



Annual Report

April 2018 – March 2019

Project HOPE India -
The People to People
Health Foundation

We envision a world where everyone has access to the healthcare needed to reach life's full potential through a strong and resilient global community of health care workers

Our Mission

“

We place power in the hands of local health care workers to save lives across the globe

We are a global health and humanitarian relief organisation, committed to transforming lives and uplifting communities by empowering health care workers to expertly implement and teach innovative lifesaving solutions in times of need and into their future.

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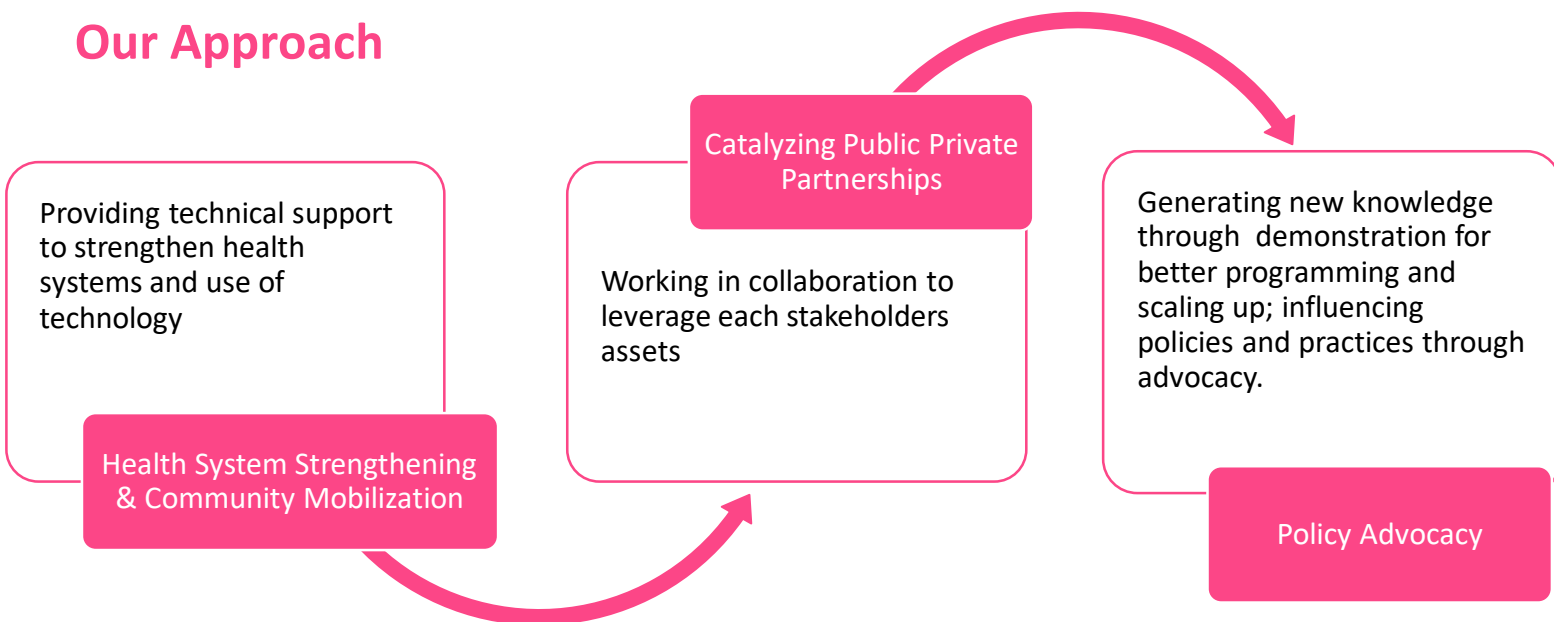
Project HOPE India Overview

Project HOPE India is a health and humanitarian relief organization working to save lives amidst the world's greatest public health challenges. We are registered as a Not for Profit company under section eight India to improve maternal, neonatal and child health; fight infections and non-communicable diseases (NCDs), and respond to disasters and health crises. Since 2007, we have partnered with governments 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.

Our Capacities

- Build the health-care workforce capacity through technical training sessions, advisory services, and mentoring
- Strengthen links between households, communities, and health facilities to strengthen the continuum of care
- Advocate for healthy behaviors, prevent disease, and recognize health emergencies
- Collaborate with governments and key stakeholders to identify needs and develop innovative solutions
- Leverage the expertise of skilled volunteers and marshal resources from the public and private sectors

