The 'Sustainable Healthcare Advancement (SUHAM) Trust', a healthcare initiative of DHAN Foundation was promoted with the purpose of addressing health poverty, to guide Kalanjiam and Vayalagam people institutions for carrying out various medical, community health, nutrition and sanitation programmes towards reducing healthcare expenses for benefiting poor households.

As part of reducing health expenses, SUHAM is committed to work with The 'Pradhan Mantri Bhartiya Janaushadhi Pariyojana' (PMBJP) of Bureau of Pharma PSUs of India (BPPI) from the Department of Pharmaceuticals, Govt. of India for the noble cause of 'Quality Medicines at Affordable prices for all'. The partnership would popularize the generic drugs in India. Generic drugs are, therefore, cheaper, the compounds in the generic versions have the same molecular structure as the brand-name version and their quality is essentially the same. The generic drug has the same “active ingredient” as the brand-name drug. Usually the generic drugs are 50-60 % (on an average) lower than the price of branded drugs.

The SUHAM and BPPI jointly organises the workshop and conventions to disseminate the products among various stakeholders for ensuring the reach at grassroots.


BPPI, SUHAM Trust conduct workshop

EXPRESS NEWS SERVICE @ Madural

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Follow India's move to . make prescriptions of generics must: WHO

The UN agency has

'Generic medicines are as effective as branded products'

conducts workshop for 35 doctors in Madurai

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BPPI is the implementing agency for the Department of Pharmaceuticals

The pharmaceutical in dustry in India registered a turnover of ₹1 lakh 20 crore Only 40 % of the popu contributed to th he said

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'Generic medicines sans brand are cheap'

Sustainable Healthcare Advancement (SUHAM) Trust

Healthcare Initiative of DHAN Foundation

1A, Vaidyanathapuram East, Kennet Cross Road,
Madurai - 625 016. Tamil Nadu, INDIA
Tel. : +91 452 2302562 Fax : 2602247
Email : suhamtrust@dhan.org Website : http://www.dhan.org

October 2017

Health Matters

Quarterly Health Update from DHAN Collective

Feature

A Paradigm shift for Comprehensive Adolescent Development

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Vol. I Issue 1 October 2017

Content

Sustainable Healthcare Advancement

Sustainable Healthcare Advancement (SUHAM) Trust

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From the Editors' Desk

Except in a few countries of the world, health care has been receiving only lip service. While the rich and the well paid middle-class individuals have managed to take care of their own health needs, the poor are left in the lurch. It was clear that unless peoples' health was placed in their own hands, then their health might not improve.

DHAN Foundation which has been working in the field of development since 1990s through its Kalanjiam and Vayalagam programmes recognized this as a major need. People were using up their savings and credits for health needs. Those who graduated out of poverty were dragged back into poverty due to health care costs.

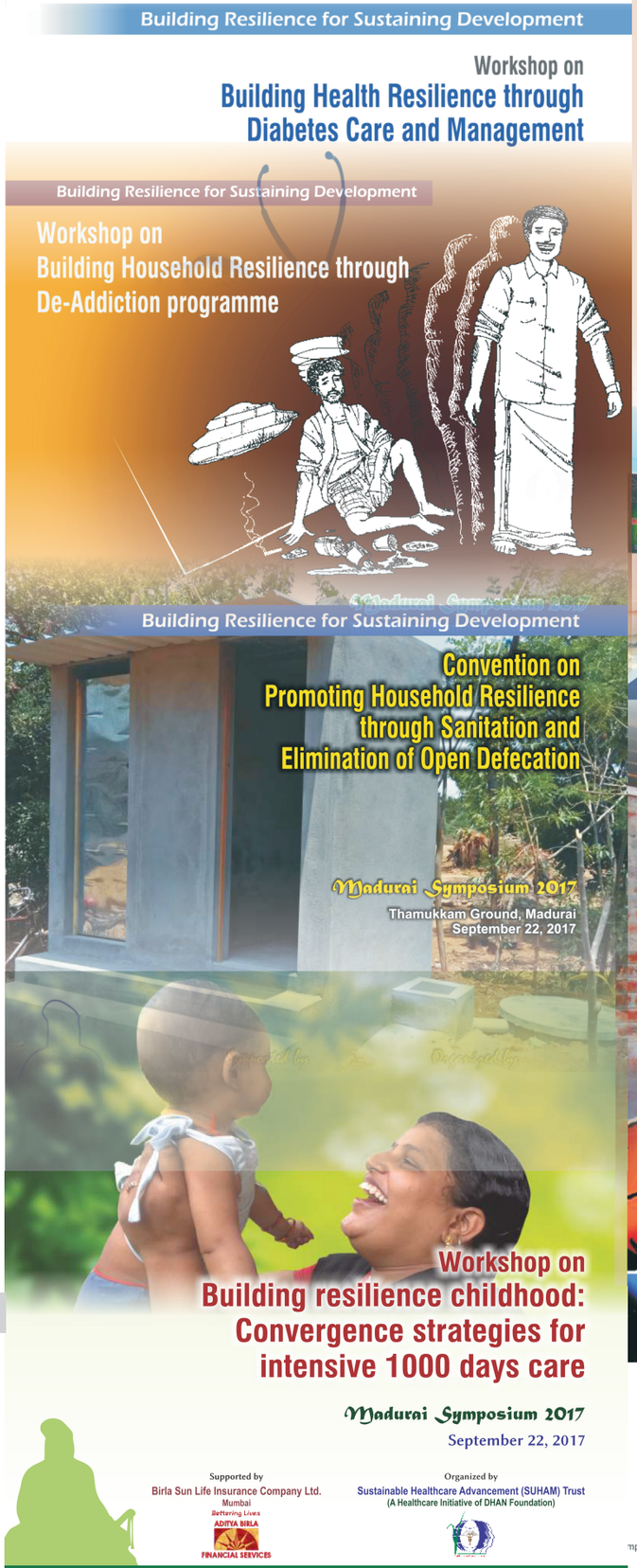
Therefore, Sustainable Healthcare Advancement (SUHAM) Trust was started as a community owned health initiative. There were two broad approaches initiated. The first was to start working at the community level addressing the major health problems prevalent that could be prevented by different interventions. Once the community felt empowered in this area they wanted to move on to the next level. Thus, the even more complicated curative care through multispecialty hospitals was initiated. At present there are eight hospitals owned by the community, predominantly women and managed by the professionals.

