



Executive Summary

Helping SEWA Build and Strengthen Community-Centered Healthcare Delivery

Impact Assessment Report | FY 2022–23

Conducted in March 2025

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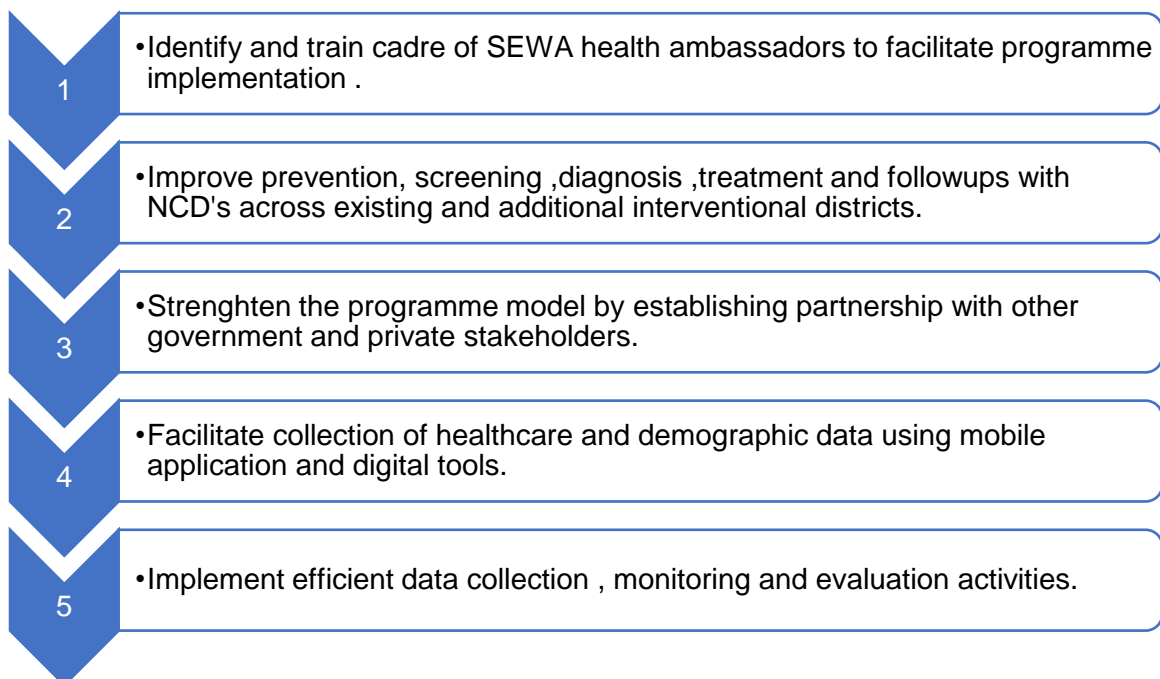
Abbott's India Ltd¹CSR initiatives align with global goals, focusing on sustainable community development, healthcare access, and environmental stewardship. Through innovative solutions, awareness campaigns, and partnerships, Abbott addresses key health issues like maternity care, diabetes, and malnutrition. SEWA (Self-Employed Women's Association) is a grassroots movement empowering women worker through self-reliance, collective strength, and sustainable livelihoods. It focuses on economic resilience, social security, and healthcare access for marginalised communities.

The Self-Employed Women's Association ²(SEWA) in coordination with Abbott India, Ltd through “**The Helping SEWA Build and Strengthen Community-Centred Healthcare Delivery**” Programme strives to reduce mortality and morbidity associated with non-communicable diseases and improve the quality of life of informal sector women workers by focusing on prevention, early detection, and high-quality management of non-communicable diseases.

The project has been implemented over a period of **5 years**, from **2019 to 2024**, with a focus on improving healthcare accessibility, preventive screenings, and treatment adherence among underserved communities against noncommunicable diseases.

Purpose and Scope of Evaluation : CSRBOX conducted an impact assessment for the” **Helping SEWA Build and Strengthen Community-Centred Healthcare Delivery**” programme to analyse the impact and assess the outcome of the project for the year **2022-23**.

