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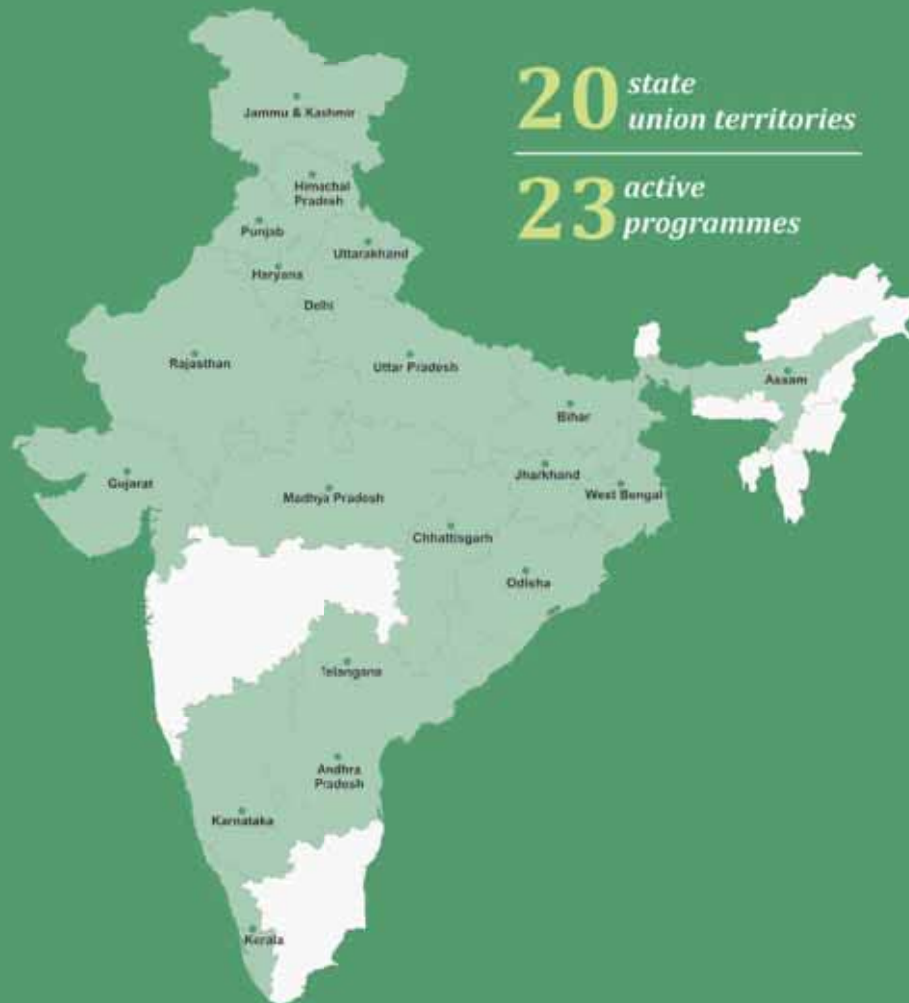
Jan-March 2015 Issue



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Our Presence



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A special thanks to Mr Neeraj Pathak, State Programme Manager, Vihaan, and Team Vihaan

Riding on the Swachhata Mission

HLFPPT is working in tune with the country's vision for Swachh Bharat by improving public healthcare system at various stages – right from skill building of health providers to quality adherence at service delivery

As a leader in Reproductive and Child Healthcare (RCH), HLPPT has been catering to the health needs of the nation through solutions for HIV Prevention & Control, Maternal & Child Healthcare (MCH), Family Planning and Adolescent Healthcare for the last 23 years. In its journey so far, HLPPT has made significant contributions towards the larger goals of the government's National Health Mission and National AIDS Control Organisation (NACO) in reducing Infant Mortality Rate, Maternal Mortality Rate and HIV prevalence. We have achieved these through our various programme implementations and also through providing technical assistance.

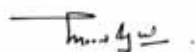
Our commitment to support the government in improving the healthcare scenario in India has found a new focus with the Prime Minister's vision for Swachh Bharat. We are trying to ensure improved quality of services with minimal cases of infections through interventions at various stages of the public healthcare system – right from skill building of health providers, optimising infrastructure at health facilities to ensuring quality adherence at service delivery.

