1. Formal Details

- 3.1 Raigarh Ambikapur Health Association (RAHA)
- 3.2 Project Title: CONTINUATION OF RAHA'S INTEGRATED RURAL HEALTH PROGRAMME IN EASTERN CHHATTISGARH
- 3.3 Project No.: 321-155-1008ZG & 321-155-1009 ZG
- 3.4 Reporting period: September 2014 to August 2017.
- 3.5 The animators, Coordinators and Executive Director are involved in preparing the report. Report from monthly reporting, information from health centre, hospitals and project villages.

2. Changes in the project setting

- 2.1 In May 2014 BJP (NDA) party took over as a ruling party in Indian Union Government. They continue to be the ruling party and we have no major tangible problem in implementing the project.
- 2.2 We have 2 new Coordinators in the core team as two previous Coordinators completed their contact period. The new coordinators have long standing working relationship with RAHA, one of them functioned as Coordinator for six years in the past and the other as health centre incharge for over six years. They are oriented and comfortable with their new job.

To support RAHA field supervisors in achieving the result of the project 63 village health supervisors were trained who will follow up the activities of RAHA regularly and also monitor the indicators of the project.

The Clinical Establishment Act (CEA) implemented in Chhattisgarh in August 2013 continues to be a concern for RAHA. 70 health centres of RAHA filed registration online in December 2013. 6 health centres of RAHA in Raigarh district got registration for 5 years which will be renewed in 2019. The overall responsibility for registration rests with district collector and chief medical officer.

In Jashpur district the officials are tribal and they support health centres as they know how beneficial is RAHA health centres to poor people. They ask the health centre to do only primary care and refer cases when needed.

In Surguja and Korea they are not friendly and sisters are more on preventive care and early referral.

The Christian Coalition for Health, in Chhattisgarh (CCH-CG) office bearers visits health secretary every six months, in which I am also a member, and request to support our health centres, stressing its importance for the villagers.

Though lot of benefits announced for health and other development through Community Health Centre (CHC), Primary Health Centre (PHC), Sub Centre (SC) there is a big gap between what is said and done.

3. Implementing the project and achieving its objectives.

3.1 Achievements of the project objective/s

Objective (1): Access to health care for the rural population in the above-mentioned districts has improved.

Indicators: At least 90% of the inhabitants of the 475 villages have received the necessary vaccinations.

Activities and its achievements: 98% pregnant women completed their immunization. 92% children under age of 5 years completed their immunization.

Objective (2): The number of unnecessary deaths (for example through malaria) in the targeted districts has decreased.

Indicator: The number of deaths caused by malaria has decreased by 50%

Activities and its achievements:

	Sept2014-	2015-16	2016-17
	March 15		
Education on Malaria	314	143	478
Number of Participants attended health education on	4892	3447	20038
Malaria			
Number of demonstration in villages were herbal	712	118	123
medicine preparation for Malaria			
Number of persons participated during herbal	8759	2817	16579
medicine prepared for malaria			
Malaria cases treated at referral hospital	7	19	34
Malaria cases treated at health camp	0	59	0

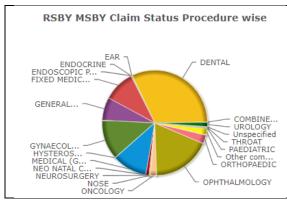
Malaria preventive herbal remedy is prepared in the villages with the participation of people. Mosquito repellant and medicated mosquito net are in short supply as the medicine for the same is not available. Reduced malaria cases and no death reported due to malaria in project area.

Objective (3): The rural population in the targeted districts is protected against poverty caused by medical expenses.

Indicator: At least 80% of persons living below the poverty line have insurance through the government programmes RSBY and/or are members of the RAHA Community Health Protection Scheme.

