

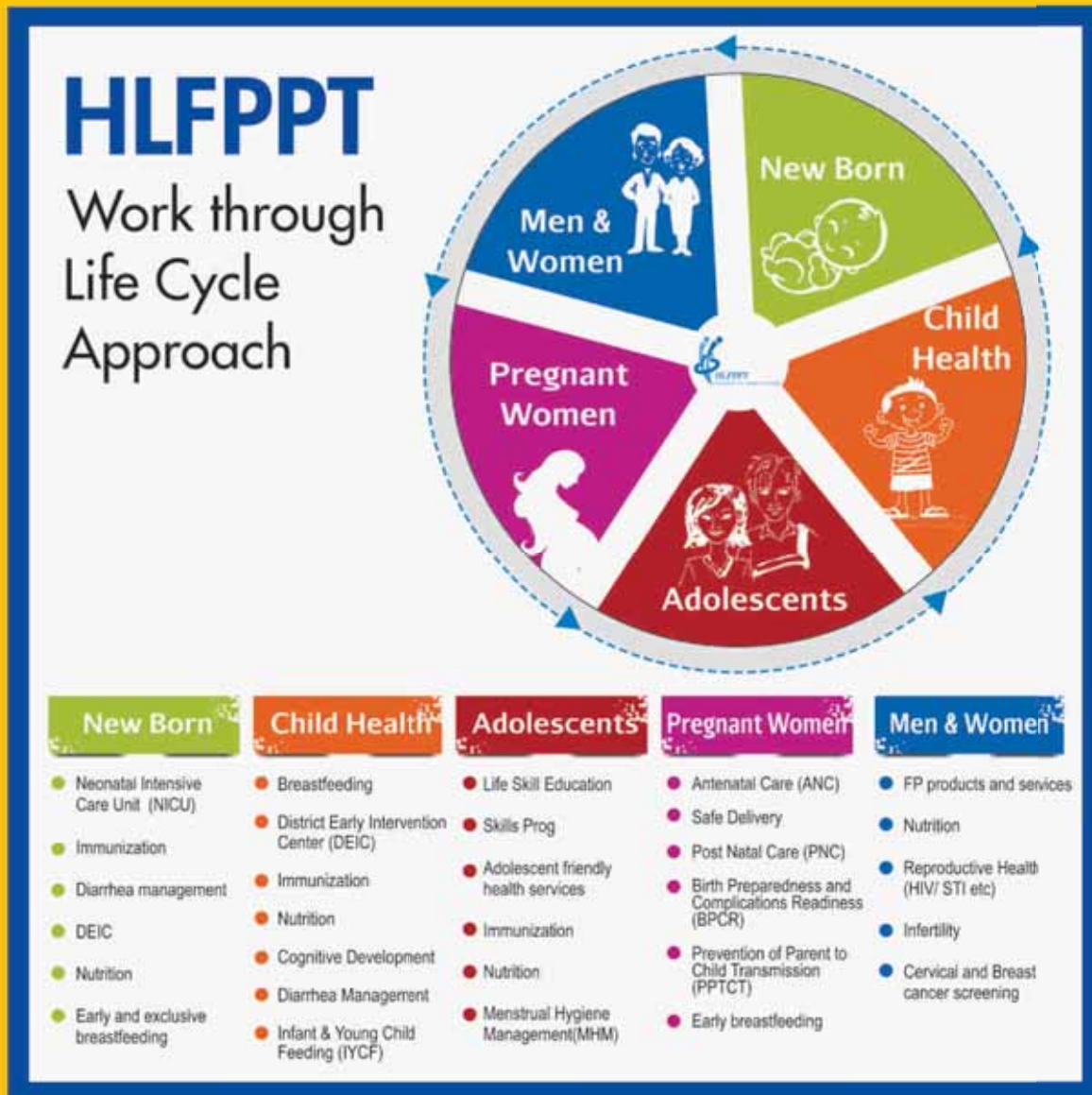
# samvad



April-June 2016

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# A Larger Role Awaits

*Family Planning Programme in India requires an active participation of the private sector for fulfilling its incredible goals & global commitments*

**I**n the landmark London Summit 2012 and subsequent global partnership, called FP2020 (Family Planning 2020), India has pledged to provide contraceptive services to an additional 48 million women along with the existing 100 million users till 2020. This implies averting 23.9 million births, 1 million infant deaths and 42,000 maternal deaths by 2020 – an incredible, yet crucial goal for India.

