



DISSEMINATING  
URBAN  
HEALTH  
*models for*  
SCALING

15 NOV, 2019 | MUMBAI

Venue: YB Chavan Centre, Rangswar Hall, 7/8,  
General Jagannath Bhosle Rd, Nariman Point, Mumbai.



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SNEHA (Society for Nutrition, Education and Health Action)  
Healthy Women and Children for a Healthy Urban World  
310, 3rd floor, Urban Health Centre,  
60 Feet Road, Dharavi, Mumbai 400017  
Tel: 91 22 24042627 / 24086011

Report prepared by: Apurva Tiwari, Mayukhmala Guha, Rijuta Sawant and Tanushree Das (with inputs from SNEHA team)  
Edited by: Dr. Rama Shyam and Dr. Anuja Jayaraman  
Designed by: Michelle D'souza

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## Acronyms and Abbreviations

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AI	Appreciative Inquiry
ANC	Antenatal Care
ASHA	Accredited Social Health Activists
CBO	Community Based Organisation
CHN	Child Health and Nutrition
CMAM	Community based Management of Acute Malnutrition
CSR	Corporate Social Responsibility
DWCD	Department of Women and Child Development
EHSAS	Empowerment Health and Sexuality of Adolescents
GBV	Gender-based violence
GOI	Government of India
IAS	Indian Administrative Services
ICDS	Integrated Child Development Scheme
ICU	Intensive Care Unit
LTMMC & GH	Lokmanya Tilak Municipal Medical College & General Hospital
MAS	Mahila Arogya Samiti
MUAC	Middle and Upper Arm Circumference
MCGM	Municipal Corporation of Greater Mumbai
MDG	Millennium Development Goal
MNH	Maternal and Newborn Health
NGO	Non-governmental organization
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission
PNC	Postnatal Care
PVWC	Prevention of Violence against Women and Children
RKSK	Rashtriya Kishor Swasthya Karyakram
SDG	Sustainable Development Goal
SEARCH	Society for Education, Action and Research in Community Health
SNEHA	Society for Nutrition, Education and Health Action
ULB	Urban Local Bodies
USAID	United States Agency for International Development
WIFS	Weekly Iron and Folic Acid Scheme



## Executive Summary

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SNEHA disseminated the "Urban Health Models for Scaling" by organising an event in Mumbai, on 15th November 2019, at the Y B Chavan Centre. The event was a determined step towards scaling up of SNEHA's existing models by partnering with different stakeholders, including Government and Non-Governmental organisations (NGOs). 174 people from various fields attended the meeting.

The event began with a welcome address delivered by Dr. Armida Fernandez, Founder-Trustee, SNEHA. Dr. Fernandez highlighted SNEHA's journey of 20 years. Following her, Dr. Pradeep Vyas, IAS, Principal Secretary, Public Health Department, spoke about the unreached pockets of Maharashtra and the double burden of malnutrition in India, where NGOs can play a bigger role than expected; Dr. Anand Bang, Honorary Health Advisor to the Ex-Chief Minister of Maharashtra, emphasised the necessity of prioritising the problems of malnutrition, before implementing any programme, in order to build solutions. Smt. I.A. Kundan, IAS, Secretary, from the Department of Women and Child Development (DWCD), highlighted that the government programme to alleviate malnutrition is running well in rural areas, whereas in the urban areas, it is yet to be implemented in a holistic manner.

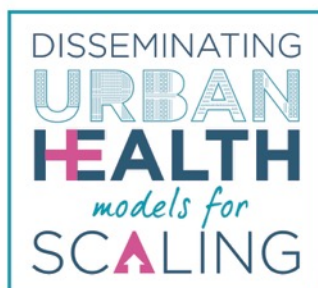
SNEHA's CEO, Ms. Vanessa D'Souza, along with Dr. Anuja Jayaraman, Director, Research, SNEHA, presented implementation models, strategies and programme outcomes based on the four focus areas of SNEHA covering the implementation period between 2016 and 2019. As SNEHA completes 20 years, it stepped into another challenging year with planned initiatives, to combat domestic violence, reduce gender inequities, and address health-nutrition issues with a special focus on adolescents among the vulnerable populations.

Through panel discussions, experts from diverse backgrounds (civil society, academics, communities, philanthropists, public institutions and practitioners) discussed partnering with Government, importance of research and evidence-building and community engagement. People from communities shared their experiences of transformative journeys. The last panel discussed how a programme could build in aspects of sustainability right at the designing stage.

### Key Takeaway and Recommendations

- Public health structures require support from non-governmental implementing organisations so that in-depth micro level models depicting transformation are implemented and scaled across large populations
- Primary healthcare structures must be adequately strengthened to improve access to people and to further strengthen the chain of referral services across the primary, secondary and tertiary levels
- There is a need to gather evidence to **continuously feed in to programme strategies and processes in real time** owing to the changing nature of health in cities as a complex interplay of social determinants and institutional access
- Practice-informed evidence-based issues need to be identified for initiating policy change
- Working with the ecosystem in a community setting rather than working with a single target audience group is intrinsic to embed participation of people and engagement of related stakeholders
- At the community level, it is imperative to build capacities of people to challenge structural discrimination, especially to address issues of discrimination and violence
- Ideas and strategies on sustainability should be integrated since the inception of the programme – Community and system are the two main pillars of sustainability and planning should be simple yet effective in the long run.

## Itinerary



15 NOVEMBER, 2019 | MUMBAI

Venue: YB Chavan Centre,  
Rangswar Hall, 7/8,  
General Jagannath Bhosle Rd,  
Nariman Point, Mumbai.



