

ANNUAL REPORT 2014-2015.



INTRODUCTION

Since our inception, Ekam has reached out to over 6, 00,000 children and as many families through our various initiatives at the grass root level. In addition, Ekam has provided direct life saving medical support to around 6200 children. This has been possible only because of our approaches to target Infant Mortality at various levels. As a child's health is dependent on the health of its mother, we also have many interventions that target the well being of adolescent girls, pregnant women and mothers.

As Ekam volunteers and staff have identified and treated hundreds of children who have been referred to us from all over Tamil Nadu, we also have become acutely aware of the myriad of health problems that children and mothers face in India. While Ekam maintains its focus on saving the lives of children, we also realize that we can, and must do more to ensure that every child has a chance for a safe and healthy life. As Ekam foundation grows, one of the key pillars for expansion will be to engage more broadly in maternal, newborn, child and community health initiatives. While, it has always been clear that the health of a child is a reflection of the status of the community it belongs to, Ekam has grown to realize one cannot separate the health of a child from the health of its mother. As the two are directly related, it is close to impossible to address the pertinent issue that is infant mortality without focusing on the issues that cause maternal health. Today, Ekam works across the RMNCH+A gamut (Reproductive, Maternal, New-born, Child and Adolescent) with the view to holistically addressing Infant Mortality Rate.

What sets Ekam apart from other organisations is its expansive network which brings in people from different communities, the public sector and the private sector who work together to bring our vision to realization. This approach enables the organisation to focus its attention on the most underprivileged communities, together with its work at the statelevel.

Nothing works better than the community which comes together for a cause. Every child that Ekam helps moves us one step closer to our dream. We invite you to be part of this dream and join hands with us. As one body, let our ideas, thoughts and actions inspire more people to contribute to this wonderful cause and save more lives.

FOUNDER'S MESSAGE

As we reflect on the last one year, we are humbled by the truth that in spite of what we have done in the field of public healthcare, there is still so much more to do in the area of infant and maternal health. Our mission has been to support the government health system. And in this pursuit, we are happy that Ekam Foundation has played a role in helping some needy children with the health facilities that they deserve. We are inspired by the knowledge that many fantastic people share our vision of an equitable world of healthcare, and are willing to put their money and effort behind it, even in the toughest of times. Whilst it has been a difficult journey for Ekam this past year. However, we realize that in every challenge we encountered, was an opportunity to reach out for support, and we received help in abundance - be it government support, our large-hearted donors, our dedicated friends within the medical fraternity, and our volunteers and friends. It proved our philosophy that nature always responds in abundance to pure intentions of need!! This is what miracles are about. I would like to thank each one of them on behalf of the Ekam family and all those children, whose lives have been saved because of these wonderful people. Thank you all for your support, energy and boundless enthusiasm in helping us. Every time we see a child recovering and his/her parents' tears of joy, we know that we are witnessing a miraculous moment. We know that these moments could definitely not have happened without you.

While they were some exciting developments within the health arena in Tamil Nadu last year, there were also a few setbacks. In this report, I wish to talk about the milestones crossed and issues that Ekam faced, the challenges and prospects that lie ahead of us, and most importantly, the interventions and solutions that excite us the most.

Every child has the right and the freedom to live. Let us all love them unconditionally and support them to enable them to experience this freedom of life!

Many people have traveled this world with different dreams, purposes and aspirations. Many are masters, teachers, inventors and followers. They were all sent by the creator of the universe to achieve one just course; "global peace and unification." But this course cannot be achieved without unconditional love, which possesses the magical powers of the Divine for transformation. When the human race embraces love unconditional, then the lost will be found, the naked will be clothed, the hungry will be fed, the bombs will be destroyed and there will be peace and unity which will make us all to speak one language, "LOVE". Let love abide.

- Philip D. Brown, Port Harcourt, Rivers State, Nigeri

EKAM IN A FEW WORDS

- A Not-For-Profit Organisation – a Trust-Based NGO.
- Founded by Dr Sailakshmi B., a paediatrician in a community paediatric.
- Initiated as a project of Mehta Hospital, Chennai in 2006, and as a CSR incubatory project of CIOSA/MAFOI in 2007.
- Registered as a trust under Trust Act in 2009, with 11 Trustees.
- Public-private partnership model for MCH care (Children of 0-19 years age group, and mothers in the reproductive age group.)
- A Self-Obsolescent Model - A catalyst for a bigger movement towards the well being of the community of mothers and children.

EKAM FOUNDATION – HOW IT ALL BEGAN – In the words of the founder

Kulsumbi: Patient or Teacher?

My true journey in life started with my first patient, Kulsumbi, a homeless, destitute woman. As she lay unconscious on the road one day, a passer-by had the compassion to take her to a Government Hospital and admit her for treatment. Kulsumbi was in a clinically pathetic condition with live maggots crawling from her nostrils. I took up the case as a challenge, not realising the lifelong impression Kulsumbi would leave on me. As Kulsumbi recovered, I began to see myself as an instrument sent by God to heal. I also realised how deeply interconnected we all were in this world. Kulsumbi, without her knowledge, was the great teacher who made me realise that she was part of me and also that "***I am just an instrument in the hands of God to heal***".

