



*Of all the forms
of inequality,
injustice in
health is the
most shocking
and inhumane.*

- Martin Luther King, Jr.
*Civil Rights Activist & Nobel
Peace Prize Recipient*



**OBLF's Public Health
Evolution, its Broader
Impact, and Vision
for the Future**



UNFORTUNATELY, MILLIONS IN
**UNDERPRIVILEGED, RURAL
COMMUNITIES** ACROSS INDIA

STILL DO NOT HAVE ACCESS
TO

BASIC EDUCATION,
PREDICTABLE HEALTHCARE,
ADEQUATE SKILLING, AND
CONSISTENT INCOME.

One Billion Literates Foundation [OBLF]

Since 2010

ADDRESSING THE **THREE** DEFICITS



Access to
Education

A chance at **unlocking potential**
and **shaping the future**



Access to
Healthcare

A chance at **wellness and**
disease prevention



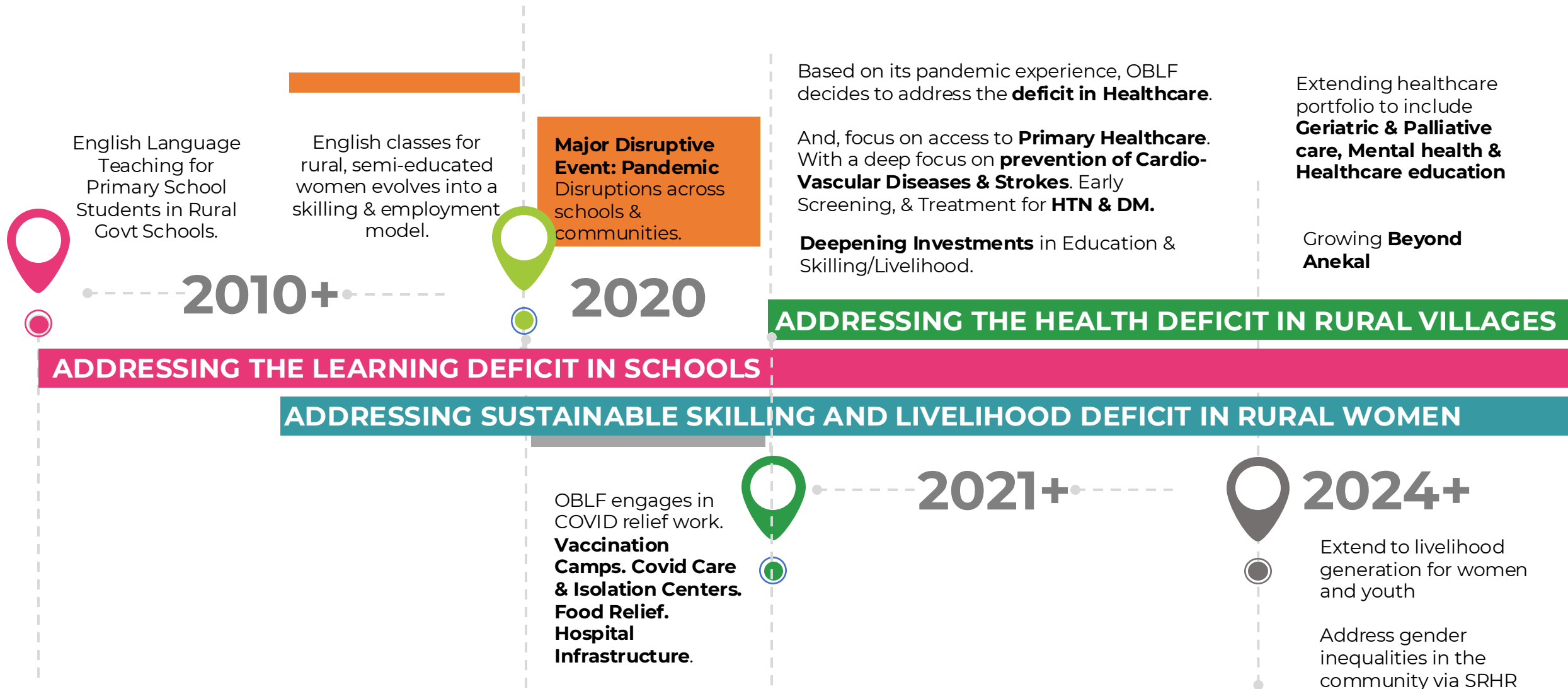
Access to
Employability

A chance to **secure a stable**
and **dignified livelihood**

MISSION: Create Better Futures by addressing the
deficits in **Education, Health** and **Livelihood** in
underprivileged communities.

We exist to enable these communities to **break out** of
the **intergenerational cycle of poverty.**

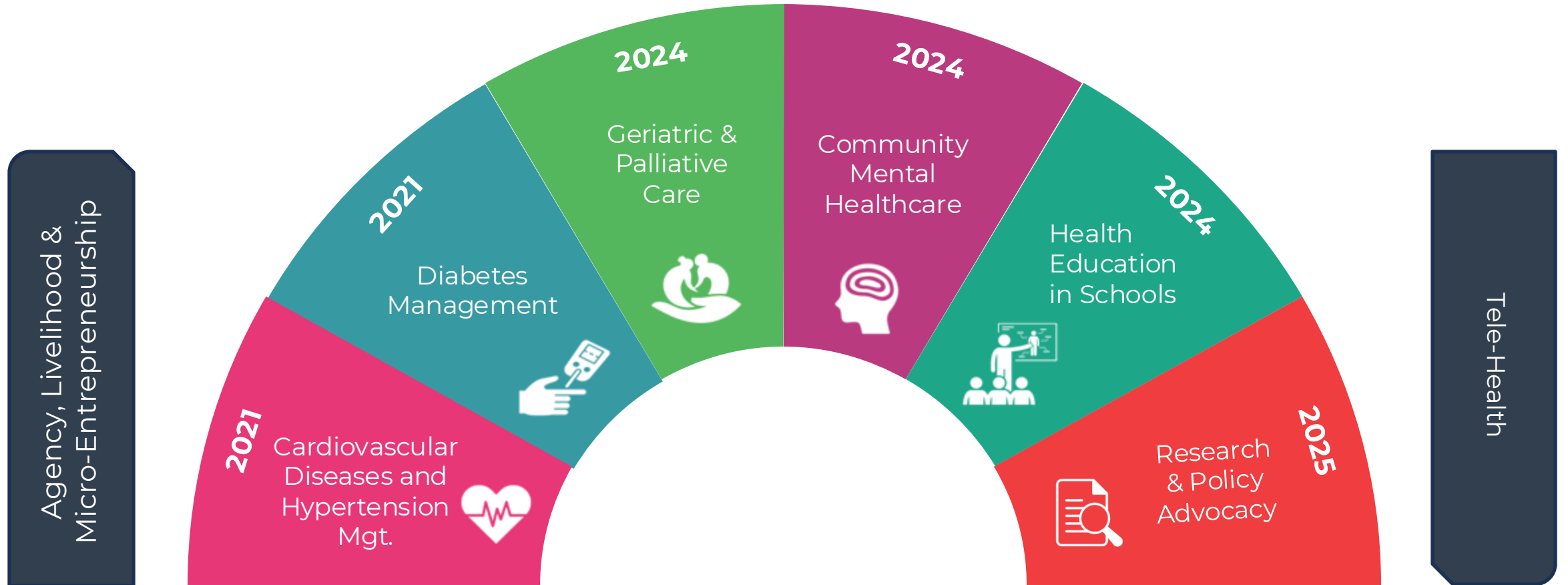
OBLF's Journey Over the Years



Our Health Continuum of Care

Integrated Care leading to meaningful health outcomes

“Integrated primary care delivery is a foundational strategy for health care organizations to support a culture of high-quality, person- and family-centered - primary care built on trusted, accessible, and continuous relationships” - **Nachiket Mor**