### Itinerary

09:00 AM - 09:30 AM	<b>Registration</b>
09:30 AM - 9:40 AM	<b>Welcome Address</b> - Dr. Armida Fernandez, Founder Trustee, SNEHA
09:40 AM - 10:00 AM	<b>Perspectives from the Public Health System</b> Dr. Pradeep Vyas, IAS, Principal Secretary, Public Health Department, Government of Maharashtra
10:00 AM - 10:15 AM	<b>Keynote Address</b> - Dr. Anand Bang, Honorary Health Advisor to the Ex. Chief Minister of Maharashtra
10:15 AM - 10:30 AM	<b>Setting the Context</b> - Dr. Avinash Supe, Ex. Director (ME & MH) and Dean - KEM and Sion Hospital, Emeritus Professor, G I Surgery and Medical Education, Seth GS Medical College KEM Hospital
10:30 AM - 10:45 AM	<b>Perspectives from the Department of Women and Child Development</b> - Smt. I.A. Kundan, IAS, Secretary, DWCD
10:45 AM - 11:15 AM	<b>SNEHA Dissemination of Evidence-based Urban Health Models followed by Q&amp;A</b> - Vanessa D'souza, CEO, SNEHA - Dr. Anuja Jayaraman, Director, Research, SNEHA
11:15 AM - 11:45 AM	<b>Tea and Networking</b>
11:45 AM - 12:45 PM	<b>Panel Discussion followed by Q&amp;A: Partnering with Systems</b> Moderator: Dr. Harvinder Palaha, Programme Director, Maternal and Newborn Health, SNEHA - Dr. Amit Shah, Deputy Director, Health Services, USAID - Dr. Suneeta Ubale, Associate Professor, Department of Obstetrics and Gynaecology, Rajiv Gandhi Medical College, Kalwa, Thane - Dr. Reena Wani, Professor and Unit Head, Department of Obstetrics and Gynaecology, Cooper Hospital - Farida Lambay, Co-Founder, Pratham Education Foundation



12:45 PM - 1:45 PM

**Panel Discussion followed by Q&A: Evidence Building**

Moderator: Dr. Anuja Jayaraman, Director, Research, SNEHA  
- Dr. Denny John, Evidence Synthesis Specialist, Campbell South Asia  
- Dr. Geeta Balakrishnan, Research and Academic Consultation, Nirmala Niketan College of Social Work  
- Anant Bhagwati, Director for Capacity Building, Dasra  
- Sudha Ramani, Independent Researcher, Health Systems

1:45 PM - 2:45 PM

**Lunch and Networking**

2:45 PM - 3:45 PM

**Panel Discussion followed by Q&A: Community Engagement**

Moderator: Dr. Nayreen Daruwalla, Programme Director, Prevention of Violence against Women & Children, SNEHA  
- Dr. Arun Kumar, CEO, Apnalaya  
- Anuradha Rajan, Chief Executive, Mumbai Mobile Creches  
- Sunita D'souza, *Sangini* (Community Volunteer)  
- Sushma Shende, Programme Director, Child Health and Nutrition, SNEHA  
- Samreen Shaikh, Community Volunteer

3:45 PM - 4:00 PM

**Short performance by young Change Agents**

4:00 PM - 5:00 PM

**Panel Discussion followed by Q&A: Moving towards Sustainability**

Moderator: Dr. Rama Shyam, Programme Director, Empowerment, Health & Sexuality of Adolescents, SNEHA  
- Raj Gilda, Co-founder & Director, Lend-A-Hand India  
- Neera Nundy, Managing Partner, Dasra  
- Anuja Gulati, Consultant, UNFPA & Population First  
- Trupti Panchal, Programme Director, Special Cell (a TISS initiative)

5:00 PM - 5:15 PM

**Vote of thanks** - Anagha Waingankar, Associate Programme Director, Child Health and Nutrition, SNEHA

5:15 PM - 5:30 PM

**High Tea and Networking**

[www.snehamumbai.org](http://www.snehamumbai.org)

## Introduction

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### SNEHA's Integrated Urban Health Model

With the Government of India (GOI) initiating several programmes to address issues of maternal and child health, these face challenges in quality of service delivery and implementation. Moreover, a large segment of the population is unaware of how to access these government services. At SNEHA (Society for Nutrition Education and Health Action), our work encompasses the entire life cycle, from birth through childhood, adolescence and adulthood. We work with people living in urban informal settlements of Mumbai where health is influenced by socio-demographic and behavioural factors, such as education, family income, religion, cultural norms, and is also linked to the physical and mental health seeking patterns within the compromised framework of inadequate access to services.

SNEHA works across four large public health arenas:

1. Maternal and Newborn Health
2. Child Health and Nutrition
3. Adolescent Health and Gender Equity
4. Violence against Women and Children

Our programmes are aimed at improving health and nutritional aspects of women and children through a spectrum of evidence-based interventions. We also work with adolescent groups – a segment that often falls off the radar of serious policy making and implementation. **SNEHA's integrated approach seeks to break the inter-generational cycle of poor health, a major by-product of poverty and deprivation among communities living in the margins of a mega polis, and for whom health might not be a priority in the daily rigmarole of survival. Its life-cycle approach intervenes at critical junctures: adolescence, pregnancy, child-birth, post-partum period and care of newborn and early childhood. The emphasis is on improving health and nutrition and ensuring safety and security of women and children in their homes and outside to live a violence-free life.**

These interventions revolve around three approaches – a) Evidence-based model building b) Scaling through Partnerships and c) Sustainability through engagement with communities and public systems. SNEHA's mission is to work in partnership with communities and public institutions – health, police, legal – to build effective and replicable solutions, empowering women and their families in urban slums to improve their health and wellbeing.

