



agrani

AROGYA PROJECT CHAMPAWAT

1st ANNUAL REVIEW
August 2018 to March 2019

तस्मादसक्तः सततं कार्यं कर्म समाचर |
असक्तो ह्याचरन्कर्म परमाप्नोति पुरुषः ॥19॥

tasmd asakta satata krya karma samchara
asakto hyacharan karma param pnoti puruha

(Therefore) go on efficiently doing your duty without attachment. Doing work without attachment man attains the Supreme.

Chapter 3, Verse 19, The Bhagavad Gita

Foreword

It gives me great pleasure to write this foreword for the first Annual Review of the Arogya Project in Champawat.

It was during the winters of January 2018 when I was first introduced to Dr Sushil through a mutual acquaintance.

Having attended medical school myself prior to joining the civil services, it was truly heartening to hear about the selfless service that this gentleman officer was rendering ever since he left the haloed portals of the Armed Forces Medical College. I learned about his years of dedication for mother and child health in the Kumaon region of Uttarakhand.

The improvements that he and his team at Aarohi had managed to achieve were really impressive given the fact that their area of operation was in one of the most challenging and inaccessible terrains in the neighbouring District of Nainital.

Improving efficiency in the delivery of basic health care services to the residents of my place of posting, like most of the incumbent Collectors, was among the top priorities. It was at the first meeting itself that Dr Sushil and I arrived at an understanding that his experience and expertise should benefit the residents of District Champawat as well. Owing to the acute shortage of skilled healthcare workers and physicians and surgeons, even basic services like a Caesarean Section were out of reach for the residents of Champawat town. Moreover, during my two-year tenure as District Magistrate (DM) of Champawat, I was disheartened to see that people's faith in the public health system was on the decline as even Government Doctors

by and large did not have that sense of commitment , professionalism and passion which was once the hallmark of the medical profession. Initial rounds of discussion led to signing of a Memorandum of Understanding wherein , as Chairman of the District Health Society and in collaboration with other line departments of the district, it was decided that the District Administration (DA) would provide Dr Sushil all the support needed for planning and execution of a jointly arrived at strategy.

To begin with, it was decided that the standards of the Operation Theatre in the District Hospital would be improved and essential surgery services are provided either solely by qualified and duly registered volunteer Doctors or in camp mode. At the same time, his main responsibility would be to raise finances, build a team, bring specialised surgical camps to the District Hospital and assist the training of frontline healthcare workers in the community. The DA in turn would participate as an equal partner, providing support in designing and implementing the project, routine data collection and analysis, and supportive supervision. It would also help facilitate necessary government permissions to ensure the smooth running of the project.

Nine months on, I am pleased that a noteworthy beginning has been made. I wish him and his team every success in their effort towards providing better healthcare for the people of Champawat and Uttarakhand.



Dr. Ahmed Iqbal

Additional Secretary Higher & Technical Education

Government of Uttarakhand

(Former District Magistrate of Champawat 2016 - 2018)

Message to our Readers

Dear Friends,

Following my succession from Aarohi, the development organisation that I co-founded and devoted myself to for the last three decades, I am often asked “Why again, and why Champawat?”.

Having devoted most of my working years to development and healthcare in rural Uttarakhand, there is nothing else that I know better. Moreover, Champawat happened after a chance meeting with Dr Ahmed Iqbal, the then District Magistrate (DM) of Champawat. Upon his invitation to support government health care activities in his district, we took up the challenge, despite it being almost six hours of driving distance away from our base in Satoli.

And challenging it has been. From raising funds, establishing a base and starting a new team to building credibility once again. The biggest challenge of all has been partnering with the government. Since the signing of the agreement with the District Administration, two DMs have been transferred. Another supportive signatory to the process, the CDO (Chief Development Officer), was transferred and the health establishment is diffident about the partnership.

However, one plods on. Through many consultations, the Operation Theatre at the District Hospital in Champawat has been equipped and for the first time, some major surgical procedures are being performed. It is another matter that our planned joint Urology camp in March was aborted due to legal uncertainties. Despite the challenges, we made some headway too. We were pleased to begin our survey in two blocks in the District which will give us a real time understanding of the status of health of the population as well as study gaps in training of front-line health workers that need to be addressed. We

are also happy that inroads have been made to get our first funding from Bajaj CSR for a pilot community health project. The process of change is slow. Nothing happens overnight, and perhaps this is the way. These last nine months have been a trying time full of highs and lows, but the lasting feeling is one of immense gratitude, to a large number of friends and family members who have believed and stood by us and helped make this nascent beginning.

