

ANNUAL REPORT 2014



PUBLIC
HEALTH
FOUNDATION
OF INDIA

Vision

To strengthen India's public health institutional and systems capability and provide knowledge to achieve better health outcomes for all

Mission

- Developing the public health workforce and setting standards
- Advancing public health research and technology
- Strengthening knowledge application and evidence-informed public health practice and policy

Values

Transparency

- Uphold the trust of our multiple stakeholders and supporters
- Honest, open and ethical in all we do, acting always with integrity

Impact

- Link efforts to improving public health outcomes, knowledge to action
- Responsive to existing and emerging public health priorities

Informed

- Knowledge based, evidence-driven approach in all we do
- Drawing on diverse and multi-disciplinary expertise, open to innovative approaches

Excellence

- Aim for highest standards in all aspects of our work
- Encourage, recognise and celebrate our achievements

Independence

- Independent view & voice, based on research integrity & excellence
- Support academic and research freedom, contributing to public health goals and interests

Inclusiveness

- Strive for equitable and sustainable development, working with communities
- Collaborate and partner with other public health organisations

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Mr. Anand G. Mahindra

Mr. N. R. Narayana Murthy

Mr. Anand Mahindra provided able and astute leadership, as Chairman of PHFI, from October 2013 to January 2015. This Annual Report covers the period under his Chairmanship. Mr. Mahindra resigned in January 2015, requesting the Executive Committee of PHFI to relieve him of the responsibility because of growing business commitments, and proposed that Mr. N. R. Narayana Murthy be invited to resume leadership of PHFI as Chairman. The EC of PHFI thanked Mr. Mahindra for his services and inspirational leadership and unanimously resolved to invite Mr. Narayana Murthy to lead PHFI as Chairman for the second time. Mr. Narayana Murthy assumed office in February 2015. Mr. Mahindra has graciously consented to continue his association with PHFI as a member of the General Body and as a Permanent Invitee to the Executive Committee meetings.

From the President's Pen

With PHFI attaining 8 years of age in 2014, it is once again time to record its progress in an Annual Report and reflect on the accomplishments and challenges.

PHFI has established four Indian Institutes of Public Health (IIPHs) in Delhi – NCR, Gandhinagar, Hyderabad and Bhubaneswar. While these are operating from temporary campuses, the permanent campus in Gandhinagar will be ready for opening in the second half of 2015. A fifth IIPH is in the making at Shillong, with a core team positioned there to work closely with the Government of Meghalaya. Two other training centres continue to function from state government provided institutional facilities at Gwalior and Bengaluru, for training state sponsored health personnel in public health management.

The Academic Programmes at the IIPHs now span an array of on-campus diploma programmes and two MSc-PHD programmes in Health Informatics and Clinical Research (in partnership with the Academy of CSIR). A joint MPH programme is being conducted in Hyderabad, in partnership with the Central University of Hyderabad. In addition, a bouquet of distance education diploma programmes are offered to working professionals. With grant of University status expected for Gandhinagar in 2015, PHFI is poised to start its own MPH programme.

Research, across PHFI, has addressed many issues of national and state-specific priority, while developing multi-institutional collaborations with Indian and global partners. This productivity is reflected in the large number of high-impact publications as well as growing number of project grants. The impact of this research on policy and practice is expanding, whether in the area of antibiotic resistance or community



Prof. K. Srinath Reddy

based control of mental illness, high blood pressure and diabetes. A heat action plan, developed by IIPH-Gandhinagar based on its study of heat related mortality patterns, has now been adopted by the city of Ahmedabad with demonstrated impact.

PHFI is also providing technical assistance to central and state governments in many areas. It is technical support unit for the national HIV prevention and routine immunization programmes, and is assisting the development of training and regulatory road maps for allied health professional training and development of public health cadres across states. The Swasthya Slate, developed by PHFI's Affordable Health technologies Division, and described by the Wall Street Journal and Washington Post as a high impact transformational technology with potential global impact, is now deployed in six districts of Jammu and Kashmir as part of the National Health Mission's RMNCH+A programme.

While these are among the several reasons to feel a sense of satisfaction, there have also been a number of challenges – delays in grant of University status, financial constraints that slowed the pace of campus construction – that have limited PHFI's level of response to a rapidly growing demand for technical support from multiple stakeholders. To compensate for these, there is the invigorating sight of a 900 strong organization brimming with the energy of a 700 plus multi-disciplinary technical talent pool irrigating India's health system.

With my colleagues at PHFI, I have shared a personal aphorism that has guided my life: "If the perfect is not (immediately) possible, perfect the possible. Then, try to make the perfect possible". So far, at PHFI, we have been doing our best to accomplish the former, working within the constraints we have. We hope to soon overcome those constraints, to accomplish the latter and rise to our full potential.

As we present this Annual Report, I would like to record my sincere thanks to the Board (EC) of PHFI as well as all our national and global partners who have supported our work and enabled our growth with their valuable guidance, unstinted support and ever dependable friendship.

K. Srinath Reddy

President, Public Health Foundation of India





The Governing Body meeting of PHFI held in October 2013

राखने से दृष्टी और वृत्ति दोनों बदल जाती है।

The Public Health
Foundation of India





*"Dream no small dreams
for they have no power to move
the hearts of man"*

Johann Wolfgang von Goethe



PUBLIC
HEALTH
FOUNDATION
OF INDIA

Introduction

The Public Health Foundation of India (PHFI) is a public-private initiative launched in 2006 to build institutional and systems capacity in India for strengthening education, training, research, technology innovation, practice and policy in public health. The creation of PHFI was enabled by the Ministry of Health and Family Welfare, Government of India, and was supported by several state governments, foundations including the Bill & Melinda Gates Foundation, the Wellcome Trust and the philanthropic private sector.

PHFI adopts a broad, integrative, multi-disciplinary and multi-sectoral approach to public health, and engages with the many dimensions of public health that encompass promotive, preventive and therapeutic services. PHFI aims to play an enabling role in the transformation of India's health scenario by working collaboratively with all stakeholders in the health system. It provides technical support and assistance to state governments for informing and aiding governmental initiatives. It also engages with the research community, academia, NGOs, civil society and international agencies towards a collective action on health.



Governance

PHFI is an autonomously governed not-for-profit public-private initiative, registered as a Society under the Societies Registration Act 1860. Under the governance structure adopted by the Society, it is governed by a fully empowered, independent **General Body** which comprises all the members of the Society and has representatives from the government, Indian and international academia, scientific community, civil society and private philanthropists.

The management of the affairs of the Society is entrusted to the **Executive Committee**, which is the governing body of PHFI, elected by the Members of the Society in accordance with the Rules and Regulations.

The Chairperson of the GB also chairs the EC. The President of the Society is a non-voting, ex-officio member of the EC and hold the position of Member Secretary.

Executive Committee Membership

Mr. N. R. Narayana Murthy (Chairperson)

Founder, Infosys Limited

Dr. Montek Singh Ahluwalia

Former Deputy Chairman, Planning Commission, GOI

Mr. Bhanu Pratap Sharma (Ex-Officio)

Secretary, Ministry of Health and Family Welfare, GOI

Dr. Raghunath Anant Mashelkar

National Research Professor & President, Global Research Alliance

Prof. K. VijayRaghavan

Secretary, Department of Biotechnology, Ministry of Science and Technology, GOI

Mr. Harpal Singh

Mentor and Chairman Emeritus, Fortis Healthcare Ltd; Chairman, Save the Children India

Mr. J. V. R. Prasada Rao

UN Secretary General Special Envoy for AIDS, Asia & the Pacific

Mr. Uday Nabha Khemka

Vice Chairman, SUN Group

Dr. Timothy G. Evans

Senior Director for Health, Nutrition and Population, World Bank

Mr. Gautam Kumra

Director, McKinsey & Co.

Mrs. Kiran Malhotra

Chairperson, AKM Systems Pvt. Ltd.

Ms. Mirai Chatterjee

Director, Social Security, Self Employed Women's Association (SEWA)

Dr. Abhay Bang

Founder and Director, Society for Education, Action and Research in Community Health (SEARCH), Gadchiroli

Prof. K Srinath Reddy

President, Public Health Foundation of India

General Body Membership

Mr. N. R. Narayana Murthy (Chairperson)

Founder, Infosys Limited

Dr. Montek Singh Ahluwalia

Former Deputy Chairman, Planning Commission, GOI

Mr. Ashok Alexander

Director, Antara Foundation

Dr. Abhay Bang

Founder and Director, Society for Education, Action and Research in Community Health (SEARCH), Gadchiroli

Ms. Mirai Chatterjee

Director, Social Security, Self Employed Women's Association (SEWA)

Dr. Lincoln Chen

President, China Medical Board

Dr. James W. Curran

Dean, Rollins School of Public Health, Emory University

Dr. Timothy G. Evans

Senior Director for Health, Nutrition and Population, World Bank

Dr. Vishwa Mohan Katoch

Secretary, Department of Health Research (DHR) & Director General, Indian Council of Medical Research

Mr. Uday Nabha Khemka

Vice Chairman, SUN Group

Mr. Gautam Kumra

Director, McKinsey & Co.

Mrs. Kiran Malhotra

Chairperson, AKM Systems Pvt. Ltd.

Mr. T. N. Manoharan

Founder Partner, Manohar Chowdhary & Associates

Dr. Raghunath Anant Mashelkar

National Research Professor & President, Global Research Alliance

Mr. Raj Mitta

Chairman, Essential Value Associates Pte. Ltd.

Mr. Shiv Nadar

Founder & Chairman, HCL

Mr. T. K. A. Nair

Former Adviser to the Prime Minister of India

Dr. Ravi Narayan

Community Health Advisor, SOCHARA

Dr. Peter Piot

Director & Professor of Global Health, London School of Hygiene and Tropical Medicine

Dr. Jagdish Prasad

Director General of Health Services, Ministry of Health and Family Welfare, GOI

Mr. J. V. R. Prasada Rao

UN Secretary General's Special Envoy for AIDS, Asia & the Pacific

Prof. K. Srinath Reddy

President, Public Health Foundation of India

Dr. Anil Seal

Founding Director, Cambridge Commonwealth Trust and Cambridge Overseas Trust

Dr. Amartya Sen

Professor of Economics and Philosophy, Harvard University

Dr. Jaime Sepulveda

Executive Director, Global Health Sciences, University of California

Mr. Raman Sharma

Senior Partner, AZB & Partners

Mr. Michel Sidibe

Executive Director, UNAIDS

Mr Harpal Singh

Mentor and Chairman Emeritus, Fortis Healthcare Ltd; Chairman, Save the Children India

Mr. Prashanth Vasu

Partner, McKinsey & Co.

Mr. Bhanu Pratap Sharma

Secretary, Ministry of Health and Family Welfare, GOI

Note:

The following are ex-officio members of the General Body: Secretary, Ministry of Health and Family Welfare, GOI; Director General of Health Services, Ministry of Health and Family Welfare, GOI; Director General, Indian Council of Medical Research

The Secretary, Ministry of Health and Family Welfare, GOI is an ex-officio member of the Executive Committee as well.



■ Sub-Committees

The following sub-committees aid the functioning of the Executive Committee and General Body

Audit Committee of the General Body of PHFI

Mr T N Manoharan, Treasurer of PHFI GB
(Chairperson)
Dr. Timothy G. Evans
Mr. J V R Prasada Rao

Finance and Investment Committee of the Executive Committee of PHFI

Mr. Gautam Kumra (Chair)
Mr. Uday Nabha Khemka
Mr. Harpal Singh
Mr. Raj Mitta (invitee; as Chair of Fundraising Committee)

Fundraising Committee of the Executive Committee of PHFI

Mr. Raj Mitta (Chair)
Mrs. Kiran Malhotra
Dr. Anil Seal
Mr. Harpal Singh
Mr. Gautam Kumra (invitee as Chair of Finance and Investment Committee)

Nomination and Compensation Committee of the Executive Committee of PHFI

Mr. N. R. Narayana Murthy (Chair)
Dr. Montek Singh Ahluwalia
Ms. Mirai Chatterjee
Mr. Bhanu Pratap Sharma
Mr. J V R Prasada Rao
Mr. Harpal Singh

■ Organisation Structure and Management

Education

PHFI currently has a network of 4 **Indian Institutes of Public Health (IIPH)** that have been created with the vision of becoming benchmarks in teaching, training, and research in the public health arena. In addition, 2 ancillary centres at Bangalore and Gwalior conduct academic programs. A 5th IIPH is upcoming in Shillong, Meghalaya.

Each of the IIPHS are guided by **Governing/Advisory Councils** for promoting regional linkages and good governance. The respective Councils comprise distinguished representatives of the state government, academicians and leaders who are committed to the cause of public health; and are chaired by:

Mr. Baijayant 'Jay' Panda (Hon'ble Member of Parliament, Lok Sabha, Kendrapara, Odisha) - Advisory Council of IIPH, Bhubaneswar

Mr. J. V. R. Prasad Rao (UN Secretary General's Special Envoy for AIDS in Asia Pacific) – Advisory Council of IIPH, Delhi

Mr. Sudhir G. Mankad (Chairman, Gujarat International Finance Tec-City Company Ltd.) - Governing Council of IIPH, Gandhinagar

Dr. P Rama Rao (Chairman Governing Council, International Advanced Research Centre for Powder Metallurgy & New Materials)- Advisory Council of IIPH, Hyderabad

In addition, PHFI's **Academic Advisory Council**, comprising renowned academicians and government representatives and chaired by **Dr. Abraham Joseph** (Director, Karigiri Leprosy Hospital), provides guidance to the management, on academic matters.

The internal **Academic Management Committee** supports PHFI to deliver on its public health teaching and training mandate.

Research

PHFI's research projects are delivered by our multi-disciplinary research and technical team in interdisciplinary areas of public health. WHO has appointed PHFI as one of the Nodal Centres for Health Policy and System Research (HPSR). PHFI is also recognized as a Scientific and Industrial Research Organization (SIRO) by the Department of Scientific and Industrial Research, Government of India.

Centres of Excellence (COE) have been set up to strengthen research, training and education in key areas of public health. These include the **South Asia Centre for Disability Inclusive Development and Research (SACDIR)**, **Ramalingaswami Centre for Social Determinants of Health** and the *upcoming Centre for Chronic Conditions and Injuries* (which will build on and consolidate existing research centres working across the Non-Communicable Diseases spectrum in PHFI - the Centre for Cardio-metabolic Risk Reduction in South Asia, the South Asia Network for Chronic Disease and the Centre for Mental Health.)

PHFI's **Research Advisory Council**, chaired by **Dr. Barry Bloom** (Harvard University Distinguished Service Professor and Joan L. and Julius H. Jacobson Professor of Public Health), advises on the broader research agenda and sets the standard for high quality and relevant research.

In addition, the **Institutional Ethics Committee**, chaired by **Prof. Ranjit Roy Chaudhury** (Chairman, Task Force for Research, Apollo Hospitals Educational & Research Foundation) guides and promotes ethical conduct in research. Further, each of the IIPHS also have their individual Ethics Committees to review and guide their respective research.

The internal **Research Management Committee** has been instituted to guide the framework under which research and implementation programs are delivered.