Our tested approach to deliver interventions through partnerships with existing public infrastructure enables us not only to leave behind sustained impact within the infrastructure but also to reach scale. Directed by senior experts with decades of experience working with state and municipal governments, SNEHA is in a unique position to form long-term collaborations with the public infrastructure. Our current public sector partners include the World Bank-funded Integrated Child Development Scheme (ICDS), seven Municipal Corporations in the Mumbai Metropolitan Region and the Mumbai Police.



## Dissemination Objective and Thematic Areas

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Considering the need for discussing the above perspective/context with a wider audience, a dissemination of SNEHA's approach was planned, showcasing our integrated model as a way forward. The dissemination covered all the four focus areas SNEHA works in and explored results achieved, impact created, advocacy required, social capital measures, agency and capacity building strategies employed/used by SNEHA.

**The overall objective was 'Disseminating Urban Health Models for Scaling'.** The aim was to have conversations regarding a shared vision with new and existing partners to scale SNEHA's integrated model approach and thereby increase reach along with impact. The dissemination event created a platform where we discussed our strategy to converge all our interventions and programmes based on an integrated approach. The emphasis was on SNEHA's journey from creating innovative and reliable models to creating sustainability of our interventions by playing the role of a catalyst.

The thematic areas under Disseminating Urban Health Models for Scaling included:

1. Partnering with Systems
2. Evidence Building
3. Community Engagement and
4. Moving towards Sustainability

## Welcome Address

Dr. Armida Fernandez, Founder Trustee, SNEHA

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Dr. Armida Fernandez formally welcomed all the dignitaries and participants. She was happy to share that SNEHA would be completing 20 years on the 27th of November 2019 and then weaved the story of SNEHA's memorable journey of two decades. Walking the audience down the memory lane, Dr. Fernandez narrated how it all began from the Neonatal ICU room of the Sion Hospital (LTMMC&GH), Mumbai. She, being the neonatologist, and the then dean of Sion hospital, could see how many children (mostly from Dharavi) were dying every day because of the poor conditions of the settlements. She thought of building a shield around those little ones, and realised that it was difficult to do so, without entering the community.

With this vision, Dr. Fernandez set up SNEHA in 1999 with the help of her friend Mrs. Patricia Soans. In the initial phase, it was hard to access the community as well as the public health system, but after spending years with people from vulnerable communities in urban areas, SNEHA developed a better understanding of interconnected issues and could find ways to bring about changes, resulting in better health outcomes. She emphasised that it has taken years of partnerships for SNEHA to be recognised for its contribution to public health and how these collaborations helped the organisation to set a standard for interventions in mother and new-born care. She mentioned about strengthening the referral system within corporations, publishing academic models and research papers on improving maternal and new-born health through community participation and system strengthening, opening counselling centres etc. and how all this was achieved by partnering with different agencies. With continuous interventions, now women are raising their voices against violence, and ICDS has teamed up with SNEHA to reduce child malnutrition in the slums of Mumbai. She added that the past two decades have enabled "tremendous learning for all" and concluded that, ***"with continuous efforts, it is possible to bring changes – one should plan meticulously, implement properly and monitor closely to gather evidence for change"***. Dr. Fernandez thanked the SNEHA team for their commitment and dedication to the organisation.



# Inaugural Speech: Perspectives from the Public Health Sector

Guest of Honour - Dr. Pradeep Vyas, IAS, Principal Secretary, Public Health Department



Dr. Pradeep Vyas set the tone of the discussion by sharing the role of non-governmental sectors in reaching the Sustainable Development Goals in India by 2030. He brought to the attention that **SDG 2030 goals are being measured in three ways – quantitative measures (for e.g.: Mortality rates), not so quantifiable measures (for e.g.: reduce 1/3rd of Non-Communicable Diseases (NCD) or eradicate Malaria) and through the statement of intent (for e.g.: Financial risk mitigation such as reducing consumption of Tobacco).** He was delighted to share that, Maharashtra as a state, has already reached SDG 1: MMR – Maternal Mortality Rate, NMR- Neonatal Mortality Rate, and Under-5 Mortality Rate.

However, despite Maharashtra showing continuous success, in terms of attaining SDG goals, some pockets were still not covered by public health or ICDS services due to demographic distribution. According to the current statistics, a whopping 9% of the population are still underserved out of the total 11.4 crore population of Maharashtra. He brought up examples from Nandurbar, Amaravati, Melghat and Jalgaon districts illustrating common instances of 8th gravida<sup>1</sup> mothers. Dr. Vyas mentioned a recent case of diphtheria detected in an interior pocket of Jalgaon, and opined that this could have been prevented if the mother got two shots of Tetanus injection. He recommended that SNEHA should reach those areas, to build awareness and encourage the communities to demand services from the system as, *“SNEHA's work aligns with SDG goals”*. He shared his concern about India's younger population suffering from the double burden of NCDs – hypertension, diabetes mellitus, and obesity, etc. whereas, on the other hand, 30% under-5 children were identified to be in the severely/moderately malnourished. Here again, NGOs could play a role in building awareness amongst youngsters, as the Government system is missing that component.

Dr. Vyas was hopeful that with proper planning, the CSR policy of the Government could be used towards improving indicators of health, nutrition, and education across the country. Another important point he brought up was the delay in Government procedures such as the procurement process. He urged SNEHA to present these facts before the Government and recommended that SNEHA or other NGOs can partner with the government in solving these issues.

