Dear Friends,

Welcome to Americares 2018 annual report.

Every year, Americares sets out to make a greater difference in the lives of more people in need. And in 2017-18, with support from donors and partners, Americares achieved this goal.

As we prepare this report, our emergency response team is ensuring health care access to survivors of #Kerala Floods, conducting health camps and bridging the essential medicine gaps to prevent any disease outbreak. We are helping more than 12,000 families maintain health and hygiene as they come back to their ravaged homes from relief camps. Americares is mobilising resources to support the recovery and rehabilitation of 50 health centres that were damaged during the floods.

As health focussed relief and development organization our mission is to help local health centres thrive. As urban health catalyst, we strengthen the connection between a conscious community and efficient health system. Our mobile health centre and school health programs work towards raising the health consciousness of the urban poor while we work with the health system to build capacity, improve quality to create sustainable change.

Americares generous donors are our partners in every endeavour. Americares has the trust of a broad base, including pharmaceutical and health care companies and corporate and family foundations, with a desire to improve the lives of people affected by urban poverty and disaster.

Our dream is that we continue to work together, to change lives by improving health. Your ongoing support and partnership put health within reach for thousands of people.

Shripad Desai
MD & Country Director

S K Mitra
Chairperson & Trustee

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Health Is Fundamental

The equivalent of more than 200 million school years are lost each year in low income countries as a result of ill health and the impact on learning and cognition is equivalent to a deficit of more than 630 million IQ points.

“Every year an estimated 100 million people – that’s more than a quarter of a million people every day – are forced into poverty as a result of out-of-pocket health care costs.”

When disaster or disease strike down local health worker, community leader or neighbor, countless lives may be lost that might otherwise have been saved.

With good health, anything is possible

education, employment and active community life.

Over the past decade, health improvements - measured by the value of life-years gained - constituted 24 percent of full income growth in low- and middle-income countries.

A child can learn

A parent can provide

A neighbor can help
Rapid urbanization has outpaced the public healthcare infrastructure growth in India.

- By 2030, 50 percent of India’s population will be living in urban areas*
- Close to 50% of urban population lives in slums, where health is not a priority
- Unless addressed now, urban health is a catastrophe waiting to happen

Source: “Revision of World Urbanization Prospects” UN Economic and Social Affairs

Natural disasters impact over 500 million in India

- This rise in temperatures has led to higher incidences of natural disasters - storms, floods and droughts - which have increased from 32 in the 1960s to 110 in the current decade.

Americares saves lives and improves health for people affected by urban poverty and disaster so they can reach their full potential.

Who We Are?

Americares India Foundation is a health-focused relief and development organization that responds to people affected by urban poverty or disaster with life-changing health programs, medicine & medical supplies. Each year, Americares delivers innovative health programs and quality medical aid across India, making it the country’s leading non-profit provider of donated medicine and medical supplies.

What we do?

Our Strategy Outline

Help Local Health Centres (LHCs) Thrive

- Urban Poor
- Disaster Survivors

Conscious Community
- MHC: Creating health awareness and healthy behaviour
- SHP: Nurturing students as ‘change agents’ of health

Efficient Health Systems
- A2M: Increase access to quality medicines and supplies
- HWS: Capacity building to deliver sustainable, high quality health services

• Medical supplies • Health camps • Relief • Recovery

Emergency Response
We help communities prepare for, respond to and recover from disasters

Access to Medicine
We increase access to critical medicine and medical supplies

Clinical Services
We deliver quality health care to people who have none

Community Health
We design & implement sustainable programs that strengthen community health

