



Annual Report

April 2016 – March 2017

**Project HOPE India -
The People to People
Health Foundation**

Guiding Values

We envision a world where everyone has the health care needed to reach life's full potential by enabling health workers to have the greatest positive impact on the health of the people they serve.

Project HOPE India

Project HOPE India is a health and humanitarian relief organization working to save lives amidst the world's greatest public health challenges. We have partnered

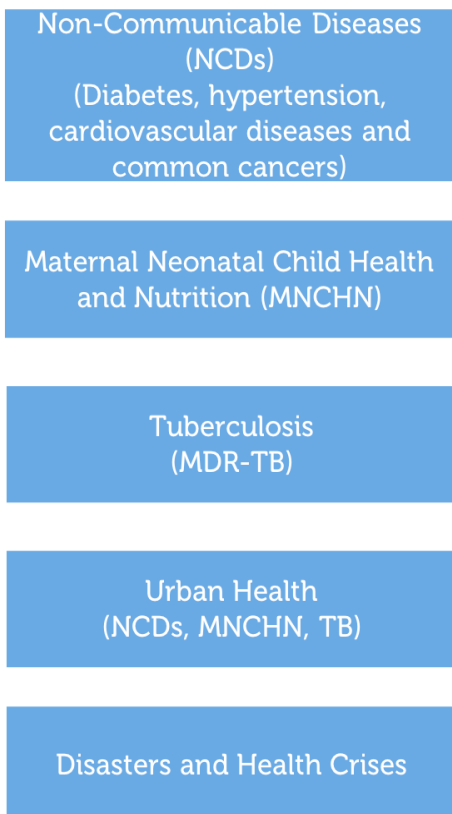
with government and local organizations to build the capacity of local health care workers, empowering them to care for the most needy through sustainable and long-lasting change. We focus on improving maternal, neonatal, and child health; fighting infectious and non-communicable diseases; and responding to disasters and health crises.

Project HOPE India: Thematic Priorities

THEMATIC FOCUS

PATHWAYS

Catalyzing change through partnerships



Program Highlights

1. Strategy Development Project HOPE India

The world cannot achieve the goal of sustainable development without India's active participation. India has made notable progress towards reaching the MDGs, but achievement across the goals varies. India has achieved success on maternal health and on priority diseases, but is off-track on child health although recent results show a promising trend towards achieving this goal. Beyond 2015, new health challenges related to non-communicable diseases (NCDs) need to be tackled. To address them seriously, India needs to consider targeting a reduction by one-third of premature mortality from NCDs by 2030. Project HOPE initiated its work in India as a local organization in 2016.

Project HOPE in India has undertaken multiple initiatives as part of our strategy. Going forward, Project HOPE will continue working on noncommunicable diseases (NCDs) and other public health issues, such as maternal child health, newborn care, nutrition, adolescent health and infectious diseases (e.g. tuberculosis). We foster lasting solutions to public health challenges by improving health delivery systems, quality of health services, training, research, bringing new technology and leveraging partnerships in India.

Project HOPE India works closely with government, academic institutions, public health research agencies, private sector and nongovernment organizations.

Project HOPE India's Strategic Approaches

1. **Health Systems Strengthening:** Project HOPE India builds capacity by supporting local health care workers to promote wellness and save lives every day in areas that need it most.
2. **Infectious Diseases:** Infectious diseases, including TB and HIV, still affect millions around the globe. Project HOPE India is there on the front lines building the capacity to fight these diseases and focusing on prevention and care.
3. **Non Communicable Diseases:** Project HOPE India has been a leader in providing community education and health care worker training to help halt the global epidemic of diseases such as diabetes, obesity and cardiovascular disease.
4. **Women's & Children's Health:** Project HOPE India works around the globe to provide health care support, education, nutrition and immunization focused on stopping the millions of unnecessary deaths of women and children every year.
5. **Humanitarian Assistance and Disaster Relief:** When disaster strikes or emergencies arise, Project HOPE India responds quickly by distributing essential medicines, supplies and volunteer help to those who need it most

2. Positive Deviant Approach (PDA) for developing patient support groups for better lifestyle management and treatment adherence

The implementation lesson from two culturally and geographically diverse states of India – Haryana and Andhra Pradesh. The intervention demonstrated the power of patient support groups for psychosocial support and education by peers at the community level. Project HOPE India applied Positive Deviant Approach (PDA) for developing patient support groups for better lifestyle management and treatment adherence. "Positive Deviants "are those individuals who successfully navigate a problem, despite having access to similar community resources and facing similar community challenges with their peers.

