
HEALTH



A fundamental shift in the Indian health scenario has been the recognition in political echelons that the public health system has failed to deliver. The National Rural Health Mission (NRHM) intends to increase public investment, create new infrastructure in deficient areas, upgrade existing infrastructure, make service-delivery more effective and ensure more equitable access to these services. Primary health care is the main focus.

The NRHM also highlights the significant involvement of civil society in the Mission because of its rich experience in the conceptualization and demonstration of community/people-based health care systems of over three decades, particularly the demonstration of the potential of women community health workers from rural areas who are minimally literate. Civil society mentors the Mission on the selection, training and financial and functional sustainability of its centre point functionary — the Accredited Social Health Activist (ASHA). The inclusion of civil society has reinforced the contention that radical changes will need to be made not only in the working of the public health system, but also in fields such as medical and paramedical education.

Thus, the NRHM has provided a tremendous opportunity to consolidate, disseminate, systematize and professionalize the various elements of community-based and people-

operated systems. This opportunity also highlights the gaps in operational research that will need to be plugged if the process is to be guided on evidence and facts.

One of the biggest challenges that India faces currently and in the future is the shortage of skilled human resources required for steering the health system within a rapidly changing global environment, and in the face of rapid urbanization. The shifts in disease burden and consumer expectations make the availability of competencies and skills among health personnel an immediate priority.

The Trust has been addressing these issues across thematic areas which have been selected based on both experiences of the program officers, as well as on information gleaned from the external scan report, prepared by two external health consultants.

In the current scenario, where the high cost of health care blocks accessibility and urban-rural and state-level disparities are so evident, addressing issues of health and health rights at the grassroots levels is pertinent and the Trust supports various such initiatives. Community Development Centre, Madhya Pradesh (MP) in conjunction with two grassroots organizations, Gramin Vikas Mandal and Swasthya Sanrakshak Samiti are jointly implementing a project at the block level in Balaghat district, MP to strengthen leadership of the panchayati system and to generate awareness on health and health rights,



Receiving treatment at Dena Hospital, Uttarakhand, set up by Jan Jagaran Samiti



Health camp organized by Kassar Trust, Uttarakhand

especially among Dalits, tribals, women and other weaker sections of society. Sir Albert Howard Memorial Trust (SAHMET), Madhya Pradesh hopes to promote healthy behaviour and practices, as well as the utilization of government health schemes through training of village-based male and female community health workers.

In Jharkhand, the Trust has through its grants been able to reach out to three grassroots organizations — Lok Prerna Kendra, Lok Uthan Kendra and Stri Shakti — working in community health in challenging and difficult areas. The project looks at providing accessible sustainable community health services and building awareness to improve the health status of the rural people. The capacity of the organizations is being built up through another NGO, Nav Bharat Jagriti Kendra.

Additionally, in Gujarat, Mahiti Rural



Community health centre set up by Lok Prerna Kendra in Jharkhand

Development Centre has also been working at the grassroots level on community health care in the backward and resource poor region of the Bhal. Water scarcity as well as heavy salinity of the soil has caused several health and nutritional problems in the area. The Trust's support to Mahiti has enabled it to create greater awareness on health issues within the villagers and build the capacities of women health workers to provide quick and low-cost treatment for common ailments and traditional birth attendants or dais to reduce infant mortality. The Trust has also helped in creating 'access' to health care by setting up a system which provides emergency medical services and transportation.

Poverty, frequent natural disasters, burgeoning social problems due to a change in lifestyles, communal riots and terrorism contribute to the increasing prevalence of mental health disorders in India. Community-based rehabilitation, the integration of mental health with primary health care and the training of health functionaries are approaches that have been supported by the Trust. Anjali from Kolkata is a rights-based mental health initiative that works in partnership with the government to bring in systemic changes in mental health care and treatment in the country. The absence of good, quality research for evidence-based policy formulation is one of the primary reasons for poor goal-setting and program design in our country. Absence of such data hinders attempts to correlate

causal associations between interventions and the extent to which morbidity or mortality can be reduced.

Allied Trusts

The Health portfolio of the Allied Trusts has continued to support organizations working on primary health as well as reproductive health care including Sambhaav (JRD Tata Trust), Shree Jan Jeevan Kalyan Sanstha (JRD and Thelma J Tata Trust) and ARTH or Action Research and Training for Health (Tata Education Trust) — all working in Rajasthan.

