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58.6% of children, 53.2% of non-pregnant women and 52.1% of pregnant women in rural India were found to be anaemic in 2016, according to India's National Family Health Survey. In addition to the widespread public health burden this data implies, Anaemia also disproportionately disadvantages women (only 23.2% of men have some form of it in comparison), further aggravating the crippling gender divide prevalent in most of rural India. Hence, we considered that addressing this issue would entail pursuing three SDGs of good health and wellbeing, gender equality, and zero hunger (its malnutrition aspect, to be specific).

The aforementioned statistics do sound daunting, but a google search was not how we realised the problem's magnitude. During discussions with local women leaders as part of our community service engagement in the villages Kolvan Valley, we learnt of how several symptoms of the disease such as fatigue, shortness of breath, dizziness, and even fainting were so commonplace among women that these were socially accepted as simple, everyday hassles. **Women's health is being trivialised and put on the back-burner. This is something we wanted to change by initiating a shift from passivity to action.** We decided to begin with the village of Nanegaon. So we researched and reached out stakeholders and experts, including:

- **Women:** We conducted preliminary surveys and discussions with women about their daily lifestyles to have a better understanding of the available sources of nutrition, level of awareness, social commitments, socio-economic lifestyles, diets, etc. Looking back, we feel that doing so was invaluable as it continues to help us make informed, practically applicable and context-specific decisions that ensure the sustainability of the project long after the project is finished.
- **Dr Evelina Mujumdar:** We consulted a health specialist to specifically gain insights into the details of the disease and its relation to our effort in the socio-economic context of a Maharashtrian Village.
- **MASUM** is a local NGO that shares our ethos and has been working on women's health in rural areas as well. Discussions with their administrators gave us insight into the best practices we could adopt in our undertaking. We also finalized further collaboration with them and will put it into use once back on-field.
- **Mr Shanti Sagar**, a highly experienced social worker who had successfully supervised blood cancer diagnosis drives in dozens of villages in the region, gave us crucial insight into what it takes to conduct a successful public health intervention.
- We engaged with **ASHA and Anganwadi workers** (government health functionaries) to elicit women's interest and participation by involving local figures in our project.

Drawing on all the constructive criticism received, we brainstormed for and meticulously planned 3 primary phases- diagnosis, intervention, and ensuring sustainability- before finally setting our work into motion.

We networked with leaders of the 9 women's self-help groups in village Nandgaon and arranged for meetings with their respective groups, discussing the following topics with them as part of our awareness efforts.

- a. The importance of recognizing the long-term dangers posed by the disease
- b. The misconceptions regarding the symptoms and subsequent trivialisation of the symptoms
- c. The prevalence of Anaemia. We discussed this to combat stigmatization of such conditions in the hope that this would remove barriers to conversation around the topic.
- d. The relatively simple and feasible steps such as eating a balanced diet fulfilled by locally sourced food, creating diet plans and attending to natural bodily cycles that can be taken to mitigate anaemia's effects.
- e. In a rural society where girls are taught from a young age to be good homemakers, most married women in the village, in addition to managing an entire household, perform taxing agricultural labour, sleep very little, and eat

leftover food from meals. Given this scenario of social obligations, we talked about the importance of prioritizing one's own health too.

- f. Finally, we invited women to take a step for their own health by attending our blood screening.

We collaborated with pathology clinic workers from Pune (a nearby city) to set up a [blood screening](#) at a subsidized rate in the village of Nanegaon on a date and time that best suited the situation and preferences of the women- the afternoon of the 29th of March. The screening consisted of three parts: registration, which entailed noting down the name and contact information, measuring height and weight, and obtaining consent (by signature or thumb impression on a consent form); recording the basic relevant medical history information for each woman; and finally, collecting blood samples for testing. Our team conducted all these steps except for the last one, which was performed by the clinic staff.

We intend to report this data from the screening to local govt functionaries so that the women can be supplied with **Iron and Folic Acid tablets**. Further, we plan on monitoring the reduction in their haemoglobin levels through subsequent screenings and ensuring that the government functionaries keep track of when the dose needs to be renewed. We believe that this level of monitoring will ensure the sustainability of the project.

Throughout all our interactions with the women, we noticed some heartening trends and changes. As time passed, the women seemed to engage more in discussions, asking questions etc. with a 43% rise in new points raised and a 57% increase in questions asked. The women leaders shared with us that there was an increased awareness about the importance of a balanced diet, and conversations along these lines had grown between friends and within households. They also conveyed that some women were beginning to take small actions in everyday life, such as resting well and making an effort to have a varied diet. We plan on furthering and crystalizing these positive trends. In fact, our pre-emptive numbers for the blood camp for the best-case scenario (of having 40 women for the blood camps) were broken by a record-breaking 56 out of 215 women showing up from all ages groups above 16.

The pandemic did not stop our operations but merely altered the nature of our current work. Our team continues to meet virtually twice a week and we have prepared for further components of our intervention by engaging in:

- **Curriculum development** on nutrition-related education for local government schools in the village. We had finalized collaboration with them beforehand and plan to conduct workshops in the school on this topic once back on the field.
- We have designed **pamphlets** to distribute in each household. These give reminders and digestible bits of information essential to following meal plans and having balanced diets.
- We have begun to garner support on our **social media** platforms and have established our **website**.
- We have designed a brochure explaining our project. We plan on sharing these with potential partner organisations to secure collaborative functioning if needed.
- Currently, our team is also working on **researching and preparing outlines** for aspects like recipe books for nutritious local dishes, community events such as recreating popular Indian cooking shows to display iron-rich food and a balanced diet, street plays by the women intended to raise awareness about women's health and anaemia, etc. and how sustainability plans might look for these components.
- Once complete with current research, we intend to **document a replicable model** for our intervention that we can apply to the rest of the 14 villages as we expand our operations.

In our efforts so far, we have acquired and strengthened the following skills:

Cultural awareness: being empathic in our collaborations and being conscious of choices given local contexts	Collaborative spirit
Thorough research and planning	Communication and Persuasion
Media and product management: turning personal research and ground work into a public matter	Task delegation and time management

On reflecting, we have come a long way and have a long way to go as well. The journey so far has taught us to be thoughtful, sensitive, grateful, and humble. We are learning what it means to be social changemakers and the responsibilities and commitment that it entails; and though obstacles arise unexpectedly every now and then, we face them with resolve, as we have so far and will continue to do so.

Here are some pictures from our journey so far



A planning meeting



**Advice from Mr Shanti Sagar,
an experienced social worker**



Discussion with a womens' self-help group



Day of the blood screening!