COMMUNITY SUPPORTED URBAN SLUM PRIMARY HEALTH CARE

India
Venu Eye Insti...

Project Summary

Concise Summary: Help us pitch this solution! Provide an explanation within 3-4 short sentences.

Entire Zakhira slum population is sole beneficiary&vulnerable women&children are main focus. The core group is from slum&trained in basic health care&Social development

1.Needs assessment-Baseline survey & KAP (Knowledge, Attitude & Practice) 2.Creating awareness-Periodic Health Educational activities 3.Provision of primary healthcare:Networking •General primary health •Immunization •Paediatric care •Growth Monitoring •Nutrition Rehabilitation Services •Gynaecological services •Sexually Transmitted Disease&other communicable diseases 4.Improving Environmental sanitation •Safe water •Streamlining garbage removal •Establishing parks for children 5.Element of sustainability •User charge •Income generation activities •Volunteers development 6.Empowering the community •Formed a group •Registered under Society act •Handed over the project •Withdrew 65% of support

Some of the issues were directly dealt by project at initial stage. This included eye care, primary health care, Gynaecological services, Paediatric services, economic development by facilitating various training courses for dwellers, specially focused on women, formal&non-formal education, creating awareness through various methods, regular growth monitoring for under five, Nutritional rehabilitation & awareness creation in the population. The entire activity was implemented in periodical manner&encouraged residents to utilize it for a year. The second year programme introduced Rs.5 collection from each household & slowly made it mandatory to avail the above said services. The programme also slowly withdrew activities & networked with other organizations were asked to take care of activities that they were running on their own. In end of third year, the field staff were motivated to register their group ‘Samarpan’, under Society registration Act, 1860. Now the programme is being implemented by this Society with very little help from us. This will be further reduced after the surveillance period is over i.e. 2008.

About You

Location

- Project Street Address
- Project City
- Project Province/State
- Project Postal/Zip Code
- Project Country

Your idea

Focus of activity

Service/process

Year the initiative began (yyyy)

2004

Positioning of your initiative on the mosaic diagram

Which of these barriers is the primary focus of your work?

Health care not consumer friendly

Which of the principles is the primary focus of your work?

Democratize access

If you believe some other barrier or principle should be included in the mosaic, please describe it and how it would affect the
implementing this activity & Venu implemented the programme including providing eye care.

- Operation Eyesight Universal (OEU) for providing initial 3 year’s financial & technical support to run the programme. All are playing major roles in
- ‘Samarpan’ – The Registered Society for implementing these activities from January 2007 onwards &
- ‘Chikitsa’ (NGO)taking care of entire primary health care, Lady Irwin College, Delhi for organizing periodic nutritional awareness,
- ‘Shikhsha’ (NGO) for taking care of vocational training.
- A senior Paediatrician from ESI hospital for providing us voluntary services, training in economic trades by various faculties.
- ‘Kalawati Hospital’ (NGO) for helping us by providing Paediatric services for our referred children,
- ‘Jeet’- (NGO) organisation working for screening & referring STD (Sexually transmitted diseases).

• For what?
• Who will do this?
Unfortunately, both don’t meet each other. Hence, we need the penetrating system to facilitate & coordinate these two. The questions are

Financial Model

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Impact

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The entire system for three years cost us Rs. 18,00,000 per annum. The project is under surveillance, i.e., initial 3 years we had run the programme & for next two years partial support (38% of total cost) will be provided by us. Remaining expenses will be borne by the Society. The Society is running optical shop, collects money from patients, & conducts training in various economic trades to raise funds for running the system. The support that are being provided by them & remaining amount is generated by Society by running optical unit, contributions from patients, and other economic trades to raise funds for running the system.

Effectiveness
The impact of preventive, promotive & early intervention activities is very difficult to quantify. The mortality & morbidity rates in under five population have reduced drastically. When we initiated the programme, we found many children under five died & the 60% of mortality rate was due to malnutrition & diarrhoea. Last year we had 3 deaths that too due to accidents on the railway track. The vitamin A deficiency & major blinding causes are reduced by large numbers. The population in Zakhira, numbering about 15-20000 gets some kind of benefits through this project per year. The Government sector helped us well in providing primary health system – especially immunization, family planning, pre & postnatal care. Definitely our efforts made Government sector to come forward & help us & some of the mentioned organizations started services in this area. Their contribution is valuable in making this impact.

Which element of the program proved itself most effective?
Sustainability: Implementing a programme by own is considerably not difficult but sustaining the efforts that were put in is important. The Society takes the credit of running the programme now. For this, raising fund & proper coordination with existing agencies that are providing services & continuing awareness creation need to be ensured.

Number of clients in the last year?
More than 20,000 including under five populations

What is the potential demand?
Providing quality primary health care with stress on Paediatric group, develop the quality of life by providing training in economic trades for women, provision of eye care services are important. This will ultimately sustain and help reduce mortality & morbidity pattern of Zakhira slum population.

Origin of the Initiative
Venu, working for community eye care for over 27yrs: it has a tertiary hospital in Delhi & 6 satellite hospitals in North India. Major emphasis on community based ideology: providing eye care services in the slums. Realizing that providing only eye care is not enough; we added more components. We planned & approached Operational Eyesight Universal to do a model project; we selected Zakhira slum as most needy of 7 other surveyed. We entered slum with eye care, selected & trained staff, conducted survey, identified issues & implemented activities. Once we started need to address other issues came up. We approached other agencies for support. It is Venu & OEU’s collaborative effort to develop this system. In India, a person can identify a slum within 5 kilometer, irrespective of wherever he stays & large section of population live in slums. A visit to the slum is be an eye opener.

Sustainability
What are your two main challenges to finance the growth of your initiative
1. Collecting Rs. 5 from the community from every household.
2. Developing more income generation activities.

The collection of amount is important to run the programme. It requires good quality & range of services. If the Society is unable to provide quality services of various activities like general health check up, treatment, immunization, eye care, growth monitoring, nutritional rehabilitation, STD (sexually transmitted diseases) screening, Gynaecology services & awareness creation together in periodical manner, the population of Zakhira slum would contribute. The Society requires equipments to generate income through small scale activities like embroidery, candle making, plastic broom, phenyl making & establishing computer centre etc. For this we are planning to provide 240,000 to the Society by which the Society can
generate income for coming years. It not only helps sustains the programme but develop ownership & ensures good quality & range of services.

How did you hear about this contest and what is your main incentive to participate?

We were informed about the award by Ms. Supriya Mukherjee, Change makers Team and had also heard about this from friends & colleagues in the development sector.

Our motivation for participation: Sharing our experience & Awards & such acknowledgment always work as motivation & incentives for team.

The Story

Do you have an annual financial statement?

Yes, we do.

The organisation has an audited Balance Sheet and Income & expenditure accounts, as segregated into hospital activities, local grants and foreign grants.

Venu Charitable Society is registered under the Registration of Society Act 1860. And enjoys exemption under section 12A of this act and 10(23C).

Donation to Venu is also exempted u/s 35 AC and 80 G of Indian Income Tax 1961

Do you currently have an annual financial statement that tracks profit/loss?

Yes

Please describe the amount (and/or type) of funding you need to implement your initiative, at year 1 and at year 5.

First year the project has expenses of about Rs.18, 00,000. In 5th year programme will be supported for 7, 04,700 including capital items for income generation activities. After December 2008, i.e., in end of 5th year, the project funding will get totally be stopped.

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