The renewed focus on Family Planning resonates with policy shift from RCH (Reproductive & Child Healthcare) towards a more comprehensive RMNCH+A (Reproductive, Maternal, Newborn, Child and Adolescent Healthcare) Framework under the Ministry of Health & Family Welfare. Considering the demographic diversity of the country, the government is devising Decentralised Family Planning Policies for state & district levels. There is also an increased emphasis on expanding the basket of choice – with recent introduction of injectable (DMPA), non-steroidal pill and female condom – and a gradual drift from Limiting Methods (sterilisation) to Spacing Methods (eg IUCD).

These policy changes and larger commitments at global level call for strengthening quality and reach of family planning programme – a mammoth task in which the private sector can play a crucial role. Currently, only 37% reproductive age population seek private sector for availing family planning care, indicating the huge potential of the sector that remains to be explored. This is especially needed for fulfilling India's FP2020 committed goal of 48 million new users, as only 8.1 million new users have been introduced so far. Going by the current scenario, India shall create only 32.8 million additional users, about 15 million short of its commitment. The Health Ministry has stated that India requires 35.2% increase in its mCPR (modern Contraceptive Prevalence Rate) from current estimates for filling the existing gap.

Considering these incredible goals, government should reconsider whether it has to continue as Direct Provider of Services or transform into Facilitator of Services instead? A more feasible approach for the government shall be to set the framework and lead initiatives in family planning with sustainable & active engagement of the private sector. For instance, private sector can assist in increasing the basket of choice by introducing new, globally-popular contraceptive methods to India. Similarly, it can help build one-stop Family Planning Facilities that offer comprehensive counselling, services and products. Further, it can catalyse adoption of technology, especially mobile apps, data management software and user tracking systems in family planning programmes.

However, involving the private sector would also require the government to devise stringent regulatory mechanism. A primary reason for low participation of private sector in family planning programme has been lack of standardisation in service provision, which has kept consumers / clients away. A systematic approach with accreditations from the public sector can help build trust of people and also standardise quality and rate of services. Also, there is need for equipping the private health service providers with skills & capacities specific to Family Planning – an area where state can play instrumental role.

Also, introduction of transparency into the system and removal of the red tape shall facilitate larger participation of the private sector. The Uttar Pradesh government has launched 'Hausla Sajhedari' an initiative that facilitates private health facilities and practitioners to get empanelled with the government and provide family planning services through online applications and accreditations. More than 1,000 hospitals have joined the initiative through transparent, web-based portal. Such a model merits replication in other states too.



Sharad Agarwal, CEO, HLFPTT

*Sharad Agarwal*

Sharad Agarwal  
CEO  
HLFPPT

# Quality of Care: A Determinant for Protecting Lives

*While provision of services is important for improving Reproductive & Child Healthcare, it is equally important to invest in quality enhancement of those services. Raising the quality of care has a significant impact on reducing maternal, neonatal and infant mortalities*

Family Planning, Safe Abortions, Antenatal & Postnatal Care and Institutional Deliveries by Skilled Health Attendants are proven steps to prevent Maternal Deaths. Similarly, Neonatal Resuscitation, Early Initiation of Breastfeeding & Immunisation, Timely Treatment of Infections among newborns, Extra Monitoring of Low Birth Babies, etc, can go a long way in avoiding deaths among newborns and infants.

However, merely increasing access or provision of these services is not sufficient unless due emphasis is also placed on quality enhancement of such services. In fact, multiple global deliberations at policy and implementation levels have drawn a unanimous consensus that increasing quality of Reproductive & Child Healthcare (RCH) has a considerable bearing on reducing maternal, neonatal and infant mortalities.

