



# Scaling Innovation: Expanding Solutions to Maximize Resident Impact

July 28th, 2025

SNEHA (Society for Nutrition  
Education and Health Action)



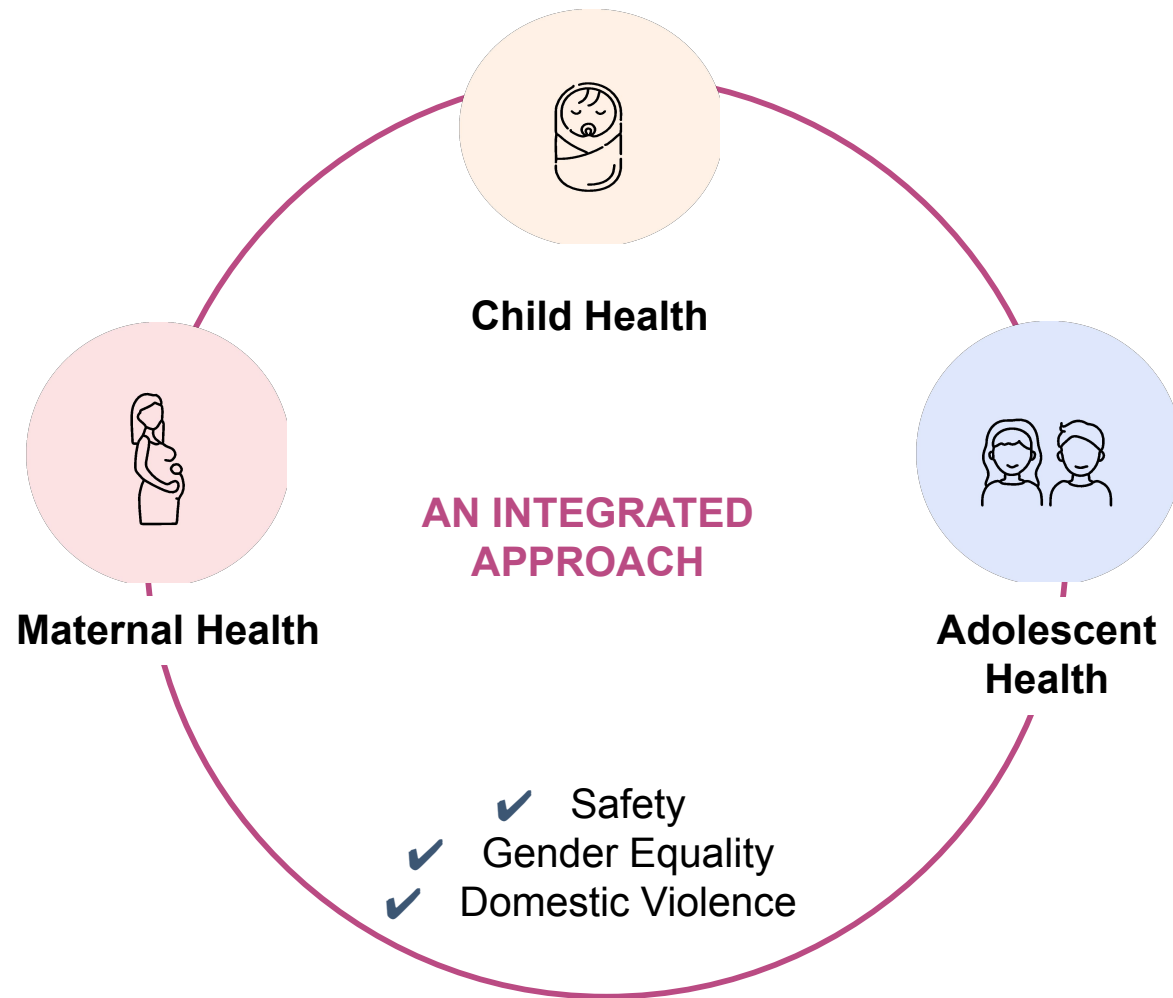


# Our Beginning

Our story began with Dr. Armida Fernandez, a renowned Neonatologist, former Dean of Sion Hospital and Ashoka Fellow. Inspired by her firsthand experience with the preventable loss of mothers and newborns, as well as the violence she witnessed against women and children, founded SNEHA in 1999.



