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# Introduction

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Corporate Partnership Team:  
Seva Setu

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# Introduction

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# Introduction

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## About Seva Setu:

Seva Setu is a ***humble, young, social initiative*** established to espouse the cause of every individual deprived of his/her '***fundamental rights***' by connecting & utilizing the existing resources available around us.

We strongly believe that our world has enough resources (material as well as human) for each of us to live a life of dignity wherein none of us is deprived of our fundamental rights of proper & adequate health, education, drinking water etc. The important task is to identify the centers of abundance of these resources **and create right bridges & channels to** facilitate the transfer to centers of scarcities.

For example, in today's times, there is an abundance of government schemes, programs for the poor and needy people of India. Still, the ground reality is that either the fruits of these schemes and programs don't reach the deserving people or the deserving individuals are not able to avail the full benefits due to systemic ailments. While there has been an improvement as compared to the past, most of the poor people in the remote villages of India still continue to languish and suffer; they are deprived of their fundamental rights of proper and adequate health, education, drinking water, etc.

At Seva Setu, we are determined to change this state of despair, deprivation and bring about a tectonic change in the way we address and solve issues of the people.

True to our name, we aim to ***serve*** as an enabler, facilitator and advocate and thus, act as a ***bridge (Setu)*** between various stakeholders & resources (state/central government/concerned NGOs, corporates, young educated students & professionals, the intellectuals etc.) and of course the desired beneficiary (poor and needy people). Through our various programs and services we wish to provide ***last mile connectivity*** to people, at various stages in the full chain of transfer of benefits from the government/un-used resources to the beneficiaries.

And in doing so, we envision creating a ***problem solving society*** which is **connected & concerned** enough to solve its problems on its own and organizations like ours become redundant in the long run.

While we intend to work pan India as we move along, we have started with Bihar, one of the most under-developed states in India. We have begun with various programs in the health sector & general day to day public services for the poor & needy, especially focusing on **Maternal & Child Health**.

Founded on 4<sup>th</sup> May 2013 by Nishant Kumar Ojha, an IIT-Kharagpur alumnus, IIM-B (PGDM) Gold Medalist and an ex-bureaucrat, team Seva Setu has the right blend of passion & credentials. The organization was registered under the Society Registration Act – 21, 1860 in Feb, 2014. Team members include consultants, technology specialists, managers, doctors, communication & media managers, psychologists, spread across India & abroad working closely with the field workers. And the best part is this team is growing in terms of size & resource quality, every day.

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## Presence:

When we talk about our presence, we don't define restrictively in terms of physical presence alone in a certain region, as the basic tenet of our overall model is connecting various resources across India & the globe, to deliver services on ground.

As far as actual delivery of services on ground is concerned, starting with 1 village around 8 months back, we are now present in around **120 villages in Bihar** and we have started work in areas near Bangalore particularly in **Tumkur district**.

However, this delivery of services on ground happens because of a synchronized effort amongst our members, volunteers, investors spread all across India & some parts of the world who are a part of this abridged version of "Problem Solving Society". The participants contribute with various activities right from creating interesting graphics, insightful strategies, connecting to more like minded resources, developing websites & mobile applications to acting as call champions for our "Each One Reach One" campaign under Mother Care program.

We intend to be there, everywhere, at least one of us, to identify the most fundamental problems, find a resource & connect, brainstorm, make a plan and execute with all the passion & energy that we have.

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## Our Programs:

It would not be very wise to talk about our programs without talking about the problems (we identified) that led us to devise these programs & services. We have been very particular about understanding & clearly defining the problems & then creating programs (solutions: short term & long term) around them, utilizing the existing government/private infrastructures & resources.

### Problem 1:

*“Humein toh pata hi nahi”, “Humein toh Yaad hi Nahi Rehta”* (“I am not aware”, “I don’t remember only”)

Yes. Precisely the main problems as communicated directly by the prospective beneficiaries, when we spoke to many of pregnant & lactating women during our field surveys in villages in Bihar, on the issue of essential ante-natal, post-natal check-ups, immunizations, intake of IFA tablets etc. To summarize

1. Pregnant & Lactating women are not aware of essential ante/post natal activities such as regular check-ups, Tetanus Injections, intake of IFA tablets, immunization activities etc., all of which are provided **free of cost** under various government schemes.
2. Even if they are informed, they tend to forget the required interventions

### Our Program: Mother Care

To address this **lack of adequate & timely information**, we have developed a simple **excel-based tool** which helps us remind these women of all the essential ante-natal & post-natal activities **through weekly phone calls**. Our approach engages them on **one-to-one** basis through reminder phone calls and also through in-person engagement under our other on-field programs at different aggregation events.

