



ANNUAL REPORT

2019-2020

The Population Council Institute's mission is to improve the lives of millions of Indians, especially the less fortunate. We do this by conducting high-quality policy and program relevant research and evaluations that confront critical health and development issues in India.

Our mission achieving efforts include increased access to health services, lowering malnutrition prevalence, improving reproductive health, building resilience against environmental risks and achieving gender equality.

Through field-based, social science, and public health research, we work with the Indian government, multilateral agencies, private businesses, and program implementing organizations to design innovative solutions that lead to more effective policies and programs.

CONTENTS



03

A word from the Executive Director

04

What we do

05

Focus Areas

07

A critical step towards ending preventable
maternal mortality

08

Adolescent health and development

09

Empowering people towards health security

10

Key steps to eradicate child marriage and dowry

11

Board of Directors

12

Donors and Partners

15

Financial Report

A word from the Executive Director

In the inaugural year (2019-20) of the Population Council Institute, our team demonstrated exceptional compassion, adaptability, and innovation, in forging partnerships with key donors, organisations and government entities for research and program evaluations. These collaborations represented a significant stride towards ending preventable maternal mortality; enhancing adolescents health and development, empowering women for health security, and promoting equitable utilization of public health insurance. Moreover, we collaborated closely with the state government(s) to combat social issues such as child marriage and dowry.



In the quest to eliminate preventable maternal mortality, the Ministry, in conjunction with the World Health Organization (WHO) and the Population Council Institute, alongside key stakeholders, identified critical areas that required in-depth exploration and data. Further to the government's persistent efforts to improve maternal, newborn, and child health (MNCH) outcomes across the country over time, the evidence generated by us has given inputs to the program. To gauge the status and the progress made in improving the health and development of adolescents, the Population Council Institute partnered with WHO to analyse the data from National Family Health Survey (NFHS) conducted in 2005-06 and in 2015-16, Comprehensive National Nutrition Survey (CNNS), Periodic Labour Survey (2017-18) and other state level surveys.

In our endeavor to work on women's health and foster equitable utilization of public health insurance, we generated valuable insights into the SEWAShakti Kendra (SSK), a community-based model implemented by Lok Swasthya SEWA Trust. This model significantly improved awareness of publicly funded insurance schemes in Gujarat, with the program reaching a remarkable 25,090 women within just a two-month period. Furthermore, The Population Council institute partnered with the Women Development Corporation (WDC) and UNICEF in Bihar to provide technical assistance to strengthen the Baal Vivah aur Dahej Mukh Hamara Bihar campaign, launched by the Chief Minister of Bihar. The campaign was widely perceived by respondents as effective in raising awareness and initiating crucial conversations about child marriage and dowry.

As always, our annual report can only offer a glimpse of the breadth of our work and accomplishments this past year. The Population Council Institute extends its gratitude to all our donors, partner organisations, concerned government departments, and local stakeholders for their support to make this year a success with a profound impact. We feel privileged to collaborate with so many people who share the mission of The Population Council Institute. Thank you for your continued support.

We are delighted to present our Annual Report for the year 2019-20.



What we do

PROGRAM AND POLICY RESEARCH

We help diagnose problems and recommend most suitable options for program/ policy in the areas of population, health, gender and development in India.

IMPLEMENTATION SCIENCE

We work with communities, health system and other partners across India to create effective, sustainable, and systemic changes.

CAPACITY BUILDING

We offer training on programme design, management, measurement, evaluations, and scientific documentation of the learnings.

PROGRAM EVALUATIONS

We conduct program evaluations on range of population, health, and developmental issues using scientific methods to ensure robust and unbiased evaluation design, methodology, analysis, interpretation, and reporting results.

Focus Areas



HEALTH

Enable programmes to reduce social and economic barriers to health services, particularly sexual and reproductive health and women's health through the life cycle.

NUTRITION

Contribute to ending malnutrition through implementation research and by designing and testing pilot interventions.

