



Community based health education and Livelihood Project in 30 villages of Mewat (December 2014 – November 2015)

HEALTH & MICROFINANCE INTEGRATION (A JOINT INITIATIVE OF Freedom From Hunger India Trust AND SUKARYA)

SUKARYA in partnership with Freedom from Hunger India Trust (FFHIT) initiated a community- based health education & livelihood project in 30 villages of district Mewat, Haryana to address the issue of poor health and nutritional problems faced by women and children below 5 years of age. This project was implemented from December 2014 to March 2016, covering 18000 households with a population of approximately 90000 from 30 villages of Nuh and Tauru blocks.

Mewat district of Haryana is the socio demographically backward districts in the country with priority areas for the implementing the community based health education and livelihood programs with great challenges. Mewat has its genesis in its tribal inhabitants, the Meo tribal, who are agriculturalists and a Muslim dominated community with distinct ethnic and socio-cultural characteristics. The availability of the health infrastructure is a critical area of concern with few villages with proper health care facilities. But even if it exists the services are inefficient and inadequate to increase the burden, to reduce the human productivity in turn affecting their financial condition.

SHG formation was basic component of this project. To meet this requirement Sukarya had made 15 SHGs and adopted 15 SHGs from NRLM at early stage of project converging with NRLM for same activities to avoid duplicity in selected villages. All SHGs formed by Sukarya are conducting monthly saving meeting regularly with 100 or 50 rupees. NRLM SHGs also doing 100 rupees saving

regularly. Newly formed SHGs also linked with government banks for smooth and sustainable functioning.

SHG women were trained in record keeping, inter loaning, financial management. The main purpose of SHGs under Community Based Health Education and Livelihood Project was to promote saving habits among women to meet health emergencies and requirements immediately and save families from money lender's debt and delay in unforeseen health expenditure. Women have left taking debt from landlords and started saving and took loan from SHGs to meet health requirements. Flexible savings and emergency health loans are helping the poor to access and manage the costs of health care.

Health Education Training - In order to address the health issues of selected villages especially regarding MCH, Nutrition and Anemia - 16 Health modules were developed keeping in mind geographical location, communities, culture, religion and language to ensure full acceptance from community and changes in their behaviors and old myths.

MCH - The MCH modules comprised on followings - 1 - Healthy Pregnancy 2- Safe Birth 3- Care of New Born & identifying its danger signs 4- Diarrhea –causes & open defecation 5- Diarrhea – management & Prevention 6- Practicing Hand washing & ensure De-worming

Nutrition - The nutrition modules comprised on followings: 1- Women Nutrition, Part - 1st 2- women Nutrition, Part – 2nd 3- Correct Breast Feeding Practices 4- Complementary Feeding Practices, Part 1st 5- Complementary Feeding Practices, Part 2nd

Anemia - The anemia modules comprised on followings – 1 - What is Anemia and how it is caused? 2 - How do we know we have Anemia? 3 - How Anemia affects our health? 4 - How to Prevent Anemia? 5 - How a family like yours' managed anemia?

Nutrition Demonstration sessions : To improve the nutritional status of women and children in selected villages, 30 Nutrition demonstration sessions were planned & organized with 30 SHGs at 30 villages in which 510 women participated and learned locally available, easy to cook, cheap and nutritious recipes through a nutritionist. Also, a booklet on Nutrition recipe was developed as resource material for SHGs, CHVs and Govt frontline workers to continue and sustain the project objectives.

60 community health workers were trained to serve as a focal point in providing counseling, referrals and linkages to existing health services including active participation in monthly vaccination day organized by Primary Health Centers (PHC) and other required basic support.