



# Impact Evaluation

## Public Health Program 2023-2024

The Foundation's public health framework seeks to enable Primary healthcare that is **accessible, acceptable, affordable, and predictable** – to vulnerable households and communities in **vulnerable communities of Anekal Taluk**.

Our objective is to **Reduce Non-Communicable Diseases in vulnerable communities** via Preventive, Curative and Facilitative Healthcare services.

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# The Context

## The Twin Problem

1. The rural / Peri-Urban population of Anekal Taluk is constrained by public healthcare that is not accessible, not available, not acceptable, and not affordable.
2. Nestled within this problem – is a larger healthcare crisis that points to rising cardiovascular diseases [CVDs], and preventable strokes – caused by lack of access to screening, diagnosis and treatment for Non-Communicable Diseases [NCDs]

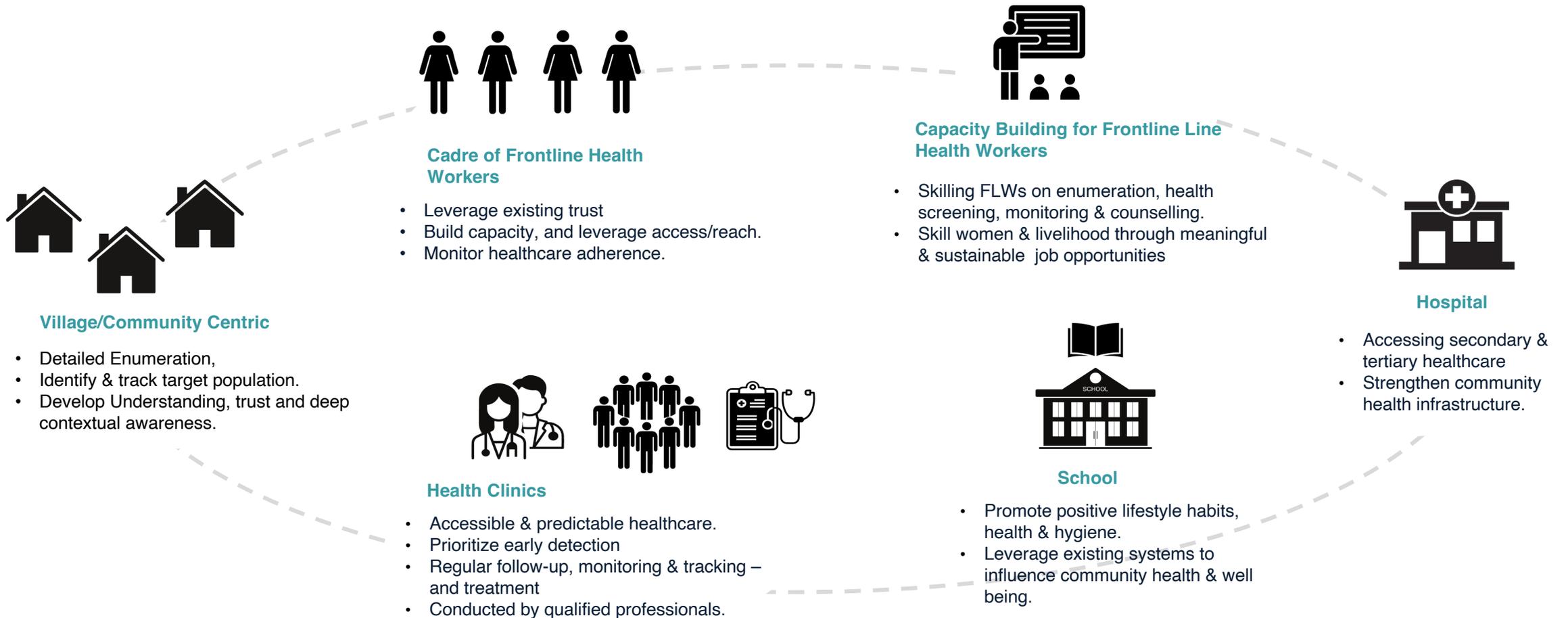
## Outcomes We Drive

1. Create and execute a proof of concept for primary healthcare that is **accessible, acceptable, affordable, and predictable** – to vulnerable households and communities.
2. Reduce preventable cardiovascular diseases and strokes.
3. Reduce Out of Pocket Expenditure