In this year, Allied Trusts have also supported multidisciplinary research that includes the blending of physical, medical and social sciences. A corpus grant was sanctioned from the Jamsetji Tata Trust to the Foundation of Medical Research, Mumbai to enable the organization which has been designated a centre of excellence in TB research by the Department of Biotechnology, Government of India, to expand and consolidate itself into an institute of public health research and diversify into new paradigms of evolutionary biology and disease control. Conduction of incidence and prevalence studies on diabetic

retinopathy in urban and rural Tamil Nadu respectively by Vision Research Foundation, Chennai supported by the Jamsetji Tata Trust, will help in early detection and treatment methodologies and strategies to prevent diabetes-related blindness, one of the six leading causes of blindness in India. This methodology will have a national-level impact on health care.

In the field of mental health, Ashagram Trust, Madhya Pradesh supported by the Tata Social Welfare Trust, provides comprehensive community-based mental services to the remote tribal population of Pati block and raises issues on mental health at the state and national levels. One of the positive aspects of this program is that it is almost entirely managed by trained field mental workers recruited from the villages.

During the coming years, the Health portfolio will support programs that will bring together health workers, development practitioners, academicians and public health. The Trust will also support public research and advocacy efforts that will help integrate health concerns into policy and practice at local, regional and national levels.



Rehabilitation of patients through art-based therapy, facilitated by Anjali, West Bengal

BANJARA DEVELOPMENT SOCIETY, ANDHRA PRADESH

Reclusive and undernourished, the Chenchu tribals are among the most deprived sections of the country. Reduced to just 30,000 in number, this Australoid Primitive Tribal Group, fights for survival in six forest districts of Andhra Pradesh. Their problems are compounded by the police's combing operations against Naxalites, which make it difficult for them to venture out of their gudems (habitations) and into the forests to gather food and non timber forest resources. Left out of the ambit of the government's health reach, they have succumbed rapidly to diseases like scabies, malaria, tuberculosis and gastroenteritis.

Operating on the principle that health is inextricably linked to development, the Banjara Development Society (BDS), has been conducting a project in the Prakasham district whereby advocacy efforts on health are buttressed by improving the Chenchus' livelihood skills.

Despite the announcement of schemes by the Integrated Tribal Development Agency (ITDA), the tribe's chief source of livelihood still focuses around activities like honey gathering and gum extraction. BDS provides support for this daily sustenance through scientific and environmental-friendly inputs.

Over 70 Chenchus have been trained on rock bee management and persuaded to wear sting-proof clothing. Efforts are underway to train youth and women to rear European bees in boxes. Training in scientific methods for gum extraction is organized and hormones are injected in the gum trees to substantially increase yields. This extract is then used to add nutritional value to their diet.

The Chenchus' meager diet of pounded chillies with rice is now supplemented with vegetables like bottle gourd, bitter gourd and lady fingers that are grown in their kitchen gardens under close monitoring of BDS staff. Access to medical services has improved thanks to the advocacy efforts of BDS and as a result, five mobile dispensaries and three Primary Health Centres have been provided exclusively for the Chenchus. This and the screening of Chenchus for TB is the outcome of intense lobbying with the ITDA and other agencies.

A grant of Rs 6.00 million was sanctioned in 2005-2006, for three years.

Chenchu children after successfully receiving health care





Extraction and collection of gum resin and honey which provide livelihood opportunities and add nutritional value to the diet of the Chenchus



SIR ALBERT HOWARD MEMORIAL TRUST, MADHYA PRADESH

Madhya Pradesh's (MP) health indicators are appalling — the second highest infant mortality rate in the country, higher than average maternal deaths and more than 50 percent of children under the age of three are malnourished. These indicators are even higher in the Kesla Block of MP, where the Gonds, Korkus and other Scheduled Caste communities have borne the brunt of displacement due to the construction of the Tawa Dam and the establishment of an ammunition testing ground. There is heavy dependence on quacks, private practitioners and traditional healers like bhagats because of poverty and ignorance.

Armed with extensive experience in community empowerment, the Sir Albert Howard Memorial Trust (SAHMET), has initiated a health intervention in 50 villages around Kesla. In the first phase of the Community Health Program, efforts are concentrated on the capacity building of community health workers (CHW) through training and exposure. SAHMET creates awareness among the villagers regarding the various public health schemes available so that children need not die of snake or dog bites because of time wasted on 'treatment' from bhagats. Patients suffering from tuberculosis, malaria and jaundice can seek timely medical interventions.

SAHMET has been mobilizing community groups — youth, adolescents and women — to take up various issues. Young people have the space to discuss issues of gender, sexuality and HIV/AIDS. Men are sensitized to women's needs. Women learn to deal with rampant anaemia and malnutrition.

The collective result of all these efforts is that the communities are forcing government hospitals to function better so that people can access their health entitlements. One successful outcome was when women got an irregular ANM (Auxillary Nurse Mid-wife) transferred by putting a lock on the community health centre. CHWs have taken serious patients to the hospital and demanded the attention of doctors by calling them from their residence. As a result of SAHMET's efforts, the health department is aware that people are better informed and cannot be ignored.