Our Approach



Project HOPE India's Presence

Approach

Providing continuum of care

10

States

Strength

Catalyzing Public Private Partnerships

25+

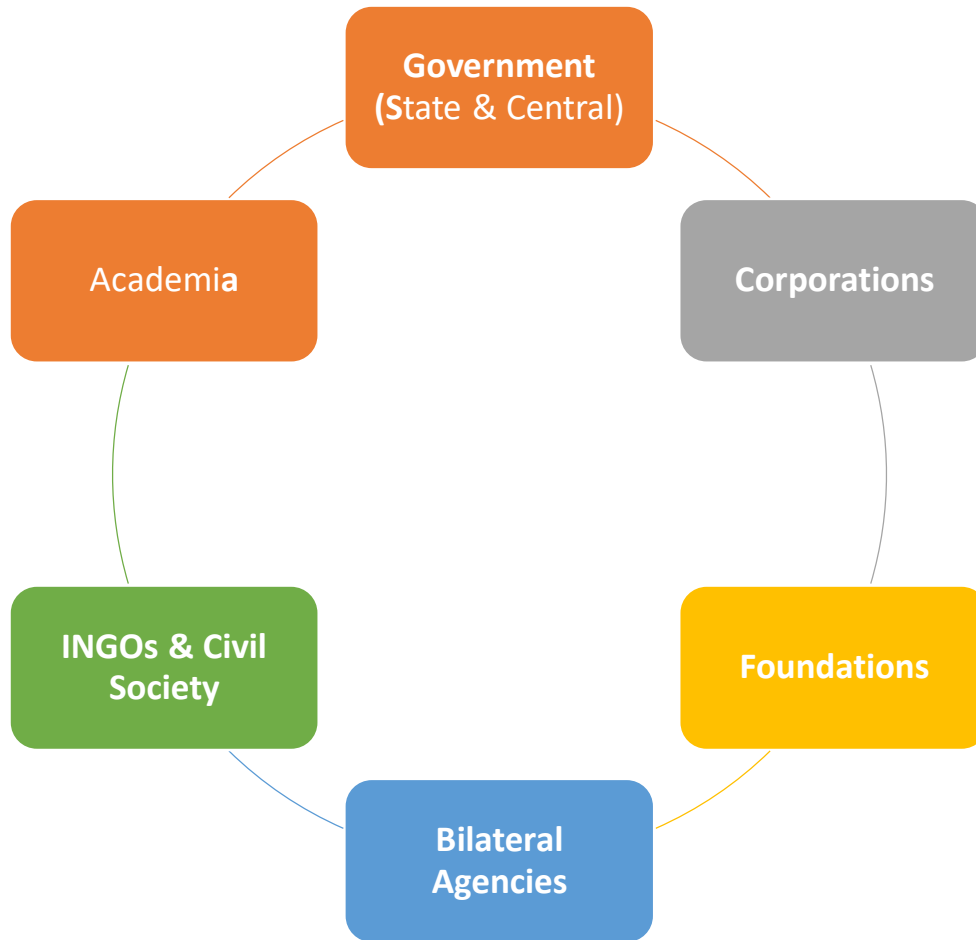
Districts



Thematic Focus

Maternal, Newborn, Child Health & Nutrition NCDs

Our Partners



This Year's Headlines: Project HOPE India advocated for timely screenings of NCDs with the Ministry of Health and Family Welfare through a series of consultations and a television commercial.



Dr. Jitendra Singh participated in the consultation sessions. He is the Minister of State for the Ministry of Development of North Eastern Region, Minister of State for Prime Minister's Office, Personnel, Public Grievances and Pensions, Department of Atomic Energy, and Department of Space.

May 2018

In collaboration with Eli Lilly and Company, and the Ministry of Health, Project HOPE India led two regional and one national consultations about how to address NCDs in India. These sessions were endorsed by influential state and national policymakers, international health institutions, civil society, bilateral donors, and executives from large pharmaceutical companies.

November 2018

Eli Lilly supported the public service, which was released on World Diabetes Day. It was broadcasted on national, regional, and private television channels.



December 2018

In partnership with Anchal Charitable Trust and GE Healthcare,

[Link to view the video \(https://youtu.be/DHvTe17YBRc\)](https://youtu.be/DHvTe17YBRc)

Project HOPE India released a policy brief on NCDs and led a national NCD rapid formative assessment findings dissemination workshop. Shri Ashwini Kumar Chowbey, Minister of State for Health and Family Welfare announced the findings.



February 2019

The NCD Implementation Tool Box was released by the Honorable Minister Shri Ashwini Kumar Chowbey.

Program Highlights

NCD Program Implementation: Challenges and Solutions, May 12, 2018

In collaboration with Eli Lilly and Company, and the Ministry of Health, Project HOPE India, led two regional and one national consultations on NCDs in India.

The objectives of the series were:

1. To better understand critical drivers, strategies, and solutions to help address the prevalence of NCDs.
2. To collaborate with different stakeholders to scale innovative solutions for diabetes prevention and treatment promoting well-being.
3. To produce a list of priority actions for effective implementation.
4. To advocate for increased awareness for diabetes prevention and treatment.

The consultations brought together representatives from government, national and international non-governmental organizations, civic organizations, policy and program implementation organizations, and the private sector; to exchange and share their experiences and ideas about addressing operational challenges while implementing NCD programming.

Open Space Technology (OST), a highly participatory method of group facilitation, was chosen for facilitating the consultation. OST is a type of meeting without a predetermined agenda. A theme/issue is presented, and the participants build an agenda focusing on key issues around that theme. OST is best used when there is a critical issue to be addressed; there is a diverse group of people involved; there is complexity; and the sponsors truly want the input of the participants. OST generates creative solutions, energizes organizations and groups, improves communications and teamwork, and generates inputs and ideas efficiently even with a large and diverse group.