At facility level, our Merrygold Health Network is a classic model that's creating provision for high quality MCH services and family planning services at reasonable rates and promoting safe motherhood and institutional deliveries among the underserved. We ensure absolute quality adherence across the network through regular capacity building of franchisee hospitals and through adoption of universal clinical and operational protocols. Moreover, we conduct induction and training of all medical and paramedical staff on MCH and other related services.

Another flagship programme – Capacity Building of Health Service Providers on IUCD and Pregnancy Test Cards – is working towards enhancing the skills of existing Auxiliary Nurse Midwives, Lady Health Visitors, Staff Nurses, Doctors and Medical Officers at government health facilities on safe IUCD insertion, thus reducing cases of infections, STIs and medical negligence.

Additionally, we are building a new cadre of service providers under our Skill Building Initiative, through which we are attempting to enhance quality of curative healthcare. This cadre would comprise General Duty Assistants, Home Health Aides and Basic Lab Technicians. Eventually, we also aspire to train OT Assistants, Diabetes Educators and Dialysis Assistants. This will raise standard of healthcare delivery system and take it to a new high.

The future holds big promises for us, provided we continue to work together towards achieving these common goals!


Sharad Agarwal
CEO
HLFPPT



Sharad Agarwal, CEO, HLPPT

LAUNCHES



Health Van in Naxalism-hit Sukma

HLFPPT in collaboration with the Essar Group Foundation (EGF) inaugurated a Health Van in Sukma, Chhattisgarh, on 26th February 2015. Branded as "Hospital on Wheels", the van was inaugurated by Neeraj Kumar Bansod, District Collector, Sukma. Equipped with a doctor, a staff nurse and a lab technician, the health van provides free medical consultations and medicines to the residents of 25 villages across Dantewada and Sukma districts. These are villages located in extreme interiors belonging to the "Red Corridor", making access and reach difficult. Over 250 *mitanins* (ASHAs) from Sukma were given orientation training by HLFPTT about the health van and Route Plan Chart.

Cairn Aligns for Model Anganwadi Centres

Olpad MLA, Mukesh Patel, inaugurated a well-equipped, Model AWC in Tena Village (Suart, Gujarat) on 23rd January 2015, as part of Nanhe Kadam (AWC Improvement) Programme by HLFPTT and Cairn India Ltd. Olpad Taluka BJP Pramukh, Taluka Mahamantri, Sarpanch, Panchayat Members, representatives from HLFPTT and 70 community members attended the event. The programme aims to improve health and nutritional status of women and children through six AWCs in Surat. Another Model AWC was inaugurated on 18th February 2015 in Suvali in the presence of Naynaben Parghi, District Programme Officer, ICDS; Bhartiben Chuhan, CDPO, Choryashi Taluka; and others.



"SEHATH" Enters Jaisalmer

M L Meena, District Collector of Jaisalmer, inaugurated a health van 'SEHATH' (Suzlon Enabled HLFPTT Access To Healthcare) on 11th March 2015 in Jaisalmer, that would make inroads into 57 villages of Jaisalmer and two villages of neighbouring Barmer district in Rajasthan. 'Sehath' provides preventive, curative and promotive healthcare services through general OPDs. HLFPTT and Suzlon have inked partnership for this three-year CSR project. Himmat Singh Kavia, Assistant Director, Department of Social Justice and Empowerment, Government of Rajasthan; Shobha Charan, Deputy Director, Department of Women and Child Development, Government of Rajasthan; other government officers; representatives from HLFPTT and Suzlon were present.

COLLABORATION

Condoms - Anytime, Anywhere

Female condoms shall soon be accessed through Condom Vending Machines (CVMs) in India. Under a unique tie-up for population stabilisation programme with Jindal Steel and Power Ltd (JSPL), HLFPTT shall install high-end Automatic CVMs across the National Capital Region that will dispense brands of *Velvet* female condoms and *Rakshak* male condoms. In the pilot phase of six months, 10 CVMs shall be installed at select locations including washrooms of malls, multiplexes, IT, ITES and BPO offices, other corporate and PSU offices, metro stations, etc. A total of 50 CVMs shall be installed eventually.