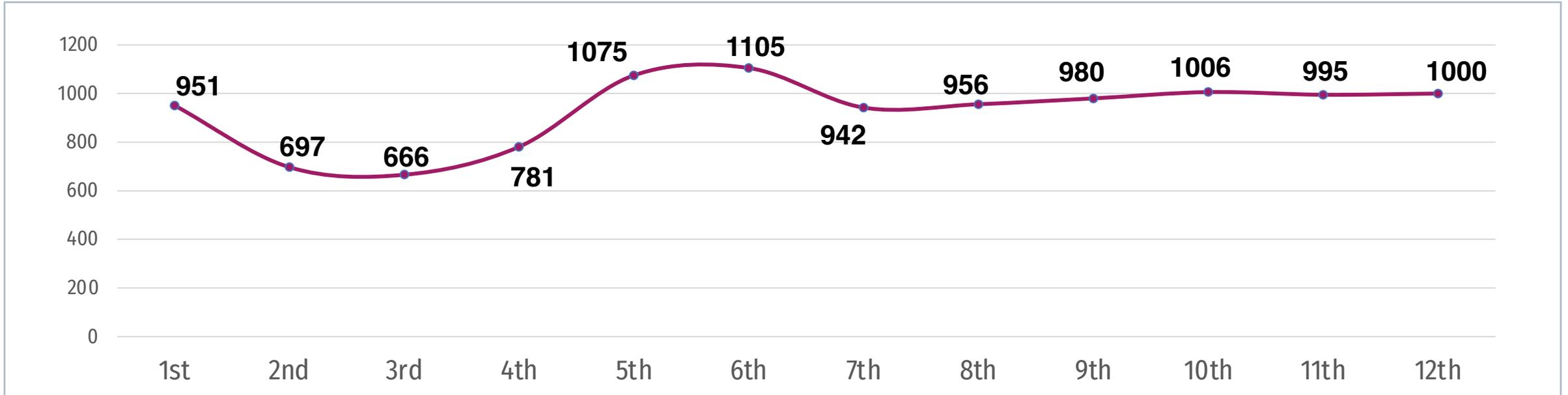
# Our Approach

The Foundation's public health framework seeks to enable Primary healthcare that is **accessible, acceptable, affordable, and predictable** – to vulnerable households and communities in **Anekal Taluk**.

## Our community-centric healthcare eco-system



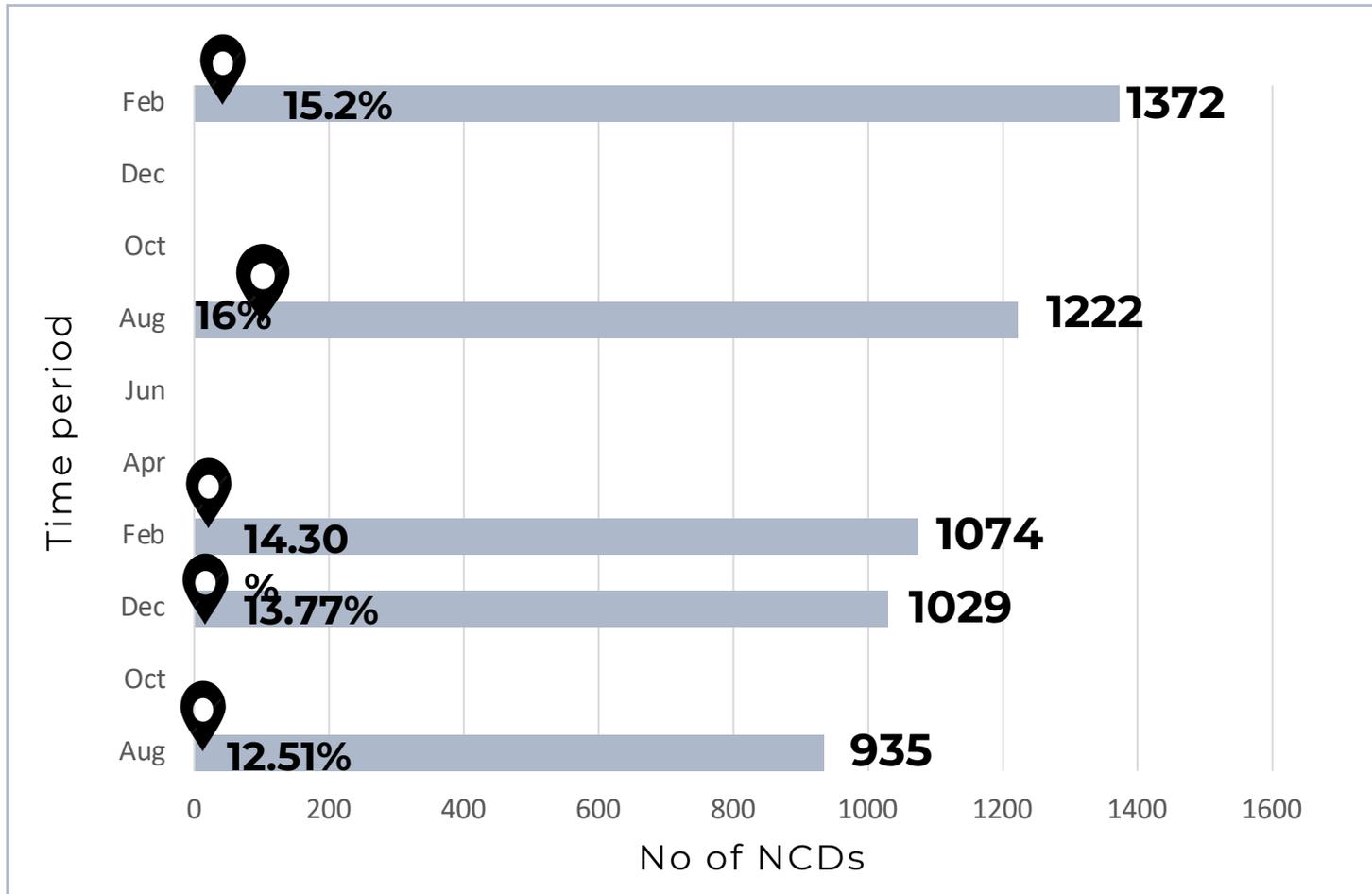
# Clinics and Consultations:



In approximately **12 clinic cycles**, we have conducted over **360 clinics covering the panchayat**, and a cumulative of **11,154 patient consultations** have been done until Feb 2024.

- Screening data and patterns are constantly monitored. These patterns vary based on village and location. The OBLF team makes micro-level program changes to drive on-the-ground impact.
- The local issues that influence screening decisions include **lack of community awareness, biases & preconceived notions towards screening, inability to avail care due to wage earning responsibilities & migration and an aged untended population** across households.
- Our frontline workers [FLWs] continue to build community awareness and mobilize households to attend the health clinics through robust door-to-door follow-ups. Local FLWs enjoy more trust & community visibility in comparison to those that reside outside these villages.

# Prevalence of NCDs (Aug 2021- Feb 2024)



\*Prevalence of NCDs refers to the number of NCDs as a **percentage of target population** at a specific point in time.

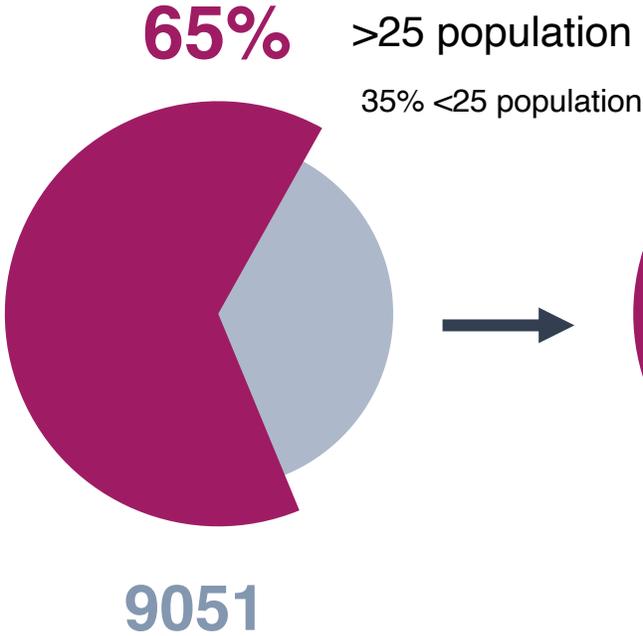
The **prevalence trend affirms our hypothesis** that **greater screening** will **drive higher detection & treatment of NCDs**.

OBLF's frontline healthcare workers have been **instrumental in deepening community ties, monitoring individual healthcare status and adherence to treatment protocols across households**.

