



M A Y A

INSPIRING HEALTH

“BUILDING A SUSTAINABLE HEALTH ECOSYSTEM OF MICRO
ENTREPRENEURS WHO PROVIDE AFFORDABLE PREVENTIVE
AND PROMOTIONAL HEALTH CARE SERVICES TO THE
COMMUNITY”

ANNUAL REPORT 2017





MAYA

Movement For Alternatives and Youth Awareness

What began as a humble idea 27 years ago, today stands testament to a number of innovations in the Social Sector. In the past 2 decades we have worked collectively with communities, and have incubated ideas into transformative institutions of change at the grassroots. Positively influencing education, livelihoods and health of millions of marginalized individuals and families across India.

“TODAY, 3 OF OUR PROGRAMS ARE INDEPENDENT ORGANIZATIONS WITH DEDICATED TEAMS WORKING TO SOLVE SOME OF THE COUNTRIES TOUGHEST CHALLENGES.

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MAYA HEALTH

Is a Preventive Healthcare Program focused on promoting health and wellness for the urban- rural poor. It focuses on creating a sustainable health ecosystem of micro entrepreneurs who provide preventive health care services and education that is affordable to the community.

MAYAHEALTH empowers individuals & communities to take informed health decisions aimed at overall well being. It furthers public health by leveraging an enterprise solution that complements the existing healthcare ecosystem at the grassroots. The program makes it possible for doorstep delivery of preventive healthcare services in over 95+villages in Chanapatna, Karnataka- India.



Vision

“Empowering individuals from rural and semi urban communities to take ownership of their health by enabling preventive health care and promoting overall well being”

Mission

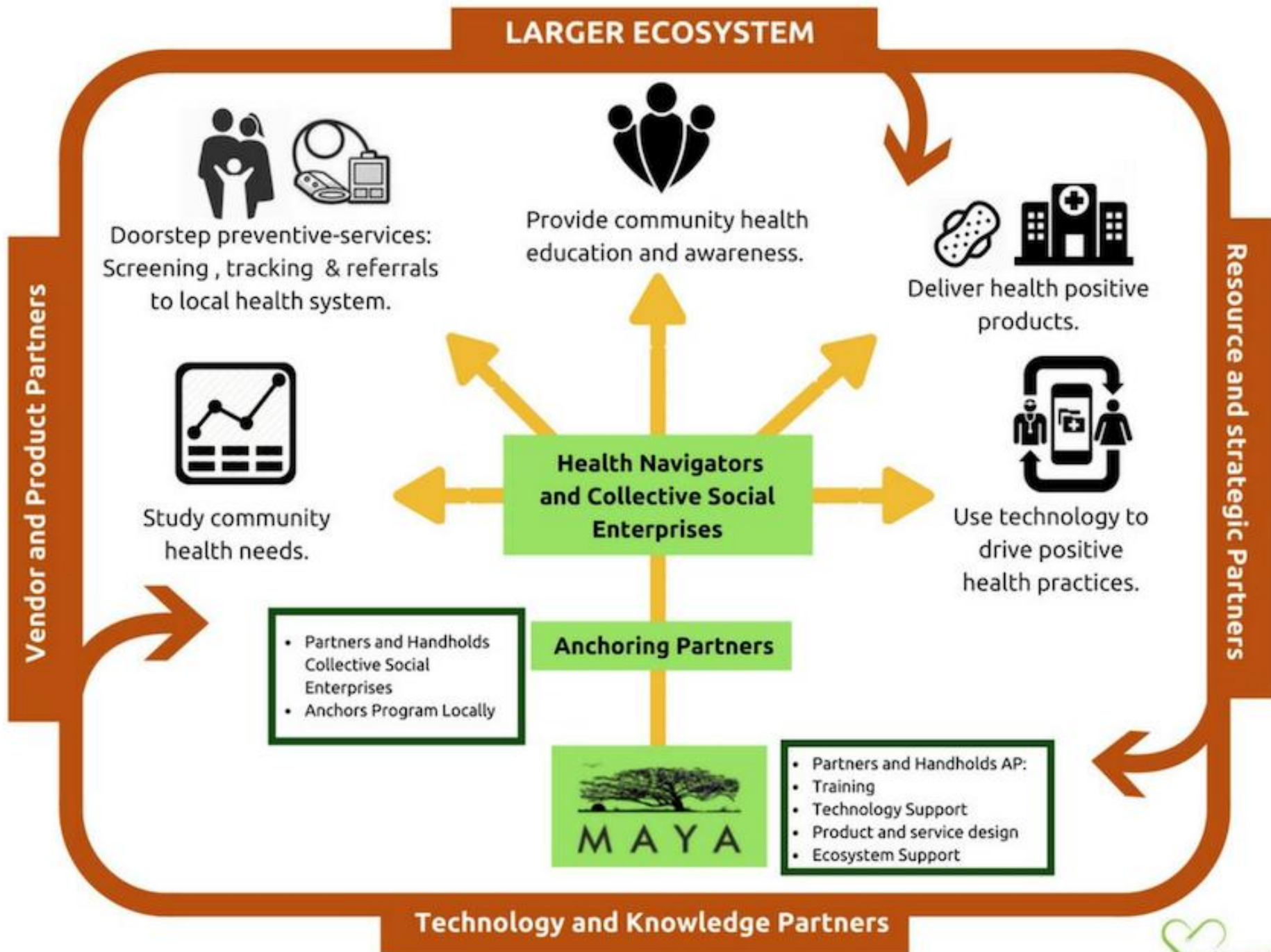
“To build a sustainable health ecosystem of micro entrepreneurs who focus on providing preventive and promotional health care services that is affordable to the community.”



Assumptions

- Health is not a priority unless it has escalated to a chronic illness, and is often too late.
- People lack information on good health and where to access affordable quality health services.
- Current health system is more aligned towards curative services and is lacking in the areas of prevention and promotion of health.
- Sustainable collective activities and facilitating factors will bring positive health impacts and reduced incidents of health issues.
- People will pay for quality services if they see a value contribution to their health and also to their livelihood.
- Development of technology in the health space in terms of hand held devices is creating new opportunities for delivering health service at the door steps .

MAYA HEALTH MODEL



MAYA TEAM



ALEX RODRIGUES

CEO



RASHMI HEGDE

SOCIAL DEVELOPMENT HEAD



JITIN CHANDRAN

PROGRAM CO ORDINATOR



NEERAJ AGGARWAL

TECHNOLOGY AND PROGRAM MANAGER



REKHA A

ADMIN AND ACCOUNTS



SJ CHANDER

PROGRAM MANAGER

NATIONAL HEALTH POLICY - 2017

A Note on National Health Policy- India



Focuses on Preventive and Promotive Health Care and Universal access to good quality health care services.

The last health policy was formulated in 2002. The socio economic and epidemiological changes since then necessitated the formulation of a New National Health Policy to address the current and emerging challenges. The Union Cabinet in its meeting on 15.3.2017, approved the National Health Policy, 2017 (NHP, 2017). The Policy seeks to reach everyone in a comprehensive integrated way to move towards wellness. The main objective is to achieve the highest possible level of good health and well-being, through a preventive and promotive health care orientation in all developmental policies, and to achieve universal access to good quality health care services without anyone having to face financial hardship as a consequence.

The Policy recommends prioritizing the role of the Government in shaping health systems in all its dimensions. The roadmap of this new policy is predicated on public spending and provisioning of a public healthcare system that is comprehensive, integrated and accessible to all.