# The Goal: Break the Intergenerational Cycle of Poor Health



**We collaborate with communities and public health systems to improve health outcomes**



# An Integrated Intervention Model

## The Causes:

- Lack of knowledge and agency
- Inequity in access to care
- Poverty
- Migration
- Low levels of education
- Gender based violence

Reproductive & Maternal Health

Newborn & Child Health

Adolescent Health & Gender

Violence Prevention



What we do

Individual and family counselling

Community Engagement

Supporting access to psycho-social support

Partner with public systems to strengthen outreach & services

To build knowledge, agency and accountability

Support access to public health, nutrition and safety services and social protection schemes

## The Outcomes:

- Healthy women, adolescents & children
- Reduced violence and lower distress levels
- A cadre of responsive and accountable community volunteers with better agency
- Improved uptake of public services

# Operationalizing Scaling at SNEHA

## Scale Up

- **Influencing policy** has been considered the strategic pathway to systems change
- **Operationalizing public health programs** to create “models” for government to scale

## Scale Out / Wide

- Scaling out - **spreading impactful models** is seen as a pathway to success
- Disseminate principles, but with an **adaptation to new contexts** via co-generation of knowledge

## Scale Deep

- Facilitating a **shift in beliefs and mindsets, perceptions and behaviors** to enable systems change
- It recognizes the significance of **context**, building **connections** that **bridge** diverse communities and prioritizes “**inner work**” as integral components of scaling

**The Art of Scaling Deep** Research in Summary By Tatiana Fraser, The Systems Sanctuary 2023.

India Non-Profit Report – Role, Evaluation, Impact. Dasra Kearney

Scaling Out, Scaling Up, Scaling Deep Strategies of Non-profits in Advancing Systemic Social Innovation.



**Strengthening  
Maternal and  
Newborn Health:  
A Public - Private  
Partnership Model**



# Programme Components



## Establishing and Sustaining the Maternity Referral System

**Establish the maternity referral system** by establishing clinical referral linkages, creating clinical referral protocols, developing referral documentation formats, providing communication platforms, influencing the health facilities to follow the process **through evidence-based dialoguing** in referral meetings.



## Establishing and Sustaining Primary Health Care

**Ensuring timely access to quality antenatal (ANC) services** through capacity building and mentoring of the health care providers and outreach workers, ANC clinic observations, documentation of processes by health facilities.



## Building Linkages Between Public Health Facilities and Communities

**Building linkages between the health system and communities through Women's Health Committees (*Mahila Arogya Samitis*)** to support Government outreach health workers (*ASHAs*) to address community health needs and improve community outreach.



# Establishing Maternity Referral System in a Multi-tiered Public Health System - Mumbai

## Level III:

**Tertiary (Super specialty & teaching) hospitals:**

L-II + Comprehensive care, multiple high-risks, critical cases ( Intensive Care )