## How to Quantify Quality?

Improving quality of care improves service delivery, client satisfaction and trust, thus leading to increased footfalls at health facilities and better health outcomes. However, **'quality' is a subjective matter and its connotation varies with stakeholders.** Patients & their attendants, communities, healthcare providers, administrators and government – all perceive 'quality of care' differently. For instance, satisfaction level of Patients rests on 'services' – immediate relief or cure from diseases, speedy recovery, clean atmosphere, courteous behaviour of staff,

etc. Usually they do not judge quality on technical parameters. But Health Service Providers often equate quality with technical performance. Similarly, Community or Society defines quality as protection of health rights of the underprivileged, whereas administrators perceive quality as compliance with clinical guidelines/protocols and optimum utilisation of resources.

To bring standardisation in quality of care, several international bodies have devised standards, guidelines and protocols. The Ministry of Health and Family Welfare, Government of India, has placed *'Operational Guidelines for Quality Assurance in Public Health Facilities'*.

## Sub-Components of Quality



*\*Source: Operational Guidelines on Quality Assurance in Public Health Facilities, 2013, Ministry of Health and Family Welfare, Government of India*



Dr. Hema Divakar

As per the Guidelines, **Quality of Care can broadly be classified into Technical and Service Components.** Technical Quality is mostly the concern of Health Service Providers (doctors, nurses, paramedical staff, etc). It includes Clinical Protocols, Infection Control, Emergency Response, etc, that impact Service Delivery or Outcome of Services. On the other hand, Service Quality includes Prompt Service Delivery, Courteous Behaviour of Staff, Hygiene & Cleanliness, Privacy and Dignity, etc. These largely determine patients' experience and have a bearing on Client Satisfaction Levels

## Reproductive & Child Healthcare

The Guidelines have further defined **Eight 'Areas of Concern'** that Measure Quality of a Health Facility, namely: Service Provision, Patient Rights, Inputs, Support Services, Clinical Care, Infection Control, Quality Management and Outcome. These are further categorised into **70 Standards**, each having Specific Measurable Elements and Department-Specific Checkpoints.

Among these, Clinical Care is particularly significant for Reproductive & Child Healthcare (RCH) services. Hence, out of 23 Standards listed under Clinical Care, a set of seven Standards is especially dedicated to clinical processes for Maternal, Newborn, Child, Adolescent and Family Planning services and National Health Programmes.

## RCH Standards under Clinical Care

'Assessor's Guidebook for Quality Assurance in District Hospitals, 2013' by the Ministry of Health and Family Welfare, Government of India, has listed certain RCH Standards under Clinical Care. These are a must for government facilities that ensure that the 'Facility has Established Procedures' for:

**Antenatal Care:** ANC Registration, Identification of High-Risk Pregnancy, Management of Anaemia, Pregnancy Care Counseling Services, Processes during Check-ups, Maintenance of MCP Cards, etc.

**Intra-natal Care:** Clinical Processes for Normal Delivery, Management of Complications and C-Section Surgeries, Active Management of 3rd Stage of Labour, Neonatal Resuscitation, Newborn Care Services, etc. Competency of Staff in managing obstetric emergencies, interpretation of partograph, etc. APGAR score should also be assessed.

**Postnatal Care:** Postnatal Care of Mother and Newborn Baby, Counselling of mother, etc. Also ensure that Postnatal Protocols of Prevention of Hypothermia and Breastfeeding Initiation are adhered to.

**Care of Newborn, Infant and Child:** Immunisation Services, Emergency Triage, Management of Newborn & Childhood Illnesses such as Jaundice, Asphyxia, Low Birth Weight, Sepsis, Diarrhoea, Malnutrition, etc. Availability of Diluents, Adherence to Protocols of Reconstruction of Vaccine, Storage of VVM Labels, & Shake Tests, etc.

**Abortion & Family Planning:** This includes standard practices and procedures for Family Planning Counselling, Spacing Methods, FP Surgeries, Counselling & Procedures for Abortions, etc, as per Govt Guidelines and Law.

