

Brief Outline about SEWA Rural

(January, 2011)

A: Introduction

SEWA Rural (Society for Education, Welfare and Action–Rural) is a voluntary development organization involved in health and development activities in rural tribal areas in the Jhagadia block in southern Gujarat since 1980. The activities were initiated by a group of professionals drawn primarily from the health and education field. The organization's work draws inspiration from the ideals and ideas of Swami Vivekananda and Mahatma Gandhi.

Aiming for overall development of the rural, poor and tribal population Bharuch Dist., the organisation has encompassed various fields including hospital, community based outreach health care, comprehensive eye care, health training centre, vocational training institute for rural youth and women development center for promoting women empowerment. Some more information about SEWA Rural will be available in our website www.sewarural.org

SEWA Rural endeavors to reach out and assist the poorest of poor through various health and development programmes based on the community needs and available manpower. While involved in such activities, it also seeks to ensure that the values are preserved and self-development, in true spirit of those involved in the work is achieved simultaneously. The focus of all programmes has been vulnerable members of family i.e. the women, children & elderly especially belonging to the poor sections of society. In all these activities, an attempt is made to incorporate as well as balance the three basic principles: Social Service, Scientific Approach & Spiritual Outlook

The organization believes in taking cooperation & support from all sectors of civil society which includes local community, individual well wishers and donors, voluntary organizations, State and Central Government, industries, charitable trusts, and academic institutions from India & abroad. Their whole hearted support & encouragement have ensured that fruits of development & growth ultimately reach the marginalized and underserved sections of societies i. e. women, children, tribals and the poor.

B: Medical and Health Services

The organisation is managing a 100 bed general hospital at Jhagadia and extensive outreach eye care and community health programmes for almost three decades. Thus it has a rich experience of managing programmes related to Comprehensive Eye Care, Primary Health Care (PHC), Reproductive & Child Health (RCH) and Safe Motherhood and New Born Care at the grass roots level and secondary level care in OBGY, Pediatric, General Medicine and tertiary level Eye Care at base hospital in Jhagadia.

- 1. Hospital:** The grant in Kasturba Hospital based at Jhagadia, provides round the clock services in the fields of OBGY, Paediatrics, General Medicine and Ophthalmology. The hospital is fully equipped with labor room, operation theatre, Neonatal ICU, laboratory, X-ray, sonography, blood bank and life saving medicines. The hospital has a full time staff of about 25 medical doctors and other 50 trained paramedical staff. The mother and baby friendly hospital is also recognized as First Referral Unit (FRU) by state government and UNICEF and ensures Comprehensive Emergency Obstetric & Newborn Care (CEmONC).

Patient from more than 5000 villages belonging to Bharuch and nearby districts and boarder states takes the advantage of our hospital. Yearly outdoor patients load is around 70,000 and 12,000 for indoor admissions, while than 2000 deliveries and about 7000 surgeries (including cataract) are being performed every year. All the services are either subsidised or free for the needy. More than 85 %

patients in Indoor and 50 % patients in OPD are treated free. The yearly recurring expenditure of the hospital is about Rs. 2.5 crores. The income from patient receipt is only about 25 % of the recurring expenditure and state government grant contributes about 50 % while the rest (25 % deficit) is met through raising donations every year.

- 2. Comprehensive Eye Care:** More and more people are taking advantage of the services provided by the hospital and more than 125 diagnostic eye camps being organized every year in a population of 2 million in interior and rural areas. The programme, which treats about 60,000 patients & operates about 6500 patients every year, has facilities like operating microscopes, diode & yag lasers, auto refractor, phaco-emulsification and automated perimeter. Surgeries like cataract with intraocular lens implantation and keratoplasty are regularly performed. With the help of super specialists, some 6 clinics provide special tertiary level treatment on regular basis. About 75% patients get free treatment for which financial assistance is available from Sight Savers (UK), other organizations and local community.

Under Community Based Rehabilitation of Blind programme in seven blocks (having about 9 lacs pop.) covered so far, more than 900 blinds including 125 blind children have been rehabilitated through building a cadre of about 50 CBR workers. Jhagadia and Valia blocks have been made cataract free as per WHO guidelines.

Eye surgeons and paramedical workers from different organisations are regularly coming to SEWA Rural for special certificate training. Protocols developed by SEWA Rural on Infection Control Measures and Eye Operation Manual have been widely accepted at all India level among Medical Colleges and Government and Charitable eye hospitals. Many field studies have been conducted and articles have been published in relevant scientific journals. SEWA Rural has been a member of various eye committees and is invited share its rich grass roots level experience in eye care at regional, national and international levels.