Achievements of activities:

2014-2015: 78127; 2015-2016 :90214; 2016-2017 :94917
2014-15: meetings 394 – participants 7902
2015-16: meetings 345 – participants 10558
2016-17: meetings 377 – participants 12905
Referrals:
2014-2015 - 575,
2015-2016 - 408,
2016-2017 - 435.
(Detailed report is given below)
RSBY Enrolment in RAHA Project area is 60% and RAHA CHPS enrolment 20%. In the state of Chhattisgarh active RSBY enrolled families in 2016-17 is 40% (active smart card 55,62,290) premium Rs. 30/- per 5 family members. The reason for reduced active smart card may be that many families who were enrolled needed to renew their enrolment by paying Rs. 30/- per family every year and the villagers did not do it on time. The government has selected insurance companies with annual contract. The empanelled hospitals are not paid on time which causes many problems. This we know because our referral hospitals are also empanelled in this programme. Given below is the pie chart of C.G. RSBY and MSBY (Mukhyamantry Swathya Bima Yojana) claim status procedure wise. You can very well see that 31.65% claims is for Dental care as many dental clinics are empanelled with RSBY and MSBY and the town rich people avail this facility. This is the same with ophthalmology 18.13%.
You can also see the major problems of villagers like Gynecology, medical and surgical care are comparatively low.



- 1. Dental 31.65%
- Opthalmology 18.13%
- 3. Gynecology 12.28%
- 4. Medical (General) 10.71%
- 5. Fixed Medical 9.74%
- 6. General Surgery 7.5%

4. Measures to be supported:

Activity at village level.

- a. Conducting training on Non-Communicable Diseases (NCDs) and lifestyle diseases for approximately **950 Village Health Workers (VHWs)** and 95 nurses
 - Village Health Supervisors (VHSs) are engaged at the target villages These VHSs support RHC Sister in-charge as well as RAHA field supervisors to encourage people for enrollment in CHPS as well as various activities of RAHA in the villages. They also follow up the activities of RAHA regularly and also monitor the indicators of the project.
 - 619 ongoing trainings arranged at RHCs in 2014-17, in which 8391 VHWs participated. All VHWs are trained for NCD & Life style diseases High Blood Pressure, Heart disease, Diabetes, Cancer, Aids, Alcoholism, Arthritis as well as herbal garden, kitchen garden, vermin compost, tree plantation, SRI of paddy cultivation, RSBY and CHPS, SHGs etc. 73 VHWs meeting were attended by field supervisors in 2015-16 in which 863 VHWs were followed up and in 2016-17, 546 meetings attended by field supervisors in which 7528 VHWs were followed up.
 - Nurses meetings and trainings There is nurse's ongoing training and meetings quarterly. Total
 training and meeting conducted 25 in which 641 sister nurses attended and the topics are
 different in each training according to their need.
- b. Conducting awareness raising activities on lifestyle diseases and their symptoms.
 - Health Education 3925 health education were held and 2,18,668 participants attended on Immunization, Malaria, Tuberculosis, Diarrhea and pneumonia. In these education the topics of Life Style Diseases – diabetes, high blood pressure, heart problem, AIDs, cancer, arthritis and alcoholism were also included.
- c. Provide health care services to the population via 95 rural health centres: providing medication, continual training for the nurses, organizing meetings, visiting schools to conduct health check-ups on the school children, conducting trainings for teachers, documentation, celebrating International Women's Day, World AIDS day etc.
 - 95 RHCs covered in 2014-2016, and 70 RHCs were covered in 2016-2017 upto August. The other RHCs who are not registered under CEA are only referring the patients and engaged with initial care and preventive activities in the project villages. These nurse sisters have also attended ongoing trainings on various topics quarterly. Each RHCs had meeting with VHWs and VHSs every month, this meeting was also followed by Animators. The RHC nurse sisters visit villages frequently. With the CHPS membership fee RHC have Rs.22/- in which she is able to give primary medicines if necessary and refer cases to the empanelled hospital for further treatment. Other unregistered RHCs are counseling to register under CEA for hub & spoke model.
 - These RHCs sister also going to schools for school health education, teachers training and support health checkups for school children. Details of the school health education and checkup are as follows:

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	2014-2015	2015- 2016	2016-2017
Providing health care services via RHCs			
RHC covered	95	95	60 RHCs under hub & spoke model
Meetings held in RHC	1586	1384	2375
No of participants	30569	46309	76431
Nurses ongoing training			9 (274 participants)
Nurses training – outside			18
Fever cases suspected – Malaria			961
High Blood pressure			106
Diarrhea			1193
Respiratory problems			2319
School Health Education and checkup			
Number of School visited	165	148	181
Number of students benefited	26126	34678	41555
Number of students treated with deworming – Albendazole tab.	32053	34678	41555
School Eye Screening			
Number of school visited	140	138	172
Number of students eye screened	791	680	656
Number of students with visual problems	542	358	345
Number of spectacles distributed	503	88	512
Number of students referred to eye specialist	96	61	63
Number of children treated	180	212	228