The following key features of our program make it more effective than other existing interventions which rely too much on the ability of prospective beneficiaries to read, self-start & take informed decisions & are generally one way static/one time engagements:

1. **Regular, timely and consistent** engagement makes it more effective
2. Working on a **two-way** communication model helps us evaluate the current status of various interventions, identify key blockers, find the root cause(s) and take remedial action
3. One-to-one engagement makes the interaction **more live & dynamic** and thus, more effective
4. Inputs received during the call also help us learn and evolve our excel based tool

Combining the strength of a wide-spread mobile network and our focus on using technology to solve real life problems, we hope to fundamentally alter the status of maternal & child health on a large scale in India.

The expected outcome of this program is better utilization of healthcare services provided by the Government leading to better maternal & child health amongst the poor & marginalized section of the society. Key metrics & numerical goals that we use to evaluate the success of this innovation are:

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**% Effectiveness- intervention wise:** (Total number of women completing a particular intervention/Total number of women called/reminded for intervention)

**% Effectiveness-Average Intervention completed:** (Total number of women-interventions completed/Total number of women-interventions called/reminded)

**% Registration:** (No of women whose data we have been able to collect/Total estimated number of expecting & lactating women in a particular region)

**% Call completion:** (No of intervention calls made to women and completed/Total number of calls required to be made)

Our short term goal is to scale our work in the areas most affected with maternal & child health problems & dynamically evolve our tools, operations & processes to more robustness.

Given the enormity of task at hand and the availability of modern methods of accessibility & information, each of us can and must extend our hand & reach others.

In direction & in line with our philosophy of connecting the right resources to the deprived ones we have launched our campaign **“Each one Reach one”** under Mother Care program. Each educated, healthy, young/old woman reaches out to, one or more uneducated, poor, marginalized “Expecting & Lactating women” through this program. With increasing participation we look forward to this initiative developing into a robust self-sustaining problem solving platform not only focused on Maternal & Child health but also on other problem areas.

Another off-shoot of this program is **“Auto-Aid”** service wherein we have collaborated with local three wheeler Auto Rickshaws for emergency transportation of pregnant mothers to nearby Public/Private health facilities. It is to be noted that as per JSSK scheme of government of India, all pregnant women have to be provided free transport services to the nearest health facility (unfortunately this doesn’t happen often & hence the need for our ‘Auto-Aid” effort).

## **Problem 2:**

**“Can you please tell me how to obtain a Birth Certificate? My son is already 5 years old and the school is asking for the birth certificate”**

**“How do I get my Old age pension under Indira Gandhi Vridhawastha Pension Yojana?”**

**“Is there any welfare scheme by government for the differently abled son of mine? We are very poor.”**

**“I need to get my Voter ID card & the village broker charges very high rates for the same, can you help?”**

**“The cyber café wala asks for Rs. 50 to apply for my income certificate online. Can you help?”**

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Well, above is just a sample of the questions we encountered during our field work in various villages, which prompted us to do something about these recurring questions & concerns. And thus was born our another program “Citizen Care”

## Our Program: Citizen Care

In today’s world where information is available at a click of a button, majority of population in India, mainly in the villages & poor ones, have to spend disproportionate amount of time, energy & money either running around many government offices or engaging with middlemen, to obtain basic information on facilities/services/schemes actually designed for them.

In order to reduce this information asymmetry we have set up a Citizen Care service, akin to customer care service provided by several private sector organizations. The Citizen Care service is built on telephone facility managed by “Seva Setu” team where people can call to seek support and guidance related to availing government scheme benefits/services/information.

Under this service though the focus is more on information dissemination, we also facilitate the actual delivery of the benefits/certificates/services through our field workers at various aggregation events.