As I continued my profession as a paediatrician, many doubts kept creeping to my mind. How can a life which has every right to live, not have the freedom to live? Why are there such limitations? Why can there not be a system where there are no limitations at all? Children died because of these limitations. Every child that died because of these limitations, and every frustrating experience accompanying it, drove towards the formation of Ekam Foundation.

WHOSE RESPONSIBILITY IS IT ANYWAY

What is happening to the Government hospitals? What is happening to their budget? What is happening to my paid taxes? How many children must we see die by waiting for all the processes to get streamlined first? How many children can we afford to lose because the systems are not streamlined? Whose responsibility is it? Is it the fault of the children that their parents are poor? It is not just the

responsibility of the government to take care of them. It is the collective responsibility of the society and its people to ensure that no child is denied the support to help the child to survive. This is freedom of life! And this is Ekam Foundation's mission.

CORE VALUES

We Belong to One Another; We all walk as One When we remember that we are all 'ONE'.

Ekam is a Sanskrit word meaning 'One' or 'Oneness'. The idea that we are all one entity and the concept of Universal Oneness is the basic principle on which Ekam was formed. The core values stated below are an expression of what Ekam as an organisation stands for. These values are not subject to change over time, for a person, or situation. Rather, they are the underpinning of the organization's culture.

- 1 Love & Compassion
- 2 Truth
- 3 Accountability and Transparency
- 4 Togetherness
- 5 Trust
- 6 Commitment
- 7 Honesty
- 8 Voluntary Participation
- 9 Co-Operation
- 10 Self-Discipline
- 11 Passion
- 12 Dedication

VISION and MISSION

Ekam's vision is to reduce neonatal, infant, childhood, adolescent mortality rates and maternal mortality ratio by enhancing the delivery of the public healthcare system to the needy children & mothers.

Our mission To ensure the delivery of an appropriate high quality, comprehensive, continuous health care to every neo nate, infant, child, adolescent and mother in a respectful, caring and family centred environment regardless of their financial situations by supporting and improving the public health care system.

OUR PRESENCE

- Ekam Foundation is headquartered in Chennai, Tamil Nadu.
- The foundation has a network of 83 private hospitals and 320 paediatricians in TN working to save lives.
- Ekam has also reached out to over 2500 Government Hospitals in Tamil Nadu , around 6000 villages panchayats in Tamil Nadu
- Successful operations across all 32 districts in Tamil Nadu.
- Expanded into M ward, Andheri, Mumbai, Maharashtra. Location mostly comprises slums and slum rehabilitation buildings.
- Currently in talks with the Govt of Chhattisgarh to copy the Ekam Model in the state.

OUR IMPACT SO FAR

DIRECT

2009-2013

Ekam's efforts in contributing directly towards the healthcare of underprivileged children has been a great success. From 2009, till March 2013, we have directly had an impact on the lives of 6204 children. Support worth Rs 3,83,50,640 has been mobilized to support the children.

Listed below are some of the other areas where Ekam has made a considerable impact.

TOTAL REFERRALS	14328
TOTAL CHILDREN SUPPORTED	7377

TYPE OF SUPPORT PROVIDED	
HOSPITALISATION SUPPORT	757
VENTILATOR SUPPORT (Govt)	543
DRUG SUPPORT	4479
LAB INVESTIGATIONS	1557
IVIG SUPPORT (Govt)	41
TOTAL SUPPORT PROVIDED	7377

2007-2009

In addition, since 2007 we have conducted over 800 screening camps, screened 2, 58,631 children for life threatening illnesses. Close 12672 children were provided with medical support at the camp site itself.

Financial support:

Ekam could not have reached out to the number of children that we have without the help and support of our sponsors- Individual and corporate. Ekam did this only by mobilizing a world of generous hearts. So far we have spent around Rs 3,83,50,640 (USD 767,012.8) on our projects.

<i>TOTAL FINANCIAL SUPPORT</i>	
2009-2010	31,81,946
2010-2011	54,41,165
2011-2012	1,37,96,764
2012-2013	1,59,30,765
2013-2014	163555542
2014-2015	228283008
GRAND TOTAL	391838550



INDIRECT IMPACT

Provided Manpower Support to the Government

<u>MANPOWER SUPPORT TO GOVT</u>	
SNCU NURSES	644
NCD NURSES	1186
NBSU NURSES	342
ICH STAFF	6
GRAND TOTAL	2178

Quality of Nursing Care in SNCUs: Lower Neonatal Mortality Rates in wards where Ekam SNCU and NCD staff are stationed.

Preventive efforts impact:

- Number of timely referrals: 14328
- Reduction in anaemia (also including utilization of IFA, traditional iron rich foods etc).
- Number of Volunteers actively involved in the grassroots level: 2800

Advocacy

- Improvement in Uptake of CMCHIS
- Improvement in Uptake of other Government schemes like the Muthulakshmi Reddy Scheme, Chief Ministers Comprehensive Health Insurance Scheme.
- Improved Sanitation Practices
- Number of VHSCs activated and running:12

THE NEED

INFANT MORTALITY

Infant mortality is a sensitive indicator of a nation's progress. In 2008, the IMR of India was 53/1,000 live births. Since then, the average decline of IMR per year has been about 1 per cent per year. At the current rate of decline, India will miss the XI plan goal of reduction in IMR and the Millennium Development Goal-4 on child survival. About 70 per cent of the childhood under-five is caused by perinatal conditions (33.1 per cent), respiratory infections (22 per cent) and diarrhoea (13.8 per cent). Malnutrition is an underlying cause responsible for about one third of all deaths in childhood.

