



Annual Report 2017-18



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 Photos on page no. 4 and 5 by William Vazquez
 Photos on page no. 5 and 6 by Sabastian Lopez Freire

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

“Our mission is to help
local health centres thrive...”



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.



Health Is Fundamental



Children

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**.



Family

"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."



Community

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



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



Photo courtesy: CNN.com

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.

Source: <https://economictimes.indiatimes.com/news/environment/global-warming/natural-disasters-impact-over-500-million-in-india/articleshow/64474156.cms>

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?



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



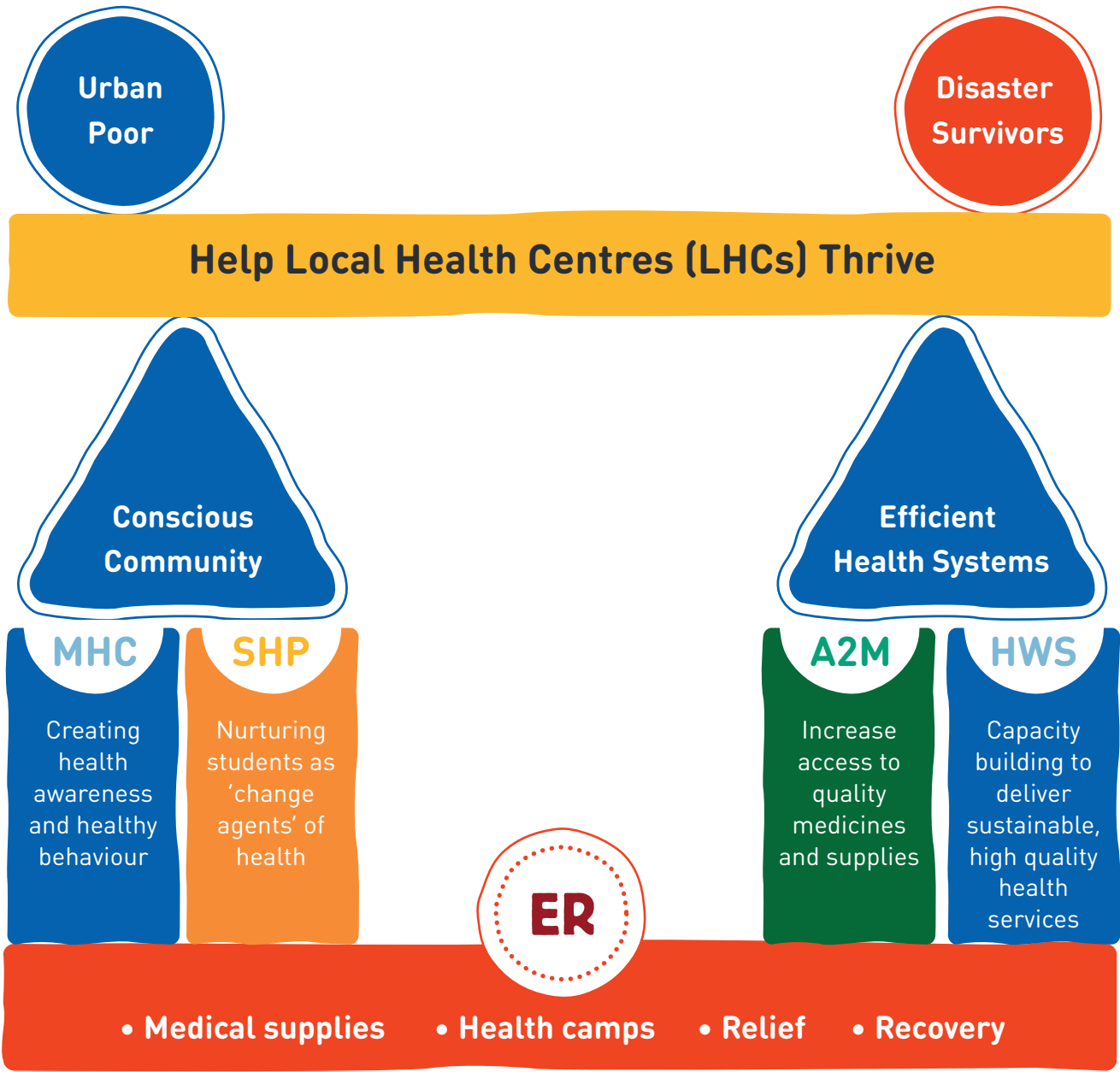
Community Health

We design & implement sustainable programs that strengthen community health

Our Vision

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

Our Strategy Outline



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, 250 shipments worth Rs. 10 Cr.

