



Annual Report

2019-20





Message

Dr Laxmikant Palo, CEO

Thriving possibilities for people's health and wellbeing - a year of significant progress.

As I write this message for our annual report, we are in the middle of the greatest health crisis we have seen in our lifetimes so far, the COVID-19 pandemic. The foundation has witnessed two important transitions during this financial year 2019-2020, rebranding of the foundation and responding to COVID-19 crisis.

➤ Rebranding of foundation to drive health solutions

We are constantly on the path of continuous improvement. In 2019, the foundation has been rebranded as People to People Health Foundation (PPHF), formerly Project HOPE India with a new logo and tagline. Our new tagline is “catalyzing change for wellbeing”.

The tagline and the new logo illustrate our passion to continue creating and refining our approach to influence people's health and wellbeing positively. It reflects our readiness to take up new public health challenges and to keep pushing the boundaries of what is possible to “transform lives for improved health and wellbeing through locally-driven solutions”.

➤ Responding to COVID-19 pandemic crisis

When we emerge out of the COVID-19 pandemic crisis, our world will be a quite different place with massive transformation happening in all sectors including health. The importance and priority for health sector has shifted many folds and probably countries will continue investing more of their GDP on health sector which is critical for people's health and wellbeing.

The pandemic has exposed the vulnerability of our healthcare systems worldwide and lack of preparedness for health emergencies indicating that we need a better system and readiness for future. The next few months may be challenging for people, but we will overcome with a new normal in our life. One of the transformations that we have been observing is that the people's general awareness on health issues has gone up and the shifting is on to prevent diseases rather than seek treatment.

During these difficult times, PPHF team is staying close to health workers, community, and assisting for their health and safety. We have established PPHF COVID Response Fund (PCRF) which continues to play a critical role in responding to COVID-19 outbreak. I am confident that we will emerge from this crisis and reinvigorate a better system for health and wellbeing of people.

On behalf of the PPHF Advisory Council and team, I want to thank you for your continued trust, confidence, and support. We are committed to work through the current environment to address the emerging public health challenges.

This 4th annual report-2020 is the reflection of our work towards the foundation's mission.

Moving forward, Foundation plans to expand its horizons beyond India. PPHF will continue working on the public health challenges in India and start reaching out to other countries in Asia to achieve global health impact.

Sincerely,
Dr. Laxmikant Palo
CEO

“Our foundation envisions a world where everyone has equal access to opportunities for better health,” -- is what we aspire to do in a broad, enduring sense. We have endeavoured to continue to apply evidence and generate new knowledge for better program impact. We remain committed to working together with our key stakeholders for better health outcomes. We ensure that we continually advance and accelerate our actions so that we deliver and exceed expectations.

People to People Health Foundation was formerly known as Project HOPE India.

PPHF is a not-for-profit company registered under section 8 of company act 2013 in India.

For more information, visit us at www.pphf.in

Mission

Transforming lives for improved health and wellbeing through locally-driven solutions.

Vision

We envision a world where everyone has equal access to opportunities for better health.

Our Values

- ❖ Stewardship to fulfill our commitment to make positive impact.
- ❖ Accountability for our work and results.
- ❖ We do more because we collaborate.
- ❖ We strive constantly to innovate.

1,200

Health Professionals
Trained

We have touched
1,21,36,624
lives

11+

States Reached

**Our Reach
This Year**

30+

Partnerships

Strength:
Catalyzing Public Private Partnerships

Approach: Continuum of Care

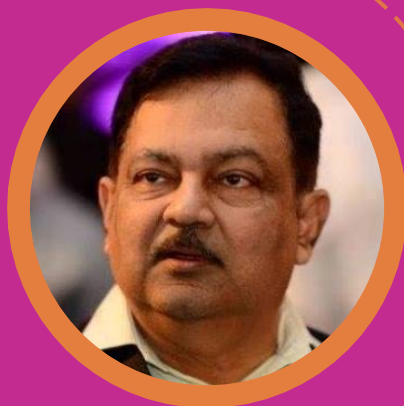
Presence: 11+ States & 35+ Districts

Thematic Focus:
RMNCH+A, Infectious Diseases, NCD,
Nutrition, Environmental Health, WASH

Our Footprints



Advisory Council



Dr. S. K. Nanda, IAS.

Previously served as Chairman & Managing Director of Gujarat State Fertilizers and Chemicals Limited (GSFC), Vadodara is a seasoned civil servant of Gujarat. A Post Graduate in political Science, Dr. Nanda holds a Doctorate in Philosophy in Rural Economics in addition to being a post graduate in Law. Dr. Nanda was a lecturer in the University of Delhi when he joined the coveted Indian Administrative Service in 1978 and was inducted in the Gujarat cadre. In over three and a half decades, Dr. Nanda has served with distinction presiding over a cross section of departments before being elevated as Principal Secretary to the Home Department before he was appointed to head the GSFC.

Dr. Sujeet Jha, Senior Director, Institute of Endocrinology, Diabetes and Metabolism at Max Healthcare.