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<sup>1</sup> **Gravida** a pregnant woman – often used with a number to indicate the number of pregnancies a woman has had  
<https://www.merriam-webster.com/dictionary/gravida>

## Keynote Address

Dr. Anand Bang, Honorary Health Advisor to the Ex-Chief Minister of Maharashtra

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Dr. Anand Bang opened his address by sharing experience and learning of his parents Dr. Abhay and Dr. Rani Bang, on the famous Gadchiroli project for maternal and new-born health care. In their earlier days, Dr. Rani Bang carried out an exercise on mothers, which yielded unexpected results. The result made them learn that **prioritisation of the problem of the community was of utmost importance for bringing any change**. The second point of discussion was to find the best possible solution to health problems. In this regard, he quoted *Dr. Taylor, Professor at the Johns Hopkins University*, “Public health professionals are the children with keys in their hand, trying to find the lock”. But in reality, it should be the other way around, implying, searching for the problem and then designing the solution. He stressed that any solution must lead to successful decentralisation of funds, functions, functionary, and fact. This empowers people and that’s how the Gadchiroli project on home-based mother, new-born and child care programme became a national policy, where community health workers were capacitated to take care of both.

He then discussed the role of NGO and Government partners in bringing about changes in society. Dr. Bang quoted *Rudolf Virchow* – “Health is politics and nothing at all”, and related this quote on being tied with the government as the median, emphasising that, “**the area of health should not be a monolithic entity of any non-government organisation but a collection of wills of people**”. In his opinion, NGOs must work with the Government as the second-best solution. Dr. Bang dug into the root cause of health solutions and warned the audience that the earth is round and that a certain problem (health) in a part of a country does not mean that it will not affect another part. He ended his session with a very powerful quote, “*Karke Dekho (try it) inspired by Mahatma Gandhi – is the only way to solve the health challenges.*”

## Setting the Context

Dr. Avinash Supe, Ex. Director (ME & MH) and Dean - KEM and Sion Hospital, Emeritus Professor, G I Surgery and Medical Education, Seth GS Medical College KEM Hospital

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Dr. Avinash Supe's presentation reflected upon three global urban health models widely accepted by public health professionals – **the urban health approach (targeted approach), the healthy cities approach (holistic approach) and the health in cities approach (a complex adaptive system that focuses on the network of relationships)**. India follows the health in the cities approach – everyone working together for better service delivery and effective health promotion. This approach seems to appropriately serve the need for convergence between NGOs, governments, and Urban Local

Bodies (ULB). At the outset, he outlined urban vulnerabilities based on occupation, social, economic and geographic contexts and believed that the 'health in cities' approach matched with the goals of SNEHA.

Detailing out, Dr. Supe emphasised **SNEHA's integrated approach of partnering with systems, evidence building, community engagement and moving towards sustainability, as a good example of a complex adaptive system**. He advocated the approach even as he mentioned how SNEHA's work over the past 20 years had proven the fact that streamlining referral mechanisms across corporations can improve the work of the health system. He emphasised that counselling and crisis interventions services provided through SNEHA's counselling centres in public hospitals have helped women and health care providers in dealing with women and children survivors of violence. Dr. Supe lauded, how all this was buttressed by establishing evidence through rigorous data collection and publishing the results. Dr. Supe concluded by positing that, *"Urban health model is so complex that with nine million people residing in urban slums of Mumbai, if we want to bring up a healthy city, we need to coordinate with all existing systems, and bring them on one platform and see that work towards building health city shall start from there"*.



## Inaugural Speech: Perspectives from the Department of Women and Child Development

Chief Guest – Smt. I.A. Kundan, IAS, Secretary, Department of Women and Child Development (DWCD)

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Ms. I. A. Kundan began with sharing her experiences of working in the health department for the past decade. She mentioned that it has been long since health services have been neglected more in urban areas compared to rural areas. The National Rural Health Mission (NRHM) was set up by the Government in the late '90s, whereas the National Urban Health Mission (NUHM) first set its base in the year 2013. This large gap of services between rural and metropolitan areas has created an adverse impact on health and nutrition indicators of the urban population, especially in dense urban slums.

Due to non-existent referral system in the past, community members used to visit the tertiary care hospitals directly. Data shows that these tertiary hospitals were always overburdened with a large number of patients; some took up to 140% load. She suggested ways in which each level of the health system can be optimally utilised – setting up a next door dispensary or diagnostic services at primary health care facilities for example. Ms. Kundan emphasised that there was no dearth of money or infrastructure but referral system should be synchronized and put into place through a systematized framework for better service delivery. Her concern was that if primary healthcare services are not strengthened enough, then it is challenging to use the referral service system.

At DWCD, Ms. Kundan's experiences seem to be quite different and the mounting concern is that despite reaching SDG goals, there are alarming indicators of malnutrition in India, as stated in the Global Index. Lacking a single Severe Acute Malnutrition (SAM) management facility in the urban area (which caters to 60-65% of the population) has just been adding to that problem. She explained that **a plan specific to ULBs is extremely necessary to combat malnutrition, as characteristics of each municipality may vary a lot.** Her submission was that **a standardised protocol to identify malnutrition must be followed across urban and rural areas with *Anganwadis* and *Balwadis* acquiring the same equipment (height weight measurement, MUAC etc.) to address SAM and MAM issues among children.** The Government of Maharashtra will soon implement a Standard Operating Procedure (SOP) across all *Balwadis* and *Anganwadis* in the state. The plan was to involve ULBs in the mission of malnutrition eradication. Ms. Kundan added that *“partnership with local NGOs has to be logical; each NGO should have goals aligned with Government Policy and they should not just be agenda driven in approach.”* She closed the speech on a positive note, encouraging partnerships between NGOs and the Government to deal with malnutrition as a whole.



