Healing Fields Foundation is a health-focused NGO based in India committed to empowering women as health agents of change in their communities. Healing Fields was founded in 2000 through the vision and leadership of Ashoka Fellow Mukti Bosco. HFF focuses its work in rural areas of poorer states to impact change in the areas in which it is most needed. The approach is holistic, working to prevent health problems, facilitate access to health services and entitlements from the government, as well as treating minor concerns with diagnostic care and product support. Healing Fields Foundation provides training and support for women to build their own livelihoods so that they can continue working as health change agents in their communities. The organization partners with public and private institutions to improve health realities for all people of India, regardless of caste, creed, religion and gender.

Vision
Create an ecosystem that increases access to quality healthcare at affordable cost and increased livelihood opportunities for the poor, especially women.

Mission
We aim to bring this vision to life through the activities of our Community Health Facilitator program, which leverages the following strategies:

- Scalable Health Education System
- Innovative health financing model
- Economic empowerment through health micro enterprises
- Community level health infrastructure development

Values
- Care
- Compassion
- Sensitivity

4E MODEL & THEORY OF CHANGE

- Equip CHFs as last mile preventive health educators
- Establish CHFs as role models and “go-to” local health educators
- Elevate CHFs as community health entrepreneurs & basic care providers
- Enable Moderate sustainable incomes for CHFs

Using Technology Platform

REGISTRATION DETAILS

Healing Fields Foundation is a not-for-profit organisation registered under the Andhra Pradesh (Telangana Area) Public Societies Registration Act, 1350 Fasli (Act 1 of 1350 F) vide no. 9879 dated 29th November 2000, to carry out the charitable object set forth in the constitution of the institution. The Healing Fields is also registered under the Foreign Contribution (Regulation) Act, 1976, vide Registration Number 010230541 and under Section 12A and 80G of the Income Tax Act, 1961. All donations made to this organisation qualify for deductions in computing the income of the donor.
PROGRAM OVERVIEW

Community Health Facilitator

Healing Field’s flagship program harnesses the power and passion of women to create change. Women are chosen from marginalized and underprivileged areas to participate in a 6 month training program, followed by a 6 month internship. This program gives them knowledge and skills to build healthier communities. They are trained in basic first aid and illness prevention so that they are not only a source for important information, but can act as a first responder for minor health issues. Moreover, CHFs receive compensation for their work in the internship. They create their own livelihoods separate from their family. The confidence gained as leaders in their community and money earned builds newfound independence and agency. They concentrate on key areas like health education, access, financing, as well as nutrition and sanitation intervention. To date, we have trained 4,604 women and reached over 5 million individuals.

<table>
<thead>
<tr>
<th>Name of Region</th>
<th>State</th>
<th>No of CHFs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mughal Sarai Chandauli</td>
<td>UP</td>
<td>52</td>
</tr>
<tr>
<td>Muzaffarpur</td>
<td>Bihar</td>
<td>54</td>
</tr>
<tr>
<td>Aurangabad</td>
<td>Bihar</td>
<td>56</td>
</tr>
<tr>
<td>Sarguja</td>
<td>Chattisgarh</td>
<td>48</td>
</tr>
<tr>
<td>Gorakhpur</td>
<td>UP</td>
<td>45</td>
</tr>
<tr>
<td>Ambedakar Nagar</td>
<td>UP</td>
<td>65</td>
</tr>
<tr>
<td>Jashpur</td>
<td>Chattisgarh</td>
<td>71</td>
</tr>
<tr>
<td>Garhwa</td>
<td>Jharkhand</td>
<td>42</td>
</tr>
<tr>
<td>Ambedakar Nagar</td>
<td>UP</td>
<td>47</td>
</tr>
<tr>
<td>Fatehpur</td>
<td>UP</td>
<td>40</td>
</tr>
<tr>
<td>East Champaran</td>
<td>Bihar</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>560</td>
</tr>
</tbody>
</table>

Community Health Entrepreneurship

This year we launched the Community Health Entrepreneurship program. This program aims to build thriving entrepreneurs and markets, thus creating an ecosystem for accessible and affordable healthcare in last-mile & disadvantaged communities. The CHE program provides a group of trained health facilitators with entrepreneurship training and a basket of health and hygiene products to sell for individual profit.