He is the Principal Investigator, India North, and Steering Committee Member of the NIHR Global Health Research Unit on Diabetes and Cardiovascular Diseases in South Asia (GHRU), contributing significantly towards the surveillance, defining risk relationships and frontline worker interventions projects. Dr. Jha has over 20 years of clinical experience delivering high quality, closed-loop care to a large volume of outpatients and inpatients from all over the country.



Mr. Sunil Kumar Muttoo, Uttar Pradesh Government

Served in the Government of Uttar Pradesh at various locations – Bareilly, Ballia, Varanasi, Lucknow, Pilibhit and Allahabad in various capacities – notably, magisterial and revenue administration, industrial development, cooperatives, district administration, civic administration, stamps and registration, sericulture promotion and management of a public sector undertaking dealing in supply of agriculture inputs to farmers.



Ms. Miriam Wardak, Senior VP, Human Resource, Interos.

Wardak is a talent focused executive with experience in leading HR teams in public and private sectors to deliver results, optimize organizational performance and maximize engagement. Wardak is a proven leader in building start-ups, enabling growth within pre-IPO, post-IPO and Fortune 500 companies. Most recently Wardak was leading the People's Operation function at Repairify Inc. a hyper-growth company located in Plano, Texas. Prior to this, at Project HOPE, a global health development organization, Wardak was responsible for Finance, IT, HR and Facilities operations. Prior leadership roles included the head of HR role at ICF International.

Dr Shreeranjana, IAS.

Has a distinguished career of 32 years in the IAS and held key positions in various state and central departments and Ministries. Former Joint Secretary for Ministry of Woman and Child Development, Joint and Additional Secretary (GoI), Deputy Director General (DDG) in the Unique Identification Authority of India (UIDAI), empanelled as Secretary to GoI; Chairman, Board of Revenue and Additional Chief Secretary in Government of Meghalaya; Chairman, Meghalaya Biodiversity Board. was also awarded National E-Governance Award in 2014.



Mr. Prabal Chakraborty, Former VP & MD of Boston Scientific India Private Ltd.

He comes with a rich experience of over 27 years in Medical Device Industry. His forte lies in launching new businesses, leading large teams and developing leadership pipeline. He led BSCI in setting a vision and launch of the 'Powered To Win Strategy'. His other leadership positions include: Chairman, Medical Device Committee of American Chamber of Commerce in India (AMCHAM), Co-Chair, Confederation of Indian Industry (CII), Indian Advisory Council Member of U.S.-India Business Council (USIBC), & Director at Medical Technology Association of India (MTAI). Additionally, he was also an active member of other bodies like FICCI, AdvaMed & NATHEALTH.



Ms. Linda Heitzman's

Recently retired from Project HOPE where she served as the Executive Vice President of Global Health. Prior to joining Project HOPE, she held senior positions at both Deloitte Consulting LLP and Ernst & Young Management Consulting after beginning her career in public service. Bertzman Social Ventures is the realization of Linda's dream to leverage her professional experience and personal passion to make the world a better place. Linda is known as a creative, strategic leader who leverages her personal and professional experiences to build lasting relationships, solve tough problems and to identify and seize strategic opportunities.



Dr. Sharad Onta

A medical graduate (MD) in 1984 from Leningrad – former Soviet Union (USSR), has Master's in public health (MPH) from UK, 1992. He completed his Ph. D in 1999 from Copenhagen, Denmark in health system research. Retired faculty of Tribhuvan University, Nepal, he is founding General Secretary of Nepal Public Health Foundation (NPHF). He is the Chair of Resource Centre for Primary Health Care, an NGO. He is also the President of Physicians for Social Responsibility Nepal (PSRN) and the Country Coordinator for People's Health Movement, Nepal



Engaging regularly with our stakeholders is fundamental to the way we operate. Effective stakeholder engagement is a prerequisite for the PPHF achieving its mission. PPHF works with companies, governments, non-profits, and different organizations to improve health and wellbeing of people through locally driven solutions. Our partners share our values and help us accomplish our mission to impact people's health. We are committed to creating value for our stakeholders for their support and contribute in building greater public health impact.

Partnership Engagements

How We Are Funded ?

Stakeholders contribute to the Foundation in many ways, including by providing funding, Gift-in-Kind (GIK) and volunteering to Foundation's work. The Foundation's income comes from three main sources: corporate sector, foundations and Individuals. The foundation would like to thank our finance providers for their continued support.

GuideStar Certification

PPHF has been certified by GuideStar India which is the largest and most reliable platform that certifies NGOs based on their level of transparency & public accountability after a rigorous due diligence. We are pre-vetted and "ready-to-partner" organization.





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Bruhat Bengaluru Mahanagara Palike



AstraZeneca

Our Stakeholders





GE Healthcare



United Way of Delhi
National Capital Region



PPHF's work is built around a set of five strategic thematic areas that address the most critical public health issues. To advance knowledge and practice across these strategic areas, PPHF works closely with communities, government, public institutions, the private sector, nongovernmental organizations, donor agencies, research institutions, academia, and other key actors on sustainable solutions for public health challenge.

PPHF's Strategic Thematic Areas

Non-Communicable Diseases (NCD): We use a continuum of care approach to prevent and better manage NCDs like obesity, diabetes, hypertension, cancers, cardiovascular and respiratory diseases.



