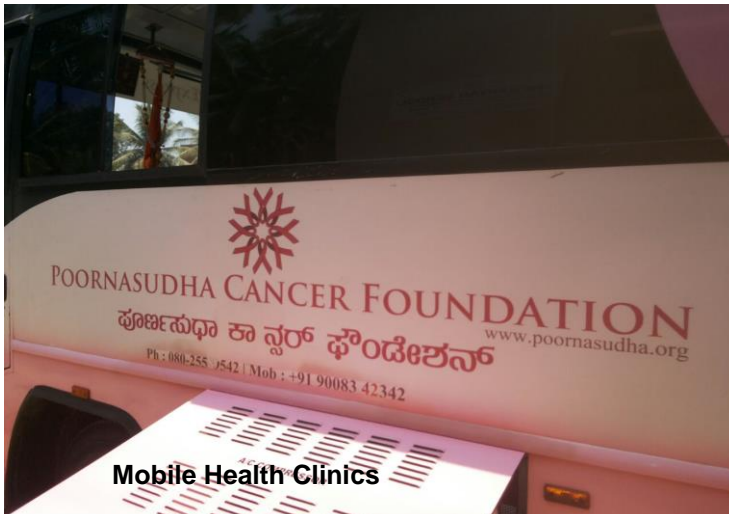


End of year report

2016 Project

Organisation name	Lovedale Foundation
Project name	Parivarthan



Mobile Health Clinics



Patient coming out after Mammography

Project details

1. Please summarise in a few words the project supported by TFWA Care, including the principle objectives and duration.

Principle objectives:-

Providing reproductive health and child health services to married women, unmarried adolescent girls and children through mobile clinics with n caste creed or religion. The clinics cater to the primary and preventive healthcare needs of the weaker and underprivileged beneficiaries of the selected slums and

