

Health



Life Skills Education: Adolescents learn about reproductive health

HIGHLIGHTS 2005 – 2006

HIV/AIDS PROGRAMME

- In the North-East, 120 General Practitioners and 80 NGO representatives trained on prevention, control and management of HIV/AIDS
- 20 Master Trainers trained to build the capacity of Private Medical Practitioners of Indian Systems of Medicine and Homeopathy in five highly vulnerable states
- In Delhi, 40 local healthcare providers and 15 youth groups trained on HIV/AIDS and STIs, over 22,300 people reached through communication channels, 3,859 people through community group meetings and 20,700 during home visits
- In Maharashtra, Rajiv Gandhi Mobile AIDS Counselling Services expanded to Solapur, Nasik, Pune and Ahmednagar Districts reaching

over 1,50,000 people. Project documented by the European Commission among best practices

COMMUNITY HEALTHCARE

- Preventive and curative health care services provided in 41 interior villages of Jamwa Ramgarh block of Jaipur, Rajasthan through the Rajiv Gandhi Mobile Primary Healthcare Clinic. About 42,500 patients were examined and provided medicine. 10,000 people were targeted through different IEC activities

EMPOWERING WOMEN AND ADOLESCENTS

- Smart Parenthood Campaign initiated in Kurukshetra district, Haryana to improve the declining sex ratio by empowering women and adolescent girls

- Over 100 village health committees formed to raise awareness against female foeticide and gender discrimination, 11 smart parenthood clinics started to provide counselling to adolescents and newly married couples on reproductive and sexual health, nearly 600 volunteers trained and involved to address the issue
- Life skills education project to empower out-of-school adolescents piloted in 10 slums of Delhi in collaboration with FICCI-SEDF. A total of 279 adolescents trained as peer trainers and another 1,359 as peer educators

TB CONTROL PROGRAMME

- 19,008 people examined for Tuberculosis and 49 TB patients successfully completed DOTS this year

Health

RAJIV GANDHI WORKFORCE - SOLIDARITY FOR ACTION AGAINST HIV/AIDS

Project Goal: To provide a platform to General Practitioners and Civil Society to use their collective strength for the prevention, control and management of HIV/AIDS in the rights perspective.

Communication Approaches: Extension Education and Societal Action

Area of Operation: Delhi, Mumbai and the North-Eastern States.

Beneficiaries: General Practitioners and NGOs

Duration of the project: One year to train and operationalise the workforce in an area

Background

With the advent of HIV/AIDS in India in 1986, preventive programmes were started at an early stage to combat the virus. However, the strategies lacked involvement of different stakeholders. The Foundation sees HIV/AIDS as a multi-dimensional problem with social, cultural, legal, economic and medical aspects, all of which must be tackled through the coordinated efforts of various partners. In its efforts to evolve an effective strategy for the prevention, control and management of HIV/AIDS since 1996, the Foundation has created a mutually supportive network - the Rajiv Gandhi Workforce - of General Practitioners (GPs) and Non-Governmental Organisations (NGOs) to ensure convergence of efforts.

Aspects of social change

Having regard to the esteem in which doctors are held, specially among the poor, the Foundation has given priority to involving them in providing counselling

PROGRAMME VISION

Our goal is to evolve and support innovative public healthcare strategies that are accessible and affordable.

Our programmes focus on:

- Health planning and prevention of communicable and non-communicable diseases
- Health promotion, empowerment and development with emphasis on primary healthcare, adolescent health and policy-advocacy

and treatment services on HIV/AIDS and Sexually Transmitted Infections (STIs). With the high reach and credibility enjoyed by NGOs in the community, this model establishes linkages between NGOs

