



राष्ट्रीय मूल्यांकन एवं प्रत्यायन परिषद

विश्वविद्यालय अनुदान आयोग का स्वायत्त संस्थान

NATIONAL ASSESSMENT AND ACCREDITATION COUNCIL

An Autonomous Institution of the University Grants Commission

Quality Profile

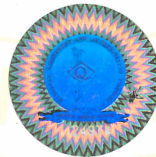
Name of the Institution : KLE Academy of Higher Education and Research

Place : JN Medical College Campus, Nehru Nagar, Belagavi, Karnataka

Criteria	Weightage (W_i)	Criterion-wise Weighted Grade Point (Cr WGP _i)	Criterion-wise Grade Point Averages (Cr WGP _i / W_i)
I. Curricular Aspects	150	476	3.17
II. Teaching-Learning and Evaluation	200	680	3.40
III. Research, Innovations and Extension	250	857	3.43
IV. Infrastructure and Learning Resources	100	361	3.61
V. Student Support and Progression	100	318	3.18
VI. Governance, Leadership & Management	100	339	3.39
VII. Institutional Values and Best Practices	100	357	3.57
Total	$\sum_{i=1}^7 W_i = 1000$	$\sum_{i=1}^7 (Cr WGP_i) = 3388$	

$$\text{Institutional CGPA} = \frac{\sum_{i=1}^7 (Cr WGP_i)}{\sum_{i=1}^7 W_i} = \frac{3388}{1000} = \boxed{3.39}$$

Grade = A⁺



Date : February 22, 2022

S. C. Rame
Director

- This certification is valid for a period of Five years with effect from February 22, 2022
- An institutional CGPA on four point scale in the range of 3.51 - 4.00 denotes A⁺⁺ grade, 3.26 - 3.50 denotes A⁺ grade, 3.01 - 3.25 denotes A grade, 2.76 - 3.00 denotes B⁺⁺ grade, 2.51 - 2.75 denotes B⁺ grade, 2.01 - 2.50 denotes B grade, 1.51 - 2.00 denotes C grade
- Scores rounded off to the nearest integer

Dr. N.Gopukumar
Joint Secretary
Ph. 011-23604219
www.ugc.ac.in
email: gopukumar.ugc@nic.in



विश्वविद्यालय अनुदान आयोग
बहादुरशाह जफर मार्ग
नई दिल्ली-110 002
UNIVERSITY GRANTS COMMISSION
BAHADURSHAH ZAFAR MARG
NEW DELHI-110 002

By Email

No.F.1-1/2023 (CPP-I/DU)

October, 2023

The Registrar,
K.L.E. Academy of Higher Education and Research
(Deemed to be University),
J.N. Medical College Campus,
Belgaum,
Karnataka.

06 OCT 2023

Subject: Proposals for inclusion in the list of Deemed to be Universities under Section 12 B of the UGC Act, 1956.

Sir,

This has reference to your application submitted for 12B status. The Commission in its 572nd meeting held on 20.09.2023 considered the application and decided to grant 12B status to K.L.E. Academy of Higher Education and Research (Deemed to be University), Belgaum, Karnataka. The status is subject to the condition that the financial assistance under all UGC schemes shall be limited to those relating to teachers and students only.

Accordingly, the K.L.E. Academy of Higher Education and Research (Deemed to be University) is included under section 12B of the UGC Act 1956 to be eligible for central assistance.

Yours faithfully,

N. Gopukumar
(N.Gopukumar)

डॉ. (श्रीमती) पंकज मित्तल
(पूर्व कुलपति, बीपीएस महिला विश्वविद्यालय, हरियाणा)
महासचिव

Dr. (Mrs.) Pankaj Mittal
(Former Vice Chancellor, BPS Women University, Haryana)
Secretary General



भारतीय विश्वविद्यालय संघ
Association of Indian Universities

AIU/AADC/2024
August 5, 2024

Subject: Establishment of AIU Academic and Administrative Development Center (AADC)

Dear Dr. Gangane,

Warm Greetings from AIU!

At the outset, I would like to thank you for showing your keen interest in establishing AIU Academic and Administrative Development Centre (AIU-AADC) in your university as per the proposal submitted by you in response to our Notification dated 16.04.2024.

It gives me immense pleasure to inform you that the proposal has been approved. I congratulate you and your team for your commitment to this pioneering initiative by AIU, which aims to organize short-term advanced training and capacity-building programs for faculty members and administrative functionaries of universities and other HEIs. The focus of these centers is to provide training on the use of technology in teaching-learning, assessment & evaluation, governance, practicing online and blended modes of education, developing e-content, and other learning material. Additionally, programs will cover the management of modern institutions, with an emphasis on the effective use of recent technologies, including Artificial Intelligence, Machine Learning, Cyber Security, etc., in various university activities.

The complete structure of the proposed AADC and detailed guidelines are available on the AIU Website: www.aiu.ac.in/AADC/Important Links. For your convenience, the specific links are provided below:

- AADC Proforma Link: [AADC Proforma](#)
- AADC Guidelines Link: [AADC Guidelines](#)

I am enclosing herewith a MoU specifying purpose, duration, scope & thrust areas and terms & conditions of AIU Academic and Administrative Development Center (AADC) to be established in your university. A token financial support to the tune of Rs. 2 Lakhs (as a one-time grant) will be provided by AIU for establishing the AADCs. Thereafter, the centers will operate on a self-financing/self-sustaining model. A duly signed MoU giving thereby the name and particulars of the Nodal Officer from the University may please be returned to Mrs. Ranjana Parihar, Joint Secretary, AIU for further details.

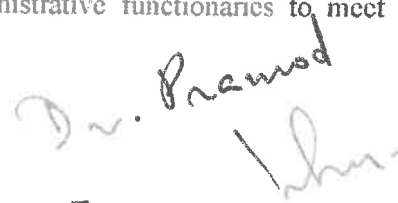
I am confident that under your able leadership, this pioneering initiative will achieve its objective of updating the knowledge and skills of faculty members and administrative functionaries to meet contemporary requirements.

With warm regards,

Yours sincerely,


(Pankaj Mittal)

Dr. Nitin M. Gangane
Vice-Chancellor
KLE Academy of Higher Education and Research
Belagavi, Karnataka



To,
Hon. VC Sir's Approval

Certificate of Outstanding Service

IN PURSUIT OF EXCELLENCE TOWARDS BEING A **TOP INSTITUTION**
FOR CAMPUS LIFE, THIS CERTIFICATE IS PRESENTED TO

KLE Academy Of Higher Education And Research
Belgaum

Ranked in Diamond+ Band

Across India for excellence in up-keeping
well-being of faculty, staff and students



Executive President



wiranking.com

Private Institution
Institution ID: 120694
Valid until: 18 Jan 2025



Verifiable at:



For Quality Assurance in Higher education
Our mission is to enhance the quality assurance mechanism

Be it Known That

KLE Academy of Higher Education and Research, Belagavi

Has satisfactorily met all the standards prescribed by the Accreditation Committee concerning educational quality, institutional integrity and public accountability, through a voluntary, non-governmental review process of quality assurance and institutional development.

FULL ACCREDITATION

In testimony whereof, we have affixed our signature and the seal
of the organisation this 19 Jan 2024

QAHE is currently recognized by





Accreditation Committee



QAHE is certified by
AQS, UK



SUSTAINABLE INSTITUTIONS OF INDIA
THE GREEN INSTITUTIONAL RANKINGS 2022

Certificate of Excellence

IN PURSUIT OF EXCELLENCE TOWARDS PRACTICING
SUSTAINABLE EDUCATION, THIS CERTIFICATE IS AWARDED TO

KLE Academy of Higher Education and Research

and is ranked No. 14 across India
in the Green Institutional Rankings 2022.

R
World Institutional
RANKING 



Executive President

SUSTAINABLE INSTITUTIONS OF INDIA
GREEN RANKINGS 2023

Certificate of Excellence

IN PURSUIT OF EXCELLENCE TOWARDS PRACTICING
SUSTAINABLE EDUCATION, THIS CERTIFICATE IS AWARDED TO

**KLE ACADEMY OF HIGHER EDUCATION AND
RESEARCH**

Institutional Grade : **A++**

Institutional Band / Category : **Platinum**

R
World Institutional
RANKING ■ ■ ■



Executive President

SUSTAINABLE INSTITUTIONS OF INDIA GREEN RANKINGS 2024

Certificate of Excellence

IN PURSUIT OF EXCELLENCE TOWARDS PRACTICING SUSTAINABLE
EDUCATION, THIS CERTIFICATE IS AWARDED TO

**KLE ACADEMY OF HIGHER EDUCATION AND
RESEARCH**

Institutional Band / Category : **Platinum**

ZERTIFIKAT ♦ CERTIFICATE ♦ 認証証書 ♦ CERTIFICADO ♦ CERTIFICAT



CERTIFICATE

The Certification Body
of TÜV SÜD South Asia Private Limited
certifies that



Dr.S.G.Desai Library
KLE Academy of Higher Education and research,
JNMC Campus, Nehru Nagar, Belagavi – 590 010, India

has implemented Quality Management System
in accordance with **ISO 9001:2015**
for the scope of

Provision of library services for students & faculties

The certificate is valid from **2024-07-04** until **2027-07-03**
Subject to successful completion of annual periodic audits

The present status of this certificate can be obtained through TÜV SÜD website by scanning below QR code and by entering the certificate number (without spaces) on web page. Further clarifications regarding the status & scope of this certificate may be obtained by consulting the certification body at info.in@tuv-sud.com

Certificate Registration No. **99 100 24065**

Date of Initial certification: **2024-07-04**

Issue Date: **2024-07-04 Rev. 00**

Rahul Kale
Head of Certification Body
of TÜV SÜD South Asia Private Limited,
Mumbai
Member of TÜV SÜD Group



AGREEMENT

Collaborating Center of Excellence

The India Collaborating Center of Excellence will focus on TUFH's status as a "non-state actor in official relations with WHO" and TUFH's moral compact to mend the fabric of our communities upon which health depends. TUFH is committed to drive communal interests by supporting local change agents toward the adoption and implementation of global policy recommendations.

This Agreement by and between The Network: Towards Unity for Health ("TUFH"), a nonprofit organization organized under the laws of the State of Delaware in the United States of America and KLE Academy of Higher Education & Research, Belagavi, India. (KAHER and TUFH are each referred to as a "Party" and collectively as the "Parties"):

RECITALS

WHEREAS, by its terms, the Agreement shall be from **October 1, 2024** through **December 31, 2025**.

WHEREAS, TUFH licenses KAHER (KLE Academy of Higher Education & Research, Belagavi) as an independent chapter of TUFH in Southern India and be a licensed to use and replicate TUFH's technical services and products on a regional level including the states of Andhra Pradesh, Karnataka, Kerala, Tamil Nadu, Telangana, and the Union Territories of Puducherry and Lakshadweep. These include, but are not limited to, The Social Accountability Institutional and Interprofessional Education and Collaborative Care Institutional Self-Assessment, TUFH Academies, and TUFH Communities of Practice.

WHEREAS, KLE Academy of Higher Education & Research will pay an initial annual license fee of \$5,000 (discounted from the \$10,000 Middle Income Country License Fee) and sign up a minimum of 5 Institutions who are not currently TUFH Institutional members to become Members within six months of agreement.

NOW, THEREFORE, intending to be legally bound hereby, the Parties hereto agree as follows:

1. Mutually work toward delivering the following:

- Drive Health Profession Education Institutions and Health Delivery Systems to become Socially Accountable defined as being response to people and society's needs in the training and preparation of the healthcare workforce.
- Drive Health Profession Education Institutions and Health Delivery Systems to meet Interprofessional Education and Collaborative Care standards.
- Drive Health Profession Education and Health Delivery System Institutions to adopt and work toward implementation of one or more competency standards for health workers serving vulnerable communities including Indigenous, Migrant and Refugee,

Remote and Rural, Elderly, Women, and Complex Care for
I/DD, Autism, Dementia, and Mental Health.

2. Raise financial funds to support the KLE Academy of Higher Education & Research Collaborating Center of Excellence infrastructure.
3. Serve as a member on TUFH's Advisory Board.
4. Collaborate with other Collaborating Centers of Excellence to improve upon TUFH's technical services and products and to position TUFH as a global network of networks ultimately increasing the capacity of local institutions and communities.
5. Publish, participate, represent, and advocate for Parties collective goals to build the Global Health field and inform policies and practices with the World Health Organization (WHO).

RENEWAL CLAUSE

1. The agreement will automatically renew after a period 15 months unless terminated by either party or if either party is not in compliance with agreed upon terms and conditions.

TERMINATION CLAUSE:

1. Either Party may terminate this Agreement without cause with thirty (30) days prior written notice to the Other Party.
2. In the event of the expiration or termination of this Agreement, for any reason, the Parties shall negotiate the tasks to be undertaken to transition the Collaborating Center of Excellence to a new institution, the Parties will work in good faith to achieve such transition and the level of support provided by Woods will be reduced accordingly.

By executing this Extension Agreement, the parties affirm all of the terms and conditions of the Agreement, unless otherwise modified by KLE Academy of Higher Education & Research the terms hereof.

IN WITNESS WHEREOF, the Parties hereto have executed this collaboration agreement as of the date first above written.



Nicholas Torres
President/TUFH International
The Network: Towards Unity for Health



Prof. Dr. Nitin M. Gangane
Vice-Chancellor
KLE Academy of Higher Education & Research





सूचना का
अधिकार
RIGHT TO
INFORMATION

दूरभाष/TEL : 26962819, 26567373
(EPABX) : 26565694, 26562133
: 26565687, 26562144
: 26562134, 26562122
फैक्स/FAX : 26960629, 26529745
Website : <http://www.dsir.gov.in>



भारत सरकार
विज्ञान और प्रौद्योगिकी मंत्रालय
वैज्ञानिक और औद्योगिक अनुसंधान विभाग
टेक्नोलॉजी भवन, नया महरौली मार्ग,
नई दिल्ली - 110016
GOVERNMENT OF INDIA
MINISTRY OF SCIENCE AND TECHNOLOGY
Department of Scientific and Industrial Research
Technology Bhavan, New Mehrauli Road,
New Delhi - 110016



F.No. 14/934/2023-TU-V

Date: 4th December 2023

The Registrar
KLE Academy of Higher Education and Research,
JNMC Campus, Nehru Nagar,
Belagavi – 590010, Karnataka

Subject: Recognition of Scientific and Industrial Research Organisations (SIROs).

Dear Sir,

This has reference to your application for recognition of **KLE Academy of Higher Education and Research, Belagavi, Karnataka** as a Scientific and Industrial Research Organisation (SIRO) by the Department of Scientific and Industrial Research under the Scheme on Recognition of Scientific and Industrial Research Organisations (SIROs), 1988.

2. This is to inform you that it has been decided to accord recognition to **KLE Academy of Higher Education and Research, Belagavi, Karnataka** from **06.11.2023 to 31.03.2026**. The recognition is subject to terms and conditions mentioned overleaf.

3. Receipt of this letter may kindly be acknowledged.

Yours faithfully,


(Dr. P.K. Dutta)
Scientist - 'G'

TERMS AND CONDITIONS FOR RECOGNITION OF SCIENTIFIC AND INDUSTRIAL RESEARCH ORGANISATIONS (SIROs)

1. The organizations should acknowledge receipt of the recognition letter by stating that they will abide by the terms and conditions of recognition.
2. The recognition will entitle the SIRO to receive such administrative support from the DSIR, Ministry of Science & Technology as may be required on issue to promote or encourage scientific research activities.
3. SIROs recognized by DSIR are also deemed to be registered. A separate certificate of registration** is issued along with the recognition letter. The recognition would be valid for the period specified in the recognition letter and application for renewal of recognition shall be submitted in the prescribed proforma at least 3 months before the expiry of the valid recognition. Failure to submit application in time may lead to automatic lapsing of the recognition & registration.
***However, the certificate of registration is not issued to SIROs engaged in activities falling within the definition of 'hospital' as per notification No. 51/96-Cus. Dt. 23.07.1996 issued by the Department of Revenue.*
4. The recognition of DSIR does not amount to approval u/s 35(1)(ii)/(iii) of Income Tax Act, 1961.
5. The registration will entitle the SIROs to avail of custom duty exemption on purchase of equipment, instruments, spares thereof, consumables, etc. used for research and development subject to relevant Government policies in force from time to time. Custom duty exemption has to be separately dealt with the customs authorities. The SIROs should abide by the terms & conditions of the customs notifications issued/amended from time to time.
6. Separate books of accounts shall be maintained by the SIRO for research & development activities and the R&D expenditure, both capital and recurring should be reflected the Annual Report and Statement of Accounts of the Organization in separate schedules.
7. Disposal/sale of equipment and products/prototypes/intermediates, if any, emanating from the R&D/pilot plant, should be intimated to DSIR immediately. The realization, if any, from above or any services rendered etc. shall be shown in the R&D accounts of the organization as income of the SIRO in the audited accounts as well as annual report and should be used or reinvested for research activities only. In case of disposal/sale of R&D equipment, clearance from custom authorities will also be required in view of the applicable notifications under which the equipment was imported/purchased in India.
8. Accelerated depreciation allowance as per Rule 5(2) of Income Tax Rules 1962 will be available on investments on plant & machinery by any industrial unit which has made these investments for the purpose of commercialization of technology/know-how acquired from a SIRO recognition by DSIR.
9. Brief summary of the achievements of the organization shall be submitted to the DSIR every year. This should include details related to papers published, patents obtained and process developed, new products introduced, awards & prizes received, copy of Annual Report and Statement of Accounts of the organization etc. List of equipment, instruments, parts and consumables imported/purchased using the duty exemption should also be submitted to DSIR along with the Annual Report.
10. Any violation of the terms & conditions mentioned-above and / or provisions of taxation in force will make the organization liable to de-recognition.
11. The organization will also conform to such other conditions for recognition stipulated in the Guidelines or as may be specifically provided in the recognition letter.



सूचना का
अधिकार
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INFORMATION

दूरभाष/TEL : 26962819, 26567373
(EPABX) : 26565694, 26562133
: 26565687, 26562144
: 26562134, 26562122
फैक्स/FAX : 26960629, 26529745
Website : <http://www.dsir.gov.in>
(आईएसओ 9001:2008 प्रमाणित विभाग)
(AN ISO 9001:2008 CERTIFIED DEPARTMENT)



सत्यमेव जयते

भारत सरकार
विज्ञान और प्रौद्योगिकी मंत्रालय
वैज्ञानिक और औद्योगिक अनुसंधान विभाग
टेक्नोलॉजी भवन, नया महरौली मार्ग,
नई दिल्ली - 110016
GOVERNMENT OF INDIA
MINISTRY OF SCIENCE AND TECHNOLOGY
Department of Scientific and Industrial Research
Technology Bhavan, New Mehrauli Road,
New Delhi - 110016



No. TU/V/RG-CDE (1249)/2023

Dated: 29-08-2023

To,
The Registrar,
K.L.E Academy of Higher Education and Research,
J.N Medical College Campus,
Nehru Nagar, Belagavi- 590010
Karnataka

Subject: Renewal of Registration of Public Funded Research Institutions or a University or an Indian Institute of Technology or Indian Institute of Science, Bangalore or a Regional Engg. College, Other than a hospital*, for purposes of availing Customs Duty exemptions in terms of Notfn. No. 51/96-Customs dt. 23.07.1996, amended by notification 43/2017 dated 30.06.2017, further amended by Notification No: 42/2022- Customs dated 13.07.2022, as amended from time to time.

With Reference: Your request dated 29.08.2022 on the above subject, this is the certificate of registration.

CERTIFICATE OF REGISTRATION

This is to certify that **K.L.E Academy of Higher Education and Research, Belagavi, Karnataka**, other than Hospital*, is registered with the Department of Scientific and Industrial Research (DSIR) for purposes of availing Customs Duty exemptions in terms of Notfn. No. 51/96- Customs dt. 23.07.1996, Notfn. No. 43/2017- Customs dt. 30.06.2017, further amended by Notification No. 42/2022- Customs dated 13.07.2022, as amended from time to time for research purposes only. This Registration is subject to terms & conditions mentioned overleaf.

This Registration is valid upto **31.03.2024**.

Please acknowledge the receipt.

Yours Faithfully,

(Surinder Pal Singh)

(Joint Secretary & Head PFRD)

*Certificate of registration is not valid for activities falling within the definition of 'hospital' as per notification no. 51/96- Customs dated 23-07-1996 issued by the Department of Revenue. The institutions are cautioned to go through the notification before availing duty exemptions under this notification.