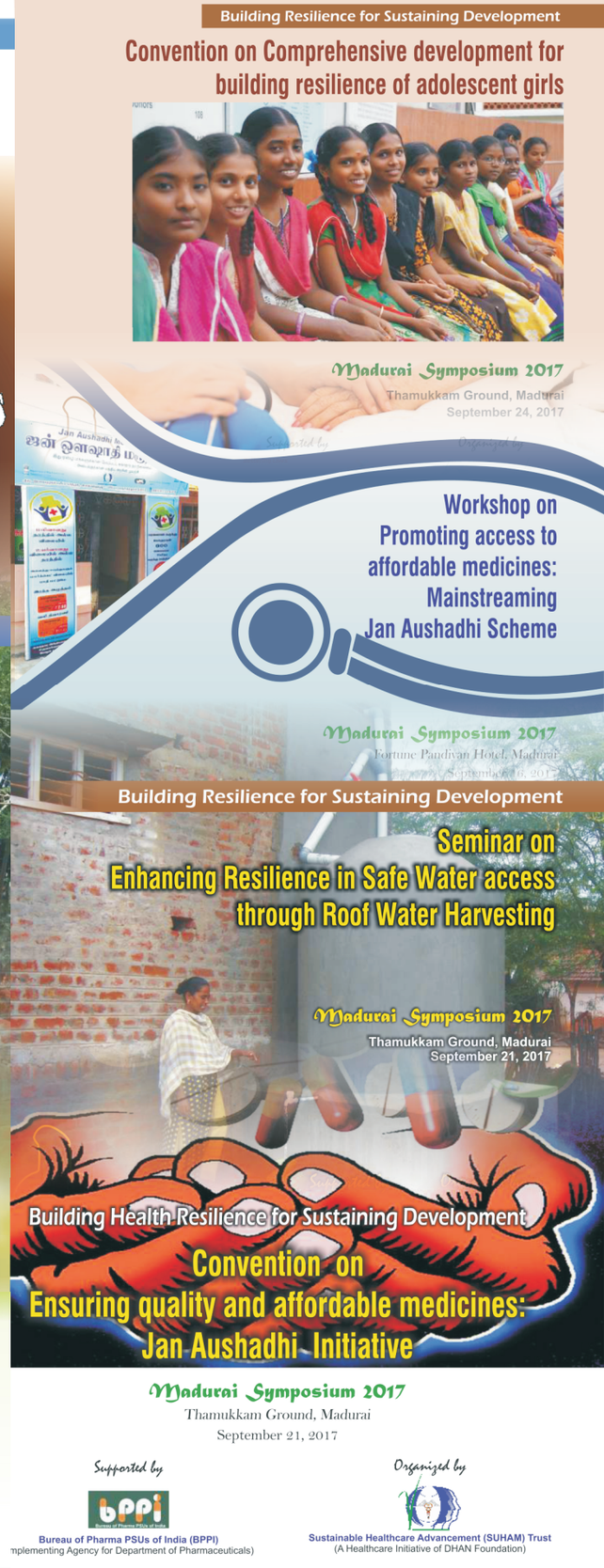
Health Matters is a quarterly health update from SUHAM. This magazine would share the successful experiences gained in promoting health by the community with the outside world. This would not only bring information on how different successful interventions are being carried out, but also highlight where programme modifications are necessary, the gaps and weak links in the current programmes, and advocacy for change needed in key areas. It is our desire that this would serve a useful purpose in educating the community at large, leaders and government in carrying out health care in a manner that the community would become healthy.

We look forward to your critical comments for further improvement of the magazine. The readers are welcome to give their suggestions and feedback's on the articles featured in the Health Matters.

Looking forward the articles and feedback to suhamtrust@dhan.org

Health Matters
Quarterly Health Update from DHAN Collective





THE NEED FOR HEALTH MANAGERS IN INDIA

*Dr. Rajaratnam Abel**

India is a country of paradoxes. It is one of the countries rich in resources and yet it is one of the poorer countries. It has some of the richest individuals of the world, but it also has a very large proportion of very poor people. It is the largest exporter of generic drugs to the world; however, its own citizens languish for medicines and catastrophic illnesses push many into poverty. People from many countries come to India as medical tourists and utilize high class medical care, yet this same level of care is not available to a large number of many of its citizens. India has one of the best planned health care delivery systems in the world; it is so poorly managed that many people in the rural areas do not receive what they are entitled to. In recent years, an excellent system of quick response to emergencies has been created through the 108 Ambulance service; yet when the patient is brought into the hospital, there is no one to receive and provide timely care for the patient.

Recently, I was taking a class for some Hospital Management students. As they were introducing themselves, one young woman indicated that she left a major international company to join this course. I asked her what motivated her to leave such a job and join this course. Her response was immediate. She said that even her colleagues asked that same question. They asked her why she was leaving a good company and choosing a field where doctors with no management training will be her bosses and will not let her manage well.

Her answer is probably the real cause of this paradox, particularly in health care delivery? It is the lack of the needed management skills and personnel to implement effectively what has been so beautifully planned. It is assumed that technical and professionals involved in health care can also manage these services without the needed managerial training.