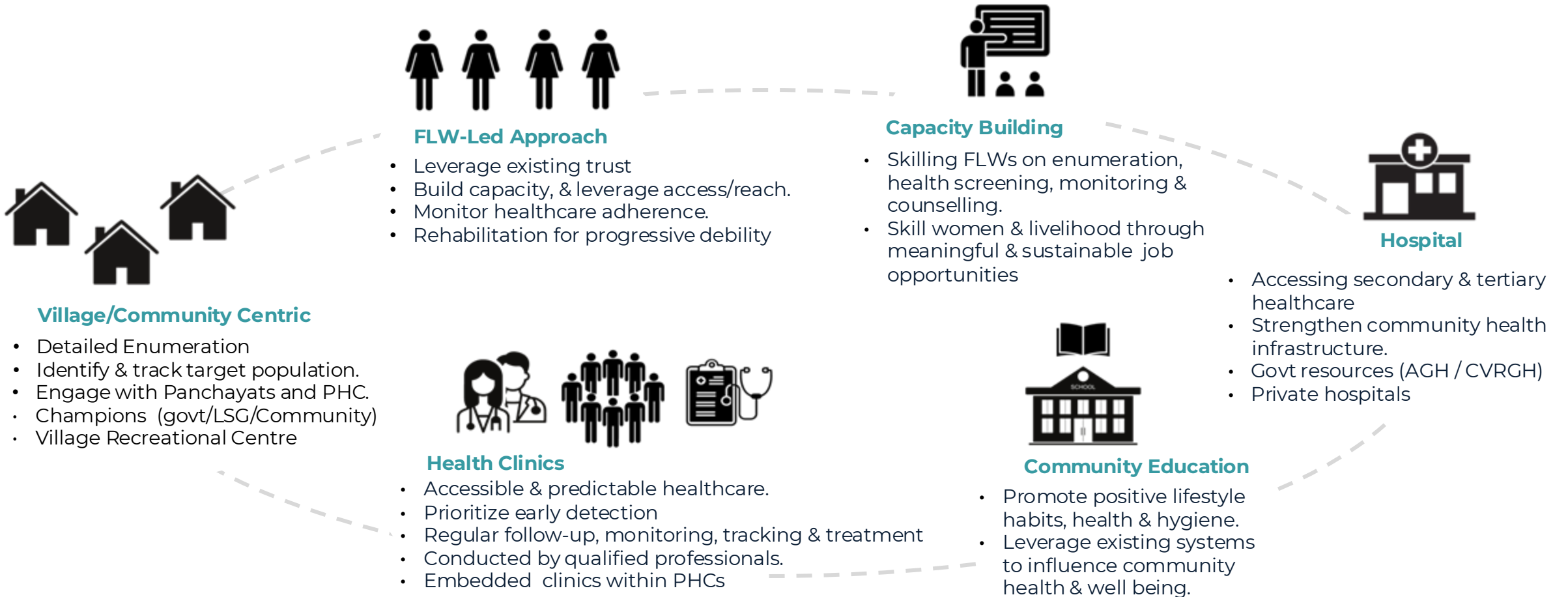


EQUITABLE PRIMARY HEALTHCARE ACCESS

Our Approach

The Foundation's public health framework seeks to enable Primary Healthcare that is **accessible, available, acceptable, and affordable** focusing on vulnerable communities and households in **Anekal Taluk**.

Our community-centric healthcare



Public Health: Evaluating Impact Comprehensively

The role of public healthcare is to enable populations to live with the best possible health and vitality for the longest time possible.

Community Engagement

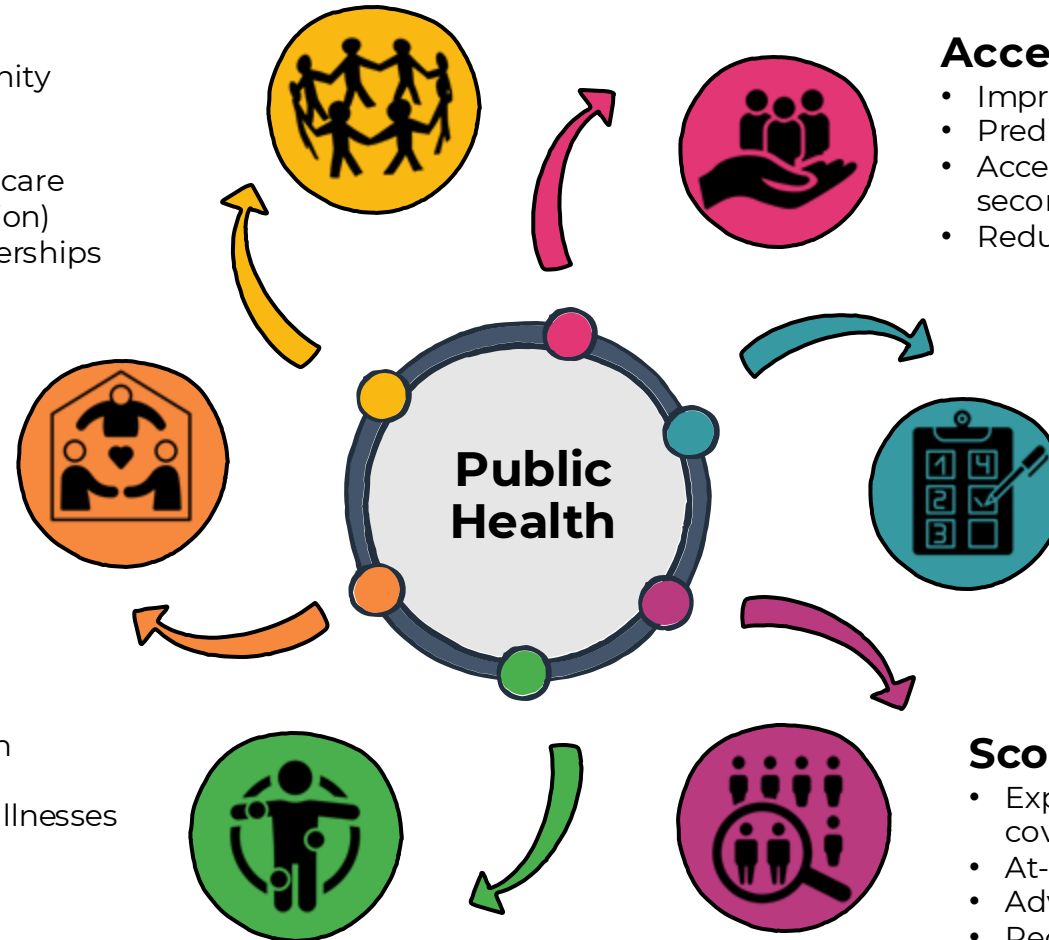
- Building trust facilitated by Community Health workers
- Building community trust
- Enhanced caregiver support (Home care including care planning & coordination)
- Local Community | Institution Partnerships

Creation of Safe Spaces

- Strong social networks
- Reduced patient and practitioner power inequity

Symptom Management

- Symptom alleviation
- Management and Control of key health parameters
- Comprehensive Care for Life-Limiting Illnesses
- Rehabilitation for neurological or musculoskeletal illnesses.
- Specialist consultations