Key Issues

- Averting neonatal deaths is pivotal to reducing child mortality. The Newborn period is the period starting from birth and continues throughout 28 days of life.

- Neonatal mortality rate (mortality in the newborn period) stands at 35/1000 live births, and contributes to 65 per cent of all deaths in the first year of life.
- Three major causes contribute to about 60 per cent of all deaths in the new-born period: pre-maturity and low birth weight, birth asphyxia and infections.

Other Facts

- Most causes of deaths in the new-born period can be prevented or managed by households, communities and health facilities. But they often are unable to provide the required care. This is due to
- Inappropriate practices such as delayed initiation of breastfeeding, delayed clothing and early bathing, not seeking care when newborns are sick and applying harmful material on cord-stump increase the risk of newborn deaths.
- Health facilities are often ill equipped to provide essential newborn care to all newborn and special newborn care to sick new-borns

Causes of neonatal deaths:

Globally, infections, asphyxia and prematurity (low birth weight) are the leading causes of neonatal deaths. A similar pattern is seen in India where they contribute to 33, 21 and 15 percent of the total neonatal deaths respectively. A large proportion of neonatal mortality is contributed by infections, a largely preventable cause. The incidence of neonatal tetanus, formerly a major cause of mortality, has declined dramatically . Nearly 3/4th of neonatal deaths occur within 7 days of life. About 40% of neonatal deaths occur in the first day of life.

MATERNAL MORTALITY

India continues to contribute about a quarter of all global maternal deaths. WHO defines maternal mortality as the death of a woman during pregnancy or in the first 42 days after the birth of the child due to causes directly or indirectly linked with pregnancy. Globally, every year over 500,000 women die of pregnancy related causes and 99 percent of these occur in developing countries like India. The Indian Government estimates that 301 women die annually for every 100,000 live births. In some states the maternal mortality ratio is even higher - 358 in Orissa, 371 in Bihar and 379 in MP. Since many deaths happen in the anonymity of women's homes or on the way to seek help at a medical facility, they often go unrecorded. An estimated 80,000 pregnant women or new mothers die each year in India often from preventable causes including haemorrhage, eclampsia, sepsis and anaemia.

Fast Facts

- The Maternal Mortality Ratio (MMR) in India is 254 per 100,000 live births according to Sample Registration System (SRS) Report for 2004-2006. This is a decline from the earlier ratio of 301 during 2001-2003.
- MMR has a direct impact on infant mortality. Babies whose mothers die during the first 6 weeks of their lives are far more likely to die in the first two years of life than babies whose mothers survive.

Key Issues

- About half of the total maternal deaths occur because of haemorrhage and sepsis. A large number of deaths are preventable through safe deliveries and adequate maternal care.
- More than half of all married women are anaemic and one-third of them are malnourished (have a body index below normal).

STATISTICS – INDIA AND TN

Nearly 27 million babies are born in India each year; this accounts for 20% of global births. Of these, 1.0 million die before completing the first four weeks of life. This accounts for nearly 25% of the total 3.9 million neonatal deaths worldwide. The current neonatal mortality rate of 39 per 1000 live births (NFHS-3; 2005-06) accounts for nearly two-thirds of infant mortality and half of under-five mortality rates. About 40% of neonatal deaths occur on the first day of life, almost half within three days and nearly three-fourth in the first week.

India is a signatory of the Millennium Declaration of the UN Millennium Summit of 2000 and thereby committed to the achievement of Millennium Development Goals (MDGs) by year 2015. The MDG-4 calls for a two-third reduction in under-five child mortality rate from year 1990 to 2015. In the State of Tamil Nadu, the government has set up extensive programs and plans to reduce IMR to 9 by 2017.

EKAM'S MODEL

- Ekam has adopted a revolutionary organizational and administrative model – the '**circular**' model.
- There is not 'Boss' or 'CEO'. All are equal and all are accountable to each other.
- The founder sits in the nucleus and deliberates on goals and tasks, and conveys them to the Administrative Team, who coordinate with the government offices, hospitals, the stakeholders and other community people, to achieve the goals and implement the tasks.

OUR AREAS OF WORK

Our interventions are bracketed under three broad areas, namely.

1] Save a Child

- Direct Medical Support through our Patient welfare Department

2] Bala Arogya Suraksha

- Community Institution Building.
- Public Health Infrastructure support through Equipment Maintenance Project and Nurses recruitment
- Prajna Knowledge, Research and Teaching Institute
- Establishment of good governance

3] Research and Development.

OUR PROJECTS

1. DIRECT MEDICAL SUPPORT

Ekam's primary role is to ensure that every child or mother that is referred to us is attended to immediately. Anyone Ekam's medical support work is the most resource- intensive portion of the organization. We fulfil this service area through various capacities including

- Providing secondary and tertiary care for children admitted in private hospitals.

