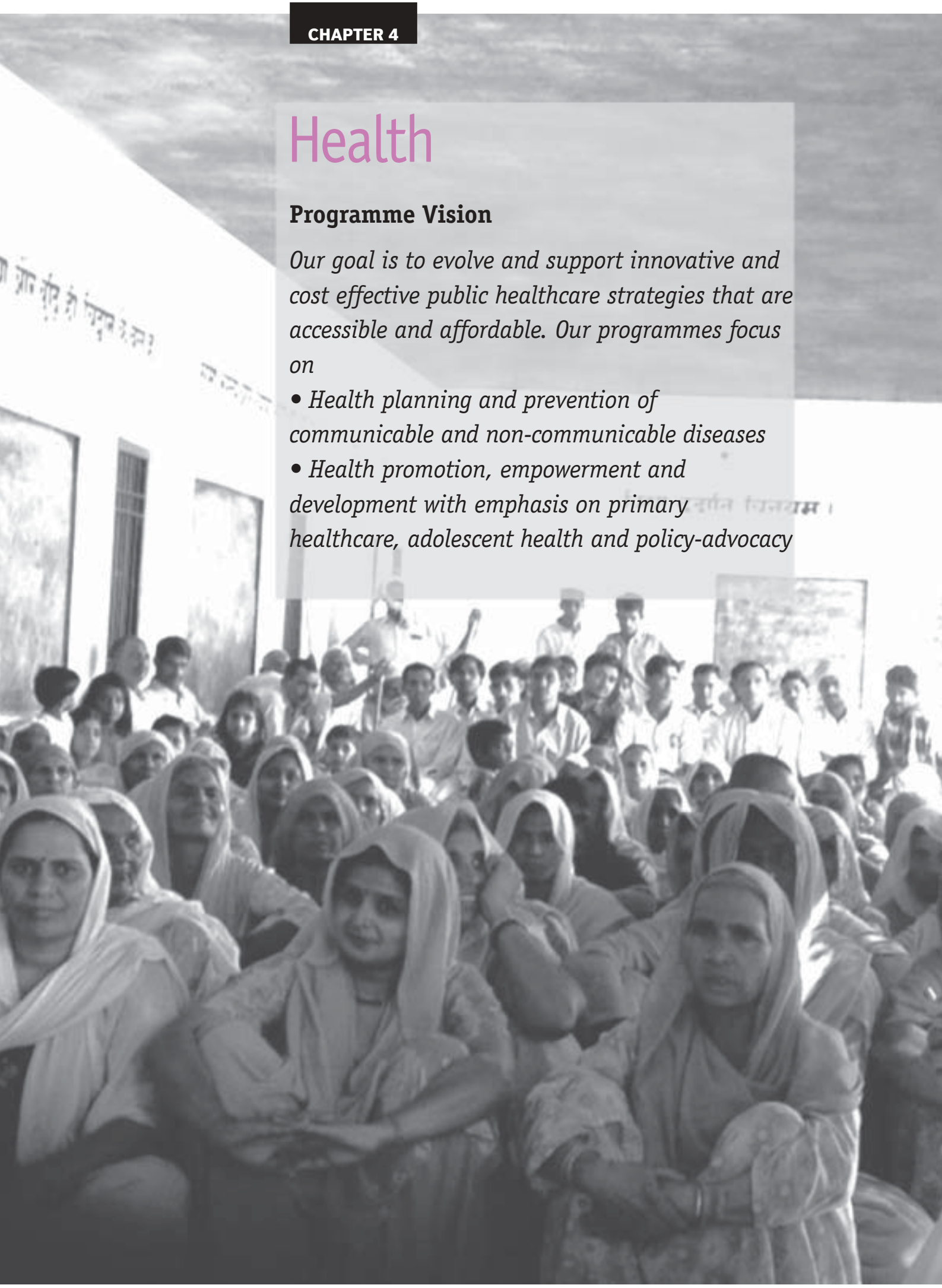
CHAPTER 4

Health

Programme Vision

Our goal is to evolve and support innovative and cost effective 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*



Health

HIGHLIGHTS 2006 – 2007

EMPOWERING WOMEN AND ADOLESCENTS

Smart Parenthood Campaign

- Initiated in 5 blocks of Kurukshetra district, Haryana to improve the declining sex ratio by empowering women and adolescent girls. First phase completed successfully in June 2006.
- Promotional material and counselling aids developed on project issues.
- About 350 key stakeholders including doctors, paramedics, volunteers, panchayat members, village health committee members, students, and folk artistes trained.
- 100 village health committees (VHCs) formed to combat female foeticide.
- 600 volunteers involved to disseminate information on reproductive and sexual health, gender discrimination, declining sex ratio and population stabilization.
- 11 Smart Parenthood Clinics started to counsel youth.
- Second phase of the project launched in February 2007 expanding the effort to other parts of the District.

Empowering out-of-school adolescents through life skills education

- Pilot in 10 slums of Delhi. Linkages established with 17 local NGOs working in the project area.
- 25 middle level managers of NGOs trained as Master Trainers.
- A comprehensive five days interactive training curriculum on life skills developed for providing training to out-of-school adolescents.
- 279 adolescents trained as Peer Trainers, who identified and trained 1359 more adolescents as peer educators.
- Promotional material on life skills developed in Hindi for the peer trainers and peer educators.
- Used Folk media to sensitise and build rapport with the community and the target group.