■ At a glance

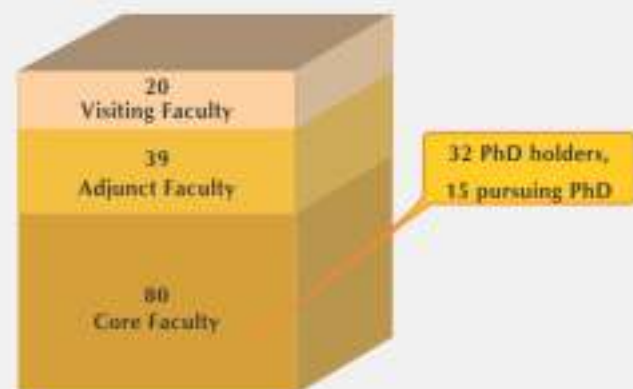
The Indian Institutes of Public Health currently offer 8 On-Campus and 15 Distance-Learning programs

Number of academic courses currently being offered



PHFI has created a talent pool of multi-disciplinary technical and academic staff

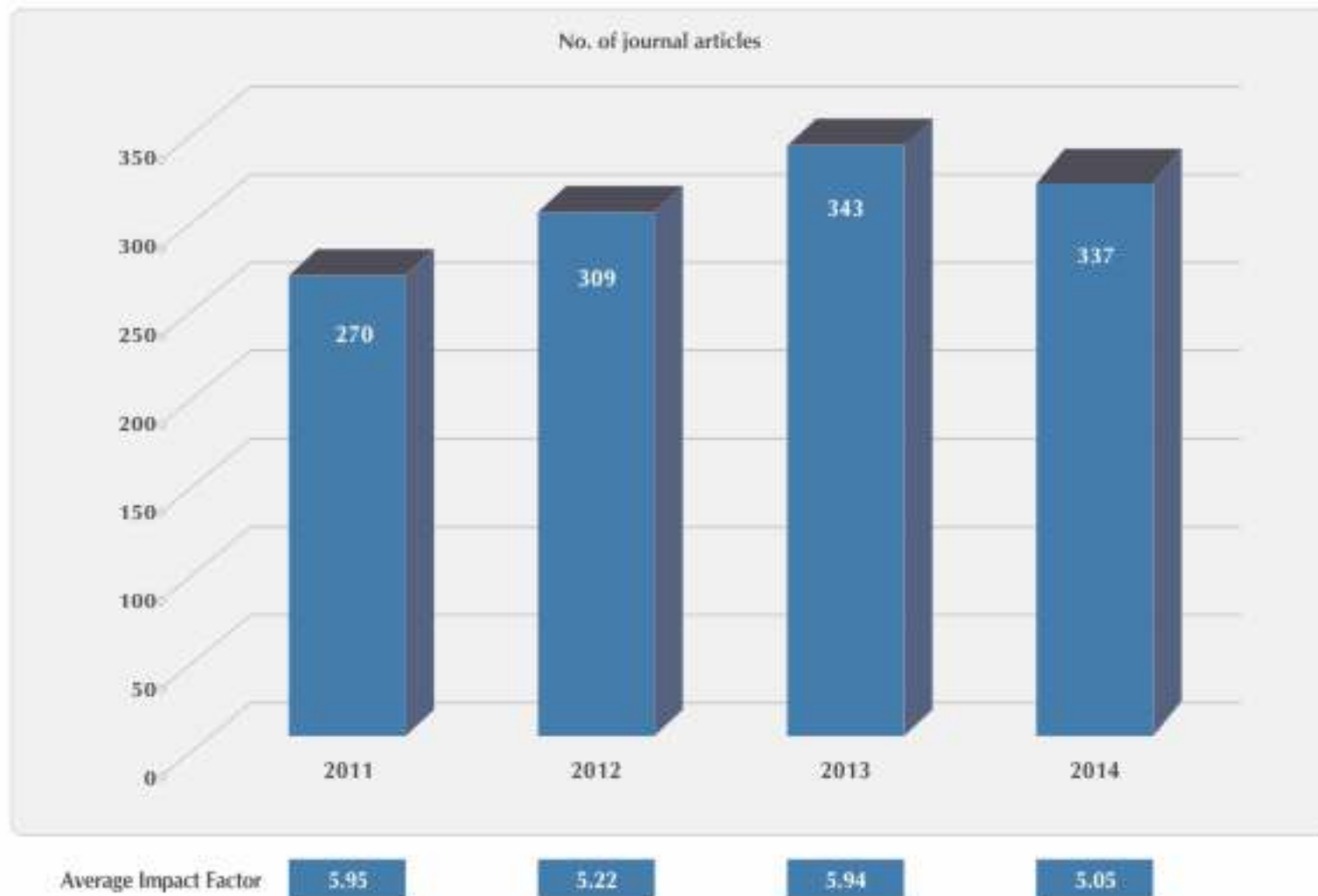
Faculty strength at the Indian Institutes of Public Health



Researcher strength at PHFI



Research conducted at PHFI has resulted in several scientific and policy related publications, many in high impact journals



Training

Since its inception in 2008, PHFI's training division has designed, developed and delivered need-based training for budding researchers, public health professionals and aspirants; public and private physicians in practice and personnel implementing national health programs across the country. The Training Division focuses on origination and development of training programs at the pan-India level, and in states where IIPHs do not currently have a presence.

Health Promotion

PHFI's Health Promotion Division combines research, training, health education, legislative and fiscal policy analysis, policy advocacy and health communication to design and evaluate multi-component interventions for health promotion. In addition, it provides technical support and advice to national programmes including programmes for tobacco control, adolescent health and non-communicable diseases. Research on impact of government policies (as major drivers of social conditions) in influencing the health of individuals and populations is another important core activity at the health promotion division of PHFI.

Affordable Health Technologies

The Affordable Health Technologies division works towards developing innovative technologies to support health delivery infrastructure, information exchange, education, knowledge management and empowerment of frontline health workers in the area of public health. The division's prime innovation in this context is *Swasthya Slate*, a device that uses an Android tablet or phone to run a range of medical diagnostics using a single kit. It is affordable, easy to use and can empower rural frontline health care workers to provide diagnostic tests to the poor and underserved in far flung areas.

Operations

Cutting across these verticals, the **Operations Divisions** - Finance, HR, Administration, Facilities, IT and Legal - provide pivotal support to the organization.

All institutes, divisions and function heads report to the President of the Foundation. The President, as the head of the Foundation, is also assisted by Management Committees (Research Management Committee; Academic Management Committee; Program Coordination and Review Committee; Internal Finance Committee; Campus Construction Committee), and the Senior Management Team.



■ Senior Management Team

Prof. K. Srinath Reddy
President, Public Health Foundation of India

Dr. V. Rao Aiyagari
Senior Advisor, Science and Technology Initiatives

Dr. Monika Arora
Director, Health Promotion Unit

Mr. Amit Chaturvedi
Director, Finance

Mr. Anil Chugh
Vice President, Finance & Resources

Ms. Aparajita Roy
Head, Human Resources

Dr. Preeti Kumar
Director, Training Division

Prof. Ramanan Laxminarayan
Vice President, Research and Policy

Prof. Dileep Mavalankar*
Director, IIPH Gandhinagar

Dr. Subhadra Menon
Professor, Health Communication

Prof. G. V. S. Murthy*
Director, IIPH Hyderabad

Prof. D. Prabhakaran
Director, Centre for Non-Communicable Diseases;
Vice-President, PHFI

Mr. Rohit Prasad
Director, Development and Strategic Initiatives

Mr. N. Ramachandran
Vice President, Operations

Dr. Subhash Salunke
Senior Advisor, Health Systems Support, IIPH
Bhubaneswar

Prof. Jay K. Satia
Advisor to President, PHFI and Professor Emeritus,
IIPH Gandhinagar

Ms. Kalpana Swamy
Academic Registrar, PHFI

Prof. Sanjay Zodpey*
Director, IIPH Delhi; Director of Public Health
Education, PHFI

*Directors of IIPHS also hold the position of Vice President at PHFI of their respective regions



Representative picture of the upcoming state-of-the-art permanent IIPH campus at Gandhinagar.



"Health is the first of all liberties"

Henri Frederic Amiel

Thematic Focus Areas

■ Capacity Building

PHFI's core mandate is to strengthen public health education in the country by offering high-quality, short-term and long-term educational and training programmes delivered through a multipronged, cross-cutting and integrated approach to education.

Capacity building in public health is at the centre of PHFI's vision for strengthening India's public health institutional and systems capability to achieve better health outcomes for all.



■ The Indian Institutes of Public Health (IIPH)

The IIPHS are envisioned to strengthen and revitalise public health education and training in the country. The five IIPHS established under the aegis of PHFI, are delivering full-time postgraduate diploma programmes and short-term, courses on campus and through distance learning. IIPHS are located in Delhi-NCR, Gandhinagar (Gujarat), Hyderabad (Telangana) and Bhubaneswar (Odisha); with another one upcoming in Shillong (Meghalaya). Each IIPH also works closely with state governments to provide conduct research and provide programme and policy support, relevant to the home state and surrounding regions. IIPHS also have partnerships with the state governments in Gwalior (Madhya Pradesh) and Bengaluru (Karnataka).

IIPH, Delhi (IIPH-D)

IIPH-D offers Post Graduate Diploma Programmes in Health Economics, Healthcare Financing and Health Policy; Public Health Management; Integrated MSc and PhD in Clinical Research, as well as Post Graduate Diploma and Certificate Courses through distance education in Public Health Nutrition and Epidemiology. It also conducts short-term training programmes and workshops in fields related to public health. IIPH-D's research is in the domains of acute and chronic diseases, tobacco control, nutrition, maternal and child health, health systems and health policy. Its activities have received funding support from the Ministry of Health and Family Welfare, Department of AYUSH, the Indian Council of Medical Research, the Central Council for Research in Unani Medicine, the Department of Science & Technology (DST), the Medical Council of India, UNICEF, and the World Health Organisation (WHO), among others.

IIPH, Hyderabad (IIPH-H)

The flagship courses of IIPH-H are the Master in Public Health (offered in collaboration with University of Hyderabad), Integrated MSc and PhD in Health Informatics, Post Graduate Diploma Programmes in Public Health Management and in Biostatistics and Data Management. Short-term courses include training in research methods, statistics, disease surveillance, disability, and change management. In addition, IIPH-H assists in the implementation of national programmes, such as the National Health Mission as well as state and regional public health initiatives. Its activities receive support from Indian Council for Medical Research, National Health & Medical Research Council, Australia, Engineering & Physical Sciences Research Council, UK, Wellcome Trust, the Queen Elizabeth Diamond Jubilee Trust, UNICEF, the Department of Science & Technology DST, WHO, CBM and Sightsavers. IIPH-H also provides technical support to the Governments of Andhra Pradesh and Telengana.

IIPH, Gandhinagar (IIPH-G)

IIPH-G offers Post Graduate Diploma Programme in Public Health Management and conducts short term training programmes on key topics. IIPH-G provides research-based health policy advice and technical support to the Government of Gujarat. The Institute's activities have received funding support from the National Health Mission (NHM) of the Ministry of Health and Family Welfare, the Medical Council of India, the Council of Scientific Innovation and Research, the National Bank for Agriculture and Rural Development, the Karolinska Institute and the Natural Resources Defense Council, among others. IIPH-G faculty members are involved in research projects in maternal and child health, disease surveillance, nutrition, microfinance, monitoring health programmes and advocacy, heat stress and health due to climate change. IIPH-G has also launched an occupational health programme, the 'Associate Fellow in Industrial Health' which is recognised by the Directorate General, Factory Advice Services and Labour Institutes, Ministry of Labour and Employment, Government of India.

IIPH, Bhubaneswar (IIPH-B)

IIPH-B conducts training programmes for government doctors from Odisha and Chhattisgarh and self-sponsored candidates through its Post Graduate Diploma Programme in Public Health Management. With the aim of creating a framework for a Centre for Tribal Health and UHC, IIPH-B has established important linkages with the largest residential tribal centre in Bhubaneswar, which is a part of Kalinga Institute of Social Sciences and houses over 15,000 students from tribal districts of eastern India.

IIPH, Shillong (IIPH-S)

IIPH Shillong is an upcoming institute in Meghalaya. This was proposed under a MoU between PHFI and Government of Meghalaya, which has donated land for establishing a campus in Shillong.

State Institute of Health Management and Communication (SIHMC) -Gwalior PHFI and the Government of Madhya Pradesh are jointly conducting a Post Graduate Diploma Programme in Public Health Management at the SIHMC-Gwalior, the apex training and research institute of the state government for

health professionals. Three batches have so far successfully graduated from this programme.

IIPH-H Bangalore Campus

Indian Institute of Public Health Bangalore Campus, a campus extension of IIPH Hyderabad, offers a Post Graduate Diploma in Public Health Management to government-supported health professionals, in collaborations with the state government. Two batches have successfully graduated from here. Research projects currently underway are supported by Karnataka State Health Resource Centre, AYUSH and the Wellcome Trust.



Representative picture of the upcoming state-of-the-art permanent IIPH campus at Hyderabad.

■ Faculty strength at PHFI-IIPHS

PHFI's faculty pool comprises 80 full-time, 39 adjunct, and 20 eminent visiting faculty members. They have a multidisciplinary background, are internationally trained with strong research skills, and have scores of papers published in national and international journals of repute to their credit. Of the full-time faculty members, 41 hold PhDs and 10 are currently pursuing a PhD. Additionally, PHFI's researchers, 35 of whom are PhD holders, are also involved in teaching.

Faculty Development and Mentoring Initiatives at PHFI

PHFI-UK Consortium: Wellcome Trust Capacity Building Programme

In 2009, PHFI along with a consortium of 15 UK partner schools, was awarded a five-year Wellcome Trust Capacity Building grant for faculty development to contribute to public health in India. About 100 researchers were awarded grants and fellowships under this programme. This includes 27 doctoral study awards, 15 Masters study awards, 19 research fellowships and 22 research grants. Apart from this, 12 short courses, organised jointly by the UK and India faculty, attracted 265 participants. Over 50 research papers have been published so far under this programme, and many more are expected over the next few years.

Further, in order to facilitate the transition from being doctoral candidates to becoming independent researchers and faculty members, the Wellcome Trust has given an additional two-year grant, which focuses on enabling research by providing research career development training and fellowships. Four specially constituted committees, which include members from PHFI-IIPHS and a consortium of 16 UK universities and organizations, steer the work of this programme.

Public Health Research Initiative (PHRI)

PHFI and the Science and Engineering Research Board (SERB - a statutory body under the Department of Science of Technology, Government of India) have launched a first of kind extra-mural Public Health Research Initiative (PHRI) to advance research in areas that have the potential of transforming public health in India. The aim of the collaboration is to help build a fleet of young researchers with the potential of emerging as public health leaders, who will contribute to evidence generation through research in key priority areas for action. The programme provides a platform for innovative research and solutions to inform programmes and policies. Specially constituted committees, which include members from IIPH

Gandhinagar and other external representatives, steer the work of this programme.



Other Fellowships and Initiatives

Fellowship/Initiative	Supporting Organization
PHFI-INSPIRE (Innovation In Science Pursuit for Inspired Research) Faculty Fellowship	Department of Science and Technology, Government of India
Fund for Improvement of Science and Technology Infrastructure (FIST)	Department of Science and Technology, Government of India
INDO-U.S. Public Health(IUSSTF-PHFI) Fellowship	Indo-US Science and Technology Forum (IUSSTF)
WHO Fellowship	World Health Organization and Ministry of Health and Family Welfare, Government of India
C V Raman International Fellowship for African Researchers	Federation of Indian Chambers of Commerce and Industry (FICCI)
PHFI-Deakin University PhD Research Fellowships	Deakin University, Australia

On-Campus Academic Programmes

During the year 2013-14, eight on-campus programmes were offered through PHFI's current network of IIPHs and the Gwalior and Bangalore centres:

Programme	Institutes	Program Duration
Post Graduate Diploma in Public Health Management (PGDPHM)	IIPH, Delhi IIPH, Bhubaneswar IIPH, Gandhinagar IIPH, Hyderabad SIHMC, Gwalior IIPH, Hyderabad-Bangalore Campus	12 months
Post Graduate Diploma in Biostatistics and Data Management (PGDBDM)	IIPH, Hyderabad	12 months

Programmes	Institutes	Program Duration
Post Graduate Diploma in Health Economics , Health Care Financing and Health Policy (PGDHEP)	IIPH, Delhi	9 months
Integrated MSc & PhD in Clinical Research (in collaboration with AcSIR)	IIPH, Delhi	24 months
Integrated MSc & PhD in Health Informatics (in collaboration with AcSIR)	IIPH, Hyderabad	24 months
Masters in Public Health (in collaboration with University of Hyderabad)	IIPH, Hyderabad	24 months
Short Course in Basic Data Analysis for the Health Sciences	IIPH, Hyderabad	3 months
Associate Fellow of Industrial Health (AFIH)	IIPH, Gandhinagar	3 months

Educational and Professional Background of Students at IIPHS

Inclusive of both on-campus and distance education programmes

Background	% of students
Medical	52%
AYUSH, Life Sciences, Nursing, Allied Health, Public Health	25%
Management	6%
Social Sciences	5%
Others (including Statistics, Commerce, Journalism etc.)	12%

Distance Learning Academic Programs

Through its Centre for Distance Learning, PHFI offers distance education programmes for professionals unable to enrol or undertake a conventional on-campus programme. The following 15 programmes are being offered during 2013-14 in the distance learning mode.

Program	Program Duration
Post Graduate Diploma in Public Health Nutrition	12 months
Post Graduate Diploma in Health Promotion	12 months
Short-term course on Tobacco Control	3 months
Post Graduate Diploma in Epidemiology	12 months
Certificate Program in Research Methodology	6 months
Post Graduate Diploma in Management of Reproductive and Child Health Programs	12 months
Certificate/ Post-Graduate Diploma in Public Health and Hospital Management for Nursing and Allied Health Professionals	12 months
Certificate Course in Sexually Transmissible Infections & Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome (STI & HIV/AIDS)	6 months
Certificate Course in Managerial Effectiveness for Healthcare	6 months
Certificate Course on Monitoring & Evaluation of Health Programs	3 months
Certificate Course in Managing Human Resources for Health	3 months
Certificate Program in HSE Management - A distance learning program on health, safety & environment at work	4 months
Post Graduate Diploma in Public Health Services Management	12 months
Implementation Science for Public Health Interventions	6 weeks
Certificate Course on GIS application in Public Health	3 months

Placements

PHFI-IIPH has a placement cell which provides placement assistance and counselling to participants of PG Diploma programmes. Further, the placement cell regularly conducts various skill building sessions for the students to help them prepare for interviews. The placement cell regularly liaises with potential employers to explore suitable job and internship opportunities for candidates completing their studies from IIPHs.

