



## **EHSO Project Proposal, November 2006**

### **Devadas Memorial Medical Centre (DMMC)**

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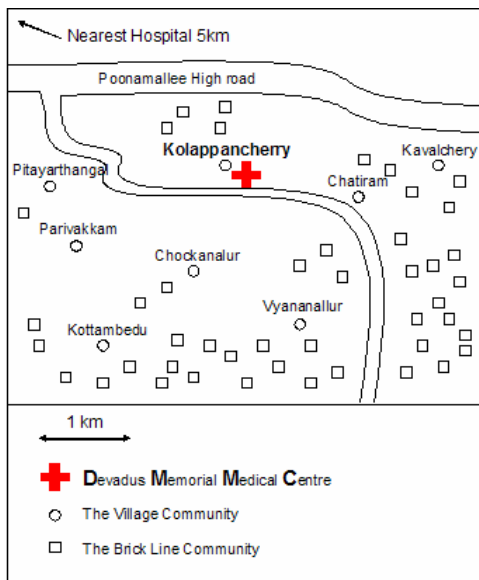
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## 2. Project Overview



Ebenezer Home of Social Outreaches (EHSO) has constructed a Medical Centre (MC) in a village called Kollapancherry, ten kilometres outside of Chennai. The purpose of this proposal is to raise funds for the provision of full time holistic health care, both for the children at the Ebenezer Children's Home and the people in the surrounding area.

The Ebenezer Children's Home (ECH) cares for c325 orphaned and semi orphan children. There is currently no medical facility at the site and all but the most basic medical issues result in an expensive visit to the hospital. The new MC is situated just 50 metres from the ECH. When the MC is fully operational it will be able to meet its' objective to provide full time holistic healthcare for the children and other local people.



The surrounding areas are made up of two main communities. The 'Village Community' consists of 8 villages and has a population of c8200. The villagers work as labourers either on farms or in sand quarries. The 'Brick Line Community' is made up from families who have travelled from all over South India to work as labourers in the Brick Factories. The Brick Line Community has a population of c8600.

These people are illiterate, very poor and the majority live in unhygienic 'slum' conditions. They have no access to any means of transport, so in an emergency it is often not possible to get to the hospital. This means that there are sometimes unnecessary fatalities. With a fully equipped MC close by, treatment will be available when it is required.

The MC will also be the hub for the provision of ongoing care and support for these surrounding poor communities. It will be the focal point for community health care programmes and will provide an infrastructure from which such programmes can be developed.

### Objectives

At the Medical Centre:

- To provide primary health and medical care, including emergency intervention, for the children and the staff at the ECH and the neighbouring communities.
- To provide Medical Camps for both the children and the staff at the ECH and the neighbouring communities.

In the Community:

- To provide Outreach and Awareness Programmes.
- To provide rehabilitation.

## Services and Usage

The benefit of the Medical Centre to the children of ECH and the local community will be immense. Health education will help prevent disease, readily available treatment will prevent unnecessary death and accessibility will result in earlier intervention.

The initial care will be provided by nursing staff and if necessary referral will be made to the doctor either at the centre or the hospital.

The following outlines the initial outpatient services the MC will provide to both the children and staff at the home and neighbouring communities:

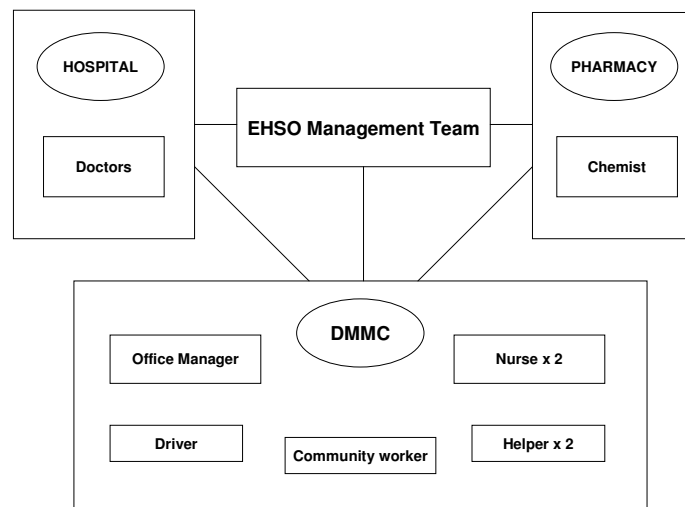
- Immunisations / Vaccinations – We will introduce a programme where each child and staff member will receive all necessary immunisations / vaccinations and full records will be kept at the MC.
- First Aid / Primary Care – The centre will be available to deal with all minor injuries and general health checks such as blood pressure, lung disease and diabetes. For the children at the home there will be a facility for admission and observation at the MC.
- Medical Camps – Specialist services will occur at the MC several times a year such as public health updates, eye care, dentistry, gynaecology and family planning.
- Maternity and Child Care – To reduce infant mortality and morbidity.
- Elderly Care – To expand the current Elderly Care programme to the wider community.

