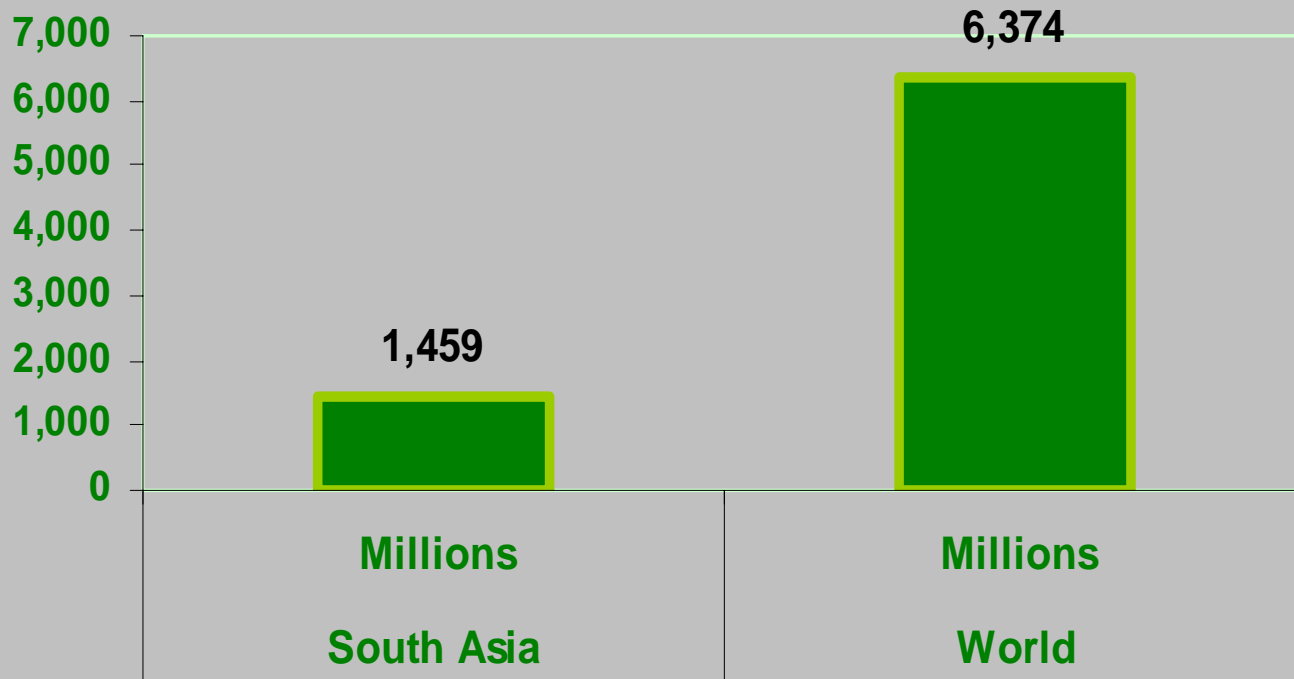


Kaleidoscope that is South Asia

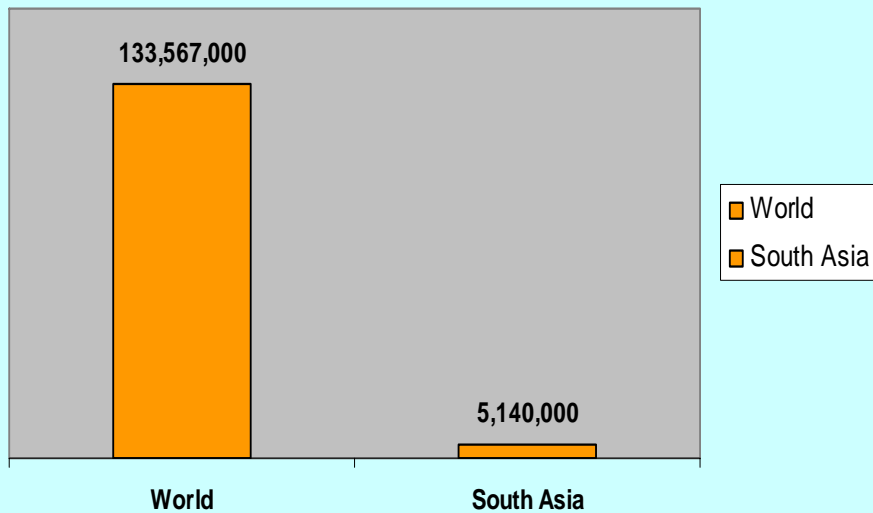
- South Asia is a classic example where social determinants of health determine the health status of the population.
- About 22% of the world's population lives in South Asia. Almost 40% of them live in absolute poverty.
- South Asia has a paltry share of 1.3% of the global income.
- The region has a GNP of USD 510 as against a whopping USD 3260 for Latin America and the Caribbean, and USD 490 for sub Saharan Africa.