IIPH alumni are employed in reputed Indian and international organizations. A majority of our alumni are employed in programme management and research roles in the government and development sector, which includes national and international non-governmental organizations and multi-lateral and bilateral organizations. Brief statistics on our alumni engaged in different sectors is as follows:

Employers	Percentage of IIPH alumni
Government	34%
Development Sector	24%
Educational Institutes	19%
Corporate Sector	13%
Others (including programs for higher education)	10%



Academic Partnerships and Collaborations (Partial List)

Partner	Objective
National Rural Health Mission (NRHM), Ministry of Health & Family Welfare, Gov	Setting up a consortium for the Post Graduate Diploma in Public Health Management
Government of Gujarat	Setting up the Indian Institute of Public Health, Gandhinagar
Government of Delhi	Setting up the Indian Institute of Public Health, Delhi-NCR
Government of Odisha	Setting up the Indian Institute of Public Health, Bhubaneswar
Government of Andhra Pradesh and Telangana	Setting up the Indian Institute of Public Health, Hyderabad
Government of Meghalaya	Setting up the Indian Institute of Public Health, Shillong
Government of Madhya Pradesh	Providing technical support to SIHMC Gwalior for their PGDPHM programme
Government of Karnataka	Providing technical support for conducting PGDPHM programme for the state health officers
Academy of Scientific and Innovative Research	Undertaking Integrated MSc & PhD programmes in Clinical Research & Health Informatics
University of Hyderabad	Jointly undertaking Masters in Public Health programme

Partnerships for development of distance education programmes

Partner	Objective
WHO India	Post Graduate Diploma in Public Health Nutrition
The Bill and Melinda Gates Foundation	Post Graduate Diploma in Health Promotion with specialisation in Tobacco Control
London School of Hygiene and Tropical Medicine	Post Graduate Diploma in Epidemiology
UNICEF	Post Graduate Diploma in Management of Reproductive and Child Health Programmes
USAID and University of Sydney	Intensive Professional Program in Sexually Transmitted Infections and HIV
Swasti	Managing Human Resources for Health in India: Improving Human Resource Management in the Health Workforce
MEASURE Evaluation, USAID and University of North Carolina, USA	Certificate Course on Monitoring and Evaluation of Health Programs and Certificate Course on GIS application in Public Health
University of North Carolina USA	Implementation of science for Public Health interventions



■ Training

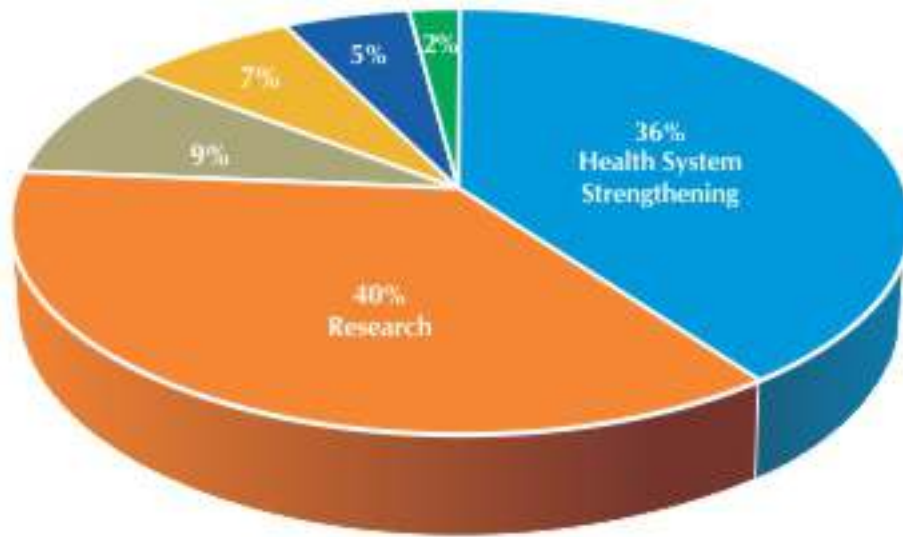
PHFI endeavours to be a platform for public health professionals and practitioners to enhance their knowledge and skills in the area of public health. Since its inception in 2008, PHFI's training division has designed, developed and delivered need-based training programmes for budding researchers, public health professionals and aspirants; public and private physicians in practice and personnel implementing national health programmes across the country.

There has been a steady growth in the number of both governmental and non-governmental trainees, with a 56 per cent increase in 2011-2012 and a 57 per cent increase in 2012-2013. During 2013-2014, the training division successfully rolled out programmes in areas such as research, Information and Communication Technology in public health, project management, public health management, monitoring and evaluation and Management Information Systems. Training sessions are conducted at the IIPs and offsite at locations specified by the state governments.

The following table gives a snapshot of trainings conducted till date at PHFI on various thematic areas and the pie chart illustrates the overall percentage of trainings conducted under each thematic area:

Thematic Area	# of trainings conducted (Inception till October 2014)
Research	150
Health System Strengthening	137
Chronic Conditions, Injuries and Tobacco Control	34
Infectious Diseases	27
Women and Child Health	20
Public Health Nutrition	8
Total	376

Number of trainings conducted (Inception till October 2014)



- Health System Strengthening
- Research
- Chronic Conditions, Injuries and Tobacco Control
- Infectious Diseases
- Women and Child Health
- Public Health Nutrition



■ Measure Evaluation Initiatives

MEASURE Evaluation supported by USAID and the University of North Carolina at Chapel Hill (UNC-CH) helps countries measure their progress in confronting disease, population issues and poverty and builds the capacity of policy makers and public health leaders to improve public policy and health programmes. As part of PHFI's capacity building partnership with MEASURE Evaluation, workshops were conducted, reviews were organized and short-term courses were delivered during 2013-2014.

In January 2014, PHFI officially announced the creation of a new Monitoring and Evaluation (M&E) Unit with an initial grant from MEASURE Evaluation. The M&E unit is largely involved with GEMNet-Health (Global Evaluation and Monitoring Network for Health) network activities, with PHFI being a founding member of GEMNet-Health.

A nine-day workshop on "Strengthening of Routine Health Information Systems (RHIS) Management" held in New Delhi, during which 29 participants from 13 countries received practical hands-on training to master key competencies in programme assessment, analysis and solutions. Designed for government and NGO professionals, the workshop included a field visit to Government health facilities in Gurgaon where participants could test the use of RHIS.

Other workshops conducted during this period were on "Impact Evaluation of Population, Health and Nutrition Programmes" for Nepal; "Monitoring and Evaluation of Population, Health and Nutrition Programmes," which provided intensive practical training on the fundamental concepts and tools for monitoring and evaluating family planning, maternal health, child health, STD/HIV/AIDS and nutrition programmes; "Monitoring and Evaluation of HIV/AIDS Programmes"; and "Impact Evaluation of HIV/AIDS and Health Programmes" held in Pretoria, South Africa for mid-level professionals and conceived as a training for trainers activity.

A systemic review of "Transforming Gender Norms, Roles, and Power Dynamics for Better Health" was conducted and disseminated. The study examined evidence of gender-integrated health programming from South Asia as well as low- and middle-income countries from around the world. It also did

case studies of gender integrated programmes in India that have been scaled up and integrated into the Government system.

A five-module 12-session virtual certificate course on Monitoring & Evaluation (M&E) of health programmes that was successfully rolled out in January 2014 with 49 participants from 13 different countries across the globe. PHFI and MEASURE Evaluation have agreed to collaborate on the development of a post-graduate level M&E course to be incorporated into Masters in Public Health (MPH) programmes in Bangladesh, India, Nepal and Sri Lanka. For another Post Graduate level M&E MPH course, PHFI has conducted a comprehensive exercise to map and review the curricula of M&E track in MPH programmes globally. PHFI has also developed the curriculum for a virtual course on Geographic Information Systems (GIS) for public health programmes.

MEASURE Evaluation has also facilitated PHFI's efforts to assess the performance of Routine Health Information System (RHIS) in Uttarakhand. During the first phase of this study, a chain of information was assessed from Sub-Centres, Primary Health Centres, Community Health Centres, and block and district level facilities. The next phase of this project will include a detailed RHIS assessment of specific programmes like the RMNCH + A, including the assessment of behavioral, technical and organisational determinants affecting performance.



Other Initiatives

Project	Funding Body
Public Sector Linkages Program (PSLP) to Strengthen the Capacity of the Public Sector to Train Public Health Leaders in Uttarakhand, India	Nossal Institute Limited - Australian Government Overseas Aid Program
Assessment of the performance of Routine Health Information System (RHIS) in the State of Uttarakhand	MEASURE Evaluation
Hosting a Workshop with Regard to Delaying Artemisin in Resistance in India	PE Global Private Limited - Department for International Development (DFID)
Organizing a One Health Symposium and Strengthening the One Health Hub in India	Massey University
Capacity Building of Reproductive and Child Health (RCH) Programme Manager Revision of Training Package and Organizing Two Training of Trainers (TOTS)	World Health Organization
Capacity Building in Public Health Management	World Health Organization
Training Series on Qualitative Research Methods and Data Analysis	Karnataka Health Promotion Trust (KHPT)







*"Alone we can do so little
together we can do so much"*

Helen Keller



Thematic Area of Focus

■ Chronic Conditions and Injuries

As India progresses, the country's burden of disease is shifting towards non-communicable diseases (NCD), such as diabetes, cardiovascular ailments and cancer, which are often the result of lifestyle changes. The cost of treating them is estimated to be double that of other diseases because NCDs are generally slow in progression and can evolve into chronic conditions requiring long-term, or even life-long, treatment. However, since the risk factors for most NCDs are lifestyle choices such as smoking, excessive consumption of alcohol and sedentary behaviour, these diseases are potentially amenable to prevention.

PHFI has an integrated approach to combating NCDs, incorporating surveillance, prevention, care, capacity building, research and policy advocacy.

Diabetes

Uday: A Comprehensive Diabetes Prevention and Management Programme in India: With funding from Eli Lilly, Uday is a five-year programme (2012-2017) to explore scalable approaches for the effective management of NCDs. Implemented in Visakhapatnam (Andhra Pradesh) and Sonapat (Haryana), it will determine the prevalence of diabetes and hypertension and the knowledge about both conditions among the general population and patients.



Certificate Course in Evidence Based Diabetes Management: The Certificate Course in Evidence Based Diabetes Management (CCEBDM) is a uniquely designed training programme of 12 modules conducted one Sunday a month exclusively for primary care physicians in diabetes management. The course, which is recognised by the International Diabetes Federation (IDF) for 2014 to 2016, has also been adopted by the Kerala Government and the Kolkata Municipal Corporation to train physicians. Apart from developing the core skills and competencies of primary care physicians for evidence-based diabetes management, the course also aims to establish networks between primary care physicians and existing specialized diabetes care centres in India for improving patient outcomes. A joint certification by PHFI and Dr. Mohan's Diabetes Education Academy (DMDEA - an IDF Centre of Education for 2013– 2015), Chennai is provided to participants. CCEBDM is supported by an educational grant provided by MSD Pharmaceutical Pvt. Ltd, India.

CCEBDM has so far trained 5,082 primary care physicians all across the country in three consecutive cycles and going to start the fourth cycle. PHFI is regularly updating the course curriculum in collaboration with DMDEA, from valuable inputs of 15 national experts, 160 faculties, 80 observers and participants.



Certificate Course in Gestational Diabetes Mellitus (CCGDM): The CCGDM is supported by an educational grant from Johnson & Johnson, is designed and delivered by PHFI and Dr Mohan's Diabetes Education Academy in Chennai, with inputs from renowned diabetologists, endocrinologists, obstetricians and gynaecologists. 1465 participants have been trained in Cycle I of this programme and 928 participants have enrolled for Cycle II. The course aims to develop core skills and need-based competencies in the treatment of GDM among primary care physicians, obstetricians and gynaecologists and to establish their networks with existing specialized diabetes care centres, eminent obstetricians and gynaecologists, for improving patient outcomes.

Advanced Certificate Course in Prevention and Management of Diabetes and Cardiovascular Disease: This is joint certification course designed and delivered by PHFI, World Heart Federation (WHF), Chellaram Diabetes Institute (CDI), Pune and Centre for Chronic Disease Control (CCDC), with support by an educational grant from Abbott Healthcare Private Limited. There are 10 national experts, operational committee, 70 faculties in this program. 846 participants enrolled in its first cycle.



Environmental & Genetic Determinants of Obesity & Diabetes in India:

Funded by the London School of Hygiene and Tropical Medicine, this study examines the impact of genetic variants and migration on the risk of obesity and diabetes in population samples of Indian adults in north, central and southern India. This work has been extended through a Wellcome Trust enhancement award with the objectives of collecting more detailed genetic markers using the Metabochip, and conducting new epigenetic studies which aim to examine how environmental factors, particularly over and under-nutrition, affect gene expression. With data collection complete, statistical analyses is now underway. The study has produced six publications so far.

■ Cardiovascular Diseases

Global Health Activities in Developing Countries to Combat Non-Communicable Chronic Cardiovascular and Pulmonary Diseases: Under the Global Health Initiative of the National Heart Lung and Blood Institute, the U.S. National Institutes of Health awarded PHFI a grant to establish a Centre of Excellence in Prevention and Control of Cardio Metabolic Diseases (CMD) in South Asia. Known as CARRS (Centre for cArdiometabolic Risk Reduction in South-Asia), it serves as one of 11 collaborating Centres of Excellence (CoE), to counter chronic non-communicable diseases in developing countries. The

collaborating institutions are PHFI, Emory University (Atlanta, USA), the All India Institute of Medical Sciences (New Delhi, India), the Madras Diabetes Research Foundation (Chennai, India) and the Aga Khan University (Karachi, Pakistan). As a part of its activities, a hybrid, cohort - modelled surveillance system for CMDs has been developed, involving 28,000 subjects from three mega-cities of South Asia, namely, New Delhi, Chennai and Karachi. The rural counterpart of the study is the largest of its kind in South Asia, with 40,000 subjects enrolled from the Solan district of Himachal Pradesh. Further, the recently concluded CARRS Translational Trial tested the effectiveness of a care-coordinator and an IT based clinical decision support system for the management and control of risk factors among 1,200 diabetes patients across 10 sites in India and Pakistan.

Developing the Evidence Base for a National Salt Reduction Programme for India:

The overall goal of this three-year project, funded by the National Health and Medical Research Council (NHMRC) Australia and Global Alliance for Chronic Disease, is to inform the development of a national salt reduction strategy for India. The baseline data is being collected through a stakeholder analysis covering government, industry, consumers and NGOs; cross-sectional surveys of 1,200 individuals in urban and rural areas of north and south India to estimate mean daily salt consumption, the main sources of salt in the diet and knowledge about the effects of salt on health; and a systematic survey of the salt content of processed and fast foods.

Family-Led Rehabilitation after Stroke in India: The Attend Trial:

The primary aim of the study, funded by the University of Sydney and the National Health and Medical Research Council (NHMRC) Australia, is to determine whether a family-led caregiver-delivered home-based rehabilitation intervention is an effective, affordable strategy for those with a disabling stroke in India. Trained staff will conduct periodic home visits to assess the outcomes. Out of the proposed four monitoring visits, the first visits to 10 project sites have been completed, and data collected and cleaned. There are plans to include three more sites in this trial.

Simplified Cardiovascular Management (SimCard) Study – A Cluster-Randomized Trial To Evaluate The Effects Of A Simplified Cardiovascular Management Programme In India:

The SimCard Trial is a cluster randomized trial implemented in India and China by the George Institute of Global Health, China and PHFI to develop, pilot test, and evaluate a low-cost, highly simplified



Professor K. Srinath Reddy (President, PHFI) was conferred the degree of Doctor of Science (Medicine) *honoris causa*

but guideline-based programme for cardiovascular management for high-risk individuals in resource-scarce settings. As part of the study, 20 villages from Faridabad district in Haryana were randomised to intervention (9) and control (11) groups and 1,050 study participants were recruited. The main intervention was a simplified cardiovascular management programme for high-risk individuals delivered by village Community Health Workers, with the support of the Primary Health Centre physicians.

Professor K. Srinath Reddy (President, PHFI) was conferred the degree of Doctor of Science (Medicine) *honoris causa* by the University of London at a special ceremony held at Buckingham Palace on 26th November 2014. This degree was presented to Professor Reddy by Her Royal Highness Princess Anne, who is also Chancellor of the University of London. This honour acknowledges Professor Reddy's contributions in the fields of public health and cardiology.



■ Mental Health


Programme for Improving Mental Health Care (PRIME): PRIME (2011-17) is a consortium of research institutions and Ministries of Health in five countries in Asia and Africa (Ethiopia, India, Nepal, South Africa and Uganda), with partners in the UK and WHO. PRIME, funded by the UK government's Department for International Development (DFID), is a six year program launched in May 2011, to generate world-class evidence on the implementation and scaling up of mental health programmes as a priority in primary health care in the context of low-resource settings. It focuses on three mental disorders which contribute to the greatest overall burden of disease: alcohol use, depression and psychosis. It aims to improve the coverage of treatment for them by designing, implementing and evaluating a comprehensive district Mental Health Care Plan. In India PRIME is implemented by Sangath and PHFI in Sehore district of Madhya Pradesh in collaboration with the state's Department of Health services, the Department of Medical Education, the State Mental Health Authority.

Emerging Mental Health Systems in Low- and Middle-Income Countries

(EMERALD): EMERALD is, a five year (2012-17) research project, funded by the European Commission under the 7th Framework Programme, and aimed at improving mental health outcomes by enhancing health system performance in six countries—India, Ethiopia, Nepal, Nigeria, South Africa and Uganda. Strategies to achieve this aim are translated into six work packages (WP) encompassing project management and co-ordination; capacity building in mental health systems research; adequate, fair and sustainable resourcing for mental health; integrated provision of mental health services; improved coverage and goal attainment in mental health; and dissemination. PHFI is the lead organization for work package 6, which focusses on dissemination.

