

Profile CHINYARD NGO, Hubli

Chaitanya Institute for Youth and Rural Development (CHINYARD) was established in the year 1990 under the Charitable Trust Act. Mr. C.Y.Bhardwad started his carrier as a social worker and developed the organization to great heights and become CEO of the organization. Since 20 years they have been empowering poor rural women in Dharwad , Haveri and Uttara Kannada district.

Chinyard means "Self Education for Empowerment" It is a development NGO partnering with 4100 Self Help Groups with 35000 women and Household belonging to rural poor communities across Dharwad, Haveri and Uttar Kannada in Karnataka State. Economic Empowerment has resulted by promoting 4100 SHGs .Member savings is Rs. 1,12,74,210. Group members have accessed loans totaling Rs. 3,00,00,000 for household emergencies, Health, Education, Agriculture and Enterprise activity.

Mission: "Bringing about sustainable development through Self Help with special emphasis on participatory conservation and management of natural resources, equity and gender sensitivity".

Vision : CHINYARD visualizes in having a society free from any exploitation where in giving equal opportunity to backward and exploited sections especially poor farmers, women, children's dalits & tribal to participate in the developmental and democratic process so as to make their lives more prosperous and to attain respectable status in the society.

Infrastructure Facilities: CHINYARD operates from its campus of 6 acres of land, which houses a training hall, a community kitchen and rural entrepreneurship complex. A branch at Hubli takes care of the urban micro finance.

Area of Operation: Target Area The organization is operating in 265 villages in Hubli, Kalghatagi and Kundagol Taluk of Dharwad dist Mundgod Taluk of Uttar Kannada dist, and Shiggaon Taluk of Haveri dist.

Out reach: It has covered the total population of 10 Lakhs people among 41570 families from 265 villages. Small and marginal farmers: 8200, Rural Artisans: 370, Rural Poor Women: 30000, Disables/Senior citizens/deserted women/Widows/,Orphans/HIV/Aids patients/landless labours: 3000,

Programmes and Focus Areas: Women Empowerment-

FLASH



Dr. Arjun Sachidanand, MD received NATIONAL HEALTH EXCELLENCE AWARD from THE ECONOMIC FOR HEALTH AND EDUCATIONAL GROWTH on 19th July 2010 at New Delhi

Micro Enterprise Development Programmes-Soil and Water Conservation-Human Rights/Eradication of Violence against Women Programmes-Traditional Handicraft Developments.- Sustainable Agriculture and organic farming.-Health and Sanitation.-Participation and Leadership in Livelihood-Subsistence and Community based initiatives-Introducing Appropriate Technology-Biodiversity Conservation.-Community Based Rehabilitation for Elders and Disabled people.

Micro Finance: Chinyard has been extending micro finance facilities to their SHG members since 5 years to promote their livelihoods.

Rating and Awards: M-CRIL Micro-credit Ratings & guarantees India LTD, is one of rating and grading Organization, it has studied our organization. During its study report it has given B+ grade to CHINYARD. The Government of Karnataka has published a state report on Human Development Index. In this report our organization CHINYARD is recognized by the Government Karnataka, because of its rural development activities towards the upliftment of the weaker section and marginalized people of the villages of three districts.

Oxfam (India) Trust has recognized our CHINYARD as a resource center of Micro Credit and Micro Enterprise Development Programmes. CHINYARD is registered with Credibility Alliance Member Ship No. 00188KA06 of New Delhi.

Received AWARD from NABARD and other organizations for the SHG related and watershed related achievements..

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A company committed to arrange low cost, timely and quality health care services to the urban and rural poor by collaborating with NGO-MFIs/ Cooperatives and recognized private hospitals, Corporate and Donors can sponsor programs for implementation in areas of their choice for communities whom they want to provide special health care services.



KRWCDS NGO, Karwar

INTRODUCTION:

KRWCDS (Karwar Rural Women & Children Development Society) is a registered voluntary organization. It has been registered on 22nd September 1986. Its registered Number is 35/86-87.

Mr. Susairaj Reddy and Mrs. Teresa Susairaj Reddy is the founder of this Organization. At the initial stage, they started the people's organizations at Devalmakki village with few members. There after it has grown as a banyan tree at Karwar and Joida Taluk. Today KRWCDS has its own training center to organize the training programmes for the people's organization. It has 39 full time and 70 part time totally 109 staffs are working under KRWCDS.

KRWCDS is involved in Rural Development of the poorest of the poor namely scheduled castes, scheduled tribes & backward communities. KRWCDS's target areas are the interior villages of Joida & Karwar

Taluk. KRWCDS's developmental methodologies are awareness building, people's organizations, participation & sustainability. It works with the interior Forest tribal, rural men, women, youth, unmarried girls and the children to bring about an integrated rural development through three tier people's organization namely village level people's organization, cluster level people's organization & Apex Body. KRWCDS has its own training center to organize the training programme for the people's organization.

Vision is "a free, democratic, secular, non-violent gender sensitive, value based sustainable integral inclusive Society".

Mission is "Enlightenment, Empowerment, Entitlement, Enlargement and Enrichment through critical objective assessment, structural changes and partnership approaches"

Objectives: Social, Psychological, Environmental, Economical & Political Empowerment of the rural poor.