In the long term we look to expand this program to scale up as a platform which could act as **“Google for the Poor”**, a single window for all the prospective beneficiaries for all their information needs.

## Problem 3:

**“My baby is 4 years old but looks like only 2 years old”**

**“My baby is not at all active, is generally tired & doesn’t eat well”**

And many more such issues related to infant & toddler’s health were regularly raised by mothers during our field interactions.

## Our Program: Kids Care

To address the above & many more concerns raised on ground by lactating mothers, we started this program. The focus of this program is nutrition (from malnutrition perspective) status of children below 2 years of age. Our first stage of intervention involves detecting if the child in question is malnourished or **severely acute malnourished (SAM)** using growth charts, weight & MUAC tape (UNICEF recommended). The 2<sup>nd</sup> stage involves arranging rehabilitation of SAM children at nearest **Nutrition Rehabilitation Centers (NRCs)** with whom we have collaborated. This stage is generally the most difficult as it is really difficult to counsel families to send their SAM children to NRC for period of 21 days for rehabilitation. Third stage is follow-up and regular counseling at various Aggregation events to avoid relapses.

In this program also, we provide regular telephonic counseling (apart from on-field counseling) mothers and guidance specific immunization interventions.

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While we collaborate with local administration & local health representatives appointed under various welfare schemes of government to drive this initiative, we also engage educated & aware volunteers from cities to prepare training material & provide training to those on ground.

### Problem 4:

**When we started we didn't know really how to start. This was the most fundamental problem we faced at the very start and our below program was created to address this problem.**

### Our Program: Aam Sabha

These are regular campaigns conducted by Seva Setu field team in villages with the aim to gather information about key issues faced by the villagers, especially in availing the facilities of various welfare & development schemes meant for them. Through these campaigns we also educate men, women about various facilities/services (i.e. fundamental rights) available to them as part of various development & welfare schemes (of state & central government) related to health, education etc., mainly focusing on maternal & child health, such as *Janani Sishu Suraksha Karyakram (JSSK)*, *Janani Suraksha Yojana (JSY)*.

Following our Aam Sabha in a village, daily field visit is done by Seva Setu karyakartas who work with smaller groups of villagers. This helps us have a better ***understanding of ground realities and devise corresponding practical solutions.*** In the process, we also work on creating ***local ambassadors and volunteers to ensure empowerment*** of the community for sustainability even in our absence.

### Other Initiatives:

#### Pahel:

Pahel is an initiative with an objective to focus on collaboration with local/village/district administration in effective rollout & execution of welfare schemes & programs. We also help local administration understand the ground realities of already rolled-out programs related to maternal & child health, through structured surveys supported by primary & secondary research & followed by analysis.

Our ongoing collaborative project with district administration & the local NGO in **Korba** district specially focusing on finding out the reasons for low-attendance of children at Aanganwaadi Centers (AWCs) under ICD (Integrated Child Development) program of government of India is one example of our this initiative.

With this initiative, we also communicate on regular basis with local administration on issues which need immediate attention (for example, the unavailability of IFA tablets for pregnant women in various villages in Bihar, the detailed analysis along with facts & figures was shared with various concerned departments).

### Participation at VHND (Village Health & Nutrition Day)

Our field team participates in almost all VHNDs conducted in the villages/blocks we work in. The participation involves collaborating with various stakeholders like ASHA (Accredited Social Health Activist), ANMs (Auxiliary Nurse Midwife), Prospective



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Beneficiaries (Pregnant & Lactating Mothers, Children etc), members from local Panchayat first to publicize the date & venue for the VHND (as per the micro-plan prepared by local administration). Following the publicity of the event, our field workers, on VHND, are present to facilitate (in collaboration with other stake-holders) Pre-Natal Check-ups, Immunization for pregnant women & children, conduct counseling sessions on Nutrition, Sanitation, Family Planning & other such important issues.

The most important take away of these VHNDs is the gaps that we observe, the problems that beneficiaries as well other stakeholders face in the delivery of services. We try & address these problems either through our interventions on field or by involving the local administration.