Our Vision
A world in which all people have pathways to health and opportunity

For more information, visit www.americaresindia.org
Key Milestones

Since 2006

**ADMIN**
- 12A Registration, FDA License
- Mumbai office & warehouse established

**ER**
- Bihar Floods, Odisha Tornado, West Bengal Cyclone Alia

**A2M**
- Program launch, 200 shipments worth Rs. 10 Cr.

**ER**
- Uttar Pradesh Floods, Cyclone Phailin

**A2M**
- Capacity Building workshop, 1,000 shipments to a network of 150 partners in 24 states

**CS**
- Added 2 Mobile Health Centres, 48 locations covered, 1,00,000 consultations

**10**

**ER**
- Nepal Earthquake, Tamil Nadu Floods

**A2M**
- Shipment worth Rs 35 Cr.; network of 160+ partners in 27 states

**CS**
- 3,00,000 consultations since launch
- Phase III launch in LTMG, Sion Hospital

**CH**
- Hepatitis B phase II
- Launch of phase II, 79 MCGM schools

**ER**
- Bihar Flood, Assam Floods, Tamil Nadu Recovery, Gujarat and Rajasthan Floods

**A2M**
- Introduction of oncology program

**CS**
- 4,26,000 consultations on MHC program since launch
- 2,800 health workers benefitted through project ISPEAR

**CH**
- Expanded school program to 26,000 children in 88 schools
- Launch of Project CARR

**ER**
- Tamil Nadu, Manipur, West Bengal Floods, Maharashtra Drought

**A2M**
- Crossed landmark 1300+ shipments since 2006

**CS**
- 4,50,000 consultations on MHC since launch
- Health Workforce Safety project ISPEAR launched at LTMG Hospital, Mumbai

**CH**
- Expanded SHP program to semi-aided schools: 93 schools, 32 Thousand children
- Protected >11,000 women in child-bearing age from Hepatitis B

**ER**
- Kerala Floods, Cyclone Ockhi, Rajasthan Recovery, Assam Floods

**A2M**
- Cumulative shipments worth more than Rs. 53.5 Cr.

**CS**
- MHC launch in Tamil Nadu
- Over 1.7 Lac consultations on MHC program
- Model Ward Launch, ‘Mobile Learning App’ for HCWs

**CH**
- Expanded SHP program to semi-aided schools
- 93 schools, 32 Thousand children
- Protected >11,000 women in child-bearing age from Hepatitis B

**ER**
- Emergency Response

**A2M**
- Access to Medicine

**CS**
- Clinical Services

**CH**
- Community Health
In an emergency, Americares provides quality medical aid, disaster relief and recovery.

Emergency Response
Ready- Respond-Recover

Emergency Response

Active Emergencies
- Kerala Floods, 2018
- Assam Floods, 2018

Active Recovery
- Rajasthan Floods, 2016

Past Emergencies
- Cyclone Ockhi, 2017
- North East Floods, Gujrat Floods 2016
- Tamilnadu Floods, Nepal Earthquake 2015
- Kashmir Floods, 2014
- Uttarakhand Floods, 2013

2017-18 Emergency Responses

Rajasthan
Monsoon Floods July 2017
No. of villages covered - 72
No. of patients treated – 6543
No. of households benefited - 2000

Bihar
Monsoon Floods July 2017
No. of households benefited - 1000

Gujarat
Monsoon Floods July 2017
No. of villages covered - 19
No. of patients treated - 1681
No. of households benefited - 1500

Assam
Monsoon Floods July 2017
No. of villages covered - 49
No. of beneficiaries reached - 7044
No. of households benefited - 3500

Tamilnadu
Ockhi Cyclone December 2017
No. of households benefited - 1000

No. of villages covered - 72
No. of patients treated – 6543
No. of households benefited - 2000

As of 20th of September 2018

*As of 20th of September 2018
Natural disasters impact over 500 million in India. This rise in temperatures has led to higher incidences of natural disasters - storms, floods and droughts - which have increased from 32 in the 1960s to 110 in the current decade.

Ready
Disaster preparedness reduces destruction, injury and death, and it makes good economic sense. Getting the health system ready for disasters is a game changer for communities at risk, helping them stay safe and recover faster. The best response to a disaster is a good plan.

At Americares, we must be ready 365 days a year so we can quickly respond to any disaster. In past years we have responded to 10 major disasters. With our partners around the country, we prepare for the worst that nature or humans can produce.

Frontline Partners
In historically vulnerable areas, we work closely with these partners to prepare for a disaster with practical training and resource support. Before a disaster strikes, we also pre-position responders where possible, along with medicines and supplies for local health center partners.

