
Chintan Activity Report 2011

Chintan International Trust

DEODAR HIMALAYAN PROGRAM

• HEALTH • EDUCATION • ENVIRONMENT



Grameen Swasthya Sewa



Dr Daya Mishra & Dr Tanupriya Ghosh at Mukteshwar Clinic & Outreach services.



Table of Contents



Deodar Himalayan Program	5
Activity 2011	5
<i>Executive Summary</i>	6
Helping Himalayan Health	7
Eco-Health Approach	7
<i>Deodar Himalayan Program</i>	7
Deodar Himalayan Action	9
Where we have Reached	9
<i>Health</i>	10
<i>Education</i>	10
<i>Environment</i>	10
Mission Impossible 2011	11
§ Mukteshwar grameen swasthya kendra §	11
<i>Dedicated Doctors</i>	11
<i>Community Participation</i>	11
<i>It happened !</i>	12
<i>Grameen Swasthya Kendra</i>	12
<i>Mukteshwar Himalayan Chapter</i>	12
Activity 2011	13
Health activity	13
<i>Health</i>	13

Primary Care	14
Outreach	14
Specialist Care	14
Deodar Activity 2011	15
Education & Environment	15
Environment	15
Consolidation for Growth	16
Consolidation Plan	16
Consolidation Plan	16
Swasthya Kendra Action plan	17
Strategy & Process of Consolidation	18
RESOURCES REQUIRED guide	19
How we plan for the Future	20
Organizational Strength & Partnerships	20



Sunkiya Village: Community support for Outreach Program

Deodar Himalayan Program

Health Education Environment

ACTIVITY 2011



Mukteshwar Health Clinic



Chattola Village



Outreach Health Program: Our Doctors at Gehna Village

Deodar Himalayan Action 2011

Chintan International Trust is an organization with a humanitarian mission functioning as a non profit, non religious and non political body helping the underprivileged. It was formally registered as a charitable trust in Delhi on 7th January 2009 and is now fully registered for tax exemption purposes in India (80G & 12A) since August 2011.

Executive Summary

Chintan continues to make considerable progress in its efforts to help in the development of rural Himalayan areas in the field of health, education and environment in an integrated way.

Remarkably, in 2011, we have been able to take the first steps to starting a new health service, thanks entirely to the efforts of our volunteers. We have made this start up through the active participation of the community, despite not having any funding support. This includes a rural health centre and facilities for the provision of three remote village outreach services.

Women's health remains a priority and we have been fortunate to have the voluntary services of two lady doctors. Under extremely difficult circumstances, our doctors, Dr Tanupriya Ghosh and Dr Daya Misra have provided much needed health services, particularly for Himalayan women. In collaboration with Aarohi (www.aarohi.org) we were able to provide further health services through seven health camps to 846 patients.

In total our doctors have facilitated healthcare programs reaching out to well over one thousand patients this year.



School Health Program: Dr Tanupriya Ghosh at Sargakhet Village

Helping Himalayan Health

Integrated Health, Education, Environment

ECO-HEALTH APPROACH

Human health and well-being of people in the hills, is dependent on many factors, and is also an important outcome of effective ecosystem management. Forests, rivers, fields, animals and people's lives are bound in an intricate web of relationship. We work with an ethos conscious of the interactions between people, society and ecosystems in the context of the sociocultural and traditional knowledge of people in the Himalaya.

Status of health especially amongst the women, children and the poor marginalized communities is inadequate. We work to address this with a holistic and trans-disciplinary approach.