- Providing stop gap medical equipment, lab support and medications for children admitted in government hospitals.

Anyone who needs urgent medical attention in Tamil Nadu and Maharashtra is just one call away from our dedicated 24/7 hotline number. The patient welfare team answers all queries on an immediate basis and along with a group of technical experts refer the child for immediate treatment. Any child that is referred to us through our network of regional officers or local partners will be treated and provided the best possible treatment course for the child. The patient helpline team also follows up on the child/babies' condition on a daily from its time of admission till discharge. Post discharge, the team ensures that regular follow ups are done, that the child is being administered treatment as per the doctor's advice and to ensure that post discharge check-ups are not missed. The team also engages regularly with the families by making home-visits to check on the child's status and counsel them regularly. The Ekam patient welfare team has on-board technical medical experts from across the globe that provide the necessary recommendations for each child who comes in for support. Based on the recommendations, we refer the child for appropriate help to our network of hospitals. Requests for help are usually directed to a 24/7 call centre – The Ekam Helpline.

During the year 2013-14, through the 'SAVE A CHILD' project, we provided direct medical support for 526 children.

Total referrals registered at Helpline	1456	Type of support	
EKAM – supported directly	1003	Direct Hospitalization	222
Referred to other Organization	5	Lab Investigation	936
Treated in Govt Hospitals	62	Drugs and Injection	11
Supported by facilitating Govt Insurance Scheme	205	Equipments	2
Children treatment	46	Blood and other support	2
Not supported	135	MRI Scan	0
		Total	1173

- **TN:** In early 2011, Ekam Foundation launched a 24/7 hotline number 944592233 in Tamil Nadu. The number was launched to identify and attend to the medical needs of underprivileged children and mothers. One can call 944592233 for medical assistance, second opinions or any further information about treatments or hospitals.
- **MUMBAI:** In Maharashtra, Dial line 9029399554 for 24 x 7 help.
- For further information, please contact helpline@ekamoneness.org

2. BALA AROGYA SURAKSHA

The BAS project is aimed at building a model to strengthen the quality of maternal and child health care of the rural community and to encourage local governance and social accountability. Ekam works in collaboration with 16 Government Departments and various private contacts by intervening at multiple levels in the healthcare delivery system, implemented by a lean, decentralised structure.

A] COMMUNITY INSTITUTION BUILDING

The main aim of the program is Community Institution Building by bringing in a confluence of CCPP (Community, CSOs, Public sector and Private Sector) to form committees who would play both service providing role and advocacy role by knowledge and skill transfer to committees at all levels [Women/mothers groups/youth clubs/school health clubs in the village level, youth VHWSCs at Panchayat level, BAS (CCPP) committees at Block, Taluk, District and State level]. The target population of this project includes mothers and children (0-19 years) from poor and marginalized communities. Our team works to build their capacities and skills on home based maternal and child care, food and nutrition, first aid and basic life support; and also encouraging local governance and social accountability for the same. The project team identifies enthusiastic community participants and link them with various community activities. This Project involves a holistic approach and the activities are implemented at four levels.

- Village Panchayat
- Block/Cluster/Taluk
- District
- State.

At each level, activities include community engagement, dialogue, awareness creation, capacity building and/or review of the implementation of the model. At the district level, we have dedicated staff called Regional Officers. The regional officer's role is to facilitate and monitor these activities and thereby contribute to the relevant objectives along with the research-related activities of the Bala Arogya Suraksha Project. The idea is to strengthen the community ownership and participation to improve community monitoring and bring in Governance reforms in health. Some of the activities include

B] PUBLIC HEALTH SYSTEM UPGRADATION

We also believe in bridging the gap between the government public health machinery and the community. Our aim is to ultimately contribute to improving the condition of government hospitals and thereby increase the reach of quality healthcare to every person in the community. Ekam has a pronounced relationship with various government Bodies. Ekam has established a strong network with 2500 government level health facilities in TN. These include Medical Colleges, District Head Quarter Hospitals, Taluk and Non Taluk Hospitals. This public-private partnership was established to reduce neonatal, infant and maternal mortality rates throughout the state. Ekam truly believes that it is only in working along with the Government that true, sustainable change is achieved.

Our approach has always been to complement the public health system and not replace it. Some of the projects where we work closely with the government are

- Support to the Institute of Child Health, Egmore: Ekam has an established relationship with the Institute of Child Health, Egmore and works very closely within 13 departments in the hospital.
- SNCU Manpower Support: Signed an MOU with NRHM to recruit and monitor 640 Nurses within 64 Sick New-born Care Units in Tamil Nadu Hospitals. Signed in
- NBSU Manpower Support: Signed an MOU to recruit and monitor 340 Nurses within 114 New-born Stabilisation Units in TN Hospitals.
- SNCU Equipment Maintenance Support– An MOU with the State IMNCI Nodal Centre for upkeep and maintenance of equipment within Sick New-born Care Units (64 units) across TN.
- NBSU Manpower Support: Signed an MOU with TNHSP for Recruitment and Monitoring of 1212 nurses as part of their Non Communicable Diseases Intervention.
- RCH Manpower Support: Partnered with the Department of Public Health for Recruitment and Monitoring of 741 Nurses for their Reproductive and Child Health Nursing Program.
- Mobilizing Government Funding: With the help of our dedicated helpline team, we ensure that government schemes and funds, departmental funds are utilised to the fullest.
- SNCU Equipment Helpline: With a dedicated helpline number 9445030801, we now are just a call away from sorting out any equipment breakdown related concerns in SNCUs in Tamil Nadu. Our call centre team attends all calls and transfers the queries to our network of engineers who immediately fix all equipment related issues. The number can also be accessed to get real-time status updates on equipment in Neonatal Intensive Care Units (NICU) and Paediatric Intensive Care Unit (PICU).
- Youth wing training activities in hospitals.