## Level II:

**Peripheral (General) hospitals:**

L 0 + L I + single high-risk cases

## Level I:

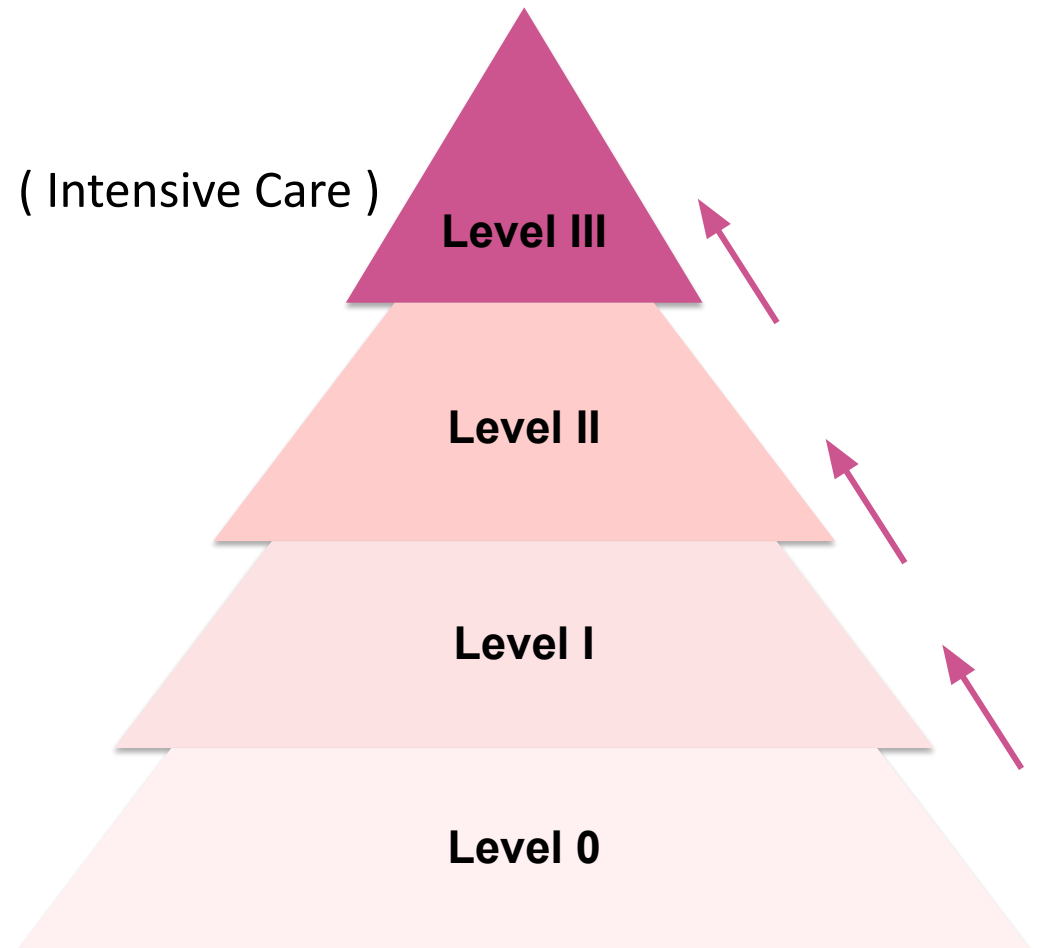
**Maternity Homes:**

L 0 + normal deliveries

## Level 0:

**Primary Level – Primary Health Centers:**

All Out-Patient Department facilities





# Analysis of the Situation

## Challenges

Over utilization of Tertiary hospitals

Under utilization of Peripheral hospitals

Unnecessary referrals from Maternity Homes

Delay from community for tests and checkups

Delay in finding an appropriate health facility

## Reasons

Reporting structure of public health system

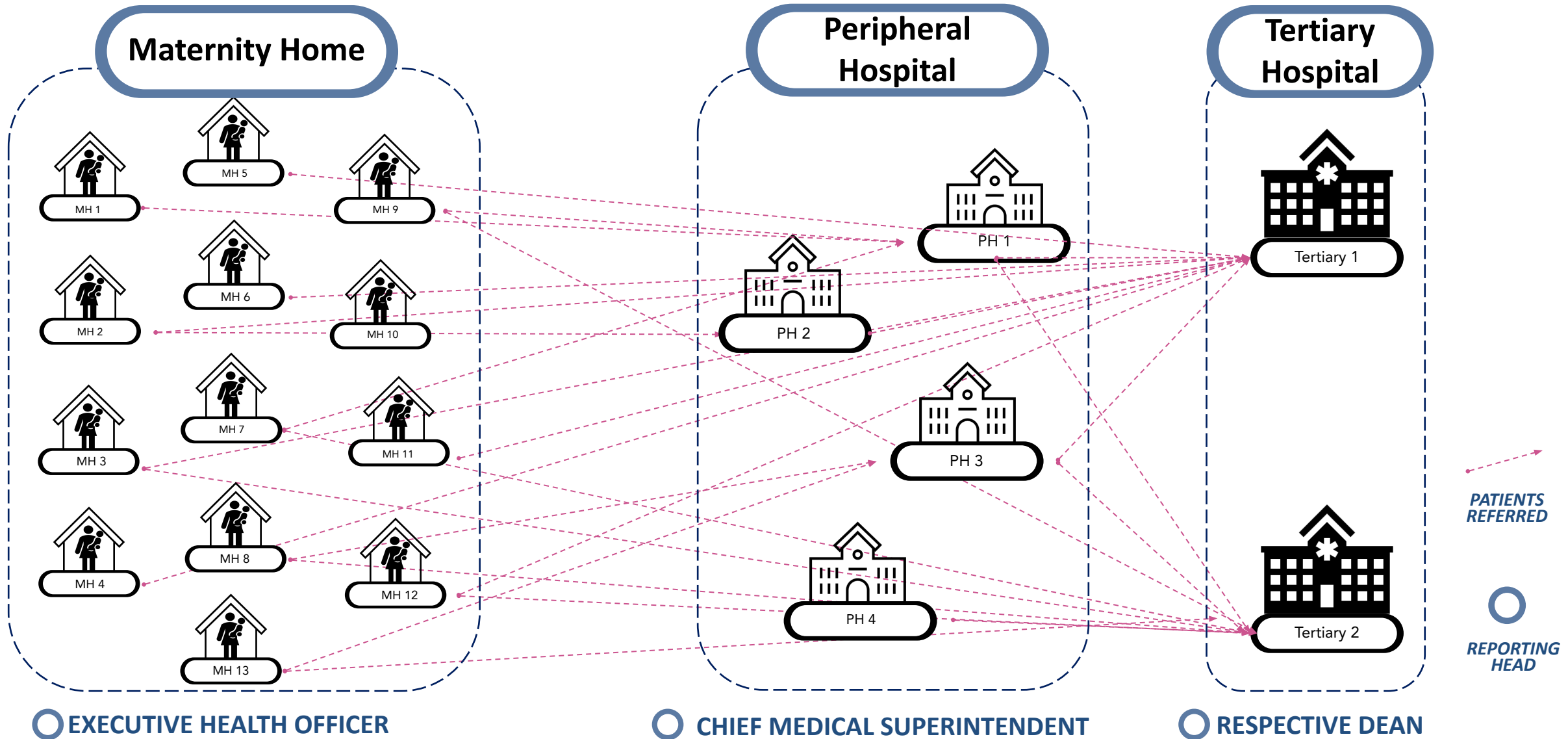
Lack of community education

Lack of proper monitoring

Absence of proper referral system and documentation

Absence of single point of contact at each level

# Pre Intervention Model – Random Referrals



# Best Practices Used for Establishing & Scaling the Maternity Referral Model

Working on  
the  
Principles of  
Appreciative  
Inquiry

**Obtaining buy-in from the administrative authorities and health care providers of the City / State**

**Mapping of health facilities** (community, primary, secondary and tertiary), **possible linkages**

Baseline assessment of facilities to identify the existing referral practices and resources