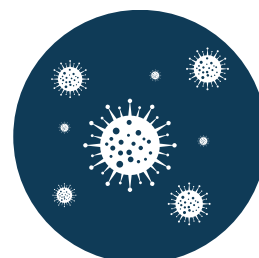


EDUCATION

Enable programmes to reduce social and economic barriers to health services, particularly sexual and reproductive health and women's health through the life cycle.

NON-COMMUNICABLE DISEASES

Contribute to ending malnutrition through implementation research and by designing and testing pilot interventions.

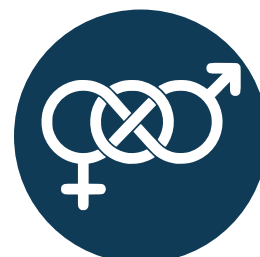


CLIMATE CHANGE

Strengthen resilience of vulnerable populations in adapting to climate change stressors through generation of research evidence and implementation of innovative solutions.

GENDER

Achieve gender equality and empower women of all ages by designing and implementing evidence-based programs.





A critical step towards ending preventable maternal mortality

To end preventable maternal mortality, the Government of India is committed to achieve zero preventable maternal deaths by 2022. To achieve this goal, the Ministry of Health and Family Welfare (MoHFW) set I-WACH—India Strategy for Women’s Adolescents’ and Children’s Health, leveraging the vision of ‘Ayushman Bharat’, to provide holistic care across life cycle and spanning primary, secondary, and tertiary care. Reviewing the I-WACH strategy, and in order to design appropriate interventions, the ministry in partnership with the World Health Organization (WHO) and Population Council Institute, along with key stakeholders, identified six domains which required further in-depth understanding to identify priority areas within each domain where the program should focus to achieve the goal of ending preventable maternal mortality. The six identified domains were (i) Leadership, governance, accountability, program management, (ii) Health care financing, (iii) Access to quality services, (iv) Intersectoral convergence (v) Community participation, and (vi) Improve measurement systems data quality. In order to identify the priority areas within each of the domain, we undertook in-depth analysis of publicly available data on maternal health, conducted a review of literature and generated evidence matrix.

Findings suggested that maternal mortality is a compounded result of a multi-pronged problem. The issues include: (i) Lack of trained staff and unfilled vacancies of specialists at healthcare facilities to attend to delivery related emergencies, (ii) Missed opportunity in continuum of care in some states where health information is not comprehensive, especially for young couples by frontline workers; (iii) Maternal health services incur high out of pocket expenditure and are not covered by insurance schemes; (iv) Contextual barriers such as rural and poor women have scant access to information from Front Line Workers; (v) Poor data quality limits our estimation of the incidence rates and true causes of maternal mortality at the national and sub national levels. Due to consistent efforts by the government towards improving MNCH outcomes, improvement has been observed across the country overtime, however there is room for improvement. Streamlining the procedures, addressing the current challenges and with innovative interventions such as public private partnerships, further improvement in maternal health care could be achieved.



Adolescents have undergone significant changes in the last decade in terms of health and development

The situation of adolescents has improved impressively on multiple fronts in the last decade. They are healthier, more urbanised, better educated, and better connected with the globalised world than earlier generations, and they marry and have children later than in the past. Yet, many adolescents are unprepared to meet the needs of a globalising world. Few complete high school, considerable numbers receive poor quality education, many lack livelihood skills and employment opportunities, the health of many is compromised, deep-rooted gender inequities prevail, and the socially and economically excluded adolescents remain excluded from the fruits of development. This project synthesizes available evidence pertaining to their current status, and progress made in improving the situation of adolescents and supporting them to realise their rights in India. The current analysis draws data from NFHS rounds 3 (2005-06) and 4 (2015-16), Comprehensive National Nutrition Survey (CNNS), Periodic Labour Survey (2017-18) and other state level surveys.

Our study highlights that there is considerable recognition of the importance of adolescents for defining India's future, and a significant commitment to meeting their needs. Their situation has improved in several domains. However, progress has been uneven, and gender gaps and socio-economic differentials persist. Our study outlines a number of barriers at the individual, family, and community level as well as gaps that exacerbate adolescents' vulnerability in policies, laws, and programs. What is needed is a commitment to ensure that programs do indeed reach adolescents, expanding the scope and content of the programs, and promising lessons are assimilated and scaled up.