- All field animators with VHWs and VHS visits villagers and encourage and demonstrate to them on various topics for promotion of health and nutrition. Details are as follows -

Activity	2014-2015	2015-2016	2016-2017 (up to
			Aug 17)
Number of Health Education and	173 (11357 people)	702 (17756)	944 (40090)
beneficiaries			
Ready to eat food demonstration	59 (487 People)	7 (208 people)	11 (235 people)
Herbal garden in families	96	153	208
Kitchen garden in families	462	408	538
Vermin Compost Bed	236	111	606
Number of Trees- planted	4490	1500	10727
No of farmers have - 'SRI Vidhi'-	135	159	275
Demonstration of paddy			
cultivation			
Farmers Training on organic			2 (67 farmers)
farming			
Meeting related to SHG	394 SHG (5237	67 (1239)	176 (1583)
	members)		
No. of Insecticide Treated bed	5194	295	316
Net (ITNs)			
Built 5% module of water			78
reservoir			
Maintenance of old 5% module of			29
water reservoir			
Health Education on	2014-15	2015-16	2016-17

Pneumonia	72 (945 people)	22 (536)	35 (1002
Tuberculosis (TB)	82 (1375 people)	107 (3355)	142 (12617)
Diarrheal diseases	48 (641 people	64 (1395)	91 (2196)
Rheumantic Fever	35 (452 people)	0	
Life Style Diseases	282 (5648 people)	198 (5562)	2375 village meetings (76431)
Information on Immunization (Number of meetings / participants)	0	74 (1750)	68 (1594)
% of immunization completed in project villages	90%	89.89% of female and 89.88% of male children	92%
Village Health Camp			
Number of health camp	61	41	40
Number of Person Screened	3669	2135	1724
Treated at camp site with medicine	260	235 (59 case of suspected malaria)	813
For the problems – gastric problem cycle, hypertension and hypotens scabies, arthritis, toothache, mump joint pain, low back pain, fever with	sion, weakness and os, Eczema, cough wit	anemia, Ear pain wi	th puss discharge,
Referred to further treatment	355	210	88
De-worming with Albendazole	-	1706	2354
Eye Screening Camp at villages			
Total camp	71	47	49
Persons Screened	1530	918	684
Persons treated at camp site	261	105	83
Persons advised for spectacles	176	332	242
Person received spectacles	752	207	115
Persons referred	557	150	97
Other Trainings			
Trainings for teachers	With school	With school	7 (161 Teachers for

Lye Screening Camp at Villages			
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Persons Screened	1530	918	684
Persons treated at camp site	261	105	83
Persons advised for spectacles	176	332	242
Person received spectacles	752	207	115
Persons referred	557	150	97
Other Trainings			
Trainings for teachers	With school	With school	7 (161 Teachers for
_	health 330	health 296	two days training)
Trained - Village Health	63		
Supervisors (VHSs)			
Tuberculosis Control Programme (programme supporte	ed by CARE India 2010)-2016)
Number of referral patients	769	578	Project closed with
			care
Sputum collection for AFB	1154	500	4 with CHPS
Sputum diagnosed	1154	502	4 with CHPS
TB positive patients	136	68	4 with CHPS
TB positive patients who on	136	68	4 with CHPS
DOTs treatment			
Number of patients retraced	0	99	
with defaulters and given DOTs			
treatment			
High Blood Pressure			
Blood Pressure checked	3072	1968	1686
High B.P. Found	187	210	185
Patients treated at camp for	187	210	185
High Blood Pressure & referred			
to Hospital			

