

# WHEN WOMEN LEAD, COMMUNITIES THRIVE

*Building last-mile health systems for underserved communities*



COMMUNITY-ROOTED



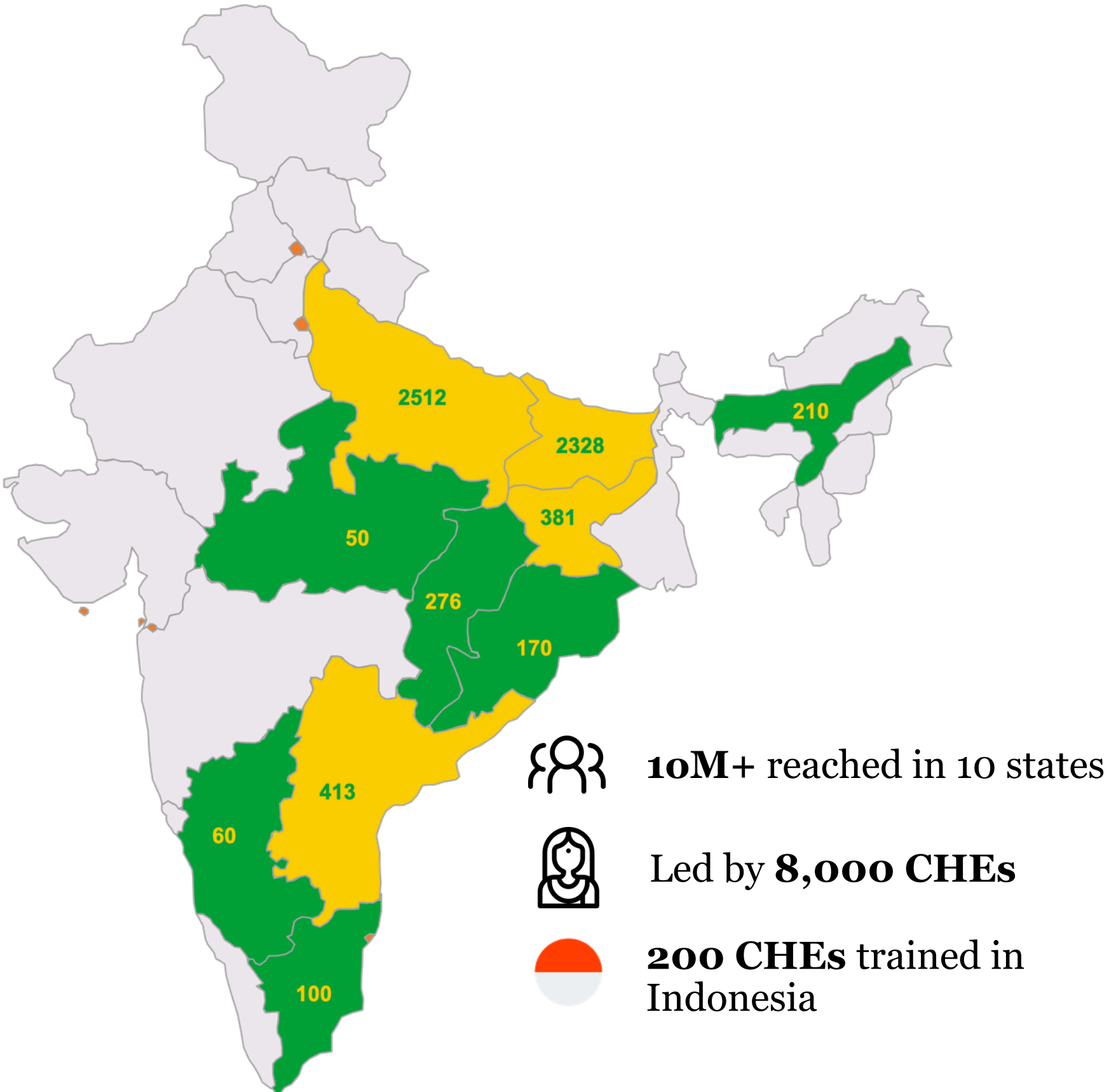
WOMEN-LED



TECH-ENABLED



# HEALING FIELDS FOUNDATION



## VISION

Build an ecosystem that ensures access to affordable and quality healthcare for all, especially women from resource-poor and marginalized communities.