Accessibility | Availability | Affordability

- Improved access to treatment and diagnostics
- Predictability in care delivery | Last Mile Delivery
- Access to dependable referral pathways to secondary/tertiary care
- Reduction in OOPE

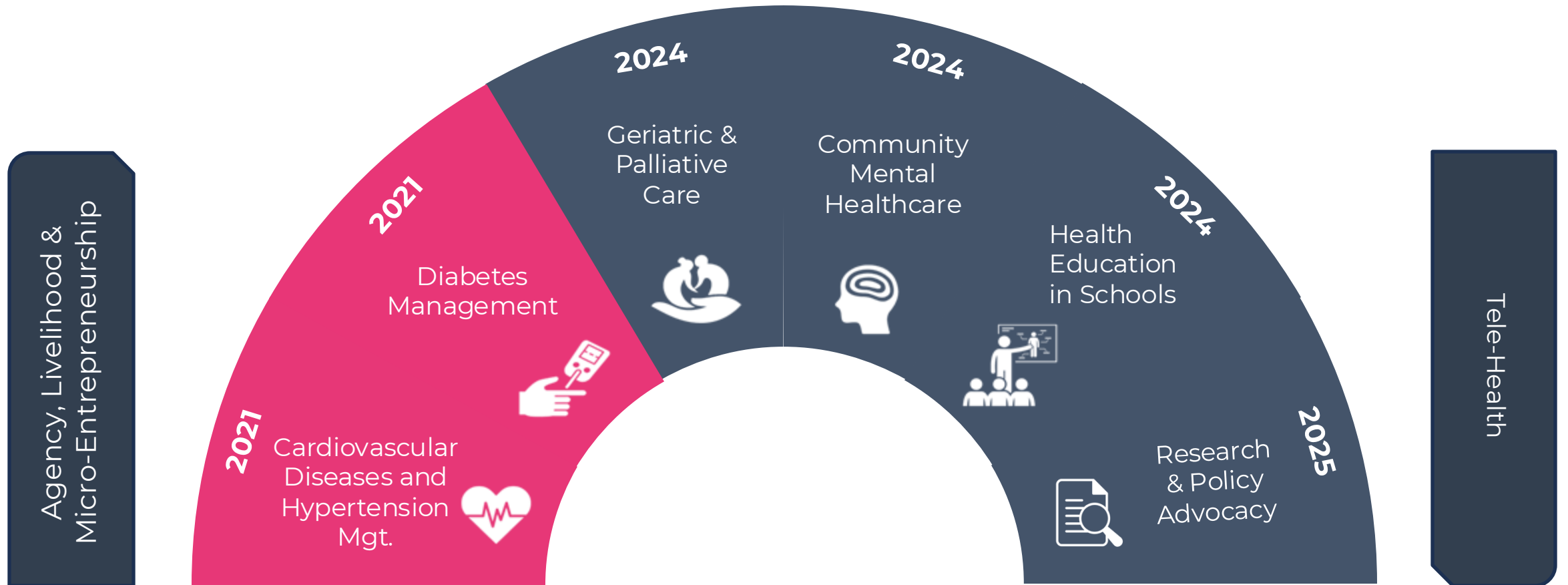
Awareness and Adherence

- Increased awareness of health issues
- Adherence to treatment protocols
- Improved health-seeking behaviour
- Better understanding of symptoms
- Stigma reduction

Scope of Impact

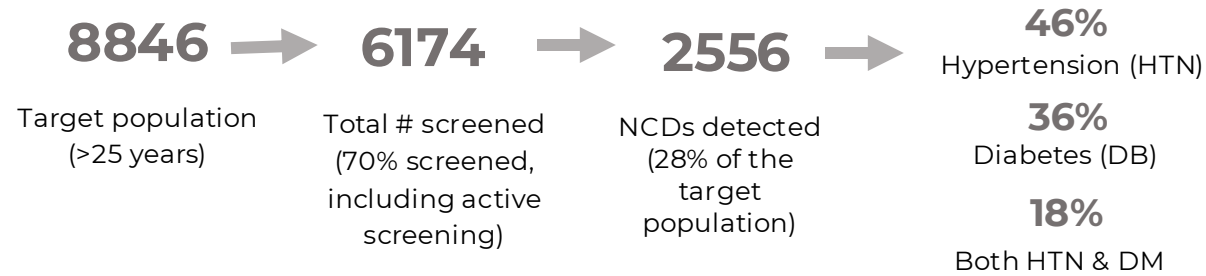
- Expanded screening efforts | Broader population coverage
- At-scale deployment | State Partnerships
- Advocacy | Policy Impact
- Recognition as Subject Matter Expert

Our Health Continuum of Care

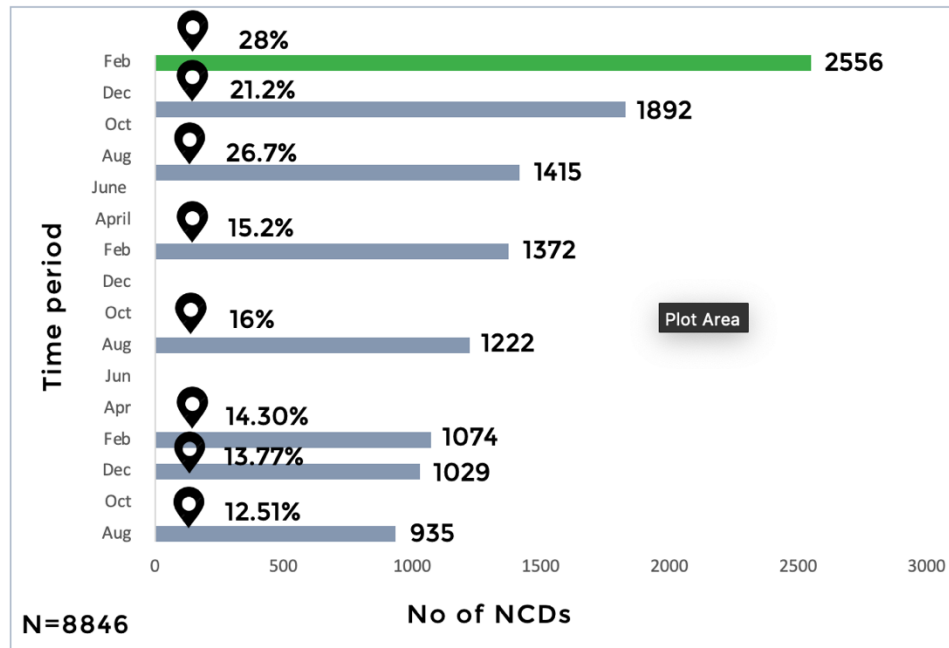


EQUITABLE PRIMARY HEALTHCARE ACCESS

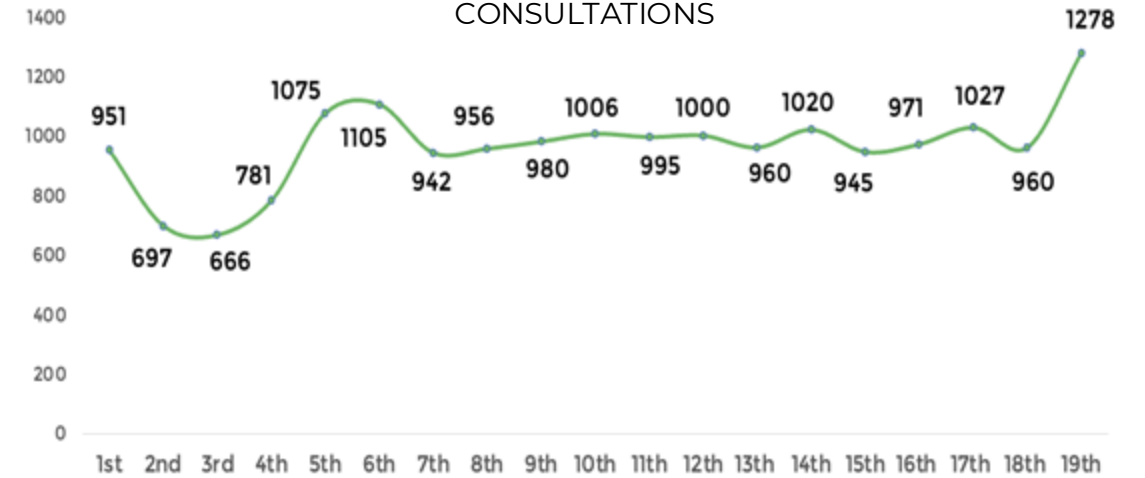
NCD PROGRAM DASHBOARD | Our impact in Public Health



