



A PUBLIC HEALTH RETROSPECTIVE (2024)



EVOLUTION OF OBLF'S PUBLIC HEALTH INITIATIVE

(Aug 2021 - Present)

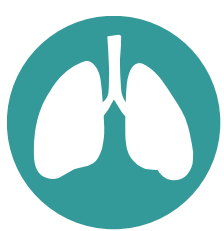
India's rural healthcare system faces critical shortages, particularly in primary healthcare that is available, accessible, acceptable and affordable. In rural areas like Anekal Taluk, limited access to healthcare services has led to a disproportionate rise in preventable diseases and premature deaths. OBLF's Remedy program, launched to address these healthcare deficits, focuses on the prevention, management, and treatment of healthcare issues along the Non-Communicable Diseases (NCD) Continuum of Care.

Since 2021, OBLF has made headway into Non-Communicable Diseases (NCD) continuum of care – focussing on primary healthcare access and reducing preventable Cardio-vascular diseases (CVDs) through early screening, detection and management of Hypertension & Diabetes in rural communities. It has established a strong community-centred primary healthcare operational model – comprising frontline health workers, an experienced and committed medical team, and a support team of counsellors, pharmacists, etc. The scope of its work currently extends across 32 villages with a population of more than 15000.

In the course of this work on primary health care and NCDs – OBLF has identified complex challenges faced by older persons, those with Life Limiting Illnesses [LLIs] – often brought about by serious health incidents like strokes, cancers and other health sufferings.

The bleakness of their existence and poverty also serves as the origin of mental health issues in these communities. The prevalence in this population of anxiety, depression, loneliness – and their intersectionality with the other issues, added to the complexity of managing primary health care in rural, constrained settings.

Based on this deep contextual understanding of the situation on the ground, OBLF scaled and evolved its public health program to include and integrate geriatric care, palliative care, screening for cancers, and mental health care for these populations.



Public Health Portfolio: Project Remedy currently covers a population of over 100,000 individuals in 70 villages, delivering integrated healthcare services through a combination of early screening programs, village-based clinics, home-based care through mobile units, and programs to address both common and severe mental disorders.



Proactive healthcare: The program focuses on early detection of risk factors allowing for timely interventions and reducing long-term healthcare costs.



Consultations and Outcomes: Since 2021, the Remedy program has conducted over 16,000 consultations, leading to measurable improvements in health outcomes and significantly reducing out-of-pocket healthcare costs for families.

The Remedy program ensures that healthcare is accessible and affordable for rural populations, where health infrastructure is limited. OBLF trains frontline health workers from within the community, providing continuous care and improving health outcomes through preventive education. This approach has not only addressed immediate healthcare needs but has also built community trust in formal healthcare systems.

EQUITABLE PRIMARY HEALTHCARE ACCESS

OBLF's approach has been to build an ecosystem of care which not only provides quality healthcare services but also eases the caregiving burden, increases awareness of healthcare, and improves the resilience of communities. The platform is built on:

Capacitating Non-Specialist Providers

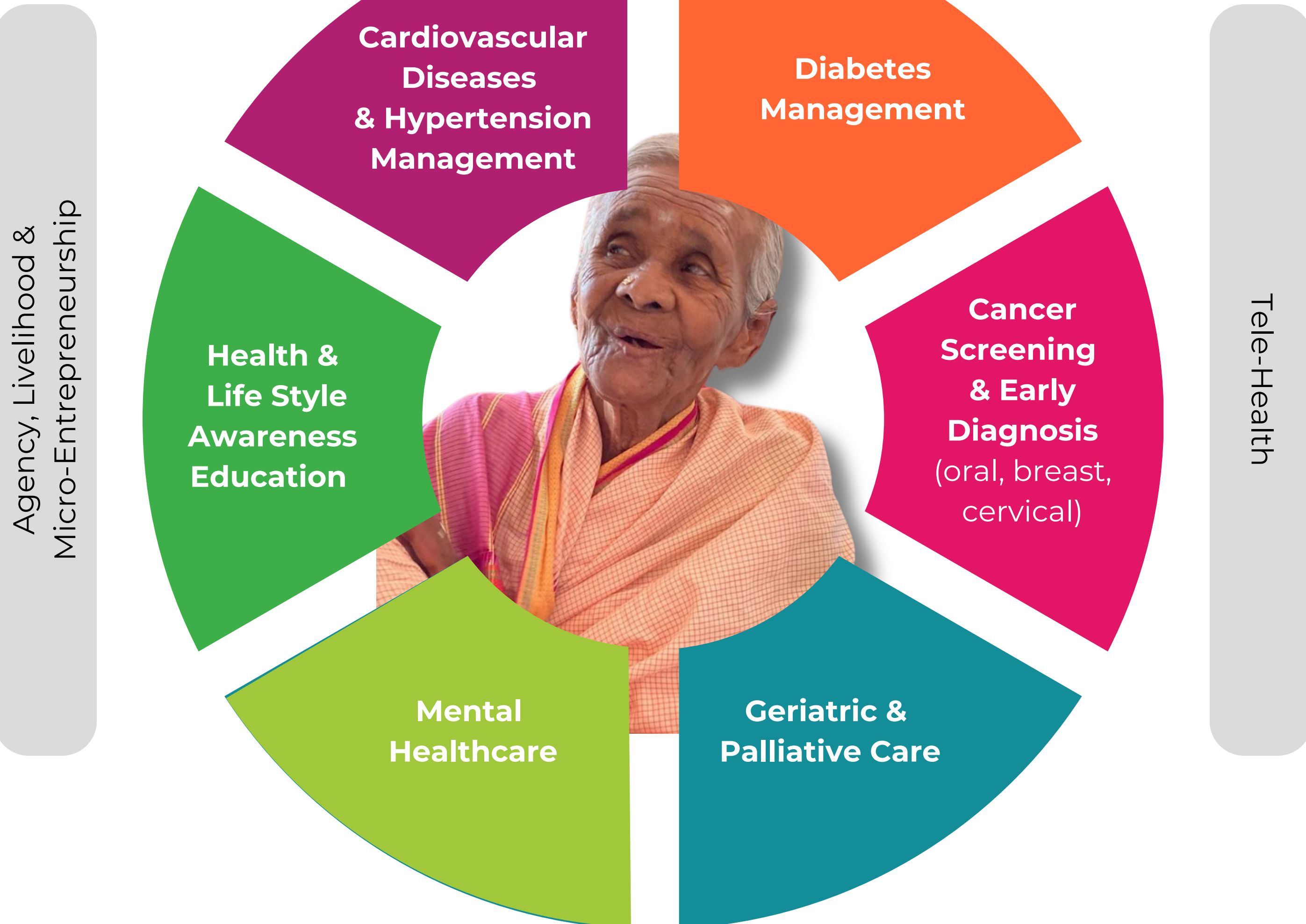
A cadre of women drawn from the communities we engage with - who have been trained to be Frontline Health Workers.