Share of Population

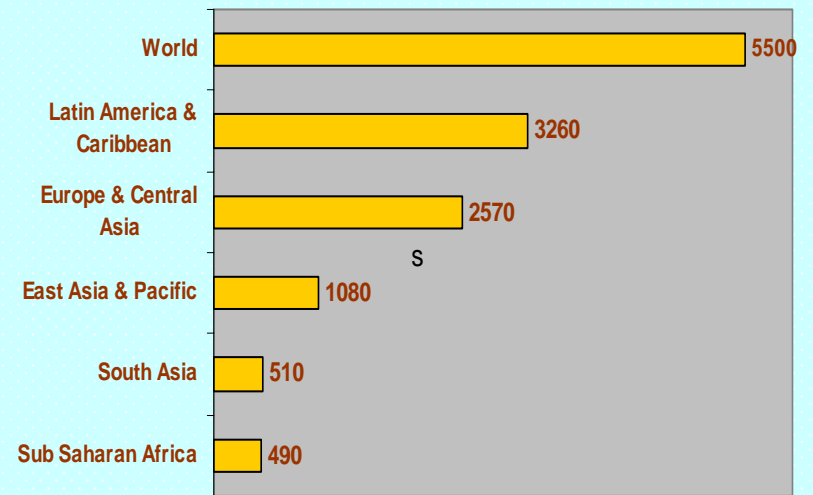


Source: World Development Report 2005

Share of Area (sq.km.)



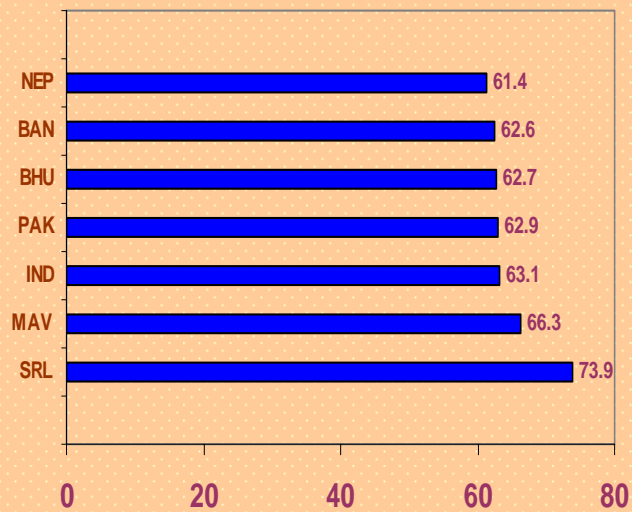
Gross National Income(per capita \$) Year 2003



Source: World Development Report 2005

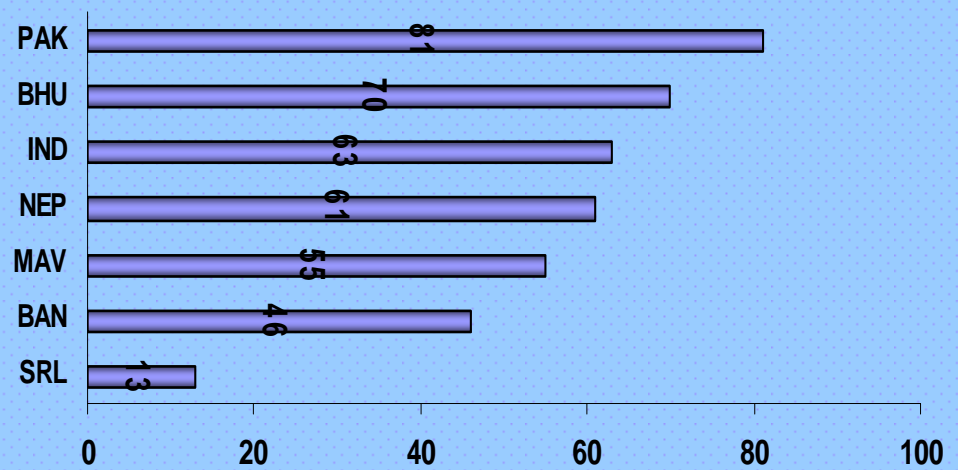
Health and Development Scenario

Life Expectancy at Birth (estimate for 2000-05)



