

Transforming Lives Spreading Smiles





ល្សាលាក្រសួកស្រី Project m-health

HCL UDAY BEST PRACTICES AWARD

PARTNERING FOR CHANGE 2020

THEMATIC AREA: HEALTH



NGO NAME: SUHAM TRUST

TITLE: m-health

LOCATION: Madurai

PROJECT PERIOD: July 2019 to June 2020



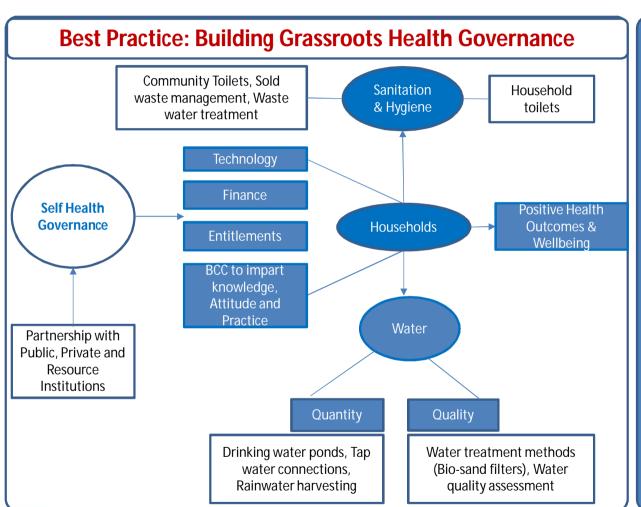
CONTEXT



- The project 'm-health' works with women's life cycle on health and nutrition in six backward slums of Madurai urban
- The project is built around four pillars health promotion, prevention, protection and primary care
- The core component of the project is building grassroots health governance involving local community and mainstream players and for demand generation, access to services, complementarity and project sustainability
- Absence of community engagement and health governance leads to failure in achieving health outcomes among girls, women and children in Madurai urban. The uneven access to basic health services and poor awareness leading to incremental in prevalence rate of anaemia, underweight, stunting and higher morbidity on NCDs. Lack of health and nutrition behaviour found problem in building resilience among urban habitants of Madurai.
- There was lack of coordination among stakeholders to build strong governance as a strong demand stream. Absence of community monitoring system (community patrol) to monitor and bring positive behavioural changes among target population. Need for a system to continue and sustain the project activities.



CONCEPTUAL FRAMEWORK: Building Grassroots Health Governance



SUHAM's Conceptual Framework on Health Governance

- 1. The purpose of health governance is to foster grassroots democracy in a sustainable way and to promote demand stream for easy access.
- 2. Self health governance is constituted by set of representations from health department, ICDS, SHGS, youths and community leaders, NGOs etc.
- 3. Complementary for mainstream players
- 4. The Women Self Help Groups involved as catalyst for development change
- The capacity of the governance is built on health content, project implementation and monitoring.
- 5. The steering committees organised at PHCs, City Corporation, ICDS PO for addressing gaps in the field
- 7. The financial sustainability is focused involving SHG Federations and proved so far.





METHODOLOGY

Description	Process cum activities	Indicators	Best practices – Expressions
The grassroots health governance is promoted involving local community and multistakeholders in six slums of Madurai urban to foster grassroots democracy and ensuring project sustainability	 a. Identification of volunteering community for self health governance b. Interaction with health, ICDS, schools and other stakeholders c. Formation of slum wise health governance involving 13 members d. Orientation to the health governance about slum health problems & people needs e. Formal training on project content, implementation, health infrastructures & services, monitoring skills, household visits, participation in steering meeting, etc f. Quarterly meeting g. Review and monitoring 	 Community representation in project activities Increased access to health, nutrition and sanitation services Promoted community patrol at slum level Improvement in health and nutrition status Regularised meetings of health governance and their contributions 	 Coordination between stakeholders and derived common agenda Totally 78 members as governance. 66 from community side including SHGs, Youths, project staff and traditional leaders Regular discussions on the issues identified and addressing through steering committees Organising community and Logistics for events and mobile clinics Peer counseling Household visits for monitoring Leveraging from the system