Recipient Information

1. Recipient Name

THOMAS JEFFERSON UNIVERSITY
1020 WALNUT ST STE 1
PHILADELPHIA, PA 19107

2. Congressional District of Recipient

03

3. Payment System Identifier (ID)

1231352651A1

4. Employer Identification Number (EIN)

231352651

5. Data Universal Numbering System (DUNS)

053284659

6. Recipient's Unique Entity Identifier

R8JEVL4ULGB7

7. Project Director or Principal Investigator

RICHARD J DERMAN, MD
Associate Provost, Global Affairs
richard.derman@jefferson.edu
215/955-2153

8. Authorized Official

Jeanmarie Johnston

Federal Agency Information

9. Awarding Agency Contact Information

Marianne Galczynski
Grants Management Specialist
EUNICE KENNEDY SHRIVER NATIONAL
INSTITUTE OF CHILD HEALTH & HUMAN
DEVELOPMENT
marianne.galczynski@nih.gov
(240) 276-5588

10. Program Official Contact Information

Nahida Abdo Chakhtoura

EUNICE KENNEDY SHRIVER NATIONAL
INSTITUTE OF CHILD HEALTH & HUMAN
DEVELOPMENT
nahida.chakhtoura@nih.gov
(301) 435-6872

Federal Award Information

11. Award Number

2UG1HD076457-11

12. Unique Federal Award Identification Number (FAIN)

UG1HD076457

13. Statutory Authority

42 USC 241 31 USC 6305 42 CFR 52

14. Federal Award Project Title

TJU-JNMC Global Network for Women's and Children's Health Research Unit

15. Assistance Listing Number

93.865

16. Assistance Listing Program Title

Child Health and Human Development Extramural Research

17. Award Action Type

Competing Continuation

18. Is the Award R&D?

Yes

Summary Federal Award Financial Information

19. Budget Period Start Date 08/01/2023 – End Date 07/31/2024

20. Total Amount of Federal Funds Obligated by this Action \$615,958

20 a. Direct Cost Amount \$548,574

20 b. Indirect Cost Amount \$67,384

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period \$615,958

24. Total Approved Cost Sharing or Matching, where applicable \$0

25. Total Federal and Non-Federal Approved this Budget Period \$615,958

26. Project Period Start Date 07/01/2013 – End Date 07/31/2030

27. Total Amount of the Federal Award including Approved Cost
Sharing or Matching this Project Period \$615,958

28. Authorized Treatment of Program Income

Deduction

29. Grants Management Officer - Signature

Marianne Galczynski

30. Remarks

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.



Cooperative Agreement
Department of Health and Human Services
National Institutes of Health

Notice of Award



EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH & HUMAN DEVELOPMENT

SECTION I – AWARD DATA – 2UG1HD076457-11

Principal Investigator(s):

RICHARD J DERMAN, MD

Award e-mailed to: resadmin@jefferson.edu

Dear Authorized Official:

The National Institutes of Health hereby awards a grant in the amount of \$615,958 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to THOMAS JEFFERSON UNIVERSITY in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 31 USC 6305 42 CFR 52 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.

Each publication, press release, or other document about research supported by an NIH award must include an acknowledgment of NIH award support and a disclaimer such as "Research reported in this publication was supported by the Eunice Kennedy Shriver National Institute Of Child Health & Human Development of the National Institutes of Health under Award Number UG1HD076457. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health." Prior to issuing a press release concerning the outcome of this research, please notify the NIH awarding IC in advance to allow for coordination.

Award recipients must promote objectivity in research by establishing standards that provide a reasonable expectation that the design, conduct and reporting of research funded under NIH awards will be free from bias resulting from an Investigator's Financial Conflict of Interest (FCOI), in accordance with the 2011 revised regulation at 42 CFR Part 50 Subpart F. The Institution shall submit all FCOI reports to the NIH through the eRA Commons FCOI Module. The regulation does not apply to Phase I Small Business Innovative Research (SBIR) and Small Business Technology Transfer (STTR) awards. Consult the NIH website <http://grants.nih.gov/grants/policy/coi/> for a link to the regulation and additional important information.

If you have any questions about this award, please direct questions to the Federal Agency contacts.

Sincerely yours,

Marianne Galczynski
Grants Management Officer
EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH & HUMAN DEVELOPMENT

Additional information follows

Cumulative Award Calculations for this Budget Period (U.S. Dollars)

Salaries and Wages	\$78,180
Fringe Benefits	\$8,148
Personnel Costs (Subtotal)	\$86,328
Travel	\$9,000
Subawards/Consortium/Contractual Costs	\$453,246
Federal Direct Costs	\$548,574
Federal F&A Costs	\$67,384
Approved Budget	\$615,958
Total Amount of Federal Funds Authorized (Federal Share)	\$615,958
TOTAL FEDERAL AWARD AMOUNT	\$615,958
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$615,958

SUMMARY TOTALS FOR ALL YEARS (for this Document Number)		
YR	THIS AWARD	CUMULATIVE TOTALS
11	\$615,958	\$615,958
12	\$601,958	\$601,958
13	\$601,958	\$601,958
14	\$601,958	\$601,958
15	\$601,958	\$601,958
16	\$601,958	\$601,958
17	\$601,958	\$601,958

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

Fiscal Information:

Payment System Identifier: 1231352651A1
Document Number: UHD076457D
PMS Account Type: P (Subaccount)
Fiscal Year: 2023

IC	CAN	2023	2024	2025	2026	2027	2028	2029
HD	8014707	\$615,958	\$601,958	\$601,958	\$601,958	\$601,958	\$601,958	\$601,958

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

NIH Administrative Data:

PCC: PPB -NC / **OC:** 41027 / **Released:** Galczynski, Marianne 07/21/2023
Award Processed: 08/01/2023 12:32:00 AM

SECTION II – PAYMENT/HOTLINE INFORMATION – 2UG1HD076457-11

For payment and HHS Office of Inspector General Hotline information, see the NIH Home Page at <http://grants.nih.gov/grants/policy/awardconditions.htm>

SECTION III – STANDARD TERMS AND CONDITIONS – 2UG1HD076457-11

This award is based on the application submitted to, and as approved by, NIH on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. Conditions on activities and expenditure of funds in other statutory requirements, such as those included in appropriations acts.
- c. 45 CFR Part 75.
- d. National Policy Requirements and all other requirements described in the NIH Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. Federal Award Performance Goals: As required by the periodic report in the RPPR or in the final progress report when applicable.
- f. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

(See NIH Home Page at <http://grants.nih.gov/grants/policy/awardconditions.htm> for certain references cited above.)

Research and Development (R&D): All awards issued by the National Institutes of Health (NIH) meet the definition of “Research and Development” at 45 CFR Part§ 75.2. As such, auditees should identify NIH awards as part of the R&D cluster on the Schedule of Expenditures of Federal Awards (SEFA). The auditor should test NIH awards for compliance as instructed in Part V, Clusters of Programs. NIH recognizes that some awards may have another classification for purposes of indirect costs. The auditor is not required to report the disconnect (i.e., the award is classified as R&D for Federal Audit Requirement purposes but non-research for indirect cost rate purposes), unless the auditee is charging indirect costs at a rate other than the rate(s) specified in the award document(s).

Carry over of an unobligated balance into the next budget period requires Grants Management Officer prior approval.

This grant is excluded from Streamlined Noncompeting Award Procedures (SNAP).

This award is subject to the requirements of 2 CFR Part 25 for institutions to obtain a unique entity identifier (UEI) and maintain an active registration in the System for Award Management (SAM). Should a consortium/subaward be issued under this award, a UEI requirement must be included. See <http://grants.nih.gov/grants/policy/awardconditions.htm> for the full NIH award term implementing this requirement and other additional information.

This award has been assigned the Federal Award Identification Number (FAIN) UG1HD076457. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Based on the project period start date of this project, this award is likely subject to the Transparency Act subaward and executive compensation reporting requirement of 2 CFR Part 170. There are conditions that may exclude this award; see <http://grants.nih.gov/grants/policy/awardconditions.htm> for additional award applicability information.

In accordance with P.L. 110-161, compliance with the NIH Public Access Policy is now mandatory. For more information, see NOT-OD-08-033 and the Public Access website: <http://publicaccess.nih.gov/>.

This award provides support for one or more clinical trials. By law (Title VIII, Section 801 of [Public Law 110-85](#)), the “responsible party” must register “applicable clinical trials” on the [ClinicalTrials.gov Protocol Registration System Information Website](#). NIH encourages registration of all trials whether required under the law or not. For more information, see http://grants.nih.gov/ClinicalTrials_fdaaa/

Recipients must administer the project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, and comply with applicable conscience protections. The recipient will comply with applicable laws that prohibit discrimination on the

basis of sex, which includes discrimination on the basis of gender identity, sexual orientation, and pregnancy. Compliance with these laws requires taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/>.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting the legal obligation to take reasonable steps to ensure meaningful access to programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on an institution's specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment; see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>. For information about NIH's commitment to supporting a safe and respectful work environment, who to contact with questions or concerns, and what NIH's expectations are for institutions and the individuals supported on NIH-funded awards, please see <https://grants.nih.gov/grants/policy/harassment.htm>.
- For guidance on administering programs in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75. This term does not apply to NIH fellowships.

Treatment of Program Income:

Deduction

SECTION IV – HD SPECIFIC AWARD CONDITIONS – 2UG1HD076457-11

Clinical Trial Indicator: Yes

This award supports one or more NIH-defined Clinical Trials. See the NIH Grants Policy Statement Section 1.2 for NIH definition of Clinical Trial.

Foreign Clearance

RESTRICTION: No funds may be expended, and no activities may be conducted at **JNMC, KLE Academy of Higher Education and Research** in **INDIA** until all NIH administrative requirements have been met. These activities and funds will remain restricted until a revised Notice of Award has been issued rescinding this restriction.

Failure to comply with the above requirement may result in suspension and/or termination of this award, withholding of support, audit disallowances, and/or other appropriate action.

Dissemination Plan

RESTRICTION: In absence of a plan for the dissemination of NIH-funded clinical trials information, all funds for this award are restricted [with the exception of those costs associated with supporting currently enrolled patients].

No funds may be drawn down from the payment system and no obligations may be made against Federal funds, [except for those associated with patient care for currently enrolled patients] prior to NICHD notification to the recipient via a revised Notice of Award that the identified issues have been resolved and this restriction removed.

Cooperative Agreement

This award is issued as a cooperative agreement, a financial assistance mechanism in which substantial NIH scientific and/or programmatic involvement is anticipated in the performance of the activity.

This award is subject to the terms and conditions of award as set forth in **NOFO NUMBER [RFA-HD-23-008](#)**, "NICHD Global Network for Women's and Children's Health Research: Research Units (UG1 Clinical Trial Optional)," posted August 03, 2022, which are hereby incorporated by reference as special terms and conditions of award. See the [NIH Funding](#) site for more information.

These special terms and conditions of award are in addition to, and not in lieu of, otherwise applicable OMB administrative guidelines; Federal Regulations including HHS Grant Administration Regulations at 45 CFR Part 75; other HHS regulations; and the [NIH Grants Policy Statement](#) (rev. 12/22).

Project Scientist Contact Information:

Project Scientist: Marion Koso-Thomas, MD
Email: kosomari@mail.nih.gov **Phone:** (301) 435 - 6873

Foreign Component

This award includes foreign component at the following site(s): **JNMC, KLE Academy of Higher Education and Research in INDIA**

Human Subjects - Delayed Onset

RESTRICTION: This award is issued with the knowledge that subjects may be involved within the period of support, but definite plans were not set forth in the application as per 45 CFR 46.118. No human subjects may be involved in any project supported by this award until all requirements for human subjects' research as identified in the PHS398/SF424 instructions have been provided to and approved by NICHD.

For all competing applications or new protocols, the NICHD expects investigators for ALL NICHD Clinical Trials to abide by the requirements stated in NIH Guide Notice [NOT-HD-20-036](#) "NICHD Data Safety Monitoring Guidelines for Extramural Clinical Trials and Clinical Research". All NICHD applications which include Clinical Trials must include a Data Safety Monitoring Plan. All NIH-sponsored multi-site clinical trials, NIH-defined Phase III clinical trials and some single site clinical trials that pose potential risk to participants require Data and Safety Monitoring Board (DSMB) oversight. Applicants are expected to establish an independent, external DSMB when required by this policy.

For all competing applications or new protocols, the NICHD expects investigators for ALL human subject research to abide by the requirements stated in NIH Guide Notice [NOT-HD-20-035](#) "NICHD Serious Adverse Event, Unanticipated Problem, and Serious Adverse Event Reporting Guidance".

SPREADSHEET SUMMARY

AWARD NUMBER: 2UG1HD076457-11

INSTITUTION: THOMAS JEFFERSON UNIVERSITY

Budget	Year 11	Year 12	Year 13	Year 14	Year 15	Year 16	Year 17
Salaries and Wages	\$78,180	\$78,180	\$78,180	\$78,180	\$78,180	\$78,180	\$78,180
Fringe Benefits	\$8,148	\$8,148	\$8,148	\$8,148	\$8,148	\$8,148	\$8,148
Personnel Costs (Subtotal)	\$86,328	\$86,328	\$86,328	\$86,328	\$86,328	\$86,328	\$86,328
Travel	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000
Subawards/Consortium/Contractual Costs	\$453,246	\$453,246	\$453,246	\$453,246	\$453,246	\$453,246	\$453,246
TOTAL FEDERAL DC	\$548,574	\$548,574	\$548,574	\$548,574	\$548,574	\$548,574	\$548,574
TOTAL FEDERAL F&A	\$67,384	\$53,384	\$53,384	\$53,384	\$53,384	\$53,384	\$53,384
TOTAL COST	\$615,958	\$601,958	\$601,958	\$601,958	\$601,958	\$601,958	\$601,958

Facilities and Administrative Costs	Year 11	Year 12	Year 13	Year 14	Year 15	Year 16	Year 17
F&A Cost Rate 1	56%	56%	56%	56%	56%	56%	56%
F&A Cost Base 1	\$120,328	\$95,328	\$95,328	\$95,328	\$95,328	\$95,328	\$95,328
F&A Costs 1	\$67,384	\$53,384	\$53,384	\$53,384	\$53,384	\$53,384	\$53,384



Australian Government

National Health and Medical Research Council



In reply, please quote: NHMRC 2023 Centres of Research Excellence Application 2024658

Professor Caroline Homer

caroline.homer@burnet.edu.au

***** UNDER EMBARGO AND PROVIDED IN CONFIDENCE *****

This advice and document/s referred to below are provided under strict [embargo](#) and as such, on an in confidence basis. **The document/s and the information are not to be made public at this time by institutions or recipients.** NHMRC will notify your Administering Institution when your outcome is no longer under embargo.

Dear Professor Homer

Application ID: 2024658

Grant Opportunity: 2023 Centres of Research Excellence

Application Title: ARPAN - Accelerating Research and Progress in maternal And Newborn health: A Centre for Research Excellence to improve maternal and newborn health in the post-COVID-19 pandemic era

I am pleased to advise that the Minister for Health and Aged Care has approved your application (2024658) for National Health and Medical Research Council (NHMRC) 2023 Centres of Research Excellence commencing in 2023.

This letter provides you with important information about the offer of Funding made to Burnet Institute for this application.

Assessment Details

Where available¹, information about the assessment of your application is provided in a separate Application Assessment Summary.

Accepting this offer

The offer of Funding for your Application is made under NHMRC's Funding Agreement (the Funding Agreement) between the Australian Government and your Administering Institution. Your Administering Institution is responsible for informing you about the requirements of the Funding Agreement (including its Schedules), the Direct Research Costs guidelines and other applicable policies².

Your Administering Institution has until 15/10/2023 to certify that the information required prior to payment being made (see below) has been entered into NHMRC's Grant Management System, and to advise NHMRC of its acceptance of the offer. If the offer is not accepted by this date it may lapse. If you wish to discuss this offer of Funding, or have any queries, please contact your Research Administration Officer (RAO).

¹ An Application Assessment Summary is not available for applications to grant opportunities where NHMRC does not perform the peer review.

² Funding Agreement, Direct Research Costs Guidelines and other policies are available on the webpage at: (<https://nhmrc.gov.au/funding/manage-your-funding/funding-agreement>).

Information required prior to payment being made

Where applicable, and except where otherwise indicated, NHMRC will temporarily withhold some or all of the Funding under subclause 15.2.a of the Funding Agreement with your Administering Institution until Specified Personnel with outstanding obligations from previous NHMRC grants, including submission of a Final Report, have met those obligations.

In some circumstances, CIAs may need to provide additional ethics information. This information must be entered into NHMRC's Grant Management System by the CIA and certified by the RAO. Should you have any questions concerning the provision of such information, please speak to your RAO.

If you need to seek approval to defer the start date of this grant, please refer to the [Grantee Variations](#) webpage or speak with your RAO.

Funding

As set out in the Schedule to the Funding Agreement, the 2023 Centres of Research Excellence 2024658, has been awarded \$2,500,000.00. Where applicable, this budget has been assessed by the peer review panel as sufficient to complete the aims and objectives of the research proposal stated in the application for funding. Any conditions relevant to receiving the Funding are set out in the Schedule to the Funding Agreement and, where applicable, the associated Funding Policy. All expenditure must be in accordance with the requirements of the Funding Agreement.

Participation in NHMRC Peer Review

NHMRC relies on the ongoing participation of the research community to ensure that every application receives expert peer review. NHMRC is grateful for this contribution which is acknowledged on its website's peer review honour roll.

To ensure that applications for future rounds are appropriately assessed, all Specified Personnel working on NHMRC Funded Research Activities are reminded that they may be requested to make themselves available to contribute to the peer review process, in accordance with clause 23.1 of the Funding Agreement.

Accordingly, we ask that you ensure your CV/Profile information is up to date in Sapphire to assist in the identification of appropriate peer reviewers.





















Yours sincerely

[Authorised for electronic transmission]

Alan Singh
Executive Director
Research Translation Branch

Cover Page (1 page)

ARPAN - Accelerating Research and Progress in maternal And Newborn health: A Centre for Research Excellence to improve maternal and newborn health in the post-COVID-19 era

Chief Investigators		
CIA Prof Caroline Homer	Burnet Institute	Australia 
CIB A/Prof Joshua Vogel	Burnet Institute	Australia 
CIC Prof Pisake Lumbiganon	Khon Kaen University	Thailand 
CID Prof Shivaprasad Goudar	KLE Academy of Higher Education and Research, Jawaharlal Nehru Medical College	India 
CIE Prof William Pomat	PNG Institute for Medical Research	Papua New Guinea 
CIF A/Prof Meghan Bohren	University of Melbourne	Australia 
CIG Dr Lisa Vallely	Kirby Institute, UNSW and PNG Institute for Medical Research	Australia  PNG 
CIH Prof Kirsten Black	University of Sydney	Australia 
CII Prof Adrienne Gordon	University of Sydney, Stillbirth Centre for Research Excellence	Australia 
CIJ Dr Susannah Leisher	International Stillbirth Alliance	USA 
Associate Investigators		
AI Ms Catherine Breen Kamkong	United Nations Population Fund (Bangkok)	Asia-Pacific region
AI Dr Titilola Duro-Aina	United Nations Population Fund (Fiji)	Pacific region
AI Ms Anayda Portela	World Health Organization	Switzerland 
AI A/Prof Porjai Pattanittum	Khon Kaen University	Thailand 
AI A/Prof Kiattisak Kongwattanakul	Khon Kaen University	Thailand 
AI Prof Yeshita Pujar	KLE Academy of Higher Education and Research, Jawaharlal Nehru Medical College	India 
AI Prof Manjunath Somannavar	KLE Academy of Higher Education and Research, Jawaharlal Nehru Medical College	India 
AI Dr John Bolnga	Modillon Hospital, Madang province and the PNG Institute for Medical Research	PNG 
AI Dr Michelle Scoullar	Burnet Institute	Australia 
AI Dr Billie Bradford	Stillbirth Centre for Research Excellence, International Stillbirth Alliance.	Australia and New Zealand  

Response to Assessment Criteria (20 page limit)

EXECUTIVE SUMMARY

The problem: Maternal and perinatal morbidity and mortality rates worldwide remain unacceptably high, particularly in low- and middle-income countries (LMICs).^{1 2} The Asia-Pacific region exemplifies this problem – amongst the 36 LMICs (22 in Asia and 14 in the South Pacific), ten women die due to pregnancy-related causes every hour.³ Driving these deaths is a lack of quality, respectful care for women and newborns, and knowledge gaps in the care of small and sick newborns. In addition, the problems with routine health management information systems and a paucity of other data monitoring systems means that evaluating the magnitude, causes and trends in maternal and perinatal morbidity and mortality to determine health system responses is challenging.

The COVID-19 pandemic has significantly worsened women's and newborn's health across the region, with three years of major disruptions in health services. Many Asia-Pacific LMICs are unlikely to meet their 2030 Sustainable Development Goal (SDG) targets for reducing maternal and newborn mortality, and ensuring universal health coverage.⁴ Disruptions in essential services and reduced use of life-saving interventions have worsened maternal and newborn health.⁵ The next 7 years is a critical window for intensifying efforts – regaining the progress lost to COVID-19, and ensuring SDG maternal and newborn mortality targets are reached by 2030. Research that drives improvement in women's and newborn's health services in the Asia-Pacific region will not only save lives, but lead to healthier communities, greater civil stability and better economic opportunities.⁶

We will establish the **Accelerating Research and Progress in maternal And Newborn health: A Centre for Research Excellence (ARPAN CRE)**. This unique collaborative network will improve outcomes for women and newborns by strengthening reproductive, maternal and newborn research across the Asia-Pacific region. We will create evidence and grow international and cross-disciplinary partnerships to drive improvements women's and newborn's health.