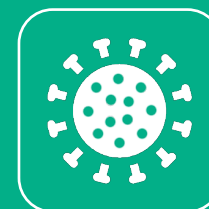
Women, Adolescent and Child health: We provide community-based solutions for and access to essential health care for adolescent girls, mothers, and children.



Nutrition: We work towards better nutrition outcomes across key life stages from infancy to old age.

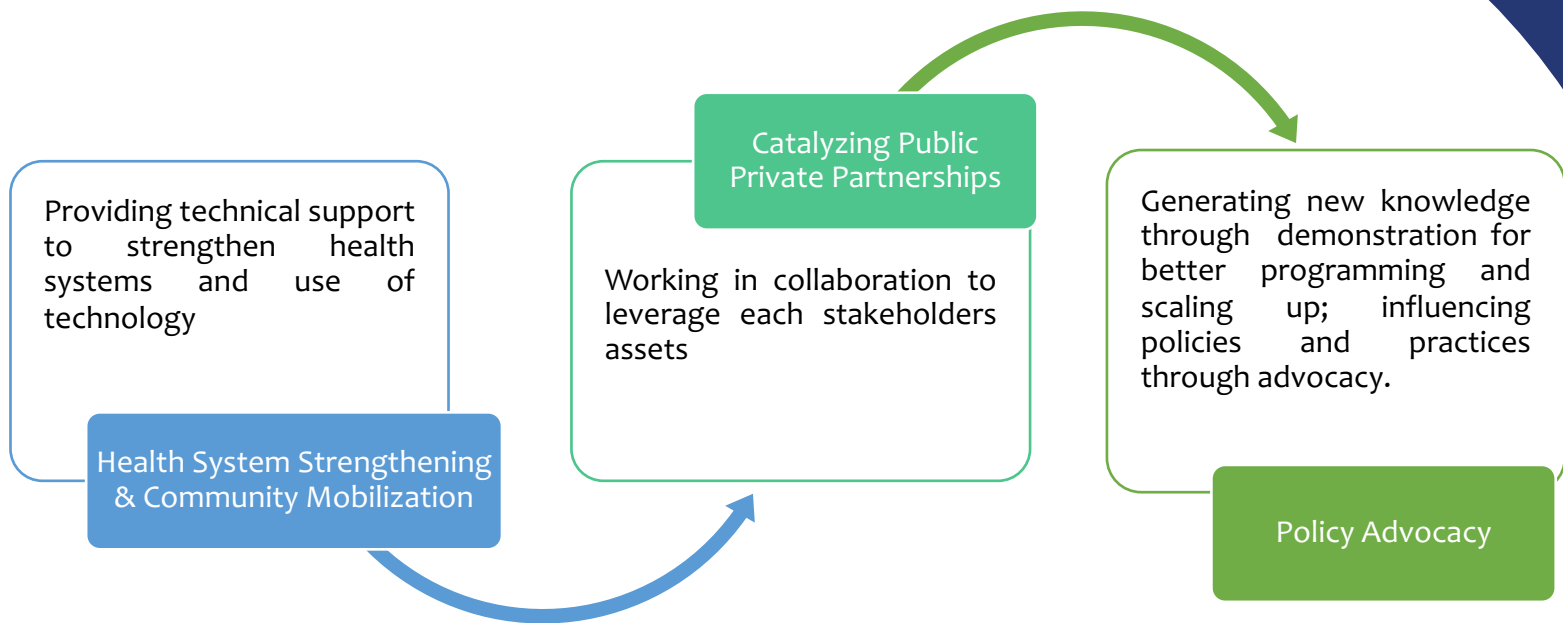


Infectious Diseases: We educate and capacitate communities and health care providers on prevention and control of infectious diseases.



Environmental Health: Environmental health is essential part of our public health approach. We focus on three areas: WASH (Water, Sanitation, and Hygiene), Air and food system to protect people and provide communities with healthier environments.





Our business model is underpinned by our capacity for:

Our Approach

- 1 Providing technical support on quality public health delivery
- 2 Building the skills of health care providers and the capacity of the local health care system;
- 3 Mobilizing community and expanding community support systems;
- 4 Generating new knowledge for better programming and influencing policies and practices for scale up;
- 5 Leveraging partnerships to impact health and well-being of people

Looking forward:

Strategic thematic areas of work

The COVID-19 pandemic crisis has disrupted delivery of essential health services in the community. As a result, it is leading to deterioration in health status of people, particularly for those at-risk population and those with pre-existing non-communicable diseases who are at a heightened risk of becoming severely ill with the virus. We are already seeing a decline in vaccination rates, facility births, and other health services as a result of the pandemic, there is a critical need to support health system and community to maintain these essential health services. In 2020-21, we aim to focus our attention and work towards building

community around an important part of the pandemic response- the maintenance of essential health services and continue our work around the five strategic thematic areas:

1. **Non-Communicable Diseases;**
2. **Women, Adolescent and Child health;**
3. **Nutrition;**
4. **Infectious Diseases; and**
5. **Environmental Health**

Health Technology

The coronavirus pandemic has forced us all to find new ways of working, interacting with people and providing health solutions. It has set us new challenges and created a greater space for Digital technology for health solutions. Digitalization could help health sector for prevention and care. We aspire to partner with health technology companies providing technology on telemedicine, electronic health records, public health surveillance and artificial intelligence (AI) algorithms, wireless health sensors, imaging, mobile health, and health analytics for clinical decision making. We aim to bring low cost health care solutions for better service delivery.

