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TO THE VERY LAST MILE

Improving Maternal and Child Health in Tribal Communities

PART - II

DECEMBER 2016

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Kiawah Trust

The Kiawah Trust is a UK family foundation that is committed to improving the lives of vulnerable and disadvantaged adolescent girls in India. The Kiawah Trust believes that educating adolescent girls from poor communities allows them to thrive, to have greater choice in their life and a louder voice in their community. This leads to healthier, more prosperous and more stable families, communities and nations.

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Dasra meaning 'enlightened giving' in Sanskrit, is a pioneering strategic philanthropic organization that aims to transform India where a billion thrive with dignity and equity. Since its inception in 1999, Dasra has accelerated social change by driving collaborative action through powerful partnerships among a trust-based network of stakeholders (corporates, foundations, families, non-profits, social businesses, government and media). Over the years, Dasra has deepened social impact in focused fields that include adolescents, urban sanitation and governance and has built social capital by leading a strategic philanthropy movement in the country. For more information, visit www.dasra.org

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Photo Credit: Educate Girls

CHAPTER 1

SHIFTING GROUND REALITIES

INTERVENTIONS

Through its interactions with and visits to non-profits working with tribal populations, Dasra has identified the following eleven interventions that are being implemented to improve maternal and child health outcomes for these communities:

1. Train Community-Based Health Workers
2. Fill Gaps in Government Health Service Provision
3. Train Traditional Birth Attendants
4. Run Mobile Health Clinics
5. Deliver Nutrition Programs for Children
6. Improve Nutrition at the Community Level
7. Run Maternal and Child Health Awareness Programs
8. Build the Government's Capacity to Deliver Services
9. Improve Referral Care
10. Audit Government Health Service Provision
11. Conduct Research for Advocacy

Photo Credit: Swasthya Swaraj

1.

Train Community-Based Health Workers

Non-profits mobilize and train community members to promote health-seeking behavior and provide primary health services to the community. Cultivating a cadre of community-based health workers is particularly significant in tribal areas which suffer from limited access to health information and a shortage of trained medical personnel. To secure buy-in from the community, these health workers are often selected from and by the community itself. Health workers typically receive ongoing training on basic diagnostic and treatment skills and are responsible for:

- Registering pregnant women, providing antenatal and postnatal care and monitoring the health, immunization and nutrition status of mothers, infants and children.
- Diagnosing and managing communicable diseases such as malaria, diarrheal diseases, tuberculosis and scabies.
- Providing counseling and advice on a range of health related issues such as nutrition, family planning, first aid and alcoholism.

These home-grown health workers act as the first point of contact to address community healthcare needs. In areas where the public health system is operational, community health workers work closely with government frontline workers, complementing their service delivery and ensuring better coverage of tribal communities' access to health services.

Some non-profits will engage and train an additional cadre of community workers, who are primarily responsible for supporting health workers by mobilizing the community, creating awareness about available services and promoting health-seeking behavior. The ultimate goal of this intervention is to empower communities to take responsibility for their health and wellbeing.

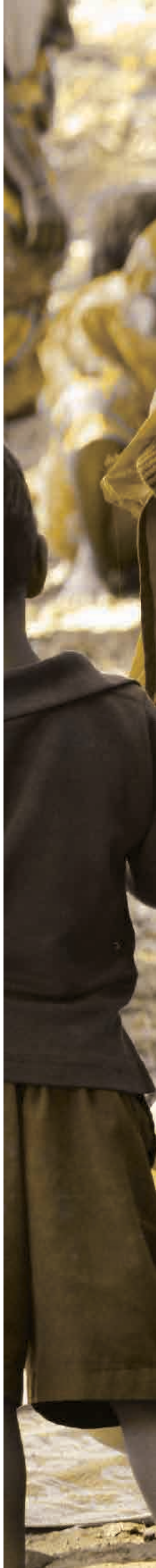


Photo Credit: Swasthya Swaraj

Photo Credit: Impact India Foundation

CASE STUDY

Swasthya Swaraj works in the predominantly tribal Thuamal Rampur block in Odisha's Kalahandi district, where maternal and child health indicators are amongst the poorest in the country. With a view to create a community-owned model of healthcare and education, it trains village-level health workers to act as primary healthcare providers. Every village selects one woman to be a Swasthya Sathi (health friend), who is trained by the organization over a three-year duration on basic investigatory, diagnostic, treatment and health education skills. At the end of the training period, Swasthya Sathis are able to provide basic antenatal and postnatal care, advise on health-related issues such as family planning, newborn care and nutrition, as well as diagnose and manage common communicable diseases.

The organization also selects and trains local boys to act as community mobilizers, and to promote health-seeking behavior within the community. Known as Shikhya Sathis (education friends), these boys are trained in mass health education and implement community-based malaria and tuberculosis control programs. Shikhya Sathis create awareness about the dangers associated with these diseases, train the community to recognize symptoms and promote preventive measures to control the spread of these diseases.

2.

Fill Gaps in Government Health Service Provision

Tribal populations are often located in areas that are grossly underserved by the public healthcare system, with service provision being non-existent, inadequate, intermittent or of poor quality. Consequently, non-profits typically implement a community health program and establish clinics that function as primary health centers and a hospital that serves as a referral center. These two or three tier systems mirror the government's service provision structure. In some cases, the services provided at these facilities are integrated with the public healthcare referral system.

Primary health centers function as daily clinics, staffed by nurses or senior health workers. Doctors visit these clinics once or twice every week. Non-profits usually establish multiple primary health centers, to ensure better coverage of the tribal population that they serve. Therefore, each center is strategically located to serve a cluster of villages. Community health workers, from each village, refer cases to a specific center. These centers provide a range of services including outpatient services, antenatal checks for pregnant women, pharmacy and diagnostic services. If necessary, patients will be referred to a hospital for a higher level of medical care. Sometimes, non-profits will also establish a referral center or hospital to provide tertiary-level healthcare services. This includes inpatient and outpatient services covering pediatrics, obstetrics and gynecology, general surgery and internal medicine.

Photo Credit: Swasthya Swaraj

Photo Credit: Impact India Foundation

CASE STUDY

ASHWINI works with tribal communities in Tamil Nadu's Gudalur Valley. At the core of its work is a community healthcare program which is implemented across two blocks of the Gudalur Valley. This geographic area is further divided into eight administrative zones, each of which comprises 20-40 tribal villages.

Community-based outreach at the village level comprises the first tier of service provision. Each of the eight zones also has an Area Center that acts as a primary health center. This comprises the second tier of service provision. Trained Health Animators manage the Area Centers. Their role includes maintaining extensive medical records of each village that they serve and running a pharmacy and an outpatient clinic for the community.

Area Centers seek to complement the government's service provision in order to avoid duplication, but are often considered the first recourse to care by the tribal community, who do not fully trust government-run centers. When appropriate, ASHWINI's Health Animators will refer cases to the hospital that ASHWINI has established or larger hospitals in Mysore or Kozhikode, which are the closest towns with good medical facilities.

When ASHWINI began working with tribes in Gudalur, cases that needed hospitalization, such as high-risk pregnancies or acute cases of diarrhea and fever among children used to be referred to the local government hospital or to private clinics. However, due to the high cost of treatment and the discrimination that tribal communities faced at these hospitals and clinics, the community called for the establishment of its own hospital to supplement the government's healthcare program.

This led to the establishment of the Gudalur Adivasi Hospital in 1990. The hospital represents a third tier of service provision and provides outpatient and inpatient services. The facilities available include a pharmacy, an investigative unit, a sickle cell anemia treatment center, an eye and ear screening and testing center, a labor and delivery room, a blood bank, an operating theatre, general wards and a training center.

As ASHWINI firmly believes in promoting a community-owned model of healthcare, it has steadily built the community's capacity to manage the hospital. Over 75% of the hospital's administrative and nursing staff is tribal. Only doctors are actively recruited from outside the community.

3.

Train Traditional Birth Attendants

In many tribal communities, the dai or traditional birth attendant is the primary healthcare provider for women during pregnancy and childbirth. She is usually an older woman from the community who draws on traditional knowledge and experience to provide primary maternal care, advice and support to mothers. Dais conduct home-based deliveries. They rarely receive any formal training and learn their trade informally from other dais in the community or teach themselves through practice. Consequently, dais do not always follow standard safety protocols during home deliveries and may inadvertently promote harmful traditional practices.

While the public healthcare system provides monetary incentives to pregnant women to encourage institutional deliveries, many prefer home-based deliveries carried out by a dai. There are many reasons for this including, a high level of comfort with traditional methods of maternal care and childbirth, easy access to dais and a lack of trust in the public healthcare system. Despite high levels of acceptance by communities and a recognition of the critical role that they play in providing timely maternal and newborn care in remote areas, dais are rarely integrated into the public healthcare system.

Some non-profits, however, do recognize the value of working with dais to improve primary maternal and child healthcare provision. They train dais to promote positive practices and discard those that are harmful, as well as manage minor emergencies and refer patients when they do not have the necessary skills to manage complications and major emergencies.

