



ANNUAL REPORT



**POPULATION
COUNCIL
INSTITUTE**

Leader in Innovations and Impact

2020-2021

The Population Council Institute
B 21, LG Floor, Jungpura Extension, New Delhi 110014,
+91-11-24642901

The Population Council Institute is locally registered as a non-profit, non-governmental entity in India as of January 2019.



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.

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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.



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.



Capacity Building

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

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

Help improve learning outcomes for disadvantaged populations through generating evidence to strengthen programmes



Non-Communicable Diseases

Reduce burden of disease by generating evidence and developing effective screening programs and preventive 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 word from the Executive Director

At the Population Council Institute, our unwavering commitment is to improve the health and wellbeing of millions of Indians, particularly those who are less fortunate. Our mandate revolves around conducting high-quality research, undertaking implementation science work and program evaluations, tailored to address the critical health and developmental challenges. Throughout the year 2020–21, our dedicated team exhibited remarkable compassion, flexibility, and helping hand, in times when the world was going through the COVID–19 related challenges. The work that was undertaken by the experts at the Population Council Institute during the work–from–home year included the development of the COVID–19 vulnerability assessment tool, helping the National Sample Survey Office (NSSO) with digitisation of survey systems, and creating adolescent health data tool for strengthening health and development programs. In Bihar, we carried out rapid assessment to assess the situation of women and children during the COVID–19 pandemic period to help support their needs.

In response to the COVID–19 pandemic in India, our team prepared a vulnerability index based on publicly available data for 30 states, 6 union territories and 640 districts. Our team harnessed this index to identify regions in India most in need of support, factoring in demographic and infrastructural characteristics. In this year, the Population Council Institute entered into Memorandum of Understanding (MOU) with the Data Processing Division (DPD) of the Ministry of Statistics and Programme Implementation (MoSPI) to enhance survey accuracy through technological and behavioural change solutions aimed at minimizing non–sampling bias.

Utilizing publicly accessible data, our team created an adolescent data tool to assist state and district–level managers of various public–sector health programs in India. This tool not only provided data on situation of adolescents but also provided comprehensive insights for designing programmatic action plans at the district level.

During the challenging period of the COVID–19 in 2020–21, we embarked on a unique implementation research study known as “Building Women’s Health Capabilities through a Digital Space” in Gujarat. This program demonstrated feasibility and community acceptance, as it facilitated interactive group meetings via phone, substituting for traditional in–person interactions. Furthermore, in collaboration with UNICEF Bihar, we conducted research to assess the situation of women and children during the initial wave of COVID–19. The study, which was spanned in three phases – helped document the change over time.

This annual report, while providing a glimpse into our extensive work and achievements over the past year and during the COVID–19 time, underscores the continued support of our donors, partner organizations, Government Ministries, and local stakeholders. We extend our heartfelt gratitude to all those who showed compassion towards people during COVID–19, and providing us support to contribute a little to the Country’s fight against COVID–19. We are truly honored to work alongside you and many warriors of COVID–19 during the year!

We present to you our annual report 2020–21.