Accelerating our strategic priorities to support countries in Asia

Asia is developing rapidly, with societies and health in transition. The region faces health challenges old and new pandemic like COVID-19. Despite the magnitude of these interrelated challenges, these countries spend less percent of their gross domestic products (GDPs) on health as compared to global average. Most countries in the region have resource-constrained health systems. We have plan to work on the strengths of partnerships in other countries in Asia towards end of 2020 or beginning of 2020. A partnership mapping and scoping exercise is underway.



2020-21
priorities

- **Beneficiary Group:** Doctors, Paramedical staff, Urban Slums, General Population, Vulnerable Groups like Migrant laborers, Mother and Child
- **Geography:** High burden States PAN India- Delhi, Karnataka, Maharashtra, Jharkhand etc.

Program Details: PPHF has been working at the national and sub-national level with the government health system and community on COVID 19 response.

PPHF's efforts range from health system infrastructure strengthening to prevention and control of infection amongst the vulnerable and potential groups like urban slums, food handlers, policemen, migrant families, healthcare workers through medical and non - medical essentials distributions, promotion of hand hygiene practices through installation of foot-operated handwashing stations, safety kits provision etc. Other than these short-term responses, PPHF is now also focusing on establishing long-term community and health system resilience programs addressing the potential hard-hit areas like nutrition and food system focusing on children and mothers from underprivileged communities.



COVID Response to Build Resilient Communities

Powered By: Wipro GE Healthcare, Cognizant Foundation, Garrett Advancing Motion, Goodera, FICCI, Wipro Foundation, Becton, Dickinson and Company, B4U Music, CSR Box, Vikas Bharti Bishunpur

PPHF is focusing on the following 5 areas on COVID-19 in India:

1. Strengthening the health system infrastructure by providing life supporting medical equipment and supplies to COVID-19 hospitals and Quarantine centres;
2. Supporting healthcare workers on infection prevention and control;
3. Supporting hygiene promotion activities in the community;
4. Providing safety kits to community; and
5. Building Resilient Community Health Systems through the COVID-19 pandemic and Beyond.

Maharashtra

- Seven Hills
- Bombay Municipal Corporation
- Kasturba Hospital
- KEM hospital
- Civil Hospital, Thane
- St George Hospital
- Sasoon hospital , Pune

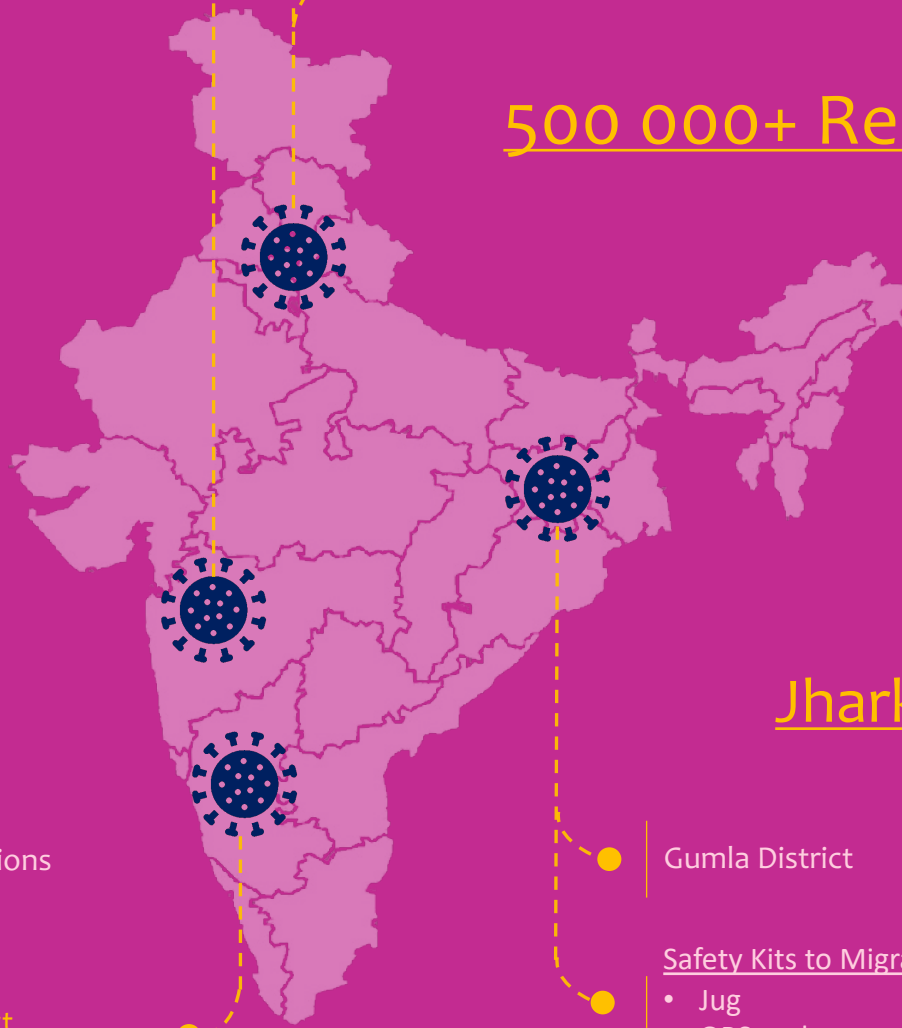
- ICU beds
- PPE kits
- N-95 masks
- 3-ply masks