Major Projects : KRWCDs is collaborating with the following Donors namely:-

- ❖ Karl Kubel Stiftung (KKS)-Germany- SHG formation and strengthening, Education, Nutrition, Watershed, Forestry and NTFP
- ❖ Child Fund India - America- Health and Sanitation, Education, SHG,
- ❖ Solaris Chemtech-A Corporate Sector, Binaga, Karwar- Education Health
- ❖ Asha Kiran - State Government's Sponsor for destitute Children Hostel.

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**Profile of Net work hospitals
 Totagarar Seva Samiti Hospital , Sirsi**

The health and human services problem in rural areas differ from those in urban. For the people living below the poverty line across scattered rural hilly areas and surrounding District. Therefore, access to rural community is Critical.

Uttar-Kannada District in Karnataka State is not served by good medical facilities and needy patients had to travel at least 100 kms for getting good medical services. To meet this requirement, Totagarar Seva Samiti Shripad Hegde Kadave Institute of Medical Sciences was established in November 2005 as a rural health and human service providing Hospital to help rural communities and other rural stakeholders.

The Hospital is run by a trust Totagarar Seva Samiti (TSS) comprises of farmers representatives as trustees. Totgars'Co-operative Sale society Ltd made a major contribution and took an active role in initiating the proposed Hospital Project. With the financial assistance of District Central Co-operative Bank and many other public & private efforts, 160 bed Multi Specialty Hospital came up and started Functioning.

The Totagars Sale Society Ltd. comprises of 5000 members, 20000 account holders and more than 1 Lakh their dependents. Most of them are holding a small agricultural land area and TSS Hospital seeks to create a more integrated framework for its rural beneficiaries.

TSS Hospitals Medical Departments and Doctors :

Obstetrics & Gynecology -Dr .Swati vinayak Dgo,FCPS , General Surgery-Dr. Vijaykumar, Orthopaedics - Dr. Madhukeshwar G.V D ortho DNB, General Medicine- Dr. Anand T. MD, Pediatrics and Neonatology-Dr. Sayed N DNB, Anesthesiology - Dr. Manjunth Bhat MD,E.N.T - Dr. Arunkumar R ,MS, Ophthalmology- Dr. Sawmya K.V , DoMS, FRCS, Radiology- Dr. R . P Yuvaraj MBBS DMRD .DNB, Dental care- Dr . Sarvesh Nayak BDS, Pathology-Dr. Manjula Y.P MBBS, DCP. DNB, Blood Bank Officer-Dr. P S Hegde MBBS DCP, Duty Doctor-Dr. Rashmi, Dr. Pavankumar

Super Specialists regularly Visiting once in a month:

Dr. Venkatesh Moger MD DM DNB Nephrologist-Dr. Prashant T. Bhat DNB [surgery] Urologist-Dr. Mithun Sattur MCH [Nero surgery] Neuro surgeon -Dr. Divakar Bhat Cardiothoracic Surgeon -Proposed : M.R.I .scan, Eye storage Unit ,And Freezer for Mortuary

Facilities Available :

Well equipped Five Operation Theatres, ICU and NICU with Ventilators, Spiral C.T. Scanner, Dialysis, Sonography with colour Doppler, Infertility treatment with IUI Lab , Foetal Monitoring System and Painless Delivery Facilities, Physiotherapy, T.M.T and E.C.G, Mammography, Telemedicine, Video Endoscope , Ultrasonic and Laparoscopic Surgeries fir less blood loss, And speedy recovery, 24Hrs. Blood Bank Pharmacy, Pathology, Ambulance and Casualty services, Para Medical Education Courses, Spacious Wards with good ventilation and Lighting, Centralized Air Conditioning and Medical Gas ,ystem., Incinerator, ET plant and Bio Gas plant for Effective Pollution control, Patient friendly Facilities like Lift, canteen, Generator ect., Treatment under various Health Insurance Schemes.

Feed back from NGO's

KRWCDs

The company has studied the grass root realities and at the same time has the macro level vision at the National level. It has inspired the top level leaders while implementing the scheme and has been very fast in developing the systems and implementing them. The claims are approved fast and the payment to hospitals has been promptly one.

The following suggestions made to further improve the operational efficiency. We need to think of some way by which the discrimination between the members card holders and general patients in terms of hospital tariff. The hospitals need to make proper arrangements to maintain privacy while treating the patients. Some changes in the timings of the Help Desk Executives and Doctors can be made since at present they are available from 11AM only.

Regarding field level work there is a need to create proper and better awareness among the target families about the scheme. This would require proper training of the Help Desk Executives and the Doctors also. Regular visit by one of the higher officers of the company to the partners will help solving the operational problems on time.