Merrysilver Clinics for Urban Poor

In its commitment to deliver quality health services to urban poor, living in adjoining villages and slums of DLF project sites in Gurgaon, HLPPT has now partnered with DLF Foundation, whereby it will operationalise static clinics or health centres. These shall be branded as Merrysilver Clinics at four villages (Sikanderpur Ghosi, Nathupur, Kanhai and Chakkarpur) in Gurgaon. These will function as Primary Healthcare Centres, providing Antenatal and Postnatal Services, Family Planning Counselling & Products, besides General Health Check-up, Basic Diagnostic Services and Medicines. Pregnant & lactating women, children, adolescents and migrant labourers shall be primary targets under the project that is expected to continue till April 2016.



PROJECT EXPANSION

IUCD Programme Enters Phase II in Rajasthan

Capacity Building of Health Service Providers (HSPs) on IUCD and Pregnancy Test Card programme by HLPPT has now entered into the next phase of programme implementation in Rajasthan. Being implemented under the guidance of National Health Mission, the programme has made progressive expansions across 11 states since its inception in 2012. As many as 190,695 IUCD insertions have been conducted and 20,263 HSPs have been trained under the programme till 28th Feb 2015.



Merrygold Ujjwal Clinics to Offer MCH Services

With over two years of successful implementation of Project Ujjwal, HLPPT has delivered increased choice of sites providing quality and affordable clinical Family Planning & Reproductive Health (FP/RH) services to the underserved through innovative PPP models – via Social Marketing of Products & Social Franchising of Services with funding from DFID. Widening the basket with the inclusion of Maternal & Child Services (MCH), some franchisee Ujjwal Clinics shall now be branded as “Merrygold Ujjwal Clinics”. Moreover, the project has been extended for another year, till 2016. As of January 2015, the project team achieved 2.57 million Couple Years of Protection (CYP), served 1.2 million clients and reached out to 1.68 million community members through outreach activities and community meetings in the states of Bihar and Odisha.



HLPPT to Strengthen Medical Infrastructure

HLPPT has been supporting the Ministry of Health and Family Welfare for Health System Strengthening. As a latest step in this direction, it has entered into an agreement with the Government of Rajasthan for conducting Bio-medical Equipment and Instrument Mapping at the Primary Healthcare Centres (PHCs), Community Healthcare Centres (CHCs) and District Hospitals across the state for optimising existing medical infrastructure. Similar programme is being rolled out in Maharashtra, Uttar Pradesh, West Bengal, Bihar, Jharkhand, Chhattisgarh and Assam.

TRAINING & AWARENESS



Cricket Match Boosts AIDS Awareness among the Youth

To mark the National Youth Day (12th January 2015) and 66th Republic Day, the Community Health Intervention (CHI) Programme team from HLPPT organised a cricket tournament among the youth of Suvali village (Surat, Gujarat). Total three matches were played among four teams at Cairn India Cricket Ground, Suvali, involving 80 participants. The central idea was to spread health awareness, especially about Safe Sex Practices, HIV/AIDS, Family Planning, Nutrition, etc, among the youth in a leisure environment. Programme representatives addressed the youth in the presence of Village Sarpanch and Gram Panchayat members. HLPPT has been implementing CHI Programme with CSR support from Cairn India Ltd to improve health and nutritional status of communities in Suvali, Junagam, Tena and TenaRaang villages of Surat since 2011.

AWWs Sensitised on Early Childhood Care

Nearly 12 Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) from four villages were trained on Early Childhood Care and Education (ECCE) in Suvali village, Surat. The two-day training session on 24th-25th February 2015 was organised by HLPPT under its Nanhe Kadam (AWC Improvement) Programme being supported by Cairn India Ltd. ECCE refers to programmes and provisions for children from prenatal to six years of age – which caters to the all aspects of development including physical, motor, language, cognitive, socio-emotional, creativity – and ensures synergy with health and nutritional aspects. The training adopted participatory approach with technical inputs from Movement for Development and included topics such as – Early Care and Stimulation of Children; Preschool Education; Current ECCE Practices and Gaps; etc.