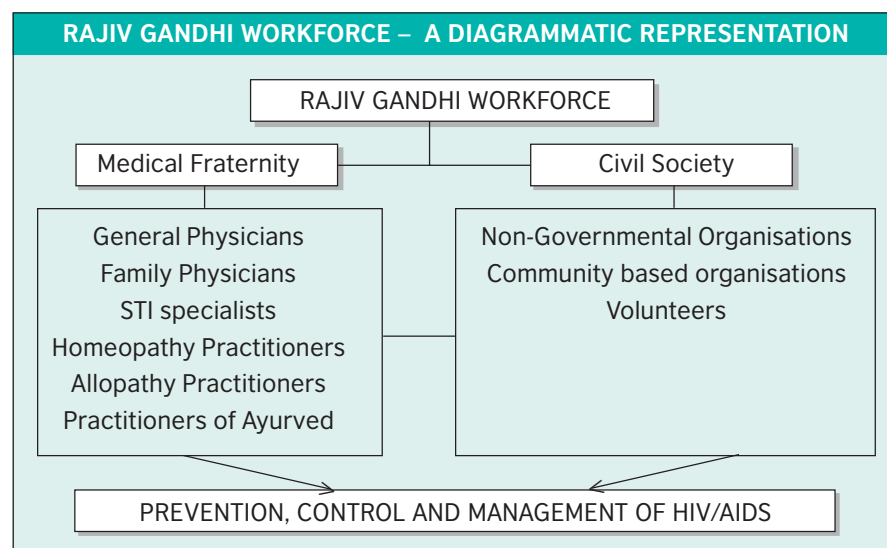
and general practitioners to encourage collective efforts for a social cause.

Description

At the start, training programmes on various aspects of HIV were organised for GPs of allopathic as well as Indian systems of medicine and homeopathy in Delhi, Mumbai and the North-Eastern states of the country. Simultaneously, field-based NGOs were involved and trained through this project. The training programme is linked with post-training networking where the GPs and NGOs develop area action plans and share their experience, skills and strengths to execute the plan and reach the underprivileged and needy.

Accomplishments

- As on 31 March 2006, we have been able to create a Workforce of over 1,520 trained GPs and 500 NGOs.
- The Workforce provides voluntary services such as supportive and preventive counselling, diagnosis and treatment of STIs, referral and follow-up services and community-based management of the HIV positive in Delhi, Mumbai and the North-East.



RAJIV GANDHI MOBILE AIDS COUNSELLING SERVICES (RGMACS) – COMMUNICATION FOR BEHAVIOUR CHANGE

Goal: To evolve and demonstrate a cost effective, culturally appropriate and sustainable strategy for prevention, control and management of HIV/AIDS.

Communication Approaches: Participatory Community Action, Behaviour Change Communication and Edutainment.

Area of Operation: Delhi and Maharashtra

Beneficiaries: The general community

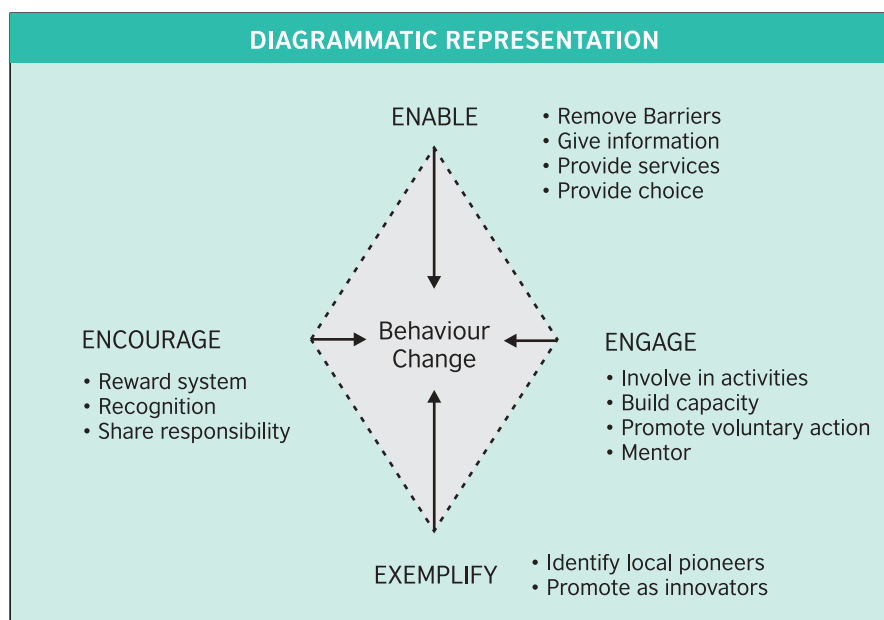
Duration of the project: One year per slum