Experienced Staff
Our emergency response experts are equipped and ready to deploy at a moment’s notice. Our team is small, nimble and skilled. They effectively work with and leverage local partners to support local health care efforts during an emergency.

Emergency Response Roster
Additionally, we maintain and train a roster of response professionals whom we can call upon to respond with us over time, bringing local knowledge and language skills from around the country as well as emergency response expertise. Our Emergency Response Roster makes it possible to ramp up quickly when we confront a large-scale disaster.

Respond
When disaster strikes, we commit right away because lives are at stake. Our Emergency Response Partners provide a foundation for our response capability.

Medical Supplies
Decades of logistics expertise mean effective movement of medicines and supplies for survivors, often forced from their homes quickly without their medications. Joining hands with our pharmaceutical partners, we help to maintain supply lines all the way to our neighbours in need.

Health Camps
We focus on the most vulnerable, including low-income patients, the elderly, children and women. Our medical teams reach out to hundreds of people in need of medical care and treatment. For individuals requiring care for water borne and airborne infections, chronic disease, musculoskeletal pain and other ailments due to physical strain the health camps serve primary care. Health camps also contribute to the prevention of disease epidemic.

Family Relief
After a disaster, families return to their ravaged home from shelters often to discover that they have lost everything they had. This leads to a huge trauma on the affected population and takes weeks, sometimes months to recover. Americares supports the families with living support through supply of essentials they need to rebuild their life. We ensure families have access to safe drinking water, health & hygiene products and are protected from vectors.

Recover
Weeks, months, even years after the disaster is no longer news, we stay for as long as we are needed to help the health system recover - stronger and better prepared for the next disaster.

Caring for the vulnerable
Lack of nutrition, poor hygiene and stress have long term impact on the health of every flood survivor. It puts additional burden on the vulnerable populations like pregnant women, lactating mothers and children below five years, who need special support to ensure that their nutrition quotient are recovered and brought to normal. We provide ninety days nutrition support to the vulnerable populations during the crucial period of recovery.

Local health centers
A damaged health center limits access to care. Excessive flooding and landslides, causes permanent damage to the equipment, assets and health facilities, leading to sub-optimal performance. This puts huge burden on the health system in the long run, reducing their efficiency.

We support recovery of local health centers, to ‘build back better’ and to serve the communities as effectively as prior to disaster, if not better.

Post detail needs assessment such interventions would include,

- Provision and replacement of equipment & material.
- Provision of safe drinking water.
- Infection prevention control support.
- Repair & refurbishment of a facility.
- Health worker capacity building.

Since 2013 we have facilitated recovery of more than 75 health centers across India.
Americares is helping improve healthcare access in flood affected #Kerala (Updated as on: 20th September 18)

Unprecedented rain brought the entire state of Kerala to a standstill in August 2018. More than 200 people lost their lives, while 250,000 families had to take refuge at relief camps set up across the state. Many families lost all their belongings while hundreds of local health centres were inundated damaging the equipment and infrastructure.

Americares Emergency Response team is on ground to improve access to healthcare for the flood survivors, in partnership with the government, pharmaceutical partners and local health partners.

Response:

We have donated medicines and supplies worth Rs. 40 Mio to bridge the medical supply gaps. We donated 2 Mio chlorine tablets to ensure safe drinking water access to communities and 5 Lac Doxycycline tablets to prevent Leptospirosis. More than 8,500 people received care for acute and infectious diseases at the health camps conducted by our teams.

Relief:

- 12,000 families received health & hygiene kit, safe drinking water and shelter support
- 3500 mothers and children each received 90 day nutrition kit
- 5000 families in Wayanad and Palakkad received home cleaning and baby care support

Recovery:

Americares is mobilising resources to support the recovery and rehabilitation of 50 health centres that were damaged during the floods.

We acknowledge support of our generous donors to #Kerala Mission
School Health Program

Developing children as ‘change agents’ of health

Children come to school to learn. But too often, schools are places where children become ill.