South Asian Hub for Advocacy, Research and Education on Mental Health

(SHARE): This five year program (2011-16), funded by the National Institutes of Health, USA, aims to reduce the mental health treatment gap in South Asia by generating evidence, building capacity and using the results of research in policy and practice. Its ultimate goal is to facilitate evidence-based mental health policy and programme implementation by establishing a network of collaborating institutions to utilize and implement research. PHFI houses the



primary administrative core (SHARE-SAC) and leads the capacity building core for this grant. SHARE-SAC is coordinating the studentships and fellowships to candidates from the network, designing and implementing the distance learning course on 'Implementation Science for Public Health Interventions' and coordinating the online mentoring forum for researchers from SHARE network partner institutions. SHARE SAC hosted the inter-hubs and SHARE Senior Management Group meeting in New Delhi in September 2014.

Professor Vikram Patel (Director, PHFI's Centre for Mental Health and co-Director, Centre for Chronic Conditions and Injuries) was awarded the 2014 Rhoda and Bernard Sarnat International Prize in Mental Health. This award recognizes Prof. Patel's contribution in the field of global mental health and the improvement of mental health care in developing countries.

■ Tobacco and Alcohol Control

Strengthening of Tobacco-Control Efforts Through Innovative Partnerships and Strategies (STEPS): This project, funded by the Bill and Melinda Gates Foundation, aims to reduce health and economic burdens of tobacco use in India, by piloting multi-level initiatives in two states (Andhra Pradesh and Gujarat) that are intended to serve as champions for the scale-up and strengthening of the National Tobacco Control Programme (NTCP). The results from the project implementation were disseminated through a one-day workshop. Key results were also presented at a scientific session of the World Congress of Cardiology in Melbourne in May 2014. Several abstracts based on the project outcomes have been presented at international conferences and preliminary analyses of the outcomes have been published in national and international journals.

A State Level Analysis of India's Fiscal Policies against Tobacco: The Secretary for Health and Family Welfare, Government of India, Mr Lov Verma released the PHFI report titled, 'An Empirical Study of India's Fiscal Policies against Tobacco: A State Level Analysis', on 6 June 2014. The objective of the study was to understand the tax policy measures and their implications on consumption, given the complexity of the tax structure for different tobacco products. This IDRC-funded study highlights the need for a health-focused fiscal policy for tobacco control. One of its key findings is that a 10 percent increase in cigarette prices will lead to almost 3 percent decrease in consumption and 7 percent increase in government revenues.

Health-Cost Study to Estimate the Economic Burden to Tobacco Related Disease at National and Sub-National Level in India: This study, which was completed within the year and a final report submitted to WHO, estimated the tobacco-attributable health cost for India as Rs. 1,04,500 crore (USD 224 billion). The findings of the study were presented in a national level workshop held in New Delhi, where Union Health Minister, Dr Harsh Vardhan released a summary of the findings. Since this was the first Indian study to provide state-level health costs of tobacco-attributable disease, a series of dissemination workshops were organized in 13 states. The state fact sheets are an important



Cricketing icon Rahul Dravid designated as an Ambassador for tobacco control in India.

advocacy tool to highlight the economic burden at the state level and recommend tax increase across all tobacco products. The study drew considerable media attention and was featured in most of the national dailies. Soon after, the Ministry of Health and Family Welfare recommended an increase in tobacco taxes, which has been implemented in the country's budget for the year.



A State Level Analysis of India's Fiscal Policies against Tobacco

Alcohol Control in India: An Initiative of PHFI, in collaboration with HRIDAY and the Swedish National Institute of Public Health, the project was successfully completed in FY 2013-14. The key achievements include the launch of a national report on Alcohol Marketing and Regulatory and Policy Environment in India; expert consultations; a short film competition on the adverse effects of alcohol use; launch of YUVAA (Youth United Voluntarily Against Alcohol), an online social media campaign; the formation of an NGO coalition for monitoring state level implementation of excise policies; and advocacy with parliamentarians.

Alcohol Pricing and Taxation Policies in India: The objective of this 18-month study, funded by the International Development Research Centre (IDRC-CRDI),

is to study trends in alcohol taxation and pricing policies in India, and analyze their linkages with patterns of expenditure on alcohol and its consumption over 12 years (from 2001 to 2012). The knowledge thus generated is to be used to advocate for policies that can reduce alcohol misuse. The study team has visited nine states to collect data on alcohol sales and revenue for the past 10 years, and to analyze the states' excise policies.



Report on Alcohol Control in India

■ Monitoring Chronic Conditions

mWellcare: An Integrated mHealth System for the Prevention and Care of Chronic Diseases: PHFI is working on this project with funding from the London School of Hygiene & Tropical Medicine and Wellcome Trust. The aim is to develop and evaluate an innovative mobile health (mHealth) software application -mWellcare- which will provide a patient's health profile, monitoring and feedback for use in the primary care setting in two states, Haryana and Tamil Nadu. The project, begun in March 2014, has obtained ethical and regulatory clearances, constituted the research steering group, and the software development group and recruited other staff. The development of the intervention and mWellcare software, and the process to identify the trial sites are underway.

South Asian Health and Wellness Tracking Program (SAHWP): The largest community-based health tracking project in South Asia, SAHWP, will track health and quality of life indicators in Delhi, Karachi, and Chennai. Targeted at preventing chronic NCDs, it will provide an evidence-based understanding of NCD risks, and can therefore be used to devise more effective and sustainable health promotion and disease prevention initiatives. The team had completed three follow-up studies with 16,288 participants recruited for the survey from Delhi, Chennai and Karachi between 2010 and 2012. PHFI will conduct an additional cross-sectional survey of 15,000 individuals from the three cities in 2014-15, who will later be followed up as Cohort-2. The survey will begin in September 2014. This study is funded by Emory University.

■ Disability

The Emerging Epidemic of Diabetic Retinopathy (DR) and Retinopathy of Prematurity (ROP) in India: Evaluation of Existing Programme for Screening and Treatment, and Using Lessons Learnt, to Develop and Evaluate an Approach that Strengthens Health Systems: The aim of this study, funded by the Queen Elizabeth Diamond Jubilee Trust, is to evaluate existing approaches for the detection and treatment of sight-threatening DR in India to document best practices in relation to responsiveness, acceptability, efficiency, equity and sustainability. As part of this study PHFI has reviewed the policy on NCDs, focussing on diabetes in India; conducted a situation analysis of services for diabetes and DR in 10 cities; interviewed physicians, counsellors, nutritionists

and 664 patients in 86 eye care units and 73 diabetic care units; evaluated programs for detection of sight-threatening DR in consultation with VISION2020 and other leading international eye NGOs; and held a well-attended national summit on DR. PHFI is preparing to publish reports of these various interactions and publish articles on the findings of the study in reputed journals for wider dissemination.

Improving the Evidence Base on Disability: With funding from CBM, the London School of Hygiene & Tropical Medicine has developed a population-based survey methodology to estimate the prevalence of disability, in children and adults, in Low and Middle- Income Countries, using WHO's ICF (International Classification of Functioning, Disability and Health) framework. PHFI and LSHTM are testing this tool in the Indian context in Mahbubnagar district of Telangana. The project will compare the extent to which people with and without disabilities access key mainstream services and opportunities including health, education and livelihoods. The survey and data collection are complete. Interview transcription is underway for data analysis.

To Improve the Quality of Life of Persons with Disabilities through Community Health Global Network (CHGN) in Uttarakhand and Andhra Pradesh: The objective of this collaborative project between PHFI, Nossal Institute for Global Health and CBM is to determine the prevalence of disability among adults by using the Rapid Assessment of Disability (RAD) tool, which includes a house-to-house survey. The tool has been validated in Bangladesh and Fiji and is currently being used in two different areas in India – Prakasam district of Andhra Pradesh and Dehradun district of Uttarakhand. A Training of Trainers (TOT) workshop was organized at IIPH, Hyderabad in March 2014. After hiring and training the field staff on using the RAD tool, the project has covered 25 of the targeted 50 clusters in Prakasam district of Andhra Pradesh. Training of the field team has been completed in Uttarakhand and the CHGN will undertake the survey in the district over the period October 2014 to February 2015.

The National Survey of Blindness, Visual Impairment Ocular Morbidity and Disabilities in Sri Lanka: The first ever such study in Sri Lanka, this survey aims to find out the prevalence of blindness and disability in the country. PHFI is providing technical support and Sightsavers (Royal Commonwealth Society for the Blind) and CBM are funding the survey.



Global Road Safety Programme: The Johns Hopkins Bloomberg School of Public Health (JHBSPH) in Baltimore (Maryland, U.S.A.) and IIPH Hyderabad (IIPH-H) are collaborating on a programme to monitor and evaluate key road safety indicators and two major risk factors - drunk driving and not using helmets. This project, financed by the Bloomberg Family Foundation, is part of a global programme, RS-10 (Road Safety in 10 Countries). IIPH-H has been carrying out surveys, studies, interviews and focus group discussions among motorists, the general public, police, accident victims, hospital staff, health professionals and community leaders. An important component of the project is establishing hospital-based surveillance with round-the-clock data collection on road traffic injury cases. IIPH-H is also collecting data on road traffic crashes, fatalities, and injuries from the traffic police and NGOs. IIPH-H and JHBSPH will jointly produce scholarly reports from the data.

With the objective of generating knowledge, building capacity, and formulating evidence-based policy to reduce the burden of chronic diseases in India and the region, PHFI launched a Centre on Chronic Conditions and Injuries (CCCI) in April 2015. The CCCI will build on and consolidate existing research centres working across the NCD spectrum at PHFI - the Centre for Cardio-metabolic Risk Reduction in South Asia (COE-CARRS), the South Asia Network for Chronic Disease (SANCD), the Centre for Mental Health (CMH) - as well as NCD training programs. CCCI's NCD focus areas will include cardio-metabolic conditions, mental health problems, diabetes, respiratory diseases, cancer and nutrition.



Other Initiatives

Project name	Funding Body
Prevalence of Rheumatic Heart Disease among School Children of 5-15 years age group, using Echocardiography with Doppler at three sites in India	Medtronic Foundation
China India Mental Health Alliance	China Medical Board
Undertaking Preparatory Activities towards developing Programmes for Retinopathy of Prematurity (ROP) and Diabetic Retinopathy for India	The Queen Elizabeth Diamond Jubilee Trust
Comparison of Fiscal and Regulatory Policies to prevent Non-Communicable Diseases in India	International Development Research Centre (IDRC-CRDI)
Genetic Association Study of Polymorphisms related to Chronic Obstructive Pulmonary Disease and its Measures, in North Indian Population: COPD Genetics Consortium	Ministry of Science & Technology, Department of Biotechnology, Government of India
Diabetes and its Status in Selected Rural, Tribal and Urban Areas in the State of Gujarat	All India Institute of Diabetes and Research (AIIDR)
Diet, Inflammation and Cardio-Metabolic Outcomes in a Longitudinal Birth Cohort	Department of Biotechnology, Ministry of Science and Technology
Walk for Health - Ground Miles Challenge	World Heart Federation
A Two Day Workshop on bringing about a Comprehensive National Alcohol Control Policy	Karolinska Institute - Swedish international Development Agency
Conference on "Situational Assessment of Non-Communicable Disease Care in Shimla and Udaipur"	The Medtronic Foundation
Health Systems and Implementation Science Institute for NCDs in South Asia and Latin America	Emory University - National Institutes of Health (NIH)Harvard School of Public Health
Non-Communicable Disease Course - 2014Health Promotion: Physical Activity and Aging Public Awareness Campaign on Occasion of World No Tobacco Day	Indo-US Science and Technology Forum (IUSSTF)
Role of Single Photon Emission Computed Tomography (SPECT)-Myocardial Perfusion Imaging (MPI) and Coronary Computed Tomography (CT) Angiography in the Assessment of Patients at Intermediate Risk of Coronary Events - a Pilot Randomized Controlled Trial (IAEA SPECT/CT CAD)	Ministry of Health and Family Welfare , Government of India
Estimating Impact of Increase in Tax on Prices of Tobacco Product in India: an Empirical Analysis	International Atomic Energy Agency
Vidarbha Stress and Health Program (VISHRAM)	Institute for Studies in Industrial Development (ISID)/Sangath India
Feasibility Study Kids - Children and Diabetes in Schools	International Diabetes Federation







"You measure the size of the accomplishment by the obstacles you had to overcome to reach your goal"

Booker T. Washington

Thematic Focus Areas

■ Health System Strengthening

According to WHO, a health system constitutes "all the organisations, institutions, resources and people whose primary purpose is to improve health." It is essential that health systems are in good health to deliver promotive, preventive, curative and rehabilitative health services. PHFI's mandate in this context is linked to strengthening India's health systems by "helping to build institutional and systems capacity in India for strengthening education, training, research and policy development in the area of Public Health." Our major initiatives in this area during the year are summarised below.



Health facility mapping and new designs for future

To help improve the access of health facilities and reduce disparities in coverage, PHFI mapped the coverage of existing health facilities (sub centres, primary health centres, and community health centres) in Gujarat to help the state's Department of Health (which funded the program) identify ideal locations where new facilities may be needed, to improve equity of access and utilization. The project also assessed factors that affect underutilization of primary health centres (PHCs) and community health centres (CHCs) and suggested ways to improve utilization of these government facilities. In addition, the project developed 12 new and innovative designs for PHCs and CHCs, keeping the future needs and current problems in mind.

Uttar Pradesh Health Systems Strengthening Project (UPHSSP)

PHFI is part of the Technical Assistance Provider (TAP) team that is assisting the World Bank-supported UPHSSP, which aims to enhance the performance of the state's health sector through improved efficiency and quality of public service delivery, and better engagement with the private sector. The TAP team will provide technical inputs and management expertise in health policy and strategic planning; financing; quality assurance and public-private partnerships. PHFI has submitted concept papers on the themes it will support during this three-year (till 2015) project to UPHSSP.

The Future of Health Policy and Systems Research in India

In its capacity as the Nodal Institute for the Alliance for Health Policy and Systems Research (AHP SR) in India, PHFI organized a three-day meeting to develop a national capacity building initiative for HPSR, involving 12 partner institutions in India and global experts. PHFI also organized a seminar on embedding HPSR into health systems in India and on advancing UHC through HPSR.

Dr Kabir Sheikh, Senior Research Scientist at PHFI, has been elected as Vice-Chair of the board of Health Systems Global, an international membership organization dedicated to promoting health systems research and knowledge translation.



■ Financing

Access, Bottlenecks, Costs and Equity (ABCE) Study

The ABCE study, funded by the Bill and Melinda Gates Foundation and UNICEF, analyses the costs and constraints of health service delivery platforms and interventions across five states (Andhra Pradesh, Gujarat, Madhya Pradesh, Odisha and Tamil Nadu) to obtain quality evidence for improving equity and efficiency within the health system. Data collection has been completed in three states over the last five years. Data collection in the other two states would be completed by 2015.

Strengthening Ecosystems for Sustainable and Inclusive Health Financing

With the key objective of outlining a process to track government expenditures for RMNCH as part of routine monitoring, this USAID-funded study will carry out a tracking exercise for state-level sub-accounts and budgets in 20 major states across four years (June 2014-June 2018). A series of activities are planned to evaluate the impact of health financing models, including government financed health insurance schemes, and the National Rural Health Mission. Meetings on project activities, engagement with the states, and development of the project management framework are underway.

■ Monitoring And Evaluation

Multinational Enterprises' (MNE's) Impact on Global Development Challenges in Emerging Markets

MNEmerge is a collaborative research project funded by the European Union's Seventh Framework Programme for research, technological development and demonstration to provide a comprehensive framework for understanding the impact of multinational enterprises (MNEs) on MDGs in developing countries. This three-year project (2014-2016) will study how MNE activities can contribute to the attainment of poverty alleviation, food security, health security and environmental security. The overall framework and methodology of the research has been formulated and the team is now designing the survey tools.

Impact Evaluation of the Sports in Girls' Education Programme of the Magic Bus Foundation (MBF)

This study, funded by the International Initiative for Impact Evaluation, Inc., will evaluate the effectiveness of MBF's sports-based education program on cognitive and non-cognitive skills, health and hygiene of children aged 8-14 years. The activities completed in the first year of this five-year project include sample size calculation and power analysis; development of survey instruments and questionnaires; selection of a consultancy to conduct the baseline survey; preparation of a training manual; village sampling for household listing; and review and approval by the PHFI Institutional Ethics Committee.

■ Universal Health Coverage

Moving Towards Universal Health Coverage

DFID has funded this two-year (2014-2016) project to expand on the recommendations of the High Level Expert Group (HLEG) on Universal Health Coverage (UHC). Phase one of this project focuses on studying the distribution and purchasing of healthcare services in India; highlighting the barriers, policy issues and alternatives. This will also involve engaging with global experts to document case studies of India's peer countries with the aim of learning from their experiences.

Working towards its half-year milestone for capacity-building of key stakeholders on methodologies and indicators for social determinants of health (SDH), PHFI is conducting a nominal group technique to develop consensus on the capacity-building needs of various stakeholders. Other activities include mapping and equity stratifying data from government surveys, in collaboration with the Centre for Equity Studies; developing an SDH component in UHC pilot projects in Karnataka and Kerala; preparing a baseline for primary data collection for case studies in water and sanitation (focusing on menstrual hygiene) and occupational health and safety of informal women workers; developing drafts for a communication/media plan and participating in meetings and workshops with stakeholders; undertaking reviews and research for institutional regulation and reform; and taking preliminary steps towards a three-city mapping exercise to examine urban public health services.