Tackling the menace of non biodegradable Waste

Deodar Himalayan Program

This integrated program of Health, leads on human health but also seeks to make links with animal and plant health. Education is a primary strategy and Environmental concerns are central to all our work in the rural Himalaya. Our key focus areas are:

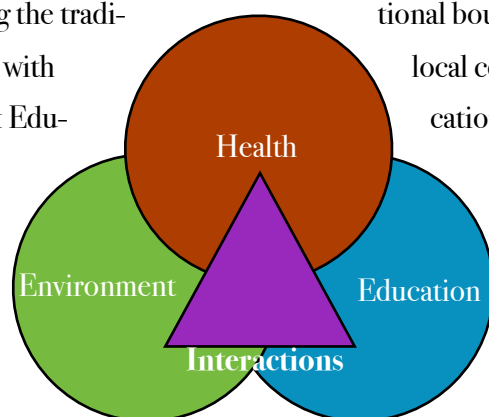
Health: providing primary, promotive and preventive services with remote outreach. Specialist health services through health 'camps'. Education and training for health & social workers.

Education: school health activities, promoting science in schools, practical application of knowledge, career guidance & life skills programs with activities empowering local teachers.

Environment: interactive education for protection of Himalayan Environment, promoting biodiversity, action on non-biodegradable waste, action research on climate change, promoting traditional knowledge & heritage and developing local resource based livelihood avenues.

Integrated Approach

To develop a better understanding of factors affecting Health in rural Himalaya, we work with an approach breaking the traditional boundaries of professionals through interactions with local community on all aspects of development. Health & Education interactions: through school health program, village outreach health activities. Health & Environment interactions: through talks, walks, books, quiz, shows, competitions, music, films. Environment & Education interactions: through biodiversity fairs, promoting traditional healthy food & lifestyle, livelihood schemes. Health, Education & Environmental interactions: developing integrated human, animal and plant health knowledge centers, awareness linking communities and their traditional knowledge with modern science for action with a holistic eco-health approach.



Integrated Action - how we are working

Currently there is lack of coordinated action between the agencies delivering healthcare. We have established **Connections** with most governmental and non governmental organizations in our area and, most importantly, we have established relationships with the local community through our health programs and activities. **Communication** events have linked health professionals and other stakeholders regionally, nationally and internationally. **Co-ordination** remains a challenge with our aim to build regular channels through local contacts, newsletters, community radio and the internet to coordinate health events and interventions.

Where we are working

We are based in Uttarakhand, near Mukteshwar in the Kumaon Himalaya in an area around 50 sq kms (approx. pop 50,000) and aim to increase our reach to a population of 100,000.

Why we are here

Health is in a poor state in Uttarakhand in the Himalayas. According to NFHS-3 (2005-06) only 44.8% of pregnant women receive ante natal care, only 36% institutional births take place and 61.5% children below 3 years and 47.6% of women suffer from anaemia. Moreover IMR is relatively high amongst female infants. 45.6 % of women in Uttarakhand are anaemic (National Commission on Population, Govt of India), in our area 53% Anaemia was detected in study of school children (Satkol Ashram Study 2009), our doctors found 100% anaemia in women patients attending a health clinic, in a small study (Sarghakheth 2008).

Deodar Himalayan Action

Health Education Environment

WHERE WE HAVE REACHED

Our first phase of ‘**Survey and Support**’ started in 2007, with an informal study through journeys covering an extensive area traveling through all the districts of Kumaon and some of the Garhwal Himalaya. This involved over 2,000 km of driving and over 200 km of walking with a mission. Many health facilities, schools, institutions and rural based development agencies were visited including agricultural, veterinary, energy, forestry & wildlife. The interactions, meetings and talks covered a range of issues, but our most important learning comes from the walks & stays in mountain villages. First discussed at the India International Centre, New Delhi on 27th July 2008, the Deodar Himalayan Program and its ecohealth approach was formulated in November 2008. An initial baseline eco-health survey was done in 2009 and a formal Community Needs Assessment was carried out in 2010 looking at geography, land use, livestock and farming in addition to human health problems and access to quality healthcare in a sample village of our work area. An eco-health meeting was organized in New Delhi in 2010.



