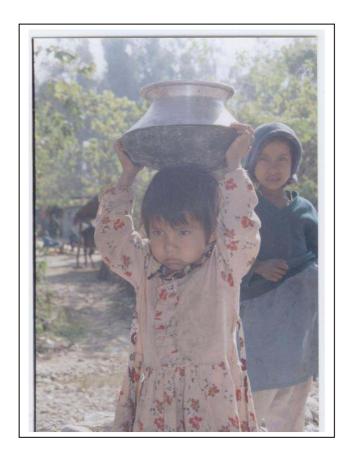
# ANNUAL REPORT 2005-2006



# MAMTA SAMAJIK SANSTHA

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# **Annual Report 2005-06**

# <u>Training Courses Conducted at Mamta's Aganwadi Training Centre, (AWTC), Paundha, Dehradun</u>

#### 7 Days Aaganwadi Helpers Refresher Training Course:

Mamta has conducted five Refresher training courses of 7 day duration each for the helpers of Aganwadi workers at its AWTC, Paundha, Dehradun in the year 2005-06. There were altogether 198 helpers from two districts i.e. Dehradun and Udhamsingh Nagar who have participated at these trainings.

We used prescribed training module by the department of Integrated Child Development Services (I.C.D.S.) for the trainings. The purpose of these trainings was to refresh the knowledge and skill of the helpers pertaining to their work and guide them in such a way so that after the course they may perform their duties more fruitfully. This course also helped them to understand their strength and weakness and fine tune them for their work in future.

Basically our training instructors conducted sessions on different issues like role and responsibilities of helpers to provide quality services to their beneficiaries. We also taught them about Reproductive child health, nutrition, growth monitoring of children, balance diet etc. They were also taught about some songs, prayers, poems and craft work like making soft toys, flower pots, wall hanging etc which they may use with their beneficiaries to make joyful learning environment at their respective centre. They were also introduced to medicine kit and trained as how to use

different common medicines for their beneficiaries, particularly for children. Mr Mohit Choudhary, Programme officer, Directorate of ICDS, Dr B.K.Ojha, Medical officer Incharge, CHC, Premnagar, Mr J.M. Singh, Chief Functionary, Mamta Sanstha, D.P.O., CDPO and supervisors of ICDS have participated as a resource person and facilitator for these courses. These trainings were conducted under the supervision of Principal, Training centre, Mrs Beena Walia.

#### **AWTC Trainings at a Glance**

S.	Date	Name of	Block	Type of	No. of
No.		Training		Participants	Participants
1.	18-04-05 to 24-04-05	Refresher of Aaganwadi Helpers	Vikasnagar	Helpers	48
2.	06-06-05 to 12-06-05	Refresher of Aaganwadi Helpers	Udam Singh Nagar	Helpers	50
3.	15-06-05 to 21-06-05	Refresher of Aaganwadi Helpers	Udam Singh Nagar	Helpers	31
4.	24-06-05 to 30-06-06	Refresher of Aaganwadi Helpers	Sitarganj, Udam Singh Nagar	Helpers	49
5.	05-07-05 to 11-07-05	Refresher of Aaganwadi Helpers	Sitarganj, Udam Singh Nagar	Helpers	20

#### **Observed World Breast-feeding week:**

The World Breast-feeding week is being observed all over the world from 1-7 August every year to promote and encourage early and exclusive breast feeding among pregnant and lactating mothers for giving better start of life to their newly born and young children. We take this opportunity every year to re-inforce this message among rural and urban mothers during world breast feeding week. This year also Mamta has conducted activities with pregnant and lactating mothers to share with them the benefit of early exclusive feeding.We and breast have conducted programmes, quiz, competition, exhibition etc on the importance of breast feeding with mothers in districts of Dehradun, Haridwar, Chamoli in Uttaranchal and Saharanpur in U.P.

Our team re-inforced the message that every child has the right to get breast feed from her mother. It is a mutual benefit for mother and child if child gets mother's milk. We also promoted that early and exclusive breast feeding is must for better health of the child. It is well known fact that very few mothers breast feed their children exclusively. Most of the mothers in urban and rural areas mix breast feeding with top milk and other things like water and honey. Our team also informed them about importance of colostrum. We taught them that it is most important for the baby and this is first immunization to the child to protect him against the diseases. Beside, our team, we have involved district, block and village level officials and staff of health department and ICDS to take their technical input in these programmes.

#### **Observed National Nutrition Week:**

National Nutrition week is being observed in India every year between 1st to 7th September to make people aware about importance of nutrition and sources of better nutrition. Mamta also observed this important week in the villages and city slums of its project areas i.e. Dehradun, Chamoli, Haridwar and Saharanpur.

We have focused our activities particularly on children, adolescent girls, pregnant and lactating mothers during this week. We have informed our beneficiaries about importance of nutrition through flash the cards, posters, video films and demonstration. Particularly, we discussed with them about Protein energy malnutrition and micro-nutrients like Iron folic acid, Vitamin A and consumption of Iodine in their diet. We informed pregnant and lactating mothers about their diet and initiation of complementary/supplementary feeding to their children on completion of 6 months. We encouraged pregnant and lactating mothers to consume IFA tablets daily, administer Vitamin A syrup with the help of ANM or sub centre for their children between the age of 9-36 months every six months. Also use iodized salt in their food to prevent their family from iodine deficiency disorders. We have shown and distributed IFA tablets during these programmes and tested their salt samples with iodine testing kit to check whether they are consuming iodized salt or not? Again, we have taken the help of health department and ICDS to hold these activities in order to ensure timely and quality health care through them to the beneficiaries.

# World Breast Feeding Week & National Nutrition Week at Dehradun, Haridwar and District Saharanpur (U.P.)

S.	Date	Place	Name of Programme /	No. Of
No.			Name of Officers	participant
1	01-08-05	Village- Paundha,	World Breast feeding week	35
		Dehradun	Programme with Mothers	
2	02-08-05	Village -Dhaulas,	World Breast feeding week	34
		Dehradun	Programme with Mothers	
3	03-08-05	Village-Hariyawala,	World Breast feeding week	40
		Dehradun	Programme with Mothers	
4	04-08-05	New Basti, Saharanpur	World Breast feeding week	48
		_	Programme with Mothers	
5	05-08-05	Soniya Basti, Haridwar	World Breast feeding week	45
			Programme with Mothers	
6	06-08-05 to	Village- Dhaulas,	Focus Group Discussion on	110
	08-08-05	Hariyawala Kala,	women's land &	
		Shivpuri, Dehradun	Livelihood Rights	
7	19-08-05	Harijan Basti,	Awareness Camp on RCH,	42
		Saharanpur	Health & Nutrition	
8	22-08-05	New Basti, Saharanpur	Awareness Camp on RCH,	36
			Health & Nutrition	
10	29-08-05	Kassawan Basti,	Awareness Camp on RCH,	32
		Haridwar	Health & Nutrition	
11	01-09-05	Village -Paundha,	National Nutrition Week	39
		Dehradun	Programme	
12	02-09-05	Dhaualas, Dehradun	National Nutrition Week	37
			Programme	
13	03-09-05	Soniya Basti, Haridwar	National Nutrition Week	31
			Programme	
14	05-09-05	Hariyawala, Kala,	National Nutrition Week	32
		Dehradun	Programme	
15	06-09-05	Shivpuri, Dehradun	National Nutrition Week	30
			Programme	

#### **Awareness about PNDT Act during International Women's Day:**

The State women commission and Mamta Samajik Sanstha have jointly organized one day meet on 8<sup>th</sup> March, 2006 to mark the occasion of international women's day in Dehradun. We kept the focus on declining sex ratio of female, particularly among girl child during the meeting. Hence, there was lot of discussion on provision of PNDT Act and how to reinforce PNDT act in Uttaranchal to stop merciless killing of girl child.

