

CHAMPA CHRISTIAN HOSPITAL
ESTD: 1926

ANNUAL REPORT 2008 – 09

CHAMPA – 495671

Dist : Janjgir – Champa (C.G.)

A unit of Emmanuel Hospital Association

Annual Report 2008 – 09

CHAMPA CHRISTIAN HOSPITAL

NAME OF THE SOCIETY	CHAMPA CHRISTIAN HOSPITAL SOCIETY
ADDRESS	P.O. – CHAMPA DIST – JANJGIR–CHAMPA PIN – 495671
TELEPHONE	91-7819-245941 (O) 91- 7819-245144 (R)
MOBILE	09425541378 SAO/Med.Supdt. 09424142678 CHDP -Director
E-Mail	champa@eha-health.org joseph@eha-health.org pjemmanuel@rediffmail.com
SOCIETY REGISTRATION	REGISTERED UNDER M.P. SOCIETY REGISTRATION ACT 1973
REGISTRATION NO.	6988 (1978)
FCRA REGISTRATION NO.	327570002 VIDE NO.11/210222/97(16) 2002 FCRA III DATED 21.10.02 ISSUED BY THE MINISTRY OF HOME AFFAIRS, GOVT. OF INDIA

OUR VISSION

“TO EMERGE AS A GOOD HEALTH CARE PROVIDER IN THE NAME AND SPIRIT OF THE LORD JESUS CHRIST AS A NON PROFITABLE ORGANIZTION IN JANJGIR DIST AND ITS NEIGHOURHOOD AREAS”

OUR MISSION

WE ARE A PEOPLE WITH CALLING TO PROVIDE QUALITY HEALTH, SPIRITUAL AND SOCIAL CARE ON NON PROFITABLE BASIS WITH SPECIAL FOCUS ON THE POOR AND THE MARGINALISED, IRRESPECTIVE OF RELIGION, CASTE, CREED AND SEX IN THE NAME AND SPIRIT OF OUR LORD JESUS CHRIST PROVIDING PRIMARY AND SECONDARY CARE WITH IN THE GEOGRAPHICAL AREA OF 60 KM. RADIUS.

GENERAL OVERVIEW OF THE YEAR 2008 – 09

**Now unto him that is able to do exceedingly abundantly above all that we ask or think, according to the power that worketh in us,
Unto him be all glory in the church by Christ Jesus throughout all ages,
world without end. Amen.**

Ephesians 3:20,21.

- There is an over all increase in general surgeries, Gynecology, Eye and dental services.
- Dr.Ajit Thomas Urologist joined in September 08.
- Endourology Theater prepared, equipment for lower endourolgy order placed which costs Rs. Seven Lakhs.
- Received Operating table, Suction machines and defibrillator equipment as donation from Herbertpur Christian Hospital.
- Dr.Samita Das Gynecologist joined in November 08.
- Janani suraksha yojana started and it is going on well.
- We are given permission for Family planning services.(We have conducted 100 vasectomies in this region)
- Dental is progressing steadily.
- Eye- the DBCS requested us to help them in their eye camps, they promised payments.
- DBCS gave permission for the whole financial year for eye camps.
- Jagdeshpur continued as our outreach center, Christian hospitals at Mungeli and Baithalpur, BL Home continued to be our satellite centers.
- We started the year with a debt of Rs.16 lakhs towards suppliers and EHA for PF and others. We were unable to pay new salaries till July 08.By God's grace we were able to receive new salaries From 1st August 08, also increase in DA of 5%.In addition We have cleared the debt of 6 lakhs and made some fixed deposit.
- E.U evangelistic camp was held in our campus from 14th to 17th August 08 nearly 40 students attended the camp.
- CMAI Regional administrator's conference was held in our campus from 14th to 16th of May 08.Mr.Justin Jebakumar has coordinated the conference. Bro.Manish Moses was the speaker.
- Two bore wells dug during the reporting year.
- 200 well trained mitanins in all our target villages.
- 85 women were given skills training, which started income generating work in various heads.
- Grassroot level advocacy is done by SHG group by printing out local news paper
- Follow up of village health plan on 32 indicators of health issues in 40 panchayats.
- Effective and functional village health and sanitation committee in every target village.
- Community mobilized to undertake and sustain plantation of 27000 Arjun trees.

- Adolescent group developed one drama CD on various issues like, difference between boy and girl, daughter number one and to stop alcohol.
- Farmers get 9 tube wells from Government scheme in 50% subsidy.
- 20 farmers get loan for construction of manure pits.
- Some farmers got green house net for plantation.

HOSPITAL ENVIRONMENT

A.HISTORY OF THE HOSPITAL

The Mennonite Mission founded the hospital in 1926. The founder doctors Ella and Harvey Bauman served in this hospital from 1926 to 1961. Dr. Caroline, Dr. Miss. John, Dr. J.J. Duerksen, Dr. Janzen all were missionary doctors, who served the hospital in different periods. There were other national missionaries who were to be acknowledged like Dr. Mathai for their valuable services. This hospital was initially 50 bedded, which was increased to 125. In 1986 the bed strength was reduced to 100 and then to 76 in 1992 which included 10 beds for the eye patients. From July 06 it is 50 bedded.

B.GEOGRAPHIC LOCATION

The hospital is situated on the main Mumbai-Howrah Railway line. Nagpur is to the west about 500 kms and Howrah is 800 kms towards East. Champa is known for its three businesses, Kansa (Bronze), Kosa (Silk), & Kanchan (Gold). The nearest airport in Raipur is 200 kms from Champa. Winter is pleasant for visit, but in rainy season the transport is difficult and summer is too hot to stay in Champa. The people here speak Chattisgarhi a local dialect. One who knows Hindi can understand it quite well.

C.COMMUNITY & HEALTH STATUS

The river Mahanadi and its tributaries flow through the state. But the state is mainly dependent on rains for crops and there is one crop per year. The state is rich in minerals. The Bhilai steel Plant (BSP), NTPC and BALCO at Korba and other Industrial Units provide employment opportunities but most of the working people are from neighboring states, and migrants. This is also the Leprosy belt, forcing people to beg. The Kosa silk is famous but the poor-rich divide is vast and so 80% of population is below poverty line.

MANAGEMENT

Champa Christian Hospital

The Champa Christian Hospital is the incorporated member of the Emmanuel Hospital Association (EHA), New Delhi. The Executive Committee of the EHA makes all appointments to the management of the hospital. It also lays down guidelines and policies with regard to the management of the hospital.

Unit Management Committee

The hospital functions under the managerial control of EHA, which decides on all policy matters. The Unit Management Committee looks after policy implementation and the day-to-day activities of the hospital. The UMC is in turn responsible to the Regional Governing Body.

Chairman

The Senior Administrative Officer (SAO) is the chairman of the UMC.

The following persons are serving as the UMC members at present

Dr. P. Joseph Emmanuel	SAO/Medical Superintendent/	Chairman
Mrs. P. Bansiar	Nursing Superintendent	Ex-officio
Mr. Somesh Pratap Singh	CHDP Director	Ex-officio
Mr. Gee Varghese	Staff Representative	Member
Mr. Anoop Masih	Staff Representative	Member
Mr. V.J. Nand	Co-opted Member	Member

PATIENT / PEOPLE ORIENTATION

A) OUT PATIENT DEPARTMENT

- I) OPD hours :**
8:00 AM to 1:00 PM and 2:00 PM to 5:00PM except on Saturday when OPD timing is till 1:00PM only.
- II) Description of specialized clinics:**
Immunizations are slated for Tuesdays, though we do not turn away any patient on any day. General, ANC, Leprosy, Eye TB and Dental patients are seen on all days.

III) Steps to reduce waiting time :

- At registration counter there is not much delay as the OPD patients are few in number.
- In consultation room one doctor comes of after the ICU rounds to see the OPD patients thus reducing their waiting time.
- At lab, X-Ray, and Pharmacy there is not much delay.

IV) Frequency of patient's satisfaction survey:

This was not conducted.

V) Availability of doctors:

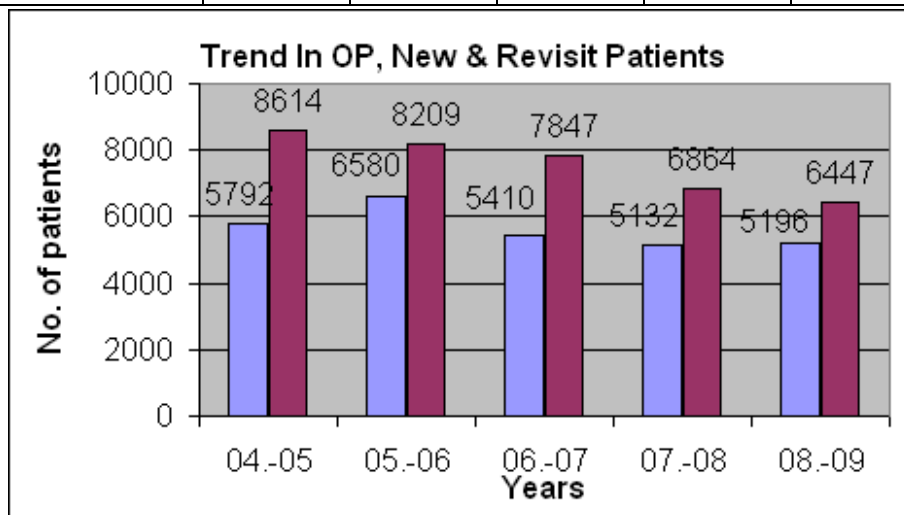
The doctors are available round the clock. Dr. Joseph managed the hospital with one junior doctor till Dr. Ajit Thomas joined in Aug.08. The gynecologist joined in Nov.08, when the junior doctor left.