The uniqueness of PDA is that all individuals who are part of the problem are also part of the solution.

PHI chose positive deviant from the community, people who have championed their diabetes and hypertension through their unique positive health behaviors and attitude to run the patient support groups. Impact assessment findings indicate that out of the patients interviewed, 58% claim to be regularly staying physically active post joining the patient groups, 87% patients have adopted healthy eating habits like consciously reduced salt intake, increased seasonal vegetable and fruit intake and reduced alcohol and tobacco intake. Almost 85% patients have followed doctor's advice completely.

This implementation research provides insights that these local people to people networks are effective if facilitated and mentored by change agents such as community health workers.

Introduction:

Local solutions can help the community adopt healthy lifestyle and treatment adherence behaviours that lead to improvement in their blood sugar and blood pressure level. Project HOPE India developed patient support groups for patients with diabetes and hypertension. Basic discussion format followed in each meeting included- Experience sharing, setting one (1) healthy behaviour goal, following up on last goal established- challenges faced in following the healthy behaviour, how to address these challenges and appreciation of those who had achieved and sustained the healthy behaviour goals.

An impact assessment study was conducted after six (6) months of inception of support groups with the key objective to assess the effectiveness of PDA on the management of

diabetes and hypertension. The assessment results reflect a promising role of PDA in adopting healthy behaviours that can lead to better management of NCDs like diabetes and hypertension.

Methodology:

The impact assessment was carried out at the two (2) intervention sites: one (1) urban and one (1) rural site from one (1) North Indian district (Sonipat) and one (1) South Indian district (Vizag), covering a population of 2,00,000 per district. Suspected cases were identified and followed up by trained health workers for counselling on lifestyle modification and treatment adherence. The confirmed cases were listed and sensitized on objectives of patient support groups. These patients were then knitted into groups being led by positive deviants called lok shikshak. Out of the 500 patients engaged in groups between

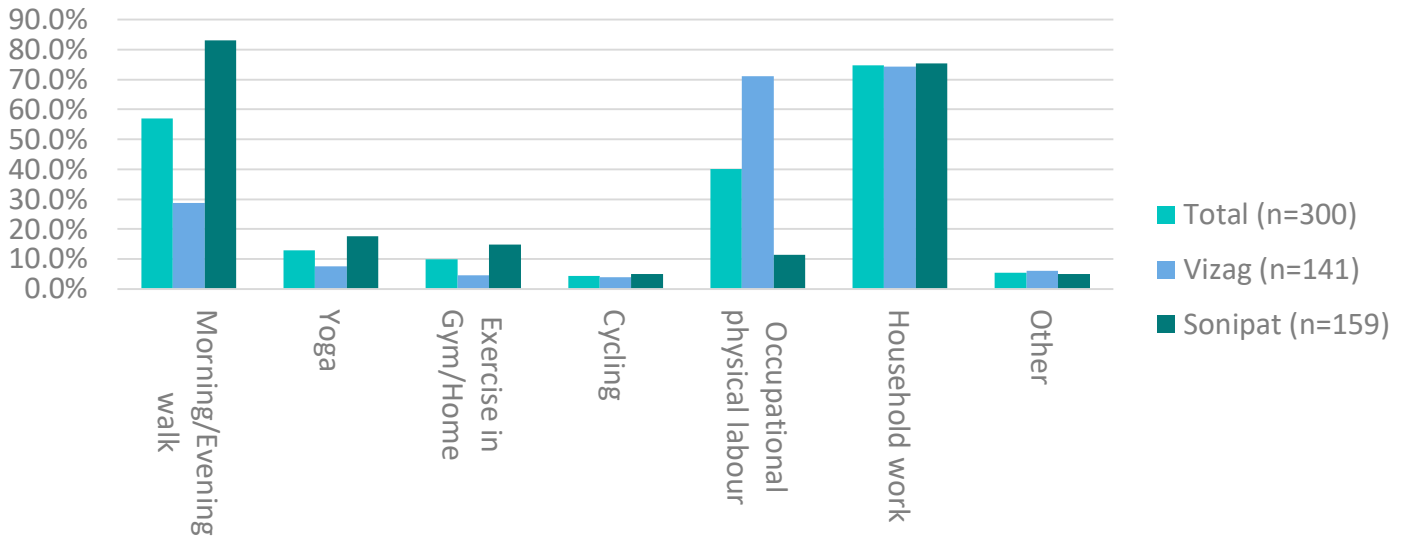
30-70 years of age from both sexes, a total of 160 patients in Sonipat (Haryana) and 140 patients in Vizag (Andhra Pradesh) were randomly selected and interviewed under the impact study. The tool included an in-depth interview questionnaire (quantitative analysis). The assessment was carried out by an external agency.