These apart, Standards are also laid to ensure the Facility Provides – Adolescent, Reproductive & Sexual Health Services as



HLFPPT has instituted Merrygold Health Network (MGHN) which is largely focused on providing quality RCH services at affordable rates. With 700+ health facilities, 800+ doctors and 12,000+ community health volunteers across seven states, MGHN is India's largest social franchising health network based on Public Private Partnership. It is currently operational across Uttar Pradesh, Uttarakhand, Rajasthan, Bihar, Odisha, Andhra Pradesh and Telangana. Over the years, the network has successfully provided 2 million ANCs, 0.6 million institutional deliveries, and family planning counselling to nearly 1.5 million clients. As the network has plans for further expansion on self-sustainable model, quality of care shall be a significant determinant of growth. Helping such a health network with quality enhancement tools and providing guidance that can improve competencies and capabilities of its Healthcare Providers and Health Facilities becomes paramount for research institutes. In this regard, ARTIST (Asian Research & Training Institute for Skill Transfer), Bengaluru-based premier institute of learning, has partnered with HLFPT to provide hands-on-mentoring, technical assistance and operational support for identifying gaps in KAPs (Knowledge, Attitude & Practices) among MGHN Facilities and help them with quality enhancement.

per ARSH Guidelines. This includes Promotive, Preventive, Curative and Referral Services under ARSH. Also ensure that the facility adheres to implement National Health Programmes.

These apart, Standards are also laid to ensure the Facility Provides: Adolescent, Reproductive & Sexual Health Services, and National Health Programmes

### Collective Responsibility

These are measures that can go a long way in protecting the lives of millions of young

mothers, newborns and infants. However, compliance of these Standards and Guidelines is not just a State Mandate. In fact, this is the collective responsibility of all stakeholders of the healthcare sector including Public and Private Health Facilities, NGOs, Research Institutes, Policy Makers, Administrators, International Donor Agencies, as well as the Corporate Sector to assist the Government in fulfilling this incredible goal.

Let us all work together to Raise the Bar!

*Dr Hema Divakar is an accomplished Obstetrician & Gynaecologist with 26 years of experience. She has held the prestigious office of the President of the Federation of Obstetrics and Gynecological Societies of India (FOGSI). Currently, she practices at Divakar's Speciality Hospital, Bangalore.*

*The views expressed in the Column are personal*

## LAUNCH

## Union Health Minister Launches Amrit Clinic

Shri J P Nadda, Hon'ble Union Minister, Ministry of Health & Family Welfare, Government of India, launched HLPPT's Amrit Clinic at the National Family Planning Summit, New Delhi, on 5th April 2016. HLPPT plans to facilitate a chain of 600 Amrit Clinics across the country through social Franchising that shall offer complete reproductive health solutions and



act as the ultimate destination for availing informed choice, products and services of globally-practised family planning (FP) methods. Each Amrit Clinic shall be 5-6 bedded with full-time medical team offering both basic family planning methods (IUCD, sterilisation for men and women, injectables, male and female condoms, oral contraceptive pills) as well as Natural Fertility Awareness Methods (Standard Days Method and Lactation Amenorrhoea). Also, value-added services like cost-effective infertility management services, cervical cancer screening, information on spacing, personal hygiene, family planning choices, pre- and post- service counseling and follow-up services will be provided. The first Amrit Clinic has been set up in Lucknow (UP) by HLPPT.

## IDEAS EXCHANGE



## Engage Private Sector for Achieving National Health Goals

"Should the government continue to position itself as Direct Provider of Services or as Facilitator of Services?" Sharad Agarwal, CEO, HLPPT, raised this question to an audience comprising senior bureaucrats from the health ministry, representatives from international funding agencies, INGOs, technical bodies, research firms and corporate sector. He was speaking at the National Family Planning Summit 2016, held on 5th-6th April 2016 in New Delhi by the Ministry of Health & Family Welfare, Government of India. Citing examples of successful PPP initiatives in healthcare such as Chiranjeevi Scheme, Rashtriya Swasthya Bima Yojna (RSBY), Santushti Schemes, etc, he highlighted the processes required at System Level (need for creating level-playing field for private sector and cross-learning of PPP best practices among states) and at Operational Level (need for a Strong Centralised MIS for robust monitoring and Performance-based Contracting to ensure streamlining of processes) for effective engagement.