The *ARPAN CRE* builds on greater than 20 years of our team's collective efforts that have generated real improvements in women and newborn health in the Asia-Pacific region and other LMICs. We bring together researchers, clinicians, policymakers and parent advocates from across the region to identify problems, co-create solutions and strengthen local research and translational capacity. We will build on our existing strong linkages with key organizations including the World Health Organization (WHO) in Geneva, WHO Collaborating Centres in India, Thailand and Australia, the United Nations Population Fund (UNFPA), global professional associations, consumer and advocacy organisations and the NHMRC Stillbirth Centre for Research Excellence. Together we will address the region's major maternal and newborn health priorities and help reach SDG targets.

Our team includes international experts in reproductive, maternal and newborn health (midwifery, obstetrics, neonatology, paediatrics, sexual and reproductive health, public health, epidemiology, infectious diseases, social sciences, knowledge synthesis and research translation). We bring together three outstanding international research groups (India, Thailand and Papua New Guinea), leaders from five Australian institutions (see Cover Page) with expertise in research and implementation, and a global consumer and advocacy organisation, the International Stillbirth Alliance (ISA). The *ARPAN CRE* will conduct much needed research and knowledge translation across the region, collaborate with WHO and UNFPA on shared priority areas, build collaborative networks to share skills and expertise, and develop the next generation of researchers. The *ARPAN CRE* will be a regionally-owned, multilateral platform that enables significant and sustainable collaborations between research groups and countries.

BACKGROUND

Many Asia-Pacific countries will not meet their 2030 targets for reducing maternal and newborn deaths and stillbirths. Approximately 800 women die each day worldwide from preventable causes related to pregnancy and childbirth, and an estimated 20 to 30 times that number experience pregnancy-related severe morbidity.⁷ Globally, approximately 2 million babies are stillborn after 28 weeks' gestation^{8,9} while 2.4 million infants die in the first month of life¹⁰. Efforts to reduce maternal and newborn deaths are working, but are well behind the SDG global targets of 70 maternal deaths per 100,000 live births and 12 newborn deaths per 1000 live births by 2030.^{5,11} Global progress toward the 'Every Newborn Action Plan' goal of 12 stillbirths per 1000 births is also falling short.⁸ More than 90% of maternal deaths, stillbirths and neonatal deaths occur in LMICs and our work has shown that around 80% of these could be prevented through universal access to quality maternal and newborn care, as well as contraception and reproductive health services.^{12,13} Stillbirths rates are a sensitive indicator of the quality of care during pregnancy, labour and birth.⁸ For women in the Asia-Pacific region, the risk of experiencing a stillbirth is 4 to 8 times greater than for women in Australia.⁸ Most of these stillbirths can be prevented through good-quality maternity care, but new knowledge is needed to optimise stillbirth prevention in limited-resource settings.

Inadequate coverage and quality of reproductive, maternal and newborn care services, worsened by the COVID-19 pandemic, is a major driver. Good-quality care in the antenatal period (pregnancy), intrapartum period (onset of labour until 1 hour after the birth) and the early postnatal period (first 24 hours after childbirth) are critical to improving maternal, fetal and newborn survival and well-being, with quality antenatal care critical to identifying at risk pregnancies and preventing small and sick newborns.¹⁴ However, even in those LMICs where women can access health facilities during pregnancy and childbirth, rates of preventable maternal and perinatal mortality and morbidity remain high.⁵ This is due to substantial gaps in the quality of care provided in many health care facilities.¹⁵

The COVID-19 pandemic has dealt a significant blow to decades-long efforts to improve the coverage and quality of maternal and newborn health services in LMICs.^{4,5} The re-direction of staff and resources to COVID-19 activities has de-prioritised essential healthcare for pregnant women and babies. This has manifested as lower rates of attendance to antenatal care and childbirth facilities and an increase in otherwise preventable maternal deaths, stillbirths and neonatal deaths.¹⁶ Contraception access and coverage has significantly reduced in many countries¹⁷ with a concomitant increase in unintended pregnancies, a leading contributor to unsafe abortion, maternal deaths and stillbirths.¹⁸ Australia's regional neighbours include 36 LMICs in the Asia-Pacific – many experienced multiple COVID-19 waves that disrupted reproductive, maternal and newborn health services and strained resources. This caused avoidable maternal and newborn mortality and stillbirths and worsened the wellbeing of women and girls.^{5,19} A WHO scoping review²⁰ (led by [AI Portela](#)) showed that the inability to provide face-to-face care during the pandemic was far more extreme and longer-lasting than during other disruptive events, such as natural disasters. Challenges with 'access to maternal, sexual and reproductive healthcare amongst vulnerable populations' and 'access to healthcare for children' are highly ranked global research priorities post COVID-19.²¹ While the pandemic may be in a new phase in many countries, the impact of nearly three years of disruptions to essential health services will be felt for decades.

Reliable national health information systems on maternal and newborn care are lacking in LMICs. Even prior to COVID-19, there were major challenges to reproductive, maternal and newborn health across the Asia-Pacific region. Most LMICs, including in the Asia-Pacific, have few or no health system mechanisms in place for continual monitoring of quality of care indicators or health outcomes at facility and national levels. Critical indicators such as maternal⁷ and

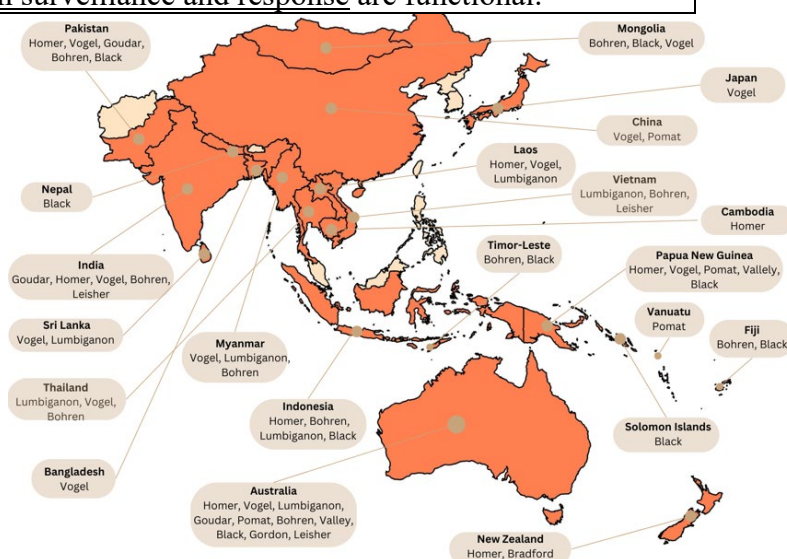
newborn²² mortality and morbidity, stillbirth⁸ and preterm birth (CIs Vogel, Lumbiganon),²³ are not collected or reported, and there is considerable variation in how preterm birth and stillbirth is measured (CIs Vogel, Homer, AI Scoullar)²⁴, as well as a high burden of severe maternal morbidity (CI Vogel).²⁵ Our team's review in The Lancet Regional Health (Western Pacific) (*accepted and in press*)²⁶ (CIs Vallely, Vogel, Homer, Leisher, AIs Duro-Aina, Bolnga) highlighted unique challenges in measuring and monitoring maternal and perinatal outcomes across 22 Pacific Island Countries and Territories, including Papua New Guinea. Inadequacies in the measurement of stillbirth and a lack of clear initiatives to address preventable stillbirth were key findings. Policymakers, clinicians and healthcare managers across our region lack reliable data to guide, optimise and evaluate quality improvement initiatives.

Contraception, especially postpartum contraception, is a critical intervention to improve the lives of women, girls and communities. Contraception can significantly improve maternal and child wellbeing by ensuring healthy birth spacing and reducing unintended pregnancies. Postpartum contraception has the potential to have a major impact on maternal and child morbidity and mortality by reducing unintended pregnancies and high risk births and ensuring healthy birth spacing. Access to contraception can prevent over 70,000 maternal deaths annually. However, globally over 200 million women still have an unmet need for contraception; this unmet need is particularly high amongst postpartum women.²⁷ Amongst LMICs in the Asia-Pacific region, there are persistent gaps in women's access to modern contraception, as well as significant shortages in the reproductive health workforce and essential commodities.^{28 29} While new WHO Guidelines for Postnatal Care³⁰ (including contraception) are available (co led by AI Portela and CI Homer was a member of the expert panel), LMICs are currently unable to fully implement them.

ARPAN CRE will address the major gaps across the Asia-Pacific region to improve outcomes for women and newborns: These gaps include:

- Lack of a regional approach to monitoring quality of care using harmonised data, especially in the intrapartum and early neonatal period, that can be easily used to drive local improvements in maternal and newborn care service delivery
- The need for feasible and context-appropriate interventions to address preventable stillbirth
- The need for novel, acceptable and cost-effective models of care that can improve women's access and use of postpartum contraception.
- A need to improve critical elements of quality of care including implementing global recommendations for antenatal, intrapartum and postnatal care and ensuring systems and processes for maternal and perinatal death surveillance and response are functional.

ARPAN CRE's scope is across the reproductive, maternal and newborn care continuum in the Asia Pacific region. This is reflected in specific research, knowledge translation and capacity strengthening activities related to pregnancy, childbirth and the postnatal period, encompassing both mother and baby. The focus on preventing stillbirth, reducing maternal and newborn mortality and morbidity, and increasing access to postpartum contraception, reflects areas that have been most negatively impacted by COVID-19.²⁰



The Investigator team has deep experience conducting research, training and implementation across our region (see Map). ARPAN CRE unites three region-leading research institutions from India,

Thailand and Papua New Guinea, five Australian institutions, the International Stillbirth Alliance (a global organization of bereaved parents, researchers and clinicians), the World Health Organization (WHO) and the United Nations Population Fund (UNFPA).

Our linkages ensure our activities are highly feasible and well-integrated with other national and regional initiatives, as well as with workplans of Ministries of Health and international agencies. *ARPAN CRE* takes a decolonising approach – focusing on equitable, “country to country” cross-collaboration and capacity strengthening. Skills, experience and expertise can thus be shared between countries, institutions and researchers who face similar challenges. Australian and international investigators will utilise their collective expertise to build up early investigators and emerging institutions in other Asia-Pacific LMICs, where research, funding and collaborative opportunities are rare or non-existent.

The *ARPAN CRE* Vision: a multi-national, collaborative network that builds and sustains research, knowledge translation and capacity strengthening, driving improvements in the Asia-Pacific’s reproductive, maternal and newborn healthcare services.

Criterion 1: *ARPAN CRE* will **generate new knowledge to improve health outcomes** through three key interlinked streams of work:

(1.1) The Global Platform for Maternal and Newborn Health in the Asia-Pacific region

(1.2) Innovative interventions to prevent stillbirth

(1.2.1) Testing the feasibility of maternal sleeping position in two countries

(1.2.2) Developing stillbirth prevention care bundles for the Asia-Pacific context

(1.3) Innovative models of care to improve access to postpartum contraception

Our flagship multicounty project - **Global Platform for Maternal and Newborn Health** - will also be a mechanism for translation of evidence into practice (**CRE Criterion 2**), as well as being a key to successful capacity strengthening (**CRE Criterion 3**) and strengthening collaborations across the Asia-Pacific Region (**CRE Criterion 4**).

Criterion 2: *ARPAN CRE* will ensure **effective transfer of research outcomes** by:

(2.1) Implementation research on the **WHO Labour Care Guide** for labour and childbirth and early postnatal care

(2.2) Optimising national **Maternal and Perinatal Death Surveillance and Response** programs

(2.3) Regional scale up of key elements of **WHO recommendations on antenatal, intrapartum and postnatal care**

(2.4) **Dissemination and implementation** of *ARPAN CRE* findings and products

Criterion 3: *ARPAN CRE* will **develop the health and medical research workforce** by:

(3.1) **Research training and education, staff development, and other collaborative activities** to strengthen maternal and newborn research capability across the Asia-Pacific;

(3.2) **Establishing a mentoring and development program** between Australia, India, Thailand, PNG and Pacific Island researchers.

(3.3) **Establishing a regional network of consumers and advocates** to better engage consumers in research activities and ensure *ARPAN CRE* workplan meets the needs of diverse communities.

Criterion 4: *ARPAN CRE* will **facilitate collaboration** by:

(4.1) Establishing a **Pacific Perinatal Health Research Community of Practice** with the Pacific Society for Reproductive Health

(4.2) Establishing a **Regional Stillbirth Alliance** with the NHMRC Stillbirth CRE and the International Stillbirth Alliance to identify regional research priorities for stillbirth prevention and bereavement care

(4.3) Collaborating with UNFPA and WHO to enhance training, use guidelines and improve access to postpartum contraception.

Criterion 5: Record of research and translation achievement

(5.1) Team expertise, research record, reputation, and discipline contribution *ARPAN CRE* brings together an exceptional team of chief investigators, associate investigators, and organisational and individual partners to deliver this CRE. In the last 5 years, our CI team have collectively received >\$A150M funding, published >1300 papers and have >65,000 citations

(5.2) Research Translation: In this proposal, our CVs and 10 Best Publications we demonstrate our superb record of transition into guidelines, clinical practice updates and policy reforms

CRITERION 1: GENERATING NEW KNOWLEDGE TO IMPROVE HEALTH OUTCOMES

(1.1) The WHO Global Platform for Maternal and Newborn Health in the Asia-Pacific

Project Steering Group: All CIs and AIs, National Principal Investigators in each country, WHO-Geneva. Supported by a **Consumer Reference group**. **Collaborators:** WHO and UNFPA

The WHO Global Platform for Maternal and Newborn Health is a new multi-country network (~50 countries worldwide) to conduct research and improve quality of intrapartum and early postnatal care in health facilities. This Platform builds on previous WHO-led multi-country studies on maternal near-miss (**CI Vogel**), abortion, sepsis, and mistreatment of women and newborns during childbirth and postnatal care (**CIs Bohren, Vogel**). Collecting observational data every 3 years until 2030, it will provide periodic, globally-representative “snapshots” on intrapartum and early postnatal care quality and associated health outcomes for the SDG era. The Platform will also support dissemination and training in evidence-based products and drive epidemiological research capacity strengthening at local and national levels. Through *ARPAN CRE*, Burnet Institute will be the **Co-ordinating Institution for the Asia-Pacific region**, overseeing study conduct and capacity strengthening activities for 10 countries and their ~120 facilities (the first wave is already funded).

OBJECTIVES:

- 1. Evaluate the quality of intrapartum and early postnatal care in facilities and measure the burden of maternal and newborn morbidity and mortality:** The Platform will be the main international platform for global situational analyses on intrapartum and early postnatal care practices and health outcomes. Women’s experiences of maternity care will also be evaluated.
- 2. Supporting data-driven approaches to improving quality of maternal and newborn care:** Platform data will identify the knowledge translation gaps for key WHO maternal and newborn care guidelines, which will help facility and national stakeholders target quality improvement initiatives (**CRE Criterion 2**). It also provides the multinational network through which evidence-based products can be disseminated. This includes: WHO intrapartum and postnatal care recommendations,^{31 32} WHO Labour Care Guide toolkits,³³ the digital Caesarean section monitoring tool³⁴ and a postnatal care toolkit (forthcoming 2023).
- 3. Strengthening maternal and newborn health research capacity in LMICs:** Through the Platform, the *ARPAN CRE* will support local, national and regional research leadership, embedding research scholarships, training and supervision into data collection, analysis and quality improvement activities. It will also be a collaborative network within which further *ARPAN CRE* research activities will be conducted. Further funds will be sought for opportunistic observational, interventional and qualitative studies (**CRE Criteria 3 and 4**).

APPROACH: In ~120 facilities across 10 Asia-Pacific countries, we will collect prospective data for all women who give birth in a 3-month period. Individual-level data will be collected on intrapartum and early postnatal care quality measures, maternal and newborn health outcomes, and women's experiences of care. The latter will be collected via audio computer-assisted self-interviews with randomly-sampled women prior to discharge. The Consumer Reference Group (3-4 consumer representatives from 2-3 countries) will advise on women and community priorities around experiences of childbirth and postnatal care. We will also conduct a survey of all maternity care providers in participating facilities on their self-reported clinical practices, and a separate survey of the Head of Department on their obstetric care capacity, intrapartum and postnatal care policies, physical environment, equipment and commodities.

OUTPUTS: Establishment of WHO Global Platform for Maternal and Newborn Health in 10 Asia-Pacific countries, which will be a sentinel network for maternal and newborn health surveillance until 2030. Data will inform facility- and national-level decision-making on quality improvements, as well ensure standardised monitoring of care quality and health outcomes over time.

(1.2) Innovative interventions to prevent stillbirth

(1.2.1) The feasibility of maternal sleeping position in two countries

Project Steering Group: CIs Vogel, Homer, Vallely, Leisher, Gordon, Goudar, Lumbiganon and AI's Bradford, Scoullar, Pujar. Supported by a **Consumer Reference Group**. **Collaborators:** NHMRC Stillbirth CRE, International Stillbirth Alliance

In Australia, giving women “going to sleep on the side” advice is now embedded into antenatal care, following studies in New Zealand, Australia and the UK showing that supine sleep position in late pregnancy was associated with stillbirth.³⁵⁻³⁸ An estimated 6% of stillbirths could be avoided through this low-cost intervention.³⁹ Midwives, doctors and community health workers who provide maternity care in LMICs do not usually recommend “sleep on side”, and it is not known whether sharing such advice with pregnant women would change their behavior, or improve outcomes. Our systematic review on safe sleeping position in LMICs (CIs Vogel, Homer) showed insufficient evidence on what constitutes normal sleep position for pregnant women in LMICs.⁴⁰ It is not known whether “sleep on side” advice is effective, practical or feasible in these settings.

OBJECTIVES:

1. Explore what constitutes a normal going-to-sleep position among pregnant women in India, Thailand and Papua New Guinea
2. Assess the knowledge, attitudes and practices on sleep position advice during pregnancy among maternity care providers in these three countries
3. Identify if health education messages about side sleeping would be feasible and acceptable for healthcare workers and pregnant women in these three countries; and
4. Build mixed-methods research capacity for LMIC-based investigators through embedded research training, PhD/postdoc engagement and cross-country senior researcher mentoring.

APPROACH: ARPAN CRE will lead a mixed-methods formative study on maternal sleep position in six facilities across 3 Asia-Pacific countries, to explore whether and how this intervention can be used. We will use focus group discussions, interviews and surveys of pregnant women and providers to explore current practices, feasibility and acceptability. Consumer Reference Group (1-2 representatives from each country) will advise on strategies for engaging with pregnant women for study participation, and interpretation of data on acceptability of health messaging.

OUTPUTS: Evidence base to inform development of this novel intervention for stillbirth prevention in limited-resource settings, with expanded capacity in LMIC-based institutions for

conducting mixed-methods research. If we identify that safe side-sleeping advice is transferrable to LMIC contexts, a larger effectiveness trial will be planned.

(1.2.2) Developing stillbirth prevention care bundles for the Asia-Pacific context

Project Steering Group: CIs Homer, Vogel, Bohren, Gordon, Goudar, Lumbiganon, Vally, and AIs Bolnga, Bradford. Supported by **Consumer Reference Group**. **Collaborators:** Stillbirth CRE

The Stillbirth CRE (CIs Homer, Gordon) has led the development of a bundle of care to address the priority evidence practice gaps in stillbirth prevention.⁴¹ A care bundle includes three to five evidence-based elements designed to formalise care, reduce practice variation and improve outcomes.⁴² **The Australian Safer Baby Bundle** (see the Figure) is being implemented in several Australian states and is endorsed by multiple advocacy groups and professional colleges. It consists of five elements (smoking cessation, fetal movements, fetal growth restriction, side sleeping and timing of birth). The bundle is showing promising results with a 30% reduction in stillbirth in participating maternity services in Victoria in 2020.⁴³ However, it is not clear whether the Australian bundle would be appropriate or applicable in LMICs in the Asia-Pacific region.



We have undertaken studies exploring stillbirths¹³ and newborn deaths¹² in PNG^{18 19} (CIs Vally, Pomat, Homer, Vogel, AI Bolnga) and these highlight the need for effective stillbirth prevention programs, and potentially an adapted or novel stillbirth prevention bundle.²⁰

OBJECTIVES:

1. Conduct stakeholder consultations with maternity care providers, healthcare administrators and consumer representatives in 4 countries to co-design a stillbirth prevention bundle for LMICs in the Asia-Pacific region.
2. Explore facilitators and barriers to implementing a stillbirth prevention bundle for LMICs in PNG, Thailand, India and one other Pacific Island country.

