



MAYA ANNUAL REPORT

FY 2016-1017

**EMPOWERING COMMUNITIES TO ADDRESS SYSTEMIC ISSUES OF
CHILD LABOUR- EDUCATION -LIVELIHOODS AND HEALTH.**

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FOREWORD

Building a world where every person has the opportunity to live a healthy life.

CEO- ALEX RODRIGUES

We complete another year working on addressing issues on Preventive health in India through a micro entrepreneurship model- MAYAHealth. We believe the program will result in communities being healthy and also reduce the financial burden that arises due to ill health.

Our strength has been with working with communities and designing solutions that work on the ground. The success of the program will depend on the type of collaborations we build which adds value in strengthening the last mile. A lot of effort has gone in the last year in redefining processes, usage of technology to see how effective and efficient the Health Navigator can deliver the preventive-promotive health services, and reach out to the target population assigned.

While our health systems both public and private are struggling to meet the demand of curative health, we have a long term vision to focus on preventive health and finding an approach that support communities especially low income families to become proactive about their health. This year we have been able to address operational challenges and refining the technology support, but the great challenge is to ensure we create a sustain model for scale. Effort will be made to develop a partnership and collaborative model.

Our focus is also to work with existing public health system and see how we can strengthen it in fulfilling its mandate. By building closer relationship with Primary Health Centers (PHC) and also getting the communities to utilize their services we believe this will strength the PHC and the Public Health System.

Our focus has been on Non Communicable Diseases such as Hypertension and Diabetes that is spreading in urban- rural areas and has also becoming the largest killer. The Health Navigators have worked with the target population on behavioral and life style changes. More studies are showing how life style changes can bring about sustainable health than just being dependable on medication. Our limited work is showing results but, the process of behavioral change is a slow process. This needs to be enhanced with great educational, communication materials and usage of technology for tracking information that supports the Health Navigators in their work with the target communities.

We are happy to have the support of Baptist Hospital- Bangalore-Department of Community Medicine, for improving the quality of the program. On the Technology front- Accenture Lab is working with us to develop an appropriate app. Their technical expertise and our field experience, we believe will be able to build a robust application. 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.

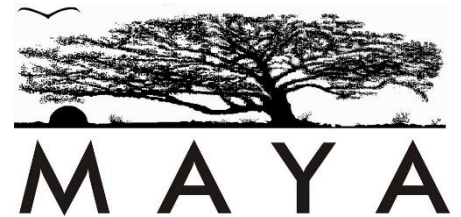
We believe we will be able to develop a sustainable model and build this last mile solution for addressing basic preventive health issues and also encourage communities to be proactive on their health. We thank all those who have been supportive and part of this journey.

We registered under the Karnataka Society's Registration Act in 1991 – January and are also 80G and FCRA certified

ABOUT US

Coming together to build lasting solutions.

When we started MAYA 27 years ago, little did we know then, that the questions we asked would lead us to designing a number of successful programs- for low income families across India. In the past 2 decades we have incubated humble ideas into transformative institutions of change. Positively influencing education, livelihoods and health of millions of marginalized lives across India. Today, our past 3 programs are independent organizations with teams working to solve some of the pressing systemic issues that our country faces.



Enabling communities to take responsibility of their development.



Prajayatna (NGO) - <http://www.prajayatna.org/>

Focuses on interventions in education and education reforms with government schools reaching over 5, 00,000 children across India.



MAYA Organic (NPO) - <http://mayaorganic.com/>

Focuses on supporting Livelihoods for the traditional toy making artisan community in Chanapatna, program has over 70+ skilled artisans providing quality products in India and overseas.



Labournet (Social Enterprise) - <http://www.labournet.in/>

Focuses on interventions in livelihood program to informal sector workers all over India. Program has a presence in 650 locations across India and has impacted more than 5, 00,000 individuals in 15+ sectors till date.



MAYA Health - <http://www.mayaindia.org/>

A Preventive Healthcare Program - with a focus on preventive and promotive healthcare amongst urban and rural poor. Focuses on building a sustainable health ecosystem of micro entrepreneurs who focus on providing preventive health care services and education that is affordable to the community. The program enables a viable process to empower individuals & communities in rural areas to take informed decisions to manage their health and wellness; to drive effective care from existing healthcare infrastructure. We have reached a population of over 50,000 and directly provide preventive health services to 8000+ members in Chanapatna-Karnataka.

MAYA HEALTH BACKGROUND

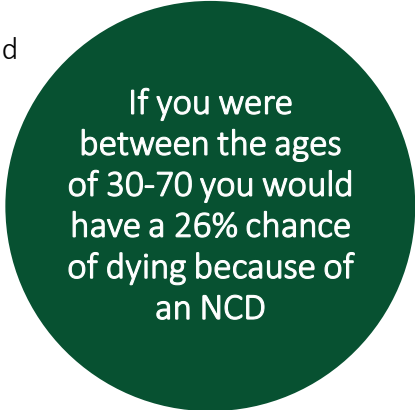
Applying our learnings to solve big problems

Our decade assessments have shown that our programs have made considerable impact on the ground. 3 years ago we began to explore how best we could use this expertise, to solve other pressing global challenges that require urgent attention.

We learnt that - Health is not prioritized

Our research brought us right at the heart of the global (non-communicable disease) NCD epidemic which constitutes 70% of deaths worldwide. It has been startling to find that globally we lose 40 million people every year to illnesses that could have been prevented.

- Health care in India, is a right of every individual but poor infrastructure and health human resource has resulted in failure to address the health care needs of large population. India's NCD burden continues to expand and is responsible for around 60% of deaths in the country.
- Health challenges such as malnutrition in children, diabetes, anemia, cardio vascular diseases are plaguing the health of millions of low income families in the country, where we are responsible for a shocking 16% of the global share of maternal deaths and 27% of new-born deaths.
- To learn that every fourth individual in the country aged above 18 years has hypertension, and that India is the second largest diabetic population in the world is a troubling fact. Cardiovascular diseases (coronary heart disease, stroke and hypertension account for 45% of all NCD deaths in the country.)



If you were
between the ages
of 30-70 you would
have a 26% chance
of dying because of
an NCD

Ill health leads to loss of employment and income, thereby impacting the entire family. The focus of the health system both in the public and private sector is largely curative in India.

