Annual Report

April 2017 – March 2018

Project HOPE India - The People to People Health Foundation

Project HOPE India

Project HOPE (PH) 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 neediest 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.

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.

Program Priorities

Project Hope works in the epicenter of the world's greatest challenges with a focus on these key areas:

Infectious Diseases	Chronic Diseases	Maternal, Neonatal and Child Health	Disaster and Health Crisis	Health Policy

Strategic Priorities

Working closely with government and key stakeholders to contribute to specific public health challenges.

Strengthening capacity of the Public Health System and Health workers

Working closely with the communities on awareness generation and diseases management

How Project HOPE India Works

Support to provide better healthcare system

Evidence based advocacy for scale-up

Creating demand in the community through awareness

Improving facilities & services to provide better access

Building public private partnership & generate evidences

Using available resources to create larger health impact

Project HOPE India

Approach
Providing continuum of care

10
States

25+
Districts

Strength
Catalyzing Public Private Partnerships

Thematic Focus
Maternal, Newborn, Child Health & Nutrition NCDs

Program Highlights

1. UDAY and PD innovation - Lilly NCD

Project UDAY, an operational research initiative supported by Eli Lilly and company under the "Lilly NCD Partnership" was implemented by a consortium of partners. Program comprised of a priority set of five synergistic ecosystem interventions with the overarching goal to prevent, screen, reduce the risk and management of diabetes and hypertension (HTN) and to improve the treatment and management of individuals with either of the conditions in two study sites in alignment with NPCDCS guidelines. These sites were two geographically and culturally distinct (South and North India) areas located in Vishakhapatnam (Vizag) in Andhra Pradesh and Sonipat in Haryana with a population coverage of 4,00,000 people between the age group of 30-70 years. Project UDAY focused on behavior change communication and awareness activities, health providers training and interventions to ensure people maintain their treatment regimens.

PHI was responsible for training the dedicated project staff, frontline health workers and developing patient peer support groups (PPSg) based on positive deviance approach (PDA) in Sonipat and Vizag. Leading capacity building under UDAY, PHI developed and implemented a culturally tailored, evidence-based patient centric NCD capacity building package for health workers.

Capacity Building Framework
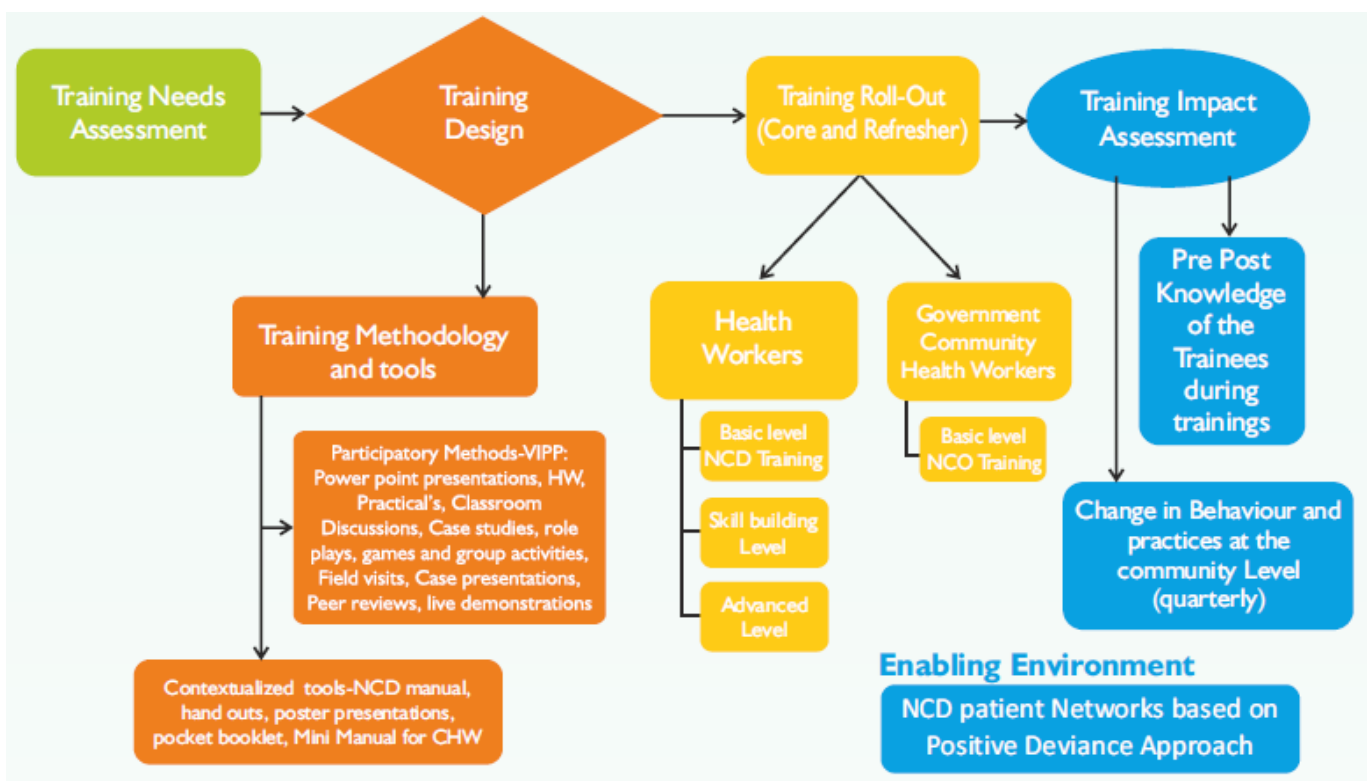
Evaluations were conducted at the start and end of each week's training sessions through feedbacks and pre-post assessment. The evaluation data revealed that over 88% of health workers achieved excellent knowledge post-training as against 15% of the HWs at the inception of the trainings. 100% of the male trainees and 75% of the female trainees showed significant excellent results in post evaluation. 89% of rural and 87% of urban trainees scored excellent results in the post-test. The impact assessment findings of the PPSg clearly indicated that local solutions have helped the PPSg members adopt healthy lifestyle and treatment adherence behaviors that lead to improvement in their blood sugar and blood pressure level. Out of the patients interviewed, 58%