The program was organized at Press Club, Dehradun in which more than 80 women activities, dignitaries and govt concerned officials participated. The Mayor of Dehradun, Mrs Manorama Sharma was the chief guest of the programme. Beside her, there were other dignitaries like President of State women commission, Dr. Santosh Chauhan, Dr. Saroj Naithani, Distt Female Hospital, Dehradun, Principal of DAV (PG) College ,Dr. N. L. Saral,Lecturer,MKP Girls PG College, Dr. Kiran Sud and Chief Coordinator of Mamta Sanstha & member of State committee on PNDT.Mrs Beena Walia. All the speakers and participants of the programme showed their deep concern about gender discrimination and declining sex ratio of female. They reaffirmed that we have to launch campaign on gender sensitization and fight for our rights to get equal status in the society. We must ensure that PNDT Act must be inforced more effectively to protect our girl child. We must conduct various programmes to promote importance of girl child and protect girl child in the society and family. Govt should also launch more such schemes which will provide more benefit or incentives to the parents of girl child and create environment and opportunities for girl child to grow and lead a normal life in the society.

#### **Awareness Camps on Gender Sensitization:**

Mamta conducted series of awareness camps on gender sensitization between 24-29 July, 2005 at 6 villages of two blocks i.e.Sahaspur and Vikasnagar of district Dehradun. These awareness camps were conducted at Dhaulas, Kandoli Paundha of village and Sahaspur block Sabhawala, Sherpur and Timli of Vikasnagar block with women of the these villages.Our chief coordinator, Ms Beena Walia and other field coordinators shared with the participants the statistics of declining sex ratio in Uttaranchal, particularly in Dehradun. They said that it is happening because female feticide is increasing day by day in our district and State. We are misusing the facility of ultra sound for selective abortion. If there is girl child in mother's womb, we are killing her before she takes birth. This is against human rights and child rights. Each girl child has got the equal right to come to this beautiful world and enjoy her life like boy. If we don't stop it immediately, we have to face the consequences in future. There shall be huge gap between male and female sex ratio and so many problems will occur in the society, resulting in more atrocity and crime against women and girls.Our constitution gives equal right to man and woman, boy and girl to lead fearless and normal life. It is fundamental right of every child to live and enjoy a normal life. They also shared that it is not good for woman's health as well to go for abortion and even it is more dangerous to go for it very frequently. If we give equal opportunity to our girls like boys. They may do anything which boys can do. Infact, girls are showing better talents in all the fields in comparison to boys. They both are important for this society and they both should get equal opportunity to survive and grow. The participants were also told about PNDT Act and various schemes which government is running for the health and development of girls. Besides, Mamta staff, local

women village leaders and aganwadi workers were also involved in the campaign to encourage women to give equal opportunity to their girls to grow in their life. There were altogether 460 women and girls as a participants of these programmes.

#### R.C.H. Camp by Female Hospital, Dehradun at Mamta Office:

Mamta Samajik Sanstha is organizing R.C.H. camp at its office on last Saturday of every month to provide ANC,PNC services to the pregnant mothers,lactating mothers and immunization services to the children. The health visitor and local ANM from health department are providing these services to women and children of surrounding colonies like Christian colony,PTS, Dobhalwala, Chukhuwala, Neshville road and Rajpur road. Women are also being counseled for using appropriate contraceptive methods as per their needs. They are also provided with condoms, oral pills etc. Even anaemic and pregnant mothers are given IFA tablets to consume every day. They are also encouraged and sent for institutional delivery and suggested to practice 5 cleans during delivery. Even adolescent girls are given TT during these camps. Beside providing above services, we are taking it as an opportunity to educate women and adolescent girls on various issues of RCH including HIV/AIDS and TB etc. In this financial year following camps have been organized:

**RCH Camp at Mamta Office** 

S. N.	Date	No. Of Beneficiaries Covered	
		Women	Children
1	23-04-05	22	26
2	28-05-05	17	22
3	07-05-05	19	20
4	11-06-05	21	28
5	09-07-05	16	24
6	23-07-05	24	32

7	25-02-06	19	27
8	27-03-06	18	22

# Pulse Polio Booth at Mamta office:

Mamta Samajik Sanstha has been involved in the pulse-polio program since beginning of the campaign i.e.1995.Including the financial year 2005-06 we have conducted following programmes since 1995:

# Mamta's Contribution in National Pulse Polio Programme

S.	Date	Venue	No. of Children
No.			Covered
1	05-01-03	1-Mamta Head Office Booth	254
		2-Mamta Congress Bhawan	209
		Booth, Dehradun	
	15-21January-2003	3- Mobile Team Activity	169
2	09-02-03	1-Mamta Head Office Booth	221
		2-Mamta Congress Bhawan	185
		Booth, Dehradun	
	15-21Febuary 2003	3- Mobile Team Activity	170
3	06-04-03	1-Mamta Head Office Booth	242
		2-Mamta Congress Bhawan	195
		Booth, Dehradun	
	15-21March 2003	3- Mobile Team Activity	180
4	01-06-03	1-Mamta Head Office Booth	220
		2-Mamta Congress Bhawan	125
		Booth, Dehradun	
	15-21June 2003	3- Mobile Team Activity	140
5	14-09-03	1-Mamta Head Office Booth	258
		2-Mamta Congress Bhawan	210
		Booth, Dehradun	
	15-21September 2003	3- Mobile Team Activity	150
6	09-11-03	1-Mamta Head Office Booth	260
		2-Mamta Congress Bhawan	230
		Booth, Dehradun	
	15-21November 2003	3- Mobile Team Activity	130
7	04-01-04	1-Mamta Head Office Booth	219
		2-Mamta Congress Bhawan	185
		Booth, Dehradun	
	15-21January 2004	3- Mobile Team Activity	110
8	22-02-04	1-Mamta Head Office Booth	243
		2-Mamta Congress Bhawan	205
		Booth, Dehradun	

	15-21-Febuary 2004	3- Mobile Team Activity	146
9	04-04-04	1-Mamta Head Office Booth	190
		2-Mamta Congress Bhawan	140
		Booth, Dehradun	
	15-21March 2004	3- Mobile Team Activity	135
10	23-05-04	1-Mamta Head Office Booth	240
		2-Mamta Congress Bhawan	200
		Booth, Dehradun	
	15-21May 2004	3- Mobile Team Activity	180
11	04-06-04	1-Mamta Head Office Booth	249
		2-Mamta Congress Bhawan	189
	15.211 2004	Booth, Dehradun	120
10	15-21June 2004	3- Mobile Team Activity	130
12	22-08-04	1-Mamta Head Office Booth	256
		2-Mamta Congress Bhawan	231
	15 21 August 2004	Booth, Dehradun	1.40
12	15-21August 2004 10-10-04	3- Mobile Team Activity 1-Mamta Head Office Booth	148
13	10-10-04	2-Mamta Congress Bhawan	207 188
		Booth, Dehradun	100
	15-21October 2004	3- Mobile Team Activity	152
14	21-11-04	1-Mamta Head Office Booth	250
17	21-11-04	2-Mamta Congress Bhawan	200
		Booth, Dehradun	200
	15-21Novmber 2004	3- Mobile Team Activity	132
15	09-01-05	1-Mamta Head Office Booth	248
		2-Mamta Congress Bhawan	221
		Booth, Dehradun	
	15-21January 2005	3- Mobile Team Activity	155
16	27-02-05	1-Mamta Head Office Booth	230
		2-Mamta Congress Bhawan	190
		Booth, Dehradun	
	15-21Febuary 2005	3- Mobile Team Activity	133
17	10-04-05	1-Mamta Head Office Booth	228
		2-Mamta Congress Bhawan	198
		Booth, Dehradun	
	15-21March 2005	3- Mobile Team Activity	110
18	15-05-05	1-Mamta Head Office Booth	252
		2-Mamta Congress Bhawan	190
		Booth, Dehradun	
	15-21May 2005	3- Mobile Team Activity	169
19	26-05-05	1-Mamta Head Office Booth	258
		2-Mamta Congress Bhawan	201
		Booth, Dehradun	
	15-21May 2005	3- Mobile Team Activity	190

20	07-08-05	1-Mamta Head Office Booth	240
		2-Mamta Congress Bhawan	155
		Booth, Dehradun	
	15-21May2005	3- Mobile Team Activity	123
21	25-09-05	1-Mamta Head Office Booth	240
		2-Mamta Congress Bhawan	177
		Booth, Dehradun	
	15-21May 2005	3- Mobile Team Activity	263
22	27-11-05	1-Mamta Head Office Booth	260
		2-Mamta Congress Bhawan	185
		Booth, Dehradun	
	15-21May 2005	3- Mobile Team Activity	243
23	15-01-06	1-Mamta Head Office Booth	236
		2-Mamta Congress Bhawan	130
		Booth, Dehradun	
	15-21May 2005	3- Mobile Team Activity	203
24	26-02-06	1-Mamta Head Office Booth	286
		2-Mamta Congress Bhawan	158
		Booth, Dehradun	
	15-21May 2005	3- Mobile Team Activity	190

# Health Education Project with the support of TPAK-JICA, Japan at 40 Village of Block Ghat, District Chamoli:

Mamta Samajik Sanstha has launched a project "Health Education Project" at 40 villages of Ghat Block, District Chamoli, Uttaranchal, India w.e.f. 3<sup>rd</sup> June 2005 in collaboration with TPAK, Japan with the financial Support of JICA, Japan.