As a next step, Project HOPE India will capture the group's recommendations and disseminate the findings to influential policymakers including the central ministry in New Delhi.

Impressed by the involvement of grass root level NCD managers and health functionaries in implementation gap identification and solution building, Dr. Jitender Singh, Honourable Minister of State in the Prime Minister's Office, Ministry of Personnel, Public Grievance and Pensions, Dept. of Atomic Energy, and Dept. of Space graced the National Consultation. The consultations received participation and endorsement from state and national level policy influencers, state health secretaries, mission directors, the WHO, the World Bank, CSOs, USAID, as well as leaders from major corporations and the private sector.



The key recommendations from the consultations were:

1. To strengthen the primary health-care delivery system.
2. To emphasize capacity building across the health functionaries on technical and administrative aspects of NCDs with focus on role rationalization.
3. Establish a technical unit within the Ministry of Health to guide health focused Corporate Social Responsibility investments
4. Establish lifestyle modification promotion clinics in communities
5. Develop and implement social and behavior change communication strategies for NCDs
6. Address the need for harmonized messages to generate awareness of NCDs.
7. Create technology based solutions to ensure continuity of care, tracking and management of NCDs
8. Foster public private partnerships addressing NCDs

9. Increase inter- and intra-departmental convergent actions
10. Increase community awareness and engagement ensuring early screening and referrals to reduce the burden of NCDs
11. Standardize protocols for screenings and treatments for NCDs
12. Establish a surveillance and monitoring system for NCDs
13. Advocate for increased political attention and financial allocation
14. Ensure regular supplies and services for NCDs program implementation



National Consultation on NCDs

Addressing the NCD Program Implementation Challenges

Project HOPE India



Strengthen Capacity to Reach Everyone for Effective screening to prevent NCDs is helping to reduce premature mortality from NCDs by strengthening population-based screening of NCDs in over twenty districts across five states in India. With support from GE Healthcare and Anchal Charitable Trust, Project HOPE India is improving screening and early detection of NCDs. Project HOPE expects to build the capacity of 2,000 primary care physicians, 2,000 paramedical staff, and implement 1,000 screening camps for treatment and confirmatory tests.

Intervention Approach

A Three-pillar Approach



Officials' approvals were obtained to be able to work and support the NCDs program implementation in the following districts:

Haryana	Jharkhand	Karnataka	Maharashtra	Punjab
1. Faridabad	1. Bokaro	1. Bengaluru rural	1. Gadchiroli	1. Ferozepur
2. Sonipat	2. Dhanbad	2. Chikkaballapura	2. Washim	2. Moga
	3. Hazaribagh	3. Chithradurga	3. Nandurbar	3. Patiala
	4. Ranchi	4. Davangere	4. Osmanabad	
		5. Mandya		
		6. Ramnagar		
		7. Kodagu		
		8. Chamarajanagara		
		9. Uttara Kannada		
		10. Dakshina Kannada		

The Rapid Formative Assessment was completed across districts in selected states through the use of a research agency. All concerned officials and healthcare professionals were interviewed which was followed by focus-group discussions both at the health facility and community level. In total, 115 focus group discussions, 86 interviews and 16 rapid Health Facility Assessments were conducted thereby reaching a total of 500 people.