The primary aim of the National Health Policy, 2017, is to inform, clarify, strengthen and prioritize the role of the Government in shaping health systems in all its dimensions - investment in health, organization and financing of healthcare services, prevention of diseases and promotion of good health through cross sectoral action, access to technologies, developing human resources, encouraging medical pluralism,



The broad principles of the policy is centered on **Professionalism, Integrity and Ethics, Equity, Affordability, Universality, Patient Centered & Quality of Care, Accountability and pluralism.**



building the knowledge base required for better health, financial protection strategies and regulation and progressive assurance for health. The policy emphasizes reorienting and strengthening the Public Health Institutions across the country, so as to provide universal access to free drugs, diagnostics and other essential healthcare.

It seeks to ensure improved access and affordability of quality secondary and tertiary care services through a combination of public hospitals and strategic purchasing in healthcare deficit areas from accredited non-governmental healthcare providers, achieve significant reduction in out of pocket expenditure due to healthcare costs, reinforce trust in public healthcare system and influence operation and growth of private healthcare industry as well as medical technologies in alignment with public health goals.

The policy affirms commitment to pre-emptive care (aimed at pre-empting the occurrence of diseases) to achieve optimum levels of child and adolescent health. Towards mainstreaming the potential of AYUSH the policy envisages better access to AYUSH remedies through co-location in public facilities. Yoga would also be introduced much more widely in school and work places as part of promotion of good health.

The policy supports voluntary service in rural and under-served areas on pro-bono basis by recognized healthcare professionals under a 'giving back to society' initiative.

The policy advocates extensive deployment of digital tools for improving the efficiency and outcome of the healthcare system and proposes establishment of National Digital Health Authority (NDHA) to regulate, develop and deploy digital health across the continuum of care. The policy advocates a progressively incremental assurance based approach.

Source: PIB 2017

THE COLLECTIVE HEALTH MOVEMENT

THROUGH CONSTRUCTIVE COLLABORATIONS AT THE GRASSROOTS, WE CAN EMPOWER PEOPLE AND BUILD RESILIENT HEALTHY COMMUNITIES OF THE FUTURE.

Over 7 decades of nation building, but India's commitment to health is sadly lacking. A toxic mix of poverty and high out-of-pocket expenses on health leads to either a debt trap or - death of a person. It is inexcusable that in spite of a number of efforts, a child dies every 4 minutes due to lack of proper nutrition, a mother is lost every 10 minutes due to lack of safe delivery practices, diabetes has spread like a plague affecting the rich and the poor indiscriminately. We know that over 61% of mortalities that are attributed to Non Communicable Diseases (NCDs) in the country can be prevented, yet health outcomes are abysmal for a country that boasts of being the 6th largest economy of the world.

Some key government efforts :

Hard-pressed by the increasing poor health in women- child health and NCDs. The National Health Policy (NHP), has made a conscious effort to shift the focus from curative care to prevention. Providing for targeted interventions to further prevention and promotional health. Keeping in view that there are common preventable risk factors for Cancer, Diabetes, Cardiovascular diseases (CVDs) & Stroke, Government of India initiated a **National Programme for Prevention and Control of Cancers, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) 2011**. The focus of NPCDCS is on promotion of healthy life styles, early diagnosis and management of diabetes, hypertension, cardiovascular diseases & common cancers e.g. cervix cancer, breast cancer & oral cancer.

India however shells out just over 1.3 % of its GDP on health, which is below the global average of 6%. Yet, the country has the world's largest government-funded healthcare insurance program - **Ayushman Bharat (AB)- National Health Protection Scheme, 2016**. This bold commitment by the state is a welcome one, however ground realities in health infrastructure paints a gloomy picture. *For example: Of the total 25,650 PHCs in the country, 61% function with only 1 Dr. each. Over population causes increased pressures on the state where - public health institutions are overburdened and understaffed.* In spite of these challenges, state has made concerted efforts through a number of key initiatives to combat primary and emerging health issues head on. Such as a country wide Public Distribution System and the Integrated Child Development Scheme (ICDS) has helped further nutrition in child health and development.

AB- covers 10 crore poor vulnerable families (around 50 crore beneficiaries) providing coverage of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization

As per the Indian Public Health Standards (IPHS) guidelines- Each 24/7 Primary Health Centre (PHC) should have a minimum of- 2 Drs. 3 nurses 1 lab technician and a pharmacists.

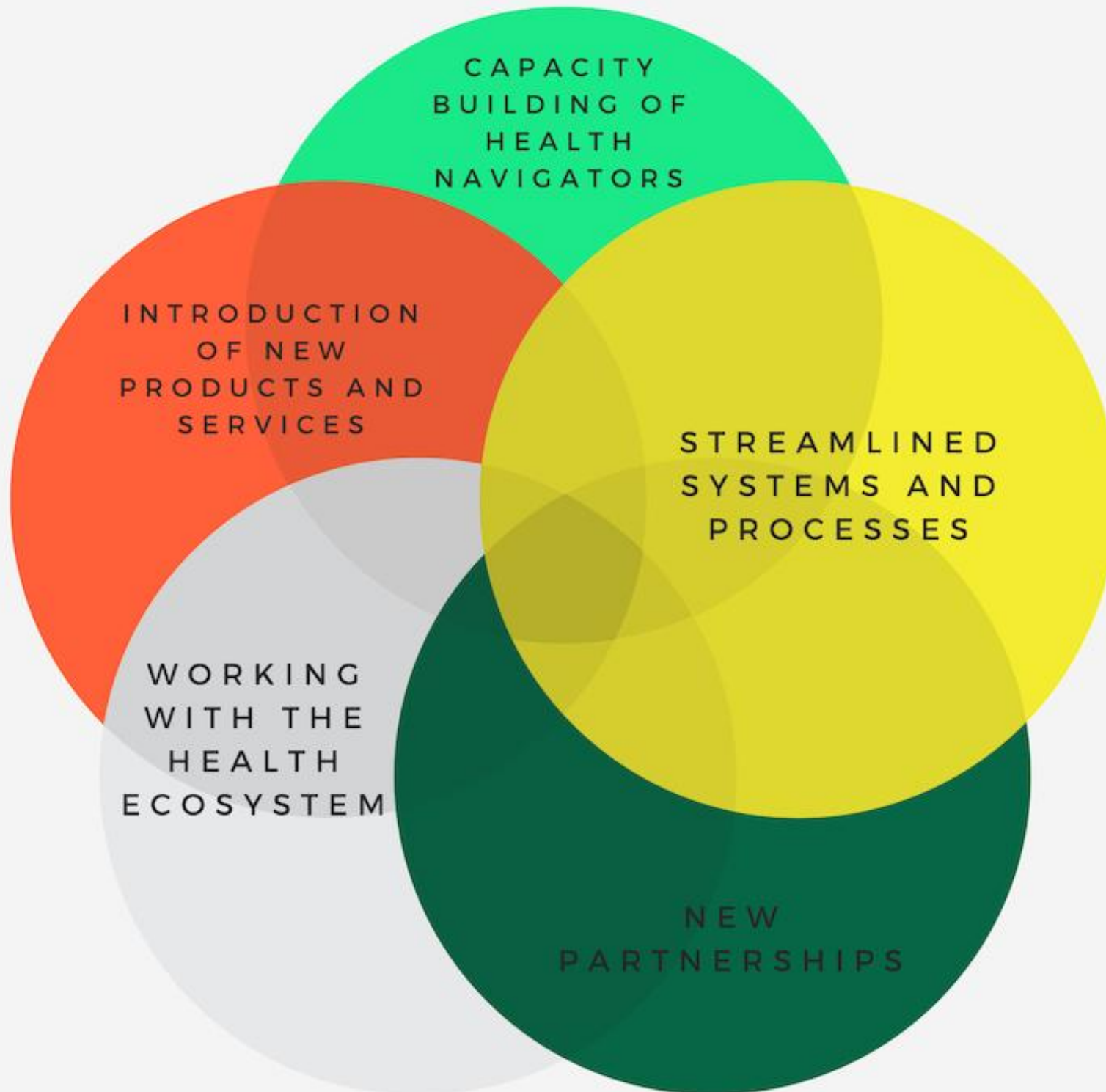
One example is through the **NNM- National Nutrition Mission** or also known as **Poshan Abhiyan** which targets to reduce stunting, undernutrition, undernutrition, and anemia (among young children, adolescent girls and women) and reduce low birth weight in babies by 2%, 2%, 3%, 2% per annum. In addition **the Mid- Day Meal Program** provides a healthy meal at State run Aanganwaadi schools for children. The **RBSY- Rashtriya Bal Swasthya Karayakram**- provides for key Supplementation with micronutrients as well. Child health protection is furthered through the **Indradhanush** Program which aims to cover all those children by 2020 who are either unvaccinated, or are partially vaccinated against seven vaccine preventable diseases.