COST BENEFIT ANALYSIS

- The total budget for health programme implementation: Rs. 43.72 Lakh
- The total population covered under m-health project from My Community in Madurai Urban: 3315
- Budget allocated for Governance building and training: Rs. 4.21 lakh
- Cost per beneficiary (from total budget): Rs.1319/-
- Cost per beneficiary (from governance budget): Rs. 114/-
- An investment of Rs. 4.21 lakh leveraged, Rs. 26.5 lakh in the form of medicines, nutrition food and services from health centres, Anganwadi centres and private hospitals
- The contribution from SHG federation also leveraged for the value of Rs. 2.2 lakh
- Beyond finance, the knowledge and skill was given to governance for carrying this project to the next level which helps them to motivate the community to access services effectively
- The awareness level of the community and environmental sanitation also changed as part of sustainable behavioural changes.
- Sustainable practice change on institutional deliveries, immunisation, ANC care, addressing low birth weight, underweight, stunted, Non-communicable diseases and alcoholic addiction etc.



THE IMPACT



	Change in outcomes	
Indicators	Before	After
Reach of programme	-	3315 population
Knowledge level of adolescent girls on anaemia & nutrition	24.5%	95.0%
Knowledge level of mothers on anaemia and nutrition	31.3%	92.4%
Consumption of Iron rich foods	42.8%	95.2%
Consumption of IFA tablets	68%	96.5%
Early registration of pregnancy	79.1%	98.4%
Full ANC checkup	72.4%	90.1%
Institutional deliveries	100%	100%
Knowledge on 1000 days care	16.8%	80.7%
Full Immunisation for children	70.2%	95%
Knowledge on Non-communicable diseases (NCDs)	32.5%	82%
Practice related to NCDs	10.5%	61.5%
Knowledge on De-addiction	29.2%	80.5%
Children underweight	46.4%	27.5%
Cases referred for De-addiction / Member out of addiction	-	18/5





<u>Slum Health Governance: A catalyst for development change in Nethaji Nagar at</u> Madurai City

The Self Health Governance from Nethaji Nagar promoted in March 2017 with the purpose of fulfilling health needs of the community with self management. Five members from local community was instrumental in promoting this governance initially. Over a period of three months, they could convince entire 121 households to promote adolescent girls groups, mothers' clubs etc. The m-health project supported them to introduce to PHCs and ICDS centres for leveraging of services where the services are inaccessible before. Now Urban Health Nurse and ICDS worker is part of this governance and urban youth are playing greater role in making entire slum is become environmentally hygiene. The members visits every households and educating on health, nutrition and sanitation and visits girl's and mothers' clubs. Last year the eviction process was carried out by Madurai City Corporation since there is an encroachment area in the slum. The governance took responsibility and smoothen process between the community and Corporation. There was significant improvement in the status of anaemia, child nutrition, NCD screening, deaddiction etc. As per interim evaluation after implementation of two years of project, 42.2% of girls and 57.6% of antenatal mothers entirely come out from anaemia. The governance took efforts to reach out all girls and women to undergo Hb assessment. Like wise, the anthropometric measurements are being taken among children, mothers and girls for monitoring their growth and development and found significant improvement in underweight and BMI respectively. It was found that the eligible children were not coming to Anganwadi centre before intervention. This was the scenario in all urban slums of Madurai. Now 92% of eligible children visiting Anganwadi regularly and it is motivated and monitored by the governance. The project supported Anganwadi centre for improvement in infrastructures. The urban health nurse also visiting regularly and involved in screening patients for Hb, breast and cervical cancer, referring severe cases etc. The governance was appreciated for their tremendous work on counseling addicted patients and families. 18 cases referred and three of them totally come out from addiction and saved thousands of rupees every month. This governance become model for other slums in Madurai. This governance become resource team for self management across the project and other regions.