**Customizing referral protocols, referral documentation** with the inputs of a technical committee

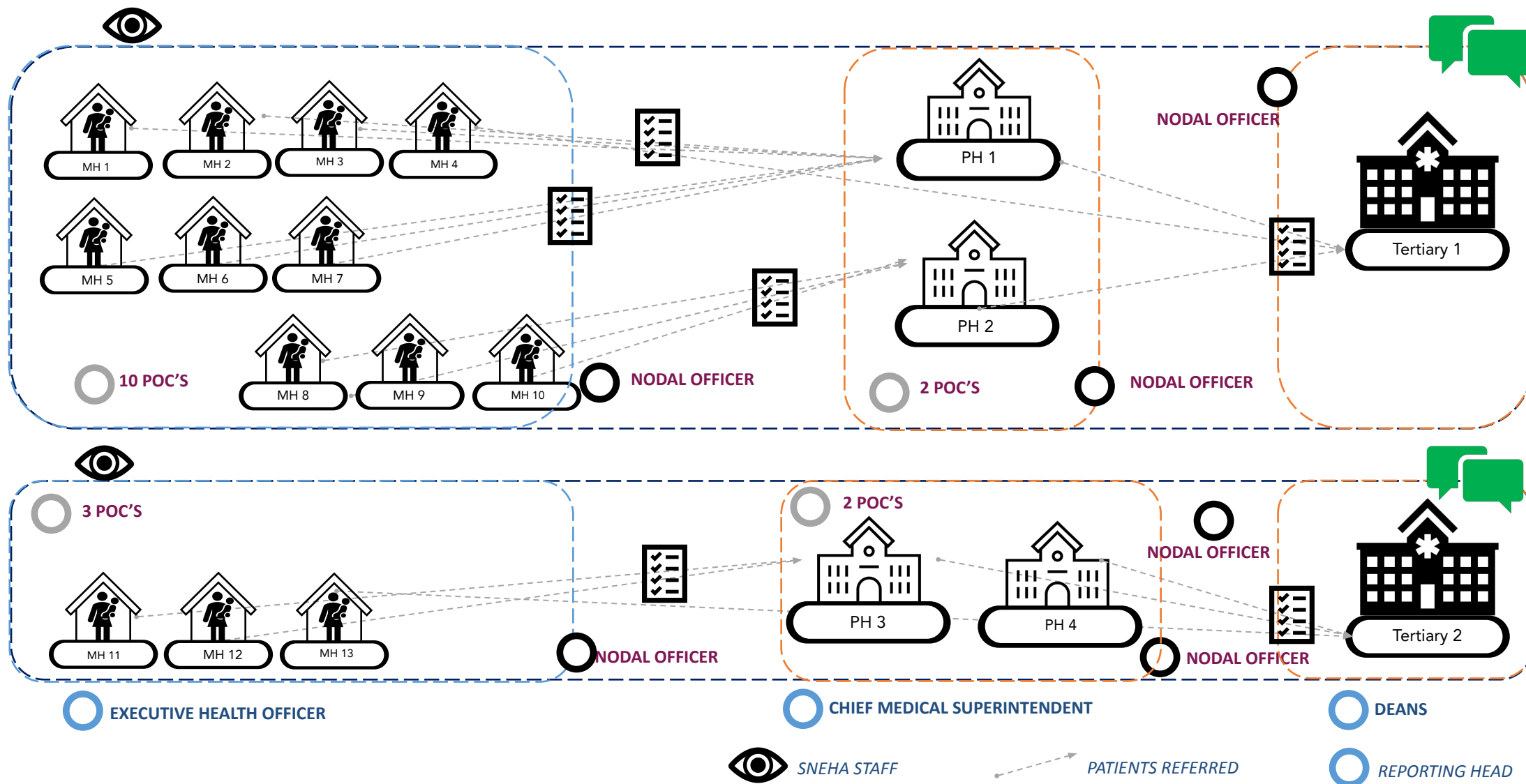
Piloting the applicability of protocols; **Customizing referral tools/referral slips**

**Orienting facilities** on utilization of referral protocols, tools and processes **pertaining to data collection and analysis**

Supervising data collection; & **Organizing referral review meetings among referring & receiving facilities**



# Post Intervention – Systematic & Documented Referrals



# Best Practices to Streamline Primary Care Services for Pregnant Women



## Health talk at Antenatal Clinic

\*ASHA - **A**ccredited **S**ocial **H**ealth **A**ctivist. ASHAs are community health workers in India.