Delhi

- RML Hospital
- Safdarjung Hospital
- LN Hospital
- Mohalla Clinics
- Urban Clusters
- Government Schools
- Police Stations
- Urban slums

- PPE Kits
- N 95 Masks
- Sanitizers
- Automatic Sanitization Dispensers,
- 3-ply Masks
- Thermal Guns
- BP Apparatus
- 30 ICU Beds
- 90 Isolation Beds
- 30 Hand Washing Stations

500 000+ Reached



- PPE Kits
- N 95 Masks
- Thermal Guns
- ICU Beds
- Hand Washing Stations
- SCREENing Kiosks

- Kandhaya Bhawan, Ramanagara District
- CV Raman General Hospital, Bangalore

Jharkhand

Gumla District

Safety Kits to Migrants

- Jug
- ORS sachets
- Reusable Masks
- Soap Bars
- Sanitary Napkins

Karnataka

300 migrant families reached

Delhi

PPHF has been working directly with the State Government and Central Government hospitals to establish dedicated COVID-19 hospitals and fulfil ongoing requirements in terms of PPE kits, N-95 masks, high-end motorized ICU beds, sanitizers, automatic sanitization dispensers, 3 ply masks, thermal guns, BP apparatus etc. A 130- bed facility has been established exclusively for COVID-19 patients in Ram Manohar Lohia Hospital (RML), Block 1 & 2 which includes 30 ICU and 90 Isolation beds set up . RML is a nodal COVID-19 centre for Delhi and surrounding cities where these facilities are being utilized to 100% till date.

PPHF has also supported Safdarjung hospital and Lok Nayak hospital with essential medical supplies and protective equipment to manage COVID-19 well and prevent the spread of COVID-19 amongst healthcare providers . supported Safdarjung hospital and Lok Nayak hospital with essential medical supplies and protective equipment to manage COVID-19 well and prevent the spread of COVID-19 amongst healthcare providers. Approx. 35 foot-operated handwashing stations have also been installed at various strategic locations of Delhi which includes Government schools, police stations, Mohalla clinics, urban clusters etc in collaboration with the local authorities of Delhi. These locations have been mapped along with the Government officials to drive hygiene practices among vulnerable population in the community to prevent COVID-19 infection.

People to People Health Foundation (PPHF) collaborating with state governments and local administration at the district level to work out effective local hash washing solutions that fit in the rural and urban slum communities.

We partnered with the local governance system of North West Delhi to install 35 hand washing stations at various strategic locations like Mohalla clinics, Urban Clusters, Government

Schools and Police Stations in urban slums of Delhi.

The innovative foot operated stations eliminate the need to use hands to operate the machine and minimize water consumption as water is not required during the scrubbing phase of handwash, thus saving water and saving lives too. With this initiative, approx. 500,000 people will be reached.

Karnataka:

PPHF has collaborated with the state government and NHM Karnataka to strengthen the support for prevention and management of COVID 19. Kandhaya Bhawan, Ramanagara District has been developed as Dedicated referral hospital for COVID 19. The Honorable Health Minister of Karnataka appreciated the contributions and support for the same. CV Raman General Hospital of Bangalore has been equipped with ICU beds and various other essential medical supplies and protective equipment. Various locations like crematoriums, police stations etc are being identified in Bangalore for installation of hand washing stations and promotion of hand washing behavior to continue supporting the beyond COVID 19 WASH related challenges.

We are also supporting the government on prevention and strengthening the screening process for COVID 19 by supporting installation of screening kiosks at the Bengaluru airport and across the fever clinics in Bangalore and Bidar District. Post unlocking of the Lock down, Bengaluru is experiencing a huge inflow of passengers who are coming back from their hometowns to join work or vice a versa. To ensure quick and effective screening, these kiosks are going to speed- up the process of screening without putting the healthcare providers at risk of infection since these kiosks are closed compartments with extension to take samples without coming in direct contact of individuals.

Jharkhand:

Jharkhand state have seen a sharp rise in COVID-19 cases over the past few weeks mainly due to inflow of migrant workers. PPHF with support from B4U partnered with Vikas Bharti Bishunpur, to support the influx of migrants in Jharkhand. We have supplied safety kits (bucket, jug, ORS sachets, reusable masks, soap bars, sanitary napkins) to the 300 migrant families in Gumla District of Jharkhand. The project engaged the local self-help groups (SHGs) for making and the supply of masks.

Maharashtra:

Multiple COVID-19 designated hospitals in Mumbai – like Seven Hills, Bombay Municipal Corporation, Kasturba hospital, Civil hospital Thane, KEM hospital, Parel Mumbai, St. George Hospital etc., hospitals and in Pune, Sasoon hospital have been equipped with ICU beds, PPE kits, N-95 masks, 3 ply masks etc. PPHF is constantly monitoring the equipment needs from these hospitals to provide continuous support.