CHINYARD

ಚಿನ್ಯಾರ್ಡ್ ಸಂಸ್ಥೆಯ ಅನುಭವ

ಚಿನ್ಯಾರ್ಡ್ ಸಂಸ್ಥೆ ಹುಬ್ಬಳ್ಳಿ ಹಾಗೂ ಎಸ್.ಎ.ಎಸ್. ಪ್ರೈ. ಲಿ. ಮೈಸೂರು ಇವರ ಸಹಯೋಗದೊಂದಿಗೆ ಸುದಾನಂದ ಹೆಲ್ತ್ ಕೇರ್ ಪ್ರೋಜೆಕ್ಟ್ ಅರೋಗ್ಯ ಕಾರ್ಯಕ್ರಮವನ್ನು ಅಕ್ಟೋಬರ್ ನವೆಂಬರ್ ತಿಂಗಳಲ್ಲಿ ಸಮಾಲೋಚನೆ ನಡೆಸಿ ಕಾರ್ಯಕ್ರಮ ಪ್ರಾರಂಭಿಸಲಾಯಿತು. ಡಿಸೆಂಬರ್ ತಿಂಗಳಲ್ಲಿಯೇ ಸಂಸ್ಥೆಯು ಸಿಬ್ಬಂದಿಗಳಿಗೆ ಕಾರ್ಯಕ್ರಮದ ಪರಿಚಯ ಹೆಲ್ತ್ ಪ್ರಾಕ್ಟೀಸ್ ದೃಷ್ಟಿಯಲ್ಲಿ ಕಾರ್ಯಕ್ರಮದ ಹಿನ್ನೆಲೆಯನ್ನು ಕುರಿತು ತರಬೇತಿನೀಡಿದರು. ಸಿಬ್ಬಂದಿಯು ಮೊದಲಿಗೆ ತುಂಬಾ ಉತ್ಸಾಹಿಗಳಾಗಿದ್ದಾರೆ ೧೬೦ ರೂ ಸರಳವಾಗಿ ಬಡವರು ಕೊಡಬಹುದು ನಮ್ಮ ಸಂಘಗಳು ೫೦೦೦ ಇರುವುದರಿಂದ ಎಷ್ಟೆಂದು ಸಾವಿರ ಸದಸ್ಯರಿದ್ದಾರೆ. ಮೂರು ಜಿಲ್ಲೆ ಐದು ತಾಲ್ಲೂಕಿನಲ್ಲಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿದ್ದೇವೆ. ನಿರಂತರ ಸಂಘದ ಸದಸ್ಯರು ಸಂಪರ್ಕದಲ್ಲಿರುವುದರಿಂದ ಪ್ರತಿ ಸಿಬ್ಬಂದಿಯು ಐದು ಸಾವಿರಗಳವರೆಗೆ ಕಾರ್ಡ್ ಮಾಡಿಸುತ್ತೇವೆ ಎಂದು ಜವಾಬ್ದಾರಿ ತೆಗೆದುಕೊಂಡರು ಅವರ ಪ್ರಕಾರ ಡಾ. ಅರ್ಜುನ್ ರವರು ಅವರ ಸಿಬ್ಬಂದಿಗಳಲ್ಲಿ ತರಬೇತಿನೀಡಿ ಬ್ಯಾಗ್ ಕೊಟ್ಟು ರಶೀತಿಪತ್ರ ಕ ನೀಡಿದರು. ಎಸ್.ಎ. ಎಸ್ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಸೂಚಿಸುವ ಆಸ್ಪತ್ರೆಗಳ ಯಾದಿ ಹಾಗೂ ಅವರ ದೂರವಾಣಿ ಸಂಖ್ಯೆ ತಿಳಿಸಿದರು. ಆಯ್ಕೆ ಮಾಡಿದ ಆಸ್ಪತ್ರೆಗಳು ಹುಬ್ಬಳ್ಳಿಯಲ್ಲಿ ಪ್ರಸಿದ್ಧಿಯಾಗಿದ್ದವು. ಹೆಬಸೂರ ಆಸ್ಪತ್ರೆ ಡಾ. ಗಡಗಿ ಆಸ್ಪತ್ರೆ ಹುಬ್ಬಳ್ಳಿ.

ಈ ಕಾರ್ಯಕ್ರಮ ಪ್ರಾರಂಭ ಮಾಡುವಾಗ ಮೊಟ್ಟಮೊದಲಿಗೆ ಪ್ರತಿಗ್ರಾಮದಲ್ಲಿ ಊರಿನ ನಾಗರಿಕರು ಮುಖಂಡರು ಸ್ವಯಂ ಸೇವಾಸಂಘದ ಸದಸ್ಯರು ಸಮಗ್ರ ಖಡದಲ್ಲಿ ದೈನಂದಿನವರಗಳ ಮುಖಾಂತರ ಸುದಾನಂದ ಅರೋಗ್ಯ ಕಾರ್ಯಕ್ರಮವನ್ನು ಪರಿಚಯ ಹಾಗೂ ಸೌಲಭ್ಯಗಳ ಕುರಿತು ಜನರಿಗೆ ತಿಳಿಸಲಾಯಿತು. ಓಣಿ ಓಣಿಗಳಲ್ಲಿ ಗುಂಪು ಗುಂಪಾಗಿ ಸಭೆ ನಡೆಸಿ ಬಿತ್ತಿ ಪತ್ರ ಕೂಡ ನೀಡಲಾಯಿತು. ಹುಬ್ಬಳ್ಳಿಯಲ್ಲಿ ವಾರ್ಡ್ ಸಭೆಯನ್ನು ಕಾರ್ಪೋರೇಟರ್ ಮೂಲಕ ಸಭೆ ನಡೆಸಲಾಯಿತು. ಎಲ್ಲರ ಸಹಕಾರ ನೀಡಿದರು ಕಾರ್ಡ್ ಬರೆಸಲು ಒಪ್ಪಿದರು. ನಾನು ಇಲ್ಲಿಯವರೆಗೆ ಐದು ಸಾವಿರದ ಐನೂರು ಜನರ ಕಾರ್ಡ್ ನ್ನು