VI) Seasonal Variation:

Diseases are the same as in the other units with malaria, diarrhea, snake bites, scorpion bites Poison Cases raising their heads at allotted times. Frequent changes of medical team and non availability of specialized doctors such as a physician affected the patient flow to a great extent during the year.

Brief Comparison of Last Five Years Statistics:

Out Patient	04.-05	05.-06	06.-07	07.-08	08.-09
New Pt.	5792	6580	5410	5132	5196
Revisit Pt.	8614	8209	7847	6864	6447
Total	14406	14789	13257	11996	11643



Brief comparison of last five years statistics:

Out patient	04 – 05	05 – 06	06 – 07	07-08	08 – 09
New Pt.	5792	6580	5410	5132	5196
Re-Pt.	8614	9209	7847	6834	6447
Total	14406	15789	13257	11966	11,643

B) IN PATIENT DEPARTMENT

I. Description of Ward and Infrastructure :

Basically there are 6 wards in the hospital

- a) A ward (old maternity block)
- b) Private wards (B) ward
- c) New Maternity ward
- d) Emergency ward
- e) J. ward
- f) Staff sick room

II. A ward (old maternity ward)

Contains 11 beds and this presently is being used to keep the male patients.

III. B ward consists of 8 private rooms

IV. Maternity Block

Consists of labour room with 3-delivery tables, nursery, eclampsia room, postoperative room and general wards consisting 19 beds including three private rooms and 2 semiprivate rooms.

V. Emergency ward

Is renovated to accommodate 10 beds with all emergency facilities.

- VI. **J Ward**
Consisting of 4 large well ventilated rooms, is being used to host meetings & conferences.
- VII. **Old recovery room**
Is being used as CSSD with two Autoclaves in it. One room in the same wing is used for packing gloves and other is being used as linen room.
- VIII. **Staff Sick Room**
Is renovated and converted into urology theatre.
- IX. **Admission Process**
All types of routine cases that come through OPD are admitted after necessary documentation. All emergency cases go directly to ward and doctors attend the patient within a few minutes.

C) ROUTINE AND EMERGENCY CASES

- I. Routine admissions and emergency admissions** during the OPD hours are processed in the OPD itself
- II. Admission beyond OPD hours** are dealt with from the emergency care ward. Regular morning rounds and short evening rounds by the on call doctor are routine. We try to explain the right prognosis to the patient's relatives as early as possible.
- III Time taken to visit the patient after admission:**
10 to 15 minutes.
- IV Training in Bed Side Manners:**
The nurses and ward aides try to explain to the patients and relatives to take care of waste to be put in the proper places. They also tell relatives to keep the surroundings clean etc.
- V Interaction with Patients Relatives:**
Relatives are generally friendly and pleasant to deal with. We do not have a regular mortality analysis. Nurse-patient as well as inter departmental relationships is generally on good terms. However on few occasions we have hard times dealing with patient's relatives as they come in huge numbers with new patients in an emergency.
- VI Drug Therapy:**

Started using many generic drugs.

VII Medical Legal Cases:

We do take medical legal cases such as burns, road traffic accidents, poisoning etc. and immediately we send police notification in written form and injury report as well.

VIII Communication:

The communication between doctor & patient is usually good. We explain to the patient's relatives about the progress and the estimated expense so that they are prepared to pay the hospital bill.

The nursing and other staff patient's relations are also on good terms. However interdepartmental relationship needs to be strengthened. All patients are given a discharge summary and the copy goes into the chart.

IX Death Audit

This year we could not conduct death audit.

X Follow up after discharge

The patient progress is reviewed usually after one week.

XI In Patient satisfaction survey

Not done

XII Seasonal Variations of Diseases

During summer season we get patients suffering from diarrhea, enteric fever, Typhoid, meningitis etc. In winter season patients suffering from asthma, Bronchitis, malaria etc. come to the hospital.

During the rainy season patient suffering from diarrhea, malaria, viral Infections etc. are reported in our hospital.

Cases of food poisoning and a number of burn patients were reported during Summer season.

XIII Variation of Bed Occupancy

D) GENERAL SURGICAL SERVICES

During the year, 259 major surgeries and 48 minor surgeries were done. Most of them were emergency surgeries. Dr. Ajit Thomas, urologist joined on 6th September 08. Till this time Dr. Joseph used to do whatever he could manage and for the rest the services of a local surgeon were being utilized. After Dr. Ajit joined regular general surgery work started. To start Urology work, we have converted our staff sick room into Endo-urology Theater by doing necessary renovation work. We thankfully received operating table as gift from Herbertpur Christian Hospital. We have ordered lower endo-urology equipment from Medi-globe and Nidhi equipments, some have arrived and some yet to come. We had demonstration of equipment, did some surgeries at Champa and Jagdeshpur, which were successful. Once all the equipment arrives, full fledged urology work will start along with general surgery. We are greatly thankful to the 5 medical elective from Dublin, who came here saw the work and raised the money for purchasing the urology equipment

Plans:

- To start simultaneously Urology work at Jagdeshpur.
- To work out costing and make package system
- To plan for upper Endo-urology next year
- To have urology screening camps in various places.

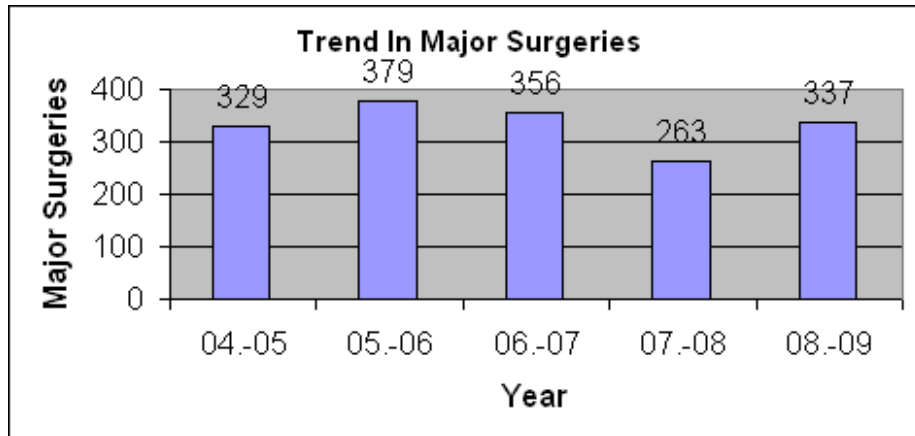
Needs:

- G. A. Facilities
- Ceiling Operating (twin) Lights
- Trained Nursing staff in urology
- Centralized suction for theater and emergency ward
- Need for a C-Arm
- Need for Upper Endo-Urology Equipment.

Five years comparative figures of Major Surgeries.

Five Years Comparative Figures of Major Surgeries

Year	04.-05	05.-06	06.-07	07.-08	08.-09
Major Surgeries	329	379	356	263	337



E. OBSTETRICS SERVICES.

We did not have a gynecologist since June07. There was a lady junior doctor. But the lack of gynecologist was felt. Janani suraksha yojana was started in March 08. Present gynecologist joined us towards the end of November 08. With the Janani Suraksha yojana and the Gynecologist joining, there is increase in number of ANC and deliveries. We are also given permission for the Family planning surgeries by the district administration for which they will pay to the patient, motivator and doctor.

Future Plans:

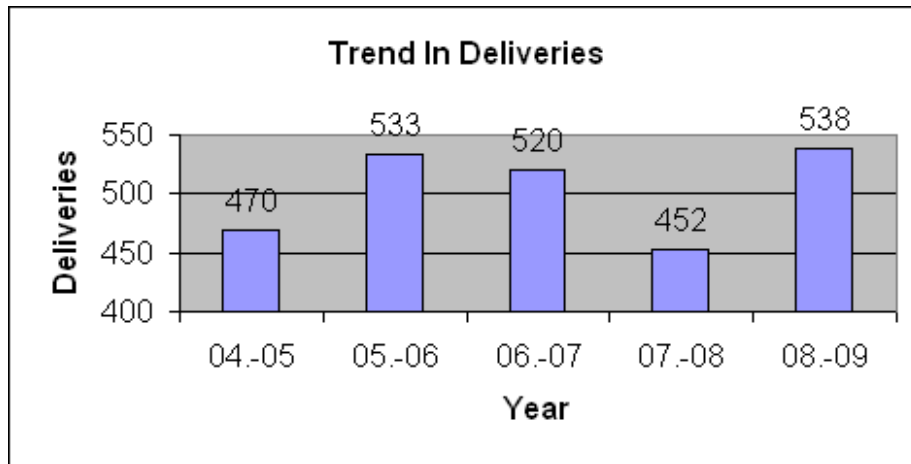
- To conduct multi-specialty camps in remote villages to reach the unreached.
- To reach the poor.
- To make treatment affordable.
- To start infertility clinic.