We are giving ourselves a decade of time to strengthen the healthcare delivery system with rural communities, the government and private players for better health outcomes for some of the most remote hill districts that form the Kumaon region of Uttarakhand. Associated with us are the Metores Trust, Delhi; Tata Trusts; Bajaj CSR; UTSAAH and the Northumbria University, UK; Aarohi Schweiz of Switzerland and a host of friends and well-wishers.

My deepest gratitude to Rahul Nainwal, who believed and trusted in us. Through him and his umbrella organisations Agrani India Foundation and Mitra Technology Foundation, we have been able to seamlessly establish our presence in Champawat.

We are happy to present to you, the 1st Annual Review of Arogya Champawat, an initiative of Agrani India Foundation.

A handwritten signature in blue ink, appearing to read 'Sushil', written over a horizontal line.

Dr. Sushil Sharma

Advisor, Uttarakhand Health Initiatives
Agrani India Foundation

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Arogya Champawat: An Overview

Arogya (a sanskrit word that means 'disease free') is an effort towards improving maternal and child health among rural Himalayan communities in Champawat District, Uttarakhand, in the Central Himalayas.

Model

The model is based on a partnership between the district government, Agrani and the corporate sector, and will focus on strengthening both, the community and clinical aspects of primary health care of the government in the region.

Target Area for Phase 1:

Beginning with approximately **9000 people** from **31 villages** in Champawat Block in the first phase, Arogya will eventually cover the entire district of Champawat, reaching out to a population of 260,000 people over the next three years.

We have identified four locations of Champawat block, namely Chalthi, Swala, Dyuri and Sukhidang where we will work in collaboration with a local organisation, Himalaya Vikas Samini (HVS) to mobilise local communities and bring community health work in line with Government Schemes.

Aim

Towards Improved Maternal and Child Health

Approach



Clinical

- Support clinical facilities at the District Hospital, Champawat through multi-specialty camps.
- Explore building a primary surgical facility with 15 beds for elective & essential surgical care through camps training of surgical staff from surrounding hospitals on safe OR practices.

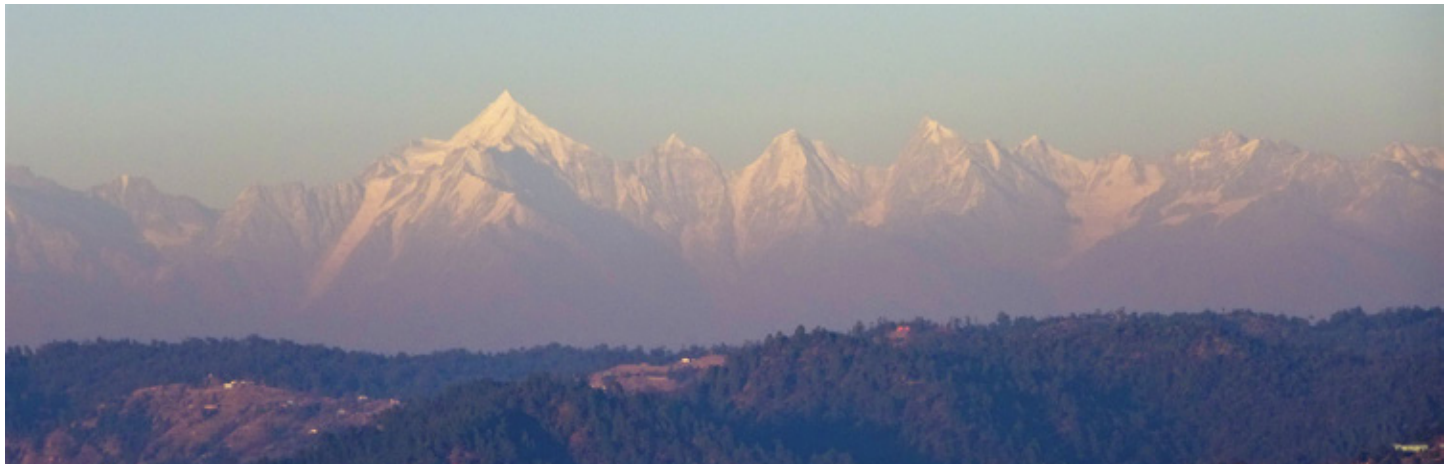


Community

- Awareness building in the community
- Train front-line workers (ASHA / AWW / ANM)
- Develop 5 government sub-centres as 'safe delivery' points
- Raise awareness of adolescents on menstrual practices and Anaemia
- Support village communities to make 70 Smokeless Chullahs (Cookstoves) over 5 years to combat indoor air pollution and reduce consumption of firewood.