The Umbrella program of the **National Health Mission NHM** looks at improving the reproductive health of women through a number of **RMNCH (Reproductive Maternal Newborn Child and Adolescent Health programs)** such as: **Janani Suraksha Yojana (JSY)** and **Janani Shishu Suraksha Karayakram** for safe motherhood interventions, , **Pradhan Mantri Matru Vandana Yojna**- a country wide maternity benefit program etc. Improving the health status of the youth is done through weekly iron folic supplementation, menstrual health – hygiene programs apart from making health clinics- **Adolescent friendly**.

Talent at the grassroots and a number of innovations are redefining the last mile and improving the access to prevention services and promoting health education of the masses in the villages of India.. Government led local - front line workers such as **ASHA (Accredited Social Health Activists and ANMs (Auxiliary Nurse Midwifery))** help deliver many of these services at the community level and are the key conduits of the last mile connect in the villages. The **NHP** looks at raising public health expenditure to 2.5% of the GDP in a time bound manner. It envisages providing larger package of assured comprehensive primary health care through the **Health and Wellness Centers**. This policy denotes important change from very selective to comprehensive primary health care package which includes geriatric health care, palliative care and rehabilitative care services. It advocates allocating major proportion (up to two-thirds or more) of resources to primary care followed by secondary and tertiary care. While aspiring to provide at the district level most of the secondary care which is currently provided at a medical college hospital.

The government plays a key role in ensuring primary health care for all, but cannot solely be held responsible to make India a healthy country. A collective health movement happens when every member of the ecosystem participates and supports the mission. Where every person can make informed health choices, access timely- affordable healthcare and live a healthy life. By collaborating with civil society organizations and by leveraging the local expertise one can create holistic health systems that complement existing solutions in the government and private sectors to strengthen the overall impact of such targeted innovations. In such a landscape the locally trained entrepreneurs- Health Navigators play an important role to educate and enhance the reach of the common man to affordable quality healthcare which is focused on Prevention and Wellness.

HIGHLIGHTS OF THE YEAR





COLLECTIVELY CRAFTING LASTING SOLUTIONS AT THE GRASSROOTS



Less than 3 years ago, the baseline study done in the villages of Chanapatna showed that, majority of the population had a decent living space with a kitchen and toilets, yet basic hygiene issues like usage of slippers and hand washing were neglected leading to many health/nutritional issues especially in young children. Another baseline in the community revealed that shockingly over 42% of the people screened (from a sample size of 1067 individuals including - Pregnant women, Mother of children below 5 years, Adolescent Girls and Married men) were not aware that they had Hypertension -which is considered a gateway condition to Diabetes and cardiovascular health problems.

The reality is that in villages a person must travel far, spend money on transportation and also lose a whole day's income. So often, most tend to postpone healthcare till they reach the stage of complications. This lack of basic awareness, access and affordability are 3 key challenges plaguing rural healthcare in the country.

The misnomer that Diabetes is a rich man's disease no longer holds true. Changing lifestyles and poor food habits, lack of access to nutritive food, good health and a clean environment are a challenge for all, yet more for some than others.



Over 70% of global deaths are preventable. India, like other developing countries faces the worse brunt, with over 60% of deaths attributed to NCDs, communicable-maternal, prenatal, and nutritional conditions.



63 Million Indians are forced to remain in debt/poverty due to the high costs in healthcare

MAYAHealth was quick to realize that although the government has done much for public health through its many health programs yet key community level challenges largely remain untackled. The Government cannot solve this challenge alone. NCDs (Non Communicable Disease), adolescent health and malnutrition in children require sustained care, long term commitment and is often a slow process requiring us to re-invent care giving beyond hospitals and medicines.

The program believes that to improve the health of vulnerable populations – first - a drastic paradigm shift in the attitudes of people towards health is required. Where people are participative and inspired to take an active role in their own wellbeing and that of their family.

Recent advancements in health and technology has also helped to address this growing global NCD epidemic. Attracting a range of solutions. MAYA has also in this light, successfully designed a service innovation that marries social purpose with enterprise acumen to help improve health in the villages of Chanapatna- Karnataka. A solution that works hands on with local communities, leveraging technology, building grass root level institutions and complementing government systems to improve public health outcomes. A dynamic army of committed women leaders known as Health Navigators at the local level are inspiring health.

JOURNEY PAST YEAR

IMPROVING SYSTEM AND PROCESSES

- EFFICIENCY THROUGH THE HEALTH NAVIGATOR INCENTIVE STRUCTURE AND
- WORKING SERVICE MODEL

LEVERAGING TECHNOLOGY TO BRING SERVICES TO SCALE

COMPLEMENTING THE HEALTH ECOSYSTEM AND NEW PARTNERSHIPS

SERVICES AND PRODUCTS

CAPACITY BUILDING OF HEALTH NAVIGATORS AND NEW PARTNERSHIPS

ENABLING AND NURTURING TALENT - THE SPIRIT OF SELF INITIATIVE.

Incentive Approach:

MAYAHealth's entrepreneurship model enables preventive healthcare and well-being in rural and semi urban areas. Anchoring partners-Maya Organic Support Services- working hands on in the field, have observed that there were many women who were interested to engage as entrepreneurs in this space contribute and also learn from it.

However they needed and looked for some financial and other support during the gestation period. It was observed that it was important to move away from paying a standard stipend to an incentive mode as it will fuel the spirit of entrepreneurship. Health Navigators are now paid an incentive for every service that they give. A differential incentive is paid to promote critical services better.

People in the community are more willing to pay for Blood pressure and Diabetes test as they see the consequences of it more closely and are affected by it. However due to lack of information most do not see the value in tracking their child's growth and nutrition as they seem healthy/active on the surface.

To promote a culture in the community of taking greater interest in child development MAYA offers greater incentive to HNs per service offered, however the service is offered at a very low cost to the community.

Hence MAYA began by:

- paying a stipend to HNs and supported them with training.
- provision of health devices and equipment's on hire purchase basis.
- set up a shop to help HN access consumables at cost prices and also
- play a role in building a supportive eco system which recognizes the role of HNs



"I SEE MYSELF IN THE NEXT FIVE YEARS PROVIDING MINIMUM 1 SERVICE TO EACH AND EVERY FAMILY IN MY AREA, FOR WHICH I MUST CONTINUE TO BUILD GOOD RELATIONSHIPS AND TRUST OF MY EXISTING CLIENTS." - HN Nafis (Chanapatna)



“If ever I feel like I need help. Other HNs always give me tips on how to schedule my visits better and plan beforehand. So that I can manage my time well and always have adequate stock of consumables. I should be able to make a minimum of 10,000/- every month in the next 5 years.”- HN Tej Bano(Chanapatna)

Health Navigators would initially order for the stocks only once a week or only once they ran out- this arbitrary ordering/buying was leading to certain complexity in maintaining inventory stock and purchases and also keeping individual records for each transaction of HNs.