This project is being implemented mainly with 40 primary schools in Ghat block with a goal to ensure physically and emotionally healthier lives of the students along with their families, teachers and community leaders.

Though in the beginning we have targeted to cover 1200 children from 40 villages, but in reality we are working for 2000 students. This project aims to raise their awareness concerning health & Sanitation, leading to their adoption of more hygienic ways of life and thus improving public hygiene.

**Primary Target Groups**: Approximately 2000 Students from 40 Primary Schools in Ghat, Chamoli.

Secondary Target Groups: Dropout children, Parents of Students, Teachers, Community leaders and entire community at large.

#### • Highlights of some key activities of the Project :

- Appointed one block coordinator and 8 Sector coordinators to work in 40 Project Villages.
- Identified and finalized 40 villages for HEP, TPAK/JICA Project.
- Visited 30 villages out of 40 villages through sector coordinators to introduce the project to the key persons or groups of the villages.
- ♦ Had introductory meetings with key Govt. officials at block level like Block Development officer (BDO), Medical officer incharge, Primary Health Centre, Astt. Basic Education officer (ABSA), Block Resource coordinator (B.R.C.), A.B.R.C., C.R.C. (Cluster resource coordinators) etc.
- Had introductory meetings in 3 villages at Bhenti, Banjbagad & Narangi.
- Project field office established at Ghat, Chamoli.
- Conducted orientation on project activities for project staff i.e. Block Coordinator and Sector Coordinators.
- Chief Functionary spent 10 days in field in June 05 to meet Govt. officials, appoint project staff and orient key persons/Groups about the project.
- Visited and had meetings with Block Govt. officials, WFP Distt. Coordinator, Community leaders with TPAK team members and had meetings with community in one village Sainti.

#### Scheduled Activities Conducted between July-Sept. 2005

We have not conducted many-scheduled activity in July 05 because we wanted to conduct our activities after decided to conduct only such activities, which will not have any adverse affect on the findings of baseline survey.baseline survey only. Hence, we

#### • 1. Introductory Meetings about the project

We have been to all 40 Project villages in July 05 through our 8 sector coordinators to have introductory meetings with all stakeholders like School teachers, Community leaders, concerned govt. department representatives. We informed them about our project in terms of its goal, objectives and main activities and sought their support to implement various activities under the project we also had open meetings in these 40 villages where we invited women, adolescent girls, Community leaders to tell them about the project. These meetings were conducted to create an environment for the project.

#### **2.** Identification of Child Health Volunteers (Bal Swasthya Mitra)

At the time of village open meetings, it was our one of the agenda to look for one enthusiastic person from the community to whom we can prepare as a child health Volunteer. Our sector coordinators identified 40 such volunteers, one each from each village with the help of community leaders & School Teachers.

# 3. Meetings with concerned Govt. officials

The chief Functionary, Mr. J.M.Singh, Chief Coordinator, Ms. Beena Walia and Block Coordinator, Mr. Gyan Singh had various rounds of meetings in July 05 with concerned govt. officials at block, district and state level to apprise them about the project and seek their support in the implementation of the project. We also had meetings with state Director, World Food Programme, Ms. Usha Goel and her colleagues to get their technical support in the programme. TPAK representatives Ms. Machiko Chikada, Ms. Machico Buckley and Ms. Sato Megumi have also been with us while having discussion with some of these officials. Also they have been with us to some of the project villages to directly interact with the beneficiaries i.e. children & community people.

### **4. Finalization of Baseline Survey and Village Conditions**

#### **Survey Formats**

TPAK representatives Ms. Machiko Buckley & Ms. Sato Megumi, Mamta's Chief Functionary, Mr. J.M.Singh, Chief Coordinator, Ms. Beena Walia and WFP Programme Officer, Mr. Amit Chakravarty had several meetings in July to finalize the baseline Survey and village Conditions survey formats. Final Survey Formats were shared with 2 Researchers, block coordinator & 8 sector coordinators during one day training held at Field office, Ghat on 27<sup>th</sup> July 05. Ms. Machiko, Ms. Megumi and Mr. J.M. Singh gave them training and explained them as how to conduct these studies.

#### **♦ 5. Baseline survey and village conditions Survey**

Two Professional Researchers Mr. Jaipal Singh Bhandari & Mr. D. P. Bhatt were hired by Mamta in consultation with TPAK to conduct baseline survey in selected 8 villages out of 40 Project villages. They have been to these 8 villages to collect baseline data from 28<sup>th</sup> July-6<sup>th</sup> August 05 (A detail report on Baseline survey is given separately). They were given training and instruction sheet before starting the survey work. One remote and backward village was selected from each cluster out of 8 clusters. Each Sector Coordinator was asked to be with the researchers during Survey in their respective cluster to facilitate the survey work.

Simultaneously, 8 sector coordinators were asked to conduct village conditions survey in their respective clusters. So each sector coordinator conducted survey with help of community representatives and child health volunteers in all 5 villages of their cluster. Thus, we have conducted village conditions survey in all 40 villages. In each village at least 10-15 community representatives helped our workers to compile village conditions status (A detail report on each village is given separately.)

#### • 6. Development of IEC Material

We also took this opportunity in rainy season to prepare our IEC material for social mobilization activities in schools and villages. We have developed following Material in July 05:

- a. One Introductory brochure on Project goal, objectives, activities to be undertaken etc. in Hindi to share with senior govt. officials, community leaders & school head masters etc.
- b. Three posters on subjects (1) Promotion of early and exclusive breast feeding (2) Promotion of Personal hygiene (3) Promotion of family & community Hygiene. Importance of safe drinking water & use of toilet.
- c. Sets of 12 flash cards to be used by 8-sector coordinators during school and village awareness camps and trainings on various components of health & sanitation.
- d. 8 handouts on various components of health and sanitation like-Immunization, Diarrhoea Management, water & Vector borne diseases, T.B., Breast feeding, Iodine deficiency disorders etc. These handouts have been developed for wider distribution in school and village level programmes.
- e. Project logo has been developed which shows two happy children (One boy, one girl). The faces of children are shown on School Board, which depicts symbol of education. In the outer circle project name, partner's names and Red Cross Symbol is shown which depicts that it is a health programme in school by Mamta with the support of TPAK-JICA. On the school Board one slogan is written, saying, "Let us go to school, Let us learn to be healthy" we are planning to make stickers of our project logo. So that we can stick them in all schools and important places.

# 7. Implementation of scheduled Activities

We wanted to start our scheduled activities by conducting Trainings of Trainers as our first activity. But due to heavy rain fall in August 05 and delayed permission from Education Director regarding participation of school teachers in TOT, our trainings delayed till mid Sept. 05.

Meantime, we trained our sector coordinators in our field office and started our village level interventions through them.