Key Results:

Findings indicate awareness of the myths, beliefs and cultural remedies in vogue helped people to tackle the cultural beliefs that interfered with optimum self-management. 58% patients reported they were staying “physically active” on a regular basis majorly through walking.

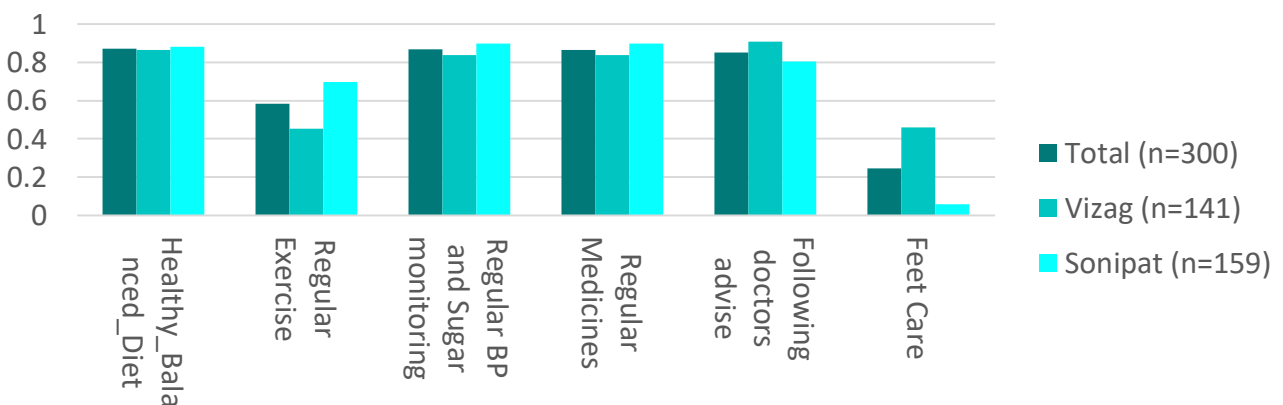
Positive Deviants (Lok Shikshaks) were selected after applying two (2) levels of screening- First level included selection criteria (Identifying potential patients who have controlled medical parameters); and Second level included Positive Deviants Inquiry (helps in identifying positive deviants with the unique/desirable health behaviours and thereby screening their behaviours) followed by their basic NCD orientation introducing them to their own healthy behaviours and expectations from them in leading the patient support groups. Group size ranges from 6-10 patients which includes 1 PD that facilitates group meetings on a monthly basis with on demand agenda (revolves around healthy lifestyle practices like salt reduction, harmful use of alcohol, quitting tobacco in any form, healthy diet, physical activity, treatment adherence etc).

