

I. About Our Organization: -

The Auroville Health Centre, started in 1972, is the base for the village program which was started in 1989. Besides providing medical care for any emergency, the Av Health Centre also gives medical cover to the surrounding villages of Kuilapalayam, Bommayarpalayam, Chinnamudhaliar and Perimudhaliar chavady, which lie at a maximum distance of 3kilometers from this centre. However patients come from many areas further away.

The Health centre has a laboratory, x-ray and a minor OT for smaller procedures. The procurement of medicines and lab reagents, coordination of staff and training, and administrative duties are done from the base at the Auroville Health Centre. The Pharmacy at the Health centre has allopathic, homeopathic and Ayurvedic medicines available for purchase.

The first Village Sub Centre was opened in 1989 at Edyanchavady, which lies 4.5 kilometres from the Health Centre followed by Kottakarai and Royapudupakkam in 1991-1992, Mathur in 1997, and Thuruvai, Appirampet and Puthurai, which is the furthest at 14km, in 2000-2001. The land was provided by the Village Panchayats, and the buildings constructed in a collaboration of the village and the Health Centre. Most common medicines are provided free to patients in the Sub Centres.

The thrust of the Health Centre village program remains the same :- To improve the preventive health programs in the villages by providing training to initially 20 now reduced to 10 village health workers and using their presence in the villages as support. The Health workers have the confidence of the villagers they live amongst, and are able to persuade patients in their villages to come for treatment of any illness rather than trying quacks. They are an essential link between the doctor and the patient. Educating and empowering the local people, and improving the health of people who have poor access to facilities, improves the health of everyone in and around Auroville.

Educating adolescents and women is also part of the village program.

The structure includes doctor(s), nurses, supervisors, village health workers and cleaners. The health workers are present daily at the sub-centres. They also conduct home visits.

PROJECT TITLE

Health Care in Auroville Bio Region

I. Project Outcome:

Communities in the Auroville Bio region are well informed about health, hygiene and have adequate health care to live healthy lives.

II. Project Objective:

The Auroville Health Centre caters to 25,000 to 30,000 villagers living around here and floating population from Auroville and distant villages. Patient attendance varies from 30-50 per day. The charges for all facilities at the Health Centre are lower than clinics and hospitals around this area.

Patients from our village sub centers are also referred if needed to the main centre for additional tests.

The seven Sub Centers covers a population of approximately 20,000 -25,000, and get about 20-30 patients per day per centre. Many patients with chronic diseases like hypertension and diabetes are regular. The daily free evening dressing in each centre from 3-5pm, has up to 15-25 patients daily, making this a recurrent important monthly service . The govt. has set up many Primary Health Centers in villages, which has reduced our patient attendance.

The Health workers are chosen from each village and trained for three months at the Auroville Health Centre. They are taught how to do dressings, check blood pressure, give intramuscular injections, and simple medications. They are also guided in house visits and how to advise their village patients on hygiene, health care and medications.

The school program is being held since sixteen years, initially in twenty schools and now, due to increased private schools, in twelve schools in the surrounding areas. The target is about 1500 children from 3-14 years. The children from our program have been able to guide their parents about better health and sanitation.

The adolescent girls are so happy to be given the extra information about reproductive health which their families and schools do not speak about. They are able to voice their concerns and ask for specific topics to be discussed. Despite the internet revolution they do not have access to answers to their queries. About 15-25 girls have attended in each area so far. We hope this number will increase with awareness of these classes.

The classes at the **Industrial school for older teenagers** were started on their request. Surprisingly, these teenagers are mostly unaware of the facts of life. We teach them basic anatomy, first aid of common incidents and common tropical diseases, healthy living and sexually transmitted diseases. We hope to prevent teenage pregnancies, which we have already seen in the school due to lack of adequate knowledge. About 100-150 students join each year.

Special camps have been instituted due to increasing incidence of life style diseases in young people, due to carelessness and lack of awareness. 35-40 men and women have attended every camp in each village.

Classes for women began due to their frequent visits to doctors. Their eating habits have markedly changed to unhealthy foods like white rice and white sugar. Healthy foods eaten in the old days like sorgum, barley, amaranth and other alternative grains are hardly consumed in the present day “consumer society”. TV is a major negative factor. 20-25 women have so far shown interest in trying to achieve better health.

III. Background:

All the special programs we started (school program at govt. primary schools, the adolescent girls program, the industrial school for girls, anemia monitoring in children , special medical camps and nutrition classes for women in the villages), were started to educate women in the villages about healthy living and improve the status of women and children.

The bonus is the interest men have also shown in the programmes.

IV. Project Methodology:

Weekly or biweekly visits to different villages ,in coordination with village Health workers and Panchayat heads. Purchase and usage of different aids with initial training of our own staff at our base centre.