The activities of the programme included:



¹ <https://www.abbott.co.in/investor-relations/corporate-social-responsibility/csr-policy.html>

² <https://www.sewa.org/>

Key Findings

The **Helping SEWA Build and Strengthen Community-Centred Healthcare Delivery** initiative has made commendable progress in advancing health awareness, facilitating early diagnosis, and ensuring continuity of care among underserved communities. With a strong grassroots presence, the program has successfully built trust, improved health literacy, and established reliable access pathways for the management of non-communicable diseases (NCDs) and general health conditions.

The program is anchored in a **community-owned, digitally enabled model** that aims to bridge critical gaps in healthcare service delivery. At the heart of this approach is a network of **SEWA Health Ambassadors (SHAs)** trained community members who act as frontline healthcare facilitators. These ambassadors are instrumental in raising awareness, promoting lifestyle changes, conducting regular home visits, and ensuring timely referrals to healthcare providers. Their close engagement with communities ensures that individuals receive affordable, high-quality care without barriers of access or trust.

❖ Sociodemographic Profile

The initiative primarily benefits women, with **87%** of beneficiaries being female, and emphasizes elderly care, as **53%** are aged between 50–69 years and **17%** are above 70 years. **26%** of beneficiaries are illiterate, which affects their health awareness and access to services. Occupation-wise, beneficiaries included daily wage laborers, farmers, and homemakers, many of whom face financial instability. Additionally, **38%** live in households with 5–6 members, and **14%** earn below ₹2.5 lakh annually, highlighting the importance of community-driven, accessible health interventions.

❖ **Relevance** (extent to which intervention objectives and design responds to beneficiary needs)

The program is designed to benefit **SEWA members across 34 districts in India**, with a particular focus on women from low-income households. Most beneficiaries come from large families, where improving the health of one member often has a ripple effect on the entire household.



83% participate and aware of program



75% enrolled in Ayushman Bharat Scheme



59% DM cases, 38% HTN and 15% Thyroid cases

SEWA Health Ambassadors conducted **door-to-door counselling and health promotion sessions**, focusing on the prevention and management of NCDs such as diabetes and hypertension, as well as general health conditions. Through these regular community interactions, SHAs help identify individuals at risk, guide them through lifestyle changes, and refer them to appropriate health facilities when needed.

The initiative has built strong recognition and awareness among community members. A significant proportion of beneficiaries were found to be aware of the program, indicating successful outreach and communication strategies. Among those diagnosed with NCDs, the most common conditions identified were **diabetes and hypertension**, highlighting the program's effectiveness in early detection and its critical role in long-term disease management.

Furthermore, the program has facilitated the inclusion of a majority of its beneficiaries under public health insurance schemes like **Ayushman Bharat**, enhancing their access to essential healthcare services without financial hardship.

By embedding trained community members into the healthcare response, the program not only meets the health needs of the population but also empowers local women, strengthens health systems at the grassroots, and builds a sustainable model of care for vulnerable communities.

❖ **Effectiveness** (*extent to which intervention objectives and design responds to beneficiary needs*)