Eco-health ‘Synergy’ Workshop

We started with developing a system of volunteer doctors to help support efforts of Chirag (www.chirag.org) which was building a new rural hospital locally. Our first health camps were initiated in 2007 with further health camps in 2008 followed by our first regular presence on the ground through our volunteer doctors. New standards in local rural health were introduced with evidence based medicine, protocols and training workshops. We started with organizing on our own, women’s health camps in 2009 and did surgical camps, with operations carried out in association with Aarohi (www.aarohi.org) in 2010. In 2011, we entered our second phase of ‘**consolidation & construction**’ with a provision of health service on our own.

Key Achievements

- health care of over 2,000 patients has been facilitated by our volunteer doctors
- over 500 people have participated in our environmental activities
- over 200 children have benefitted from our school health program
- over 80 women benefitted from a health camp in a single day
- Most importantly, a health program has started with a voluntary effort, having a trans-disciplinary, eco-health approach and the active participation of the local community.

Health

Women's health is the top priority in this rural Himalayan area and local women need female doctors. However, there were no resident lady doctors in the area for over twenty years. We had the first regular presence of locally resident lady doctors. At one point we had three doctors and we continue to have two volunteer lady doctors in the area. **We have been fortunate in gaining the expertise of over a dozen visiting specialist doctors and five resident lady doctors, all on a completely voluntary basis.** This has enabled us to make a difference and strengthen the healthcare resources of the area. Anaemia and reproductive tract infections have been our special areas of interest and we have made a difference in health education, research and training, organizing training workshops for health workers as well.

Education

We have helped education in schools through many fun activities like quizzes, competitions, walks, art, music and shows promoting health, environment, local knowledge & science. We brought to the area an innovative program promoting '**Science through Toys**'. Our volunteers have been giving regular interactive talks in the school health program. We have produced educational **films** for local children, with local themes, involving the local people.

Environment

We work with respect for the environment as being integral to all our activities. The area we work in the Himalaya has, in recent years, seen a huge influx of tourists, resulting in an ever increasing amount of non-biodegradable waste. Yet there are no proper waste disposal services. We work to reduce, increase reuse and ultimately recycle this waste. Our focus was initially on raising awareness, which we had started in 2008, built it up in 2009 and finally through direct action succeeded with a **huge voluntary effort in clearing local waste** in summer of 2010.

Mission Impossible 2011

What committed doctors can achieve with community support

§ MUKTESHWAR GRAMEEN SWASTHYA KENDRA §

We started the year with a series of promising meetings with the Government of India. Our team of doctors was ready to make a start at the Mukteshwar Hospital early March 2011. However, due to administrative procedures this partnership was delayed. So in April, we embarked upon 'Mission Impossible', to start up a health centre and village health service with no funding or support, armed with just our skills, dedication and counting on the goodwill of people.



Village Health Centre starts in a former garage!

Our volunteers (Chikitsaks) made a bold start and have worked through very difficult circumstances to source premises and set up a health centre with community participation.

Dedicated Doctors

Dr Tanupriya Ghosh, a young doctor from Kolkata, a 'Chikisak' who first volunteered for us in the November 2010 health camps, has continued her Himalayan service starting the year 2011 in the cold of the Champawat Himalaya. Her dedication was instrumental in the start of our health service. Dr Daya Misra, our 'senior' doctor joined us in April and has continued to brave our basic conditions, celebrating in December 2011, a Himalayan eightieth birthday!

Community Participation

We made a start by addressing the people on community radio, arranging meetings at Mukteshwar, Gehna, Sunkiya and Chattola village communities. We did get unprecedented support with people turning up even on the day of India playing in the cricket world cup final!

It happened !

Our initial start was in a donated space that was formerly a motorcycle garage! Incredible it may seem, but that is how it happened. Local youth donated their time to its cleaning, painting & electrical wiring. Local residents chipped in with a donations of furniture - table, bed, cupboard, shelving, items were then painted & curtains hung, all by volunteers. We dug into our pockets, made trips to Delhi, found yet more wonderful people who helped us get the cheapest prices on medicines & essential equipment. With no place to live or work, no funding, we had made a start to a health service, all in the space of a week!