Regular Village-Based Clinics

Regular Clinics by OBLF's team of medical professionals – predicated on building relationships, continuity, & personalized care.

Home Care Visits

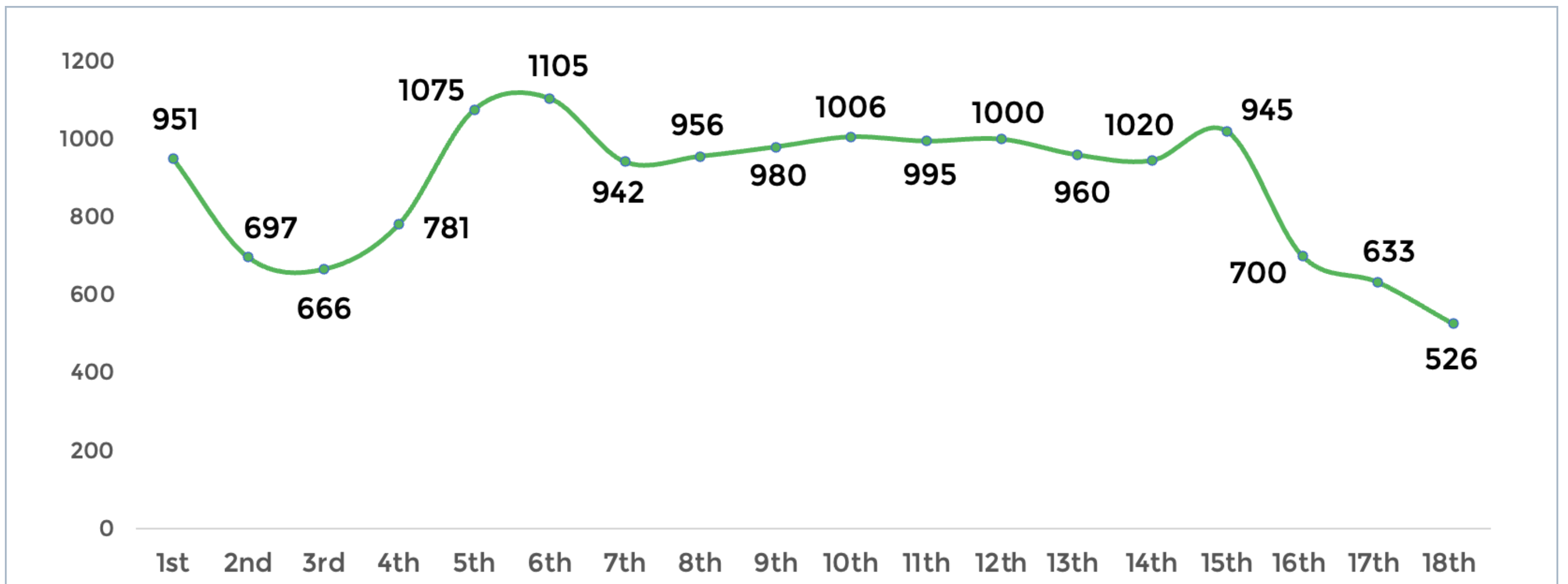
Home care visits for the Home-Bound and Bed-bound patients



CARDIOVASCULAR DISEASE MANAGEMENT

The objective of our program is to mitigate preventable cardiovascular diseases by focusing on the early screening, detection, and treatment of high-burden non-communicable diseases (NCDs). Our efforts span across 32 villages within two panchayats, serving a total population of approximately 15,000 people.