ಮಾಡಿಸಿದ್ದು ಇದೇ ನಿರೀಕ್ಷಿತ ಗುರಿ ಮುಟ್ಟಿದ್ದರು ಡಾ. ಅರ್ಜುನ್‌ರವರ ಸೇವೆ ನಿರಂತರವಾಗಿದೆ. ಅವರು ನಮಗೆ ಸಮಾದಾನ ಸಹಕಾರ ಸಲಹೆ ನೀಡುತ್ತ ಬರುತ್ತಿದ್ದಾರೆ. ಇಲ್ಲಿಯವರೆಗೆ ಸುಮಾರು ೧೫೦೦ ರೂ ನಿಂದ ೧೫೦೦೦ ರೂ ವರೆಗೆ ದವಾಖಾನೆಗಳಿಗೆ ಚಿಕಿತ್ಸೆ ವೆಚ್ಚ ಭರಿಸಿದ್ದಾರೆ. ಮೂರು ಲಕ್ಷ ರೂಗಳ ವರೆಗೆ ಖರ್ಚಾಗಿದೆ. ನಾವು ನಿರೀಕ್ಷಿಸಿದಂತೆ ಬಡವರಿಗೆ ಆರೋಗ್ಯ ಸೇವೆ ಸಿಗುತ್ತಿದೆ. ಕಾರ್ಡ್ ಮಾಡಿಸಿದ ಸದಸ್ಯರು ಜಾಲದಲ್ಲಿರುವ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಹೋಗಿ ಸಹಾಯ ವಾಣಿಗಳ ಮುಖಾಂತರ ಚಿಕಿತ್ಸೆಯನ್ನು ಪಡೆಯುತ್ತಿದ್ದಾರೆ. ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ವೈದ್ಯರು ಕೇವಲ ೧೦ರೂ ದರದಲ್ಲಿ ಓ.ಪಿ.ಡಿ. ಸೇವೆಯನ್ನು ಒದಗಿಸುತ್ತಿದ್ದಾರೆ. ೧೦೦ರೂ ಕನ್ನಳ್ಳಿವ್ಹ್‌ಪಡೆಯುವ ವೈದ್ಯರು ೧೦೦ರೂ ದರದಲ್ಲಿ ಚಿಕಿತ್ಸೆ ಒದಗಿಸುತ್ತಿದ್ದಾರೆ. ವಿಶೇಷ ಸೌಲಭ್ಯಗಳಾದ ಮರಣ ಸಾಂತ್ವನ, ಹರಿಗೆ ಶುಲ್ಕ ಕೂಡ ಪಡೆದಿರುತ್ತಾರೆ. ಉದ್ರಿ ಸೌಲಭ್ಯ ಪಡೆದಿದ್ದಾರೆ. ಸಂಸ್ಥೆಯು ಕೂಡ ಪ್ರತಿತಿಂಗಳು ಕಂತಿನಂತೆ ಹಣ ಪಡೆಯುತ್ತಿದೆ. ಸಂಸ್ಥೆಗೆ ಎಷ್ಟೇ ತೊಂದರೆ ಬಂದರೂ ಅಭಿ ರಹಿತ ಸೇವೆ ಮಾಡಬೇಕು ಡಾ. ಅರ್ಜುನ್‌ರವರ ಆಸೆ ಈಡೇರಿಸುವ ಉದ್ದೇಶ ಈಡೇರಿಸುವುದಕ್ಕಾಗಿ ನಿರಂತರ ಸೇವೆ ಒದಗಿಸುತ್ತಿದ್ದೇವೆ.

ಕಾರ್ಯಕ್ರಮದಿಂದ ನಮಗಾದ ಅನುಭವಗಳು

ಸಂಸ್ಥೆಯು ನಿರಂತರ ಆರೋಗ್ಯ ಸೇವೆ ನೀಡಿದಂತಾಗಿದೆ. ಸಂಘದ ಸದಸ್ಯರಿಗೆ ಆಪತ್ಕಾಲ ತುರ್ತು ಪರಿಸ್ಥಿತಿಯಲ್ಲಿ ಸಹಾಯ ಮಾಡಿದಂತಾಗಿದೆ. ಎಂ.ಐ.ಎಸ್. ಕ್ಲೈಮ್‌ಬಗ್ಗೆ ಉತ್ತಮ ಅನುಭವ * ಇಂಟರ್‌ನೆಟ್‌ಮುಖಾಂತರ ಎಲ್ಲರಿಗೂ ಸೇವೆ ಸಿಗುತ್ತಿದೆ. * ರೋಗಿಗಳಿಗೆ ಉತ್ತಮ ಚಿಕಿತ್ಸೆ ಸಿಗುತ್ತಿದೆ. ೧೦೦ರೂ ಕನ್ನಲ್‌ಟೆನ್ಸಿ ಚಾರ್ಜ್‌ನಲ್ಲಿ ಹೆಚ್ಚು ಸದಸ್ಯರು ಚಿಕಿತ್ಸೆ ಪಡೆಯುತ್ತಿದ್ದಾರೆ * ನುರಿತ ವೈದ್ಯರಿಂದ ಸೌಲಭ್ಯ ಪಡೆಯುತ್ತಿದ್ದಾರೆ

ನಮ್ಮ ಸಿಬ್ಬಂದಿಯ ನಿಜವಾದ ಅನುಭವ ಮುಂದಿನ ವರದಿಯಲ್ಲಿದೆ.....