### **MKMZ: Meri Kahani Meri Zubani**

As part of this program, we are bringing to the public attention the *true tales of struggle, sorrow, success, failure* from villages we are working in. These true tales are narrated by the protagonists themselves. We publish these stories on our website, blog sites and other social media in both Hindi and English along with a video as testimony of truth. We intend to publish at least one story every week. Through this endeavor we wish to spread awareness, ignite a sense of responsibility for social cause among the well to do sections of our society and most importantly, *spread hope*.

Few stories published:

[MKMZ3: The latest story that we have published.](#)

[MKMZ2: The second story that we published.](#)

[MKMZ1: The first story that we published.](#)

### **The Computer Centre**

In line with our core philosophy of acting as a Setu (Bridge) to solve the fundamental problems of society, we have started a very small & new computer & internet training centre in the middle of one villages, to impart training to village folks (who generally have not access to any such facility). The intention is provide them with basic training on how to use internet, browse, use a little bit of MS office tools etc, so that they at least can access information on their own if they wish to and also find some career opportunities requiring basic computer skills. In today's world, it is almost impossible to build any bridges without Internet

### **The Knitting & Weaving Centre**

This is our initiative towards encouraging local village women to get trained on vocational skills which they can use to generate a regular stream of cash flows for themselves. A small set-up again we already are facilitating training to around 15-20 village women, to start with.

### **Sattu Making Venture**

With a focus on using existing skill sets, the SHG (Self-Help Group facilitated by us), in one of the blocks we work in, has started making Sattu (local flour made out of gram, very popular in Bihar) and the first lot of it has already been sold successfully, generating some handsome profit margins for the SHG. We support the SHG in Sattu Making Venture, with our inputs on sourcing & sales.

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## Setting up a Poppadum Supply Chain Network in Bangalore

We have just started with this as our start-point, with one of the Self Help Groups, in **Tumkur** district. This initiative apart from being a social business initiative is also an important component of our entry strategy to reach out to local community near Bangalore, & participate in solving other important problems related to Health & Education mainly through our existing programs.

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### Growth Statistics:

We have defined some key indicators (the definitions keep on evolving as we too are learning with time), to measure the effectiveness of our various programs since their launch few months back. We are providing below some very broad indicators of the work that we are doing on ground.

| Statistics   | Figures          |
|--|------------------|
| No of Villages covered   | 120              |
| No of Pregnant & Lactating women covered so far under "Mother Care"    | 2000+            |
| No of Kids covered so far under "Kids Care"                            |                  |
| No. of Beneficiaries (Only Information dissemination) so far           | 2000+            |
| No. of Beneficiaries (Information Dissemination & Facilitation) so far | 1400+            |
| No of Aam Sabhas conducted   | 4                |
| No of Field Visits made  |                  |
| No of VHND (Village Health & Nutrition Days) Attended & Participated   | Around 250       |
| No of Self-Help groups formed  | 5                |
| No of Kids Rehabilitated at NRCs (Nutrition Rehabilitation Centers)    | Almost 100       |
| No of Volunteers added   | 15-20 (on field) |

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## Organization and Governance

### Team Structure:

We have a very lean set-up in terms of employed staff. Our set-up constitutes mostly of willing & passionate individual community & non-community members & volunteers.

Though the participants have to take multiple responsibilities especially in a nascent set-up like that of ours, we have following defined roles & responsibilities.

**Program Owners:** They are the ones who are responsible for day to day operations & functioning of existing programs. They are also responsible to plan & arrange resources for expansion of their programs.

**Field Workers & Community Volunteers:** They are our eyes & ears on ground. They are the ones who actually do all the running around on the ground to get things going in consultation with our field coordinator & program owners.

**Field Coordinator:** She/he is the most important link between the program owners & the field workers & community volunteers. Field coordinator is in constant touch with the field workers & community volunteers to guide them on a day-to-day basis to take care of niggling small issues to bigger ones.

**Problem Owners:** Every field interaction through structured Aggregation events or random interactions brings to us a new set of insights on the existing problems on ground. As we observe the inputs from field on week to week basis, we see a pattern of repetitive problems. And that's where the problem owners come into picture. They pick repetitive problems, do primary & second research and devise solutions around them.

**Internal Auditor:** Audit requirements are a part of self-compliance and transparency that the organization boasts of. We take help of external auditors who are not a part of any program to audit program KPIs, processes, and sources of funds and application of funds to have a control mechanism in place for our financial and operational health.