- 3. Community Health Programmes:** Under its outreach health care, SEWA Rural successfully managed total health care responsibility of one Primary Health Centre (PHC) covering 40,000 pop. for almost 15 years. This was entrusted by state government under a unique NGO-GO Partnership and on 100 % grant in aid basis. The project achieved most of the targets of Health for All by 2000 AD much earlier and sustained them over a period of time.

After the return of PHC back to Government, SEWA Rural since 2003 is managing a “**Family Centred Safe Motherhood and New Born Care Project**” in entire Jhagadia Block covering 168 villages (pop. 175,000) and in partnership with district and block level government health department. The main aim of the project is to develop an evidence based model to reduce maternal and neonatal mortality and morbidity in resource poor settings.

About 3600 pregnancies and its outcomes are registered and followed up every year so as to ensure appropriate care at all levels. Community level and family centered interventions are introduced for ensuring proper antenatal care (including aspects of birth preparedness and complication readiness) and intranatal and postpartum care. This has been made possible by building up the cadre of front line volunteers which include village level ASHA alike women volunteers (about 165 Arogya Sakhis) and Trained Birth Attendants (TBAs - the Dais, about 100 are now active at present in certain pockets, while the rest are gradually weaning out). For referral of complicated cases from periphery to base hospital, a sound communication and transportation network is established at large. The front line volunteers are confident as they have assurance of SEWA Rural’s base hospital which provides round the clock comprehensive emergency obstetric and newborn care (CEmONC) and also recognised as a First Referral Unit (FRU) by government of Gujarat and UNICEF.

It is encouraging to note that more & more complicated high risk maternal and neonatal cases are now reaching to base hospital. The micro level interventions have resulted into significant

reduction in maternal and neonatal mortality over the past few years. There has been about 66 % reduction (from 19 to 4) among cases of maternal deaths and about 45 % reduction (from 47 to 27) in Neonatal Mortality Rate as compared to baseline information. Institutional delivery rate has increased from 22 to 64%, and there has been significant improvement and positive increase in coverage of various services and process indicators in aspects of prenatal care, (including aspects of birth preparedness and complication readiness), intranatal care and immediate new born care and postpartum follow up both for mothers & babies at the field level.

- 4. Training and Resource Center in Health:** Different cadres of health workers from voluntary organizations, government staff and students from varied academic institutions from India and abroad have expressed keen interest to visit SEWA Rural and learn from its rich grass root level experiences in community health, comprehensive eye care and rural development. To meet such ever-increasing demands, a formal training centre was established in 1990 at SEWA Rural's main campus in Jhagadia.

Various types of customized courses are offered that are relevant to the needs of the trainees coming from various NGOs as well as Government sector. These include trainings for TBAs, Community Health Volunteers, Anganwadi Workers (AWW), Accredited Social Health Activist (ASHA), Workers for Community Based Rehabilitation of Blind programme (CBR Workers), paramedics of Health and Eye Care, health supervisors, project managers, doctors including ophthalmologists, government health officials and staff of Mother NGOs and Field NGOs. Moreover, government now envisages building the capacity of members of village health and sanitation committee so as to decentralize the health programmes and to empower the community for the betterment of their own health. Similarly students from variety of academic institutions from India and abroad are now regularly coming to SEWA Rural as part of their field placement, dissertation or project work in the fields of health management, public health, masters in social work, international development etc. Institutions include Liverpool of Tropical Medicine (UK), Universities from USA like Emory, Michigan, DeMoine, Tata Institute of Social Science (Mumbai), Achyuta Menon Center of Medical Science and Public Health (Trivendrum) etc.

However, as the demands for training, orientation, field exposure as well as students' field placements are ever increasing, strengthening and expanding infrastructure, facilities and scope of existing training center located at main SEWA Rural campus in Jhagadia become apparently inadequate. Thus an additional state of the art Health Training and Resource Center at SEWA Rural's another campus at Gumandev (five kms. from Jhagadia) is newly constructed and became functional since February 2010. In all, about 1000 trainees and students of different cadres from about 50 organisations and academic institutions take the advantage of SEWA Rural's present Training Centre every year.

We are happy to inform that in addition to MacArthur Foundation's award money, health department of government of Gujarat has shown active interest and provided substantial matching financial support towards SEWA Rural's endeavor of strengthening and expanding its Health Training and Resource Center activities.

