



Building Inclusive Health Care for a Better Tomorrow

Annual Report 2024-2025



Abbreviations

AB-HWS: Ayushman Bharat – Health and Wellness Centres

AMR: Antimicrobial Resistance

AMS: Antimicrobial Stewardship Programs

ASHA: Accredited Social Health Activists

BBMP: Bruhat Bengaluru Mahanagara Palike

BDU: Beyond-Use Date

CBO: Community Based Organizations

DDD: Defined Daily Dose

GMC: Goa Medical College

HWCs: Health and Wellness Centres

ICDS: Integrated Child Development Services

IPC: Infection Prevention and Control

MCGM: Municipal Corporation of Greater Mumbai

MEDD: Medicine, Exercise, Diet & Doctor's Consultation

MHC: Mobile Health Centres

MHPSS: Mental Health and Psychosocial Support

NCD: Non-Communicable Diseases

OPD: Outpatient Department

NGO: Non-Governmental Organization

PHC: Primary Health Centre

QR Code: Quick Response Code

SHP: School Health Program

WASH: Water, Sanitation and Hygiene

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A student gets their eyesight checked under SHP's Vision Screening initiative for early detection and better eye health.

Foreword

Dear Friends,

We are pleased to present the AmeriCares India Foundation's Annual Report for 2024–25. Building inclusive healthcare has always been at the heart of our mission. Yet, in today's complex world—where inequalities persist and health systems are stretched—the need to ensure equitable access to quality care for all feels more urgent than ever.

This year's annual report showcases our work across programs that build and strengthen healthcare systems for a better tomorrow. Guided by our mission—to help people and communities in India access health in times of disaster and every day, we have strived to deliver care that is accessible, inclusive, and future-ready.

During 2024–25, our programs directly reached **370,408 unique individuals** and over **2.46 million individuals** indirectly across **15 states** in India. We upgraded and supported **89 Primary Health Centres (PHCs)**, operated **13 Mobile Health Clinics**, and supported health and wellness in **312 schools** through more than **5,300 classroom sessions**, assemblies, and engagement activities. Each of these initiatives reflects our commitment to making healthcare systems stronger and communities healthier.

Our emergency response teams reached nearly **1.5 lakh people** across **seven flood-affected states**, providing essential family, health, hygiene, and shelter kits, along with health camps that delivered primary health care. In Mumbai, under the global Partnership for Healthy Cities, we partnered with Vital Strategies and the Municipal Corporation of Greater Mumbai to lead a citywide campaign on reducing salt and sugar consumption, addressing the risks of diabetes and hypertension.

Our Antimicrobial Stewardship and Infection Prevention and Control program, Parivartan 2.0 was launched to cover all public health facilities in the state of Goa.

This four-year initiative is designed to strengthen antimicrobial stewardship and infection prevention practices across the state—an important step in combating one of the greatest health threats of our time.

Together, these milestones are shaping a future where healthcare is not just available, but inclusive, equitable, and resilient. As climate change continues to amplify health risks and disasters, we remain committed to expanding initiatives that make healthcare systems more climate-resilient, ensuring continuity of essential care even in times of crisis.

None of this would have been possible without the hard work and passion of our dedicated team members, and the unwavering support of our donors, partners, and board members. We would like to gratefully acknowledge the generous support; technical and programmatic received from colleagues in AmeriCares Foundation Inc. Stamford, Connecticut.

To each of you, we extend our heartfelt gratitude for walking alongside us in this journey. With hope and determination, we look forward to building on this year's progress and working together toward a future where every individual, regardless of circumstance, has access to the healthcare they need and deserve. **Together, we are transforming lives.**

With warm regards,



Subrata Kumar Mitra
President and Trustee



V.S. Chandrashekar
MD and Country Director

Our Vision

Pathways to health and opportunity for all

Our Mission

We help people and communities in India access health in times of disaster and every day.

Our Purpose

Access to quality health that saves and improves lives.

Our Programs



**Humanitarian
Program**



**Medicine
Security**



**Health
Services**



A counsellor speaks to a community member at an MHC van, as part of our MHPSS initiative.

Our Impact in 2024-25

3.7 lakh lives

impacted directly through health care
services & programs

26 lakh+ people

reached indirectly through awareness,
education, and community initiatives

Presence across

**15 states &
38 districts**

building healthier communities
nationwide

1.36 lakh people

received multiple touch points of
care, ensuring deeper, sustained
impact

HEALTH SYSTEMS STRENGTHENING

89 PHCs

upgraded and supported across India

18% increase

in OPD footfall in upgraded PHCs,
reflecting improved access and trust

76% increase

in lab tests, enabling timely diagnosis
and treatment

59% growth

in diabetes consultations, expanding
NCD care access

67% rise

in hypertension visits, ensuring better
screening and management

MOBILE HEALTH CENTRES

13 MHCs

in Maharashtra, Chhattisgarh,
Karnataka and Tamil Nadu

30k+ patients

with diabetes and hypertension
supported with screening, treatment,
and follow-up

COMMUNITY NON-COMMUNICABLE DISEASE (NCD)

Nearly

63% clients

are adhering to care, marking a
strong shift towards sustained health
and treatment outcomes.