Background

Initial HIV prevention programmes in India followed the western approach. Our strategies focused on curtailing the virus at source and therefore targeted so called high-risk groups. On reviewing the strategies after 10 years in 1996, the Foundation felt that the targeted interventions were increasing stigma, discrimination and denial in the community. Also, the HIV virus was no longer restricted to urban areas and high-risk groups, but had reached rural areas and the wider community. The Foundation therefore conceptualized the Rajiv Gandhi Mobile AIDS Counselling Services (RGMACS) project in 1997. It targets the general community to foster behaviour change at the societal level by raising awareness, providing services like on the spot testing, preventive and supportive counselling, treatment & referral for STIs & opportunistic infections and builds the capacity of the communities involved.

Aspects of social change

Information dissemination does not necessarily lead to awareness, and increased awareness to behaviour change.



Parallel efforts are needed to create an enabling environment, ensure provision of accessible and quality services and build the capacity of the communities involved. The RGMACS project seeks to achieve all these objectives.

Enable – making it easier

To convert awareness into action, it is necessary to facilitate the process and encourage people to make responsible choices by providing them with the

education, skills and information and simultaneously making those choices accessible, available and affordable.

Engage - share responsibilities to share ownership

Projects cannot achieve the targets without involving and building the capacity of the communities involved. We can offer an array of services but unless the community accepts those services the objectives cannot be achieved.

Removing anxiety - a counselling session under way inside the mobile van





Raising awareness on HIV/AIDS through a street play

Exemplify – promoting success stories

Although involving film and sports celebrities to sensitize the community is a proven strategy, its sustainability in community-based projects is poor. The Foundation identifies success stories from within the community and promotes them as an example for others. The results are encouraging and motivate the community to take action.

Encourage – ensuring sustainable behaviour change

External encouragement may work for some time but sustainable behaviour change in respect of HIV/AIDS requires constant encouragement and the reinforcement of positive messages.

Description

A well-equipped mobile van visits an identified slum once in a week. In each area we have two community health workers and 10 community health volunteers who work with the community.

During the visit of the van, in the morning sessions, IEC activities such as street plays, audio visual shows, talk shows, magic shows, etc are organised. This is followed by a group counselling session by a doctor (member of the Rajiv Gandhi Workforce). Individuals who require personal counselling, treatment of STIs, referrals, etc visit the mobile van where a counsellor is available to provide these services. The project team also organises training workshops for capacity building of various stakeholders such as health and anganwadi workers, teachers and youth volunteers. The community health workers do home visits to reach the females who generally do not come out to attend the IEC activities.

Achievements and Recognition

At national & international level

- Since 1996, the project is operational in Delhi and Mumbai and has benefited over 2.4 million people.
- The UNAIDS/Royal Tropical Institute

Programme has included the Rajiv Gandhi Mobile AIDS Counselling Services project (Mumbai model) as one of the best global practices in its toolkit of local responses to HIV/AIDS.

- The project has also been documented by the European Commission among best practices.

In Delhi

- The current phase of the project is being implemented in partnership with FICCI-SEDF in seven slums of Delhi covering a population of over three lakhs.
- A total of 11,632 packets of condoms have been distributed through 214 condom depots in the project area.
- Linkages have been established with local NGOs, government hospitals, religious leaders and community groups for effective implementation.
- Over 40 local healthcare providers have been sensitized and trained on issues related to HIV/AIDS and STIs.
- A total of 15 youth groups with 411

members have been trained on various aspects of HIV/AIDS.

- Over 22,300 people have been reached through communication channels like magic shows, street plays, quiz competitions and audiovisual shows.
- Information has also been disseminated through 81,682 pamphlets/posters and stickers covering various aspects of HIV/AIDS and STIs.
- 3,859 people have been reached through community group meetings and another 20,700 during home visits.
- A total of 2,382 people received counselling in the mobile van and over 1,100 people were referred and followed up for STI treatment.
- Identified and trained 71 volunteers who help in bringing awareness on HIV/AIDS and in implementation of the project.