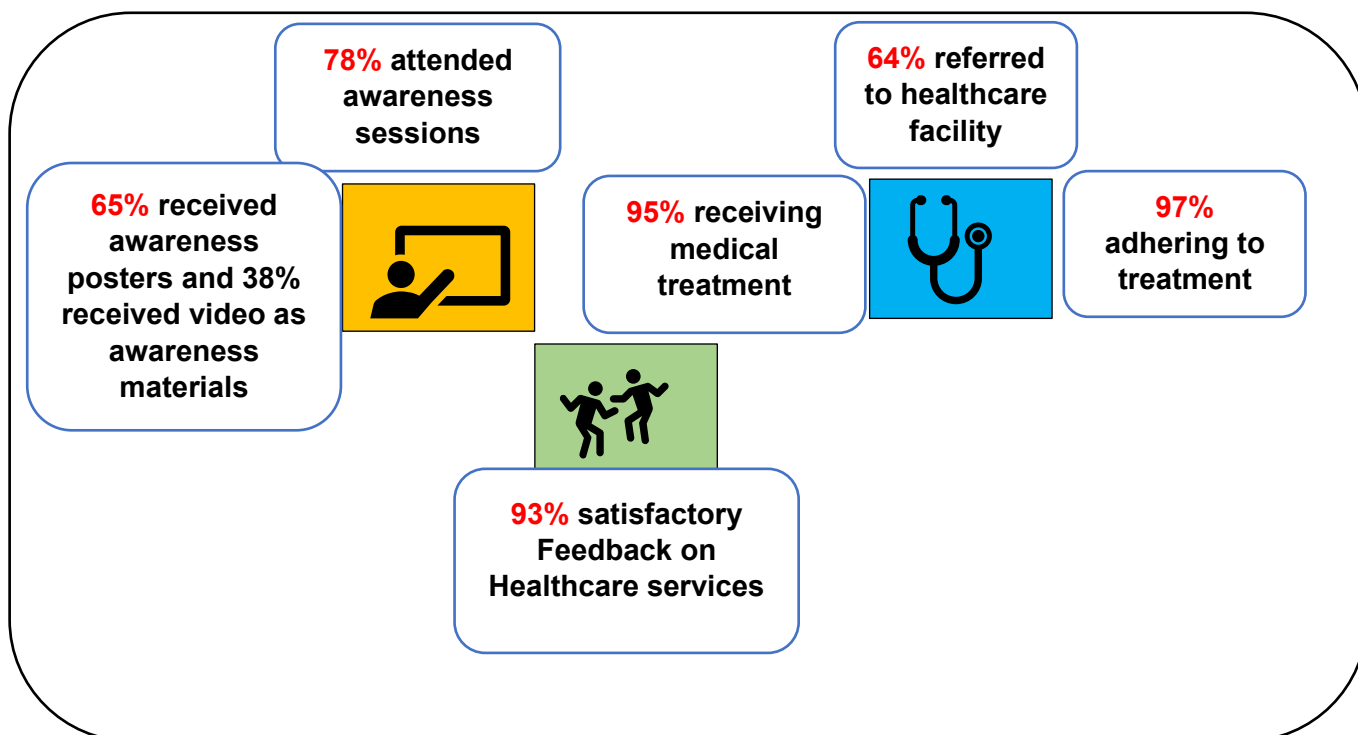
The effectiveness of the program can be demonstrated through a range of activities carried out and the support extended to the community, including awareness sessions, screening and diagnosis, and facilitation of referrals to healthcare facilities within the network.

Focused on **improving awareness and access to care for non-communicable diseases** (NCDs) such as **diabetes, hypertension, and dyslipidaemia**, SHAs engaged with households through **regular visits and small group sessions**. While community participation varied, the groundwork laid by SHAs highlighted both the progress made and the opportunity to deepen community engagement.

The awareness sessions covered a range of health issues, with a strong emphasis on diabetes and high blood pressure. Topics like cholesterol, breast cancer, and general cancer awareness were also introduced, alongside discussions on maternal health, such as breastfeeding. These efforts were supported by the distribution of posters, videos, and other materials, helping women better understand their health and empowering them to make informed decisions.

Alongside awareness-building, SHAs provided point-of-care testing during routine follow-ups, making health screenings more accessible. Beneficiaries were not only screened but also guided on managing their conditions through lifestyle changes, medication adherence, and regular monitoring. This holistic approach enabled early diagnosis and encouraged individuals to take proactive steps toward their well-being.

When health concerns were identified, SHAs facilitated referrals to local healthcare centers, ensuring timely diagnosis and treatment. Many beneficiaries followed through with their care



plans, supported by consistent follow-ups and a trusted connection with SHAs. However, some continued to face challenges such as financial constraints, fear of prolonged treatment, and the need to prioritize daily income over healthcare barriers that remain critical areas for intervention.