Total # of Consultations

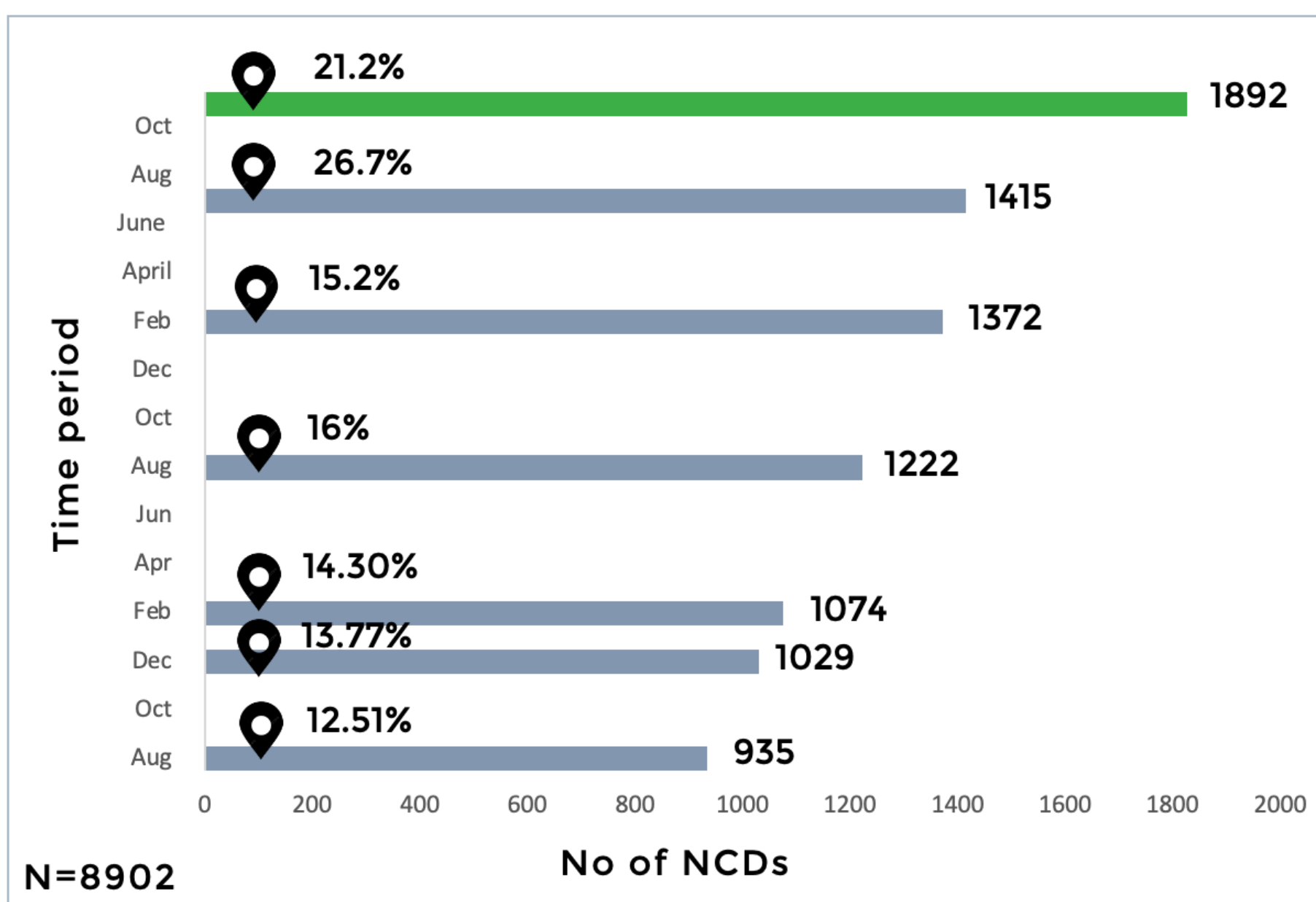


The program has completed **18 clinic cycles** and conducted over **540 clinics**. As of Nov 2024, there have been a total of **15,938 individual consultations**, with 47% related to Non-Communicable Diseases (NCDs) and 53% concerning other primary health issues.

Prevalence of Non-Communicable Diseases

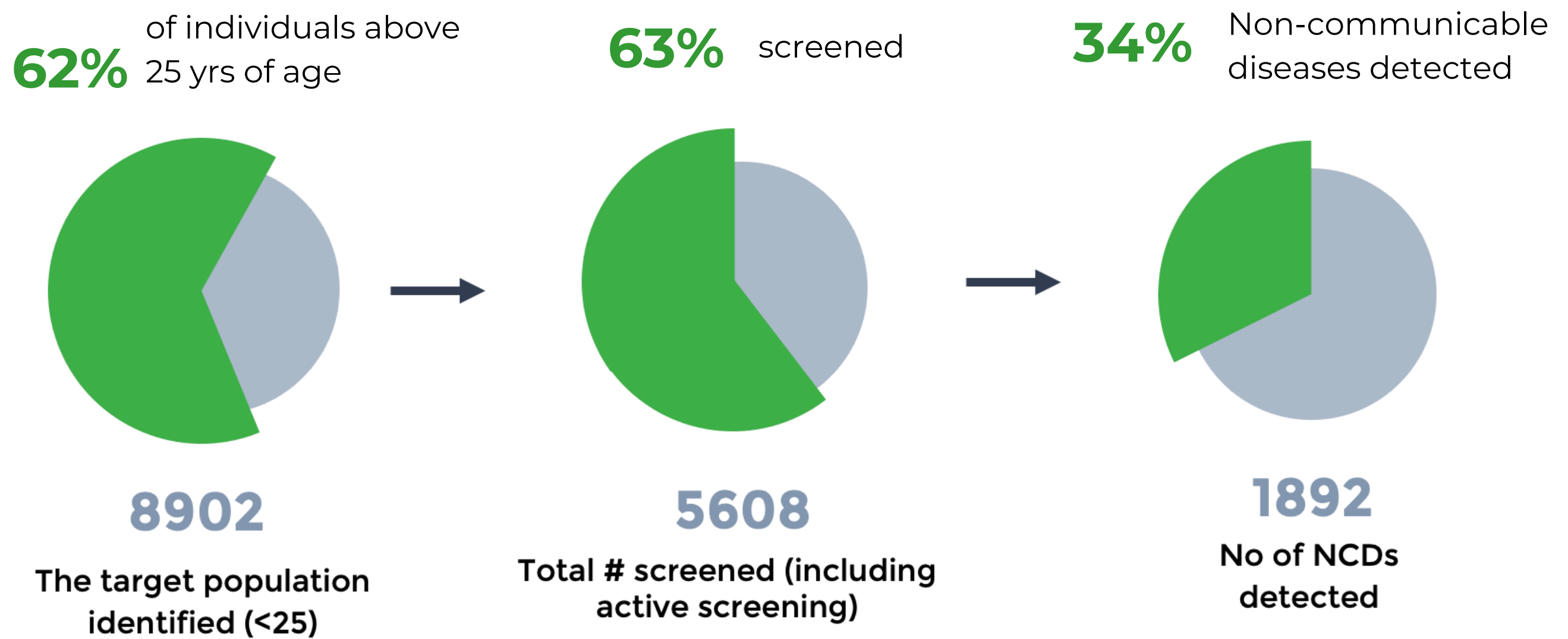
Prevalence as of November 2024, after 18 NCD clinic cycles:

(Aug 2021- Nov 2024)



- The **overall NCD prevalence is 21%**, with 1,892 individuals diagnosed within the target population.
- **Hypertension (HTN) prevalence is 19%**. A total of 1065 cases of hypertension were identified.
- **Diabetes Mellitus (DM) prevalence is 14.75%**, with 827 individuals diagnosed with diabetes across these regions.