# a.Observed world Breast-feeding week

World Breast-feeding week is being observed every year from 1-7 August to promote early and exclusive breasting for the survival and good health of the child. We also observed World Breast Feeding Week in our various project schools and villages to promote the breast-feeding. We have

noticed that mothers do not breastfeed their children as they are supposed to breast feed due to over burden of household and fieldwork. As a result children get malnourished, fall sick so frequently. They grow with malnutrition. So it affects their performance in study as well when they go to school. Our sector coordinators used poster, Display material and Flash cards to make them aware about the importance of the breast-feeding. To assess their knowledge after the programme, a health Quiz was also organized by our sector coordinators. We gave prizes to five women, children and adolescents who gave right answers to the questions.

#### **b.Observed National Nutrition Week:**

National Nutrition week is being observed in India every year from 1-7 September to promote proper nutrition care. We also observed Nutrition week in many project villages and schools with the support of health & ICDS workers and local child health Volunteers. We conducted awareness programmes, Quiz etc. at schools, villages and ICDS centers to promote proper Nutrition care. Our sector coordinators under the guidance of the chief functionary, chief coordinator and Block coordinator gave information about Micro-Nutrients like Iodine, Iron and Vitamin A. Our workers gave them demonstration of Iron Folic Acid tablets, Vitamin-A solution and Iodine Testing kit. They were encourage to take IFA tablets and consume Iodized salt. Their household salt was tested with Iodine testing kit. It was found that may people were not using Iodized salt due to ignorance. After the programme, they decided to buy iodized salt only. We also told them about De-worming tablets. Soon de-worming will be done in all villages with the help of health department, particularly with ANM.

# c. Village level Orientation on Health and Hygiene

Keeping in mind our project scheduled activities; we have conducted some orientation programmes in schools & villages in August & September 05 on health and hygiene. We have used posters, display material, Flash Cards etc. on various components of health & hygiene to make children and their Parents aware about these issues. We have also conducted health Quiz to assess their knowledge on what they learnt during the programme. We encouraged students to wash their hands and mouth during the programme and examined their hairs, nails, ears, teeth

etc. Even we cut nails of few students in front of others to encourage them for the same.

#### d. Health Exhibition, Talk & Quiz

To create an environment for better health & hygiene care & Practices, we have put up health Exhibition in schools & villages. We have displayed Banners & wall Hanging posters on various aspects of health & hygiene. We gave them talk on primary health care, water & vector borne diseases through display material, Flash cards etc. Also we have distributed IEC handouts on 8 issues. In order to make it more interesting and ensuring their participation, we conducted health Quiz at the end of the programme and gave away prizes like Tooth Paste, Brush, Soap, nail cutter, towel etc. to encourage them to make it a habit to use these essential things for their personal hygiene. We have conducted 11 such programmes in Aug-Sept. 05 and 856 School children and community members got benefit of these programmes.

#### e. Formation & Orientation of Parents, Teachers Association

We have formed 6 PTAs in Sept. 05 in order to seek their support and participation in the project. 252 Students, teachers and parents have participated in the process of establishing these associations. These associations were given orientation on project aim, objectives and activities and we shared with them as what is expected from them to make this project a success. These associations will support us in setting of garbage cans, compost pits, schools & villages cleaning campaigns, organizing various project activities etc.

# f. Health & Hygiene Talk & Quiz

It is important in any community-based programme to educate them on any important Issue again and again and do it in a very interesting way. Encourage them to be not only a good listener but participate at the programme. To fulfill this purpose, we organized 11 health & Hygiene Talk & Quiz in schools & villages. We encouraged them to look at on themselves and others and observe whether you are practicing personal hygiene. Also look around your school and village and observe whether your school and village are clean or not. This exercise helped us to encourage them to look on at various objects, which they never bothered to look at before. This exercise also helped us to bring some behavioral

change among few students & parents who have participated in these programmes. All together 396 children and parents have participated in these programmes.

#### g. Training of Trainers

Training of Trainers were conducted in 2 Batches for Master trainers like school teachers, Cluster Resource coordinators (CRC) ICDS workers, child health Volunteers and Sector Coordinators at Nand Prayag, Chamoli from 12-14 Sept. 05 and 15-17 Sept. 05. There were all together 92 Participants in these trainings including resource persons like Distt. T.B. Officer (Health), Distt. Programme Officer (ICDS) Medical Officer Incharge, Ghat, Area Coordinator, WFP, Chief Functionary, Chief Coordinator, Block Coordinator & 2 Trainers from Mamta. The participants were trained to equip them with skills towards improving health, Nutrition and environment aspects in their schools, villages and surroundings.

#### **Trainings focused on following issues:**

- Giving Talk & Demonstrations on various issues through overhead projector, Flash Pre/Post test of participants on various issues of health & sanitation.
- a cards, Posters, Display materials kit, video films, Songs & poems.
- Exercises to develop their skills for imparting trainings to the target groups in schools & villages.
- Group work to draw a plan of action and decide role of various stakeholders such as health department, ICDS, Schools, Teachers, Community leaders and child health volunteers.

#### h. Formation of Women Groups

Formation of women groups has been our additional activity apart from our scheduled activities. We thought that it would be nice if we form women and adolescent girls groups in the villages where these groups do not exist.

These groups may be very supportive and helpful for our project in the long run. We may develop some skill and leadership among these groups

and they may take over the work in the village in due course of time, when our project is completed. We have formed 3 such groups in this period there are 52 members in the groups.

As soon as we started the project we ran an introductory meetings in all 40 villages and schools. We have farmed 32 (PTA) Formation and orientation of Parents-teacher association took after the health and sanitation of the children. In this formation there are 1460 people have participated.

We have done in all 40 villages 125 times health exhibition talk and quiz with students to promote health and hygiene into then. Total no. Of students were 4648 have Participated in this health talk & quiz.

Mamta Samajik Sanstha has organized village level orientation on health and sanitation Nutrition, talk, quiz and exhibition 141-time upto March'06 in all 40-project villages.

We have done observed clean village drive and observed clean School drive 67 & 54 times respectively in our all project villages.

For Promoting good health & hygiene we organized 07-health check in different areas in which 267 people have participated.

With this have done one combined children program on the auspicious occasion of late Pt. Nehru's birthday in that program 105 children have participated.

For the children we have also organized 35 times Drawing Competition on health and hygiene with student and total no. Of Students were 210 who have participated in the program.

Except there program we have done 3 different programs like, world breast feeding week (1-7 August, 05) 18 times in that 705 ladies were participated, National week program of health & Nutrition (1-7 September, 05) 22 times in that 1008 people have participated and formation of women groups 08 times in which 167 women have participated.

# Achievements under HEP, Ghat, Chamoli from June' 05 - March' 06

- We have reached to all 40-project villages in the last 10 months with some project activities to promote better health and hygiene care.
- ♦ We have identified volunteers like senior health friends and child health volunteers in every project village to get their support in their respective village to undertake project activities.

- ♦ Beside above volunteers, we have formed 8 women groups in our 8 project villages to get their support for our programmes.
- ♦ We have formed 32 Parents Teachers Associations (PTAs) in 32 villages out of 40 villages to take their help in our school and village level activities.
- We have conducted total 125 activities like health exhibition; talk & quiz with students in all 40 villages.
- ♦ We have conducted 141 Village level orientations on health & Sanitation with community upto March'06.
- ♦ We have undertaken 67 clean villages drive with the help of the villagers and PTAs to promote community health, personal and community hygiene.
- ♦ We have undertaken 56 clean schools drive in all 40 villages through school children to promote clean school environment.
- ♦ We have organized 7-health Check-up camps with the help of local ANMs in which 267 women & children have been benefited.
- ♦ We have increased our coordination with local Panchayat (civil societies), Anganwadi, ANMs to promote better health and hygiene practices in project villages and schools.
- We have also done wall writings about key messages in all 40 villages like personal hygiene, importance of safe drinking water and use of toilets, knowledge about water borne diseases, use of Iodine salt, mother and child immunization and health care etc.
- ♦ In many villages our efforts have yield some results in terms of behavioral change of the people and practicing what they learnt from our workers. For example:
- ♦ Many families have dug pit near their houses to through garbage in it. They have taken clean village drive in their villages, cleaning village roads and water sources etc.
- ♦ The status of personal hygiene has increased in children. Now they wash their hands by soap before and after having their meal. They know about the importance of having toilets, but they could not construct toilets due to various problems. It will take little time to motivate them for construction of toilets. In this regard, we are having dialogues with concerned departments.
- As a result of these activities with school children:
- ♦ 80 children have started brushing their teeth, 50 children have started taking bath twice in a week. Before this program the children were taking bath once in one or two weeks. We have distributed nail cutters during