ADVOCACY

Advocacy on IUCD Kick-Starts in Etah

HLPPT and District Health Officers, Etah (Uttar Pradesh), organised a District Advocacy Workshop on 20th March 2015 at DM's Office, Etah, with the objective of increasing Family Planning Services in the district, with support of public and private health facilities, and equipping all 182 Sub Centres with IUCD insertions facility. Nidhi Kesharwani, District Magistrate, Etah, chaired the workshop in the presence of Dr R C Pandey, CMO, Etah; Dr P K Sharma, Deputy CMO; all Medical Officers In-charge (MOICs), Selected ICDS Staff & ASHAs; & HLPPT representatives. Dr Pandey announced Fixed Day Services (FDS) at all Sub Centres on the first Friday of every month for IUCD insertions. First phase of FDS was successfully started on 6th April 2015, at 27 Sub Centres with 101 IUCD insertions by HLPPT-trained HSPs. Consecutive phases are scheduled for the coming months. ■



Ensuring Dignity and Care to HIV Positives



Under Project Vihaan, HLFPPPT has reached out to 25,883 PLHIVs who have registered at Care & Support Centres, thus availing treatment adherence and social protection. We take a closer look at the incredible transition unfolding in their lives

Living with HIV for the last five years had made Sunita vulnerable to social stigma & struggle for survival for her two sons. Widow of a truck driver who had earlier died of AIDS, 40-year-old Sunita was struggling to make ends meet at Basti DanishManda village in Jalandhar district, Punjab. While she was on HIV treatment at Anti-Retroviral Treatment Centre (ARTC), Jalandhar, her diagnosis of cervical cancer last year came as a terrible blow to Sunita.

"It was devastating as I certainly couldn't afford the treatment," says Sunita. "I had heard of the Prime Minister's National Relief Fund that would entitle me for free cancer treatment. But shockingly, I was turned away by hospital authorities as I had no identity proof," she adds.

Her plight was addressed by the timely intervention of Project Vihaan team that

facilitates social entitlements, legal rights and government welfare schemes to People Living with HIV (PLHIVs) through Civil Society Interventions and Establishment of Care and Support Centres (CSCs). "Our Discrimination Response Team (DRT) members, who are closely associated with ARTCs, first brought the case to our notice in January this year," says Aarti, Project Coordinator, CSC Jalandhar from Abhivyakti Foundation. It was found that Sunita's voter card was not made and her Aadhaar Card was invalid too.

"We first got her identity proofs corrected at Hoshiarpur where she was residing earlier, and also started advocacy efforts with Senior Medical Officer (SMO), Chief Medical & Health Officer (CMHO) and Civil Surgeon at Hoshiarpur to give their references to ARTC Jalandhar,"

informs Aarti. The efforts paid off when ARTC Jalandhar applied for funds and her treatment, worth INR 1.5 lakh, started at Patel Hospital in Jalandhar from April 2015 onwards. Currently on chemotherapy, Sunita is grateful to Team Vihaan for their support.

Vihaan - A Ray of Hope

Sunita is a case in point for the positive change that Project Vihaan is bringing into the lives of PLHIVs. True to its name, meaning "dawn", Project Vihaan is designed in tune with the National AIDS Control Programme (NACP)-IV objective of 'providing comprehensive care, support and treatment to all persons living with HIV/AIDS'. Funded by the Global Fund (Round 4, RCC Phase II Grant), the programme is being implemented in 31 states with a key objective to improve the



"I am grateful to Team Vihaan for their timely support that helped me avail government's free cancer treatment facility"

– **Sunita (40)**, PLHIV and Cancer Survivor, Basti Danish Manda Village, Jalandhar district, Punjab

survival and quality of life of PLHIVs.

HLFPPT has partnered as Sub Recipient (SR) for managing the programme in Punjab through establishment of 7 CSCs (Amritsar, Bathinda, Jalandhar, Ludhiana, Patiala, Firozpur, Pathankot) and in Chhattisgarh through 5 CSCs (Bilaspur, Durg, Raipur, Ambikapur & Bastar) since 2013. Implementation of the project is being done through partnership with Community-based Organisations (CBOs) and NGOs (such as Abhivyakti Foundation) that work as Sub-Sub Recipients (SSRs).

CSCs offer a range of services to PLHIVs including Counselling, Outreach, Training on Home-based Care, Referrals and Linkages, Life Skills Education and Vocational Training, Advocacy and Communication, Support Group Meetings, etc. Their primary role is to establish early linkages to care, support and treatment services.

"Project Vihaan is playing a proactive role in fulfilling the goals of NACP-IV. The team members are closely collaborating with Punjab State AIDS Control Society (PSACS) and ARTCs for linking registered PLHIVs with CSCs; and for tracking Lost to Follow-Up (LFU) cases based on the list that we periodically share

with them," says Dr Swati Sharma, Joint Director, Care and Support Treatment, PSACS. "Besides, they help in other ways, like facilitating treatment to patients who can't afford it," she adds.