While most illnesses resulting in death are preventable, the bigger challenge lies in ensuring awareness, access and affordability with specific focus on preventive health care.

- In recent year there has been an increased thrust by Government of India and the State Governments to augment rural health care under National Health Mission. Significant effort has been made to develop ASHA (Accredited Social Health Activist) worker set up and help rural communities link to the existing healthcare eco system. However, at the ground level, the impact of ASHA workers has been significant in Maternal Health, Neo-natal health care and Communicable diseases but there has been less focus on non-communicable diseases (NCD).
 - The challenge and opportunity in case of NCDs and other health issues such as malnutrition and Anemia is that, if detected in time and guided suitably these conditions can be effectively addressed. Steady
-

milestones such as increased expenditure on healthcare to 2.5% of the GDP and also the newest mandate of Central Government –The National Health Policy 2017 which has explicitly focused on a need to drive prevention and promotion of health. We however, still lack innovation at the community level to make prevention a priority.

Without Health there is no escape from poverty

- In India where a large section of our population remains poor, a distressing 60% of all health expenses are Out of pocket expenditure (OOPE). This holds true especially for majority of Indians living below the poverty line for whom ill health causes loss of income and also employment, which affects their entire family. Approximately 63 million people fall into poverty each year due to lack of financial protection for their healthcare needs.
- With a 22% shortage of primary health centers (PHCs) and 32% shortage of community health centers (CHCs), it is estimated that 50% of beneficiaries travel more than 100 km to access quality care.
- It is also observed that health becoming a neglected aspect, more so in rural communities. However, due to the economic burden caused for health care (even if the services are free in Government set up), the individual spends money on transport and also in case of male member, loses wages for the day when he seeks health care. So, most tend to postpone healthcare till they reach a stage of complications.

CHALLENGES EXPLAINED

Rural Healthcare in India, despite initiatives of Government, faces many challenges, while Institutional challenges are being addressed by Government, the challenges at Community level remain un-tackled

❑ Key Challenges faced at Community level

- Lack of Awareness – Preventive Health, Hygiene & Wellness
 - Social Attitude and Behaviour towards Healthcare
 - Inability to Afford services & Products
 - Issues in Accessibility to Health Ecosystem
 - Lack of motivation to address chronic conditions like hypertension / diabetes / malnutrition
- ❑ Even though most illnesses are preventable, not taking care in time, due to above reasons, leads to high cost of treatment & resulting in loss of earning, thus driving into debt trap in most cases
- ❑ Chronic conditions like Hypertension, Diabetes do not get addressed till these manifest in significant manner, which again affects the livelihood of the individuals.

WE BELIEVE

- People lack information on health and health services available in the country.
- People's perception of health many times limited to be the absence of illness and thus very few take actions in terms of prevention and promotion of health.
- Current health system is more aligned towards curative services and lacks efforts 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 have potential to demand and improve the health services by better utilization of facilities both in private and public sector

Filling the Gaps!

- Low awareness, affordability and access to quality healthcare
 - Minimal knowledge about identification and prevention of illnesses
 - Loss of livelihood and employment due to ill health
 - Skill development and empowerment of individuals for better livelihood and quality of life
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ASSUMPTIONS ON WHICH THE PROJECT IS DEVELOPED

- People lack information on health and health services available and their perception of health many times is limited to be the absence of illness and thus very few take actions in terms of prevention and promotion of health.
- Current health system is more aligned towards curative services and lacks efforts 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

Last year has been a journey to solidify our assumptions

OUR VISION



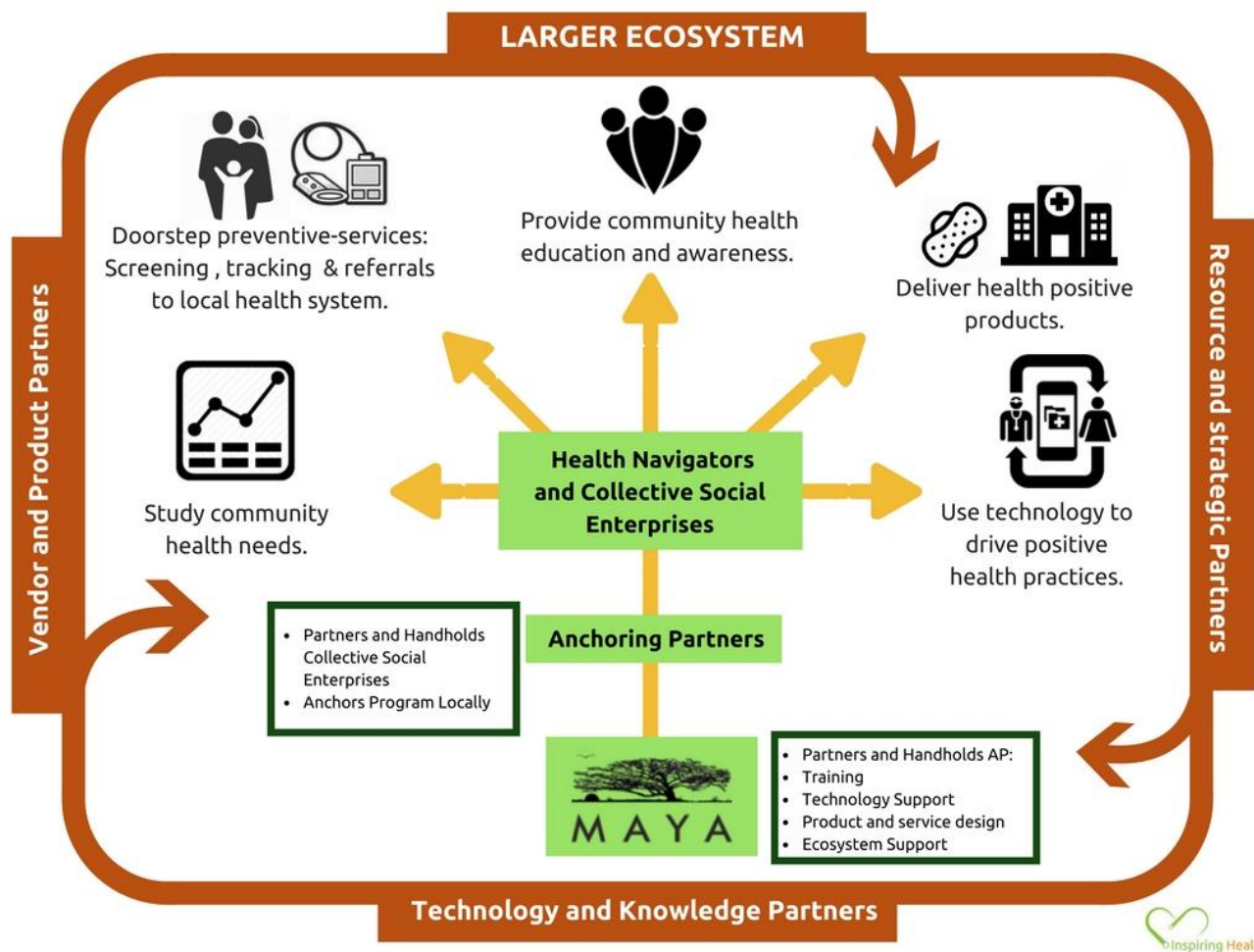
“Empowering individuals from rural and semi urban communities to take ownership of their health by enabling preventive health care and promoting overall wellbeing. “