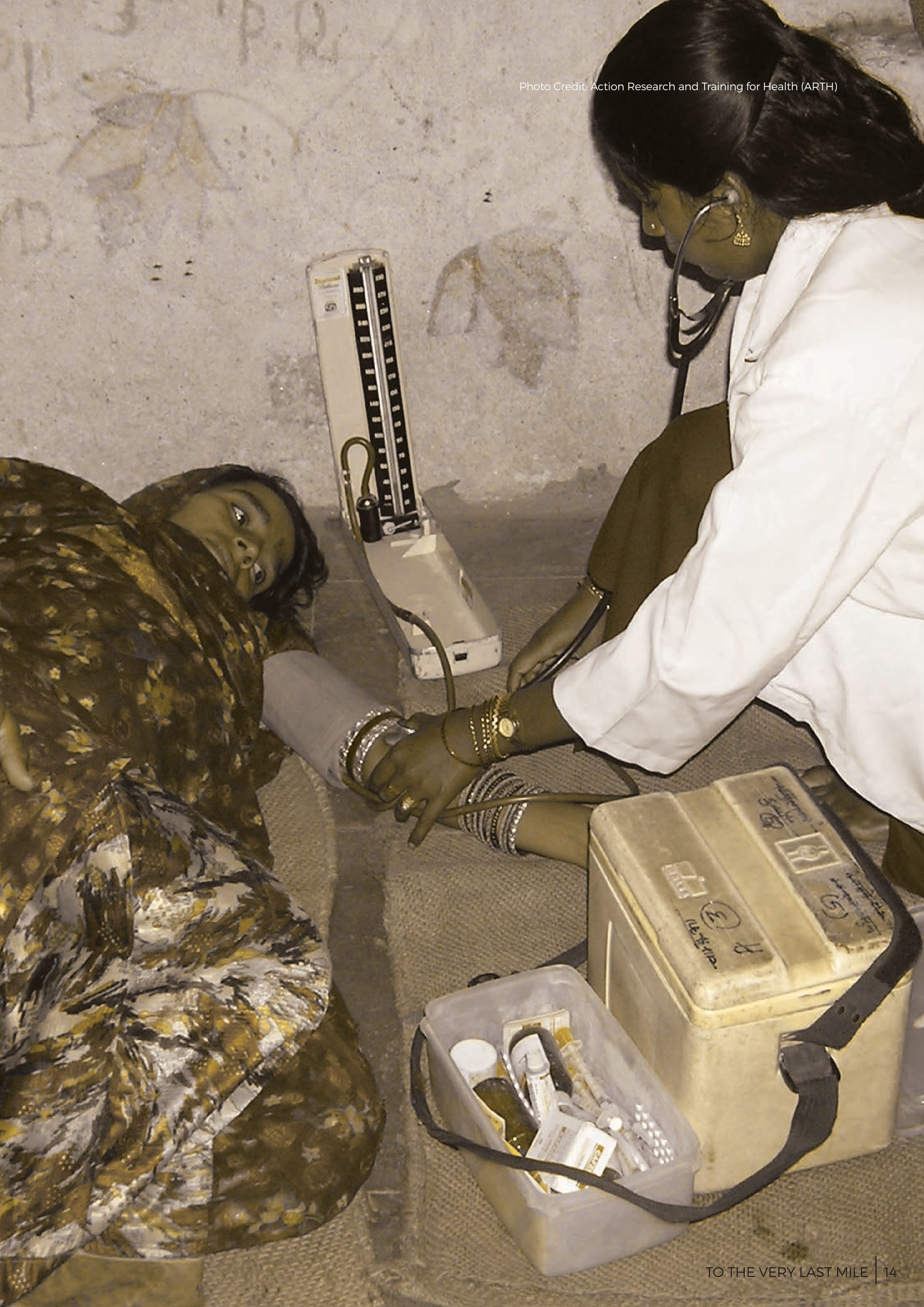
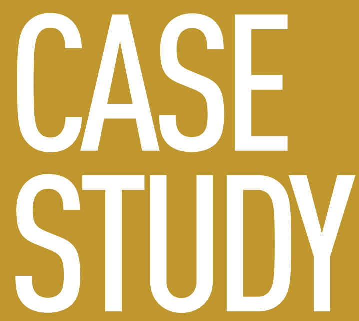


Photo Credit: Action Research and Training for Health (ARTH)

Photo Credit: Impact India Foundation



Jan Swasthya Sahyog (JSS) works in the predominantly tribal district of Bilaspur in Chhattisgarh. It recognizes that communities inherently place high levels of trust in dais and integrates them into its three-tiered system of healthcare delivery. Skilled gynecologists and pediatricians have trained 101 dais from 54 remote villages where JSS works on an ongoing basis, to achieve the following objectives:

- Decrease maternal and neonatal mortality and morbidity.
- Encourage institutional deliveries.
- Ensure safe deliveries for those mothers who are unwilling or unable to go to health institutions.
- Recognize danger signs and promptly refer cases for institutional care when necessary.

Dais are trained in appropriate nutrition practices and safe delivery techniques. JSS provides them with a safe delivery kit that contains sterilized materials to aid home-based deliveries. They are also trained to manage certain emergencies, such as post-partum hemorrhage. JSS has found that unsafe practices—such as overuse of oxytocin and cutting of the umbilical cord by villagers (which can result in infections)—have reduced since it began the training program, resulting in an overall decline in maternal and neonatal mortality.

4.

Run Mobile Health Clinics

Many tribes live in very remote and inaccessible areas that are particularly difficult to reach. Non-profits working in such geographies will often provide health services through mobile outreach to ensure that those communities that cannot access health services at clinics and hospitals can still avail quality healthcare from trained healthcare professionals. Mobile outreach takes two forms:

- Permanently staffed vans travel to pre-defined locations and ensure that every village or hamlet in the program area receives periodic visits.
- Day-long health camps are set up at primary schools or community halls at regular frequencies, such that they are easily accessible to a cluster of villages.

Non-profits leverage other interventions, such as community mobilizers or community radio stations, to ensure that critical information about their mobile service provision, such as time and location, is well disseminated.

Photo Credit: Swasthya Swaraj

Photo Credit: Impact India Foundation

CASE STUDY

Swami Vivekananda Youth Movement (SVYM) operates Mobile Health Units (MHU) that service 70 tribal communities in Karnataka's Heggadadevana Kote taluk. A team comprising a medical officer, staff nurse, health facilitator and pharmacist visit each community, on a weekly basis. The objective of this initiative is for MHU teams to serve as the initial point of contact for a community's primary healthcare needs. It provides the following maternal and child health services:

- Identification and registration of pregnant women, as well as ensuring that they access antenatal care, institutional delivery and postnatal care.
- Screening children under five years for illnesses, immunizations and provision of referral and follow-up services to prevent nutritional deficiencies, pneumonia and diarrhea.

Information about the route, timing and location of the MHUs is disseminated to the public through boards that are prominently displayed in tribal colonies, and regular announcements through Janadhwani, a community radio station run by SVYM.

5.

Deliver Nutrition Programs for Children

Malnutrition among children under five years is one of the biggest determinants of neonatal and infant mortality, and addressing it is crucial to improving maternal and child health indicators among tribal communities. Non-profits have a variety of methods to address this issue, including nutrition counseling and home-based child care programs. These interventions include educating mothers and communities on the nutritional needs of young children, encouraging communities to adopt a diversified diet for their families, supplementing the public distribution system with necessary nutrients, and providing emergency treatment for dangerously malnourished children. These activities are most often carried out by frontline workers at the village level, but can also take the form of crèches that provide both childcare and meal supplements and through emergency care in hospitals.

CASE STUDY

The MAHAN Trust provides curative and preventive healthcare in Melghat, Maharashtra, one of the most inaccessible regions in India, with a predominantly tribal population. Its programs include the Severely Acute Malnourishment Management program, initiated in 2011, that focuses on the specialized treatment of malnutrition at the village level. MAHAN's Village Health Workers (VHWs) rehabilitate malnourished children by treating them with therapeutic foods. They are trained to recognize danger signals among children that necessitate more specialized intensive care. These cases are referred to the Nutrition Rehabilitation center at MAHAN's Mahatma Gandhi Tribal hospital. The VHWs also work to sensitize and train parents and children on healthy nutritive sources and the importance of nutrition for good health.

Photo Credit: Impact India Foundation

6.

Improve Nutrition at the Community Level

Malnutrition is widespread among tribal populations and impacts physical and intellectual development across these communities. The adverse effects of malnutrition are intergenerational and in order to sustainably improve health outcomes for tribal mothers and children, it is important to educate the entire community about the critical role that good nutrition plays.

Non-profits implement a range of interventions to improve nutrition and health outcomes for tribal communities. These include sustainable agricultural practices such as soil and water conservation, multi-cropping, integrated farming and the promotion of kitchen gardens to create access to a diverse and nutritious diet at the household level. Non-profits also engage community-based groups, focusing on adolescent girls and women, to promote good practices related to food preparation, nutrition, sanitation and hygiene.

Photo Credit: Impact India Foundation

CASE STUDY

Sambandh works with tribals in Odisha's Similipal Biosphere Reserve, where chronic malnutrition among women and children is an area of concern. It takes an integrated approach to improving nutrition outcomes and applies a nutrition lens to initiatives in multiple domains, as described below:

- Promotes organic farming and intercropping, wherein nutritious crops for consumption are grown alongside cash crops.

- Educates self-help groups, farmers' groups and groups of adolescent girls on a range of nutrition-related issues. These include the importance of safe drinking water, healthy sanitation practices and the benefits of a diverse diet. It promotes the development of kitchen gardens, where families grow indigenous fruit, vegetables and medicinal herbs and plants.

- Provides supplements and enriched foods to acutely malnourished children.

- Revives traditional health practices that are safe and effective, as well as promotes modern techniques such as supplementation and growth monitoring. It also engages and educates public healthcare workers and local healers, to enhance their knowledge of practices for improved nutrition, health and hygiene.

Photo Credit: Action Research and Training for Health (ARTH)

7.

Run Maternal and Child Health Awareness Programs

Ensuring that tribal communities display active health-seeking behavior, enabling them to understand determinants of good maternal and child health (MCH), and encouraging them to discard harmful traditional practices, have proven to be pivotal to improving MCH outcomes. Non-profit organizations, therefore, run awareness programs within communities on a variety of MCH-related issues. They conduct these awareness programs through volunteer-led community meetings, nukkad nataks (street plays) and communication material such as posters, audio and video clips. Tribal communities are given information on family planning methods, good maternal health practices like institutional deliveries, as well as good childcare practices, including immunizations and breastfeeding. Communities thus practice preventive care and are able to make informed decisions regarding their health.

Established in 1998, Network for Enterprise Enhancement and Development Support (NEEDS) runs awareness programs for different stakeholders among Jharkhand's tribal communities, to improve MCH outcomes. These programs include:

- Family-Planning Workshops for Women: These workshops are meant to educate women on family planning, menstrual hygiene, contraception, institutional delivery, safe and legal means of abortion, among others. Programs are led by trained community volunteers over six weeks.

- MenEngage Workshops: These workshops for men generate awareness on family planning, gender parity, and effective communication among couples. They aim to include men in conversations that traditionally don't take place due to cultural constraints. The program creates an environment within the community that includes women in key domestic decision-making such as family planning. For each cohort, this program typically lasts for six weeks and is led by trained community volunteers.

- Mobisodes: This is a program designed for adolescents (aged 15-19 years). It is an awareness generation program with modules on menstrual hygiene, sexually transmitted diseases, safe sex and gender equity. The chief modes of dissemination are audio and video clips.

Photo Credit: Action Research and Training for Health (ARTH)

CASE STUDY

8.

Build the Government's Capacity to Deliver Services

In tribal areas where the public healthcare system is functional, non-profits work with the government to improve the quality, efficiency and reach of service delivery. Government healthcare provision is often of poor quality due to a lack of trained and sensitised health workers. Non-profits improve service delivery by training health workers and equipping them with the knowledge, skills and resources necessary to provide primary healthcare effectively. They are also instrumental in strengthening institutional delivery mechanisms by working in public health centers to improve healthcare systems and processes.

CASE STUDY

SEWA Rural works with the government across three districts of Southern Gujarat, where it delivers a Community Health Program (CHP). The CHP leverages a mobile application to track and improve maternal and child health (MCH) outcomes. SEWA Rural trains government frontline health workers on an ongoing basis to increase their awareness about MCH-related issues. It also trains them to use a mobile application to track MCH outcomes across communities. Additionally, health supervisors are trained to monitor data collected by frontline workers as well as analyse and use this data to improve MCH outcomes. SEWA Rural clearly outlines an exit strategy, which involves transitioning the program to the government after providing hands-on support for three years.