SCHOOL HEALTH PROGRAM

312 schools

supported in Mumbai
and Bengaluru

66k+ students

empowered with health education
and improved WASH facilities

HUMANITARIAN RESPONSE

10 emergencies

responded to, delivering rapid relief
across seven states

36k+ families

received essential kits in disaster-
affected areas

2k+ individuals

provided consultations through
health camps in crisis zones

**Our Impact
in 2024-25**

Humanitarian Program

Restoring Dignity, Rebuilding Hope



When disaster strikes, the loss is not only of homes and livelihoods but also of safety, dignity, and access to healthcare. The Humanitarian Program stands at the frontlines of such crises, ensuring that even in the most difficult moments, families have access to health care and the reassurance that they are not alone.

The floods of 2024–25 brought this mission into sharp focus. Across **seven states** (Assam, Andhra Pradesh, Telangana, Kerala, Tripura, Gujarat, Bihar), more than 7.7 million people were affected, with thousands displaced and lives disrupted overnight. In response, we moved swiftly—delivering family, health, hygiene, and shelter kits to nearly **36,818 families** and set up health camps that reached over **2,354 people**.

Through the program's efforts, a total of nearly **1.47 lakh individuals** received timely relief and healthcare, reaffirming the program's commitment to protecting the most vulnerable when they need it most.

What set this year apart was not just the scale of response, but the way it was delivered. Relief kits came with QR code-based feedback systems in local languages, giving communities a voice in shaping future interventions. Frontline responders were supported with Mental Health and Psychosocial Support (MHPSS), ensuring their wellbeing as they faced the emotional toll of crisis response.

By working with local governments, community organizations, and donor partners, the program reached remote, tribal, and low-income communities who are often left behind in emergencies. In every action, the Humanitarian Program is building not just relief for today, but resilience for tomorrow—an inclusive system where healthcare and dignity endure, even in the face of disaster.



Our responder providing relief to an affected community member in Andhra Pradesh.



Affected community members being briefed on various items in their relief kits.

Humanitarian Program

Our Impact in 2024-25



10 emergencies

responded to across

7 states and 18 districts



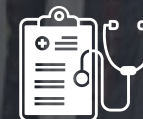
36,818 families

supported with essential relief kits



**1.47 lakh
individuals**

directly benefitted from timely
relief distribution

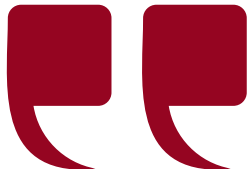


32 health camps

conducted, reaching

2,354 patients

with consultations and care



STORIES OF CHANGE



Finding Hope Amid Floodwaters

When floods swept through Ajith Singh Nagar in Vijayawada, Ponugoti Sunitha, her husband, and their two children suddenly found their world submerged. As daily wage labourers, their livelihood depends on each day's work. But when floodwaters rose, work stopped, their neighbourhood was underwater, and survival became the only focus.

For days, the family remained stranded inside their partially submerged home. With no safe way to escape and dwindling resources, they faced the fear and uncertainty of not knowing how long they could endure.

It was in this moment of crisis that AmeriCares support reached them. Sunitha's family received a relief kit containing health and hygiene supplies, mosquito nets, bed sheets, tarpaulins, ropes, water cans, and mats. Each item, though simple, proved life-saving. The tarpaulin became a roof against the rains, the mats offered a dry place to sleep, mosquito nets protected them from disease, and clean drinking water restored dignity in the midst of chaos.

"The support came at the right time—it gave us safety and strength to face those days," Sunitha shared, reflecting with gratitude.

As the waters slowly receded, the family began the difficult task of rebuilding their lives. They had lost belongings and faced the emotional toll of the disaster, but the timely assistance gave them confidence to look forward with hope!

Taking Healthcare to the Doorstep



What happens when healthcare cannot reach the people who need it most? For many across India, access to primary healthcare remains a daily struggle. Rural communities depend on distant, understaffed facilities, while urban low-income families face long waits at overcrowded clinics or the burden of unaffordable private care. These barriers delay treatment, worsen health outcomes, and deepen inequities.

Our Mobile Health Centre (MHC) Program, launched in 2011, was designed to bridge this gap by bringing healthcare directly into underserved communities. Operating across Maharashtra, Karnataka, Tamil Nadu, and Chhattisgarh, the MHC vans go beyond service delivery—they ensure equity in health by returning to communities fortnightly and building trust with those most often left behind.

In Mumbai, **eight MHC vans** currently serve **13 wards and 130 slum communities**. In 2024–25, we conducted **3,672 health camps**, delivering consultations, diagnostics, and treatment to **169,000 patients**. Preventive awareness sessions covered hypertension, water- and vector-borne diseases and mental health. Through the Manovikas initiative, counsellors and educators created safe spaces to address issues like sleep, stress and mind–body wellbeing—conversations rarely prioritized in low-resource settings. Mental health services were scaled up across all vans, supported by a partnership with the Institute of Psychological Health (IPH).

Collaboration strengthened our impact further. With the Brihanmumbai Municipal Corporation (BMC), we trained **42 Community Development Officers** and **120 Medical Officers**, embedding capacity within the public system. Alongside **70 NGOs**, we built referral pathways for disability support, de-addiction, cancer care, palliative services and elderly welfare. The program took root in Bengaluru in 2024 with one van piloting services to **20 priority sites**. In its first year, the van conducted **380 health camps**, reaching **11,182 patients** and held **180 group sessions** on diabetes, hypertension, tuberculosis and vector-borne diseases. To ensure continuity of care, a strong referral network was established with **27 maternity hospitals, 6 general hospitals, and 3 diagnostic centres**, laying the foundation for a city-wide model of mobile healthcare.