Core Model

- Health education
- Water, Sanitation and Hygiene
- Preventive health services
- Stakeholder engagement

- 93 Municipal & aided schools
- 32,000 Children
- 4,000 Sessions

Americares’ School Health Program Model

Encourage Healthy Behaviours

Promote Disease Prevention

- Health Education
- Primary Care
- School Team
- Awareness & Access
- Medical Team
- Functional WASH
- Diagnosis & Treatment
- Preventive Care
- Drive Systemic Change
- Stakeholder Engagement

93 schools
32K children
30 schools
4K sessions
Health of young people, and the adults they will become, is critically linked to the health related behaviors they choose to adopt. The schools offer an extraordinary setting to influence the choices that young people make and encourage healthy behavior among them.

Health Education
Classroom based health education sessions are effective way to sensitize children about importance of health, hygiene and nutrition for overall quality of life. A team of trained facilitators uses Learning-Engagement-Demonstration methodology (LED) to impart the key messages around the core themes of Health, Hygiene and Nutrition. The sub-themes include, communicable diseases, adolescent health, substance abuse, healthy- unhealthy food, anaemia, personal hygiene, oral hygiene and menstrual hygiene. The key messages are reinforced using customized engagement tools like games and activities. Interim assessment indicates that children are embracing positive health habits with significant changes in knowledge and practice levels across key health areas. There is 60% reduction in consumption of junk food by children when they are on school campus and more than 80% of students have reported washing hands before they eat food. Children are embracing positive change in their eating habits. Nearly 88% of the children surveyed were aware of healthy and unhealthy food. More children are reporting regular consumption of fruits and leafy vegetables and significantly lower consumption of unhealthy packaged food.

Water, Sanitation and Hygiene (WASH)
WASH in schools is a first step towards ensuring a healthy physical learning environment. Schools with functional WASH can lessen the spread of disease. Our WASH intervention also aims to improve the health and learning performance of school-aged children - and, by extension, that of their families - by reducing the incidence of water and sanitation-related diseases. We have completed the refurbishment of WASH at thirty schools. close to seven thousand children across these schools now access functional WASH and are learning healthy habits. Americares ensures that the WASH facilities across schools are maintained through the regular supply of consumables, monthly audit by our WASH coordinator and site visits by empanelled plumber. Student Cabinets are formed to encourage ownership and drive compliance to WASH practices. Cabinet members, with a team of supporters, are bestowed with important medical or dental care that support healthy development. They are delivered by doctors, dentists and allied health providers in school settings. These services prevent and detect conditions and diseases in their earlier, more treatable stages, significantly reducing the risk of illness. Americares conducts comprehensive screening program for vision, dental and anaemia among school children. During 2017-18, 4,020 children from 1st to 8th standards, across seven schools were screened for anaemia. Alarmingly more than 2500 (63.5%) children were found to have Hb levels below the standard parameters and needed IFA supplementation. Post IFA treatment, counselling and follow up 79% of children had shown an improvement in Hb values as compared to the pre - intervention screening results. Under vision intervention, 1,667 children were screened for vision issues of which 700 received the desired further intervention. More than 500 children received good quality spectacles while others received appropriate treatment for squint eyes, high refractive error, watery eyes, night blindness under medical supervision. The oral health screening was availed by 2,500 children who required further treatment for squint eyes, night blindness under medical supervision.

Preventive Health Services
Clinical preventive services are various forms of important medical or dental care that support healthy development. They are delivered by doctors, dentists and allied health providers in school settings. These services prevent and detect conditions and diseases in their earlier, more treatable stages, significantly reducing the risk of illness. Americares conducts comprehensive screening program for vision, dental and anaemia among school children. During 2017-18, 4,020 children from 1st to 8th standards, across seven schools were screened for anaemia. Alarmingly more than 2500 (63.5%) children were found to have Hb levels below the standard parameters and needed IFA supplementation. Post IFA treatment, counselling and follow up 79% of children had shown an improvement in Hb values as compared to the pre - intervention screening results. Under vision intervention, 1,667 children were screened for vision issues of which 700 received the desired further intervention. More than 500 children received good quality spectacles while others received appropriate treatment for squint eyes, high refractive error, watery eyes, night blindness under medical supervision. The oral health screening was availed by 2,500 children who required further treatment received it from a trained dentist within their community.