Empowering people towards health security: an implementation research study of SEWA Shakti Kendras to improve equitable utilization of public health insurance in Gujarat, India

This research study seeks to improve engagement with and utilisation of Pradhan Mantri Jan Arogya Yojana (PM-JAY) and Mukhyamantri Amrutum (MA) public health insurance schemes in Gujarat, India. This study will generate evidence on how the SEWAShakti Kendra (SSK), a community-based model implemented by Lok Swasthya SEWA Trust, improves awareness of, and citizen engagement with, publicly funded insurance schemes in Gujarat. The specific objectives are to elicit the contextual and process factors that influence how SSK improves awareness, registration and capacity to utilise PM-JAY, particularly amongst women.

Key Findings to date:

COVID-19 response and adaptations. All SSK activities ceased during the last year and focus shifted to education and awareness on COVID-19. During this time, an awareness program was launched amongst women in 7 states. Each education session was conducted over 4 sessions and a follow-up discussion. The program reached a total of 25,090 women in a 2-month period (between April and June 2020). Trained a cadre of 200 “master trainers”, local community leaders who were trained on COVID and other health topics.

While the intervention reached a large number of women, the primary challenge pertained to the “digital divide” and women’s time availability. Further, digital content had to be adapted for low-literacy populations, as well as the large proportion of women who did not have WhatsApp to receive communication material. Key enablers to this intervention were: offering facilitated conversations at times chosen by women, rather than static communication; user-friendly digital content; and SEWA’s strong community presence that enabled easy interactions.

Key steps taken to eradicate social evils such as child marriage and dowry in close collaboration with the government

PC institute partnered with WDC (Women Development Corporation) and UNICEF in Bihar to provide technical assistance to strengthen the Baal Vivah aur Dahej Mukta Hamara Bihar campaign launched by the Chief minister of Bihar. The campaign included mass public education against child marriage and dowry; formation and nurturing of adolescent groups and initiation and strengthening of a task force that was designated with redressal duties against child marriage and dowry complaints from the community in coordination with the government system like police, women, and child development, among others. PC institute's role in this campaign was to strengthen the Monitoring and evaluation practices used by WDC in the campaign expansion and supporting WDC in undertaking a rapid and rigorous concurrent assessment of the program. Baseline findings indicate that there is a widespread agreement that girls should not be married before the age of 18, however, majority people maintain their allegiance to the concept of dowry in marriages. About two-thirds of the population had heard about the campaign and two-fifth participated in campaign related activities. Respondents largely perceived the campaign to be effective in raising awareness and starting a much-needed discourse around child marriage and dowry.

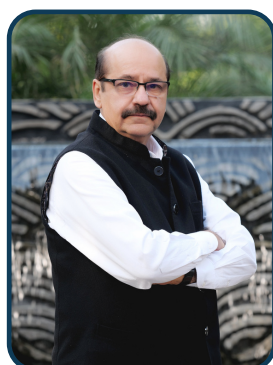


BOARD OF DIRECTORS



Dr Niranjana Saggurti, PhD, is a demographer, statistician, and public health researcher with more than 20 years of experience in program and policy-oriented research and evaluations. He specializes in sexual and reproductive health in India, and currently provides technical and strategic oversight to the Council's research, evaluation, and implementation science work. Previously, Dr Saggurti worked as a Senior Program Officer with the Measurement, Learning and Evaluation team at the Bill & Melinda Gates Foundation. Currently, he is on several core committees of the Indian government, including India FP2020, Ending PMTCT, RMNCAH Coalition; and is a technical advisor to several research-based non-profits in New Delhi. Dr Saggurti has published more than 150 papers in peer-reviewed journals, and has implemented numerous interventions, evaluated their effectiveness and sustainability.