In Tamil Nadu and Chhattisgarh, four vans brought essential healthcare to **74,312 patients** in 2024–25. When floods struck Villupuram district, Tamil Nadu, the team ran emergency relief camps, providing care to **641 patients** in one week. In Madurai, the MHC partnered with the District Health Office to screen and refer NCD patients, while also linking communities to government-provided medicines. The program focused on awareness—working with schools, colleges, and the District Blind Control Society to organize health sessions and free eye camps. Partnerships with government departments, from police to agriculture to Integrated Child Development Services (ICDS), further deepened community outreach.

Mobile Health Centres

Our Impact in 2024-25



2,56,326
consultations

delivered — almost 2x the annual
target of 1,30,000



4,090 diabetes patients

7,178 hypertension patients

4,132 comorbid patients benefitted
from sustained treatment
and follow-up



1,28,407
unique patients

received care through the program



70% hypertensive patients
achieved controlled blood
pressure

21% diabetes patients achieved
control over blood sugar

12% comorbid patients managed
to keep both conditions under
control



49% of
consultations

focused on NCD management



A mother getting a check-up at the MHC van in Tamil Nadu.



A community member receives prescription and medicine from the MHC van in Mumbai.



STORIES OF CHANGE



Restoring Dignity in the Golden Years

In Shivri, Mumbai, 72-year-old Mr. Thokle and his wife, aged 67, were quietly fighting battles that went unseen. With no children or close relatives to support them, the couple relied on their meagre earnings and savings.

But when Mr. Thokle's heart condition demanded costly medicines and ongoing treatment, their savings quickly disappeared. Mrs. Thokle's income as a domestic worker barely covered house rent and food, leaving little for the medicines that kept her husband alive.

By the time they were identified during a routine check-up at the Gemini Mobile Health Van, the couple was emotionally drained and financially cornered. When asked about old-age home admission, they voiced a simple but powerful wish: "We want to live in our own home, independently." Respecting their choice, the referral team sought a more dignified solution.

Through persistent follow-up, Americares India connected the couple to Dignity Foundation, a trusted partner. Soon after, the Thokles were approved for lifetime monthly ration kits worth ₹3,000. This timely support ensured they would never again have to choose between food and medicines.

For the Thokles, this intervention was more than material aid—it was a restoration of dignity and peace of mind. As Mr. and Mrs. Thokle shared with gratitude: **"Your support gave us hope and independence in our old age."**

Mental Health and
Psychosocial Support

Making Mental Health Part of Everyday Care

Wellness Promotion

We promote healthy habits, foster positive coping mechanisms and provide resources for maintaining overall mental health.

Early Detection

We assist individuals in identifying their initial mental health concerns and challenges at an early stage, enabling timely intervention and treatment.

Comprehensive Approach

We ensure individuals receive integrated treatment and effective care tailored to their specific needs, including diagnosis, medication, counselling, and facilitate adequate referrals.

Advocate Psychosocial Support

We encourage individuals by advocating their mental health needs, providing emotional support, while addressing social determinants of health to enhance their well-being.

Reducing Stigma

We encourage open dialogue, increase awareness and promote empathy and compassion towards those facing mental health and psychosocial challenges, aiming to reduce stigma and discrimination.

Encouraging Individuals

We encourage patients to make informed decisions and take control of their mental health by building self-efficacy, autonomy and confidence in managing their challenges and supporting their well-being.

WE CARE MODEL

Mental health remains one of India's most urgent and overlooked health challenges. Nearly 197 million people live with mental health concerns, yet the treatment gap stands at nearly 85%—leaving millions without support, particularly the poor and marginalized.

To bridge this divide, we integrated Mental Health and Psychosocial Support (MHPSS) into our Mobile Health Centres (MHCs) and the Health and Wellness Centres (HWCs). In Mumbai, where MHCs have delivered primary healthcare and health education since 2011, this integration has brought mental health services directly into underserved communities. Each MHC team now includes non-specialist

counselors alongside doctors, educators, data staff and dispensers, ensuring holistic care for nearly **600,000 residents** across **130 sites** visited bi-weekly.

In 2024–25, MHPSS services were scaled across all eight MHC vans. Physicians provided **3,164 consultations** for clients with mental illness, while counselors completed **5,911 sessions** of psychosocial support—often the first time many individuals had spoken openly about their struggles. Education and awareness became just as important as treatment: **1,758 health education sessions** reached more than **23,000 people**, while community dialogues engaged **539 individuals** in breaking stigma and promoting well-being. Importantly, **104 people** completed treatment successfully, and **68% of referrals** were followed through—evidence of a system beginning to close the gap.

With regular supervision from psychiatrists and psychologists, the counselors' skills continued to grow, ensuring care that was consistent and compassionate. By embedding mental health into primary care, this initiative is reshaping the way communities view health—showing that dignity, resilience, and recovery are possible when the mind is cared for alongside the body.

MHPSS

Our Impact in 2024-25



1,631 individuals

accessed MHPSS services



**3,055 consultations
& 381 education
sessions**

conducted on mental health



6,057 referrals

facilitated through MHCs



**3,96,117 IEC
touchpoints**

reached through pamphlets and
SMS campaigns



**157 private
healthcare providers**

trained in NCD prevention
and management



Our MHPSS counsellor conducts a group session with community members.



Our MHPSS counsellor distributes educational pamphlets to community members.



STORIES OF CHANGE



Caring for the Caregiver

For more than two years, 54-year-old Ramu Patil has visited the Mobile Health Centre to manage his hypertension. Behind these routine check-ups lies a life filled with quiet struggles.