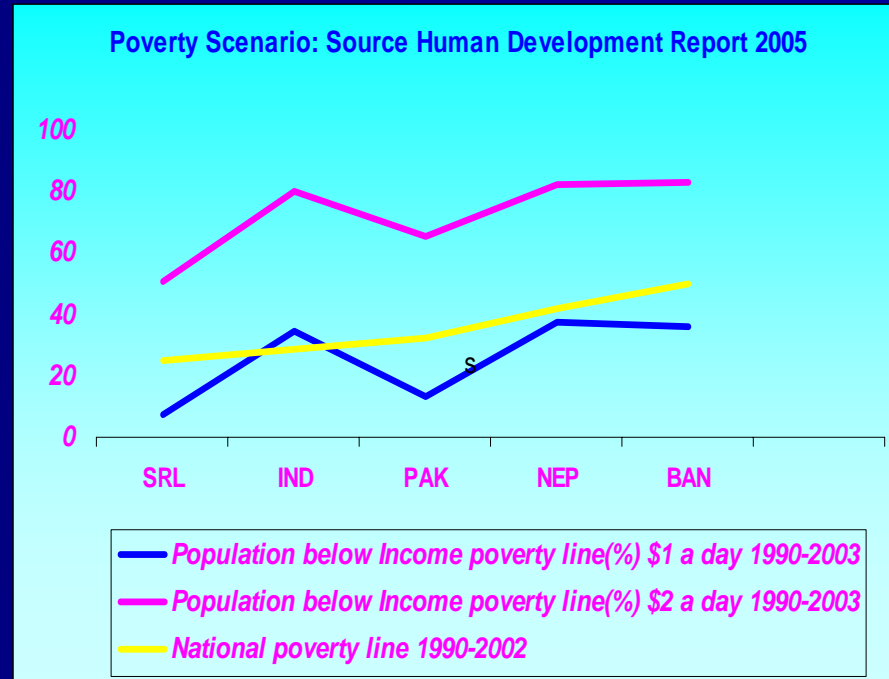
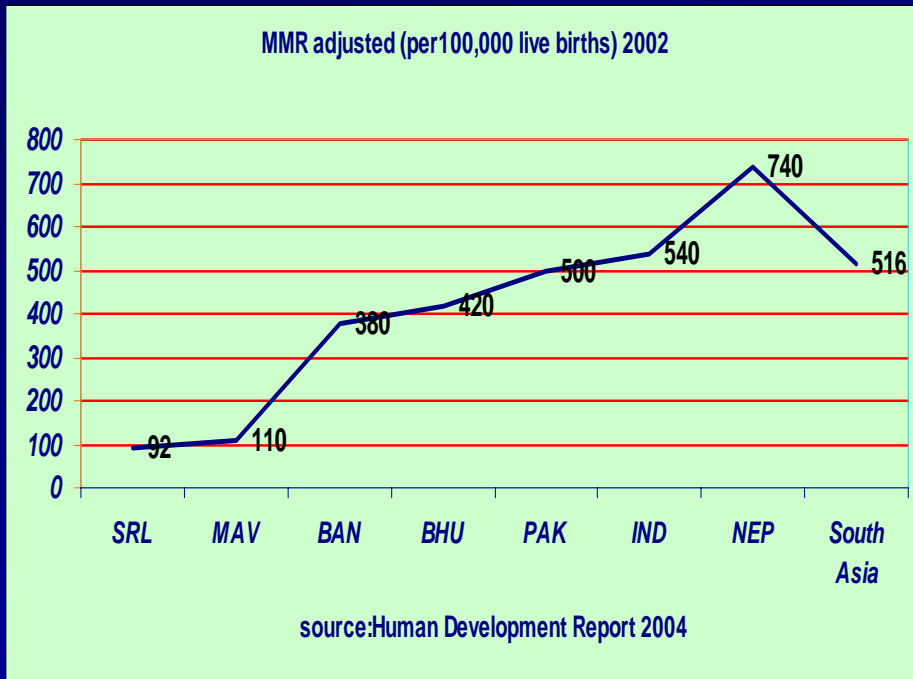
Source: Human Development Report 2005

Infant Mortality Rate (per 1000 live births)