PREVALENCE OF NCDs August 22 – March 25)



The overall NCD detection rate is **28%**, with **2556 individuals** diagnosed across three sub-centres.



The program has completed **19 clinic cycles** and conducted over **600+ clinics**. As of March 2025, there have been 17,216 individual consultations, 47% related to Non-Communicable Diseases (NCDs) and 53% concerning other primary health issues.

	Determinants	Hypertension	Diabetes
NCD DASHBOARD (Mar 2025)	Controlled (SBP <140, DBP <90)	143	56
	Uncontrolled (SBP >=140 - <=160, DBP >=90 - <=100)	244	140
	Secondary Care (SBP >160, DBP >100)	136	108
	Total Patients consulted in the last two months	523	304
	Total Patients in the PHC Area	1187	911
	Prevalence of NCD	19%	15%

Impact & Implications

The population has an active protocol to manage HTN & DM.

Directly **reducing mortality and morbidity** in this population (Strokes, Gangrene, Kidney Failure, Ophthalmic Issues).

Established Standard of Care:
Affordable, Acceptable and Trusted
Healthcare provider of choice

Community-Centric Capability: A cadre of capable and efficient community based para health workers

Identification of other Life Limiting Illnesses (LLIs) which are otherwise ignored/not recognized within such communities.

Critical Learnings

1. Affirms our hypothesis that greater screening will drive higher detection and treatment of NCDs.

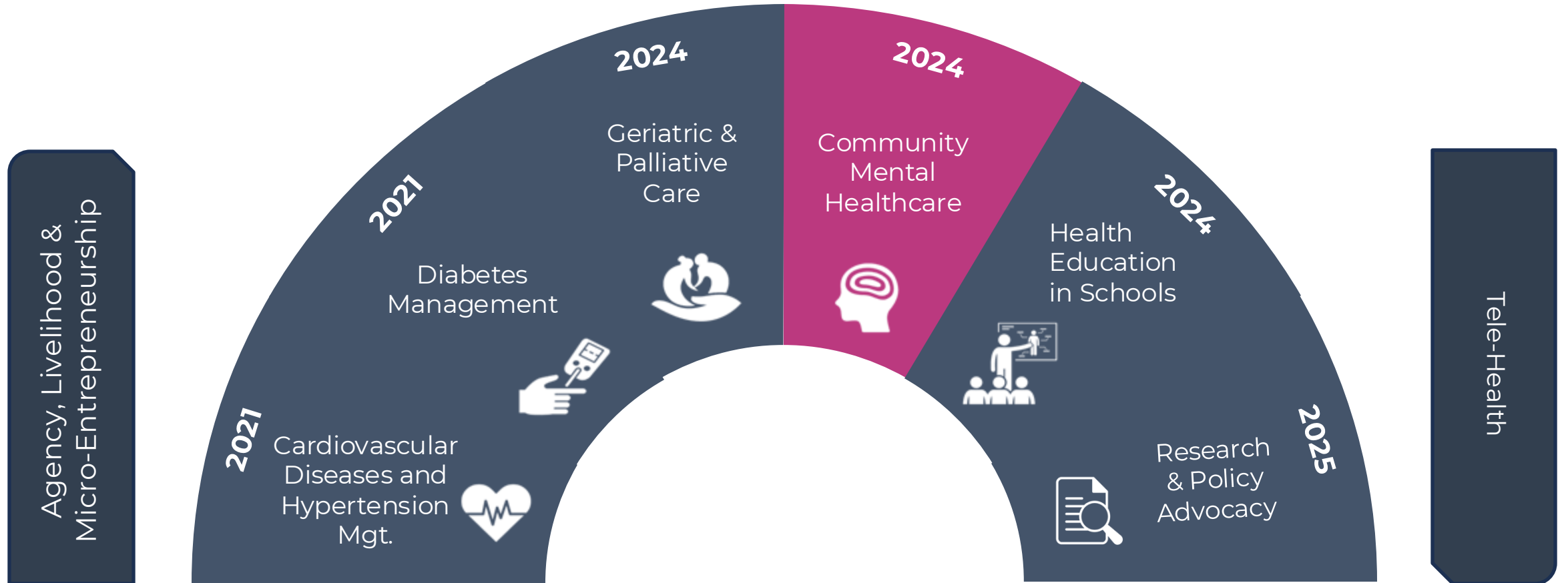
2. Community-based frontline healthcare workers are key to deepening community ties monitoring individual healthcare status, and increasing adherence to treatment protocols.

3. Program design adjustments have to be made regularly based on data. This is leading to increased consultations, leading to increased screenings, increased detection, and increased adherence to treatment protocols.

4. There has been a noticeable shift in community sentiments and collective awareness around accessing timely, predictable healthcare and treatment.

5. Dismantling of patient-practitioner power dynamics are transforming our clinics into predictable spaces of treatment based on trust.

Our Health Continuum of Care



EQUITABLE PRIMARY HEALTHCARE ACCESS

OPERATIONAL MODEL

PATIENT IDENTIFICATION

The line list is created by triangulation through:



Panchayat relationships



State/PHC Institution List



Screening through Home visits



Pre-existing OBLF health interventions

PATIENT TREATMENT



Severe Mental Disorders



- Psychiatric intervention
- Medication
- UDID card procurement
- Rehabilitation
- Reintegration

