



# The Year That Was



**Health and Beyond Foundation**

*Sustainable Solutions for Health*

**Annual Report  
2017-18**



**Health And Beyond Foundation**  
*Sustainable solutions for Health*

# **Annual Report**

## **2017-18**

### **The Year That Was**

*We work towards a vision of sustainable  
solutions for health*

### **Health and Beyond Foundation**

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### **June 2018**



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## **List of Abbreviations**

AIDS – Acquired immunodeficiency Syndrome

BCC – Behaviour Change Communication

BCG – Bacille Calmette Guerin

BMI – Body Mass Index

CCI – Child Care Institutions

CTD – Central TB Division

ELM – Employer led Model

GFATM –Global Fund to fight AIDS,TB and Malaria

HABF – Health and Beyond Foundation

IT – Information Technology

MCH –Maternal & Child Health

MIS – Management Information System

MR – Measles - Rubella

NACO – National AIDS Control Organisation

NRHM – National Rural Health Mission

NSP – National Strategic Plan

NVBDCP – National Vector Borne Disease Control Program

PTCC – Partnership for TB Care and Control

RMNCH-A - Reproductive, Maternal, Newborn, Child and Adolescent Health

RNTCP – Revised National TB Control Program

SDG – Sustainable development goal

UNAIDS – Joint UN program on HIV/AIDS

WHO – World Health Organisation



## **Director's Desk**

Greetings from Health and Beyond Foundation.

Under the aegis of PTCC (Partnership for TB Care and Control), HABF initiated Advocacy programs for TB care and treatment. As the State Focal organisation for Assam, we conducted a program involving political leaders, religious leaders and the media. This event in Guwahati, discussed various options for engaging the abovementioned stakeholders as TB advocates in the state. All pledged to support the program leading to elimination of TB by 2025.

Our partnership with Miracle Foundation India has enabled us to take up medical mentoring of Child Care institutions in few districts in Maharashtra. It has been a very satisfying experience and the regular interactions with the children and staff have seen a good improvement in the children's health and increase in motivation among care providers.

Taking forward our experiences with the Global Fund project of training of nurses, we provided support to REACH in revising and developing a new set of training materials on TB care and treatment according to the new strategic plan of RNTCP. The new modules were piloted and submitted to RNTCP.

On behalf of the team in HABF,

Best wishes

Dr. Shanta Misra



## About Us

**Health and Beyond Foundation (HABF)** is a Public Health and Social Development organisation and listed as a Section 25 company in India. This is established in 2011. The organisation comprises of a multidisciplinary team of professionals, highly experienced in working across all states in India. They include public health specialists, clinicians, nurses, infectious disease experts, nutritionists, social scientists, psychologists, trainers, documentation and communication specialists, program management specialists and M&E experts and alternative medicine experts. The team is well supported by an IT team, well versed in providing innovative IT enabled solutions for various health care needs.

Committed to a vision of “**Sustainable Solutions for Health**”, HABF team members have been involved with various health programs of the Government of India. Many members have served as Project Heads and Team leaders and Senior Managers in implementing large scale pan-India projects for various international agencies and donors.

Donor experiences include UN agencies, (UNICEF, UNAIDS, WHO, World Bank) bilateral donors (USAID, DFID), other international donors (BMGF, Clinton Foundation) and private organisations. (Futures Group, PATH, CARE etc.) Most projects have been in support of Government of India programs, (NACO, CTD, NRHM, NVBDCP, Indian Nursing Council etc.).

### Key Strength

Our approach is to provide the best of services which is cost-effective and locally relevant, while adhering to the good practice guidelines for holistic health and well-being.

We partner with different local organisations to complement our efforts in delivering the best of services for field level activities.

We are a member of large networks of civil society organisations in India facilitating access to partnering with the best of organisations in many remote locations and difficult to reach population groups.

We strive to align our work to complement the efforts of the Government of India towards the common sustainable development goals (SDGs)



## **Our expertise**

Our areas of expertise include HIV, Tuberculosis, Malaria, Vector borne & water borne diseases and other infectious diseases, reproductive health, maternal and child health, nutrition, mental health, other non-communicable diseases, sanitation and immunization.

Our services include a range of cross-cutting areas of public health planning, program management and implementation, skills training and capacity building, hospitals and health systems strengthening, monitoring and evaluation, research and assessment, studies, e-learning and IT enabled health solutions. Engaging and involving the corporate sector and the private health care providers have been integral to many of our activities under different projects. We have designed and implemented large scale, pan India computerised MIS covering many remote areas.