Card Holder (SUKHI) Stories

ಫಲಾನುಭವಿಗಳ ನುಡಿ..



1. Chikkanna S/O Hirayya was born in Bidarhalli Hundi. He has been working as a laborer in the sand transporting company since 12 years. He joined the SAS Poorna Arogya Health Care Pvt. Ltd. Mysore as a watchman. He is married and has one girl child. He

and his family members became members of the Suddanand Poorna Arogya Scheme by paying Rs. 480/- for three members @ Rs. 160/- member.

For his misfortune he suffered from Hernia disease. He could not go for work and his family was suffering. Since he had become member of the Suddanand Poorna Arogya Scheme. So, he could undergo cashless surgery at Srinivasa Hospital, Mysore as in patient for four days and was discharged. Now he is healthy. His wife says, When we were in trouble God helped through Suddanand Poorna Arogya Health Card.. His family has recommended their relatives in a village near Mysore to become members of the scheme.

ಡಾ. ಅರ್ಜುನ್ ಸುದಾನಂದ ಹೆಲ್ತ್ ಕೇರ್ ಪ್ರೈ. ಲಿ. ಮೈಸೂರು

ಕುಮಾರಿ ಗಾಯತ್ರಿ, ಬಸವರಾಜ ಪತ್ತಾರ ಸಾ. ತಡಸ ತಾ. ಶಿಗ್ಗಾವ, ಹಾವೇರಿ ಜಿಲ್ಲೆ.

Before

After



ನನ್ನ ಮಗಳಿಗೆ ಹುಟ್ಟಿನಿಂದ ಅಂದಳಾಗಿದ್ದು ಶ್ರೀ ಆರೂಢ ಅಂಗವಿಕಲರ ಶಾಲೆಯಲ್ಲಿ ೩ನೇ ತರಗತಿಯಲ್ಲಿ ಓದುತ್ತಿದ್ದಾಳೆ ನಾನು ನನ್ನ ಮಗಳ ಆರೋಗ್ಯದಿಂದ ಇರುವ ದೃಷ್ಟಿಯಿಂದ ಚೆನ್ನಿಯಾರ್ಡ್ ಸಂಸ್ಥೆ ಹಾಗೂ ಸುದಾನಂದ ಹೆಲ್ತ್ ಕೇರ್ ಪ್ರೈ. ಲಿ. ಇವರ ವತಿಯಿಂದ ಸುದಾನಂದ ಪೂರ್ಣ ಆರೋಗ್ಯ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ನಮ್ಮ ಕುಟುಂಬದಲ್ಲಿ ನಾಲ್ಕು ಜನ ಸದಸ್ಯರು ನೋಂದಾವಣೆ ಮಾಡಿದ್ದೇವೆ. ಈ ಕಾರ್ಯಮಕ್ಕೆ ವಾರ್ಷಿಕ ಪ್ರೀಮಿಯಂ ಹಣ ೬೪೦ರೂಗಳು ನೀಡಿದ್ದೆವು. ಒಂದು ತಿಂಗಳ ನಂತರ ನಮ್ಮ ಮಗಳಿಗೆ ಕುಣಿಕೆ ಹುಣ್ಣು ಎಡಭಾಗದ ಕಣ್ಣಿನಲ್ಲಿ ಕಾಣಿಸಿಕೊಂಡಿತು. ಪ್ರತಿದಿನ ಕೀವು ಸೋರುತ್ತಿದ್ದು ಅವಳಿಗೆ ತೊಂದರೆ ಕೊಡುತ್ತಿತ್ತು. ಡಾ. ಅರ್ಜುನ್‌ರವರ ಕಡೆ ವೈದ್ಯಕೀಯ ಪರಿಕ್ಷೆ ಮಾಡಿಸಿದವು. ತಕ್ಷಣ ಅವರು ನುರಿತ ವೈದ್ಯರ ಸಲಹೆ ಪಡೆದು ಆಪರೇಷನ್ ಮಾಡಿಸಿ ಅದಕ್ಕೆ ತಗಲುವ ಖರ್ಚನ್ನು ನೀಡುತ್ತೇನೆಂದು ತಿಳಿಸಿದರು ಅವರ ಪ್ರಕಾರ ಡಾ. ಎಂ.ಎಂ. ಜೋಶಿ ಹುಬ್ಬಳ್ಳಿಯವರ ಕಡೆ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ ಮಾಡಿಸಿದನು ಅದಕ್ಕೆ ಒಟ್ಟು ೫೦೦೦ ರೂಪಾಯಿ ಖರ್ಚನ್ನು ಭರಿಸಿದನು. ಸುದಾನಂದ ಪೂರ್ಣ ಆರೋಗ್ಯ ಕಾರ್ಯಕ್ರಮದಿಂದ ೫೦೦೦ ರೂಪಾಯಿ ಸಹಾಯ ನೀಡಿದ್ದಾರೆ. ನನ್ನ ಮಗಳು ಕೂಡಾ ಆರೋಗ್ಯವಾಗಿದ್ದಾಳೆ. ನಿಜವಾಗಿಯೂ ಬಡವರಿಗೆ ಕಡು ಬಡವರಿಗೆ ಇದೊಂದು ಉತ್ತಮ ಸೇವೆ. ಜನರಿಗೆ ಇದರ ಅವಶ್ಯಕತೆಯು ಇದೆ ಎಂದು ಅನಿಸುತ್ತದೆ. ಡಾ. ಅರ್ಜುನ್‌ಹಾಗೂ ಶ್ರೀ ಸಿ.ವೈ. ಭರದ್ವಾಡರವರಿಗೆ ನಮ್ಮ ಕುಟುಂಬದವರು ಚಿರ ಋಣಿಯಾಗಿರುತ್ತೇವೆ. ಹಾಗೂ ನಿಮ್ಮ ಸಂಸ್ಥೆಯು ಇನ್ನೂ ಹೆಚ್ಚಿನ ಬಡ ಕುಟುಂಬಗಳಿಗೆ ಸಹಾಯ ಮಾಡಲೆಂದು ಬಯಸುತ್ತೇನೆ.