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.”

Key Objectives

- **To train and empower local Health Navigators** to deliver high quality, affordable and easily accessible preventive healthcare services to the community.
- **Develop health knowledge of the community** to take control of their health, access health services and actively participate in building healthy environments.
- **Develop a sustainable ecosystem** and linkages to support Health Navigators and address health needs of the community.



WHAT WE DO

- Empowering a trained person as a micro entrepreneur to provide 'preventive' healthcare services & products in the healthcare space.
- Educating the community to move from a 'reactive' to a 'proactive' mind-set towards healthcare thereby creating a demand for preventive Health services.
- With the Health Navigator establish the last mile connect between the community as potential clients and the healthcare ecosystem to ensure a more proactive and efficient way of delivery health services and products.
- Building a social enterprise model that also strengthens exiting public health systems by increasing service use at government led PHCs and making them more responsive to public health needs.
- Creating new livelihood opportunities in the Health care space. Such as Health navigators, special educators, health products production units – For example- sanitary pads and nutrition food mixes –millets

POGRAM IN ACTION

We have worked with the Chanapatna community located in Ramanagar District of Karnataka*- for over 20 years through our past programs, upon carrying on a routine health camp for our artisans in 2014, we discovered that a startling 40 % of people screened suffered from diabetes and Hypertension. Surprisingly majority of them did not even know about the condition let alone how to manage it for themselves.

We piloted our model in Chanapatna with an aim to make it a Model taluk under the MAYA Health program, our first 2 years we spent testing some of our assumption and capturing our learnings. Last year we was a journey to solidify our assumptions.

*Ramnagara Taluka which

- Has a total population of **2.66 lakh**
- 39.4% Population lives in Urban Areas and 60.6% in Rural Areas.
- Male population is 1, 36,446 and the female population is 1, 30,168 which includes 28,809- children <6 years.
- Majority of the population are working in small scale industries, agricultural labor and other household industries.
- Estimated adults with diabetes 6,080 (4%), estimated adults for hypertension 16,470 (10.8%),
- Estimated Pregnant and lactating mothers 4950, crude birth rate- 18 every 1000 population

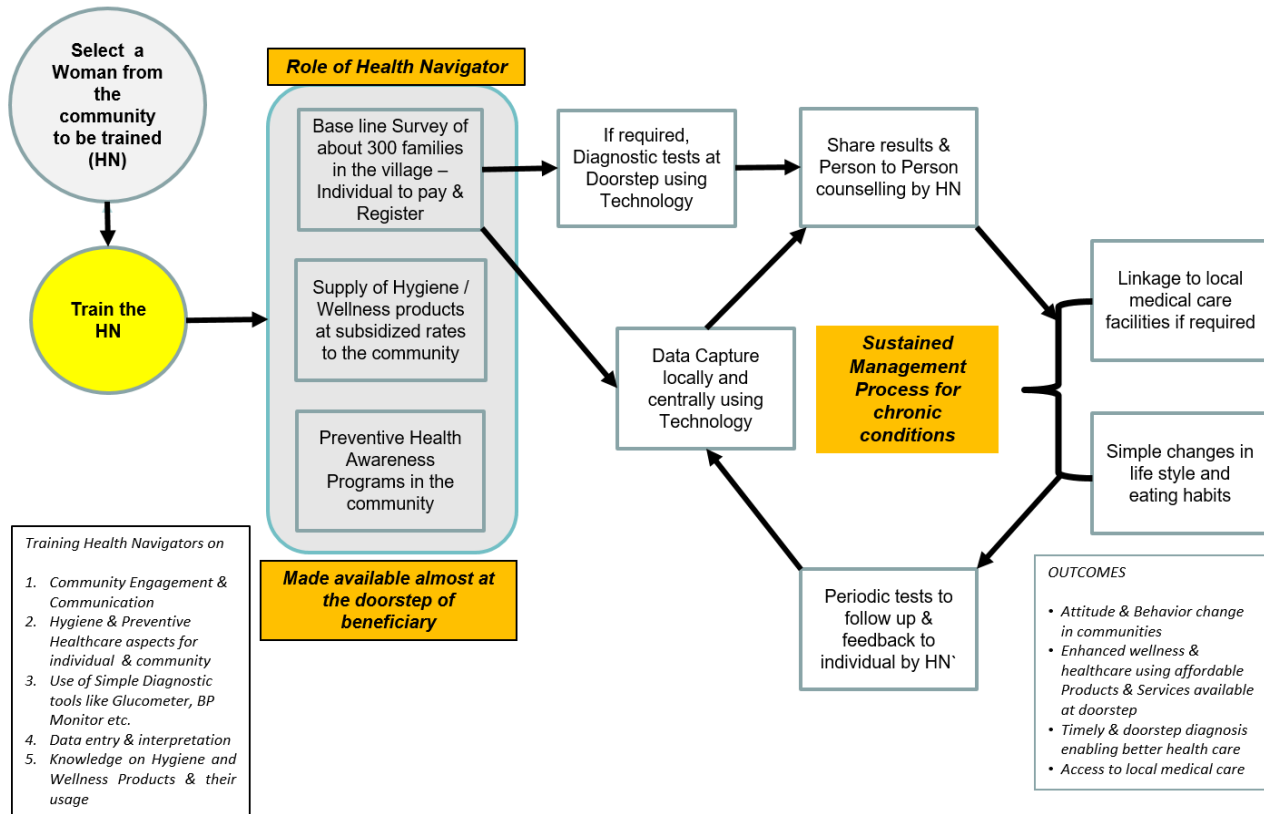
WHERE WE ARE IN 2017

Over the past 3 years we have successfully completed a pilot of the program at Channapatna with its implementing partner MAYAORGANIC.