Five year comparative statistics of Deliveries.

Five years comparative statistics of Deliveries

Years	04.-05	05.-06	06.-07	07.-08	08.-09
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Deliveries	470	533	520	452	538
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E. OPHTHALMOLOGICAL SERVICES

Regular base hospital work and community work continued. Sewa Bhavan hospital, Jagdeshpur continued to be our out reach center and the work is picking up. We have satellite centers in B.L.Home in Champa, Christian hospital Mungeli and Christian hospital Baithalpur. We have in all performed 1084 Cataract surgeries and seen 6884 OPD patients out of which 456 were Surgeries and 2587 OPD seen at base hospital. We have conducted screening in 9 schools. It was unfortunate that our Jr.Doctor whom we wanted to sponsor for MS.Ophthalmology left us. Our technician attended optical dispensing training at Madurai from 1st Sep to 30th Nov 08.

We plan to achieve the following results by next reporting year:

- 800 cataract surgeries at base hospital.
- 500 cataract surgeries at Jagdeshpur.
- 10 school screening.
- Start optical shop at base hospital.
- Vitamin A solution for all children.
- Field staff training.
- Spectacles to school children at nominal rates.
- More awareness programmes.

EYE OPD. STATISTICS.

Particulars	2004-05	2005-06	2006-07	2007-08	2008-09
OPD-BASE	1828	2934	1970	2525	2587
OPD-CAMP	6182	3133	4543	4833	4297
TOTAL	8010	6067	6513	7357	6884

EYE SURGERY STATISTICS.

Particulars	2004-05	2005-06	2006-07	2007-08	2008-09
Major Base	277	466	165	355	456
Camp	882	423	592	592	628
Total	1159	889	757	947	1084

Acknowledgment

We thank God for his faithfulness. We thank our Regional director, central region and also our Eye co- coordinator Dr.Sydney Thyle for his continued support, through his personal visits and advices and CMEs.

We also thank cbm Germany who generously supports us with funds. We also thank Ms.Silvana Regional Representative and her team at Bangalore. We also thank Dr.Sarah Verugese for her visit to our project, for her kind word of appreciation of our satellite type of work and for her valuable advices and words of encouragement.

F. Dental Services.

Another year has passed and God has immensely blessed the dental department all these years. The patient inflow is increasing steadily and remarkably. With the introduction of the fixed partial prosthesis procedure the patient response has been dramatic. We are also planning to start a new procedure, i.e. fixed orthodontic treatment in the near future.

DENTAL PATIENT STATISTICS FOR THE PERIOD APRIL 08-MARCH 09

NEW PATIENTS	197
REVISITS	852
TOTAL	1049

COMPARISON OF DENTALPATIENTS IN LAST THREE YEARS.

YEAR	06-07	07-08	08-09
NO. OF PATIENTS	889	968	1049

No.of schools visited for dental screening	4
No. of dental screening done among the school children	1073
Different diagnosis among 1073 children	
* Dental caries	46.5%
* Orthodontic related problems	10.2%
* Others	8.1%

This shows very poor Hygiene and eating habits among children in the schools in Champa, Our aim is to bring oral health awareness among the school children and their parents

NEEDS

- Refrigerator
 - Air cooler / Air-conditioner
 - Dental Chair
 - New Micromotor machine

FUTURE PLANS.

- To start fixed orthodontic procedure.
 - To train interested candidate for dental Hygiene

HUMAN RESOURCE MANAGEMENT

Staff bed ratio 65: 50

A Appointment, Transfers and Resignations.

New Appointment.

- 1 **Dr.Ajit Thomas M.Ch.** Urologist w.e.f. 6th Sep 08.
- 2 **Dr.Samita Das DGO.**Gyneacologist w.e.f. Nov 08.
- 3 **Mr.Arun** X-ray technician w.e.f.Nov 08.

Transfer in Nil

- Transfer out**
1. **Mr.Chandreshwer Singh, Administrator** w.e.f. 15th July 08.
 - 2 **Mrs. Chandra Singh. Nursing Superintendent.** W.e.f.15th July 08.

- Resignations.**
1. **Mrs.Sangeeta Chandu** w.e.f. 26 May 08
 2. **Dr.Rajesh Kumar** w.e.f. 1 April 08
 3. **Miss. Thotreichan staff Nurse on bond** w.e.f.Dec 08

- Retirement.**
1. **Mr. Raja Ram, Maintenance worker.** W.e.f.

B. LEADERSHIP DEVELOPMENT.

1. MEDICAL STAFF.

1. **Dr. P.Joseph Emmanuel** attended PCM workshop organized by cbm in Nov 08.

2. ADMINSTRATIVE STAFF

3. NURSING STAFF

4. PARAMEDICAL STAFF

5. COMMUNITY HEALTH AND DEVELOPMENT

C. DELEGATION

D. APPARASAL

E. STAFF DEVELOPMENT

F. MOTIVATION

G. FOSTERING FELLOWSHIP.

Every Thursday we have cottage prayer fellowship on rotation, where we pray for families and their needs, we also have get-to gathers on special days, festivals and for welcome and farewells. We had picnic this year, staff along with their families went in two batches.

H. QUALITY CARE.

In our attempt to achieve quality we have started teaching classes where nurses were given the topics to present and the doctor supervised the classes. We have covered many topics. Plans to have CME for nurses also.

As the part of waste management we joined with M/S Environment International (Chhattisgarh) biomedical waste management programme, their van comes daily to collect waste which is segregated previously into different color plastic bags.

- A. Infrastructure:** We have renovated and converted our staff sick room into endo-urology theater
- B. Equipment:** We received operating table and suction machines as gift from Herbertpur Christian Hospital. We have ordered Lower endo-urology equipment, they are still to come. We have ordered Oil free dental compressor. We have received in kind from cbm computerized lensometer.

C. Training: Dr.P.Joseph Emmanuel attended PCM workshop arranged by cbm in Nov 08. Mr.Santanu Das attended Optician training at Aravind Eye hospital from 1st Sep 08 to 30th Nov 08.

NURSING SERVICES

I take this opportunity to praise and thank my Savior Lord Jesus Christ as He was with us through out the year. I have been working here as staff nurse for the last 20 years and after D.N.E.A course in 2000-01 as Nurse supervisor for the last 7 years and then as Nursing Superintendent from 1st Aug 08. Initially in the crisis phase things were a bit difficult for me and this year was very challenging for me with new responsibilities. It was difficult but God helped and guided me out in every aspect of my work.

This year we had less nursing staff compared to previous years. Some nurses left because they got jobs in Government hospital. Those who were on bond also left after their bond. In this way the nurses were less in number but the remaining nurses did very hard work despite less staff and more work. We tried to give quality care and we achieved by God's grace, our hard work and co-operation of other colleagues. For this effort I thank all my nurses and support staff from the bottom of my heart for performing their duties ably. I thank the SAO who always guides and encourages me for any problem or difficulty and all administrative staff and nursing department and all colleagues their co-operation and support. I thank all the officers who have given this opportunity to me and for their valuable guidance and understanding which really helped me in my job. May God bless us with His holy presence in our lives.

QUALITY CARE

The nursing department works as a team to provide 24 hours day and night care to the patients in three different shifts. Patients in the ward are under the charge of nurses on duty who hand over the patients and brief report to the next shift nurses at the end of eight hours. All nurses get duties according to the duty rotation plan. The chapel service is conducted in the ward every Tuesday and Friday. The quality of service has improved in various areas like ward cleaning, behaviour with patients and their relatives. The nursing staff makes an effort to share the Word of God and pray for the patients. A register has been kept for the patients and their relatives to write their complaints and suggestions.

Our hospital becomes the center of activity on every Pulse Polio day in collaboration with the government. Around 50 children take this benefit from our hospital on this day.

MONITORING AND EVALUATION

The patient's chart is the main monitoring and evaluating tool for the patient care. Filling the charts and using them is a major task for the nurses who work under the supervision of the doctors and the nursing superintendent to fulfill the treatment requirements.

The performance of the nursing staff is reflected through the responses in the feedback register.

QUALITY CARE (Infection control and waste management)

The three colors bucket system is being followed for the waste management. Our waste management staff checks all the wards time to time and the government officer comes for inspection now and then.

NURSE LEADERSHIP

The nursing superintendent arranges in-service education classes for the nurses. Nursing staff are encouraged to take part in health teaching in the wards and the OPD. They are also encouraged to counsel the patients and their relatives, read professional magazines, books, nursing journals and spiritual books.

Classes were conducted on the following topics this year

- Vital charting and discussion about New admission
- Neo-natal hypothermia.
- Current obstetrics treatment.
- Doctors and Nurse relationship – discussion
- Ectopic pregnancy
- High risk pregnancy
- Myocardial Infarction.

INFRASTRUCTURE – One room which was used as staff sick room in the theater complex has been converted into urology theater. The room is fitted with AC and all necessary equipments.