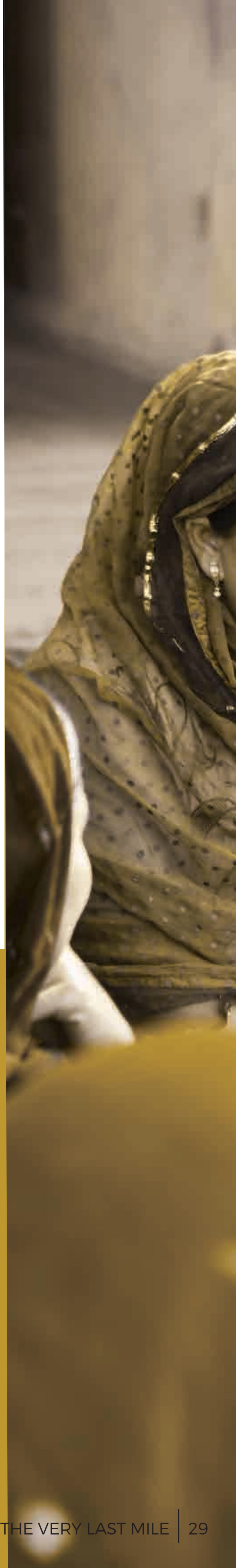


Photo Credit: Sarathi

9.

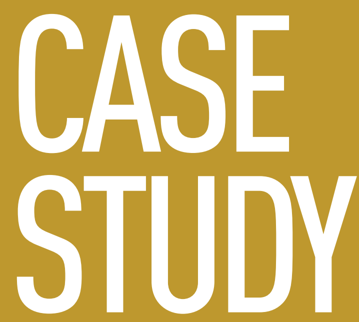
Improve Referral Care

Rural health centers lack the required human resources to provide quality care, especially in cases of complications during pregnancy or delivery. This means that primary and community health centers are often forced to refer patients to district hospitals. However, the government healthcare system does not have the required protocols or systems to ensure emergency transportation and communication between facilities, leading to several maternal deaths occurring in transit between hospitals. Receiving timely care at hospitals is especially problematic for tribal communities who aren't aware of their rights or hospital procedures.

Many organizations train their staff to make referrals and ensure transportation, either using their own ambulances or government services. Organizations also ensure that patients are accompanied by a health worker who supports them through the process and ensures timely care.

Photo Credit: Action Research and Training for Health (ARTH)

Photo Credit: Action Research and Training for Health (ARTH)



ARTH's Sampark program provides emergency referral services for maternal and newborn care in partnership with the government's 104 ambulance helpline. Every time the 104 helpline receives a maternal health-related call, the call is diverted to ARTH's helpline workers stationed at the district hospital. The helpline worker is responsible for:

- Communicating with family members and the ambulance worker to ensure that the woman arrives at the hospital on time and is provided with the required interim care.
- Receiving the patient at the hospital and helping her through the admission process and other formalities.
- Briefing hospital staff members about the condition of the patient, her previous history, and the treatment provided at the referring primary health centers (PHCs) and community health centers (CHCs)
- Tracking the daily progress of patients during their hospital stay and reviewing their clinical records.

ARTH also works with the CHCs, PHCs and District Hospitals to assess and improve their readiness for detecting complications, providing immediate care and referrals, as well as making transportation arrangements. Since June 2015, around 2,084 patients have received appropriate maternal care from ARTH's helpline workers.

10.

Audit Government Health Service Provision

Given the lack of data on government administration and service provision in tribal communities, it is difficult to ascertain the gaps in service delivery. Integrated as they are with tribal communities, non-profits are able to assess the quality of healthcare services in these areas and report back to the government. This can be done in a variety of ways. For example, non-profits sometimes work within the government healthcare system by appointing staff members to public health centers, to assess systems and processes and the quality of care provided, and then work with the government to plug any gaps found. Others conduct verbal autopsies every time a maternal or neonatal death is reported and contact the relevant health facility, the health worker as well as the family to ascertain the cause of death. In doing so, the organization highlights different points at which the system failed. These audits, therefore, have the potential to be extremely effective policy tools.

Amhi Amchya Arogyasathi works with tribal communities in Maharashtra's Gadchiroli district, where it implements a community-based monitoring program of the government's health and nutrition services. The objectives of this program include:

- Building the capacity of village institutions to monitor government health and nutrition services.
- Making government health and nutrition services accessible to the community.

It works with Village Health Water Nutrition and Sanitation Committees and the community at large to identify critical health issues in a village, prepare a plan to address them, plan awareness campaigns related to these issues, manage allocation of funds towards health and nutrition issues and monitor government frontline workers' performance. In order to improve the government's accountability to the community, the organization has facilitated the formation of Primary Health Centre Monitoring and Planning Committees, representing both community members and government officials—to discuss issues related to service delivery at healthcare centers.

Photo Credit: Impact India Foundation

CASE STUDY

11.

Conduct Research for Advocacy

Non-profits working with tribal communities often have immense experience in making community-based healthcare programs work. This makes them extremely well placed to showcase successful pilot programs, which the government can scale. Specifically, organizations conduct research on strategies and interventions that create the most impact on the ground, in the form of improved maternal and child health outcomes. This enables them to advocate with local, state and national governments for the adoption of successful interventions in government health programs.

SEARCH (Society for Education, Action and Research in Community Health) has worked with 100 villages in Maharashtra's Gadchiroli district for over three decades, establishing a community health laboratory to identify priority health problems, collect evidence through field studies, develop people-centered solutions and test these through field trials.

In order to reduce neonatal mortality, SEARCH developed a package of home-based neonatal care and tested it through field trials in Gadchiroli. The neonatal mortality rate in the 39 intervention villages reduced from 62 per 1000 live births when the baseline was conducted (1993-1995) to 25 per 1000 live births in the third year of the intervention (1997-1998). In comparison, the neonatal mortality rate in the 47 control villages increased from 58 per 1000 live births at the time of the baseline to 60 per 1000 live births in the third year of the intervention.

Having demonstrated the impact of home-based neonatal care on reducing neonatal mortality in Gadchiroli, SEARCH initiated Project ANKUR in 1998, in partnership with seven non-profits to test if the model was replicable in other regions of Maharashtra. In 2003, the Ministry of Health and Family Welfare initiated a pilot across five states to replicate SEARCH's model through the existing public health system. SEARCH has also been instrumental in training over 800,000 public health workers across the country to provide home-based neonatal care.

Photo Credit: Swasthya Swaraj

CASE STUDY

Photo Credit: CREA

CHAPTER 2

THE CHANGE MAKERS

During the course of this research, Dasra mapped over 200 organizations in the tribal health sector in India. Following a comprehensive due diligence process that evaluated the program, leadership and organizational strengths of these entities, eight non-profits have been shortlisted to profile in this report.

This chart maps these organizations to the interventions discussed in the preceding section.

INTERVENTIONS	ARTH	ASHWINI	Ekjut	JSS	SEARCH	SEWA Rural	SVYM	Swasthya Swaraj
Train Community-Based Health Workers	■	■	■	■	■	■		■
Fill Gaps in Government Service Provision	■	■	■	■	■	■	■	■
Train Traditional Birth Attendants	■			■	■	■		
Run Mobile Health Clinics					■	■	■	■
Deliver Nutrition Programs for Children			■	■		■		■
Improve Nutrition at the Community Level	■	■	■			■	■	■
Run Maternal and Child Health Awareness Programs	■	■	■	■	■	■	■	■
Build the Government's Capacity to Deliver Services	■		■	■	■	■	■	
Improve Referral Care	■		■			■		
Audit Government Health Service Provision								
Conduct Research for Advocacy	■		■	■	■		■	

Action Research and Training for Health (ARTH)

www.arth.in

ARTH
Action Research and Training for Health

ORGANIZATION OVERVIEW

NON PROFIT · 12 A · 80 G · FCRA

Founded: 1997 · **Head Office:** Udaipur · **Coverage:** Rajasthan · **Full-Time Staff:** 64 · **Budget (2015-16):** INR 3.06 crore (USD 457,000)

ARTH works in tribal districts across southern Rajasthan, to improve the health status of communities. It focuses on women's reproductive health, neonatal and child health, and nutrition through service provision and research. ARTH also supports and provides training to the National Health Mission, Rajasthan. Its mission is to help improve rather than replicate government healthcare provision.

HOW DID IT EVOLVE?

PROGRAM OVERVIEW

Coverage: Rajasthan • **Full-Time Program Staff:** 64 • **Budget (2015-16):** INR 3.06 Crore (USD 457,000)

THE PROBLEM

Government systems often fail to provide quality care due to a lack of resources, insufficient training and inadequate systems. Tribal communities find it especially difficult to access public healthcare on account of isolation, social discrimination and poor levels of education, resulting in high rates of mortality and morbidity.

ARTH'S RESPONSE

ARTH combines research, training and direct healthcare provision to improve health outcomes for tribal communities. It tests innovative ideas that make healthcare more accessible and relevant to the local population. ARTH then advocates for the use of these innovations and supports the government in integrating them into the public health system.

WHAT DOES IT DO?

ARTH's operating model works across five main pillars:

- **Research and Advocacy:** Conduct action research to test the effectiveness of new approaches and interventions, and subsequently advocate to scale successful interventions.
- **Program Support:** Provide technical assistance to the National Health Mission to effectively implement health programs. This involves developing more efficient systems and protocols, and providing support to government officials to improve the quality of healthcare provision.
- **Training:** Training government frontline health workers and NGOs using its residential training center. The courses use international and national curricula and standards that ARTH contextualizes.
- **Service Provision:** Provide primary healthcare, through health centers and house visits by nurse-midwives and village health workers. ARTH's health centers demonstrate that trained nurse-midwives are capable of providing a wide range of maternal-neonatal services in the absence of a doctor. ARTH also operates a referral system (counseling for decision making, arranging transport, accompanying patients and negotiating with hospital staff) to ensure patients receive timely care.
- **Community Action:** Recruit neighborhood volunteers that distribute pregnancy testing kits, contraceptives and sanitary napkins to help improve sexual and reproductive health.

KEY INTERVENTIONS

1. Train Community-Based Health Workers
2. Fill Gaps in Government Service Provision
3. Train Traditional Birth Attendants
4. Run Mobile Health Clinics
5. Deliver Nutrition Programs for Children
6. Improve Nutrition at the Community Level
7. Run Maternal and Child Health Awareness Programs
8. Build the Government's Capacity to Deliver Services
9. Improve Referral Care
10. Audit Government Health Service Provision
11. Conduct Research for Advocacy

Interventions undertaken | Interventions not undertaken

WHAT HAS IT ACHIEVED?

- ARTH's centers serve over 22,000 mothers and children, annually. Until March 2016, ARTH's nurse-midwives had attended 9,877 deliveries, 92% of which were managed by nurses without the need for referral to doctors.
- A study conducted by ARTH revealed that its program reduced newborn mortality by 51% in just four years.
- In 1998, ARTH introduced contraceptives (Copper-T and 380A) as safer and cheaper alternatives to sterilization. In 2004, as a result of advocacy by ARTH and others, the government introduced these contraceptives throughout the country.
- In 2007, as a result of ARTH's advocacy, the Rajasthan Government directed all public health institutions to adopt the evidence-based best neonatal care and childbirth practices suggested by ARTH.