Stakeholder Engagement
Parents
Parents play a crucial role in reinforcing the learning into children when they are at home. Nearly 5,000 parents participated in 100 sessions organized to familiarize them with the health messages they receive through the program to ensure consistency of messaging. To enable mothers to provide healthy food in children’s tiffin we developed a unique ‘recipe book’ that provides innovative and tasty recipes using the ingredients easily available at home. These recipes were contributed by mothers of children studying in our schools.

Teachers
As part of building sustainability in the program, we have begun familiarizing teachers about the health curriculum and topics covered by the program health facilitators. The objective is to have at least one teacher in each school who is trained on subjects being covered as part of the program. Each school is also provided with one set of health education material that our program facilitators use during sessions. During 2017-18, we reached out to 100 teachers across the ward to equip them with necessary information about the health topics covered.

Administration
A wide range of administrative officers are engaged during various stages of the program throughout the year, to ensure sustainability and continuity.
### Health Education

#### Health

- **88%**
  - Girls aware of reasons for menstruation

- **32%**
  - Pre Session

- **60%**
  - Post Session

**Average knowledge about changes in puberty**

*Data Source: Internal testing survey 2017*

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#### Nutrition

- **92%**
  - Students are aware of iron-rich foods

- **88%**
  - Students are aware of healthy and unhealthy foods

- **33%**
  - Reduction in consumption of samosas

- **12%**
  - 147 sessions x 12000 students

**61%**
- Students always consume green leafy vegetables

**83%**
- Reduction in consumption of junk food among students

**39%**
- Reduction in consumption of biscuits

*Data Source: Internal testing survey 2017*

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#### Hygiene

- **73%**
  - Students are aware of correct steps of handwashing

- **88%**
  - Students wash hands after using toilet

- **82%**
  - Students wash hands before having meal

**17% Increase**
- Practice of washing teeth twice daily

*Data Source: Internal testing survey 2017*

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### Health Intervention

#### Vision

- **1667 Students screened**
- **834 Students required treatment**
- **514 Spectacles distributed**
- **320 Received aftersight treatment**

*Data Source: Pre and post session assessment conducted during session, Sep 2017*

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#### Anaemia

- **2%**
  - Pre Intervention

- **0%**
  - Post Intervention

**36%**
- 41 schools (Narinor camp + MOWA referral)

**21%**
- 16% Normal

**63%**
- 16% M/C

**16%**
- 16% Moderate

*Data Source: Internal testing survey 2017*

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#### Oral Health

- **4 Schools**
- **2495 Students screened**
- **1644 Students required treatment**
- **80% Completed treatment**

*Data Source: Anaemia and post intervention data collected by healthcare under School health program 2017-2018*
Access to quality primary care services is the first step towards improving the health outcomes of urban poor in India.

Mobile Health Centres
Bringing healthcare to the people who need it most.

Clinical Services

Access to quality primary care services is the first step towards improving the health outcomes of urban poor in India.

Core Model

- Access to care
- Behaviour change
- Capacity building
- Develop Referral Linkages

- 8 Mobile centres
- 13 Municipal wards
- 130+ Clinic locations
- 1.70 Lac consultations

Total number of consultations 170,641
Total number of patients served 123,560
Total number of new patients 53,225

Beneficiaries of Health Education session

<table>
<thead>
<tr>
<th>Year</th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meetings</td>
<td>68,731</td>
<td>73,525</td>
<td>83,940</td>
</tr>
</tbody>
</table>

Disorders of nutrition, 8.31%
Musculoskeletal system, 22.85%
Circulatory system, 10.91%
Skin and subcutaneous tissue, 15.55%
Respiratory disorders, 19.18%

Top 5 disease groups

- Musculoskeletal system, 22.85%
- Skin and subcutaneous tissue, 15.55%
- Disorders of nutrition, 8.31%
- Circulatory system, 10.91%
- Respiratory disorders, 19.18%

92% Beneficiary Satisfaction

68% diabetic patients with controlled blood sugar
53% hypertensive patients with controlled blood pressure levels
Close to 50 percent of India’s urban population lives in slums where healthcare is not a priority- partly because of lack of awareness but mostly due to issues of access, affordability and education. The urban slum dwellers in cities are exposed to dual threat of communicable and non-communicable diseases equally.