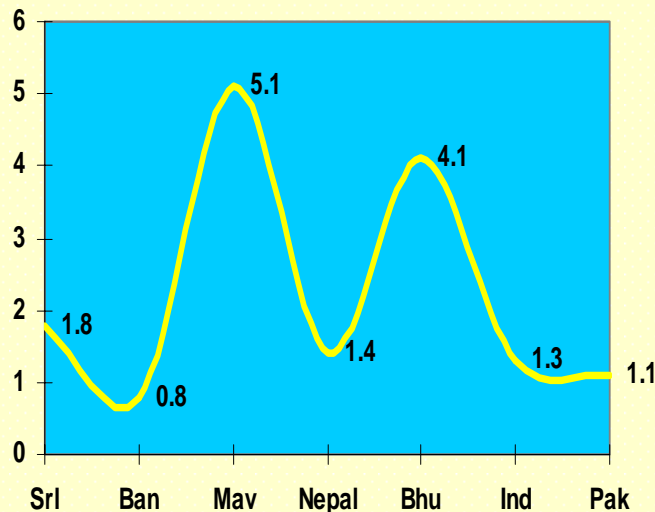
Source: Human Development Report 2005

Health and Development Scenario



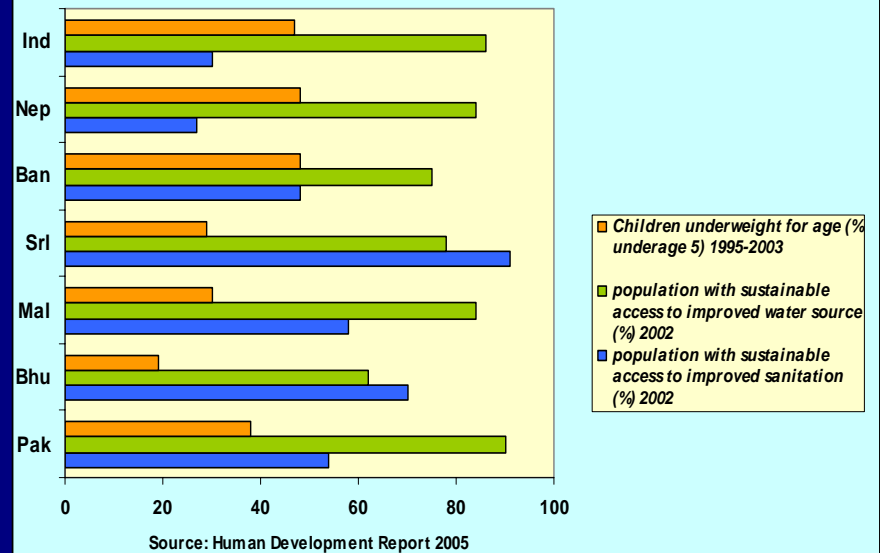
Health and Development Scenario

Public Expenditure on Health (as percentage of GDP)2002



source: Human Development Report 2005

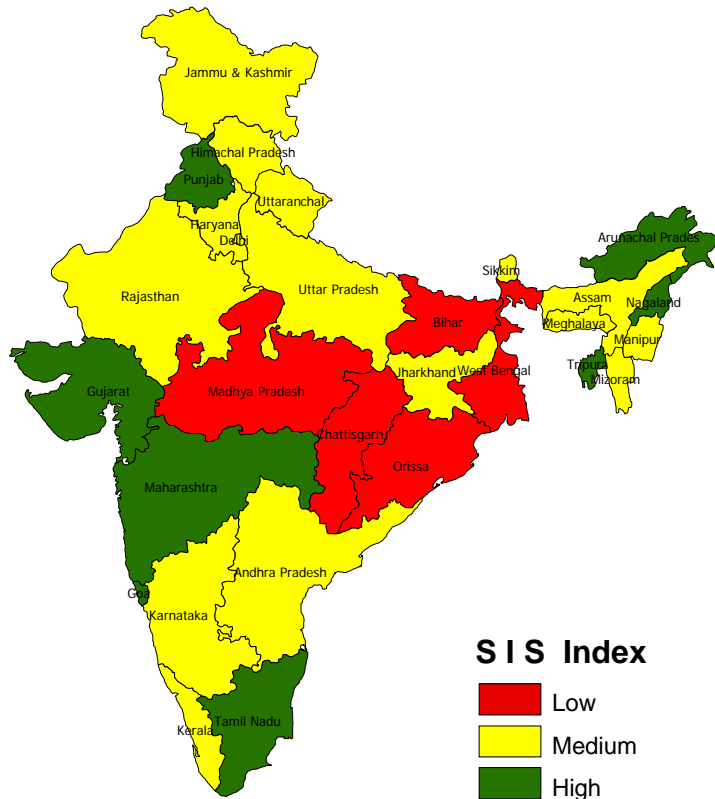
Water, Sanitation and Nutritional Status in S.Asia