V. Project in a Logical Framework:

S.No	OUTCOME	OUTPUTS	ACTIVITIES	INPUTS
	The outcome the project plans to achieve over the project period.	Specific outputs that would cause the outcome of the project to be achieved	Activities/ actions that are required for the outputs to be achieved	Inputs in terms of material & human resources required to carry out the activities. Costing of the inputs will give you the budget for the project.
1.	. Consultations in 7 village Sub Centres in this bio-region	1. Consultation with minimal charge to the very young, the poor and the elderly. 2. Free medication to the poor. 3.Free wound dressing by the health workers in evenings	1.Provision of bulk medicines at lower rates for villages 2. Regular checking by supervisory nurses and refresher classes at Health Centre.	
2.	Provide primary school children of poor families in govt. schools knowledge of hygiene and sanitation	1. Health check of school children 2. Give deworming medication. 3. Once a week classes to the children on health and hygiene aspects. 3. Give free	Establish rooms in schools with necessary aids for health education, eg flash cards, charts, crayons, pencils, paper. 2. Purchase common medicines. 3. Guidance of Health workers for running the	Staff nurse, lab tech and health workers to run the program

		consultation as needed.	programme.	
3.	Adolescent girls program in six villages	1. Give classes on women's health issues esp. reproductive health and gender abuse. 2. Provide medical check and anemia medication.	1. Ensure attendance by adolescent girls. 2. Charts and Models.	1. Arranging rooms in each village 2. Supervisor and health workers to run the program.
4.	Industrial School for older teenagers	Give classes on first aid, basic anatomy and reproductive health including STI and HIV.	Charts, models, and videos for demonstration.	Usage of modified classrooms
5.	<u>Anemia Monitoring</u> To decrease the number of anemic children in primary schools.	There was gradual decrease of anemia among the children after regular treatment with Iron medication and counseling parents on healthy diet and living.	Parents require further counseling to follow the advice.	
6.	<u>Village women Health and Nutrition:</u> To decrease anemia, malnutrition and life style diseases.	1. Give nutrition and health awareness classes, as per their economic status. 2. Discuss gender issues and care of female children	1. Providing simple demo of cooking nutritional food as available in their own villages. 2. Show magazine and newspaper articles on women and child abuse	1. Cooking vessels, food ingredients, paper plates, kerosene stove and kerosene. 2. Magazines, books.
7.	Special Medical Camps for diabetes, anemia, bone density and cardiac evaluation.	1. Increasing awareness of prevalent diseases and prevention of the same.	1. Prior notices in all surrounding villages about the various camps. 2. Word of mouth through Health workers in each village	1. ECG machine, Lab equipment and Bone Densitometer and its technician. 2. Lab tech, Nurses, Doctors.

VI. PROJECT BUDGET
(January to December 2014 and 2015)

S.No.	Budget Items	Unit Cost INR.	Total INR 2014	TOTAL INR 2015
I	Human Resources			
a)	2 Doctors 2 Nurses 1 lab tech	50,000 p.m 12,000 p.m 4,000 p.m	600,000.00 144,000 48,000	660,000.00 158,400.00 52,800.00
b)	Health workers (10)	3300 p.m each	396,000.00	435,600.00
c)	Cleaning staff (6)	2000 p. m each	144,000.00	158,400.00
d)	Provident fund for staff		40,000.00	44,000.00
	SUB TOTAL I		1,372,000.00	1,509,200.00
II	Material			
a)	Maintenance of Sub Centres (6) Medicines, dressing material, lab reagents,	5,000 30,000 p.m	30,000.00 336,000.00	33,000.00 369,600.00
b)	By monthly meetings with health workers, uniforms	3,500 p.m	42,000.00	46,200.00
	SUB TOTAL II		408,000.00	448,200.00
111	Health Check up of school children			
a)	Medicines, lab reagents, syringes	15,000 p.m	180,000.00	180,000.00
b)	Medicines as needed and transport.	2,000 p.m	24,000.00	24,000.00
c)	Stationary for child to child programs	500 p.m	6,000.00	6,000.00
	SUB TOTAL III		210,000.00	210,000.00
IV	Adolescent girls program			
a)	Medicines for anemia	2160 p.m	25,920.00	25,920.00
b)	Charts & Models/ snacks for girls	1000 p.m	12,000.00	12,000.00
	SUB TOTAL IV		37,920.00	37,920.00
V)	Industrial School for older teenagers			
a)	Charts & models	6,000 one time	6,000.00	6,000.00
	SUB TOTAL V		6000.00	6,000.00
VI)	Special Medical Camps			
a)	Subsidized Cardiac and general evaluation	25,000 one time	25,000.00	25,000.00
	SUB TOTAL VI		25,000.00	25,000.00
VII)	Administrative expenses			
a)	Management & administration	22,000.00	22,000	24,200.00
b)	Transport – Vehicle insurance, maintenance and fuel		300,000	330,000.00
	SUB TOTAL VII		322,000.00	354,200.00
V111)	Village Women Health Nutrition			
a)	Demo healthy cooking	1000	12,000	12,000.00
	SUB TOTAL V		12,000.00	12,000.00
	TOTAL PROJECT BUDGET		2,392,920.00	2,602,520.00
	TOTAL PROJECT BUDGET 2014 and 2015		INR 4,995,440.00	

Total Project Budget for 2014 and 2015 is: Indian Rupees Four million, nine hundred and ninety five thousand and four hundred and forty