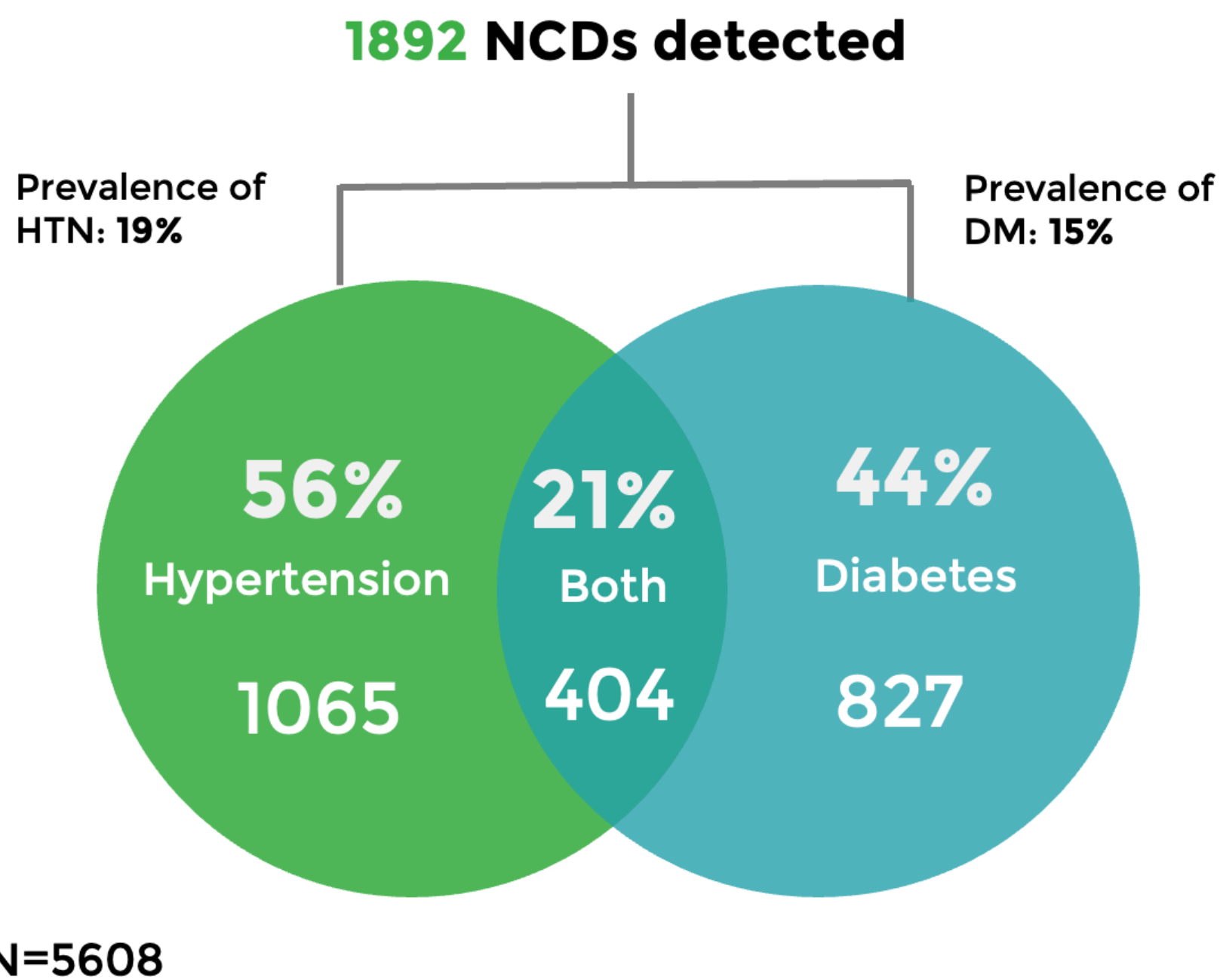
Screening & Detection of NCDs



AT RISK STATUS

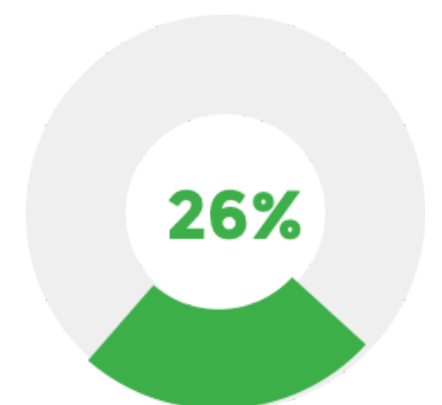
These are patients who show symptoms of or at risk of cardiovascular diseases.

