

SNEHA (Society for Nutrition Education and Health Action)

Increasing operational efficiency and helping measure impact





Overview

SNEHA is a non-profit organization that works with women, children, and families in communities and with public health and safety systems. Their innovative work in vulnerable settlements aims to reduce maternal and neonatal mortality and morbidity, child malnutrition, reduce adolescent anemia and gender-based violence - all key determinants of health equity for the family and the community at large.

Challenges Faced By Sneha Foundation

DISTORTED DATA

From the field due to multiple locations, beneficiaries and a huge list of health indicators, the field co-ordinators shared data that was unstructured and difficult to align and report the same to the health care takers for appropriate timely actions.

CHALLENGES

HR REQUISITION MANAGEMENT

The recruiting process was very time consuming and tiresome as approvals and recruitment requests would happen through emails only. It got difficult to hire resources in time due to process delays. Requisition team could not plan, track, or report outcomes.

REPORTING OUTCOMES

As the health indicators were not aligned to the Projects and Programs it was difficult to validate data and generate Program-Project-beneficiary level reports and outcomes

FINANCIAL INTEGRATION

As there was cost-code duplication and unvalidated data points in system Tally Integration was a challenge. The Program budgets unable to link to voucher and purchase requisitions.

BY INTERNAL USER

MISUSE OF SYSTEM

The utility bills amounts were exceeded and timely submission of bills against voucher was not done There was no provision to track and measure excess claims.

BENEFICIARY TRACKED

Hospital care the nutrition levels in women pregnancy could not be tracked to ensured bed booking in hospital. Tracking 1st year of child-birth nutrition levels was daunting task.

Sneha Foundation Requirements

Monitoring and Evaluation of Women and Child nutrition

Healthcare programs required monitoring of different health parameters like nutrition levels of infants, pregnant women to be captured from multiple locations.

Capturing data from field co-ordinators

More than 200 field coordinators share data which was difficult to accumulate at one place as it was to be used to capture beneficiary wise multiple health indicators.

Health indicators report to Hospital

The women and child nutrition levels updates and periodical reports were need to be shared with doctors regularly.

Program wise Impact to be measured

The actual beneficiary wise project reports to be generated with location wise details for all health indicators

Financial System Integration

The cost codes were created for managing budgets at Project level, which required to be in line with accounting system.

Asset and Purchase Management

Assets and Purchase requisition were maintained on excel sheet and hence it was difficult to track

HR Requisition Management

The HR team needed to track recruitments requests raised through mail by multiple departments and initiate recruitment process in time to meet the manpower needs.

Voucher management

To digitize the process of voucher request being raised by field coordinators and employees, utility bills payment to employees to be digitalised.

Results and Impact



O1 App to capture Health indicators

- At Program Level, 250 field coordinators accumulated health indicators on weekly/monthly basis capturing nutrition levels of pregnant women and children up to 1 year, for multiple locations.
- The Doctors got updated about the health of the beneficiaries and take timely measures to improve their health.
- The tracking of pregnancy helps the hospitals to connect the last mile by enabling them to book a bed in advance in-time for birth of the child.

- Cost-codes of financial data were directly mapped to Project data, eliminating the issues caused by the duplication of cost-codes.
- Cost-code mapping helped to derive Program-wise finances.
- Web and App based systems reduced dependency on manpower for fieldwork.
- Budget allocation were aligned with resources to generate appropriate claim documents for utility bills, reducing errors and rework.
- Duplication and validation of data from the field co-ordinators was reduced to zero.
- Fixed Asset information & disposal data is stored & accessed from single location, substantially reducing time and efforts.
- Purchase requisitions were mapped with program and project with faster approvals from the management.

02

Operational Efficiency

With the use of digitalised tools, SNEHA could save time on multiple time-consuming tasks.



03 Impact captured through Reports

Multiple reports are being generated for the management to showcase the Impact of the Programs.

PROGRAM OUTCOME REPORT

Project specific, Indicator specific, Time specific

BENEFICIARY REPORT

Beneficiary specific, Age group specific, Timeline specific

AREA-WISE
BENEFICIARY
COUNT REPORT

Beneficiary level, Age group level, Indicator level, Deficiency level (helps in delivering medication for beneficiary) PROGRAM
LEVEL
OUTCOMEBASED REPORT

Focused on parameters like, child, gender, health system, healthy cities, direct- indirect beneficiaries, maternal and new born, violence against children.

AUTOMATE HR REQUISITION MANAGEMENT

By automating the approval system and aligning it with the escalation matrix, it helped their HR department to reduce manpower and delays in raising requisition for recruitment.

Benefits



01

Utility bills payment and approvals-cycle was reduced from 15 days cycle to 5 days for 670 users.

02

HR department now receives requisition requests 1 month in advance, instead of 15 days, giving them enough time to plan and manage manpower.

03

Enabled to capture 530 health indicators at field level which have helped to identify 237 different health conditions-based beneficiary categories over all the programs.



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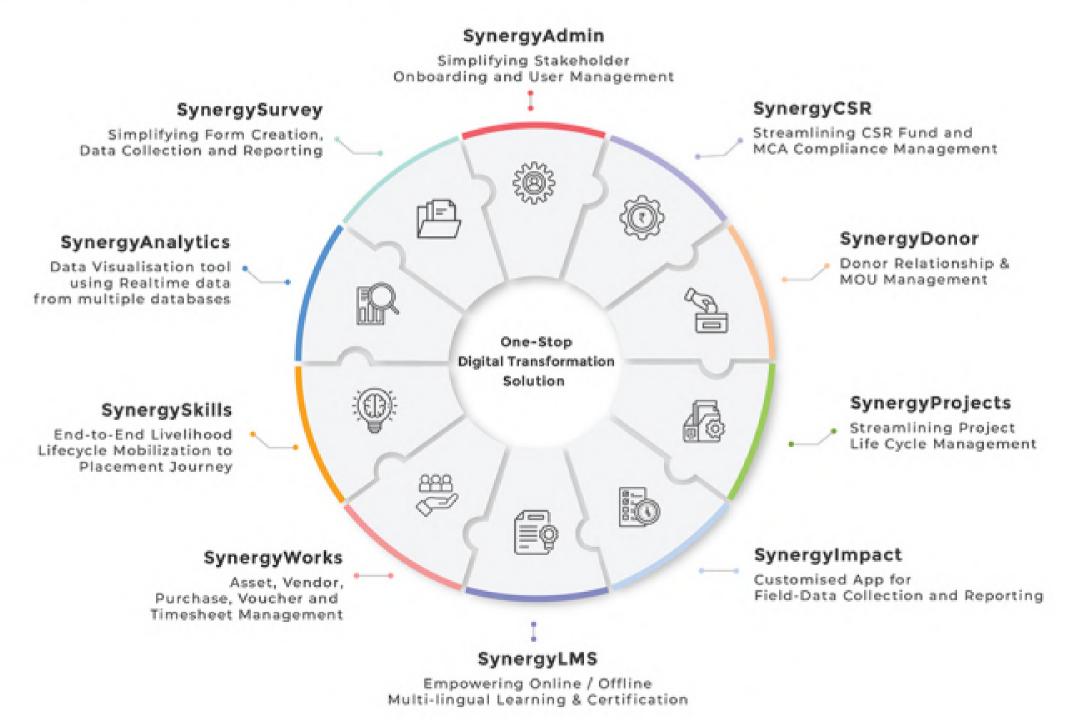
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