Preparing States in India for Universal Health Coverage

International Development Research Centre (IDRC-CRDI) has funded this project aimed at facilitating the rollout of UHC in select Indian states, through research, consultations and technical assistance. PHFI is developing benchmarks for implementation, including an essential health package; providing fiscal need projection; investigating and supporting the preparedness of grassroots level institutions for UHC; and advising UHC-ready states on governance reforms.

The Governments of Kerala and Karnataka have designated PHFI as a technical support agency. PHFI will also help establish task forces at the state and district level to guide and monitor progress towards UHC. In Kerala, as part of the pilot process, PHFI has conducted a baseline assessment of the health systems in Malappuram and Palakkad to identify the efficacy of current interventions, the resources available, and the gaps in coverage. In Karnataka PHFI is providing technical support in the selected districts of Mysore and Raichur.

PHFI organized a national consultation on piloting UHC through a workshop in New Delhi, which provided a platform to stakeholders to share experiences in the district pilot process, consolidate lessons learned, identify the key issues to be addressed in operationalising UHC and develop a roadmap for the way forward.

Another significant PHFI initiative is shifting the focus from finance and service issues to people and communities. PHFI has put forward policy recommendations for strengthening the role of community based organizations (CBOs) in implementing UHC. PHFI organized a national-level expert consultation in New Delhi on the role of CBOs and state-level consultations in Chennai, Thiruvananthapuram and Bengaluru.

Universal Health Coverage as a Sustainable Development Goal

There is a growing demand for including UHC in the Sustainable Development Goals (SDGs) to be adopted by the United Nations in 2015. The Sustainable Development Solutions Network (SDSN) an independent global network of research centres, universities and technical institutions launched by the UN Secretary General to mobilize scientific and technical expertise for sustainable

development) has established a Thematic Working Group (TWG) on health to develop an evidence-informed document on the inclusion of UHC as a SDG, as well as to prepare policy briefs describing the links between health and other development goals.

PHFI has been engaging with SDSN and TWG and is undertaking several activities with funding from IDRC-CRDI. These include a document titled "Health in the Framework of Sustainable Development", prepared in collaboration with subject-matter experts from around the world; developing a Massive Open Online Course on "Global Public Health" in the context of sustainable development; functioning as the secretariat for the Ministry of Health and Family Welfare's steering committee on health-related issues on air pollution, which is bringing together stakeholders from different branches of government, multi-lateral organizations, academics, and civil society; and participating as the lead discussant (with PHFI President Prof.K Srinath Reddy delivering the keynote address) in the Commonwealth Health Partnerships conference 2014, an annual exercise in determining the Commonwealth's public health priorities.

Prof. Reddy also advocated for positioning UHC at the heart of Post 2015 SDGs in his talks at the LILA-Prism Lecture Series in New Delhi; the LBS National Academy of Administration (Public Health Module) in Mussoorie and at the conference on "Universal Health Coverage in Emerging Economies" in Washington, D.C.

Universal Health Assurance for India

PHFI, with support from the Royal Norwegian Embassy, has collaborated on a series of projects to assist in the implementation of UHC in India, including pilot projects in select states (from 2011-2013). As a culmination of the two-year exercise, a policy consultation was organized on the "HOW" of Universal Health Assurance for India, attended by representatives from the Central and state governments, bilateral and multilateral implementation partners, administrators, and experts from the private sector, academia and civil society.

■ Human Resources For Health

Advancing Human Resources for Public Health in India

SWASTI Health Resource Centre and the European Commission funded a three-year (2011-2014) PHFI initiative focusing on strengthening policies, strategies and practices for human resources for health (HRH) across India, with particular engagement with the Ministry of Health and Family Welfare (GoI) and two select state governments. The project attempted to integrate three core areas: knowledge building and gathering evidence; skills-building to strengthen cross-learning platforms and initiate new approaches and strategies; and advocacy and learning for change. Its activities have included developing a website on HRH; organizing a participatory training program on Human Resource Management in Health for health administrators in collaboration with the Government of Kerala; a certificate course on HRH offered through distance learning; an immersion learning exercise for key state and district officials from Kerala, Madhya Pradesh and Tamil Nadu; and highlighting the issue in the media.

National Initiative for Allied Health Sciences (NIAHS)

As part of its National Initiative for Allied Health Sciences (NIAHS) to augment India's skilled allied health human resources, the Ministry of Health and Family Welfare has established a NIAHS Technical Support Unit (TSU), supported by PHFI. The NIAHS TSU is providing technical assistance to MoHFW in establishing a National Board of Allied Health Sciences to standardise the allied health education system, and a National Institute of Allied Health Sciences, as well as Regional Institutes of Allied Health Sciences, to provide quality education in this sphere. The TSU will also help in developing a standardised course curriculum and a framework for allied health education and practice, and strengthen the existing Government Medical Colleges to enable them to upgrade the existing courses and start new ones.

■ Health Innovation

Innovations in Public Health for Competency Strengthening and Advocacy

This project, funded by the MacArthur Foundation, aims to strengthen institutional capacity for accelerating the decline in the maternal mortality ratio by documenting innovative experiences that provide important learning for public health practice, with a focus on improving maternal health. These case studies will be incorporated as teaching and training materials at all levels of public health education in the country and also utilised for advocacy.

The 23 teaching case studies developed during the project were collated into a book, *Innovation in Maternal Health- Case Studies from India* (Sage Publications), which was released along with a DVD featuring 27 short films made as part of the project. The books have been disseminated to leading medical colleges, state governments and the central government.

Developing Case Studies of Innovations for Enhancing Family Planning Program Reach and Quality

With funding from the Urban Health Initiative- Family Health International (FHI 360) of the Bill and Melinda Gates Foundation, this project has identified 18 innovations in family planning, of which 10 have already been documented. With extensive research, the project did an initial inventory of 123 innovations from all over India. A ten-member expert advisory group helped to create a shortlist for in-depth documentation, using scalability, depth of innovation, simplicity, community acceptability and sustainability. The case studies will significantly advance the agenda of meeting the priority needs of family planning: delaying first pregnancy, spacing births and improving the quality of family planning services. The final document will also suggest pathways to accelerating population stabilisation in India.



Health Governance

How do Local Participatory Governance Reforms Influence Equitable Access to Health Services?

This ongoing project is exploring the role of local participatory governance (LPG) in enabling greater access to health services for the poor and vulnerable. In India, LPG is synonymous with Panchayati Raj Institutions (PRIs) - locally elected bodies operating at village, sub-district and district levels with financial and administrative powers over social services including health care. The research, funded by DFID, Wellcome Trust, Economic & Social Research Council and Medical Research Council, is being conducted in Kerala, where PRI reform is extensively implemented. It is also a state which, despite having achieved some remarkable health outcomes, still has vulnerable sections of society with limited access to health care. This research hopes to explicate the pathways through which PRIs influence access to health care for this poor and vulnerable group and situate this understanding in the broader policy context of implementation of Kerala's PRI reforms.

VOICES: Strengthening Village Health Committees for Intensified Community Engagement at Scale

The VOICES study is tracking the implementation of an intervention to strengthen Village Health, Sanitation, and Nutrition Committees (VHSNCs) in



100 villages in Rajasthan and Tamil Nadu. Mainly funded by WHO's Alliance for Health Policy and Systems Research, VOICES is being implemented in collaboration with the central and state governments and national and international research organizations. As part of the VOICES intervention, social mobilization efforts have reached 3,500 people across 50 villages in Rajasthan and 7,714 people across 91 hamlets in Tamil Nadu. In Rajasthan, the committees have been expanded to a minimum of 15 members in all 50 villages. In Tamil Nadu, over 200 hamlet-level meetings were held to identify and co-opt 483 active community members so as to include representation from all 17 panchayat-level VHSNCs. More than 500 members have received training in both states.

Disease Control Priorities Network (DCPN)

DCPN, funded by the University of Washington and the Bill and Melinda Gates Foundation, aims to improve the efficacy of health resource spending by evaluating the potential costs and benefits of allocating funding to a range of health service delivery platforms (such as hospitals and clinics), research and development of new health technologies, and new health interventions. It produces definitive technical publications, based on extensive analysis and consultations with technical experts and policy-makers, to inform national and global level health policy-making. The third edition of *Disease Control Priorities in Developing Countries (DCP3)* will provide up-to-date evidence on intervention efficacy and program effectiveness for the leading causes of global disease burden and will introduce new extended cost-effectiveness analysis (ECEA) methods. PHFI is working with the core analytics, methods and management as well as coordination of some of the volumes of *DCP3* such as mental, neurological and substance use (MNS) disorders.

Setting Priorities in Health - A Reasoned Approach

This project involves examining how the Rajiv Gandhi Arogyasri health insurance scheme of the Government of Andhra Pradesh can optimize its limited budget to focus on cost effective and equitable interventions. The project has been funded by IDRC-CRDI.

Other Initiatives

Project	Funding Body
Nodal Institution to Support the Conduct and Use of Implementation and Health Policy and Systems Research in Policy and Programme Planning, Implementation and Scale Up	World Health Organization
Health Human Resource Analysis	The World Bank Group
Social Network Positional Selection of Peer Changes Agents	The University of Chicago - National Institute of Health
Health Governance Hub (Health Governance For UHC India)	Deloitte Touche Tohmatsu India Pvt Ltd - Department of International Development (DFID)
Developing Innovative Methods to Enhance the Utility of the Health Information System of India in Understanding Disease Burden and in Evaluating the Impact of Population Health Intervention	Indian Council of Medical Research (ICMR)
Training, Handholding and Measuring the Institutional Impact of Infection Control Practices	Biomerieux India
Focused Intervention to Reduce Tobacco Use among Women and Children for Improving Health Outcomes in Barabanki District, Uttar Pradesh	State Trading Corporation Ltd (STC)
Longitudinal Panel Study under Rashtriya Swasthya Bima Yojana (RSBY)	NR Management Consultants India Pvt Ltd
Policy Window Preparation Grant (PWPG)	Global Development Network (GDN) - International Initiative For Impact Evaluation Inc (3ie)
Communication Capacity Enhancement Workshops for Public Health Workforce	Office of the Collector and District Magistrate, Balaghat, Madhya Pradesh
Perceptions of Health Decision-Makers Regarding WHO Regional Governance In South East Asia	The Royal Institute Of International Affairs (RIIA)
Rapid Assessment Of Drug Availability and Stock-Out at the Government Health Facilities in Odisha	Department of Health and Family Welfare, Odisha
Data Informed Platform for Health	London School of Hygiene and Tropical Medicine
Public Private Partnership (PPP) Initiative in Health Sector in Odisha	National Rural Health Mission, Odisha
Impact Evaluation of Business Correspondent Network Model	Global Development Network (GDN) - International Initiative for Impact Evaluation (3ie)







"The global HIV/AIDS epidemic is an unprecedented crisis that requires an unprecedented response"

Kofi Annan



Thematic Focus Areas

■ Infectious Diseases

Environmental, demographic and socio-economic factors may lead to susceptibility to various infectious diseases. Poverty, poor sanitation and lack of access to safe water and basic health services further contribute the spread of disease in communities. Newer, unconventional strategies need to be taken in order to address these myriad factors. With this in mind, PHFI has facilitated private and public partnerships that led to innovative preventive management programmes for sexually transmitted diseases, and HIV-AIDS. In addition, our training and capacity building activities are geared towards addressing neglected and emerging zoonotic diseases.

HIV-AIDS

The HIV/AIDS Partnership: Impact through Prevention, Private Sector and Evidence-Based Programming (PIPPSE): The PIPPSE project is enhancing the institutional and human capacity of the National Aids Control Organization (NACO), State AIDS Control Societies (SACS) and other institutions, to respond to the HIV/AIDS epidemic effectively. Through this project, the United States Agency for International Development (USAID) will assist the Government of India in scaling-up proven innovations and facilitating private sector engagement for HIV/AIDS management.

PIPPSE's techno-managerial, infrastructural and administrative support to Kerala, Goa, Gujarat, Maharashtra, Rajasthan, Tamil Nadu, Uttarakhand and Uttar Pradesh is helping their SACS strengthen targeted interventions. Through its Employer Led Model intervention (ELM), PIPPSE has provided technical assistance to NACO and organized national and regional level trainings and sensitization meetings with industries. It has also developed operational guidelines and training manuals for ELM. PIPPSE's mapping of social protection schemes and public health helplines has led to exploring partnerships and deliberations for setting up a National AIDS Helpline, and pilot social protection schemes for migrants.

Partnership for Sustained Impact (PSI): The PSI project, currently in its 7th year of operation, provides technical and managerial support to the National AIDS Control Programme (NACP). PHFI has set up a National Technical Support Unit for strengthening and scaling up the HIV prevention program; capacity building; enabling partnerships; disseminating information; conducting research and evaluation; and transferring of best practices. As a part of its knowledge transfer initiative, the project successfully managed the establishment of 31 learning sites across the 6 northern states of Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh and Orissa, for strengthening the targeted intervention programs in these states.

Assessment of HIV Incidence and its Determinants: The goal of this research study, funded by the National Institutes of Health, USA and the Bill & Melinda Gates Foundation, is to provide empirical data, for the first time in India, on the incidence of HIV and its determinants at the population level, through a longitudinal study of over 12,600 adults in rural and urban clusters of Guntur

district in Andhra Pradesh. PHFI has assessed longitudinally in the same population, in two successive surveys five years apart, the incidence of HIV, Herpes Simplex Virus-2 (HSV-2) and syphilis. The first major paper from this study reporting data on HIV incidence, over a period of five years and its associations has been published, and several other analyses are ongoing for further publications.

Intensive Professional Program in Sexually Transmitted Infections and HIV: PHFI collaborated with the STI Research Centre, University of Sydney and the Australian Agency for International Development, to develop a six-month certificate course in STI and HIV/AIDS, which is offered in the distance learning mode at IIPH-Delhi.

Cost-Effectiveness of Anti-Retroviral Treatment (ART) and its Determinants: With funding from the University of Washington and the Bill & Melinda Gates Foundation, this study has gathered data across anti-retroviral treatment facilities in Andhra Pradesh and Rajasthan to quantify the costs and constraints of ART service delivery.

Controlling Tuberculosis: The goal of this project, funded by the Imperial College of Science Technology and Medicine and the Bill and Melinda Gates Foundation, is to contribute mathematical modelling and analysis tools in support of tuberculosis control in India, and to catalyse the establishment of in-country expertise at PHFI in the development and application of these tools. **Tracking and monitoring the spread of infectious diseases:** This project involves modelling and tracking of infectious diseases and human migration through an innovative software system called Biodiaspora, which has been developed by Dr. Kamran Khan at the Li Ka Shing Institute, St. Michaels Hospital Toronto, Canada. Grand Challenges Canada is supporting the work between PHFI and BioDiaspora to explore how this unique and innovative technology can be localised to address issues of data asymmetry and infectious diseases risks in India.

Zoonosis

Promoting Health, Livelihoods and Sustainable Livestock Systems in Peri-Urban Ecosystems of India: PHFI and the International Livestock Research Institute have jointly proposed a four-year India Research Initiative on Peri-Urban Human-Animal-Environment Interface to contribute to stronger evidence-based cross-

sector policy and local capacity for integrating public health and livestock health, urban planning, local food production and social development in peri-urban settings. The Initiative, funded by the International Development Research Centre (IDRC-CRDI), is currently in its inception phase, identifying stakeholders, developing partnerships, finalizing study designs, and developing capacity building plans and advocacy strategies.

Building Inter-sectoral Collaboration for Combating Zoonotic Infections in India: This WHO-funded project, which concluded in December 2013, promoted inter-sectoral collaborations for addressing zoonosis in India. As the secretariat of the multi-institutional Roadmap to Combat Zoonosis in India (RCZI) initiative, PHFI held interactions with stakeholders to identify key research, training and programmatic priorities for prevention and control of zoonosis. Its outcomes included a population-level costs analysis of rabies control programme; a national-level assessment of inter-sectoral coordination and a newsletter 'Zoonoses



Watch'. A zoonosis knowledge repository is also maintained on the PHFI Website (zoonoses.phfi.org).

Identifying Sources, Pathways, and Risk Drivers in Ecosystems of Japanese Encephalitis: Since Uttar Pradesh contributes the majority of reported Japanese encephalitis (JE) cases in India, this study focused on micro-ecosystems present in the epidemic-prone Kushinagar district of Uttar Pradesh. This research, funded by the International Development Research Centre (IDRC-CRDI), will provide an in-depth evidence base for informing the design of effective interventions to prevent and control JE in India.

Other Initiatives

Project	Funding Body
Bihar Evaluation of Social Franchising and Telemedicine	The Bill & Melinda Gates Foundation
Use of Multi-Criteria Decision Analysis to Assess Impacts of Rabies, Brucellosis and their Intervention	The Bill & Melinda Gates Foundation
To Conduct Operational Qualitative Research on Multiple Vulnerabilities amongst PWID's In Different Settings in India under Hridaya Project	Indian HIV/AIDS Alliance (Alliance India)
Review Paper on Stewardship Role of National Vector Borne Disease Control Programme in India	World Health Organization
Target Vaccination Strategies that Maximize Population-Level Health Impact	Johns Hopkins Bloomberg School of Public Health







*"Healing is a matter of time,
but it is sometimes also a matter
of opportunity"*

Hippocrates



Thematic Focus Areas

■ Public Health Nutrition

Working on nutrition issues is an important part of PHFI's commitment to a healthier India. PHFI maintains strong linkages with national and international agencies working on nutrition research, advocacy and policy development.