ನಮಸ್ಕಾರಗಳು

ನನ್ನ ಹೆಸರು ರಮಂಡಿನ್‌ಫರ್ನಾಂಡಿಸ್‌ನಾನು ಶಿರಸಿಯಲ್ಲಿ ವಾಸಿಸುತ್ತಿದ್ದು ಎಸ್.ಎ.ಎಸ್.ನಿಂದ ಅಭ್ಯಾಸ ಪಡೆದವಳಲ್ಲಿ ಒಬ್ಬಳಾಗಿದ್ದೇನೆ. ಮೊದಲು ನಾವು ಶಿರಸಿಯ ಕದಂಬ ಎಂಬ ಎನ್.ಜಿ.ಓ. ಸಂಸ್ಥೆಯ ಮೂಲಕ ಎಸ್.ಎ.ಎಸ್. ಕಾರ್ಡ್‌ನ್ನು ಮಾಡಿಸಿದೆವು. ಸುಮಾರು ಜನರಿಗೆ ಈ ಕಾರ್ಡ್‌ನ ಸೌಲಭ್ಯ ತಲುಪಿದೆ ಎಂದು ತಿಳಿಯಿತು ೧೬೦ ರೂಪಾಯಿಯಲ್ಲಿ ಹೊರರೋಗಿಗಳಿಗೆ ಒಳರೋಗಿಗಳಿಗೆ ಸೌಲಭ್ಯ ಸಿಗುವುದು ಎಂದು ತಿಳಿದಾಗ ಮನೆಯವರೆಲ್ಲರ ಹೆಸರಿನಲ್ಲೂ ಮಾಡಿಸಿದೆ. ಇದರಿಂದಾಗಿ ನಾನು ಪ್ರತಿಸಲವು ಹೊರರೋಗಿಯಾಗಿ ಆಸ್ಪತ್ರೆಗೆ ಹೋದಾಗ ಎಕ್ಸ್‌ರೇ ಮತ್ತು ಲ್ಯಾಬ್‌ಟೆಸ್ಟ್‌ಗಳಲ್ಲಿ ಶೇ.೨೦ ರಷ್ಟು ರಿಯಾಯಿತಿ ಸಿಗುತ್ತಿದೆ. ಹಣವು ಉಳಿಯುತ್ತಿದೆ. ಒಳ್ಳೆಯ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಉತ್ತಮ ಚಿಕಿತ್ಸೆಯು ಸಿಗುತ್ತಿದೆ. ಅದಕ್ಕಾಗಿ ನಾನು ನಮ್ಮ ಮನೆಯವರೆಲ್ಲರೂ ಋಣಿಯಾಗಿದ್ದೇವೆ. ಈ ಕಾರ್ಡ್ ಮಾಡಿಸಿದ್ದಕ್ಕಾಗಿ ನಮಗೆ ತೃಪ್ತಿ ಇದೆ. ಅಷ್ಟೇ ಅಲ್ಲಾ ಎಸ್.ಎ.ಎಸ್.ನ ಸೇವೆ ಎಲ್ಲರಿಗೂ ಸಿಗಲಿ ಎಂದು ಹಾರೈಸುತ್ತೇನೆ.