Grameen Swasthya Kendra

We had more patients as the word was slowly spreading and we had emergency patients as well. However, we faced all kinds of problems in our garage with a front grill open to unwelcome elements, especially with the coming of the early monsoon. But help was again to come, though unknown to us. We had rented a place to stay, and the kind landlord donated a bigger space to use for the clinic in the same house. We made a partition, again the structural wood was donated by a builder, and we moved the clinic to our new premises. We now had a verandah, a waiting room, clinic with examining area & a separate space for patient bed & a medicine store. A local student who had volunteered initially, then became a regular help for our doctors. Nothing came easy but we now had a clinic, a residence and an office under one roof.

We again had donated space for outreach clinics in villages of Navin Sunkiya, Gehna & in Chattola a resident opened out his home for our use.

As we faced more challenges, we did get more help as well.

Mukteshwar Himalayan Chapter

Previously we had support mostly from people based in Delhi, who would travel out for the Himalayan activities, but we have now widened our network of supporters in Himalayan area.

Our work has brought together a range of like minded people, locally to support our activities. In June 2011, The Mukteshwar Himalayan Chapter of Chintan was started with a meeting at our premises. This is led by noted writer, filmmaker, Mr Sharat Kumar & supported by Dr Daya Misra, Dr Tanupriya, Dr Sujata Sinha, Dr Mrinalini, Dr Reetu, Mrs Asha Sharma, Mrs Doris Shivpuri, Mr Mehta, Mrs Manju Sharma, Mr Siddharth, Mr Ganesh Bora, Ms Kavita, Ms Anuradha & Mr Manoj Mehra .

We are now locally registered with the district authorities & have a local bank account.

Activity 2011

Village Health Centre, Outreach Health Service, Volunteer Base

HEALTH ACTIVITY

This year saw us enter into our second phase of ‘**Consolidation and Construction**’ with our own health centre and a new model for a village health service with community participation.



Grameen Swasthya Kendra Sunkiya (outreach)

Health

Regular services in primary healthcare were provided by two of our volunteer doctors and we collaborated with Aarohi (www.aarohi.org), a Himalayan Non Governmental Organisation (NGO) in providing specialist health services through health ‘camps’ including surgical operations. Dr Daya Mishra leads the village health centre while Dr Tanupriya Ghosh leads the outreach program and has been providing services for Himalayan women, through other organizations, into remote Himalayan locations and through mobile units as well.

In January, Dr Tanupriya Ghosh, saw an average of 20 patients per day while at Mayawati Charitable Hospital, Champawat. On one occasion **over 80, mostly women, patients presented in a single day**. The main problems were leucorrhea, anaemia, breast lumps, scabies and various general health problems. While patient numbers were variable, our doctors helped **over 200 local folk in the initial start up of our village health service** in April. As before, dealing with reproductive tract infections and anaemia in Himalayan women remained the main challenges for our doctors this year as well.

Primary Care

Grameen Swasthya Kendra: start of a new village health centre at Mukteshwar providing Curative medical services in addition to Preventive & Promotive advice and education. We endeavored to provide general clinics five days a week and a Wednesday Women's special clinic.