A grant of Rs 4.32 million was sanctioned in 2006-2007, for three years.

Training of community health workers





▲ *Building awareness on health through street theatre*



◀ *Health education in the village school*

▼ *At a community health meeting*



HEALTH

Name of Grantee	Sanction Amount	Disbursed 2006-07
	Rupees in Million	
1 Aarohi, Uttarakhand - Towards developing a viable, cost effective community health model with Kassar Trust as an equal partner and to network with organizations to evolve a self-sustaining management system for primary health care in rural Uttarakhand.	11.07	3.30
2 Anjali, West Bengal - Towards the continuation and scaling up of Anjali's rehabilitation and reintegration program in Pavlova and Lumbini Park Hospitals.	4.13	1.29
3 Anusandhan Trust, Maharashtra - Towards supporting the activities of CEHAT-SATHI, for hosting the national secretariat of Jan Swasthya Abhiyan for the next two years	3.75	2.09
4 Anweshi Women's Counselling Centre, Kerala - Towards enabling Anweshi Women's Support and Advocacy Centre to consolidate its activities such as counselling, legal aid cell, community work, advocacy and strengthening of the library and documentation centre; and for meeting the running costs of a Short Stay Home, a safe shelter for women and children.	8.65	2.95
5 Banjara Development Society, Andhra Pradesh - Towards advocacy and capacity building for health and development of the notified Chenchu tribe.	6.00	1.58
6 Bapu Trust for Research on Mind and Discourse, Maharashtra - Towards meeting the costs of: i) the Centre for Advocacy in Mental Health and ii) Saher - the community mental health service program for women. In addition, Bapu Trust will conduct two research studies on mental health in Pune.	8.10	1.37
7 Child In Need Institute (CINI), Jharkhand - Towards implementing the Life Cycle Approach project for reproductive and child health services in two divisions of Jharkhand through two partner NGOs, Lohardaga Gram Swaraj Sanstha in Palamu division and Nav Bharat Jagran Kendra (NBJK) in North Chhotanagpur division respectively.	10.00	3.00
8 Community Development Centre, Madhya Pradesh - Towards empowering local panchayats on health-related issues in 18 villages of Lalburra block in Balaghat district, Madhya Pradesh. The project will be implemented with two other organizations; namely Gramin Vikas Mandal and Swasthya Sanrakshak Samiti.	2.08	1.04
9 Department of Medical and Psychiatric Social Work, Maharashtra - Towards conducting summer and winter training programs on HIV/AIDS, counselling and psychosocial interventions by the Department of Medical and Psychiatric Social Work and the Cell for AIDS Research and Action and Training (CARAT).	3.00	0.50
10 Dhara Sansthan, Rajasthan - Towards support of a pilot project drawing linkages between livelihood and health; to demonstrate the effective role of SHGs in health management and the effective linkages of development with health.	2.44	0.69
11 Gramin Vikas Mandal, Madhya Pradesh - Towards empowering local panchayats on health-related issues in 18 villages of Lalburra block in Balaghat district, Madhya Pradesh. The project will be implemented with two other organizations; namely Community Development Centre and Swasthya Sanrakshak Samiti.	0.89	0.33

Name of Grantee	Sanction Amount	Disbursed 2006-07
	Rupees in Million	
12 Jan Jagaran Samiti, Uttarakhand - Towards the expansion of Phase II of Dena Hospital. This grant is given towards the construction of Dena Hospital and equipping the operation theatre, intensive care unit and ophthalmic unit. In addition, the grant will cover the recurring costs towards operationalizing Phase II of Dena Hospital.	27.00	6.50
13 Jan Swasthya Sahyog, Chhattisgarh - Towards a Corpus Grant and a Program Grant. The Program Grant is towards supporting the community health centre and program. The Corpus Grant is towards strengthening Jan Swasthya Sahyog's role as a resource centre for training and application of public health principles in health and medicine.	39.60	22.17
14 Kassar Trust, Uttarakhand - Towards developing a viable, cost effective community health model with Aarohi as an equal partner and to network with other organizations to evolve a self-sustaining management system for primary health care in rural Uttarakhand.	10.73	3.69
15 Lok Prerna Kendra, Jharkhand - Towards support of comprehensive community-based health care services, including preventive, promotive and curative health care through a village health centre covering 11-12 villages in Simiriya block.	1.59	0.86
16 Lok Uthan Kendra, Jharkhand - Towards support of comprehensive community-based health care services, including preventive, promotive and curative health care through a village health centre covering 11-12 villages in Katkamsandi block.	1.59	0.86
17 Mahiti Rural Development Centre, Gujarat - Towards supporting the community health program in 28 old and 25 new villages respectively. This will include training costs of village health workers, salaries of the health team and other administrative costs; and towards the capital cost of an ambulance for outreach health services.	4.60	0.60
18 Manav Vikas, Jharkhand - Towards implementing the community health program by promoting awareness among the villagers. It is specifically towards capacity building workshops and support to core staff.	1.60	0.50
19 Rishi Valley Education Centre, Andhra Pradesh - Towards creating herb gardens in schools and for developing educational and communication material on home remedies and health and hygiene practices.	1.50	0.50
20 Sanjay Gandhi Memorial Trust, New Delhi - Towards upgrading and strengthening the Sanjay Gandhi Hospital in Amethi, Uttar Pradesh, with a focus on medicine, surgery, orthopaedics and gynaecology. The grant is towards purchase of medical equipment to enable the hospital to provide subsidized, modern and efficient medical care to poor patients of the catchment areas.	34.97	34.97
21 Self-Help Promotion for Health and Rural Development (SHEPHERD), Tamil Nadu - Towards implementing a health program with a focus on RCH-related diseases, through self-help groups and their federations at block and district levels.	2.60	1.20