In Maharashtra

- After successfully covering 41 slums of Mumbai, the Mobile AIDS Counselling Services van has been extended to Nasik, Solapur, Ahmednagar and Pune districts of Maharashtra.
- A total of 41,247 people have been reached in district Nasik through various IEC activities. Over 46,000 leaflets in Marathi and 6,000 packets of condoms have been distributed. Another 4,479 people attended the group counselling sessions and 401 received individual counselling in the mobile clinic.
- In Solapur district, 36,031 people have been reached through IEC activities and over 39,000 leaflets have been distributed. Another 4,217 people attended the group counselling services and 300 individuals received counselling in the mobile van.
- In Ahmednagar district, around 35,000 people have been benefited by IEC activities. Information has also been disseminated through distributing over 43,000 leaflets.
- Over 34,000 people have been reached



Smart Parenthood Clinic- a woman receiving counselling on reproductive health

through IEC activities in Pune district. Another 3,700 people received counselling in groups and 400 received counselling in the mobile van.

SMART PARENTHOOD CAMPAIGN - COMMUNICATION FOR SOCIAL CHANGE

Goal: To combat female foeticide by empowering adolescents and young couples with skills and workable options on reproductive and sexual health with a view to improving the sex ratio and stabilizing population.

Communication Approaches: Social Marketing and Edutainment

Area of Operation: Kurukshetra District, Haryana

Beneficiaries: General Community

Duration of the project: Three years to cover a district

Background

Haryana has one of the worst sex ratios in the country, which declined further from 865 in 1991 to 861 in 2001. In order to improve the sex ratio and to achieve net replacement rate, it is necessary to target youth and newly married couples and empower them to take smart decisions.

The Smart Parenthood Campaign uses development communication tools and techniques to sensitise, involve and build the capacity of the primary audience (youth & newly married couples) and secondary stakeholders (service providers, NGOs, Panchayats, Government officials, school and university teachers, volunteers, media, and other influential sections) to address the specific reproductive and sexual health needs of youth. It focuses on a systematic campaign against female foeticide.

Aspects of social change

Social Marketing helps in promoting and providing rational choices to people in order to modify their behaviour and practices. It is both scientific as well as cost effective and promotes reciprocal linkages between programme and people.

Description

Conceptualised, planned and designed by the Foundation, the project has been piloted in district Kurukshetra which has the country's worst girl child sex ratio of 771 (as per census 2001). Based on the results of a community need assessment, the project team developed training manuals and a systematic communication campaign to launch the project. Linkages have been established with various

government departments like health and family welfare, Directorates of Audio-visual Publicity (DAVP), folk and cultural division, local newspapers and TV channels.

Village health committees (VHCs) have been formed at the village level with participation of panchayat members, religious leaders and other key stakeholders to strengthen the health delivery system. The VHCs are sensitised and trained to address the issues related to female foeticide and gender discrimination at the village level.

Local folk media artistes have been involved and trained on issues related to reproductive health, female foeticide and population control. Intensive IEC activities and systematic print media campaigns have been undertaken.

To provide counselling services and promote youth friendly health services, ten Smart Parenthood Clinics have been established, two each in the five blocks of the district. The clinics provide counselling and referral services to youth and newly married couples on reproductive and sexual health issues.

The initial results of the project have been encouraging. Strong participation of women in village health committees has energised the campaign. These committees have been successful in raising community awareness as well as combating female foeticide and other gender-related malpractices to a great extent. Folk media has been used extensively to reinforce the messages in rural areas. To mainstream counselling services on reproductive and sexual health in the primary healthcare delivery system, eleven smart parenthood clinics have been established making services more youth friendly. In future, the Foundation hopes to expand the project to the entire district.

Accomplishments

- A participatory Community Needs

Assessment undertaken and based on it a District Action Plan, training strategy and communication framework developed.