■ Transform Nutrition

Transform Nutrition (TN), a consortium of international research partners who use research-based evidence to inspire effective action. PHFI represents the consortium on research with an Indian focus and plays an important role in capacity strengthening.

PHFI, in partnership with the International Food Policy Research Institute (IFPRI), have published scientific articles on strengthening public health nutrition education in India; the mismatch between investments and needs in postgraduate education in nutrition across south Asian countries; and a review of government programs for women and children in India in the 1000-day period (from pre-pregnancy to 24 months of age). Ongoing work includes a review of postgraduate nutrition course content in India; institutional mapping of postgraduate public health nutrition education across four continents; and an analysis of stakeholder perspectives on public health nutrition in India. PHFI is working on its flagship India Health Report on Nutrition, which will highlight the role of policy in improving nutritional outcomes, especially at the state level. PHFI and IFPRI are also conducting a cross-country analysis of the impact of women's empowerment on child health outcomes.

POSHAN - Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India

POSHAN is a collaboration with the International Food Policy Research Institute and the Institute of Development Studies, Sussex. The project aims to mobilize evidence-based and actionable knowledge to inform policy formulation and support program planning for nutrition at the national level and in three to four key states. In addition, POSHAN will identify a compendium of direct and indirect nutrition-relevant interventions that will generate knowledge on optimal approaches to address major bottlenecks to improving maternal and child nutrition outcomes in India.

A multi-stakeholder advocacy and dissemination meeting of 200 key persons was held to launch the Lancet Series on Maternal and Child Nutrition, 2013. The event, which was widely covered by the media, focused on the changing dimensions of the discourse on global nutrition. It was hosted by PHFI and the Coalition for Sustainable Nutrition Security in India, and supported by IFPRI and the Micronutrient Initiative.

Capacity Building to Strengthen Nutrition Component among Children Residing in Conflict Affected Zones of Odisha

Available evidence suggests that nutrition training of health workers can improve feeding practices, thus positively impacting undernutrition. PHFI along with UNICEF, Department of Women & Child and Department of Health and Family Welfare, Govt. of Odisha undertook a capacity building project to manage the issue of stunting in the state of Odisha. This study of 2,350 subjects across all 30 districts of Odisha, is part of a larger project aimed at reduction of stunting through capacity building of ICDS supervisors and Child Development Project Officers across the state.

Measuring the Commitment to Reduce Hunger: Developing and Implementing a Hunger Reduction Commitment Index for India

Lack of political will or commitment is recognized as one of the major reasons for undernutrition persisting has a developmental challenge in India, despite the country's notable economic progress. PHFI conducted this study with the primary objective of building, for the first time in India, an index to measure state-specific commitment to reduce hunger. The hope is that the creation of a mechanism to improve public accountability will intensify the fight against hunger

Consumption Pattern of Various Micronutrients amongst Under Five Children and Women in Reproductive Age Group in Madhya Pradesh (MP)

In partnership with Global Alliance for Improved Nutrition (GAIN), PHFI surveyed children under five and their mothers in the reproductive age group in three districts of MP (Indore, Gwalior and Betul). The objectives of the study were: to study the consumption of fortifiable food products such as oil, wheat flour, salt, milk; to determine their vulnerability to micronutrient deficiencies; to understand the diversity of foods consumed by them; and to determine the vitamin A and D status of the study subjects living in households in urban settings that have access to fortified soybean oil.

Community Intervention to Improve Growth among Children under Two in Rural India

A collaboration between the Indian NGO Ekjut, PHFI and University College London, this project funded by the Medical Research Council assessed the impact, cost-effectiveness and scalability of a community intervention to improve growth

among children under two in two rural districts of Jharkhand and Odisha, where over 60 percent of children are stunted. The project team implemented an intervention involving a village-based community health worker (CHW), modeled on the Anganwadi worker. The research team will monitor the growth of over 2,000 children under two exposed to the intervention in 120 villages.

Other Initiatives

Project	Funding Organization
Aflatoxin as a Public Health challenge: a literature review	International Food Policy Research Institute (IFPRI)





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"Health leaps out of science and draws nourishment from the society around it"

Gunnar Myrdal

Thematic Focus Areas

■ Social and Environmental Determinants of Health

The health status of individuals and of a population are often influenced by factors that lie outside the purview of the health system. These include the inequities in availability and access to services, the impact of environmental risk factors, societal factors, and others. PHFI's activities examining the impact of these disparate Social and Environmental Determinants of Health during 2013-2014 are summarised below.

Synthesis of Evidence on the Social Determinants of Health to Inform Research and Policy in India: Under a grant from the Bupa Foundation (United Kingdom), PHFI is synthesising the available evidence on social determinants of health in India. Several papers from this research have been published and PHFI, through close consultation with key stakeholders, will facilitate creation of a national health equity surveillance system and a dynamic knowledge hub on SDH that could provide information to develop policies and programs to reduce health inequities.



■ Water And Sanitation

Guiding Pro-Poor Investments in the Nexus Among Domestic Water Quality And Quantity, Sanitation and Hygiene, and Agriculture from the Bottom-Up (AG-WATSAN Nexus):

With funding from the Bill and Melinda Gates Foundation, PHFI is collaborating with the Centre for Development Research (ZEF) of the Rheinische Friedrich-Wilhelms-Universität Bonn (University of Bonn) to identify trade-offs, synergies and thresholds –the nexus - among water quality and quantity; sanitation and hygiene; and agriculture and their implication for investment priorities for a better health and nutrition outcome in Gujarat. One of the main objectives is to enhance investments in community business plans for technological and institutional arrangements to improve the capacities of rural and peri-urban communities connected to multi-purpose water systems. The project also aims to strengthen the capacity of households and communities to monitor and manage their WATSAN environment.

The team has completed data collection, which includes demographic details and surveys for documenting episodes of sickness in the sampled households and the estimation of microbiological contamination in the source and the stored water in the household.

Qualitative Baseline and End line Studies on Achieving Open-Defecation-Free (ODF) Villages through Community-Led Total Sanitation (CLTS) in Selected Blocks of Odisha:

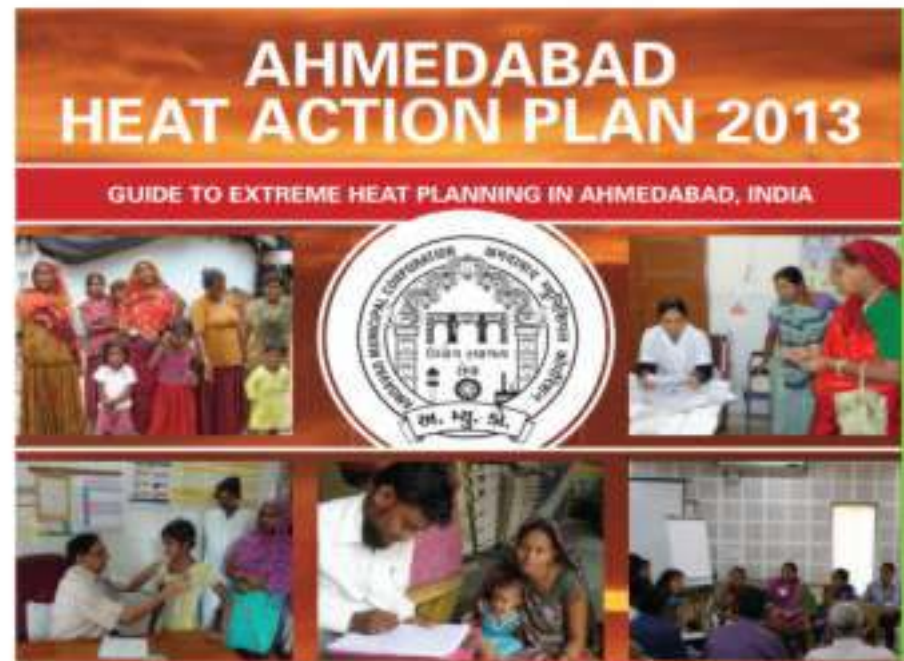
Almost 78 percent of households in Odisha don't have a latrine, leading to a high prevalence of open defecation, a prime cause of cholera, typhoid and hepatitis A. The Community-Led Total Sanitation (CLTS) approach mobilises the community to eliminate open defecation and achieve open-defecation-free (ODF) villages. CLTS emphasises modifying the behaviour of a community and builds towards a sustainable ownership of toilet facilities by the community. The DFID (Department for International Development)-supported Technical and Management Support Team (TMST) and the Government of Odisha have agreed to adopt villages in nine selected blocks (with a high burden of disease) for a CLTS initiative, which would lead to 9 million people getting access to sanitation facilities.

PHFI, in partnership with IPE Global Private Limited, and with funding from DFID, is conducting a study in the selected CLTS blocks to identify the major barriers in achieving ODF status and make recommendations based on field-level research. The study will explore people's attitudes to open defecation, gender disparity issues, and past initiatives.

■ Environmental Health

Climate Change: Addressing Heat-Health Vulnerability in Rapidly

Recognizing the danger that climate change poses for human health, IIPH-Gandhinagar, in partnership with the Natural Resources Defense Council (NRDC), has been focusing on the health impact of rising temperatures on the vulnerable populations of western India, specifically in the state of Gujarat. The Ahmedabad Municipal Corporation (AMC) launched a Heat Action Plan in April 2013, based on the recommendations made by IIPH-Gandhinagar and NRDC.



During the year under review, IIPH-Gandhinagar assessed the current vulnerability to extreme heat among Ahmedabad's general population through retrospective epidemiological analyses; published two papers in a peer review journal; conducted focus group interviews of construction workers; assessed the adaptive capacity of Ahmedabad's public health and health care delivery system to extreme heat conditions; developed and enhanced public health interventions and health care delivery protocols and management strategies; developed and calibrated an innovative heat-health early warning system for the AMC; worked with the local and state government to implement specific strategies; and conducted workshops and trainings for stakeholders (hospitals, other medical providers and government staff) on early warning systems, internal government communications, planning for extreme heat events, community outreach and communication strategies.

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Multi-Centric Collaborative Study on the Impact of Global Warming, Environmental Changes and Ultra Violet Radiation (UVR) Exposure on Ocular Health in India:

Initiated in 2010 and to be completed by August 2015, this study, funded by the Indian Council of Medical Research, is assessing the impact of increased UVR on the prevalence of cataract, dry eye, and pterygium in people over 40 years and allergic disorders in children between 5-15 years of age. The methodology being used is to undertake a case study of the Northeast region

and the coastal region in South India and compare it to the situation in Delhi/NCR (National Capital Region). The data on ozone and UVR is being collected through satellite measurements at Guwahati and coastal South India. The medical data has been gathered through Risk Assessment Surveys by teams from Dr. R. P. Centre (North India), Regional Institute of Ophthalmology in Guwahati (North East) and SACDIR in Hyderabad (coastal South India).

Steering Committee on Air Pollution and Health Related Issues - Ministry of Health and Family Welfare, Government of India

Responding to increased media attention and growing calls for action on the matter, the Ministry of Health and Family Welfare (GOI) convened a steering committee in January 2014, to examine the 'Health related issues on Air Pollution', bringing together stakeholders from different branches of the government (energy, health, environment and development), multi-lateral organizations, academics, and civil society. The ambit of this committee is to document the evidence available on the effect of Household and Ambient air pollution on health; identify institutional and individual sources responsible for the pollution; suggest gaps in the research that need to be addressed; and formulate a range of multi-sectoral policy actions to address the problem. This Committee is co-chaired by President-PHFI, Prof K. Srinath Reddy. PHFI has been also designated as the secretariat to the committee.

Other Initiatives

Project	Funding Body
Pensions, Health and Wellbeing of Older People in Developing Countries: Insights from The WHO SAGE (Study on Global Ageing and Adult Health) Survey	Economic and Social Research Council, UK
Indignity and illness: A study on coping with post-stroke disabilities among geriatric population of Gandhinagar district, Gujarat	Indian Council of Medical Research

PHFI Foundation Day 2014:

PHFI celebrated its seventh Foundation Day on March 28 this year, with the spotlight on air pollution and its effect on public health. Delivering the Foundation Day lecture, Professor Michael Greenstone, JM Professor of Environmental Economics at the Massachusetts Institute of Technology, spoke on Shorter Lives Due to Air Pollution and Some Potential Solutions for India. The Guest of Honour, Dr T. Ramasami, Secretary, Department of Science and Technology, noted that environmental regulations need to be designed keeping in mind the broader development context. PHFI also launched a policy brief on Ambient Air Pollution to mark the event.







"Let us more and more insist on raising funds of love, of kindness, of understanding, of peace"

Mother Teresa

Thematic Focus Areas

■ Maternal and Child Health

The health of women and children is the cornerstone not only of public health, but of progress in almost every area of human development. PHFI's work in all sectors also focuses on this vulnerable group, with the key intent being reducing maternal and child deaths. The activities conducted in this area during 2013-2014 are summarised below.



ANCHUL: Ante Natal and Child Health Care in Urban Slums

The ANCHUL project, with funding from WHO aims to develop a sustainable model of community-based Maternal, Newborn and Child Health (MNCH) care provided by an urban ASHA and then assess its effectiveness in improving institutional delivery, health care utilisation and other MCH indicators. The research team at PHFI has successfully partnered with the Delhi State Health Mission in evolving a model of "Urban ASHAs" based on the existing model of ASHA under the National Rural Health Mission (NRHM). The baseline surveys as well as recruitment, training and induction of urban ASHAs have been completed. This intervention will continue till June 2015.

Release of "State of India's Newborns 2014"

In September 2014, India's Union Minister for Health and Family Welfare Dr. Harsh Vardhan, along with Mr Bill Gates and Ms Melinda Gates, released "State of India's Newborns 2014," a report prepared by PHFI and the Indian Institute of Public Health Delhi (IIPH), in collaboration with the All India Institute of Medical Sciences (AIIMS), New Delhi and the Ministry of Health and Family Welfare (MoHFW), with support from the Saving Newborns' Lives initiative of Save the Children. Apart from presenting the progress made in reducing childhood mortality and improving the health of newborns in the last decade, the report provides an analysis of India's health system and policies from the perspective of newborn care.

Changing Health Behaviours and Improving Coverage of Health Services by Activating Social Platforms for the Poor in Uttar Pradesh

PHFI is leading a five-year initiative (2011-2016), funded by the Bill and Melinda Gates Foundation (BMGF), to develop and scale up evidence-based interventions to improve Reproductive, Maternal, Newborn and Child Health (RMNCH) behaviours among marginalised populations in Uttar Pradesh. The Rajeev Gandhi Charitable Trust, Boston University, and Population Council are partners in this project, which hopes to reach 1 million women through 75,000 self-help groups (SHGs) in 5,100 gram panchayats. The team has begun work with SHGs in 100 blocks and project

coverage will aim to cover 4,884 Gram Panchayats. PHFI is training Swasthya Sakhis to disseminate health messages; organise meetings where the women meet local health workers; and hold discussions with senior officials to ensure more engagement with government and improved coordination with SHGs. Improved Family Planning and Reproductive Health Services in India (Ujjwal) The goal of this project, funded by Futures Group Europe and Department of International Development (DFID), is to reduce maternal mortality and morbidity through safe abortion and quality family planning services in Bihar and Odisha with private sector involvement by developing 280 franchisee clinics with PHFI-trained doctors. PHFI has trained 296 doctors, 295 paramedics, and various nurses through modules developed in collaboration with the Federation of Obstetrics and Gynaecological Societies of India (FOGSI). PHFI's other initiatives included conducting 29 Continuing Medical Education sessions, in collaboration with FOGSI and the Indian Medical Association; conducting medical audits of 294 private clinics and hospitals; initiating a free e-learning certificate course on family planning and reproductive health; and supporting the Johns Hopkins University Centre for Communication Programs in making a film to address myths and misconceptions about family planning methods. PHFI plans to establish a Centre of Excellence on Family Planning for both the states which will focus on the need for quality family planning activities in the private sector. During the project extension phase, PHFI will strengthen quality of care in family planning in all 294 private clinics so that they serve as examples to the private sector in India.

Large Scale Innovative Pro-Poor Programs Focused on Reducing Maternal Mortality in India (MATIND)

MATIND, funded by the Seventh Framework Programme of the European Community for Research, is a four-year collaborative research project between the Karolinska Institute, Sweden; IIPH Gandhinagar; RD Gardi Medical College, Ujjain; Liverpool School of Tropical Medicine, Liverpool; and Zhejiang University, China. The study aims to develop a methodology to assess the comparative impact of two large scale programs for financing maternal health care in India: Chiranjeevi Yojana (CY), which has a targeted bursary approach versus the conditional cash transfer approach of Janani Suraksha Yojana (JSY). Phase I has been completed with a trend analysis of CY; facility surveys at three districts of Gujarat; surveys of women who have delivered in

CY institutions for a month; and qualitative studies of private providers participating and not participating in the CY program. A prospective survey of more than 3,000 women who have recently delivered at three selected districts is underway.