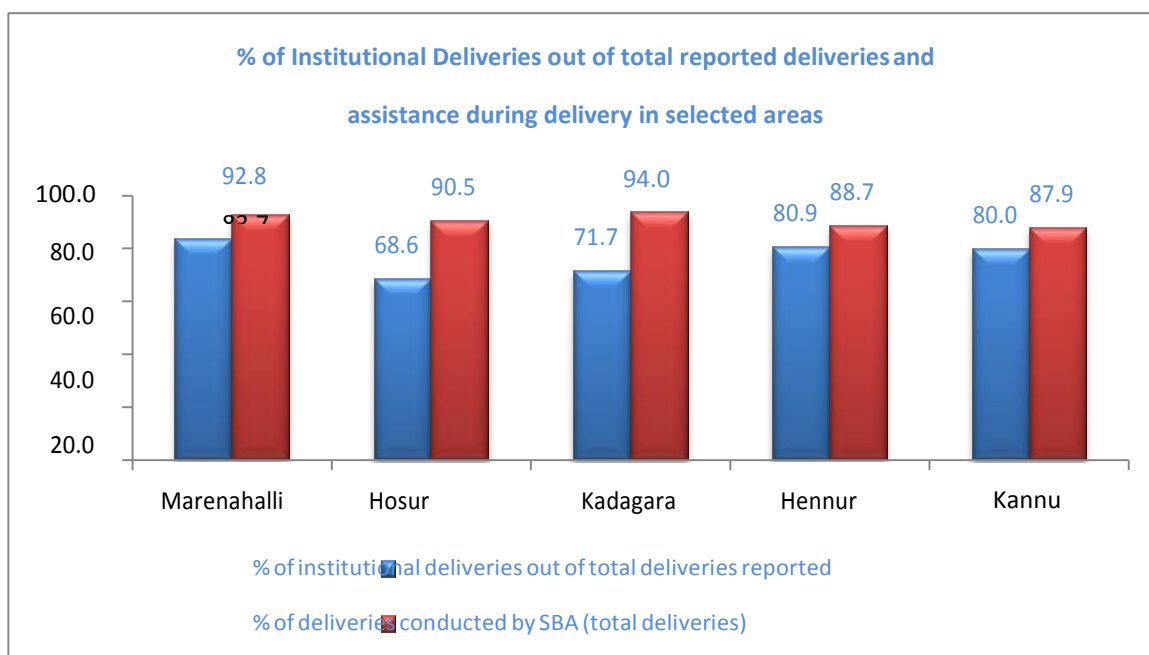
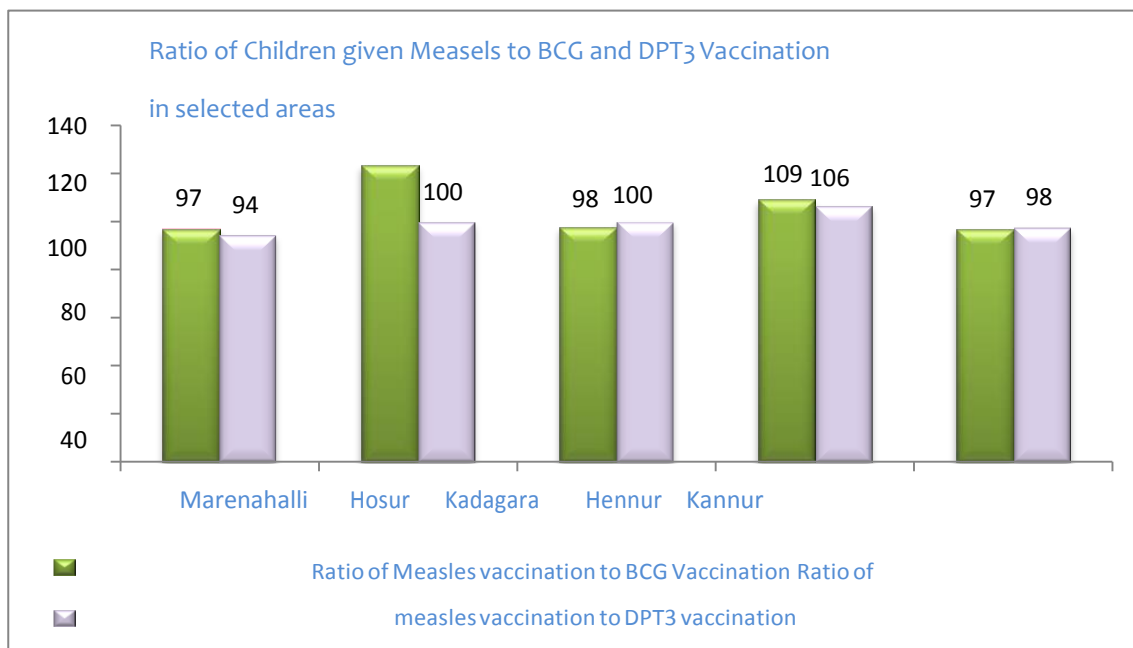
marginalized communities . These clinics provide free diagnosis by an MBBS, MCI/MMC registered doctors and free medicines & counseling are given by a qualified pharmacist. The duration of the program was for 12 months.

With the expertise of our MBBS /MCI, MMC registered doctors and MSPC registered pharmacists, the camp provides primary health diagnosis, free medicines and health awareness activities to the weaker sections of the society. Provision of free diagnosis and medicines to the women and girls by specialized gynaecologists and female doctors for complete and effective treatment is also there.



1. What activities were carried out within the scope of the project over the course of the year?

- 96 community health camps were conducted including cancer detection
- 1217 Pregnant woman supported
- 30 Community training and educational workshops conducted
- 1113 vaccinations done for children and pregnant woman
- Nutrition supplements were provided to all enrolled beneficiaries.



Example of Result Chain for Reproductive Health (RH)*

* This results chain is meant to be illustrative and shows only part of a bigger picture of interventions and results in the of the program.