Hospital treatment	2014-15(Sep 14 to March 15)	2015-16	2016-17(up to Aug- 17
Referred beneficiaries	355	408	627
Specific diseases			
Malaria	5	12	21
Malaria with enteric fever	1	5	3
Malaria with anemia	1	2	2
Enteric fever (typhoid)	8	6	13
Anemia	14	10	12
Gastrointestinal Infection	10	13	13
Tuberculosis	1	4	4
Hypertension	63	3	9
Diabetes Mellitus	8	4	
Support for disabled persons			
Disabled Identified	5429	5916	6715
Blind adult identified	91	91	91
Blind children identified	131	131	131
Blind adult trained with income	27	2	1
generation skills			
Blind children who is receiving	25	25	25
education			
Blind children engaged with	5	5	7
residential school			
Orthopedically handicapped	7	2	3
who are operated and			
corrected			
Cerebral palsy children who is	17	17	25
receiving home care			
Number of disabled person	2769	2327	5327
who was helped to get			
disability certificate			
Number of disabled person	1332	1976	3053
who was helped to get bus-pass			
for free travel			
Disabled Peoples Organization	32	+28	+18
(DPO) trained for self advocacy	. (5		
Disabled who get professional	1 (female)		1
education			

Documentation:

Project no. 321-155-1009 ZG:

RAHA purchased — Computers- 6, Server with accessories- 1, Air Conditioner- 6, Data pone (Tablet)-20, motor bikes- 18, Furniture and equipment in order to get document the field activities as well as to reach village with some ease.

All staff received tablet and motorbike for their work. Server with accessories was kept in RAHA office Pathalgaon for recording the field details.

Celebrating International Days -

RAHA marks important events in order to bring awareness to the villagers. During these events the theme is highlighted and important information shared. Some of the events are International Women's Day - 8 Mar, World TB Day- 24 Mar, World Health Day- Apr-7, World Environment Day - 5 June, World Adivasi Day - 9 Aug, World AIDS Day- 1 Dec, World Disability Day 3 December.

Collaboration with Other agencies

RAHA collaborates with Liliane Foundation through Jan Vikas Samiti (JVS) for the Children and Youngsters with Disabilities.

With CARE India, RAHA worked for Tuberculosis Advocacy, Communication and Social Mobilization (ACSM) from 2014-2016. Now RAHA is working with CARE India for "Where the Rain Falls (WtRF)" from 2016 June onwards. WtRF project which is a community based adaptation (CBA) to increase resilience of Adivasi women to shocks and stresses around water owing to climate change in Jashpur District Chhattisgarh State. This project aims at empowering 3000 Adivasi women and girls and their households, in 40 villages of Bagicha and Pathalgaon Blocks of Jashpur Districts in C.G. It also deals with Adivasi women's access, control and management of natural resources, to improve soil, land, water and forest management with community participation in 40 project villages.

RAHA continue with UNICEF-Raipur since Nov 2015 for Strengthening SABLA Programme with the support of RAHA -A Demonstration at Lakhanpur block of Surguja district.

RAHA Inclusive Education Programme (IEP) is continued for teaching blind children with no fund support from outside.

Evaluation: During this project period there was no formal evaluation done except an external financial audit by MISEREOR, C.A.M. Kandasami sent his team from Kolkata for the same.

Working with RAHA in the capacity of Executive Director for the last 17 years I see visible changes in the project area especially with women who are greatly empowered to manage a family even economically and come forward in the society. As the women of the area become better educated, the families have a renewed focus on education, sanitation and health. This has reduced migration rates by 15% and brings development home.

'Strengthening SABLA Programme with the support of RAHA -A Demonstration at Lakhanpur block of Surguja district' in collaboration with UNICEF has prevented 61 child marriages which is a great achievement for RAHA and the District of Surguja, Ambikapur.

I also take help of CHAI in difficulties especially with Clinical Establishment ACT (CEA), searching for resource persons and take part in their annual general board meeting etc. I appreciate their willingness to help whenever needed. To work in a rural tribal area one needs patience, endurance and great passion for people, readiness and interest to hard work and willing to travel deep into villages and be with simple people. This is also true that people need encouragement, accompaniment and reinforcement of what they have learnt. Thus the health and development programme of RAHA for tribal and the poor will need continuity.

I Express my deep sense of gratitude and appreciation to MISEREOR, Germany especially for Asia Desk persons for their understanding and good relationship with RAHA.

Sr. Elizabeth Nalloor Executive Director RAHA.