Evaluation of the Safe Childbirth Checklist Program

PHFI is leading evaluation efforts in the JHPIEGO (Johns Hopkins Program for International Education in Gynaecology and Obstetrics) led implementation on the safe childbirth checklist (SCC), a WHO tool to improve the quality of maternal and newborn health during institutional delivery, in Rajasthan. With funding from the Children's Investment Fund Foundation and UBS Optimus Foundation, PHFI is evaluating efforts to measure the impact of SCC on perinatal mortality. Perinatal outcomes from 100,000 births in seven intervention districts will be compared with perinatal outcomes from 100,000 births in six control districts. This project, now in its third year, is collecting data on obstetrics, new-born care, still births and early neonatal deaths from 157 labour room facilities and 30 new-born care centres across 13 districts of Rajasthan. Data from 70,000 births has been collected by June 2014.

Evaluation of the Bihar Family Health Initiative

This project is evaluating the impact of the Family Health Initiative in Bihar, which is funded by the Bill and Melinda Gates Foundation (BMGF), and aims to reduce maternal and child mortality and improve key nutrition and health outcomes through innovative interventions in the public and private sectors. Baseline and midline household surveys in all 38 districts of Bihar have been conducted. Findings from these surveys are being utilized to further strengthen the interventions to improve maternal and child health.

Ferrous Sucrose in Pregnant Anaemic Women (FESPAW)

PHFI is studying the efficacy and safety of intravenous (IV) iron sucrose in the treatment of iron deficiency anaemia in pregnant women and its impact on maternal and foetal outcomes. This study is funded by the WHO (2013-2015). The study will be based on the background that, Rural Indian women with moderate to severe anaemia generally report late (if at all) to health care facilities, by when they need a quicker treatment for anaemia than oral

therapy. Though IV iron sucrose is considered safe and efficacious in improving haemoglobin rapidly, there is a need to establish that improving iron stores and haemoglobin status will positively impact maternal mortality and morbidity and foetal outcomes.

Comprehensive Contraceptive Measures

PHFI launched a Certificate Course on Comprehensive Contraceptive Measures, in collaboration with the United Nations Population Fund, to train primary care physicians on evidence-based contraceptive practices. The program covers 50 cities across 20 states, with 100 participating regional faculty.

Delivering Comprehensive Sexual and Reproductive Health Information and Services to Young People

PHFI is providing technical and research support to a project in Gujarat that aims to bridge the gap in delivering sexual and reproductive health information and services to young people through enhancing convergence among the government's current programs in Gujarat. Despite a large number of programs operated by different departments, there is a large unmet need for sexual and reproductive health education and services for young people in India. The project is funded by MacArthur Foundation. CHETNA (an NGO) is responsible for implementing the program, training the staff and involving village-level social animators and local young men. The formative study on current programs and base line data collection are complete and in the process of final analysis. The next step is to develop a convergence strategy through advocacy at the state and district level.

Technologies Impacting Mothers & Children Effectively (TIME)

PHFI is a key partner in the CAMTech (Consortium for Affordable Medical Technologies)-USAID TIME project for accelerating medical technology innovation to improve RMNCH outcomes around preventable deaths in India. PHFI advises on issues of population-based healthcare, urban health and health systems in India and leverages its expertise and networks around policy, advocacy and implementation related to low-cost medical technology innovations. PHFI co-organized a

Clinical Summit and Hackathon with CAMTech India at Bengaluru, bringing together physicians, nurses, healthcare workers, government, and public health experts to identify pressing clinical needs and best practices in RMNCH care and to drive affordable medical technology innovation. The hackathon, called 'Jugaad-a-thon', brought to the table 34 solutions designed and developed over two days by 250 clinicians, engineers and entrepreneurs representing the academia and industry.

Inequity in Maternal and Child Health: Situations and Solutions

IIPH Gandhinagar organised an International Conference on "Inequity in Maternal and Child Health: Situations and Solutions" in Ahmedabad, to focus international attention on the progress and challenges in meeting the Millennium Development Goals for Maternal and Child Health. The conference, held in November 2013, was a collaborative effort of a team from the Karolinska Institute, Sweden and their partners in the developing economies of India, China, Indonesia and Vietnam. Other partners included the Government of Gujarat, Public Health Evidence South Asia and the Gujarat Medical Education and Research Society.

Wash and Clean on the Labour Ward: A Situation Analysis in India and Bangladesh

Although sepsis remains one of the most important causes of maternal and neonatal mortality and morbidity, there has been limited research on WASH (water, sanitation and hygiene) and CLEAN (used to summarize cleanliness of the environment) in the labour wards in both developing and developed countries. This study undertook a situation analysis of cleaning practices on labour wards/ maternity units in Gujarat state in India and Mymensingh district and Dhaka city in Bangladesh and explored the factors that can influence cleaning practices, cleanliness and patient safety. A draft report has been submitted to the funding agency, the University of Aberdeen, and a presentation of findings was made to the Government of Gujarat. Important findings have emerged from this study which show that lot of work is needed to improve WASH and Clean in rural health facilities and that there is gross overuse of antibiotics and presence of antibiotic resistant bacteria in these facilities.



■ Immunisation

Universal Immunisation Program Strengthening

The Universal Immunization Program (UIP) was launched in 1985 by the Government of India with the goal of extending six basic vaccines to all infants and the tetanus vaccine to pregnant women. PHFI and the Oak Foundation are partnering to enhance the capacity of UIP to ensure high rates of routine immunisation for India's children. The Ministry of Health and Family Welfare invited PHFI to establish an Immunisation Technical Support Unit (ITSU) within the UIP. ITSU seeks to achieve reductions in morbidity and mortality associated with vaccine-preventable disease (VPDs) by improving the quality and coverage of the routine immunisation program and by creating a vaccine delivery system, for both existing and future vaccines. After the successful completion of Phase I, which involved setting up ITSU, Phase II (August 2013–November 2015) focuses on augmenting human resources to strengthen the immunisation division at the national level; improving immunisation service delivery through innovation; and enhancing accountability by providing support for data review and strategic planning.

Establishing the National Adverse Events Following Immunization (AEFI) Secretariat with the AEFI Vertical of the Immunisation Technical Support Unit (ITSU)

With funding from the Drugs Controller General of India, the Ministry of Health and Family Welfare, WHO and the Bill and Melinda Gates Foundation, PHFI has established an AEFI Secretariat. Its priority tasks include coordinating AEFI surveillance and vaccine safety surveillance activities with partner agencies; collecting, compiling and analysing AEFI reports; liaising with local AEFI committees to implement national policies; providing technical assistance to conduct investigations and causality assessments exercises; developing training material for monitoring, investigation and causality assessment; and facilitating workshops and trainings.

Certificate Course in Immunization Practice

PHFI successfully completed Phase I of its Certificate Course in Immunization practices (CCIP), funded by Sanofi Pasteur India Pvt. Ltd and co-branded with Child Health Foundation (CHF), Indian Academy of Paediatrics (IAP) and UNICEF. The course was vetted by 15 national experts and 50 regional experts at 25 centres across 13 states. With 205 participants having successfully completed the course, PHFI is exploring initiating the second cycle soon.



Other Initiatives

Project	Funding Body
Full Country Evaluations - Inception Phase	University of Washington - Global Alliance for Vaccines and Immunisation Alliance (GAVI)
Certificate Course on Contraception in Clinical Practice	United Nations Population Fund
Evidence-Based IMNCI (Integrated Management Of Neonatal And Childhood Illness), RI and VHND (Village Health Nutrition Day) Service Delivery through Health System Strengthening in Odisha	UNICEF
Bringing the Safe Child Protection Tools to Practice: Partnerships for Data Collection, Analysis and Implementation Research in India and Haiti	OAK Foundation - Harvard School of Public Health
Development and Piloting an Intervention Model to Delay First Pregnancy and Spacing of Second Child among Married Adolescents and Young People	World Health Organization
Diagnostic Efficiency on Hemoglobin	All India Institute of Medical Science - Ministry of Health and Family Welfare, Government of India
Color Scale (HCS) for Screening Patients for Anemia	UNICEF
Gap Analysis for Implementation of Reproductive, Maternal, Newborn, Child Health Plus Adolescent Health (RMNCH+A) Interventions in Five High Priority Districts of Andhra Pradesh	Department of Biotechnology, Ministry of Science and Technology, GOI
Contraceptive Use and Occurrence of Hysterectomy- A Case- Control Study	National Health Mission, Haryana
Documentation of Maternal and Child Health Activities in Haryana	Institute of Development Studies (IDS) - DFID
Evidence Based Policy Planning for Women in Poor Urban Areas in an Indigenous Context	Global Alliance for Improved Nutrition (GAIN)
Publications Related to Evaluation of Integrated Child Development Services (ICDS) in Gujarat	Water Aid - Water for Life
Menstrual Hygiene Management (MHM) Policy Scoping Review	Department of Women and Child Development, Government of Gujarat
Supportive Supervising for Roll-Out of State Level Anganwadi Workers Training in Gujarat	Gynuity Health Projects LLC
Per Person Cost of Misoprostol for Primary vs. Secondary Prevention of Postpartum Haemorrhage	UNICEF
Quality Assurance in Labour Rooms (with emphasis on Infection Control) in two districts in Bihar- Risk Factors for Congenital Malformations: A Case-Control Study	National Health Mission





*"The test of our progress is...
whether we provide enough for
those who have too little"*

Franklin D. Roosevelt

Thematic Area of Focus

Affordable Health Technologies

The Public Health Foundation has been working in the field of Affordable Health Technologies. The Public Health Foundation of India's multi-pronged approach in this field includes creating and sustaining an ecosystem for innovation in health technologies and developing new technologies for both healthcare delivery and for public health education.

PHFI's prime innovation in this context is the **Swasthya Slate**, a device that uses an Android tablet or phone to run a range of medical diagnostics using a single kit. It is affordable, easy to use and gives rapid results. Swasthya Slate can empower rural frontline health care workers to provide diagnostic tests to the poor and underserved in far flung areas. Until last year, Swasthya Slate could deliver 33 tests, including diabetes, hypertension, blood pressure, malaria, HIV-1, HIV 2 and hepatitis B virus. This year Swasthya Slate has added four more tests - cholesterol meter, Prothrombin Time/International Normalised Ratio (PT/INR) meter and height and weight measurement – bringing the total to 37 diagnostics. The average learning time of this tool is five minutes and thirty seconds. The



results are instant and the cost of conducting these tests is roughly one-tenth of the current market price for these tests. Organisational measures are being taken to ensure a wider dissemination and a more extensive public usage of the Swasthya Slate.

During this year, PHFI, in partnership with the Cambridge Malaysian Education and Development Trust, completed further **prototype development, pilots and evaluation of Swasthya Slate. Design, development and evaluation of mobile-enabled chronic care diagnosis and management system** was also completed, with support from Medtronic Foundation. Swasthya Slate's impact on public health has been recognized both nationally and internationally.

The Wall Street Journal Cheat Sheet, September 2014, listed Swasthya Slate as one of the '6 Health Care Devices that could help Millions of People'.

Dr. Kanav Kahol (Team Leader, Affordable Health Technologies Division, PHFI) received an award for Excellence in Public Health Innovation from the Agensi Inovasi Malaysia (Malaysian Innovation Agency). This award was presented by the Hon'ble Minister of Health, Government of Malaysia, Dr. Subramaniam, on 8th December 2014.

Dr. Kahol also received the Innovator of the Year award at the Doc N Doc-Gammex Saviour Awards 2014 and the Times Now Amazing Indian award in 2013.

Under an agreement with the Royal Norwegian Embassy and after a rigorous evaluation by the National Rural Health Mission, PHFI is working on implementing a Reproductive Maternal Newborn Child and Adolescent Health (RMNCH+A) program in six districts of Jammu and Kashmir. Launched in March 2014, the project aims to provide all ANMs, ASHAs, doctors, clinics and hospitals in Rajouri, Poonch, Doda, Kishtwar, Ramban and Leh districts with Swasthya Slate systems to implement the RMNCH+A program. This totals to 4,200 systems across the districts making it the largest mDiagnostics and mHealth project in the world.

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Dr. Kahol also received the Innovator of the Year award at the Doc N Doc-Gammex Saviour Awards 2014 and the Times Now Amazing Indian award in 2013.



In the year under review, the University of Chicago and PHFI, with funding from the National Institutes of Health, began work on the Hybridised Cell Phone and Survey Generated Communication Network project to assess peer change agent (PCA) condom communication for men who have sex with men through mathematical models that utilise change agent attribute and structural position parameters which are developed through existing digital communication networks. PCA-based interventions, the most frequently used outreach for HIV prevention initiatives, capitalize on the phenomenon of peer influence and how members in social networks communicate with one another. Rooted in psychosocial training and skills building, the peer outreach approach recruits and trains peers to communicate HIV risk reduction techniques among their personal network members. Network members are selected via a wide range of possible methods including self-nomination, peer selection, key informant opinion, through observation and by research staff. The PHFI team recruited

a field team for the survey and developed questionnaires that were tested in the field.

Partnering with the University of Aberdeen and supported by the Engineering and Physical Sciences Research Council (EPSRC), UK, PHFI is working on creating a trusted mobile platform for the self-management of chronic illness in rural areas (TRUMP). This project, due for completion by December 2014, aims to explore the potential of mobile phone technologies to develop a platform to support chronic disease management in the rural areas of India and the United Kingdom. It is doing this in a manner which fully addresses various issues of trust. Five work packages are proposed in the study which is simultaneously being conducted in India and the United Kingdom. Data collection on diabetes and depression is being done in Guntur district of Andhra Pradesh.

Other Initiatives

Project	Funding Body
m-Wellcare: An Integrated m-Health System for the Prevention and Care of Chronic Diseases	London School of Hygiene & Tropical Medicine and Wellcome Trust
Inform: m-Health Platform for Improving Functional Outcomes for Children with Impairments through Community Health Workers in India	Grand Challenges Canada & Innogreen Disable Foundation Limited, Hong Kong
Technologies for Reproductive, Maternal, Newborn and Child Health	Consortium for Affordable Medical Technologies (CAMTech), Massachusetts General Hospital and USAID

Financials

Our Supporters

PHFI is a not-for-profit, public private initiative working collaboratively with key stakeholders towards strengthening institutional and systems capacity and catalysing change in public health in India. Our supporters recognise the critical role that public health has to play in India's development. They are a growing group & network of institutions/organisation (Government of India, State Governments, Civil Society Organisations/Members, Domestic and International Academic and Research Organisations, Multilateral and Bilateral Institutions and International Foundations) and individuals. Our diverse and global partners highlights the importance of not just 'Public Health in India' but also 'India for global public health', given the significance of India's population in global population. Listed below are some of our key donors representing government, industry, academia and civil society.

The creation of PHFI in 2006 was enabled by the Government of India and supported by multiple stakeholders. Initial funding support came from the Ministry of Health & Family Welfare (MoHFW), the Bill & Melinda Gates Foundation, other foundations and private philanthropy. Representing a true 'Partnership for Public Purpose', PHFI is working collaboratively with range of stakeholders including the national and state governments, national and international academia, civil society, global foundations, individual leaders, and the private sector.

PHFI is thankful to supporters who have contributed to PHFI funds for the broader institution development and organisational priorities (through corpus, specified and general funds), and to project specific partners and funders (through project grants).

Support for Development of Public Health Institutions, Center and Initiatives

Note: The Specified (Designated Funds or Proceeds from Corpus Funds) are applied towards use specified by the donor and may cover areas such as development of PHFI, IIPHS, Centres of Excellence, Special Initiatives and other institutional priorities.

Central and State Governments

The Ministry of Health and Family Welfare, Government of India is a founder member and supporter of PHFI and enabled the creation of PHFI. It has contributed a corpus fund to the organization and is represented on the PHFI board.

Various state governments are in partnership with PHFI and provide their support for building 'Indian Institutes of Public Health' (IIPHS) and development of its permanent campus for serving the state and the region. Currently, four IIPHS are functioning at Delhi- NCR, Gandhinagar, Hyderabad, Bhubaneswar, one upcoming for Northeast at Shillong, and an affiliate training centre at Bengaluru. The state government and others from the region are represented in the advisory councils at IIPHS. Partnerships with others states exist to support multiple areas such as strengthening the public health system, programs and policies; establishing training centres and technical support units with Government of Gujarat, Government of Telangana, Government of Delhi, Government of Odisha, Government of Meghalaya, Government of Karnataka.

Foundations and Agencies

Bill & Melinda Gates Foundation, Nand & Jeet Khemka Foundation, Infosys Foundation, HT Parekh Foundation, Amar Foundation, American India Foundation, Friends of ISB Foundation, Give2Asia/Deshpande Foundation, Spandana Foundation

Private Sector and Philanthropists

HCL Corporation, Ms Rohini Nilekani, AKM Systems Pvt. Ltd, Ranbaxy, Promoter Group, Reliance Industries, GMR Projects Pvt. Ltd, GVK Power and Infrastructure Ltd

Other Key Supporters

(For Research and Academic capacity and excellence development including fellowship and scholarships)

Wellcome Trust, Science and Engineering Research Board (SERB), DST, GoI, MMTC Ltd, Deepak Foundation, Sir Dorabji Trust

Contributions by Individuals

We are thankful to a growing group of supporters/philanthropists who have contributed by establishing scholarships/fellowships in emerging areas of education and research towards addressing public health challenges. We acknowledge contributions made by Dr.Mangal Katikineni, Dr. Anil Tulpule and Dr. M K Mohan, Mr. Hari Bugganna, Prof. M A Vijayalakshmi toward this noble cause.