- school quiz and competition so children have started cutting their nails once a week.
- ♦ Children have made the garbage pits in 40 schools and they are using these pits to through the garbage. Mid day meal is being served in the entire project villages by the government and children started washing hands with soap before eating.
- ♦ 50 families have started using iodized salt

#### **ACCOMPLISHMENTS JUNE 2005 TO MARCH 2006**

S.N.	Name of Activity	No. Of Activities	No. Of
		conducted	Participants
1	Introductory Meeting in schools &	40 Villages &	Village
	Villages in 1st June-July 05	40 Schools	People/Leaders &
			Students
2	Training of Trainers	02	92
	(Review Meetings)		
3	Formation and Orientation of School	32	1460
	Health & Sanitation Committee (PTA)		
4	Health Exhibition, Talk & quiz with	125	4648
	Students.		
5	Village level orientation on health and	141	4845
	Sanitation Nutrition talk, quiz &		
	exhibition.		
6	Observed Clean Village Drive	67	1780
7	Observed Clean School Drive	54	1934
8	Health Check up Camp	07	267
9	Children day Celebration		
	I- Combined Children Programme	01	105
	II-Drawing competition on health and	35	210
	hygiene with Students		
10	Staff Meetings	Every Fortnight	Sector
			Coordinators
11	Talks on Various health & Hygiene	Every Fortnight in all 40	Students of 40
	issues in Schools.	Schools	Schools

### **Other Activities**

Name of Activity	No. Of Activities conducted	No. Of Participants
World Breast Feeding week Programme	18	705
	World Breast Feeding week	World Breast Feeding week Programme 18

2	Nutrition Week Programme on Health	22	1008
	& Nutrition		
	(1-7 September, 05)		
3	Formation of Women	08	167
	Groups		

# Status of PTAs in Project Area, Ghat

S.N.	Formation Date	School / Village	Program	No. Of Participants	No. Of PTA
1.	10-08-05	Primary School, Bijaar	Formation and Orientation of School Health & Sanitation Committee (PTA).	40	Member 16
2.	17-08-05	Saraswati Shisu Mandir- Kurud	Formation and Orientation of School Health & Sanitation Committee (PTA).	50	17
3.	21-09-05	Primary School, Banjbagad	Formation and Orientation of School Health & Sanitation Committee (PTA).	65	17
4.	22-09-05	Snow white Public School- Bengali	Formation and Orientation of School Health & Sanitation Committee (PTA).	35	15
5.	23-09-05	Primary School, Charbang	Formation and Orientation of School Health & Sanitation Committee (PTA).	38	17
6.	26-09-05	Village- Khunana	Formation and Orientation of School Health & Sanitation Committee (PTA).	24	18
7.	01-10-05	Primary School - Bhenti	Formation and Orientation of School Health & Sanitation Committee (PTA).	28	18
8.	01-10-05	Primary School - Sainti	Formation and Orientation of School Health & Sanitation Committee (PTA).	35	17
9.	01-10-05	Primary School - Kandai.	Formation and Orientation of School Health & Sanitation Committee	38	19

			(PTA).		
10.	01-10-05	Primary School - Lunthara	Formation and Orientation of School Health & Sanitation Committee (PTA).	20	19
11.	01-10-05	Primary School - Tonla	Formation and Orientation of School Health & Sanitation Committee (PTA).	20	18
12.	04-10-05	Primary School - Syanri	Formation and Orientation of School Health & Sanitation Committee (PTA).	34	15
13.	07-10-05	Primary School- Bhordhar.	Formation and Orientation of School Health & Sanitation Committee (PTA).	15	17
14.	28-11-05	Primary School- Gulari	Formation and Orientation of School Health & Sanitation Committee (PTA).	39	16
15.	05-12-05	Primary School - Vaduk	Formation and Orientation of School Health & Sanitation Committee (PTA).	75	16
16.	06-12-05	Primary School - Bura	Formation and Orientation of School Health & Sanitation Committee (PTA).	127	16
17.	07-12-05	Primary School - Dhurma	Formation and Orientation of School Health & Sanitation Committee (PTA).	56	16
18.	07-12-05	Primary School - Chari	Formation and Orientation of School Health & Sanitation Committee (PTA).	20	17
19.	09-12-05	Primary School - Nauna Banala	Formation and Orientation of School Health & Sanitation Committee (PTA).	39	18
20.	12-12-05	Primary School - Choprakot	Formation and Orientation of School Health & Sanitation Committee (PTA).	22	18
21.	13-12-05	Primary School - Aala	Formation and Orientation	102	16

			of School Health & Sanitation Committee (PTA).		
22.	09-01-06	Primary School - Lawadi	Formation and Orientation of School Health & Sanitation Committee (PTA).	150	20
23.	12-01-06	Primary School- Mokhmalla	Formation and Orientation of School Health & Sanitation Committee (PTA).	80	18
24.	19-01-06	Primary School- Sitel	Formation and Orientation of School Health & Sanitation Committee (PTA).	45	14
25.	03-03-06	Primary School- Mokhtalla	Formation and Orientation of School Health & Sanitation Committee (PTA).	32	16
26.	03-03-06	Primary School- Basnwada	Formation and Orientation of School Health & Sanitation Committee (PTA).	30	17
27.	08-03-06	Primary School- Jakhdi	Formation and Orientation of School Health & Sanitation Committee (PTA).	34	16
28.	09-03-06	Primary School- Ustoli	Formation and Orientation of School Health & Sanitation Committee (PTA).	32	19
29.	09-03-06	Primary School- Pharkhet	Formation and Orientation of School Health & Sanitation Committee (PTA).	30	18
30.	13-03-06	Primary School- Sarpani	Formation and Orientation of School Health & Sanitation Committee (PTA).	31	17
31.	13-03-06	Primary School- Mankhi	Formation and Orientation of School Health & Sanitation Committee (PTA).	29	17
32.	14-03-06	Primary School- Gandasu	Formation and Orientation of School Health & Sanitation Committee (PTA).	45	15

### HEALTH EDUCTION PROJECT AT A GLANCE, GHAT, CHAMOLI

S.N.	Program	Numbers	Participant
1	Name of the Project	Health Education Project	
2	Selected Block	Block Ghat of Chamoli	
		District	
3	Total Selected Villages	40	
4	Total Population of Selected Villages	20,622	
5	Total Selected Schools	45	
6	Total Number of Students in Selected	2682	
	Schools		
7	Total Boy students	1338	
8	Total girl Students	1344	
9	Block Co - ordinator	01	
10	Total Sector Co-ordinator	08	
11	Total Child Health Volunteers	39	
12	Total Senior Health Friend	31	
13	Total Health Teacher	41	
14	Total Clean School Drives	19	774
15	Total Clean Village Drives	15	437
16	Total Health Talk, Orientation	65	2793
	Exhibition with Students.		
17	Total Village level Orientation on	53	1678
	Health, Sanitation, Nutrition, Talk &		
	Quiz.		
18	Total events which we celebrated	3	
	during the entire Week		
19	Total Combined Children Program at	01	150
	Block level		
20	Drawing Competition on Child Health	35	105
	and Hygiene with Students		
21	Total Village where Wall Writing is	35	
	Completed		
22	Total Schools where Wall Writing is	35	
	Completed.		
23	Total Number of School Managing	20	
	Committees (PTA's)		
24	Total Staff Review Meetings	12	
	conducted so far at field office Ghat.		
26	Total Health Melas / Health Check up	07	232
	Camps		
27	Total Trainings of Trainers held so far.	03	
28	Total Women Group formed so far.	05	

# T.B. Consultation

#### **Uttaranchal State TB Stakeholders Meet**

The Mamta Samajik Sanstha in Collaboration with ACTION organized a State T.B. Stakeholders meet at Hotel Pacific, Dehradun on 16<sup>th</sup> June 2005. There were all together 57 participants from Government Health Department, WHO, Private Doctors, NGOs, DOTS providers, Cured patients, local print and electronic media etc. The NGOs participants were from 11 districts out of 13 districts of Uttaranchal.