## SNEHA Dissemination of Evidence-based Urban Health Models

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**SNEHA's CEO, Vanessa D'Souza** began by outlining how the key health indicators in India over the last two decades shows a decline in the rate of maternal mortality, infant and under five mortality and neonatal mortality. The concern remains with no change in indices related to malnutrition. She steered the discussion towards the current health situation in Maharashtra which showed no significant reduction in violence against women and children despite many related public schemes. Ms. D'Souza narrated how SNEHA has been working hard to break the intergenerational cycle of poor health by working with adolescents, pregnant women, new born babies and children at the intersectionality of health, gender based violence and deprivation. She drew upon Dr. Bang's mention of the 'Pull factor' and submitted that SNEHA follows a pull factor strategy with the government system rather than a push factor strategy.



**Dr. Anuja Jayaraman, Director, Research, at SNEHA**, highlighted the five models implemented over the last three years (2016 - 2019) and shared the key results.



### Quantitative results

#### Maternal and New-born Health (MNH)

- MNH works with 7 Municipal Corporations of Mumbai on community engagement and strengthening of referral system.
- Interestingly, referral has gone down from 15% to 11% which indicates that peripheral hospitals are able to manage the load of high risk cases
- From zero formal **referral linkages**, **SNEHA could establish 12 intra and 7 inter regional referral linkages**
- Increased uptake of antenatal care check-ups from 55% to 76%; postnatal care check-ups increased from 35% to 67%.
- Complete documentation for high risk referrals which is important for evidence building has increased from 74% to 82%

#### Child Health and Nutrition (AAHAR)

- In the first phase, SNEHA worked with the community and in collaboration with the ICDS and MCGM to implement the community based management of acute malnutrition (CMAM) programme
- The second phase focused on strengthening community and to motivate ICDS to deliver their mandated services. Utilization of ICDS services for children under 2 years and pregnant and lactating women increased from 42% to 85%; coverage of weighing by ICDS in previous one-month increased from 31% to 80%
- Registration of women for antenatal care during the first trimester increased from 35% to 48% and when combined, antenatal care registration in 1<sup>st</sup> and 2<sup>nd</sup> trimester increased from 65% to 84%
- Among 0-2-year-old children, there was a reduction in the wasting from 17% to 12%



### Empowerment, Health and Sexuality of Adolescents (EHSAS)

- The EHSAS programme works with adolescents and youth (10-21 years) holistically on physical health (Anaemia and BMI), Sexual and Reproductive Health, Gender beliefs, norms & practices, Mental Health and Citizenship and Civic Action. Indicators like gender equitable attitude among adolescents has increased Malnutrition status among adolescent boys and girls has reduced with reduction in the underweight category from 41% to 35%. Among the population where we work, overweight adolescents have not emerged as a concern

### Prevention of Violence against Women and Children (PVWC)

- PVWC is one of our convergence models where we strengthen the public system through interface between the public health system, police and the district legal aid authority
- Survivors reported reduction in all forms of violence from 31% to 52 %
- Barefoot counselling and referral increased from 37% to 57%
- In 2018-19, 1920 police personnel from 91 police stations were trained to enable the law enforcement system to respond to women and children facing violence compared to 710 police personnel from five police stations in 2016-17
- SNEHA has been appointed as the implementing agency of the One Stop Crisis (OSC) centre at Mumbai's KEM public hospital this year

### Integrated Model for Maternal and Child Health

The integrated model for maternal and child health works across the four focus areas of SNEHA:

- Nutritional status of children between 0 to 2 years improved with wasting levels coming declining from 18% to 12 %
- Maternal anemia among pregnant women and lactating mothers also reduced from 36% to 26%
- There was improvement in uptake of maternal and child services delivered by MCGM from 56% to 71%

### Qualitative results

Working across sectors: exploring convergence between SNEHA, ICDS and MCGM

- SNEHA played the role of a 'gap filler'
- We used the Appreciative Inquiry (AI) technique which may need to be improvised
- There is a need to work within the organisational context of any system.
- There is need for buy-in at the level of higher authorities within public systems. Currently, SNEHA's reach is limited and subject to personal relationships.

Institutionalising **community participation** processes in urban informal settlements:

- SNEHA's emphasis on persistence, innovative recruitment, and a culturally sensitive strategy have brought about changes
- Volunteers perceived improvement in their knowledge and skills which motivated them
- Social context (gender, urban set up) limited the scope of volunteer work, including restrictions on mobility
- There is a need for better reach or coverage and better linkages of volunteers with the systems and community

### Overall, SNEHA still needs to improve on the following outcomes:

- Unmet need for contraception among married women of reproductive age is stagnant: 22% - 23%



- Inter-pregnancy intervals (mean, in months) is also stagnated at an average of 19m – 19m
- In the Bhiwandi-Nizampur Municipal Corporation, institutional delivery achieved some improvement (65% - 72%), however, there is a long way to go since the NFHS 4 data states that the rate of institutional deliveries is 95% in urban areas
- We have been struggling with ensuring minimum acceptable diet in children aged 6-23 months. This shows marginal increase from 8% to 12%

### Scaling Evidence-Based Models

Vanessa D'Souza highlighted an instance of how SNEHA's evidence-based models can be scaled up through partnership. The Prevention of Violence against Women and Children model was collaboratively conceptualised with EKJUT in the context of the Jharkhand state to capacitate ASHA workers. The eighteen-month long project resulted in a behavioural change and help-seeking behaviour among women on issues of domestic violence, gender roles, and social identity. In the current context, SNEHA has four models to offer for adoption or adaptation viz., MNH referral model, PVWC convergence model, CHN integrated model and EHSAS adolescent and youth programming.