- The project has empowered and trained 45 HNs with a coverage of close to 50000 population/15000 households from low income families in 90+ villages (from both rural and urban areas).who have been reached out to by general education on preventive health .
- Established 3 collective enterprise of Health Navigators. They have a registered client base of 9069 clients who are availing of services and paying for the services. This includes the 7611 clients who are availing regular Hypertension and Blood sugar management services
- Services offered now Basic screening-Hypertension and diabetes prevention and control service and supply of sanitary pads.
- Average earnings revenue range earned by the HN in small town urban area is 2000-2500 INR/Month and 1000-1500 INR/Month in villages. (Challenge here is to create more service, efficient delivered and reach out to more clients)
- Have created a training module for training Health Navigators
- Using existing commcare app to collect data. Need to develop a robust technology platform
- A process document for the Implementation partner.

MAYA – Rural Health & Wellness Project – Key elements

A PROCESS TO EMPOWER INDIVIDUALS & COMMUNITIES IN RURAL AREAS TO TAKE INFORMED DECISIONS TO MANAGE THEIR HEALTH & WELLNESS & DRIVE EFFECTIVE CARE FROM EXISTING HEALTHCARE INFRASTRUCTURE



IN A YEAR

- Ø We want to establish the micro entrepreneurship model that creates tremendous value to the community/consumer.
- Ø Increase the service offering on preventive health from four to ten and also on health products to about 10. For this we need to develop additional services to be delivered to the community.
- Ø (Some in the pipe line are, maternal care, eye care, wellness for children and increasing the screening facilities for early intervention)
- Ø To identify the kind of needs to be required by the community in the health space and to find cost effective solutions.
- Ø Where direct earnings of the Health Navigator goes up to Rs. 5,000 to Rs7, 000 from the present 1000 to Rs2, 500.
- Ø Build a partnership model for scale. Have 100 HN in 3 location. Partner with another organization to test the model
- Ø Convert training module into audio visual format /digitalize for a facilities to easily train Health Navigator. This will also be useful for partners to equip their Health Navigators to be able to deliver quality services to their customers.

Ø **Build robust tech platform:**

- ◆ Technology and tools that will enhance effective and efficient delivery of services/products of the HN to the last mile
- ◆ Using Medical Hand held device that records the data directly on the mobile application and is transferred and also stored in a server/cloud,
- ◆ Allows monitoring of the trends in changes of their condition and also assisting the Health Navigator as a catalyst to motivate people on health initiatives and lifestyles changes required for healthy living.
- ◆ Using tools for improving the effectiveness of the Health Navigator in planning, scheduling, and tracking the health status of their customers.
- ◆ Medical records stored to be more consumer centric and also transferred for referrals.
- ◆ Technology that bend to human needs. Starting from the end user of the customers. Need to have consumer sensibility in mind.
- We are looking at a collaborative and partnership model, where technology application will be able be the backbone where the Implementation partners can also use the application. This application could also be used by Asha workers if the NCD program proposed by Central government is implemented
- Build a collaborative model in order to get high quality services to the last mile using design school, research, community health approach of established hospital and Technology partners to deliver services at cost effective prices.

ROAD AHEAD

Refining the technology platform

Developing audio visual and digital training and services delivery modules

Identifying the type of cost effective screening and tracking devices that is continuously being developed for the consumer market and how they can be used by the Health Navigators for the health benefits of the consumers with focus in rural areas.

Work with corporate partner to look at market based solutions in the Health space that can be delivered to the last mile.



STORIES FROM THE FIELD

Here are some stories we have captured in collaboration with the various partners on the program, we have attempted to capture smaller insights into the program and how it has made a difference in the community in the past year.

Empowering local women as Micro health entrepreneurs

Empowering local women as micro health entrepreneur's

Locally selected women- Health Navigators are trained not only in preventive health and education but also in skills to become entrepreneurs, thus ensuring livelihood options for them. It makes them more accountable and independent making the project self-sustainable.

Based on a foundation of Adult learning theories a diverse set of tools and techniques are used to train and equip the women to deliver quality services and awareness in their community. Multimedia tools, role plays, expert sessions, local ecosystem visits, on field experience labs and other tools are used to make this an effective last mile for service delivery and health promotion. Unique feature of the program is that we building enterprises at the grassroots and design relevant quality processes and systems to ensure effective functioning.

MAYA Health has tied up with partners for certification and provision of knowledge, technology and medical services. Training and development of the Health Navigators is done in-house to ensure adherence to quality standards and procedures. This also helps in monitoring and evaluation.

Highlight : 45 HNs on board the MAYA health program / 3 Collective Enterprises (of 15 Health Navigators each)/ Average Revenue of the HNs is 2500/- INR per month

Learning's-

- Giving women an opportunity to work, be independent and contribute to economy helps overcome social stigmas and helps in poverty alleviation!
- When women are empowered to be productive, they have greater agency and that has a positive impact on their family and environment.
- Women entrepreneurship promotes gender equity in local community
- Local talent can be equipped and empowered to become entrepreneurs with relevant skills and training.
- Learning and educating clients about health, flexible work hours and ability to save are key motivators for Health Navigator
- Preventative health and education can happen better when a conducive environment for Micro entrepreneurs has been established

Insight:
It is essential to develop a conducive environment to educate HNs on perspectives of Self Development, empowerment and Entrepreneurship.

Long term sustainability depends on the quality of learning, process and structural level innovations provided.

Meet 26 years old Health Navigator- Vani

I've had a hard life, I got married as soon as I finished my 10th grade. 2 years later my husband died in a freak accident where he was struck by a lightning while he was standing by a lake nearby. The tragedy has made me who I am today.

After the incident I continued to live in my in laws house, my mother in law would verbally abuse me all the time and neglect my presence in front of the other daughter in laws in the family. Even the other neighbor's would isolate me for being a widower. I couldn't take it anymore and finally left 6 months back and I haven't looked back since.

