

SANJIVANI (WOMAN HEALTH WORKER)

PROJECT YEAR – 2011 TO 2018

LOK ASTHA SEWA SANSTHAN

Supported by- TATHAPI TRUST

Sanjeevani Project – In Collaboration with Tathapi Trust, Pune

Objective: To improve health outcomes by training community-level leaders in healthcare provision for women and children.

About the Area of Operation: The region selected for the Sanjeevani Project—situated along the Odisha border—was geographically remote and lay beyond the easy reach of administrative departments. Traveling to these villages presented numerous challenges; there was no public transportation available, and the roads were in poor condition—consisting merely of narrow tracks suitable only for bicycles. The inhabitants of this region belong entirely to tribal communities and communicate in their local dialects, which incorporate elements of Odia and Chhattisgarhi. Initially, whenever our team visited, the villagers would retreat into their homes and hide at the mere sight of our motorcycles.

Selection of Sanjeevani Leaders: Through a series of community meetings held across a total of 12 villages, two female leaders were selected at the village level to spearhead healthcare initiatives for women and children. The selection criteria prioritized women who possessed at least a basic level of literacy or a strong capacity for understanding (a specific format was developed for this purpose), and who were available to attend health-related training sessions. Following this selection process—which yielded two representatives from each village—a formal consent form was obtained from the respective families of the chosen women.



Sanjeevani Training – Training on various subjects was provided to 24 selected village-level 'Sanjeevanis' (community health workers), based on a comprehensive seven-year training module. This training covered areas such as behavioral change, hygiene and sanitation, nutrition, blood pressure and blood sugar monitoring, information on malnutrition, child immunization, anemia screening, check-ups for women's reproductive health issues, knowledge regarding the symptoms of various diseases, generic medicines, vitamins and

nutrients derived from diet, and other health-related information. Out of the 24 Sanjeevanis, 14 successfully completed the full seven-year training program.

Anemia Screening for All Women –

Anemia screening was conducted for all women across the 12 villages, covering a total of 3,800 women. The results revealed that 90% of the women screened were anemic. During the camps, some women were identified with hemoglobin levels below 7 grams; these cases were referred for further investigation, including Sick Cell testing. All diagnostic tests were conducted free of cost. Women with hemoglobin levels below 9 grams were provided with folic acid and iron tablets, and all participants received counseling on how to address blood deficiency in their bodies through dietary modifications.



****Sensitizing the Health Department**** – To begin with, when this project was launched, a health camp was organized at a sub-health center that had lain vacant for years, with no nurses or doctors residing there. When the project team approached the Health Department to request a doctor for the camp, it served as a wake-up call for them; consequently, they dispatched the nurses and doctors who had been officially appointed to that location. Since that time, health services have become available at the facility. Several health camps were conducted in collaboration with the Health Department, thereby fostering a strong relationship between the department's personnel and the 'Sanjeevani' team, and prompting the department to become more proactive in fulfilling its duties. A formal referral system was also established in conjunction with the department to facilitate patient care.

****Raising Health Awareness Among Women**** – An awareness campaign centered on the theme "**My Body, My Health, My Right**" was launched specifically for women. Efforts were made to foster a deeper understanding of minor yet crucial health precautions—such as maintaining hygiene while bathing—and to educate women regarding the importance of incorporating nutritious elements essential for the body into their diet. Behavioral changes were successfully introduced regarding dietary restrictions that were previously observed—for instance, the practice of withholding red leafy vegetables, eggs, yams (*Jimikand*), and various other food items from pregnant women

The 'Swasthya Sanjeevani' (Health Sanjeevani) Center – In every village, a dedicated 'Swasthya Sanjeevani' center was established for the benefit of the entire community. This was typically set up within a room of a volunteer's own home, where health-related posters and books were displayed, and essential medical kits and diagnostic supplies were kept. Patients from the village would receive treatment at this very center. Recognizing that women often require a private and comfortable environment to openly discuss their health concerns, a separate room was specifically designated for this purpose. The 'Sanjeevani' volunteers also conducted examinations for internal health issues.

Health Treatment at the Sanjeevani Center – Through these centers, the 'Sanjeevani' volunteers primarily focused on providing guidance regarding health precautions and treating common ailments. This included addressing conditions such as colds, coughs, fevers, and diarrhea; treatment was administered alongside providing detailed information on the necessary precautions and care required for these conditions. During its initial three years of operation, Sanjeevani treated 550 patients and referred another 40 to 50 patients to other facilities. Alongside general medical care, Sanjeevani consistently monitored patients' blood pressure and screened for anemia, while also providing counseling to improve their dietary habits. Subsequently, upon gaining expertise in internal medical conditions, the organization expanded its services to include their treatment; this involved conducting internal examinations on a total of 675 women, out of whom 240 received treatment for various internal ailments. Notably, the organization also intervened to save several women who had been advised by private practitioners to undergo hysterectomies—often under the pretext of necessary medical treatment—and who were in the process of incurring debts of up to ₹25,000 to cover the costs of such procedures.

Sanjiwani's Work on Immunization: Through Sanjiwani, the immunization of children aged 0–5 years was monitored, and efforts were made to motivate families to ensure that every child received their vaccinations. When this initiative began, the rate of child immunization was negligible; however, as awareness was raised, the vaccination process gradually gained momentum. The team faced numerous challenges along the way; for instance, there were mothers who would even verbally abuse Sanjiwani representatives because the vaccinations often caused a fever in their children. Consequently, extensive efforts were undertaken to educate the community—explaining what a vaccine is, why it is essential, why a fever is actually a positive sign, and the physiological reasons behind it. By fostering awareness within the community regarding all these aspects, people were encouraged to embrace immunization. As this awareness grew, community members became so proactive that if a child ever missed a scheduled vaccination, they would travel to the Block-level health center at their own expense to ensure the child received the necessary shot.

Tracking Malnutrition in Anganwadis through 'Sanjeevani' – At the village level, the Sanjeevani initiative involved assessing the nutritional status of children within their local Anganwadis and engaging with both the Anganwadi workers and the children's parents to foster

understanding. Since the Anganwadi workers, due to their limited formal education, often lacked comprehensive knowledge regarding malnutrition, Sanjeevani provided them with support and guidance to help them understand the issue. Malnutrition itself is not a disease; however, a malnourished child is at a significantly higher risk of falling ill, as their body's capacity to fight off infections and diseases is compromised. During the year 2012–13, the nutritional status of 740 children aged 0–5 years was tracked; subsequently, 100% of the children in the area were tracked every year.



Furthermore, to help reduce malnutrition across three villages, 'Jhoolaghars' (daycare centers) were established and operated.

Lok Astha Sewa Sansthan