- Orientation workshops organised for media, community leaders, religious leaders, teachers, volunteers, local politicians, government officials and non-governmental organisations directly sensitising and involving over 250 key stakeholders.
- Training programmes conducted to build the capacity of 350 doctors, paramedics, volunteers, panchayat members, village health committee members, students, and folk artistes.
- 100 village health committees (VHCs) formed in the district involving panchayat representatives, school teachers, religious leaders and representatives of different communities of the village.
- Equal representation of women and youth ensured in the VHCs.
- More than 600 volunteers involved to disseminate information on issues like reproductive and sexual health, gender discrimination, declining sex ratio and population stabilization.
- To provide counselling to youth and newly married couples, ten 'Smart Parenthood Clinics' started in Primary Health Centres, with an additional

Clinic in a private nursing home.

- Material and counselling aids developed in Hindi to disseminate correct and complete information.
- Folk media extensively used to raise awareness and sensitise the stakeholders.
- Successful media advocacy campaign to sensitise the administration and community at large.

EMPOWERING OUT-OF-SCHOOL ADOLESCENTS THROUGH LIFE SKILLS EDUCATION – EDUTAINMENT FOR INFORMED CHOICE

Goal: To empower out of school adolescents by developing life skills and educating them about reproductive and sexual health to help them make informed choices.

Communication Approaches: Edutainment & Communication for Informed Decision

Area of Operation: 10 slums of Delhi

Beneficiaries: Out-of-school adolescents

Duration of the project: One year per slum to create a cadre of trained master trainers, peer trainers and peer educators per slum.

Role play during a life skills training session



Background

It is estimated that there are almost 200 million adolescents in India (aged 15–24), a high proportion of whom are out of school adolescents. Lack of reliable information pertaining to reproductive and sexual health and the desire to experiment increases the vulnerability of this age group to STIs including HIV/AIDS. The World Health Organisation (WHO) defines life skills as “abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life”.

Aspects of social change

Entertainment education or edutainment combines entertainment with educational messages to help educate, inform and encourage behaviour change. The approach works effectively with the younger generation. The highly participatory approach involves the adolescents and encourages them to use skits, slogans, games, audiovisual shows, stories, songs to understand various issues, learn skills and also practice the new skills for their own growth.

Description

The project has been piloted in 10 slums of Delhi. At the start, folk media are used to sensitise and build rapport with the community and the target group. Thereafter, a seven days’ training programme on life skills and sexual health is organised for NGO representatives working in the project area. These become the Master Trainers. A comprehensive five days interactive training curriculum on life skills is developed for providing training to out-of-school adolescents. Using the curriculum, 25 out-of-school adolescents are trained by the Master Trainers as Peer Trainers from each area. Each one of the peer trainers further identifies and trains at least five out-of-school adolescents starting a learning process in each of the project areas and inculcating positive behaviour among the adolescents.

STATUS		
Area	Number of Peer Trainers Educators	
Kondli	25	114
Madanpur Khadar	33	127
Trilokpuri	26	126
Tughlakabad	32	143
Vikaspuri	25	153
Wazirpur	25	139
Kalyanpuri	33	159
Masjid Moth	25	125
Hastal	28	130
Gandhi Nagar	27	143

Accomplishments

- Networking and capacity building of 25 community development professionals representing 17 NGOs operational in project area.
- Developed a five-day training curriculum on life skills and reproductive & sexual health for capacity building of out-of-school adolescents.
- Against the proposed target of 250, a total of 279 adolescents were trained as Peer Trainers out of which 246 were girls.

- 1,359 adolescents trained as peer educators out of which 999 were girls.
- Promotional material on life skills developed in Hindi for the peer trainers and peer educators.

RAJIV GANDHI MOBILE PRIMARY HEALTHCARE SERVICES – REACHING THE UNREACHED

Goal: To develop a sustainable community based primary health care model to achieve the target of “Health for All” by utilizing the concept and techniques of development communication

Communication Approaches: Development Support Communication, Social Marketing and Social Mobilization

Area of Operation: Jamwa Ramgarh Block of Jaipur district, Rajasthan

Beneficiaries: General Community

Duration of the project: Three years to hand over the project to the community

Background
Achieving the relatively ambitious goal of

A poor woman receiving free medicines from the Mobile Clinic



“Health for All”, as set out by the United Nations and accepted by the Government of India, requires a people-centred and culturally sensitive communication approach on health and development. The eight essential components of primary health care have been accepted by the member countries of WHO including India as the key to achieving the goal of Health for All. In order to create a demand for primary healthcare services and at the same time strengthen the delivery system, a progressive partnership is required between the community and service providers.