Total Number of Active Cases: 1198



PRE-HYPERTENSION

665 at risk out of which 170 patients have been diagnosed with HTN



PRE-DIABETES

533 at risk out of which 80 patients have been diagnosed with DM



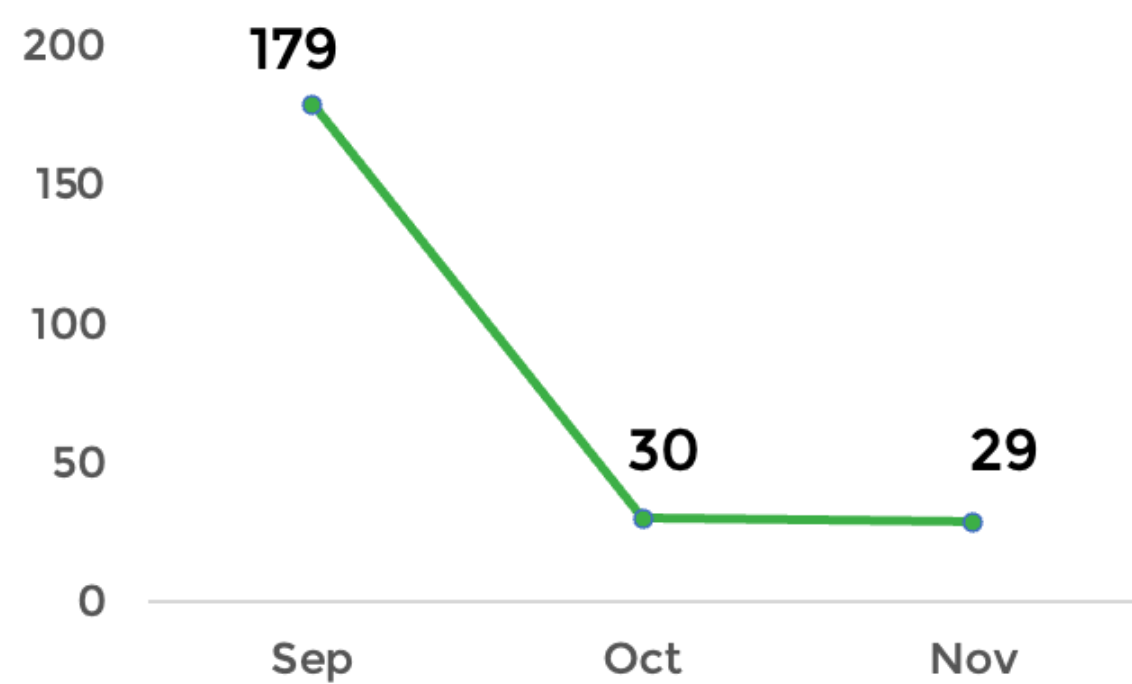
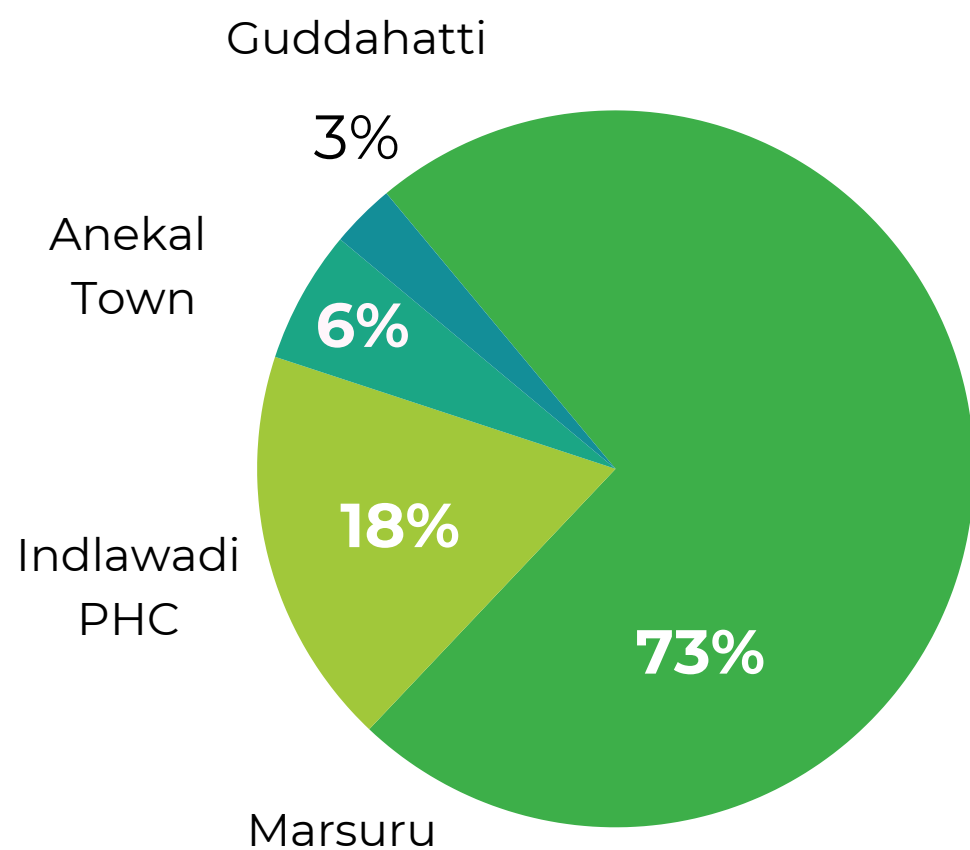
This is a snapshot of our NCD dashboard for November 2024

Parameters	Hypertension	Diabetes
Controlled (SBP <140, DBP <90)	193	128
Uncontrolled (SBP >=140 - <=160, DBP >=90 - <=100)	174	71
Secondary Care Referrals (SBP >160, DBP >100)	43	90
Total Patients consulted in the last month	410	289
Total Patients in the PHC Area	1065	827
Prevalence of NCD	19%	15%

GERIATRIC AND PALLIATIVE CARE

As of November 2024, OBLF is well into the process of establishing geriatric and palliative care services as well as social care to elderly individuals in Anekal Taluk. In the initial phase, we are in the process of developing a clear proof-of-concept in 5 panchayat clusters - before moving onto establishing a taluk-wide operational model. OBLF has also set up a Geriatric and Palliative Care Center which serves as the nerve center for the operations of its G-PC medical and para-medical team, and also serves as the OPD and Physical Rehabilitation center for patients in Anekal Taluk.