COMMUNITY HEALTH CARE

Community Aide Support for Improved Infant and Child Nutrition and Pre-school Education

- Project in collaboration with Belaku Trust to strengthen the ICDS programme in six villages of Bangalore rural district.

Community meeting with women and youth to discuss strategies for improving the sex ratio in Kurukshetra

- Operational strategy and training plan developed after a baseline survey to assess existing knowledge, attitudes and practices regarding childcare and nutrition.
- Community meetings and individual discussions to encourage the community to provide support to the Anganwadi staff.
- Community workers named as "Gelathi" identified from each of the project villages to support the Anganwadi Centres.
- Training manual developed and capacity building programmes organised for the project team. Linkages established with various government departments.
- Village Health Committees established in all 6 project villages.

Save the Kidney initiative

- "Save the Kidney" project launched in Madanpur Khaddar resettlement colony of Delhi to prevent end stage renal disease and promote organ donation.
- Over 2000 patients screened so far.

Health for All initiative

- Project initiated in partnership with MAMTA in Rai Bareilly to demonstrate cost effective and sustainable strategy for achieving Health for All.
- Rapid situational analysis undertaken in the project area and based on its results, communication strategy and training plan developed.
- Capacity building programme developed; Linkages also established with NGOs, panchayats, government officials, youth groups, self help groups, etc.

Dental Camps - Essential Oral Care

- RGF in collaboration with L. Gela Ram Memorial Dental Clinic and Orthodontic Centre, New Delhi organized free dental camps with a view to raise awareness on oral care.
- This year three camps organised in UP where 1932 children and 175 adults examined and treated.

HIV/AIDS PROGRAMME

Prevention, Control and Management of HIV/AIDS

- 354 practitioners of Indian Systems of Medicine and Homeopathy trained on prevention, control and management of HIV/AIDS in five highly vulnerable states - Punjab, Rajasthan, Orissa, Jharkhand and Madhya Pradesh.
- In Delhi 15 youth groups with 411 members trained, over 22,300 people reached through communication channels, 81,682 pamphlets/posters and stickers distributed, 3,859 people reached through community group meetings and another 20,700 during home visits.
- After successfully covering 41 slums of Mumbai, the Mobile AIDS Counselling Services van extended to Nasik, Solapur, Ahmednagar and Pune Districts of Maharashtra.

Smart Parenthood Campaign

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.

Area of Operation: Kurukshetra District, Haryana

Beneficiaries: General Community

Duration of the project: Three years to cover a district

Background

It is estimated that there are almost 200 million adolescents in India. The unmet reproductive health needs and lack of reliable sources of information increases their vulnerability towards varied sexual and reproductive health problems including HIV/AIDS. Females are more vulnerable with gender discrimination prevalent in society. Another area of great concern is the rapidly declining girl child sex ratio. Relatively prosperous states like Haryana and Punjab have the worst situation.

The Smart Parenthood Campaign uses a social marketing approach to sensitise the population against sex selective female foeticide, enforcement of the Parental Diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994 and the creation of an environment to enhance knowledge and change behaviour and practices in respect of reproductive health. It sensitises, involves and builds the capacity of the primary audience (youth & newly married couples) and secondary audience (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.

Description

Conscious of the urgency of a comprehensive programme that not only emphasizes improving the sex ratio but also focuses on creating an enabling environment for the youth, the Foundation conceptualised and designed the Smart Parenthood Campaign project.

A folk-artist performing during community meeting at village Kamoda in Kurukshetra

Shri Manmohan Malhoutra, Secretary-General, RGF interacting with stakeholders of the Smart Parenthood Campaign project in Kurukshetra

District Kurukshetra of Haryana, which has the country's worst girl child sex ratio of 771(as per census 2001), has been selected to pilot the project. At the start a comprehensive community needs assessment was undertaken and based on the results, 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, the Directorate of Audio-visual Publicity (DAVP), Folk and Cultural Division, local newspapers and TV channels.

Village Health Committees (VHCs) were formed in the 100 villages of Thanesar, Babain, Shahbad, Pehowa and Ladwa blocks of the district with participation of panchayat members, religious leaders and other key stakeholders to strengthen the health delivery system. The VHCs were sensitised and trained to address the issues related to female foeticide and gender discrimination at the village level.

Local folk media artistes were 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 were established, two each in the five blocks of the district.

Achievements

The first phase of the project was successfully completed in June 2006. The 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. A number of child marriages were prevented.

Folk media have 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 where services are more youth-friendly. The regular data collection by the Health Department shows a slight improvement in sex ratio at birth in the district.