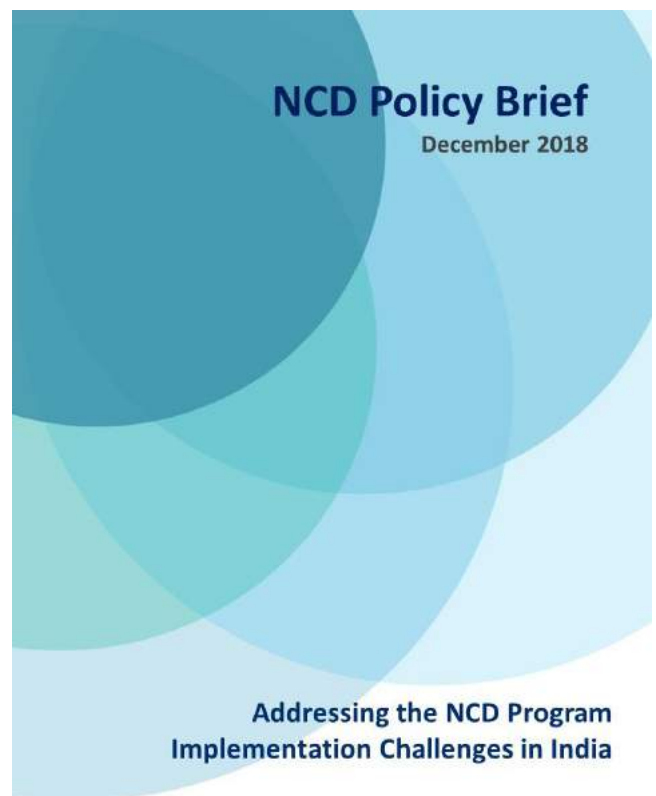
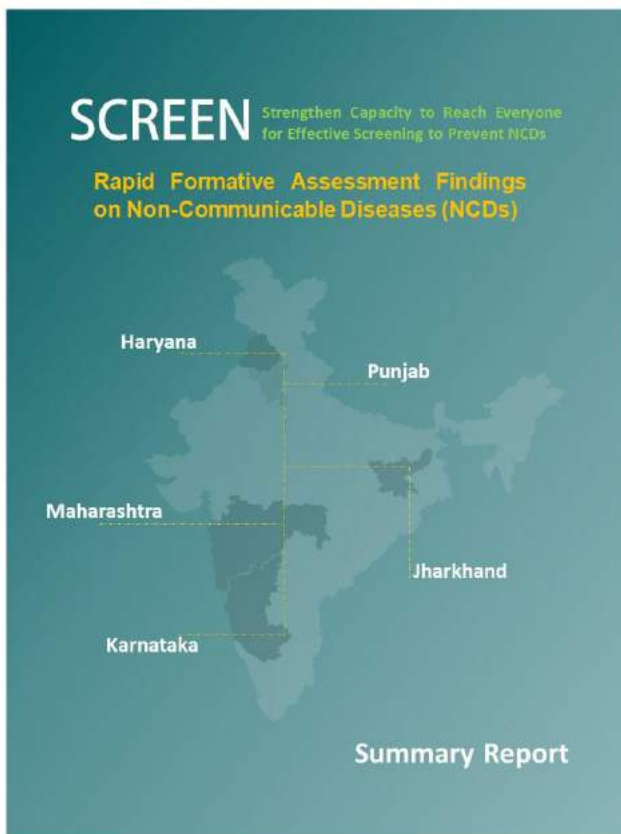
The Formative assessment on NCDs conducted across selected states in 2018 resulted in the following five broad recommendations:

1. Strengthen service delivery and access
2. Address NCD program implementation gaps

3. Equip health professionals with applying evidence-based practices that address the NCD issue.
4. Create a robust monitoring mechanism and IT system
5. Mobilize partnerships

The detailed report was released by The Honorable Minister of State, Shri Ashwini Kumar Chowbey.

The Minister also released the policy brief on addressing NCD program implementation challenges .



The project's dedicated technical advisory group is comprised of various state and national level experts on NCDs. The group provides integrated and comprehensive technical guidance, advises on technical, strategic policy and program directions, and advocates to scale-up successful evidence based interventions. The first Advisory Group Meeting was organized on December 20th, 2018 at India Habitat Centre, Lodhi Road, New Delhi. The meeting had state and national level oncology experts and representatives from the women's health sector, the cardiology sector, the public and private sectors, and academic institutions.

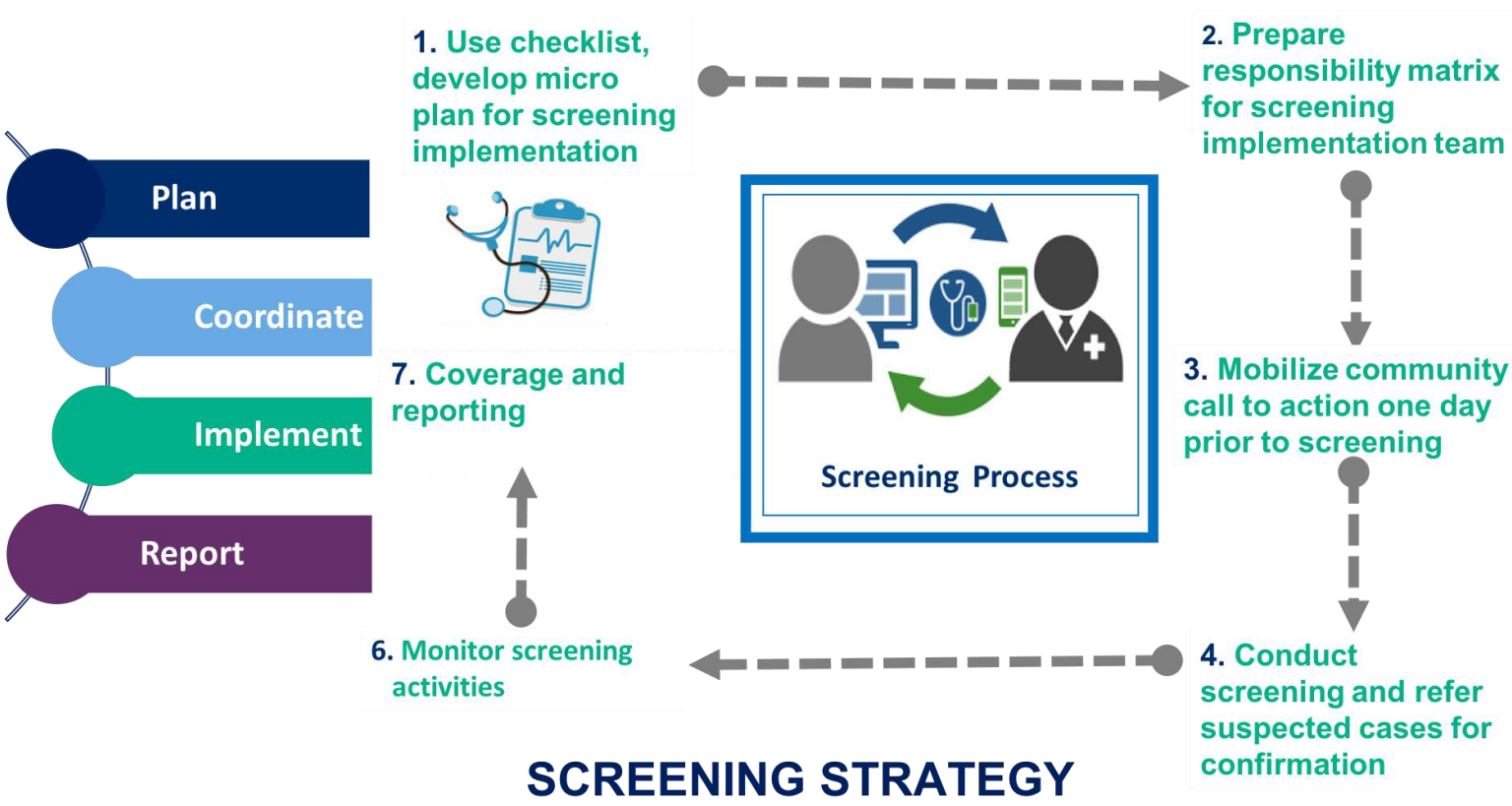
Training of Medical Doctors and Paramedics: Intensive training programs are being organized for medical doctors and paramedical health-care professionals working under NHM across these districts. The training content is in accordance with the national NCD program implementation guidelines of the Ministry of Health.