To make the inventory process simple and easier for HNs, it was planned that HNs can buy materials from Maya Organic Support Services (Anchoring Partners) twice a month on fixed dates (1st and 3rd Tuesday of the month). HNs has to place the order one day before and share it on what's app, next day material is issued as per the order requested. While following this system for inventory, the need for increasing investment was raised.

Because the initial investment was not sufficient for HNs to buy materials for one month and we suggested increasing investment from HNs. Increased investment helps them buy consumables for the whole month and helped them in developing a discipline and to plan their budget.

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Individual Savings and Investment through Collective Enterprises

When there was a need of increasing investment, most of the HNs found it difficult because they did not have sufficient savings or accumulated fund for immediate investment. This encouraged HNs to enhance their savings and which can be used whenever an opportunity arises. Apart from the individual saving fund HNs also have an equipment fund where a small amount from every service is contributed at the SHG (Self Help Group/ Collective Enterprise) level.

In the year 2017-18 all 3 groups invested the equipment fund in buying 3 new Hemocue machine paying Rs. 42,000/ - Now the SHG members share and use the Himoque machine to conduct blood test and check for anemia in the community.

This has helped community in identify Anemia at the convenience of their homes and intervene early. This has also helped HNs with another service that can be added to their basket of affordable services and contribute to an additional income aswell.



WORK AREA STRUCTURED INTO CLUSTERS AND POCKETS:

OVER THE PERIOD, HEALTH NAVIGATORS (HNS) WERE ATTENDING TO LOCATIONS WHERE THEY HAD MORE CLIENTS, SPENDING LESS TIME IN OTHER LOCATIONS. THIS BECAME A DETERRENT TO ENHANCE THEIR REACH.

TO ENSURE THEY REACH OUT TO MAXIMUM POPULATION EQUITABLY, HNS WORK AREA HAS BEEN DIVIDED INTO 5 LARGE POCKETS AND A POCKET IS FURTHER DIVIDED INTO 4 CLUSTERS.

HEALTH NAVIGATOR NOW SPENDS A DAY IN A WEEK IN EACH POCKET. 4 DAYS A MONTH IN A PARTICULAR POCKET HELPS IN ATTENDING TO ALL THE FAMILIES IN ALL THE 4 CLUSTER IN THAT POCKET. HEALTH NAVIGATORS HAVE A MAP OF THEIR AREA, MARKING POCKETS AND CLUSTERS WITH LANDMARKS.





SERVICE INNOVATIONS

While ensuring the focus on service delivery at the door step, a slightly different approach of mobilizing people in their neighborhood/street in a specific place is being promoted. This helps HN in reaching out to more people and is more effective use of her time. It also helps in peer learning and sharing which supports proactive health behavior. To encourage more people to come to a common place a differential pricing structure has been planned. Those who come to a common place pay less compare to the service offered at the comfort of one's home One HNs experience.

HNs offer door to door service for those who prefer to be serviced in their house, at the same time in order to enhance their ability to reach out to more people they are building small affinity groups in the cluster. At these points regular clients come together to receive HN services. This also helps as health education can be offered in the group, promoting discussions & peer sharing of positive behavior change and health impact.

Field Anecdote: Behaviour change with respect to health is a challenge that affects people from all walks of life. Exploring the ways in which one can change and adopt to a healthier life style can help furthering our mission of prevention.

Can a friendly health Navigator make such a difference?

Health Navigator Anitha - with 3 years' experience has a great relationship with her clients and makes phone calls to her clients to remind them on their doctor's visit, and also to wake them up for morning walks! There are instances when she accompanies the client in visiting the local doctor's as well. Anitha has gained a skill of conversing with people with empathy, responding to client's challenges and suggesting small life style changes clients can make in their local context. Anitha herself faced a lot health issues prior to becoming a Health Navigator. Her passion and vision is to support her own children to be healthy and to contribute in promoting wellness in the community.

Leveraging technology to bring services to scale.

CommCare Application:

A pilot with Accenture helped us explore new possibilities of supporting HNs to plan their work better and to respond to clients' needs with more efficiency. Work with Accenture will continue and MAYA health is planning to develop own App relevant for the Health Program that empowers the HN in entrepreneurship development.

Version2 has been developed addressing issues that were observed in version 1, data points that were not very relevant have been removed and app has been sharper with sharper data captures. The purpose it to make it HN friendly. It must be easy to use empowers them with health information that they can use for planning and reviewing of their work or health status of their client.

Initially when the program was initiated **Tablets** were given to HNs by MAYA as the health navigators could not afford them and did not recognize the need/use for them. However, in the last year most of the Health Navigators have been able to use their own smart phones to capture critical health data and track health status of clients they serve- which has been a positive move.

Latest digital tool- **Nidaan Software:**

Govt. of Rajasthan. Has launched a new software Nidaan, for presumptive diagnosis and monitoring of seasonal and NCDs. To facilitate online entries of many diseases and healthcare services available for their treatment in different institutions and to help formulating of specific action plans for control of diseases.

Design and technology tackle rural healthcare challenges

Deepika.Burli
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Bengaluru: What is common between Channapatna-based women health workers helping people suffering from chronic ailments and a group of Rajasthani teenagers trying to break taboos surrounding adolescent transitions? An exposure to human-centered design technology that has transformed the way they address challenges before them.

Exposing these communities to this technology are students of Srishti Institute of Art, Design and Technology in Bengaluru. They are working under the guidance of Naveen Bagalkot, a research and faculty member, who has taught them to look at societal issues through the lens of design and technology **Design, tech and healthcare** Collaborating with an NGO, Maya Healthcare in Channapatna, Bagalkot began interacting with its health navigators, who offer preventive care and management of chronic conditions such as diabetes, high blood pressure and malnutrition within their communities. But over time, their zest for the work they do, has also led them to become micro-entrepreneurs.

However, the lack of effec-



“What matters most is how we can combine technology and creativity in our works. In Channapatna, we work mostly with technology. In Udaipur, we tried to understand how we can encourage kids to use smartphones to explore content about their physical growth rather than obscene content

Naveen Bagalkot |
PHD FACULTY, SRISHTI INSTITUTE

tive communication with patients drove them to believe that there was a need to improve the quality of data collection through counselling. “The health navigators were equipped with electronic tablets to collect data. But they realized the need to counsel the community simultaneously. So the question of how to equip them with creative design thinking abilities came up,” Bagalkot said.

Now, each health navigator is equipped with a toolkit to educate patients on how to combat chronic illnesses. “Instead of merely showing a pre-drawn chart on the tablet on the dos and don’ts, they are now able to show it through their own drawings and interact effectively with clients. This could help them map an entire day in the life of clients and see where the intervention is required,” he said.

Taking on social inhibitions

Nightfall among young boys and menstrual cycles among young girls may not make their way into daily conversations in the villages of Rajasthan’s rural Udaipur. Under a project by Lakshmi Murthy, chairperson, Jatan Sansthan, Bagalkot and his students have in the last two years paid annual visits to the village and lived with a batch of 20 adolescents to come up with creative ideas on educating the population that both the adolescent issues that are considered taboos need to be addressed as a normal part of human existence.