Ramu works long hours at a hotel, yet his real challenges begin at home. His wife has lived with schizophrenia since 2000, and his son, now 34, faces intellectual and behavioral difficulties. The burden of being the sole caregiver and breadwinner weighs heavily on him. Rising expenses for medicines, his wife's unpredictable mood swings, and his son's silence left Ramu anxious and exhausted.

During a health session in February 2025, Ramu finally opened up to the counselor. He spoke of his fears for his son's future, the strain of managing household responsibilities, and the toll it was taking on his own health.

The counsellor listened patiently, provided psychoeducation about his wife's and son's conditions, shared realistic expectations, and highlighted strategies to manage stress. She connected him to an NGO providing free medicines, ensuring regular access to treatment. She also emphasized the importance of his own health, guiding him on self-care practices, diet, and medication adherence.

With the right guidance and practical support, Ramu feels a renewed sense of strength and clarity. **He is now able to manage his responsibilities with greater confidence, reduce stress, and take informed steps toward caring for both his family and himself.**

NC-DISHAA

Where Community and Innovation Meet



India's urban poor live at the frontline of the non-communicable disease (NCD) crisis. Diabetes and hypertension are rising rapidly, yet low awareness, poor treatment adherence and limited access to care keep many families vulnerable. For those who reside in crowded slum dwellings in cities, health often takes a backseat to survival. For them, timely screening and consistent management can mean the difference between living with dignity and living in distress.

To bridge this gap, we launched NC-DISHAA 2.0, shifting our focus from detection to behavior change. At its heart is the Medicine, Exercise, Diet & Doctor's Consultation (MEDD) framework — a simple yet powerful tool to help families embrace healthier routines.

In the year of 2024-25, the program tailored its messages through the MEDD Behaviour Change Communication strategy, segmenting clients into "Normalizers," "Seekers," and "Deniers" to personalize counseling. Tools like flip charts, handouts, WhatsApp videos and reminder cards made learning engaging and actionable.

By involving families and neighbours, the program reframed NCD management as a collective journey rather than an individual struggle. Women were prioritized in family sessions, migrants and daily-wage earners found care close to home, and mobile clinics ensured that even the most vulnerable could access free consultations and medicines.

The program also trained **157 local healthcare providers** and continually built the skills of **137 Arogya Mitras**. Partnerships with municipal health posts, dispensaries, and medical colleges created strong referral pathways, while 134 meetings with public health officers and community leaders anchored the initiative in Mumbai's public health system. The use of the Comcare app ensured 100% real-time data capture, equipping officials with insights to refine strategies and plan future interventions.

NC-DISHAA

Our Impact in 2024-25



137 communities

reached across the state, mobilized
by 137 Aarogya Mitras



**14,725 diagnostic
tests for HbA1c**

and lipid profiles were completed



**15,000+
individuals living**

with diabetes and hypertension were
enrolled in the program



**178,420
consultations**

were delivered through 8 mobile health
clinics, while 5,851 education sessions
engaged 72,000+ community members



**66,792 BCC
sessions**

conducted with clients and their
family members



63% clients

are showing adherence by taking their
medication regularly, while over half
keep up with doctor visits

STORIES OF CHANGE



Turning a New Leaf

For years, 48-year-old tailor Lokesh Parar worked tirelessly in Mumbai, earning just enough to keep his family afloat. When a door-to-door screening under the NC-DISHAA 1.0 project revealed that he had diabetes, treatment began but didn't last. Rising costs, irregular follow-ups, and long-standing habits like alcohol and tobacco kept pushing his health to the margins.

The turning point came with the support of Aarogya Mitra Mehjabin Khan. Through regular follow-ups, patient counselling, and the introduction of the Mobile Health Clinic—which provided free consultations and medication—Lokesh found the means and motivation to begin again. With gentle persistence, Mehjabin helped him make small, steady changes in his daily life, proving that access combined with empathy can shift even the hardest patterns.

The impact has been profound. In 2023–24, Lokesh's HbA1c was 10.8 per cent, dangerously high. By October 2024, it had dropped to 5.1 per cent. He gave up alcohol and tobacco, improved his diet, and committed to treatment.

Today, his family sees him not only as their provider but as someone who has reclaimed his health and future.

Lokesh's story is a quiet reminder of the power of care, access, and belief in the possibility of change.

SPOTLIGHT

A City that Chooses Health

In Mumbai, where one in five adults lives with diabetes and a quarter with hypertension, excessive salt and sugar consumption posed a daily risk. To tackle this, Américas India partnered with Vital Strategies and the Municipal Corporation of Greater Mumbai (MCGM) under the global initiative Partnership for Healthy Cities and launched the **'Salt and Sugar Campaign'**.

The result was a vibrant, citywide campaign that celebrated healthy living. Posters, banners, radio jingles, and bus shelter ads carried the message to diverse audiences. Crafted in English, Hindi, and Marathi, the campaign reached household women buying groceries, men waiting in clinics, adolescents drawn to packaged foods, and young people navigating busy urban lives. Its joyful message: **"Healthy Khaal, Swasth Raha, Mast Raha" (Eat Healthy, Stay Healthy, Enjoy Life)** reframed healthy eating as a choice full of energy and optimism. In doing so, it ensured that knowledge, the first step toward better health, reached across gender, age, and income divides.