PPHF COVID Response Fund (PCRF):

PPHF deeply acknowledges its valued partnerships with corporate, institutional, and individual donors who have been funding to PPHF COVID-19 Response Fund (PCRF). The PCRF has and continues to play a critical role in responding to COVID-19 outbreak. To date, in response to COVID-19, we have received funding from Wipro GE Healthcare, Cognizant Foundation, Garrett Advancing Motion, Goodera, FICCI, Wipro Foundation, Becton, Dickinson and Company, B4U Music, CSR Box, Vikas Bharti Bishunpur and individual donations.

PPHF is constantly welcoming new partnerships and collaborations to impact both short and long -term COVID outcomes. We are also running a dedicated campaign on Goodera's platform to support our COVID19 response efforts:

<https://app.goodera.com/#/volunteering/campaign/1707>

- **Beneficiary Group:** Doctors, Paramedical staff, ASHA, ANM, General population
- **Geography:** 35 Districts of 5 States- Jharkhand, Maharashtra, Punjab, Haryana, Karnataka

Program Details: PPHF in partnership with GE Healthcare has Implemented “SCREEN” - Strengthen Capacity to Reach Everyone for Effective Screening to Prevent NCDs launched in 2018 aiming at integrated prevention and early detection of NCDs like diabetes, hypertension, cardiovascular diseases and common cancers to contribute towards the national goal of reducing morbidity and mortality due to NCDs. Project SCREEN adopts a three-pillar approach to implement the package of interventions based on: 1) capacity building of health teams and primary care physicians; 2) community awareness call to action drive for screening; and 3) advocacy for scaling up. Project has been implemented in partnership with 5 State Governments (Karnataka, Punjab, Haryana, Maharashtra & Jharkhand) across 35 districts, out of which 13 are aspirational districts under PMJAY.

Success Indicators:

- Increased screening for NCDs
- Increased NCD fund utilization & allocation
- Increased follow-up for NCDs
- Increased referral of complicated NCD cases in a timely manner

SCREEN

Powered by: Wipro GE Healthcare, NHM, Karnataka, Punjab, Haryana, Jharkhand, Maharashtra



Major Outcomes:

- The screening data is being reported in the State HMIS.
- Increase fund allocations for NCD screening and trainings within the State PIP.
- Multiple health centers selected under SCREEN have already been upgraded to Health and Wellness centers under the promising scheme of Ayushman Bharat.
- Developed a comprehensive capacity building and community mobilization package (NCD Toolkit) and scaled it at the State level.

SCREEN's Three Pillar Approach

Capacity Building of Health Teams and Primary Physicians

Community Awareness Call To Action Drive followed by Screening

Advocacy for Scaling Up

SCREEN Impact:

- Project has capacitated approximately 4770 Government healthcare providers
- Screened around 45,406 people through 755 NCD screening camps. The screening data is being reported in the State HMIS.
- The project has also been able to mobilize funds and Increase fund allocations for NCD screening and trainings within the State PIP.
- Multiple health centers selected under SCREEN have already been upgraded to Health and Wellness centers under the promising scheme of Ayushman Bharat.
- SCREEN has backed up with multiple acknowledgement letters from district and state Government.
- The SCREEN's formative assessment report and policy brief were released by the Honorable Minister, Mr. Ashwini Kumar Choubey which demonstrates the political commitment towards the Initiative.
- SCREEN has developed a comprehensive capacity building and community mobilization package (NCD Toolkit) and scaled It at the State level.
- Indirectly, the project has been able to create awareness amongst as many as 181,624 people till date.



Technical Advisory Group of 12 eminent experts in NCD



Formative Assessment: State specific and overall project report developed and released.



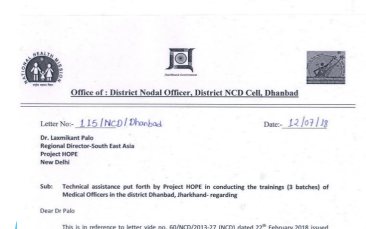
NCD Policy Brief: Addressing the NCD Program Implementation Challenges in India



Technical Advisory Group of 12 eminent experts in NCD



Screening Camps



Acknowledgement Letter and Forewords



Case Stories



Social Media Updates



Media Coverage of Trainings at Moga, Punjab

Media Coverages

- **Beneficiary Groups:** Policy makers & implementors, State level implementors, Institutes, Corporates, PSUs, Foundations, Advocacy groups etc
- **Geography:** National (Delhi) & Regional – West Bengal, Rajasthan, Kerala

Program Details:

Over 40 diverse stakeholders, representing government, non-governmental organizations, civil society, corporate leaders, industry networks, bilateral development agencies, patient organizations, medical institutions, academia, researchers, clinicians and Rare Diseases experts, met for the Roundtable Discussion on “Draft National Policy for Rare Diseases” on February 7 facilitated by PPHF and FICCI, 2020 using a structured participatory meeting methodology called Open Space Technology.

The members, in a participatory manner, have worked as team to review and synthesize the list of urgent actions based on the need, experiences, evidence around Rare Diseases in India.