- ADMIN**
- Established 12,000 sq. ft. warehouse

- ER**
- Uttarakhand 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

- ER**
- Nepal Earthquake, Tamil Nadu Floods

- A2M**
- Shipment worth Rs 35 Cr, network of 100+ partners in 27 states

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

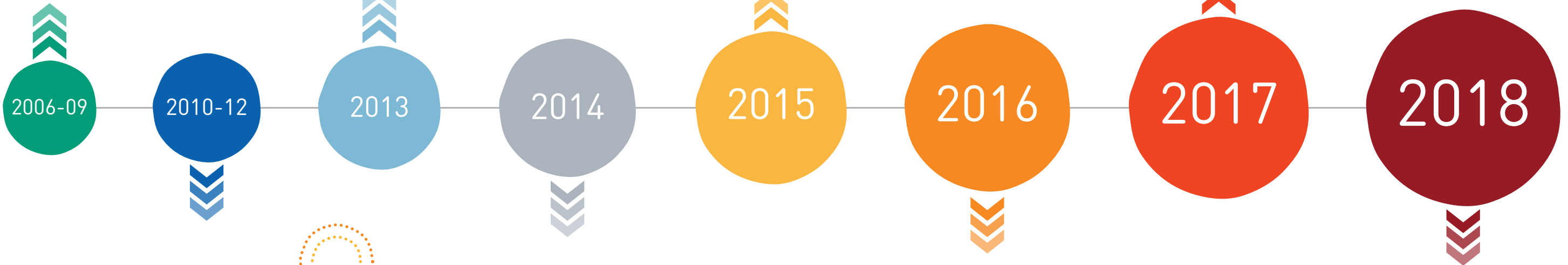
- CH**
- Hepatitis B phase II
 - Launch of phase II, 79 MCGM schools

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

- A2M**
- Introduction of oncology program

- CS**
- 6,26,000 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 CAIR



2006-09

2010-12

2013

2014

2015

2016

2017

2018

- ADMIN**
- FCRA registration, moved to Andheri office

- ER**
- Responded to floods in Andhra Pradesh, Karnataka, Uttarakhand, Leh, UP and Odisha. Responded to Sikkim earthquake, Bihar Encephalitis and Kashmir avalanche

- A2M**
- Cumulative shipment worth Rs. 20 Cr., 1000 shipments, 150 partners, 24 states

- CS**
- Phase I launch at JRH Hospital,
 - Phase II launch at KEM Hospital
 - Infection control manual released
 - Launch of 1st Mobile Health Centre (MHC), introduced Patient Record software, launch of 2nd MHC

- CH**
- Launch of Phase I School Health Program (SHP)
 - Launch of Phase I Hepatitis B program

'Spirit of Humanity' launched

- ER**
- Bihar, Kashmir, Odisha Floods

- A2M**
- Cumulative shipments worth Rs. 30 Cr.

- CS**
- Added 3 Mobile Health Centres, 130 locations covered, 2,00,000 consultations
 - Joint declaration signed at KEM Hospital

- CH**
- Counseled 10,000 women on Hepatitis B

- 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**
- 22,000 school children covered under School Health Program at 79 schools

- 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



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

Kerala

Monsoon Floods August 2018*
No. of villages covered - 50
No. of patients treated - 8500
No. of households benefited - 12000

Tamilnadu

Ockhi Cyclone December 2017
No. of households benefited - 1000

*As of 20th of September 2018



Emergency Response

Emergency Response

Ready- Respond-Recover

In an emergency, AmeriCares provides quality medical aid, disaster relief and recovery.

Active Emergencies

- ▶ Kerala Floods, 2018
- ▶ Assam Floods, 2018

Active Recovery

- ▶ Rajasthan Floods, 2016

Past Emergencies

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

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 centres

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)

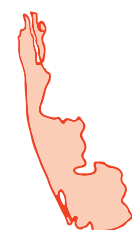


Alappuzha

Relief

- Health and hygiene - 300
- Safe drinking water - 1300
- Resting kit - 300
- Shelter - 1300
- Mother care kits - 1500
- Child care kits - 1500

Personal hygiene - 1000



Pattanamthitta

Relief

- Health and hygiene - 700
- Safe drinking water - 2000



Ernakulam

Relief

- Health and hygiene - 800
- Safe drinking water - 1000
- Resting kit - 1000
- Shelter - 500
- Mother care kits - 1000
- Child care kits - 1000