First of all, there is a shortage of human resources in health for the whole country. This workforce especially in the public sector is not fully committed to serve the health needs of the people. The training provided to the doctors and nurses do not prepare them with skills to serve the basic needs of the people beyond prescribing medicines.

It is assumed that technically trained professionals like doctors and nurses can also provide the managerial services needed. However, management is an altogether different profession, needing specific training in the related skill sets. The government health system does not have trained managers at all levels. This course is one attempt to identify this need and start filling that need by training personnel with skills in health management.

Where would these trained personnel fit in?

Newer courses are developed by different universities, institutions, and organizations. However, it is necessary to identify the precise position these trained personnel would fill. The following are the identified positions these personnel would potentially fill.

The existing health care delivery system of the government does not have any health managers. A Block Health Manager could play

* *Dr. Rajaratnam Abel, Public Health Consultant, Retired Director in RUHSA, Vellore, Tamil Nadu*

a more useful role than a Block Extension Educator. The same would hold good for Community Health Centres as well as Taluk level hospitals. It could go up the ladder creating promotional opportunities for new health managers who join lower down.

The National Health Mission (NHM) is a country wide programme that has begun to make a significant impact on the health of the people. In spite of the progress made, it is assumed, that the pace of change would be even more, if at different levels, trained health managers are placed. Again, health managers would play a significant role at every level of NHM.

What is the potential value addition to the services

The question naturally arises as to what additional value would be provided to the health services by bringing in a new cadre of worker into the health work force. It is appropriate to remind the health fraternity that small pox was eradicated from India under the leadership of a non-medical leader. There is a definite role for non-medical mangers in health care delivery in India.

Today the leadership of health care delivery is provided by medical personnel without formal management and leadership training. While on the job administrative training is provided, this cannot be compared to a formal training programme. The medical staff are primarily busy with treating patients and they have very little time to provide for the leadership development of the institutions and programmes for which they are responsible. A non-medical manager would be able to spend needed time to look at management and leadership issues in a systematic manner.

The first area where a non-medical manager would make a difference would be in effective accomplishment of the tasks entrusted to an institution or programme. The gaps in services could be easily identified and rectified. More accurate reports of the services provided could be submitted. Regular and ongoing monitoring of services could be carried out.

COMPREHENSIVE DEVELOPMENT: A PARADIGM SHIFT FOR ADOLESCENT GIRLS

*R. Rajapandian**

Adolescence (from Latin word adolescence, meaning "to grow up") is a transitional stage of physical and psychological human development that generally occurs during the period from puberty to legal adulthood (age of majority). The period of adolescence is most closely associated with the teenage years, though its physical, psychological and cultural expressions may begin earlier and end later. Adolescence is a time of rapid growth and inconsistent change that varies widely among individuals. In general, the approximate ages of 10 through 14 are characterized by: Physical growth and hormonal development, bone, muscle, brain, sexual characteristics, stature, social and emotional growth, including awareness of others, sense of fairness, social consciousness, sense of purpose, personal identity (who am I?), peer bonding, and sudden, intense emotions.

Need for comprehensive development of adolescent girls

India has the largest population of adolescents in the world being home to 243 million individuals, as per the 2011 census aged 10-19 years, the country's adolescents constituted 21 per cent of the world's 1.2 billion. In India the sex ratio among adolescent girls has increased a little from 882 to 898 and attained a decadal growth of +12.5 per cent compared to 2001 census. Investing in this segment of population is the best way to leverage the nation's competitive advantage – it is a demographic dividend to the country's development. The literacy rate of adolescents has increased considerably and consistently which leads to increased knowledge and exposure. Adolescents are generally considered healthy by themselves, their families, even health care providers and society at large. But many more challenges especially life skills, health, nutrition and hygiene are yet to be addressed. Especially adolescent girls are the future mothers; they need to be developed in maturity and health. The future generation depends on their health and nutrition status of these future mothers. India struggles with malnourishment and lower productivity among children and youth.

Life skills in this context need to be defined as psycho-social abilities that enable individuals to translate knowledge, attitude and values regarding all the concerned issues into action. These may not be confined to only those related to formal education, health & nutrition, mental health, hygiene and sanitation, sexual development, HIV/AIDS and Drug abuse. Life skills development empowers learners to observe the process involving "what to do, why to do, how to do and when to do". It encompasses the ability to build sound, harmonious relationships with self, others and the environment, the ability to act responsibly and safely, the ability to survive under a variety of conditions, and the ability to solve problems.

A paradigm shift

Adolescents depend on their families, their communities, schools, service providers and their workplaces to learn a wide range of knowledge and skills on health, education, important skills and leadership qualities that can help them to cope with the pressures they face and make the transition from childhood

** R. Rajapandian, Chief Executive, Sustainable Healthcare Advancement (SUHAM) Trust*

to adulthood successfully. SUHAM Trust works with 2 lakhs adolescent girls in six states of the country. The Trust works on five major areas of adolescents, especially RCH including anaemia, nutrition, hygiene and sanitation and skill building. The recent effort on inculcating the savings habits among adolescents helps them to learn the importance of savings and financial management. The schools have to play major role in shaping the attitude and practices of adolescents and it should focus on the needs comprehensively, but it has limited space for holistic development. The present system of school education is focusing more on formal education towards developing them to score high marks. The adolescent girls organised for health education and nutrition by Anganwadi workers is not up to the expected level. Likewise, the programmes and schemes developed by the state and central governments are underutilized and it has not reached properly. The paradigm shift should focus on girls and boys from single individual component to multiple areas for achieving holistic development. There is a need for forum beyond school which needs to intensity the focus on comprehensive development.