EQUIPMENT –

- Urology equipment.
- New Cauty machine
- Two operation tables }
- Two suction machines } Are donated by Herbertpur Christian Hospital
- Defibrillator }
- Boyle's machine

TRAINING.

Due to lack of nursing staff this year the nurses did not go to any training nor did they attend any workshop.

NURSES LEFT.

- Mrs.Sangeeta Chandu staff nurse resigned in the month of May 08.
- Mrs.Chandra Singh Nursing Superintendent transferred to Robertsgunj in the month of July 08.

- Miss.Thotreichan staff nurse doing her bond, left after completion of her bond period in Dec 08.

STAFF POSITION.

PARTICULARS	2008	2009
Nursing Superintendent	01	01
Nurse Supervisor	01	-
Nurse Anesthetist	01	01
RNRM	08	06
ANM	03	03
Ward Aid	06	06
Ward Aya	07	07
Sweeper	04	04
Choukidar	03	03
ANM on orientation	-	01
Total	36	32

Nurses posted in the ward

S.No	Wards	No. of Nurses
1.	Maternity	4
2	Emergency ward + Pvt	3
3.	Operation Theater general, Eye+Urology+CSSD	1
4.	OPD + Reliever for all nurses	3
Total		11

FUTURE PLAN.

- Plan to send one nurse for BSc Nursing.
- One nurse for Nurse Anesthesia training.
- One Nurse for short training in urology.

ADMINISTRATION

A. Finance.

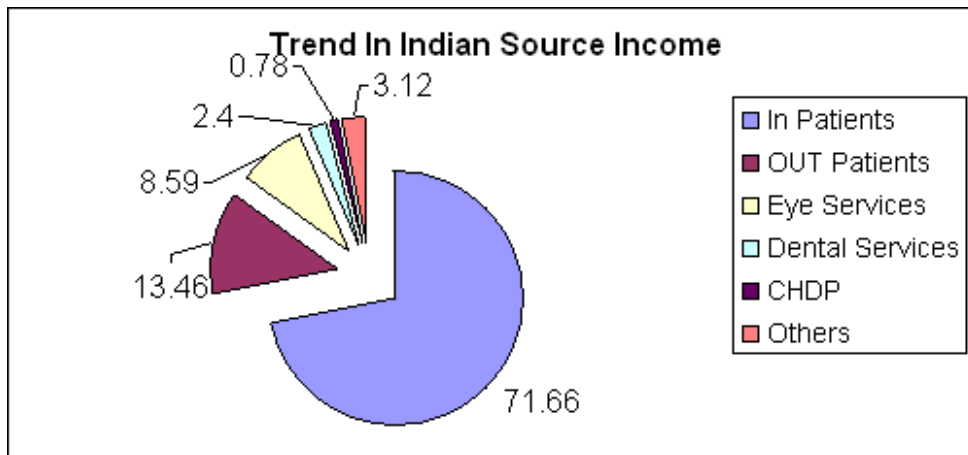
This year the financial statements shows that the hospital has received Rs.11067551.00 from Indian Source. The major income is from in-patients which is 71.66% of the total income and next is out-patient fee which is 13.46% of the total income. This means our main income is from In-patients.

The hospital has a total expenditure of Rs.10651575. The major expense is establishment which is 44.64% of the total expenditure. Next higher expense is supplies that are 19.55% of the total expense. The total surplus of this year 415976.00 including depreciation.

Summary of Income & Expenditure account as per the Major heads.

Income from Indian Source

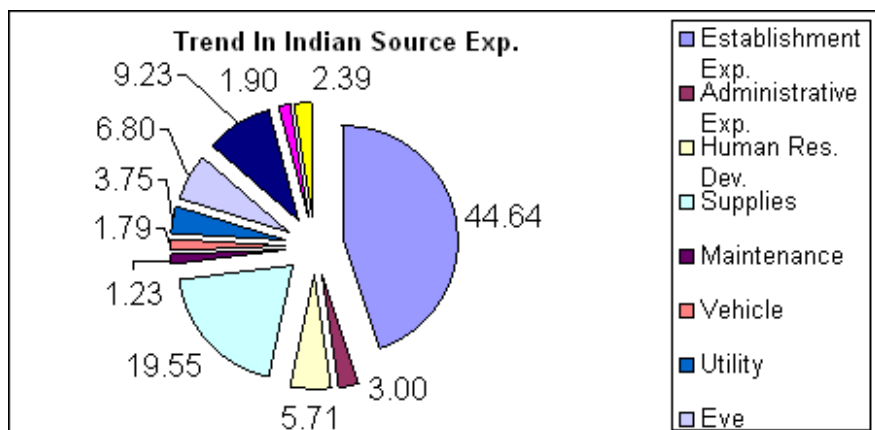
S.No.	Details	Amount	Percentage
1	In Patients	7930698	71.66
2	OUT Patients	1489212	13.46
3	Eye Services	950575	8.59
4	Dental Services	265810	2.40
5	CHDP	86388	0.78
6	Others	344868	3.12
	Total Rs.	11067551	100.00



Expenditure

Indian Source

S.No.	Details	Amount	Percentage
1	Establishment Exp.	4754886	44.64
2	Administrative Exp.	319400	3.00
3	Human Res. Dev.	608062	5.71
4	Supplies	2082806	19.55
5	Maintenance	130961	1.23
6	Vehicle	190800	1.79
7	Utility	399571	3.75
8	Eye	724817	6.80
9	Charity	983341	9.23
10	Other Expense	202390	1.90
11	Depreciation	254541	2.39
	Total	10651575	100

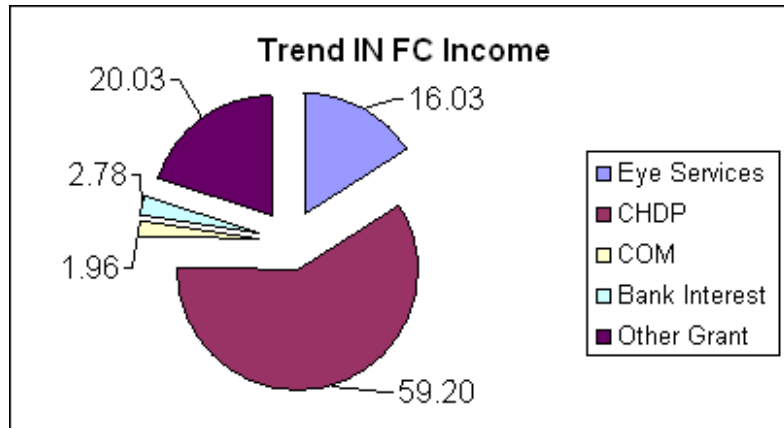


FOREIGN CONTRIBUTION

This year the hospital has received grants & donations from foreign sources of Rs. 31,09,922-00 including bank interest.

RECEIPTS

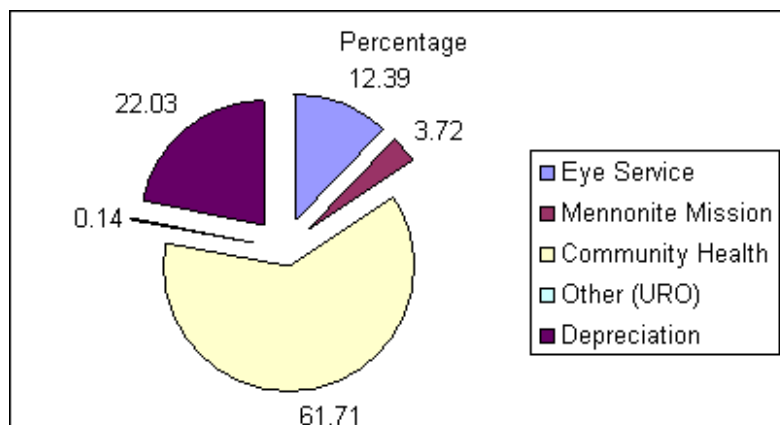
S.No.	Details	Amount	Percentage
1	Eye Services	498578.4	16.03
2	Community Health Project	1841147	59.20
3	Mennonite Mission Network	60820	1.96
4	Bank Interest	86424	2.78
5	Other Grant	622952.3	20.03
	Total	3109922	100



FOREIGN CONTRIBUTION

EXPENSES

S.No.	Details	Amount	Percentage
1	Eye Service	369525	12.39
2	Mennonite Mission	110962	3.72
3	Community Health	1840524	61.71
4	Other (URO)	4264	0.14
5	Depreciation	657173	22.03
	Total	2982448	100



FINANCIAL MONITORS

CHARITY

	Total Patients	Charity Pt.	Charity Amt.	Charity Per Pt.
IP Charity	2722	131	162252	1238.56
OP Charity	11643	182	53531	294.13
Charity Eye	2587	181	760297	4200.54
Charity Dental	1000	25	7261	290.44

MANAGEMENT

INVENTORY

PURCHASING

The unit officers and the doctors along with the store in charge meet once in three months when the drug list is revised. Additions and deletion are made. Excess low and nil consumptions are discussed, Items which have not moved for three months are listed and presented to the doctors, they decide whether to retain or return them. All purchases are made against a written order signed by Administrator and the Medical Superintendent. The purchase order is made in the stores keeping in view the averages, ABC analysis and seasonal demands. As far as possible we try to buy our supplies from the stockiest, so we have around 20 suppliers from Bilaspur and Raipur for our hospital supplies. While it is difficult to monitor supplies from so many sources, it gives us opportunity to compare and check the rates from other sources as well and change the product when it is needed. Frequent changes of the doctors and their preferences caused us to add many medicines to the drug list.