Access to Care
Rapid urbanization has outpaced the healthcare infrastructure growth in India. For the urban poor who live in slums, living conditions are challenging and healthcare is not the main priority.

To avail the government health facilities one has to travel a distance, spend resources and lose a day’s wage. To save time & wage, communities often pay a high price to avail services of non-qualified Health Care Practitioners (HCPs) in the slums who neither have the knowledge nor the skills to offer appropriate and quality care.

Access to quality primary care services is the first step towards improving the health outcomes of these slum dwellers.

Six days a week, our fully-equipped mobile health centres bring health care to impoverished families in dozens of locations. Hundreds of patients a day benefit from the medical vans’ on-site services and free medicines. For most patients, this is the only time they will ever see a doctor.

During 2017-18, our mobile health centres served 1,70,000 consultations.

Behaviour Change
The communities remain oblivious of positive health habits and preventive health practices and are trapped into a vicious cycle of disease that worsens their overall health indicators.

We work with the communities to build positive health habits through consistent health education to individuals and groups.

Each centre has a compact health education booth with seating that provides opportunity for effective and healthy discussion, strengthening rapport with the community.

Our trained health educators impart health messages using variety of engaging tools, to groups of twenty participants each.

We sensitize communities on prevention of and protection from communicable and non-communicable diseases. Mass awareness drives are conducted to commemorate World Health Day, World Diabetes Day, World Hypertension Day, World Breastfeeding Day among others.

We reached out to more than 62,000 individuals through 5,150 group health session during 2017-18.

Capacity Building
Private healthcare practitioners or family physicians are the backbone of primary care in the community. Unfortunately, urban slums lack robust network of qualified family physicians (MBBS) & the community is largely dependent on the inadequate services provided by unqualified practitioners.

These providers lack sufficient knowledge, skills and resources to sensitize the communities on preventive measures and healthy lifestyle.

Educating these practicing physicians with basics of disease prevention & management techniques would have a positive impact on the health outcomes of the communities availing their services.

Americares is piloting a healthcare worker capacity building program, ‘MasterClass’, aimed at building the capacity and raising the quality of services offered by health practitioners. Participants are trained on basics of disease management, doctor-patient interface, patient counselling, etc. The practitioners are provided with a specific kit containing educational materials which they can use to sensitize their patients.

Develop Referral Linkages
Patients who require advanced treatment, surgery and diagnostic services, benefit from referral network of government or charitable centres.

To enable ease of referrals for our doctors on the clinics, we have piloted a comprehensive referral guide that provides

- Treatment Protocol
- Referral Guidelines
- Referral Centres by location
- Referral Forms

Our teams map the referral network for each of the locations covered by the clinics and the list of potential referral centres which cover diagnostics, specialists, tertiary care centres from charitable, government and low-priced private service providers.

Our doctors are advised to follow the protocols and refer the patients as needed.
The health workforce is central to managing and delivering health services.

**Health Workforce Safety**

**Protecting the protectors**

- Protect the individual
- Create safe work environment
- Ensure sustainability

**Clinical Services**

**Core Model**

- 3 Tertiary care public hospitals
- 8,000 Health Care Workers

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**Protect the individual**

- Create safe work environment
- Ensure sustainability

**Protect the individual**

- 66% (2015) vs 94% (2017)

**Create safe work environment**

- 34% (2015) vs 85% (2017)

**Ensure sustainability**

- 20% (2015) vs >90% (2017)

**HCWs aware of HBV transmission mode**

- 2015: 20%
- 2017: >90%

**HCWs aware of all Hand hygiene steps post education**

- 2015: 66%
- 2017: 94%

**HCWs aware of TB control measures in hospital setup**

- 2015: 34%
- 2017: 85%

**HCWs reported documented HBV vaccination**

- 2015: 27%
- 2017: 92%

**HCWs aware of correct biohazardous waste disposal process**

- 2015: 43%
- 2017: 90%
The range and burden of infectious diseases in India are enormous. Infection, not heart disease, diabetes, or cancer, is the leading cause of death in India.