Round-Table

Technical Discussion on National Rare Diseases Policy

Powered by: People to People Health Foundation

Participants of the Roundtable came together in an effort to extend collaborative and practical recommendations towards strengthening the draft National Policy for Rare Diseases. Following are the recommendations from the deliberations in this exercise:

High Priority Recommendations:

- We call for an immediate fund allocation of Rs 500 crore towards treatment of already diagnosed patients (approximately 400 patients majorly in Group III diseases) that are still awaiting treatment and suffering for the past over two years. Through this annually allocated fund, treatment to all patients for which drugs that are already approved by DCGI (and those that will be approved in future) can be availed. Such patients need to be urgently taken under the fold of treatment considering their Right to Life as outlined in Article 21 of the Constitution of India.
- We call for a sustainable funding mechanism in place to ensure sustained treatment to the patients with rare diseases. The potential sources of such sustainable funding could be:
 - a. Centre and State contribution (in 60:40 ratio) through NHM, based on the existing PIP model could be adapted for rare diseases as well;
 - b. Dedicate a portion of Health Cess;
 - c. Create Prime Minister Rare Diseases Treatment Fund; pooling of CSR and PSU funds and provision for tax benefits to companies donating to it via amendment in Companies Act Schedule VII of CSR provisions;
 - d. Develop a collaborative co-pay model with the Central Govt - State Govt- Industry partnership and define the percentage break up of cost sharing;
 - e. Formulate guidelines for medical insurance to cover the costs for specific diseases requiring supportive therapies.
- We call for the committed financial assistance (of amount Rs 15 lakh as one-time payment) to be applicable for all falling under Group I diseases, and not be limited only to those eligible as Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) beneficiaries. Inclusion of provision for disease specific financial packages or yearly packages in group 2 & 3 categories of diseases;
- and sufficient allocation to cover the cost of treatment for diseases requiring lifelong treatment and provision for inclusion for other disorders/ new diseases.
- We call for complete waiver of taxation (GST and customs duty) on drugs for treatment of Rare Diseases.
- Rare disease drugs ought to be tax free in the same way as other life-saving drugs.
- We call for Earmark budget for prevention (education, communication, awareness) and research on Rare Diseases in India. Establish a public-private partnership for a national Rare Diseases education and Awareness building program for the healthcare providers/physicians and community.
- We call for creation of state level diagnosis & treatment centers in all states in addition to the Centre of Excellence at the national level. This can be initiated in an incremental manner starting with 5-6 states with existing capacity. Develop a selection criterion for identification of Centre of Excellence including private hospitals. The state level centers can also help ICMR for maintaining registry.
- We call for a mandatory provision for universal screening of newborns. The Newborn screening can identify rare diseases in the first few days of a baby's life. The early intervention and treatment can produce lifesaving changes for these children, a dramatically improved quality of life for the entire family, and often significantly reduced costs to the public health care system.
- We call for a multi-sectoral convergent and linkages model to tackle rare diseases in India. Define role for each Ministry and concerned departments and develop an implementation framework on measures to be taken by them on their sector wise response to tackling rare diseases. For example, use the infrastructure of rare blood disorders centers already available in the states.

- **Beneficiary Groups: MOs and Allied Health Professionals**
- **Geography: 17 districts of Maharashtra**

Program Details: With the growing burden of NCDs, it is not plainly 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, PPHF and Sanofi SAATH 7 in collaboration with Government of Maharashtra Public Health Department, are helping to strengthen the capacity and skills of the health workforce in the state of Maharashtra. Together, we are providing capacity building on prevention and management of NCDs to MOs and nurses.

Major Outcomes:

- Ready standardized curriculum on NCDs for training MOs and AHPs for replication across all districts



Collaboration with State of Maharashtra - NCDs

Powered by: Funded by: Sanofi CSR

- Better skilled medical staff under NPCDCS program Impact assessment is still to be implemented. Findings will help improve the curriculum further

Success Indicators:

- Initially the trainings were imparted in 11 Districts but seeing the training report and quality of services delivered by the trained staff, State requested to further replicate the trainings in additional 6 districts.
- Increased turn over for NCD screening due to the better community level counselling's done by the trained Staff (verbal & observational finding, assessment is yet to be undertaken).

Activities:

- Trained total 701 allied health-care professionals and MOs in total 17 districts of Maharashtra on the prevention and management of NCDs with special focus on building their soft skills. Trainings in five districts namely Amaravathi, Nandhurbur, Nanded, Ratnagiri, Sindhudurg were completed in previous year itself, remaining have been completed in 2019.
- An impact assessment of training of MOs in Maharashtra will be conducted to assess how the PPHF training of the MOs has helped their day-to-day performance at managing the (care seekers) patients under NPCDCS and PBS and in realizing their overall role under NPCDCS program implementation. This will help us to further strengthen the methodology, tools, content and approaches for future trainings.