- 135 Patient to Patient Support Groups functional
- Impact Evaluation reflects:
- 79% adherence to treatment advised
- 71% regularly monitors their blood pressure, blood glucose and weight (at least once a month)
- 50% follows up with doctor as advised
- State level scaling of NCD training activities through MToT
- Presentation at the 1st World NCD Congress 2017 and IDF 2017

claimed to be regularly staying physically active post joining the PPSg, 87% patients adopted healthy eating habits like consciously reduced salt intake, increased vegetable and fruit intake and reduced alcohol and tobacco intake. Almost 85% patients followed doctor's advice completely

Reflections From UDAY:

2. NCD Stakeholders Net-Mapping conducted: "Who is shaping policy and program decisions in NCDs in India" on August 27, 2017

There are several actors who should play roles in addressing NCDs in India. Their networks are key to influence the policy and program decision-making processes, but little is known about their positioning in the NCDs landscape. Project HOPE India conducted the stakeholder network mapping exercise, to better understand the complex, inter-connected and diverse stakeholders for prevention and control of NCDs, using Net-Map – a participatory interview tool that combines social network analysis, stakeholder mapping and power mapping. The tool is intended to help visualize and understand situations in which many different actors influence particular outcomes. Net-Map allows stakeholders to examine not only the formal interactions in a network, but also the informal interactions that cannot be understood by merely studying documents concerning the formal policymaking procedures.

The overall objective of the exercise was to enable better understanding of key opportunities and the main challenges to overcome challenges and improve NCD related programs in India. The exercise aimed to address a specific objective to understanding the exchange of advocacy, information and funding as a means of engaging in or influencing policy and program decisions for NCDs in India. The Net-Map exercise was held in New Delhi, India, on August 8, 2017 at India Habitat Center. The participants included eminent knowledge leaders from the field of NCDs in India and who had comprehensive knowledge and experience in the sector.

The overarching question on which the discussion focused was "Who is Shaping Policy and Program Decisions Related to NCDs in India?" The critical stakeholders who were related to the overarching question were listed on the map by the participants. These were individuals or institutions important in shaping NCDs related program decisions. The participants stated the reasons for including the listed actors, the capacities in which they were influential, and how they were connected to the larger NCD network. This network was mapped by linking the actors to each other based on three relations- Information, funding and advocacy. The following questions were aimed to be answered during the exercise:

➢ Who plays a role in shaping NCD policy and program decisions, across sectors, in India?
➢ Who is advocating whom? Who is providing technical information to whom?
➢ How strongly can each actor influence the shaping of NCD policy and program decisions in India?
➢ What is the level of active support for NCD each actor has, over other competing priorities?