Personal hygiene - 1000

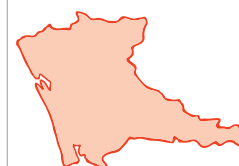


Thrissur

Relief

- Shelter - 500
- Mother care kits - 1000
- Child care kits - 1000
- Health and hygiene - 800
- Safe drinking water - 2000
- Resting kit - 1000

Personal hygiene - 1000



Palakkad

Relief

- Health and hygiene - 1050
- Safe drinking water - 2000

Personal hygiene - 2500
Home cleaning - 5000
Baby care - 5000



Kottayam

Relief

- Safe drinking water - 2000

Personal hygiene - 1000



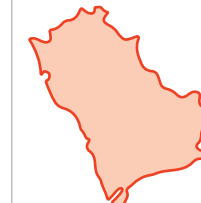
Thiruvananthapuram

Central Product Donations to KMSCL for All Affected Districts

Rs. 400 Mio worth medicines and supplies
2 Million Chlorine Tablets
5 Lac Tetanus Injections to protect health care workers
500 sets of safety gear for cleaning staff



Kozhikode



Idukki



Wayanad

Relief

- Health and hygiene - 1185
- Safe drinking water - 1750
- Resting kit - 1185

Personal hygiene - 2500
Home cleaning - 5000
Baby care - 5000



 **Health Camps**  **Medical Supplies**  **Health Centres**

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:

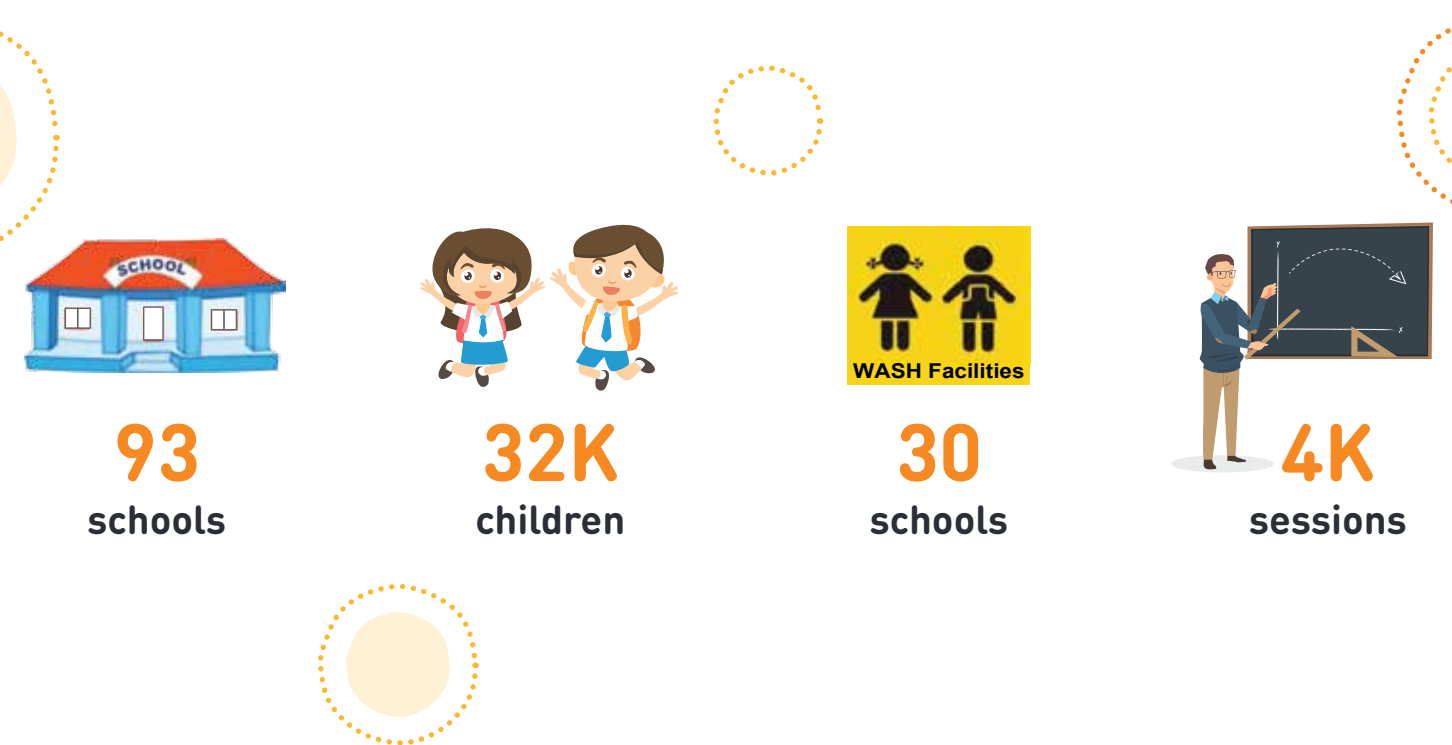
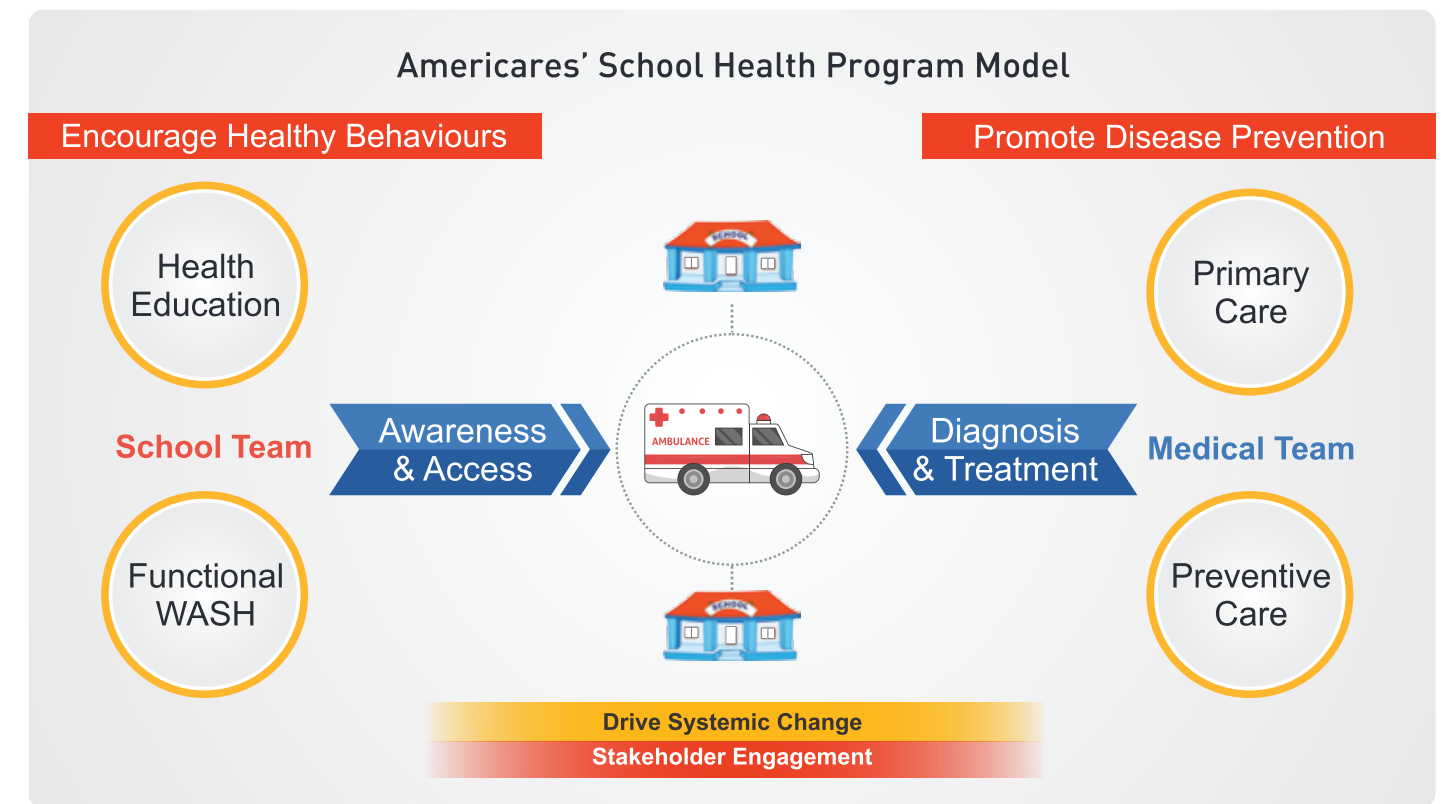
- **12,000** families received health & hygiene kit, safe drinking water and shelter support
- **5000** families in Wayanad and Palakkad received home cleaning and baby care support
- **3500** mothers and children each received 90 day nutrition kit
- **9000** women received personal hygiene support

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

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 likes 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 green 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 responsibilities aimed at achieving behavioural changes, finding solutions to WASH challenges and managing WASH facilities in their schools.