- 5. Recognitions and Associations:** Apart from Sasakava award from WHO in 1985 for outstanding and innovative rural health services and Bajaj Award in 1989 for best managed rural hospital, SEWA Rural has been recently selected for the international award in the category of Creative and Effective Institutions: 2007 by Mac Arthur Foundation (USA) for its pioneering work in saving the lives of mothers and their new borns.

SEWA Rural has also been approved by government as a recognised center for its various schemes and programmes like Chiranjivi Yojna, Janani Suraksha Yojna, Rashtriya Swasthya Bima Yojna, Balsakha Yojna, National Blindness Control Programme through DBCS, Microscopy and DOTS center under Revised National TB Control Programme, Compulsory Rotating Internship and Rural Service bond for doctors, Family Planning Center, training center for IMNCI and DNB center in Ophthalmology. Recently under the RCH II and NRHM initiatives, SEWA Rural has been selected as Best Practice NGO and Service NGO by the state government.

- 6. Networking and Advocacy:** SEWA Rural has been regularly invited for various meetings, workshops and conferences at the state and national levels to share its learning on ground realities and possible solutions in aspects of maternal and newborn care. SEWA Rural has been selected as a member in the District health Society, Bharuch under the RCH II and NRHM initiative in promoting NGO - GO partnership. SEWA Rural is also an active partner with other like minded NGOs in promoting the activities of Dai Sangathan and Jana Swasthya Abhiyan at the state level.

It is heartening to note that over the years, many of our small, micro level innovations have been up scaled / introduced at a larger level either by government or other voluntary organisations.

C: Education and Economic & Empowerment Programmes

1. Vivekananda Gramin Tekniki Kendra (Vocational Training Center):

This vocational center was started to in 1986 for development and economic betterment of rural tribal youth which is 5 km from Jhagadia at Gumandev. Local youths, who could not complete school education or pursue higher education for various reasons, are given 1 year free residential training in various trades like Fitter, Welder, Turner, Environment Plant Operator & Electrician. Efforts are also made to provide character and responsibility building avenues in the training. Every year about 100 youth are trained in Tekniki Kendra. Thereafter it is ensured that all the students are placed on jobs in nearby industries and few assisted to set up self employment units to make them self reliant.

Over the 25 years, the center has so far trained more than 1500 rural poor and tribal students and offered them job opportunities. About 35 have started their self entrepreneurship units. This has been made possible with financial assistance from multiple sources like CAPART of Govt. of India, Ur Asha Javeri Foundation Trust (Mumbai), other industrial houses, charitable trusts and well wishers.

At present major revamping work is going on for replacing twenty year old dilapidated workshops and hostel buildings, procuring latest and modern machineries and strengthening infrastructure facilities. This has been made possible by significant financial help received from Chandrabhai and Kumudben Shah (USA) and grant from state government's Tribal Development Department under its Vanbandhu Scheme. The entire work is expected to be over by end of 2011.

2. Sharada Mahila Vikas Society :

With the initiative of SEWA Rural a new organization, Sharada Mahila Vikas Society, is formed in 2003, to facilitate the development, empowerment and well being of women by their active participation and to make entire setup conducive to the women. For improvement of economical, social and educational condition of poor women, various educational, awareness generation as well as economic activities are undertaken. Emphasis is also given to aspects of self development, gender discrimination, empowerment, social security and awareness building.

Preference is given to socio economically poor women for benefiting from various income generating activities. About 200 such women are engaged in papad, nasta and garment making. Production and sale is worth of about 70 lacs per year of papads – nasta and garments. Wage earning by the beneficiary women is to the tune of 25 lacs every year. More than 500 women have become member of Saving and Credit Scheme which promotes the habit of saving and having access to loans at very low interest. Efforts are also made to sensitise about 150 adolescent girls towards sensitive issues related to reproductive health so as to ensure responsive behaviour from them. About 250 primary school going children belonging to poor section of society are provided special coaching on daily basis. With their foundation becoming stronger, the dropout rate among their schooling has been reduced and emphasis is put on overall development and to be responsible citizens .

D: Financial Outlay

At present, SEWA Rural's yearly recurring expenditure is about Rs. 5 crores. SEWA Rural has mobilised about 58 crores for its various programme in last 30 years. Government has provided about 24% as grant, 26% came from international funding agencies and well wishers, 25% were raised from indigenous trusts and well wishers as donations, while rest of about 25% were managed from various institutional and in house activities like patients income, training and endowment interests.

While completing 30 years, SEWA Rural's efforts have been to ensure that fruits of development and growth continue reach the marginalized and underserved sections of society i.e. women, tribals and the poor. We wish to thank all of you who have helped us to realize this dream and look forward to your interest, valuable guidance and support.