DIAG 1: Methods Preferred By Patients For Staying Physically Active



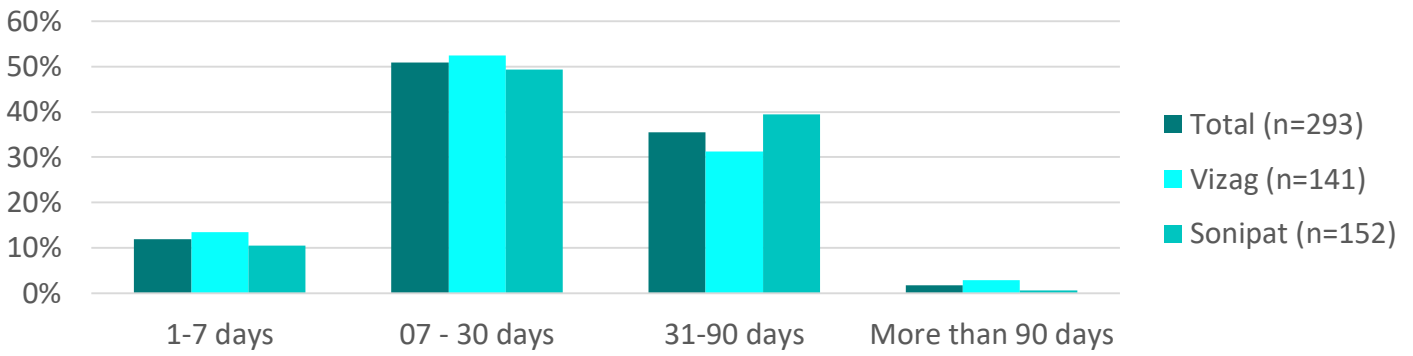
- Healthy Eating:** 87% reported, increased intake of seasonal fruits and vegetables (consume at least two (2) seasonal fruits and vegetables per day), reduce intake of fried food and balancing eating with physical activity, reduce intake of table salt and consciously avoid 3Ps (pickle, papad and pakoras) and quit regular alcohol and smoking habits (DIAG 2).
- Taking medicines and self-monitoring:** 79% reported to have taken their “medicines regularly” as advised by their doctor. 87% reported regular monitoring their blood glucose and blood pressure levels at least once a month (DIAG 2).

DIAG 2: Practices And Health Behavior Improved After Joining The Patient Groups



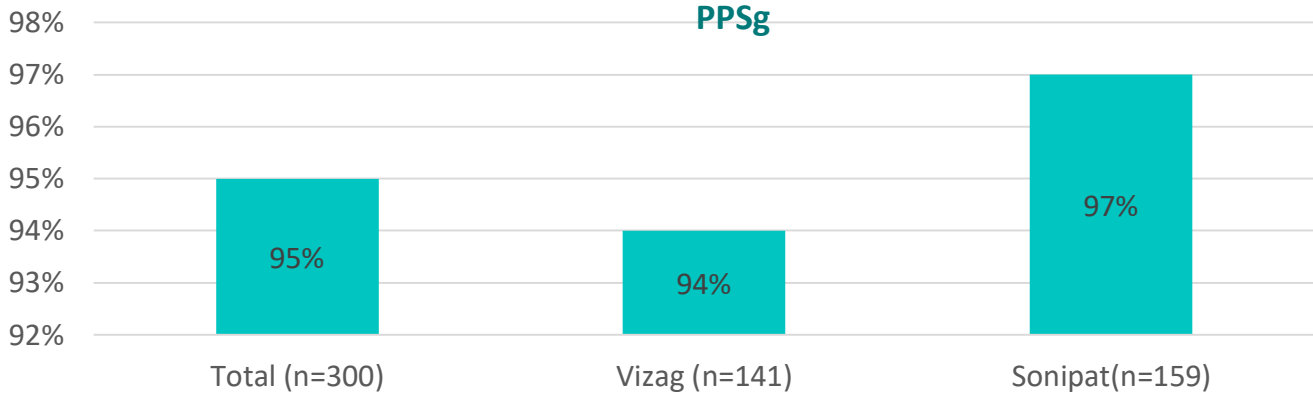
- Doctor’s follow up and advise:** Almost 50% reported “regularly visiting” the doctor. Around 35% visited the doctor in one (1-month) to three (3)-month time period. Overall, almost 85% followed doctors advise completely (DIAG 3).

DIAG 3: Last visit to the doctor



- 95% patients reported improvement in blood sugar and blood pressure levels had improved. By improvement they did not mean that they achieved target blood values (DIAG 4).

DIAG 4: Improvement in diabetes and hypertension control after joining PPSg



- More than 90% members reported that being a part of the support groups had been beneficial for them towards gaining awareness and knowledge on importance of disease management. Most of the group members reported that lok shikshaks were helpful in organizing regular meetings, provided support and care, set good examples and counselled peers.