We have entered into central purchasing system from last year. We are purchasing all of the IV fluids, some medicines and some of the medical surgical items through this scheme.

Store Procedure.

The supplies received are first checked against the invoice/ bill and discrepancies in quantity receipts are noted. Then the bills are checked against the orders and the excess, short and nil supplies are noted. A supply follow-up register is maintained. The bills are then recorded in the Goods received register and then the entries are made in the Bin cards. Changes in the rates and products are duly noted and informed to the pharmacy and other relevant people. Issues are done against the written requisition from the authorized person. Prices are usually fixed at MRP.

Inventory Control

The ABC analysis has been prepared and the first hundred items are monitored constantly. ABC items have their written on the racks with different colors. The monthly consumptions are noted in the bin cards and excess, low and nil consumptions are informed to the management. The reorder or minimum levels are constantly watched so that shortage is not created which some times does happen because of the supplier inability or the transport breakdown. Because of these and other reasons like break down of telephones and longer lead time for some suppliers, we found just in time technique is not feasible for us. Each item that comes in and goes out of the stores would be accounted for, after verifying the need.

Perpetual stock verification is done by the store in charge and some time staff from other department are deputed to do the verification. Time to time during the year the administrator verifies the stock. The ward stock has been reduced to minimum to have good control.

Health Information and Medical Records.

1. Out-patient Records. The out-patient records are retained in the hospital however on registration counter the registration slips are issued to the patients so that it becomes easier during the repeat visit to retrieve the card. We use different colour cards for the following departments.

- | | |
|---------------------|---------------|
| a). Eye patient | Pink card. |
| b). General patient | White cards |
| c). Dental patients | Green folder. |

2. In-patient Records. This contains the following forms:

- a) Admission Chart.
- b) In take out put record.
- c) Vital signs Chart.

- d) Temperature Sheet
- e) Discharge summary form.
- f) Doctors order sheet.
- g). Lab record sheet.
- h) Medication sheet.
- i) Nurses notes sheet.
- j) Pre-operative check list sheet.
- k) Clinical record and anesthesia sheet.
- l) Obstetric chart.

SUPPORTIVE SERVICES.

1 PHARMACY.

1. **TIMINGS.** – Pharmacy counter is opened 24 hours for the in-patients but regular pharmacy services are from 8AM to 5PM.
2. **Staff position,** we have one pharmacist and one multi-purpose worker who manage the pharmacy services and some times help is given from other departments.
3. **Facilities in the department-** We have good well concealed cupboards and wooden racks to keep the medicines and also one Refrigerator to keep required injection in it.
4. **Number of outlets -** In addition to pharmacy, we do keep medicines and other supplies in the Emergency ward, Maternity, OPD and Operation theater in limited quantity.
5. **Stock verification of Pharmacy and Outlets-** The stock was verified once in a year however we do random stock verification as and when required. The stock in other outlets was verified by the Nursing Superintendent. Nurse Supervisor, Administrator, and Nurse-in-charges during each shift change.

2. LABORATORY.

1. **LAB TIMINGS** – Lab is open from 8 AM to 5 PM during the OPD timings, however on call staff is available for emergency investigations round the clock .
2. **TIME TAKEN TO SUBMIT THE INVESTIGATION RESULTS-** There is not much delay as such.
3. **STAFF POSITION.** –There are three lab technicians with one year diploma of which one helps in various department as the need arises.
4. **FACILITIES IN THE DEPARTMENT.-**We have semi auto analyzer. Two microscopes and we brought safety incubator, Vortex mixer and electronic balance for culture and sensitivity test. This year HbC1A has been added. The annual maintenance of these equipment is done by concerned persons.

5. **STOCK VERIFICATION.** The stock is verified once a year.
6. **SYSTEMS OF QUALITY CONTROL.** Routine hematological investigation, biochemistry parameters and transfusion tests are available. Quality control is regulated with the help of CMC Vellore.
7. **DEVELOPMENT PLANS.-** To start Full fledged blood bank for which required fee has been paid and necessary information collected from drug control Office at Raipur. To purchase complete Auto analyzer. To send one technician for Culture and sensitivity training at CMC Vellore for three months.

3. X-RAY, ECG, ULTRASOUND SERVICES.

We have one technician in charge of X-Ray department, Routine X-Rays and IVP are done. We have a mobile X-Ray unit also. Concerned Engineer looks after its annual maintenance.

USG is not being used in full fledged form, as we do not have trained personnel..

4. TECHNICAL SERVICES.

Maintenance department is one of the busy departments involved in maintenance of building both hospital and staff quarters, taking care of the equipments, plumbing, gardening, electrical work, vehicle maintenance, generator etc.

We have 3+1 who work in maintenance department under the supervision of the Administrator. We have work requisition slip kept in the office, in which staff write their required work. The Administrator will scrutinize these requisitions, according to the priority of the work is given to the maintenance team. This department has welding machine, air compressor and all other necessary tool are available.

We have 63 KVA and 24 KVA diesel generator sets to fulfill the electricity back up for our hospital.

For major repair of the vehicle we call mechanic from the town. Some time we have to send vehicles to Korba or Bilaspur. The repairing of the hospital equipment such as suction machine, BP Apparatus, Stethoscope etc.is attended to by our team, however for major repairs we have to send the machines out.

ANNUAL REPORT APRIL – MARCH – 09

Community Health & Development Project, Christian Hospital, Champa

Section –A. Basic Information

The title of the Programme	Community Health & Development Project
The Supporting Partner of the project	TEAR Australia
The name of the implementing	Champa Christian Hospital

partner receiving funding	
Name of the person submitting report	Mr Uphar Jogi
Role (Job Title)	Project Manager
Address	Champa Christian Hospital, District Janjgir Champa, Chattisgarh 495671
Telephone	07819-244456
E-mail	someshpratap@rediffmail.com , upharjogi@gmail.com , chdpchampa@eha-health.org
Website	www.eha-health.org
The start date of the project programme and period covered by the report	1 st April, 2008 – 31 st March 2009.
The date of submission of the report	

Section B **Situational Report**

Year 08-09 was fourth year in project cycle and along-with planned activities, the focus of project was to set up discussion with community on sustaining programme after project withdraws. Project staff has consulted different stakeholders through formal & informal meetings and then the summaries from each discussion were shared among the project team. During the year project was evaluated by Dr. Shantanu Dutta and this evaluation has helped us to look at the project from external point of view.

Project through adoption of Rights Based Approach to the provision of health care and development services in the community and has worked to ensure that linkages are established between the community and local government functionaries. Capacity has been built in the grass root level government functionaries in particular to ensure that they are technically equipped to provide the services that they are meant to. Presently all the target villages are having well trained women health workers who are able to facilitate health delivery through mix of community mobilization & advocacy. Women health committee and village health & sanitation committee have been helpful in providing support for the Mitandin work. Untied fund provided to VHSC could be utilized properly due to ongoing capacity building. Apart from this VHSC actively ensured realistic health planning at village level & follow-up of same. Project has helped to initiate community level advocacy, schemes like the

micro birth plan for each pregnant woman and combined effort of the project staff and the Mitanin has led to results like the increase in institutional delivery, reduction in infant mortality and rates of complete immunization.

On the development side, the primary focus of CHDP has been income generation through introduction of modern agricultural practices (particularly in the tribal communities and promotion of income generation efforts through SHGs. Presently most of the groups have got engaged in some or the other IGP and are supporting other groups to set up such programmes.

Government has continued with NREGA scheme which provides 100 days work to one member of every family in the village. This has helped the villagers to generate some surplus income over routine. Presently due to effective implementation of government schemes through project support communities have taken on the path of development.

To summarize communities are organized in self functioning CBOs like SHGs, VHSC & WHC, have volunteers (mitanin) linked with government schemes and overall communities with right perspective & knowledge towards good health & development. Communities have enlightened members who make them aware of their rights and help them to initiate action for materialization of the same. So learning's within the communities are shared and members are able to advocate for the rights. So at this point to ensure sustainability of the developmental process in future capacity of communities for advocacy & rights needs to be built further.

Section C

Program Achievements

1. Well trained women village health activists (Around 200 mitanin) in all the hamlets of target villages.
2. 40 panchayat reviewed & followed village health plan based on 32 indicators, and this improved the health status of the village.
3. Over 1170 individuals as group or individually engaged in Income generation programmes independently and women earning 40-70 Rs. per day for almost 8 months in a year.
4. 85 women's are trained on skill training and started income generating work under various heads.
5. Adolescent training program a district level where 45 adolescent trained to work in the community.
6. Grass root level advocacy is done by SHG groups by printing out local news paper.
7. Effective & functional Village health & sanitation committee in every target village.
8. Functional women health committee in every hamlet of the target villages.
9. Substantial improvement evident in health status of communities.