Common Mental Disorders



- Lay Counselling
- Symptom Management
- Caregiver support

TREATMENT PROTOCOLS



A patient on the line list is identified and brought into the program



Animators and clinical psychologist use standardised tools to diagnose CMD/SMD

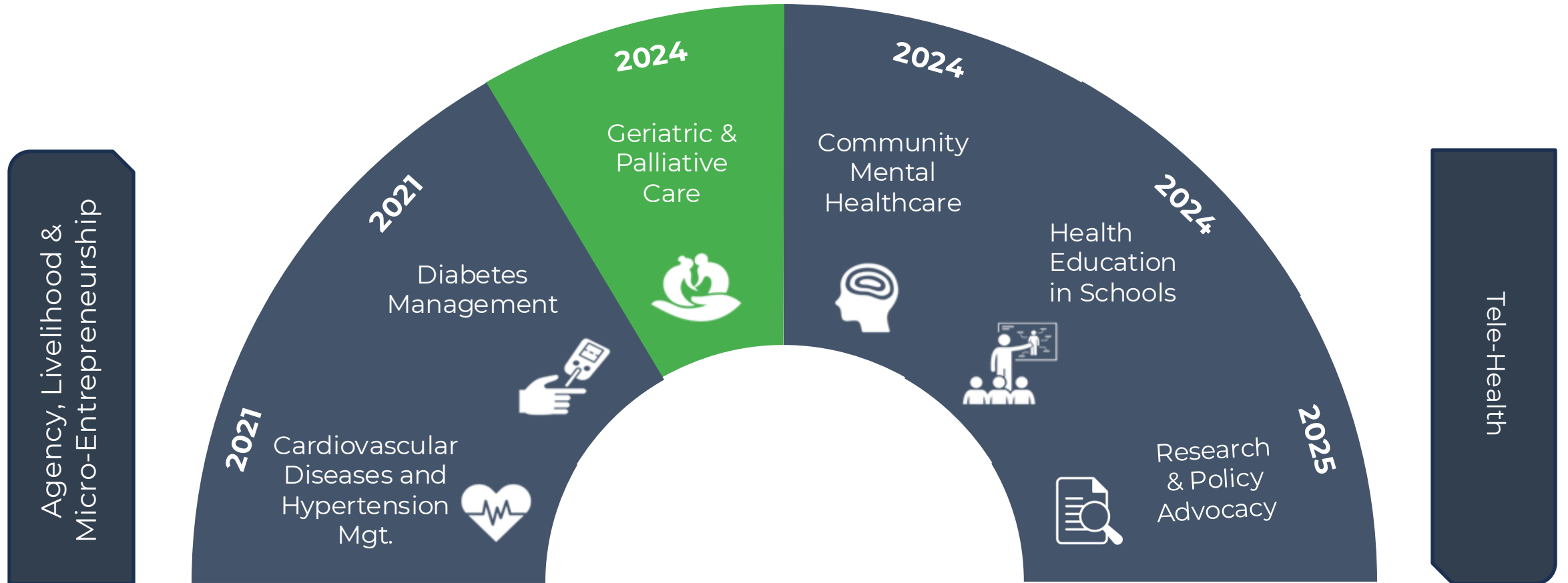


Animators and clinical psychologist continue patient counselling & support

A Summary of Impact April 2024 – March 2025

Sno	Indicators	Achievements
1	Building a specialised team	<ul style="list-style-type: none">• 22 Community health workers• 2 Social Workers• 1 Clinical Psychologist• Program Director• 1 Program Manager• Technical Partnership with APD
2	Capacity Building	<ul style="list-style-type: none">• 50 Hours of Comprehensive technical skill based Training (training on mental health models, tools and assessments, etc)• 200 Hours of Field-Based Supervision Training (1-1 coaching, mentoring, shadowing clinical psychologist, etc)
3	Population Coverage	50,000+ individuals
4	Patient Coverage	150+ individuals
5	Stakeholder Engagement	15+ sessions resulting in strong engagement with 2 PHCs, 3 Panchayat Bodies, VRWs, and ASHAs
6	Strengthening of Health Systems	<ul style="list-style-type: none">• Procurement of UDIDs• Advocacy for DMHP• Psychiatrist at Taluk Hospital• Availability of Essential Drugs
7	Intellectual Property development	Development of a context specific manual for Lay Counselling

Our Health Continuum of Care



EQUITABLE PRIMARY HEALTHCARE ACCESS

AGEING AND LONGEVITY IN INDIA

The Number of elderly in India: 158M by 2025 | 347M by 2050

- AP, K'taka, Kerala – Biggest drivers of ageing
- 50% poor | 70% Women
- 10M require Palliative Care | 4% of this group receives it |

Burden of Elderly:

- Likelihood of Disease and Physical Handicap
- Social Isolation | Dependence Anxiety
- Abuse of the Elderly |
- Feminization of the Elderly: Impact on Women disproportionate

- Access to Healthcare Limited or Unavailable
- Cost of Healthcare | 83% Out of Pocket Expenses

- Lack of Dignity in End of Life Care
- High burden of Caregiving

Laws and Frameworks:

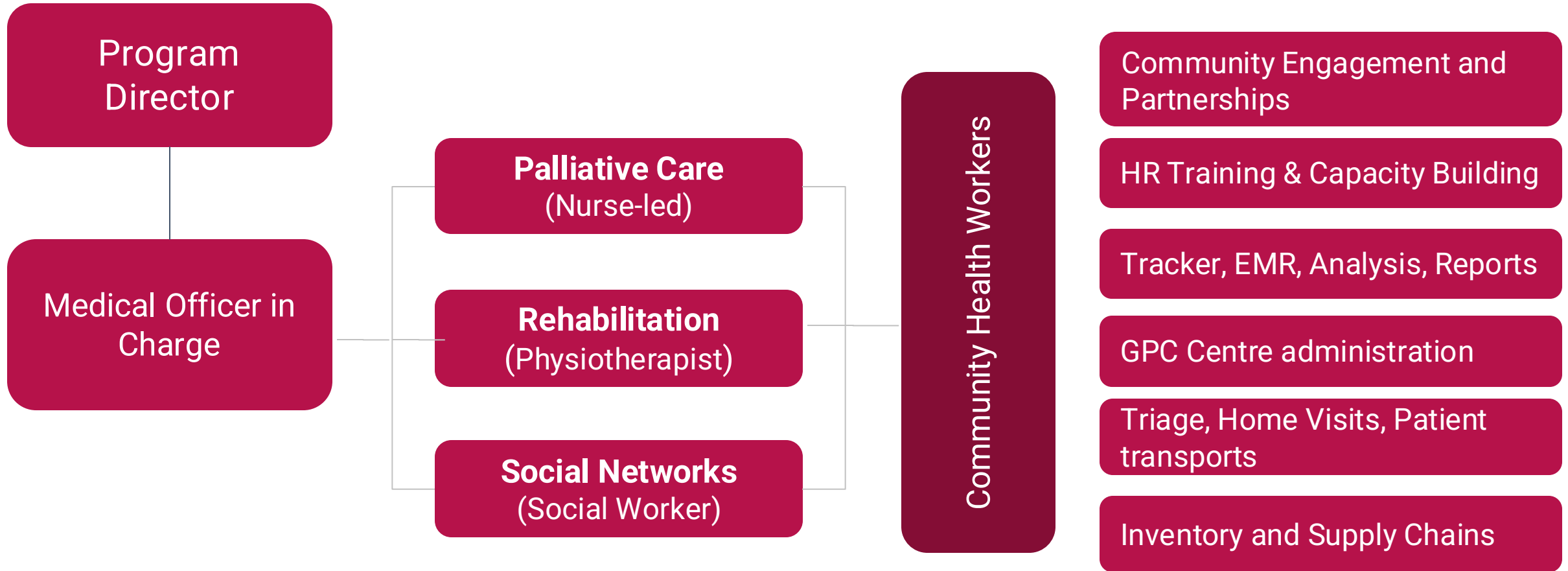
- Establishment of the National Program on Palliative Care [NPPC]
- No separate budget allocation.



Sri Girish, 74, from Telagarahalli, faced undiagnosed health issues due to the remote location of hospitals. His family – occupied by their own work - is unable to assist.