EQUIPMENT MAINTENANCE

Equipment of all 64 Specialised Newborn Care Units in TN committed to Ekam
96% functioning equipment in all the 64 units
Total 2791 complaints registered in 2013-2014 . 2750 completed

In the year 2011, we were signed an MOU with the Govt of TN equipments within Sick Newborn Care Units [Tertiary care facilities for newborns] were in working condition. Most of the equipments were poorly functioning, not functional or even dumped in warehouses as they were not functioning. Our team, comprising a group of 18 efficient officers at the district level identified a group of Bio medical engineers who worked on overhauling, repairing, replacing with recommended spares for all the equipments in the SNCUS. We also established a helpline number for the SNCU Staff to contact in case of any machine breakdowns. Every breakdown is attended to within 2 hours time. In case of big breakdowns, the turnaround time is 24 hours, during which time an alternate machine is given as a replacement. All this was done on a low cost basis by the engineers and on a zero cost basis by Ekam foundation. Through this project, we have managed to touch the lives of and perhaps, even save over 4 lakh newborn babies in TN since 2011.

NURSES RECRUITMENT

In the year 2009, we got a wonderful opportunity to do our bit when the Government approached us to help them in staffing, recruitment, training and monitoring of 344 nurses in tertiary newborn care units in 44 hospitals in TN. Since then, we have been instrumental in providing around 2900 nurses within different health departments to 1500 government hospitals. All of them have been identified locally at the district level by our trusted group of regional officers who ensures that the entire process of identifying ideal candidates, training them, ensuring there is knowledge transfer and mentoring and monitoring is done smoothly. Every month, the nurses' performance is reviewed by each officer in collaboration with technical experts from various specialties.



While the 648 nurses staffed in Sick Newborn Care Units, Newborn Stabilisation Units handle emergency and life-threatening cases, 1200 nurses handle cases related to life-style diseases like cardio-vascular problems, cancers, diabetes and other non communicable disorders thereby helping us identify high risk mothers early. The rest of them work as part of the Directorate of Public Health's preventive programs.

Each nurse stationed within tertiary care settings handles an average of 20 newborns or children a day. The ones in primary and secondary care settings handle around 10 cases a day. In all, the Ekam nurses have reached out to over 4, 50,000 children and around 3,00,000 mothers since they have been recruited. Our nurses have been trained to work keeping in mind our core values of truth, love and transparency. They have always gone beyond their call of duty to help us in our community level initiatives, identify cases early, refer children and provide regular awareness trainings to the community. They act as our local volunteers and along with the regional officers, ensuring that no child or mother that they are connected to is denied the right to good healthcare.

C] PRAGNYA KNOWLEDGE RESEARCH AND TEACHING INSTITUTE.

As part of our preventive approach, we promote early detection, management of diseases and also prevent health problems. Through these, we hope to equip health professionals and the community with the know-how that they require in paediatric and maternal healthcare. To make this approach effective, the following efforts have been put in place. Our capacity building approach works on various levels through provision of need based trainings. Development of literature in the form of manuals, training curriculum and other awareness building materials is done following thorough consultative discussions with technical experts from the respective fields.

Community Trainings

Ekam is engaged in advocacy and wider educational activities comprising raising community awareness on the lack of resources that government hospitals face and the implications it has on children's health. Regular awareness programs are conducted for the community, mothers, pregnant women, adolescent girls, school children, youth clubs, child parliaments; families of pregnant women etc on pertinent topics like healthy Food and Nutrition practices, Kitchen Garden, Herbal Garden, 108 Ambulance, Awareness of First Aid and Basic Life Support, Yoga, Disaster Management, Health Relief Schemes of the Government are covered. Promotion of Indigenous Health Systems, Healthy Lifestyle, Nutritive Food Sources and conserving local resources are also stressed upon. In 2013-14 & 2014-15, we conducted a total of 8170 training programs throughout Tamilnadu.

VHWSC workers

Through training programs for Anganwadi/Balwadi workers from ICDS, Health workers like ASHAs from NRHM, and community health workers. Home Based New-born Care, Skilled Birth Attendant, Community based Integrated Management of Neonatal and Childhood Illnesses (IMNCI), Community Monitoring are some of the issues covered.

