YOUR IMPACT THROUGH HEALTH

IMPACT REPORT, OCTOBER 2020

5,968

women have been trained as **health leaders** in Asia

7,132,530

community members are being reached with better health and sanitation knowledge

This project is supported by the Australian Government through the Australian NGO Cooperation Program (ANCP).

Opportunity's Health program addresses limited knowledge as the primary obstacle to accessing health care for communities living in poverty. Increasing that knowledge means women and their family members can thrive and pursue meaningful economic and social opportunities that enable them to reach their full potential. Women are empowered as health leaders in their communities to improve awareness of how to prevent common illnesses.

Thanks to your support, the health leader solution is helping families avoid illness, including COVID-19. During the pandemic, community health education that focusses on family health is more important than ever.

Data to June 2020

STRATEGIC DIRECTION

COVID-19 has had a significant impact on the Health Program due to lockdown and other restrictions implemented to contain the spread of the virus. India enforced a lockdown from March through to June. In Indonesia a partial lockdown was in place from April to May, with many local communities imposing their own restrictions to protect the local populations. In Bangladesh, the Government mandated a 'holiday' from April to June. All of these restrictions meant that the health program activities were slowed or paused during that period.

Opportunity's program partners adapted quickly to the restrictions, using digital channels like WhatsApp to share key messages to help slow the spread of COVID-19 and to keep in touch with community members when physical visits were not possible.

In India, a pilot program has begun to establish e-clinics in Opportunity's program partners' branch offices. These will increase access to health solutions and affordable health care by providing community members with access to general and specialist health advice through telemedicine. Health leaders will also be employed to facilitate digital access to the doctors, earning an income from this activity which will enhance their economic empowerment.

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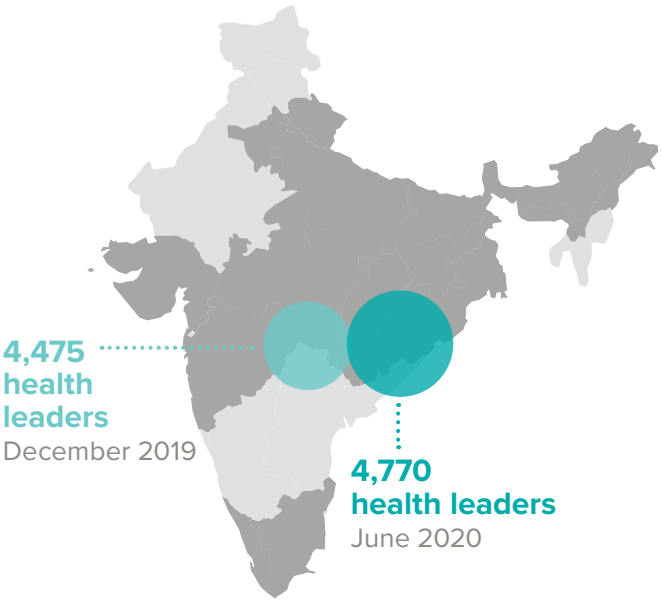
INDIA REPORT

HIGHLIGHTS

In India, an additional **296 women have been trained as health leaders** in their community. This exceeds the initial target to train a total of 4,700 women as health leaders in India to provide health education to local communities to improve awareness of preventable health issues, including COVID-19.

This is in addition to:

- **1,173,510 women** reached with health education
- **5,867,551 community members** reached with better health and sanitation knowledge

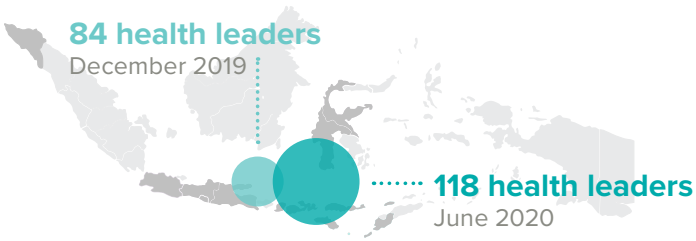


INDONESIA REPORT

HIGHLIGHTS

In Indonesia, health leaders made a video demonstrating how to use a face masks as part of the **#AyoPakaiMasker (let's use the face mask) campaign**. The video was distributed by health leaders to community members through WhatsApp.

The video was shared with all of Opportunity's program partners in Indonesia to share with both staff and community members.