Aspects of social change

The project promotes preventive health-care by information dissemination using an array of formal and non-formal channels. It involves and builds the capacity of the community, provides curative services through a mobile clinic and focuses on reviving the primary healthcare delivery system and making PHCs more user friendly.

Eight essential components of primary health care

- Education concerning prevailing health problems and the methods of preventing and controlling them.
- Promotion of food supply and proper nutrition.
- An adequate supply of safe water and basic sanitation.
- Maternal and child health care, including family planning.
- Immunization against major infectious diseases.
- Prevention and control of locally endemic diseases.
- Appropriate treatment of common diseases
- Provision of essential drugs

Description

The project has been operating in 41 villages of Jamwa Ramgarh block of Jaipur, Rajasthan where the Foundation has been working on water harvesting for over four years. A community healthcare need

assessment was carried out followed by a situational analysis of the delivery system. Based on the identified gaps, a community action plan was developed along with a communication strategy. The community has been involved since the planning phase to ensure ownership and long-term sustainability.

In order to cater to the primary healthcare needs of the community, a Mobile Clinic visits each village once in a week to provide services at the door step as well as to create demand for health. A systematic campaign in project villages has raised awareness on primary healthcare. The primary healthcare service providers have been trained not only in the better management of primary health centres but also in early diagnosis and disease management at the community level. A dialogue has been started between the community and the service providers to develop an action plan for the revival of the PHCs with the support of the communities involved.

Accomplishments

- The project was planned for 28 villages but at the request of nearby villages, was extended to 41 villages.
- More than 42,500 rural people, of whom 46.52 per cent were female and 28.56 percent children under five years of age, were treated by the mobile clinic.

A patient being operated during a free dental camp



- Treatment was provided on highly subsidized rates and poor patients were given free medicines.
- More than 10,000 people were targeted through different IEC activities to bring awareness on health and hygiene.
- Regular talk shows were organized in the schools to promote healthy behaviour covering 9,000 school children.
- For capacity building of service providers, training programmes have been conducted for doctors and paramedical staff.
- The community has contributed Rs. 1,45,170 to the project.

DENTAL CAMPS – ESSENTIAL ORAL CARE

Goal: To improve the oral health of poor communities by providing quality dental care services with a focus on tobacco prevention.

Communication Approaches: Communication for Informed Choice

Area of Operation: Different districts of Uttar Pradesh

Beneficiaries: General Community

Duration of the project: Six free camps are organised each year

Background

While awareness on proper dental care is quite low in urban areas, it virtually vanishes as we go down to rural areas. Lack of awareness, unhygienic practices and use of tobacco (in any form) increase the risk of oral problems like tooth decay, plaque, tartar, gum diseases and oral cancers. Raising awareness on proper oral health and prevention of tobacco use are of utmost importance. Communication programmes can help people make informed choices.

Description

The camps are organised in collaboration with L. Gela Ram Memorial Dental Clinic and Orthodontic Centre, New Delhi. There are approximately 2000 beneficiaries per camp. Patients are screened and according to requirement dental specialists undertake different dental procedures inside the mobile clinic.

Simultaneously, a few trained workers conduct talk shows and group meetings to raise awareness on oral health. The doctors while treating the patients provide counselling on preventive oral health and motivate tobacco users to give it up. For follow-up, the patients are encouraged to visit the District Hospital.

Accomplishments

- Six free dental camps were organised covering two districts of U.P
- Besides raising awareness on oral health among 12,000 people, a total of 2201 people were treated for various dental problems.
- Linkages were established with Sanjay Gandhi Memorial Hospital, Amethi for the follow-up of the patients.

TUBERCULOSIS CONTROL PROGRAMME – HOLISTIC MODEL FOR MANAGEMENT OF TB IN RURAL AREAS

Goal: To evolve a cost-effective model for the prevention, early detection and management of Tuberculosis.