Sukhidang village in Champawat Block, one of the thirty one selected villages for Phase 1 of our community work



Champawat District : A Snapshot

Champawat District is located in the eastern part of the Kumaon Himalayas in the State of Uttarakhand.

In view of the scattered population and rugged terrain it was created in September 1997, by carving out of Pithoragarh and Nainital Districts. Champawat has a population of 2,60,000, 85% of which is rural; a Maternal Mortality Ratio of 182/100,000 live births and Infant Mortality Rate of 34 / 1000 live births (Sources: Census 2011, Kumaon, AHS 2012-13)



Uttarakhand

- Garhwal
- Kumaon



Champawat

Highlights: August 2018 to March 2019

Government Relations:

Owing to our our persistent efforts with the District Administration (DA), Agrani is now well recognised among key government officials, and there is a general positive attitude and support for our presence in the region.

- In **August 2018**, we signed a 5-year Memorandum of Understanding (MoU) (August 2018 to July 2023) with the District Administration of Champawat for intervention in health.
- On **31st October 2018**, a follow-up meeting was held, with all key DA representatives, including the District Magistrate (DM), Chief Development Officer, Chief Medical Officer, District Education Officer, ICDS (Integrated Child Development Scheme) to identify the plan ahead and roles and responsibilities of both parties.

The Team: A lean team of five is now in place.

Dr Sushil Sharma, an Anaesthetist by training and rural development professional by practice, with 31 years of grassroots experience in rural Uttarakhand, will lead the strategy and implementation of this project.

Charu Johri, a Public Health professional with 17 years of experience in programme strategy, design and implementation in technical areas of maternal, neonatal, child, adolescent health and nutrition.

Sarada Langthasa, has joined us as a Project Coordinator and will be based in Champawat. From Assam, Sarada has completed a Masters in Social Work (Public Health) from Tata Institute of Social Sciences Guwahati, and was previously working with Swasthya Swaraj, Orissa.

Ganga Singh, is our Community Coordinator and will also lead the smokeless chulhah project. He has over 24 years of experience, including clinical work and ASHA and Dai (midwife) training. Before Agrani, Ganga Singh was with Aarohi for 7 years. He has also served 13 years in Chirag, and set-up and run his own NGO for 4 years. Aarohi and Chirag are prominent not-for-profit organisations in the region.

Madhuri Vijaykumar, will be volunteering a week each month and will address awareness issues of menstrual hygiene/practices and anaemia. She is a former Corporate Social Responsibility (CSR) professional, with a Masters' in Social Policy & Planning in Developing Countries from LSE.

The Arogya Team at the Project Headquarters in Satoli

From Left: Madhuri Vijaykumar, Sarada Langthasa,
Dr Sushil Sharma and Ganga Singh



Partnerships

UTSAAH

(Uniting to Sustain and Assist Himalayan communities), UK led by Arun Harish: Formal association, through an MoU to seek funding together and to get volunteer nurses / midwives / doctors from the UK.

AAROHI SCHWEIZ

Old wine in a new bottle! A group of doctors and well wishers who will bring technical help, funding and volunteers to aid the programme. We will have detailed discussions with the new board members of Aarohi Schweiz of Switzerland, during their visit to Uttarakhand to explore committed partnership for healthcare for rural Uttarakhand in April 2019.

ARSI

(Association of Rural Surgeons on India): Surgeons from the Association will volunteer their time to do surgical work in Uttarakhand on a camp basis. Dr Gnanaraj, the President and a Urosurgeon, was to conduct the first surgical camp in the District Hospital, Champawat, which fell through due to the elections and legal issues with the District

Government. This association will be a strong support to the project in the years to come.

EMMERS' SOCIETY

A newly registered group of highly acclaimed medical professionals from the 13th batch of the Armed Forces Medical College. The Society has earlier supported through financial and professional means, the treatment of challenging medical and allied situations for populations from rural Uttarkhand.

LIFEBOX INTERNATIONAL

The only international non-profit organization targeting surgical and anesthesia safety in low-resource settings, Lifebox is committed to making that possibility a reality; for every patient, every time. The organisational vision is a world where safe surgery is not a luxury. Their programs are designed to strengthen systems that make surgery and anesthesia safer for millions of patients.