APPROACH: CI's Bohren and Vogel will lead development of a 'clinical care bundle' using a co-design process, similar to their multinational study on a postpartum haemorrhage care bundle.⁴⁴

This process uses behaviour change and implementation science frameworks [e.g. capability, opportunity, motivation and behaviour (COM-B) and theoretical domains framework (TDF)] to guide data collection and analysis. Data collection includes qualitative interviews and surveys with providers, administrators and consumer representatives, as well as systematic reviews. We will triangulate findings across data sources, participant groups, and countries to explore factors that influence stillbirth prevention and how the Australian Safer Baby Bundle might be adapted. Collected data will inform and guide stakeholders participating in co-design workshops, where they will develop the tailored bundle and associated implementation strategies. The Consumer Reference Group (4-6 representatives from across 4 countries) who will participate in data collection and co-design workshops.

OUTPUTS: A bespoke stillbirth prevention bundle, co-designed with stakeholders for LMICs in the Asia-Pacific, that could be implemented across the region and in other LMICs internationally.

(1.3) Innovative models of care to improve access to postpartum contraception

Project Steering Group: CIs Black, Vallely, Homer, Bohren, and AIs Bolnga, Duro-Aina, Bradford. Supported by a **Consumer Reference Group**. **Collaborators:** Pacific Society for Reproductive Health

The postnatal period is a crucial time for women, newborns, partners and their community. **Postnatal women are among those with the greatest unmet need for contraception**, but they often do not obtain the services they need to support longer birth intervals or avoid unintended pregnancies.²⁷ Reducing the unmet need for contraception in this period can result in fewer unplanned pregnancies, resulting in reduced maternal and child mortality, morbidity and malnutrition.⁴⁵⁻⁴⁸ Vitally it can also ensure healthy birth spacing of 2-3 years as recommended by the WHO.⁴⁸ In the Pacific, PNG and Solomon Islands have amongst the world's lowest contraceptive prevalence rates (32% and 26% amongst married women, respectively).⁴⁹ A recent UNFPA report of Pacific Island nations (CI Homer was a contributing researcher) - including the Solomon Islands, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu - estimated that if the unmet need for contraception were reduced to zero between 2020 and 2030, there would be 28% fewer stillbirths and a 29% reduction in maternal mortality.⁵⁰ Our research in PNG has found that more than half of pregnancies are unintended (CIs Vallely, Pomat, AI Scoullar), and that access to effective methods of contraception (such as contraceptive implants) are not only acceptable to women (CI Black, AI Bolnga)²¹ but can reduce maternal and neonatal morbidity²² (CI Black, AI Bolnga). CI Black is leading the development of an international consortium on postpartum contraception which will directly relate to this project.

OBJECTIVES

1. To determine contraceptive preferences, barriers and facilitators to postpartum contraception access, as well as delivery systems and health workforce capacity in three Pacific Island countries
2. Develop, pilot, and evaluate a midwife/nurse-led model of care to deliver postpartum contraception in the three countries.
3. Assess the impact of the model of care on contraception use and short birth intervals

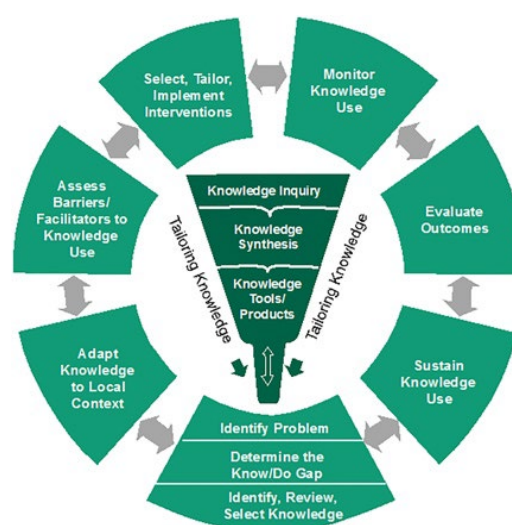
APPROACH

We will undertake semi-structured interviews in each country with at least 10 consumers, 10 midwives/nurse and 10 other stakeholders to identify current issues and opportunities in postpartum contraception provision. With this information and, informed by the collective co-design experience of the CI and AI team as well as input from key stakeholder organisations such as UNFPA, we will develop a context specific model of care that will involve upskilling of health care professionals and resources for consumers and staff. The impact of the model of care will be evaluated with a before and after study that will survey women before and after the model of care has been implemented at 3 and 12 months postpartum. We will document the proportion of women using effective contraception (those methods with typical use effectiveness >90% efficacy including intrauterine devices, contraceptive implants, injectables, oral contraceptive pills and correct use of lactational amenorrhoea) at 3 months and effective contraception use and repeat pregnancy at 24 months.

OUTPUT: a midwife/nurse led model of care will be developed and tested that will deliver postpartum contraception in three Pacific Island countries (PNG, Solomon Islands and Samoa) that institutionalises consumer preferences, evidence-based interventions, tools, and approaches that ensure access and provide sustained improvements in services and impact positively on contraceptive uptake and birth spacing.

CRITERION 2: EFFECTIVE TRANSFER OF RESEARCH OUTCOMES

The *ARPAN CRE* will be guided by the Knowledge to Action (KTA) framework to link knowledge creation with knowledge application (Figure, right).⁵¹ The framework has two components: a ‘knowledge creation’ funnel and an ‘action cycle’, each containing multiple phases. We will use the knowledge we have created in [Criterion 1](#), combined with evidence-based WHO maternity guidelines (see 2.2). The action cycle requires analyses of local context, barriers and facilitators, which we will conduct through projects within [Criterion 2](#). Collectively, these will enhance the translation of local evidence and global guidelines into real-world practice and policy upgrades. The KTA framework will support engaging with regional, national and local stakeholders, and help to tailor implementation efforts.



(2.1) Implementation research on the WHO Labour Care Guide for labour and childbirth

Project Steering Group: CIs Vogel, Goudar, Lumbiganon, Homer, Bohren and AIs Bradford, Pujar, Somannavar. Supported by a *Consumer Reference Group*. *Collaborators:* WHO

In 2018, WHO’s recommendations on intrapartum care for a positive childbirth experience²⁹ were released. A key consequence was the need for a new clinical tool to replace the old WHO partograph, so health workers can monitor a woman during labour and offer timely, evidence-based interventions. The LCG emphasises respectful maternity care and helps ensure supportive interventions (labour companionship, pain relief, mobility in labour, food/fluid intake and birth position) are routinely offered.

Our collaboration (CIs Vogel, Homer, Goudar, AI Pujar) has led a six-country study that tested this “next-generation” partograph, the **WHO Labour Care Guide (LCG)** in 12 hospitals. We demonstrated that the LCG is acceptable and feasible for providers in limited-resource settings,⁵² and it is now WHO’s “standard of care” tool for worldwide use.³¹ We (CIs Vogel, Goudar, Homer, AIs Pujar and Somannavar) recently completed a cluster-randomised, stepped-wedge trial that evaluated the effects of introducing LCG in four hospitals in India. For this trial, we developed LCG training curricula, implementation tools, and technical expertise on how to implement LCG at scale in limited-resource contexts. The trial (completed, not yet published) showed that routine LCG use **can safely reduce unnecessary obstetric interventions and promote woman-centred care** during labour and childbirth. Building on our experience, we will co-ordinate further implementation research using the LCG in hospitals in two additional Asia-Pacific countries.

OBJECTIVES:

1. Undertake a follow-up study in India to evaluate whether the benefits of LCG implementation are sustained long term, and its cost-effectiveness
2. Utilise findings from LCG-India trial to co-develop and evaluate a strategy for implementing the LCG in another site in India and two other Asia-Pacific countries.

APPROACH: For Aim 1 (funded), we will conduct a follow-up evaluation of the four India hospitals where LCG is currently implemented, to assess sustainability of LCG use, as well as its effects on intrapartum care practices and Maternal and Newborn outcomes in the longer term. An alongside economic evaluation will demonstrate whether and how implementing LCG can reduce health system costs. For Aim 2, we will conduct an implementation trial across 3 countries (another

Indian state, and 2 other Asia-Pacific countries). This larger trial will expand our LCG-India implementation strategy to different contexts, and evaluate its effects on health, process-of-care and experience outcomes. We will engage our Consumer Reference Group (4-5 individuals from these 3 countries) in how to improve our measurement of women's experiences during childbirth, and how study findings can be best communicated to local communities. We will also conduct an alongside process evaluation to 1) identify the challenges to implementing LCG in different contexts, 2) explore acceptability, sustainability, and any adaptations that can optimise LCG use. We will use a nested, realist evaluation approach using mixed-methods to evaluate stakeholder experiences (e.g. qualitative interviews and surveys with postpartum women and health workers), labour ward observations, and document analyses. We will use the COM-B and TDF as overarching frameworks to guide data collection and analysis, with the goal of improving understanding of “*what worked, for whom, where and why*”.

OUTPUTS: LCG and corresponding implementation strategies and tools adapted for three different contexts and implemented and evaluated in 12 hospitals in 3 countries. This will generate necessary implementation evidence base to drive further LCG scale-up at regional and global levels.

(2.2) Optimising national Maternal and Perinatal Death Surveillance and Response

Project Steering Group: CIs Homer, Vogel, Vallely, Leisher, Gordon, Pomat, Lumbiganon, Goudar, Black. AIs Bolnga, Breen Kamkong, Duro-Aina, Bradford, Portela, Kongwattanakul, Pattanittum, Pujar, Somannavar. **Collaborators:** UNFPA, WHO

Maternal and perinatal death surveillance systems are essential to ensuring quality of care however they are not well developed in a number of Asia-Pacific countries. We have undertaken two studies in PNG^{12,13} (CIs Vallely, Homer, Vogel, Pomat, AI Bolnga) that highlighted deficiencies in perinatal (stillbirth and newborn) death classification and identified preventable factors, especially around essential quality of care at birth. In 2021-22, CI Homer and AI Breen Kamkong reviewed the impact of COVID-19 disruptions on maternal and perinatal death surveillance and response (MPDSR) in 16 Asia Pacific countries and showed significant gaps, especially where the surveillance systems were implemented less than 5 years ago (*Report under review*).

A scoping review of MPDSR implementation shows that a culture of learning, continuous improvement and accountability is critical.⁵³ WHO (linked through AI Portela) has a new, extensive suite of MPDSR implementation tools.⁵⁴ These tools provide a roadmap for conducting effective MPDSR involving clinicians, policymakers and healthcare managers. In 2023-2024, UNFPA (AI Breen Kamkong) will support at least 4 countries, including Indonesia and PNG, with MPDSR system support and targeted capacity development through subnational and national committees using the new WHO MPDSR⁵⁴ implementation tools. Implementing these new tools will be undoubtedly challenging and require ongoing mentoring and support, but also presents a critical opportunity to generate new knowledge on their effective implementation.

This project leverages the expertise and experience of teams from India (CI Goudar, AIs Pujar, Somannavar), Australia (CI's Gordon, Bradford) and PNG (CIs Vallely, Pomat, Homer and AI Bolnga) in conducting effective MPDSR. We will utilise a similar conceptual framework applied in the PURPOSE study (Project to Understand and Research Preterm pregnancy Outcomes and Stillbirths in South Asia) in India and Pakistan (CI Goudar, AIs Somannavar, Pujar).^{14,15} This work draws upon our existing partnership with the Minimally Invasive Tissue Sampling (MITS) Alliance (CI Goudar, AI Somannavar).

OBJECTIVE: To implement the new MPDSR tools⁵⁴ in three countries (PNG, Thailand and one other Pacific Island country) and undertake a process and impact evaluation to develop an implementation framework.

APPROACH: We will implement the new MPDSR tools in collaboration with Ministries of Health, UNFPA and WHO in these 3 countries. We will use implementation research to understand the barriers, enablers and essential elements for success through collecting qualitative and quantitative data at selected sites in the three countries. We will take a health policy and systems approach, examining people, their relationships and communication channels with a strong focus on how data drives response. We will be able to augment this study with data generated by provider- and facility-level data from the Global Platform related to maternal and perinatal death audit and reporting practices (*Project 1.1*). The analysis will support countries to implement the new MPDSR tools as part of an accountability system for every death and ensure that the results are able to be translated into local quality improvement measures.

OUTPUT: A framework will be developed to support implementation and sustainability of the new WHO MPDSR tools that can be used in other countries across the region.

(2.3) Regional scale up of key elements of WHO recommendations on antenatal, intrapartum and postnatal care.

Project Steering Group: CIs Vogel, Bohren, Lumbiganon, Homer, Vallely, and AIs Bolnga, Portela, Pattanittum, Kongwattanakul, Pujar, Somannavar, Scoullar, Breen Kamkong. Supported by a **Consumer Reference Group**. **Collaborators:** WHO, UNFPA



The suite of WHO guidelines for maternal and newborn care (see Figure, left) was completed in 2022 with the release of the *WHO recommendations on women and newborn care after birth for a positive postnatal experience*.³⁰ These join WHO's antenatal,³² intrapartum,⁵⁵ and postpartum haemorrhage prevention guidelines.⁵⁶ These have all been developed through WHO expert panels (CI Homer, CI Lumbiganon were members) with significant leadership from AI Portela, CI Vogel and CI Bohren. WHO has developed an implementation toolkit for antenatal care⁵⁷ and are currently developing toolkits for intrapartum and postnatal care. It is not known to what extent the WHO recommendations have been implemented across the Asia-Pacific region, and the specific barriers and enablers to implementation. We will use the WHO Toolkits as part of exploring the barriers and enablers to successful translation.

OBJECTIVE: Explore barriers, facilitators and strategies for implementing WHO maternal health guidelines in three LMICs in the Asia-Pacific region.

APPROACH: This project will be conducted in India, PNG and Thailand, and adapted from our previous work in Myanmar, Uganda, Tanzania and Ethiopia, based on the KTA framework.⁵⁸ We will first engage senior Ministry of Health, WHO and UNFPA staff via our existing linkages and ensure country engagement and ownership. We will use first use stakeholder surveys and focus group discussions to understand current barriers and enablers to guideline implementation. This will be combined with real-world data derived from our Global Platform study (see *Project 1.1*) that will reflect current implementation gaps in facilities providing intrapartum and postnatal care. We will then hold in-person workshops with multiple stakeholder groups (administrators, policymakers, professional associations, healthcare providers and consumer representatives) to review these data, deliberate on local barriers and facilitators to WHO guideline uptake, and identify potential solutions. Prioritisation exercises and nominal group techniques will be used to reach consensus.

The Consumer Reference Group (4-5 individuals from across the 3 countries) will be involved in engaging consumers in data collection, ensuring diverse consumer perspectives are heard, and ensuring implementation strategies address the real-world needs of communities.

OUTPUTS: Development of context-specific implementation strategies for successful translation of key WHO recommendations into clinical practice and policy in three countries, with applicability to other LMICs countries in the region.

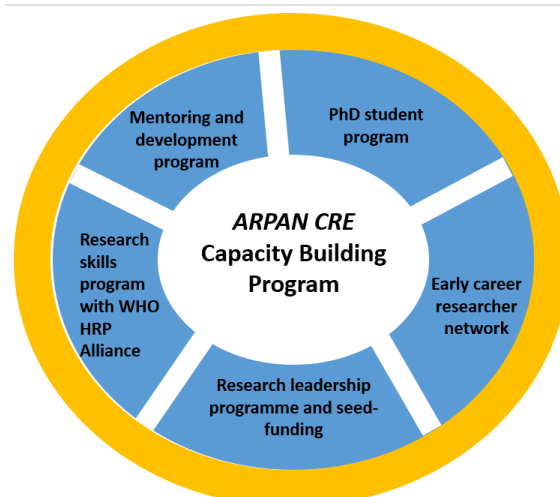
(2.4) Dissemination and communication of *ARPAN CRE* findings and products

In the first 6 months, *ARPAN CRE* will establish a detailed research translation and communication strategy to ensure that evidence products are widely disseminated across the region. This strategy will include:

- ***ARPAN CRE* Website** will be developed and launched in Year 1. This will showcase our activities, investigators, early-career researchers and students, promote funding opportunities and provide a central resource for knowledge outputs. We will establish **social media channels** (Facebook is most popular in the region), in consultation with our Consumer Reference Group.
- **Peer-review publications in high-impact journals.** Our publication plan will leverage our CI team's extensive Editorial experience (CI's Homer, Vogel, Bohren, Lumbiganon). Burnet Institute will fund author-processing charges to ensure generated knowledge are open-access.
- **Annual *ARPAN CRE* Scientific Meetings:** *ARPAN CRE* Investigators hold leadership roles in key regional conferences – Asia and Oceania Federation of Obstetrics and Gynaecology biennial Congress (CI Lumbiganon is President), the biennial International Conference on Maternal, Newborn and Child Health (Hosted by JNMC-India, CI Goudar, AI's Somannavar and Pujar are Lead Organising Committee), the biennial Pacific Society for Reproductive Health (CI Homer is on Scientific Committee), and the annual Perinatal Society of Australia and New Zealand (CI Homer is President). Annual *ARPAN CRE* Scientific Meetings will be organized alongside these conferences, ensuring we reach a wider international and multidisciplinary audience. We will also organize **satellite sessions/symposia** within high-profile international conferences such as the International Federation of Gynecology and Obstetrics (FIGO) World Congress, the International Confederation of Midwives (ICM) Conference, and the International Maternal Newborn Health Conference (IMNHC).
- Quarterly **CRE Webinars** led by Australia, India, PNG and Thailand investigators will be used to disseminate outputs across the region, leveraging our existing linkages with professional societies.

CRITERION 3: DEVELOPING THE HEALTH & MEDICAL RESEARCH WORKFORCE

ARPAN CRE is committed to delivering training and support to future leaders in research in maternal and newborn health in the Asia-Pacific Region. We will provide **education and development opportunities** to boost capability of the health and medical research workforce at all levels. This includes all disciplines involved in maternal and newborn health including medical doctors, midwives, nurses, epidemiologists, social scientists and knowledge translation experts. We aim to especially support PhD students, early to mid career investigators and clinician researchers through five key areas (see Figure right).



Our activities to develop the health and medical workforce will be integrated with the Global Platform (*see 1.1*) which will link researchers and

produce novel epidemiological data from ~120 facilities in 10 countries. The previous WHO multi-country near-miss study (CI's Vogel and Lumbiganon were investigators) resulted in 41 peer-review articles and >15 higher-degree student projects, as well as embedding LMIC research capacity strengthening throughout the study implementation, analysis and write up phases. We aim to emulate this level of success.

(3.1) Research training and education, staff development, and other collaborative activities to strengthen maternal and newborn research capability across the Asia-Pacific

Project Steering Group: All CIs and AIs **Collaborator:** WHO HRP Alliance

We will establish a **Research Development Committee** with representation from CRE CIs to oversee development and training of PhD students, early-mid career academics, clinicians and consumers.

PhD student program: We will attract and support at least three PhD scholars from across the region. These will be based in overseas institution (India, Thailand and PNG). Students will be recruited from a range of relevant disciplines including obstetrics and gynaecology, midwifery, sexual and reproductive health, social science, epidemiology and paediatrics. PhD students will be embedded in the *ARPAN CRE* program of work, augmenting the cross-country linkages within the network. We will provide top-up scholarships and annual competitive funding to support student attendance at relevant regional and global conferences.

Network for supporting early career researchers (ECRs): We will also develop an ECR network (research assistants, PhD students, recent PhD graduates) which will be led by CI Vogel with involvement of other CIs and AIs on a rotational basis. The ECR network will meet monthly (online) for mentoring, support, practical advice and to foster a peer-to-peer research support culture. This network will be open to researchers from across the region, including those from other institutes and other Australian CREs (Stillbirth, Health in Preconception and Pregnancy). These relationships will be augmented through Australia Awards Fellowships for *ARPAN CRE* ECRs.⁵⁹

Research leadership programme and seed-funding: Ensuring that promising ECRs can continue to develop into research leaders is critical to progress on maternal and newborn health in the Asia-Pacific. We will support 6-12 month Research Fellowships that will provide project seed funding to enable ECRs to lead a project within the *ARPAN CRE* network.

Research skills programme as part of the WHO's HRP Alliance: The HRP Alliance is part of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)⁶⁰. The HRP Alliance provides opportunities for developing local research capacity through a network of HRP Alliance Hubs and research partner institutions, WHO country and regional offices, WHO special programmes, and WHO Collaborating Centres. We will partner with the WHO HRP Alliance to utilise and augment their successful approach, that has been shown to build the capacity of LMIC institutions to conduct their own research and promote use of evidence for better outcomes.⁶⁰ CIs Lumbiganon, Goudar and Bohren are Directors of WHO Collaborating Centres and are already working closely with the HRP Alliance to mainstream research capacity strengthening in existing projects. Using the HRP Alliance model, CIs Vogel and Bohren previously built capacity in research teams in Ghana, Guinea, Myanmar and Nigeria as part of a multicounty study. All four country teams led multiple peer-reviewed publications, developed through training workshops and mentorship on research methods, data analysis, and scientific writing.