Quantitative achievements

- 250 key stakeholders including media, community leaders, religious leaders, teachers, volunteers, local politicians, government officials and non-governmental organisations directly sensitised and involved.
- 350 doctors, paramedics, volunteers, panchayat members, village health committee members, students, and folk artistes trained on project issues.
- 100 vibrant village health committees (VHCs) have been 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 has been ensured in the VHCs.
- About 600 volunteers were involved to disseminate information on issues like reproductive and sexual health, gender discrimination, declining sex ratio and population stabilization.
- 10 Smart Parenthood Clinics were started in Primary Health Centres to provide counselling to youth and newly married couples on reproductive and sexual health. An additional Clinic was started in a private nursing home.
- Promotional material and counselling aids were developed to disseminate correct and complete information on project issues.
- A successful media advocacy campaign was undertaken to sensitise the administration and community at large. The project enjoyed high media coverage.
- An experience-sharing workshop was organised at the end of the first phase involving different stakeholders. The purpose of the workshop was to plan the next phase of the project with their involvement.

Educating youth – a counselling session under way at a Smart Parenthood Clinic in Kurukshetra

The very encouraging results of the first year encouraged the Foundation to continue the project in District Kurukshetra. Based on the recommendations of the primary as well as secondary stakeholders, the second phase of the project was started on 15 February 2007. The second phase will focus extending the effort to all the 400 villages of 5 blocks of the district. Special emphasis will be given on increasing the involvement of the primary target group and building the capacity of the local administration and community with a view to handing over the project to the community and the district administration at the end of the second phase.

EMPOWERING OUT-OF-SCHOOL ADOLESCENTS THROUGH LIFE SKILLS EDUCATION

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.

Area of Operation: 10 slums of Delhi.

Beneficiaries: Out-of-school adolescents.

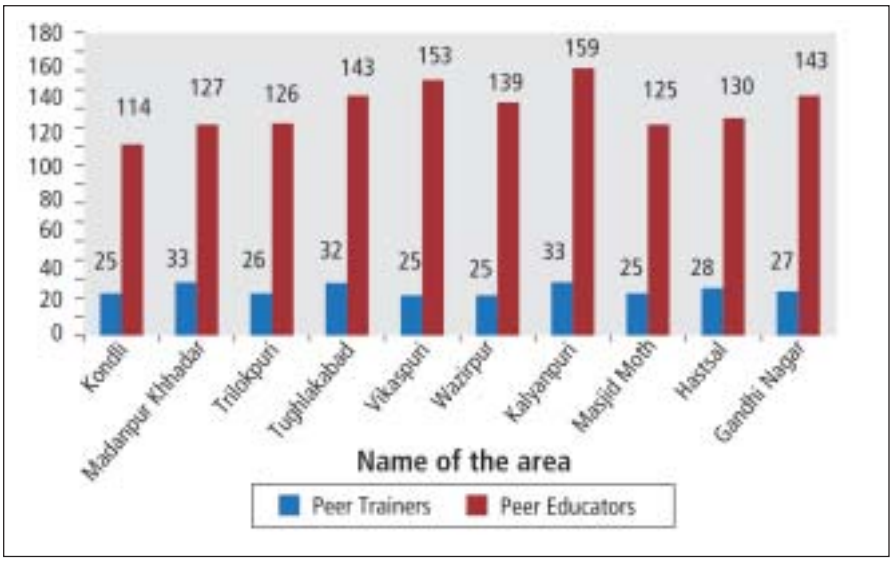
Duration of the project: One year per slum to create a cadre of trained master trainers, peer trainers and peer educators.

Background

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". Lack of reliable

information pertaining to reproductive and sexual health, makes the majority of adolescents in India (aged 15–24), belonging to the sexually experimental age group, vulnerable to STIs including HIV/AIDS. Life Skills education has the potential to inculcate positive behaviour and skills amongst the youth. The Foundation designed the life skills education project for out of school adolescents and piloted it in 10 slums of Delhi. The first phase of the project in partnership with FICCI-SEDF was successfully completed in May 2006.

A master trainer teaching life skills to peer trainers



Description

Local NGO partners were identified in each of the 10 slums. Then officials were sensitised on the issue of adolescent health and were informed about the benefits of life skills. The middle level managers from these NGOs were trained as master trainers on life skills and adolescent health. A group of out of school adolescents was then identified and trained as Peer Trainers with the help of Master Trainers. These trained peer trainers in turn identified and trained more out of school adolescents as peer educators. The master trainers mentored these peer trainers and facilitated the training of the peer educators. A cascading process of empowerment was instituted.

The Foundation is planning to cover 10 more slums of Delhi and a few more areas in the National Capital Region through this project in its second phase from June 2007.

Achievements

- Linkages have been established with over 17 local NGOs working in the 10 slums.
- Over 25 middle-level managers of NGOs working in the project area were trained as Master Trainers in a seven days training programme focused on life skills and sexual health. Following that a comprehensive five days interactive training curriculum on life skills was developed for providing training to 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. These Peer Trainers further identified and trained 1359 adolescents as peer educators.
- Promotional material on life skills was developed in Hindi for the peer trainers and peer educators.
- Folk media were used extensively to sensitise and build rapport with the community and the target group.

COMMUNITY AIDE SUPPORT FOR IMPROVED INFANT & CHILD NUTRITION AND PRE-SCHOOL EDUCATION

Goal: Improving nutrition and growth in young children by introducing a trained Community Aide who will provide support to the Anganwadi workers as well as information and counselling to family care givers.

Area of Operation: Six villages of Bangalore rural district.

