

Empowering rural communities for providing comprehensive health care to disadvantaged populations

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Introduction

Project Village-Reach aims at developing a public-private partnership to deliver comprehensive healthcare in rural communities. This will be achieved by strengthening the ASHA worker, (provided by the government under the NRHM), improving her outreach, and ensuring accessibility of health services by training CHWs (community health workers) to work under her. CHWs will be chosen from the villages , to provide education, information about public infrastructure, and to form the vital link between the community and the ASHA worker, and thus further to the public facilities.

- Personnel Required -One ASHA worker, 5 CHWs and One sanitary supervisor.

- Equipment- 6 mobile phones, One motor cycle, training and educational material.

- There will be 5 Community Health Workers under one ASHA worker. CHWs will be equipped with zero-text educational material and a mobile phone,. They will go door to door to provide education. about hygiene, sanitation , health care, family planning, potable water, etc . They will distribute ORS, chlorine tablets, Over the counter drugs, contraceptives,pain killers,mosquito nets to the needy, and iron , calcium ,vitamins, protein supplements for children and

expectant mothers.They will be responsible for providing life saving measures in emergencies and organising ambulance facilities. One CHW will be “ on call” around the clock to attend to emergencies. They will be given cash incentives for emergency care, immunization of children and expectant mothers, successful completion of dots therapy etc. For training purposes we will collaborate with non profit organizations.

The sanitary officer will provide a link with the municipal corporation and organize maintenance activities like drainage of stagnant water pools, spraying of mosquito repellent,clearing of garbage etc. They will also teach proper hand washing techniques and distribute soaps.

Results

We hope to prove conclusively prove that community empowerment can provide comprehensive health care benefits, both domiciliary and for efficient and timely referrals.

Conclusion

For implementation of this project we will choose the most disadvantaged district possible, where majority of the people live below poverty line, so that healthcare can be provided to the poorest of the poor.