The process for adaptation and scaling would include:

- **Planning:** Co-Designing of programmes with partners to contextualise SNEHA's model according to the partner's need and regional context
- **Technical support:** Sharing programme protocols and facilitation of the same
- **Capacity building:** Capacity building of NGO partners and other stakeholders based on programme intervention
- **Monitoring & Evaluation:** Technology-based monitoring, evaluation, and feedback on programme implementation



## Theme 1: Partnering with Systems

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### PANEL MEMBERS



Dr. Reena Wani



Dr. Amit Shah



Ms. Farida Lambay



Dr. Suneeta Ubale

### MODERATED BY



Dr. Harvinder Palaha

**Dr. Harvinder Palaha from SNEHA** introduced the panel and set the context by stating the Sustainable Development Goal (SDG) 17 of ‘Sustainable development through global partnerships’. Initially, all the panelists shared experiences from their organisations about partnering with systems and then referred to details as outlined below:

**Dr. Amit Shah from USAID** stated the importance of working with stakeholders as it amplifies impact and helps to achieve ambitious outcomes. USAID involves multiple players as the system in India includes central and state governments, planning bodies like NITI *aayog*, and private players providing a range of expertise viz., funding, professional excellence and technology.

**Dr. Reena Wani** from Mumbai’s Cooper hospital responded on partnering with public hospitals and mentioned how the referral system established by SNEHA has supported the streamlining of referral services in the western suburbs in a bid to decongest tertiary hospitals. She emphasised SNEHA’s role as a mediating organisation, facilitating joint meeting regarding referral and supporting with deriving genuine solutions than merely finding faults.

**Dr. Suneeta Ubale** from Kalwa’s Rajiv Gandhi Medical College was asked about the vision and nature of partnership in Kalwa hospital. She highlighted the high workload on Kalwa – a tertiary hospital catering to the entire Thane district and facing issues due to inadequate human resources and infrastructure. In this context, the hospital looks forward to SNEHA working on maternal and child health to share the responsibilities of patient education and preparedness.

Ms. Farida Lambay, co-founder of Pratham narrated Pratham’s experience of partnering with the system in the field of education and key points in this journey were Pratham’s transition from service



delivery to becoming a resource agency. She emphasised the crucial importance of evidence while working with the system as research and data are of utmost importance for replication and scaling with partners.

Further Dr. Harvinder explored feedback mechanisms while working with systems.

**Dr. Wani** stated the importance of data as it helps to evaluate the effectiveness of intervention or strategy. She believed that communication and networking at field level enhances service uptake.

**Dr. Shah** shared about USAID's evidence-based feedback with systems and as a funding agency their mechanism of receiving feedback from partners about enablers and disablers of intervention. He further quoted NGOs as 'mirrors for the systems' for the reality check and feasibility and insisted on 'level appropriate' and 'bidirectional' feedback while partnering with system.

**Ms. Lambay** quoted denial or resistance as the first reaction of the system towards unfavourable feedback but insisted that such a situation can be tackled without compromising on ethics, the gravity of the issue and with constructive, solution-oriented feedback. Dr. Wani appreciated SNEHA's 'appreciative inquiry' technique since such improvement oriented mechanism has better acceptance from systems.

When Dr. Harvinder facilitated reflections on symbiotic partnership for the betterment of end-users i.e. communities, Dr. Shah responded to it from the point of view of communisation of health under the NHM i.e. *Mahila Arogya Samitis* (MAS). He recommended tweaking of the current MAS model by tapping into existing structures of CBOs for the progression of urban health. Ms. Lambay further elaborated with Pratham's example of parents group and advocated for facilitating 'value-adding' solutions with available local resources and stakeholders. Dr. Wani expected the role of SNEHA/NGOs for empowering end-users in terms of accountability of accessing health services with Information, Education, Communication (IEC) techniques. The shared perspective was that if people start accessing existing facilities and services, this demand-pull will accelerate the up-gradation of the public health system. Dr. Suneeta shared her agreement with Dr. Wani and acknowledged how SNEHA demonstrated this in the Kalwa Hospital.

Dr. Harvinder concluded the discussion by mentioning the inseparable bond of NGOs and the system for long term partnership and moving towards sustainability.



## Theme 2: Evidence Building

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### PANEL MEMBERS



Dr. Geeta Balakrishnan



Dr. Denny John



Ms. Sudha Ramani



Mr. Anant Bhagwati

### MODERATED BY



Dr. Anuja Jayaraman

**Dr. Anuja Jayaraman** from SNEHA introduced the panelists and started the session by emphasising on the fact that evidence building is an important part of SNEHA's programmes and model building endeavour. She asked the panelists to define evidence building based on their understanding and experience.

**Dr. Geeta Balakrishnan** from the Nirmala Niketan College of Social Work explained **evidence as people's voices**. She explained that while a spurt of interventions had occurred in Maharashtra, not all of them translated into policy decisions, so there is a great need to relook at evidence.

