



Project Report

IND-CHR-CHT Reporting period: July 15 to June 16

Lay Leaders Health Training - Northern India

Budget: \$15,000 per financial year, ending 30 June 2017. \$11,000 required to complete funding for this financial year.

Update:

This project trains and equips local leaders to deliver much needed health care to poor and remote villages in Northern India. Each participant attends 3 intensive modules over the course of a year at a central location. For the rest of the year they have the chance to practice what they have been learning.

This year 73 participants have undertaken the training, in two batches. The first group of 35 students has graduated and the second group will graduate later this year.



Exam time

The participants are visited by the head trainer in between intensives, and she is also available to assist via phone when the students come across a health issue outside their level of experience. This ongoing mentoring is greatly valued by the students who all live in very remote areas.

The training focusses on basic primary health care and also preventative health training. Mr Rahul from one village said that people in his area

"did not know after getting sick where to go. They used to go to pujaries (local spiritual healer) but after this training he can help them like doing health advocacy guide them to go to proper place to save their loved ones life, and to save their money and time. And now they asking to him to help them. People trust that he has a very good qualification and they think he can help provide healing at low cost. He has also been able to give health promotion lessons to all those in his village and this has resulted in a number of people changing behaviours like stopping smoking."

This is just one person. There are many others who have similar stories. As all of the participants work in several villages, this small project is having far-reaching impacts.

A highlight from this year for our partner was an international gathering of health cluster networks. As a result of this conference, and sharing about the training, clusters from Myanmar and Sierra Leone are looking to implement a similar model.



On behalf of the thousands now being provided with lifesaving basic health care, thank you.

The graduates from two different locations