Communication Approaches: Health Education and Development Support communication

Area of Operation: Kangra District, Himachal Pradesh

Beneficiaries: General Community

Duration of the project: Ongoing

Background

The HIV epidemic has posed heavy challenges in the management of Tuberculosis, one of the common opportunistic infections found in HIV positive people. In India around 5,00,000 people die of TB each year. However, these deaths are preventable by early diagnosis and complete treatment. The Foundation's TB Control Programme focuses on early detection and complete treatment of patients suffering from the disease.

Aspects of Social Change

Health Education is critical to successful and effective health promotion, especially for the prevention, early detection and management of TB.

Description

The project is being implemented in Kangra, Himachal Pradesh, in partnership with the World Memorial Fund for Disaster Relief, India.

Various communication channels are used to raise awareness on the prevention and treatment of tuberculosis, with special emphasis on the need to improve hygiene and sanitation. For early detection of the disease, the volunteers undertake household surveys in which they discuss the symptoms of TB like persistent cough for three weeks or more, pain in the chest, loss of weight, loss of appetite and coughing up of blood. The symptomatic cases are referred for a sputum test, which is available at the Mobile TB Clinic. If positive, the patient is counselled and treatment is started immediately. The volunteers follow-up with the patients and ensure that they complete the course.

Accomplishments

- So far, 939 people have been successfully treated in Kangra District
- This year a total of 19,008 people were surveyed for Tuberculosis
- 49 TB patients successfully completed DOTS this year
- 114 patients are under treatment

RED RIBBON EXPRESS - COMMUNICATION AND SOCIAL ALLIANCE FOR MANAGEMENT OF HIV/AIDS

Goal: To contribute to the national goal of reducing the rate of new HIV infections to zero by 2007 by generating awareness on HIV/AIDS in over 15,000 Gram Panchayats in the rural interiors of the country

Communication Approaches: Behaviour Change Communication, Social Alliance & Social Mobilization

Area of Operation: Entire country

Beneficiaries: General Community

Duration of the project: One year

Background

India, with more than 5.3 million people with HIV/AIDS, is poised to become the country with the largest HIV positive population in the world. While the country remains at a low prevalence rate (0.7% of the population is estimated to be HIV positive), the size of India's population means that even a slight increase in the prevalence rate will lead to another million people becoming HIV positive. There is also a growing shift from the highest risk groups to the general population and from urban areas to rural areas. For India to respond effectively to infection trends and prevent enormous social and economic damage, its prevention efforts need to be accelerated, intensified and expanded. Only a narrow window of opportunity will be available over the next few years to prevent the pandemic from spinning out



Shri Sunil Dutt, Union Minister for Sports & Youth Affairs, addresses an RRE communication planning workshop

of control, and will require the coordinated efforts of different stakeholders at the community.

Description

The Red Ribbon Express (RRE) initiative, conceptualized by the Foundation, will be a joint venture of the Rajiv Gandhi Foundation (RGF), the National AIDS Control Organisation (NACO) and the Ministry of Sports & Youth Affairs. A seven-coach train with an auditorium cum training center; a counselling, testing, care and support unit; an exhibition and resource center and accommodation facility for the staff and performing artistes, will traverse the length of the country, carrying the HIV/AIDS prevention campaign to approximately

15,000 gram sabhas and municipal bodies in the interior. The Red Ribbon Campaign will strengthen existing partnerships and bring in a large number of youth as AIDS prevention communicators.

It was hoped that the project would begin during 2005-06, but has been delayed by the non-availability of railway coaches. However, a considerable amount of preparatory work has been done. It is expected that the Ministry of Railways will provide the coaches at a concessional rate to NACO.

Accomplishments

- Workshops have been conducted to formulate a training curriculum and a communication strategy involving

eminent subject experts, media artistes, doctors and technical specialists, writers and other stakeholders.

- A strong communication strategy has been developed. A total of 15 street plays have been specially prepared for the Red Ribbon Express project.
- Training manuals have been prepared for various stakeholders and implementing staff.
- Baseline survey is in progress at the district level and comprehensive guidelines have been issued to field functionaries.
- Designs and layouts for fabrication of train coaches have been prepared.