Project Based Contributions/Grants

Note : Project funds are received as grant or applied funds for public health priorities and themes including, for example, maternal and child health, nutrition, immunization, health hygiene and sanitation, disability, prevention and control of chronic conditions, and mental health. These contributions come from national and international donors. Select examples of the contributors towards projects are listed below; and the detailed list of collaborators (project funders or partners in implementation) is available at <https://www.phfi.org/collaborations>

National and State Governments, and Agencies

Ministry of Health & Family Welfare, State Governments and agencies, Department of Science & Technology (DST), Planning Commission, Indian, Council of Medical Research, National Rural Health Mission

Multilateral/International organizations

United States Agency for International Development (USAID), The Royal Norwegian Embassy, Department of International Development (DFID), United Nations Children's Fund (UNICEF), International Development Research Centre (IDRC-CRDI), World Health Organization, Medical Research Council (UK) The World Bank, European Commission

Philanthropic Organizations

Bill & Melinda Gates Foundation, Wellcome Trust, MacArthur Foundation, The Queen Elizabeth Diamond Jubilee Trust, The Rockefeller Foundation

Private sector organizations/foundations

Merck Sharp and Dohme (MSD) Pharmaceuticals Pvt Ltd., State Trading Corporation Ltd, Eli Lilly and Company Pfizer, Johnson & Johnson Limited

Universities/Academic Organizations

University of North Carolina at Chapel Hill, London School of Hygiene & Tropical Medicine, Emory University, University of Melbourne, Karolinska Institute, Johns Hopkins Bloomberg School of Public Health

Public Health Foundation of India
Balance Sheet as at 31 March 2014

Schedule	As at 31 March 2014 ₹	As at 31 March 2013 ₹	
Assets and liabilities			
Fixed Asset	1	99,09,128	99,09,128
Operational Asset	2	456,91,712	412,75,661
Project Assets held in trust	3	1,37,52,046	40,29,550
Capital Reserve Fund	4	202,79,714	173,08,546
Current Asset	5	6,80,117	14,80,117
		<u>2,08,22,717</u>	<u>2,00,79,012</u>
Properties and assets			
Fixed assets	6	49,09,967	47,77,011
Capital work-in-progress		<u>21,875,795</u>	<u>16,93,640</u>
		70,975,762	64,713,651
Current assets			
Current investments	7	3,09,080	-
Trade and bank balances	8	2,94,887,118	2,48,63,619
Loans and advances	9	492,746,544	54,128,178
Other current assets	10	100,000,000	78,000,000
		<u>1,024,692,742</u>	<u>1,280,766,817</u>
Liabilities			
Current liabilities and provisions			
Current liabilities	11	17,17,007	30,84,022
Provisions	12	45,19,281	5,675,211
		<u>62,362,288</u>	<u>36,509,233</u>
Non-current assets			
		<u>1,712,330,454</u>	<u>2,644,257,584</u>
		<u>2,08,22,717</u>	<u>2,00,79,012</u>

Summary of significant accounting policies and other explanatory information

The schedules referred to above form an integral part of the financial statements.

This is the balance sheet referred to in our report of even date.

For and on behalf of Public Health Foundation of India


Dr. R.S. Rastogi
President


Anil Chatterjee
Chairman Finance


Walker Chandick & Co LLP
Chartered Accountants
1001 No. 1, Connaught Place, New Delhi - 110028




R.P. Singh
Partner
Membership No. 3111

Place: New Delhi
Date: 31 March 2014

Public Health Foundation of India
Income and expenditure account for the year ended 31 March 2014

Schedule	Year ended March 31, 2014 ₹	Year ended March 31, 2013 ₹
Income		
Income from:		
Fixed Assets (excluding from Special Fund)	1,00,18,207	3,44,24,176
Other Income (excluding from Special Fund)	<u>19,00,911</u>	<u>47,73,176</u>
	1,19,19,118	2,91,97,352
Income from:		
Operational activities	15	197,04,220
Project Assets	16	4,27,889
Other income	17	6,99,026
	<u>1,28,41,935</u>	<u>2,08,31,225</u>
Expenditure		
Payment of:		
Project expenditure (includes and gives exposure of ₹ 50,00,000 towards year ₹ 50,00,000)	18	84,05,241
	<u>1,04,24,271</u>	<u>1,00,24,746</u>
Administrative expenditure	19	17,01,911
Expenditure on depreciation during the year		<u>1,06,26,186</u>
Depreciation and amortisation during the year	20	30,77,229
Total expenditure during the year		<u>1,52,03,467</u>
Surplus for the year		<u>(46,27,289)</u>
Depreciation transferred to Capital Reserve Fund		<u>30,77,229</u>
Surplus (Deficit) for the year (after other period and non-current assets)		<u>(15,50,060)</u>
Non-current income (reference to)		-
Income from Special Fund (included in Special Fund)		<u>1,46,57,229</u>
	<u>1,46,57,229</u>	-

Summary of significant accounting policies and other explanatory information

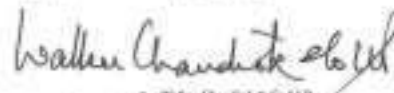
The schedules referred to above form an integral part of the financial statements.

This is the Income and expenditure account referred to in our report of even date.

For and on behalf of Public Health Foundation of India


Dr. R.S. Rastogi
President


Anil Chatterjee
Chairman Finance


Walker Chandick & Co LLP
Chartered Accountants
1001 No. 1, Connaught Place, New Delhi - 110028




R.P. Singh
Partner
Membership No. 3111

Place: New Delhi
Date: 31 March 2014

Public Health Foundation of India
Cash flow statement for the year ended 31 March 2014

	Year ended 31 March 2014 ₹	Year ended 31 March 2013 ₹
A Cash flow from operating activities		
Deficit before tax and prior period items	(30,672,290)	(50,830,565)
Non-cash adjustment to reconcile deficit before tax to net cash flows		
Depreciation and amortisation during the year	30,672,290	50,830,565
Excess write-back	(3,007,333)	
Grant income	(1,662,208,281)	(3,200,249,839)
Loss on foreign exchange	(3,940,560)	(1,134,878)
Loss on sale of fixed assets	118,979	
Other income (on breach of contract)		(3,230,663)
Interest income	(107,264,828)	(113,193,505)
Operating deficit before operating assets and liabilities	(1,775,495,855)	(1,317,816,272)
Changes in operating assets and liabilities:		
(Decrease)/Increase in ready cashless	(66,029,250)	26,703,191
Increase in other liabilities	55,304,960	32,581,443
Increase in provisions	15,267,357	10,677,333
(Increase) / Decrease in trade and other receivables	(44,468,360)	40,042,363
(Increase) in loans and advances	(86,557,454)	(198,307,323)
(Increase) in other current assets	(93,478,130)	(1,483,864)
Cash generated from/ (used in) activities	(2,019,752,952)	(1,997,698,789)
B Cash flow from investing activities		
Purchase of fixed assets including intangible assets, Capital work in progress and capital advances	(128,362,575)	(129,350,879)
Proceeds from sale of fixed assets	279,240	58,155
Investment in bank deposits (during original maturity of more than three months)	(1,348,980,000)	(658,862,073)
Investment in mutual fund	(20,000,000)	
Encashment/maturity of bank deposits (during original maturity of more than three months)	1,111,219,547	962,481,816
Interest received	233,162,056	224,590,000
Net cash used in investing activities	(132,689,733)	419,117,719
C Cash flow from financing activities		
Fund received in corpus	2,310,044	
Grant received during the year	3,180,445,871	960,589,681
Refund of unutilised grant	(6,907,877)	(1,428,165)
Net cash flow from/ (used in) financing activities	2,083,448,945	959,161,517
D Net increase in cash and cash equivalents	(68,985,739)	(16,317,473)
E Cash and cash equivalents at the beginning of the year	100,548,997	116,866,471
Cash and cash equivalents at the end of the year as per balance sheet	31,563,257	100,548,997



Public Health Foundation of India
Cash flow statement for the year ended 31 March 2014

Components of cash and cash equivalents	31 March 2014 ₹	31 March 2013 ₹
Cash on hand	51,537	23,520
Cheques and drafts on hand	75,419	4,774,446
With banks on - current account	6,486,356	43,360,745
- on Saving account	24,949,965	52,162,480
Total cash and cash equivalents	31,563,277	100,548,997

The schedules referred to above form an integral part of the financial statements

This is the Cash flow statement referred to in our report of even date.

For and on behalf of Public Health Foundation of India

R. Srinivas Reddy
Dr. K.S. Reddy
President

Anil Chaturvedi
Anil Chaturvedi
Director Finance

Walker Chandniok & Co LLP
For Walker Chandniok & Co LLP
(Formerly Walker Chandniok & Co)
Chartered Accountants
FIRN No.: 000079/2015/0013



B.P. Singh
per B.P. Singh
Partner
Membership No. 70116

Place: New Delhi
Date: 31 March 2015

Public Health Foundation of India

Summary of significant accounting policies and other explanatory information for the year ended 31 March 2014

	As at 31 March 2014 ₹	As at 31 March 2013 ₹
Schedule 1 - Current fund		
Balance at the beginning of the year	897,383,782	897,383,782
Add: Fund received during the year	2,519,940	-
Balance at the end of the year	<u>900,004,128</u>	<u>900,004,128</u>
Schedule 2 - Specified fund		
Balance at the beginning of the year	898,799,803	1,013,546,347
Add: Income received from designated investments (refer Schedule 13)	45,003,400	52,746,044
Less: Transferred to capital asset fund	(115,940,571)	(81,380,910)
Less: Transferred to income and expenditure account	(130,604,783)	(107,775,198)
Less: Surplus after prior period and other ordinary items	3,075,643	-
Balance at the end of the year	<u>628,674,712</u>	<u>818,759,800</u>
Schedule 3 - Project funds held in trust		
Balance at the beginning of the year	861,204,310	555,836,693
Add: Grants received	1,881,062,411	210,850,007
Grants receivable	116,785,209	114,390,722
Interest income (refer Schedule 13)	30,093,838	35,550,130
Less: Business expenditures	(1,504,802,041)	(1,028,991,570)
Capital expenditures	(24,967,047)	(22,707,348)
Surplus of project	(5,238,547)	(6,139,038)
Grants refunded	(8,507,877)	(1,435,168)
Balance at the end of the year	<u>1,475,629,846</u>	<u>961,264,818</u>
Schedule 4 - Capital assets fund		
Balance at the beginning of the year	177,555,538	104,523,484
Add: Transferred from specified funds	6,657,904	14,558,619
Transferred from specified funds	103,826,021	66,785,178
Transferred from project funds	24,867,047	25,707,548
Less: Depreciation for the year	(30,672,258)	(32,836,368)
Sale / adjustment during the year	495,441	48,300
Balance at the end of the year	<u>262,763,718</u>	<u>177,555,538</u>
Schedule 5 - General fund		
Balance in fund	14,887,117	14,887,117
	<u>14,887,117</u>	<u>14,887,117</u>

(The year has two (continuing) 49' blank)



(Continued - ₹)

Description	Genus Book		Depreciation and amortisation		Non stock	
	As at 1 April 2013	Additions	Adjustments / deposits	As at 31 March 2014	As at 31 March 2014	As at 31 March 2013
Tangible fixed assets						
Land/building improvements	30,075,540	1,125,066	-	31,200,606	5,211,196	6,694,960
Computer	45,574,315	13,890,579	-	59,464,894	41,256,389	13,475,628
Office equipment	37,813,308	3,310,583	478,441	41,602,332	38,328,673	21,088,810
Medical equipment	58,898,836	4,795,288	-	63,694,124	18,596,234	12,480,313
Furniture and fixtures	10,232,187	851,942	-	11,084,129	8,177,573	5,357,888
Vehicle	6,000,231	-	-	6,000,231	4,010,830	1,281,802
Intangible fixed assets						
Computer software	30,822,588	6,804,803	-	37,627,391	8,759,699	4,938,318
Current year	185,073,830	23,105,262	469,441	208,648,534	148,253,986	67,277,881
Previous year	145,588,046	19,835,064	48,300	165,471,410	117,593,669	47,377,081
Capital work in progress	100,108,483	123,226,310	9,460,810	232,835,603	221,872,793	110,109,485

Public Health Foundation of India
Summary of significant accounting policies and other explanatory information for the year ended 31 March 2014

Schedule 6: Fixed assets



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Summary of significant accounting policies and other explanatory information for the year ended 31 March 2014

	As at 31 March 2014 ₹	As at 31 March 2013 ₹
Schedule 7 - Current investments		
8% Govt. Tax. Bonds (₹8,00,00,000) (gross par 100)	80,00,000	-
8% Mysore Treasury Bond (₹4,00,00,000) (gross par 100)	40,00,000	-
	<u>120,00,000</u>	<u>-</u>
Aggregate amount of special investment	20,00,000	-
Schedule 8 - Cash and bank balances		
Cash in hand	51,077	35,586
Cheques in hand	75,419	4,714,940
Balance with Scheduled banks		
- in current accounts	5,480,756	41,385,249
- in savings accounts	14,949,905	32,102,480
- in deposit accounts	2,611,510,841	2,388,031,073
	<u>2,645,085,119</u>	<u>2,466,698,879</u>
Schedule 9 - Loans and advances		
Unsecured and unsecured paid		
Advance receivable to cash or in kind or for refer to be received	10,544,099	5,075,609
Security deposits (includes bank guarantee, refer Schedule 20)	71,297,033	64,876,698
Sub-agent advances (refer Schedule 10)	89,297,038	64,239,118
Advance to		
Grants, fee and other receivable	293,025,445	384,239,043
Payable expenses	4,775,095	3,888,015
	<u>492,938,610</u>	<u>462,328,483</u>
Schedule 10 - Other current assets		
Interest accrued but not due	168,802,039	75,393,640
	<u>168,802,039</u>	<u>75,393,640</u>
Schedule 11 - Current liabilities		
Bank overdraft	371,03,742	165,215,093
Advance received	40,983,114	5,077,690
Other liabilities	24,782,081	31,014,785
	<u>106,808,937</u>	<u>191,307,568</u>
Schedule 12 - Provisions		
Contingency	22,995,349	15,447,061
Unpaid interest	18,215,636	11,054,185
	<u>41,210,985</u>	<u>26,501,246</u>

(The year has been terminated) (If any)



Public Health Foundation of India

Summary of significant accounting policies and other explanatory information for the year ended 31 March 2014

	Year ended 31 March 2014 ₹	Year ended 31 March 2013 ₹
Schedule 13 - Interest income		
Interest received from savings bank accounts	1,305,235	1,733,182
Interest received on call given to NGOs	1,118,933	-
Interest received from fixed deposit accounts	<u>229,427,908</u>	<u>221,275,607</u>
	<u>231,852,076</u>	<u>222,998,789</u>
Interest income on designated investments transferred to specified funds (refer Schedule 2)	20,800,400	05,744,940
Interest income on designated investments transferred to project funds (refer Schedule 3)	<u>58,622,836</u>	<u>55,098,156</u>
	<u>89,423,236</u>	<u>60,843,096</u>
Schedule 14 - Other income		
Registration fees	5,559,898	2,851,607
Foreign exchange gain and loss	1,846,340	1,530,129
Incidental income fees	1,807,333	-
	<u>9,213,571</u>	<u>4,381,736</u>
Schedule 15 - Personnel expenses		
Salaries and allowances (net of recovery ₹ 70,669,600) (previous year ₹ 56,091,880)	38,237,475	38,014,349
Contributions to provident and other funds (refer Schedule 28 (d))	<u>28,151,470</u>	<u>12,348,729</u>
	<u>66,388,945</u>	<u>50,363,078</u>
Schedule 16 - Administrative expenses		
Office facility expenses	8,094,677	12,230,078
Rent (refer Schedule 28 in Schedule 2) (net of recovery ₹ 27,632,284) (previous year ₹ 18,014,145)	22,226,525	66,478,948
Legal and professional charges (refer Schedule 28)	6,055,476	5,234,605
Travel and conveyance	6,090,945	5,846,306
Recruitment expenses	21,432	390,975
Communication expenses (net of recovery ₹ 4,028,322) (previous year ₹ 2,666,179)	5,622,240	5,654,400
Books and periodicals	736,334	640,283
Repairs and maintenance (net of recovery ₹ 1,250,000) (previous year ₹ 405,608)	842,080	1,246,375
Buildings	1,661,797	313,049
Fuel	6,885,389	1,686,186
Conference and meeting expenses	27,054,900	22,830,020
IT/ITF operational/maintenance expenses	6,407,114	5,220,402
Electricity and water charges (net of recovery ₹ 1,288,000) (previous year ₹ 1,721,285)	2,291,808	5,114,749
Insurance	10,190,000	5,596,022
Travel expenses	2,048,134	2,902,674
Guest house expenses	12,994,462	11,950,294
Other expenses	2,008,498	1,591,636
Printing and stationery	1,362,067	1,075,149
Rate and taxes	5,054,480	1,469,997
Loss on sale of assets	118,879	-
Manufacture expenses (net of recovery ₹ 373,183) (previous year ₹ 668,077)	<u>491,277</u>	<u>1,077,062</u>
	<u>178,818,044</u>	<u>186,469,607</u>





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