Our team members have been involved in the following large scale projects, while been engaged in different organisations

Global Fund Rd 7 –Nurses training on HIV and TB, together with the Indian Nursing Council

- a) 150,000 staff nurses and ANM were covered in a structured training across all states
- b) 70 Nursing institutions were strengthened as Training Centres of Excellence.
- c) Classroom training was further expanded to include a Supportive Supervision for hands on training
- d) E-learning package was introduced

Global Fund Rd 9 – Integrated Malaria Control Project (IMCP 2) together with the National Vector Borne Disease Program (NVBDCP)

- a) It covered 5661 villages in 49 districts in 7 NE states of India
- b) Rapid diagnosis and prompt treatment was provided by community health workers at the houses of community members and impregnated bednets were distributed
- c) A web-based MIS with data tracking and monitoring was established for the 1<sup>st</sup> time in the program.
- d) Project contributed towards moving from pre-elimination to elimination phase of Malaria in India

USAID supported PIPPSE for private sector engagement as support to NACO

- a) A unique Employer led model was established for the involvement of the private sector industries to support HIV/AIDS programs in their own constituencies
- b) Technical Support units were expanded to support the HIV prevention and targeted Intervention (TI) programs in different states



DFID TAST as support to NACO

- a) The program for HIV prevention among Injecting drug users was developed and opioid substitution therapy centers were established across the country
- b) Programs for transgender and other vulnerable communities were strengthened.

National Polio Surveillance Program

Technical Support Units for HIV

Clinton Foundation- Private healthcare providers training for HIV

- a) 80,000 private physicians were trained on HIV/AIDS
- b) NACO's ART program and the paediatric HIV program were strengthened

RMNCH+A

Other national health programs

**HABF participation in National Events**



*National Dengue Day*



*World TB Day*



## **The Year that was...**

### **Advocacy for Political leaders, Religious Leaders and the Media on TB care and treatment**

India is a signatory to World Health Assembly which has endorsed Sustainable Development Goals and global 'End TB Strategy' that calls for a world free of tuberculosis, with measurable aims of 50% and 75% reduction in incidence and related deaths, respectively, by 2025. The Vision 2020 is to significantly reduce TB burden in India by ensuring universal access to quality assured TB care as per Standards for TB Care in India (STCI).

**Partnership for TB care and Control (PTCC)** is an umbrella organization that brings together civil society organizations and affected communities on a common platform to support and strengthen India's national TB control efforts. PTCC serves as a liaison/coordinator body among groups which are involved in activities directed at tuberculosis control and its related issues, thereby fostering unity, understanding, cooperation, and complimentary work. . Currently PTCC is a network of 223 partners from 27 States and almost covering 70% districts of all States. The States has its State focal Point who is leading/coordinating the State level partners of PTCC.



*PTCC Regional Consultative Meeting - Guwahati*

Health and Beyond Foundation as the State focal point for Assam, took a lead in organising an Advocacy event Engaging Political leaders, Religious leaders and the Media for a sustained response in support to the government's target of TB elimination by 2025. Around

75 participants including State Political leaders of different parties, religious leaders of different faiths and representatives from print and electronic media assembled in Guwahati to deliberate on tackling the TB epidemic in the state and the region and volunteered their role as advocates for the cause.



*Advocacy event in Guwahati*

This was a first such event, which brought Religious Leaders, Political Representatives and the media onto one platform for the fight against TB.

Dr. S. N. Misra, Ex. Chair, PTCC and CEO, HABF and Ms. Anindita Choudhury, Regional Coordinator, HABF and PTCC State focal point discussed and explained the objectives of the meeting in making the religious leaders, political leaders and the media representatives as advocates for TB care and Control and take a lead in mobilising the community for early detection and complete cure of TB.

Dr. Srimanta Bora and Paranjay Borthakur from State TB Cell shared about the RNTCP program of the government.

Shri. Dilip Sharma, ZP Member, Kamrup explained the need of reaching out to the community with TB messages through Gaon Sabha meetings.

Shri. Pankaj Lochan Goswami mentioned about the need for greater political advocacy for the increased involvement of elected representatives.



Mrs. Ruby Das, Consulting Editor, Dainik Janambhumi, mentioned about existing stigma about TB in the society and committed for positive reporting by all media, to dispel wrong information about TB. People should be encouraged to use government facilities which are free.

Shri. Bhaskar Jyoti Bora, Input Editor, Assam Talks mentioned about the strengths of social media and its impact, which will be beneficial for TB care.