HEALTH

Highlights 1992 – 2006

1992-2006

Project HRIDAY (Health Related Information Dissemination Among Youth)

- Initiated in collaboration with All India Institute of Medical Sciences, New Delhi
- Promoted awareness on health issues and healthy living habits among children from 33 schools and the community
- Expanded by Prof. Srinath Reddy with support from the Ministry of Health and Family Welfare, and WHO

TB Control Programme

- Developed an effective model for prevention and management of tuberculosis in remote areas
- Nearly 940 TB patients have successfully completed treatment in Kangra District, Himachal Pradesh
- Replicated in Sultanpur District, UP, where 160 TB patients have successfully completed treatment

Dental camps

- Initiated a mobile dental clinic in collaboration with Lala Gela Ram Memorial Dental Hospital & Research Centre, New Delhi
- Promoted “Oral Health & Healthy Life” among the underprivileged in Sultanpur District, U.P. through annual dental camps and a mobile dental clinic
- 29,200 people have been benefited from 18 camps organised through the well furnished dental clinic (consisting of intra oral camera, digital autoclave, dental X-Ray, Digital Satelec etc.)

1995-2000

Primary Health Care through traditional system of medicine

- Identified plant-based medicines, which are affordable and simple to prepare, and effective in treating 70 per cent of common ailments
- Promoted women's empowerment and community self-reliance through indigenous health practices in village Rampuram of Anantapur district of Andhra Pradesh

1995- 2005

Cancer Care Programme

- Developed and initiated a home-based model for palliative cancer care for terminally ill cancer patients in Delhi, Gurgaon and NOIDA
- Programme now managed by the Rajiv Gandhi Cancer Institute, Delhi
- About 100 patients are treated every year

1996-2006

Rajiv Gandhi Workforce for Prevention, Control and Management of HIV/AIDS

- Launched in Delhi, Mumbai and all the North-Eastern states
- Mobilised and trained a workforce of 1,520 general medical practitioners and 500 NGOs for prevention, control and management of AIDS

Rajiv Gandhi Mobile AIDS Counselling Services Project

- Developed an integrated, cost-effective, scientifically sound strategy for prevention, control and management of HIV/AIDS
- Developed a flipchart on HIV/AIDS awareness for the use of Community Health Workers
- Effectively implemented in Delhi and Mumbai covering 24 lakh people with the help of the Rajiv Gandhi workforce
- Prepared a manual on home based management of HIV/AIDS with PHO, Mumbai
- Project model has been recognized as best practices by the European Commission

1997-2006

Health For All

- Developed a community-based primary health care model by using the concept and techniques of social marketing
- Successfully implemented in 32 villages in Sultanpur district of UP & Bhatti Mines area in Delhi
- Replicated in Jamwa Ramgarh block, Rajasthan

- General awareness level on health has increased

2005-2006

Training Manual on HIV/AIDS for private medical practitioners (PMPs) of Indian system of medicine & homeopathy (ISM & H)

- Pre-tested and finalised draft manual for training of practitioners of ISM and homeopathy with VHAI

Training of Private Medical Practitioners of Indian Systems of Medicine and Homeopathy on HIV/AIDS

- Implemented by VHAI in Rajasthan, Orissa, Jharkhand, Punjab and Madhya Pradesh
- 20 professionals representing the five project states have been trained as master trainers

Smart Parenthood Campaign

- Conceptualised by the Foundation to combat sex ratio in Kurukshetra District of Haryana
- Women and adolescent girls by educated about reproductive and sexual health
- Over 100 village health committees formed to fight against female foeticide and gender discrimination
- Network of trained medical officers, paramedics, panchayat members, school teachers, lawyers, students, folk artistes created
- Systematic media advocacy campaign reinforced efforts by different stakeholders

Empowering the out-of-school adolescents through life skills education

- Implemented by FICCI-SEDF in 10 slums of Delhi
- Five day training curriculum on life skills developed
- Training of trainers organised for 25 professionals from different NGOs working in 10 slums
- Over 279 out-of-school adolescents trained as peer trainers
- 1,359 out-of-school adolescents trained as peer educators

RGF's HEALTH PROGRAMMES