10. Adolescent group developed one drama C.D on various issues like difference between boy and girl, daughter number one and to stop alcoholism.
11. Farmer's got 9 tube wells from Government scheme with a subsidy of 50%
12. 17 farmers got sprinkler through which 85 acres of land will be irrigated.
13. 20 farmers got loan for construction of manure pits.
14. Some farmers got green house net for plantation.

Purpose 1 Communities (especially women) are empowered to develop alternate sustainable livelihood system in order to reduce population dependency on agriculture.

Activities / tasks

What was scheduled	Indicators	Progress Made	Explanatory narrative
Cluster meetings of the groups & sharing of learning's	No. of groups formed as Cluster.	40 groups got associated as a cluster.	
Savings	No. of groups save money for there future aspects.	119 Groups started regular saving.	Total saving of SHG group is 30,75,524.3
Exposure visits of SHG group	No. of exposure visits.	3 visits done and 66 women trained on federation formation and developing information center.	Federation formation is under process.
Skill training	No. of groups underwent with various skills training.	Total 8 groups trained.	85 women got training and doing IGP work on incense stick and candle making.
Group set up enterprises	No of group formed.	9 new groups were formed.	90 women's joined the group and started regular saving.
Linkages with bank	No. of groups linked with bank.	36 new groups linked with bank.	Total amount of bank loan received 29,15,000
Networking with Govt./Semi Govt & other institutions	No. of groups linked with schemes	72 groups got Govt. schemes	720 women's started Income Generating Work under various heads Brick making, vegetables selling, kosa, agricultural work

Purpose 2 Communities are empowered to exhibit evident health seeking behavior and ensure total physical well being of its members.

What was scheduled	Indicators	Progress Made	Explanatory narrative
Meetings & Sharing of information by community health volunteers (Mitanin)	No. of meetings done by community health volunteers.	12 Training & meetings of Mitanin were done.	These sharing meetings have brought cohesiveness among mitanins & enhanced their bargaining power at various levels.
Micro birth plan is practiced in case of every pregnant woman.	No. of sessions done with pregnant women & decision makers in family.	MBP is made with 2522 pregnant women family.	54% institutional delivery recorded.
Functional village health & sanitation committee in 70% panchayats.	% of functional health & sanitation committee.	Out of 51 committees 32 became properly functional (63%)	Village health plan prepared & followed in all panchayats with functional VHSC
Functional woman health committee in every hamlet.	# Of Woman health Committee functional.	65 Women health committee become functional out of 158	WHC are support to mitanin & VHSC. Communicable diseases, vaccination for women & children, schooling & alcoholism prevention are main areas of work.
Adolescent training programme.	# Number of adolescents trained in life skills program.	74 adolescent trained.	3 trainings were done and various topics were discussed like education, personal hygiene, skill training, STD, MBP, Nutrition etc.
Sound functioning of referral system	No. of patients referred	1395 Patients referred.	Patients referred by project and CHV to hospitals for quality treatment.

Providing medicine & referral treatment in underserved and unserved area.	No. of patients treated by team & mitanin.	1246 Patients was treated by project team and mitanin.	Patients were treated from various diseases like fever, cold, cough, scabies, malaria and diarrhea.
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Purpose 3 To empower community to conserve the natural resources and increase the income from farming and allied activities.

What was scheduled	Indicators	Progress Made	Explanatory narrative
Structure for water conservation developed	No. of check dams developed.	3 earthen dam constructed	117 acres of land will be irrigated.
Plantation for cocoon production.	No. of trees planted.	27,000 Arjun trees planted.	Out of 27,000 trees 22,000 will become sustainable because they have crossed the danger period of survival.
Training & exposure visit.	No. of farmers trained in hi-tech irrigation system.	44 Farmer's started using drip irrigation system and 18 farmers from other village are planning to start drip irrigation.	Farmers are taking two to three crops a year which increased their income.

Purpose 4 To enhance the capacity of panchayats to understand fundamental health & developmental issues and take stand for addressing the same.

What was scheduled	Indicators	Progress Made	Explanatory narrative
Community Information Centers developed.	No of information centers developed in the village	3 information centers developed in the village.	Group regularly publishing news paper and started grass root level advocacy.
Advocacy & follow up of village health plan.	# Village health plans followed.	Follow up meetings in almost every panchayats	Panchayat are addressing health issues like reproductive and child health,

			adolescent health, safe drinking water. NREG, PDS etc
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Purpose 1 Outputs

What was scheduled	Indicators	Progress Made	Explanatory narrative
All groups attain performing level.	No. of groups performing without project support.	88 groups attain performing level out of 119.	Performing level of the group is calculated by their work. Indicators: for calculating performing levels are:- commitment, relationship, Ability, leadership
10 groups start IGPs.	No. of groups running IGPs.	12 groups started Income generating programme.	This include manufacturing of incense stick, candles, leaf plates, paper plates, doing vegetable work and running PDS centers.
# of group action	No of group action	Several group actions are on rights of community.	Groups made effort on starting of Mid-day-meals, making BPL card, women's took action to stop alcoholism and succeeded
20 women from poorest section of community start some income generation programme.	No. of women's undertaking IGPs	11 women's started IGP's from the poorest section.	Women's are doing various IGPs like running ration shops, small hotels, goat rearing, vegetables, broom manufacturing etc.

Purpose 2 Outputs

What was scheduled	Indicators	Progress Made	Explanatory narrative
8/8 ANC ensured for 70% pregnant women.	No. of women's receive A NC	76% women receive ANC checkups.	
90% children are vaccinated against 6 life threatening diseases.	No. of children vaccinated.	85% children are fully vaccinated.	As per the records it is seen that children's are getting complete vaccination.
70% of Institutional delivery & delivery by skilled attendant.	# institutional delivery	54% institutional delivery recorded.	Delivery in PHC, CHC, Champa Christian Hospital and district hospital.
# of people receives appropriate treatment at affordable cost.	No of people received treatment at affordable cost.	1246 people got treatment at nominal cost.	

Purpose 3 Outputs

What was scheduled	Indicators	Progress Made	Explanatory narrative
2 water structures developed.	No of acres that becomes irrigated across the year.	79 acres of land becomes irrigated throughout the year.	Farmers are taking two crops a year which improved their standard of living.
20,000 trees planted for cocoon production.	# of trees sustain across the year	24,000 trees are sustained across the year.	

Purpose 4 Outputs

What was scheduled	Indicators	Progress Made	Explanatory Narrative
Health emergencies of community members especially women & children addressed effectively.	# Of panchayat providing funds.	Every panchayat has untied funds being utilized properly for health issues.	Panchayat utilizing funds for pregnant women's health emergencies
Health issues find prominent place in panchayat agenda.	# of Panchayat health agenda incorporated.	In all target panchayats health agenda has been incorporated	This has resulted in improvement in immunization, safe drinking water,

		prominently through village health plan	malaria control & referrals.
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Purpose 1

What was scheduled	Indicators	Progress Made	Explanatory narrative
<i>Communities (especially women) are empowered to develop alternate sustainable livelihood system in order to reduce population dependency on agriculture.</i>	# of women & men having alternative income	Around 720 women & 20 men having income of 40- 70Rs. Per day for 7- 9 months in a year.	The various IGP programmes yield varied income for varied period in year. Therefore income & period is stated in range of 40 – 70 Rs & 7-9 months.
	# of group actions for community benefits	Group actions are evident & expressed in appendices.	Group took action against alcoholism and succeeded.

Purpose 2

What was schedule	Indicator	Progress Made	Explanatory Narrative
<i>Communities are empowered to exhibit evident health seeking behavior and ensure total physical well being of its members.</i>	8/8 ANC ensured for 70 % pregnant women.	76% of pregnant women receive 8/8 ANC.	
	90% children completing one year are vaccinated against 6 diseases.	85% coverage has been achieved.	
	70% women have access to safe delivery facilities	54% of women are having institutional delivery.	Women are having delivery attended by skilled attendant i.e. nurse at home. This brings improvement in delivery outcome but focus is still on institutional delivery to contain maternal deaths.

Purpose 3

What was Scheduled	Indicator	Progress Made	Explanatory
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			Narrative
<i>To empower community to conserve the natural resources and increase the income from farming and allied activities.</i>	Area covered under dual cropping	Over 1600 acres covered under dual cropping	Through development of check dams & ground water utilization dual cropping could be made possible in tribal communities.
	# of initiatives for plantation	Over 22,000 trees of Arjun & 2000 other varieties of trees have been sustained.	Trees will start yielding produce within period of 3-4 years

Purpose 4

What was Scheduled	Indicator	Progress Made	Explanatory Narrative
<i>To enhance the capacity of panchayats to understand fundamental health & developmental issues and take stand for addressing the same.</i>	# of volunteers selected through panchayat.	All the hamlets of 70 villages are covered by well trained health activist.	In all the villages we have approx 120 mitanin.