#### **Session 1: Inaugural Session**

Mr. JM Singh, Secretary, Mamta welcomed the speakers and participants to the first TB stakeholders in Uttaranchal state. After a brief introduction of the participants, Dr. John Mathai introduced ACTION and its mandate. Dr. Joanne Carter of RESULT Education Fund, USA, made the keynote address and first presentation. She started by appreciating the diverse work that happens on health and hat a wide array of stakeholders are participating in this meet. She

introduced RESULTS and its efforts in advocacy to increasing funding on TB. There was a need to build awareness in the US. So the size of the problem remains ignored and the support it deserves. She stressed that 2 million deaths occur every vear: it is the biggest infectious killer of women and



is 80% is focused in 22 countries -10 of which are in Asia and India is one of them. Economic impact is devastating - for India, 3 billion USD in Indirect costs, which may be an under estimate.

Africa has the highest rates of TB because of HIV/AIDS. Multi drug resistance is a serious problem in Eastern Europe, China, South Africa and Russia.

A global partnership called the STOP TB Partnership provides an umbrella for policy and strategy and India and states like Uttar Pradesh can develop their chapters.

TB/HIV co-infection is a serious challenge - 2 million co-infections or 60 per cent develop this in India.

India is a model TB programme. Even China has taken lessons from it. RNTCP figures are very impressive - it has improved treatment and death rates.

Excellent partners especially bilateral and multilateral donors drive the national programme. Huge successes but there are challenges ahead. Greater political support at central and state level needed, and for that stakeholders need to come with a cohesive strategy.

#### An overview of RNTCP in Uttaranchal

Dr. A.C. Ramola, Senior Medical Officer, State TB Cell presented an overview of the programme in Uttaranchal. RNTCP covered by the entire state by September 2004. Dehradun and Almora were covered by the GFATM so far. 2369 patients have been treated of which sputum positive were 939.

A detection rate of 45% appears low because the programme has only just started but the conversion rate (92%) is higher than the standard (90).

First phase of the programme has focused on improving infrastructure and logistical systems. 30 TBUs (2.5 lacs population) and 140 MC (per 50,000 population) - 54 LT appointed on contractual basis.

IEC, training, drug management and conversion of hospitals to adopt DOTS - are the focus strategies. Currently there are no vacancies to fill-in. diverse strategies for IEC.

#### Future issues:

- Maintain cure rate greater than 85%
- Bring medical colleges on board and strengthen partnerships
- Ensure access to DOTS in remote areas
- Increase case detection rates

Participation of private hospitals, and NGOs

There is big challenge of meeting manpower shortage in remote areas and Infrastructure to ensure access to DOTS in hilly areas. Because high literacy rates these position can be filled in.

#### **Views on RNTCP Uttaranchal-Technical Aspects of RNTCP**

Dr. Rajan Arora, WHO consultant in Uttaranchal discussed aspects on effective diagnosis, treatment and control of TB. He stressed on the high prevalence of

T.B. in the region (SEAR accounts for 38 per cent, India accounts for global 1/3 burden). TB needs to be given a priority of an epidemic. More women die from TB than malaria and maternal deaths.

There has been recognition of the severity of TB in the medical arena, because since 1950s TB institutional research commenced



in India. Since then the programme has evolved. He spoke about the five components of DOTS - political commitment, diagnosis through microscopy; adequate drugs supply; DOT; accountability. He stressed on the merits of sputum microscopy, the effectiveness of drug regimes when infection categorized correctly, and DOT. DOT is economically sound - in Indonesia for every dollar invest 20 years ago, 55 dollars were generated.

There are 5 schemes in which civil society can participate which RNTCP will be promoting extensively in Uttaranchal.

#### <u>Session – II : T.B. and Related Aspects</u>

#### T.B. -The Emerging Scenario

Dr. Vinod Tolia, DTO-Dehradun shared his views on emerging scenario in Uttaranchal. He stated that the programme started in Dec. 2002. 180/100,000 TB patients is the norm, the district has reached the figures because there is a large chain of service providers. Any failure in the chain can lead to loss of patients and decrease in recruitment of new patients or case-holding - confidence building is essential. Every successful cured patient is an ambassador of the DOTS programme

#### **Experience Sharing by Hospital/Institutions**

#### **Landour Community Hospital, Mussoorie**

- One-year experience with DOTS programme
- Inconsistent supply of drugs, because of which some patients are not under DOTS- 2 cases of MDR TB
- Better interpersonal relations needed to build confidence with patient, for good follow-up.

#### Herbertpur Christian Hospital, Vikasnagar

- 160 revisit every month for treatment, most of them come from Saharanpur
- Lack of awareness, village communication team which does plays and shows very evening - has increased self-reporting
- Trained local people to make slides and has improved diagnosis

#### RAPHAEL HOME, Dehradun

- Since DOTS, new patients have reduced and many are going to DOTS Centre
- Lack of staff to pursue DOTS

- Compliance from hospital SCC is about 80%, through monthly Treatment and checkup
- Sputum and x-ray both used, during and after the course.

#### Christian Hospital, Chamba, Tehri

• Have sought for microscopy unit under scheme 1

#### **Sharing by DOTS Providers and cured patients**

Surinder Pal DOTS provider and lab technician, PHC, Prem Nagar: 128 patients registered, 115 cured, 13 still continuing confidence-building measures are important. People spend money and comeback to PHC. We need to cut this cycle and preventing this economic drain Zeba, TB cured patient Changed 5 doctors, before encountering DOTS. She is completely cured and found DOTS very effective.

#### **Open Discussion**

John Mathai: Do cured patients like you (Zeba) become DOT provider

Zeba: Not yet, but if given the opportunity, I will like to be DOTS Provider.

Dinesh Kumar (cured patient): Have become a referral, would like to become a DOTS provider.



### Role and challenges of NGOs in RNTCP

J.M. Singh, Secretary, Mamta Shared his views on Role of NGOs for TB. He shared the data of NFHS-2, which shows high prevalence of T.B. in Uttaranchal, more than national average. Particularly, prevalence of T.B. is very high in few Districts of Uttaranchal like Uttarkashi, Dehradun, Pauri Garhwal, and Chamoli. Further he shared following challenges in Uttaranchal:



# **Challenges in Uttaranchal**

- It is a biggest public health problem in Uttaranchal
- ➤ Problem is more Serious due to Geographical conditions, poor living conditions and nutritional diet in rural areas.
- Poor knowledge about RNTCP and DOTS
- Poor access to Govt. Health facilities
- Poor knowledge and participation of NGOs and other Stakeholders in RNTCP and DOTS
- ➤ Due to family burden normally married women do not go to hospital for their Health Care and Check up. Health is not their priority.
- Poor IEC activities by the Govt., NGOs and Civil Societies.
- T.B. is not the priority agenda of many NGOs and Civil Societies.

#### Action to be taken to combat T.B. in Uttaranchal

- Improve coverage of BCG Vaccination
- Promote DOTS method of domiciliary treatment
- > Study in distt. Where prevalence rate is high or low with the help of NGOs
- Special Drive for community mobilization with the help of NGOs in the worst affected Districts

- Orientation/Capacity building trainings of NGOs, Civil Societies and other stakeholders on RNTCP and DOTS.
- ➤ Identify DOTS providers in all the rural areas, City slums, urban areas through NGOs and Civil Societies and provide them trainings through NGOs.
- ➤ Talk T.B. in School/College campus; use children for child to child and child to community mobilization.
- ➤ Use media like street theatre, song & drama division, field publicity department, district Health Education extension programme more effectively for wider publicity of the programme.