WHAT NEXT?

- Leverage its existing infrastructure and experience to become a major training organization. It plans to train women from tribal communities as nurses or skilled midwifery assistants. ARTH's first batch of trained nurses/midwifery assistants will graduate in 2016.
- Increase its focus on issues of newborn health and adolescent sexual and reproductive health, as ARTH believes that over the years, it has sufficiently built the government's capacity to address basic maternal health.
- Transform defunct government sub-centers into birthing centers over three to five years and then, hand these back to the government to run. ARTH has already received interest from the Rajasthan Government and is looking for funding to take this forward.

ARTH's staff members assisting a mother to wrap a kangaroo care jacket around her newborn to prevent hypothermia.

QUALITY INDICATORS

Leadership

Dr. Sharad and Dr. Kirti Iyengar, Co-Founders

- Dr. Sharad and Dr. Kirti Iyengar are medical doctors with advanced degrees in obstetrics, pediatrics and public health.
- Dr. Sharad worked with the United Nations Population Fund for eight years. He served on governance and technical committees of the WHO, Indian Council of Medical Research and Ministry of Health and Family Welfare, Government of India and Rajasthan.
- Both Dr. Sharad and Kirti Iyengar are Adjunct Professors at Duke University.

Partnerships

- Research Partners: WHO, University of Washington, UNICEF and Karolinska Institutet.
- Funders: MacArthur Foundation, WHO, Packard Foundation and GSK Pharmaceuticals.

Endorsements

- Creative and Effective Institutions award, MacArthur Foundation, 2011.

VOICES FROM THE GROUND

Basni Meghwal, a 20 year old girl living in the Kumbhalgarh block of Rajasthan, delivered her first baby at the ARTH health clinic. During her delivery, a potentially life-threatening complication arose that would normally have required the expertise of doctors at a tertiary hospital (situated almost 50 kilometers away). However, because of her training, ARTH's nurse was able to expertly and safely deliver the baby, without the presence of any doctors. Both the mother and the baby were healthy when they were discharged, two days later.

VOICES FROM THE TEAM

"ARTH's field programs function like a learning laboratory and enable us to continuously innovate in a scientific and ethical manner, and to then scale these innovations through the public healthcare system. The ultimate aim is to improve access to healthcare services and empower tribal communities, especially women, to use these services."

– Dr. Sharad Iyengar, Co-Founder

ASHWINI Gudalur

www.ashwini.org

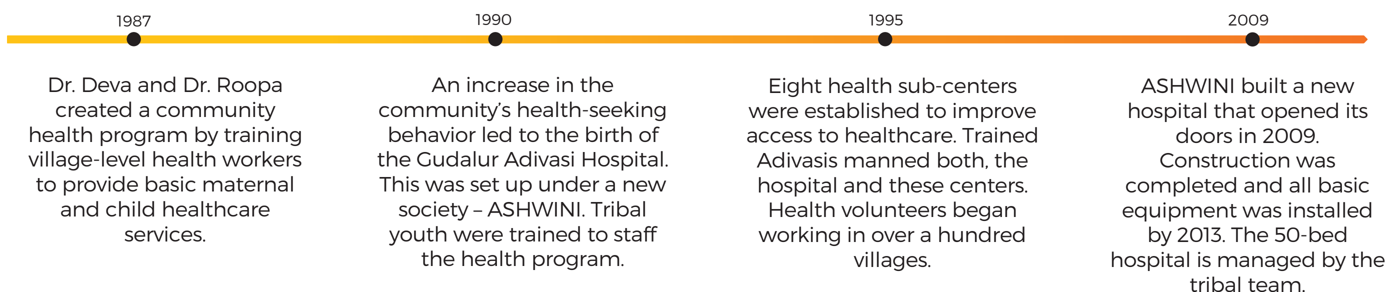
ORGANIZATION OVERVIEW

✔ NON PROFIT ✔ 12 A ✔ 80 G ✔ FCRA

Founded: 1990 · **Head Office:** Gudalur, Tamil Nadu · **Coverage:** Tamil Nadu · **Full-Time Staff:** 82
Budget (2015-16): INR 2.15 crore (USD 321,000)

Founded in 1990, ASHWINI (Association for Health Welfare in the Nilgiris) was spun out of ACCORD, a human rights organization that had been working for the land and housing rights of tribal communities in the Gudalur valley. ASHWINI meets the health needs of these communities and enhances their health-seeking behavior, while simultaneously training them to take over the organization's operations and administration.

HOW DID IT EVOLVE?



PROGRAM OVERVIEW

Coverage: Tamil Nadu • Full-Time Program Staff: 32 • Budget (2014-15): INR 1 Crore (USD 149,000)

THE PROBLEM

Several barriers, including low levels of awareness, poverty, poor accessibility and discrimination, inhibit tribals in the Gudalur Valley from accessing public healthcare services.

ASHWINI'S RESPONSE

ASHWINI provides holistic, community-based healthcare services for tribal groups, and enables them to take responsibility for their health. The organization also trains community members as medical and administrative staff, in order to empower the community to provide for its own healthcare needs.

WHAT DOES IT DO?

ASHWINI's maternal and child health program provides comprehensive healthcare to tribal communities in the area, and enhances their health-seeking behavior. This is done through:

- **Community Healthcare Program (CHP):** This operates through eight Area Centers that are managed by 15 health animators—men and women from the community who are trained as nurses. They work alongside health volunteers from each village. At village visits, the animators conduct antenatal and postnatal checks, monitor the nutritional status of children, provide counseling services and treat common illnesses. The Area Center provides primary curative care and maintains health records.

- **Gudalur Adivasi Hospital:** ASHWINI operates a hospital, staffed by the tribal community itself. The hospital has a blood bank, an operating theatre, a maternity ward, general inpatient and outpatient wards and a cancer-screening clinic. A majority of the hospital's services are provided for free or at a subsidized cost.

- **Training Program:** ASHWINI aims to transfer the ownership of the organization to the community it seeks to serve. To that end, it runs training courses for nurses, village health workers, office staff and other para-medical staff, in partnership with the Bharat Sevak Samaj, a vocational training organization.

KEY INTERVENTIONS

1. Train Community-Based Health Workers
2. Fill Gaps in Government Service Provision
3. Train Traditional Birth Attendants
4. Run Mobile Health Clinics
5. Deliver Nutrition Programs for Children
6. Improve Nutrition at the Community Level
7. Run Maternal and Child Health Awareness Programs
8. Build the Government's Capacity to Deliver Services
9. Improve Referral Care
10. Audit Government Health Service Provision
11. Conduct Research for Advocacy

Interventions undertaken / Interventions not undertaken

WHAT HAS IT ACHIEVED?

- ASHWINI serves 300 villages and hamlets in the Gudalur and Pandalur districts of Tamil Nadu, reaching a population of 20,000 tribals, of which 7,000 are women.
- When it began working in the region, less than 2% of pregnant women received antenatal check-ups (ANC), and 100% of women delivered at home. The infant mortality rate (IMR) was a staggering 250 deaths per 1,000 live births, until as late as 1998. In 2011, 90% of pregnant women received more than three ANCs, 80% of births were institutional deliveries, and the IMR rate was brought down to 24 deaths per 1,000 live births—less than half the national average. Maternal deaths rarely occur.

WHAT NEXT?

- Secure sustainable funding for maternal and child health services at the community and hospital level to facilitate well-planned and implemented programs.
- Improve the birth weight of newborns and address the heavy burden of malnutrition in children.
- Screen mothers for cancer, and decrease morbidity levels among mothers and children.
- Create a health training certificate course on topics of health and leadership for teenagers, to foster their leadership potential, and inculcate health-seeking behavior from a young age.

Health Animators on a field visit – conducting health check-ins at the village level.

QUALITY INDICATORS

Leadership

Dr. Shylaja Devi and Dr. Nandkumar Menon, Co-Founders

- Dr. Shyla has a MD in Obstetrics and Gynecology from the Trivandrum Medical College.
- Dr. Nandkumar is a Fellow of the American College of Surgeons, with medical training from Christian Medical College, Vellore and New York.
- Both have over 25 years of experience running community-based healthcare programs with marginalized communities.

Partnerships

- **Technical partners:** Bharat Sevak Samaj, ACCORD, Vidyodaya and Adivasi Munnetra Sangam (AMS).
- **Funders:** Tata Trusts, Poristes Stiftung, Cognizant Foundation and the Government of Tamil Nadu.

Awards & Endorsements

- Love for Service award, Tanker Foundation, 2016.
- Mother Theresa Memorial award for Social Justice, 2015.
- Humanitarian Services, Rotary, 2012.

VOICES FROM THE GROUND

"But for this work, the tribal community would probably not exist today. There was so much disease, death and discrimination - we could not sit next to or enter the home of a non-tribal. The challenge that 'we Adivasis can do it' has been my driving force. I joined ASHWINI after my tenth standard, and my work here has given me extensive knowledge. I am not a worker; I am a part of the whole movement and I have a sense of responsibility to keep this growing and to motivate the community to take ownership. Now I feel equal to anyone."

– Patta, Finance Manager, ASHWINI

VOICES FROM THE TEAM

"The community has completely taken responsibility for their own healthcare, showing that investing in people is the way forward for sustained development of a community. Our tribal staff and volunteers are instrumental in running the program, showing the true spirit of participation and ownership. Many preventable deaths have already been avoided, but efforts have to continue to improve the health status of the Adivasis, who have been exploited for generations."

– Dr. Shylaja Devi, Co-Founder

Ekjut

www.ekjutindia.org

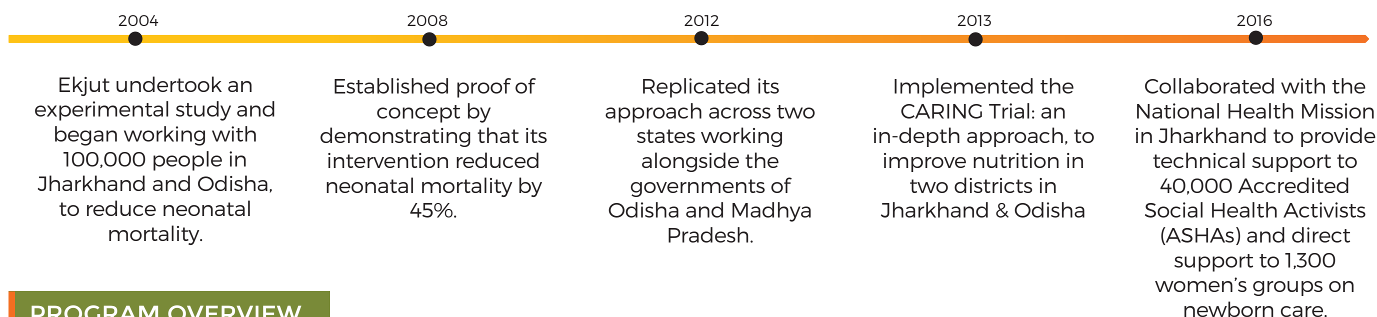
ORGANIZATION OVERVIEW

✔ NON PROFIT ✔ 12 A ✔ 80 G ✔ FCRA

Founded: 2002 · **Head Office:** Chakradharpur, Jharkhand · **Coverage:** Bihar, Jharkhand, Madhya Pradesh, Odisha
Full-Time Staff: 80 · **Budget (2015-16):** INR 7.4 crore (USD 1.1 million)

Ekjut works with marginalized and tribal populations across Jharkhand, Madhya Pradesh, Bihar and Odisha, to improve maternal, newborn and child health and nutrition outcomes. It focuses on reducing maternal mortality, child mortality and malnutrition through interventions at the grassroots and policy level, including community mobilization, evidence building and strengthening of the public health system.