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 of which 1,315 (52%) 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.

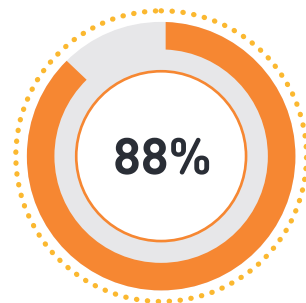
Administration

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



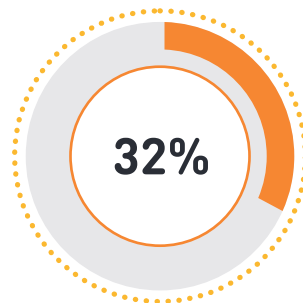
Health Education

Health



Girls aware of reasons for menstruation

Data Source: Internal tracking survey 2017



Pre Session

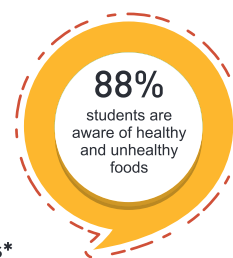


Post Session

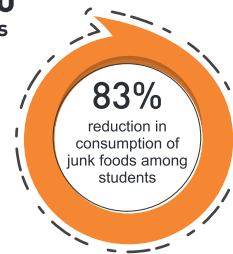
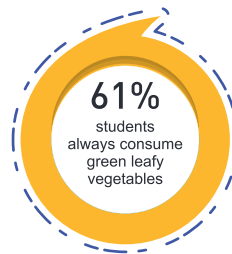
Average knowledge about changes in puberty

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

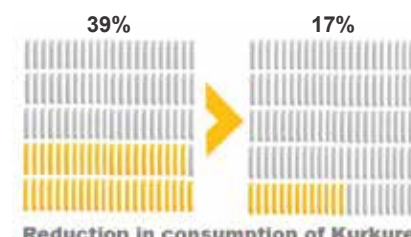
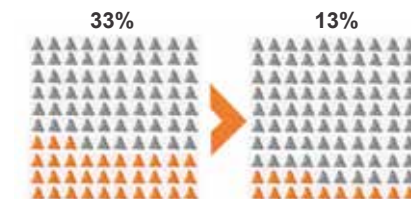
Nutrition



147 sessions*
12000 students

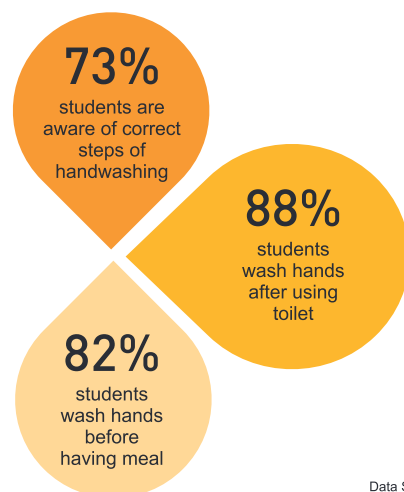


* Sessions on healthy & unhealthy foods
Data Source: Internal tracking survey 2017