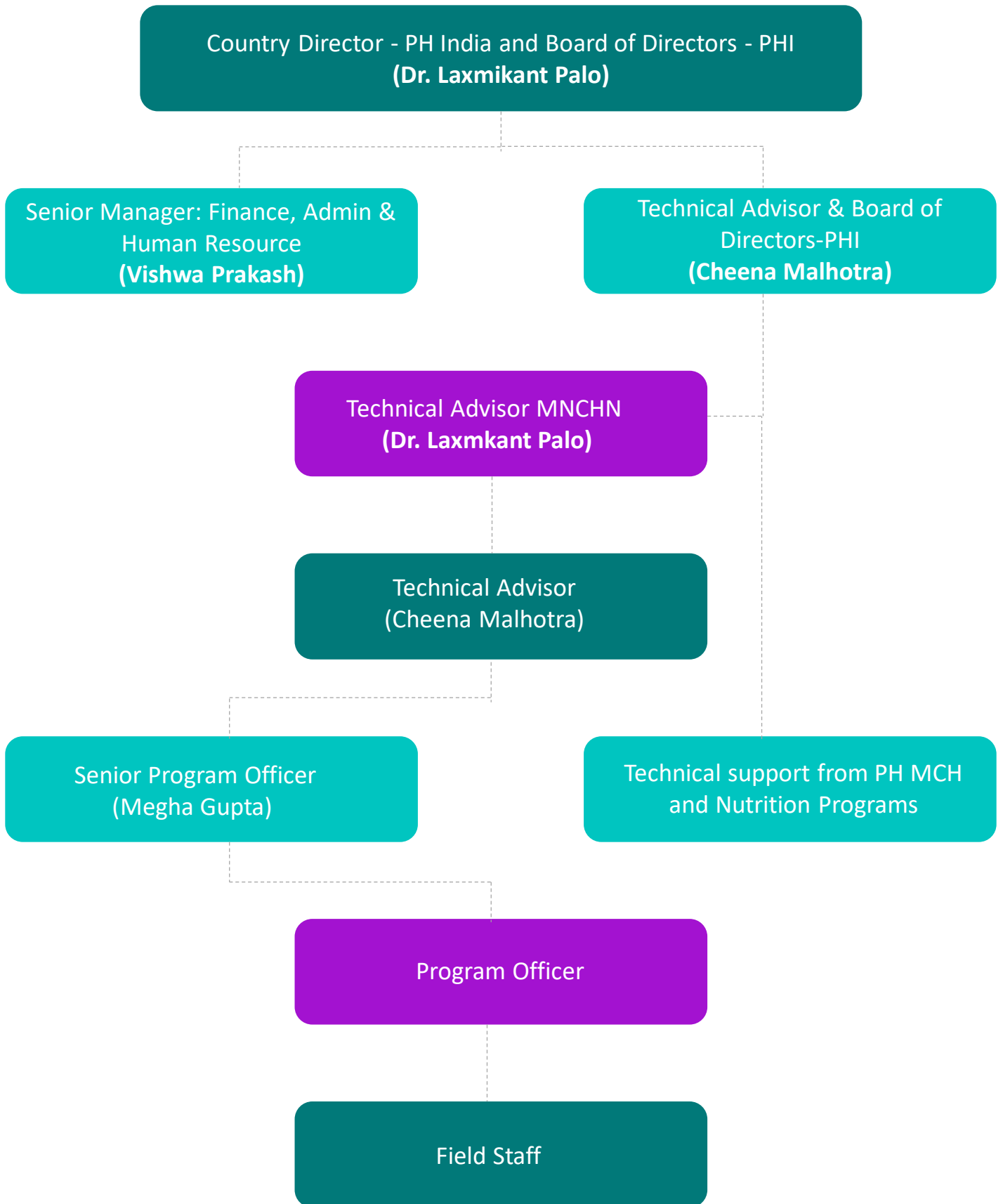
Strategic Partners



Pictures from the Field



PHI Management Team



Financial Summary

PROJECT HOPE INDIA- THE PEOPLE TO PEOPLE HEALTH FOUNDATION		
Financial Statement the year ended March 31, 2017		
Particulars		Current Year
INCOME		
Voluntary Contribution/Donation		1,000
Total Revenue		1,000
EXPENSES		
Health education and assistance programs		23,600
Total Expenses		23,600
Profit (Loss) before Taxes		(22,600)
Tax Expense:		
Current tax		
Profit (Loss) for the year		(22,600)

Our Values

- We care about results
- We are accountable to our commitments
- We can do more because we collaborate
- We cultivate local talent
- We work with purpose

Project HOPE India

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