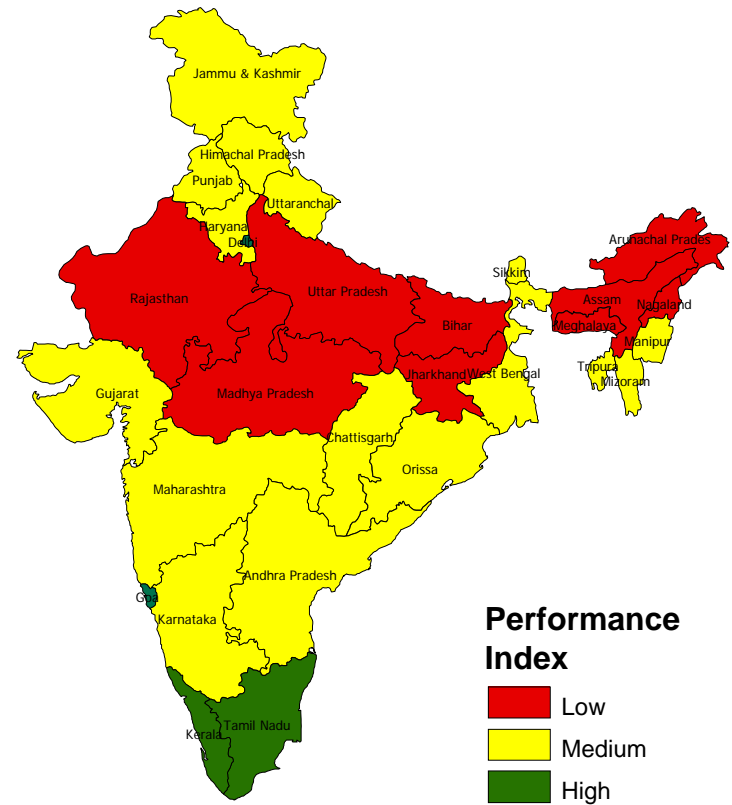
Interpretation of recently analysed Health and Development Data of India

India

Rural SIS Index of States (Staff, Infrastructure and Supply)

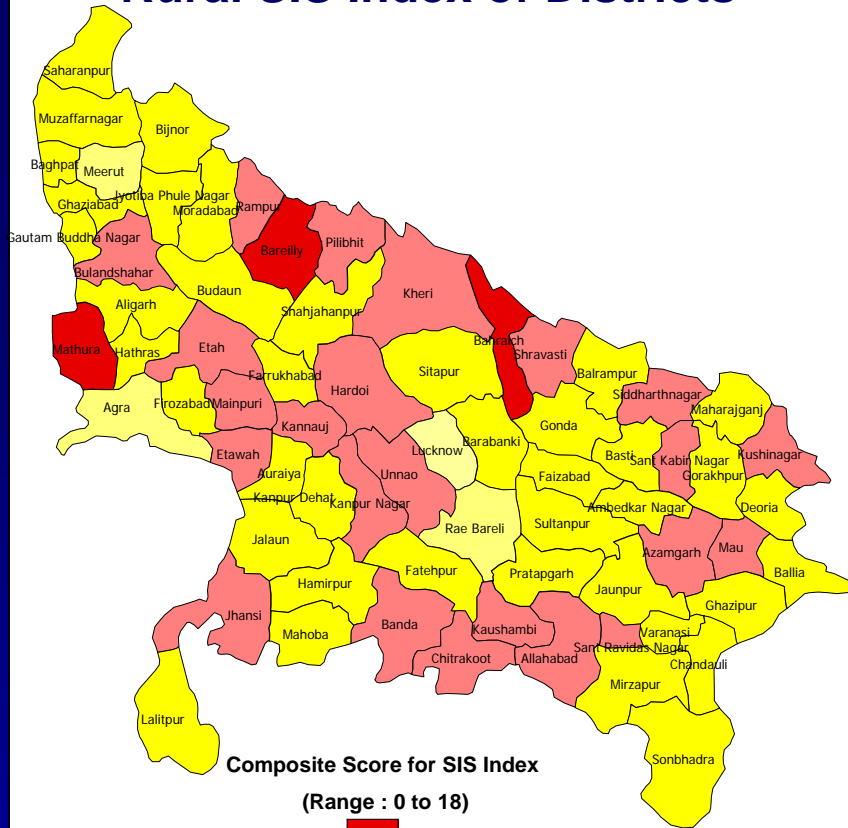


Rural Public Health Delivery in States (State-wise Performance Index)