The HRP Alliance is operationalised through regional Hubs based in research institutions in Brazil, Burkina Faso, Ghana, Kenya, **Pakistan, Thailand** and **Viet Nam**. CI Lumbiganon and Khon Kaen

University are the HRP Alliance Hub for South-East Asia. Activities supported through the Thailand Hub (and other Hubs) include:

- Workshops and trainings on research methodologies and biostatistics, systematic review and meta-analysis, qualitative research methods, implementation research, monitoring and evaluation, protocol development and manuscript writing
- Post-graduate education (through masters and doctoral degrees)
- Tailored support to national research institutions for development and implementation of research studies and producing scientific publications
- Leadership in knowledge transfer activities that ensure implementation of WHO recommendations for policy and practice
- Cross-institution grant proposal development, supported by senior HRP Alliance researchers
- New collaborations among HRP Alliance fellows for specific research projects
- Research mentoring programmes, including specific mentoring for female ECRs.

The *ARPAN CRE* will extend HRP Alliance work by undertaking these activities with researchers across the Asia-Pacific region. HRP Alliance has prioritised this region for expansion.

(3.2) Establish a mentoring and development program between India, Thailand, PNG and Pacific Island researchers

Project Steering Group: All CIs and AIs. Collaborators: WHO HRP Alliance

We will establish a formal research mentorship program between India, Thailand, PNG and Pacific Island researchers. This program aims to support high-potential health researchers to progress into leadership positions, retaining their skills in our sector. The program will pair ECRs/emerging leaders with more senior CRE investigators, advancing ECR skills and advancing their careers through international collaboration. Gender equity will be ensured by efforts to engage early and mid-career women and men equally. Our program will also provide current leaders the opportunity to develop ECR mentorship skills, as well as increasing awareness of the value of a diverse and inclusive workplace and the role they play in achieving this.

We will build on a model successfully implemented in Australia,³⁶ which is a structured program that combines informal mentoring sessions with formal sessions facilitated by experts in inclusive leadership. This will be supported by a specialist mentoring agency (eg. Serendis Leadership) to deliver the program. The CIs will work with this agency to develop and tailor a formal mentoring program to our contexts and needs. It will include a 12-month schedule for designated ECR/MCR team members from within the *ARPAN CRE* Network with formal group sessions (6 workshops) and one-to-one meetings between mentees and mentors. Another unique attribute of the mentoring program will be a considered matching process for the mentees and mentor pairs, which will take into account their career level, their aims are for the mentoring program and in consultation with their organisational representative. We plan to run a new program each 12 months with up to 6 mentee-mentor pairs per year with ongoing support provided to the mentees.

(3.3) Establishing a regional network of consumers and advocates

Consumer and advocacy representatives are key to ensuring *ARPAN CRE* meets the needs of diverse communities. This is currently no regional entity or organisation that links maternity-oriented consumer and advocacy groups across the Asia-Pacific, though several national and local groups do exist. *ARPAN CRE*, in partnership with ISA Western Pacific Regional Office and the Stillbirth CRE, will first create a register of these organisations in our priority countries.

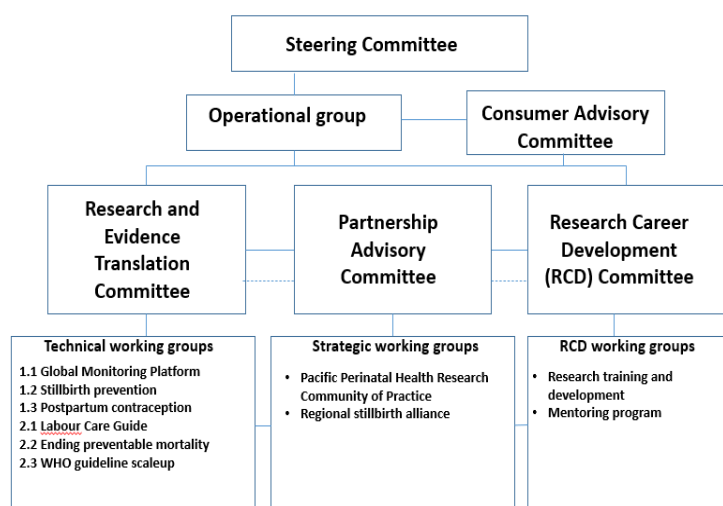
JNMC-India team (CI Goudar, AIs Sommannavar, Pujar) have >20 years experience with community engagement in study design, implementation and dissemination. We shall adopt their successful approach in our study activities in other countries:

- Establishing a community engagement board at study sites to provide a forum for local input regarding research relevance, ensure we remain sensitive to community needs, and assisting with integrating research findings into local practice. The group usually comprises 10 to 12 individuals, including community leaders that are sought through local government, schools, religious organizations and local industries. The board meets with study investigators on a regular (quarterly) basis, or when new studies are proposed.
- Pre-study community sensitization meetings held in public venues to explain research purpose, relevance and processes, with community feedback obtained
- Early and continual engagement with Ministry of Health and local government officials, as well as community health workers and peer counsellors.
- Post-study dissemination meetings to share findings, discuss pathways to implementation

The aforementioned consumer/advocacy network, as well as community engagement boards, will be utilised to help identify appropriate individuals for **Consumer Reference Groups** within individual projects.

CRITERION 4: FACILITATING COLLABORATION

Our governance model (Figure below) aims to facilitate collaboration both within *ARPAN CRE* stakeholders and more broadly across the Asia-Pacific region. A **Steering Committee** will have overarching responsibility, ensuring that all CRE activities are well-integrated. The Steering Committee, including all CIs and the CRE Manager, will meet every 2-3 months via videoconference.



The Steering Committee will have a rotating chair between CIs Homer, Goudar, Lumbiganon, Vogel and Pomat (one-year term per person). A detailed strategic plan with Key Performance Indicators will be drawn up in the first 3 months and reviewed annually. Project management support will be provided across the CRE program through the **Operational group**, consisting of CI Homer, the CRE Manager and Research Support Officer and key CIs or AIs depending on the projects underway at the time. The **Consumer Advisory Committee** will be co-chaired by a

consumer advocate and CI Leisher, provide advice across all key activities, and administer the register of consumer/advocacy groups across the region (see 3.3). Membership will be nominated consumers/consumer advocates across the region. The **Consumer Reference Groups** engaged with specific projects will be sourced and co-ordinated via this Committee.

A **Research and Evidence Translation Committee** will be established with representation from the CI and AI teams, **Partnership Advisory Committee** and the **Research Career Development Committee**. This Committee will meet every 3 months to monitor project implementation and ensure performance indicators are met. It will also oversee the dissemination and communication strategy (see 2.4). The **Partnership Advisory Committee** will be chaired by one of the CIs and will include the key partners as well as our AIs from WHO and UNFPA. The membership will vary

over the 5-year period depending on the key activities underway at the time. Similarly, the Committee will meet every 3 months monitor progress, troubleshoot problems and support new and ongoing partnerships. The **Research Career Development Committee** will be chaired by one of the CIs and will have representation from all *ARPAN* countries. This committee will include representatives from the CI and AI groups and will meet every 3 months to develop and oversee the mentoring program, drive researcher development, and monitor, promote and support publications and funding opportunities.

WHO Collaborating Centres (WHO CC): The ARPAN CRE will also build a regional collaboration between the three WHO Collaborating Centres:

- WHO CC for Women's Health in the Western Pacific Region, University of Melbourne (**CI Bohren** is the Co-Director)
- WHO CC for Research Synthesis in Reproductive Health based in Thailand (**CI Lumbiganon** is the Director)
- WHO CC for Maternal and Perinatal Health Research based in India (**CI Goudar** is the Director).

Key partners: Our CI/AI team are well connected and will utilise our wide networks to strengthen collaborations with partners regionally and globally. The names in **bold** have agreed to support the work. For example:

- Asia Oceania Federation of Obstetrics and Gynecology (AOFOG): **CI Lumbiganon** is the President and **CI Black** is on the SRH Committee.
- International Stillbirth Alliance (ISA): **CI Leisher** is the ex officio Chair as well as current chair of ISA's Stillbirth Advocacy Working Group, **Professor Vicki Flenady** from the Australian Stillbirth CRE is a former ISA Chair and **CI Gordon** is a board member.
- Pacific Society for Reproductive Health: **Dr Kara Okesene-Gafa** is the President, **Dr Amanda Noovao-Hill** (close collaborator²⁶) is the Secretariat and **CI Homer** is a Life Member
- RANZCOG global health committee: **CI Black** is a member and chairs the Sexual and Reproductive Health Special Interest Group
- WHO's HRP Alliance for Research Capacity Strengthening: **Professor Anna Thorson** is a specialist in infectious disease epidemiology who co-ordinates the WHO HRP Alliance. The Alliance brings together institutions conducting research in sexual and reproductive health and rights (SRHR) and **CI Lumbiganon** represents the South-East Asian Hub.⁶¹
- International Confederation of Midwives (ICM): **Ann Kinnear** is the ICM Board member for the Western Pacific region and will provide key links to midwifery associations

(4.1) Establish a Pacific Perinatal Health Research Community of Practice with the Pacific Society for Reproductive Health

Project Steering Group: CIs Homer, Vogel, Vallely, Black. AIs Bolnga, Bradford. **Collaborators:** Pacific Society for Reproductive Health, WHO CC for Women's Health in the Western Pacific Region

The Pacific Society for Reproductive Health (PSRH) is a multidisciplinary society open to all those involved in reproductive, maternal and newborn health care in the Pacific. It was formed >20 years ago to foster education and assistance between members in Pacific Island countries through educational workshops and development of distance education for continuing professional development. It is an active network of professionals in reproductive, maternal and newborn health across 14 Pacific Island nations and neighbouring countries. For the past 10 years, **CI Homer** has delivered 2-3 day intensive research and audit workshops prior to biennial PSRH Conferences. Moving training online due to COVID-19 led to the creation of the Pacific Perinatal Health Research Community of Practice in 2021, which >30 clinicians from across the region have joined.

Support from the *ARPAN CRE* will enable this Community of Practice to be formalised, strengthened and expanded. Pacific clinicians need access to online training on research methodologies, workshops to assist with grant writing and developing papers for publication and opportunities to present their work. This Community of Practice will directly link with the research development opportunities and networks described in **Criterion 3**. The Community of Practice will use a structured online program to engage the skills and expertise of our teams in India, Thailand and PNG to support research capacity strengthening across Pacific Islands nations. We plan to link mid-career researchers in our three countries with Pacific colleagues through the PSRH via a mentoring program.

(4.2) Establishing a Regional Stillbirth Alliance to identify stillbirth prevention and care research priorities in the region

Project Steering Group: CIs Homer, Vogel, Goudar, Valley, Leisher, Gordon and AIs Bolnga, Duro-Aina, Bradford. **Collaborators:** Stillbirth CRE and ISA

The Australian Stillbirth CRE is the Western Pacific Regional Office of the International Stillbirth Alliance, with a focus on expanding activities regionally through the Burnet Institute (CIs Leisher, Homer, Vogel, Gordon). As described in **Criterion 1**, we have undertaken studies on stillbirths and newborn deaths in PNG (CIs Valley, Pomat, Homer, Vogel and AI Bolnga) and the potential application of elements of a stillbirth prevention bundle into LMICs in the region. Members of our team (CI Goudar, AI Somannavar) have led a large prospective, observational cohort study in India and Pakistan examining the pathways to fetal and neonatal deaths with the Child Health and Mortality Prevention Surveillance (CHAMPS) network.^{15 38}

The next step is to formally link the Pacific Society for Reproductive Health with the ISA Western Pacific Regional Office and the Stillbirth CRE to establish the Regional Stillbirth Alliance as part of the Global Monitoring Platform (*Project 1.1*). We will have a specific page for this Alliance on the *ARPAN CRE* Website that will enable cross country collaboration, networking and sharing of knowledge and experiences. We will draw on the Alliance to develop and identify stillbirth research priorities in the region, and examine feasibility of projects, such as developing a regional classification system to improve quality of data on causes of perinatal deaths. The Alliance will also provide education and training to clinicians and researchers from the countries in the region through a series of Webinars.

(4.3) Regional collaborations to enhance training, guidelines and access to contraception.

Project Steering Group: CIs Homer, Black, Lumbiganon, AI's Breen Kamkong, Duro-Aina. **Collaborators:** UNFPA, WHO

In 2018 the Australian Government committed \$30 million to the UNFPA Transformative Agenda Program in six Pacific countries (Fiji, Kiribati, Samoa, Solomon Islands, Tonga, Vanuatu). The objectives of the Transformative Agenda program are to increase supply and improve client demand for integrated sexual and reproductive health information and services, in particular family planning, and promoting a more conducive and supportive environment for people to access good-quality services. Burnet Institute (CI Homer) is one of seven regional implementing partners for the Transformative Agenda with AIs Breen Kamkong and Duro-Aina.

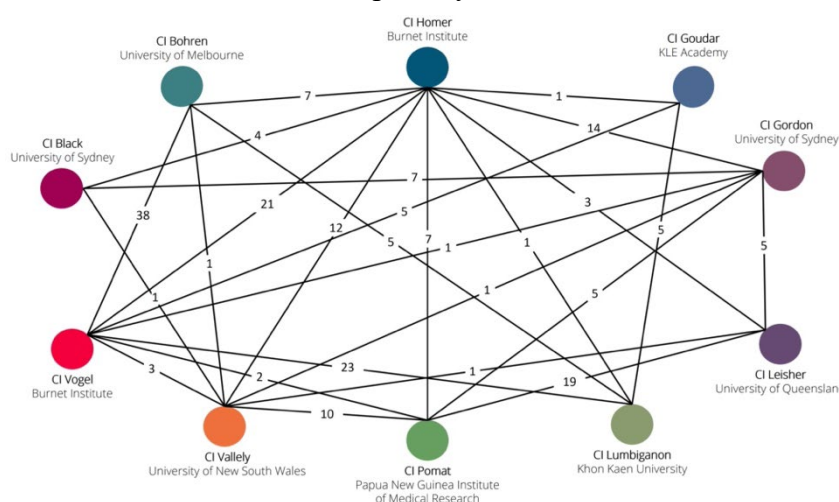
A key area of the Transformative Agenda is improving access to modern methods of contraception. *ARPAN CRE* will link researchers with clinicians, regional development partners (UNFPA, WHO) and policymakers in the Pacific to improve contraception programs, but also utilise the expertise of India and Thailand research teams that have successfully addressed these issues in their own contexts. UNFPA team members will also facilitate sharing of research and translation into policy level action with parliamentarians through their regional network on sexual and reproductive health

and rights. UNFPA's Asia Pacific Office (through [AI Breen Kamkong](#)) will raise issues with the Association of Southeast Asian Nations (ASEAN) through formal channels.

CRITERION 5: RECORD OF RESEARCH AND TRANSLATION ACHIEVEMENT

(5.1) Team expertise, research record, reputation, and discipline contribution

The project builds upon strong, proven collaboration between CIs, AIs and our partner organisations. The team comprises internationally recognised experts in midwifery, obstetrics, newborn health, reproductive health, public health, epidemiology, infectious diseases, social science, knowledge synthesis and research translation. The team includes researchers with exceptional track records relative to opportunity at various career stages, including early ([CI Leisher](#)) and mid-career ([CIs Vogel, Bohren, Vallety](#)) researchers, who are supported by global leaders. The team's high international standing is evidenced by high publication output, grant success, leadership in professional organisations and frequent invitations for presentations and addresses at international fora. The team have demonstrated capability to advance research and translation in maternal and newborn health through collaboration across borders and through key global organisations for advancing health (e.g. WHO, UNFPA, Cochrane and the Bill and Melinda Gates Foundation). Many of our team have worked together (see Figure above); this CRE provides opportunities to expand into new collaborative areas.



The reputation of our team is further evidenced by our leadership within national, regional and global professional organisations and contribution to major journals as editors and peer-reviewers. Notably, [CI Homer](#) is the top-rated expert in Midwifery in the world during the years 2011-2021 (according to Expertscape); Editor-in-Chief of *Women and Birth* (highest ranked global midwifery journal) and President of the Perinatal Society of Australia and New Zealand (PSANZ); [AI Bradford](#) is a board member. [CI Lumbiganon](#) is Convenor of Cochrane Thailand and President-Elect of the Asia Oceania Federation of Obstetrics and Gynaecology. [CI Pomat](#) is Director of the PNG Institute of Medical Research and Editor of the PNG Medical Journal. [CI Goudar](#) is Director of WHO Collaborating Centre for Research in Maternal and Perinatal Health and Senior Foreign Investigator, Global Network for Women's and Children's Health Research. [CI Leisher](#) is Chair of the International Stillbirth Alliance and [CI Gordon](#) is a board member.

Our international research groups: We bring together three outstanding Asia-Pacific research groups (from India, Thailand and Papua New Guinea), leaders from five Australian institutions with expertise in research and implementation, and a global organisation, the International Stillbirth Alliance (ISA).

Jawaharlal Nehru Medical College (JNMC) is a constituent medical school of KLE Academy of Higher Education and Research (Deemed-to-be University) located in Belgaum, Karnataka State in India. The JNMC Women's and Children's Health Research Unit is a member of the Eunice Kennedy Shriver National Institute of Child Health and Human Development-funded Global Network for Women's and Children's Health Research since 2001. The Unit is a WHO

Collaborating Centre for Research in Maternal and Perinatal Health and has collaborations with international institutions from UK, USA and Canada, all aimed at reducing maternal and neonatal mortality. The Unit's 22-year research program has been funded by the Medical Research Council (UK), Government of India, National Institutes of Health (US), WHO and the Gates Foundation.

Khon Kaen University is a public research university in Thailand that offers 105 undergraduate majors, along with 129 master's degree programs, and 59 doctoral programs. The Faculty of Medicine is a WHO Collaborating Centre for Research Synthesis in Reproductive Health, the host institution of Cochrane Thailand, and is the Southeast Asia Regional Hub for Research Capacity Strengthening for the WHO-HRP Alliance. The Faculty has collaborations with academic institutions in Argentina, Burkina Faso, France, Kenya, WHO, UK, USA, and Australia, and has received research funding from NHMRC, European Commission, WHO, United States Agency for International Development, and Wellcome Trust (UK).

PNG Institute for Medical Research is PNG's primary medical research institution with a 50-year history of research into causes and solutions to PNG's major medical issues. PNGIMR conducts research in close collaboration with many Australian and international medical research organisations. The Institute was established in 1968 as a statutory body and is the research arm of the PNG Department of Health. One of the key programs in the PNGIMR is sexual and reproductive health. With its headquarters in Goroka, PNGIMR has more than 500 staff and has research sites, facilities and laboratories in Madang, Maprik, Alotau, Kokopo and Port Moresby.

International Stillbirth Alliance (ISA) is a global membership organization uniting bereaved parents and other family members, health professionals and researchers. ISA's mission is to raise awareness and promote global collaboration for the prevention of stillbirth and newborn death and provision of appropriate respectful care for all those affected. The ISA was established in 2003 and is an alliance of over 50 member organisations and individual supporters on every continent. The Stillbirth Centre for Research Excellence and the Burnet Institute host the ISA office of the Western Pacific region. ISA leads the Parent Voices Initiative with projects in India (through our partner organizations in Delhi and Chandigarh) and Kenya; manages the Global Stillbirth Support Registry of parent support organizations, which identified over 100 support organizations in Asia and the Pacific region; and leads the Global Scorecard work which recently included adaptation for the Western Pacific region.²⁶

(5.2) Research Translation

The *ARPAN CRE* team have an exceptional record of scientific excellence and research translation. Our team has particular strengths in affecting research translation in LMIC country contexts, driven by a collective commitment to advancing equity in maternal and newborn health. Critical elements in our team's success in health research and translation are wide-ranging involvement in international and regional bodies advancing maternal and newborn health, multi-disciplinary collaboration and significant experience in clinical practice/public health guideline development and communication.

CIs [Homer](#), [Vogel](#), [Goudar](#), [Lumbiganon](#) and [Bohren](#) and [AI Portela](#) have all made significant contributions to WHO guidelines or standards for maternal and newborn care. [CI Lumbiganon](#), [AI Pattanittum](#), [CI Vogel](#) and [CI Bohren](#) have played a key role in Cochrane activities in the Asia Pacific Region. [AI Duro-Aina](#) and [AI Breen Kamkong](#) are technical advisors with UNFPA and have extensive experience implementing evidence-based policy on maternal and reproductive health, including in low resource settings and during humanitarian crises.

Major achievements in research translation by our team members in maternal and newborn survival and health include the following. [CI Lumbiganon](#) and [CI Goudar](#) have conducted randomised

controlled trials of heat-stable medicines for prevention and treatment of major obstetric haemorrhage in LMIC's where cold chain is difficult. For example, the *WHO CHAMPION Trial Heat-Stable Carbetocin versus Oxytocin to Prevent Haemorrhage after Vaginal Birth* (111 citations) led to Carbetocin being introduced at low cost in >90 countries advancing a significant fight to reduce maternal deaths due to haemorrhage. [CI Lumbiganon](#) and [CI Bohren](#) are implementing a 5-year multi-centre implementation research project to reduce caesarean section, supported by the WHO and the European Commission. [CI Goudar](#)'s investigations into healthcare provider competence in newborn resuscitation led to development of nationwide Helping Babies Breathe curriculum in India.