Goal

What was Scheduled	Indicator	Progress Made	Explanatory Narrative
<i>Empowered communities that are healthy, prospering, steward of natural resources.</i>	- Reduction in IMR - Increased income	No child deaths reported which is substantial decrease from previous years	

Impact and Sustainability Analysis

The project has made significant impact on the health and economic status of communities. Now communities become aware of their health through the continuous follow up of village health plan. Panchayats, women's health and sanitation committee

and women's health committee is utilizing funds for addressing the health issues of the village which helped in complete immunization of children and resulted in increased percentage of institutional deliveries.

Increased community ownership has been achieved through village health plan and its regular follow up. There has been improvement in income level of community members through initiatives in IGPs & agriculture. All this has resulted in improved life style evident through school attendance & social indicators.

Groups are now engaged in income generating programs and agricultural farming which has increased their income and interest in such programs. Groups are taking efforts to solve the problems which obstruct the progress of their work and corruption in the implementation of development schemes in the village. Community has developed information centers for grass root level advocacy women's become empower to fight against their right and which helped the development of the village.

Factors that will contribute in sustaining the achieved impact are well trained health activist in every hamlet, improved knowledge level, community adapting planned behavior for health and community organized to take action on issues of common interest. Now all these efforts will be consolidated at village health & sanitation committee which will be provided an untied fund of Rs. 10000 by government to promote community initiative on health.

Success Story

Appendices 1

This is a story of a Handicapped man Chandan Yadav who become independent with the support of project and is able to satisfy the hunger of his family. Village Karharkura comes under Kartala Block of District Champa which is 34 kms away. In this village a man lives Chandan Yadav with his family. He is handicapped and not able to earn anything for his family. His wife is the only earning member. Chandan Yadav has two sweet small children's who had to leave school due to lack of money. Due to lack of money at home family used to face a lot of problems every day which shatter their hope of survival. One day when project staff went for a visit to that village they came to know the problem of this deprived family. The problem of this family really touched the heart and he shared this incidence with other staff members. Then project thought to help this man so that he may become independent and can do something to get income. By continuous visit, help and motivation of project he opened one small Manihari shop (it contain bangles, small bucket, mugs & other ladies items). Now Chandan Yadav moved village to village & to local market of the village for selling his items on bicycle. He has worked very hard to establish his business and now earning has started. He has now started sending his children's to school and his financial position is getting stronger. He has purchased bed and other assets for his children's. Chandan Yadav is now know as a respectable person in the community and living happily with his family.

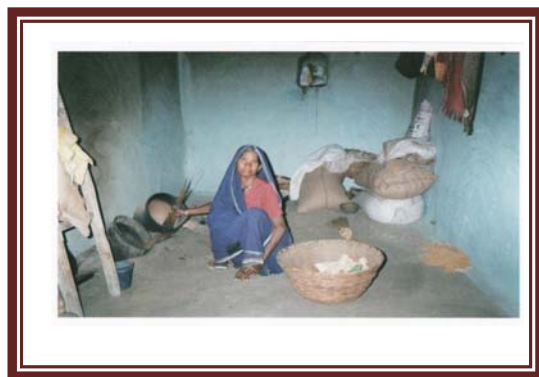
Appendices 2

This is the story of a widow woman named Smt Vedmati who alone took the burden of the studies of her three nephews to make them independent in their lives. Village Bhawarkhol is 39 kms away from District Champa and comes under block Kartala. In this village a widow lady named Smt Vedmati lives with her three nephews Rameshwari 10 yrs old she is studying in near by village school and residing in hostel, second girl named Jageshwar 12 yrs & Roopmati 8 yrs old studying in village primary school.

Vedmati is a active lady and regularly attend SHG meetings. She does laborer work to fulfill the needs of her family and for this she has go village to village and do hard work. Sometimes she doesn't get work and that time villagers help her and give her food to eat. Despite of so many problems she took decision to get good education for her nephews. When project came to know the problem of this lady through SHG group, project decided to help her by providing support to open a small shop of "Chana Murra". Now she doesn't has to work so hard to earn livelihood & she goes to nearby villages to sell her goods. Now she has the work throughout the year & earning regularly and getting enough money for her children's studies. She is living happily with her family and thanked project for support and guidance.

Appendices 3

This is the story of Mitantin named Smt Santoshi Patel who come forward and fight with the Govt. officials for issuing certificates for handicapped people of the village. Village Sonaidih is 25 kms away from district Champa which comes under Bamnidih Block. In this village many handicapped people live but were not getting any benefit of Govt. schemes for their development since they don't have handicapped certificate. The relatives and friends of differently abled people tried their level best to get handicapped certificate for their beloved once but failed to do so. When ever they go to any of the Govt. officials or to the concern department regarding certificate, the officer used to make some excuse and send them back. They almost lost every hope for getting the work of certificate done, but God send a help for them in the form of Mitantin Santoshi Patel. Mitantin Santoshi Patel is a bold and active lady of the



village she is also the member of the SHG group “Jajriti” of her village. When Santoshi Patel heard the problem of these people she sudden took action and went to met Block Medical Officer of the village and told him the problem but she was not satisfied with his words. So then she went to meet **Chief Executive Officer** with the beneficiaries and told him their problem. In no less time CEO called concern officer and ordered him to make the certificates of the community people. Next day four persons got the handicapped certificate. They are now happy and applied for benefits Govt. scheme. They thanked Mitandin Santoshi Patel for helping them.

Appendices 4

This is a story of a SHG group who helped the poor family in the funeral of head of the family and showed their concern for them. Village Sonaidih is 23 kms away from district Champa which comes under Bamnidih block. In this village one SHG group named Jajriti was started by the project. There are fourteen women in this SHG group and they are doing regular savings. In this village Mr Bharat Patel with his wife and seven daughters lived and they are very poor. Bharat Patel is suffering from **T.B** and not able to work and earn money. His wife is the only earning member working as daily wage laborer. She somehow manages to get food for her family. The family doesn't have sufficient money for the treatment of Bharat Patel so treatment was delayed and which resulted in severe infection in his body and one day he died. His family doesn't have sufficient money for the funeral. When SHG group Jajriti came to know about this crisis they called emergency meeting of the group and decided to help this family. Then they took the decision to give them some money for the funeral, 50 kg rice and 8 kg Dal. With the help of SHG group family did funeral of Bharat Patel and appreciate the group for the help and support in the time of grief. Now group plans to incorporate this lady in group and help her to set up some IGP.

Appendices 5

Community Empowerment

This is the story of the village Domadih where villagers contributed money and rice for the development of village school. Village domadih is 34 kms away from district Champa and which comes under Bamnidih block. In this village community people thought to make village school as a Model school for other villages. So to plan out this they called meeting in the village attended by panch, sarpanch, women's committee members, SHG's, adolescent group, youth group and other respectable persons. The group decided to take rally on 25th feb 2009 and celebrate this day as a **“Wake Up Village Day”**. On this day a huge number of people came and participated in



the rally and collected a hand full of rice from every household and some money. At the end of day when they calculate the amount everybody was happy to see that they collected 50kg rice and *three thousand five hundred and sixty seven Rs.* On the other day Panchayat members called Principal and other teachers to the village panchayat building and respectfully given that money and rice for the children. And just to encourage people to give donation for the school they also announced that whosoever gives Rs 100 or more then his/her name will be written on the school walls. Now a fund is established and under community monitoring school principal is undertaking the work of up gradation.

Appendices 6

This is a story of Panchayat Jamdi where school students protest to stop cheating in school examination. Panchayat Jamdi is 40 kms away from district Champa and which comes under Bamnidih block. In this panchayat cheating is done in every examination to pass the children but it has got the bad effect on the carrier of the children as they are not able to properly read & write. And because of it they are not even getting proper jobs which are hampering their future aspects. To consider this problem as social issue BTI students along with women's group of the village took a huge rally in which they have written many slogans against cheating which is affection the future of the children and having a bad effect on the community as a whole. In between the village they all took the decision that they will stop this bad habit in every school so that the children's come prepared for the exams which will help them to grow in their future.

Appendices 7

In this story we will see that how one SHG group empower other group to come forward and express themselves in front of Govt. officials and other persons regarding their problems and development. Village Sohaidih is 25 kms away from district Champa which comes under Bamhidih block. This is a story of the village Sonaidih where two SHG group Jagriti & Chandrahasini formed by the effort of project. Jagriti and Chandrahasini group is doing regular saving and they cooperate each other in time of problem but when some other person from the village or Govt. officials come to visit these groups except two three women's other don't talk, when someone force them to say something they go away from there. Due to this habit many times they can't express their ideas or share their thoughts to each other. When project noticed this problem they

motivated women's and encouraged them to come out of this habit but they were failed to do so, then project thought to take these women's for an exposure to other village where women's don't fear to talk to Govt. officials.

After a good planning they were taken to village Naktidih where women's are bold enough to talk with anyone for their rights. When this group reached there Naktidih women's welcomed every one and then they shared their experiences with this group how to talk with a Govt. Official, BMO, BDO & CEO how to make networking to take Govt. schemes etc. After that Naktidih women's asked this group women's to come in front and introduced themselves in the beginning they were feeling shy but after sometime everyone nicely introduced themselves, in this discussion one special session is done in which Naktidih women's asked this group that only those women's will speak who doesn't speak in the meeting. In this way they learnt to speak and now in any meeting or Govt. visit everybody speaks and discusses the matter well.