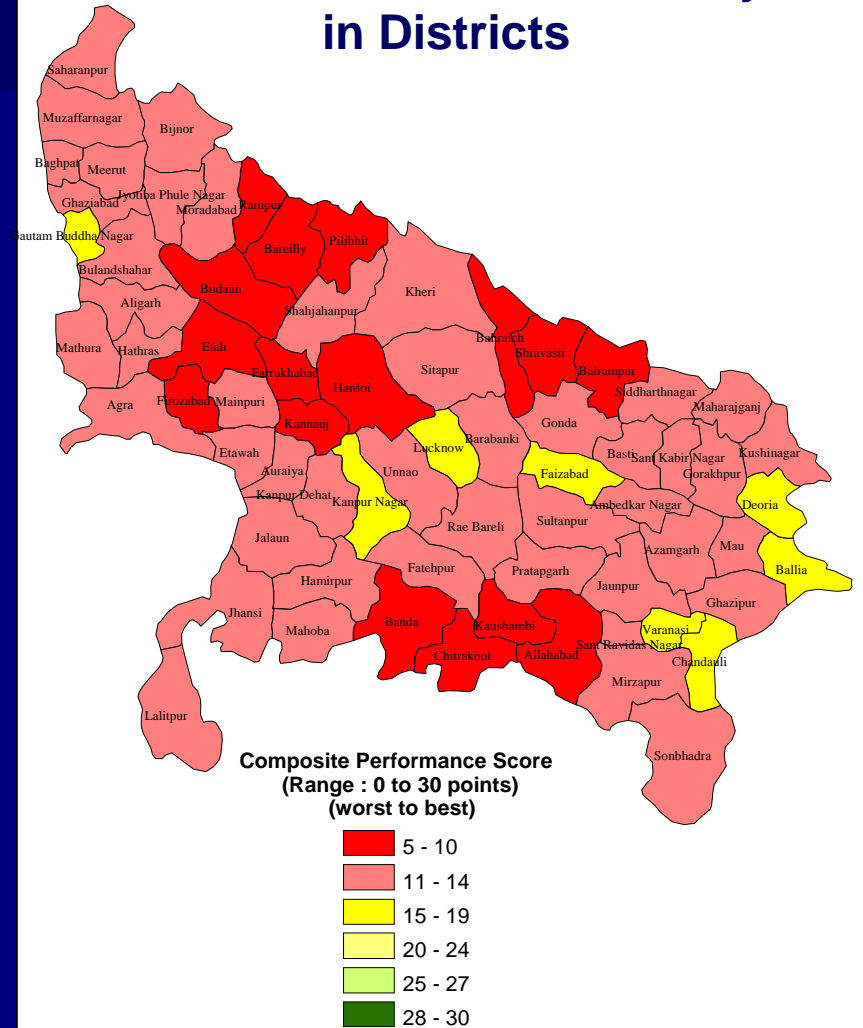


Uttar Pradesh

Rural SIS Index of Districts

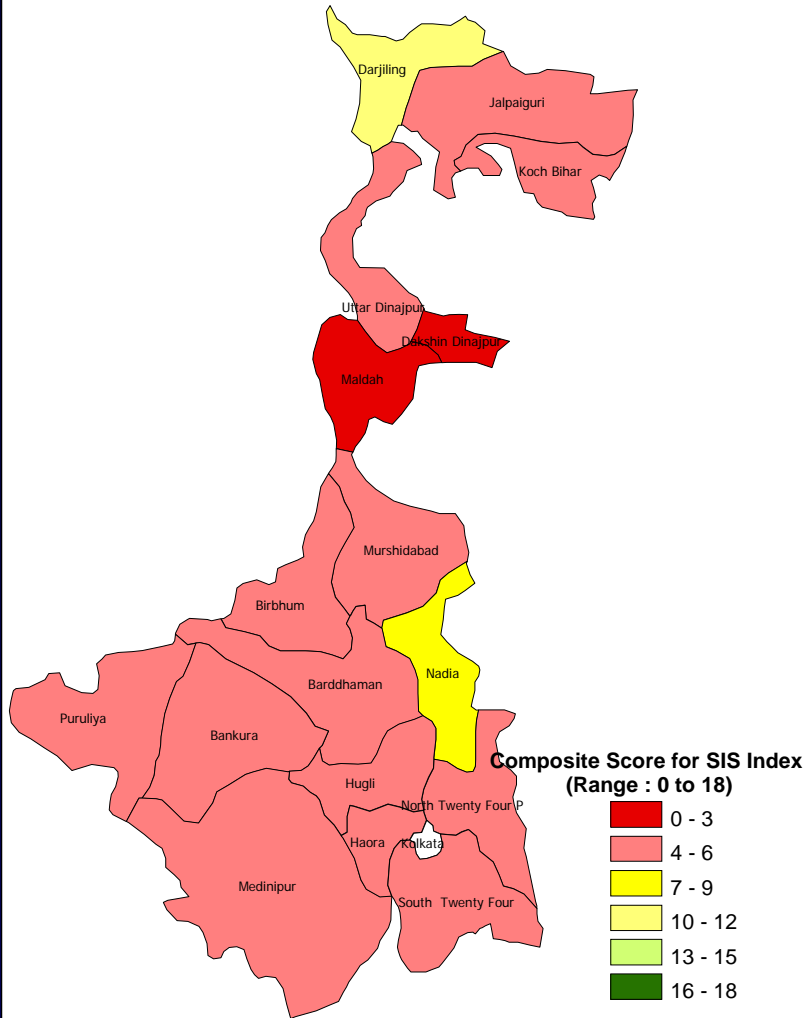


Rural Public Health Delivery in Districts

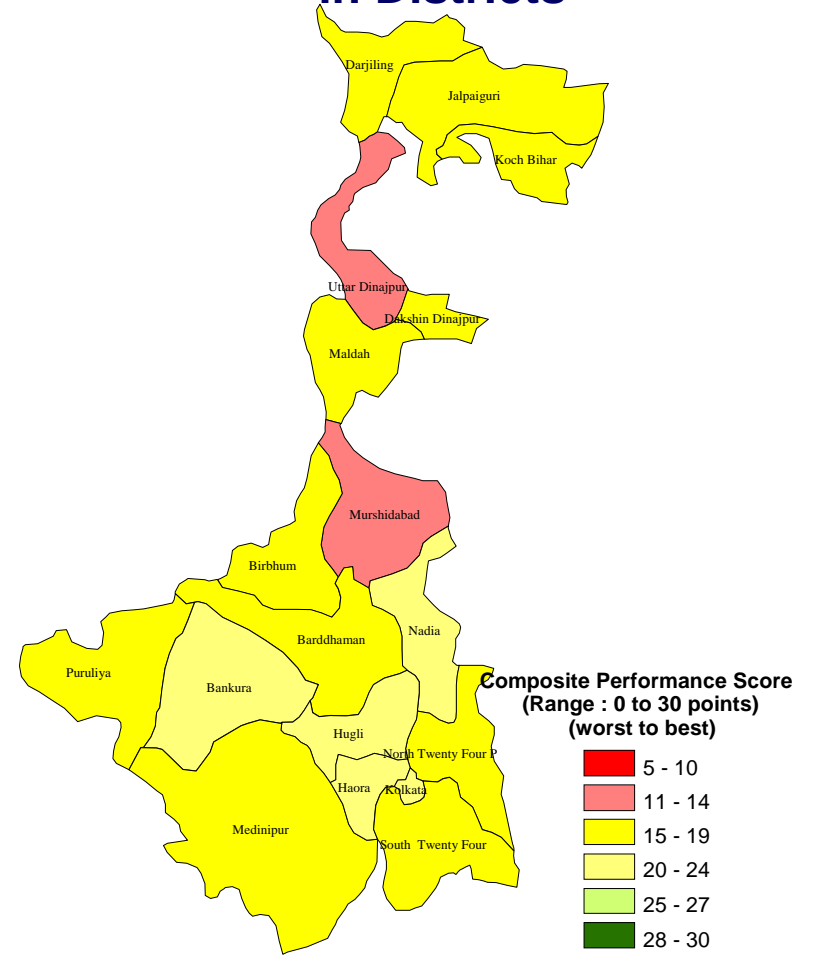


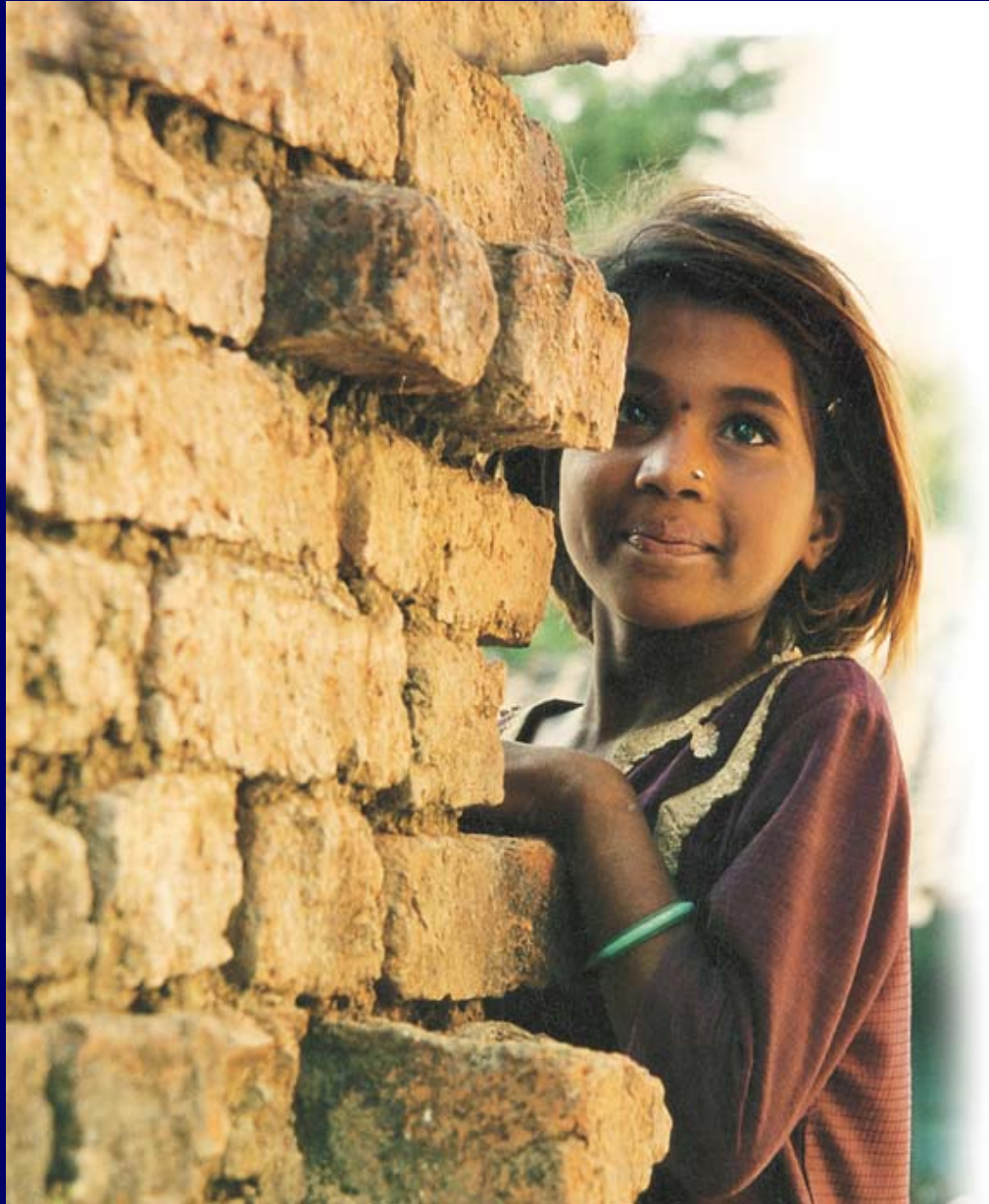
West Bengal

Rural SIS Index of Districts



Rural Public Health Delivery in Districts





Improving
Health Status
by Addressing
Social
Determinants

The “KHOJ”

The KHOJ Initiative

The “KHOJ” initiative was launched with the focus on the strengths of village councils to perform functions like-

- Preparing area plans and allocating resources.
- Making the government health infrastructure accountable to the locally elected councils.
- Empowering district councils to appoint (and dismiss) doctors.
- Involving and mobilizing community participation to meet health and development needs of the area.
- Building of an effective partnership amongst government, NGOs and private sector to optimize and improve health status of people.

Process, Programmes and Outcome

VHAI identified 20 pockets in remote areas largely inhabited by the most socio-economically deprived population, to initiate the KHOJ project.

The process involved:

- Developing project according to the local health and development needs;
- Optimal utilization of the existing government infrastructures;
- Building local health and development skills and expertise;
- Sustainable initiatives, from financial as well as human resources;