Projects at a Glance



COVID-19 Vulnerability Tool

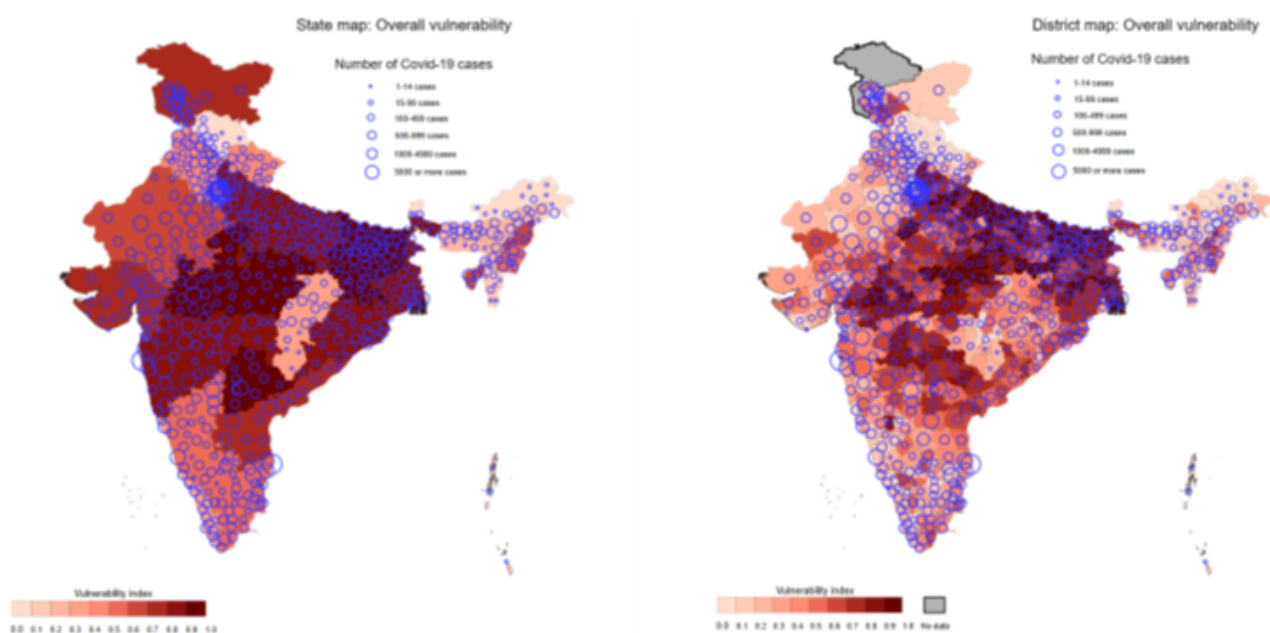
A vulnerability index methodology for the management and response to the COVID-19 epidemic in India.

In 2020, COVID-19 was spreading rapidly in India and other parts of the world. Despite the Indian Government's efforts to contain the disease in the affected districts, cases have been reported in 627 (98%) of 640 districts. Using publicly available data, the researchers of the institution reported a vulnerability index for identification of vulnerable regions in India on the basis of population and infrastructural characteristics.

The vulnerability indices reported in the study are intended to spatially identify vulnerable regions in India according to five different domains of vulnerability. The index aims to help planners and policy makers to effectively plan resource allocation and risk mitigation strategy for better preparedness and response to the epidemic. The index calculates vulnerability for 5 domains at state and district levels for 30 states, 6 union territories and 640 districts (as per census 2011 administrative boundaries). The 5 domains of vulnerability are: socio-economic, demographic, housing & hygiene condition, non-availability of health care and epidemiological.

Key Finding:

- A number of districts in nine large states—Bihar, Madhya Pradesh, Telangana, Jharkhand, Uttar Pradesh, Maharashtra, West Bengal, Odisha, and Gujarat—located in every region of the country except the northeast, were found to have high overall vulnerability (index value more than 0.75). These states also had high vulnerability according to most of the five domains.