Through their role as a CHF our women create awareness and demand for necessary health products like sanitary napkins, soap and simple medications but often these products are difficult to access due to price, availability or the stigma of purchasing them from a public storefront. As a CHE, they can leverage that awareness into demand and provide these products as well as create a livelihood for themselves. CHE training involves instruction in basic mathematics, pricing, marketing, book-keeping and organizational skills required to run a small business. These skills along with HFF designed a basket of goods that can be utilized to create income. This basket contains a variety of health and hygiene products that have been proven to be both in demand and convenient for the CHE to distribute.

This year we launched the first generation of the product basket. This basket includes sanitary napkins, hand soap, toilet cleaner, dish wash and condoms. Each product was chosen based on research indicating community demand and community impact.

<table>
<thead>
<tr>
<th>Region</th>
<th>No. of women trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mirzapur, UP</td>
<td>52</td>
</tr>
<tr>
<td>Chapra, Bihar</td>
<td>53</td>
</tr>
<tr>
<td>Muzaffarpur, Bihar</td>
<td>54</td>
</tr>
<tr>
<td>Ambedkar Nagar, UP</td>
<td>56</td>
</tr>
<tr>
<td>Total</td>
<td>215</td>
</tr>
</tbody>
</table>

Basic Care Practitioner

The Basic Care Practitioner program brings basic health services to hard to reach communities by training CHFs in basic care and diagnostics. In partnership with Stanford Emergency Medical Services Department, the Basic Care Practitioner program expands Community Health Facilitator’s skills into more advanced medical care. They learn to perform basic screenings, act as first responders in medical emergencies, refer patients appropriately, and follow up with patients. In times of crisis their basic intervention skills save lives in their communities where more advance medical care is difficult to access. BCPs charge small fees for their services, and are therefore able to supplement their household income. They are supported by a decision support app that guides them through the diagnosis and connects them to a doctor on a telemedicine platform who evaluates diagnoses and if necessary, prescribe medicine.

There was no new BCP launched in 2017-18. However the handholding and training of initial Pilot Batch is still going on with 53 BCPs (Mohaniya 17, Buxar 9, Ballia 27)
School Health Education Champion
This year we launched the School Health Education Champion program, bringing our successful community education model to the school level. By laying a foundation of good health behaviors at an early age, we can influence a lifetime of positive health outcomes. Younger children are more receptive to behavior change learning and practice and also can influence practices within their families. Therefore, interventions at this age will create a lasting impact and lead to healthier families and communities and in turn healthier and a more productive country. Similar to our CHF program, the School Health Education Champions are trained to encourage healthy behaviors in their peers and families as well as facilitate healthy projects and initiatives in their school. The training covers a variety of health topics including nutrition, reproductive health, personal hygiene, gender sensitivity and mental health.

Indicators
- No of school health champions trained: 292
- No of villages reached: 4 (Thummkunta, Turkapalli, Keshavaram, Kolthuru)

OI-Indonesia
Although it is one of the largest developing countries in the world, Indonesia still has a number of health problems that must be addressed, such as the high maternal mortality rate, the high burden of infectious diseases and non-communicable diseases as well as poor sanitation and access to health services. Therefore, Healing Fields and Opportunity International together with KOMIDA, a microfinance company in Indonesia, have launched a health facilitator program in those areas to help improve the health status of the Indonesian people, particularly in the local communities. Having been conducted from December 2017 until present, the Indonesia CHF program is entering the last month of its training period, with only one series of training left. There have also been various health topics have also been delivered, ranging from the basics of health, nutrition, environmental health, and common diseases, to first aid and disaster management. The CHFs complete field assignments that help improve the community’s health, such as sanitation surveys and health education on vector-borne diseases. The CHFs have conducted health-related events to celebrate World Health Day in April 2018. Many CHFs have their own individual stories that highlight how the program has empowered them, their families, and their communities to improve the quality of health.

<table>
<thead>
<tr>
<th>District</th>
<th>CHFs trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cianjur</td>
<td>26</td>
</tr>
<tr>
<td>Grobogan</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
</tr>
</tbody>
</table>

UPCOMING PROJECTS
- Set-up of fully automated sanitary napkin unit in Mirzapur
- Roll out of new health and hygiene products for CHE program.
- Scrub Typhus intervention program

Journey into Technology
This year Healing Fields has partnered with Ukkoteknik Pvt Ltd to use technology in order to connect our rural women to the information network as well as support and expand our programs. We created a Survey Application for tablet use that allows field coordinators to gather data and interviews from our trained women and their communities. This method streamlines the data collection and analysis process. Part of the success of the BCP program is dependent on our tablet based application utilized by all BCPs on tablets. This allows them to record patient information and symptoms and connect them to a HFF affiliated doctor for support and prescriptions as needed. Both applications are accessed on HFF distributed tablets for use by HFF staff and participants in our programs.