- Improving health and development status of the people
- Ensuring permanent capacity building of the community

Thrust areas of work

I. Health Interventions

- Provision of curative services and Referral Services.
- Establishing KHOJ Health centre with the help from village councils.
- Community based Preventive and Promotive health care.

II. Women and Health

- Holistic approach to women's reproductive health.
- Addressing women's health needs from childhood to reproductive age.
- Significant improvement in the Maternal Child Health Services.
- Safe deliveries by Trained Birth Attendants.

III. Health Promotion

- Health Promotion and disease prevention by improved communication through Village Health Workers and Youth club members.
- Developing need based area specific communication strategies.



Thrust areas of work

Contd...

IV. Community Organization

- Organising people's groups - women's groups, youth groups, farmers' groups
- Village health communities comprising of people's representatives organised and mobilised for improving their conditions.
- Formation of Social Action groups to optimize government resources.
- Effective linkages developed with village councils.
- Non formal education centres for the school dropouts.
- Capacity building through vocational and income generation training & entrepreneurship development.



hunger Strike' in front of the Collectorate Kondhamala from 18th

Impact of KHOJ Project

Income Generation Programmes

- Vocational trainings
- Promotion of marketing of local crafts
- Entrepreneurship Development of rural artisans: to benefit from the government schemes
- Formation of Self Help Groups
- Livestock Improvement: through artificial insemination & technical support
- Involving villagers for village environment, drinking water related activities, afforestation, preservation of natural resources, horticulture, etc.

Health Impact of Khoj Project

Contd...

- Increased health awareness
- Increased utilization of available government health functionaries.
- Significant improvement in antenatal care, natal care and post natal care.
- Reduction in mortality due to communicable diseases.
- Effective disease surveillance leading to the prevention of epidemics.
- Reduction in health expenditure as quality health services have been made available at a reasonable cost.



Impact of KHOJ Project

Contd...

Collaboration with the Government

- Recognition of the projects by the State governments by handing over of Primary Health Centres (Arunachal Pradesh, Orissa, etc).
- Linkages in various Government Health programs.
- Linkages with CAPART, DRDA, block offices and local Banks for micro credit.
- Direct benefits under various government schemes

Sustainability

- Sustainable income generation programmes
- Emphasis on Human Resources Development
- Strengthening local village councils
- Developing linkages with government and other agencies





Paths are made by walking