CARE

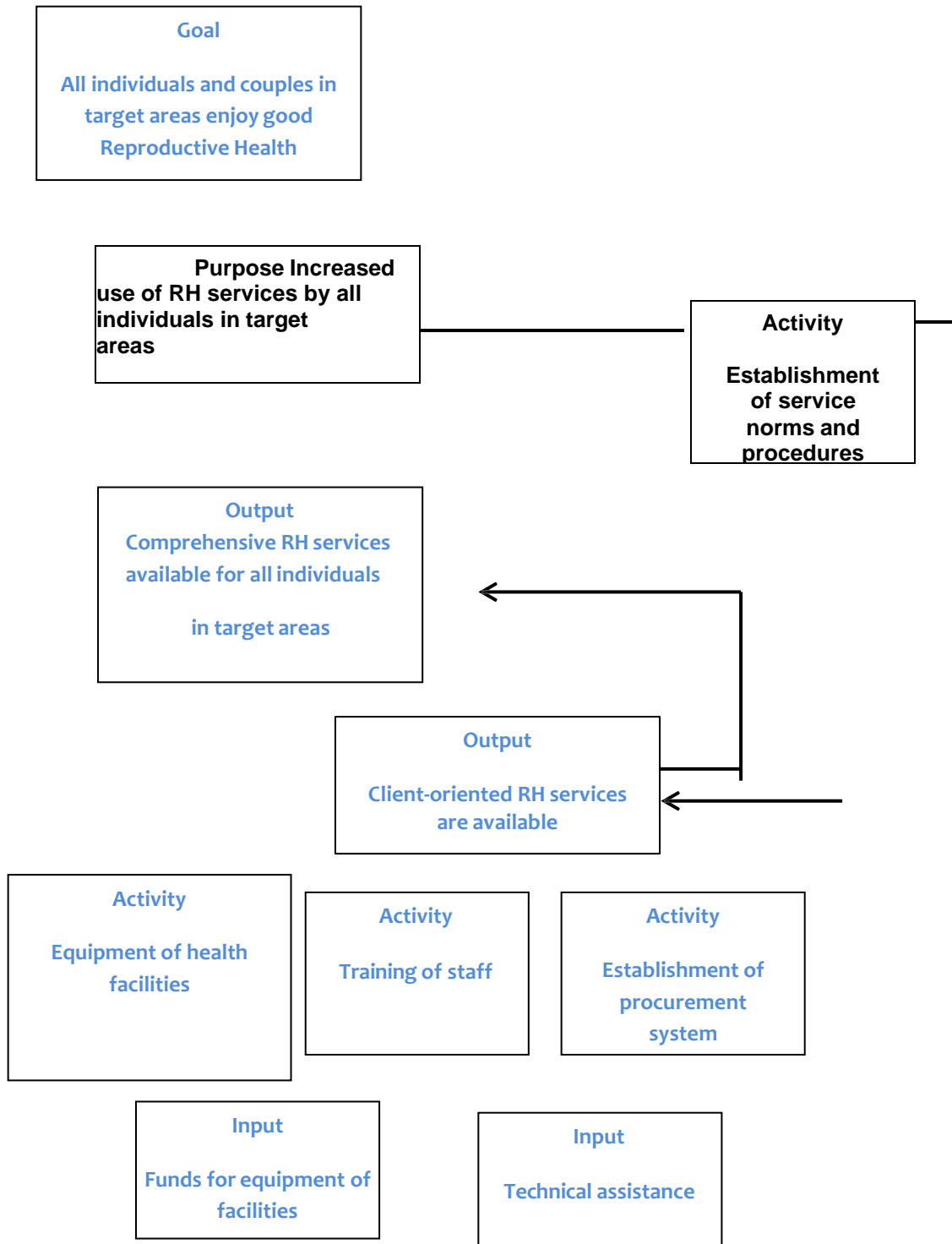




Table 1: Public Health and General Health Programs - Beneficiary Groups

Serial No.	Component	Beneficiary group	Programs
1	Program for Reproductive, Maternal, New born, Child and Adolescent Health	All pregnant women	Provision of Registration of pregnancy, Ante-natal check-up, two TT injections, supply of IFA tablets
		All women delivered live/ still birth	Provision for institutional delivery
		All live-births	Immunization at birth, polio zero and Hepatitis zero
		All infants	All vaccination
		All children	Booster doses of vaccines and micro-nutrient supplementation
		All children having diarrhea, ARI, fever	Provision of ORS during diarrhea
		All adolescent girls aged 15-19	IFA tablets
		Currently married women aged 15-49	Family planning services
2	Control of communicable diseases	All population	
3	School Health program	Children aged 6-14	Regular health checkups in all departments
4 7	ICDS program	<ul style="list-style-type: none"> Pregnant women Lactating mothers Children aged 6-35 months Children aged 3-6 	Nutrition supplementation
5	AIDS Control	All ages	

2. Has the project been successful? Please outline the success factors for each objective as well as the challenges encountered and solutions adopted to overcome them.