HOW DID IT EVOLVE?



PROGRAM OVERVIEW

Coverage: Bihar, Jharkhand, Madhya Pradesh, Odisha • **Full-Time Program Staff:** 80 • **Budget (2015-16):** INR 7.4 Crore (USD 1.1 million)

THE PROBLEM

Women and children in tribal and marginalized communities are susceptible to poor health outcomes due to ineffective governance, lack of access to healthcare and good health practices. These communities also face social discrimination and are viewed with suspicion by other communities.

EKJUT'S RESPONSE

Ekjut adopts a community mobilization approach, driven by women and adolescent girls, to tackle issues on the ground and empowers them to develop sustainable solutions to address these issues. It uses a participatory approach to engage effectively with the community and thoroughly measures its impact.

WHAT DOES IT DO?

Ekjut operates in rural, remote geographies, with tribal and other marginalized communities and facilitates women's groups through its Participatory Learning and Action (PLA) methodology.

- Women's groups (approximately 25 women and girls) participate in monthly open group sessions, led by trained facilitators. These facilitators include women, adolescent girls and ASHAs, who are trained by Ekjut in the use of the PLA methodology.
- Women discuss community problems at these meetings and facilitators assist them in making decisions and solving problems. Ekjut is thus able to empower women to develop local approaches to tackle a host of issues, such as maternal and child morbidity and mortality, nutrition, adolescent health and gender-based violence.
- Participants are encouraged to identify and articulate the relation between the cause and effect of a problem, and analyze their actions and outcomes—so as to overcome a staunch traditional belief in destiny, among tribal communities.
- The PLA methodology is contextualized to suit low literacy levels and uses picture cards, physical demonstrations, games and plays - that are informative and fun for participants.

Ekjut uses robust and scientific impact evaluation systems, to assess the effectiveness of its programs. It publishes its research in reputed peer-reviewed journals, and thereby, advocates for the replication of its programs with key policy makers.

KEY INTERVENTIONS

1. Train Community-Based Health Workers
2. Fill Gaps in Government Service Provision
3. Train Traditional Birth Attendants
4. Run Mobile Health Clinics
5. Deliver Nutrition Programs for Children
6. Improve Nutrition at the Community Level
7. Run Maternal and Child Health Awareness Programs
8. Build the Government's Capacity to Deliver Services
9. Improve Referral Care
10. Audit Government Health Service Provision
11. Conduct Research for Advocacy

Interventions undertaken: 1, 2, 5, 6, 7, 8, 9, 11
Interventions not undertaken: 3, 4, 10

WHAT HAS IT ACHIEVED?

- Ekjut's PLA program has reduced neonatal mortality and maternal postnatal depression rates by 45% and 57%, respectively, between 2005 and 2008, with the most noteworthy impact recorded among extremely marginalized groups. Ekjut has replicated its program through partnerships in Odisha, Jharkhand, Bihar and Madhya Pradesh.
- PLAs, facilitated through ASHAs, reduced neonatal mortality by 32% in five districts in Jharkhand and Odisha.
- Ekjut engages over 30,000 women by directly facilitating women's groups. It also works through partner organizations in Madhya Pradesh and Bihar to reach 10,00,000 women.

WHAT NEXT?

- Ekjut plans to utilize the PLA methodology to tackle not just health issues, but the entire continuum of issues that plague its core constituents—tribal people and other marginalized communities.
- Ekjut will continue to conduct robust monitoring and evaluation to gauge the impact of its work and advocate for a systematic, community-driven approach to improve the life chances of women and children.
- The National Health Systems Resource Centre, New Delhi has invited Ekjut to serve as a technical advisor to public health and government officials, and address maternal and newborn health through PLAs in 10 states in India.

An open group PLA session facilitated through the use of easy-to-understand picture cards.

QUALITY INDICATORS

Leadership

Dr. Prasanta Tripathy and Dr. Nirmala Nair, Co-Founders

- Dr. Tripathy is a member of the Steering Committee for the National Health Mission, India.
- Dr. Nair has 38 years of experience in the medical and development sector.

Partnerships

- Funders: UNICEF, Sir Dorabjee Tata Trust, DFID, Wellcome Trust, USAID, Oak Foundation and Save the Children.
- Program Partners: Rural Livelihoods Mission (Madhya Pradesh, Governments of Jharkhand and Odisha.
- Nonprofit Partners: CINI, LEADS, PHFI and SNEHA.
- University College of London has been a strong research collaborator since 2004.

Endorsements

- WHO Global recommendation for Ekjut's PLA methodology of community engagement.
- impACT Trial of the Year award, 2011

VOICES FROM THE GROUND

"This process of learning together is a long-lasting, sustainable process which enables the community to identify its own health problems, discuss the root causes of challenges, find remedial solutions and use local expertize to ensure that it receives equitable healthcare. Through this process, the community chooses its own priorities, instead of being told what these are."

- Additional District Medical Officer, Keonjhar, Odisha

VOICES FROM THE TEAM

"Ekjut provides a systematic and supportive framework to harness the collective effort of women in different states in India. Our work gives voice to the otherwise voiceless, fosters inclusion, addresses inequities, enhances decision-making capacity and builds healthier communities."

- Dr. Prasanta Tripathy, Co-Founder

Jan Swasthya Sahyog (JSS)

www.jssbilaspur.org

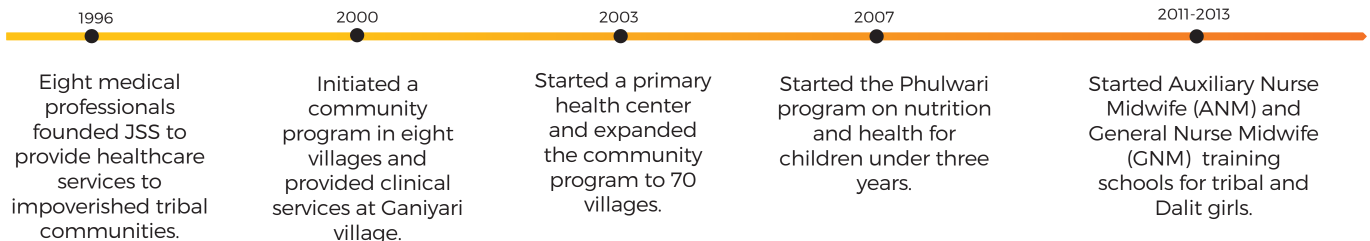
ORGANIZATION OVERVIEW

NON PROFIT · 12 A · 80 G · FCRA

Founded: 1996 · **Head Office:** Ganiyari, Chhattisgarh · **Coverage:** Chhattisgarh · **Full-Time Staff:** 222
Budget (2015-16): INR 7.8 crore (USD 1.1 million)

JSS caters to the healthcare needs of impoverished tribal communities by conducting research studies, implementing health programs, training local health workers and advocating with the government. It also runs three primary health centers and a hospital in Chhattisgarh.

HOW DID IT EVOLVE?



PROGRAM OVERVIEW

Coverage: Chhattisgarh • **Full-Time Program Staff:** 55 • **Budget** (2015-16): INR 2 crore (USD 299,000)

THE PROBLEM

Women and children in tribal areas lack access to quality healthcare services, given that they live in remote areas with limited government health facilities. The problem is compounded by rampant discrimination towards tribal communities, a lack of health awareness, poor nutrition levels and poverty.

JSS'S RESPONSE

JSS works at both the community and institution level to provide healthcare services. It trains community and government health workers to improve the quality of care provided. JSS conducts research and collects evidence to advocate for policy change with the government.

WHAT DOES IT DO?

- **Community Care:** JSS trains community health workers in each village to monitor the health of pregnant tribal women and provide a minimum of four health checkups. These health workers also monitor the health of the mother and baby for six months, post-delivery. JSS conducts 11-12 clinical camps for tribal mothers and children, annually. It also runs a child nutrition program for children below three years at Phulwari (crèche) centers.

- **Institutional Care:** JSS runs a clinical program that includes inpatient and outpatient services. It operates an 82-bed hospital at Ganiyari village that offers maternal and child health services. This facility also offers tertiary care.

- **Stakeholder Training:** JSS trains health workers at its Ganyari facility. It runs several training programs for both government and community health workers, on a monthly basis.

- **Government Advocacy:** JSS works with the government to identify and address gaps in the existing care provider system through technical assistance and evidence-based research.

- **Technology Research:** JSS has a technology division that develops innovative healthcare products for health workers to monitor health conditions at the community level and improve delivery of care.

KEY INTERVENTIONS

1. Train Community-Based Health Workers
2. Fill Gaps in Government Service Provision
3. Train Traditional Birth Attendants
4. Run Mobile Health Clinics
5. Deliver Nutrition Programs for Children
6. Improve Nutrition at the Community Level
7. Run Maternal and Child Health Awareness Programs
8. Build the Government's Capacity to Deliver Services
9. Improve Referral Care
10. Audit Government Health Service Provision
11. Conduct Research for Advocacy

Interventions undertaken · Interventions not undertaken

WHAT HAS IT ACHIEVED?

In 2014-15, JSS achieved the following:

- Provided medical services to over 3,500 tribal mothers and children, annually.
- Reached 1,200 children through the Phulwari program.
- Built the capacity of 110 Accredited Social Health Activists and 40 community health workers through training programs in reproductive and child health.
- Addressed the needs of 500 adolescent girls through sexual, reproductive and menstrual health awareness programs.

WHAT NEXT?

- JSS intends to improve the quality of its community healthcare program and expand it to two to three other villages. It is also keen to use an integrated healthcare approach that prioritizes non-communicable diseases.
- JSS plans to become a resource center for knowledge and training. It will use knowledge to advocate for policy change on issues such as tuberculosis, drug price control, sickle cell disease and hypertension.

Dr. Yogesh Jain demonstrating to community health workers how he screens a young child.

QUALITY INDICATORS

Leadership

Dr. Yogesh Jain, Co-founder and Director

- Dr. Yogesh Jain is a practicing public health physician with an MD in pediatrics from AIIMS, Delhi.