[CI Homer](#)'s research findings on midwifery continuity of care have been integrated into the recommendations in the 2021 State of the World's Midwifery Report⁴ and informed the development of midwifery education standards of WHO.³⁹ Her research has informed international guidelines for the implementation of midwifery continuity of care by the WHO (Pregnancy 2016, Intrapartum 2018, Postpartum 2022); implementation toolkits from New South Wales, Queensland and Western Australia and the 2020 National Stillbirth Action Plan. The outcomes been implemented in more than 50 hospitals in Australia and 14 publicly funded homebirth programs.

[CI Homer](#) and [CI Vogel](#) lead the panel ([CI Gordon](#) is a member) developing the living guidelines for the clinical care of pregnant woman with COVID-19 in Australia.⁴⁰ [CI Gordon](#) and [AI Bradford](#) have led the development and update of the PSANZ clinical practice guideline for care of women with decreased fetal movements. [CI Bohren](#)'s research findings⁶²⁻⁶⁵ have led to significant changes in maternity service provision, and influenced policy and implementation guidance, including four WHO guidelines and standards, a World Health Assembly resolution 'Strengthening people-centred health services), a WHO position statement and used in the development of national maternal health indicators. [CI Valley](#)'s community-based intervention to reduce postpartum haemorrhage (with [CI Homer](#))⁴¹ led to the design of a district-level evaluation of the intervention, supported by UNICEF PNG. [CI Pomat](#) led a series of clinical trials of pneumococcal vaccines that changed immunisation policy in PNG. [CI Black](#)'s research has been cited in WHO guidance for Actions for scaling up long-acting reversible contraception in Papua New Guinea⁶⁶ and has informed the development and continuation of a contraception service in one hospital.⁶⁷

CONCLUSION

ARPAN CRE is a unique opportunity to bring researchers, clinicians and consumers together to build back better and fairer in the post-COVID-19 era. Our CRE responds to key challenges facing the Asia-Pacific region including an inability to monitor the quality of maternal and newborn care; a lack of capacity to reduce preventable stillbirth; a lack of access to postpartum contraception; poor implementation of WHO recommendations across many of the countries; and, limitations in reviewing and responding to maternal, newborn deaths and stillbirths. All these issues have been exacerbated by disruption due to the COVID-19 pandemic.

This is a significant opportunity to bring together stellar teams from Australia, India, Thailand and PNG to improve the quality of maternal and newborn care, reduce maternal and neonatal morbidity and mortality and stillbirths and strengthen the capacity of the workforce to ensure that women, babies and families have the best chance of improved health outcomes. Our program of work will support the countries to meet the important Sustainable Development targets in reproductive, maternal and neonatal health and make a considerable difference across the Asia-Pacific region.

Working across several Asia-Pacific countries, *ARPAN CRE* will engage with multiple consumers and community representatives - primarily pregnant women, their families and representatives or leaders of their communities. This engagement builds on our CI's existing partnerships with their local and national community organisations. We will be guided by NHMRC's consumer and community involvement framework to ensure we deliver value to these communities.

The **Consumer Advisory Committee** will be the co-ordinating entity for our consumer and community engagement, and the main forum for ensuring relevancy of research, that we remain sensitive to community needs, and to assist with integrating research findings into local practice. The group will comprise 10-12 individuals including community leaders, women with lived experience of childbirth, and social activists. We will ensure equitable representation from key Thailand, PNG, India, Pacific Islands and Australia, with equal female-male proportions. The study CI/AIs and study Coordinators will convene quarterly meetings or as needed when a new protocol is being proposed for a community or country. Project-specific **Consumer Reference Groups** drawn from local consumer/advocacy networks in the participating countries or the Consumer Advisory Committee as needed. The level of consumer engagement will vary between projects, but includes priority-setting (see 1.1, 1.3, 3.3), research design and development (see 1.2.1, 1.2.2, 2.1, 2.3 and 3.3), co-design activities (see 1.2.2, 1.3, 2.3), research governance (see 3.3), and communication and implementation (see 2.1, 2.3, 2.4).

We have a strong partnership with the **International Stillbirth Alliance** (ISA, represented by **CI Leisher**). ISA is a membership organization uniting bereaved parents and other family members, health professionals and researchers to drive global change for the prevention of stillbirth and neonatal death and bereavement support for all those affected. It is a non-profit global parent and advocacy organisation established in the USA in 2003. **CI Leisher**, as immediate past Chair of ISA, has strong relationships with community groups in India and across Asia and now into the Western Pacific through the Stillbirth CRE. **CI Gordon** is a Board member of ISA. The accomplishments and partnerships of ISA that we will draw upon include:

- creating the first-ever global registry of stillbirth parent support organizations, and participatory development of toolkits to support parent advocacy in India and Kenya
- Supporting the Lancet's landmark 2016 Ending Preventable Stillbirths series including producing a Laypersons' Summary with consumers and translating it into 11 languages
- co-hosting the launch of the first-ever regular country-specific UN stillbirth estimates in 2020 and making space for parent voices from Indonesia, Kenya, and Nigeria who spoke to >2000 global participants
- working in partnership with Save the Children's Healthy Newborn Network, to support a monthly stillbirth-focused blog series with posts by parents, researchers, clinicians and policy makers globally (from many settings, e.g. Uganda, Nigeria, Australia, USA, Haiti, Zambia, Ghana, Sweden).

Our teams in India and PNG have existing community engagement boards and committees, that we will engage in project-specific Consumer Reference Groups. Other countries and research institutions (Thailand, other Pacific Island nations) do not yet have such community partnerships. *ARPAN CRE* cross-country collaboration will help address this gap, with India and PNG-based investigators coaching international colleagues on establishing similar relationships.

CI Track Record (1 pages per CI)

CIA PROFESSOR CAROLINE HOMER AO RM MN (UTS) MMedSc(Clin Epi) (USyd) PhD (UTS) FAAHMS

Career summary: 2017-current, CI Homer is a leading midwifery and maternal health researcher, globally and in Australia. She is the Co-Program Director for Maternal, Child and Adolescent Health at the Burnet Institute and has honorary academic appointments at UTS, University of Melbourne, Monash, Deakin, Cardiff Universities and Kings College London. She holds an NHMRC Investigator Grant (L3) 2023-2027), is a recipient of the Order of Australia, Fellow of the Australian Academy of Health and Medical Sciences, was named as one of the 2020 WHO 100+ Outstanding Women Nurses and Midwives, received the Women's Hospitals Australasia – Medal of Distinction (2019) and has twice been named by the Australian's Research magazine as the top researcher in the field of pregnancy and childbirth (2020 and 2022). In 2022, CI Homer was awarded an honorary Fellowship of the Australian and New Zealand College of Obstetricians and Gynaecologists in recognition of collaboration.

International standing: Inaugural Chair of WHO's Strategic and Technical Advisory Group of Experts (STAGE) for Maternal, Newborn, Child, Adolescent Health, and Nutrition (2020-current) and a member of WHO's Scientific and Technical Advisory Group (STAG) for the WHO's Special Programme of Research, Development and Research Training in Human Reproduction.

Research support: Last 5 years 1). L3 NHMRC Investigator Grant (\$3.4M) "Reducing maternal and newborn deaths: Transforming midwifery in the Asia-Pacific region through research and innovation (2023-2027); 2) CI on NHMRC Stillbirth CRE (2021-25), NHMRC Ideas Grant (2020-2022) "An investment case to catalyse funding for maternal, newborn, and child health", NHMRC Partnership Grant (2021-2023) "Advancing women in healthcare leadership" and MRFF Grant (2020-2022) on "The impact of neonatal care on long-term healthcare needs and outcomes".

Collaborations: Collaborations at a local, national and international level especially on global maternal health. CI Homer has led collaborations with policy/decision makers in government to translate evidence into practice and is currently working with WHO and the International Confederation of Midwives on research on midwife-led birth centres in 4 LMICs.

Community engagement: Significant contributions in midwifery, both in Australia and globally. CI Homer is the immediate Past President of the Australian College of Midwives and has undertaken volunteer work teaching maternity emergencies across Australia as well as in Samoa and Timor-Leste. Previous member of Boards (volunteer capacity) Australian College of Midwives; Advanced Life Support in Obstetrics (ALSO) Asia Pacific and a current member of the Board of the Catherine Hamlin Fistula Foundation and the Perinatal Society of Australia and New Zealand (President).

Professional involvement: Chair of NHMRC Council, Deputy Chair, Australian Medical Research Advisory Board, Co-Chair of the COVID-19 Clinical Evidence Taskforce: Pregnancy and Perinatal Care Panel, Chair of the Steering Committee for the National Clinical Evidence Taskforce and Steering Committee member for the Australasian Nursing and Midwifery Clinical Trials Network.

Contribution to field, including translation of research into health: She has an outstanding research output →140 publications since 2017. Career total >300 peer-reviewed journal articles, 4 books and 14 book chapters.

Example of the impact of previous research in the last 5 years: CI Homer's research has made a significant impact on midwifery education and development of maternal health services. The findings from the Lancet Series on Midwifery (2 papers) have been integrated in the Standards for improving quality of maternal and newborn care in health facilities from the World Health Organization (WHO) in 2016, as well as informing the development of midwifery education standards by WHO (2019). CI Homer's research on homebirth is cited in the Victorian Government's guidance on safe and sustainable homebirth (Safer Care Victoria 2021), has been used by the ACT Government and the Australian College of Midwives to support homebirth, and was showcased in the 2020 Birth Time documentary. The study attracted media from the ABC, Sydney Morning Herald and Brisbane Times.

CIB ASSOCIATE PROFESSOR VOGEL BMedSc MBBS PhD

Career summary: CI Vogel is an internationally recognised perinatal epidemiologist and a Senior Principal Research Fellow in maternal and perinatal health at the Burnet Institute in Melbourne. He co-heads the Global Women's and Newborn's Health Group with Prof Homer. He is an NHMRC Emerging Leadership Fellow (EL2, 2021-2025) and as the highest ranked applicant he was recognised with the 2020 NHMRC Peter Doherty Investigator Grant Award and the Commonwealth Health Minister's Award for Excellence in Health and Medical Research. He has honorary appointments at the University of Melbourne, Monash University, Deakin University and the University of Birmingham. Prior to coming to Burnet, he held maternal health research and guideline development roles at WHO.

International standing: CI Vogel has strong international research collaborations with senior researchers in Kenya, India, Nigeria and the UK. He has produced 188 peer-reviewed publications (10726 citations), including 99 in the past 5 years. His research is published in high-impact general journals including NEJM (1), Lancet (5), Lancet Global Health (7), PLoS Medicine (2) and Cochrane (9). His scientific contributions have been recognised as the 2020 winner of the Nature Driving Global Impact Awards.

Research support: CI Vogel has been an investigator on >20 primary research studies recruiting women in 39 countries and has led, or co-led development of 18 WHO guidelines. His research has been supported by Gates Foundation, WHO, UNFPA, Wellcome Trust, USAID, Merck for Mothers, Gates Foundation and others. During the past five years, he has been a lead or co-lead investigator on projects with grants totalling >A\$86 mil. This includes >A\$76 mil for the WHO ACTION Trials Collaboration, which he co-established with WHO colleagues for research on antenatal corticosteroids for preterm birth in low-resource countries. This collaboration has completed two multicentre trials (ACTION-I and ACTION-II), with another ongoing (ACTION-III) and a new multicountry implementation research study (ACTION-IR) funded. In the last 3 years he has been awarded an Investigator Grant (\$1.6 mil), a multi-centre trial in India (CIA, A\$410,102) and establishing a maternal health drug development pipeline (CIB, A\$2.56 mil).

Contribution to field of research: CI Vogel has an international reputation in the field of preterm birth, evidenced by his leadership roles in WHO global estimates of preterm birth (Lancet Glob Health 2019), the WHO preterm birth guidelines (WHO 2015) and the WHO ACTION-I trial (NEJM 2020). He was a member of the leadership group that developed the 2018 WHO intrapartum care guidelines, the 2020 WHO Labour Care Guide and he led the evaluation of this new clinical tool in 6 countries (Vogel et al, Birth 2020). CI Vogel was a lead investigator on the Umbiflow International Study (recruiting 7,000 pregnant women in five countries), and from 2012 – 2015 he co-ordinated the WHO Multi-Country Survey on Maternal and Newborn Health Network (A\$3.7 mil survey across 29 countries) which produced 41 scientific papers.

Community Engagement and participation: CI Vogel has run training workshops on research methods in several African countries and facilitated workshops on guideline development and implementation for national ministries of health, UN agencies and development organizations in >10 countries. He is a grant reviewer for national (NHMRC, MRFF) and international (UK MRC, Swiss National Science Foundation, European Research Council) organisations. He has supervised 34 individuals (26 female, 8 male) in a research environment, including 6 PhD students (5 ongoing, 1 completed), 6 Masters, 6 Honours, 7 medical student research projects (all completed), and 13 people through WHO internships.

Professional Involvement and International Standing: CI Vogel has presented at 25 national and international scientific meetings across 17 countries in the past 8 years, including 12 as invited speaker on preterm birth. As a WHO Officer, he convened >20 technical consultations of international experts. He is an Editor for two Cochrane Groups, was a co-author on the landmark 2016 Lancet Maternal Health Series.

CIC: PROFESSOR PISAKE LUMBIGANON MD, Dip Thai Board of Ob & Gyn (Mahidol University), MS in Clinical Epidemiology, (University of Pennsylvania), Certificate in Strategic Leadership (Johns Hopkins University), FRCOG (ad eundem)

Career Overview: CI Lumbiganon is a prominent and highly-regarded researcher and administrator at regional, national and international levels. He is President of the Asia Oceania Federation of Obstetrics and Gynaecology. CI Lumbiganon was the President of the Royal Thai College of Obstetricians and Gynaecologists (2016-2018). He has been a professor of Obstetrics and Gynaecology since 1998 and was a dean of the medical faculty, Khon Kaen University (2009-2013). He has been a technical advisor for WHO since 1987. He was admitted as the Fellow ad eundem of the Royal College of Obstetricians and Gynaecologists (UK) in 2019 and was awarded the Prototype Doctor Award by the Thai Medical Council in 2018. He received Senior Researcher Awards and Distinguished Professor Award from Thailand Research Fund in 2004, 2007 and 2014 respectively. He has published > 200 papers with > 11,000 citations in the SCOPUS system.

Research Support: CI Lumbiganon was the Co-PI of the South East Asia Optimising Reproductive and Child Health in Developing Countries (SEAORCHID) Project jointly funded by an International Collaborative Research Grant from the Australian NHMRC (No. 307703) and Wellcome Trust, United Kingdom (071672/Z/03/Z), a total budget of £1,037,641. He received two Senior Researcher Awards and one Distinguished Professor Award from Thailand Research Fund with a total budget of about US\$750,000. CI Lumbiganon was the PI (Thailand) for WHO CHAMPION Trial Group. Heat-Stable Carbetocin versus Oxytocin to Prevent Haemorrhage after Vaginal Birth financially supported by the Department of Sexual and Reproductive Health Research, WHO with a budget of US\$154,177. CI Lumbiganon is also a director of the WHO LID Regional Hub for the HRP Alliance of the Department of Sexual and Reproductive Health Research, WHO to do research capacity strengthening for WHO/SEARO region. This is an ongoing project, the budget up to this fourth year is US\$838,191. Most recently, CI Lumbiganon is the PI for a 5-year multi-country study on the Implementation and evaluation of nonclinical interventions for appropriate use of caesarean section in low- and middle-income countries jointly supported by WHO and European Commission (EUR 631,011).

Research Translation and Impact: CI Lumbiganon's publications have been cited as in *Williams Obstetrics* 24th and 25th Editions, WHO recommendations on interventions to improve preterm birth outcomes (2015), WHO recommendations for prevention and treatment of maternal peripartum infections (2015), WHO Guideline for protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services (2017), WHO recommendations: uterotronics for the prevention of postpartum haemorrhage (2018) and WHO recommendations non-clinical interventions to reduce unnecessary caesarean sections (2018).

Community Engagement and Participation: CI Lumbiganon has served as chair of the maternal and child health board of Khon Kaen Province in Thailand for more than 20 years. In 2017, when he was the president of the Royal Thai college of Obstetricians and Gynaecologists, he successfully convinced the Ministry of Public Health of Thailand to accept proposals to prioritise reducing unnecessary caesarean section and elimination of cervical cancer as national agendas. At the international level, CI Lumbiganon has served as the technical advisor for the department of sexual and reproductive health research (WHO HRP) for more than 30 years.

Supervision and Mentoring: CI Lumbiganon has been convenor of Cochrane Thailand since its inception in 2002. CI Lumbiganon has extensive experience in supervision and mentoring of faculty members and residents undertaking primary research and systematic reviews focusing on sexual and reproductive health. In 2017, he was appointed to be the director of the WHO/HRP Alliance LID HUB for research capacity strengthening in WHO SEARO.

CID DR SHIVAPRASAD S GOUDAR MBBS (Medicine and Surgery) 1984 Karnataka University Dharwad, MD (Physiology) 1988 Karnataka University Dharwad, MHPE (Health Professions Education), 2001 University of Illinois at Chicago, USA

Career summary: CI Goudar is Director-Research, KLE Academy of Higher Education and Research, Belgaum (since 2020). Director, WHO Collaborating Centre for Research in Maternal and Perinatal Health (IND 156) (Since 2019). Senior Foreign Investigator, Global Network for Women's and Children's Health Research Site 8 (Since 2018), Research Coordinator, Global Network for Women's and Children's Health Research Site 8 (2001 - 2018), Professor of Physiology, J N Medical College, Belagavi (Since 2001).

International standing: CI Goudar as the former Research Coordinator and current Senior Foreign Investigator, has been responsible for implementation of all the research studies by the Belgaum site of the NICHD Global Network for Women's and Children's Health Research (GN) since 2001. CI Goudar also the Principal Investigator for a number of research protocols of the RHR and MNCAH Divisions of WHO and currently head the WHO Collaborating Center for Research in Maternal and Perinatal Health at J N Medical College as its Director.

Research support: Last 5 years 1). PI for Indian sites on; Multi-site Efficacy and Safety Trial of Intrapartum Azithromycin in LMICs (2019 to 2022); Low-birthweight Infant Feeding Exploration (2018-2022); Limiting Adverse Birth Outcomes in Resource -Limited Settings – The LABOR Study (2018-2023); WHO ACTION (Antenatal Corticosteroids for Improving Outcomes in preterm Newborns) Trials (2017-2024); Aspirin Supplementation for Pregnancy Indicated Risk Reduction in Nulliparous Women (2015-2022)

Collaborations: Besides working with a number of international academic partners from the USA, Canada, UK, Africa and South Asia, CI Goudar has developed research collaborations with 25 academic research centres in different geographical regions of India. As Director-Research of KAHAR, Belagavi, CI Dr Goudar is facilitating collaborative academic and research activities with Thomas Jefferson University, Philadelphia to address major global public health challenges, especially affecting mothers and children as well as mentoring junior investigators.

Community engagement: Evidence generated from studies Dr Goudar is involved has informed public health policy as well as leading to programmatically scale up for improving the health status of mothers and children globally. Notable being: the endorsement of oral misoprostol for prevention of PPH by the Govt. of India and FIGO-ICM, its registration in 26 countries for this indication, and its inclusion in the WHO List of EM and the UN Life Saving Commodities for Women and Children; revised 2015 WHO guidelines for the use of ACS in preterm births; refinement of the NRP and development of HBB newborn resuscitation training curriculum for birth attendants in community settings by the AAP and its subsequent incorporation in the Government of India guidelines of Newborn Resuscitation.

Professional involvement: Member of; Scientific Committee for Maternal Health Research and Emergencies Initiated by WHO & funded by BMGF; ICMR Expert Committee on Research Priorities in Stillbirth of ICMR, DHR, Ministry of Health and Family Welfare, Govt. of India; Technical Evaluation Committee for the Women and Child Health and Nutrition of DBT, Ministry of Science & Technology, Govt. of India.

Contribution to field, including translation of research into health: Dr Goudar has more than 200 peer reviewed publications and 7028 citations.

Example of the impact of previous research in the last 5 years: CI Goudar's research has made a significant impact; for example, the inclusion of heat-stable carbetocin in the WHO guidelines and FIGO-ICM recommendation for the use of uterotonics for the prevention of PPH, its inclusion in the 21st WHO model list of essential medicines and UNFPA product catalogue of quality assured products related to reproductive health.