Outreach

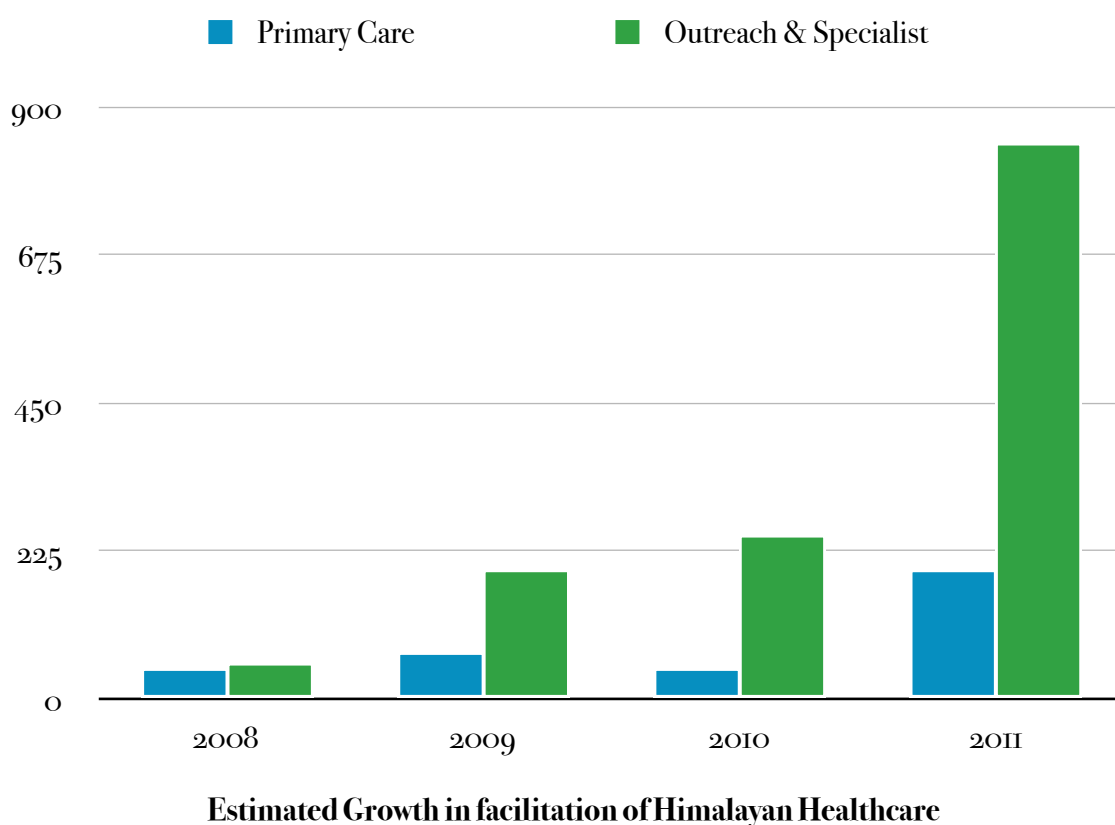
Grameen Swasthya Sewa: Once a week our doctors traveled to the villages of Gehna, Sunkhiya and Chattola by rotation. All our village clinics start with local meetings & end with education.

Specialist Care

We helped provide specialist services in specialist camps including Gynaecology, Surgery, Dentistry in addition to general Physicians and Radiologists providing Ultrasound. Our most fruitful association has been with Aarohi (www.aarohi.org) and in partnership with them, our doctors have helped to facilitate healthcare at Aarohi Hospital and remote Okhalkanda block, **providing treatment and care for almost 900 patients through seven health camps.**

Health Education and Training: Our Health Education Program has continued with regular education and training for own staff and other health workers including training for intensive and post operative care nursing. **Community Radio:** our doctors did two general discussions on health issues and helped to make a special program on Anaemia for a local radio station.

School Health: 97 children examined, education advice given and referral for five patients.



Deodar Activity 2011

Promoting interactions in Health

EDUCATION & ENVIRONMENT



We continue to support educational & environmental activities with unique initiatives

Education was supported through talks, workshops and activities in local schools. ‘Head to Toe’ was an educational activity led by our doctors at Shree Ram Academy at Sarghakheth, teaching about the human body in an interactive way. ‘Bugs & Bears’ was a talk and activity on story of microbiology: Dr Robert Koch’s visit to the local veterinary institute in 1890’s, ending with ‘hand washing’ workshop at the high school. A childrens’ club was initiated at Mukteshwar with the addition of donated musical instruments. An informal musical performance was arranged with local talent performing.

Environment

Environmental concerns were again addressed in an awareness meeting on World Environment Day. The ‘Hamara Mukteshwar’ environmental campaign was taken further, bringing together a diverse cross section of local people, reinforcing the need to address local environmental issues through self help activities, supported by Chintan.