## Putrivati Bhawah – Mantra for New Age

"It's an irony for a nation that worships Goddess Durga as the symbol of power, loses its girl child in the mother's womb," said Sharad Agarwal, CEO, HLPPT. He was speaking on "Female Foeticide" at the Annual HT Woman 2016, held on 16th April in Lucknow. UP Chief Minister, Akhilesh Yadav; Kannauj MP, Dimple Yadav; and Padma Shri Gulabo Sapera also addressed the audience. HLPPT was chosen as the Health Partner for this year's event that felicitated women achievers from all walks of life. "While we ponder over national strategies to address the issue of female foeticide, let's start by a simple mantra – Putrivati Bhawah – and celebrate the birth of the girl child."

## COLLABORATION



## Lifesaving Products for Infants and Mothers

HLFPPT has partnered with **Laerdal Global Health (LGH)** to facilitate distribution of LGH products across the country for improving health of mothers and newborns and also for facilitating capacity building initiatives. HLPPT shall leverage its experience, expertise and presence in the field of social marketing; social franchising, capacity building; community mobilisation and health skilling for the same. LGH is a Norway-based not-for-profit company that develops products and programmes aimed at helping save lives of newborns and mothers in low-resource countries. LGH's goal is to help save 400,000 more lives per year by 2020.

## A Sustainable Business Model for MGHN

HLFPPT has entered into a partnership with **IPE Global**, a leading development sector consulting firm, for facilitating expansion of its flagship programme – Merrygold Health Network (MGHN). The alliance will ensure that MGHN growth continues under its larger goals of reducing preventable morbidity and mortality among mothers, infants and children; improving access and quality of RMNCH+A services; instilling health seeking behavior among community members; and reducing out-of-pocket expenditure. IPE Global would advise and assist HLPPT in developing an optimal structure – a sustainable business model – for MGHN that can support its expansion plan and impact as per its vision. IPE Global would provide technical and advisory support in the critical areas with the intent to make the business model more efficient, predictable, scalable and sustainable.



## TRAINING &amp; SCREENING



## Expectant Mothers Undergo HIV Test

Nearly 2 lakh pregnant women have undergone HIV Screening in Bihar, Chhattisgarh and Odisha to ensure they do not transmit HIV to their babies in case they are infected. Those diagnosed as HIV positive are linked with Anti-Retroviral Treatment (ART) and post

delivery, HIV exposed infants are monitored to minimise the chances of transmission. This is part of a flagship programme, IAPSI (Improving Access to Public Sector PPTCT Services in India), also named Project AHANA. Being funded by the Global Fund, IAPSI aims at accelerating uptake of PPTCT services (Prevention of Parent to Child Transmission of HIV/AIDS) among pregnant women in 9 states. HLPPT is implementing the project in Bihar, Chhattisgarh and Odisha as Sub Recipient, through Plan India as Principal Recipient. HLPPT has successfully created District Resource Teams (DRTs) comprising peripheral health workers (ASHAs, ANMs, BHM, LT, BHM LHV and Staff Nurses). So far, it has trained 1655 DRT members on how to conduct HIV screenings, Whole Blood Finger Prick Test, PPTCT counselling skills, follow-ups, etc. They will further train other staff working at PHCs and APHCs level, so that 100% HIV screening of pregnant women can be ensured.



## Free Health Camp for Noida Slum Dwellers

Around 160 slum dwellers attended free health check-up camp organised by HLPPT & DLF Foundation in Noida in May 2016. This was part of their project called "Merrymobile" – a Mobile Medical Unit (MMU) that offers primary healthcare services at the doorstep of the underserved communities. Participants essentially comprised residents of Jhuggi Jhopri Clusters in Noida's sectors 16, 17 & 18. Free medical consultations and free screenings for Haemoglobin, Sugar and Cholesterol levels and ECG were done too.