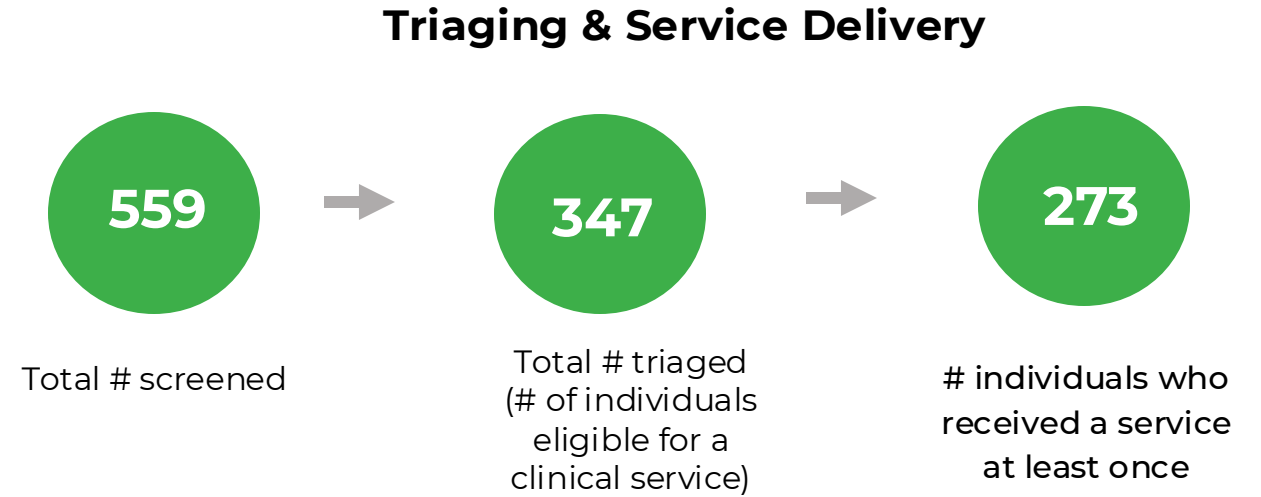
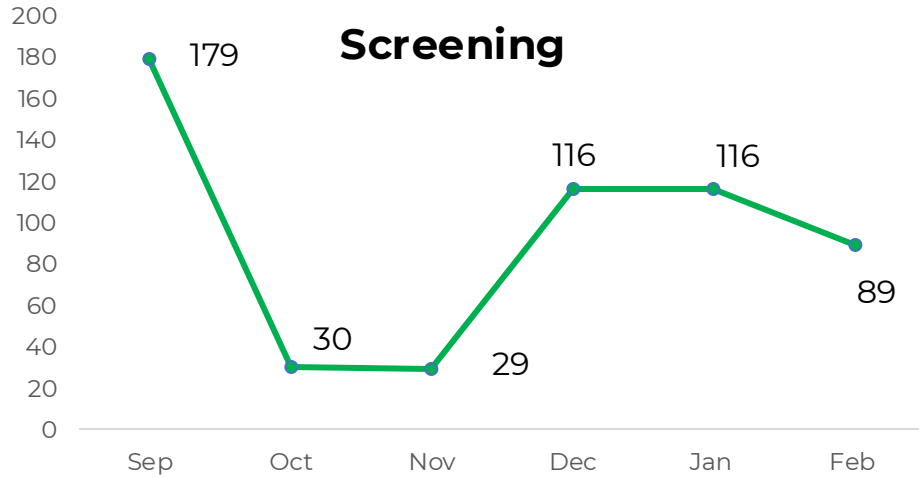
Sri Girish is home-bound, and has been part of OBLF's public health program for > 1 year now.

Anekal G-PC Operational Model

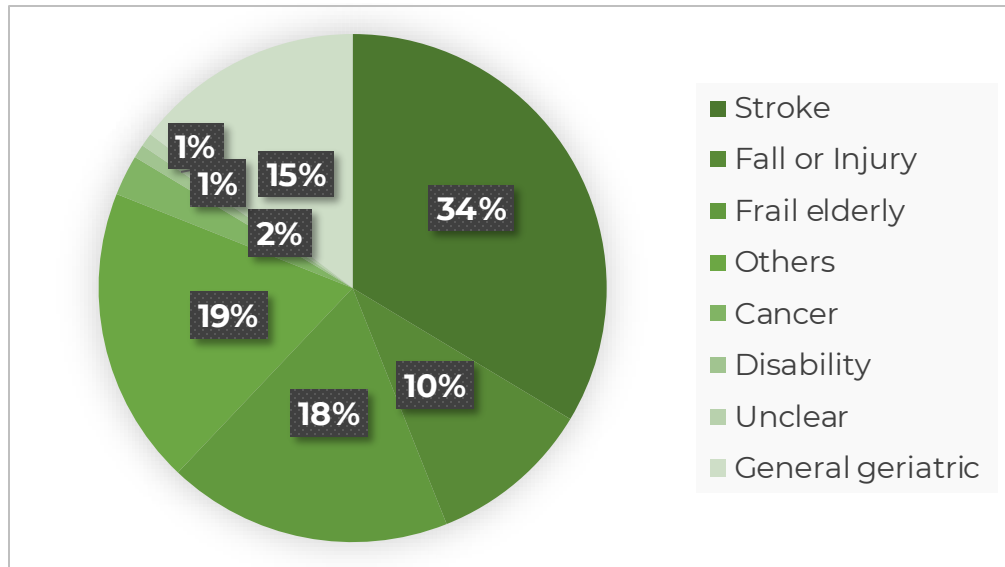


Access, Quality and Safety of Care; and Sustainability of the Intervention are the guiding principles

GPC Program in Numbers (2024)