## MISSION

We aim to achieve our vision by seeding and strengthening once voiceless women as Community Health Entrepreneurs (CHE) who build and scale:

- Locally-led preventive health education solutions
- Technology-driven equitable health access
- Develop Community-level resilient health systems
- Economic empowerment through health-based livelihoods

# THE PROBLEM AT THE LAST MILE

**72%** of population lives in rural India

**63 million** Indians fall into poverty with one incidence of illness

**41%** of 6.8 million health workers work in rural areas

**20%** of adults have high blood pressure and **15%** have diabetes

**68%** rural children and **60%** women are anaemic

**60%** child deaths and **51%** adult deaths are preventable.

**Healthcare systems exist—but last-mile delivery remains inconsistent.**

<sup>1</sup> NFHS 5

<sup>2</sup> NATIONAL HEALTH POLICY

<sup>3</sup> WHO

# WHY THE GAP EXISTS

**Low awareness** delays care.

**Women lack mobility and decision-making power.**

**No early screening** for illnesses.

**Limited access** to qualified doctors.

**Drop-offs after diagnosis** due to lack of understanding and inconsistent follow-up.

**Limited capacity** to manage chronic conditions due to lack of local resources.

**Frontline government workers are overburdened** and primarily focused on maternal and child health, limiting attention to other health needs.



# MEET THE COMMUNITY HEALTH ENTREPRENEUR

A CHE is a local woman who is empowered as a health provider and community leader.



## **Community Mobiliser**

Drives awareness, school outreach and behaviour change.

## **Health Problem Solver**

Identifies risks through data and drives local interventions.

## **Care Navigator**

Ensures continuous care and treatment adherence for non-communicable diseases.

## **Access Enabler**

Enables screenings, teleconsultations and provides basic first aid.

## **System Connector**

Links communities with ASHAs, ANMs, government health services and entitlements.

## **Economic & Social Leader**

Earns income, gains autonomy, and shifts gender norms.

***She earns. She moves. She decides. She leads.***

# RAM LAL'S STORY: A PREVENTABLE CRISIS



**Ram Lal, a labourer from rural Bihar, developed a non-healing leg wound and high fever.**

After delayed care, he was **diagnosed with severe infection and blood sugar close to 400 mg/dL — previously undetected diabetes.**

He was discharged after a week with minimal counselling and no structured follow-up.

**Within weeks, his condition deteriorated again.**

Ram's story reflects a systemic gap:  
***Delayed detection. Fragmented care. No continuity.***

# HOW A CHE CHANGES THE OUTCOME



## **Early Identification**

Screens and detects risk before complications.

## **Timely Teleconsultation**

She connects Ram to a qualified doctor through telehealth.

## **Care Navigation**

She ensures referral to PHC/CHC and coordinates with FLW.

## **Continuum of Care**

Post-discharge home visits, vitals monitoring, adherence and reinforcement.

## **Lifestyle Education and Behaviour Change**

Family-level counselling on diet, physical activity and warning signs.

## **Access to Entitlements**

Reducing financial burden through linkage to schemes.

The difference is not treatment alone.

**It is follow-up, trust, and continuity.**

# EQUIPPING WOMEN WITH TECHNOLOGY

Simple technology enables women to deliver timely care—within their communities.

## **Identify Risks Early**

- Screen for diabetes, hypertension, and anaemia
- Enable early detection

## **Connect Patients to Care**

- Teleconsultations link patients to qualified doctors
- No travel or loss of wages for daily earners
- Enables women, children, and the elderly to access care from home

## **Ensure Continuous Care**

- Track patients, follow-ups, and treatment adherence
- CHEs receive real-time guidance in local languages
- Provide localised care advice tailored to community needs

**Technology strengthens women's confidence, credibility, and decision-making as health providers**





# HEALTHCARE WORKS BEST WHEN IT IS LOCAL

What makes this model unique is the combination of **trust, technology, and local ownership.**

## **A Trusted Health Resource**

CHE provides accessible, continuous care within the village.

## **Led by the Community, for the Community**

As a local woman, the CHE understands, represents, and builds trust.

## **Data-Driven and Evidence-Based**

Standardised protocols and digital tools to enable quality and measurable outcomes.

## **Women's Economic Empowerment**

Women earn, communities engage, and care-seeking increases.