Despite these challenges, community feedback on the healthcare services accessed through SEWA's network was overwhelmingly positive. Beneficiaries appreciated the availability of services, the professional conduct of healthcare staff, and the proximity of healthcare facilities. While access to affordable treatment remains a concern especially for daily-wage earners SEWA's efforts to bridge the gap between healthcare systems and the community have laid a strong foundation.

Telemedicine, although introduced as a support mechanism, has yet to gain widespread use. With limited awareness and access, its potential remains untapped. Integrating telemedicine more closely with SHA-led efforts could greatly enhance healthcare delivery, particularly in remote areas or during emergencies.

Notably, SEWA's work continued seamlessly even amidst climate-related disruptions such as heatwaves, floods, and cyclones. Training sessions were conducted to educate members on climate-sensitive illnesses and first-aid responses, while emergency kits and medicines were distributed in affected regions. Telemedicine services became especially valuable during extreme conditions, allowing members to seek medical advice from the safety of their homes.

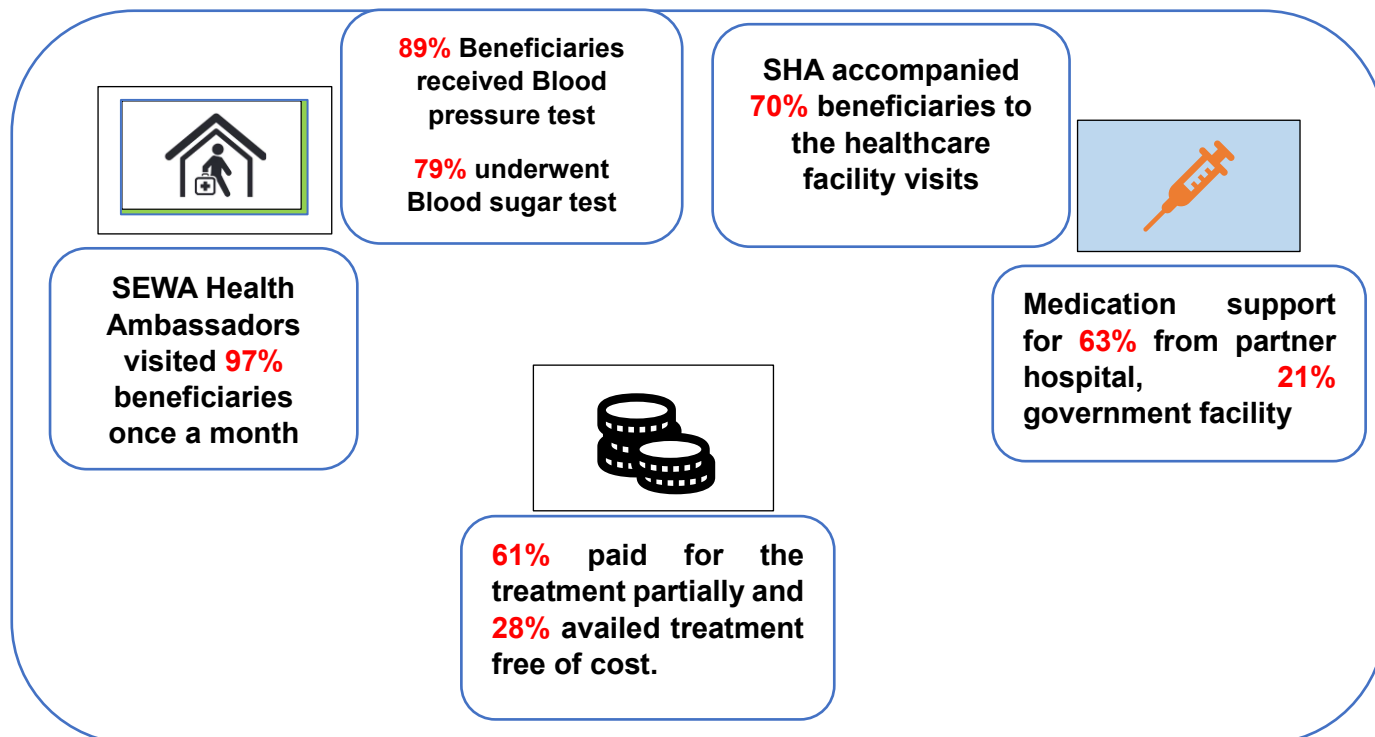
Through this integrated, community-led approach, SEWA has not only expanded healthcare access but also fostered a culture of informed, preventive care. The initiatives continue to evolve, addressing both medical and social determinants of health, and reinforcing the resilience of communities in the face of health and environmental challenges.