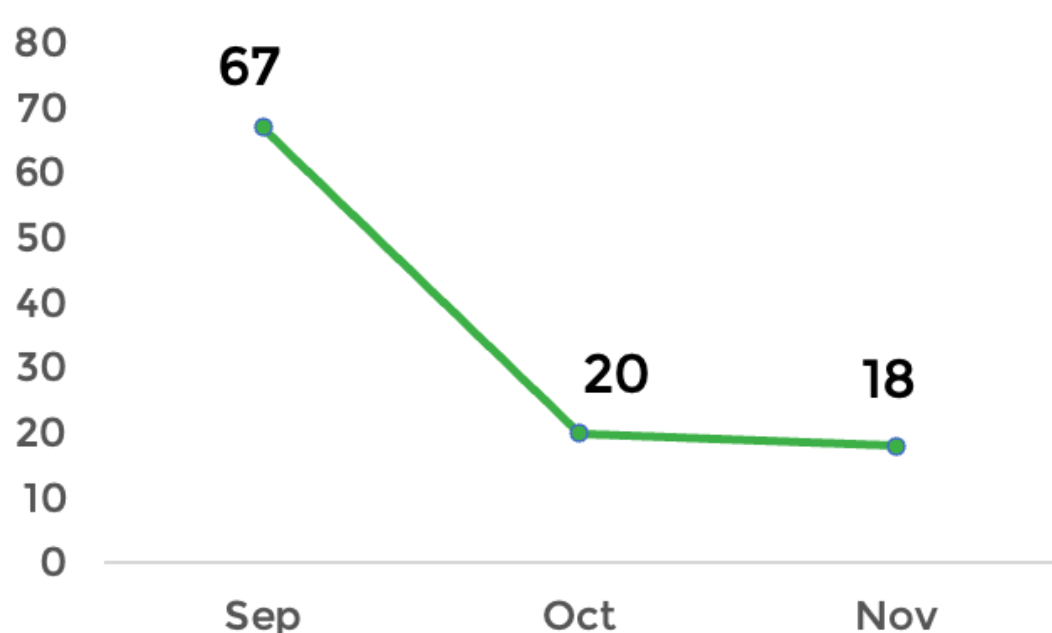
1. Screening



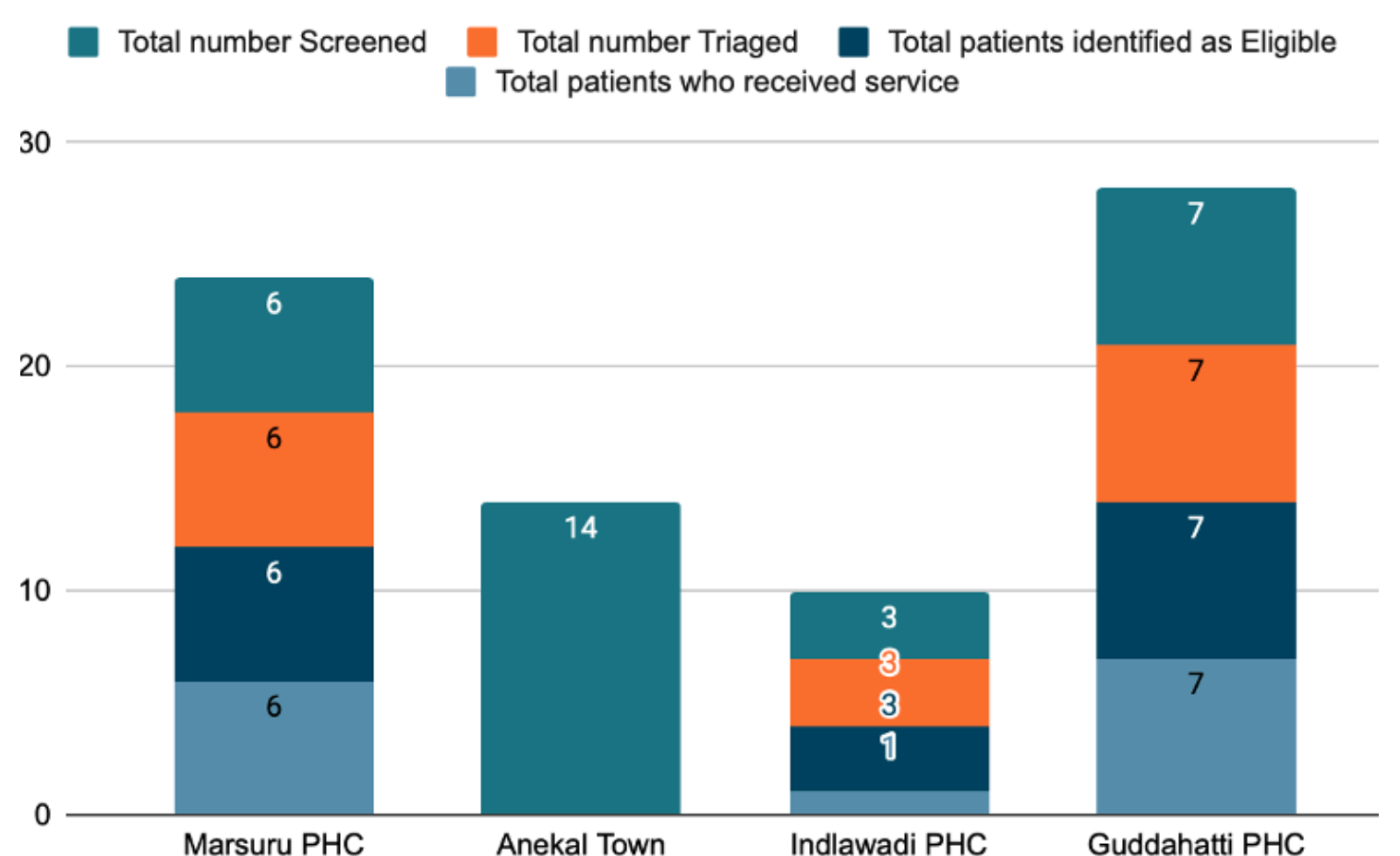
The September data reflects cumulative metrics collected between March and September 2024, marking the program's transition to systematic key metric collection as it matured. During this initial phase, significant efforts were focused on awareness building and foundational program work. Between September and November 2024, a total of 238 individuals were screened, with nearly three-quarters hailing from the Marsuru PHC area, including 87 residents of the Sipani Home for the Destitute.

2. Triaging & Service Delivery

Triage **prioritizes individuals for clinical intervention, focusing on those with the greatest need or likelihood of benefit.** Triage involves collaboration between Community Health Workers and the clinical team to identify and address priority cases.

