



Family Health Program

An Adharshila and MCG initiative

January 2022 - June 2023

AREAS COVERED IN GURUGRAM

• Gurugram

• Gwal Pahari

• Kanhaai Gaon

• Bandwadi

• Ghata

• Mandi

Tigra Village

• Wazirabad

• Badshah Pur

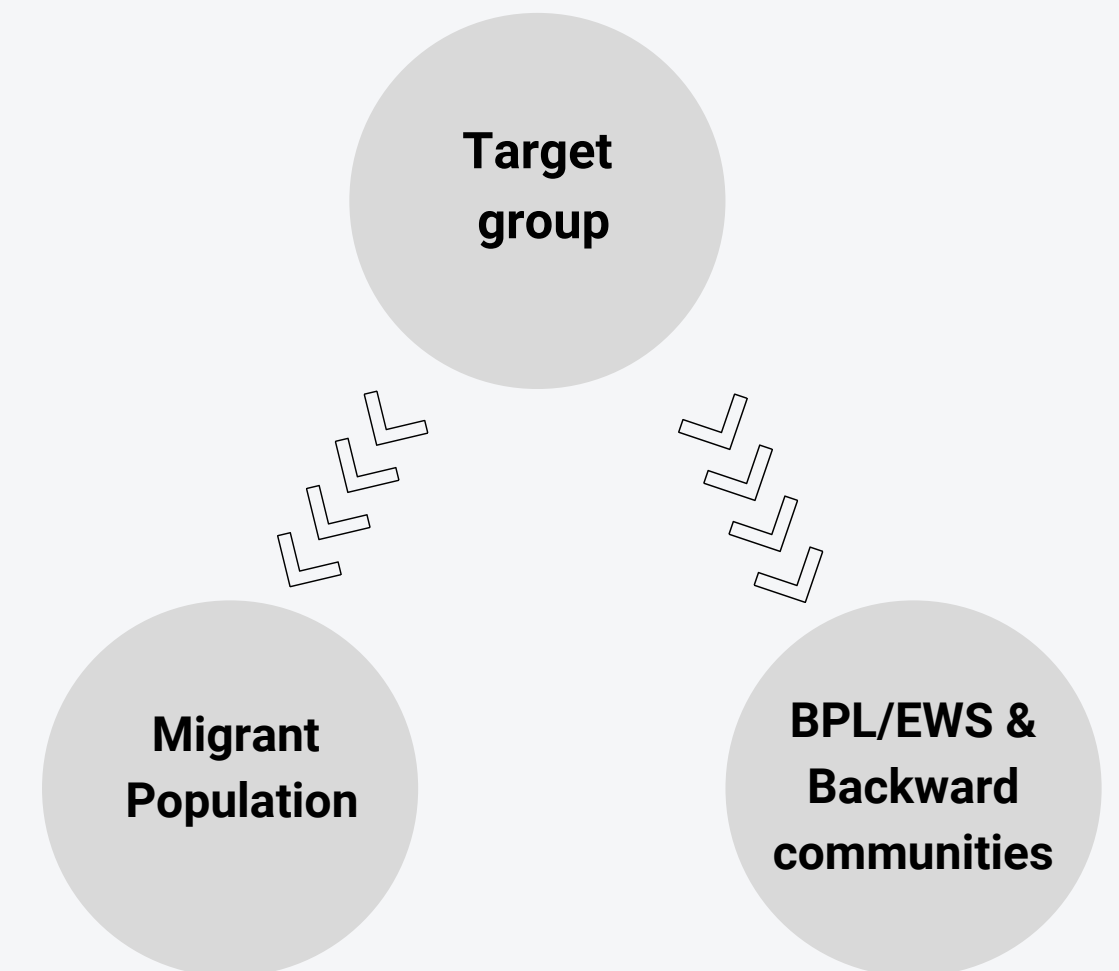
• Jonapur

ABOUT ADHARSHILA

- Adharshila (Adhar: foundation, shila: stone) is a young NGO, based in Kalkaji, Tigri, and Harkesh Nagar Okhla, Jaitpur in New Delhi and Gwal Pahari in Gurugram.
- Adharshila's founders, Ms. Neena Jolly and Ms. Geeta Arora started the NGO in October 2004 with the aim of ensuring sustainable slum development.
- The NGO works for the upliftment of the underprivileged section of society by striving to empower and enable them.
- We have reached 2,91,397 beneficiaries till now.