Appendices 8

Grass Root level Advocacy

This is the story where SHG group took initiative to fill the pit where cattle and children fall down and water born diseases emerged. Village Sonaidih is 25 km away from Janjgir Champa District and comes under Bamnidih block it has a population of around 766. In this village there is one SHG group named Chandrahasini and adolescent group name Kranti. They both have formed by the effort of CHDP. In this there

is hand pump which was installed by the PHE department so as to ensure safe drinking water to the community. Near the hand pump one soak pit was made so as to have proper drainage of hand pump water. Pit is made up of concrete from all the four side but it has raw surface. This pit was neither covered nor filled with sand and stones it is 10 feet deep and 4 feet width. Many times village children and domestic cattle used to fall in that pit which causes a big problem, many a times villagers tried to cover the pit but local leader oppose them because he used that pit to rear fish and his cattle used to drink that water. In the year 2007 due to open pit stagnant water, many water born diseases were spreading like malaria, skin diseases, brain fever etc when it was happen SHG group raise their voice to close the pit but some villagers not agreed nobody listen to them as they are the weaker section of the community.



At the same time CHDP motivates and trained them to take part in the village activities and to work for the betterment of the village. In the year 2008 these SHG group were taken to Raipur where they have been trained in community news-paper & radio. They have been trained to gather information of the village and solve the problem by discussion. After being trained in that issues they published one news paper named “Mantrana”. On the news paper they wrote about the problems of that pit, that how the children’s of the village is affected by it and they have distributed paper in the village. By reading that paper villagers came to know the facts on the other day of news paper publication women’s of the village gather in one place and decided to close the pit at any cost, they then went to the Sarpanch of the village and asked him to take necessary measures for the same.

definitely do away and he done have decided to “Gram Secretary send tractor within 15 away and the went to were very asked him to he then called themselves stone and closed happy with their work ended. Village also looks news paper and they mention the success of their work.



Sarpanch ensure them that he will something for it but time passed nothing. Then women’s again take this matter to the Sabha” in Gram Sabha ensure them that he will to close the soak pit days. Days passed nothing has done on sixteenth day women’s secretary house they angry they forcefully call a tractor at any cost, tractor women’s went on it and brought sand that pit. Now they are very and the problem of water diseases clean now SHG group published another

Appendices 9

Individual Transformation

This is a story of handicapped man who’s transformed in fellowship with project & community. Village Mahora is 23 km away from District Janjgir Champa and comes under Kartala block the population of this village is 862 there is one SHG group named “Mamta” which was formed by the CHDP in the year 2001. This SHG group was engaged in doing kosa reeling work. In that village one man named Kaushal lived with his family he work as a helper in transporting company. Kaushal was very much against

the work of project in village & used to raise suspicion & doubts in community. Everything was going smoothly in life of Kaushal till one day he met with an accident. In that his one leg got damaged and it had to be amputated leading to handicap in his life. After few days of his accident his wife left him and went back to her home. Kaushal was depressed and he almost lost hope to live because he had no place to go neither he found any suitable work to do. There was darkness around him but in no less time it turned into brightness when CHDP motivated him to join SHG group so that by sitting at home he can earn something for his livelihood. When Kaushal decided to join SHG group women opposed, that how can a man join a 9 women's group? After some opposition group and community people decided to take him as a member because he can handle account work and though he is a man he can go out for some group work.

In the year 2002 this group got a loan of Rs 1, 60,000 for Re-reeling, group worked hard and repaid all the money Kaushal looks after the accounts of the group when everything was going smooth group decided to expand their work by sending someone for the training which Central Silk Board organizes at Bilaspur. Then with the help of CHDP Kaushal was send to the training of Re-reeling and weaving it was a training of 20 people, when the training gets over and time come for exam Kaushal did well and stood first in the exam. After his training was completed he also got the training of "Master Trainer" of 6 months. Now Kaushal is working with Govt. project as a master trainer at Narsinghpur District which is 82 kms away from Jabalpur city (Madhya Pradesh) and earning Rs 5000/- per month. Now he has done second marriage with a widow lady, and adopted her daughter. She is studying in higher secondary & Kaushal wants her to become a government officer. Kaushal is now confident and want to grow up in his work; he is an example for those people who have no hope in their life.

Appendices 10

Community Transformation

This is a story of snake charmers village where whole community transforms and left alcohol and started sending their children to school. Village Kurudih is 30 km away from Champa District and comes under Kartala block its total population is around 700. In this village tribal people live whose traditional & main occupation is snake keeping. They go village to village show snakes and earn money for their livelihood. One interesting tradition of these people is of not constructing pucca house as they destroy the house in which a person living passes away. This leads to instability in their lives. The main problem of this village is using of alcohol whatever they earn; they spend most of the money in alcohol. Women of this village also use alcohol. The health status of this village is very poor, pregnant women's don't have ANC checkups neither they go to hospitals for delivery. Due to the use of alcoholism they even don't get nutritious food for their families. Children of this village don't go to school for study, they are mal nourished. Community people don't wash their hand after coming from toilets nor they take bath, they eat food on the same utensils in which cattle are fed.

CHDP started working in this community when this entire problem comes in picture, now it is almost six month passed away and in this period of time a big community transformation can be seen in this village. CHDP formed two SHG groups of both men and women named "Jeevan Jyoti and Jeevan Rakshak" of 10 people each with an aim

that they should be linked with some of the Govt. schemes. Before formation of SHG groups a meeting was called by CHDP in that meeting Panch, mitanin and other community members with CHDP staff were present there and it was decided that whosoever uses alcohol will have to pay Rs 500/- as fine to the group. When this rule was decided everybody stopped using alcoholism. Now these groups also regularly saving 30 Rs in women's group and 60 Rs in men groups every month so as to improve the standard of living of their children's and to ensure good education to them. Now they are regularly sending their children to aganwadi and school for education and if they don't go to school parents call teachers at home to take their children's. They also had a good hair cut as they keep traditional long hairs. They daily take bath and wash their hand after coming from toilets. By the help of CHDP one hand pump is installed to promote use safe drinking water. They also want to leave there traditional work of snake keeping and want to do some permanent work for their livelihood. CHDP also helped these people by giving some pigs to the group members so that they can earn some thing by selling it. By doing these work in the village community transformed and taking interest in health initiatives, strengthening of SHG group and keeping their surrounding clean. This transformation could be facilitated in this village by regular (once in two days) visits of project staff & planned discussion for behavior change.

Appendices 11

This is a story of a woman who died due to negligence of family members. Village Domadih is 83 km away from District Champa and comes under Jaijaipur block. The total population of this village is 1600. There is one SHG group and adolescent group formed by project. In this village there is a woman named "Shi Kumari" lived with her family she was pregnant and suppose to give birth in a month or two CHDP team regularly visit her and made a micro birth plan with her family. But her parents in laws refused to take her to the hospital as they have traditional beliefs. When the time come and her pains started family called Dai for delivery any how she took the delivery. After the delivery she was kept in a room but it was very dirty project regularly visits her and tell family to clean the room and its surrounding otherwise there is a danger of disease. But family members didn't listen to them after 5 days "Shiv Kumari" died at the same time SHG women got a training of community news paper and radio.

When this incident happened SHG group published this new on their paper so as to aware others people of the village and distributed in the village. When Shiv Kumari family read this paper they come to SHG group and asked why you have written this news it's their personal problem they had a fight with SHG group. Then they went to panchayat to take necessary action on group. Sarpanch called group and hear all the problem then he decided that this matter is really considered as a big issue and motivated SHG group to continue their work. Now this has resulted as a change in the village now almost complete delivery is going to hospitals. And the villagers are waiting for the second edition of news paper.

Appendices 12

This is the story of the SHG women who fought against the business man who has opened the alcoholism shop near the village. Village Kothari is 12 kms away from the District Champa, in this village project is working since many year, in this village many SHGs were formed by the project. Near this village one big businessman opened one wine shop, the villagers used to go and spend most of the money by using alcohol. As the continuous use of wine a huge amount of family earning was spend in the purchase of alcohol, due to this problem the children of the family couldn't go to school because they don't have money to pay their fees and the women's are facing problem to cope up with their day to day expenses. One day SHG women's decided to solve this problem they called meeting and they decided to give one warning letter to shift this wine shop to other place. On the next day they gave letter to business man in which they have given 10days ultimatum. On the 10th day all the 10 village women's gather and went to the wine shop and they ruined the wine bottles and through away all the things which are kept inside the shop. After that police came and solve all the matter, this way by the group effort it is closed.

Lesson Learnt

- Continuous capacity building of community members helps in sustaining the results of project intervention.
- CBOs have to be purposefully engaged with community in order to sustain them independently.
- Bringing community volunteers (mitanin) on one platform provides them required support within the community.



VISITORS IN THIS YEAR.

- Dr.Syedney Thyle , Regional Director annual visit.
- Dr.Joseph Duerksen his annual visit
- Ms.Emma, Tria, medical from Dublin came for one month.
- Dr Sarah Varughese CBM Medical consultant visit to this project in April 08.

EPILOGUE.

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CHDP DIRECTOR