\*\*MAS – **M**ahila **A**rogya **S**amiti a women's health group with ASHA as member secretary

Regularization and standardization of **9 core services as per WHO guidelines** at the primary health centers

**Health talks given to pregnant women** to create awareness at Antenatal clinics

**Feedback meetings** with pregnant women to understand their service-related concerns and taking action to resolve issues

Continuous **capacity building** sessions for health system staff and government frontline workers (ASHAs\*) to strengthen and upgrade knowledge

**Forming Women's Health Committees (MAS\*\* groups) and building linkages with health system staff and** to increase community mobilization and awareness. (Joint visits, referrals, surveys, awareness)

# Maternity Referral System – Impact, Scale and Sustain

137,326

**pregnant women** with  
complications assisted through  
maternity referral system  
(2016-25)

From no referral linkages to 12 intra  
and 9 inter city referral linkages  
with 301 public health facilities  
across 7 urban and 3 peri-urban  
cities

Formalized referral linkages through  
a government directive

Maternity referral system  
sustained through printing of  
referral slips, maintaining digital  
data and appointment of nodal  
officers

92%

**maternal cases referred** as  
per the protocols  
(2024-25)

84%

**primary health centers**  
providing **all 9 core antenatal**  
**services** as per WHO guidelines  
(2024-25)

29

Average number of pregnant women  
**accessing each antenatal clinic**  
(up from 19 in 2017)

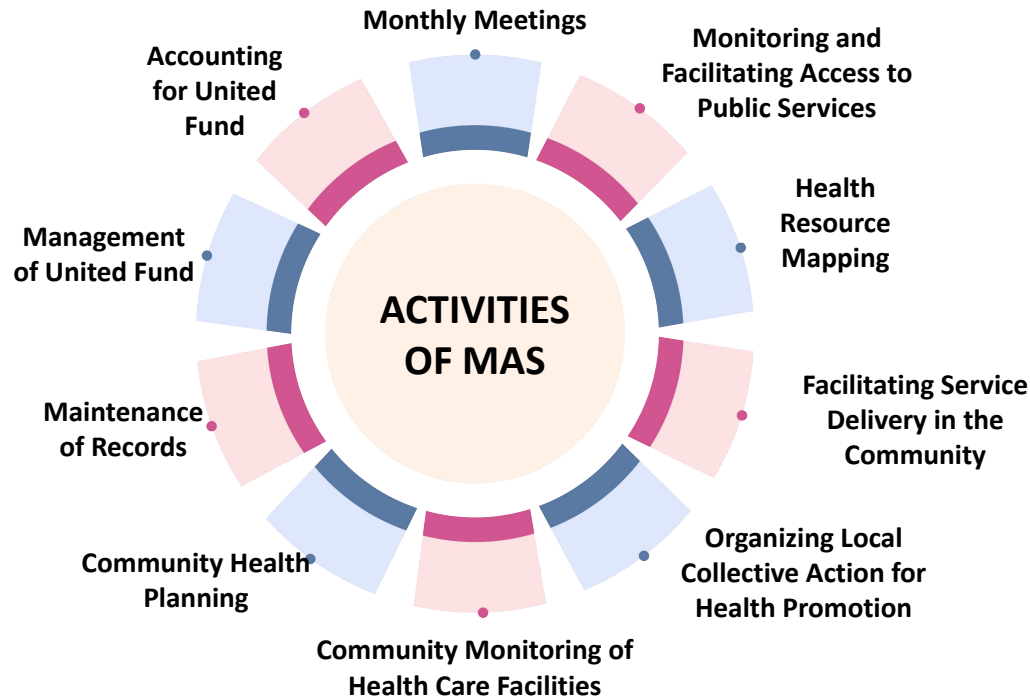
6,325

**public health facility staff** and  
**outreach workers** trained to  
address maternal and neonatal  
healthcare  
(2016-25)



