Developing Village Health Leaders - India



IND-ENA-DVH-P03

Overview:

Our implementing parters have been training 30 to 40 community leaders each year since 2011. These lay-leaders live amongst the poor in remote villages and provide basic healthcare within their communities once trained. This project aims to increase the level of support to those with disability in these disadvantaged, remote populations. A training curriculum will be developed specific to the needs of disability care, educating lay-leaders with knowledge, skills and attitudes to serve those with disability in their local villages and schools with rehab services, empowerment activities, heath promotion and basic health care.



What we like about it:

The health training certificate candidates are already working in the communities where they will apply their new knowledge.

The local community is a direct and immediate beneficiary of each candidate's newly acquired skills and knowledge. Our partners are facilitating relationships between the graduates and the training institutes who are teaching the curriculum. This creates collaborative links between graduates and healthcare service providers so that the village health leaders can refer patients directly to quality practitioners. The project empowers locals at 'ground level' to meet the immediate health needs of the communities in these remote villages. These villages are often deemed inaccessible by other health care providers and are a long and expensive way from government clinics or doctors.

Budget: \$20,000 for the third year of a three year project.

Tax deductible: YES! And 100% gets there.

The Need:

There are approximately 600,000 villages in India. 73% of India's population resides in these villages, yet 75% of healthcare professionals are concentrated in the cities. People with disability from the villages have little access to basic therapy and other essential services to manage their disability. Training city people is not cost-effective or sustainable. Training an existing leader within the community can directly meet health needs and make disability care more accessible to those on the very margins of life in rural India.

Life Change:

- Community leaders are further empowered to take care of those living with disabilities.
- Remote villages are provided with access to disability care and are accorded dignity and respect.
- Life expectancy is greatly increased and people live healthier lives. In particular, people with disability have improved quality of life and access to support services.