Support functions of HR, Marketing, Communication, IT, Design & Graphics, Finance, Corporate Initiatives, Research, Volunteer Engagement, Social Media Management, Finance etc. are also managed by our willing volunteers and we need many more of them with different skill sets to operate effectively.

**It is to be noted that all the above roles & responsibilities are managed by volunteers & members except the field workers who work as Seva Setu employees, exactly in line with our philosophy of optimal utilization of existing resources.**

### Governance:

We have weekly meetings through Teleconferencing facility of Skype (We save money there also). These meetings are the platforms on which all members, volunteers, donors are first updated on the action taken on ground in line with the agreements & weekly plan of previous week. The

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updates are also provided on weekly funds received along with the sources of funding, expenses of the week. Following this, program owners update on the progress of their programs & problems being faced. The last but the most important part is discussing the recurring problems identified on the ground & creating strategies to organize resources to address those problems along with responsibility & time-lines. All these meetings are formally recorded and the records on proceedings of particular programs can be made available on request.

We also invite new volunteers in these meetings as observers before they plunge into actual participation.

Each program has been provided a structured process approach for easy implementation and duplication in new areas of work. Of course, as with any process, this keeps on evolving as we do more work on ground.

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## **Communication and Engagement:**

We release our monthly bulletin “Samvaad” every month to communicate to all (even remotely associated or not at all associated with the cause), the progress we make every month on various fronts along with the challenges that we face.

We have a small but dedicated team of volunteers who actively update our activities on various [social media sites](#). We organize presentations at schools & colleges within the community as well as outside the community to engage more resources in our social problem solving endeavors.

### **Newsletter Samvaad links:**

- [Samvaad March 2014](#)
- [Samvaad April 2014](#)
- [Samvaad May 2014](#)

## Media Coverage:

Media has been kind enough in recognizing our efforts as we continuously work towards adding more & more hands in our endeavor to create sustainable long term solutions for real life problems related to fulfillment of fundamental rights like health, education etc.

Please find below the link of the first article in media, thanks to **Hindustan Times in Patna**

**SOCIAL INITIATIVE**


## IIM-IIT grad turns health crusader

**Ruchir Kumar**  
#ruchirkumar@hindustantimes.com

**PATNA:** He had a cushy government job and offers for many others. He did not take any. Instead, he was taken in by the plight of poor rural women and children, untouched by the government's healing balm in Bihar and got amongst them to get them, what they could not.

A mechanical engineer from IIT-Kharagpur and gold medallist from IIM-Bangalore, Nishant Kumar Ojha, 30, shunned the trappings that come with an officer of the Indian Allied Services. He first made it to the Indian Information Service and then the Indian Audit and Accounts Service. He chucked both. Instead, he chose to pillion ride on a motorcycle on dusty tracks of Dhibra, Kurkuri and Gompura panchayats of Phulwari block here - what he now describes as his 'karmabhoomi' now.

Ojha, in his modest way, has begun a social initiative called Seva Setu. It seeks to



■ Nishant Kumar Ojha and (right) a member of Seva Setu tending to a child as part of the IIT-IIM grad's initiative for rural areas.

RUCHIR KUMAR / HT PHOTO

play the role of a facilitator and empower villagers, particularly women, of their rights and make available the government schemes for them. But to keep his social initiative going, Ojha needs funds. So, he has taken up the job of an in-stock manager with Amazon, an e-commerce player, having footprints across the globe. He visits his home state every two months, but is in constant touch with his volunteers.

Having initiated social service last May, the Seva Setu extends reminder service to pregnant and lactating women and holds 'aam sabhas' (public meetings) to educate women and learn of their concerns.

Ojha and his small group of 10 volunteers, have collated data with mobile numbers of all expectant and lactating mothers in the three panchayats and remind them of ante-natal, post-natal check-ups available to them in government health-care centres and vaccination due dates.

The Seva Setu also identifies malnourished children and gets them to nutritional rehabilitation centres. The Setu's biggest achievement

so far, has been to identify 27 severely malnourished children in Phulwari and get 20 of them admitted to the nutritional rehabilitation centre in Patna City.

"I am looking at long-term societal gain, which can only come when we have healthy mothers and children. Our reminder service programme is aimed at precisely doing that," he says.