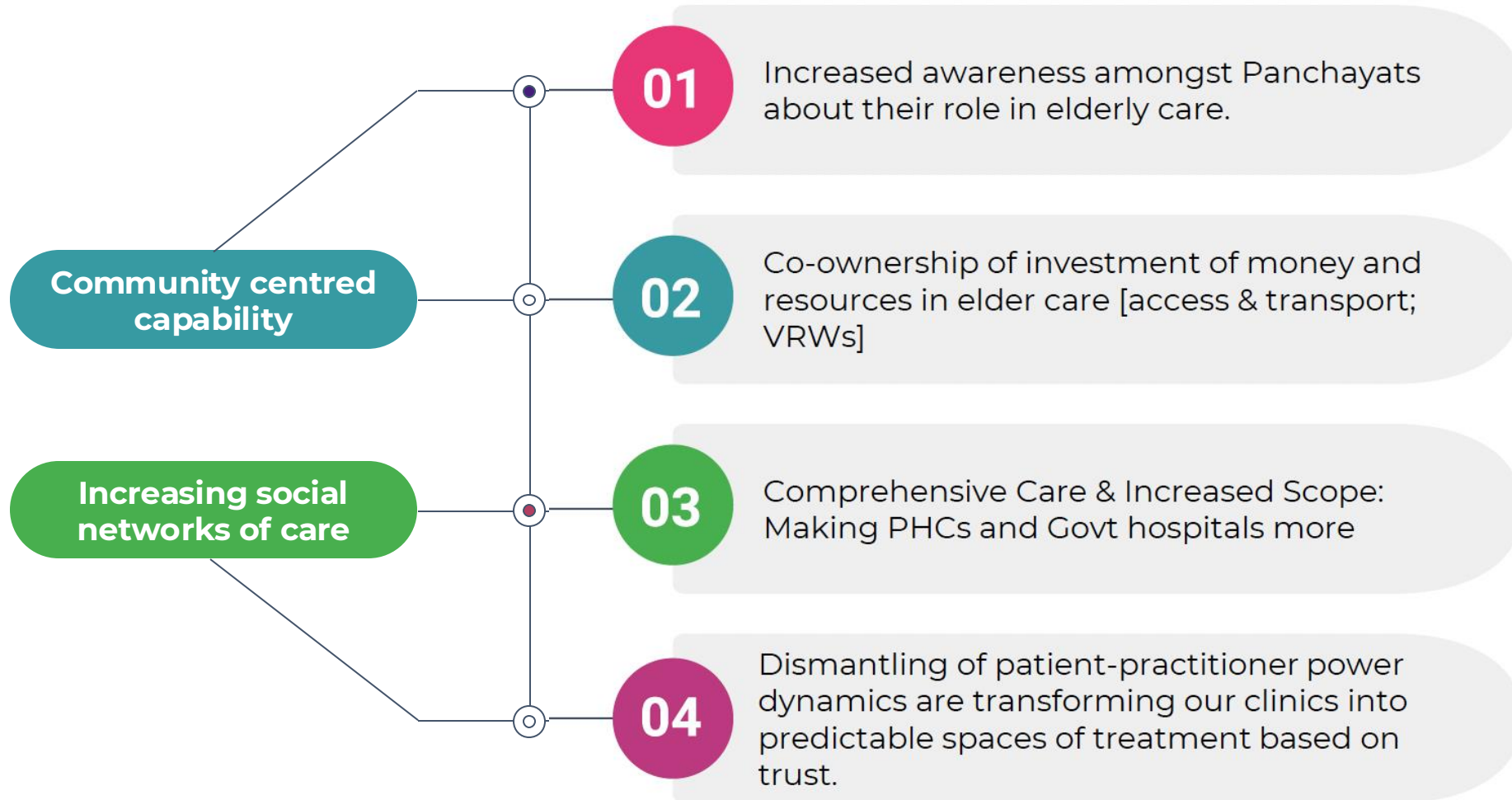
Major illnesses in patients



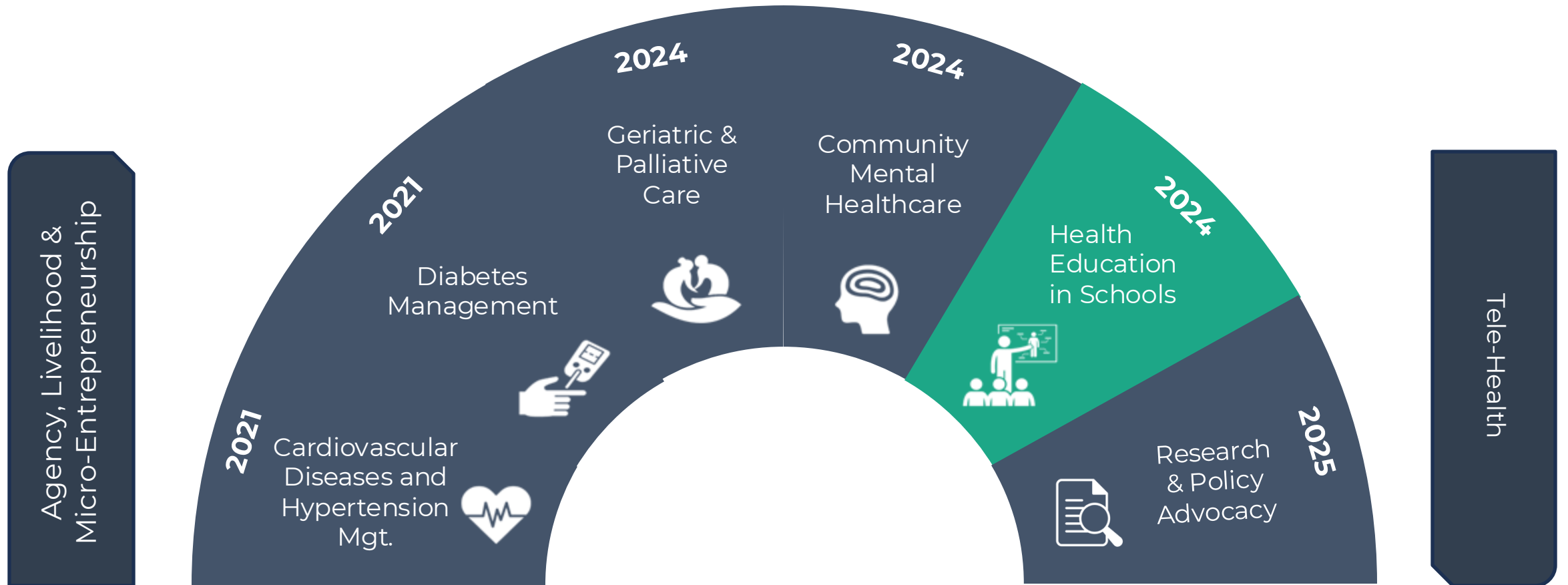
Community Engagement Activities

Stakeholder Engagement	No of Engagements (monthly)	No of Engagements (yearly)
State Govt & Health Institutions	2	24
Panchayat	3	36
NGOs	3	36
Self-help groups	1	12
Locally significant individuals (Taluk Health Officer (THO) and Medical Officer (MO))	2	24

Impact & Implications



Our Health Continuum of Care



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Preventive Health Strategy

The Health Awareness Education Initiative bridges preventive health strategies with engaging educational methodologies by introducing a structured health curriculum into schools.

Over the past two months, we have:

- Piloted a Health & Wellness Module in two schools (Indlawadi and Vanakanhalli). We have successfully integrated a **Health & Wellness Module** into the weekly curriculum, with strong support from school leadership, including Headmasters and the Block Education Officer.
- Engaged 60-70 middle school students, forming Health Clubs of 25-30 students who have demonstrated sustained interest, supported by parental encouragement.

Key Activities

- A. Establishment of Health Clubs
- B. Standardized & Contextualized Curriculum Development
- C. Interactive & Activity-Based Learning
- D. Health Conversations Across Generations
- E. Weekly Engagement & Community Integration



Students recently explored carbohydrates, proteins, and fats using basic chemistry lab tools for the first time.



Students listed out "good habits" and reflected on their daily activities to look at eating habits, sleep and exercise.