Deodar Education Center

We are developing a concept eco-health center bringing together the different strands of our activities. Focused mainly on children and the local community, and also for educating visiting tourists.

Consolidation for Growth

DEODAR HIMALAYAN PROGRAM: Strengthening the Health initiative

CONSOLIDATION PLAN

We had started work in the area by supporting the health activities of other organizations and we have worked in association with many governmental and non governmental organizations. Our most productive association however, has been in working directly with the community.



Community interactions at Chatola village

In order to further strengthen this association through the ecohealth approach, **it is crucial that we maintain our regular presence at the grassroots.** We have to be in constant touch with the community and work with the people with an inclusive and participatory approach.

Consolidation Plan

Based on our observations, interactions, experiences and interventions in the area for the past five years, we are acutely conscious that consolidating the existing health and related activities through our own base is our priority and requires immediate action.

Grameen Swasthya Kendra at Mukteshwar

It is a unit providing health services to Mukteshwar and surrounding villages through direct clinical activity, providing quality health care with a major focus on women's health. It also aims to improve standards in health care, through educational activities for health professionals and village communities. Education would extend to promoting science in schools, and environmental awareness activities would continue with our holistic approach to health.

SWASTHYA KENDRA ACTION PLAN

Target Groups	Medium	Activities
<ul style="list-style-type: none"> • Women and women's groups • Gram Swasthya Samiti • Children - both school going and those not going to school • Health professionals <ul style="list-style-type: none"> -Village health workers: Asha and Traditional birth attendants -Health and social workers of Non Govt organisation -Health workers of Govt: ANM's, Doctors 	<ul style="list-style-type: none"> • Interactive Talks • Participatory Workshops • Special Awareness Days • Multimedia (Computer aided learning, films and projections) • Educational aids (models, charts, mannequins) • Simulated exercises (life support, basic health support, women's health) • Electronic Media and Print Media – Community Radio 	<ul style="list-style-type: none"> • Local Clinical Health Services • Village Outreach Health Services • Education Extension • Training and Capacity building on Health and Environment • Action research on local health related issues • Networking with health professionals • Special partnerships with other agencies

These activities are to be strengthened through:

a) Grameen Swasthya Unit at Mukteshwar

- Clinical Health service to surrounding villages, extended at least 3-5 days in a week.
- Education & Training service for all target groups of the area at least once a week.

b) Outreach Services

- Clinical Health Service to the villages of Gehna, Sunkiya, and Chatola, at least one day in a week in at least one of the villages mentioned above.
- Awareness and Capacity building in Gehna, Sunkiya and Chatola villages with the Gram Swasthya Samitis in each village.
- Primary health & Specialist health camps within and beyond our area in partnership.

Strategy & Process of Consolidation

Community's active participation will be encouraged in all the activities proposed.

Discussion with community in each of these three villages will be followed by development of community based plan. Community plan comprising activities to be taken up together, by the community and Chintan, will also carry details of resources needed, responsibilities and the time line. Efforts will also be made to constitute a small committee (village health committee) in each of these three villages, comprising women, men as well as health workers. This committee will be responsible for organizing the outreach services each month followed by education and training on health and hygiene, along with other activities as decided.

Issues to be taken up for awareness and capacity building of village community including women's groups, children, and activities necessary for successful running of outreach services in each of the village, will also be decided by the committee in its regular meetings. Chintan members will facilitate these **regular community based meetings**. At least two members, selected by the committee itself, will share the decisions and other issues concerning their respective villages, at the Health committee meetings. Health committee will comprise representatives of each of the village health committee plus health workers, and will organize meetings at Mukteshwar once every three months (or as decided by health committee).

Likewise, discussions followed by a small plan prepared by children themselves, with the support of their teachers, may be taken up in one of the schools in the area.

Apart from these, **awareness and skill building programs** will be organized for health & social workers (Dais, ANM's, Ashas, & others) of the area. These would include basic anatomy & health science. Frequency of these sessions will be decided by the committees themselves.