Career Overview: CI Pomat is a public health researcher with a background in immunology, and expertise in neonatal pneumococcal infection and other respiratory pathogens. CI Pomat is the current Director of the PNG Institute of Medical Research, the country's leading academic research institute and an internationally recognised centre of excellence. CI Pomat's major research lies in the evaluation of new vaccines to prevent bacterial and viral infections and understanding protective immunity to infectious diseases among children, especially host-pathogen interactions at mucosal surfaces. Since 2016, he has jointly led a world-first cluster randomised trial that is evaluating point-of-care testing and treatment of sexually transmitted infections in pregnancy to improve birth outcomes in high-burden, low-resource settings. This trial is co-funded by the NHMRC and a Joint Global Health Trials award from DFID/MRC/Wellcome Trust UK, and is the largest clinical trial ever conducted in PNG. CI Pomat has 72 peer review publications; 52 in the past five years.

Research Support: In the past five years CI Pomat has secured >10 million USD in research funding. He is CIB of a co-funded NHMRC (APP1084429) and Wellcome Trust (N006089) clinical trial in PNG (\$8.1 million; 2015-21); CIB of a World Health Organization funded study identifying the impacts and responses to COVID-19 in primary health care in PNG (\$219,406; 2021-2022); CIB of an NHMRC GACD grant of HPV-based testing and treatment for the elimination of cervical cancer in Papua New Guinea (\$1,590,166; 2021-2025). CI Pomat is also co-investigator and in-country lead of a Gates Foundation award of pilot study to determine the feasibility, safety, and possible impact of probiotics to prevent early-life infections, early pneumococcal colonization and vaccine immunity in PNG infants (2019-21); and an NHMRC (APP1142715) project grant for control of endemic tuberculosis (2019-2021).

Research Translation and Impact: In the last decade, CI Pomat has led a series of clinical trials of pneumococcal vaccines that changed immunisation policy in PNG. Prof Pomat's specific skills in relation to this application relate to his in-depth understanding and experience in the conduct of clinical trials and interventions research in resource-limited settings; his extensive PNG field research experience; his proven track record in the establishment and leadership of robust collaborative research partnerships in PNG; and his leadership in the successful translation of research findings into public health policy and practice.

Community Engagement and Participation: CI Pomat is Deputy Chair and Secretary of the Institutional Review Board of the PNGIMR and committee member of the PNGIMR Biomedical and Social Science Society.

Supervision and Mentoring: Four Honours students completed in the last 5 years with ongoing mentoring of students on training programs through the Institute and from the University of Goroka.

Peer Review and Discipline Involvement: CI Pomat is Editor of the PNG Medical Journal and Editorial Board member of Pneumonia Journal. He has been an invited speaker at UNSW (2018, 2021) and recently presented at the Indo-Pacific Centre for Health Security on research activities through partnership.

CIF ASSOCIATE PROFESSOR MEGHAN A. BOHREN PhD, MSPH, BA (Psychology,
African Studies)

Employment history: Associate Professor (since 2022), Senior Research Fellow (2019-2021), Lecturer (2018-2019), University of Melbourne. Previously a researcher with WHO in Geneva (2012-2017), Research Assistant, Johns Hopkins University (2010-2012), Research Ethics Board Coordinator, Population Services International (PSI) (2008-2010).

Career summary: CI Bohren is a leading social scientist and global health researcher specialising in gender and maternal health. CI Bohren's research is at the intersection of epidemiology and social sciences, using innovative approaches to understand complex healthcare and societal contexts to improve the quality of maternity care globally. CI Bohren has >100 research publications, including in high impact journals (Lancet, Lancet Global Health, PLOS Medicine), and >7500 citations. CI Bohren won the UniMelb Faculty of Medicine, Dentistry and Health Sciences 2020 research excellence award (early career).

Research support: Awarded >\$A34M in research funding from international and Australian funders, including >\$A2.7 million as CIA. CI Bohren has an Australian Research Council Discovery Early Career Award (2020-2023) and Dame Kate Campbell fellowship (UniMelb MDHS faculty). CI Bohren is a CI on 1 NHMRC Ideas grant, 2 Bill and Melinda Gates Foundation grants, 2 UK Medical Research Council grants, 1 EU-Horizon 2020 grant, and >\$2.5 million of research contract funding from national and international organizations.

Contribution to field of research: *Mistreatment of women during childbirth (43 publications)*. The findings from this body of work have been applied globally, led to significant changes in maternity service provision, and influenced policy and implementation guidance, including 4 WHO guidelines and standards (2018 Intrapartum care guideline, 2016 Standards for improving quality of maternal and newborn care, 2016 Global Plan of Action to strengthen health systems to address interpersonal violence, World Health Assembly resolution 'Strengthening people-centred health services'), a WHO position statement (2014), and used in the development of national maternal health indicators (Guinea, 2020).

Community engagement and involvement: Expert testimony at the United Nations Special Rapporteur on Violence Against Women's technical consultation on mistreatment during childbirth (2019, United Nations Office of the High Commissioner for Human Rights, Switzerland); Global Respectful Maternity Care Council (2013-), previously volunteer peer educator and HIV counsellor (Whitman Walker Clinic, Stellenbosch HIV Programme).

Collaborations: National and international collaborations including the WHO Collaborating Centre for the Western Pacific Region, Burnet Institute (honorary), Cochrane Effective Practice and Organisation of Care, GRADE-CERQual.

Professional involvement: WHO Guideline Methodology team (intrapartum care, preterm birth), GRADE-CERQual Methods Group Co-Convener (2018-) and Steering Group Member (2014-), Editor: *Cochrane Effective Practice & Organisation of Care* (2015-), Section Editor: *Reproductive Health* (2019-2021), Conference co-organiser (Fiocruz Brazil, Norwegian Institute of Public Health) "Using qualitative evidence to support decision-making in the SDG era" (2019), Human Ethics Advisory Group/Advisor University of Melbourne (2019-).

Peer review: Australian Research Council (2020-), European Science Foundation (2019-), WHO guidelines, clinical guidance, and technical documents (2017-)

Supervision and mentoring: Since 2018, CI Bohren has supervised 2 PhD students and 14 Masters research students to completion, and is currently supervising 9 PhD students.

Career summary: Aug 2020-current Senior Research Fellow; Aug 2015-Jul 2020, Research Fellow, Kirby Institute, UNSW, Sydney. CI Vallely is an early-mid research fellow with the Global Health Program, Kirby Institute. She recently co-led a world-first cluster randomised trial of antenatal point-of-care testing and treatment for sexually transmitted infections to improve birth outcomes in high-burden, low-resource settings (2016-22). She was CIC of a study identifying the impacts and responses to Covid 19 in primary health care in PNG (2021-22). She is CIC of an adolescent sexual health study in PNG (2018-22). She is leading community and facility-based research to improve birth outcomes in rural settings in PNG (2022-)

Academic Qualifications: PhD, University of Queensland (2015); MSc MCH, University of London, UK (2000); Registered Midwife, Dip midwifery, UK (1994); Registered General Nurse, UK (1990).

Research Support: In the past five years CI Vallely has secured >\$A14 million in research funding. In 2018 she was awarded an NHMRC Early Career Fellowship (CIA; \$319K). She is CIH of a co-funded NHMRC (APP1084429) and Wellcome Trust (N006089) clinical trial in PNG (WANTAIM trial \$A9.1 million; 2016-22), a world-first cluster randomised trial among antenatal women and their newborns; and CIC of an NHMRC project grant (APP1144424) on adolescent sexual, reproductive and maternal health in PNG (\$A702,234; 2018-21); and CIC of a WHO-funded study identifying the impacts and responses to Covid 19 in primary health care in PNG (\$A219,406; 2021-2022).

Example of the impact of previous research in the last 5 years: CI Vallely's research impact in the last 5 years has provided new knowledge to address a critical gap in determining whether STI testing and treatment in pregnancy leads to a reduction in adverse birth outcomes in LMIC. CI Vallely identified a high burden of STIs among pregnant women in PNG and demonstrated that WHO-endorsed strategies based on clinical diagnosis do not work. Her work went on to show the clinical performance, acceptability, and operational feasibility of point-of-care testing and treatment for the management of STI among women attending routine antenatal clinics in LMIC that drove the design and funding of the WANTAIM trial among 4600 women and newborns in PNG. CI Vallely's research on perinatal mortality in PNG has confirmed the high burden of avoidable perinatal deaths in PNG. These findings have highlighted the importance of stillbirth as a regional and global priority.

Collaborations: Honorary Senior Fellow, Burnet Institute (2021-current); Honorary Senior Research Fellow, PNGIMR (2015-date).

Community engagement: CI Vallely provides mentorship and support to the PNG Midwifery Society and provides technical guidance and support to government, non-government and development partner agencies at national and provincial level in PNG, including the National Department of Health, Susu Mamas, Care PNG, UPNG.

Supervision and Mentoring: CI Vallely supervises two PhD candidates at the Kirby Institute, UNSW. She recently supervised to completion a Papua New Guinean doctor undertaking her research-based MMedSci at the University of PNG. She provides mentorship and support to three Papua New Guinean PhD students, all of whom are conducting their research as part of studies on which she is a CI.

Peer Review and Discipline Involvement: CI Vallely regularly acts as peer reviewer for several journals in the field of midwifery, infectious diseases and public health. These include Repro Health J, Midwifery, PlosOne, ANZJOG, PNG Med J, BMJ Open, among others.

CIH: PROFESSOR KIRSTEN BLACK MBBS, MMed, FRANZCOG, FFSRH, DLSHTM, DDU, PhD

Career summary: CI Black is Professor of Sexual and Reproductive Health at the University of Sydney, a Fellow of the Royal Australian and New Zealand College of Obstetricians' and Gynaecologists' (RANZCOG) and a Fellow of the Faculty of Sexual and Reproductive Health (FSRH) in the UK. She obtained a PhD from the London School of Hygiene and Tropical Medicine and works clinically as a gynaecologist in the areas of contraception, abortion and preconception care. At the University of Sydney CI Black leads the medical student teaching in Perinatal and Women's Health at her clinical school and is an academic leader in the Masters of Sexual and Reproductive Health Program. In 2018 CI Black received the Professor JA Young Medal, awarded by the Faculty of Medicine for excellence in research coupled with exemplary service to Sydney Medical School, the University and the community at large.

Contribution to field of research: CI Black undertakes epidemiological and clinical studies in obstetrics and gynaecology and in the last five years has published 90 peer reviewed publications and been named investigator on 9 successful grants totalling more than \$8 million, including 4 NHMRC grants and a national Department of Health Grant.

Collaborations: CI Black has established collaborations with [CI Homer](#), [CI Vallely](#), and [CI Gordon](#). She is a member of the Sydney Health Partners Clinical Academic Group on Reproductive, Maternal and Newborn Health along with [CI Gordon](#).

Community engagement and participation: CI Black chairs Family Planning NSW's clinical Advisory Committee and previously chaired the Heavy Menstrual Bleeding Clinical Care Standard Topic Working Group for the Australian Commission on Safety and Quality in Healthcare. She is a member of NSW Health's advisory group on abortion access. She regularly appears on national radio and television; in 2022 on SBS News, ABC News, ABC Health Report and Radio National's Background briefing.

Professional involvement: CI Black is a member of RANZCOG Women's Health Committee, the Global Health committee and chairs the special interest group in Sexual and Reproductive Health, a role which has seen her lead RANZCOG's development of training pathways in abortion and contraception. She is currently the deputy chair of the abortion guideline development group for Australia and New Zealand.

International standing: CI Black was a member of the FSRH International Affairs Committee between 2019 and 2021 and in 2021 was appointed to the Sexual and Reproductive Health Committee of the Asia Oceania Federation of Obstetricians and Gynaecologists (AOFOG). CI Black is regularly invited to speak at international meetings; in the last three years has presented at the RCOG World Congress in London, the Hong Kong Society of Obstetrics and Gynaecology and conducted webinars for AOFOG. Her research has been cited in a World Health Organization Action Plan, the National Clinical Care Standard for Heavy Menstrual Bleeding, the Faculty of Sexual and Reproductive Health Guidelines and RANZCOG clinical statements.

Supervision and mentoring: CI Black has had 9 PhD and 5 MPhil completions. She currently supports 6 PhD students, a post-doctoral midwife, as well as MD and Masters' student projects. She has been an academic career mentor through the Franklin Women's Program.

Peer review involvement: CI Black has been a panel member for the MRFF International Clinical Trial Collaborations 2021 and the 2022 EMCR Grant Opportunity Assessment Committee, the Medical Research Council (United Kingdom), the National Institute for Health Research (UK) and the Irish Medical Council. CI Black is a scientific editor on BMJ Sexual and Reproductive Health and until recently a scientific editor of BJOG.

Career summary: CI Gordon is a Senior Neonatal Staff Specialist in the Royal Prince Alfred Hospital (RPAH) centre for newborn care and a Clinical Professor with the Discipline of Obstetrics, Gynaecology and Neonatology at the University of Sydney. CI Gordon is known nationally and internationally as an academic clinician whose research career has focused on prevention of adverse pregnancy outcome, and improving care, in particular stillbirth. CI Gordon is a chief investigator on the NHMRC Stillbirth CRE and leads a collaborative intervention enabled cohort called BABY1000 at the University of Sydney's Charles Perkins Centre, which is focused on the impact of intergenerational obesity, and includes the recently MRFF funded PRE-BABE trial. CI Gordon has been a plenary or invited speaker Nationally on > 60 occasions and invited speaker internationally 4 times including the World Obesity Congress 2016. CI Gordon is regularly asked to present at relevant National Annual Congresses including the Perinatal Society of Australia and New Zealand, RANZCOG, the Global Obstetric Update and the Sydney Innovation Symposium. CI Gordon represented both the Royal Australian College of Physicians and the Stillbirth CRE at public hearings for the recent Australian Senate Enquiry into Stillbirth Research and Education. CI Gordon has received several awards in the last 5 years including: NSW Health Harry Collins Award (2016), Sydney Local Health District Patients as Partners Award (2016), Sydney Local Health District Innovation Symposium "the Pitch" (2016). CI Gordon has 62 original and review peer-reviewed publications in the last 5 years (total pubs 90; 4528 citations).

Research Support: CI Gordon has been a CI on grants totalling more than \$13 million in the last 5 years and AI for grants of > \$2 million. CI Gordon is CIA for three currently recruiting RCTs - PRE-BABE Trial (2020-2025 – MRFF \$1,920,566), the SLiPP Trial (2018 – 2021 – RedNose/Cure Kids \$182,917 and the Gloves On Trial (2019 – 2022 NSW Health TRGS \$442,262).

Research Translation and Impact: CI Gordon is a chief investigator on the "Safer Baby Bundle" NHMRC partnership grant; aiming to reduce stillbirth rates by 20% in 5 years. CI Gordon has also been a key member of the development of significant maternity clinical practice guidelines over the past 5 years, including the Perinatal Society of Australia and New Zealand (PSANZ) Care after stillbirth or neonatal death guidelines (March 2018), Care of women with decreased fetal movements (August 2019), and evidence based position statements on fetal growth restriction, maternal sleep position and smoking cessation in pregnancy (2019). CI Gordon is National Coordinator for the IMPROVE program focused on implementation of the PSANZ perinatal death guideline, which has been run internationally and nationally and has recently been developed into an eLearning program. CI Gordon is CIA for a recently funded translational cluster randomised trial to reduce late onset infection in preterm infants using non-sterile gloves, which 8 health districts have committed to introducing into practice if effective (Gloves On Trial NSW TRGS). CI Gordon contributed to the Lancet Stillbirth Series in 2016 and led the Sydney Stillbirth Study which contributed to an international collaborative IPD meta-analysis published in 2019 synthesising the best available evidence on sleep position and stillbirth. This evidence has informed 2 public health campaigns in the UK and NZ, and sleep position is included as an element in the Australian Safer Baby Bundle (**and part of this CRE**). CI Gordon leads the Public Awareness work of the Stillbirth CRE and led the design, development of evaluation of the Movements Matter Campaign run in Victoria in 2018.

Community Engagement and Participation: CI Gordon has significant involvement with Stillbirth Foundation Australia, RedNose and Still Aware. CI Gordon also has collaborations with Miracle Babies Foundation, Raising Children Network and Best Beginnings.

Supervision and Mentoring: CI Gordon is currently primary supervisor for five PhD students and associate supervisor for a further 2 PhD students. CI Gordon has supervised 3 completed PhDs as associate supervisor (2 awarded 2019, 1 awarded 2020) CI Gordon is also primary supervisor for two post-doctoral project officers, two research midwives and a trial dietitian. CI Gordon has mentored many advanced trainees in Neonatal/Perinatal Medicine and also supported 2 MFM advanced trainee projects.

CIJ ASSISTANT PROFESSOR SUSANNAH LEISHER BA MA (Hons) MSc (Hons) (PhD Epidemiology to be awarded December 2022)

Career summary: CI Leisher is a stillbirth epidemiologist and global stillbirth advocate. She came to epidemiology from a 25-year prior career in global poverty alleviation, including 10 years living and working in Vietnam and 5 years working in Africa, Central America and South Asia. CI Leisher was motivated in her career direction by the unexplained stillbirth at term of her first child. She is honorary research fellow at the Stillbirth CRE, and ex officio chair of the International Stillbirth Alliance for which she has served since 2012. CI Leisher is co-chair of the Stillbirth Advocacy Working Group (founded by WHO's PMNCH) since 2016.

International standing: CI Leisher is a member of the WHO/UNICEF Every Newborn Action Plan (ENAP) management team since 2019 and co-chair of the ENAP/EPMM Advocacy and Accountability Working Group. She has represented parent voices in various other global platforms eg presented at India's 'National Data Quality Forum Webinar Series on parents' role in improving stillbirth data'; moderated a panel on parent voices for the global launch of AlignMNH, funded by the Gates Foundation, JHPIEGO and USAID; invited to make a statement of support at global launch of the new ENAP targets and milestones for 2025; member of the International Advisory Board, Stillbirth Society of India (since 2021); invited panelist for WHO's Patient Safety Day 2021 global event together with the presidents-elect of FIGO, IPA, etc on "the role of partners in advancing the safety and respectful care agenda in maternal and newborn health".

Research support: CI Leisher was PI, F31 Ruth L. Kirschstein National Research Service Award, National Institute of Child Health and Human Development, U.S. National Institutes of Health, 2020-2022 (US \$83,280), for her doctoral research; signatory and co-manager on behalf of International Stillbirth Alliance for grants from WHO Geneva (Parent Voices Initiative including first global registry for stillbirth support organizations; advocacy toolkits for parents and clinicians in India and Kenya to support respectful stillbirth care and parent advocacy, US\$38,873), WHO SEARO (incorporating parent voices into India stillbirth advocacy toolkit, US\$24,940), Gates Foundation (for creation of global stillbirth advocacy and prevention guide, \$99,900).

Collaborations: CI Leisher collaborated with UNICEF to co-host the global launch of the UN-IGME stillbirth estimates in 2020, including managing the placement of parent and midwife spokespersons from Kenya, Nigeria and Indonesia, and co-created the Global Scorecard for Ending Preventable Stillbirths which has most recently been updated by UNICEF, published in UNICEF's Every Newborn Action Plan Progress Report 2020, and was integrated into Australia's National Stillbirth Action Plan. CI Leisher is a member of core management team for COCOON, a global survey of pregnancy and birth challenges during COVID-19; an international initiative working on the development of a new classification system for causes of stillbirth and newborn death for use in high-resource settings, being piloted in Australia and the Netherlands; a group revising RESPECT global principles for respectful bereavement care to ensure inclusion of voices from parents/clinicians in LMIC; and groups adapting Global Scorecard.

Community engagement: CI Leisher designed, secured WHO funding for, and co-managed the Parent Voices Initiative which includes the first-ever global registry of stillbirth parent support organizations (identifying over 600 organizations in 75 countries) as well as projects with partner agencies in India and Kenya to develop advocacy toolkits to support clinicians and bereaved parents for respectful care. Her work creating and leading the Parent Voices Initiative funded by WHO and the Gates-funded Global Guide for Stillbirth Advocacy and Prevention, to be launched in May 2023, contributes to raising global awareness of stillbirth and ensuring it is not left out of action for maternal and newborn health. The Stillbirth Scorecard she co-created highlights progress and gaps within countries and regions as well as globally on stillbirth prevention and support.

Contribution to field, including translation of research into health: As a member of the Lancet's Stillbirth series study group, CI Leisher analysed the extent of inclusion of stillbirth in global health initiatives for the 2016 series "Ending Preventable Stillbirths". The series led to inclusion of the global stillbirth rate as an indicator within the monitoring and evaluation framework for the SDGs.