ನಮಸ್ಕಾರ

ನಾನು ಸುಮಾ ಅರವಿಂದ ಸಚಿನ್‌ಶಿವಮೊಗ್ಗ ನಿವಾಸಿ ಶಿರಸಿಯಲ್ಲಿ ಟಿ.ಎಸ್.ಎಸ್. ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಚಿಕಿತ್ಸೆ ಪಡೆಯುತ್ತಿದ್ದೇನೆ. ನಾನು ಎಸ್.ಎ.ಎಸ್.ಕಾರ್ಡ್‌ನ ಉಪಯೋಗಿಯಾಗಿದ್ದು ಈಗಾಗಲೇ ಈ ಕಾರ್ಡ್‌ನ ಮೂಲಕ ಕಡಿಮೆ ವೆಚ್ಚದಲ್ಲಿ ಹೊರರೋಗಿಯಾಗಿ ಮತ್ತು ಒಳರೋಗಿಯಾಗಿವು ಒಳ್ಳೆಯ ಚಿಕಿತ್ಸೆಯನ್ನು ಪಡೆದುಕೊಂಡಿದ್ದೇನೆ. ಕದಂಬ ಎಂಬ ಸಂಸ್ಥೆಯ ಮೂಲಕ ಎಸ್.ಎ.ಎಸ್. ಎಂಬ ಹೆಲ್ತ್ ಕಾರ್ಡ್‌ನ ಬಗ್ಗೆ ತಿಳಿದುಕೊಂಡು ೧೬೦ ರೂಪಾಯಿ ಕೊಟ್ಟು ಕಾರ್ಡ್ ಮಾಡಿಸಿದ್ದು ನಮಗೆ ಈಗ ಸಾರ್ಥಕ ಎನ್ನಿಸಿದೆ. ಎಸ್.ಎ.ಎಸ್.ನಿಂದ ಮತ್ತು ಆಸ್ಪತ್ರೆಯಿಂದ ನನಗೆ ಉತ್ತಮ ರೀತಿಯಲ್ಲಿ ಸೇವೆ ಸಿಕ್ಕಿದೆ. ಅಲ್ಲದೆ ಇದರಿಂದ ಸಂತೋಷವು ಆಗಿದೆ. ನಮಗೆ ಇನ್ನೂ ಮುಂದೆ ಸಹ ಎಸ್.ಎ.ಎಸ್. ಸೇವೆ ಸಿಗಲಿ ಎಂದು ಕೇಳಿಕೊಳ್ಳುತ್ತೇನೆ. ಇನ್ನು ಪ್ರಖ್ಯಾತಿ ಈ ಸಂಸ್ಥೆಗೆ ಸಿಗಲಿ ಎಂದು ಶುಭ ಕೋರುತ್ತೇನೆ. ವಂದನೆಗಳು.

COMPANY MATTERS

WORKSHOP

Three Days Workshop on the implementation of the Suddanad Poorna Arogya Scheme is scheduled to be held at Hubli from 24th July to 26th July 2010 at Basanth Trupthi International Hotel.

MD receives National Award :

Dr. Arjun Sachidanand, our MD , received NATIONAL HEALTH EXCELLENCE AWARD from THE ECONOMIC FOR HEALTH AND EDUCATIONAL GROWTH on 19th July 2010 at New Delhi for "EXCELLENCE IN CHOSEN FIELD OF ACTIVITY", on the occasion of 31st National Seminar on ACHIEVEMENTS & NATIONAL DEVELOPMENT" for his presentation on "SAS Poorna Arogya Scheme-a community based health insurance Model".

Mr. Anees Durani-General Secretary, Mr. Ved Prakash -General Secretary, Dr. G V Krishna Murthy – His excellence former Election Commissioner of India, Dr. Antonio – Ambassador Polland, Prof. S. S. Bhakri – Director UNESCO/UNICEF India, Dr. Bishma Narayan Singh – Ex. Governor of Assam/ Tamil Nadu were the dignitaries in whose presence the award was presented. Congratulations Sir.

Achiever of the month:



Ms. Swathi Rai is B.E in Telecommunication from P.A. college of Engineering, Mangalore. She joined our company on 1-4-2010 as Software Executive. She was born on 22-6-1987 at Mangalore. She has been training our entire Help desk Executives

regarding use of our software. Her hobbies are painting and reading novels. She attends to the issues relating software and ensures that there is no problem in our day to day operations.

She is the best achiever of this month in our company by getting maximum number of NGO-Miss registered for the workshop to be held on 25th and 26th July 2010 at Hubli. Congratulations Swathi for your effective communication with NGO-MFIs.

Staff Matters:



1. We welcome Mr. Anup Chandra who has just joined us as Head of Operations from July 2010. Hearty welcome Anup and we wish you a bright future in our company.



Mrs. Veena V. Thomas is promoted as Medical Records Director. She earlier worked in our company as Medical Record Technician. Congratulations Veena.



Mrs. K. Pushpa Najappa is promoted as Office Administrator from the present post as Receptionist. Congratulations Pushpa.



Mr. Ananda Raju is promoted as Head of Field Operations from the present post of Program Orientation Officer. Congratulations Anand.



Mr. Naveen has been promoted as Manager, Public Relations, from the present post of Senior Program Orientation Officer. Congratulations Naveen.



We celebrated the Birthday of following members of the Suddanand Family.

1. Dr.Arjun Sachidananda was born on 6th July. He is founder Director and Managing Director of SAS Poorna Arogya Health Care Pvt. Ltd. He completed his MBBS and MBA

in hospital and health care management. He is an orthopedic resident surgeon. He comes from a family of Doctors providing health care services and hospital management for over 30 years. He has also promoted one more company namely Trios Software Pvt. Ltd. He is a sportsman and has won all India level championships during his student carrier. Even today he is the Asian Champion of the Doctors Badminton competition. Many Many Happy returns of the day Boss.