This initiative marked a step forward in strengthening health systems in the city:

- The Knowledge, Attitudes, and Practices (KAP) study with nearly 700 participants gave city health officials actionable insights into behaviour change.
- The use of the Comcare digital application for surveys introduced efficient, multilingual data collection methods.
- Collaboration with MCGM's NCD Cell and IEC Department built lasting institutional capacity, ensuring preventive communication is not a one-off effort but an ongoing priority.

The Salt and Sugar Awareness Campaign was more than a health campaign — it was a celebration of collective action. It showed how partnerships, creativity, and community engagement can turn complex health challenges into opportunities for change.



Brihanmumbai Municipal Corporation
Public Health Department

Partnership for
Healthy Cities

**LESS SALT, LESS SUGAR
KEEPS YOUR HEALTH BETTER.**



HEALTHY KHA, SWASTHA RAHA, *Mast Raha!*



Brihanmumbai Municipal Corporation
Public Health Department

Partnership for
Healthy Cities

**KEEP YOUR
BLOOD SUGAR
LEVELS
IN CONTROL**



HEALTHY KHA, SWASTHA RAHA, *Mast Raha!*



Brihanmumbai Municipal Corporation
Public Health Department

Partnership for
Healthy Cities



Read the
salt and sugar
content

**STOP
TO READ
FOOD LABELS**

Choose smart!
LESS SALT, LESS SUGAR
KEEPS YOUR HEALTH BETTER.

HEALTHY KHA, SWASTHA RAHA, *Mast Raha!*



The campaign created posters with powerful messages that were customized across various formats and channels, such as banners for bus shelters.



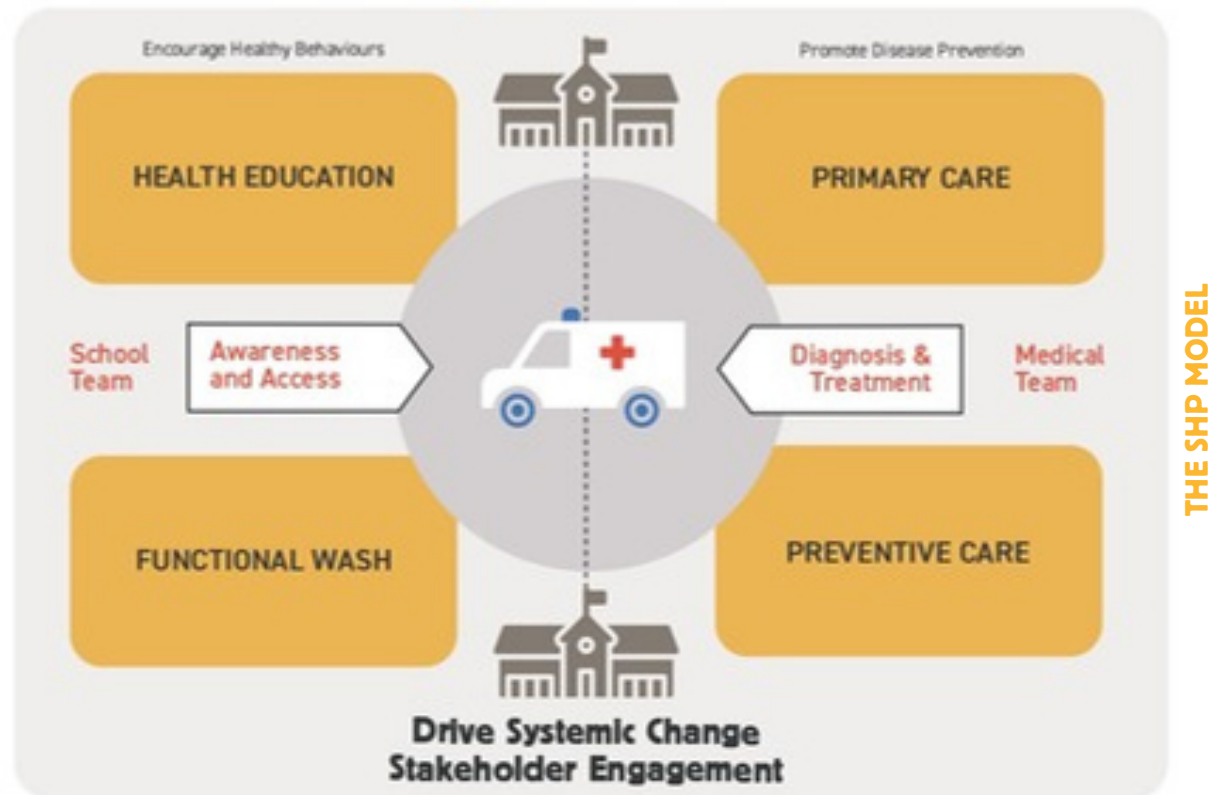
The Salt and Sugar Campaign poster at a bus shelter improved awareness and greater outreach.



Posters displayed across hospitals increased outreach and awareness of the campaign and its message.

School Health Program

Building Healthy Foundations for Learning



For children in disadvantaged neighborhoods, poor health is often a hidden barrier to learning. Low haemoglobin, poor oral hygiene, weak vision, and lack of awareness around nutrition and hygiene silently affect classroom performance.

The School Health Program (SHP) is designed to break this cycle. Partnering with government and semi-aided schools, SHP provides structured, age-appropriate health education while upgrading school infrastructure to support healthy practices. Using an interactive Lecture–Engagement–Demonstration model, facilitators turn awareness into action, instilling habits that last a lifetime.