Challenges and Next Steps

Clinical Intervention: The biggest challenge thus far has been making in-roads into the District Hospital in Champawat. We were unable to hold surgical camps there owing to legal challenges and the impending elections. The back-up venue of Mayawati Ashram Hospital also became unavailable due to unknown administrative reasons. We are now exploring the possibility of setting up a rural hospital / mobile health facility for elective surgical care and as a training institute for 'safe surgery'.

Institutional funding: This has been a slow process. However, with vital initial support coming from The Metores Trust and the Tata Trusts for a survey in two blocks of Champawat, we have managed to carry on work at a reasonable pace. A proposal has been submitted to Bajaj CSR in April 2019, while other avenues of long-term funding are being explored.

Community Based Events Activities and events will be conducted in the four target areas of Champawat Block as per guidelines outlined under the government's Poshan Abhiyan (National Nutrition Mission).

School Health Sessions: Begin menstrual hygiene/ practices and anaemia awareness activities in three identified government colleges in Champawat with approximately 600 students.

Needs assessment survey: A Grant of INR 1 million (1000,000/-) has been approved by the Tata Trusts to conduct a needs assessment survey starting April 2019. The survey will provide vital data and an understanding of the current maternal, neonatal and child health practices, menstrual practices and anaemia at the household level and the level and quality of coverage of key health services, including knowledge levels of frontline workers (Accredited Social Health Activists or ASHAs, Anganwadi Workers and Supervisors)

Additionally a comprehensive health facility assessment will be carried out in the District Hospital, CHC Lohaghat and select 5 Sub-centers in 2 blocks, namely Champawat and Pati.

Funding

Institutional Donations

INR 11,11,940/-

Metores Trust, Delhi	7,50,000
Agrani India Foundation	2,99,101
Bhoruka Charitable Trust	1,00,000

Individual Donations

INR 4,18,179/-

Dr Shekhar Bhojraj	2,00,000
Robert Graf (1000 CHF)	68,716
Aarti Shenoy	35,000
Robert Maringer (500 CHF)	34,463
Charu Johri	25,000
D.C Joshi	25,000
Premila Nazareth Satyanand	15,000
Sharad Niyogi	10,000
Brig (Dr) Ajoy Mahen, Retd.	5,000

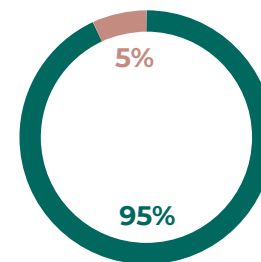
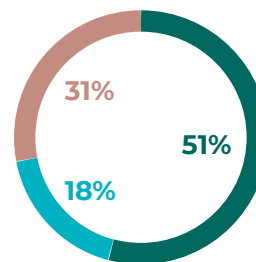
TOTAL INCOME

(Institutional and individual donations and loans)

INR 22,67,280

TOTAL EXPENDITURE

INR 14,62,744



- Institutional Donations
- Individual Donations
- Loan for Jeep

- Indian
- Foreign

Loan for Jeep

INR 7,00,000/-

Meena Harisinghani	1,00,000
Dr Puneet Kumar Singh	1,00,000
Dr Purnima Dhar	1,00,000
Pankaj Wadhwa	1,00,000
Madhuri Vijaykumar	1,00,000
Dr Sushil Sharma	2,00,000

Engage with Arogya

Work with us

We welcome doctors, nurses, community health managers, social entrepreneurs, fundraising experts, and those who share our values and want to be a part of our committed team.

For opportunities to work with us, please contact sushimalaya@gmail.com

Volunteer

Arogya welcomes volunteers eager to devote time on our various initiatives.

We seek Gynaecologists & Paediatricians, public health professionals, designers and health policy and finance professionals and fundraisers.

Please contact sushimalaya@gmail.com for information on our volunteering programme.

Contribute

Your support will help us immensely to grow our programme.

Donations can be made to:

AGRANI INDIA FOUNDATION

ICICI BANK LTD

BRANCH: EAST OF KAILASH

STREET ADDRESS: D-138 EAST OF KAILASH, NEW DELHI 110065

ACCOUNT NO: 071905000790

RTGS/NEFT: ICIC0000719

Contributions are eligible for an Income Tax Benefit u/s 80G (5) of the IT Act

For Foreign Contributions, contact Dr Sushil Sharma sushimalaya@gmail.com



Khetikhan village with Nandakot in the background

Contact Us

Local Office: c/o Mrs Sarita Pandey,
Village Chaura Sethi, House No 38,
Post Champawat, Uttarakhand
262523

Email:
sushimalaya@gmail.com