The Net-Map interview was facilitated by two Global Health Volunteers from Project HOPE India (PHI) with support from a research team from PHI. The participants were led through a

facilitated process that aimed to identify and map the actors who play a role in shaping NCD policy and program decisions, across sectors, in India. Annexure 1 shows the complete list of actors identified in the Net-Map exercise. Participants listed institutions or individuals that play a role, explained why they were important, specifically how they engaged in the network, and assessed the degree of influence each has in the decision making in the NCD related policy and programs in the country.

The data and results of the Net-Map group exercise were entered into Microsoft Excel and analyzed using visualizer, a social network analysis tool. The results reflect the opinions and perceptions of a key group of NCD-focused individuals based on their knowledge, experience and wisdom and should not be considered as the complete conclusive and representative views of various NCD stakeholders. The rich discussions during the exercise were summarized to identify insights related to the experiences in policy and program decisions. Results are presented in Exhibit 1. The blue arrows represent Information, green represent Funding and red represent Advocacy.

Results

Each circle on the map reflects the actors named by the interview participants, and the lines in between actors depict the links related to information, advocacy and funding. The size of the circle for each actor on the map depicts their current potential influence in relation to shaping policy and program decisions about NCD in India. Their size may increase or decrease depending upon their involvement in future. The links connecting actors in the illustration have directions (i.e. the relation between two actors can be understood by looking at the direction of the arrow that connects them). There are unidirectional and bi-directional relations in this map. The stakeholders in the network include government officials and departments, private sectors, development partners, UN agencies, civil society organizations, academic and research organizations, media, and other networks and forums who shape and influence the NCD agenda in India. The categorization of stakeholders into these broad categories was also based in consultation with the participants of the interview.

The discussion during the Net-Map interview resulted in rich information about the NCD stakeholders' network in India. The results of this interview are to be viewed as a snapshot of the important and commonly perceived interactions and roles in the network, rather than a decisive complete map of all the stakeholders and their links. This Net-Map highlights some key stakeholders and groups of stakeholders with potential power or influences to impact NCDs policy and program in India.

Information
Funding
Advocacy

EXHIBIT 1. Net Map developed by the participants

The NCD Net-Map indicates that a few actors had many links while most had few, and not all were connected to each-other. Mapping of information flows showed that highly influential actors were receiving information but are not always accessible to the other NCD stakeholders. Mapping of information and advocacy link are very strong within selected stakeholders and funding link is very limited. Considering the magnitude of NCDs in India, key donors need to priority their funding for NCDs.

The map showed a sizeable disconnect between key actors to shape NCD agenda in the country who could be mobilized and engaged to work collectively and collaboratively for better NCD policies and programs in India. The participants agreed that it would be interesting to see how the findings from this exercise will be leveraged into meaningful action in the NCD arena.

The diversity of actors, especially those targeting decision-making bodies with advocacy and information suggests a greater need for consensus building around NCDs. As a next step, it was suggested that out of the comprehensive list of players, "who are influential" should be deep dived for further insights and better convergent actions.

Call to Action:

- Assure the projection of health workforce considerations based on the disease burden
- Improve quality and capacity of health workforce through skill and need based training
- Enhance intake capacity of the public and private medical and paramedical training institutes to address shortage of health workers
- Develop a comprehensive national HRH policy that addresses a list of health issues including NCDs
- Institutionalize performance and reward system for health workforce

National Consultation on "Optimizing the Skills of Health Workforce to Tackle Non-Communicable Diseases in India" on 18th April 2017

PHI organized a National Consultation on " Optimizing the Skills of Health Workforce to tackle Non-Communicable Diseases in India" on 18th April 2017. Consultation drew around 110 experts from the government, corporate, academia, researchers, institutions, universities, non-governmental agencies, program implementers and others. It was aimed at providing a platform for presenting and discussing the most recent innovations, promising practices, trends, challenges, and the solutions adopted to improve the skills of health workers working in the field of NCDs. Representation from Prime Minister's Office – Honorable Minister Dr. Jitender Singh was the chief guest.