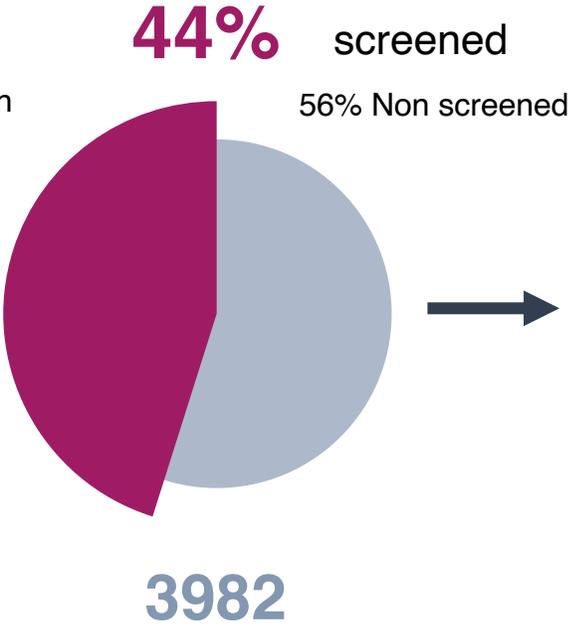
N=9051 Target Population: > 25 Years.

Current prevalence among those aged > 25 years is at **15.2%**. | The prevalence among those aged, **>30 years is 17.7%**.

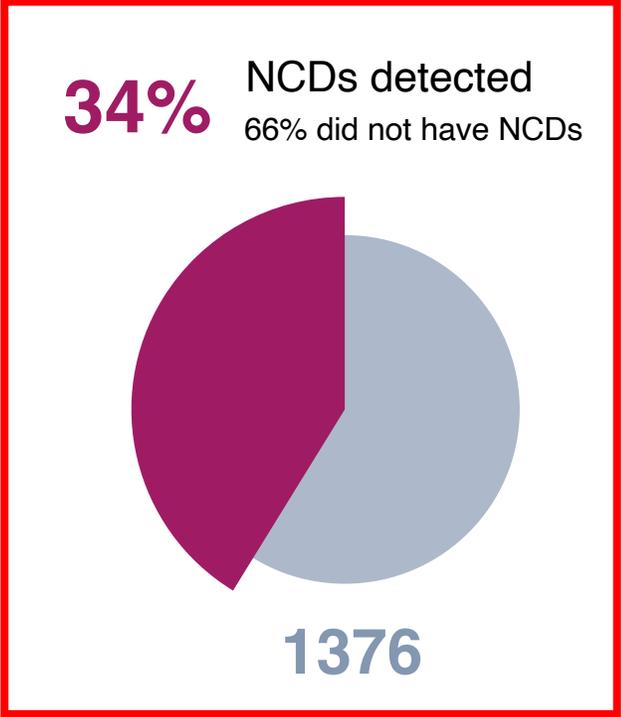
# NCD Screening



The target population identified (>25)



Total # screened (including active screening)  
56% yet to be screened



% and Number of NCDs detected in the screened population

Additionally, nearly **19%** of the screened population is pre-diabetic and/or pre-hypertensive. They are classified as “at-risk”

# Looking Ahead: 2024-25

- 1. Continue the implementation of the NCD program across these 30 Villages.** Monitor and drive micro-shifts to ensure program effectiveness.
- 2. Screening for Cancers:** The OBLF program has integrated **Screening for Cancers [Oral, Breast, and Cervical] into its NCD program, effective January 2024.** This program is being implemented in partnership with Indian Cancer Society [ICS].
- 3. Geriatric & Palliative Care:** OBLF has initiated a **Geriatric and Palliative Care program** for those identified with Life Limiting Illnesses [LLIs]. This is being established as a Primary Palliative Care program managed via **Home Visits, OBLF Clinic Consultations**; besides this, we have an agreement with the District Health Office based on which OBLF will initiate an **Out-Patient Department [OPD] in Anekal General Hospital, as well as a 6-Bed In-Patient Ward.** This will be effective April 2024.
- 4. Mental Health Care: Establishing a community-based Mental Healthcare Program**
- 5. Research Study:** Design and conduct a **research study** to circumstances that lead to significant drop in detection/diagnosis rates – and **strengthen the State's NP-NCD Program intervention.**

## OUR CORE BELIEF

Communities are complex and multi-dimensional.  
Each dimension exercises influence on the community's evolution.  
Each major dimension needs concurrent focus to ensure meaningful progress.