It's not common for women to leave their husbands house in my community, so I was very brave to leave. I now live with my parents and brother at my house. Before I heard about the Health Navigator opportunity I had started tailoring to make ends meet and to support my family. Today I have a lot of freedom and respect at home.

If my husband was still alive I wouldn't have had to work another single day in my life because he used to treat me like a queen. I miss him, I miss my companion. The 2 years I spent with my husband were the happiest days of my life, if he was here things would be different.

Having the responsibilities of a HN has made me stronger and I have become along with my brother and father one of the main supporters for my family. Today I'm more self-assured and confident because of not the HN role and also inspite of not having a husband. I have a renewed faith that I can achieve anything I believe. My family recognizes that I am independent, they value and treat me equal to my brothers. They respect me so much more now. A distant relative who neglected me before now calls me to their functions and asks for my opinion on their endeavors.

When you can become financially independent it demands respect in the community and this drastically changes the way people react to you. All of the family's money is pooled into a single group with my mother deciding what to do with it. I do not follow customs like alienating women on their periods and I advocate against that. I encourage young girls in my village to use pads and educate them on all their queries. I'm only 26 but my life has been difficult. Somewhere between the pain and the hope- I grew up. I never wanted to be anything when I was younger, I just wanted to study a little until I got married. After becoming a HN I am happier with life and I'm confident that I can help many people around me to live better.

Meet Health Navigator- Shilpa

I studied till 12TH grade (with a science stream) and wanted to study more, but I wasn't allowed to. My family didn't think that women should be independent and enforced many customs that prevented women from being totally independent. My brother was given more importance than me and my older sister. Yet despite all these setbacks I decided to get a job. I worked as a nurse for some time until my now husband saw me and fell in love. After discussing with the elders of both families we were both married in an arranged marriage. I was scared to get married and wasn't sure about how my in-laws would treat me. Yet, my life was happy and I got married around the relatively older (compared to the rest of the HN's) age of 22. I then had one boy and one girl and treat them the same unlike how my parents treated me.

I don't believe that customs such as alienating a girl during her period is right even though I was forced to endure that growing up.

I have had to grow up and figure out my own values and ideals. My husband supports all my endeavors and was the main supporter for me to become a HN. I feel brave for standing up for what I feel is wrong even when things get tough, when your own loved ones make you challenge what to believe. I'm quite talkative very talkative and my happy-go-lucky attitude makes me a person that other people like to be around. I love my role as a HN and I feel there is so much more to learn. Helping my clients queries and being available for them makes me feel good.

In conversation with HN's- Snip bits

- HN Soumya, gets up to make a mock presentation while others observe her. Her depictions are essentially rural - how to clean animals, how to manage rodents and so on - but she also bravely touches on the taboo, like menstruation and genital hygiene. "I used to be very careless about hygiene. I would not keep my house clean. I would not even take care of myself. Now, as I train to become a health navigator, I realize the importance of health and cleanliness. It has opened my eyes"

- Breaking patriarchal stereotypes-Health Navigator Roopa: (Senior HN)- Having spent 6 years of her married life in a family deeply rooted in patriarchal beliefs, she was treated badly by her in-laws. She says for the longest time I was ill -treated but since I've become a health navigator my in-laws now take me more seriously and have slowly come to respect me and my work. I feel more confident and there is less conflict at home.

- The opportunity to earn a livelihood and contribute to the family income is motivating them to tackle the many constraints 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 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."

- "Earlier, I was afraid to step out of home alone. I didn't even know my neighbors. Because of this program, I have done door-to-door surveys, mapped locations across the city and educated people on what I have learnt till now," - Radha.

- For those who have worked before, the health navigators program seems like a better alternative - Roopa- Worked nine hours every day - standing - in her garment factory job, until she fell down unconscious one day out of exhaustion. Soumya was working in a winery, the heat of the produce prevented her from conceiving.

- Vani worked as a nurse for six years, but she has been home for the past 13 years bringing up her children. "I am happy to start working again,"

- While they learn and work together, personal bonds are being formed beyond the realm of family. One of the trainees is trying to get back on her feet after her husband deserted her. Other women band around her like sisters. "You be strong. We will fix it together," they promise her, as she controls her tears. Many in the group are like her, for whom the health navigators program is as much of a personal transformation as it is a new means of earning a livelihood.

- "Whatever we advise, we are learning to do it ourselves first. We take responsibility of our own health, our family and our community," says Savita.

- Tabu: "The tablets helps make my work easier as I can find a clients information at ease".
"I believe if every person takes care of their health, that would inspire others around to do the same."

Community Health Intervention and Impact

Community Health Intervention and Impact

MAYA Health aspires to facilitate an environment where every individual is educated about healthcare and voluntarily involves oneself in preventive healthcare. MAYA Health focuses on identifying health issues relevant to the local community through baseline surveys. Chronic illnesses are identified and the Health Navigator counsels and provides individuals with necessary information to manage the illness or have it treated at a nearby facility. People are more receptive to this system since it comes from a known member of their own community. Based on constant monitoring the Health Navigator provides the community with feedback and information to ensure that illnesses are prevented, managed or cured.

Participation from the community enables a sense of ownership. It ensures that the community mindset towards healthcare shifts from a 'reactive' to a 'proactive' one. The project becomes sustainable with the community being involved in every step. Group involvement ensures easier monitoring and motivation for lifestyle changes and health habits to ensure prevention of illnesses and better quality of life.

Health Navigators provide door to door and group services in the community, thereby bringing care to the homes of low income families. Members from the community availing these services are known as "Clients" within the program and contribute to the sustainability of the HN by paying affordable rates for availing basket of HN services. Low cost services, including the video/audio aided education materials used allow for individuals to take ownership of their health and begin to invest in care in a consistent preemptive manner.

At community level the project focuses on proactive measures taken by community through developing their knowledge and accessibility to information and affordable preventive health services (Which includes screenings, home based monitoring, tracking and counselling). Community level ecosystem/ resource mapping, door to door need assessment surveys are done to identify the key health challenges of the community. Services such as diabetes management, hypertension, and nutrition for children, menstrual health and hygiene, basic screening etc. are designed at low cost based on the existing needs of the community.