Way forward

An exclusive institution for adolescent girls could provide platform for bringing all efforts to attain comprehensive development involving areas such as health, nutrition, hygiene, sanitation, education, career counseling, skill building, institution building and life skills through convergence with mainstream players. The institutional facilitation helps to access services to fulfill the various needs and develop the skills of adolescents. At present the girls and boys are being organised into girls' or boys' groups as a platform or forum to provide education for

promoting behavioral and practice change. The peer educators promoted among the girls considered as governance needs lot of capacity building on leadership skills and content enrichment for guiding and influencing the peers in the groups. There is a need for sustainable institution for taking the agenda at next level. This institution would work with schools, colleges, Anganwadi centres, health centres, panchayat raj institutions, families and other stakeholders to ensure the needs and demands of girls. The government has to come with a policy change towards integrating the various skills in education curriculum of adolescents.

A block level federation was proposed by the forum involving around 700 adolescent girls from different districts during Madurai Symposium 2017. This would result in the adolescents receiving more opportunities for learning and better performance with deliverables on each component in holistic way. NGOs, government and funding agencies should come forward to establish these federations at the block level to enhance the life and quality of adolescent girls.

JAN AUSHADHI SCHEME: CHALLENGES AHEAD

B. Raja Sekar, *(Retd JCO) D.Pharm .BSc ,MBA.,**

In the current scenario health care expenditure eats up considerable amount of earnings of every common man as a result of lifestyle diseases. Inflated rates of medicines, subsequent to modern business approach of Pharma Industry and nexus with the Medical professionals, almost health care, particularly medicines become unaffordable to common man. People trust Doctors and the Doctors have faith in brands and have been practicing brands only. Irrespective of the economical status of the patients, costly branded medicines are commonly prescribed. Whether this kind of treatment is affordable by every citizen of India? The answer is No. Awakened by the plight of poor community, the Government has stepped in to this sector to provide quality and affordable medicines to the poor, to ensure for the full treatment in spite of their inability to procure medicines. Numerous challenges faced by the Government within and outside on making this mission success.

Government: The Challenges within

Always there is a need of political will to solve this issue at the grass root level. Also the Government has administrative powers to formulate policies constituting the cost of health care of common man. Occupational lifestyle diseases are the major emerging issues. Some of the lifestyle diseases are Alzheimer's disease, arteriosclerosis, Cancer, Chronic liver disease, diabetes, hypertension etc. There is a contradiction within. Government is promoting FDI in all sectors and promoting industries/business sectors with special provisions with a view to boost employment for the subsequent economic growth. However it is the responsibility/duty of the Government to take care of the poor in all aspects. Generic medicines at affordable prices need a huge investment for infrastructure, systematic procurement and distribution.

a) It may invite the ire of the Pharma industry by contradicting its own policy of promoting them, which is nearing Rs.2.5 lakh crores by 2020.

b) Medical practitioners, Clinics and private hospitals blooming everywhere boosted with incentives and gifts from highly competitive Pharma industry

c) Pharma Industries keeping a low margin themselves and being liberal in fixing the MRP including all those cost of promotional activities.

Also Government has a strong administrative mechanism like PCI, MCI, FDA, CDSCO, IPA, NPPA etc., to regulate the health/pharma sector. Also there is a need to conduct seminars, workshops with respective organizations to promote Generic Medicines.

Challenges faced by the public

How the poor could prefer the Generic over the brands? People normally believe that Branded medicines in the prescription are the final word and rely more on the branded medicines. So it is the need of the hour to make them understand the concept of Generic medicines. Government may initiate its own marketing strategy to promote Generic Medicines using brand ambassadors,

B. Raja Sekar, *Senior Marketing Officer (Madurai H.Q),*
Pradhan Mantri Bhartiya Janaushadhi Pariyojna (PMBJP), Bureau of Pharma PSUs of India (BPPI)

Multimedia like news papers, Radio and TV channels, Post offices, Banks and Petrol Bunks etc., to reach the common people. Once the poor understand the concept of Generic Medicine and its reason for being 50% to 80 % lesser price than the branded medicines Jan Aushadhi Kendras will be flooded by the common. Also there is a need to make Pharmacist much more responsible in handling the generic medicines and they play an important role in making awareness to every patient visiting them.

Market: Medical Professionals

The medical professionals are practicing branded medicines; it will be a great challenge to get them into this stream of generic medicines. Although, enough directions have been given to Medical Professionals through MCI for prescribing Generic Medicines, it is yet to happen. It needs Government encouragement with ample promotional activities like giving priority for those doctors prescribing Generic medicines in PG quotas, reservations /sponsoring higher studies.

Market: Pharma Industry - Pharma Industry may in connivance with Medical professionals try to scuttle the initiative of Government of India by any means. Even the existing medical shops may also see the scheme red. All of them need to be educated that the Jan Aushadhi scheme is not against the branded one. For eg., in Tamil Nadu TNMSC is providing free medicines to all. However the density of private medical stores is more around the Government hospitals and PHCs. Besides this, Tamil Nadu Government is also running 'AMMA MARUNDAGAM' parallel in the market, providing a normal discount on branded medicines like any other private medical shops.

Role of NGOS: Already a huge number of NGO's playing a main role, providing healthcare to the common at affordable prices. Usage of Jan Aushadi Medicines by the NGO run hospitals and clinics may bring more number of people in to their service and get benefited which will also help in arresting the leakages through health expenditure.

Amidst the Challenges - Providing health care at affordable cost is certainly a nation building measure. The health sector should be viewed not as a cost to be endured but as an opportunity to be explored. Healthcare system should always be more efficient and cost effective. The innovation of providing Generic Medicines at affordable cost by Government will certainly have a direct impact on improving the individual and collective health of people. It needs a genuine support from every patriotic Medical professionals, Pharmacists and NGOs.