FACILITY TRAININGS

- ***Government Health Staff***

Refresher trainings that are specifically held for nurses and doctors. Topics include but are not limited Paediatric Advance Life Support (PALS) , Facility based Integrated Management of Neonatal and Children's Illness (F-IMNCI) , Neo-natal Advance Life Support (NALS) ,Integrated Management of Neonatal and Children's Illness (IMNCI) , Paediatric Emergency Medical Course (PEMC) , Paediatric speciality trainings [Cardiac, Hemato-oncology etc] , Emergency Obstetric care ,Perinatal Audit , Behavioural modification trainings, orientation on New-born Stabilization Units (NBSU) +Sick New-born care (SNCU)+ Skilled Birth Attendant (SBA), New-born Stabilization Units (NBSU) on NSSK (Navjaat Shishu Suraksha Karyakram) module.

MOU WITH SRI RAMACHANDRA CENTRE OF PERINATAL EXCELLENCE

In early September 2013, Ekam Foundation signed an MOU with the Sri Ramachandra Medical College University through its SCOPE wing (Sri Ramachandra Centre of Perinatal Excellence) to start the Prajna Knowledge Research and Teaching Institute. The Aim of PKRTI is to contribute through higher education and research in the field of nursing and clinical practice concepts. PKRTI will act as a Knowledge hub, a Centre of Excellence in regards to teaching, training, supporting and assessing healthcare staff (Both Government and Private). PKRTI is an integral part of our Ekam - Sustainability strategy. The funds generated from this Institute will be used in supporting children requiring hospitalization and treatment support. The Prajna Knowledge Research and Teaching institute will focus on operational research in various aspects of healthcare being delivered to the Mother and Child in India. New areas and methods of evaluation will be identified and agencies like Public Health Foundation, NRHM and ICMR will be approached for their expertise. Other than Operational Research, the epidemiological wing of this institute would look at Disease Mapping of the whole of Tamilnadu and Mumbai District wise (both Communicable & Non communicable diseases) affecting the Mother, Neonates, Children and Adolescents. The EKAM team, which already has field workers, will collect information. The diseases that would be mapped, pooling the information, storing, its analysis & identifying areas of research and publication would be handled. The institute and its epidemiological wing will help identify research questions as regarding diseases affecting the community and also serve in the role of advocacy.

Establishment of good governance

We are aware that in order to make our efforts sustainable and to create a greater impact, we must build a self-sustaining network, raise awareness, inspire action, identify the causes of these health issues and related deaths, and actively participate in the health community as an advocate for the need to improve the quality of maternal and child healthcare. One of the key aspects that we find challenging is the involvement of the community in making health decisions. An obvious gap in communication between the community and the government stakeholders is also very apparent. Ekam's approaches to these concerns include involve bridging the gap between the two by bringing in various monitoring and governance workshops which engage them.

Community Monitoring:

Monitoring the delivery of healthcare right at the grassroot level is important in ensuring that the healthcare delivery standards are up to mark. A process of regularly assessing whether the health needs and rights of the community are being fulfilled is essential. If the community takes ownership of its local health issues and requirements, a sustainable and effective

healthcare model is automatically set in place. At Ekam, we do this by sensitizing the community on their basic rights and duties, providing awareness of the current system and encouraging them to

Change Management Workshops:

The crisis in the health department is largely due to the inadequacy of health governance at various levels. A change in attitude and mind-set, a shift from cynicism and an accountable approach is the key to a better future in healthcare. Ekam is also teaming with organisations specialising in governance reforms in order to bring in effective and sustainable change in the healthcare department.

3. RESEARCH

After 6 years of working closely across various levels, we've learnt that lasting change is only possible when we tackle the root causes that continue to keep the community and the healthcare system vulnerable. While we work on the preventive and promotive aspects of lowering IMR, we realize that a thorough understanding of the many issues that are debilitating to the health of an area is vital. An understanding of the ground realities are essential to demonstrating the gaps and advise the Government of changes that should be made. Recommendations for policy changes are then brought in order to scale up the necessary interventions.

Our current Research Project

- Villupuram project on Maternal Child Health research and Governance reforms in 4 blocks- baseline for 6 months followed by implementation for 3 years.

A) Infant Mortality Rate (IMR) in Tamil Nadu at a plateau? What are the steps forward?



Tamil Nadu is one of the role model states in India with regard to its record of health indicators. The rates of infant and maternal mortality are considerably lower than that of most other states in India. However, a matter of concern is that IMR has remained stagnant in the state over the last couple of years, in spite of a host of intervention strategies and government schemes for children and maternal health.

This disturbing trend is a cause for concern as any plateau in the health status of child and maternal health automatically has an impact on the development indicators of a nation. Whilst it is imperative to continue providing children and mothers with timely and quality healthcare, it has also become evident