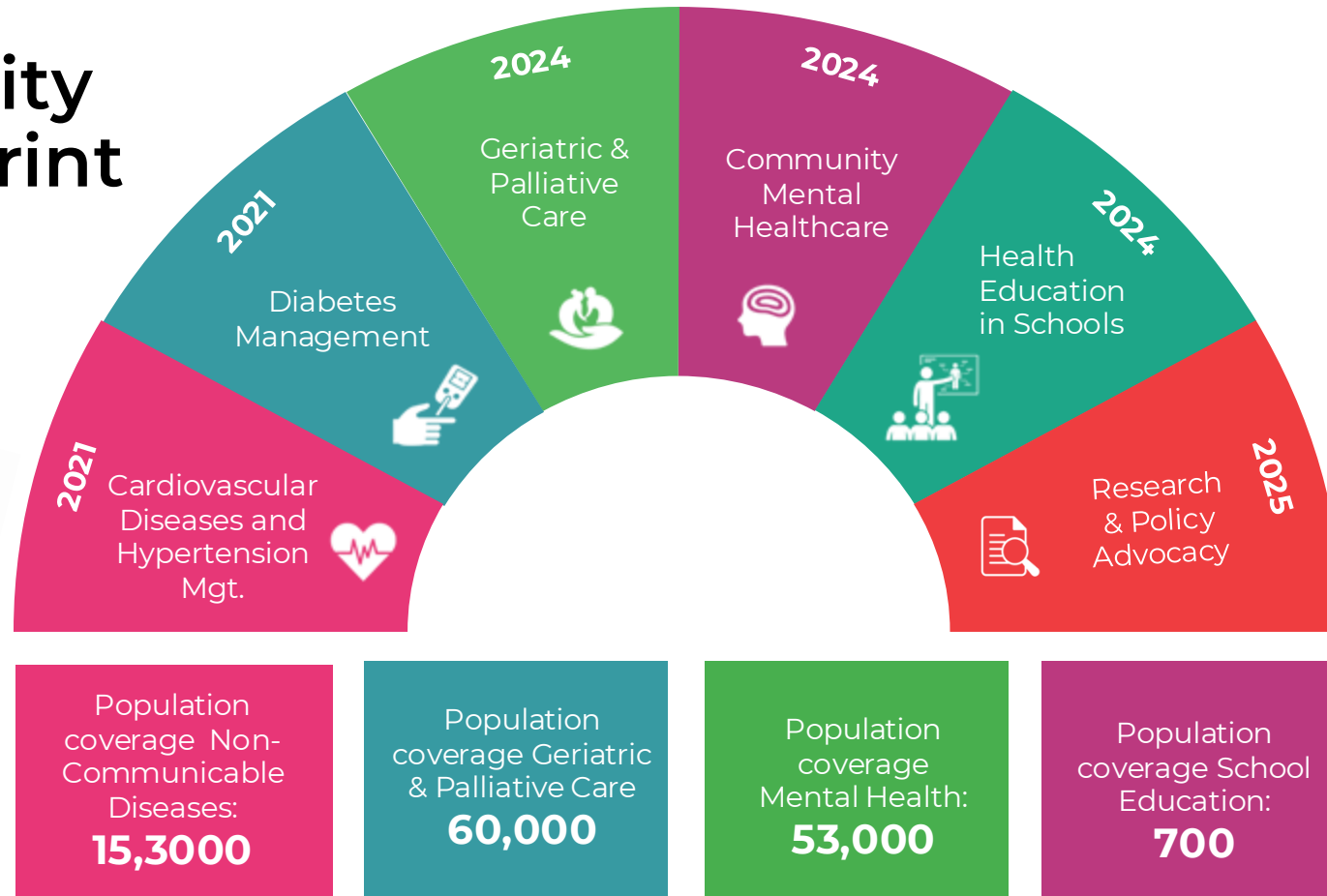
- Conducted 6-8 interactive sessions per school, some led by our health team. The module teaches students about healthy habits, disease prevention, and the importance of overall well-being, enabling them to make informed health decisions.
- Gained support from Headmasters (HMs), securing weekly 1-hour Saturday sessions, facilitated through OBLF's goodwill and community trust.

The program aims to develop small, engaged learning groups, allowing for deep, meaningful learning experiences, with the possibility of expanding activities beyond the classroom over time.



Students run experiments in the classrooms to understand the chemistry behind the food they consume to explore "healthy" and "unhealthy" dietary elements.

Our Community Impact Footprint



OBLF's Public Health program has impacted a cumulative population of 1,29,000+ over the last 3 years by providing timely access to primary healthcare services.

3 years has established a strong proof of concept - with foundational systems and processes, clear protocols of care, a capable team, and a growing base of local government (panchayat) and public health systems (PHC/Taluk Hospital) engagement.

Vision: 2025+

OUR AIM



Deepen and widen the impact –
scale across Anekal Taluk.

Scale and Establish a comprehensive,
accessible, model of population-based Geriatric
and Palliative Care in the State of Karnataka.

Drive research and policy advocacy by being a
knowledge partner to the Department of
Health and Family Welfare, Govt of Karnataka.

As of March 2025, OBLF has signed an **MoU with Health & Family Welfare Services, Karnataka!**

This gives us explicit permission to **set up and operate a 10-bed palliative care ward in Sir CV Raman General Hospital, Indiranagar** and invites OBLF to **be a knowledge partner** for the scaling of community-based geriatric and palliative care across Karnataka state.

INDIA NON JUDICIAL

Government of Karnataka

Rs. 500

e-Stamp

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Certificate Issued Date	: 02-Apr-2025 10:58 AM
Account Reference	: NONACC (FI)/ kacrsf108/ CHANDAPURA/ KA-JY
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Purchased by	: ONE BILLION LITERATES FOUNDATION BANGALORE
Description of Document	: Article 5(J) Agreement (in any other cases)
Property Description	: MOU
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First Party	: HEALTH AND FAMILY WELFARE SERVICES GOVT OF KARNATA
Second Party	: ONE BILLION LITERATES FOUNDATION BANGALORE
Stamp Duty Paid By	: ONE BILLION LITERATES FOUNDATION BANGALORE
Stamp Duty Amount(Rs.)	: 500 (Five Hundred only)

सत्यमेव जयते

Please write or type below this line

Memorandum of Understanding Between

One Billion Literates Foundation, Bangalore
And
Health & Family Welfare Services, Govt Of Karnataka.

1

Statutory Alert:
1. The authenticity of this Stamp certificate should be verified at www.shcisstamp.com/ or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

b. This MOU may be signed in any number of counterparts, each of which is an original and all of which, taken together, constitutes one and the same instrument.

c. Each part of this MOU shall deem to be distinct and separate from the other parts and in the event that any part of this MOU is regarded as unlawful forbidden cannot be given effect to, then the Parties shall endeavor to arrive at an agreement in a manner so as to give full effect to the provisions of this MOU.

15. Assignment or Transfer:

Neither the First party nor Second party i.e. signatories to this MOU shall subcontract or transfer any part of this MOU without the prior written approval of the parties.

17. Settlement of Disputes

a. This MoU is governed by and shall be construed in accordance with the laws of India.

b. The Parties undertake to endeavour in good faith to resolve any differences and disputes arising under, or in connection with, this MoU by amicable settlement.

c. Absent amicable settlement, all disputes arising out of or in connection with this MoU shall be finally settled under the Rules made under the Arbitration and Conciliation Act 1996 (the "Rules") by one arbitrator appointed in accordance with the Rules. The seat of the arbitration shall be Bengaluru and the language of the arbitration shall be English.

In witness whereof the parties in their free volition & full understanding, with the intent to legally bind themselves to this MoU have executed to this MoU through their duly authorized representatives.

IN WITNESS WHEREOF the parties hereto have hereunto set and subscribed their hands and seals the day and year first hereinabove written.

For and on behalf of 'First Party' National Health Mission Department of Health and Family Welfare, Govt of Karnataka.

[Signature]
Dr. Naveen Bhat Y
Mission Director
National Health Mission
Arogya Soudha, Bengaluru-560 023
Date: 2 April 2025

SIGNED, SEALED AND DELIVERED by 'Second Party', CEO (Hon.) One Billion Literates Foundation.
Name: Anish Ramachandran,
Designation: CEO (Hon.)

[Signature]
WITNESS
Name: D.O. A. G.
Designation:

8



Frontline Health workers making Patient referrals



Frontline Health worker conducting a BMI check up



Frontline Health workers visit homes for follow ups

Our team of doctors conducting a clinic at Indlawadi



Our team of doctors conducting a mobile health clinic

Our field staff personnel aiding a patient at the clinic

Frontline Health worker Training Session



Our Social Worker visits patients during screenings

Clinics being conducted at Sipani Home for the Destitute on a monthly basis



Inauguration of OBLF's Geriatric and Palliative Clinic



Our team has ensured autos to our GPC clinic for bed-bound patients to overcome issues of accessibility



Home visit therapy



Doctors making Home visits for bed-bound patients



Check up at Namma Gudu Home

We conducted a large awareness village "mela" to build awareness on mental health issues and address stigma. Over 500+ village residents were in attendance.



A frontline health worker (Animator)

Training being conducted by our clinic psychologist for frontline health workers (Animators)

Community engagement with ASHA workers