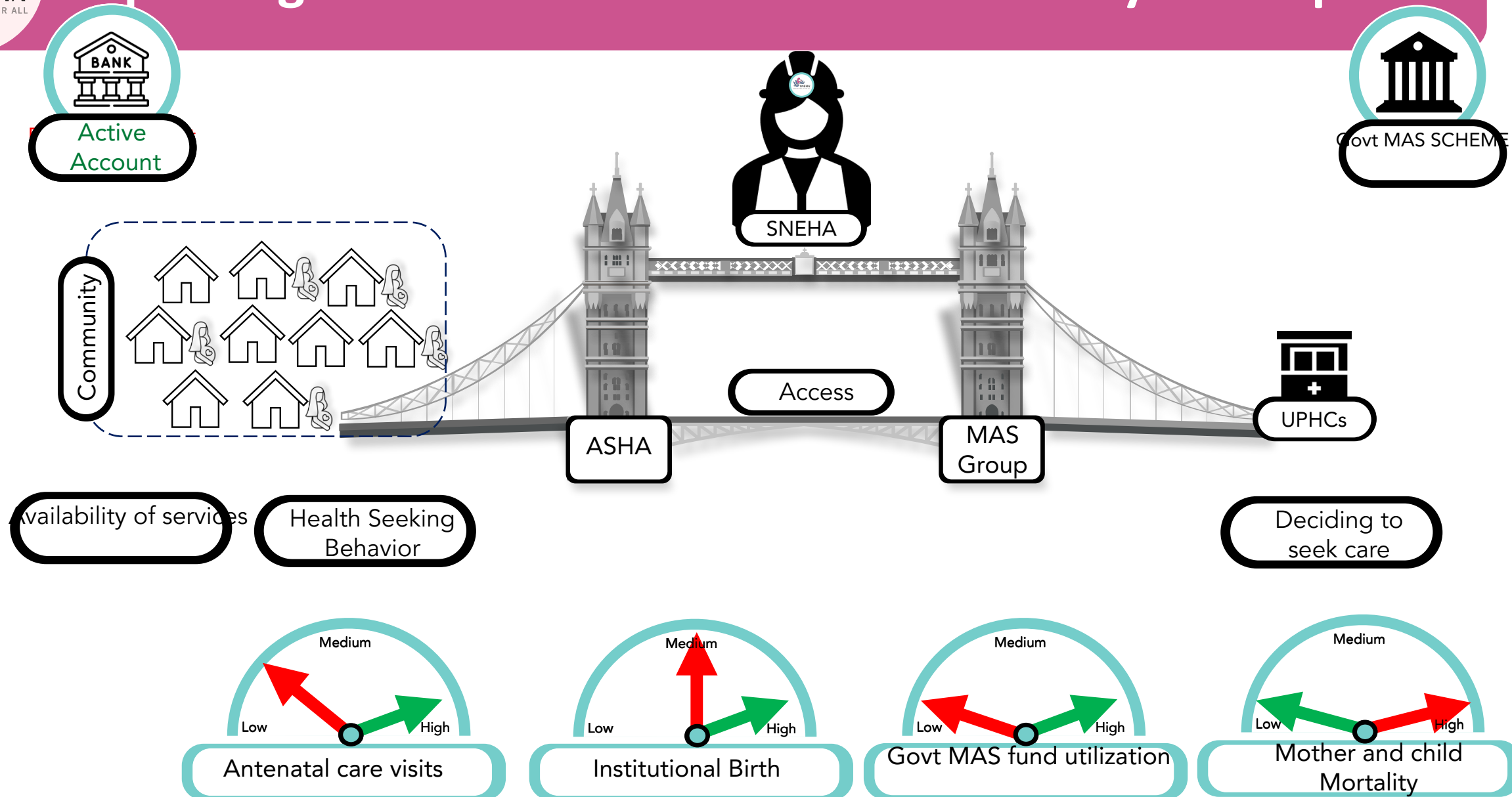
# Community Engagement: Women's Health Committees to improve health outcomes

- Women's Health Committees (*Mahila Arogya Samitis* – MAS) is a local women's collective of 8-12 women members, covering 100 households (about 500 individuals) in urban settlements
- A Government frontline worker (ASHA) is the member secretary and provides the linkage to the public system
- **Objective:** Promote community participation in health at all levels, including planning, implementing and monitoring of health programs for universalization of health care



MAS groups made **36,000** referrals of women and children to public health services in one year