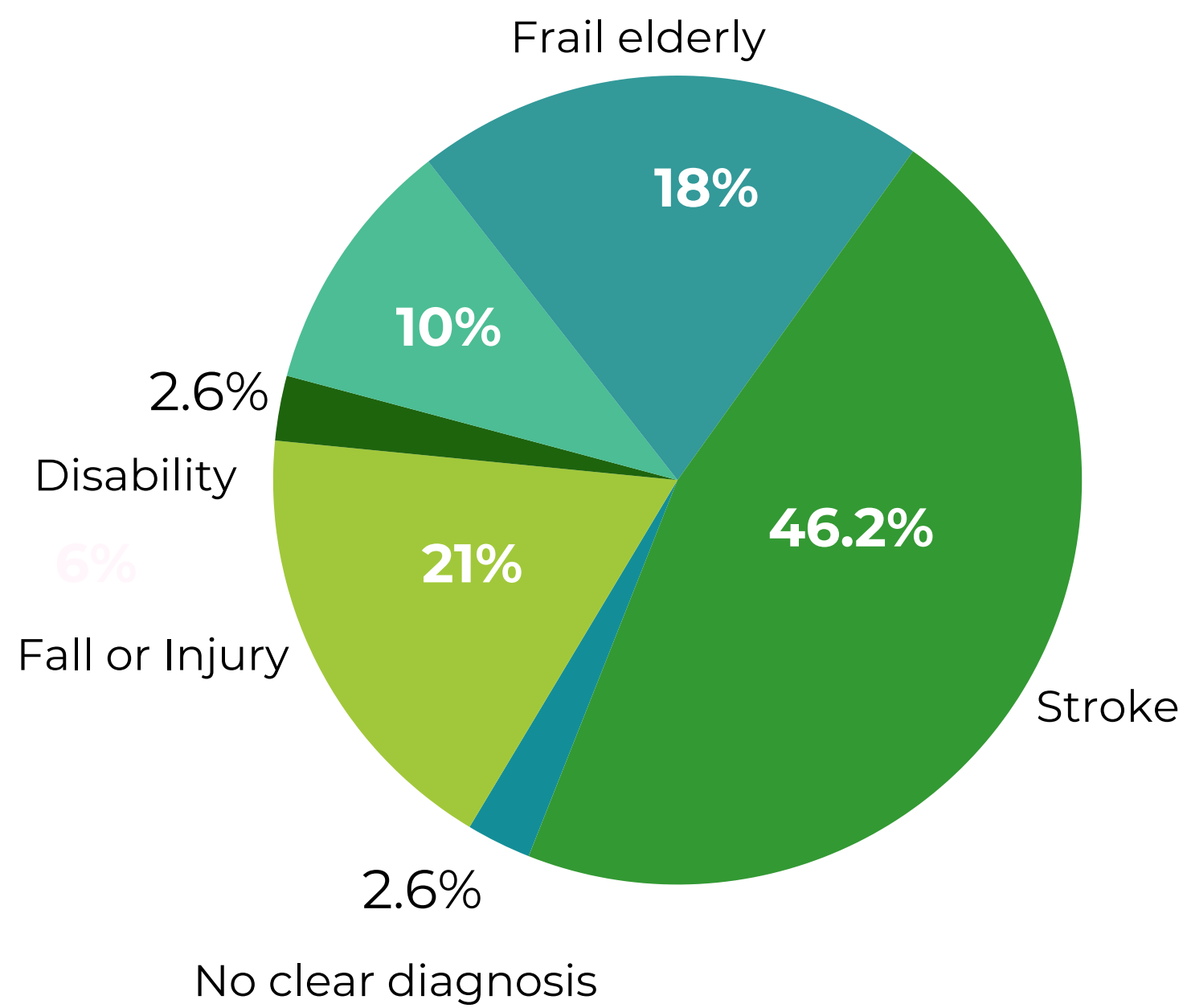


Summary Stats (November 2024)



105 individuals out of 238 screened were identified, who might potentially benefit from a clinical intervention.

Major illnesses in patients supported by the GPC program



Clinical services include Palliative Care (nurse-led) or Rehabilitation (Physio-led); both supported by the medical team as necessary. Care planning and coordination are other activities primarily oriented towards alleviating caregiver burden.

3. Community Engagement Activities

Stakeholder Engagement	No. of Stakeholders	No of Engagements
State Govt & Health Institutions	4	5
Panchayat	1	3
NGOs	3	4
Self-help groups	1	1
Locally significant individuals	2	2

- **State Govt and Health Institutions:** Key public health officials such as the Taluk Health Officer, Chief Medical Officer, ASHA workers and other influential figures in the state health sector.
- **Panchayat:** Local governance representatives, including the Panchayat President, members, and participants in Panchayat meetings.
- **NGOs:** Other NGOs operating in the area, collaborate on health services and community outreach.
- **Self-help groups:** Community groups such as Dharmasthala Sanghas, focused on empowerment and resource mobilization.
- **Locally significant individuals:** Influential community members such as shop owners, auto drivers, and others who play a pivotal role in local outreach and engagement.

Through our advocacy and awareness-building efforts, this program has now been successfully integrated into the state public health system. OBLF operates a monthly outpatient clinic at Anekal General Hospital, the sole secondary care public health facility serving the Taluk. Additionally, the program conducts a monthly outpatient clinic at the Marsuru Primary Health Centre (PHC). These advocacy efforts have also led to the signing of definitive partnership agreements with the Marsuru and Karpur Panchayats. As part of these agreements, the Panchayats will provide transportation services to bring frail and elderly residents to OBLF's geriatric and palliative care centre in Chandapura on a weekly basis.



MENTAL HEALTHCARE

The OBLF Mental Health Program aims to transform community mental health care by integrating sustainable, community-driven solutions in underserved rural areas. Initially covering two panchayats with a combined population of approximately 28,000, the program focuses on empowering local women as Non-Specialist Providers (NSPs) to deliver mental health services while generating livelihoods. Through training, capacity building, and a structured system of supervision, the program seeks to address both common and severe mental health disorders, supported by OBLF psychologists and psychiatrists to ensure high-quality care and effective referrals.



25 Frontline health workers to enhance community-based mental healthcare delivery and outreach.



20 Hours of Comprehensive capacity-building training for the team of mental healthcare providers



128 Hours of field-based supervision & training for animators strengthen oversight and program delivery.



120+ Patients on the Line List. Regularly tracked for follow-ups and personalized care management.



4 Outreach and awareness Campaigns covering a population of 8000+ people were conducted across PHC centres, panchayats, and village clusters.



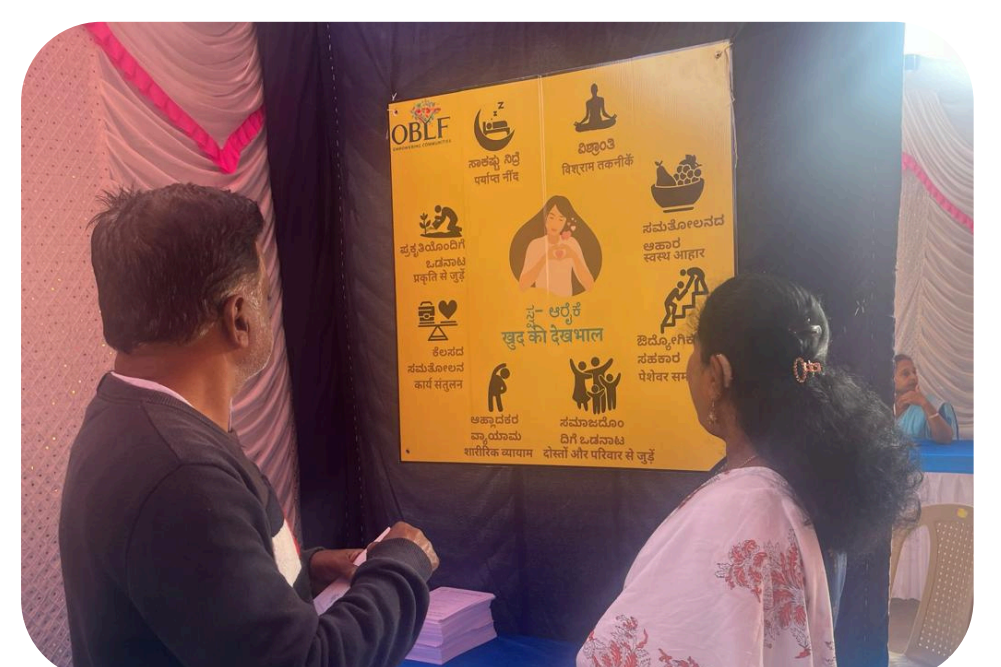
15 Patient Referrals to facilitate access to specialized care and advanced treatment for Severe mental health disorders