Approximately, 1500 doctors and 2500 paramedical professionals have been trained. The methodology is based on the visualization and participatory process making the sessions interactive and engaging. A total of 10-12 training and counselling materials have been developed and distributed for facilitating communications with community

members. The regional language translations and production of all the materials is supported by each respective state government. Pre- and post-training results indicate an overall improvement of 70% in the post- scores for both medical doctors and paramedical professionals.

Screening Camps: The objective of screening camps is to support the NCD community awareness activities for timely screening, help screen everyone > 30 years for NCDs, (for cancers once in 5 years, CVD, Hypertension and Diabetes annually), guide and refer suspected cases to nearest health facilities for confirmatory tests, and provide onsite counselling to individuals and their families regarding prevention and control of NCDs. Approximately 250 screening camps were organized that helped to screen around 20,000 people over the age of thirty.



State Level Training of Frontline Health Workers and Patient Network Groups – Project UDAY, Extension

In partnership with United Way Delhi and Eli Lilly, Project HOPE build the capacity building of community health workers in states of Haryana and Andhra Pradesh. The protocols, materials, tools, and standard operating procedures (SoPs) were adopted and scaled by the Ministry of Health. Additionally, Peer-to-peer support and patient network groups were strengthened through development of low-cost community videos. The community videos were developed featuring *lok shikshaks* on topics such as healthy eating, physical activity, and foot care. These videos are regularly disseminated using low-cost battery-operated Pico projectors by group members during various patient group meetings.



Training showed great improvement in the knowledge and skills of the trainees. Before receiving training from Project HOPE approximately 83% of trainees scored either at the poor or average level. After receiving training from Project HOPE, 93% of participants were considered to be at the good or excellent level. Health workers have requested having more interactive trainings like this in the future.

Currently, there are 50 (rural) and 28 (urban) active peer-to-peer support groups (PPSGs) in Sonipat and 50 (rural) and 30 (urban) in Vizag. Recently, under the project, we developed low cost community videos featuring positive deviants (*lok shikshaks*) for community demanded topics including healthy eating, staying physically active and diabetes foot care. These videos were disseminated and screened amongst the PPSGs in Sonipat and have been well received and recognized because of the presence of local faces that viewers recognize and are inspired by. From sustainability and scalability point of view, patient support groups' development process till date has been digitally documented in a video format. The video is for implementers and different stakeholders who can visually witness and replicate the learnings at a larger level.



Frequently Asked Questions (FAQs)
on
Management of Diabetes and Hypertension

Healthy diet: <https://projecthope.sharefile.com/d-sa04acbddd849462aa>

Foot care: <https://projecthope.sharefile.com/d-s70d1ef0afda41dfb>

Physical activity- <https://projecthope.sharefile.com/d-s30e5ab701644b69a>

Videos for community with key message flashes, link: <https://projecthope.sharefile.com/d-se1a5d926a21420ba>

Process documentation on patient networks:

https://www.dropbox.com/s/0wd3lmfv3kz2tua/HOPE_Uday_Film_V3.mov?dl=0

An impact assessment of patient support groups was implemented by a third party and promising results indicate that after joining patient network groups, 87% of patients have been taking their medicines regularly and 79% have reported to have taken their medicines regularly (impact assessment report). Detailed FAQs were developed for the network members and was also being used for various counselling sessions by health-care providers (available on demand in different languages).