Partnerships

- **Partners:** AIIMS Delhi, Tata Institute of Social Sciences, Planning Commission, ASHA Mentoring Group, National Health Mission and Tribal Health Committee.
- **Funders:** Jamsetji Tata Trust, Sir Ratan Tata Trust, Oxfam India and Association for India's Development.

Awards & Endorsements

- Krishnadas Jaju award, for serving poor communities in Chhattisgarh, 2004.
- Governor's award, for serving rural-tribal communities, 2005.

VOICES FROM THE GROUND

"Jan Swasthya Sahyog provides consultations, medical investigations and surgery at their hospital. We were earlier told to run from one facility to another, but here everything happens in one place, and at an affordable price. These kinds of hospitals should be available in all districts."

– Ramkali Baiga, Bahmani (Bilaspur District)

VOICES FROM THE TEAM

"Over the years, we have learned that illnesses are a biological embodiment of deprivation. Thus, we use force multipliers of trainings (especially for middle-level health workers), action research and advocacy to address the health needs of the poor. All the work we do has an equity lens."

- Dr. Yogesh Jain, Co-Founder and Director, JSS

Society for Education, Action and Research in Community Health (SEARCH)

www.searchgadchiroli.org

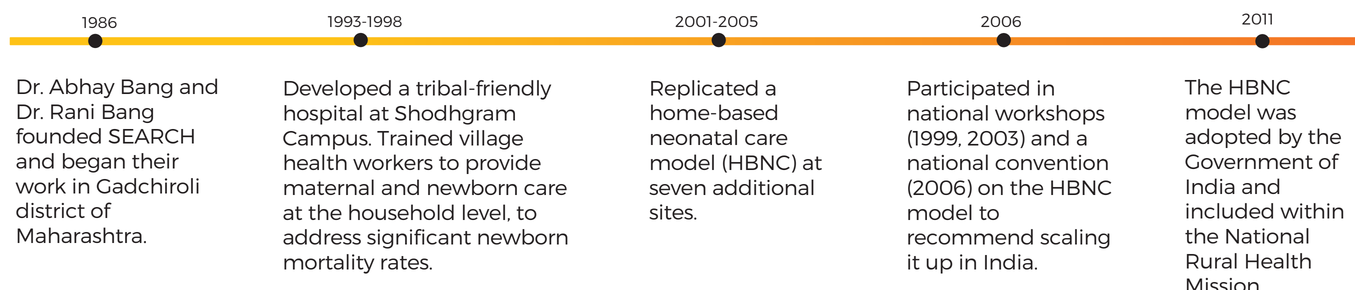
ORGANIZATION OVERVIEW

NON PROFIT · 12 A · 80 G · FCRA

Founded: 1986 · **Head Office:** Gadchiroli, Maharashtra · **Coverage:** Maharashtra · **Full-Time Staff:** 97
Budget (2015-16): INR 4 crore (USD 597,000 million)

SEARCH primarily runs health programs in remote areas of Gadchiroli for tribal and rural communities. It conducts community-based research studies, facilitates training programs and runs a hospital. It uses research and evidence to drive policy change in tribal health, maternal and child health, as well as alcohol and tobacco abuse.

HOW DID IT EVOLVE?



PROGRAM OVERVIEW

Coverage: Maharashtra • **Full-Time Program Staff:** 19 • **Budget (2015-16):** INR 29.3 lakh (USD 44,000)

THE PROBLEM

Low levels of health awareness and a lack of access to quality health services severely impact the health of tribal women and children. Furthermore, government interventions in these areas are not closely monitored or evaluated, resulting in gaps in service delivery.

SEARCH'S RESPONSE

SEARCH implements community-level interventions through community health workers, awareness programs and mobile clinics. It works closely with the community to understand their needs and designs interventions accordingly. SEARCH focuses strongly on evidence-based research to advocate for policy change.

WHAT DOES IT DO?

- **Community Care:** SEARCH-trained Arogyadoots (community health workers) screen pregnant women, as well as provide advice, referrals and one-on-one health education. Their services include managing birth asphyxia, identifying women-at-risk, as well as addressing issues such as hypothermia, breastfeeding problems, low-birth-weight babies and premature babies.

- **Institutional Care:** Arogyadoots refer omplex health issues that go beyond their skills to the SEARCH hospital. If required, cases are referred to the district hospital in Gadchiroli.

- **Stakeholder Training:** SEARCH operates a training facility for government agencies and non-profits that runs training-of-trainer programs to enhance the service delivery of health workers.

- **Policy Advocacy and Research:** SEARCH collects and evaluates the impact of newborn and child health services provided so as to identify new areas of research, in the field of maternal and child health. It draws the attention of decision makers by publishing research and delivering lectures.

KEY INTERVENTIONS

1. Train Community-Based Health Workers
2. Fill Gaps in Government Service Provision
3. Train Traditional Birth Attendants
4. Run Mobile Health Clinics
5. Deliver Nutrition Programs for Children
6. Improve Nutrition at the Community Level
7. Run Maternal and Child Health Awareness Programs
8. Build the Government's Capacity to Deliver Services
9. Improve Referral Care
10. Audit Government Health Service Provision
11. Conduct Research for Advocacy

Interventions undertaken | Interventions not undertaken

WHAT HAS IT ACHIEVED?

- Developed an effective community-level model to manage childhood pneumonia and a home-based newborn care (HBNC) model to address high infant mortality rates in the region.
- A combination of these models has brought down the infant mortality rate in 39 SEARCH intervention villages from 120 (in 1988) to 30 (in 2003). The model was included within the National Rural Health Mission and replicated in over 20 Indian states, as well as by governments in six other countries.
- Provided maternal and child health services to 48 tribal villages and 131 non-tribal villages in Gadchiroli district, till date.

WHAT NEXT?

Key plans for SEARCH's tribal health program over the next three years include:

- Work with existing villages and increase the quality of care.
- Work with the government and use evidence-based research to influence policy change, at both the state and national level. It will also play a major role in scaling the HBNC model by supporting the government to train 800,000 Accredited Social Health Activists (ASHAs).
- Use an integrated community approach and work towards issues such as alcohol addiction, mental health and malaria. It plans to set up a tribal research center through which it can continue research on various tribal health issues.

Dr. Abhay Bang visits new mother Meena Dhit and her baby in her home in Bodli village, Maharashtra.

QUALITY INDICATORS

Leadership

Dr. Abhay Bang, Co-Founder and Director

- Dr. Abhay Bang is a public health researcher credited with developing the HBNC program.
- Served as a member of several committees, including the Scientist Advisory Board at Indian Council of Medical Research and the National Commission on Population
- Trained as a physician and completed a Master's degree in Public Health at John Hopkins.

Partnerships

- **Partners:** SEARCH is currently a member of several committees including Central Health Council, High Level Committee on Tribal People in India, Audit Advisory Board, National ASHA Mentoring Group, Tribal Advisory Council and the Government of Maharashtra.
- **Funders:** Tata Trust, MacArthur Foundation, Wipro Cares, Infosys Foundation and the National Rural Health Mission.

Endorsements

- Public Health Champion award for outstanding contribution to public health in the country, WHO India, 2016.
- Maharashtra Bhushan Puraskar, Government of Maharashtra, 2003.

VOICES FROM THE GROUND

"These women Arogyadoots have changed how things used to be in the past. Now I feel that there is support available for young mothers, that my mother did not have. There is someone to take care of me. I have more confidence now and less to worry about."

– Beneficiary, HBNC program

VOICES FROM THE TEAM

"If newborns and children cannot reach hospitals, we must go to where they are—their homes. No doctor can reach every home with a baby. Only the Arogyadoots, the angels of health, can do that."

- Dr. Abhay Bang,
Co-Founder, Director, SEARCH

Society for Education, Welfare and Action Rural (SEWA Rural)

www.sewarural.org

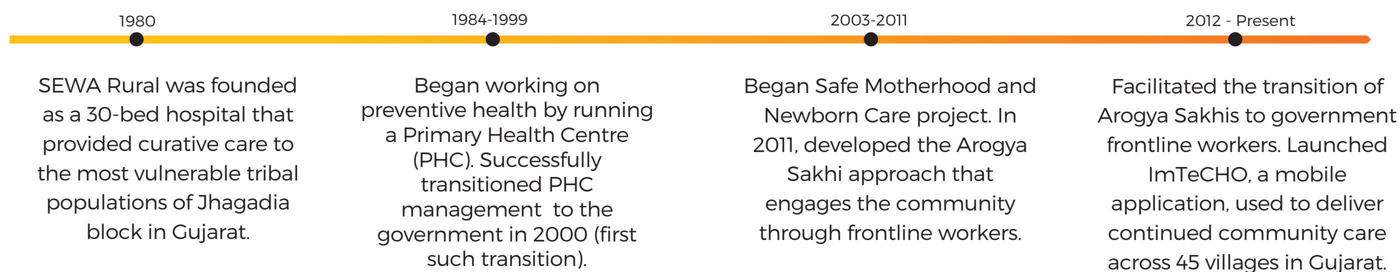
ORGANIZATION OVERVIEW

NON PROFIT ✓ 12 A ✓ 80 G ✓ FCRA

Founded: 1980 • **Head Office:** Jhagadia, Gujarat • **Coverage:** Gujarat • **Full-Time Staff: 225**
Budget (2015-16): INR 7.7 crore (USD 1.2 million)

SEWA Rural provides healthcare to tribal communities in Bharuch and Narmada districts of Gujarat. It works to improve the lives of tribal communities through a 150-bed tertiary care hospital, a comprehensive eye care program, a community-based healthcare project for mothers and children, a training center for frontline workers and activities focused on life skills development for men, women and adolescents.

HOW DID IT EVOLVE?



PROGRAM OVERVIEW

Coverage: Narmada and Bharuch districts, Gujarat • **Full-Time Program Staff:** 225 • **Budget (2015-16):** INR 7.7 crore (USD 1.2 million)

THE PROBLEM

Tribal mothers and children are particularly vulnerable to death and disease. In addition to limited healthcare access, availability and affordability, tribal communities are affected by poor health-seeking behavior, a trust deficit, superstitions and traditional beliefs that further contribute to poor health outcomes.

SEWA RURAL'S RESPONSE

SEWA Rural bridges the gap between tribal communities and healthcare systems by bringing services to the community directly. It delivers timely and quality healthcare by establishing a strong community presence through frontline workers that are linked to a strong private and public referral system.

WHAT DOES IT DO?

SEWA Rural improves the lives of mothers and children through the following programs:

- **Kasturba Hospital** is a 150-bed tertiary-care hospital that offers affordable services to over 125,000 patients annually, across 5,000 villages. Its services include specialized care for women and children, clinics for diseases such as tuberculosis, diabetes, infertility and 24-hour emergency services that are supported by a well-equipped laboratory, X-ray and ultrasonography units.
- **Family-Centered Safe Motherhood and Newborn Care Project (FSMNCP)** is a community-based health project that aims to develop an evidence-based model to reduce maternal and newborn deaths. It achieves this by ensuring appropriate antenatal and postnatal care through community- and family-level interventions. It also focuses on sickle cell anemia, a highly prevalent disease in tribal populations. Programs are delivered through Arogya Sakhis and trained birth attendants that are supported by ImTeCHO–a mobile application, used to improve the performance of frontline workers, overcome bottlenecks and enhance service provision.
- **Health Training Center** provides on-going and refresher training to frontline workers from SEWA Rural, as well as other grassroots organizations, government staff workers and students. It trains approximately 1,000 trainees from over 50 organizations, annually.