## Breast Cancer Detection Made Easier

Nearly 170 women in Kanpur, UP, were screened for Breast Lesions and Early Detection of Breast Cancer, at a Training-cum-Screening Camp by HLFPPT. Doctors, paramedics and community health workers were trained on iBE – a low-cost, portable, breast screening device developed by UE Lifesciences. The makers claim that iBE is painless, radiation-free and operable by community health workers. HLFPPT shall further use this device at Community Health Camps organised under MGHN, Family Planning, Clinics, etc, and shall provide referral linkages of positive cases to public and private health facilities.

## SKILL DEVELOPMENT

### UP Government Approves Model Skill Centre

HLFPPT's Model Skill Centre at Panki, Kanpur, has received approval by the Government of Uttar Pradesh. With this, HLFPPT has become a chosen collaborator of the State Government for Skill Development. As Government Training Provider (GTP), it has been contributing towards UP Skill Development Mission, under which it has conducted four batches of training on Bed Side Assistants (BDA) so far. Since its inception in 2015, Skill Development



programme has successfully trained students as General Duty Assistants (GDA) and Home Health Aid (HHA) through affiliated skill centres in Uttar Pradesh, Andhra Pradesh, Telangana, Odisha, Bihar and Kerala. Going ahead, it plans to train human resources in allied sectors too such as Retail, Electronics, Life Sciences and Logistics.



### IUCD Course for Nursing Students

Leveraging on its years of experience of working with the National Health Mission for Capacity Building of Health Service Providers (HSPs) in IUCD, HLFPPT has taken a step further in enhancing capacities of young, budding health professionals. Since 2012, HLFPPT has trained around 30,000 HSPs on IUCD across 12 states, enabling 4.3 lakh IUCD insertions. It has now initiated a 'Short-term Certificate Course in IUCD, PPIUCD and Hormonal IUD' for Nursing Students. The 5-day course is focused on imparting knowledge and skills on latest techniques related to IUCD, PPIUCD and Hormonal IUD by a training team of doctors and counsellors. It includes hands-on-training on Zoe Model as well as supervised training on Counseling & IUCD insertion among clients by the trainees. Trainees are issued certificate following individual assessment and a post-training test. In June, HLFPPT has conducted first batch of training of nursing students at Panna Dhai Maa Subharti Nursing College in Meerut, UP.

## ADVOCACY



### BPL Schemes Now for All Registered PLHIV

As a testimony of its impactful advocacy, HLFPPT under Project Vihaan, has enabled a landmark letter by the District Magistrate of Bhilwara, Rajasthan, mentioning that all PLHIV registered at Project Vihaan's Care & Support Centre (CSC) at Bhilwara shall be considered under Below Poverty Line Category. Hence they shall be

eligible for all BPL schemes & benefits. After continuous advocacy efforts by the Vihaan team, the letter has been issued to all block level officers, development officers, district supply officers and other departments by the DM. Accordingly, Client ID number issued to a PLHIV during registration at CSC shall be used as Survey Number in his/her BPL card. As Sub-Recipient of Project Vihaan, HLFPPT has been managing 30 CSCs in five states (Punjab, Chhattisgarh, Haryana, Chandigarh and Rajasthan). So far, it has enabled various services to 69,413 PLHIV registered at CSCs (data till 30th June 2016).



## CAMPAIGN

## Know Your Child

In order to identify immunisation dropouts and underweight children among tribal communities, HLPPT's Mobile Medical Unit (MMU) Team in Kerala conducted 'Know Your Child' Campaign. During the reporting period, 1541 children were assessed on immunisation status and 182 infants on birth weight. Corrective steps were taken with low birth weight babies and immunisation dropout children. Moreover, the Team organised awareness drive on immunisation among community members. HLPPT has been operating four MMUs in Kerala with support from the state government's Departments of Scheduled Caste Development and Scheduled Tribes Development since 2013. The MMU take healthcare services to backward and isolated communities in Wayanad, Palakkad and Malappuram districts.