**Dr. Denny John** from the Campbell Collaboration stated that evidence has three components – **intervention data, the cost of implementation and the role of evidence**. He emphasised the importance of capturing cost of any intervention as it is one of the important factors based on which any government adopts programmes.

**Ms. Sudha Ramani**, a qualitative researcher explained that the **evidence is not just about technical aspect and the cost, but it's also about the value system and ideology**. Evidence building is always set in a social political and economic context which ideally should not be treated as a constraint. The strength of the evidence lies in contextualising the process.

**Mr. Anant Bhagwati** from Dasra stressed on generating and incorporating real-time evidence into programme intervention. He also emphasised on **integration between programmes and evidence** rather than thinking of them as two different entities.



In the second round the panelists were asked to shed light on aspects of gathering evidence from people. **Dr. Balakrishnan** stated that a skilled researcher should focus on the community reaction in different situational contexts.

**Dr. John** suggested that the researchers should co-produce the evidence with other researchers as well as communities to yield more grounded results. He also emphasised community based monitoring and implementation and the need to empower people to do so.

Dr. Jayaraman directed her next question about data sharing and data protection to Mr. Bhagwati, to which he replied that no community members really care about one or more results. He stated that problem of communities should be answered through researches and feedback loops should be more action oriented for better outcomes. Dr. Jayaraman agreed that in spite of huge data collection, researchers share only a few statistics with the community.

Talking about how we can build evidence with systems, Sudha explained there are two concepts viz., “research for systems” and “research with systems”. She stated that the people have now realised the need of systems participation in evidence building which has led to a shift from “research for systems” to “research with systems”. In the later one, the government bodies are involved in all the steps of research from the start till the end. **She explained that apart from inputs such as finances and infrastructure, the attitudes and beliefs of the system play a crucial role in health systems research and thus not every research could produce outcomes (positive).** She explained that SNEHA was somewhere in between both the concepts and is in the phase of transition.



## Theme 3: Community Engagement

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### PANEL MEMBERS



Ms. Anuradha Rajan



Ms. Sushma Shende



Ms. Sunita D'souza



Dr. Arun Kumar

### MODERATED BY



Ms. Samreen Shaikh



Dr. Nayreen Daruwalla

**Dr. Nayreen Daruwalla** welcomed and introduced the panellists and the topic of community engagement. She talked about how the concept of community engagement has undergone a change in the development sector and now being based on participatory approaches.

**Ms. Anuradha Rajan** from Mumbai Mobile Creche defined 'community' as not merely a geographic unit but a set of people with shared values or common socio-economic attributes; engaging such seldom homogeneous entity and keeping it on the right path is the milestone for community engagement. In this journey, considering heterogeneity of interest from the perspective of gender and immersing in participants' experience is crucial. Therefore, for NGOs, though showing impact is important but equally important is to capture the journey of participants through reflection and analysis. **Community engagement should not be an extractive process instead being sensitive to tussles of power distribution and rising above the binary of stereotyping is essential.**

**Ms. Sunita** who has been associated with SNEHA for more than a decade narrated her transition from being a victim of domestic violence to becoming an empowered *Sangini* (friend). Her current collective work includes providing barefoot counselling, support to victims of violence in the community and ensuring appropriate referral for aligned services.

**Dr. Arun Kumar** from Apnalaya stated that **it was important for NGOs to gain clarity on their rationale for community engagement like knowledge sharing or service provision or seeking support or sharing value as it will affect the nature and extent of community engagement.** He envisions civil society not to restrict itself to project participation and go beyond to balance the state and market interactions. Community engagement is institutionalisation of advocacy through public. He further stressed on



treating people equally and irrespective of the fate of outcomes, disseminating it back to the community. He suggested that social audits should be part of community engagement.

**Ms. Sushma Shende** from SNEHA presented the evolution of SNEHA's community engagement from initial rapport building to creation of champions or change makers. For SNEHA, co-creation of values, periodic reflections and imparting knowledge were enablers for sustained engagement. Ms. Shende emphasised experimenting in diverse urban context, working with systems and accepting community engagement as evolving processes were keys to success.

**Samreen**, a volunteer associated with SNEHA shared her experience of involving her entire family in her community work and extending support for SNEHA's work on maternal and child health beyond working hours of SNEHA. She expected SNEHA's continued support for capacity building for tackling field situations.

**Dr. Arun Kumar** was asked about Einstein's ladder of participation and the feasibility of reaching to the final level of community participation i.e. citizen control/power, to which he said that, **choosing the right approach of 'integrated community development' is very essential for this as NGOs have monothematic expertise whereas community has multiple needs.**

During the '*Question and Answer*' round, Krishna (representative of Action Aid India) inquired about tackling backlash of the community surrounding sensitive interventions like Gender, sexuality etc. The panel responded to it stating the importance of connect among purpose of work and values of people involved. For issues like gender which involves social relations, it becomes imperative to build an ecosystem surrounding it rather than working with a single beneficiary group.



## Theme 4: Moving towards Sustainability

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### PANEL MEMBERS



Ms. Shivani Gupta



Mr. Raj Gilda



Ms. Taranga Sriraman



Ms. Anuja Gulati

### MODERATED BY



Dr. Rama Shyam

**Dr. Rama Shyam** from SNEHA welcomed the panelists and set the context by sharing definition of sustainability: “Project Sustainability is defined by many economists and international development agencies simply as the capacity of a project to continue to deliver its intended benefits over a long period of time”. However, she facilitated the dialogue further by emphasising on the existent dilemma on definition of sustainability among various organisations. She sought the opinions of the panelists on how to make meaning of the multiple dimensions and stakeholders involved with the concept of sustainability.