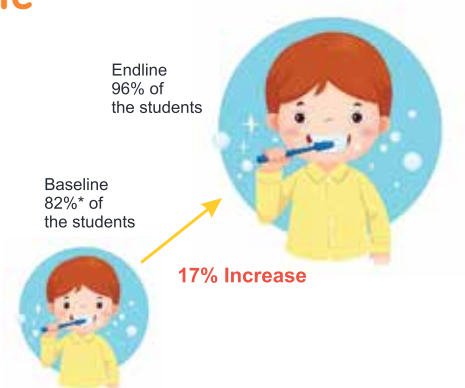


Data Source: Internal tracking survey 2017

Hygiene



Data Source: Internal tracking survey 2017

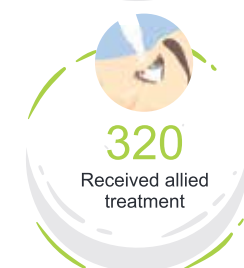
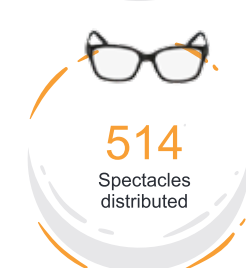
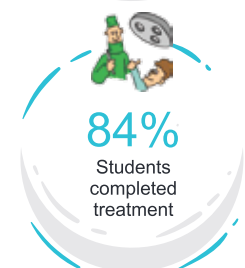
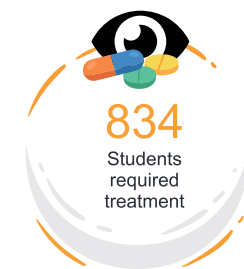
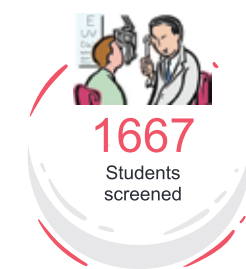


Practice of washing teeth twice daily

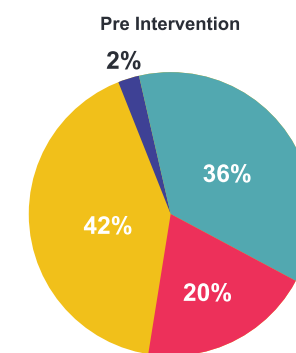
* % of students brushing teeth at least once daily

Health Intervention

Vision

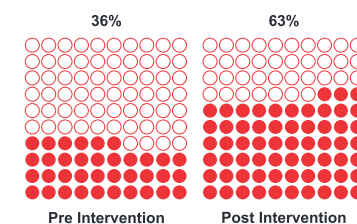
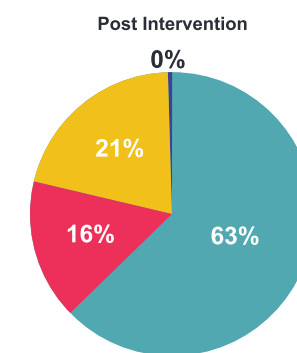


Anaemia

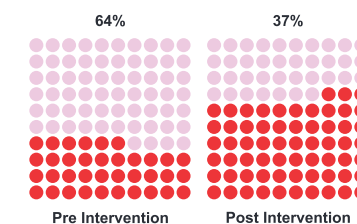


% students by Anaemia Grades

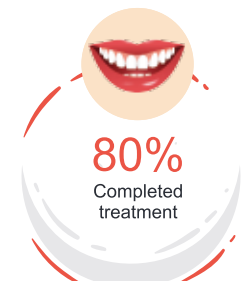
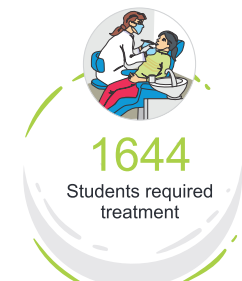
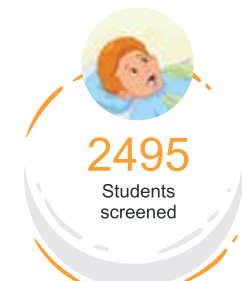
Normal Mild Moderate



Data Source: Anaemia pre and post intervention data collected by Americanas under School Health program- 2017-2018