Name of Grantee	Sanction Amount	Disbursed 2006-07
	Rupees in Million	
22 Sir Albert Howard Memorial Trust (SAHMET), Madhya Pradesh - Towards enabling SAHMET to expand its community health program to 50 villages and intensify its activities. SAHMET will generate awareness in the community about accessing various government health schemes, as well as promote healthy behaviour and practices.	4.32	1.39
23 Sir Dorabji Tata Centre for Research in Tropical Diseases, Karnataka - Towards conducting the VIII Annual Sir Dorabji Tata Symposium.	3.00	3.00
24 Stri Shakti, Jharkhand - Towards support of comprehensive, community-based health care services, including preventive, promotive and curative health care through a village health centre covering 11-12 villages in Sadar block.	1.59	0.86
25 Swasthya Sanrakshak Samiti, Madhya Pradesh - Towards empowering local panchayats on health-related issues in 18 villages of Lalburra block of Balaghat district, Madhya Pradesh. The project will be implemented with two other organizations, namely Community Development Centre and Gramin Vikas Mandal.	0.70	0.26
26 Tata Medical Centre Trust, West Bengal - Towards meeting the cost of infrastructure and equipment required to operationalize the Tata Medical Centre.	300.00	200.00
Small Grants		
27 Disha Foundation, Maharashtra - Towards a workshop for rural/semi-urban adolescents on HIV/AIDS and Family Life Education (Sex Education).	0.07	0.07
28 Disha Foundation, Maharashtra - Towards a workshop for rural/semi-urban adolescents on HIV/AIDS and Family Life Education (Sex Education).	0.08	0.08
29 Indian Institute of Science, Karnataka - Towards a one-day symposium on "Immunological Memory and Vaccine Design".	0.10	0.10
30 Indian Red Cross Society, Maharashtra - Towards a three-day workshop on First Aid and Disaster Management involving the local Red Cross volunteers, including extending medical services to the victims during disasters.	0.09	0.09
31 Leslie Sawhny Endowment, Maharashtra - Towards training of adolescent girls of ICDS on HIV/AIDS/Sex Education.	0.07	0.07
32 Leslie Sawhny Endowment, Maharashtra - Towards a workshop on HIV/AIDS and related issues for adolescent girls of ICDS of the central government.	0.07	0.07
33 Moving Academy of Medicine and Biomedicine, Maharashtra - Towards a three-day National Medical Student Research Conference in Pune.	0.40	0.40
34 Prajapita Brahma Kumaris Ishwariya Vishwa Vidyalaya, Maharashtra - Towards a workshop on holistic health for rural/semi-urban youth.	0.08	0.08

Name of Grantee	Sanction Amount	Disbursed 2006-07
	Rupees in Million	
35 Prayas, Maharashtra - Towards conducting awareness programs on non-communicable diseases and strengthening the integrated counselling, guidance and information centre at Amravati and also to establish similar centres at Nagpur, Yavatmal, Akola, Buldana and Wardha.	0.31	0.31
36 Self Reliant Initiatives through Joint Action, Maharashtra - Towards conducting research and training on community health and mental health; and reproductive health and sexuality for the year 2006-2007.	0.10	0.10
37 Tata Institute of Social Sciences (TISS), Maharashtra - Towards conducting research and training on community, mental and reproductive health and sexuality.	0.10	0.10
38 Tata Institute of Social Sciences (TISS), Maharashtra - Towards a two-day national consultative workshop on community mental health and development.	0.13	0.13
39 The Jamshetjee Jeejeebhoy Hospital Nursing Association, Maharashtra - Towards six-months' salary of a psychologist at the hospital.	0.02	0.02
Yearly Total:	497.12	297.12