4. Healthcare and Life Sciences Summit on April 25, 2017 in Singapore

Project HOPE India (as a supporting partner), Financial Times and Deloitte organized the Healthcare and Life Sciences Summit on April 25 in Singapore (https://live.ft.com/Events/2017/FT-Asia-Healthcare-Life-Sciences-Summit). The event was sponsored by Deloitte. The Summit was aimed at addressing the emerging healthcare issues and the need to address these gaps in the region. While the Summit highlighted the need for innovative technology, research partnerships, medical tourism and health insurance; NCDs was a special focus for discussions. The Summit had attendance from 100 Senior corporate leaders from Pharma, Healthcare, Consulting and Government sectors. Project HOPE India participated as key speaker on the session "A closer look at Diabetes in Asia".

5. Scoping study on eHealth-based health information management application architecture for MoH

The ministry of health, government of India collaborated with PH and IBM to assess indicators and processes across RMNCH+A (Reproductive Maternal Neonatal and Child Health+ Adolescent) framework specific to nutrition. The purpose of the study was to understand the current data flow through the Health Management Information System and gap analysis. Data collected was thoroughly analyzed and key recommendations have been suggested around data, process and technology. The Study recommends building an intelligent health system by defining and redesigning key processes, adopting automation and using analytics for improved decision making. The Government of India has recommended that PHI develop an implementation intervention model to demonstrate the effectiveness.

6. Advocacy impact to increase Government funding on NCDs

HOPE's NCD programs in India have successfully advocated to increase the state budget allocation for NCD programming. Our policy advocacy work resulted in the introduction of a financial rewards system that includes individual and group incentives and appreciation for community health workers. Our programs have also been able to sensitize the key stakeholders on strengthening peer-to-peer patient support groups for promoting treatment adherence for NCDs.

7. Consultations on "Addressing NCD Program Implementation Challenges in India"

In collaboration with Eli Lilly, Project HOPE India is organizing 2 regional consultations on NCDs in India in 2017. The purpose of the consultations is to bring together representatives from government, national and international non-governmental agencies, civil societies, policy and program implementers, private sector and others, to exchange and share their experiences and ideas about addressing operational challenges on implementing NCD programs. The objectives of the consultation are to 1) facilitate creative thinking to address NCD implementation challenges in India; 2) produce a list of priority actions for effective implementation; and 3) re-energize the NCD community and increase collaboration and commitment to take the selected actions forward.

After initial instructions regarding OST process, Vibha invited participants to post topics, choose time slots and convene small group discussions. Initially 24 topics were posted, list at Annexure two (2). The participants clubbed similar topics and finally 11 topics were discussed, and reports were prepared.

Some of the key recommendations that the participants came up with to better address NCD challenges were:

- Public-Private Partnership to address the NCD Challenges
- Increased inter and intra departmental convergent actions
- Capacity building across the health functionaries on technical and administrative aspects of NCDs
- Increase community awareness and engagement ensuring early screening and referral to reduce the burden of NCDs
- Advocacy for increased political attention and financial allocation

Outcomes:

▸ A framework and leadership action agenda to improve operational challenges on NCDs programs based on country experiences, knowledge and evidence.

▸ Identify critical drivers of NCDs program operation that may be beneficial to the key players and stakeholders working towards better NCDs outcomes.

▸ Strengthened collective and collective actions towards NCDs challenges to impact SDGs.

8. Multi-state scaled drive on NCDs with special focus on CVDs and Cancers

In partnership with ACT and GE, PH will launch the SCREEN (Strengthen Capacity to Reach Everyone for Effective Screening to Prevent NCDs) – Prevention and Early Detection Drive on NCDs (CVDs, Breast and Lung Cancer) in 6 states across India. We will build the capacity of 2,000 primary care physicians both from the public and private sector, 2,000 paramedical staff and implement 1,000 screening camps with appropriate referrals for treatment and confirmatory scanning in 20 districts. The effect of capacity building will have the potential to mobilize about one million people through a call to action drive for early screening and management.