Maharashtra NCDs Capacity Building Program and Training Needs Assessment

With the growing burden of NCDs, it is not just important to strengthen the health system. It is also important that the community understand the gravity of NCDs, seek local solutions, and educate each other to prevent a potentially catastrophic impact on their quality of life. Within this context, transformational thinking is required for the successful planning and execution of population-based screening, effective program actions, and policy dialogue.

With support from Anchal Charitable Trust, Project HOPE and SAATH are helping to strengthen the capacity and skills of the health workforce in the state of Maharashtra. Together, they are providing capacity building on prevention and management of NCDs to medical officers and nurses.

Activities:

1. Supported allied health-care professionals in 17 districts of Maharashtra with instruction on counselling people on the prevention and management of NCDs.
2. Conducting a training needs assessment and training impact assessment of medical officers in Maharashtra to identify the core competences related to operationalization of NPCDCS guidelines to design appropriate capacity building interventions and advocate them to the government.

We have completed trainings in five districts namely Amaravathi, Nandhurbur, Nanded, Ratnagiri, Sindhudurg. One hundred and fifty-one professionals have been trained. Training assessments results indicate that 88% of participants scored excellent and good in the post-test whereas only 26% were in these categories during the pre-test.

Training Needs Assessment for Medical Officers

To identify the performance gaps and training needs of Medical Officers at the district level for efficient discharge of their technical and managerial responsibilities on NCDs, a TNA has been conducted by Project HOPE and IIHMR in 5 representative districts of Maharashtra primarily through in-depth interviews and focus group discussions (for details refer to Annex 5 - operational plan).

The data collection for the TNA study was completed on June 28th both at state and district level. The key high-level findings from the study are as follows:



The important gaps that were highlighted at the district level:

1. Staff sanctioned for this program have not been appointed at most of the places and thus progress is very slow.
2. There is very little awareness about NCDs at the community level, even those who are aware are not engaging in any lifestyle changes.
3. Smoking and tobacco chewing is part of the Culture and it is common among school children.
4. Health functionaries are aware of diabetes and hypertension and are accordingly planning preventive activities but there is no action being taken at peripheral levels especially with concern to cancer.
5. There is a need to strengthen and activate screening procedures for NCDs.
6. IEC activities and counselling requires special attention.
7. The referral system is upward flowing and no follow up of referrals exists.
8. There is a logistic and supply problem in most of the health facilities.
9. There is a lack of communication and coordination at various levels.
10. There is a low availability of medicines.
11. Capacity building activities are lacking.
12. HMIS has not been properly developed and record keeping needs urgent attention.
13. Medical officers feel that there is a need for extensive training about NCDs. There is a need to sensitize ANM and ASHA.
14. Involvement of PRIs is lacking.

The important gaps that were highlighted at the state level:

1. Program implementation plan (PIP) from the Government of India is always delayed.
2. Recruitment rules and salary provided for the NCDs staff is low, thus it is difficult to attract specialist doctors to join the programs.
3. The program is progressing well in the initially selected 17 states but has not been able to catch in the additional 17 districts.
4. Modules for teaching and information, education and communication (IEC) materials are available at State level.
5. Regular training programs are organized at the state level for PBS districts.
6. Referral system needs to be strengthened.
7. Software for Health Management Information System needs to be developed as at present all work is done manually.
8. Specialists and medical officers give more importance to clinical work which is a priority. They are more geared towards reproductive and child health activities.
9. Cancer screening is lacking and is a challenge at the peripheral levels. Because of Culture ladies are not allowing breast examination even.
10. There is lack of medicines, only few medicines sanction for hypertension and diabetics. Patient have to incurred out of pocket cost.
11. There is need to strengthen supervision and communication between the States and all districts.
12. Approximately only 11% people prefer visiting the public sector and approximately 88% goes to the private sector. Hence it further adds to the out of pocket expenditure for management of NCD.

NCD Policy Advocacy : Addressing the NCD Program Implementation Challenges in India

From Dialogue to Action: Addressing NCD Program implementation challenges where it matters most.

Project HOPE, in collaboration with Eli Lilly and Company and the Government of India's Ministry of Health, has successfully organized one national and two regional consultations on "Addressing the NCD program implementation challenges in India – How do we get there?" The objective of the series was:

1. To better understand critical drivers, strategies and solutions to impact NCDs from various field operational experiences.
2. To facilitate creative thinking to address NCD implementation challenges in India.
3. To produce a list of priority actions for effective implementation.
4. To re-energize the NCD community and increase collaboration and commitment to take the selected actions forward.

The consultations brought together representatives from government, national and international non-governmental organizations, civic organizations, policy and program implementation organizations, and the private sector to exchange and share their experiences and ideas about addressing operational challenges while implementing NCD programs.

As a next step, a book of proceedings is being developed and will capture high-level recommendations proposed and endorsed by the diverse stakeholders and honorable minister. The same report will be disseminated to key influencers for policy and program impact.