- Services must be identified through need assessments, made locally relevant, materials must be localized, accessible, require standardised protocols and systems for delivery and evaluation.
- People are increasingly making lifestyle and diet changes with access to information and collective support health groups
- People are willing to pay for quality services supported by products
- Services are convenient door to door and cost effective for registered clients
- Regular access to services and information has helped in a low rate of future complications



Meet Ibrahim, a 58 year old resident of Chanapatna. He has diligently worked for over 15 years as a provision store owner in the small toy town of Karnataka. He has a modest semi pukka home and kind disposition. He proudly speaks of his family - 2 sons 1 daughter and his loving wife Noor Jan. Ibrahim is retired now, but both his sons Mubarak and Asgar Ali provide for him and his wife in their senior years. They work out of Bangalore and send money for the upkeep of the house and basic expenses. His only daughter Shaima, stays at home with them and goes to school. She is hard of hearing and needs to use an ear piece to communicate effectively. She says she is shy to use the ear piece and will make more of an effort to use it in public. Unfortunately, 4 years ago he had to remove one of his toes as it had got septic and he didn't even know because he couldn't feel it hurt he said. If he had got information from Nafis on foot hygiene and health earlier- maybe he could have saved his toe in time. He says the doctors took 25,000/RS from him during that ordeal and he had to take loans from local moneylenders and SHGs to make the payments. Even after that, his suffering didn't end, a year later he had to visit hospitals to check on his heart for which he had to get an angiogram done.



Ibrahim says, that in his family all his 4 brothers have Diabetes and he himself has been living with it for over 30 years, when he heard that Health Navigator was providing affordable door step services in his village for this, he signed up with her and has been availing her services for over 3 years now. Health Navigator Nafis who is a frequent visitor to the house said that, Ibrahim has had Diabetes for such a long time, but still had no knowledge of what the condition was and how he could manage it. He exclaims that her door to door services has helped him greatly as earlier he had to travel far and also spend money and time for his health check ups.

Nafis comes home once a month and checks up on me and regularly tracks my sugar and updates my health card as well" he says. Smiling he adds that, "She advises me on my diet and exercise which I knew very little of before." He believes that- his sugar is under control with her services. Upon review we found that his health after Nafis's services has remained fairly consistent and no serious complications have arisen. He says Nafis even advises him on food such as tips to increase intake of Chapatis and reducing rice intake as he ate a lot of rice meals earlier with salt. Ibrahim says that her advice to drink adequate water, eat smaller and customized regular meals, along with going for walks twice a day after meals had helped him greatly to maintain his sugar levels and stay fit. His perception all in all is that within just 6 visits in the last 8 months Nafis has had a positive impact on his life. She provides him information, makes it convenient for him to take care of his health and she is available 24/7 only a call away.

2016 July (His sugar- 234- 306/- BMI- 29.39 / BP- 92/66)
2017 July (Sugar 223-156/ BMI- 29.65/ BP -110/70)

Also living in a small village Huluvadu in the Channarayana Taluk of Rural Karnataka, Manjunath who is 40 years old, was not aware that he had diabetes. About 4 years ago, he suffered a stroke which affected his left eye. However, he is able to manage to go to work and accommodate his disabilities. As Manjunath is Kenchamalamma's relative, word spread about MAYA's services and he too started utilising the services. He too, used to consume large quantities of rice as he used to work on the field. Now, his modified diet contains large quantities of ragi, fish and chicken and also jaggery as he suffered a stroke and jaggery is considered as heat.

He looks after his parents, who are both above 75 years of age. As he is now aware of Diabetes and hypertension he ensures that his parents get a regular check-up done, there are no traces of diabetes and hypertension in his parents, which have led them to worry how their son is suffering from the same. Tabu said that his diabetes is in control because of his continuous cycling. He gets continuous check up from a doctor who goes to Channarayana from Bangalore. His sugar level which was initially around 480 is now usually under 150. Tabassum closely supports her clients to achieve their health goals and make wellbeing a priority in their lives.



ASHA WORKER PERSPECTIVE

Local Asha worker fondly speaks of HN Vani, who has been helping her the past year. Impressed she says, the health navigators are providing a good service, they do not clash with us. They have innovative ideas for nutrition. The health groups are helping people share and learn about locally relevant diets/recipes that are simple to make.

As ASHA workers we have a lot of promotional and educational initiatives in the villages. The health navigators help to re-inforce many of the messages we send out. They are able to reach every house and inform them of existing government schemes and services in-case we miss out.

As they have a more regular service based touch point with each house, many times they complement our work by early identification of pregnant women in the villages and refer them to us, they and also assist in educating clients on when the immunization camps are scheduled and how to access the same. Currently we do not have a lot to offer when it comes to NCD complications, so their service is very useful. HNs refer clients to us or the local Primary Health Centres to access affordable/low cost medicines to manage Diabetes and Hypertension.



#INSPIRINGHEALTH

#INSPIRINGHEALTH

Health Groups Promoting health dialogue and collective action

HEALTH GROUPS PROMOTING DIALOGUE AND COLLECTIVE ACTION ON HEALTH

Every health navigator has over 2 health groups- comprising of 10-15 members each. These are clients from the community who gather on a regular basis at common meeting point to discuss about health. This is a space where health navigators provide collective group services for BP, Diabetes, Child Health and Nutrition, Menstrual Health and sanitary napkins are provided as well. This platform allows for a range of topics to be discussed freely and is recieved with a diverse range of perspectives. This continuous sharing and learning with peers helps re-inforce many tips and health knowledge in clients. Homemade recepies and healthy alternatives to existing food habits are exchanged. This platform has also been a medium to asses the quality of services and generate a real time feedback mechanism to re-invent and make the services relevant to improve overall health in the community.

Clients Speak:

"I lost 2 KGs in a month by just walking half an hour a day. Its great to come together and exercise and discuss how much weight I have lost. The others urge to join me every morning now she says smiling"

"Its convenient because its right next to my house, I get my mother in law tested incase we miss her at home"

" Sometime it is difficult for us visit every house in time , I schedule a group of my clients together, we also watch videos on my tablet. They like to ask question on a lot of topics, but the videos help them focus on the topic at hand!"

"I feel good , I'm a new mum and coming here and getting information of local doctors and labs from HNs is helpful."

"I bought my famous green sprout salads to the group to share so that we could all eat healthy and try new food, was happy to walk back home with an empty dish"



Using technology to enhance delivery of services

About: The program leverages technology, by equipping HNs with handheld health devices and skilling them to screen and identify possible health issues in the community. Program is continuously developing an ongoing backend IT software and using a mobile device/tablet to collect information. This helps in providing health information to the clients in real time and track the information over a period which will help people to take informed decision.