❖ **Coherence** (compatibility of the intervention with other interventions in a country, sector or institution)

Alignment with SDG's	Alignment with National Health Policies
  	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p>भारत सरकार GOVERNMENT OF INDIA</p>  <p>स्वास्थ्य एवं परिवार कल्याण मंत्रालय MINISTRY OF HEALTH & FAMILY WELFARE स्वास्थ्य एवं परिवार कल्याण विभाग DEPARTMENT OF HEALTH & FAMILY WELFARE</p> </div> <div style="text-align: center;">  <p>NATIONAL HEALTH MISSION राष्ट्रीय स्वास्थ्य मिशन</p> </div> </div> <ol style="list-style-type: none"> 1. National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular disease and Stroke 2. National Health Policy 3. Ayushman Bharat Scheme 4. Ayushman Bharat Digital Mission

❖ **Efficiency** (extent to which the intervention delivers, and how well resources were utilised)

The SEWA health intervention showcases strong operational efficiency through strategic resource utilization, regular community engagement, and integrated service delivery.



SEWA Health Ambassadors (SHAs) **conduct monthly home visits**, which are crucial for treatment adherence, early detection, and continuous health education. These frequent visits, despite logistical barriers, ensure that beneficiaries remain connected to care and support systems.

During follow-up visits, SHAs conduct on-the-spot diagnostic tests such as blood pressure and blood sugar checks, enabling timely monitoring and personalized health guidance. These efforts contribute significantly to better health outcomes in the community. However, challenges like fear of diagnosis, stigma, and limited awareness still hinder participation in screenings.

SHAs also act as patient navigators, supporting members in accessing health facilities, identifying suitable hospitals, and utilizing schemes like Ayushman Bharat. Their presence during medical visits ensures that beneficiaries, especially those with chronic conditions, receive timely and appropriate care. Their efforts help bridge gaps in healthcare access, particularly for those who struggle with navigating complex systems.