## Family Planning Gets Tech Savvy

Infotainment Activity for Promotion of CycleBeads Mobile App was conducted in Sahara Mall, Gurugram in May. HLPPT has partnered with the Institute for Reproductive Health, Georgetown University, US, to conduct research on usability and acceptance of CycleBeads app in Delhi & NCR. Designed for Android smartphone users, this app supports adoption of Standard Days Method – a natural family planning method. This is especially meant for married women of reproductive age group, with an objective of motivating eligible couples to adopt family planning practices, esp CycleBeads app.



## Sugar Quiz on World Health Day

To mark World Health Day (7th April), Project SEHATH team organised quiz, group discussions and other competitions based on the theme of Diabetes at four villages (Kotri, Mada, Vijaynagar and Pithla) in Jaisalmer, Rajasthan. Nearly 300 community members participated in these

activities. HLPPT has been implementing Project SEHATH (Suzlon Enabled HLPPT Access to Healthcare) with CSR support from Suzlon in Rajasthan since December 2014. Under the project, HLPPT operates MMU that has taken quality healthcare at the doorstep of 56 isolated villages in Jaisalmer and 2 villages in Barmer district of Rajasthan.

## RECOGNITION



RMAI (Rural Marketing Association of India) has awarded Certificate of Membership to HLPPT. Accordingly, HLPPT shall continue to be RMAI Member till 2021



Mobile Medical Unit (Jaisalmer) received Certificate of Excellence for Outstanding Performance and Lasting Contribution in Public Welfare Camps by District Legal Services Authority (DLSA), Jaisalmer

## The Healing Touch of Yoga

On International Day of Yoga (21st June) Community Health Intervention (CHI) Project team organised Yoga Awareness Session & Rally at Govt Primary School in Suvali village (Surat district, Gujarat). The event attracted more than 130 participants including school children, Suvali Deputy Sarpanch, Panchayati Raj Institution Members, Community Members, ASHAs, AWWs and Helpers. Trikonasan, Tadasan, Bhadrasan, Kapalbharti and other Yogasanas were demonstrated to participants, followed by Yoga Rally. HLPPT has been implementing CHI with Cairn India Ltd under its CSR initiative. The project aims at improving health and nutritional status of community members at four villages (Suvali, Junagam, Tena and Tena Raang villages) of Surat district in Gujarat.



## HLFPPT at Women Deliver 2016, Denmark

HLFPPT participated in Women Deliver 2016 – the world’s largest global conference on health, rights, and wellbeing of girls and women – held on 16th-19th May 2016, at Copenhagen, Denmark. The four-day event opened avenue for HLFPPPT to address issues on RMNCH+A with leaders, policymakers, activists, civil society, academia, development agencies and media at a global level. Interactive & Educational Games on RCH were a crowd puller at HLFPPPT’s Booth#C2-064.



Virendra Sharma, Member of Parliament, UK, interacts with Sharad Agarwal, CEO, HLFPPPT



Petra De Sutter, Senator, Federal Parliament in Belgium, visits HLFPPPT Booth#C2-064



Participants arranging Block Game on Family Planning



Tower of Information on HIV AIDS along with other Communication Material at HLFPPPT Booth



Ring Games on Family Planning, HIV AIDS and Maternal & Child Health keep visitors involved



Visitor plays Dart Game on Maternal & Child Health at HLFPPPT Booth



Team HLFPPPT at Women Deliver 2016



Sharad Agarwal, CEO, HLFPPPT, interacts with the media

## CHMI Offers Peer Learning Platform to HLFPPPT



Washington-based Centre for Health Market Innovations (CHMI) has selected HLFPPPT to participate in its new Peer Learning Programme – Primary Care Adaptation Partnership (PCAP). It is aimed at supporting organisations in exploring promising & replicable practices in primary healthcare through meetings, field visits & interactions with service providers in a phased manner.

In Phase 1, HLFPPPT (as Adopter) participated for learning from Kenya-based Jacaranda Health (as Originator). During 6<sup>th</sup>-12<sup>th</sup> December 2015, CHMI supported HLFPPPT’s interactive field visit to Jacaranda Health, Nairobi. Dr Sunita Paliwal, Team Leader – Technical Services, represented HLFPPPT. She identified three Learning Areas:

**Human Resource Management:** Incorporate learning from Jacaranda Health to address high attrition rate and other Human Resource Management issues, through a one-day workshop with a pilot group of five franchisees.