DIABETES MELLITUS AND DIETARY MANAGEMENT

*Sashidevi.G and Meenakshi.V**

Diabetes Mellitus is a chronic metabolic disorder that prevents the body to utilize glucose completely or partially. It is characterized by raised glucose concentration in the blood and alterations in carbohydrate, protein and fat metabolism. This can be due to failure in the formation of insulin or liberation or action.

Types of diabetes mellitus

Type 1: In insulin Dependent Diabetes Mellitus, also known as juvenile onset diabetes patients depend on insulin. There is usually sudden onset and occur in the younger age group and there is inability of pancreas to produce adequate amount of insulin. This may be caused by virus or due to autoimmunity. The child is usually underweight. Acidosis is fairly common.

Type II: Non-Insulin Dependent Diabetes Mellitus (adult onset diabetes), is non-insulin dependent form, and develops slowly and is usually milder and more stable. Insulin may be produced by pancreas but action is impaired. This form occurs mainly in adults and in overweight persons. Acidosis is infrequent. The majority of patients improves with weight loss and is maintained on diet therapy. Women who have had large babies or large families are also prone to develop this type of diabetes later in life.

Etiology

Genetic factors: Many separate genetic mechanisms increase the risk of diabetes and its various manifestations and these differ in Type I and II diabetes.

Obesity: Although most Type II diabetics are obese, only a minority of obese patients develop diabetes. Whether or not an obese patient develops diabetes probably depends on genetic factors. In obesity there is impaired insulin uptake by receptors in target tissues. Obese people in general are less physically active than those whose weight is normal. It is possible that physical exercise may reduce the risk of diabetes in uptake by receptors in target tissues.

Dietary restrictions: Restrictions on the food supply of a community affect diabetes. Rationing was beneficial to individuals susceptible to diabetes.

Sugar intake: A high intake of sugar is certainly associated with a high prevalence of obesity. It is unlikely that sucrose has a specific diabetogenic effect.

Dietary fibre: In many African countries the fibre content of the diet is high and prevalence of diabetes low. In prosperous communities this relationship tends to be reversed. This lead to the hypothesis that a low fibre diet was part of the etiology of diabetes but it is difficult to see how a deficiency of fibre could cause the disorder.

Acute stress: The normal glucose homeostasis in the body is achieved by a delicate interplay of various hormones. The body releases adrenaline, noradrenaline and cortisol hormones that raise blood glucose levels to provide a quick source of energy for coping with stress.

Physical injury, surgery and emotional distress sometimes precede the first symptoms of diabetes. Like infection, these cause a sudden increase in secretion of catabolic hormones which may precipitate the disorder.

Secondary diabetes: A minority of cases of diabetes occur as a result of diseases which destroy the pancreas and lead to impaired secretion of insulin, e.g., pancreatitis, haemochromatosis, carcinoma of the pancreas and pancreatectomy. Diabetes may also accompany endocrine disorders which increase

** SASHIDEVI.G and V.MEENAKSHI, Asst Professors (Food Science and Nutrition),*
Home Science College and Research Institute, Tamil Nadu Agricultural University, Madurai

concentrations of catabolic hormones or modify the regulation of insulin receptors. Prolonged malnutrition can also lead to diabetes mellitus.

Symptoms: Initial observations may include increased

Thirst (polydipsia),

Increased urination (polyuria),

Increased hunger (polyphagia),

Weight loss (type 1) or obesity (type II).

Other possible symptoms

*B*lurred vision, skin irritation or infection, weakness, decreased healing capacity, may be present. *There would be f*luid and electrolyte imbalance, acidosis (ketosis, ketonuria) and coma.

Diagnosis

Blood test to measure the level of glucose is the diagnostic procedure. However there are two different approaches to do the blood test as below.

Random Blood Sugar: In many cases diabetes can be diagnosed by a single blood estimation, which may be used as a confirmatory test when a classical symptom suggests the diagnosis. A random blood glucose exceeding 200 mg dl is almost certain to indicate diabetes. According to WHO recommendations, in a patient with overt symptoms of diabetes, a fasting or random plasma glucose measurement is often sufficient for the diagnosis of diabetes. If the fasting plasma glucose is greater than 140 mg/dl or the random plasma glucose is greater than 200 mg/dl on more than two occasions, a diagnosis of diabetes may be made.

Glucose Tolerance Test: Oral glucose tolerance test is a confirmatory test. Expert committee on diabetes of the WHO recommends for the test that 75 g to be used as the glucose load for adults and 1.75 g/kg body weight for children with maximum of 75 g. All medications should be stopped for at least three days before the test. Diabetes can be treated by diet alone or diet and hypoglycemic drugs or diet plus insulin depending on the type and severity of the condition.

Diabetic diet prescription: Dietary measures are an essential part of the treatment of diabetic patients who require treatment with a sulphonyl urea drug or insulin. If a fixed daily intake is to be achieved an exchange system is necessary. Food exchange lists are groups of measured foods of the same calorific value and similar protein, fat and carbohydrate and can be substituted one for another in a meal plan. All foods of exchange make a specific contribution to a good diet. The nutritional requirement is balanced with carbohydrates for impairing insulin sensitivity, proteins supplies amino acids for tissue repair and fat increases insulin bindidn and also reduces LDL and VLDL levels with dietary fiber and complex benefit Type I and Type II diabetes.

Conclusion

Disorderly lifestyle plays an important role in the development of Type 2 diabetes. Along with drug interventions, emphasis must be given to socio-economic, behavioral and nutritional issues and to promote a healthier lifestyle especially for high risk individuals. An interdisciplinary team approach is necessary to integrate Medical Nutrition Therapy for patients with diabetes into overall management.