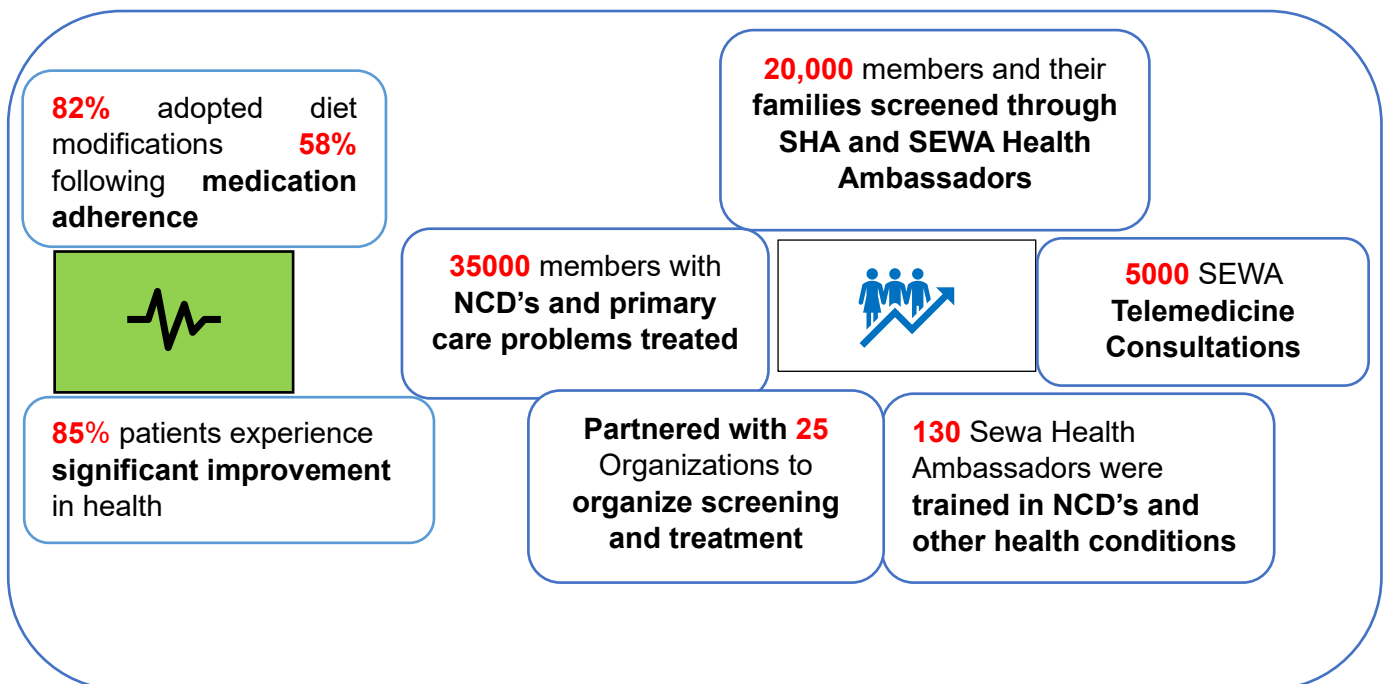
The programme's impact is also evident in financial protection. A majority of beneficiaries reported spending less than **₹1,000** on treatment, with many receiving services free of cost. These outcomes are made possible through partnerships with public and private providers that help reduce out-of-pocket expenditure and improve healthcare affordability.

Accessibility is further enhanced by the fact that most beneficiaries travel less than 10 km to access healthcare services. However, for those in more remote areas, physical access remains a barrier. Medicine procurement is primarily through SEWA partner hospitals, government facilities, and local medical stores, ensuring wider access to essential medications, though financial and logistical hurdles persist for some.

To maintain quality service delivery, SHAs receive weekly training focused on managing non-communicable diseases, operational practices, and digital tools. While the training has been effective, there is scope for enhancing community engagement through more interactive and role-play-based methods. District Coordinators provide ongoing support to SHAs, monitor their activities, and coordinate with frontline workers like ASHA and Anganwadi workers to strengthen outreach and health promotion efforts.

❖ **Impact** (extent to which intervention has generated significant positive or negative, intended or unintended, higher – level effects)

This intervention has effectively integrated Behaviour Change Communication (BCC) and awareness sessions to empower informal sector women workers and their families with the knowledge and motivation to adopt healthier lifestyles. These sessions have successfully driven health-positive actions such as improved diets, increased physical activity, and stress-management practices among beneficiaries. However, while many have embraced these changes, medication adherence remains moderate, highlighting the need for continued engagement to sustain behaviour change and support substance cessation.