Protect the Individual
Health care workers are at the risk of occupational exposure to infections such as HIV, Hepatitis B and C, Tuberculosis amongst others.

As a health focussed development organization, Americares is committed to protecting the health workers from occupational risks. We focus on risk assessment, awareness and capacity building to ensure the health workers are sensitized for self-protection. The major steps in this direction include,

- Comprehensive health surveillance
- Immunization and protection
- Training and education

Individual health workers are screened to identify health risks and determine the treatment. Testing and immunization offers protection from Hepatitis and other infectious diseases. Educators conduct regular workshops and training in wards to elicit positive behaviour change.

Create safe work environment
The basis of good infection control in the workplace is to assume that everyone is potentially infectious. Proper procedures have to be followed at all times. Equipment such as gloves, gowns, eye goggles and face shields should be provided if necessary.

Infection prevention measures at workplace includes,

- Cleanliness at workplace
- Infectious waste management
- Handling needles and sharp objects
- Dealing with spills and body fluids

Americares collaborates with the hospital management to strengthen infection prevention and control practices. We support the post-exposure prophylaxis practices at the institution.

We assess and upgrade infrastructure to enhance the safety of the health facility.

Ensure Sustainability
By collaborating with hospital management at every stage of the workforce safety program, Americares ensures engagement and partnership for long term sustainability of the program.

Train The Trainer
We build the capacity within the institute by training representatives from each department who can advance the education and awareness activities in absence of the formal program.

Drive Policy Change
The Institute and Americares sign a joint declaration wherein the institute takes over the responsibility of continuing the initiatives of health workforce safety. The institute commits for desired policy changes and initialisation of processes.

Innovation
Model Ward
At one of Mumbai’s large tertiary care public hospitals, Americares is setting a model ward from infection prevention perspective. We have undertaken a comprehensive assessment of:

- Knowledge, Attitude and Practices of health workers
- Infection Control Infrastructure & practices
- Bio Medical Waste management

We propose to develop a paediatric intensive care unit (ICU) at the hospital as a model ward where both the health workers and infrastructure are equipped for minimizing the risk of infections.

Mobile based learning App
In public hospitals, health workers are one of the extremely burdened lot. They have very limited opportunity to train themselves and learn new skills. Often the nursing staff and interns are unable to attend class room training sessions and miss an opportunity.

Americares is developing an unique mobile application that will enable health workers to learn about infection prevention at their convenience. The application once downloaded on a mobile phone will enable self learning, evaluation and submissions. Participants can receive a certification from the institute post successful completion.

We aspire to take this application for use of all health workers in the public sector soon.
People’s contact with trained workers has been instrumental in improving health in developing countries. Community based programs under many circumstances provide this crucial contact.

**STEP Model**

Our Clinic-To-Community model links treatment services with disease prevention and health education. Our ongoing program protecting new-born babies and women from hepatitis has reached over 27,000 women across Mumbai.

Built on the four pillars of

- Surveillance
- Testing
- Education
- Protection

Each program module is customized to address the relevant issues and concerns.

A trained team of health workers and educators works closely with the communities to drive the outcomes.

**Prevention of Hepatitis B**

To sensitize and counsel childbearing women in high risk communities, we conducted over 11,100 door-to-door education sessions and followed-up with the beneficiaries at least 3 times each.

650 childbearing women were identified and registered to the program, of which 563 had safe deliveries due to referrals to ANC service providers and regular follow-up in and after the duration of their pregnancy. We helped protect 490 new born children from Hepatitis B by ensuring their timely and complete immunization.