ROOF WATER HARVESTING FOR SAFE WATER ACCESS

*Pandit G. Patil**

Introduction:

Fluorosis, a crippling disease, is fast spreading across the world, is endemic in at least 25 countries across the globe. The total number of people affected is not known, but a conservative estimate would number in the tens of millions, is usually caused by a high level of fluoride in drinking water. High fluoride levels in water are usually found in certain places; these places are endemic for fluorosis. The earth's crust has a high content of fluoride and so does the bore well water in endemic areas which is often used as a source of water.

Several states in India are endemic for fluorosis. The extent of Fluoride contamination in ground water varies from 1.0 to 48 mg/l. The fluoride affected states are: Andhra Pradesh, Bihar, Delhi, Gujarat, Haryana, Jammu and Kashmir, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Orissa, Punjab, Rajasthan, Tamil Nadu, and Uttar Pradesh. In states ranking Karnataka stands at third position where fluorosis is prevalent in districts such as Gadag, Chitradurga, Davanagere, Hassan, Tumkur, Bellary, Gulbarga, Koppal, Raichur and Chikkaballapura. Among all, one of the most vulnerable districts in Karnataka is Tumkur. The ground water situation in Tumkur district is depleting day by day. In many parts of the district the ground water table has gone to the depth of 800 to 1000 feet. As we go deeper and deeper the water becomes not potable for drinking purpose. Various measures have been taken by the Government, NGO's, farmers to improve the recharge of ground water. The situation is yet to be improved.

The Options:

Fluorosis is an irreversible disease and does not have a cure; prevention is the only way to tackle this disease. Major solutions followed are:

Biological methods - include dietary practices such as eating foods and vegetables rich in calcium.

Chemical methods - include removing fluoride through de-fluoridation or by other means.

Natural methods – providing river water or water through RWH for drinking purposes as rain water is considered to be one of the purest form of water and one of the best ways for the prevention of fluorosis.

Out of all options Rain Water Harvesting (RWH) is fast becoming popular due to the increasing scarcity of clean and safe drinking water, can be constructed locally, almost zero maintenance and easy to manage. In this scenario, RWH has greater potential in solving the drinking water problem as well as providing fluoride-free drinking water in fluorosis-affected villages.

Roof Water Harvesting:

Roof top water harvesting techniques is the accumulation and deposition of rainwater for reuse on-site, rather than allowing it to run off. This is not a new technique but used for the new causes because of its effectiveness towards providing clean drinking water. It comprises with

Pandit G. Patil, Chief Programme Executve, BAIF Institute for Sustainable Livelihoods Development (BISLD) Tiptur, Tumkur District, Karnataka.

the different components like **Catchment area-** for harvesting the rainwater, Gutters- channelizing the harvested water**, First flushing-** nothing but the valve to prevent the first spell of rain as it contains pollutants and dust**, Rapid sand filter-** for management of turbidity, microorganisms and colour**, Storage-** to store the harvested water**.**

The Results:

The summarized results are as under:

Health aspects:

Expenditure on health:

There is drastic reduction in the expenditure on the hospital expenditure and more important that 33% participants were not having any expenses after continuous drinking of harvested water.

Working hours*:*

Due to joint pains, it was difficult to the participants to work for a longer period and even complete the routine work. In comparison, the results observed are very encouraging and has shown positive impacts. Earlier most of the participants (68.87%) were able to work in the range of 4 to 6 hours almost and after the drinking the harvested water majority (70.92%) of the participants is able to work 7 to 9 hours. It shows that drinking of roof water harvested water helped them to regain health.

Water Quality and Adoptability:

Usage:

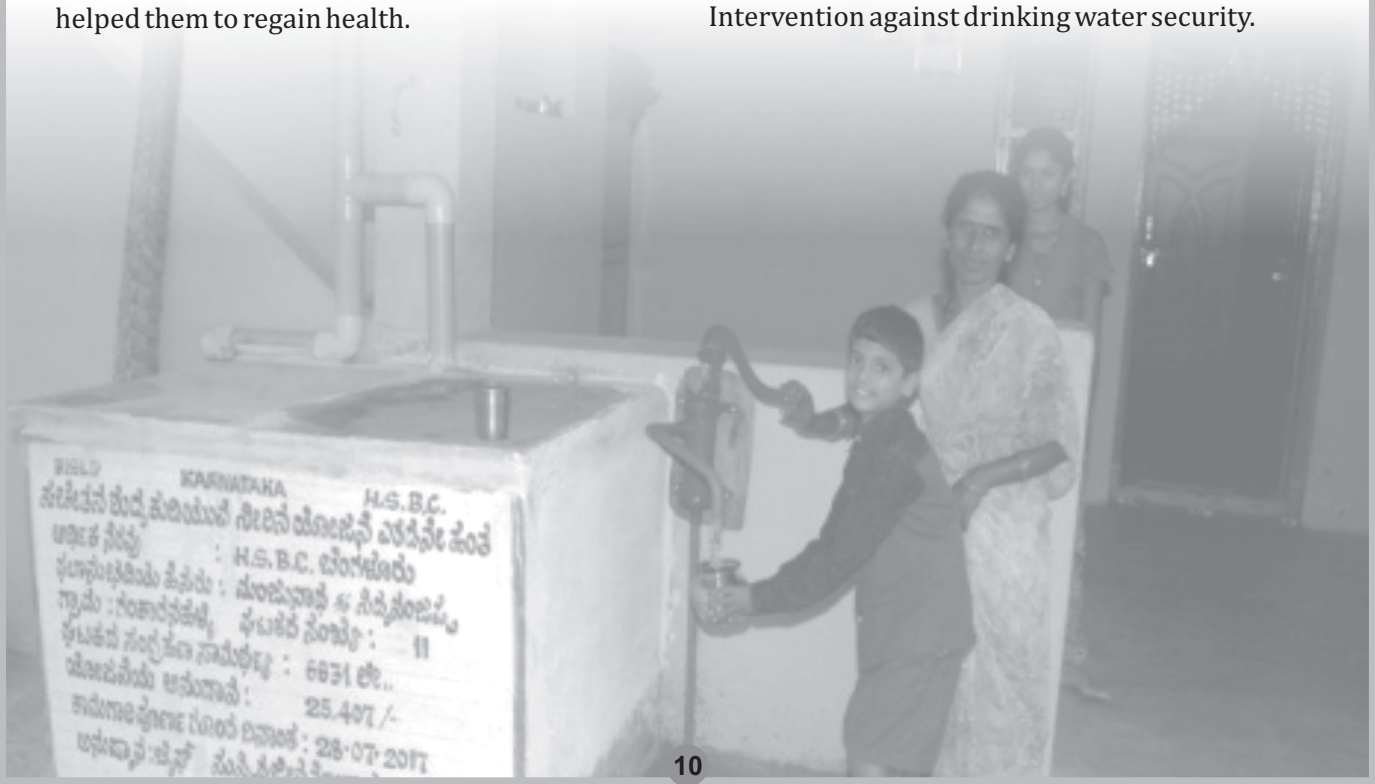
Though reverse osmosis (RO) plants has been installed in most of the project implemented villages, river water supplied in few of them and rainwater shortage particularly in Chickbellapur district till date 67.44% families are using the harvested water for drinking purpose.