### Public Health

Access to primary and preventive healthcare, including water, sanitation, and immunisation.



### Livelihood and Labour Participation Rate

Mechanisms that create livelihood opportunities, including support systems that enable higher LFPR.

### Education

Quality education that ensures overall emotional and psychological development.

### Marginalisation and Poverty

Marginalisation based on poverty, citizenship, religious factors, education, and income.

### Community Engagement & Ownership

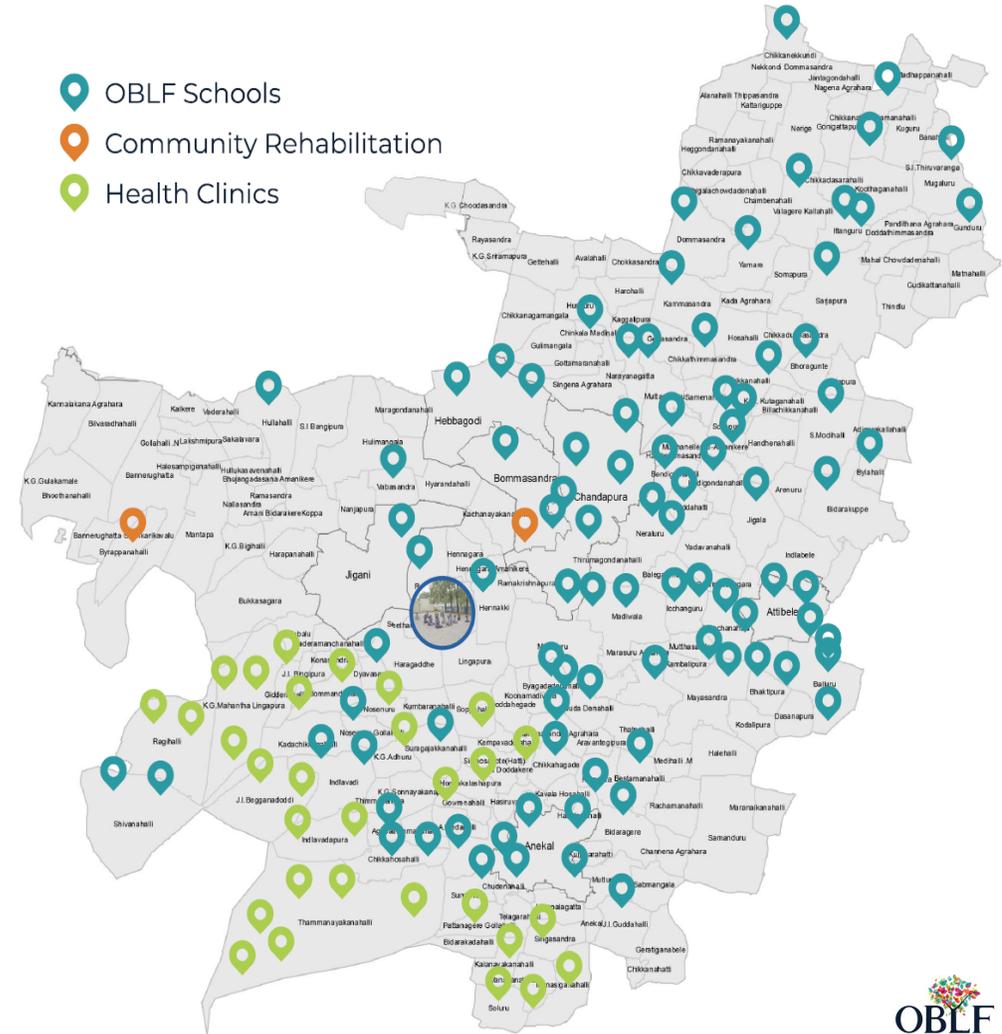
Active engagement and partnership from the community.

### Industry Engagement

A thriving, aware industry that contributes to positive practices, and volunteers who care.

## CREATING BETTER FUTURES FOR UNDERPRIVILEGED, RURAL COMMUNITIES

-  OBLF Schools
-  Community Rehabilitation
-  Health Clinics



**We are living into Our Vision! <sup>8</sup>**



OBLF has built out a full-fledged field and medical management team:

- 17 Frontline Health Workers
- 3 member Medical Team
- 1 Research Associate & Counsellor
- 1 Program Officer
- 1 Data Entry Operator
- 1 Pharmacist