“The NGO engages in stitching reusable cotton sanitary napkins, which help young girls in the village maintain menstrual hygiene. During our visit, students of Srishti sit with local boys and girls and stitch these napkins

as a way of eliminating indifference to the issue,” he said.

The annual visits are 10-day workshops, titled Future of Design Thinking, where students find creative ways to solve problems. They along with local adolescents create jingles and images about nightfall and menstrual cycles and share them on social media to break taboo.

The NGO engages in its own activities, wherein girls make bracelets of red and yellow beads – red denoting the days of the menstrual cycle and yellow symbolizing the rest of the days of the month.

Focus on quality

An IIT Bombay alumnus, Bagalkot believes design is a means to challenge the status quo and a tool to be tested outside the campus. “One batch of Srishti students, who were exposed to these projects, has graduated and two have gone back to work with NGOs. While the progress can’t be measured quantitatively, it has definitely added great quality,” he said.

“Through these projects, we realized that there is huge need for young designers to work on human-centered design approaches. But there is a dearth of young designers as only a few of them see opportunities outside the corporate world,” he said.

COMPLEMENTING THE EXISTING HEALTH ECOSYSTEM

Health Navigators have been closely working with the Primary Health Centres (PHC) and Sub centres in their community by accompanying the clients in their visits and communicating the benefits to the rest of the community members. Health Navigators inform the parents of malnourished children to visit the relevant Aanganwaadi and to verify the weight of the child, on confirming the health status of the child with the Aanganwaadi the parents are referred to PHC for further follow up. Health Navigators continue to educate the family members on dietary practices that needs to be followed at the home front. They also help the family avail all existing government benefits in addressing malnutrition.

“My work is recognised by the staff at PHC and the doctors interact with us, they educate us on the kind of information that we need to share with the community members, and appreciate our work. They consider our health records to get a sense of client history”- HN Pavithra

“I often get phone calls from the PHC regarding the training programs that they are conducting. The doctor speaks highly about the work we do. They say that HNs give service to people when they are healthy and prevent them from falling sick. I am very proud that my work is important and means a lot for many people. Clients with high readings are suggested to meet us once in 3 days or once a week. Health Navigators are well acquainted with the PHC & THC (Taluk Health Centres) and we link the service available there in the community.” HN Soumya

HEALTH NAVIGATOR AS A MEMBER OF AROGYA RAKSHA SAMITI

Health Navigators are invited by The PHCs to participate in capacity building programs that are conducted for their staff, For example: HNs participated in training programs conducted in the PHC on Waste management, Hygiene etc. One HN also became a member of Arogya Raksha Samiti. Health Navigators support PHCs by mobilising people to participate in the camps such as for - pulse polio and other key vaccination drives.

ANMs (Auxiliary Nurse Midwifery) at the urban centre consider HNs service as very valuable especially in the context of not having ASHA (Accredited Social Health Activist) workers in the fast growing Semi - Urban areas.

Similarly HN s consider themselves as important persons in the health eco system, as their work is appreciated by both people in the community and also the Staff at the PHC and THC.

“They have helped us immensely in reaching out to more pregnant women as Health navigators refer women to the centre and often accompany them.”

DR. SHOBHA-URBAN HEALTH CENTRE CHANAPATNA

Orientation by AYUSH Department of Taluks Health Centre(THC):

Taluka Health Officer arranged for a Doctor from AYUSH department of the Taluka Health centre to orient Health Navigators on management of Non Communicable Diseases (NCDs) with focus on Blood Pressure/ Hypertension & Diabetes. The session was very useful for the health Navigators in learning new knowledge and also to develop network and relationship with the doctors in the Taluk health Hospital.

MAYA HEALTH COLLABORATION WITH BANGALORE BAPTIST HOSPITAL (BBH)

Community Health Workers (CHWs) are frontline workers who are usually trusted members of the communities they serve. They close the gap between healthcare services and the communities, bridging the gap in the access to the services. They perform a range of important activities that promote, maintain, support, and protect the health of individuals, families, and communities. Besides providing primary care, they enhance individual and community health literacy by sharing culturally relevant health information and promoting health within a community by assisting individuals and communities to adopt healthy behaviors.

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DR. GIFT NORMAN- DEPUTY DIRECTOR- BBH

MAYA health has initiated a collaboration with Bangalore Baptist Hospital (BBH), They would be supporting the program in development of training modules and assessment tools, conducting assessment and certification of HNs, Designing services and protocols, Online support to HNs on certain critical issues to health care needs of the clients, project management support where needed on an advisory basis, Periodic assessment on the effectiveness of the services and in playing an advisory role in developments of proposals and collaborations in implementation.

PARTNERSHIP WITH ALOKA VISION

In January 2018, MAYA & MOSS entered in to a Partnership with ZEISS, an internationally leading technology enterprise operating in the optics and optoelectronics industries. The partnership aims to create access to affordable vision care to communities in rural areas through the Social Entrepreneurship Model.

Health Navigators are trained by experts from Aloka towards screening community members, to prescribe for near and distance vision correction, in dispensing spectacles and also to provide referrals for cataract and other vision issues. They are supported by a ZEISS application for communication and consultation with Optometrist and also to instantly place spectacle orders along with tracking of the same for quick processing and delivery.

They are supported with branding and local marketing efforts in order to create awareness on the service offered. Health Navigators have invested in the lens kit and have been conducting eye screening camps, and serving people in the community by providing right referrals and helping them avail high quality spectacles at an affordable price. Health Navigators earn a margin share on the sales of spectacles to cover all operational costs.



HEALTHY FOODS AND HEALTH PROMOTIONS SERVICES/ PRODUCTS

Millets help control of diabetes and other lifestyle disease, we wanted to promote this grain in the community which helps clients to stay healthy and control their diabetes. The first round of samples were rolled out along with anchor organisation- Maya Organic, the staff of Maya organic experimented with local millet recipes and real time experience to Health Navigators to promote this food product in the community. Millet workshops revolved around educating the HNs first on the benefits and the use of millets, so that they can better inform their clients. Health navigators were very excited to promote these products as they were locally used in the past. Using a variety of over 7 types of millet grains the health navigators traveled across their villages to educate the families on the long term benefits of using millet in diets.

Menstruation or Periods is one of the most important changes occurring among girls during their adolescent years. Menstruation and menstrual practices are clouded by taboos and socio-cultural restrictions causing adolescent girls to remain ignorant of the scientific facts and hygienic health practices, ignorance of which results into adverse health outcomes, such as vulnerability to reproductive tract infections (RTI) etc.

Health Navigators work closely with adolescent girls to educate them on menstrual health and hygiene. Providing a safe and comfortable environment of information sharing and accessing **hygiene products** the HNs are helping young girls to take ownership of their health. at a young age..Affordable need based products and services are being provided by local Health Navigators which is helping young women make informed health choices for themselves.

Many senior people in the village explained that millets have been part of diets over 60 years ago, they all had used it in the past. This information helped HNs to promote the products easier with better local acceptance. The demand for millets soon grew amongst all the HNs who began seeing their clients ordering more. The samples were issued to all the HNs to promote and book the orders. In the month of May the Millets were rolled out in most of the areas by all HNs.



• **"Bella"** Partnership for HN Menstrual Health Education
Over 3000 women are regularly accessing affordable health positive products such as sanitary napkins from our health navigators. MAYA Health has also partnered with "Bella" for the roll out of this service. They have also educated Health Navigators this march on various health and hygiene issues that are essential for menstruating women.