Beneficiaries: Women and children

Duration of the project: 15 months

Background:

Malnutrition leading to poor growth in young children is widespread in the country. The Integrated Child Development Services (ICDS) programme was set up to counter this problem, through provision of additional nutrition and growth monitoring, as well as to provide stimulation and education to the pre-school child. It has been hailed as a visionary programme and remains a potentially key institution for child health, nutrition and development.

Unfortunately, there is great variance in its performance across the country. While it is performing well in some parts, it is far from satisfactory in other parts. This project is an effort to strengthen the ICDS programme in six villages of Bangalore rural District. It has been conceptualized and implemented by the Belaku Trust.

Achievements

- At the start, a baseline survey was conducted in the targeted villages to assess existing knowledge, attitudes and practices regarding childcare and nutrition. Based on that, the operational strategy and training plan was developed.
- Community meetings and individual discussions were undertaken in all the project villages to encourage the community to provide more support to the Anganwadi staff and to play an active role in overseeing the proper functioning of the ICDS programme.
- A community level worker named as "Gelathi" was identified from each of the project villages to support the Anganwadi centres. The specific roles of the worker include:
  - Strengthening the pre-school education component by play activities and stimulation of the children in the anganwadi.
  - Assisting in growth monitoring of all the children and paying extra attention to wasted, stunted and at risk children.
  - Engaging in family nutrition counselling as well as carrying out preventive counselling and other nutrition strategies in the villages.
  - Encouraging continued community involvement.

- A training manual has been developed and capacity building programmes have been organised for the project team. Networking has been done with various government departments like ICDS, Health and Education as well as with other stakeholders at the community level for effective implementation of the project.
- Village Health Committees have been formed and strengthened in all the six project villages. Various community problems are now being sorted out with the help of these village committees and this has proved to be highly beneficial to the programme.

Families in general are happy with the Anganwadis and they feel responsible to send their children neatly dressed to the Anganwadis. In addition to this there has been a drastic change in the attitude of the Gelathis. They have started taking increased interest in making the learning a more interesting process and also think of innovative measures to be implemented in the curriculum.

SAVE THE KIDNEY INITIATIVE

Goal: Screening, early detection, treatment and regular monitoring of blood glucose and hypertension with a view to reduce the onset of End Stage Renal Diseases (ESRD), with particular benefits to the poor and promote organ donation.

Area of Operation: Madanpur Khaddar

Beneficiaries: General Community

Duration of the project: 5 years

Background

The root of the project lies in the National Policy Dialogue on Transplantation of Human Organs Act, 1994 which was organized by the Foundation on 10 December 2004 to review the Act and identify gaps. Realizing that very few efforts are being made on the preventive aspects of End Stage Renal Disease and that a promotional programme for organ donation is virtually missing, the Foundation started the "Save the Kidney" project for prevention of renal diseases and for promotion of organ donation. Our Chairperson launched the project on 19 November 2006.

Description

The project is being implemented in Madanpur Khaddar area of Delhi in collaboration with the All India Institute of Medical Sciences, Delhi and Rajbhra Foundation. The Rajbhra Foundation has provided a mobile van and AIIMS is responsible for executing the project. The mobile van contains equipment for screening hypertension and blood sugar and has a social worker, counsellor and lab technician. Besides screening and treatment of hypertension and diabetes, which if left unattended result in severe renal impairment, the van also

Smt. Sonia Gandhi flagging-off the mobile van of "Save the Kidney" project on 19 November 2006 in New Delhi

undertakes different IEC activities to bring about awareness on prevention of kidney diseases and promote cadaveric organ donations. Apart from prevention of kidney failures, the early detection and management of hypertension and diabetes will also help in controlling other non-communicable diseases, especially coronary artery diseases.

Over 2000 people have been surveyed so far

HEALTH FOR ALL INITIATIVE

Goal: To demonstrate a cost effective and sustainable strategy for achieving the global goal of Health for All.

Area of Operation: Harchandarpur Block.

Beneficiaries: General Community

Duration of the project: one year

Introduction

The International Conference on Primary Health Care in Alma-Ata, Kazakhstan, in 1978, brought together 134 countries and 67 international organizations. The conference defined and granted international recognition to the concept of Primary Health Care as a strategy to reach the goal of Health for All by 2000. "Health for All by the Year 2000", an ambitious and worthy goal, is far from being achieved. A need-based and people-centred approach is required to reach this global goal. The Foundation has evolved a cost effective, sustainable and culturally appropriate model based on the techniques of social marketing to advance process to this goal. The model was successfully demonstrated in Sultanpur District of Uttar Pradesh and Delhi in the year 1997 and 2004 respectively.

Encouraged by its success, the Foundation is replicating this model in Raibareilly District, U.P. MAMTA, a national level NGO, is the implementing partner. The project was initiated in October 2006 in Harchanderpur block covering a population of approximately one lakh. It will be upscaled gradually in the entire district.

Description

Development interventions through adoption of social marketing principles help promote and provide rational behaviour changing choices among people. Reciprocal linkages between programme and people get established. At the start, a rapid situational analysis was carried out in the project area. Based on the results, a communication strategy and media packages were developed to bring about awareness on primary healthcare. Linkages have been established with key stakeholders including PRI members, government and non-government organisations, opinion leaders, media, corporates etc to create an enabling environment and for providing quality services.

