopsy tool.

9 Curative Health

Sr	PARTICULARS	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Total
	TOTAL PATIENTS SEEN	**226**	**310**	**270**	**313**	**399**	**422**	**272**	**359**	**201**	**161**	**303**	**217**	**3453**
1	**No. of patients**	**101**	**128**	**131**	**116**	**116**	**169**	**181**	**184**	**100**	**96**	**169**	**134**	**1625**
	Female	48	50	56	51	46	54	79	73	46	31	54	54	642
	Male	49	70	65	60	58	111	91	103	49	53	102	72	883
	Children< 5 years	4	8	10	5	12	4	11	8	5	12	13	8	100
	PROXY	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Indoor patients seen	0	18	0	0	2	11	3	14	1	0	1	8	58

3	Home visits/Emergencies	0	1	0	0	0	0	0	0	0	0	0	0	1
4	Laboratory Tests	14	77	20	22	86	161	107	122	14	51	183	69	926
5	X-Rays	11	21	7	11	10	12	15	8	4	9	10	7	125
	ECG	0	2		1	0	1	2	1	0	0	0	0	7
7	Total villages covered	23	17	20	18	23	21	24	21	16	15	16	20	45
8	**School children screened for Health problems**	**0**	**0**					**23**			**25**	**20**	**0**	**68**
9(a)	Specialist camp held	1	1	0	1	1	1	1	1	1	1	1	2	12
	Total registration	**63**	**142**		**39**	**153**	**159**	**68**	**89**	**83**	**36**	**11**	**53**	**896**
	Total screening	63	142		39	153	159	68	89	83	36	11	53	896
	Plastic Surgery	0	11						20	0	0	0	0	31
	Pediatrics	0	0							4	5	0	0	9
	Eye	0	0							0	0	0	0	0
	Gynae	0	17							0	0	0	9	26
	Surgery /Surgeon	0	16		17		17	19	10	8	16	6	0	109
	ENT	0	0			38				0	0	0	0	38
	Physicean	63	98		22	115	142	49	59	71	15	5	44	683
	Dermatologist	0	0							0	0	0	0	0
	Total Surgery done	0	13				8	3	14	1	0	1	8	48
	Total ultrasound done	14	25			**26**	**35**	**23**	**6**	**12**	**11**	**1**	**12**	165
9(b)	No. of Dental camps held	1	1			2	1	0	0		0	1	1	7
	Total dental Screenings in Dental OPD	**41**	**40**		**21**	**110**	**94**			**18**	**4**	**73**	**30**	**431**
	Dental screening for school children	0	0			20				0	0	0	0	20
	No. of dental extractions done	8	16		7	33	70			11	0	52	21	218
	Total dental filling done	0	2		3	2	3			0	1	0	2	13
	Total scaling	0	5		1	7	7			3	0	3	6	32
	fluoride application	0	0							0	0	0	0	0
10	Mobile health camps	0	0	4	6	0	0	0	4	0	0	2	0	16
	No. of patients seen	**0**	**0**	**139**	**122**	**0**	**0**		**86**	**0**	**0**	**30**	**0**	**377**
	Medical checkup done under Room to read	**21**	**0**		**15**	**20**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**56**

9 Establishing linkages with Government and other NGOs

1. The third six monthly report of the Arogya project was shared with the CMO Nainital by the Coordinator. This gesture was appreciated and support was promised.
2. The annual report 2010 was shared with Deputy CMO NRHM, Nainital by the Coordinator and he appreciated our effort in remote Okhalkanda. He expressed his willingness to work with us in Okhalkanda block.
3. The annual report 2010 was shared with District Tuberculosis Officer (DTO), Nainital by the Coordinator and probmems in combating TB in Okhalkanda were communicated to him. He assured support.
4. Global Health Advocates, India has shown interest to work with us in combating TB.
5. Coordinator participated and presented his views on “Advocacy at the District/Sub district level, Target Audiences and Strategies”, which was highly appreciated by Global Health Advocates and State Tuberculosis Officials..
6. The Supervisors, SKs, Trainers & Coordinator visited Shri Bhubaneswari Mahali Ashram (SBMA), Uttarkashi as a part of exposure trip. SBMA showed their willingness to work closely with us in our community work.
7. After Coordinator and Assistant Coordinator visited Mamta Samajik Sansthan(MSS), Dehradun, we are now partnering with Mamta Samajik Sansthan, in the RNTCP mission in Okhalkanda .
8. Our Supervisors and clinical staff participated in various TB training program organized by State Govt. and Mamta Samajik Sanstha(MSS), Dehradun.