Third party evaluation
In order to survey the market landscape for the new CHE program we partnered with Start-Up, a management consulting firm, to conduct field level research and assessments. The following are selected insights from the research.
Expand last mile reach of products and services. Enhance demand for quality and affordability. Empowering grassroots communities with the access and choices of health products and services. Develop a network of trusted partners working for grassroots needs.

Accessibility
Affordability
5A Focus for Rural Distribution
Awareness
Accountability
Adaptability

Package and price products and services to specifically cater to the rural spending capacity and needs. Customizing products portfolios and marketing to leverage local influencers.

Generate awareness and demand for products and services provided.

FRAMEWORK FOR PRODUCT SELECTION

Sample Products for Basket

- Menstrual Hygiene - Reproductive Health
- Sanitary Napkins, Pregnancy Kits
- Emergency Contraceptives
- Oral Contraceptive pills
- Anti Scar & Anti Fungal cream,
- Antacids,
- Digestives
- OTC, Toilet Cleaners

Health Impact

Health Awareness: When asked if they had attended any health awareness sessions, over 60% of respondents in Ballia, over 70% in Buxar and over 87% in Sararam said that they had attended them and most of them found the information to be good or excellent. Villagers testified to the utility of the health sessions, saying they received helpful information about hygiene, loan opportunities, staying healthy and education for their children.

TISS Evaluation

Tata Institute of Social Sciences performed a third party evaluation of our impact in the second quarter of 2017. This study proved our effectiveness in the areas of health, livelihood, and women’s empowerment. The researchers conducted the survey in 35 villages where our women work, interviewing community members and Community Health Facilitators. Below are some highlights from the study.

Access to products and services: When asked if they had attended any health awareness sessions, over 60% of respondents in Ballia, over 70% in Buxar and over 87% in Sararam said that they had attended them and most of them found the information to be good or excellent. Villagers testified to the utility of the health sessions, saying they received helpful information about hygiene, loan opportunities, staying healthy and education for their children.

High demand for community
- High preference to buy from CHE as it helps avoid embarrassment of engaging with male chemists
- High regard for the HFF brand of sanitary napkins as it is of good quality at an affordable price
- I cannot go to the market to buy my sanitary napkins. I feel embarrassed. I generally send my husband or my aged mother in law. It is not acceptable for a married woman to speak about such things to any man but her husband
- Women keep asking for the HFF sanitary napkins. They loved it so much
- Women keep asking for the HFF sanitary napkins. They loved it so much
- Community member from Mirzapur
- Community member from Saran
- The quality of water is not good. We constantly get rashes and this causes us discomfort. Sometimes the medicines help us, however, the condition always comes back
- Community member from Saran
- “we do everything that CHE says. They taught us about diet, nutrition, water sanitation, toilets. We really think they do a great job. They are like us and think that if they can do all that we can also”
- Community member, Gadhi

The sample products for the basket include:
- Menstrual Hygiene - Reproductive Health
- Sanitary Napkins, Pregnancy Kits
- Emergency Contraceptives
- Oral Contraceptive pills
- Anti Scar & Anti Fungal cream,
- Antacids,
- Digestives
- OTC, Toilet Cleaners

- Personal care - skin care, Digestive care, Personal Hygiene
- “Anti Scar & Anti Fungal cream,”
- “Antacids,”
- Digestives
- OTC, Toilet Cleaners
- High demand for community
- Solutions which are both quick relief as well as help address the solution permanently. High trust in the HFF brand of advice, which translates into trust in the products that a CHE provides
- The quality of water is not good. We constantly get rashes and this causes us discomfort. Sometimes the medicines help us, however, the condition always comes back
- "we do everything that CHE says. They taught us about diet, nutrition, water sanitation, toilets. We really think they do a great job. They are like us and think that if they can do all that we can also”
- Community member from Mirzapur
- Community member from Saran

Percentage of people who have changed their health practices after following CHE's advice:

- Ballia: 30.1%
- Buxar: 27.4%
- Saran: 39.3%
**Economic Impact**

<table>
<thead>
<tr>
<th>MONTHLY AVG. INCOME BEFORE BECOMING CHF (INR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISTRICT</td>
</tr>
<tr>
<td>INR 1600</td>
</tr>
<tr>
<td>INR 1400</td>
</tr>
</tbody>
</table>

**Empowerment**

**Key Recommendations**

TISS suggested the following recommendations after consideration of various contextual outcomes of the CHF programme in June 2017.