A training programme was organised for the local folk artists on primary healthcare issues and a communication campaign launched with their involvement. Having regard to the successful experience of involving the community through village health committees in the Smart Parenthood Campaign, we are establishing the VHCs with involvement of key stakeholders and community representatives in the area.

These groups will be involved and trained to advance the project activities. A training and orientation programme has also been conducted for the primary healthcare workers, volunteers, medical officers, PRI members, media and community-based groups.

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.

Area of Operation: Different districts of Uttar Pradesh

Beneficiaries: General Community

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

Background

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. The Foundation in collaboration with L. Gela Ram Memorial Dental Clinic and Orthodontic Centre, New Delhi organizes free dental camps with a view to raise awareness on oral care.

Children getting medicines free of cost during a dental camp

Description

Patients are screened and according to requirement dental specialists undertake different dental procedures inside the mobile van. All the medicines are given free of cost. Also, the trained workers organize group meetings and talk shows to raise awareness on oral health.

Achievements

- During the first camp on August 18 at Jagatpur, 785 school children were educated about oral hygiene. They were also examined for oral problems and those suffering were treated free of cost.
- Further, 175 adults availed the services of the dental specialists in the camp.
- The second camp was organised on 19 August in Teigaon in which 447 children were examined out of whom 170 got their cavities filled and 90 got their teeth scaled.
- In the third camp on 20 August at Lalpur Khas 700 children were examined. 200 children suffering from dental cavities got their teeth filled and another 150 got oral prophylaxis.

POLICY ADVOCACY – MAKING TRANSPLANTATION OF HUMAN ORGANS ACT, 1994 RECIPIENT AND DONOR FRIENDLY

In India, the Transplantation of Human Organs Act (THOA) came into force in 1994 with the aim of curbing trade in organ donation and legalizing the concept of brain death, thereby promoting cadaveric organ donation. However, the decade old history of the Act has witnessed various kidney rackets and transplantation scams involving various hospitals and doctors and the benefits of transplantation have not reached the poorer sections of society. Against this background, the Foundation organised a National Policy Dialogue on the Transplantation of Human Organs Act, 1994 on 10 December 2004 in New Delhi to review the act. The chief guest was Dr. A. Ramadoss, Union Minister for Health & Family Welfare. Eminent transplant surgeons and physicians, government officials, leading NGO representatives and media persons participated in the Dialogue.

Following the event, the Foundation constituted a Task Force among the participants to look further into the gaps. The Task Force formulated Guidelines for the Authorization Committees and an Incentive Policy for Donors, which were forwarded to the Ministry of Health and Family Welfare in July 2005 for consideration. A Committee (THOA Review Committee) was also set up by the High Court of Delhi with directions to review the efficacy, relevance and impact of the legal provisions contained in the Transplantation of Human Organs Act 1994. This Committee submitted its recommendations to the Government.

Description

The Ministry of Health has requested the Foundation to partner with it for finalizing the required amendments in the law. The recommendations made by the Task Force of RGF and by the THOA Review Committee have been up-loaded on the websites of the Ministry and RGF. Through a public notice, different stakeholders have been requested to review the recommendations and give feedback/suggestions. These are being analysed and a National Consultation will be organized in early 2007 to finally review the feedback from different stakeholders and finalise recommendations for amending the law. The Foundation is providing all the technical inputs while the Ministry is providing the financial resources.

RAJIV GANDHI WORKFORCE ON HIV/AIDS

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 perspective of human rights.

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

The Foundation evolved a strategy to bring together General Practitioners (GPs) and Civil Society to harness their credibility and reach in the fight against HIV/AIDS. Doctors, as healers, are considered important and people listen to their advice. Similarly, the reputation of many NGOs at grass root level is high. Linking them to create synergy, the Foundation in 1996 created a mutually supportive network - the Rajiv Gandhi Workforce of GPs and NGOs to ensure convergence of efforts.

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. 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.

Training Programme in 2006-2007

State	Number of GPs trained
Rajasthan	76
Orissa	58
Punjab	66
Jharkhand	78
Madhya Pradesh	76
Total	**354**

Achievements

- A total of 1,849 general practitioners (GPs) and 553 NGOs have been trained in Delhi, Mumbai and the North-East since 1996.
- These trained GPs voluntarily provide their services such as diagnosis and treatment of sexually transmitted infections (STIs), preventive and supportive counselling on HIV, referral and follow-up services for HIV positive people.
- This year, 354 practitioners of Indian Systems of Medicine and Homeopathy have been trained by the Voluntary Health Association of India in Punjab, Rajasthan, Orissa, Jharkhand and Madhya Pradesh.

RAJIV GANDHI MOBILE AIDS COUNSELLING SERVICES (RGMACS)

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

Area of Operation: Delhi and Maharashtra.

Beneficiaries: The general community.

General Practitioners attending a training programme on prevention, control and management of HIV/AIDS in Dibrugarh, Assam

Duration of the project: One year per slum.

Background

Since the first case of HIV was detected in 1986 in Chennai, the Government and Civil Society started evolving strategies to check its spread. Following the strategies of western countries (where the virus appeared much earlier), India's programmes started targeting the high-risk groups. The intention was good - curtailing the virus at source, but the results were not - over 5.2 million of our people are living with HIV/AIDS.