Ms. Sujatha Rao is a former Union Secretary of the Ministry of Health and Family Welfare, Government of India. Ms. Rao has served as a civil servant for 36 years, out of which, she has spent two decades serving the health sector in different capacities the state and national level. Ms. Rao was Chairperson of the Portfolio Committee of the Global Fund for HIV/AIDS, TB and Malaria (GFATM) 2007-09; Member of the Global Advisory Panel of the Bill & Melinda Gates Foundation; Founding member of the Public Health Foundation of India; Member of the Advisory Board of the Ministerial Leadership Program of the Harvard School of Public Health and member of the High Level Panel on Global Risk Framework of the National Academy of Sciences, USA. An MPA from Harvard University, USA 1991-92, she was a Takemi Fellow at the Harvard School of Public Health 2001-2002 and Gro Harlem Brundtland Senior Leadership Fellow at HSPH in 2012. She is the author of the book entitled 'Do We Care? India's Health System'.



Mr. Anil Paul, a management graduate, is a result-oriented, seasoned corporate strategist and management professional. Paul has held senior management positions for over 30 years in the public and non-profit sectors. In addition to his board responsibilities, he serves as Director of Administration, Finance & Human Resources with Population Council, India. He has led the operations at the Population Council for over two decades and has provided leadership during major organizational changes and restructuring at the local level.

DONORS AND PARTNERS



**World Health
Organization**



**Government of India
Ministry of Statistics and
Programme Implementation**



LOK SWASTHYA SEWA TRUST





FINANCIAL REPORT

Population Council Institute
Notes to financial statements for the period ended 31st March 2020
 (All amounts in rupees unless otherwise stated)

Note No. 10 - Revenue from Operations

	For the period 01-04- 2019 to 31-03-2020	For the period 07-01- 2019 to 31-03-2019
Grant received	40,57,232	3,00,437
	<u>40,57,232</u>	<u>3,00,437</u>

Note No. 11 - Other Income

	For the period 01-04- 2019 to 31-03-2020	For the period 07-01- 2019 to 31-03-2019
Interest received from bank	38,183	1,092
	<u>38,183</u>	<u>1,092</u>

Note No.12 - Administrative Expenses

	For the period 01-04- 2019 to 31-03-2020	For the period 07-01- 2019 to 31-03-2019
Audit Fees	10,000	10,000
Professional Fees	41,300	44,250
Rent paid	88,000	40,000
Employment Search Expenses	8,260	-
IT Support Fees	19,100	-
	<u>1,66,660</u>	<u>94,250</u>

	For the period 01-04- 2019 to 31-03-2020	For the period 07-01- 2019 to 31-03-2019
Banking and Credit Card Fees	-	-
	<u>-</u>	<u>-</u>

Note No.14 - Other Expenses

	For the period 01-04- 2019 to 31-03-2020	For the period 07-01- 2019 to 31-03-2019
Telephone & Cell Phones	2,241	-
Electronic Communications	2,913	-
	<u>5,154</u>	<u>-</u>



FINANCIAL REPORT

Population Council Institute
Notes to financial statements for the period ended 31st March 2020
(All amounts in rupess unless otherwise stated)

Note No. 5 - Non-Current Investments (Trade)

As at 31st March 2020 As at 31st March 2019

Investment in Equity Instruments (unquoted)

	-	-
	-	-

Note No. 6 - Long- Term Loans and Advances

As at 31st March 2020 As at 31st March 2019

(Unsecured and considered good, unless otherwise stated)

	-	-
Total	-	-

Note No 7 - Cash and Cash Equivalents

As at 31st March 2020 As at 31st March 2019

- (a) Cash in Hand
- (b) Balances with Banks
-in Savings Accounts

	-	-
	25,80,141	13,540
	25,80,141	13,540

Note No. 8 - Short-Term Loans and Advances

As at 31st March 2020 As at 31st March 2019

Unsecured and considered good, unless otherwise stated

	-	-
	-	-

Note No 9 - Other Current Assets

As at 31st March 2020 As at 31st March 2019

Income tax withheld at source

	7	-
	7	-





Get in touch for more information

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