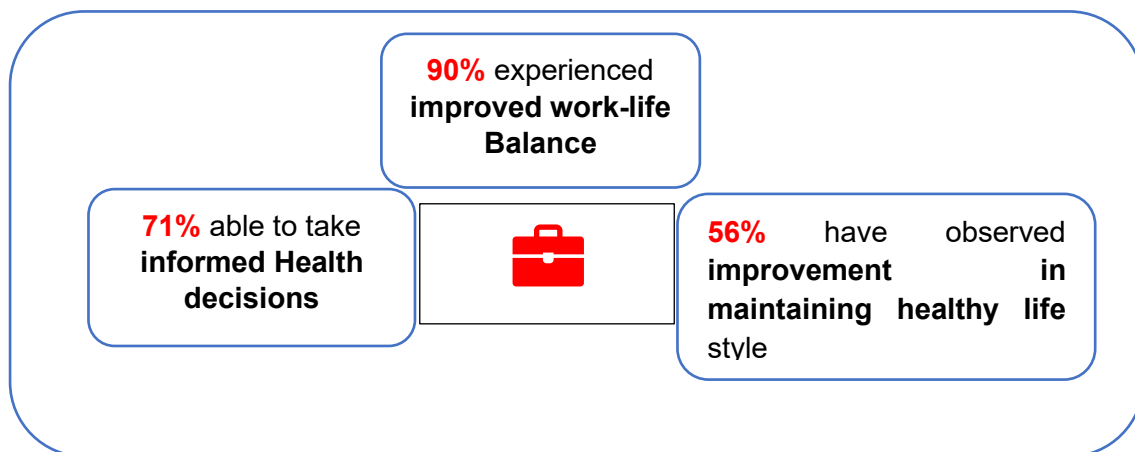


The impact of these interventions is reflected in significant improvements in health outcomes. A large proportion of beneficiaries reported feeling much better after participating in the programme, and the overall satisfaction with healthcare services has been overwhelmingly positive. This satisfaction stems from consistent support provided by SEWA Health Ambassadors, whose regular visits and guidance have reinforced health literacy, timely care-seeking behaviour, and access to essential services.

Beyond immediate health benefits, the programme has also contributed to long-term improvements in energy levels, stamina, and productivity. Participants have reported increased work attendance, better performance in daily activities, and enhanced confidence in managing personal and professional responsibilities. These outcomes demonstrate that the programme not only addresses healthcare needs but also strengthens economic resilience and community well-being. With continued focus on prevention and sustained engagement, the intervention is poised to contribute meaningfully to improved health and livelihood outcomes across the target population.

❖ **Sustainability** *(extent to which net benefits of the intervention are likely to continue)*

The SEWA health intervention has brought about significant improvements in how beneficiaries understand and manage their health. With enhanced awareness and access to healthcare services, many have become more proactive in seeking timely check-ups and adhering to recommended follow-ups. This shift has contributed to early detection of health issues and better treatment outcomes.



The programme has also positively impacted the physical well-being of participants. Many have reported feeling more energetic, with a noticeable reduction in fatigue. This has led to greater productivity and an increased ability to manage day-to-day responsibilities both at home and at work. Improvements in sleep quality and daily functioning have further reinforced a sense of well-being and encouraged the adoption of healthier lifestyles.

Beyond physical health, the intervention has helped many individuals achieve a better balance between work and life. With improved health, people have been able to work more consistently and efficiently, which has contributed to reduced absenteeism and more stable incomes.

Financially, the programme has helped reduce the burden of medical expenses for many, improving access to essential treatments and preventive care.

Despite these advancements, affordability remains a concern for some, with a portion of the population still finding it difficult to manage the costs associated with long-term treatment. This highlights the need for ongoing support to strengthen financial protection and ensure that the gains achieved through the programme can be sustained across the community.

❖ Recommendations

Sr.No	Challenges	Recommendations
1	SHAs encounter internet connectivity issues in remote areas, resulting in delays in data entry, duplication of effort, and inefficiencies in patient monitoring and reporting.	To address this, the existing data collection app should be expanded to all operational areas with offline functionality that allows data to be stored securely and synced automatically once connectivity is restored. Regular training and technical support for SHAs will further strengthen real-time reporting and operational efficiency.
2	Older adults despite being at high risk for NCDs often perceive screening as unnecessary in the absence of symptoms, making them hesitant to participate in awareness or diagnosis activities. This reduces the chances of early detection and timely management.	If Abbott India Ltd. considers to fund the program in future, SHAs can be trained in age-sensitive behavior change communication strategies. Equipping them with visual aids and localized educational materials will enhance their ability to engage older populations, build trust, and emphasize the importance of preventive health screenings.