10. Intervention Approach

A Three-pillar Approach

1 Capacity Building of Health Teams

2 Community Awareness Call to Action Drive for Screening

3 Advocacy for Scaling-up

10. Target Audience

- Everyone above the age of 30 years
- Primary care government physicians (bot MBBS and gynecologists)
- Paramedics
- Local governance systems and elected representatives

11. Training Needs Assessment on NCDs

A new partnership with Sanofi India has been established to conduct a training needs assessment and train 50 staff/consultants using the IDEEL course module.
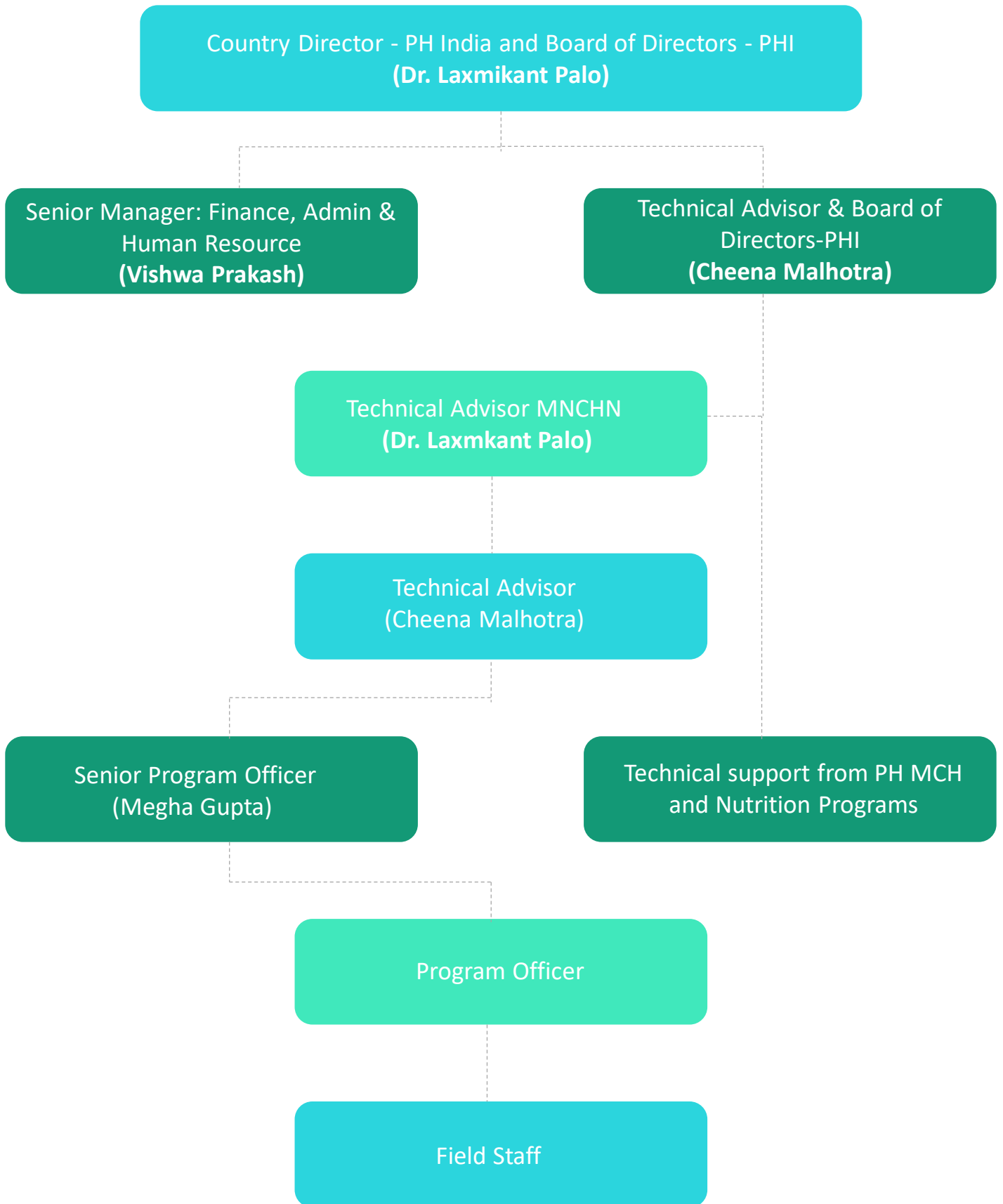
Strategic Partners

Media Coverage

नॉन कम्यूनिकेबिल डीजीज की रोकथाम के लिए जागरूकता जरूरी

Regional consultation facilitates deliberations on addressing the NCD Program Implementation Challenges

Hyderabad, Nov 16 [FVBI]: In the wake of stubbornly increasing burden of NCDs in India, Project HOPE and Eli Lilly and Company (Pvt. Ltd. India) in support from the Ministry of Health and Family Welfare, Government of Telangana, organized a Regional NCD Consultation on 'Addressing NCD Program Implementation Challenges: How do we get there?' in Hyderabad, Telangana. The event focused prioritizing recommendations for improved actions to combat NCDs challenges. These recommendations, included in a book of proceedings at the end. This consultation is a part of a series of consultations that is being held in the different regions of the country, the first was held in Lucknow, Uttar Pradesh on 27th October 2017.