RSSDI UP – are the first to take uphold the recommendations

As an outcome the Research Society For The Study Of Diabetes In India (RSSDI) Uttar Pradesh committee designed a capsule course on diabetes prevention and management for NCD Nodal Officers and gave a no-cost training to twenty-three district NCD nodal officers from UP during the annual RSSDI summit in February 2018. RSSDI is committed to supporting annual trainings for the medical officers.

The key recommendations from the consultations were:

- Strengthen the primary health care delivery system
- Capacity building across the health functionaries on the technical and administrative aspects of NCDs with a focus on role rationalization

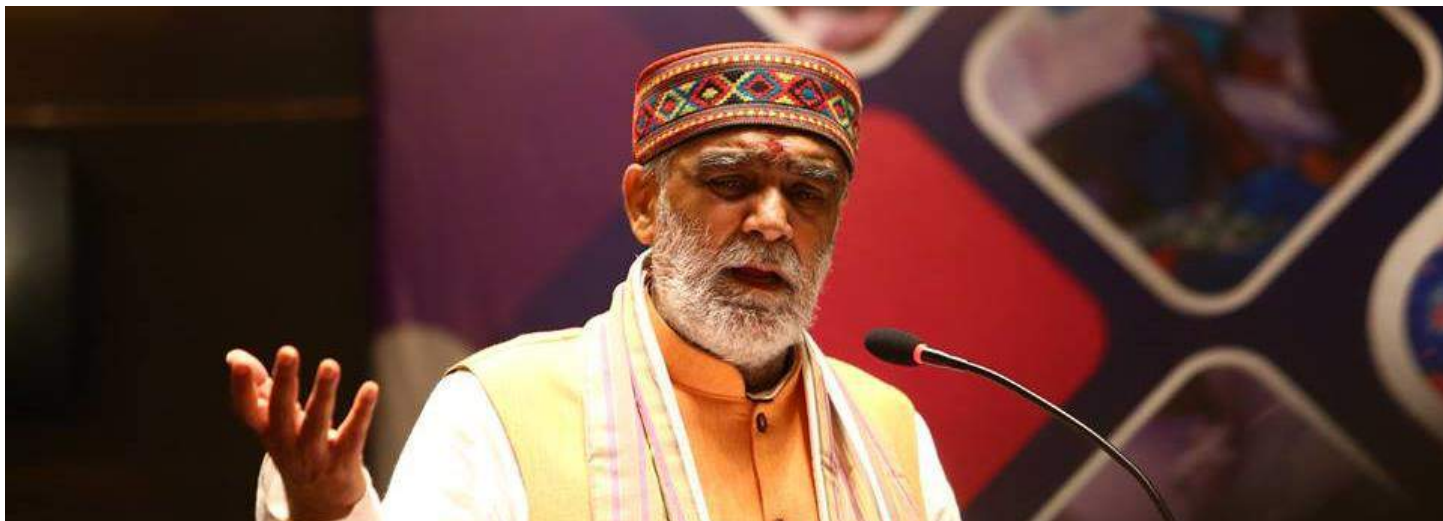
- Build a technical cell within the Ministry of Health for guiding corporate social responsibility investments
- Establish lifestyle modification promotion clinics in the communities.
- Develop and implement social and behavior change communication strategies for NCDs.
- Address the need for harmonized IEC Material for community communication about NCDs.
- Invest in technology based solutions to ensure continuity of care, tracking and management of NCDs
- Foster a public-private partnership to address the NCD Challenges
- Increase inter- and intra-departmental convergent actions
- Increase community awareness and engagement ensuring early screening and referrals to reduce the burden of NCDs
- Standardize NCD screenings, treatment protocols, surveillance and monitoring
- Advocate for increased political attention and financial allocation
- Ensure regular supplies, services, and procurement for NCD program implementation.

Media Coverage



Release of NCD Program Implementation Toolbox by the Honorable Minister of State – Shri Ashwini Kumar Chowbhey

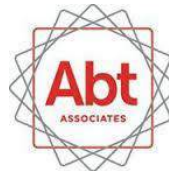
The Honorable Minister of State, Health and Family Welfare, Mr. Ashwini Kumar Choubey released the NCD Implementation tool box during the national NCD program dissemination workshop. Project HOPE India has been assisting both the public and private sector to develop and implement strategies for prevention and management of NCDs. We have been working to address ground level NCD program implementation challenges in collaboration with government and private sector partners – like Boston Scientific, Eli Lilly, GE Healthcare, Becton Dickinson, Anchal Charitable Trust, United Way Delhi, Sanofi etc. – across the country. Findings from the field guided us to develop an NCD program implementation toolkit for planning, implementing and monitoring of the NCD program. The effort is to collate the existing tools of the government and those developed by Project HOPE under various programs to share with NCD program implementors. The toolkit needs to be periodically updated.