9. The Coordinator and Assistant Coordinator visited SIDH (Society for Integrated Development of Himalayas) Mussourie.

10. In the villages of Bhayalgaon and Satkhol there is a very good liaison with the neighbouring organization Chirag for common trainings of the VHSC.
11. Mahila Samakhya is also working closely with us in our various community mobilization activities.
12. One BSPT animator and one SK participated in the 12 day training program on water testing at People Science Institute (PSI), Dehradun. PSI has given a full water testing kit and has given their affirmation to help us in our water testing venture (fecal contamination testing of various water sources of our project villages)

13. Coordinator participated in seminar at National Institute of People Cooperation and Child Development (NIPCCD), New Delhi

14. We have signed an agreement with the horticulture department, Okalkanda to work jointly on the kitchen garden concept including training for the staff and community, for supply of seeds and saplings at subsidized rate.

15. Coordinator visited Jan Chetna Manch (JCM), Bokaro, Jharkhand as a part of his exposure trip.

16. Coordinator visited ARTI (Appropriate Rural Technology Institute), Pune and the President of the Institute has agreed to jointly develop an appropriate model of smokeless stove for the community we are serving. Workshop scheduled in Okhalkanda in Mar 2012.

17. Care Hospitals (Deptt. of Nutrition), Bhubaneswar, Odisha has been helping to come up with a Nutritional Supplement Formula for malnourished children.

18. TERI's mobile radio program has agreed to broadcast the health related news of Okhalkanda.

19. Coordinator visited Bethany Jeevan Dhara (BJD), Tanakpur, Champawat and the president of BJD has affirmed her commitment to work closely with us on community related work.

10 Case Studies

Prayaas (the effort)

Village: Tanda Supervisor: Mamta Arya Block: Okhalkanda

Despite the uncooperative and autocratic nature of the village head of Tanda, our SK is continuing her commitment towards the community. She has not been given her remuneration for the last 6 months by the Gram Pradhan, but he dedicated work towards the community establishes a milestone. The same SK is also an ASHA (she is supposedly the first ASHA in Okalkanda block). Due to uncooperative attitude of village head she is not getting any remuneration granted under NRHM scheme. She is fighting this injustice but along with the support of Aarohi.

Village: Khansyu Partola Supervisor: Munni Suyal Block: Okhalkanda

After the relentless effort made by our SK and Supervisor a destitute woman who had been suffering from prolapsed uterus with severe pain was taken to Balaji Hospital, Haldwani by our SK. After our intervention, the VHSC paid all medical expenses from the untied fund. This same woman had been brought by our supervisor to Aarohi Arogya Kendra during a surgery camp but fear made her refuse surgical intervention. She is now well and happy.

Prabhav (the impact)

Village: Jhadgaon Talla Supervisor: Bhagvati Arya Block: Okhalkanda

The impecunious, daily wage laborer Ganga Singh Bisht, inhabitant of Jhadgaon Talla was suffering from COPD (Chronic Obstructive Pulmonary Disease). But his poverty prevented him from getting proper medical care. He got no support from his community. Our supervisor raised this matter in the VHSC meeting and issue was taken up as an emergency situation by the village head and ANM. They made personal contributions to ensure that Ganga Singh could be referred immediately for his treatment. Now Ganga Singh gets regular treatment from the Base Hospital, Haldwani.

Parivartan (the change)

Village: Kalagar Supervisor: Sunita Arya Block: Okhalkanda

In village Kalagar (Bakhli) people used to dump their waste around the water source from where they collected their drinking water. Our Supervisor and SK repeatedly tried to convince the village community about the hazardous consequences of dumping waste around the water source. But all effort went in vain. Our BSPT, Supervisor, SK & Coordinator collectively took an initiative to clean the water source, following which; the village head of Kalagar joined the campaign. Our cleaning campaign galvanized the inhabitants of Kalagar to keep their

water source clean on a regular basis, which is clearly visible from the following snaps taken at different intervals of time.