Use village Groups like Mahila Mangal Dal, Self help groups, Youth groups, local Panchayat health and welfare committee to encourage women to avail Health Care facilities as and when they feel sick.

#### **Experience Sharing of NGOs**

Kumaon Sewa Samiti, U.S. Nagar: Jaya Mishra Shared her views about T.B. saying that It is very much neglected in Kumaon. We need to conduct such meetings in Kumaon to create awareness among the stakeholders including common masses.

**SNEHA**, **Dehradun**: Jeet Bahadur said that they have presented patient records against which patient (drug) boxes were given by DTO. He said that greater transparency is needed in the relationship between service provider and patients.

Uttara Khand Jan Jagriti Sansthan, Khadi, Tehri -- Interpersonal skills important Himalaya Paryavaran and Mahila Kalyan Sansthan, Rudraprayag In inaccessible places, government must trust NGOs to manage the programme locally under its supervision.

Lok Chetna Manch, Bageshwar: Access will affect the sustainability of programme

#### Session - III

#### Key aspects for participation of NGOs in Uttaranchal

Dr. A.P. Mamgain, State Director, State T.B. Cell, Govt. of Uttaranchal chaired the last session of the meeting. He said that NGOs might play a very significant

role in combating T.B. in Uttaranchal. He appreciated the role of Mamta and ACTION for providing platform to all the stakeholders to discuss about as how to combat T.B. in Uttaranchal. He further stated that there is no shortage of funds. NGOs need to send in proposal under various schemes.



Further he suggested that there is a need for greater education and awareness within community. Address selection and confidence building for better case holding is necessary. There is a possibility to merge HIV with TB -both treatment and counseling. Also strengths of nutrition programme can help in meeting the challenges and shortfall of the TB and HIV/AIDs programme. He also shared with the participants that we are likely to hold a media workshop in July 2005.

## Resources for civil society for combating T.B.

Mr. Pranay Lal, Policy Adviser, ACTION shared a list of few donors with the participants to whom NGOs may contact for getting funds to work on T.B. Programme.

#### **Future Strategies**

All the Participants gave their suggestions as what to be done in near future in order to combat T.B. Uttaranchal.

- Most of the NGOs have committed themselves to start working on TB as they reach back to their respective places.
- They decided to develop a network in Uttaranchal under the guidance of Mamta and ACTION to combat T.B. in Uttaranchal, Particularly in worse affected districts like Dehradun, Uttarkashi, Chamoli, Pauri & Nainital.
- Mamta will take special drive to involve as many NGOs and civil societies as possible.
- Mamta with support of local NGOs talk T.B. in College Campus and identify Volunteers from all worse affected districts.
- Awareness drive at Districts, Blocks and Villages level with local NGOs and civil societies.
- Districts level stakeholders meet in all 13 districts of Uttaranchal.

#### **Vote of Thanks**

Beena Walia, Chief Coordinator, Mamta purposed a vote of thanks to all the participants of the meeting. Particularly she expressed her gratitude towards Dr. John Mathai, ACTION, Dr. Carter, RESULTS, USA, Dr. A.P. Mamgain, State T.B. Director and other resource persons and participants for giving their valuable time and suggestions to make state T.B. Stakeholders meet a great success.

#### Orientation on RNTCP with tb Action & State T.B. Cell, Uttrakhand

S. N.	Name of the Programme	Venue	No. of Participants
1	Uttaranchal State TB	Hotel Pacific	57
	Stakeholders Meet	Dehradun	
2	District TB Stakeholders Meet, Haridwar	AWTC, Bal	83
		Kalyan Samiti	
3	Kumaon Division level	Janta Banquet Hall,	57
	T.B. Stakeholders Consultation	Haldwani, Nainital	
		(Kumaon)	
4	Nainital District Level TB	Janta Banquet Hall,	65
	Stakeholders Consultation	Haldwani Nainital	

- Mamta conducted 4 consultations in Uttarakhand to promote RNTCP & DOTS with the support of the ACTION and State TB Cell, Uttarakhand for all the stakeholders involved in TB work.
- A state level TB stakeholders meet was organized by Mamta Samajik Sanstha in Collaboration with tbACTION and State TB Cell, Uttarakhand at Hotel Pacific, Dehradun on 16<sup>th</sup> June 2005. There were all together 57 participants from Government Health Department, WHO, Private Doctors, NGOs, DOTS providers, Cured patients, local print and electronic media etc. The NGOs participants were from 11 districts out of 13 districts of Uttarakhand. Dr. Joanne Carter of RESULT Education Fund, USA, Dr A.P.Mamgain, State Director, TB, Dr Rajan Arora, Consultant, WHO and Mr John Mathai, Country Director, tbACTION were among the key resource persons of the consultation.
- A divisional level TB stakeholders consultation was organized by Mamta in collaboration with a national level organization tbACTION and district TB cell, Nainital for the stakeholders of Kumaon division at Haldwani, Nainital on 19<sup>th</sup> December, 2005. There were 57 participants from govt health department, NGOs of Kumaon, private practitioners, DOTs providers, cured patients and media persons. The participants were from 4 districts out of 6 districts of Kumaon division. The participants included 22 NGOs representatives, 20 govt health department officials and TUs staff, 2 PPs, 5 DOTs providers, 1 cured patient, and 6 media persons. Additional Director, Medical, health and family welfare, Kumaon Division, Dr. (Mrs.) Premlata Joshi was the Chief Guest. Mr. John Mathai, Country Director, tbACTION, Dr. D.S. Kanyal, Senior District TB officer, Nainital, Dr. S.M. Shukla, DTO, Champawat, Dr. L.M.Upreti, Senior Medical officer, Dr. K.C.Sharma, Secretary, IMA, Haldwani, and Mr. J.M.Singh, Chief Functionary, Mamta were among the dignitaries and resources persons who attended and addressed the consultation.
- A district level TB Stakeholders consultation was organized by Mamta at Haldwani, Nainital for the stakeholders of district Nainital on 20<sup>th</sup> December, 2005. Total 65 stakeholders participated, including 26 NGOs, 5 PPs having separate

- Private Hospitals, 6 DPs, 6 Cured and under treatment Patients, 19 Government Officials and ICDS workers along 3 media persons.
- A district level TB stakeholders consultation was organized by Mamta in Collaboration with tbACTION and Distt TB cell, Haridwar for the TB stakeholders of Haridwar at AWTC, Dadu Bagh on 21<sup>st</sup> November, 2005. There were all together 83 participants from Government Health Department, WHO, Private Doctors, NGOs, DOTs providers, STS, Cured patients, patients, local print and electronic media etc.

#### **OUTCOMES**

- 1. A strong triangle was established as Govt. officials (District TB Cell) NGOs and Private practitioners made up their mind to abolish TB from the state and their respective districts.
- 2. A comprehensive future strategy was discussed and decided.
- 3. This consultation rejuvenated the enthusiasm of NGOs, PPs and district TB Cells who were working on TB elimination in their respective districts.
- 4. Core-groups under the able chairmanship of senior DTOs, were established
- 5. All the participants took an oath to eliminate the curse of TB from their respective district and all were unanimous on the view point that such encouraging consultation should be held again and again.
- 6. Sr.DTOs informed the participating NGOs that soon they will conduct a separate meeting of NGOs to ensure their participation in RNTCP through various NGO schemes.

#### Establishment of a TB Prevention core group:-

To strengthen and facilitate RNTCP in the district of Nainital, a core group was formed under the chairmanship of Dr. Kanyal , Senior DTO, Nainital .There are following members of the group:

- Dr. D. S. Kanyal (President of core group)
- Mr John Mathai (Advisor)
- Mr. J. M. Singh (Mamta)
- Dr. Upretti (Counselor)
- Dr. Pankaj Gupta (IMA)
- Dr. K. C. Sharma (IMA)
- B.C. Karntak (Mitra Sanstha)
- Rama Bisht ('ASS')
- Jaya Mishra (Kumaon Seva Samiti)
- Dr. M. S. Bisht (Chirag)
- Sister Rosetta (Jeevandan Sanstha)

#### PARTICIPANTS FEEDBACK OVER THIS TB CONSULTATION

- a. Dr. (Mrs.) Premlata Joshi (AD) It was a very useful meeting. The partnership of NGOs and govt. officials will be very helpful for the elimination of the curse of TB.
- b. Dr. D. S. Kanyal (DTO Nainital) It was an excellent consultation.