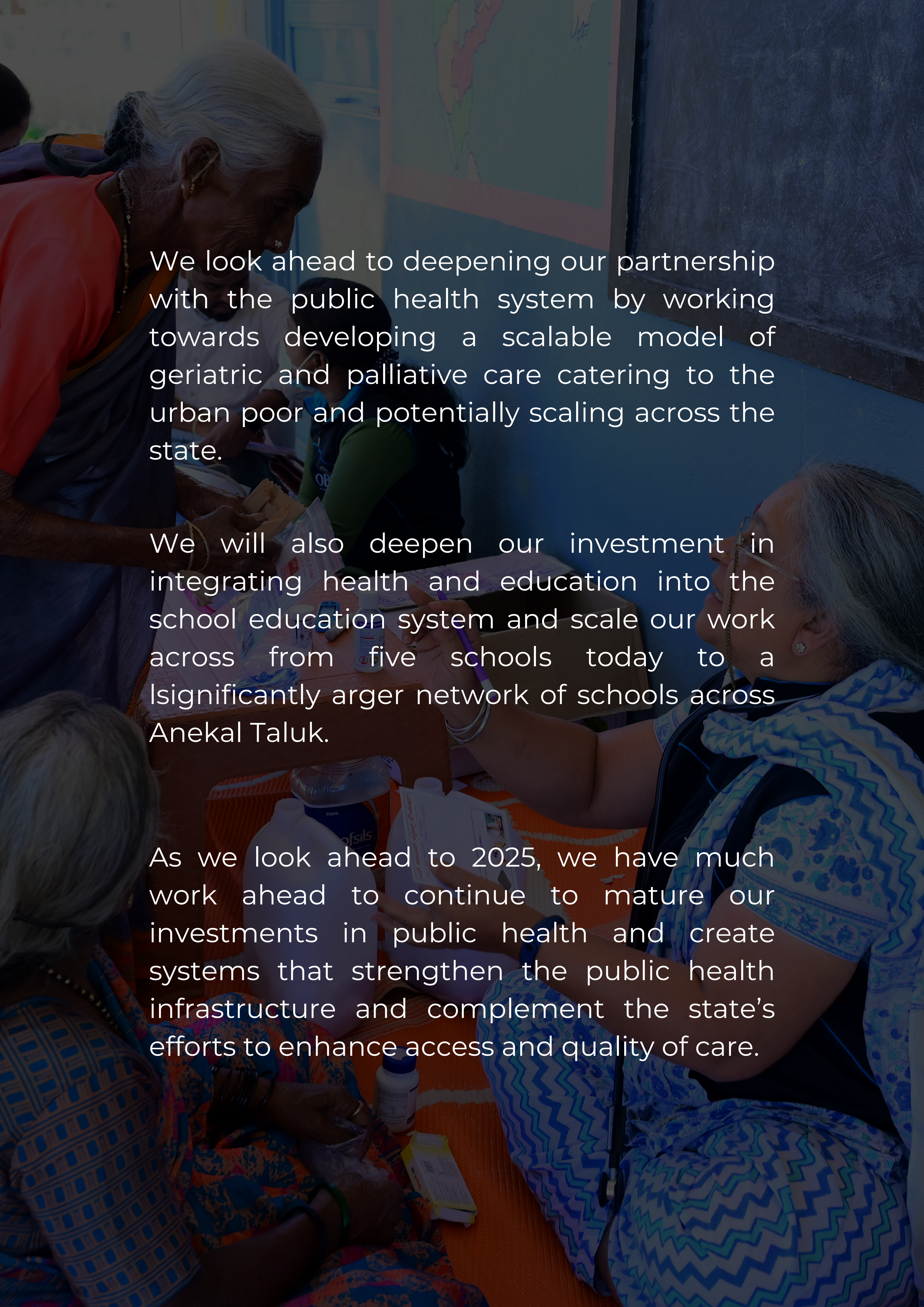
On Sunday, 15th December, OBLF organized its first major community outreach program focused on its work in public health including Mental Health, NCDs, and Geriatric and Palliative care. This outreach program was designed and conceptualized in **partnership with the Neralur Panchayat**, Anekal Taluk which extended its complete support for this program.

The key objectives of the program were to **create awareness of critical health issues, help the population understand mental health issues in greater depth, create awareness of stigma related to different health issues**, including mental health and enable an understanding of avenues to seek help and assistance.

We achieved this through a **combination of stalls that gave out information, pamphlets distributions, Street plays** that addressed particular aspects of health and stigma, gamified activities, health assessments and public addresses by leading local stakeholders who drew attention to the need for such public health interventions.

We had more than **500 event visitors over six hours**, exceeding our expectations. It was very heartening and encouraging for us to see enthusiastic participation by young children and adolescents, in addition to a large turnout by adults, including the significant migrant north Indian populations that are present in this Panchayat.





We look ahead to deepening our partnership with the public health system by working towards developing a scalable model of geriatric and palliative care catering to the urban poor and potentially scaling across the state.

We will also deepen our investment in integrating health and education into the school education system and scale our work across from five schools today to a significantly larger network of schools across Anekal Taluk.

As we look ahead to 2025, we have much work ahead to continue to mature our investments in public health and create systems that strengthen the public health infrastructure and complement the state's efforts to enhance access and quality of care.