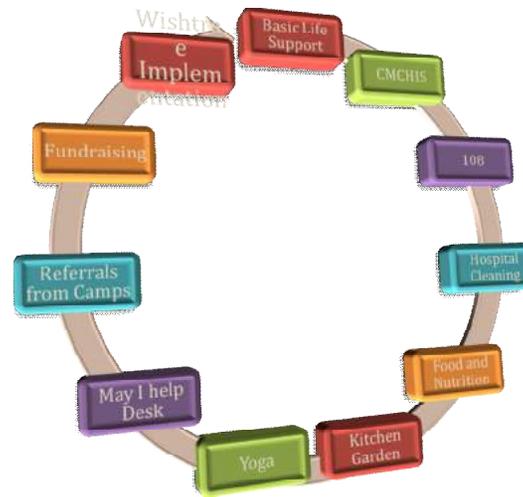
that a multi-disciplinary approach is necessary to improve the status of maternal and child health. There is no systematic and holistic intervention that has been carried out within the health care delivery system so far. Ekam Foundation has partnered with the National Rural Health Mission and the Tamil Nadu Health Systems Project, and has conducted a research study across 4 blocks in Villupuram District, namely Gingee, Marakkanam, Olakkur and Vikravandi. The main areas of focus are knowledge, attitude, practice in maternal child health, food and nutrition, water and sanitation, and governance reforms in these areas. The recommendations included capacity building at the community and health provider level, validation of existing health data, and measures to enhance co-operation between the community and the service providers while bringing about governance reforms at the village, block and district level. This study drew heavily on change management processes, information technology processes, and community governance reform models and attempts to use these strategies to bring about a reduction in IMR and MMR.

We strongly believe that this attempt will go a long way in bridging the gap between the philosophy of health care system in Tamil Nadu and the reality of the current situation in the field of child and maternal health.

EVENTS

The Joy of Giving week initiative

As part of the Joy of Giving Week, Oct 2-Oct 8, 2014, Ekam had partnered with various organisations and mobilized volunteers to clean up government hospitals across Tamil Nadu. Maternal, neonatal and paediatric units of 1200 government hospitals were cleaned in 32 districts across Tamil Nadu through the support of our friends in the community



As part of the program, we involved 13 Government Departments

- National Rural Health Mission
- Tamil Nadu Health Systems Project
- Tamil Nadu Women's development Corporation
- Puthu Vaazhvu Thittam
- Integrated Child Development Scheme
- Directorate of Medical Education
- Department of AYUSH

- Department of Public Health
- Directorate of Medical Services
- National Service Society
- Tamil Nadu Agriculture University
- Agriculture Department
- Department of Health and Family Welfare

The Battle of the Buffet-2014

The Battle of the Buffet is an event that is part of the Joy of Giving week. Started in the year 2009, this festival is celebrated in the week of Gandhi Jayanti (Oct2-Oct8) .Last year, over one million people from different walks of life, spread across 70 cities took the festival to the rural backyard.

The festival was celebrated with a view to help raise funds for NGOs. Leading five star hotels and top restaurants of Chennai hosted a special buffet for 'givers' who made a minimum donation of Rs 5000 to any of the participating NGOs. The event was organised as part of the Joy of Giving exhibition, in which 60 Chennai-based NGOs showcased their services and hope to promote and publicise their cause. Ekam was also one of the participants and managed to bring in the most number of donors (66 donors) who donated Rs 5000 and more. Through the event, we collected a total amount of **Rs 10,72,000 as donations.**

SUCCESS STORIES

Our little angel Baby Atchaya



January 2014: Baby Atchaya was suffering from neck pain. She was treated at a local clinic in her native place but her problem persisted. The following day, Baby Atchaya's condition became critical, and she was unable to move her limbs. She was immediately taken to the Institute of Child Health, Egmore, Chennai and admitted to the Pediatric Intensive Care Unit. She was advised an MRI test by the doctors at a Government Hospital but unfortunately, could not be treated there due to lack of adequate infrastructure.

The parents , transferred their baby in to Kanchi Kamakoti Child Trust Hospital on 3rd Jan 2014 for further treatment. The baby was admitted in the ICU for treatment, but had to be transferred to Sri Ramachandra Medical Centre (SRMC) soon due to

complications. Atchaya's parents had by then already spent Rs.1, 00,000/- at SRMC and they did not have funds for the child's further treatment. The child was soon referred to Ekam Foundation. Ekam Foundation was able to provide Rs.2,00,000/-, thanks to donations from our wonderful donors. Baby Atchaya was treated successfully and was discharged on 10th Feb 2014. She was treated with IVIG life saving medications. She is recovering, with home-based physiotherapy treatment.



TESTIMONIALS

Dr Girija Vaidyanathan – Former Secretary of Health , State of Tamil Nadu

Dr. Girija Vaidyanathan, I.A.S.,
Additional Chief Secretary /
Commissioner of
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Dated 17.11.2014

TO WHOMSOEVER IT MAY CONCERN

In my many years of experience as a civil servant in the Government and specifically in the health sector, one of the most idealistic, hardworking and selfless individuals I have met and interacted with is Dr Sailakshmi Balijepall. I was first introduced to Dr Sailakshmi in 2009 when I was working as Mission Director for the State Health Society for Tamil Nadu which implements the National Rural Health Mission in the state. As a paediatrician who had then recently founded her own organisation, Ekam Foundation, Dr Sailakshmi approached the government with an offer to extend her support to our child health Initiatives. Her organisation supported our flagship initiative by recruiting, training and placing neonatal nurses in sick newborn wards, a partnership which led to the successful setting up of Neonatal Intensive care units throughout the state. The diligence and effort put in by Dr Sailakshmi and her team, on a no profit basis, reaffirmed my faith that she is a true champion for the cause of delivery of services for improved child health. Her motives are pure and her vision pointed. She and her team continue to provide their inputs and support to the Government whenever we require them.