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 project has also been documented at HS-PROD – a database for health sector reforms developed by the Central Bureau of Health Intelligence (CBHI), Ministry of Health and Family Welfare, Government of India

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.

Description

A well-equipped mobile van visits an

Group counselling session on HIV/AIDS with a youth group in Delhi

Rajiv Gandhi Mobile AIDS Counselling Services Van in Maharashtra

Outcome of Behaviour Change Communication Strategy in RGMACS

Communication Interventions	Levels of Intervention	Behavioural Outcome
Information, Education and Counselling (Street plays, Puppet shows, Audio visual shows, magic shows, community meetings, group meetings, individual counselling, group counselling, print material, slogans/ wall writing, talk shows, peer education/counselling, stakeholders meetings, media seminars)	Individuals	Sexual Abstinence Sexual delay Partner reduction Correct and consistent use of condoms Use of safe blood Increased utilization of voluntary counselling and testing services Use of sterile syringes and needles Access to STIs and opportunistic infection management services Access to ARVs
	Community	Open dialogue Reduction in stigma, discrimination and denial Care and support of People Living with HIV/AIDS (PLHAs)
	Service providers	Well informed and trained service providers Services are • User friendly • Accessible • Affordable • Available Improved quality Client satisfaction
	Social and political environment	Linkages and Networking Multi-Sectoral Partnership Media Support Overall conducive environment for PLHAs

identified slum once each 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.

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 tool kit of local responses to HIV/AIDS.

RGMACS IN DELHI...

- The last phase of the project was successfully completed in June 2006. It was implemented by FICCI-SEDF in seven slums of Delhi covering a population of over three lakhs.
- A total of 15 youth groups with 411 members were trained on various aspects of HIV/AIDS who further involved and trained other youth of the area.
- Over 22,300 people were reached through communication channels like magic shows, street plays, quiz competitions and audiovisual shows. Information was also disseminated through 81,682 pamphlets/posters and stickers covering various aspects of HIV/AIDS and STIs.

- 3,859 people were 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 helped in bringing awareness on HIV/AIDS and in implementation of the project.
- A total of 11,632 packets of condoms were distributed through 214 condom depots in the project area. Linkages were established with local NGOs, government hospitals, religious leaders and community groups for effective implementation and sustainability.
- Over 40 local healthcare providers were sensitized and trained on issues related to HIV/AIDS and STIs with a view to create a pool of motivated and trained service providers.

The Foundation will replicate the project in six more slums of Delhi from June 2007

In Maharashtra

- After successfully covering 41 slums of Mumbai, the Mobile AIDS Counselling Services van had been extended to Nasik, Solapur, Ahmednagar and Pune Districts of Maharashtra.
- A total of 41,247 people were reached in District Nasik through various IEC activities. Over 46,000 leaflets in Marathi and 6,000 packets of condoms were distributed. Another 4,479 people attended the group counselling sessions and 401 received individual counselling in the mobile clinic.

The Foundation will start a mobile van in Pune and another in Mumbai from April 2007

- In Solapur District, 36,031 people reached through IEC activities and over 39,000 leaflets were distributed. Another 4,217 people attended the group counselling sessions and 300 individuals received counselling in the mobile van.
- In Ahmednagar District, around 35,000 people were benefited by IEC activities. Information was also disseminated through 43,000 leaflets.
- Over 34,000 people were reached through IEC activities in Pune District. Another 3,700 people received counselling in groups and 400 received counselling in the mobile van.

Raising awareness on HIV/AIDS- a street play under way in a slum in New Delhi

EVALUATION OF MOBILE AIDS COUNSELLING SERVICES PROJECT

Goal: To get independent feedback from an external agency and accordingly improve the model as per the current needs

Background

The Mobile AIDS Counselling Services project has successfully completed 10 years of operation. Many aspects related to HIV have changed since the project was conceptualized in 1996. While new challenges have risen in the last few years, better options are now available for effective management of positive people by using Anti Retro Viral drugs. Although the project model is highly flexible and has been strengthened in course of implementation, the Foundation commissioned the evaluation study to Hindustan Latex Family Planning Promotion Trust (HLFPPT) to get independent feedback from an external agency.

The study focused on assessing the impact of the project at different levels. The results of the study are highly encouraging and confirm the need to up-scale the project in other highly vulnerable states.

Findings

- The project is able to create a cadre of trained community health workers, volunteers, general practitioners, youth and adolescent groups from among the community to sustain the efforts of awareness generation and behaviour change.
- The IEC activities were performed by professionals and were able to capture the attention of the audience. Participation of audience during and after IEC performances has been an integral part of the project design and has resulted in better comprehension and appreciation of the messages.
- The presence of the mobile van facilitated the process of service provisioning. The trained doctors of the Rajiv Gandhi Workforce and other volunteer doctors from the localities have played a key role as catalyst for services and counselling.
- The Community Health Workers of RGMACS enjoyed good rapport with the communities and their presence