The tab is for enabling and enhancing various operations of HNs such as:

- Data collection and planning & management for client services
- Service mapping and geo tagging
- Information dissemination
- Monitoring of Health Navigators
- Information repository – Health Promotion and Education Multimedia Kits
- Financial management
- Quality standards and protocols

Interview with Neeraj Aggarwal- On board for program management and driving the technology road map and Jithin C- Program Co-coordinator at MAYA Health

What are the challenges to achieve our technology roadmap?

- Poor data connectivity in semi-urban and rural part of India
- General lack of knowledge about technology on HNs part
- Giving near real time feedback to HNs and patients about their Health records
- Expensive Medical devices and Mobile devices and train HNs to care for these devices.
- Lack of trained resources to develop and maintain the technology platform

Why is this tech roadmap essential?

We need access *to smart medical devices* which are affordable, easy to use and works in Indian condition. They should be compatible with existing apps (as opposed to working with their own proprietary apps). This has the potential to be game changer in the field of healthcare. A single smart device can diagnose multiple medical conditions that will bring down the cost of healthcare considerably.



Can you mention any one memorable experience of working on the field with technology?

Jithin Says; It was amazing to see how they picked up the learning and the way they supported each other to learn the features and functions. After initial training on handling & maintenance of devices and on commcare. The next time I met they had already learned surfing, taking photos, recording videos, using whatsapp, share it, Facebook, Google play and many more by learning and supporting each other and from their families. Many of them had started getting health related apps and used the same to guide their clients on home remedies, yoga etc. Initially typing data was painful, HN's picked-up the speed and accuracy over the time.



They are even able to perform complex installation process of Accenture app. I remember one of the HN Shaheen enquiring "Sir, isme voice command nahi hai kya. jisse bolte hi vo khudba khud type ho jaye?" "Doesn't this device have voice command, wherein I can just dictate and it types on its own?"



1



FRIENDS OF MAYA

Thanks to our friends and Partners at MAYA we have come this far.....

We are thrilled to have had on board a number of talented and driven partners in 2016-17. Each collaboration has helped to iron out the pilot program so as to help take it to the next level of social impact.



Here are a few things they had to say-

Harish Devarajan-White Board Initiative under the – iVolunteer program- It was good working with Maya Health team over the last few months to help review and clarify their purpose, philosophy and possible approaches. I was impressed with the deep passion demonstrated by every member of the team, the commitment to get value from the interaction was evident from the way in which each one participated in the deliberations. The discussions were very open and team members felt comfortable to express their point of view without any compulsion to toe the majority point of view. Differences in thoughts and ideas were dealt with in a respectful way. The willingness to build further on the collective decisions between the sessions and to make progress was heartening. The involvement of the board members in the subsequent sessions made the whole process more ready for action. I really enjoyed the experience. I wish Maya Health all success in their endeavor to create communities with healthy individuals. Will be happy to continue supporting in any way that you feel is relevant and appropriate.

IIITB Student Project to develop a pilot App to support clients in the community to collaboratively design their diet with Health Navigators (Ashish, Umang, Arora)- Through MAYA Health we got an opportunity to work with a group of people who believe in the upbringing of rural masses and creating their livelihood development models. We as students of Digital Society (IIIT Bangalore) hold an interest in understanding, designing & developing technologies for the society. Hence, we associated ourselves with MAYA. We learned a lot through the members of MAYA and from the field while designing the proof-of-concept of the Collaborative Diet Chart Planning application for the health navigators and their clients. We were able to convert our theoretical knowledge into practical learning through this project. Thus, our experience of working with MAYA has been inspiring and delightful.

Technology Partner: Abhra Debroy (P&I Technology UxP DTSs) SAP Labs India Working in MAYA Health initiative is a great learning experience for us. We have first-hand insight into the challenges and opportunities exist in rural preventive healthcare area. Interaction with Healthcare Navigator and visit to field (Channapatna) is indeed an eye opener for us. We have worked in a design thinking project with MAYA to co-create a data analytics framework to help improve the efficiency and effectiveness of healthcare initiative. MAYA team has clear vision and understanding of role of technology in scaling such program. Healthcare Initiative has greater potential to make bigger impact in public healthcare among both urban and rural poor.

Subhankar Das – Srithi School of Art Design and Technology- Working on developing Social Marketing materials for Health Navigators - I have developed an enormous amount of respect for the Health Navigators and the work that they are doing for the community. They are enterprising and motivated women who are dedicated to goal of bringing about change at the grassroots level. I feel that there is a lot of potential in the women to pick up new skills. Given the resources, they can play a more versatile role in the service and in handholding community members to make health improvements.

Capturing client health impact and field stories of change- Tejas NK- Christ University- Masters in Communication- The reception given by the community to the Health Navigators is noteworthy. They are highly respected in the communities which is a good sign as it becomes easier for the HNs to convince more number of people in signing up. There can still be room for improvement in terms of communication between the HNs and the

communities. In the future, many more videos explaining different health conditions in a simplified manner would help the Health Navigators convince the communities to adopt the recommended lifestyle changes

Katherine Batman: Volunteer- Biotechnology student (MSID) University of Minnesota- USA -Interning with MAYA Health over the past month has given me insight to the challenges and opportunities that a preventative healthcare NGO faces in India. MAYA Health has a great team of driven people, and I look forward to working along their side in the coming months to help develop and source technological and educational tools that will assist their mission of building healthy communities in India.

Kusum Tarang- India Cares- Senior Manager- Working with Maya Health Initiative in facilitating their efforts towards reaching out to the public to talk about their work and to raise funds was indeed a good experience. Team was always very responsive to queries and to communicate through the whole event time for all the procedure that India Cares requires from CSOs to fulfill. With new initiatives on line, Maya Health seemed very clear in their vision and the plan they were working on to achieve it. We, as a support organization, wish all the best to the team in realising their goal and to reach out to the community as much as possible.