BASIC SCREENING SERVICES

Basic screening was introduced as a new service, and is conducted regularly in program locations with the objective of early detection & intervention of NCDs with special focus on Hypertension, Diabetes Mellitus, Anaemia and Malnutrition among Children.

The once identified to have these health conditions are referred to Doctors and are also counselled for life style modifications. People are also assessed for risk and educated for working on modifiable risk factors. A typical Screening camp happens for a cluster of 30 to 40 families, HNs inform all the community members the previous and pre book clients for the camp at a reduced cost, where as if a person attends the camp directly he or she does not get the discount.

It was observed that people have a lot of fear to go through the screening tests and prefer to assume they are doing fine. It took a lot of confidence building measures before people came forward to take up the tests. FGDs were held in multiple locations in the community to discuss the need for screening, to educate and dispel the fear.

SWARAKSHA

Is a Wellness service and has been introduced as a follow up service for people who have high and moderate level of risk factors, identified during basic screening. Swaraksha service is aimed at helping people track their health on a regular basis, work consistently on modifiable risk factors and stay healthy. Over the period number of people availing swarksha service has increased.



BLOOD PRESSURE MANAGEMENT SERVICES CASE STUDY

Kempamma is 65 years old, she has 7 children. Husband Lingaraj takes care of their own cows. Kempamma feels the pressure of work when she helps her husband in attending to the taking care of the cows. She says that her children are busy with their own lives and she lost a daughter to jaundice, and she takes care of her daughter's children now, which also stresses her out.

I have BP for the last 6 years. I see dr. Mohan and also get myself checked with Vasantha every month. She takes just 10 Rs. I think it is less. I spend more money on Auto when I have to see a Doctor. And spend a lot of time waiting. It is very useful for me that she visits home and does check-up. She has also given me her number. If I feel dizzy or unwell I can call her. I wish she also gives medicine! But she does not give. My BP has been reduced now from 142/90 to 118/82. Vasantha has told to maintain it like this. She has advised me to drink more water, to eat food on time, to take tablet regularly and on time. She also records my reading every time she checks in a book, which I carry when I visit my Doctor. Doctor has asked me to test with the HN regularly.

Sarojamma - Mangadahalli- Mangadahalli sarojamma came to know about her having BP on the day she was screened by HN in June 2017. Her test reading showed 200/120 at the time when she was first measured. HN advised her to see a doctor. And she started medication. After a month when she visited the doctor she was advised to go on medication always from now on, which Sarojamma did not like. Sarojamma was getting herself tested once every 15 days, and HN advised her on life style changes that are essential like the need for exercise and low salt in diet. Sarojamma's Bp reduced considerable over a period of time and reached normal levels. And the doctor reduced the dosage. Sarojamma is 56 year old and was living in the same village for 30 years.



THE GLOBAL NUTRITION REPORT 2017

Over half of women of reproductive age — 51% — suffer from anaemia — a serious condition that can have long term health impacts for mother and child..

ANAEMIA SERVICES

Adolescence is the period of most rapid growth second to childhood. This period places a great demand on their nutritional requirements making them vulnerable to anemia. This poses a major threat to future safe motherhood in girls and is a major contributing factor of malnutrition and its vicious cycle.

Health navigators conduct anemia screening using a device - **himoq** and refer those who are anemic to the local primary health center- PHCs. They educate the girls and their parents to understand about the causes and consequences of anemia and supports them to take action. Follow up test is done to check improvement once in 3 months



POSHAN

This is a Nutrition service which has been introduced to facilitate optimum development of all children in the community by encouraging parents to make their child's health a priority.

Under this service the HN visits the family registered every month- where she regularly tracks child development through growth charts and weight plotting is done. All this is done with participation of both parents so as to increase their awareness and educate them on better child care practices. Much of this service also focuses on referrals and connecting families to existing government schemes and subsidies available to them for their child.

Shubha in Thagechekere was conducting health screening for children below 5 years as part of her routine, and found Suprith, one year 3 month old baby boy to be severely malnourished. (Mention weight & age) Suggested the family to visit a Doctor, and HN had a discussion about the health of the child with the local Aanganwaadi teacher and they planned together on possible ways of working with the family to bring the child to normal development.

HN in her subsequent visits educated the mother on the need to increase the number of feeds and also to introduce variety of food such as vegetables, fruits and greens little by little, consistently. HN helped the family understand that medicine and tonics alone would not solve the problem and that it is important to change the dietary practices at home. The mother said that the child vomits when fed. HN Suggested that new food items must be introduced little by little. She also suggested how Paushtik Nutrimix can help. When Paushtik was introduced the child developed diarrhea and the family was apprehensive. However HN convinced them to re-introduce in small quantities. Now they are regularly feeding the child Paushtik – the nutri mix, a health product also sold by the HN in addition to fruits and vegetables. in the child's diets HN has convinced the parents to take service from her every month so that they can track the growth of the child regularly and also get appropriate guidance. They have been helping parents plot the weight of the child in the Growth Chart.

Helped them understand the consequences of malnutrition and supported them with appropriate education to make changes in their feeding habit. Now the has been gaining weight consistently .

NUTRITIOUS SNACK FOR CHILDREN

Method:

Step 1: Softly roast all the ingredients till golden brown

Step 2: Add the roasted ingredients to the mixer to grind into fine powder

Optional: You can add Cardamom and/or grated coconut as per taste

Step 3: Grind the ingredients until it turns into fine powder

Step 4: Add Jaggery to the pan on shallow heat until it has melted, sprinkle water to avoid sticking to pan.

Step 5: Once the Jaggery is melted, add powder and stir until slightly semi- thick consistency

Step 6: Lightly oil hands to ensure mix does not stick

Step 7: While still mildly hot take small bite size chunks and shape into a ball shape. Repeat step.

For this recipe you will need- Ingredients:

1 Cup Groundnuts
1 Cup Wheat
1 Cup Split Bengal gram
1 ½ Cup Jaggery
3-4 Cardamom
½ cup Grated Coconut (Optional)
4 tablespoons vegetable oil

Preparation Time: 5-10 minutes

A nutritious homemade snack - for your child. Before you begin make sure you have all your ingredients ready!

-Ensure temperature of the mix is not too hot for handling (suggested to use gloves for first timers)

-Keep in an air tight container to maintain freshness and serve your child minimum one piece a day.

A yummy homemade nutritious snack to keep your child healthy and fit!

SKILL UP GRADATION & CAPACITY BUILDING OF HEALTH NAVIGATORS

- Coaching & Mentoring sessions
- Training On Dental Screening- Ramaiah University of Applied Sciences
- Training on Management of Joint pain- through occupational therapy with Zuyd University of Applied Sciences- Netherlands
- HN Stories



COACHING & MENTORING SESSIONS:



HNs come together as a large group to learn and share new skills. However since each HN has a different context to work and has unique challenges it was found useful to have coaching sessions with them on an individual basis.

Some HN have benefited immensely from these sessions. A process has been designed for the sessions and HN goes through individual sessions by the facilitators on a fixed intervals.

In the coaching session the discussions include HN vision in life and what she wants to achieve and what plans does she have to achieve them. Discussions focussed on helping HNS recognise their strengths and build on them to develop their work. They were also supported to reflect on skills they wish they had to improve their work. And were supported to plan for developing areas where they could improve and build on, to recognise sources for learning using the same. They are supported to make their own plan with strategies specific to others context that could improve & develop their work.

Introducing physical fitness and YOGA in Chanapatna. 45 of our Health Navigators are being oriented on the various facets of YOGA so that they can empower their clients in the villages to stay fit!