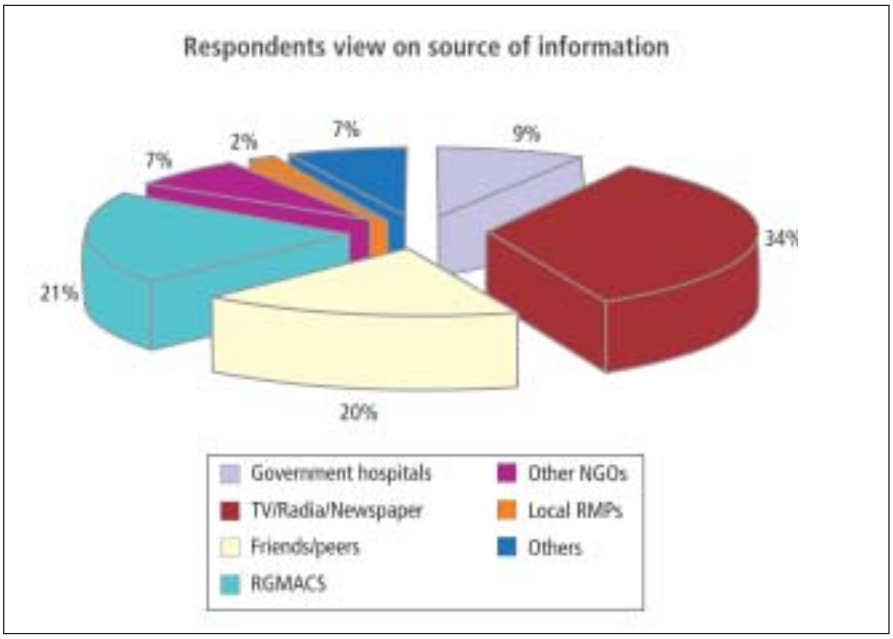
therefore ensured the process of community ownership of the activities and thus the continuum.

Other major findings were

- Almost all the respondents (62 out of 64) interviewed had heard about AIDS.
- The knowledge of sexual route of transmission of HIV was as high as 88 %.
- Although about 12% of the respondents knew about all the four modes of transmission of HIV and about 59 % could talk of 2 to 3 modes of transmission, the respondents displayed a better level of information when probed further.
- 75% of the respondents knew that adopting various methods and measures could prevent HIV/AIDS.
- The knowledge of STIs was available with 61% of the respondents.
- About 28% of respondents knew specifically that HIV testing was available in the government hospitals.
- The knowledge of condoms was almost absolute with 97% of the respondents aware of its use and 87 % of the respondents confirmed that condoms were easily available.
- A few members of the Rajiv Gandhi Workforce who served in the mobile AIDS project continued to work in the area after the project was phased out.

Recommendations

- The participatory approach and practice pursued by the project has been very appropriate, which needs to be followed in the future phases. Involvement of males on a large scale would ensure tangible changes in the behaviour and practice at the community level.
- Involvement of local healthcare providers, the first contact point for the community, is crucial for sustainability of any such programme. Although the project had attempted to involve them the scale of their involvement needs to be restrategized.
- A functional Management Information System (MIS) is required for the project, which will allow tracking on the progress of the project and at the same time the collated data would help to devise further strategies.
- The respondents have good knowledge about the benefits of condom use, but consistent condom use has been reported only by 39% of the respondents. It is recommended that more efforts must be made to promote consistent and correct use of condoms.
- The project refers the patients for services especially for treatment of Sexually Transmitted Infections, HIV testing services and for treatment of opportunistic infections. The project team has very effectively established networks with different hospitals, nursing homes and other institutions for service delivery. However, owing to poor health seeking behaviour of the community, some of the patients do not avail the services. They prefer getting services at the doorstep. More efforts must be done to motivate the patients to adhere to the treatment.



The concluding remark of the report says "the programme strategy is well thought out, contemporary and adequate to meet the requirements."

The Foundation has incorporated the recommendations made by the evaluation study in the programme.

In view of the encouraging findings of the evaluation report and the need to accelerate preventive programmes in the North-Eastern states, the Foundation decided to replicate its Mobile AIDS Counselling Services project there after incorporating the recommendations made by HLFPPT. We have a sound presence of the Rajiv Gandhi Workforce in the North-Eastern states.

AIDS Prevention Society, Assam has been entrusted the responsibility to implement this project in six slums of Guwahati district from April 2007.

HEALTH

HIGHLIGHTS 1992 – 2007

1992-2007

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 1000 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.
- Over 35,000 people have been benefited from 21 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, New Delhi.
- About 100 patients are treated every year.

1996-2007

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

- Launched in Delhi, Mumbai and all the North-Eastern states. Extended in five highly vulnerable states viz Punjab, Rajasthan, Orissa, Jharkhand and Madhya Pradesh where 354 General Practitioners of Indian Systems of Homeopathy and Medicine trained.
- Mobilised and trained a workforce of 2208 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 30 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 and Ministry of Health.
- Extended to Nasik, Solapur, Ahmednagar and Pune Districts of Maharashtra.
- Hindustan Latex Family Planning Promotion Trust recommended scalling up the project in highly vulnerable states after undertaking evaluation study.

1997-2007

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.
- Extended to Raibareilly District of Uttar Pradesh.

2004-2007

Rajiv Gandhi Mobile Primary Healthcare Clinic

- Mobile primary Health Care Clinic implemented in 41 villages of Jamwa Ramgarh Block, Rajasthan.