OUR MISSION

Adharshila works to build foundations for strong and self-reliant communities at the grassroots level with dedication and sincerity. We strive to empower and enable society's weaker sections through our programs that teach them to be self-reliant. At Adharshila we work to make a difference.



BENEFICIARY COVERAGE ACHIEVED

Doctor consultation

9681

Health camp

369

Awareness sessions

557

Indirect beneficiaries- 2785

GALLERY

Doctor consultation



Medical camp



Awareness session



SNAPSHOTS OF OPD'S AT PHC, GWALPAHARI



Registration & Health vital recording



Doctor Consultation



Pharmacy



Awareness Session



Doctor Consultation



Patients waiting to see the Doctor

SNAPSHOTS OF OUTREACH OPD



Registration & Health vital recording



Doctor Consultation



Pharmacy



Awareness session



Mother and Child OPD



Patients waiting for Doctor Consultation

SNAPSHOTS OF AWARENESS SESSIONS & COMMUNITY ENGAGEMENT IN GURUGRAM



MAKING HEALTHCARE ACCESSIBLE

Transportation is an important social determinant of health in rural communities. The availability of reliable transportation impacts a person's ability to access appropriate and well-coordinated healthcare.

So Adharshila sent its van to reach the last mile, pick the patients up and get them screened. We also dropped them back safely to their respective places once the screening was done.

These mobile units are a great way to reach the last-mile communities in remote geographies. This improves access and encourages health-seeking behavior at the last mile.





SCREENING PREGNANT WOMEN AT OUTREACH OPD'S BY OFFERING THEM MANY BENEFITS SUCH AS ACCESSIBLE CARE, CONVENIENCE, PERSONALIZED ATTENTION, REDUCED TRAVEL TIME AND REGULAR MONITORING OF THE FOETUS



UNDERSTANDING OUR HIGH-RISK MIGRANT BENEFICIARIES

GENERAL ISSUES

- Early/Child Marriage
- Dismal status of health and education system
- Almost Dysfunctional Anganwadis and public healthcare systems
- Open Defecation
- No public toilets/waste bins; unhygienic living/working conditions
- Food insecurity
- Water Logging/Electricity shortage
- Inaccessible health facilities
- Lack of awareness about health issues

MAJOR HEALTH ISSUES

- Allergies
- Arthritis
- Osteoporosis
- Hypertension
- Diabetes
- Gastrointestinal issues
- Genitourinary issues
- Respiratory illnesses
- Dermatological issues
- Anaemia and myalgia
- Dental issues
- Ophthalmic issues
- Increased susceptibility to cancer due to exposure to toxic and radioactive waste
- Ante Natal Checkups
- Leukorrhoea and vaginal infections

HEALTHCARE MANAGEMENT

- Self Management
- Local healers or treatment from Quacks

RATING OF EXISTING HEALTHCARE FACILITIES/SERVICES

- Poor
- Inaccessible
- High out of pocket expenditure

CURRENT SCENERIO



Out of pocket expenditure on health is about 5% of total household expenditure.



Purchase of drugs constitutes 70% of the total out of pocket expenditure.