Reducing non sampling bias in NSSO surveys

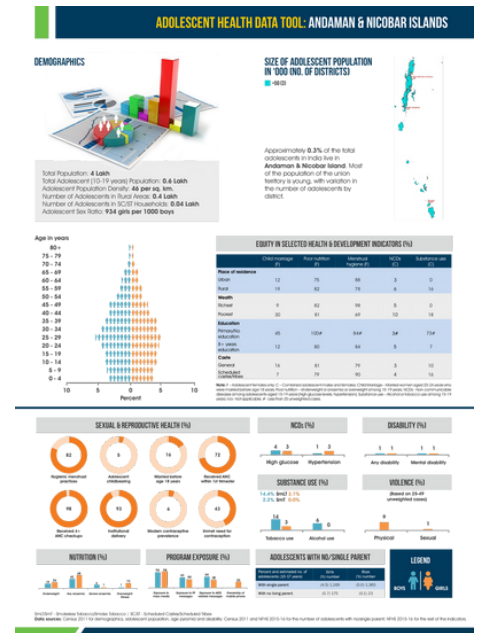
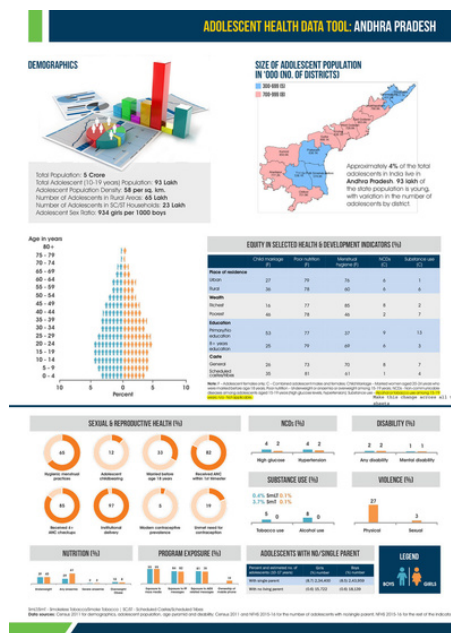
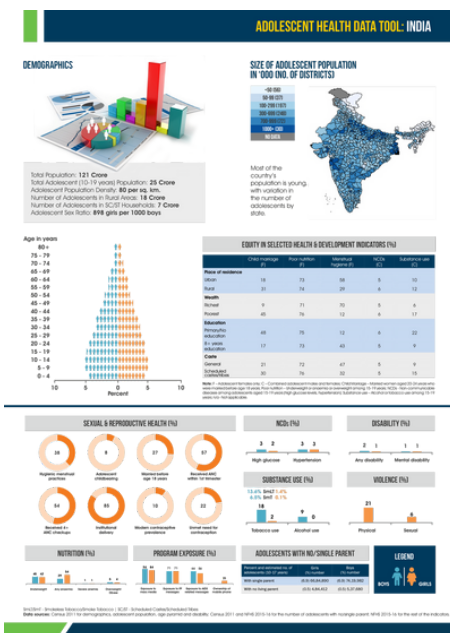
PC Institute signed a Memorandum of Understanding with the Data Processing Division (DPD) of the Ministry of Statistics and Programme Implementation (MoSPI). As part of the MoU, PCI supported NSSO's (National Sample Survey Organisation) objective to minimise non sampling bias in surveys through technological and behavioural change solutions. Activities undertaken in pursuance of this aim were: (i) training of DPD officials; (ii) supporting NSSO's digitisation efforts; (iii) PC Institute developed a generalized software for calculating multipliers and RSEs, for common survey designs used by the NSSO; (iv) PC Institute, on request from Survey Design and Research Division (SDRD), collaborated with the division to test feasibility of collecting data on Sustainable Development Goal (SDG) 16.1.4 through a parallel in-person and telephone surveys; and (v) support Field Operations Division (FoD) on improving soft skills of interviewers through trainings conducted by PC Institute.

Brief account of the work accomplished under this project:

- **Training of DPD officials:** Training to DPD officials in application of CPro software.
- **Support to NSSO's digitization efforts:** Constant and long-term support to DPD in planning and developing e-SIGMA software and integration of the e-SIGMA software with Computer Assisted Personal Interviewing (CAPI) programs and tabulation programs for different surveys.
- **Developing a generalized application for calculating multipliers:** Developed a generalized software for calculating multipliers for common survey designs used by the NSSO.
- **Developing a generalized application for calculating RSEs:** Developed a generalized application for calculating RSEs for common survey designs used by the NSSO.
- **Support to SDRD for a Pilot Survey (telephonic and in-person) for testing feasibility of collecting data on SDG 16.1.4:** In collaboration with the division tested the feasibility of collecting data on SDG 16.1.4 through a parallel in-person and telephone surveys. This was the first time SDRD tested feasibility of collecting data on attitudes of population for a particular issue. The study was conducted in two districts in UP and Rajasthan. The survey employed several new methods/techniques and processes that the NSSO never used before.
- **Support to FoD on improving the soft-skills of the interviewers through training:** Training of the interviewers was conducted, particularly those hired on short-term contracts. FAQ document on case scenarios on how non-response or other field issues are tackled was developed. Developed manuals and digital post-training assessment form, and designed and developed short videos on techniques of interviewing, rapport and trust building, ethical issues, etc. for the division.