Hepatitis B voluntary screening was conducted for 6,200 beneficiaries and 1,202 doses of preventative vaccination were administered. Through the program, we identified 95 Hepatitis B positive patients.

68 families underwent the voluntary contact tracing and screening for Hepatitis B.

In addition, through the medium of Continuous Medical Education (CME), we trained more than 200 community physicians on the importance of screening, testing and vaccination of Hepatitis B.

“*It was surprising to learn that Hepatitis B is more dangerous than HIV and that such a disease exists. Many thanks to Americares India’s home based education, testing and vaccination services. The health worker who visits our community is very friendly and supportive. She has helped me to understand all about Hepatitis. She also tested and vaccinated me for Hepatitis B. I am grateful to her and to Americares India for ensuring our safety.*”

- Raveena Kumari* (name changed) (age 26), Ambedkar Nagar, Antop Hill
Due to lack of access and affordability, individuals and families cannot get the medicine they need to stay healthy. As the leading non-profit provider of donated medicine and medical supplies, Americares India is working to change that.

Americares India increases access to quality medicines and supplies to improve health outcomes for patients and low income communities.

**Partnership with pharmaceuticals**

We partner with leading pharmaceutical manufacturers in India that donate quality products. We provide local partners across India with a wide range of donated medicine - from basic analgesics and antibiotics to anti-hypertensive and anti-diabetic treatments.

**Network of clinics**

Americares India’s partner network includes charitable hospitals, clinics and NGOs providing community-based health care services across the country. Our partners are carefully selected and meet our criteria of program, capacity and philosophy.

**Inventory Management**

All the donations received and distributed from our warehouse are recorded in a specialized inventory-management software. Our documentation process complies with statutory requirements and standards.

Logistic capacity & infrastructure

Americares India receives, stores, sorts and distributes the quality donations in our state-of-the-art 12000 sq. ft. warehouse in Bhiwandi, near Mumbai. Our warehouse is equipped with cold-chain management and other necessary infrastructure. Our trained staff manages and optimizes product donations to ensure safe and effective distribution of medicine and medical supplies to local partners.

The charitable work of VHS is sustained and carried forward through the valuable support of organizations such as, Americares India. The donations made by Americares help to provide curative services and essential medicines to the poor, ailing and deprived members of our communities. Our heartfelt acknowledgements to Americares for playing a catalyzing role in realizing the mission of VHS.

Dr Joseph Williams, Director - Projects
Voluntary Health Services, Chennai

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**Access to Medicine**

Safe, effective and quality essential medicines for all
For charity to continue, good work and recognition must go hand-in-hand.

For charity to continue, good work and recognition must go hand-in-hand.
Americares India believes in recognizing and rewarding those who make exemplary contributions towards the society. With this in mind, the Spirit of Humanity was initiated, in the year 2010.
Over the years, Spirit of Humanity has expanded its scope to become a national-level platform for collaboration, capacity building, rewards and recognition within the social sector in India.

Thought leaders from corporate, government, academia, social and CSR sectors unite and share their knowledge & expertise while evaluating the social impact created by the participating organizations.

In its 9th year, the Spirit of Humanity will bring together various stakeholders for sustained engagement and cross learning.

Impact Sectors 2018

Child Care

Disability

Education

Health

Social Impact

Women’s Empowerment

Benefits to participating NGO

RECOGNITION:
Zonal Winner
• Certificate
National Winner
• Certificate
• Trophy
• Cash Prize of Rs. 1 Lakh

COLLABORATION:
• Interface with domain experts
• Opportunity to present program to the Jury
• Volunteering opportunities

CAPACITY BUILDING:
• Knowledge sharing
• Scope to expand programs based on best practices
• Mentoring & guidance by corporate and academia
• Cross fertilization of ideas & expertise

NETWORKING:
• Meet CSR Heads and share the organization’s work
• Partnership opportunities
• Contest for national-level recognition of your work
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6 Categories
350 Nominations
50 Jury Members
26 Finalists
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Healthy citizens are the greatest asset any country can have

- Winston Churchill