Some **issues to be taken up** in the rural Awareness & Capacity building program:

- Women's health – anemia, malnutrition, reproductive tract infection, hygiene, pre, peri & post natal care, work related health problems, traditional food & nutrition
- General Promotive health: hygiene, sanitation, food & water borne disease
- Children's health: promotive nutrition and growth, dental and general hygiene
- Men's health: respiratory infections, addictions: alcohol, smoking, oral (gutka)
- EcoHealth: awareness & links through other agencies with appropriate technologies in agriculture, horticulture, veterinary, forest, energy, food, water & other related sectors.

RESOURCES REQUIRED GUIDE

CATEGORY	DESCRIPTION	FUNDING
HUMAN RESOURCES per month	Doctors - 2 (full/part time)	Honorarium: Rs 10,000 x 2
	Health Workers - 2 (ft/pt)	Salary: Rs 8,000 x 2
	Community Workers- 3 (pt)	Honorarium: Rs 1000 x 3
	Program Co-ordinator-1 (pt)	Honorarium: Rs 5,000 x 1
TRANSPORT & TRAVEL per month	Outreach Vehicle Hire	Hire: Rs 1,000 x 5
	Coordination & Promotion	Travel: Rs 5,000
	Training & Workshops	Travel: Rs 5,000
	Networking	Travel: Rs 5,000
MEDICAL SUPPLIES per month	Medicines & Injectables	Rs: 5,000
	Surgical & Consumables	Rs: 5,000
MEDICAL & SURGICAL EQUIPMENT	Hospital fixtures	Rs: 50,000
	Medical Equipment	Rs: 30,000
	Emergency Resuscitation	Rs: 30,000
	Surgical Equipment	Rs: 50,000
COMMUNICATION, ICT & TEACHING AIDS	Phones & Internet/month:	Rs: 5,000
	Computers:	Rs: 50,000
	Desktop x 1, Printer x 1	Rs: 50,000
	Laptops/notepad x 2,	Rs: 50,000
	Projector,Screen, Sound sys	Rs: 40,000
	Stationary Expenses/month	Rs: 2,000
	Books, Models, Charts & other Educational Material	Rs: 20,000
BUILDING & MAINTENANCE	Modifications & Repairs	Rs: 50,000
	Fixed & Operating Expense	Rs: 10,000/month

How we plan for the Future

We plan to consolidate our start, with our own base providing rural healthcare services, education and environment interventions. This would also serve as a volunteer home and a communication hub with learning links to New Delhi and abroad.

Deodar Himalayan Program

- **Unique eco-health initiative**
- **Integrating, holistic, equitable, participatory**
- **Gender and caste sensitive perspective**
- **Trans - disciplinary approach**
- **Reaching rural & remote Himalaya**
- **Targeting Women & marginalized poor**
- **Value driven, ethical organization**
- **Low admin cost, Volunteer led**
- **Tax exemption for Donors (80G & 12A)**

Our health programs have been led by dedicated volunteers, who have been well received by local communities.

We want to extend the participatory process to involve the broader community, in a new model of partnership, which has the power to make a major transformation in healthcare.

However, we need support, both financial and organizational, to ensure its sustainable growth.

Organizational Strength & Partnerships

We continue to build on the initial start of the trust in Delhi, increasing memberships, establishing the core working group, and making efforts to sustain the newly established Himalayan chapter.

We are looking for like minded organizations, preferably with infrastructure and funding, that we can work with, in long term relationships. We seek partnerships that are open, ethical and transparent, growing on mutual trust and respect.

Funding and Financial Support

Our program is mainly volunteer led with minimal administrative cost, and thus offers most benefit for expenditure. We have managed the basic setup with volunteer effort but need about Rs 50,000/month to make the best use of what has been achieved, ensure sustainability and plan for growth. Chintan welcomes any support for Deodar Himalayan Program, or for individual projects or equipment. We encourage donors to join in on our efforts & become part of the organization or partner/lead in the area of their choice.