NCDs account for 61% of deaths in India each year (Global Burden of Diseases Report, 2016). The Non-Communicable Diseases constitute a major public health challenge, impacting both the social and economic development of India with substantial human costs. The purpose of the regional consultation was to bring together representatives from Government, national and international non-governmental organizations, civil societies, policy and program implementers, and private sector; to exchange and share their experiences and ideas about addressing operational challenges in implementing NCD programs. The consultation called on the Central and State Governments, along with other partners, to take this agenda for NCD action forward. These areas of action are essential to enable accelerated movement in India's growing NCD challenges.

Dr. Padmavati, Additional Director at National Health Mission, Telangana shared the idea of coming together to overcome the growing hidden burden of NCD cases in the region. "Through the application of innovative and globally recognized best practices; and through dedication, and the wisdom of regional and local healthcare professionals and healthcare workers; we are committed to reduce the rate of NCDs." Chris Skopec, Executive Vice President, Project HOPE Global.

"By mobilizing the power in partnership, building skills of health care workers, increasing access to resources to deliver at scale, and improving monitoring; the seemingly impossible task of tackling the growing burden of NCDs in the country can be achieved." Dr. Laxmikant Palo, Regional Director for South-East Asia at Project HOPE. The consultation observed a group of over 60 participants from the host and neighboring State Health Department, national level government representatives, INGOs, NGO and private sector.

Some keynote speakers included: Dr. Rakesh Sahay, professor of Endocrinology, Osmania Medical College; Dr. Vijay Shekar Reddy, Professor of Endocrinology, Gandhi Medical Hospital; Dr. Devika Rani, Director EBI, Hyderabad; Mr. Inderpal Singh, Associate Director Access, Eli-Lilly and Company; Mr. Hitesh Sanani, Global Health Programs Leader, Eli Lilly and Company; and Dr. Lalitha Kumari, Director of Public Health and Family Welfare, State of Telangana. "The regional consultations with the officials, will help to involvement of the state achieve enhanced program management at the country level. We at Eli Lilly and Company are committed to the cause through the Lilly Global Health Partnership in India.", Edward Olaizola, 7Managing Director Eli Lilly India Subcontinent at Eli Lilly and Company.

این سی ڈی پر قابو پانے کیلئے ورکشاپ کا اہتمام

NCDs account for 61% deaths in India, says WHO report

EXPERT SAYS THAT NCDS CONSTITUTE A MAJOR PUBLIC HEALTH CHALLENGE WHICH IMPACTS SOCIAL & ECONOMIC DEVELOPMENT OF INDIA.

30 से 60 वर्ष तक का होगा स्वास्थ्य परीक्षण

Media coverage of National Consultation: 65 coverage online, multiple tweets and mention

PHI Management Team

Country Director - PH India and Board of Directors - PHI
(Dr. Laxmikant Palo)

Senior Manager: Finance, Admin & Human Resource
(Vishwa Prakash)

Technical Advisor & Board of Directors-PHI
(Cheena Malhotra)

Technical Advisor MNCHN
(Dr. Laxmkant Palo)

Technical Advisor
(Cheena Malhotra)

Senior Program Officer
(Megha Gupta)

Technical support from PH MCH and Nutrition Programs

Program Officer

Field Staff

Financial Summary

PROJECT HOPE INDIA- THE PEOPLE TO PEOPLE HEALTH FOUNDATION	
Financial Statement the year ended March 31, 2018	
Particulars	**Current Year**
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INCOME	
Voluntary Contribution/Donation/Grant in Aid	7,201,156
Total Revenue	7,201,156
EXPENSES	
Health education and assistance programs	4,385,544
Management and administration	470,034
Depreciation and Amortization	5,067
Other Expenses	880,695
Total Expenses	5,741,340
Profit (Loss) before Taxes	1,459,816
Amount accumulated or set apart	500,000
Tax Expense:	959,816
Current tax	
	-
Profit (Loss) for the year	959,816

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