Dr. T. Sharma, Chairman, Sakhyam, made a commitment to use all religious platforms to educate the community on TB care and prevention.

Maulana Fakhuruddin Ahmed Kasimi, Chairman mentioned that TB care and treatment services should be highlighted during religious discourses without any discrimination.

Sister Sunanda from NEDSSS made a commitment of serving the community with TB prevention and care services.

PTCC and HABF planned follow-up activities for engaging all these leaders as TB advocates for community sensitisation and mobilisation.

## **Medical Mentoring in Child Care Institutions**

**Miracle Foundation India** is a non-profit organization that brings life-changing care to orphaned and vulnerable children around the world.

Health and Beyond Foundation (HABF), in partnership and support from Miracle Foundation, India, is implementing a medical mentoring program for Child Care institutions, (Children homes) in different districts in Maharashtra. The program was initiated in April 2017. In the first year of the program, ending March 2018, a total of 5 homes covering 170 children were visited for medical monitoring.

The districts covered were Sholapur, Sangli, Shirur, Nandurbar, and Badlapur in Maharashtra.

The objective is to ensure the optimal global health for children in these homes covering access to clean water, nutrition, environmental cleanliness and health care interventions.

The HABF team undertake medical mentoring and monitoring visits in assigned children's home on periodic basis, audit the children's individual health records and provide guidance and follow up as needed and to ensure quality health standards as laid by Miracle Foundation India are implemented, keeping consistency of quality across the project. Monitoring the nutrition of children is an important component of the program. The staff and children are also trained on different aspects of good health, nutrition and well-being.



*Mentoring Visit to home in Badlapur*



*Mentoring visit to Girls home*

Each visit is spread over 2 days. The schedule that are followed during the visits included the following –

1. Discussions with Miracle Foundation team, one day prior to the actual visit. These discussions focussed on the health status of individual children, based on previous records and any hand holding support that would be required. This helped the HABF team in better preparing for the visit.
2. Interactions with home staff – all issues are identified and details about the health and diet of the children are discussed.



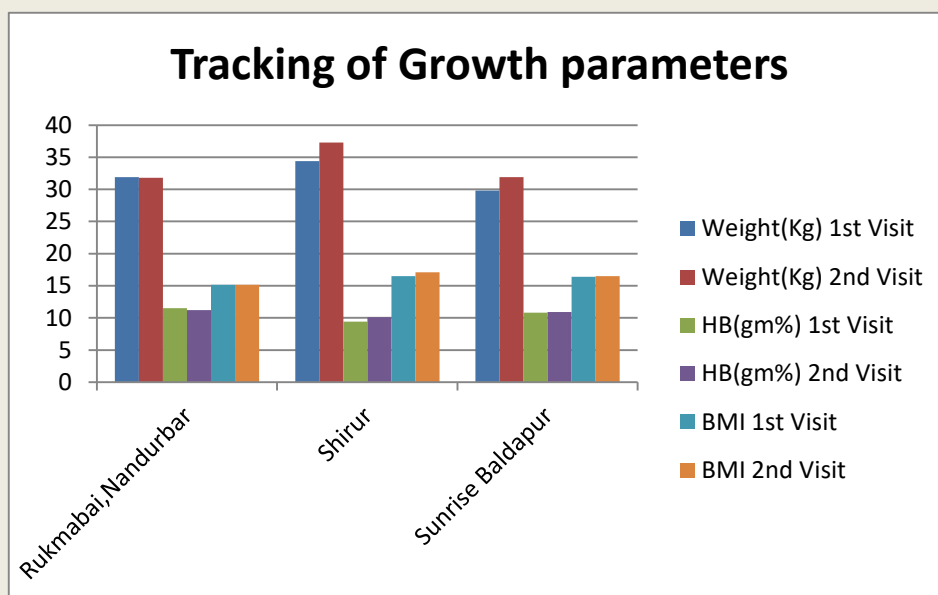


3. Health check-up – all children and the staff undergo a general health check-up. Children are asked about daily practices on dental hygiene and WASH activities (hand washing, cleaning clothes, bathing habits etc.). The check-up includes height and weight measures, dental check-up and any specific medical complaints. The BMI for each child is calculated and haemoglobin reports are checked. In addition, follow up discussions are done on any prescriptions by local doctor for any treatment of specific illness. Based on any medical complaints or illness, the child is further prescribed medication or referred to the local doctor or hospital for further investigations. The mental wellbeing of the child is also assessed during this check - up. Care is taken in maintaining the privacy and confidentiality of medical examination as per medical ethics and standards,
4. The premises and rooms of the children home is visited and observations noted down. Specific issues on infrastructure and facilities are discussed with the staff and children. This includes sleeping rooms, washrooms, dining area, kitchen and pantry.
5. An open discussion is conducted with the children and staff and children are taught on hygiene, safe water, nutrition, and other areas of good health. Video clips on the topics are also screened.
6. The staffs are trained on correct ways of height and weight measurements, plotting of WHO growth charts, data entry and management and preparation of nutritious food.
7. In certain cases and where possible, the local doctor is visited for any clarification and suggestions.