Water quality:

Sixty-five percent of the water samples cleared the entire test at a fist glance but 31% needed small treatment (chlorination) and 4% due care. It reveals that though we feel that roof top harvested water is safest, it needs periodical water quality tests.

Conclusion:

Roof top water harvesting is a simple, economical, locally constructed and demand driven tool to address the fluoride related issues and can be replicated easily as it directly shows the impact on the health of the users within three months. Till date BAIF has constructed 7863 structures and over 70% are in use. It shows that it has higher sustainability.Last but not least it is to be adopted for the non-fluoride area too as a Climate Proofing Intervention against drinking water security.



STORIES FROM GROUND

Marching towards Open Defecation Free India

Sanitation is the hygienic means of promoting health through prevention of diseases by avoiding human contact with hazards of wastes which can be physical, biological, microbiological and chemical agents.Poor sanitation also cripples national development, implicates workers' productivity, live shorter lives and decreased savings, and interest. They find it difficult to send their children to school. This is a typical case study of a village where the whole village was saturated with the sanitation structures by the inspiration and motivation given by the Cluster Associate in organizing the entire village to become open defecation free by declaring the same as "Kalanjiam Sanitation Village". The story revolves around a village, Maratipalla of Kamadhenu Samuha (Cluster) of Katte Ganapathi Mahila Kalanjia Okutta, Korategre, Tumkur district, Karnataka State.

The village is very small with only 25 households who migrated from Marathwada five decades earlier. They came and settled in this village for their livelihood. Among the 25 households, women from all the 24 households are the members of Kollapuradamma Mahila Kalanjia Sangha (Kalanjiam).The Cluster Associate is Ms. Nalina 38 years, working for more than two and a half decades as the associate in the same federation.

She is very sincere, dedicated and working for the development of the community through different means and programmes. She underwent orientation training on the concepts of sanitation and safe water at the regional level which was given by the team from SUHAM Trust of DHAN Foundation. She was moved by the concepts and wanted to have a model village as open defecation free village. Since she is working at the grass root level very closely, she has built good relationship with the local governance and also with the BDO of the particular block. So she selected this village and started giving the sanitation literacy in the regular group meetings which triggered the interest of the members. At the same time, she linked the group with the Block to get the SBM subsidy since all the members are eligible to avail the subsidy. She brought the BDO who is a lady to this village and oriented her about the Kalanjiam activities and she came forward to process the request.

One Ms. Gowri Bhayi, 65 years old came forward to have the latrine constructed in her house which she wanted to demonstrate to her peers in her village. She constructed the toilet with attached bathroom for 20, 000 rupees which she availed as loan from her Kalanjiam. Her application for the subsidy was processed and she was the first to receive the subsidy. So she motivated her fellow members and all started their construction and completed within one month time and they completely eliminated open defecation in their village.

There was a special family counseling done to the members of the Kalanjiam households to have the latrine at home and also make the village as an open defecation free village. This provoked the interest of the remaining one household who is a non member and she built the toilet and the associate arranged for the subsidy. The sanitation structures were inaugurated by the BDO. The villagers have written in the structures as ***"Prerna (Inspiration) by Kalanjiam*** and declared their village as ***"Kalanjiam Sanitation Village".***

HIGHLIGHTS OF SUHAM EVENTS IN MADURAI SYMPOSIUM 2017

*Camillus S. Juliana**

The Madurai Symposium is organized by DHAN Foundation once in two years to bring together all the stakeholders to advance the process of development. It has been organized since 2003 onwards. With the overwhelming response and participation of the mainstream institutions, organizations working for the cause and the development of the community, the organization got inspired to host such development events regularly. As a part of this event, SUHAM Trust, a healthcare initiative of DHAN Foundation regularly organizes events of workshop and conventions to bring out the action points, policy propositions, resolutions and the way forward. This year also it focused on health, nutrition, sanitation, safe water, 1000 days care for the safe motherhood and two years of child, de-addiction programmes, non communicable diseases and the promotion of generic medicines through Jan Aushadhi Scheme.