The following list outlines the initial 'Outreach and Awareness' programmes which representative's from the MC will run in the neighbouring communities:

- HIV and AIDS
- TB
- Women's Health
- Family Planning
- Maternity and Child Care
- Community Health and Hygiene
- Drugs and Alcohol Abuse

The above initial services will be introduced in phases. EHSO would also like to expand these services in response to local needs as the opportunities arise.

## Structure



### **3. Sustainability**

#### **Building Relationships**

*The Community* - To build strong sustainable relationships into the project, it is vital that the surrounding communities are engaged before the Medical Centre opens. To achieve this, outreach programmes are being developed to educate people on the benefits of being healthy and to make them aware of the services that will become available. The aim is to create an environment where as many people as possible can take full advantage of the MC from day one.

*The Brick Factories* – There are currently 80 factories supported by four 'Brick Line' communities. It is important to build relationships with the factory owners to make them aware of the MC and the services that will be provided to their workers.

*Panchayet leaders or local village leaders* – They are aware of the benefits that will be provided to their respected communities. They will also play an important role in helping the MC build relationship with the relevant government bodies, both locally and nationally.

*Doctors* – Local doctors are aware of the MC and the community services being provided. There will be a Doctor present on the EHSO management team whose responsibility will be to assist in any day to day running issues, provide valuable experience in current health issues and to represent the MC in local medical networks.

*Voluntary work* – In the last six months, three specialist medical camps have been organised where Doctors have given drugs, equipment and their time for free. The feedback received from these initial camps has been very positive, revealing an air of excitement amongst the children at the ECH and the local villagers. Voluntary work will continue to play a major role in the relationship between the MC and the surrounding communities.

*Local institutions and businesses* – Relationships are being built with hospitals, medical colleges and pharmaceutical companies. It is vital to continue to build on these relations as it could lead to future financing opportunities.

#### **Future Financing**

It is anticipated that initial capital outlay and the first two years operational costs will be covered within the current DMMC project proposal. This initial stage is designed to allow for the opportunity to develop deeper knowledge, experience and understanding of the specific health needs of the children at the ECH and the local communities.

Once the two year period is finished, programmes will need to be in place to enable the MC to become self financing.

An obvious solution to create self sustainability would be to build a full charging structure for services provided. This will be difficult to implement due to the current poverty of the local population. The main objective of the MC is to provide quality health care services, for as long as necessary, to people who would not normally have access to such luxuries. However, a charging structure will be available to use on occasions when people can afford to pay for medical care.

Below outlines other possible ideas to increase self sustainability within the MC:

- The pharmacy, once established, could become a small business for a local chemist or, one day it could become a business for one of the children at the ECH.

- Medical and or pharmaceutical companies could hire out the facilities for open days, events and conferences.
- Medical students, either local or overseas could enrol on a volunteer programme for a period of time. These programmes could be used to alleviate future work loads, develop new projects and bring the latest working ideas to the MC.
- Specialist Doctors could use part of the MC as a base practise to receive private patients.
- The owners of the brick factories could provide subsidies towards the MC.
- A government run hospital is c5km away in Poonamallee. Future funding opportunities could arise, however this may be unlikely as they struggle to finance themselves.
- Local and international fund raising. Companies will be approached to create a bursary fund to cover the costs of extreme emergencies and for further community development.
- A brochure will be prepared which will include items that people can sponsor / donate towards such as, sponsoring the community bus, sponsoring community awareness programmes and donating money towards consumables.

The ideas based on local funding will not cover the total yearly running costs, currently estimated at INR 720, 080 (GBP c9,000 / EUR c13,300 / USD c16,700). It is assumed that if locally based funding ideas are in full operation, then 50% of the running costs can be achieved. However, a more realistic local target for the end of the first two years would be 25 – 30%. It is important to continue to create as much sustained local support as possible.

EHSO will continuously seek to raise funds for the future running expenses of the MC through individual and corporate donations. The MC will continue to build strong sustainable relationships and will grow into its role within the community. This will not only allow the MC to improve the services it provides but it will also create additional funding opportunities.

### **The Long-term Effect**

People living in the areas which the Medical Centre will serve are surviving just above the poverty line. Through no fault of their own, their standard of life is poor which often leads to the spread of diseases. These conditions can then develop into situations where people become physically and psychologically impaired. This causes breakdowns of relationships within the family and or the community.

Good health contributes to well-being, longevity and productivity, among other benefits. And since families tend to share health habits, good and bad, promoting health among the local people can contribute to healthier communities.

By increasing knowledge towards health related issues the local people will experience improved hygiene and healthier living conditions. Eventually a situation will be created where individuals are able to reduce their own vulnerability to disease and then care for other people suffering from infectious diseases. In the long term, health care costs will be reduced.

The establishment of the MC will lead to an increase in self esteem and confidence amongst the local people, enabling them to live life to the full. With better standards of life and living conditions, the status of the whole area will be improved and people will now look to this area as a good place to live.

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