What impresses me about Dr Sailakshmi is the devotion and commitment which with which she approaches every task of hers. She is a rare person who works without looking for credit or recognition for her efforts. I can personally attest to the long hours and personal sacrifice she puts in to achieve her goals which is the only thing that matters to her. She is able to inspire and motivate her team and all of us, through her personal example, attending to each detail with care while never losing track of the big picture.. the need to provide better quality healthcare for all children.

I am sure Dr Sailakshmi will not rest in her endeavour to reach out to as many needy children as possible. As a true social worker who has put in focused efforts into delivering better health care for poor children, I see Dr Sailakshmi as a real change maker and a role model for many young doctors and social activists. I wish her all the best in all her future initiatives.


(DR.GIRIJA VAIDYANATHAN) 17/11

PARTNERSHIPS

Ekam's partnerships are a reflection of our absolute faith that nothing can bring about an actual change like the community which shares a vision and joins hands for a cause. Ekam does not believe in working as an independent organisation. It is only in bringing together all the stakeholders involved that real change can be seen. Our exciting journey over the last five years has been made possible only because of the continuous investments that people have made into Ekam. Without their support and unshakeable faith in our work, Ekam would not be where it is today. There are so many people we would like to thank, for having faith in us and our vision.

National Rural Health Mission(NRHM)



Ekam foundation works with NRHM on Equipment maintenance of all Sick Newborn Care Units (SNCUs) across Tamilnadu. To this effect Ekam has started the equipment Hotline which will enable us to provide services in case of breakdown of equipments. The Ekam helpdesk functions on the DMS campus to address the queries regarding all SNCUs (namely equipment breakdown calls, drug support,lab investigations and staff grievances)

[Visit Website](#)

Integrated Child Development Services (ICDS)



Ekam works with ICDS to screen and take care of referrals and follow up cases for children in ICDS project areas in the Tamilnadu state.

[Visit Website](#)

Puthuvazhvu



Ekam works with ICDS to screen and take care of referrals and follow up cases for children in ICDS project areas in the Tamilnadu state.

[Visit Website](#)



The Tamil Nadu Health Systems Project (TNHSP), implemented by the Health and Family Welfare Department (Government of Tamilnadu), lends its support to the Health Policy of 2003 and focusses on improving the health status of people belonging to the lower socio-economic strata. New approaches to address non-communicable diseases, addressing the health needs of the tribals and partnerships with the NGOs form the core of this project. The Tamil Nadu Health Systems Project will assist in fulfilling the aims of the Health Policy through the following interventions

Department of Public Health

The Department of Public Health and Preventive Medicine is responsible for the implementation of various National and State Health Programmes. This Department also plans and implements measures to prevent the occurrence of communicable diseases thereby reducing the burden of morbidity mortality and disability in the state. The activities undertaken by the department of public Health and Preventive Medicine are provisions of primary health care, which includes Maternity and Child Health Services, Immunisation of children against vaccine preventable diseases, control of communicable diseases, control of malaria, filaria, Japanese encephalitis, elimination of leprosy, iodine deficiency disorder control programme, prevention of food adulteration, health checkup of school children, health education of the community and collection of vital statistics under birth and death registration system and environmental sanitation. Prevention and control of waterborne diseases like Acute Diarrheal Diseases, Typhoid, Dysentery prevention and control of sexually transmitted diseases including HIV / AIDS.

PRIVATE HOSPITALS AND OTHER VENDORS

Ekam has a network of private hospitals, drug suppliers, equipment suppliers, equipment engineers across Tamil Nadu who we engage with on a regular basis where the children referred to us are provided with quality care and comprehensive treatment.

General Public

Give India: Giveindia is a donation platform that allows you to support a cause of your choice through more than 200 Non-Governmental Organizations that have been scrutinised for transparency & credibility.

Visit Website

The Mafoi Foundation



The Ma Foi Foundation works towards the holistic development of communities. It has touched the lives of thousands of adults and children, providing them with a platform to learn, grow and lead better lives. The initiative aims to help disadvantaged communities achieve economic independence by building an integrated support system that provides education, training and entrepreneurial mentoring by partnering with community based organizations and corporate houses.

Visit Website

Confederation of Indian Organizations for Service and Advocacy (CIOSA)



CIOSA

The CIOSA is an 8-year, 500-member strong pioneer network. CIOSA connects NGOs, corporates and individuals to make a difference by learning from one another, sharing resources and acting together.

Visit Website

INTERNATIONAL PARTNERS



PunchCharity

Ekam foundation has partnered with Punch to provide equipment to Pediatric Intensive Care Units (PICU). They are also providing the funds to meet the expenses of three nurses. .

[Visit Website](#)



The United Nations Childrens Fund (UNICEF)

UNICEF and Ekam aim to explore and understand the role of Accredited Social Health Activists (ASHAs) and Village Health Nurses (VHNs) in the delivery of healthcare during and after pregnancy.

CONTACT US

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THANK YOU

When we feel love and kindness toward others, it not only makes others feel loved and cared for, but it helps us also to develop inner happiness and peace. And thus we are an instrument in being the soul force to keep the lamp of life burning
The 14th Dalai Lama -