- Sustain the CHF for transition from individual empowerment to community empowerment.
- Clear prioritization of functions.
- Refresher training and continuous on-ground monitoring and support.
- Travel allowance for training and field visits to CHFs.
- Maintain Database
- Use of technology
- Integrate in the National Rural Health Mission
- CHF as a social auditor.
- Establish Sanitary Napkin Units.
- Increase the loan coverage with a larger amount of money and lower interest rate.
- Establish Linkages with Private and Public companies that are engaged in Corporate Social Responsibility
- Human Resources for Public and Private Engagement.

**Geneva Global**

Healing Fields utilized our proven health education program in partnership with Geneva Global and Freedom Fund partners TSN and ROSA to impart health awareness and training in their operational areas. The project began in December 2016 and was completed in March 2018. We developed training materials, as well as trained master trainers and Community Health Mobilizers. Healing Fields provided mentorship and ongoing support to the Master Trainers as they upskilled women to become Community Health Mobilizers. Through these Community Health Mobilizers, health education sessions were held in nearly 200 villages, highlighting personal and environmental hygiene, common illnesses, women’s health and menstrual hygiene. The CHMs and MTs have been actively motivating the community to access the local health resources. CHMs promote home kitchen gardens which have been an effective tool in helping the communities get more nutritious food. This resulted in 140 families having kitchen gardens in their homes and consuming fresh nutritious vegetables which otherwise were unaffordable to them. They also worked to generate toilet demand and lead sanitary napkin education and demos. This demand is now being met by Rosa through low cost sanitary napkins sold by the CHMs in their areas. Healing Fields in partnership with Goonj also initiated the warm clothes activity this December in the operational areas of Rosa. The activity was implemented in 19 villages where sanitation activities like cleaning of drains, making soak pits etc were done and 125 families received warm clothes.

**Table 4.9: CHFs responses to whether they were comfortable to talk about the village issues in Public**

<table>
<thead>
<tr>
<th>Are you comfortable to talk about any concerns of the village in public?</th>
<th>BALLIA (N=11)</th>
<th>BUXAR (N=10)</th>
<th>SASARAM (N=11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very comfortable</td>
<td>9 (81.8%)</td>
<td>8 (80%)</td>
<td>8 (80%)</td>
</tr>
<tr>
<td>Somewhat comfortable</td>
<td>1 (9.1%)</td>
<td>2 (20%)</td>
<td>2 (20%)</td>
</tr>
<tr>
<td>Not comfortable</td>
<td>1 (9.1%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

**Table 4.10: CHFs responses to whether they were comfortable to talk in public about any concerns of the village in public before becoming a CHF**

<table>
<thead>
<tr>
<th>Were you comfortable to talk in public about any concerns of the village in public before becoming a CHF?</th>
<th>BALLIA (N=11)</th>
<th>BUXAR (N=10)</th>
<th>SASARAM (N=11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>3 (27.3%)</td>
<td>2 (20%)</td>
<td>2 (20%)</td>
</tr>
<tr>
<td>NO</td>
<td>8 (72.7%)</td>
<td>8 (80%)</td>
<td>8 (80%)</td>
</tr>
</tbody>
</table>

Source: CHF Questionnaire June 2017
Sai Life CSR Project
The Sai Life Pvt. Ltd. CSR project was concluded in February 2018. This project brought the Community Health Facilitator Program to two areas in Bidar, providing a 6 month training and 6 month internship to 54 CHFs. Each is an agent of change in her community as well as 35 surrounding villages, education on various health and wellness issues.

<table>
<thead>
<tr>
<th>Region</th>
<th>CHMs trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humnabad, Bidar</td>
<td>27</td>
</tr>
<tr>
<td>Hallikhed, Bidar</td>
<td>27</td>
</tr>
<tr>
<td>total</td>
<td>54</td>
</tr>
</tbody>
</table>

CHF: Neneng Kartikasari, a Community Health Facilitator in Cikalongkulon, Indonesia, helped her neighbor with breast cancer to access necessary health insurance and healthcare. Mrs. Nyai was a neighbor of CHF Neneng and knew that she had participated in health education training and often gave education sessions in the community. Mrs. Nyai had a marble sized lump in her breast for over a year. When it began to hurt, she sought out CHF Neneng who sent her to a secondary hospital for diagnosis. Doctors confirmed breast cancer and advised surgery. The CHF advised her to apply for governmental health insurance, since this surgery would be costly and Mrs. Nyai was a widow. The CHF helped her with the procedure by accompanying to register for the scheme and facilitating the process. Finally, the neighbor had been registered into the health insurance scheme, and her treatment was paid by the government. She is soon to undergo her second surgery, and she had had a chemo at a good secondary hospital. Since the CHF has learned about Indonesian health system, particularly Indonesian health insurance scheme, she was able explain the entire process to her community members and even assist them with the registration process. This is especially significant because the neighbor was also in a vulnerable position financially while afflicted with a costly and chronic condition. The insurance surely helped her financial situation a lot and she could focus on her treatment.