Methodology Planned:

The assessments will be done by specialized third party research agency in partnership with AIIMs, ICMR and other technical organizations. The findings will be disseminated with help of a national level workshop wherein key technical stakeholders from NCD will be invited. An exploratory approach will be used to identify themes associated with the research question. We will use qualitative research methods i.e., in-depth interviews (IDIs) and non-formal interactions (NFI) with key informants and stakeholders besides reviewing secondary information already available through project reports and system records with PPHF and program sources. Kolhapur, Ratnagiri, Nanded, Akola and Thane districts have been chosen for conducting the assessment to represent all, south, east, west and north Maharashtra. Participants (MOs) for the data collection will be identified through stratified random selection of the health facility and then from among the pool of personnel therein who have undergone the PPHF training. All interviews with system-based stakeholders will be undertaken with prior appointment. However, if any appointment is cancelled, we will undertake convenience selection of the participant in the best interest of time. For the NFI (exit interviews) with care seekers of NPCDCS, identification of the participant will be done on the spot.

Moving forward, the training impact assessment will be rolled out followed by a dissemination workshop.

- **Beneficiary Groups: MOs under RBSK**
- **Geography: Goa**

Program Details: PPHF in collaboration with Sanofi CSR and NHM Goa conducted NCD trainings for MOs in Goa in the month of December 2019. The trainings focused on GoI's population-based screening guidelines for NCDs (diabetes, hypertension, and cancer) prevention and management. PPHF has developed and implemented a culturally tailored, evidence-based patient centric education training program based on the visualization in participatory program for the MOs. Program aimed to strengthen the prevention, management, and communication skills of the MOs.

A total of 55 participants attended the training. There was significant improvement in the post training test scores of the participants as 86% of them could score either good (above 50%) or excellent (above 75%) whereas only 65% scored either poor or average (below 50%) during pre-test.



CB of RBSK health team on NCDs - NHM Goa

Powered by: Funded by: Sanofi CSR

- Beneficiary Group: **Nurses**
- Geography: **Delhi and Bangalore**

Major Outcomes

The nurse's capacity will be built as trainers for facilitation to: Evaluate training needs, engage learners, Introduce concepts and skills and Support people in the development of critical skill sets.

Success Indicators:

- Expansion of nurses NCD trainings by INC
- The Trainers trained will be a ready resource to be leveraged for multiple trainings of nurses on NCD, project-based program implementation, educational, skilling activities etc.

INC Endorsed NCD Training Curriculum for Nurses

Powered by: AstraZeneca India

Program Details: Under this project, PPHF in collaboration with Astrazeneca India and Indian Nursing council (INC) has developed an NCD course curriculum for nurses to be trained as trainers, endorsed by INC. PPHF and INC will train total 60 nurses as master trainers under the current scope of the program.

Implementation Model: Nurses curriculum has been developed on NCDs based on the Government's curriculum. Curriculum has been reviewed and endorsed by INC. Training of the Trainers approach will be followed to train the INC nominated nurses as Master trainers with faculty from PPHF & INC.

This program builds on the trainers' current knowledge, skills and strengths and explores practical tools and techniques to address opportunities for improvement. It is designed to energize facilitators and help them discover strategies to make training programs more dynamic, interactive, and practical for the participants. The training elements are:

1. Pre-assessment.
2. Pre-work.
3. Trainer and participant agenda.
4. Facilitation manual.
5. Modeling of the skills and topic to be delivered.
6. Adult learning principles.
7. Skill practice and feedback.
8. Action planning.
9. Planned follow-up support

Moving forward, we will organize the nurse's trainings in Delhi and Bangalore.

- Beneficiary Groups: District level Medical Officers and State NCD Nodal Officers & NCD program implementors
- Geography: Uttar Pradesh

Program Details: To address the HCP skills gap, PPHF, in partnership with the NHM- Uttar Pradesh, United Way of Delhi and Eli Lilly organized a training program to build the capacity of health professionals as Trainers to promote and practice relevant, up-to-date patient-centric care, under the Ayushman Bharat Initiative.

The training will be complemented with State level NCD consultation in Uttar Pradesh addressing the “how” part of NCD program implementation for the State level implementors.

Success Indicators:

- Increased capacity of Medical officers
- State owned recommendations for NCD program implementation with conversions like increased allocation of funds in the PIP, increased Government interest in NCD program etc



Partnership with State of Gujrat and UP on NCDs

Powered by: United Ways of Delhi & Eli Lilly

Major Outcomes:

- Presence of 2- district level NCD trainers per district of U.P for further training medical officers in cascade approach in their respective districts
- Ready training curriculum with the State for scaling NCD trainings
- Book of proceedings with recommendations for NCD implementors to implement the program effectively by addressing the barriers identified and recommendations prioritized with ownership of implementation

Implementation Model:

Adaptation of NCD training modules as per NPCDCS and PBS guidelines of Government of India and skill enhancement of the medical officers as district level trainers. Use of innovative consultation strategy to come up with book of proceedings- set of prioritized recommendations for implementing NCD program at the State level

- Total 100 MOs are to be reached through the training program and 150 State Nodal Officers and NCD program implementors through the NCD consultation.
- 40 MOs have been trained till date in Lucknow and PPHF plans to train the remaining 60 MOs in near future.
- The training results showed a significant improvement in the post training test scores of the participants as 63% of them scored excellent (above 75%) in post-test in comparison to only 13% in pre-test.

Moving forward, PPHF plans to train another 60 MOs and organize the State level NCD consultation.



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3. Nutrition;
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