## **Built to Last**

Integrated with public systems—enabling scale and long-term sustainability



# PROOF OF A SCALABLE COMMUNITY MODEL



**10 Million People Reached**

*Through 8,000 women CHEs across 8,000 villages*

**94% Behaviour Adoption**

*Families in CHE villages adopting healthier practices*

**₹66.5 CR Unlocked**

*In government benefits unlocked by underserved communities*

**500,000 Women Access Menstual Care**

*Through CHE-led last-mile distribution*

**150,000+ Patients Reached**

*Through teleconsultations and health camps*

**Social impact at scale—led by one woman in every village**

# DELIVERING ON INDIA'S SDG PRIORITIES

## **SDG 3 - Good Health and Well-being**

Preventive care  
Early screening  
Improved health outcomes

## **SDG 5 - Gender Equality**

Women as community health leaders  
Increased income & decision-making power  
Shift in gender norms

## **SDG 8 - Decent Work and Economic Growth**

Women-led livelihoods in rural communities  
Building a last-mile health workforce

## **SDG 1 - No Poverty**

Reduced out-of-pocket costs  
Increased access to entitlements  
Improved financial resilience



# WHAT WE CAN BUILD TOGETHER

**Partner with us to equip villages with women-led primary healthcare:**

**A trusted woman health leader**

Rural women will be trained as the first point of care—supporting families with essential health services and guidance.

**Care that reaches people where they are**

Families access teleconsultations, follow-ups, and support—without travel, lost wages, or delays in care.

**Early detection and prevention**

Communities are supported to identify health risks early—reducing complications, improving outcomes, and lowering the cost of care.



**Stronger, connected health systems**

Community care will be linked to government frontline workers and services—so people don't fall through the cracks.

**Smarter, responsive care**

Simple digital tools help identify risks early, track patients, and ensure timely follow-up and treatment.

**Leadership opportunities for rural women**

Women earn, build confidence, and lead health action—shifting gender norms and strengthening community trust.



Meet the Women Powering Rural Healthcare in India  
The Better India

# Rural Healthcare in India



Watch on  YouTube

<https://www.youtube.com/watch?v=1fNARwnCmlA&t=1s>

# WHY PARTNER WITH HEALING FIELDS

**Women-first, community rooted model** that strengthens local leadership and drives community-led development.

**Strong government integration with** ASHAs, ANMs, PHCs and block-level systems.

**AI-enabled, telehealth-driven continuum of care** leveraging mobile platforms and digital tools to reach remote communities.

**26 years of experience in turning local insights into sustained insights.**



# OUR BOARD

**N. Rangachary, Former Chairman**

*Insurance Regulatory & Development Authority &  
Central Board of Direct Taxes*

**Mukteshwari Bosco**

*Founder and Secretary, Healing Fields Foundation*

**Sujatha Rao I.A.S (Retd)**

*Former Union Secretary Health*

**Nimish Parekh**

*Former CEO of United Healthcare*

**Uttam Patel**

*Chartered Accountant, PMR&Y Associates*

**C. Babu Joseph**

*Former Executive Trustee, Axis Bank Foundation*

**Siva Chittor**

*COO, Sai Life Sciences Pvt Ltd*

**Abhishek Poddar**

*MD, Macquarie Infrastructure and Real Assets*

**Sanjay Jesrani**

*Founder and CEO, Go North Ventures*

# OUR TEAM

**Mukti Bosco**

*Founder & CEO*

**Gayathri Prashanth**

*Chief Operating Officer*

**Sandeep Panikkal**

*Program Audit Manager*

**Maya Welch**

*Impact Lead*

**Tafsirul Mazahir**

*Partnerships & New Programs  
Lead*

**Jansi Fathima**

*Telehealth Lead*

**Ashwini Kanade**

*Research and Training Lead*

**Pradeep Rai**

*Program Manager,  
Operations*

# STATUTORY STATUS

Registered under **AP Public Societies Registration Act**

Registered under **FCRA**

Registered under **12 A & 80 G** (Income Tax Exemption)

Eligible to receive **CSR funding**

**DSIR – SIRO recognised** research organisation

Registered **501 (c)** as Healing Fields Foundation USA

Founded in November 2000 | 100+ Full Time Staff

Statutory Auditors – **MSKA & Associates (BDO India)**

Internal Auditors – **M. Anandam & Co., Chartered Accountants**

# RECOGNITIONS

## **Recognitions & Global Validation**

- Roux Prize, IHME (2022)
- Top 50 Last-Mile COVID Responders, World Economic Forum (2021)
- Roddenberry Award for COVID Response (2020)
- WeGo Women & Girls Opportunity Award (2020)

## **Leadership Recognition**

- Mukti Bosco, Ashoka Fellow (2007)
- MSDS Woman Social Entrepreneur Award (2009)
- Finalist, Social Entrepreneur of the Year (2019)





THANK YOU FOR STANDING WITH  
WOMEN LEADERS  
AND RURAL COMMUNITIES.

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Visit our website at  
[healing-fields.org](http://healing-fields.org)