In Mumbai, the program focused on oral hygiene, eye health, nutrition, menstrual hygiene, and vector-borne disease prevention. Between April 2024 and March 2025, SHP reached students through **550 assemblies, 2,539 classroom sessions, and 2,519 engagement activities**. Girls received menstrual hygiene education and sanitary kits, reducing absenteeism and boosting confidence. Screenings for vision and oral health enabled early interventions, ensuring children could focus on learning without untreated health issues holding them back.

In Bengaluru, the program emphasized hand hygiene, nutrition, menstrual hygiene, and puberty education. Students were engaged through **197 assemblies, 1,274 classroom sessions, 1,274 engagement activities, 90 menstrual hygiene sessions, and 82 puberty sessions**. The program also invested in WASH upgrades across six schools—renovating gender-segregated toilets, ensuring safe drinking water, and installing child-friendly handwashing stations. Housekeeping staff were trained, cleaning agents supplied, and Swachta Samitis of students, teachers, and parents carried out regular audits, embedding a culture of hygiene in schools.

The School Health Program is not only improving children's health today but also nurturing confident learners and building stronger, healthier communities for tomorrow.

School Health Program

Our Impact in 2024-25



312 schools

supported, reaching

66,782 students

with essential health interventions



**7,433 health
education sessions**

conducted, attended by

68,337 students

covering nutrition, hygiene, and
healthy habits.



63% students

are following 5 personal hygiene
practices such as brushing teeth and
eating green leafy vegetables



8 WASH facilities

upgraded in schools



29,623 students

screened for anaemia, identifying

7,947 children

in need for treatment and intervention



100% anaemic students

received IFA supplements, with
64% achieving normal
haemoglobin levels.



70% students

know at least two preventive methods
for malaria and dengue



29,093 students

screened for vision defects, providing
corrective treatment to 3,788 children

School Health Program

**Our Impact
in 2024-25**

HEALTHY STAND



Children participating in an activity to celebrate Global Handwashing Day.



STORIES OF CHANGE



From Silence to Confidence

For Shalini (name changed for privacy), a seventh-grader at Bruhat Bengaluru Mahanagara Palike (BBMP) Primary School in Bengaluru, periods meant fear, discomfort, and isolation. Following her family's tradition of using cloth, she often suffered rashes, ruined uniforms, and the embarrassment that made her skip school. Each month, her confidence waned, and she felt invisible among her classmates.

Everything changed when the school health program introduced menstrual hygiene kits and awareness sessions. For the first time, Shalini learned about sanitary pads, proper hygiene, and dispelling myths she had grown up believing. The guidance she received empowered her to take charge of her health—she began attending school consistently, participated actively in class, and no longer hid from her peers.

The impact extended beyond Shalini. Her mother, inspired by her daughter's learning, began adopting better menstrual hygiene practices herself. Teachers observed the transformation too: students were more confident, engaged, and comfortable discussing health openly.

Shalini's story shows how the right guidance, paired with essential resources, can change lives. It's a reminder that education and care can break cycles of shame, empower young girls, and transform entire communities—one confident step at a time.

Health Systems Strengthening (HSS)

From Gaps to Gains, Transforming India's PHCs

Complementing Government Efforts

The project aims to complement and enhance initiatives of the Ministry of Health and Family Welfare avoiding duplication or creation of a parallel system.



Community Needs Driven

Project Interventions have been designed following a thorough assessment that identifies needs and gaps. Comprehensive evaluations of PHCs—including infrastructure, staffing capacities, and service delivery gaps—are performed to ensure that intervention designs are data-driven and tailored to the specific context.

Customised Impact Solutions

The project emphasizes local needs and challenges, ensuring that each intervention at a PHC is customized to address specific healthcare requirements of that PHC.

Co-design for Ownership

On-site medical staff and district health officials actively collaborate with the project team to co-design interventions. This participatory approach fosters ownership, accountability and long-term sustainability beyond the project's implementation phase.

Community-centric Model

The needs, comfort, and satisfaction of the end beneficiaries—community members utilizing the services—are prioritized in the intervention design. This ensures a patient-centered and impact-driven approach.

5Cs APPROACH FOR STRENGTHENING
PRIMARY HEALTHCARE

Inclusive healthcare begins at the first point of contact—the Primary Health Centre (PHC). For millions across India, especially in rural and remote areas, PHCs are the lifeline of public healthcare. Yet, PHCs function with limited infrastructure, overburdened staff, and inadequate facilities, leaving communities without the care they deserve.

To bridge this gap, we launched the Building Access to Quality and Affordable Healthcare Infrastructure and Services project in March 2021. Aligned with the Ayushman Bharat – Health and Wellness Centres (AB-HWCs) framework, the multi-year initiative reimagines PHCs as vibrant, inclusive and patient-friendly spaces.

The project rests on three pillars:

- upgrading infrastructure and equipping PHCs to deliver quality care;
- building the capacity of healthcare professionals and frontline workers to manage non-communicable diseases (NCDs), strengthen Infection Prevention and Control (IPC), and diagnostic services;
- engaging communities through ASHAs, behaviour change campaigns, and local outreach that empowers people to seek timely care;

In 2024–25, the program successfully upgraded **89 PHCs across 12 states**, transforming them into more inclusive spaces. These upgrades went beyond bricks and mortar—they ensured clean and separate toilets for men and women, installed safe drinking water facilities, created accessible patient service points, set up handwashing stations, renovated labour rooms to improve maternal care, enhanced OPD and laboratory spaces, and even dedicated areas for yoga and wellness.