Before (31st August'11) **After (31st August'11)**

After 4 months (21st December'11)

Village: Galni Supervisor: Munni Suyal Block: Okhalkanda

Munni Devi, a VHSC member and a housewife was struggling with the smoke generated from her traditional stove. She described her problem as " Khane banunu mein make sans lenmein bahut pareshani huinch, kileki bhiter bahuto dhua hunjo, weil har koi kaam mein jaise ke nantinak likhen padan mein aur pooj path karan meim bahat paresani haeich.." (Kumaoni) Meaning ` I she had difficulty in breathing during cooking and we had smoke in every room. This made it difficult for my child to study as well and

impaired our day-to-day functioning. I found the solution to my problem in a workshop conducted by Aarohi, describing the consequences of smoke generated from the traditional chullahs and benefits of the smokeless chullah. After that she requested our supervisor and SK to make a smokeless stove in her house.' She is now extremely happy with the smokeless chullah and is quite comfortable to puff rotis (which is a major concern in our design). During a visit to her home she appreciated the endeavor of Aarohi for the community with the following words:

"Tum log bhal kaam karte raya, humar assirbad tumar saath chha."(Kumaoni) `You are doing excellent work. Do continue to do the same, my good wishes are always with you."

11 Achievements

- We have achieved near complete primary immunization for children in our project villages. We have taken a survey done by the team at the time of initiation of the project from Anganwadi Centers (AWC), as a near true baseline figure of 64% coverage. After one & half years of intervention, the complete primary immunization rate is 99%.

- 60% women now get full Antenatal Care (3 ANC visits, 100 Iron Folic Acid tablets and 2 Tetanus Toxoid Injections) as against 31% during the baseline survey. Point to note is that while the baseline survey was done, Antenatal Care by Aarohi had been initiated. Many more women now choose to go the ANM centres for antenatal care. Activities here are usually administration of TT injection and distribution of IFA tablets, when available. Other point to note is that ALL pregnant women in the project area are being tracked and have minimal Antenatal care.

- According to the baseline survey, 91% deliveries were conducted at home, of which 16% by trained dais. Now 69% deliveries are conducted at home, of which, 58% are by trained dais.
- The institutional deliveries rate has increased from 9% (baseline) to 31%.

An independent study done in January'12 by a volunteer Rebecca McMurray (a volunteer from UK) in our project villages of Okhalkanda Block and according to her the major achievements of the project till date is as follows.

1. *"Health workers have a good knowledge of the duration that a baby should be exclusively breastfed for (100% answered this)"*
2. *"83% of the groups questioned were able to answer that after food has been introduced into the diet a child should be fed 5-6 times a day."*
3. *"Health workers were questioned about the normal birth weight and 91% answered 2.5 kg correctly.*
4. *"Major causes of an underweight child were correctly identified by 96% of health worker.s"*
5. *"96% correctly identified that an underweight child of any age should be weighed once a month"*
6. *"91% correctly responded that they should calibrate the weighing machine with a 5 kg weight."*
7. *"When asked about where they got most of their knowledge regarding diet from, the majority (56%) stated that they received advice from the SK in their village."*

12 Challenges

- To eradicate social taboos & prejudices prevailing in society regarding pregnancy, delivery, lactation, immunization and eating habits.

- To increase the participation of the VHSC in the program and make them aware of their rights and responsibilities.
- To create a working relationship between the village and the health department under NRHM.
- To reduce harmful traditional practices related to health of women and children.
- To bring a positive attitude in the community towards personal, domestic and environmental hygiene.
- To increase behavioral understanding of school children and youth.
- To achieve total immunization of children.
- To significantly reduced malnourishment.
- To achieve complete antenatal and postnatal coverage.
- To overcome the hindrances in functioning due to scattered households, tough terrain and climatic conditions and recalcitrant community processes.

13 Outputs underachieved

Outputs	Outputs as per work plan submitted up to the point of reporting	Actual outputs as reported up to the point of reporting	Remark for non-completion of out-put
Garbage pits (Public & School)	60	47	Due to non-consensus of VHSC members for the common place to build the same
Rain water harvesting tank	30(1000 lit)/60(500 lit)	32 (500 lit)	Due to non-consensus of VHSC members for the common place to build the same
Chulahs	400	65	We are going to conduct a workshop in association with ARTI, Pune to understand the community need, as our recent model is not meeting the community acceptation to puff rotis.(the same workshop"ll not be booked under SDTT)
Exposure trip for Dais	1	0	Time suitability of the proposed NGO was not matched with our time schedule. Trip is going to be organized in the March'12