Adolescents Health Data Tool: A resource on the situation of adolescents in India and its districts

Using publicly available data, the researchers of the institution prepared an adolescent data tool to primarily assist the state and district level managers of various public-sector health programmes in India. It attempts to identify a range of vulnerabilities among adolescents and provide a short but in-depth picture of adolescent health in districts and states of India. It identifies the vulnerabilities in the domains of adolescent health defined by the Rashtriya Kishor Swasthya Karyakram (RKSK) using data from the fourth round of the National Family Health Survey (2015-16), the 2011 Census and other key district and state level data sets. It also provides information on the availability of resources at the district level, such as the density of health facilities (for potentially leveraging the platform for programming with adolescents) per 1000 adolescents population. By providing both domain – based health vulnerabilities and the resource availability in one place, the tool intends to assist evidence-based decisions – a key emphasis of the National Health Policy, 2017.



Building women's health capabilities through a digital, group-based response

The PC institute conducted a unique implementation research study with women in Gujarat during the COVID-19 lockdown. The objective of the program were to: 1) Identify best practices in Lok Swasthya SEWA Trust's phone-based cascade response to COVID-19 2) Identify challenges and areas for improvement in disseminating information and providing phone-based support, from the perspectives of trainers and women members 3) Explore how phone-based mobilisation can help link women and families to services through community-based resource centres.

Key Finding:

The program was found to be feasible and acceptable in the community, where interactive group meetings could be conducted over a phone instead of interpersonal interactions, which were especially discouraged because of COVID-19. We learnt that content must be locally relevant and context driven to be well received, and to build trust and engagement in the society, there must be local presence.





Rapid Assessment of the Situation of Women and Children in Bihar under COVID-19 pandemic

The Population Council Institute, in partnership with UNICEF Bihar conducted research on conditions of women and children during the first wave of COVID-19. The study was conducted in Bihar in three phases – during the COVID-19 lockdown (April 2020), immediately after the national lockdown (June 2020), and during the unlock (October/November 2020). Evidence was generated on the availability, accessibility and utilization of basic services related to maternal and child health, nutrition, school education, WASH, child protection and social protection during the COVID-19 era.

Key Finding:

The study found that evidently, COVID disrupted MCH, nutrition and mental health services. Although many resumed accesses to ANC services after the lockdown lifted, some did not go back for services, fearing contracting the virus. Although frontline workers, and services at facilities are slowly came back on track, they needed some support to fully resume operations.

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 SEWA Shakti 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 (up til March 2021):

COVID-19 response and adaptations. This year, an awareness program was launched amongst women in 7 states. Each education session was conducted over 4 sessions and a follow-up discussion. Over 25,000 women were reached over a period of 2-months (between April and June 2020). A cadre of 200 “master trainers” were trained, local community leaders 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 included: (i) offering facilitated conversations at times chosen by women, rather than start communication; (ii) user-friendly digital content; and (iii) SEWA’s strong community presence that enabled easy interactions.



Identifying and compiling national and district-specific data sets relevant to adolescent health and well-being, with a particular focus on adolescent sexual and reproductive health, for decision making in India

The Population Council Institute, in partnership with the WHO, we leveraged existing data and conducted synthesis analysis at district level, as well as provided concrete examples of the process to strengthen use of data at the district level. This partnership covered the activities for the first two phases of this work: 1) selection of districts based on defined criteria and, 2) identification and analysis of datasets which contained data disaggregated at the district level, for select districts in selected states.

Key findings

States with relatively high maternal mortality

- had less stability of key administrative officials,
- high rates of vacancy for specialists indicating the possible challenges in providing specialized health care.
- High out of pocket expenditure and low health insurance coverage, specifically for maternal health services

Maternal health service utilization is not optimal and states such as Assam, Uttar Pradesh, Bihar, and Jharkhand require special attention. The quality of services in these states are sub-optimal. There is a missed opportunity to provide comprehensive health information by frontline workers, particularly for young couples in the absence of continuum of care approach.