Project Vihaan has so far touched the lives of 25,883 PLHIVs, who have successfully registered at CSCs (data till April 2015). Besides, it has linked 2,505 registered PLHIVs with government social welfare schemes through consistent and multiple advocacy efforts, thus facilitating a better quality of life for them.

Impactful Advocacy

One such successful advocacy has been in ensuring Free Bus Services for PLHIVs in Chhattisgarh. "First priority for PLHIVs is to reach ARTCs regularly, in which transportation has a major role," says D Ravishankar, Joint Commissioner, Transport Department, Government of Chhattisgarh. However, despite a 2010 order by the Transport Department announcing free bus services to PLHIVs and their attendants for all treatment-related commutations, there was an existing gap. "We found that most bus owners were reluctant to follow the order in the absence of compliance regulations," recalls Amruta Alpesh Soni, Advocacy Officer-Chhattisgarh, Vihaan.

The Project team undertook an extensive advocacy campaign, following which the Additional Transport Commissioner issued a letter to all regional and district transport officers on 31st December 2013, warning them of disciplinary action for non-compliance. PLHIVs and their attendants are now availing free bus services in Chhattisgarh. A similar campaign is underway in Punjab. "We

"First priority for PLHIVs is to reach ARTCs regularly, in which transportation has a major role to play"

– **D Ravishankar**, Joint Commissioner, Transport Department, Government of Chhattisgarh, on issuing free bus service to PLHIVs across the state

have won free bus services for PLHIVs in Firozpur district. Our advocacy is continuing with Punjab Roadways to replicate the model across all districts," says Neeraj Pathak, Programme Manager, Vihaan.

Yet another success has been Issuance of Blue Cards to PLHIVs under the Aata Daal Scheme of the Government of Punjab, that will entitle all PLHIVs, irrespective of their BPL/APL status, to get wheat at subsidised rate of INR 2/kg. This ruling of March 2015 is the outcome of repeated advocacy meetings by HLFPPT with the state's Department of Food Civil Supplies and Consumer Affairs and Health Department. "Providing nutritional support to PLHIVs is imperative for ensuring a healthy lifestyle for them. Honestly speaking, it is the duty of the state," says Parminder Pal Singh Sandhu, Joint Secretary, Department of Food Civil Supplies and Consumer Affairs, Government of Punjab.

For this scheme, the Departments of Food

SNAPSHOT: HLPPT's Role in Vihaan

2 States Presence
Punjab
Chhattisgarh

12 Care & Support Centres
7 CSCs in Punjab
5 CSCs in Chhattisgarh

25,883
PLHIVs registered at CSCs

15,336
PLHIVs counselled at least once

1,876
LFUs brought back to treatment

2,505
PLHIVs linked to Govt Social Welfare Schemes

**Data from 1st Oct'13 to 31st Mar'15*



“Effective counselling is extremely important at the beginning itself as most PLHIVs do not realise the need for regular CD4 count check-ups or treatment adherence, thus converting to Lost to Follow-ups (LFUs)”

—*Dharampal (35), Peer Counsellor, CSC Patiala, Punjab*

Civil Supplies & Health shall work in tandem. PSACS shall share a list of PLHIVs registered at ARTCs with the Food Civil Supplies Department and the latter will further issue Blue Cards to PLHIVs. “Government departments are always willing to serve communities and work in alliance with other departments. However, they need to be pursued properly,” says Sandhu.

Effective Counselling

Apart from advocacy, counselling comprises an integral aspect of Vihaan as this is the first step towards sensitisation and awareness generation. For the last two years, 35-year-old Dharampal has been regularly visiting villages, colleges, slum areas in towns; and coordinating with Female Sex Workers in Patiala to identify PLHIVs, counselling them on the need for regular treatment, nutritious diet, safe sex practices, issues of social stigma, etc and linking them with ARTCs.

“People relate with me as I am HIV positive too. I give them my own example and advise them a diet and lifestyle that is affordable for them,” says Dharampal who first visited CSC Patiala as an HIV positive in 2013 and later was compelled to join the cause as a Peer Counsellor with CSC Patiala. “Working with Vihaan has given me a new lease of life. My work has earned me respect in every manner. It has boosted my confidence, improved my health status and made me independent,” he says.