KEY INTERVENTIONS

1. Train Community-Based Health Workers
2. Fill Gaps in Government Service Provision
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8. Build the Government's Capacity to Deliver Services
9. Improve Referral Care
10. Audit Government Health Service Provision
11. Conduct Research for Advocacy

Interventions undertaken | Interventions not undertaken

WHAT HAS IT ACHIEVED?

- SEWA Rural has reached over 50,000,000 people till date.
- The FSMNCP intervention resulted in a 75% reduction of maternal deaths and a 38% reduction of newborn deaths over a period of seven years (2003-10). Additionally, it has influenced a significant increase in institutional delivery rates (from 29% to 65%) through community-based interventions.
- SEWA Rural uses technology to increase health worker coverage and improve health-seeking behavior amongst mothers. For example, in SEWA Rural adopted villages, 92% of mothers received at least three prenatal visits by the Accredited Social Health Activist (ASHA) in villages and 61% sought medical assistance from the ASHA for postnatal complications.

WHAT NEXT?

- Expand community health efforts in select primary healthcare centers (PHC). Having established its community presence through the FSMNCP intervention, SEWA Rural now aims to document and disseminate research and evaluation findings of this intervention. This will help to intensify advocacy efforts with the Government of Gujarat to expand SEWA Rural's reach in the state.
- Conduct a Randomized Control Trial (RCT) with a focus on building evidence for mHealth solutions. Examine effectiveness, efficiency and quality of care provided through the ImTeCHO mobile application.
- Expand mHealth coverage through ImTeCHO to an additional 300 villages (reaching a population of 300,000) within Bharuch and Narmada districts of Gujarat.

A frontline worker conducts a health information session with a pregnant woman and her family.

QUALITY INDICATORS

Leadership

- Medical doctors with an academic background in community medicine from leading universities such as Johns Hopkins and Emory.
- Specialists such as surgeons, gynecologists, ophthalmologists, pediatricians and public health experts.

Partnerships

- **Program Delivery Partners:** Government of Gujarat.
- **Technology Partners:** Argusoft India Ltd.
- **Funders:** Government of Gujarat, Jamsetji Tata Trust, MacArthur Foundation, WHO, and Indian Council of Medical Research.

Awards & Endorsements

- Best First Referral Unit in a tribal area, Government of Gujarat, 2011.
- Creative and Effective Institutions award, MacArthur Foundation (USA), 2007.

VOICES FROM THE GROUND

"SEWA Rural supports me to provide care for tribal mothers and children. Through on-going and refresher trainings, I am able to deliver healthcare that is reliable and timely. This is especially critical for high-risk pregnant women that would otherwise have limited access to healthcare."

– **Nayeedaben Vasava, ASHA from Timla, Gujarat**

VOICES FROM THE TEAM

"The SEWA Rural team has been working with and for the community over two decades at the grassroots level. We have been working closely with frontline workers and believe that most health workers want to do their best for their community. Through our community and technology interventions, we enable them to give their best through better support, motivation and supervision."

– **Dr. Pankaj Shah, Director, Community Health**

Swami Vivekananda Youth Movement (SVYM)

www.svym.org

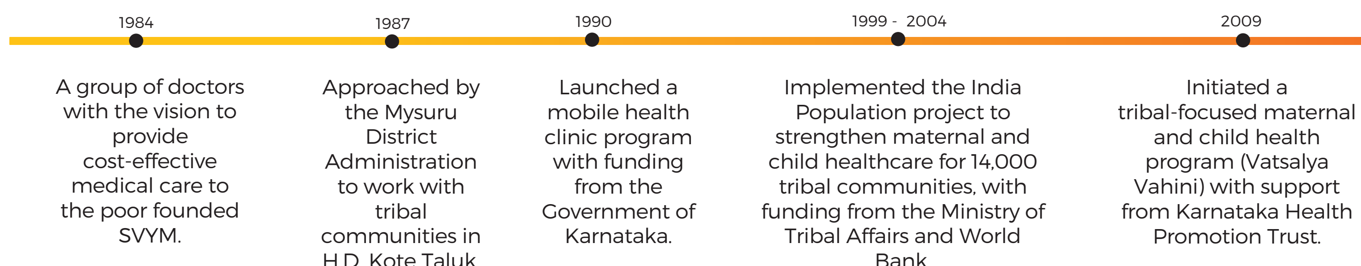
ORGANIZATION OVERVIEW

NON PROFIT ✔ 12 A ✔ 80 G ✔ FCRA

Founded: 1984 · **Head Office:** Saragur, Karnataka · **Coverage:** Karnataka · **Full-Time Staff:** 494
Budget (2015-16): INR 30 crore (USD 4.5 million)

SVYM runs eight institutions, including schools and hospitals, and has more than 50 programs in the areas of health, education, and socio-economic empowerment across Karnataka. It facilitates community efforts toward sustainability, self-reliance and empowerment through research, training local groups, and government advocacy.

HOW DID IT EVOLVE?



PROGRAM OVERVIEW

Coverage: Karnataka • **Full-Time Program Staff:** 15 • **Budget (2015-16):** INR 14.2 lakh (USD 21,000)

THE PROBLEM

Tribal mothers and children are especially susceptible to poor health outcomes, on account of a lack of availability and access to health services. This is compounded by poor awareness, mistrust of those outside the community, social discrimination and traditional beliefs.

SVYM'S RESPONSE

SVYM collaborates with government health workers at both field and institution levels to create awareness about health conditions and improve systems and quality of care. It also builds the capacity of community members to serve as change agents and ensure sustainability of its programs.

WHAT DOES IT DO?

SVYM engages in the following interventions through its Mobile Health Unit and Vatsalya Vahini program:

- **Providing Care in Communities:** SVYM's Mobile Health Unit team visits communities six days a week to identify and register pregnant women, provide antenatal care, and offer treatment for diseases such as pneumonia, diarrhea, and tuberculosis. SVYM also conducts eight to ten clinical camps a year, for mothers and children.
- **Providing Institutional Care:** SVYM's 80-bed Vivekananda Memorial Hospital has safe motherhood clinics that offer services including antenatal, intrapartum and post-partum care and family planning. Pediatric services at the hospital include immunization, and treatment of anemia and common childhood diseases.
- **Training Stakeholders:** SVYM trains health workers twice a year on topics including reproductive, maternal and child health, as well as National Health Mission guidelines. It also trains leaders of self-help groups (SHGs) to serve as ambassadors of behavior change for institutional deliveries and child care.
- **Providing Program Support:** SVYM works with the government to help identify and tackle gaps in the existing care provider system through technical assistance, both at field and institution levels. It staffs two employees in each Primary Health Center (PHC) who help improve the quality of care and provide program support to government health workers.
- **Generating Awareness:** SVYM facilitates four to five awareness programs per month, on issues such as child marriage, immunization and nutrition, through focus group discussions, radio broadcasts and street plays.

KEY INTERVENTIONS

1. Train Community-Based Health Workers
2. Fill Gaps in Government Service Provision
3. Train Traditional Birth Attendants
4. Run Mobile Health Clinics
5. Deliver Nutrition Programs for Children
6. Improve Nutrition at the Community Level
7. Run Maternal and Child Health Awareness Programs
8. Build the Government's Capacity to Deliver Services
9. Improve Referral Care
10. Audit Government Health Service Provision
11. Conduct Research for Advocacy

Interventions undertaken | Interventions not undertaken

WHAT HAS IT ACHIEVED?

SVYM provides medical services to more than 7,500 tribal mothers and children annually.

In 2014-15:

- Reached about 20,000 tribals in both communities and hospitals through its Mobile Health Unit and Vatsalya Vahini programs.
- Built the capacity of 56 ASHAs, 48 ANMs and 31 Anganwadi workers by training them on reproductive and child health and delivery of care.
- Involved 10,793 community members in awareness activities such as street plays, health exhibitions and SHG meetings.

WHAT NEXT?

Key targets for SVYM's tribal health program over the next three years include:

- Expanding geographic coverage to the entire H.D. Kote taluk, reaching a total of 200,000 people and eight PHCs. Currently, the program covers 9,000 people in five PHCs.
- Strengthening collaboration with the Government of Karnataka, particularly through training an increased number of government personnel.
- Adopting a stronger focus on promoting institutional deliveries. Currently, the proportion of institutional deliveries in the community is about 85%, which the program aims to increase to 90-95% over the next three years.

A doctor in SVYM's mobile health unit screens the child of a tribal woman.

QUALITY INDICATORS

Leadership

Dr. M. A. Balasubramanya, Secretary and CEO

- Anesthesiologist by training and Founding Secretary of the Indian Medical Association, Saragur branch.
- Recipient of the Paul Harris Fellow award from Rotary International.
- Nominated by the town panchayat of Saragur as the Ambassador for Swacch Bharat Abhiyan.

Partnerships

- **Partners:** Ministry of Tribal Affairs, Government of India
- **Funders:** Bharat Petroleum Corporation Limited, Ministry of Tribal Affairs, Government of India, Government of Karnataka

Awards and Endorsements

- Best NGO India award, The Resource Alliance, 2015.
- Credibility Alliance India award for transparency and integrity in program reporting.
- Karnataka State Child Welfare award, 2008.

VOICES FROM THE GROUND

"The street play conducted by the SVYM team at our haadi (tribal colony) helped us learn about and understand mother and child health in a very simple way."

– **Mallesha, Basavanagiri Haadi**

VOICES FROM THE TEAM

"Putting tribal communities first is our motto. We strive to be inclusive of tribal culture and simultaneously nurture acceptance of modern scientific methods. In addition, complementing government resources and catalyzing government initiatives have been hallmarks of our interventions."