Alongside this, **1,310 PHC-level health workers** and **2,015 ASHAs** were trained, ensuring that infrastructure upgrades were matched with strengthened human capacity. The result is stronger, more resilient PHCs that now reach women, children, persons with disabilities, and low-income families with dignity and care. As of March 2025, the project has successfully transformed 216 PHCs into HWCs.

HSS

Our Impact in 2024-25

(127 Upgraded PHCs increase
in 2024 when compared to
2022)



18% increase

in patient Outpatient Department
(OPD) at PHCs following
infrastructure upgrades and
service enhancements



17% increase

in inpatient admission in the year
following upgradation and a decline
in the second year, an outcome
attributed to improved awareness
and health seeking practices
in the community



9% increase

in institutional deliveries at PHCs,
reflecting improved maternal
healthcare services



76% increase

in the number of lab tests conducted,
resulting in improved diagnosis and
timely treatment



59% rise

in diabetes outpatient consultations,
indicating improved access to NCD
management services



67% increase

in hypertension outpatient visits,
demonstrating enhanced screening
and treatment availability



அரசு ஆரம்ப சுகாதார நிலையம்
சுகாதார மற்றும் நலம்
HEALTH AND WELLNESS CENTRE
சுகாதார மற்றும் நலம்



Upgraded PHC, now a Health and Wellness Centre, at
Kuddalore in Tamil Nadu

**CONFERENCE
ROOM**

18

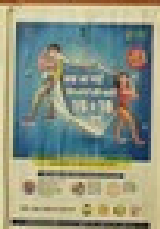
YOGA ROOM
योगा कक्ष

ल्हान सभाघर

**लसीकरण कक्ष
लसीकरण कक्ष
Immunisation Room**



COVID-19
NOTICE



NOTICE

For Infants

0-12 months	DTaP, Hib, Polio, Hepatitis B, Pneumococcal
1-5 years	MM2, Hib, Polio, Hepatitis B, Pneumococcal
6-11 years	MM2, Hib, Polio, Hepatitis B, Pneumococcal
12-17 years	MM2, Hib, Polio, Hepatitis B, Pneumococcal

For Children

18 months	MM2, Hib, Polio, Hepatitis B, Pneumococcal
2-4 years	MM2, Hib, Polio, Hepatitis B, Pneumococcal
5-11 years	MM2, Hib, Polio, Hepatitis B, Pneumococcal
12-17 years	MM2, Hib, Polio, Hepatitis B, Pneumococcal

A yoga room constructed in the upgraded PHC at Quepem, Goa.



STORIES OF CHANGE



A Mother's Hope Restored

In Bhuchungdih, a remote village in Jharkhand's Ramgarh district, 22-year-old Sita Devi faced daunting challenges during her first pregnancy. Though the Primary Health Centre (PHC) was only a kilometer away, it lacked the facilities to support maternity care. Each antenatal check-up—and eventually her delivery—meant a 25-kilometer journey to the district hospital. For a young family surviving on a modest income, the physical strain and financial burden were overwhelming.

When Sita conceived again, the thought of repeating those exhausting trips weighed heavily. But this time, things were different. The Bhuchungdih PHC was now upgraded with a dedicated maternal health infrastructure—complete with in-patient wards, WASH facilities, and skilled staff. For the first time, women in the village could access essential care close to home, without the long and costly travel that had once defined their pregnancies.

Sita not only benefited from these improved services but also attended awareness sessions on antenatal and postnatal care, immunization, breastfeeding, and infection prevention. These sessions gave her the knowledge and confidence to navigate motherhood with dignity and security.

When healthcare is strengthened at the last mile, women and families are empowered to welcome new life with hope instead of hardship.

Antimicrobial Stewardship
and Infection Prevention
and Control

Shaping a Safer Healthcare Future

Antimicrobial Resistance (AMR) is one of the gravest health challenges of our time. Globally, it was responsible for 1.27 million deaths in 2019 and contributed to nearly 5 million more. For India, where antibiotic use remains widespread and often unregulated, the stakes are even higher. If unchecked, AMR threatens to undo decades of medical progress, making routine infections harder to treat and raising the cost and duration of care for millions.

In response, AmeriCare India launched Project Parivartan in 2021, an initiative to strengthen IPC and embed Antimicrobial Stewardship Programs (AMS) across healthcare facilities. The first phase of the program successfully engaged 11 mid-sized hospitals in seven states, building systems and training healthcare providers to promote responsible antibiotic use.

Building on this momentum, the second phase has expanded its reach to 42 public health facilities in Goa, advancing the vision of a safer, more resilient healthcare system. The project has been initiated by orienting key stakeholders of the project, which include clinicians at GMC and officers of the public health department in Goa.

At its core, Project Parivartan is about systemic change—developing state-wide AMS programs, conducting detailed baseline assessments of the AMR landscape, strengthening hospital IPC practices, and training healthcare professionals in safe prescribing and infection prevention. By combining surveillance, training, and system improvements, the initiative is laying a strong foundation for inclusive healthcare that protects both present and future generations from the growing threat of AMR.



Health care professionals under training in safely prescribing antibiotics and ensuring infection prevention.