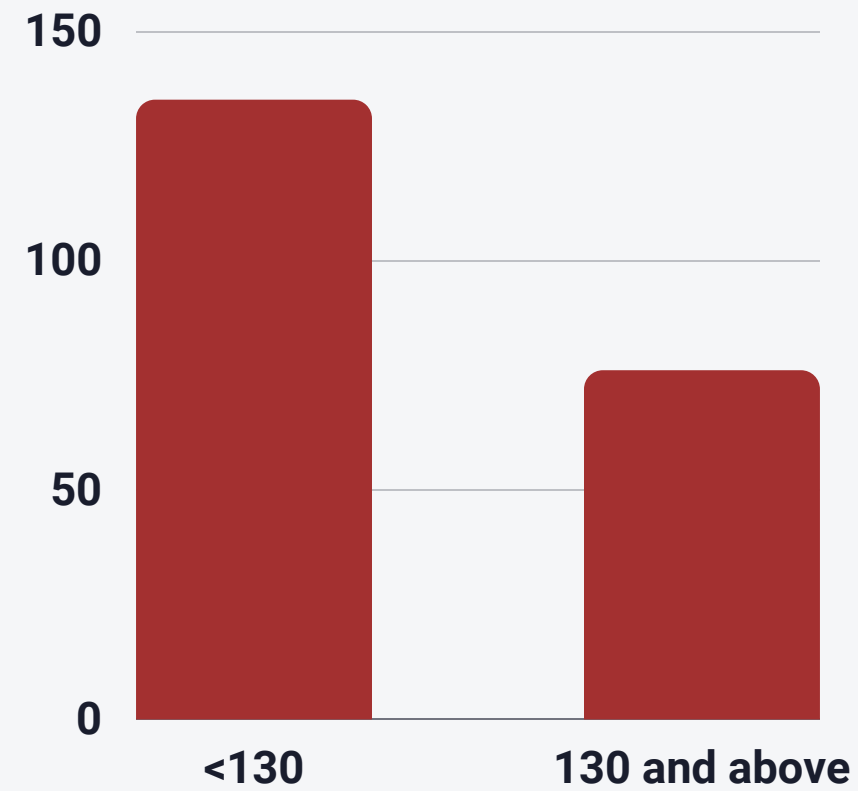
Approximately 32.5 million persons fell below the poverty line in 1999-2000 through out of pocket expenditure on health



HEALTH CAMP AT CONSTRUCTION SITES



229 labourers were administered with TT injection.



MEASURING BLOOD SUGAR LEVEL AT CONSTRUCTION SITE



100% of construction workers were wearing helmets and adhering to all the precautionary measures

Half of the labor force screened that day had diabetes but were unaware of it. The majority (42.1%) of diabetics were between the ages of 26 and 40.

OVERVIEW OF CANCER SCREENING CAMP

48

Oral Screening

85

ENT screening

41

PAP Smear

20

Mammography

112

Random Blood
sugar tests



We found one suspect as a result of this screening camp but this was just screening so confirmatory investigation is further needed.

SNAPSHOTS OF MAMMOGRAPHY



Patients waiting in the van for mammography



Mammography Registration



Patient coming back after mammography

The Rotary Club's mammography vehicle was used for the procedure.

every mammogram took 10 minutes

A 10-minute interval was observed between every three mammographies to allow the machine to cool down.

SUCCESS STORIES

File No -11020

85yr old male was examined for blood pressure and the readings were 145/90 with Pulse rate – 95. He was diagnosed as having hypertension and other associated problems. He was given antihypertensive medicines and supportive treatment. His blood pressure is controlled now on minimum medicines and he is feeling much better now. He has been advised and counseled to continue the treatment lifelong to remain healthy.

File No - 18655

Jyoti, 22 years female, reported with the history of swelling in the neck and loss of appetite. On examination, she was diagnosed with cervical lymphadenopathy. The lymph nodes were matted. Her lungs were clear but she was underweight. She was diagnosed as having tubercular lymphadenitis. She is under investigation and will be treated appropriately in accordance with investigation reports.



ADHARSHILA



Contact Us



adharshilango.org



[+917217667226](tel:+917217667226), [9810137592](tel:9810137592)



adharshila@gmail.com

THANK YOU FOR THIS OPPORTUNITY

**WE EXPRESS OUR SINCERE GRATITUDE
TO MUNICIPAL CORPORATION GURUGRAM
FOR PROVIDING US WITH A
PRIMARY HEALTHCARE CENTRE,
ENABLING US TO EXPAND OUR OUTREACH
AND BETTER SERVE
THE COMMUNITIES IN GURUGRAM**