Mr. Shripathy Rao was born on 14th July. He is working as a Project Coordinator in SAS Poorna Arogya Pvt.Ltd., Mysore. He had worked in a number of organizations and has 38 years of experience. Many Many Happy Returns of the day to Excel Sir...



Mr. Ananda Raju was born on 22nd July. He is a Head of Field Operations .He is a very dynamic person and good worker. Many Many Happy returns of the day to Mahithi Raju.....

Mr. Anand Raju and "Mungaru Male" film actress Pooja Gandhi had a chat about our scheme at a function at Gulbarga, they were both invited as for an NGO meet.



Introduction:

Insurance is a mechanism of a community sharing the risks of damages or loss to the assets. We need to ensure that people are healthy and contribute for the welfare of the family, society and the world at large. Since large number of people come under inadequate income or savings to meet the unforeseen health related expenses, health insurance provides compensation to the insured, to the extent an insurance product provides for and helps manage the risk to life.

Historical perspective:

Often village communities in India would collect contributions from the households and used the same in order to meet the medical expenses when some one fell sick. This can be considered as the oldest community based health insurance prevalent in India. Later, a series of initiatives were taken by the British government and eventually by the Indian government to regulate and promote health insurance in India.

The first Insurance Act was passed in 1912. The latest version of insurance act was introduced in the year 1938. In 1972, Indian insurance industry was nationalized and 107 private insurance companies were merged into General Insurance corporation.(GIC). A major breakthrough in the insurance sector was providing for the private and foreign companies to enter the market under the IRDA Act of 1999. This was followed by Insurance -Amendment Act 2002.

Another milestone was permission to SHGs and NGOs to work as agents of the insurance companies under certain conditions and extend micro insurance facilities to the group members. This was done through IRDA (Micro Insurance) Regulations, 2005.[2]

Health Insurance- Present Status:

Health insurance comes under Non-Life insurance segment. Between 2001- 02 and 2007-08, the total health insurance premium collected by non-life insurance companies has thus grown from about Rs 700 crores to over Rs 5100 crores, i.e. 39% during this period. The Health Insurance portfolio now stands at 18% of all business transacted by the non-life insurers as of 31st March 2008. During the first half of the financial year 2008-09 total premium grew 47%. Health insurance is thus fast emerging as an important mechanism to finance the healthcare needs of the people. However, the sector still constitutes under 3% of the total health spending in the country and thus there still exists significant potential for growth of health insurance.[3] Per capital out of pocket spending was 77% of the total per capita health expenditure in 1999, which shows individuals spending large portion of health care expenditure in the country. Hence there is need to introduce community health insurance schemes in the society.

Between 2000-2010, a number of NGOs and cooperatives initiated community based health insurance projects. Some of them are state government initiatives, such as Yeshasvini of Karnataka. NGOs such as BAIF, Accord also implemented community based health insurance programs .These can be classified into to three categories.

1. The NGO/ Cooperative designs the scheme and implements through the hospitals established by them.
2. The NGO/Cooperative designs the scheme, issues health cards and the service is provided by one or more Hospitals.

3. The Service provider , i.e. hospital designs and implements the scheme by collaborating with the NGO/Cooperatives.

A number of studies have been done on these schemes. There are some issues which needs to be addressed while implanting these schemes namely,

1. Providing correct information about the product i.e. premium, services offered, and services excluded etc. to the health card holders.
2. Arrangement in the network hospitals to ensure that the card holders are properly guided and given timely health care services.
- 3 Coverage of most common diseases of the poor under the scheme.
4. Providing cash less health care services since the poor tend to borrow money often to pay the hospital bills. Most of them are illiterate and cannot understand the detailed procedures of reimbursement of claims.
5. Proper understanding of the incidence of diseases , frequency of visit to hospitals, health care expenditures of the community being served.
6. Transparency in managing the health benefit fund .
7. Affordability of the premium fixed.
8. Access to services within reasonable distance for the place of residence of health card holders.

In India the poor are the most affected when there is sickness in the family due to non availability of health care expenses. 60 % of the health care expenditure of the poor is managed through borrowing. About 5.5 % of the poor become poorer every year due to unforeseen health related expenses. The average per year percapita health expenditure of rural people is about Rs. 3000 given they are treated in government hospitals and Rs.7000 when they get treated in private hospitals. However, reliable latest data concludes - poor falling sick in a year, reasons for sickness, pattern of expenditures as out patient and in patients , methods adopted by the poor in arranging health related expenses, places and type of health care services they prefer needs to be collected while designing community based health insurance projects. Organization such as Micro Insurance Academy have been trying to conduct research on these aspects.

Large number of viable community based health insurance projects are required for reaching out to about 200 million urban and rural poor families in our country to improve the coverage from the existing 3% health insurance coverage.

- [1] M.Shripathy Rao is presently working as Project coordinator in SAS Poorna Arogya Helath Care Pvt. Ltd. And the views expressed by him are not the views of the Company.
- [2] Concept Paper on Need for Developing micro insurance in India, IRDA.
- [3] Report of the IRDA Committee to Evaluate the Performance of Third Party Administrators (Health Services) ,April 2009,Insurance Regulatory and Development Authority ,3rd Floor, Parishram Bhavan, Basheerbagh ,Hyderabad 500 004