– **Dr. M.A.Balasubramanya, Secretary and CEO**

Swasthya Swaraj

www.swasthyaswaraj.org

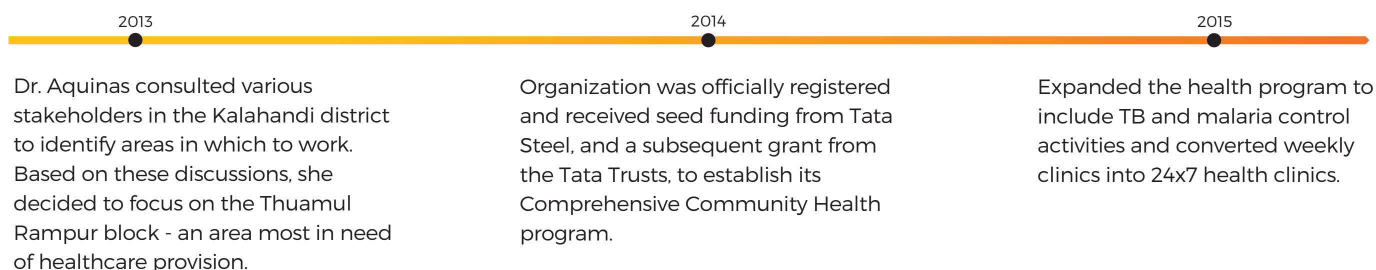
ORGANIZATION OVERVIEW

NON PROFIT · 12 A · 80 G · FCRA

Founded: 2014 · **Head Office:** Bhawanipatna, Odisha · **Coverage:** Odisha · **Full Time Staff:** 31
Budget (2015-16): INR 1.93 Crore (USD 288,000)

Swasthya Swaraj aims to create a community-owned model of healthcare and education that empowers communities to take responsibility for their own health and well-being. It works in rural Odisha, where the public health system is almost non-existent, despite a critical need for healthcare services. Swasthya Swaraj implements a low-cost model of primary healthcare suited for tribal populations in the state.

HOW DID IT EVOLVE?



2013

Dr. Aquinas consulted various stakeholders in the Kalahandi district to identify areas in which to work. Based on these discussions, she decided to focus on the Thuamul Rampur block - an area most in need of healthcare provision.

2014

Organization was officially registered and received seed funding from Tata Steel, and a subsequent grant from the Tata Trusts, to establish its Comprehensive Community Health program.

2015

Expanded the health program to include TB and malaria control activities and converted weekly clinics into 24x7 health clinics.

PROGRAM OVERVIEW

Coverage: Odisha • **Full Time Program Staff:** 31 • **Budget (2015-16):** INR 1.93 crore (USD 288,000)

THE PROBLEM

The Thuamul Rampur block is a predominantly tribal area where poverty, maternal and infant mortality rates are twice the national average. The area lacks government health systems, physical infrastructure and has abysmal literacy rates, with almost negligible female literacy.

SWASTHYA SWARAJ'S RESPONSE

Swasthya Swaraj provides basic primary healthcare services to reduce mortality and morbidity among tribal populations. The program recruits and trains community members to take responsibility for their own health and well-being. The organization's goal is to create a sustainable program that the community eventually owns and operates.

WHAT DOES IT DO?

The Comprehensive Community Health program follows a three-tier structure of service delivery to ensure comprehensive primary care:

- **Primary Health Clinics** provide 24x7 healthcare and diagnostics facilities. Services are provided free of charge, but Swasthya Swaraj encourages its patients to pay a token amount so as to ensure that they value services provided. To secure community buy-in and keep infrastructure costs down, Swasthya Swaraj sets up clinics in buildings donated by the community.
- **Monthly Health Camps** are held in six fixed locations to serve populations in especially hard-to-reach areas. These camps are only for mothers and children and focus on improving maternal and child health, as well as reducing malnutrition and malaria, which are endemic in the region.
- **Village Health Workers** called Swasthya Sathis are selected from each of the 75 villages that Swasthya Swaraj works in and are trained to diagnose common diseases, provide essential treatment and disseminate health education.

A major focus of the program is to educate and empower communities in the region to take responsibility for their own health. Swasthya Swaraj has selected and trained a group of 20 literate boys, called Shikhya Sathis, to act as community mobilizers and educators. They focus on increasing demand for health services, improving health-seeking behavior and enhancing preventive healthcare practices.

KEY INTERVENTIONS

1. Train Community-Based Health Workers
2. Fill Gaps in Government Service Provision
3. Train Traditional Birth Attendants
4. Run Mobile Health Clinics
5. Deliver Nutrition Programs for Children
6. Improve Nutrition at the Community Level
7. Run Maternal and Child Health Awareness Programs
8. Build the Government's Capacity to Deliver Services
9. Improve Referral Care
10. Audit Government Health Service Provision
11. Conduct Research for Advocacy

Interventions undertaken · Interventions not undertaken

WHAT HAS IT ACHIEVED?

- Since 2013, over 9,000 patients have visited Swasthya Swaraj clinics. It reaches out to 75 villages through its community programs, covering a population of 15,000 people. Approximately 90% of its beneficiaries are tribal.
- While it usually takes organizations years to establish enough trust to get tribal communities to access their health services, Swasthya Swaraj was able to do so within a few months. Its clinics receive a large number of patients and on average, each clinic serves over 100 beneficiaries, every week.
- Approximately 90% of Swasthya Swaraj's staff members are recruited from the community itself. It trains community members to take over both clinical and management roles in the organization.

WHAT NEXT?

- Strengthen its program by adding technology components such as mobile tablets that will be used to communicate with beneficiaries and capture real-time data.
- Purchase equipment such as ambulances and X-ray machines to improve the quality of its clinical services.
- Pilot various non-formal education initiatives to provide essential life skills to adolescents, school-going and out-of-school children and nurture them as agents of change within their communities.
- Expand its health program to provide community-based care and prevent severe malnutrition among children under five.

Swasthya Swaraj staff conducting a community awareness meeting.

QUALITY INDICATORS

Leadership

Dr. Aquinas Edassery, Founder and Executive Director

- Medical doctor, former faculty member and board member of St. John's Medical College, Bangalore.
- Over 10 years of experience in community healthcare.

Partnerships

- Funders: Tata Steel (seed funding), Tata Trust, Department of Health and Family Welfare, Government of Odisha and SELCO Foundation.
- Program Partners: Jan Swasthya Sahyog (JSS), Christian Hospital, Bissamcuttack and Society for Community Health Action, Research and Advocacy (SOCHARA).

VOICES FROM THE GROUND

"When people ask me what reward I get in return for working as a Swasthya Sathi, I tell them that my greatest reward is the happiness and knowledge that I am able to bring to many families when I help them in their hour of need and teach them what I learned at Swasthya Swaraj."

- Mahadei Majhi, Swasthya Sathi

VOICES FROM THE TEAM

"In remote tribal areas, when we see victims of scandalous degrees of poverty that they can do nothing about, when children fall victim to tuberculosis, when so many children die of under nutrition or malaria—how can we as doctors and health professionals not be disturbed? We must commit ourselves to an ongoing fight against the injustice and inequalities that produce this situation. We are trying to make Swaraj (freedom) a reality for the poorest of the poor, something they are not even able to dream of now."

- Dr. Aquinas Edassery, Founder and Executive Director

APPENDICES

The design for this report is inspired by Indian tribal motifs but is not meant to be representative of all tribal art.

Conversion Rate (used for this report): USD = INR 67 .

APPENDIX - I

Dasra's expertise lies in recognizing and working with non-profits that have the potential to create impact at scale. Dasra strongly believes that the strength of an organization comes from its people, and has ingrained this philosophy in its due diligence process. Consequently, an organization is assessed not just on the basis of its program, but also on the potential of its leadership and management team. In order to identify such organizations, Dasra follows a comprehensive three stage due diligence process.

Phase I – Sector Mapping

- The process involves undertaking an exhaustive sector mapping and compiling a list of non-profit organizations working in the sector.
- Based on quantitative and qualitative secondary research, references from previous experience, and inputs from sector experts, the work carried out by the organizations is categorized under specific interventions.
- Organizations implementing programs with the most scalable and impactful interventions are screened from this universe against criteria such as – program focus, outreach, team, budget, scale, impact and growth plan.

Through sector mapping for this report, Dasra mapped over 200 non-profits across India.

Phase II - Detailed Assessment of Organizations Based on Phone Calls and Site Visits

Dasra conducts a detailed assessment of the screened organizations by making a one-two day site visit to understand the work being done on the ground and spend time with the leadership and management team of the organization.

An organization profile is prepared to capture the current work and achievements of each organization and provide a sense of the future growth of the organization as a whole.

Organizations are evaluated using the Dasra Capacity Assessment Framework (DCAF), a tool that Dasra has developed to assess organizations against three key areas – leadership potential, organization strength and program effectiveness.

Dasra conducted phone calls with 40 non-profits that work to improve maternal and child health outcomes in tribal communities and identified 12 organizations on whom detailed diligence was conducted – either through site visits to these organizations or by building on Dasra's existing knowledge about these organizations.

Phase III - Final Shortlisting

- Dasra Capacity Assessment Framework (DCAF) and organization profiles are used to evaluate the program strength, organization potential and areas where Dasra can add value through its capacity building support.

- Members from Dasra's advisory research and diligence team, as well as senior management, participate in the shortlisting process to identify eight to ten high impact and scalable non-profits to be profiled in the report.

Eight non-profits were shortlisted to be profiled in this report, based on the strength of their programs to improve maternal and child health outcomes in tribal communities, the potential of their organization and the vision of their leadership.

Dasra re-engages with the final shortlisted organizations to create robust growth plans, and works with the organizations to explore funding opportunities. Dasra also offers peer-learning and capacity building opportunities to these organizations through two-three day, residential workshops.

APPENDIX - II

Acronyms

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
CHC	Community Health Center
ICDS	Integrated Child Development Services
IMR	Infant Mortality Rate
MMR	Maternal Mortality Rate
MCH	Maternal and Child Health
NRHM	National Rural Health Mission
PHC	Primary Health Center
PLA	Participatory Learning and Action
RDA	Recommended Daily Allowance
ST	Scheduled Tribes
UNICEF	The United Nations Children's Emergency Fund
WHO	World Health Organization

Glossary

Accredited Social Health Activists (ASHA) is a community health workers instituted by India's Ministry of Health and Family Welfare as part of its National Rural Health Mission.

Anganwadi Worker (AWW) is a health worker chosen from the community and given four months of training in health, nutrition and child-care. She is in-charge of an Aanganwadi or daycare centre for children.

Auxiliary Nurse Midwife (ANM) is a trained health care provider who conducts outreach and provides services to women and children in the community.

Community Health Center (CHC) is the third tier of the network of rural healthcare institutions, required to act primarily as a referral center for the neighboring primary health centers for patients requiring specialized health care services.

Integrated Child Development Services (ICDS) is an Indian government welfare program, which provides food, preschool education, and primary healthcare to children under six years and their mothers. These services are provided through Anganwadi centres established mainly in rural areas and staffed with frontline workers.

Primary Health Center (PHC) is the first point of contact between individuals and a qualified medical doctor. Each PHC is linked to approximately six sub centers (a population of approximately 30,000) and is typically a single-doctor clinic with about six inpatient beds as well as facilities for delivery, family planning (including sterilizations), minor surgeries and limited laboratory testing.

Stunting is a measure of height to age. A stunted person will be significantly shorter than is expected for their age. It is the long-term cumulative effect of malnutrition, and increases the likelihood of illness and poor health, reduces cognitive development, and lowers economic productivity.

Underweight is a measure of weight to age. This indicator is often used as a basic indicator of the health status of a population.

Wasting is a measure of weight to height. Because weight can change more quickly than height, wasting measures the current nutritional status of an individual, and can be an indicator of both acute short-term reduction of food intake and stunting.