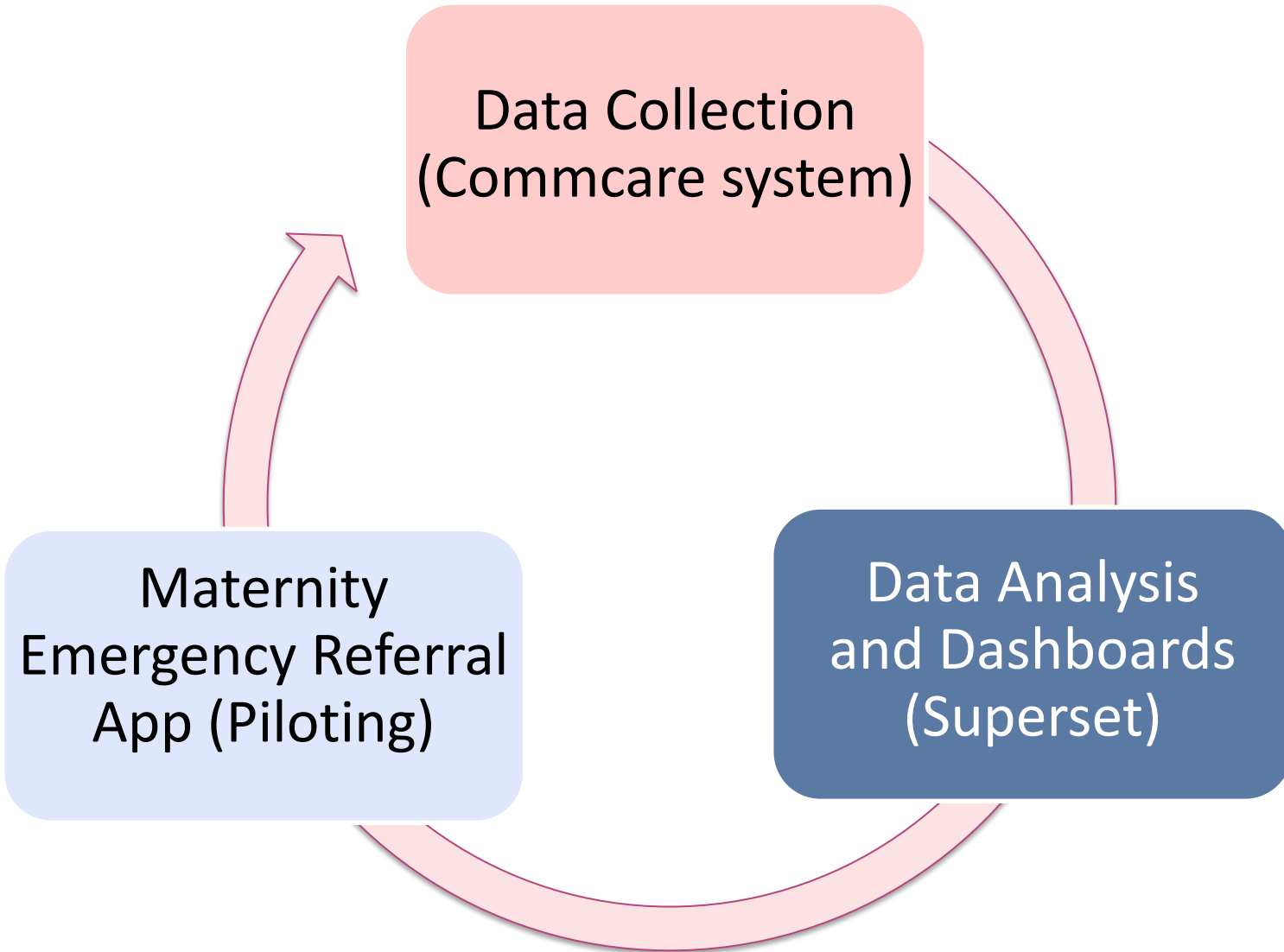
# Improving Health Outcomes with Community Participation



# Leveraging Technology



*Transforming healthcare access in our communities through digital platforms and innovation.*







# Thank You!