OUR PARTNERS AND RESOURCE MOBILIZATION

FUNDING PARTNERS

- Social Venture Partners- SVP- Funding- India
- Etisalat-UAE
- ZCT- Zurich Community Trust- UK
- Global giving
- Godrej-India
- India Cares
- IBM Community Grant

PARTNERSHIPS, GATEWAYS AND PLATFORMS

- Maya had partnered with DNA- Disability NGO Alliance- Bangalore
- Signed up with NGOSource
- Registered with Guidestar India
- Registered with the Government led- Online platform-NGO Partnership system
- Signed up with the CII CSR Gateway
- Registered partner with the Big Tech Program–NASSCOM Foundation
- Signed up on Jobsforgood platform
- Signed up on ProjectHeena platform
- Partnered with India Cares and signed up for Daan Utsav- Wishtree 2016

PAYMENT PLATFORMS

- Eligible and signed up with for Ammado donation portal with the VM Ware Community- Bangalore
 - Project launched on Global Giving – International crowd funding donations platform- US
 - Partnered with Dana Mojo – payment gateway partners for all domestic donations
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MAYA HEALTH INTERNSHIP PROGRAM

- Katherine Batman- Assisting in data reporting and Technology roadmap of the program- University of Minnesota- US
- Johanna Christner- Study on quality of water in 7 villages of Chanapatna-Designing water and hygiene workshops
- Kathleen Mckenna- Designing menstrual health workshops and games for adolescent girls
- Tejas NK-Short Impact stories and film making project
- Bhargava- Translations for learning materials in local languages
- Subhankar Das- Developing social marketing and promotional materials for health navigators and design for training manual
- 11 Students from Srishti School of Art Design and Technology- working on a 14 week project to improve client health navigator interactions during service delivery.
- Prerna Nautilyal- Fundraising and social media support
- Sharan- social media support
- Tim- Exploring issues of joint pains and designing joint protection services- upon principles of occupational theory
- Ralf- Exploring issues of joint pains and designing joint protection services- upon principles of occupational theory
- Sandhya Shankar- Research and impact story capturing from the field
- Jyothsna- Impact stories from the field
- Sukanya- Social Media support
- Prithvi- Impact stories from the field
- Nithin – Srishti School of Art Design and Technology- developing a comprehensive wellness service for the community
- Shama Tirukkala- Study on empowerment of Health Navigators

VOLUNTEERS, EVENTS, AND AWARDS

- At Par- Consulting services for Program development
- Dr. Mangala- Vydehi Hospital- HOD St. Johns
- Harish Devarajan- White Board Initiative- iVolunteer program
- Kat Thackeray- Zurich Community Trust –UK (Communications)
- Eduardo – Catchafire platform- SVP India- Fundraising/Resource Mobilization on global giving platform- remote working
- Dr. Suvi and Dr. Tejaswini- Ramaiah Institute of Applied Sciences- Dental Health Services and education
- Accenture Team on board for Technology platform R&D
- We are the City- WATC online program coverage
- Spicejet Inflight magazine coverage
- Volcon- Conference on volunteering IIT Madras
- National CSR Leadership Congress and Awards- Awarded certificate of Merit
- India Cares Foundation- TCS 10 K Marathon
- Dasra- webinar Technology for scale in solutions of maternal and child health
- Tobacco free living –Sensitization workshop with 1500 students- Christ Junior College
- Alert SIMLAB-Inhouse- Basic Emergency care training for MAYA Team

You can join us my mailing in at mayaind@gmail.com

FINANCIALS

Detailed Financials available as separate documentation. Annexure (3)

ANNEXURES


Team and organization fact sheet- Contact

Annexure 1: Organizational details

Organisation Name	MAYA- Movement for Alternatives and Youth Awareness
Stated Mission and/or Goals	“Working to create an empowered and equitable society that systematically addresses livelihood, education and health.”
Website URL	www.mayaindia.org
Registered Charity Number	Registered under the Karnataka Societies Registration Act 1960 Registration Number: 765/90-91
FCRA Certificate #	Certified under the FCR Act- No:094420654 Registered under: Cultural economic and educational society
80 G Certificate #	DIT (E) BLR/80G (R) /411/AATM1494J/ITO (E) -2/Vol 2009-10
Size and Reach of Organisation	Overall Organisation over the years has had a geographic reach all over India. However current pilot of MAYAHealth program is primarily based out of Bangalore and Chanapatna (Karnataka) Our MAYAHealth Team Size is: 8- member Core team and 30 Health Navigators.
In operation since	Date of Establishment: 19 th January 1991
Sector of operations	Livelihood- Education- Health
Size of Team	< 40
Achievements so far	<p>The differentiating and awarding facet of MAYA’s working culture is that our past projects, today have evolved into successful independent entities impacting millions of lives.</p> <p>Namely:</p> <ul style="list-style-type: none">• Maya Organics (Social Enterprise): www.mayaorganic.com• Prajayatna (NPO): www.prajayatna.in• Labournet (Social Enterprise): www.labournet.in <p>Others recent accolades:</p> <ol style="list-style-type: none">1. Certified under Guidestar as a Gold Level Transparency Certificate Holder (Public disclosure accolades).2. Over 26 years of experience in the space of social Transformation.3. Shortlisted finalist for the Vodafone mobile for Good Awards- MAYAHealth 2013.4. Certificate of Merit- National CSR Leadership Congress and Awards -2016

Past Donors	The William and Flora Hewlett Foundation, Banyan Tree Foundation, Bernard Van Leer Foundation, The Ford Foundation, Aide et Action, Sir Dorabji Tata Trust, Sir Ratan Tata Trust, Cooperative Housing Foundation –International, Bosch India Foundation, Accenture Services India Pvt Ltd, Zurich Community Trust, America India Foundation, GIZ, Michael and Susan Dell Foundation, Social Venture Partners, Godrej, IBM. <i>(Not an exhaustive list)</i>
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Annexure 2: Contact Details

Name of Key Contact	Alex Rodrigues
Position/Title	CEO
Contact address	<p>#25/1-4, 19th A Main, 9th Cross, J.P Nagar 2nd Phase – 560078-</p> <p>PARTNERS WITH MAYA</p>  <p>Bangalore-Karnataka</p>
Preferred Telephone Number	+91 9448283801 080 26594547 +91 8197481915
Email	alex@mayaindia.org mayaind@gmail.com
Facebook	https://www.facebook.com/MAYAHealthInitiative/
Twitter	https://twitter.com/MAYAHealthIndia
Youtube	https://www.youtube.com/channel/UCuPH5R468rD918iSmxfPu9g