- c. DR. S. M. Shukla (DTO Champawat)- This meeting was very fruitful since it has made easier to me to link with NGOs in my district this consultation has removed my hesitation in reference to the activities NGOs work in the field of RNTCP in my district.
- d. Dr. L. M. Upretti (IMA State Chairman) There must be some consultation between PPs and NGOs. The students of primary education of and basic education should be taught about TB through involving this program in their syllabus.
- e. Miss. Bhavana Pandey (Mitra Sanstha) How can we implement this program more and more effectively, policies should be made for this.
- f. Ajay Srivastava (ASS) This consultation will be milestone effort for propaganda of DOTS program.
- g. Mr. Mohan Ram Arya (DMKS)- Through this consultation, we are confident that NGOs could play a very crucial and decisive role in RNTCP and DOTS program
- h. Mr. Yuvraj Pant (Nirvan Sanstha) In this consultation, we saw that NGOs and govt. could be a suitable platform for the implementation of DOTS program.
- i. Mr. Kamlesh Joshi (Kumaon Seva Simiti)-After this consultation, works in the field of TB abolition, will be done more effectively.
- j. Mr. Laiyeek Ahmed (Ujala Seva Sanstha)-We got a lot of information about DOTS and RNTCP.
- k. Mr Binoz Abraham (St. Anthony's Project Jeolikot) It was good discussion.
- 1. Dr. B. C. Bhatt (Jan Seva Sanstha) This effort was appreciable.
- m. Mr. P.C. Joshi (HOPE Sanstha) Of course this was an excellent effort but the ideology of govt. should be positive towards NGOs work.
- n. Dr. M.S.Bisht (Chirag Sanstha) It was a very good debate.
- o. Mr. Sanjay Day (Civil Hospital Tanakpur) It was very nice experience for me and I wish to join such meetings again and again.
- p. Miss. Jaanki Ragai (Prayas Sanstha) Though it was good program, DOTS providers should have been invited from every block of the division.

#### **Role of PPM in RNTCP:**

There were private practitioners and hospital based NGOs present in the meeting. Dr.L.M.Upretti and Dr K.C.Sharma, secretary, local IMA branch were also present to share their concern about RNTCP. Dr. Upretti said that twenty years ago TB was a very dreaded disease but now through DOTs it is easily curable. He said that private doctors also know that DOTs is an effective treatment freely available for TB patients but some private practitioners mislead patients for their self interest with some fear in their mind that they will lose their patients. He said govt distt TB units should take them into confidence and try to use them as DOTs centres or MUs. Dr K.C.Sharma, Secretary, IMA, Haldwani said that IMA members will provide all possible support to DOTs. We refer poor patients to govt hospital for treatment. DOTs is good. We encourage patients to take medicines under DOTs programme. But there are a few problems with DOTs. What treatment should be given to children? Also mostly we treat lung TB, whereas we get all types of TB patients. How to help those patients? He said that DTO may have

separate meeting with IMA members to resolve indifference and problems. He also shared that IMA adopts villages for health education and medical check up camps. We will teach villagers about DOTs in our next visit to these villages. We may distribute brochure, handouts about RNTCP during these camps.

#### **MAMTA'S RESOURCE CENTRE:**

To supplement its own training programmes and cater to the need of other organizations, MAMTA has developed a small Resource Centre. The purpose is to collect information from various institutes and agencies, which are supporting community organizations in the form of training, learning material, developing systems to support health and development projects etc. and disseminate the same to other grassroots agencies and projects. We have collection of video films, slides, flash cards, reports, magazines, training modules, and material etc. from various agencies. We have also developed our own IEC material from time to time with the help of our staff, local people and students in order to cater to the need of our own projects and organizations working with us, particularly in the state of Uttaranchal and UP.We bring out our quarterly magazine 'Mamta Vikas Pahal' in Hindi language to share and exchange health and development related issues and experiences with like minded people, organizations and concerned departments etc.

#### **WOMEN EMPOWERMENT:**

#### > INCOME GENERATION ACTIVITIES:

'Mamta' aims for empowering women individually and collectively to defend, promote, restore and create civil, political, social, economic and cultural rights to which they are constitutionally and universally entitle. For this purpose, we encouraged women to form Self-Help Groups (SHGs) and women groups for health and other developmental issues, which showed them a path for their self-economic sustainability by involving them to understand various government's income generation schemes, and take advantage of these schemes for their Income Generation Activities like: knitting, sewing, embroidery, painting, eatables like jams and pickles etc. We also encouraged and provided trainings to women groups and SHGs on diversified agriculture to promote their livelihoods. We also created a forum of women in many villages of Vikasnagar and Kalsi Blocks of Dehradun to raise voice for their land and livelihoods rights with

the concerned district officials and state government. Beside this, we encouraged women to raise voice for gender equality and opportunities to grow and exercise their rights.

#### **ADOLESCENT GIRLS**

We believe that Today's adolescent girl is future's mother. Hence, since inception, our focus has also been on the development of the adolescent girl by providing them education related to health and nutrition, Reproductive child health including HIV/AIDS, child rights, legal aid, life coping skill, skill development for livelihoods and income generation etc. We have formed adolescent girls groups in Kalsi, Vikasnagar Blocks of Dehradun and Ghat Block of district Chamoli. We have 125 such groups having more than 1400 girls associated with us. As a outcome of our various interventions with adolescent girls, we have seen that many girls are growing in confidence and taken benefit of various govt programmes after being associated with us.

#### **Convergence Training on Early Child Care & Development:**

◆ Mamta with the support of Directorate, ICDS(Women & Child Development deptt),Govt of Uttarakhand, conducted convergence trainings on early child care and development for the frontline functionaries of primary education, women and child development, civil societies and health department in 19 Nyay Panchayats of 4 blocks in district Chamoli in March,2006. Total 617 frontline functionaries got an opportunity to understand the various steps of early child care and development and they got motivated to play a significant role in early child care and development in their respective field through their departments. Total 52 A.N.Ms(Health),134 Aganwadi Workers(Integrated Child Development Services),200 Primary schools teachers(Education) and 231 village Panchayat leaders and members have participated in two day training programme at their respective Block .This was the first opportunity for many of the grassroot level functionaries to participate at such training programme with their other counterparts in the field of health,education and development.

# Relevant Experience of Mamta Samajik Sanstha, Dehradun in the past 14 years:

Funding Agency	Project Title	Duration	Grant received [Rs. or US \$]
1) UNICEF,	Garhwal Health &	July 1994-	Rs. 25-30 Lacs per year
Lucknow	Development project	Dec. 1999	
2) UNICEF,	Social mobilization for Child	June 2000-	Rs. 16-20 Lacs Per year
Lucknow	care and Nutrition "Poshan	Feb. 2003	-
	Pariyojna".		
3) Govt. of UA &	Diversified Agriculture	May 2002-	Rs. 12 Lacs Per year
World Bank	Support Project	March 2004	
3) World Vision	Mother & Child Health &	Jan. 2003-	Rs. 3 Lacs
India	Nutrition	March 2004	
4) ICDS & World	Aaganwadi Training Centre	Oct. 2003-	Rs. 8-10 Lacs Per year
Bank (UDISHA)		Aug o5	
5) Govt. of UA	Programme of Water Supply	March 2003-	Rs. 40,000/-
	& Sanitation	May 2003	
6) Action Aid,	Community Health Initiatives	Jan. 2004-	Rs. 3 Lacs Per year
Lucknow	project	March 05	
7) World Vision	Pulse Polio Special Drive	May 2004-	Rs. 4 Lacs Per year
India and CORE,		Jan. 2005	
New Delhi			
8) TPAK/JICA,	Health Education Project	June 2005-	Rs. 14 Lacs Per year
Japan		May 2007	