AMS

Our Impact in 2024-25

(These are impact numbers from
Project Parivartan 1.0)



Significant reduction in hospital-acquired infections

with a VAP rate of 3.3/1000 ventilator
days, CLABSI rate of 1.6/1000 central
line days, and CAUTI rate of just
0.27/1000 catheter days



Zero Surgical Site Infections (SSIs)

recorded indicating strict infection
control practices



High Compliance to safe practices:

Hand Hygiene (83%), Surgical
Prophylaxis (94%), Antibiotic Policy
adherence (85%), IPC care bundles
(90%).



Rational antimicrobial use maintained

with 73.5 DDD/100 BDU, helping
curb resistance



Multi Drug Resistant Organism rate

contained at 19.2/1000 patient
admissions, highlighting improved
antimicrobial stewardship.



7,596 healthcare staff

trained in IPC and AMS practices,
building stronger systems for
sustained change



plemented by
mericares

Hon. Shri Vishwajit Rane, Health Minister of Goa speaking at the inauguration of the second phase of Project Parivatan

SPOTLIGHT

Goa Leads the Way in Antimicrobial Stewardship

On 27 November 2024, Project Parivartan reached a landmark milestone with the launch of the Goa Antimicrobial Stewardship and Infection Prevention & Control Initiative at Goa Medical College & Hospital, Bambolim. Inaugurated by Hon. Shri Vishwajit Rane, Health Minister of Goa, the event brought together healthcare leaders, policymakers, and partners in a powerful show of unity.

Recognizing the urgent challenge of antimicrobial resistance (AMR), the Government of Goa has aligned this initiative with India's National Action Plan on AMR and WHO's global containment strategy. Designed as a four-year program (2024–2028), Project Parivartan will establish a state-wide framework for Antimicrobial Stewardship (AMS) and Infection Prevention and Control (IPC). Its primary goal is clear: to reduce hospital-acquired infections and promote responsible antibiotic use across Goa's healthcare system.

This commitment builds on India's national journey against AMR. Since the establishment of the National Task Force on AMR Containment in 2010, the country has taken significant steps, including the development of the National Policy on AMR Containment (2011) and the launch of the National Action Plan on AMR (2017–2021), which advanced surveillance, awareness, and responsible antibiotic practices. Project Parivartan complements and strengthens these national efforts at the state level, making Goa a leader in AMR response.

Speaking at the launch, Health Minister Vishwajit Rane underscored the importance of the initiative: **"The Government of Goa is committed to strengthening policies to combat AMR and reduce hospital-acquired infections. Project Parivartan will help drive safer healthcare practices, improving patient outcomes and public health."**

This milestone celebration was more than a launch—it was a collective pledge to safeguard communities and build resilient, inclusive healthcare systems, prepared to withstand one of the greatest health challenges of our time.



The inauguration of the second phase of Project Parivartan

Our Leadership

Our Board Members

- **President and Trustee:** Mr. Subrata Kumar Mitra, Chairman, QSK Advisory Pvt. Ltd.
- **Treasurer and Trustee:** Mr. Vikram Parekh, Director, Parekh Integrated Services Pvt. Ltd.
- **Trustee:** Mr. Shripad Desai, Deputy Senior Vice President, Country Team Liaison, Americares Foundation Inc

Key Management

- **MD & Country Director:** Mr. V S Chandrashekar
- **Deputy Country Director:** Mr. Anirban Mitra
- **Director Programs:** Dr. Ulhas Vasave
- **Associate Director, Finance:** Ms. Heena Jain
- **Associate Director, Programs:** Dr. Debashis Mishra

Statutory Compliances

- Registered as a Public Charitable Trust in India since 2006
- Registered under Section 12A of the Income Tax Act, 1961
- Recognized under Section 80G of the Income Tax Act, 1961
- Registered under Foreign Contribution Regulation Act (FCRA), with Ministry of Home Affairs (MHA)
- Licensed to purchase, store, sell and distribute drugs with the State Food & Drug Administration (FDA) of Maharashtra
- Complies with the waste disposal norms laid down by Maharashtra Pollution
- Control Board (MPCB) with regard to destruction of date expired medicines.

Professional

- Member of the Associated Chambers of Commerce of India (ASSOCHAM)
- Member of National Coalition of Humanitarian Agencies in India (SPHERE)

Partnerships

Americares is privileged to have partnered with numerous respected institutions as part of its programs and initiatives. Few of them are listed below:

- National Disaster Management Authority (NDMA)
- Municipal Corporation of Greater Mumbai (MCGM)
- Bruhat Bengaluru Mahanagara Palike (BBMP)
- Directorate of Health Services (Goa)
- Department of Health and Family Welfare (across 38 districts)

Professional Standards

Our Donors

Corporate

- Abbott Healthcare Pvt Ltd
- Abbott India Ltd
- Becton Dickinson India Pvt Ltd
- Johnson and Johnson Pvt Ltd
- Morgan Stanley Advantage Services Pvt Ltd
- Morgan Stanley India Primary Dealer Private Ltd
- Novartis Healthcare Private Limited
- Pfizer Limited
- Sandoz Private Limited
- Sanofi India Limited
- SMFG India Credit Company Limited (Formerly Fullerton India Credit Co. Ltd)
- Videojet Technologies (I) Pvt Ltd
- Xylem

Foundation

- AmeriCares Foundation Inc
- Honeywell Hometown Solutions India Foundation
- Rural India Supporting Trust (RIST)
- Vital Strategies, Inc
- WPP India Corporate Social Responsibility Foundation

Employees' Contribution

- Sandoz Private Limited



An elder woman is assisted to reach our relief camp in Assam to collect her distribution kit



Community members mobilized to spread awareness during the celebration of World Health Day as part of our MHC program



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