



SAVE A MOTHER

USA

604 Mallard Lane, Oakbrook, Illinois 60523

INDIA

6th Floor Vayudooth Chambers, 15 MG Road, Bangalore, Karnataka 560001

info @ save-a-mother.org



SAVE A MOTHER

"My participation in scores of projects in the trenches has inspired a mission: to innovate health care solutions for the poor. And in 2007, I got this chance in Sultanpur, Uttar Pradesh. Among many prevalent health care problems, we found this region had one of the highest rates of maternal deaths in the world. We decided to attempt to reduce maternal mortality".

'Save a Mother' was born.

THE STORY OF *'Save A Mother'*

Lethal nature of poverty, clawed my conscience first in 1972, when I worked as a volunteer doctor in a slum in Nangloi, near Delhi. A distressed mother struggled into our clinic with her listless, sick daughter. The skinny girl burned with fever; her eyes - trapped in deep dark sockets on top of a gaunt face - stared at me with fright. Her black matted hair lay limp above a perspiring forehead. Her body emitted a whiff of stale sweat. When I touched her, she uttered a feeble moan.

I thought she had typhoid and prescribed an antibiotic. But the girl died in three days - she was only nineteen. I found later that her mother had not bought the medicine - she had no money. Just two dollars worth of medicine would have done it.

The girl was not alone. A fifty eight year old woman laid bed ridden because tuberculosis had crumbled her back. A forty year old, award winning gardener, lingered with a swollen belly because his family would lose sustenance, if he took a few days off to go to hospital. Since then, I have seen - many a time - poor succumb, because for them, staying healthy is unaffordable.

My participation in scores of projects in the trenches has inspired a mission: to innovate health care solutions for the poor. And in 2007, I got this chance in Sultanpur, Uttar Pradesh. Among many prevalent health care problems, we found this region had one of the highest rates of maternal deaths in the world. We decided to attempt to reduce maternal mortality. 'Save a Mother' was born.

But what would be our strategy? I believe, in healthcare, human responsibility should precede the demand of health rights. We often assume that people are already aware of the responsibility towards their own health and that of their community. It is not so. Mere availability of information is not enough; only when this information is owned by the community, does it become life changing knowledge. The process is tedious and slow. It is a bottom up approach, one person at a time. Inculcating responsibility transforms the community and empowers them to demand justice in health care.

'Save a Mother' operates as an intensive and repetitive health literacy program. Starting with one village in early 2008, we have spread our work to over 800 villages in two years. Within this short time, we have trained over 3000 health activists who take charge of their communities.

The impact has been stunning. By July 2010, maternal mortality dropped 90% from 645 to 65 and neonatal mortality from 41 to 9.7. We have done it at a cost of less than one hundred dollars per village or few pennies per capita. By the end of 2010 we will work in over a thousand villages. And we are expanding to include training in eye care, reproductive health and tuberculosis eradication. A few dollars per person will make the difference between health and sickness or life and death.

At Save a Mother, we are all volunteers. We keep it simple, sustainable and scale it up with speed.

—Shiban Ganju



History

Save A Mother started in 2008 with seed money donated by India Development Service, Chicago. Since then we have grown steadily in our scope of operations in India and in number of supporting chapters.

We have chapters in USA (Chicago, Houston, New York and Los Angeles), UK (London) and will have chapters in India (Delhi and Bangalore) soon.

Our mission: To develop health care solutions for the poor

We started with the objective of reduction in maternal and infant mortality by working in partnership with local NGOs in the state of Uttar Pradesh, India, which has one of the highest maternal mortality rates in the world. Since then, we also expanded health care work to Karnataka, India.

What does Save A Mother do?

Save a Mother trains health activists from the community to spread health literacy. The trained health activists complement and amplify the public and private health delivery system. They take responsibility for their community and hold the health delivery system accountable.

In addition to fundraising, the other goals are

- Recruit volunteers and future leaders of the organization
- Inform the community on current healthcare issues in affected regions
- Build a relationship with established professionals in the community



The activists meet the villagers once week to spread health literacy.



Impact Analysis

We assess both quantitative data and as quality of life achieved. We collect data on: number of trained health activists, number of mothers registered, number of their prenatal visits, medicines supplied, immunization status and deaths due to pregnancy and delivery. Infant deaths are also recorded.

We collect baseline data on first 1500 pregnancies in a region and compare it with subsequent 1500 pregnancies to measure the impact.

Qualitative Impact

- Awareness of health issues has risen.
- Community has internalized the best practices on health-care.
- Health seeking behavior has improved.
- There is higher awareness of government sponsored schemes such as the Janani Suraksha Yojana and the National Rural Health Mission.
- Increased community support to Public Health Workers in disease surveillance.
- An increased sense of responsibility among government functionaries.

How does this data help the program?

- Health activists use the adverse outcomes as a teaching aid to illustrate to the community the disastrous effects of simple mistakes.
- We will compare this data to next 1500 births for future impact.



The activists meet the villagers once week to spread health literacy.



Future Plans

- Start a Center for Innovations in Public Health in partnership with the local NGOs, community, academic center and public health services. The center will innovate solutions that address the health needs of the community.
- Expand the programs to include TB eradication, reproductive health, child health and sanitation.
- Innovate replicable plug-and play health care modules for other organizations to execute.
- Expand to more districts and villages
- Start more supporting chapters in India and the USA.
- Link with organizations doing similar work in Asia, USA and Africa.

Fund utilization

- We are an organization made of volunteers. We have no salaried administrative staff.
- All the funds we raise go for the field work. Our overhead expenditure is zero.
- We outsource all our non core activities to other organizations and individuals, who are willing to do it pro bono.
- As a result, our cost is many times less than other organizations doing similar work.
- We keep it simple, sustainable and scalable with speed.