**Task-shifting:** Reduce cost of health services by providing training to support staff/HSPs on Family Planning & facilitating 'FP Counselling Corners' at five selected franchisee locations.

**mHealth:** Develop awareness on WHO-approved Family Planning methods through mobile app.

In Phase 2, a team from Jacaranda Health comprising Faith Muigai, Chief Medical Officer & Karim Moledina, Chief Operations Officer, visited HLFPPPT Corporate Office and some health facilities under MGHN during April 2016. The team interacted with MGHN stakeholders including beneficiaries, Merrytarang Members, etc, to understand the intervention, challenges & processes of quality assessment. Also, it participated in community-based outreach activities such as Godbharai, health camp, etc. Jacaranda Health, which has been serving community through its own hospitals, now plans to adopt HLFPPPT’s social franchisee model MGHN.

## Excellence through Value System



**H**LPFPT held its Annual Strategic Planning Meet 2016 on 9th-11th May 2016 at Kovalam, Thiruvananthapuram, Kerala. Theme for this year's meeting was *Excellence through Value System*. Nearly 50 members from HLPFPT family, including HLPFPT Leadership Team, and senior delegates from HLL Lifecare Ltd attended the three-day event. Dr M Ayyappan, then Chairman & Managing Director, HLL Lifecare Ltd and Chairman, HLPFPT, shared his vision and guidance with the team. Other senior delegates from HLL Lifecare Ltd included: Dr Babu Thomas,

Director (Marketing); P Ganesan, Senior Vice President and Chief Finance Officer; P Sreekumar, Company Secretary & Senior Vice President (Human Resources); and Unnikrishnan SM, Associate VP (Corporate Strategy).

A **Five-Year Strategic Plan** was finalised for HLPFPT, based on 11 Thematic Areas including: Social Marketing, Social Franchising, Corporate Social Responsibility, Family Planning Clinics, HIV/AIDS & Female Condoms, IUCD Programme, Skill Development, DEIC, Information Technology, Community

Mobilisation, HLPFPT Visibility, and Human Resources & Organisational Development. Moreover, an **Operational Plan** for the next one year was finalised based on deliberations on all relevant & timely issues around Thematic Areas, including national and global scenario. HLPFPT's Leadership Team ensured that the Operational Plan is in alignment with the current National Health Policy. The Meet concluded with Site Visits by team members to HLL's Condom and Hospital Equipment Manufacturing Units. Here are a few highlights of the Meet:



"Excellence can be achieved by doing small things consistently well. While emerging as leaders, we should try to make things simple, set daily goals and try to fulfil them."

*Dr M Ayyappan, then Chairman & Managing Director, HLL Lifecare Ltd and Chairman, HLPFPT during 'Keynote Address'*

"Self-sustainability is going to be a crucial determinant of success in coming years. Our divisions need to grow as self-sustaining entities. Out-of-box thinking is the need of the hour."

*Sharad Agarwal, CEO, HLPFPT on 'HLPFPT Journey & Way Forward'*



"HLPFPT has come a long way in evolving as a leader in Reproductive & Child Healthcare. As a testimony of our growth, we have been achieving a surplus in recent years."

*Gulshan Kumar, Head-Finance, HLPFPT, during 'Welcome Address'*

"Nowhere do we find an organisation which puts Value System as its Core Strategy. It is our deep-rooted value system that makes us a team and brand HLPFPT."

*Dr Anasua Bagchi, Head-TSD, HLPFPT, during 'Theme Presentation'*



## OUR PARTNERS

 सत्यमेव जयते	 NATIONAL RURAL HEALTH MISSION एक साथ सब से			 HLL Lifecare Limited A Government of India Enterprise (Formerly Hindustan Latex Limited)
				
 प्रधानमंत्री कौशल विकास योजना		 N S D C National Skill Development Corporation Transforming the skill landscape		
				
				
				
				
				



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