**Some of the observations and improvements include the following –**

Improvements were observed in the hygienic practices of the children in almost all homes. Washing of hands before taking food became a routine practice and brushing of teeth before bedtime was also encouraged. Very few cases of dental caries and poor dental hygiene were observed. Eye and ENT checkup was done for all children and wherever required spectacles were prescribed and provided.

Menstrual hygiene and related issues were discussed with the girls and specific complaints were examined and treated.



There was overall improvement in the children's health, with increase in Haemoglobin levels, increase in BMI through improved nutrition and overall wellbeing. Most of the cases of anaemia were from the Rukmabai home in Nandurbar. This district is a sickle cell anemia endemic district. As per recommendations, the children were tested for sickle cell anemia and confirmed cases were referred to the nearest government hospital for further investigations and treatment. Other cases of anaemia are due to nutritional deficiency and improvement in iron- rich diet and nutrition rich in green vegetables was recommended.

The staff was trained on nutrition and diet, proper storage and use of food and environmental hygiene and cleanliness.

### **Consultancy for developing and implementing an “Employer Led Model” (ELM) for TB care and prevention in Assam**

The Employer led Model (ELM) has been a successful program by NACO for engaging the private sector industry and other Public Sector undertakings (PSU) in HIV prevention and care.

From September 2017, HABF consultants provided support to the Chennai based **REACH** (Resource Group for Education and Advocacy for Community Health) in replicating the ELM program for TB care and treatment.

This ELM program is being replicated for TB care and treatment across the select tea gardens in the districts of Tinsukia and Dibrugarh of Assam and the mines of Jharkhand and Odisha. Around 40 tea gardens would be selected to pilot this program, before scaling to cover all



districts. Similarly, coal and other mines in Odisha and Jharkhand are also being covered under this ELM program.

The Tea Gardens owners and the Tea associations (private employers) are being sensitized and supported for implementing TB prevention and treatment services for their employees, families and other communities working in these organisations. The District Administration led by the District Commissioner and the State/District TB cell are also engaged in this program. An operational guidelines on ELM and a training manual has been developed. The medical staff and other stakeholders of the industry are being trained. Exclusive reporting formats have been developed for data from these industry sectors to be submitted to local District TB cell. The TB patients are being linked to the free TB diagnosis and treatment program and financial support from the government for nutrition. (Nikshay Poshan Yojna). The ELM program is the 1<sup>st</sup> ever such program for engaging the private sector for TB care and treatment.

### **Consultancy for developing Training Materials for Nurses on Tuberculosis Care and Treatment for RNTCP**

As consultancy support to REACH, HABF consultantsBased on the new National Strategic Plan of RNTCP (NSP- 2017), a new set of training materials and curriculum was developed together with the Indian Nursing Council and Nursing experts from across the India. Through a series of technical workshops and seminars, two training programs were developed for staff nurses and ANM separately. These training materials were piloted through a Trainers training program and finalised and submitted to CTD. A pan India roll out is being planned by the government.

### **Knowledge Management of training resources**

#### **(for social workers, psychologists and child protection professionals)**

In February of 2018, HABF started supporting Miracle Foundation team in developing and translating various training materials on child protection and psychological wellbeing of children. These will be utilised in training of the communities for supporting the relocation and rehabilitation of orphans and vulnerable children within families.



The scope of work involves the coordination of translation, review and updation of the Knowledge Management portal (Bloom Fire) of Miracle Foundation with its various training resources such Life Skills Education (LSE), House Parents (HP), Family Based Care (FBC), Child Rights & Child Protection training modules and other training resources of the organization.

It involves working simultaneously in close coordination with 4 different translation agencies and 7 proof readers to accomplish the timely completion of the translation cycle.

We also ensure the quality and accurate proof reading of the 70+ training resources, including the video transcripts, in Hindi language.

The Child Protection officers working in the District Child Protection Units (DCPUs) in the different states would be trained, using these modules.

## **Contact Us**

We are headquartered in Gurugram, (NCR) with staff and consultants located in different states.

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