Tracking LFUs

A critical challenge of the Project lies in the incidence of LFUs (lost to follow-ups) from Antiretroviral Treatment (ART). These are PLHIVs who stop their treatment midway as they do not realise

the need for life-time adherence to drugs or CD4 tests. Tracing and bringing them back under the ambit of treatment is a vital aspect of Project Vihaan. So far, the team has successfully tracked 1,876 LFUs. This is incredible as PLHIVs often give incomplete or wrong addresses during ARTC registration owing to social stigma. This, coupled with migration of PLHIVs and death cases, makes their tracking tough.

“Most PLHIVs discontinue their medicine owing to lack of strong counselling at ARTCs. Pre-ART PLHIVs are mostly ignorant about the need for repeated CD4 count check-ups at regular intervals. They often convert to Lost to Follow-ups (LFUs). Counselling is extremely important at the beginning itself,” points out Dharampal.

Way Ahead

Talking about the scope for improvement, Dr Sharma suggests increasing the

“Vihaan is playing a proactive role in fulfilling the goals of NACP-IV. The team is collaborating with SACS and ARTCs for linking registered PLHIVs with CSCs and tracking LFUs”

—*Dr Swati Sharma, Joint Director, Care and Support Treatment, PSACS*

number of CSCs: “Currently there are 7 CSCs that are covering all 9 ARTCs of Punjab.” For instance, CSC Amritsar is currently catering to both ARTC Amritsar and ARTC Tarn Taran, which are around 25 km apart. “Although the team members put in relentless efforts everyday to link maximum PLHIVs, there are restrictions of distance and reach which can be filled only through a new CSC,” she adds.

Similarly, right approach for advocacy matters too. “For effective and successful advocacy, it is essential for NGOs to have strong credentials. They should have long-term association with the government agencies and must utilise these. Approaching without authority or the right channels often raises suspicion and delays the process,” adds Sandhu.

As the project progresses, stakeholders are gaining deeper insight into ways of improvement. For instance, the Chhattisgarh Transport Department is working on ways to further smoothen free bus rides for PLHIVs. “Often bus drivers or conductors publicly disclose the identity of PLHIVs, much against their will. Also, some bus owners take this ruling as a financial liability. To address these concerns, we are now planning to issue coupons to PLHIVs for bus rides. Conductors can later submit these to the collectors’ office in lieu of payment,” says Ravishankar.

From this financial year onwards (1st April 2015) HLFPT shall also manage the project in Haryana and Chandigarh. As HLFPT embarks on a new journey with two states added under the Project, it is interesting to watch how the lessons from Punjab and Chhattisgarh will help the team in creating an impact in the new states. ■

"I feel proud to be a change agent"



Rehana Begum Laskar, an ANM at Hailakandi Civil Hospital in Assam is encouraging women to make an informed choice for contraception for the last 27 years. Her recent training on IUCD has proved to be a game changer

It's 9:15 am and Rehana Begum Laskar is busy sterilising equipments, cleaning the Operation Theatre, and preparing for the day. Within minutes, patients will start walking in and she would get totally occupied till 3:00-4:00 pm, assisting doctor, attending patients, counselling women on pregnancy care and family planning and also conducting IUCD insertions.

This has remained her schedule for the last 27 years – a span that has witnessed her gradual progression from a young girl to a homemaker and to a mother of two. But one thing that has remained intact is her undeniable spirit to go to hospital daily and enlighten her community, especially women, with healthcare awareness.

Meet 47-year-old Rehana Begum Laskar, an Auxillary Nurse & Midwife (ANM) working at Hailakandi Civil Hospital in Assam. Born in a farmer's family at Bashbari village, Hailakandi, she grew up seeing young women dying. Her conservative family background and financial constraints didn't deter a young Rehana from completing High School Leaving Certificate (HSLC) and joining Bashbari Sub Centre

"Every year I would see the same women turning up for deliveries. I realised that these women had little or no information on family planning"

- Rehana Begum Laskar, ANM, Hailakandi Civil Hospital, Assam

under Algapur PHC as an ANM in 1988. Later, she joined Hailakandi Civil Hospital in 1990. Marriage, pregnancies or husband's illness – nothing inhibited her from her services.