CASE STUDIES

BCP: Basic Care Practitioner Meera Singh was able to diagnose a case of Tuberculosis in her community and facilitate treatment. Ramawati Devi lives with her husband and two sons in the village Umarganj, Uttar Pradesh. She is 50 years old. Ramawati Devi did not know that she was suffering from TB but she was experiencing fever, cough and weakness. As a BCP Meera Singh participated in a TB survey administered by the district, at which time she met Ramawati Devi in her home. As a BCP Meera surveyed the patient, she suspected TB. She collected a sputum sample and sent it to a nearby hospital to be tested. The test confirmed TB but Ramawati Devi was resistant to treatment. BCP Meera attempted to motivate her three times to come for treatment but Ramawati Devi instead underwent irregular treatment by a private doctor. Suddenly on 25th April 2018, Ramawati Devi felt pain in her chest and found blood in sputum. She called BCP Meera, who immediately took Ramawati Devi to the district hospital for full treatment. The BCP’s ability to diagnose the disease as well as her repeated follow up with the patient were crucial to Ramawati Devi’s treatment of Tuberculosis.
**BOARD MEMBERS**

**N. Rangachary, Chairman:** Mr. Rangachary is the first Chairman of the Insurance Regulatory Development Authority (IRDA). He was also Chairman of CBDT.

**Mukti Bosco, Co-Founder & CEO:** Mrs. Mukti Bosco graduated in Occupational Therapy from Christian Medical College & Hospital, Vellore. After completing her Masters in Healthcare Administration, Mrs. Bosco collaborated with a group of professional friends to start Healing Fields. She has also been awarded ASHOKA Fellow in recognition of her innovative work.

**Nimish Parekh, Co-Founder & President:** Mr. Nimish Parekh is a health care entrepreneur is the co-founder. He is also a member of the Advisory Board on Voluntary Health Insurance at the World Bank as well as served on different committees within IRDA, CII etc. He is currently the CEO of United Healthcare.

**Siva Chittoor, Treasurer:** Mr Siva is a Chartered Accountant and is involved in our financial management, budgeting, approving of financial policies and statutory compliance. He is currently the CFO of Sai Life Sciences Pvt. Ltd.

**Sujatha Rao, Member:** Ms. Rao is a Takemi Fellow at the Harvard School of Public Health, has served as Union secretary of the Ministry of Health and Family Welfare for the government of India and also worked as the director general of the National AIDS Control Organization in India. Ms. Rao has also represented her country on boards of the WHO, the Global Fund, and UNAID.

**Bosco Malapatti, Member:** Mr. Bosco Malapatti has over 20 years of experience in establishment and management of offshore software service operations.

**Uttam Patel, Member:** Mr. Uttam Patel, Studied Chartered Accountancy at Institute of Chartered Accountants of India '99

**Babu Joseph, Member:** Mr Babu Joseph is the Ex Executive Trustee and CEO of Axis Bank Foundation. He is also a Certified Associate of the Indian Institute of Bankers. He has over 35 years of experience in the Banking Industry with special focus on the rural sector and micro enterprises.

**Abhishek Poddar, Member:** He is a partner in A.T Kearney’s Gurgaon office with 15+ years of consulting experience. He has broad expertise in strategy, business transformation, operational performance enhancement, and organizational restructuring.

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**DONORS AND PARTNERSHIPS**

- Deloitte
- AXIS Bank Foundation
- UkkoTeknik
- Opportunity International
- Geneva Global
- Cashper Micro Credit
- A SH O K A
- Goonj: a voice, an effort

[Images of people in various activities related to healthcare and community engagement.]
Internal auditor & statutory auditor
External Auditors:
Deloitte Haskins & Sells

Internal Auditors:
Bhaskar Rao & Sons
Hyderabad
WHERE WE WORK

10 States
50 districts
2866 villages
3,582,500 People