On the anvil is a citizen care programme he is likely to launch around January 15. This will work on call-centre model where villagers of the three Phulwari panchayats can dial (9162115588) to know about government schemes, documents required for caste, residential certificates, income proof, old age pension, etc.

Armchair discussions in colleges and not doing anything for the society tickled Ojha's senses. He believes in Swami Vivekanand's philosophy - "They alone live who live for others!" Through his social initiative, he seeks to achieve that and also some peace of mind!

We also got covered recently by Doordarshan National News channel for its feature called "Mere Desh Ki Dharti" recognizing our efforts on ground.


[Coverage on DD News Part 1](#)

[Coverage on DD News Part 2](#)

[Coverage on DD News Part 3](#)

## Introduction

Letter from District Collector, Korba inviting Seva Setu to work on improving operational efficiency of Anganwaadi Centers (AWCs):



दूरभाष : कार्यालय : 07759-222886  
निवास : 07759-222486  
फैक्स : 07759-224200

### कार्यालय कलेक्टर एवं जिला दण्डाधिकारी कोरबा ( छत्तीसगढ़ )

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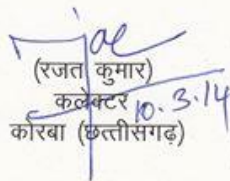
क्रमांक ..... 171 ..... /Steno/2014 दिनांक : 10/03/2014

प्रति,  
सेवा सेतु  
एन.जी.ओ.

विषय:- आंगनबाड़ी केन्द्रों के कार्यप्रणाली को बेहतर बनाने के लिये अनुसंधान प्रश्नावली तैयार किये जाने के संबंध में।

-00-

विषयान्तर्गत आपके द्वारा आंगनबाड़ी केन्द्रों का सर्वे कर उसकी कार्य प्रणाली को बेहतर बनाने के संबंध में एक नमूने के तौर पर प्रेषित अनुसंधान प्रश्नावली हमारी आशा के अनुरूप पाई गई । इसी तारतम्य में अपेक्षा है कि आंगनबाड़ी केन्द्रों का वृहद रूप से सर्वे कर उसकी कार्य प्रणाली और गुणवत्ता में बेहतर सुधार लाने के लिये विस्तार रूप में अनुसंधान प्रश्नावली तैयार कर प्रेषित करना चाहेंगे। हमें आशा है कि उक्त प्रश्नावली शासन के मंशानुरूप तैयार करते हुये हमें शीघ्र उपलब्ध करायेंगे।

  
(रजत कुमार)  
कलेक्टर  
कोरबा (छत्तीसगढ़)



# Introduction

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## **Partnership with Seva Setu:**

As we are working on improving our existing programs by working on operational improvement through technology (web-application, mobile application, systems, processes), we are aggressively looking forward to scale up and to do so we must push to start our work in new districts, states, create basic office/organizational set-up with requisite field workers/volunteers (The initiative in Bangalore is in that direction only).

We are also working on developing various simple webs, mobile applications to bring in more operational efficiency our existing set-up and also launch new programs not only to solve problems on ground but also to act as bridge to connect more & more on/off field resources & volunteers.

Individuals interested can partner with us in the following ways:

1. They can volunteer with us either on-field work or off-field work. Our engagement model & range of work allows a lot of off-field engagement specially related to Research, Analytics, Social Media Management, Audit & Accounts, Web & Mobile Application, Each One Reach One Call Championing, Funding, Graphics & Design, Excel and many more. This is in line with our effort of connecting right skill sets & resources in building a problem solving society.
2. They can make investments to support the existing programs & any expansions planned.

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## Contact Details:

### Registered Office:

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2, Ram Jaipal Nagar, New Bailey Road  
Patna - 801503

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### Contact persons:

*Nishant Ojha (+91 9663367484)*  
*Ajay Kumar Ojha (+91 9873738043)*

### Email:

[contactus@sevasetu.org](mailto:contactus@sevasetu.org)

### Social Media touch-points:

LinkedIn: <https://www.linkedin.com/company/seva-setu>  
Facebook: <https://www.facebook.com/SevaSetu>  
Twitter: <https://twitter.com/SevaSetu>