In most of the EAG states, very few facilities are ready for Comprehensive Emergency Obstetric and Newborn Care (CEmONC) resulting into low rates of C-section in public sector. There is an increase in uptake of services from the private sector; however, quality of care and inequity in private sector is an issue. Early neonatal mortality among deliveries conducted in private sector is much higher than in public sector

Inconsistencies in the HMIS data and lack of appropriate denominators are hindering the use of data and identifying the women who require timely and efficient maternal health services

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'.



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, Partners, and Collaborators



**World Health
Organization**



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

Financial Report

Population Council Institute
Balance sheet as at 31st March 2021
 (All amounts in Rupees unless otherwise stated)

	Note No.	As at 31st March 2021	As at 31st March 2020
I EQUITY AND LIABILITIES			
1 Shareholders' Funds			
(a) Corpus	1	77,500	77,500
(b) Reserves and Surplus	2	37,91,488	1,17,723
		<u>38,68,988</u>	<u>1,95,223</u>
2 Non - Current Liabilities			
(a) Deferred Tax Liability			
3 Current Liabilities			
(a) Other Current Liability	3	24,99,109	23,84,924
		<u>24,99,109</u>	<u>23,84,924</u>
4 Short Term Provisions			
(a) Provision for Tax			
TOTAL		<u>63,68,097</u>	<u>25,80,147</u>
II ASSETS			
1 Fixed Assets	4		
(a) Tangible Assets		-	-
(b) Intangible Assets		-	-
2 Non-Current Assets			
(a) Non Current Investments	5	-	-
(b) Long - Term Loans and Advances	6	-	-
3 Current assets			
(a) Current Investments		-	-
(b) Trade Receivables		-	-
(c) Cash and Cash Equivalents	7	61,70,877	25,80,141
(d) Short - Term Loans and Advances	8	50,362	-
(e) Other Current Assets	9	1,46,858	7
		<u>63,68,097</u>	<u>25,80,147</u>
TOTAL		<u>63,68,097</u>	<u>25,80,147</u>

The accompanying notes from 1 to 17 form an integral part of the financial statements.

As per our report attached

For Mani Gupta & Associates

Chartered Accountants

Firm registration No: 207

(Mani Gupta)

Proprietor

Membership No. : 425162

Place: New Delhi

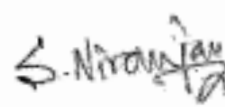
Date: October 30, 2021

For and on behalf of the Board of
 Population Council Institute



(Anil Paul)

Director



(Niranjan Saggurti)

Director

Financial Report

Population Council Institute
Statement of Income and Expenditure for the period ended 31st March 2021
 (All amounts in Rupees unless otherwise stated)

	Note No.	For the period 01-04- 2020 to 31-03-2021	For the period 01-04- 2019 to 31-03-2020
1 Revenue From Operations	10	68,48,330	40,57,232
Other Income	11	1,09,180	58,183
2 Total Revenue		<u>69,57,510</u>	<u>40,55,415</u>
3 Expenses:			
(i) Project Implementation Cost		31,14,682	36,65,392
(ii) Depreciation and Amortisation Expense	4	-	-
(iii) Administrative Expenses	12	1,35,500	1,66,000
(iv) Financial Expenses	13	11,170	0
(v) Other Expenses	14	22,592	5,154
Total Expenses		<u>32,83,744</u>	<u>38,37,206</u>
4 Profit/(loss) Before Tax (3-4)		36,73,766	2,58,209
Current Tax		-	-
Deferred Tax		-	-
Mac Credit Entitlement		-	-
5 Profit/(loss) for the year (5-4)		<u>36,73,766</u>	<u>2,58,209</u>

The accompanying notes from 1 to 17 form an integral part of the financial statements.


As per our report attached

For Mani Gupta & Associates

Chartered Accountants

Firm registration No: 292298

Mani Gupta
 (Mani Gupta)
 Proprietor
 Membership No. : 425162



Place: New Delhi

Date: October 30, 2021

For and on behalf of the Board of
 Population Council Institute


 (Anil Paul)
 Director


 (Niranjan Saggurti)
 Director



B 21, LG FLOOR, JUNGPURA EXTENSION, NEW DELHI 110014,

+91-11-24642901

INFO@PCINSTITUTE.ORG.IN