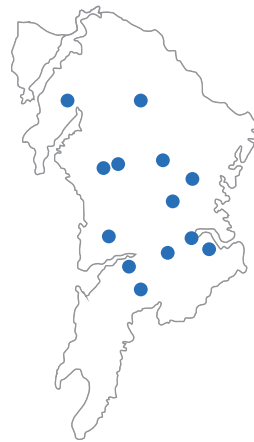


Oral Health





Mumbai

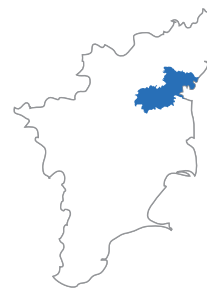


Mumbai, Maharashtra

13 Wards

133 Locations

Tamil Nadu



Villupuram, Tamil Nadu

1 District

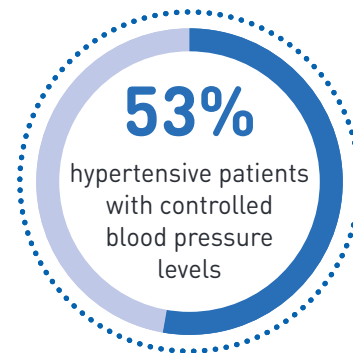
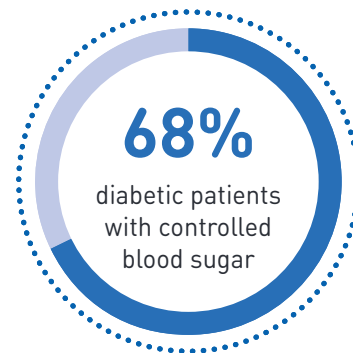
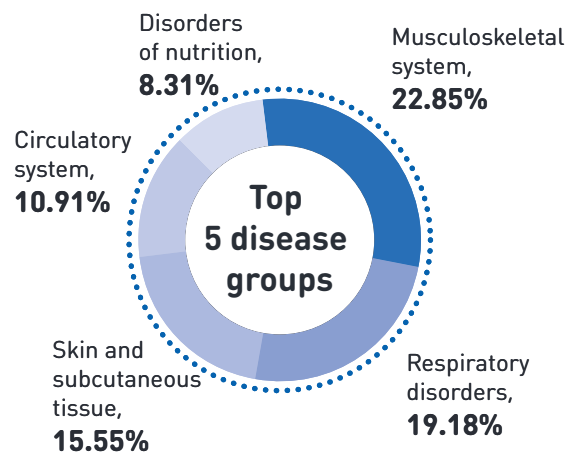
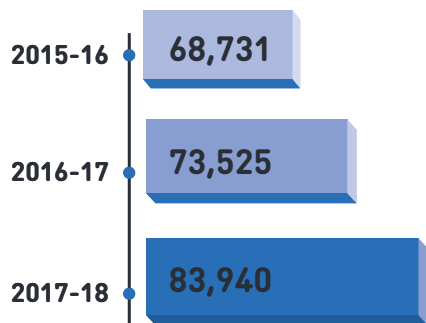
25 Locations per month

Total number of consultations
170,641

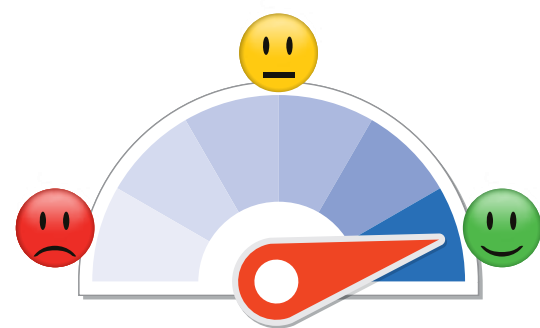
Total number of patients served
123,560

Total number of new patients
53,225

Beneficiaries of Health Education session



92% Beneficiary Satisfaction



Clinical Services

Mobile Health Centres

Bringing healthcare to the people who need it most.

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

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.

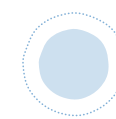
To enable ease of referrals for our doctors on the clinics, we have piloted a comprehensive referral guide that provides

- 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.



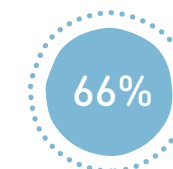


2015



2017

HCWs aware of
HBV transmission mode

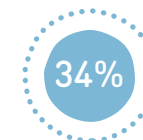


2015



2017

HCWs aware of all
Hand hygiene steps post education

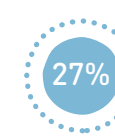


2015



2017

HCWs aware of
TB control measures
in hospital setup



2015



2017

HCWs reported
documented
HBV vaccination



2015



2017

HCWs aware of
correct biohazardous
waste disposal process

HCW - Health Care Worker



Clinical Services

Health Workforce Safety

Protecting the protectors

The health workforce is central to managing and delivering health services



Core Model

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

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

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.



HCWs & Infection Surveillance



Immunization & Protection



Training & Education



Strengthen PEP Mechanism



Contact Tracing

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



Community Health

Community Health Program

Support, Design and Implementation

Clinic-To-Community programs in the areas of maternal and child health, infectious diseases and NCDs



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



Access to Medicine

Safe, effective and quality essential medicines for all





Winners of 8th Spirit of Humanity Awards, September 2017



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.