She started encouraging women to avail healthcare services before, during and after their pregnancies. "Also, I started counselling women on contraception and motivating them to make an informed choice, not a forced choice," she adds.

A training session on *No Touch Technique* of IUCD Insertions and Infection Prevention, organised by HLFPPPT for Hailakandi Hospital staff on 29th April-4th May 2013,

proved to be a game changer for Rehana that not only increased her awareness about IUCD. The training was part of HLFPPPT's flagship programme, "Capacity Building of Health Service Providers on IUCD and Pregnancy Test Card" that aims to provide skill-based training on IUCD insertions to ANMs, LHV's, Staff Nurses and Medical Officers posted at Sub Centres, Primary Health Centres (PHCs) and Community Health Centre (CHCs).

"HLFPPT's training, using Zoe Model and audio/visual content, has significantly improved my performance. Before training, I was performing 4-5 IUCD insertions per month, which has now increased to nearly 13. Since 5th May 2013, I have done 321 IUCD insertions," claims Rehana. "Client satisfaction has increased too with lesser number of infections or complications. We now offer better counselling to women, conduct client follow-ups and maintain records. Moreover, I am now able to guide younger ANMs better," she adds.

While she gets up to attend another patient, she quickly remarks: "Giving women access to family planning information and contraceptives can change lives!" ■

“Delivering in a hospital felt much safer”



Leela Devi from Varli Village in Rajasthan becomes the first woman in her community to opt for an institutional delivery, thanks to the consistent efforts by HLPPT's Merrygold Health Network Team members

For Leela Devi, hospitals had always meant the unfortunate last resort for dying people. The fact that expecting mothers visited hospitals for health check-ups and deliveries was unheard for this 20-year-old tribal woman from western Rajasthan. So, even till her eighth month of pregnancy, she had not felt the need for a medical consultation.

Varli is among the tribal belts of Pindwara block in Sirohi with small hamlets spread across a tough, hilly terrain. Accessibility is a major roadblock for residents who are compelled to travel 20 kms to reach the nearest health facility. Poor transportation, poverty and lack of awareness further drive the community towards a neglected outlook for maternal and child health. No wonder, non-institutional deliveries by midwives remained a norm in this area for decades.

A change stepped in when Sharwan Kumar, Out Reach Coordinator from Merrygold Health Network (MGHN) team, along with representatives from Merrygold Franchisee Hospital in Pindwara visited the village in January 2015. “We realised that residents were ignorant about antenatal care, postnatal care, family planning, vaccination and other health related issues,” says Kumar. He encouraged active women from the community to join MGHN programme as Merrytarang Members.

Through their support, he further oriented community members such as Leela Devi about the various aspects of pregnancy care including: nutritional intake during pregnancy, danger signs to watch out for, Do's and Don'ts during pregnancy, importance of Iron and Calcium supplementation during pregnancy and lactation period, etc. Moreover, he briefed them about the significance of a skilled attendant during childbirth and about the benefits associated with institutional deliveries, especially at Merrygold Hospitals that emphasise on offering good quality, fast healthcare services at affordable pricing.

“Initially, nobody was convinced,” says Laali Baai Sugaram Grasiyaa, a Merrytarang Member. “Money was a major constraint. However, when we told residents about the provision of quality healthcare at affordable prices at MGHN hospitals, they started listening to us,” she adds.

Her consistent efforts paid off after a

“Initially, nobody was convinced as money was a major constraint. However, when we told residents about the provision of quality healthcare at affordable prices at MGHN hospitals, they started listening to us”

-Laali Baai Sugaram Grasiyaa, Merrytarang Member

month when Leela Devi and her husband, Laccha Ram Garasiya, agreed for an institutional delivery for their first child. With support from MGHN team members, Leela Devi delivered a baby boy at Merrygold Franchisee Hospital, Pindwara, in the second week of February 2015. “I never knew that delivering in a hospital would be much safer,” says Leela Devi.

According to local people this was also the first institutional delivery of the village. In fact, through word of mouth, four more deliveries from the village have been done at the hospital since then.

Through frequent community meetings by the programme team, awareness level among community members regarding Reproductive Healthcare, especially Maternal & Child Healthcare has improved. The programme team is further exploring all nearby hamlets around Varli villages for spreading awareness on MCH/RCH and vaccination, thus fulfilling the need for affordable and quality health services for mother and child. ■



OUR PARTNERS

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