TRAINING ON DENTAL SCREENING- RAMAIAH UNIVERSITY OF APPLIED SCIENCES - BANGALORE

“ Our Health Navigators- bringing affordable Dental Health and Hygiene services to the homes of low income families in Chanapatna. Thanks to Dr. Suvi and Dr. Tejaswini of Ramaiah University of Applied Sciences - Bangalore for collaborating and leading this initiative.



TRAINING ON MANAGEMENT OF JOINT PAIN- THROUGH OCCUPATIONAL THERAPY WITH ZUYD UNIVERSITY OF APPLIED SCIENCES- NETHERLANDS

“ Scope of this project was to develop a service to treat joint and low back pain problems in a preventive way. This service will be part of the wide range of services the health navigator offers to her clients. a better understanding of daily life we found that people in Channapatna are working 7 days a week to maintain their households and work. They suffer with severe health problems because of their lifestyle. Travelling long distances to get basic supplies like water, carrying heavy objects for a long time and working in a static working posture are reasons that people suffer neck, shoulder and low back pain. Almost all the people interviewed say that they access off the shelf tablets, pain balms and even injections from local clinics when pains are unbearable, however all agree that the pains resurface after 2-3 days and no long term solution has been made possible for them. People are willing to change their lifestyle to improve their health, which is really important to make this project sustainable.

ZU
YD



HN STORIES

HEALTH NAVIGATOR -HOOR BANO'S GROWTH AS AN ENTREPRENEUR

Hoor comes from a financially difficult background and was struggling to make ends meet. Her husband is an artisan making toys. She has two children, and was initially referred by another HN to become a health entrepreneur.

She learned to use the medical devices quickly, however struggled to learn the skills for counselling and in maintenance of records. When she began she had a very informal approach to work and was very irregular. Hoor personally changed in many aspects in her own words – **"I realized the value of maintaining hygiene personally and also at the family level. Changed cooking and food habits at home."**

Hoor was very timid initially – but now is a very empathetic and friendly coach to her clients who loves to confide in her and seek support for their health and other issues.

As an entrepreneur she works well with the anchoring partners and has the ability to plan & record her work efficiently. She says – **"I am very happy that I found something that I can do on my own and rely on it for my livelihood"**. Hoor now uses Commcare application with expertise and is a confident technology savvy entrepreneur on the road to success.

MEET HN JABEEN TAJ – FONDLY NAMED THE SWIFT ENTREPRENEUR

Jabeen, was initially not very interested in becoming a Health Navigator, despite agreeing to join, she postponed almost for two months before she joined. She initially believed going from house to house to offer services is a difficult job.

Her husband works as a tailor and Jabeen has 3 children. Her family had association with MAYA through its other developmental programs in the past, which helped in Jabeen getting the family support in becoming a Health Navigator. Once she started working, she quickly managed to develop a very good client base, her clients make calls to fix time & avail services. She has shown interest in investing in her work and recognizes it as an essential part of her work. She believes in giving quality service to her clients and has a way to connect to people with genuine interest.

Jabeen's mother says that her daughter would often depend on others to address her financial problems, but now has become independent in managing her life after she has become a HN.

"Jabeen is very well respected in her community". She says **"as a mark of respect - one of my clients also honoured me with a set of clothes and bangles during Ramzan festival."**

Jabeen has a great quality of making sure she is available when her clients need her. This Ramzan she bought new clothes for all her family members.

HN STORIES

TABASSUM BANO- SENIOR HEALTH NAVIGATOR



Tabassum Bano, one of the senior Health Navigators in the program- is known for her ability to connect well with her community and clients. She has an expertise of over 3.5 years to her credit. "Tabu" as she is fondly called, while looking for a new job, had heard about MAYA's health initiative from a friend.

For her the opportunity was interesting and the flexibility in the timing's suited her. **"I used to feel shy going door to door and talking to people. People didn't understand what we were trying to do and they didn't trust us before"**- She says.

Tabu only had one client at the beginning, a 35-year-old man – who was diabetic and who had as a result in the past suffered a stroke. She says- **"He was an educated man but he didn't know or care much about prevention. He used to smoke and drink a lot. His case is not unique. Most people in Channapatna are fairly new to the idea and don't think much of preventive healthcare. People only think of health once they fall - seriously ill."**

However, Tabu monitored his blood sugar levels regularly and suggested lifestyle changes. Over time, they started to see improvements.

"Tabu comes home regularly for screening and monitoring my husband's health. She has gone out of her way many times to help take my family to the hospital. My husband was left bedridden due to a stroke a few years ago consistent visits and diet recommendations to reduce salt intake and replace with increase in green vegetable, fenugreek and Ragi - has helped maintain my husband's sugar level from 500 to 210." Says the clients wife.

Her client base quickly expanded to 30 people in the next few weeks. Today, Tabu currently works with over 400 clients in her community. When asked "How are things now?" she says **"People respect me. My husband is proud of the work I do. My clients always invite me to family functions. They treat me like a family member and they share their problems with me. Going on the field and interacting with others have opened her eyes to the suffering that many people go through. I'm grateful for what I have."**

Most of her earnings are saved for her children's education and the rest is used for investing in new medical equipment and supplies. Tabu is also completing her B.A. through distance learning. **"I want my children to be able to say that their mother has a degree."** Tabu's story is one of hope. The world's problems may appear daunting and yet, there are those like Tabu, who dream of a better world and do what's in their power to make it a reality.

WOMEN ENTREPRENEURS—INSPIRING HEALTH IN THE VILLAGES OF INDIA.

“being the only girl among 5 brothers, i was never encouraged to study and was married soon after my 18th birthday. My in-laws abused me every day, i never reached out to anyone or even left my home for 5 years. But since, i became a health navigator, i believe in myself again, i feel confident, i go door to door do surveys, reach out to my neighbors, talk to them, learn about their problems and teach them what i have learnt.” -HN Soumya

Soumya is one of the 45 vibrant women entrepreneurs from her town who is trained for 1 year in public health and provides affordable doorstep preventive health education and services in her community. These local women, known as “health navigators” inspire people to live healthier lives. The opportunity to earn a livelihood and contribute to the family income is motivating them to tackle the problems they face as they squeeze the training schedule into their everyday lives, from getting up at unearthly hours to fill water, to sending the children to school, to managing large demanding households. Some have been encouraged by their husbands and in-laws to attend, while few others have rebelled against their family.

“My husband is not happy, but i am doing what i have to, to make sure my children get a good education,” says HN Savita, a puc pass, married for the past 20 years. **“ I am now considered a class apart in my neighborhood. Previously no one knew me and; now i get invited to functions and people come to me for advice. I am beginning to see my husband change his attitude towards me as well.”**

“HN Tabassum Bano- comes home regularly for screening and monitoring my husband’s health. She has gone out of her way many times to help take my family to the hospital. My husband was left bedridden due to a stroke a few years ago consistent visits and diet recommendations to reduce salt intake and replace with increase in green vegetable, fenugreek and ragi - has helped maintain my husband’s sugar level from 500 to 210.”

Screening, testing and personalized care at home, from a known person is helping clients to take ownership of their health. “clients” have reported that they now understand how to manage their diets and lifestyle better. These micro entrepreneurs are going door to door reaching populations in over 90+ villages with a basket of need based services such as; diabetes and hypertension management, child nutrition and women’s health.

Armed with handheld devices, their services leverage on technology to deliver screening, testing, diet monitoring, lifestyle counselling, referrals and products with efficiency right at the homes of clients. Products such as sanitary napkin are now just a sms away. The use of multimedia and games integrated on the handhelds are also making learning fun at the grassroots. These women leaders are re-inventing the delivery of preventive healthcare to the last mile. They complement existing healthcare providers in their villages and referrals are a critical feature of their services. Clients are connected to local health services and providers. These community leaders work with and support allied government health staff such as asha workers and aanganwaadi teachers to promote health education.