This is in addition to:

- **90,996 women** reached with health education
- **454,979 community members** reached with better health and sanitation knowledge

YOUR IMPACT THROUGH

HEALTH

IMPACT REPORT, OCTOBER 2020

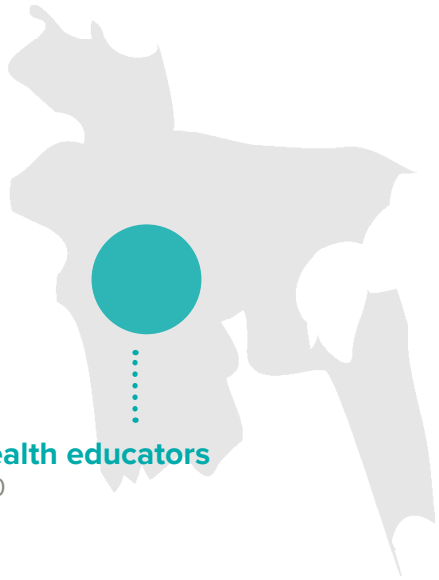
BANGLADESH REPORT

HIGHLIGHTS

In addition to expanding the health leader program in Bangladesh, Opportunity's Health Program partner created a mass-media awareness campaign using billboards, posters and pamphlets to reach 2.2 million people with vital COVID-19 prevention information.

This is in addition to:

- **162,000 women reached with health education**
- **810,000 community members reached with better health and sanitation knowledge**



1,080 health educators
June 2020

URMILA'S STORY

HEALTH LEADER AND ADVOCATE FOR HER COMMUNITY

Urmila is a health leader rooted in the community she serves in Hamirpur, Uttar Pradesh in India. Urmila became a health leader to help people in her community become more resilient to preventable diseases, understanding the link between poverty and poor health. She was trained to understand that good nutrition builds immunity to fight disease and she was able to work with 110 families to develop kitchen gardens to supplement their diet with fresh herbs and vegetables.

When COVID-19 pandemic made its way to India, Urmila's lessons about the importance of good hygiene became even more critical. Urmila continued to spread awareness of hand washing and sanitation to prevent the spread of infection diseases like COVID-19.

She encourages villagers to wear masks but was all too aware that for some people living in poverty the cost of buying masks was prohibitive, so she came up with a solution. She stitched and distributed 200 masks to the poorest families in her village.

As the economic fallout due to the COVID-19 lockdown became apparent, Urmila lobbied the local government village council (Panchayat) on behalf of 250 villagers for their inclusion in the MNREGA (Mahatma Gandhi Rural Employment Guarantee Act) scheme which ensures unskilled manual work as a welfare measure. Urmila's advocacy on behalf of her community shows how confident she has become at her own abilities to use her influence to make a positive difference.

YOUR IMPACT THROUGH HEALTH

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MOBILISING HEALTH LEADERS TO RESPOND TO COVID-19

In India, COVID-19 poses multiple hardships to millions of workers who had migrated from their home villages to urban centres for work. With factories and workplaces shut down with just four hours' notice due to the nationwide lockdown imposed to restrict the spread of COVID-19, these workers had to deal with loss of income, food shortages and uncertainty about their future. With no means of transportation due to the lockdown, hundreds of thousands of workers risked their lives by walking hundreds of kilometres to return to their hometowns and villages in the biggest internal migration since independence. Many migrant workers were branded as carriers of COVID-19 as they made their long journey home. State governments set up thousands of camps to house migrant workers to stop the exodus. Sadly, there were reports of truck drivers taking advantage of desperate travellers by charging exorbitant rates to transport them in unsafe and unhealthy conditions.

Opportunity's health program partner in India responded to the crisis by mobilising 1200 health leaders across 31 districts in six states to take a multi-pronged approach to relief operations.

Transport was provided to 2,000 migrant labourers in 36 buses to return them home safely. At the destination districts, health leaders provided medical check-ups for the returnees.

For the migrant workers who made it home, many were barred from entry due to fears that they might bring the virus to their village. Health leaders facilitated the establishment of 103 safe and hygienic quarantine centres in villages' school buildings for 4078 returned migrant labourers. Returnee migrants were provided with clean bedding, dry rations and meals, and medical checks while they completed a 14-day quarantine period.

Health leaders disseminated accurate COVID-19-related information, including hand washing and social distancing protocols, using voice-based communication platforms that enable voice messages to be accessed by community members using a toll-free number. Callers can also leave questions that can be answered by health leaders. The voice applications are simple to use and accessible to poorly literate or illiterate users. Health leaders received 20,570 calls and 600 high risk cases were identified and referred to formal healthcare.

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