With this main objective of widening the perspectives of health, SUHAM Trust conducted eight events during Madurai Symposium, 2017. The highlights and the declarations of the events are consolidated and compiled for taking forward in the macro environment. There was one seminar as well as three conventions and four workshops with various themes and programmes.

The workshop on "Promoting access to affordable medicines – Jan Aushadhi Scheme" and convention on "Ensuring quality and affordable medicines – Jan Aushadhi Initiative" of Jan Aushadhi Scheme aimed at promotional activity for reaching community at a large with generic medicines which are highly affordable. Medicine costs occupy significant space in any kind of treatment provided at the hospitals. The purpose was to create a high level forum with all the stakeholders and discuss about the mission and vision in detail and to give policy level guidance to the ministry to achieve the target of PMBJP

Another workshop was on "Building Household Resilience through De – Addiction Programmes." Alcoholism in India is culturally rooted; local beverages are common and familiar. Yet the widespread practice of alcoholism in India among all age group has transformed the problem into a social issue. The average age of a person getting exposed to alcohol is coming down drastically, leading us into a negligent social structure. The workshop acted as a platform for knowledge sharing to pool the experiences and approaches of different stakeholders. It aimed at bringing multiple stakeholders into one platform to synergize our effort by deliberating on engaging community volunteers to attain better results. The workshop focused on alcoholism and its socio-economic influences, influence of

* *Camillus S. Juliana, Team Leader, Sustainable Healthcare Advancement (SUHAM) Trust*

alcoholism among poor families, exposure of youth getting addicted to drugs and the way ahead.

A seminar was organized focusing on "Enhancing Resilience in Safe Water access through Roof Water Harvesting". India is one of the most water – challenged countries in the world from its deepest aquifers to its largest rivers. Over 80% of the annual rainfall is received in the four rainy months of June to September of the South West Monsoon. The average annual rainfall is about 125 cm but has its spatial variations. This leads to the scarcity of safe drinking water for the humans. The health burden of poor water quality is enormous. The seminar intended to discuss more on the importance and need of the Roof Water Harvesting structures to be incorporated in each house to conserve and save rain water during the monsoon, focusing on the different cost effective structures available across the country in addressing the issues related to this scarce commodity as safe drinking water.

Sanitation is the hygienic means of promoting health through prevention of human contacts of hazards of wastes which can be physical, biological, microbiological and chemical agents of diseases. The major issue related to open defecation is the lack of awareness about the importance of sanitation and the implications of open defecation and its hazardous effect on humans and the environment. The convention on "Promoting Household resilience through Sanitation and Elimination of Open Defecation" focused on the strategies to be worked out for the resilience through sanitation by the way of construction of toilets and eliminating open defecation to prevent the hazardous effect on environment and humans. The convention brought out the declarations and policy resolutions to result in an open defecation free country by all the participants. There was focus on the objectives so as to understand the current scenario of sanitation across the country, to integrate various stakeholders towards creating open defecation free blocks/districts and to explore ways to involve the communities for best environmental sanitation.

Care during pregnancy and the first 2 years of child's life is called the crucial 1,000 days which influences the health outcomes. The right nutrition during this 1,000 window has a profound impact on a child's ability to grow, learn and thrive and a lasting effect on a country's health and prosperity. So with all these salient features in mind, a workshop on "Building resilience Childhood: Convergence strategies for intensive 1000 days care" was conducted.

With the main focus to intensify 1000 days care for building resilient generations, to identify gaps as factors hindering in accelerating the focus on the initiative, to work out the strategies and mechanisms for achieving the same. As a result action points were derived with policy propositions with a way forward to take up the initiative at all levels.

India is the diabetes capital of the world with as many as 50 million people suffering from type – diabetes facing hard challenges to address it. However medical experts feel that timely detection and right management can go a long way in helping patients to address it. With the broad focus, workshop on "Building Health Resilience through Diabetes Care and Management" was conducted with focused objectives. The workshop emphasized the ways to bring out the strategies and mechanisms for prevention and management of diabetics with available resources for the poor community. It helped to pool all the resources available with the public health system for the community at an affordable cost.

Adolescence meaning “to grow up” is a transitional stage of physical and psychological human development that generally occurs during the period from puberty to legal adulthood. In order to highlight the comprehensive development with holistic approach, a convention on “Comprehensive development for building resilience of adolescent girls” was conducted with a focus to understand and appreciate th felt needs of the adolescent girls and experiencing the efforts taken by the stakeholders towards addressing the issues. The convention also brought in the declarations for the comprehensive adolescent development and growth.

Declarations and Resolutions

1. The health resilience of adolescents shall be built through interventions on health, nutrition, hygiene & sanitation, education, skill building, career development, personality development to make them productive citizens.

2. The intensive focus on 1000 days window period of pregnant mother and first two years of child shall be focused by the government, healthcare institutions and civil society organizations by way of enhancing physical and mental health of both the mother and children.

3. Government and private healthcare institutions, academic and civil society organizations shall work together to screen all the people for diabetes, and provide them diet counseling and work for bringing positive changes in their health seeking behaviour.

4. The state and central governments shall take serious efforts for creating awareness and access to generic medicines and bring favorable policies for building health resilience by way of reducing the cost of medicines.

5. The village and slum level monitoring shall be strengthened involving local community and PRIs to make the people use toilets fo different models suiting to different contexts to eradicate open defecation so as to address the issues of morbidity and mortality and build health resilience.

6. State Governments shall take special efforts to promote roof water harvesting for ensuring safe and clean water with assistance such as subsidy, cost effective technology for construction, especially in the areas prone to drought.

7. The civil society organizations and people institutions in association with specialized institutions and government shall focus on promotion of de-addiction among adults and youths, and preventing them from falling into such habits.

8. An exclusive forum shall be created at each district level involving various