“As Asha workers we have a lot of promotional- educational initiatives. The hns help to re-enforce many of the messages we send out. They are able to reach every house and inform them of government schemes and services in-case we miss out. They also help in identifying pregnant women in the community which has greatly supported our work” -Sayira Bano- Asha Worker- Gol

Apart from tracking child nutrition, growth, immunizations and supplements at the doorsteps they provide affordable nutrition mixes. Home- made recipes are shared between members in the health group sessions led by the navigators. These spaces are creating a local dialogue around health and wellness. Govt. Primary health centre doctors have explicitly seen visible increase in the number of clients accessing various government services, highlighting how these women have strengthened existing health systems while creating a proactive shift in the way people approach their health.

This steady education of the population and strengthening of systems has the potential to slowly chip away the problem at hand. **“working collectively with communities to innovate the delivery of health services to the last mile has potential to transform public health”**- says Alex Rodrigues CEO MAYA Thanks to the health navigators we better understand that- a healthy, empowered and educated women, can potentially transform the health of children, families and communities around the world.

FRIENDS OF MAYA



HALF THE SKY" INDIA – WOMEN'S LEADERSHIP AND ENTREPRENEURSHIP EXPLORATION SEMINAR- 2017'

Fosters Business School- University of Washington and MAYA have come together for the "Half the Sky" India – Women's Leadership and Entrepreneurship Exploration Seminar- 2017' A day well spent learning about MAYAHealth and engaging with health navigators on the program. The focus of the visit was to understand concepts of women entrepreneurship at the village level and how social enterprises are built in Rural India.



NASSCOM CSR LEADERSHIP CONFERENCE IN PARTNERSHIP WITH ACCENTURE- BANGALORE

Showcasing MAYA Health application NASSCOM Foundation's CSR Leadership Conference 2017. MAYA is promoting health and wellness among the community by transforming identified community women into social micro entrepreneurs using health platform developed in collaboration with Accenture Labs and Accenture in India



CHRIST JUNIOR COLLEGE- BANGALORE - TOBACCO FREE INITIATIVE.

Happy to interact with over 1500 students on a range of issues surrounding tobacco. Thanks to S J Chander for leading the initiative and to the Voice of Tobacco Victims team for their life stories.



**MAYA AND CONSORTIUM FOR
TOBACCO FREE
KARNATAKA(CFTFK)**

ACTIVITIES IN 2017

PROTECTION OF CHILDREN FROM TOBACCO

(CFTFK) is a professional Health Care network, working for tobacco control in Karnataka since 2001 actively engaging in supporting the government's effort for tobacco control, MAYA is supporting the initiatives of CFTFK. One of the key activities the MAYA supports is protection of children. In November last CFTFK launched a campaign '**Campaign for Tobacco Free Children, in collaboration with the Karnataka Commission for Protection of Child Rights (KCPCR) and Associated management of private schools in Karnataka.** The children submitted a memorandum to the chairperson of KSPCR to protect them from tobacco using the provision in Cigarette and Other Tobacco Products Act (COTPA).



Dr. Kripa Amar Alva Addressing the children during the launch, along with her are Mr Arjun Devaiah, an eminent Asian games gold winner for athletics, representative of the school and Dr. Pratima Murthy, Professor of psychiatry, NIMHANS and a founding member of CFTFK.

STRENGTHENING COTPA IMPLEMENTATION BY THE GOVERNMENT

Recent Global Adult Tobacco Survey released by WHO and MoHFW revealed that tobacco control situation in urban areas in Karnataka is of concern as the situation remains the same whereas there is slight decline in rural areas. Further the urban areas are not adequately covered by the National Tobacco Control Program. The High-Power Committee for Tobacco Control by the government has written to the districts administration to address the issues of concern in urban areas. CFTFK has been asked to support the initiatives of the government. Accordingly, an initiative 'Tobacco Free Cities' has been launched in three cities on pilot. Training and orientation of the key members of various government department concerned with section-4, 5, 6 and 7 of COTPA has been undertaken. Picture on the right in which the deputy chief minister of Karnataka Dr G Parameswara addressing the launching of Tobacco Free Tumakuru city. Similar support is given to the district administration in Mysore and Mangalore for piloting the 'Tobacco Free City' initiative.

SUPPORTED THE RELEASE OF GATS-2 REPORT RELEASE

Supported in organizing the release of Global Adult Tobacco Survey-2, the fact sheet for Karnataka state. The report was released by the deputy speaker of the assembly at the request of the Higher Power Committee for Tobacco Control by the government. The report was presented by a representative of Tata Institute of Social Sciences who conducted the GATS survey in India. The survey showed an overall reduction of about 6% in prevalence of tobacco consumption in the state. However, the trends in the urban areas remain the same.



PUBLIC PARTICIPATION IN TOBACCO CONTROL



Supported the CFTFK in developing an app for COTPA compliance monitoring. The app named 'No Tobacco' is uploaded in Google Play Store. The app can be downloaded by typing cftfk. The app was released during the World No Tobacco Day observation in Bengaluru, Tumakuru, Mysore, Bellary, Davanagere and Mangaluru. The app needs wider publicity supported by the enforcement system to initiate action and on COTPA violations reported using the app by the public. Efforts are ongoing to publicize the app and to evolve a system of response.

WORLD NO TOBACCO DAY

Supported CFTFK to launch a signature campaign for 1 million and to create public awareness on the harmful effects of tobacco consumption and cultivation. Public awareness was created by volunteers from the local city level partners. Resource persons from the local partner's institutions were invited to address the audience of the public program on the theme 'Tobacco and Heart Diseases' during the World No Tobacco Day about 10,000 signatures were collected.



JOIN US ON SOCIAL MEDIA AND BE A PART OF THE INSPIRING HEALTH MOVEMENT



@MAYAHealthInitiative



MayaHealthChannel



mayahealthindia

WAY FORWARD

At MAYA, over the years we have understood that our hands on approach of working with the community has helped us in designing working solutions on the ground. This wealth of experience has made it possible for us to reach out to millions over the years and make a positive difference. While we do take pride in the way in which MAYAHealth has helped the community, its ability to make a lasting impact will depend on long term sustainability and the kind of partnerships we can build to make the last mile stronger. This past year the journey has been one of improving and strengthening the existing systems of the program and consolidating a number of processes that can help improve the credibility of the Health Navigators in their community. The HNs have been able to guide many of the community members to make slow yet sustained efforts towards lifestyle and behavior change for their clients. Leveraging technology for screening, tracking and a critical focus on education in prevention has helped them build trust with their clients.

The bigger picture points to building lasting relationships and partnership that can strengthen the last mile through prevention and promotion of health in low income families. By plugging the gaps in existing public health systems, the HNs have also been able to add value by increase the number of people who are now starting to reach out to the PHCs.

We are happy to have the support of Baptist Hospital- Bangalore-Department of Community Medicine, for improving the quality of the program. By leveragin technology and technical expertise along with our field experience, we believe we will be able to build a robust application for service delivery aswell. Collaboration will be key to the success of the program. We will have to enroll other organizations and other professional partners to add value to the program and refine the model. We believe we will be able to develop a sustainable model and build this last mile solution for addressing basic preventive health issues and also encourage communities to be proactive on their health.

We thank all those who have been supportive and part of this journey.

MAYA 2017

FINANCIALS