The project has been highly successful and the program has been carried out the way it has planned for. There are strong linkages between population, health and development. The health challenges are not only huge in magnitude due to its

large population but they are complex due to its diversity and the chronic poverty and inequality. There are extreme inter-state variations, caused by not only the cultural diversity but because the states are at different stages of demographic transition, epidemiological transition and socio- economic development. Along with the old problems like persistence of communicable diseases and high maternal mortality in some parts, there is an urgent need to address the emerging issues like the threat of non-communicable diseases, HIV AIDS and health problems of the growing aged population. Accelerating demographic transition is not only necessary for the population stabilization but it is closely related to health goals. Mortality reduction obviously depends on the morbidity reduction and is closely linked with the success of the health programmes. Contraceptive use and fertility reduction, though finally result into slower population growth, are very important for reduction in maternal mortality, infant and child mortality and thus lead to improvement in the health of women and children.



3. Did the work accomplished this year help you learn lessons that will benefit future work?

Yes, certainly it would help us scaling our programs with better scope and impact. The lessons we learnt in obtaining reliable information on health care in Rural India from authorized channels relied on indirect sources like data presented in the Report of National Commission on Health 2015 which provided such information for public and private enterprises. Estimations for 2015-16 were arrived at by making certain restrictive assumptions. Tracking of the health expenditure of firms and NGOs is possible only through a sample survey and adequate response can be ensured through proper communication regarding the survey in advance through different forms of media and proper follow up. Government organizations like woman and



child welfare department can also be requested to conduct such surveys periodically which can ease the work we carried out.

Sustainability

4. How has the project had a positive impact on the community/ies at the core of the project and what will be the long term benefits? Please explain if the project has helped empower the beneficiaries by providing greater autonomy.

The project indeed has made lasting impact on the beneficiaries through the highly comprehensive health care model we have embarked with. A visible change in the lives of the children and woman we worked in the community has been a benchmark program in our 15 years of community service.

The core purposes of the Parivarthan program are to:-

- Improve health through provision of sound health information to support decision making at all levels;
- Provide a conceptual framework of information domains for which classifications are, or are likely to be required for purposes related to health and health management;
- Provide a suite of endorsed classifications for particular purposes defined within the framework;
- Promote the appropriate selection of classifications in the range of settings in the health field across the targeted areas.

5. Will the project continue in the future or is it now complete?

We would like to resume this program probably after leaving a gap of one year, as the benefits still prevailing among the beneficiaries, and we recommend a gap for one year, prior to entering the next level.

Finance

6. Please provide a summarised breakdown of how TFWA Care funds were utilised for the project.

Below is the proposed budget frame work.

SI No	Particulars	Details	Cost in INR per Annum	Cost in Euro @ rate of 71 INR
1	Nutrition	Nutrition Powder	7,67,029.00	10803
		Nutrition supplements	4,58,355.00	6456
		Nutrition counselling	67,321.00	948
		Milk	1,89,190.00	2665
2	Health Care	Mobile van rentals(Kilo meter)	1,75,811.00	2476
		Health check-up camps	1,44,016.00	2028
		Consultants honorarium	72,820.00	1026
		Medicines	3,80,247.00	5356
		First aids at each community	2,24,433.00	3161
		Vaccinations	31,670.00	446
		Maternity care	9,38,656.00	13221
3	Education and Training	Learning centre costs	2,56,966.00	3619
		Workshops	80,234.00	1130
		Training aids	1,07,715.00	1517
		Books and experimental CDs	84,950.00	1196
		Charts and stationaries	18,409.00	259
		Community mobilisation	98,266.00	1384
4	Child Support	Educational aids	1,11,704.00	1573
		Remedial classes	55,321.00	779
		Life skill coaching(Trainer)	25,065.00	353
		Winter wears and gears	1,49,555.00	2106
5	Administration	Health coordinators honorarium	2,80,000.00	3944
		Telephone charges	5,160.00	73
		Stationaries	36,000.00	507
		Printing(Leaflets, Banners, Vouchers)	93,357.00	1315
		GRAND TOTAL	48,52,250.00	68341