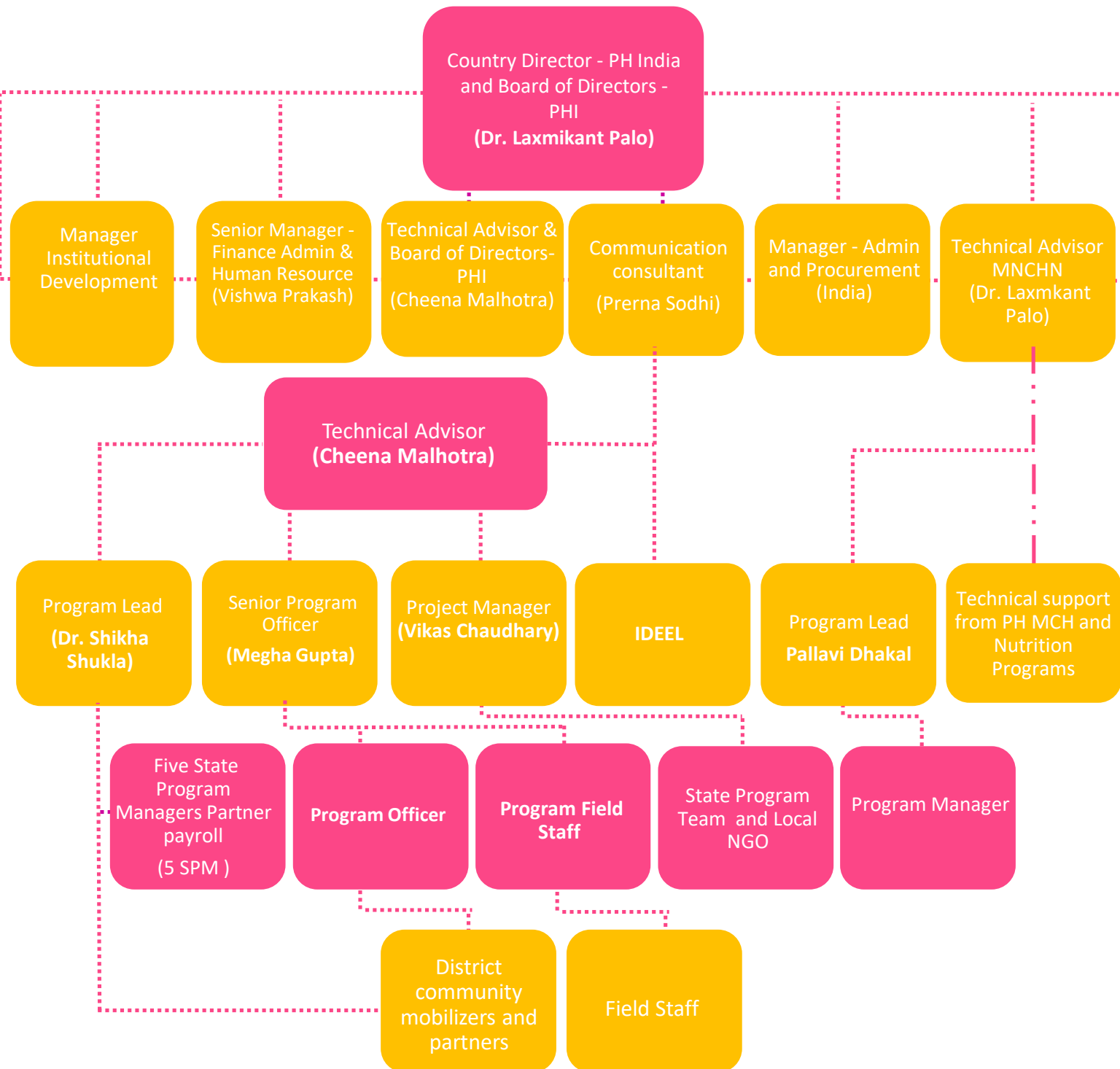
The honorable minister expressed his happiness on releasing the toolkit that would serve as a guide for program implementors to help manage and prevent NCDs. He emphasized the importance of preventative measures and how government health initiatives and policies were pursuing preventative health and taking a holistic multi-sector approach to managing and preventing diseases for the socio-economic development of the country for the first time. He provided various statistics to underscore the NCD problem in the country and explained the need for timely identification of the disease, a change in lifestyle, and robust health systems to prevent premature deaths.

He concluded with a positive note on the possibility of making India NCD free through strong government policies, the convergence of various sectors, partnerships, and collaboration at various levels. The chief guest then handed over the NCD tool kit to different state representatives from Telangana as well as other states to implement and scale the program in their respective state. The minister also took copies of the toolkit to disseminate in other ministries.

Strategic Partners



PHI Management Team



Financial Summary

PROJECT HOPE INDIA- THE PEOPLE TO PEOPLE HEALTH FOUNDATION		
Financial Statement the year ended March 31, 2019		
	Particulars	Current Year
INCOME		
Voluntary Contribution/Donation/Grant-in-Aid		15,860,463
Total Revenue		15,860,463
EXPENSES		
Health education and assistance programs		13,060,533
Administration		804,223
Depreciation and Amortization		39,333
Other Expenses		1,383,706
Total Expenses		15,287,795
Profit (Loss) before Taxes		572,668
Tax Expense:		572,668
Current tax		-
Profit (Loss) for the year		572,668

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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