**Mr. Raj Gilda** from LAHI (Lend a Hand India) shared that the question of sustainability, when raised by donors in 90% instances, is related to financial sustainability. In reality, operational sustainability is more difficult to achieve in comparison with financial sustainability. He also mentioned that self-demand generation of beneficiary can be considered as the best form of sustainability.

**Ms. Shivani Gupta** from Dasra shared that sustainability would refer to the impact of an organisation’s work and activities that needed to be carried post exit. **She affirmed that since systems and communities are the biggest pillars of sustainability**, it was imperative to design simple intervention plans.

**Ms. Anuja Gulati** from UNFPA and Population First acknowledged Ms. Gupta’s perspective and mentioned that sustainability should be inculcated since the inception of programmes and not just after the active engagement phase.



**Ms. Taranga Sriraman** from the TISS Special Cell Initiative added that the act of bridging gaps between these two stakeholders can be considered as sustainability. A mechanism should be in place which any system should be able to adopt and implement for a longer period of time.

Going forward Rama requested Raj to share some of the critical factors that determine "whether or not something continues to work over time". **Mr. Gilda** shared that there were many during the implementation of school programme. Aligning with the government policies (make in India and skill development schemes) was kept in mind in order to attain sustainability. He believes that organisations should work on principles of "No logo, no ego"!

**Ms. Gupta** shared by adding that one should think for long term in collaboration with government on government schemes. The idea of sustaining the efforts is by ensuring that they are working on a scheme which is well funded followed by designing the intervention in such a way that the programme strategies change every three to four years in order to achieve sustainability.

Ms. Sriraman added that building capacity of people in each organisation to work with systems in terms of being updated with current gazettes, laws and other system activity with a vision of influencing policy decisions will enable organisation to work towards sustainability. This strategy has worked for them to get the intervention implemented in 6 states.

**Dr. Shyam** also shared that there is a dearth of literature on impact and sustainability of government run schemes on Anaemia among adolescents (e.g. WIFS, RKSK). She thus placed her next question to the panelists about building sustainability through documentation of learning. **Ms. Gupta** replied that a lot of evidence is localised, for instance many of the NGOs must have conducted gap analysis on implementation of the RKSK but this may not have been scientifically captured. **Ms. Gulati** added to this by sharing that **lack of fund allocation is one of the main reasons for not conducting evaluation of government run schemes**. She explained by giving an example of the peer led evaluation initiative conducted by the UNFPA under the RKSK and how such **small scale evaluations can be replicated by the government at large scale**.

**Avinash Kadam** (from Paani Haq Samiti) asked a question on how can interventions be sustained in non-homogenous communities that may be polarised by political agenda. Ms. Gupta responded that based on the common understanding of the goals of any intervention the strategies of programmes should address the social norms. Taranga explained that this issue can be addressed at three levels, based on the interest and rights of people, capacity building of staff and by challenging norms using government data.

Dr. Shyam summed up the panel discussion by stating that we need to reflect on what we have achieved in terms of tying up all the four themes viz., working with systems, evidence building, community engagement and working towards sustainability.



## Conclusion

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What was unique about this dissemination meeting was the creation of a space that was truly interdisciplinary in nature. The scope of the gathering was such that implementers and practitioners could directly access representatives from the public health system, even as people's concerns were raised by representatives from communities. What emerged was that there is a need to continuously understand the changing nature of health in cities as a complex interplay of social determinants, institutional access and the need to gather evidence to influence policy change. Along the spectrum of improving health of women and children, it becomes imperative to integrate interventions that enable programme participants to understand structural aspects of discrimination and violence so that they can negotiate and resist in their journey to seek their rights. A significant aspect of sustainability is to work in partnership with the Government/public institutions and community to bridge the gap between people's access and systemic response. A broad takeaway was that integrated evidence-based programming would imply designing interventions that impact population segments across childhood, adolescence and adulthood to be able to sustain long term outcomes and intergenerational improvement in indicators.



## Vote of Thanks

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The dissemination meeting was formally closed by **Anagha Waingankar, Associate Programme Director, AAHAR, SNEHA**, by thanking all the dignitaries for their encouraging participation.



## Moments Captured

### Photo Booth



### Play on Mental Health Awareness by Adolescent girls from SNEHA's EHSAS Programme



### Gallery Walk







SNEHA is a secular, Mumbai-based non-profit organisation working to improve preventive and promotive healthcare of women and children in marginalised slum communities. It was established in 1999 by Dr. Armida Fernandez along with a group of renowned doctors and social workers who believed that curative care in hospitals was not enough and that there is a need to go beyond the walls of the hospital to save more lives through prevention and education. Today, SNEHA is a 400+ person strong organization with extensive on-ground experience to improve the health and nutrition of women and children, living in the most vulnerable urban informal settlements.

SNEHA works across four large public health areas, seeking to improve the health and nutrition of women and children:

- (a) Maternal and Newborn Health
- (b) Child Health and Nutrition
- (c) Adolescent Health and Gender Equity
- (d) Gender-based Violence against Women and Children

SNEHA's integrated life-cycle approach seeks to break the inter-generational cycle of poor health, a major by-product of poverty and deprivation. Its life-cycle approach intervenes at critical junctures: adolescence, pregnancy, child-birth, post-partum and early childhood, to bring about improvements in health and nutrition of communities, living in the margins of a megapolis, for which health might not be a priority. To know more, donate or volunteer, visit [www.snehamumbai.org](http://www.snehamumbai.org)