2005-2007

Smart Parenthood Campaign

- Conceptualised by the Foundation to combat declining sex ratio in Kurukshetra District of Haryana.
- Women and adolescent girls educated about reproductive and sexual health.
- 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.
- Extended for one more year to reach deeper in far flung areas.

Empowering out-of-school adolescents through life skills education

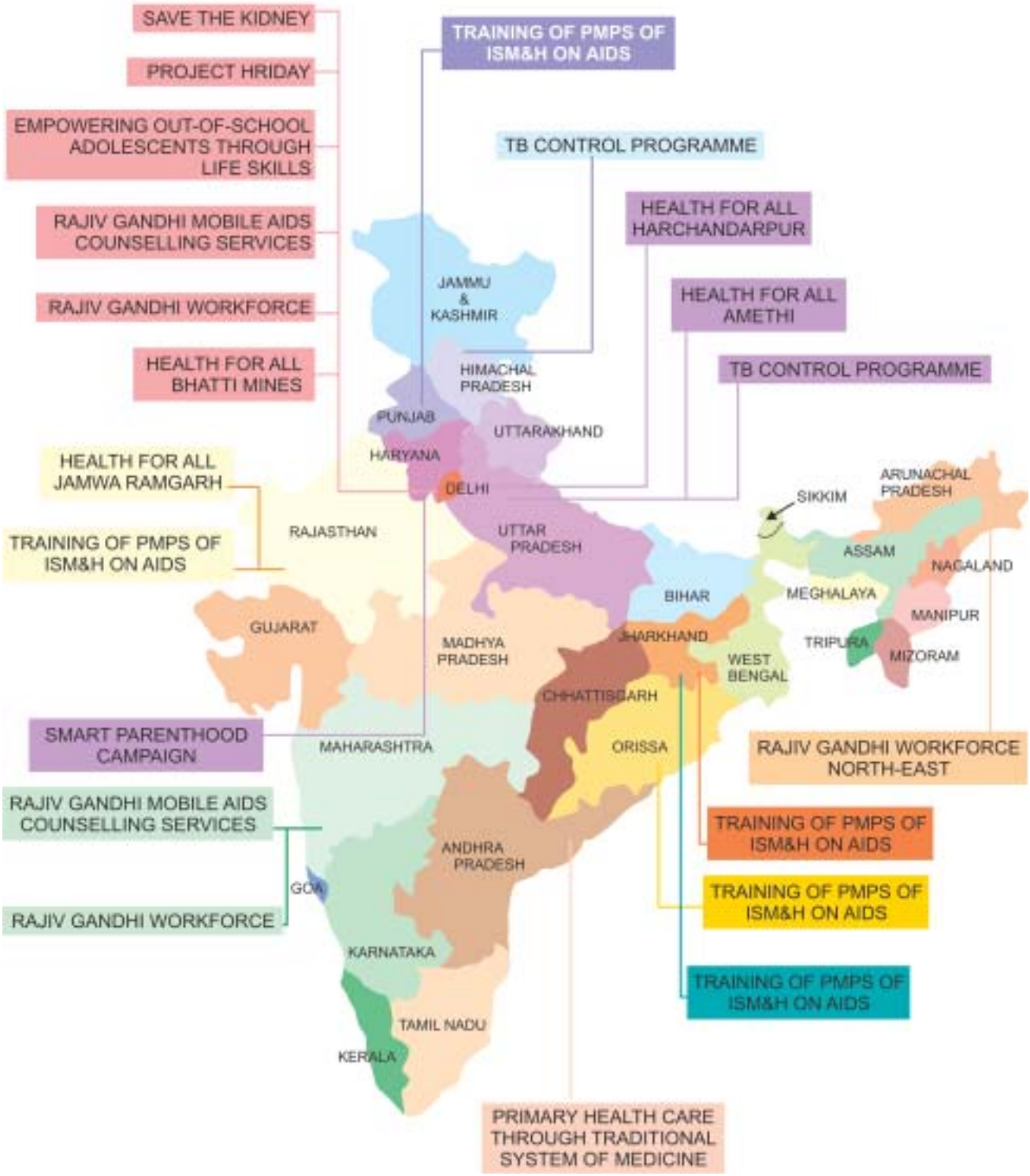
- Implemented by FICCI-SEDF in 10 slums of Delhi.
- Five day training curriculum on life skills developed.
- Training of trainers organised for 25 professionals from different NGOs working in 10 slums.
- 279 out-of-school adolescents trained as peer trainers.
- 1,359 out-of-school adolescents trained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

2006-2007

Save the Kidney Initiative

- Project implemented by All India Institute of Medical Sciences in Madanpur Khaddar resettlement colony of Delhi.
- Launched in November 2006 to prevent End Stage Renal Diseases (ESRD) and promote organ donation.
- Involves screening, early detection, treatment and regular monitoring of blood glucose and hypertension with a view to reduce the onset of ESRD, with particular benefits to the poor, and promote organ donation.

Community aide support for improved infant and child nutrition and pre-school education

- Designed and implemented by Belaku Trust in 6 villages of rural Bangalore to improve nutrition and growth in young children by introducing a trained Community Aide to provide support to the Anganwadi workers as well as information and counselling to family care givers.

RGF'S HEALTH PROGRAMMES IN INDIA