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
- PR opportunities

Impact Sectors 2018

Child Care



Health



Disability



Social Impact



Education



Women's Empowerment



6

Categories

350

Nominations

50

Jury Members

26

Finalists

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Mr. Anirban Mitra
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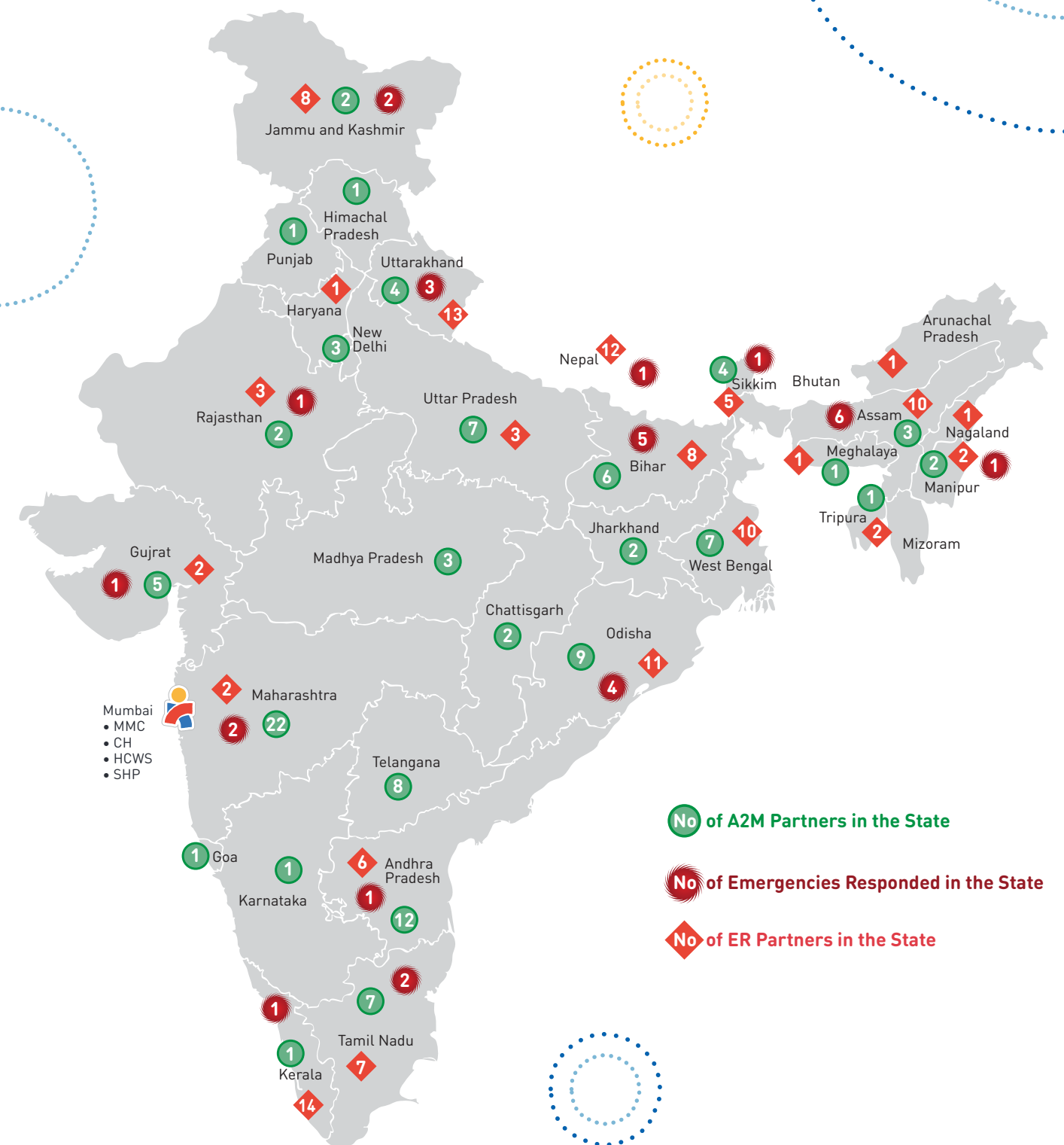
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- National Disaster Management Authority (NDMA)
- National Rural Health Mission (NRHM)
- Municipal Corporation of Greater Mumbai (MCGM)
- King Edward Memorial Hospital (KEM)
- Lokmanya Tilak Municipal General Hospital (LTMG)
- Directorate of Health Services
- Department of Health and Family Welfare
- Sashastra Seema Bal
- 14 Rashtriya Rifles, Indian Army

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Touching Lives Across India



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**Healthy citizens are the greatest asset
any country can have**

- Winston Churchill



Americares India Foundation

Seagull House, Shivaji Colony, Near WEH Metro Station,
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☎ 022-28394452
🌐 americaresindia.org
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