References (2 pages)

1. Souza et al. Moving beyond essential interventions for reduction of maternal mortality (WHO Multicountry Survey on Maternal and Newborn Health). *Lancet* 2013;381:1747-55.
2. Graham W et al. Diversity and divergence: dynamic burden of poor maternal health. *Lancet* 2016;388:2164-75.
3. UNFPA Asia Pacific. Maternal mortality in Asia-Pacific. Bangkok: UNFPA, 2018.
4. UN. The Sustainable Development Goals Report 2022. NY: United Nations 2022.
5. UN. The Sustainable Development Goals Extended Report: SDG 3. NY: United Nations 2022.
6. Payne M. Supporting our region to secure Australia's recovery. Commonwealth of Australia; 2021.
7. WHO, UNICEF, UNFPA, et al. Trends in maternal mortality: 2000 to 2017. Geneva: WHO 2019.
8. UN. A Neglected Tragedy: The global burden of stillbirths. NY: United Nations 2020.
9. Hug L et al. Global, regional, and national estimates and trends in stillbirths from 2000 to 2019: *Lancet* 2021;398:772-85.
10. Hug L et al. National, regional, and global levels and trends in neonatal mortality between 1990 and 2017. *Lancet Glob Health* 2019;7(6):e710-e20.
11. WHO/EURO. Fact sheet on Sustainable Development Goals: Maternal health. WHO, 2017.
12. Homer C et al. The projected effect of scaling up midwifery. *Lancet* 2014;384:1146-57.
13. Nove A et al. Potential impact of midwives in preventing and reducing maternal and neonatal mortality and stillbirths. *Lancet Glob Health* 2021;9:e24-32.
14. Tunçalp Ö et al. Quality of care for pregnant women and newborns. *BJOG* 2015;122(8):1045-9.
15. Souza JP et al. Moving beyond essential interventions for reduction of maternal mortality (WHO Multicountry Survey on Maternal and Newborn Health). *Lancet* 2013;381:1747-55.
16. Chmielewska B et al. Effects of the COVID-19 pandemic on maternal and perinatal outcomes: a systematic review and meta-analysis. *Lancet Glob Health* 2022; 9(6): E759-E772.
17. Bateson D et al. The impact of COVID-19 on contraception and abortion care policy and practice: experiences from selected countries. *BMJ Sex Reprod Health* 2020;46:241.
18. UNFPA. Impact of COVID-19 on Family Planning. NY: United Nations Population Fund 2021.
19. UNFPA APRO. SRH Services Disruptions during 2020. Bangkok: UNFPA 2020.
20. WHO. Scoping review of interventions to maintain essential services for maternal, newborn, child and adolescent health and older people during disruptive events. Geneva: WHO 2021.
21. Etti M et al. Global research priorities for COVID-19 in maternal, reproductive and child health: Results of an international survey. *PLoS ONE* 2021;16(9):e0257516.
22. WHO. Ending preventable newborn deaths and stillbirths by 2030. Geneva: WHO 2020.
23. Chawanpaiboon S et al. Global, regional, and national estimates of levels of preterm birth in 2014. *Lancet Glob Health* 2019;7(1):e37-e46.
24. Connolly M et al. Defining Preterm Birth and Stillbirth in the Western Pacific: A Systematic Review. *Asia Pac J Public Health* 2021;33(5):489-501.
25. De Silva M et al. Severe maternal morbidity in the Asia Pacific: a systematic review and meta-analysis. *Lancet Reg Health – West Pac* 2021;14.
26. Vallely L, et al. Improving maternal and newborn health and reducing stillbirths in the Western Pacific Region. *Lancet Reg Health – West Pac* 2022;(Accepted 14 Nov and in press)
27. WHO. Program strategies for postpartum family planning. Geneva WHO, 2013.
28. UNFPA. The State of the World's Midwifery. New York: United Nations Population Fund 2021.
29. UNFPA. The State of the Pacific's RMNCAH Workforce. Suva, Fiji: UNFPA 2019.
30. WHO. Postpartum care for a positive pregnancy experience. Geneva: WHO 2022.
31. WHO. Labour care guide: User's manual. Geneva: WHO 2020.
32. WHO. Antenatal care for a positive pregnancy experience. Geneva: WHO 2016.
33. WHO. Labour Care Guide: Users Manual Geneva: WHO, 2020.
34. Opiyo N et al. WHO's Robson platform for data-sharing on caesarean section rates. *Bull World Health Organ* 2022;100(5):352-54.
35. Stacey T et al. Association between maternal sleep practices and risk of late stillbirth. *BMJ* 2011;342:d3403.

36. Gordon A et al. Sleep position, fetal growth restriction, and late-pregnancy stillbirth. *Obstet Gynecol* 2015;125(2):347-55.
37. McCowan LME et al. Going to sleep in the supine position is a modifiable risk factor for late pregnancy stillbirth. *PLoS One* 2017;12(6):e0179396.
38. Heazell A et al. Association between maternal sleep practices and late stillbirth - findings from a stillbirth case-control study. *BJOG* 2018;125(2):254-62.
39. Cronin RS et al. An Individual Participant Data Meta-analysis of Maternal Going-to-Sleep Position *EClinicalMedicine* 2019;10:49-57.
40. Rossiter SK et al. Women's sleep position during pregnancy in low- and middle-income countries: a systematic review. *Reprod Health* 2021;18(1):53.
41. Andrews C et al. Working together to reduce stillbirth in Australia: The Safer Baby Bundle initiative. *Women and Birth* 2020;33(6):514-19.
42. Lavallée J et al. The effects of care bundles on patient outcomes. *Implement Sci* 2017;12:142-42.
43. Safer Care Victoria. SCV Annual Report 2019-20. Melbourne: Victorian Government 2020.
44. Bohren M, et al. Formative research to design an implementation strategy for a postpartum hemorrhage initial response treatment bundle: study protocol. *Reprod Health* 2021;18(1):149.
45. Cleland J et al. Contraception and health: Family Planning 2. *Lancet* 2012;380:149–56.
46. Hall JA et al. Pregnancy Intention and Pregnancy Outcome: Systematic Review and Meta-Analysis. *Matern Child Health J* 2017;21(3):670-704.
47. Yaya S et al. Effects of birth spacing on adverse childhood health outcomes: evidence from 34 countries in sub-Saharan Africa. *J Matern Fetal Neonatal Med* 2020;33(20):3501-08.
48. Islam MZ et al. Negative effects of short birth interval on child mortality in LMICs: A systematic review and meta-analysis. *J Glob Health* 2022;12:04070.
49. United Nations. World Contraceptive Use 202. NY: United Nations; 2021.
50. UNFPA. Investing in Maternal Health and Family Planning in Small Islands. NY: UNFPA 2021.
51. Graham I, et al. Lost in knowledge translation *J Cont Education Health Professions* 2006;26(1).
52. Vogel JP et al. Usability, acceptability, and feasibility of the WHO's LCG. *Birth* 2021;48:66-75.
53. Kinney M et al. Maternal and perinatal death surveillance and response in low- and middle-income countries. *Health Pol Plan* 2021;36(6):955-73.
54. WHO. Implementation Tools for MPDSR. Geneva: WHO 2021.
55. WHO. Intrapartum care for a positive childbirth experience. Geneva: WHO 2018.
56. WHO. Uterotonics for the prevention of PPH. Geneva: WHO 2018.
57. WHO. ANC recommendations adaptation toolkit. Geneva: WHO 2021.
58. Vogel JP et al. Barriers, Facilitators and Priorities for Implementation of WHO Maternal and Perinatal Health Guidelines *PLoS One* 2016;11(11):e0160020.
59. DFAT. Australia Awards Fellowships Canberra: Australian Government; 2022
60. WHO. HRP Alliance for Research Capacity Strengthening. Geneva: WHO 2021
61. Adanu R, et al. Strengthening research capacity through regional partners: HRP Alliance at WHO. *Reproductive Health* 2020;17(1):131.
62. Bohren M et al. How women are treated during facility-based childbirth in four countries. *Lancet* 2019;394(10210):1750-63.
63. Bohren M et al. Mistreatment of Women during Childbirth in Health Facilities Globally. *PLoS Medicine* 2015;12(6):e1001847.
64. Bohren MA et al. Facilitators and barriers to facility-based delivery in low- and middle-income countries: a qualitative evidence synthesis. *Reprod Health* 2014;11(1):71.
65. Bohren MA et al. "By slapping their laps, the patient will know that you truly care for her": A qualitative study. *SSM Popul Health* 2016;2:640-55.
66. WHO. Papua New Guinea - Actions for scaling up long-acting reversible contraception. Manila: WHO Regional Office for the Western Pacific 2017.
67. Black KI et al. A cross-sectional study of factors associated with immediate postpartum uptake of contraceptive implants in PNG. *Contraception* 2022 [Online ahead of print].



World Health
Organization

REGIONAL OFFICE FOR

South-East Asia

OFFICE ADDRESS:

PERMANENT: WORLD HEALTH HOUSE, INDRAPRASTHA ESTATE, MAHATMA GANDHI ROAD, NEW DELHI-110 002, INDIA, [WWW.SEARO.WHO.INT](http://www.searo.who.int)

TEMPORARY: METROPOLITAN HOTEL OFFICE BLOCK, BANGLA SAHIB ROAD, GOLE MARKET, SECTOR 4, NEW DELHI-110 001, INDIA

ANNEX – RED FORT CAPITAL PARSVNATH TOWER 1, BHAI VIR SINGH MARG, GOLE MARKET, SECTOR 4, NEW DELHI-110 001, INDIA

TEL: 91-11-4304 0200 /0161, FAX: 91-11-2336 8355

In reply please refer to:

Dr Niranjana Mahantashetti
Director
Women's and Children's Health Research
Unit, Jawaharlal Nehru College
KLE Academy of Higher Education and
Research
JNMC Campus, Nehru Nagar
Belagavi, Karnataka

25 October 2023

Dear Dr Mahantashetti,

Subject: Redesignation of Women's and Children's Health Research Unit, Jawahar Lal Nehru Medical College as a WHO Collaborating Centre for Research in Maternal and Perinatal Health (WHO-CC IND 156)

I am pleased to inform you that the World Health Organization has designated the Women's and Children's Health Research Unit, Jawaharlal Nehru Medical College, KLE Academy of Higher Education and Research, Belagavi (JNMC Research Unit) as a WHO Collaborating Centre for Research in Maternal and Perinatal Health (WHO-CC IND 156).

As previously agreed, Dr Shivaprasad Goudar will act as Head of the Centre. Should there be any change in the future, I would be grateful if you would inform WHO without delay.

The agreed terms of reference and workplan of the Centre are attached. We wish to emphasize that institutions designated as WHO Collaborating Centres are expected to implement the agreed workplan in a timely manner and to the highest possible standard of quality. Any issue that may affect the implementation of the agreed workplan should be brought to the attention of the WHO responsible officer Dr Mariana Widmer at widerm@who.int

For information on administrative matters, please visit the WHO website <https://www.who.int/southeastasia/about/partnerships/collaborating-centres>.

Cont'd...2/-

cc: The Secretary, Ministry of Health and Family Welfare, Government of India, Nirman Bhawan, New Delhi
The Joint Secretary (IH Division), Ministry of Health and Family Welfare, Government of India, Nirman Bhawan, New Delhi
The WHO Representative to India, Nirman Bhawan, New Delhi

Dr Niranjana Mahantashetti
Director
Women's and Children's Health Research
Unit, Jawaharlal Nehru College
KLE Academy of Higher Education and
Research
JNMC Campus, Nehru Nagar
Belagavi, Karnataka

25 October 2023

Finally, please note that institutions designated as WHO Collaborating Centres must complete a short online progress report form once a year. On the anniversary of the designation date, details will be sent to the email address of the Head of the Centre specified in the designation form.

The designation as a WHO Collaborating Centre will be effective for a period of 4 years of redesignation, as from **14 September 2023**, and will automatically end on **14 September 2027**, unless redesignation has been approved by WHO before that date. During the period of designation, either party may revoke the designation at any time by giving three months advance notice in writing.

I look forward to our successful collaboration.

Yours sincerely,



Dr Poonam Khetrpal Singh
Regional Director

Encl: As stated



ICMR- Collaborating Centre of Excellence (ICMR-CCoE)

The Indian Council of Medical Research has designated the **Jawaharlal Nehru Medical College, Belagavi** led by **Dr Shivaprasad Sadashivappa Goudar** as ICMR- Collaborating Centre of Excellence (ICMR-CCoE) in recognition of the commendable achievements in biomedical research

DR. RAJIV BAHL

Director General, Indian Council of Medical Research
4 November, 2023



National Accreditation Board for
Testing and Calibration Laboratories

CERTIFICATE OF ACCREDITATION

**KLES DR. PRABHAKAR KORE HOSPITAL AND MRC HI
TECH LABORATORY**

has been assessed and accredited in accordance with the standard

ISO 15189:2012

**"Medical laboratories - Requirements for quality and
competence"**

for its facilities at

NEHRUNAGAR, BELGAUM, KARNATAKA, INDIA

in the field of

Medical Testing

Certificate Number: MC-2352

Issue Date: 07/04/2024

Valid Until:

06/04/2026

In view of the transition deadline for ISO 15189:2022, the validity of this accreditation certificate will cease on 31.12.2025.

This certificate remains valid for the Scope of Accreditation as specified in the annexure subject to continued satisfactory compliance to the above standard & the relevant requirements of NABL.

(To see the scope of accreditation of this laboratory, you may also visit NABL website www.nabl-india.org)

Name of Legal Entity: Karnataka Lingayat Education Society

Signed for and on behalf of NABL



N. Venkateswaran
Chief Executive Officer



भारतीय आयुर्विज्ञान परिषद् MEDICAL COUNCIL OF INDIA

पॉकेट - 14, सेक्टर - 8, द्वारका, नई दिल्ली - 110 077
Pocket - 14, Sector - 8, Dwarka, New Delhi - 110 077

75
YEARS

Platinum Jubilee
(1933 - 2008)

No. MCI-Academics/2014

118863

Date:

9.7.14

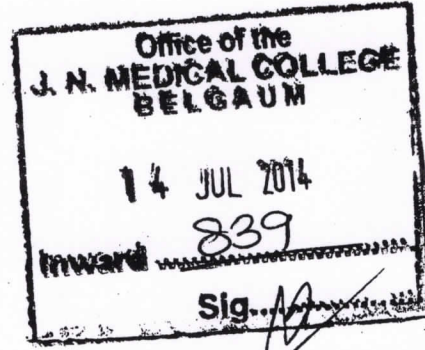
✓ Dr. A. S. Godhi,
Dean & Principal
Jawaharlal Nehru Medical College,
Nehru Nagar, Belgaum - 590 010
Karnataka

Ph. - 0831 - 2471350, 2471701, 2470101 (Direct)

Res: - 0831 - 2470102, 2430063

Fax: 0831-2470759; M: 09844121868

E-mail: principal@jnmc.edu, drashokgodhi@jnmc.edu



Sub: letter No. MDC/Dome/584 dated 18-05-2014 on Nodal Centre for FDP programme-reg

Sir,

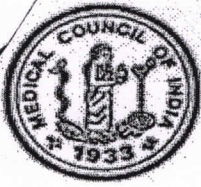
I have been directed to inform you that Medical Council of India has been pleased to upgrade the Regional Centre in MET at your Institution to Nodal Centre in MET and conduct Advance Course in Medical Education.

The Academic Cell has already sent you a letter requesting you to nominate a Convener & Co-Convener to conduct the Advance Course. Your reply, which has not been received so far, may be expedited. The Centre would continue to conduct the Basic Course Workshop in MET.

Yours faithfully,

(Dr. Davinder Kumar)
Joint secretary, MCI

Dr. Sumita &
Dr. Padmaja } to peruse the letter
and act accordingly
draft of the reply to be put up



भारतीय आयुर्विज्ञान परिषद् MEDICAL COUNCIL OF INDIA

पॉकेट - 14, सेक्टर - 8, द्वारका, नई दिल्ली - 110 077
Pocket - 14, Sector - 8, Dwarka, New Delhi - 110 077

478
75
YEARS

Platinum Jubilee
(1933 - 2008)

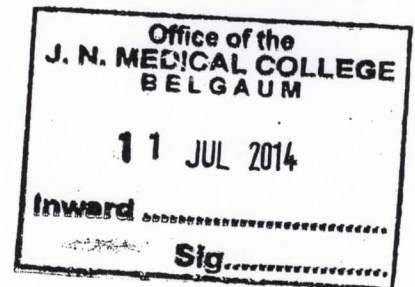
No.MCI-Academics/2014/

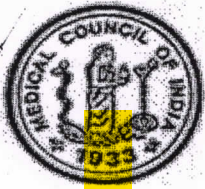
1/8024

Date:

4-7-14

1. Dr. S. M. Bhatti
Principal, Christian Medical College,
Brown Road,
Ludhiana-141008
Punjab
Phone: 0161-2610856, 5010819; Fax: 0161-5010819
M: 9646900336
E-mail: smbhatti_99@yahoo.com; principal.medical@cmcludhiana.in
principal_cmcl@hotmail.com
2. Dr Sandeep Srivastava
Professor, Orthopaedics and Dean
Jawaharlal Nehru Medical College,
Sawangi (Meghe) Wardha 442004,
Maharashtra
Mobile: 09765404014 / 09422802397
Off. 07152-287701 to 287706 Ext.202; Fax: 07152-287714
M:09765404068
Email: drsandeepshrivastava@hotmail.com; drsandeepshrivastava@yahoo.com
3. Dr Shubhangi Parkar
Dean -in-Charge
Professor and Head, Psychiatry,
Seth GSMC and KEM Hospital, Parel
Email: deangsmc@kem.edu; pshubhangi@gmail.com
Mumbai-400012, Maharashtra
Off. 022-24131419, 24136051; Fax: 020-24142503
Mobile: 09820703191
4. Dr. S. Anandan
Dean, Sri Ramachandra Medical College
& Research Institute,
No. 1, Ramachandra Nagar, Porur, Chennai-600 116 Tamil Nadu
PH. 044 - 24765625, Fax: 044 - 24767008
Mobile: 09444150373
E-mail: deansrmc@hotmail.com; anandan_subbu@yahoo.co.in
5. Dr K Srinivasan
Dean,
St. John's Medical College,
Johnnagar, Sarjapura Road,
Bangalore - 560 034 Karnataka
PH. - 080 - 22065030; Fax: 080 - 25530737
Ph: 0091 80 49466006 Fax : 0091 80 25530737
Email : dean.sjmc@stjohns.in; srinivas@stjohns.in
6. Dr. Utpala Kharod
Dean, Pramukhsami Medical College,
Karamsad, Gujarat - 388325
Distt. Anand, Gujarat
Ph.: 02692-223661, 222420, 02692-222420, Fax: 02692-223660/ 223466
M: 09825318749
E-mail: psmc@charutarhealth.org; utpala_kharod@hotmail.com





भारतीय आयुर्विज्ञान परिषद् MEDICAL COUNCIL OF INDIA

पॉकेट - 14, सेक्टर - 8, द्वारका, नई दिल्ली - 110 077
Pocket - 14, Sector - 8, Dwarka, New Delhi - 110 077

479
75
YEARS

Platinum Jubilee
(1933 - 2008)

Dr. A. S. Godhi,
Dean & Principal
Jawaharlal Nehru Medical College,
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Karnataka
Ph. - 0831 - 2471350, 2471701, 2470101 (Direct)
Res: - 0831 - 2470102, 2430063
Fax: 0831-2470759
M: 09844121868
E-mail: principal@jnmc.edu, drashokgodhi@jnmc.edu

8. Dr Alfred Job Daniel
Principal, Christian Medical College
Bagayam, Vellore-632002
Tamil Nadu,
Ph: 0416-228 4201
Fax: 0416-2262788
Mobile: 09677770171
Email - princi@cmcvellore.ac.in
- 9 Dr. Pankaj R Patel
Dean /Principal
Smt. N.H.L.Municipal Medical College,
Ellis Bridge, Ahmedabad-380006
Off. 079-26578452/26576275/26575388; Fax: 079-26579282
Mobile:09327426851
E-mail: pankajpatelr@gmail.com; deannhlmmc@yahoo.com;
deannhlmmc@yahoo.co.in
10. Dr. A. Remla Beebi
Principal, Government Medical College
Gandhinagar, Kottayam - 686008
Ph: 0481-2597284
Fax no. 0481- 2597284
Mobile: 099463 58827
fax: 0481-2597284
E mail: medicalcollegekottayam@gmail.com

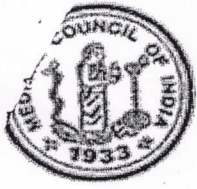
Sub:- Nomination of Convenor for conduct of Advance Course in Medical Education by MCI Nodal Centres in MET-reg.

Madam/Sir,

The Medical Council of India is initiating conduct of Advance Course in Medical Education by the Nodal Centres given from Sr. No. 1 to 8 immediately and subsequently by Nodal Centres given from Sr. No. 9 -10. The Council has laid down norms for conduct of Advance Course in the attached document. As per this document, the Resource Faculty in each Nodal Centre to conduct the Advance Course should fulfill the following requirements:

a. Minimal requirement and Criteria for Resource faculty to conduct advanced course

- Each Nodal Centre should have at least 5 faculty who fit into one of the following criteria:
 - ✓ Degree in medical education
 - ✓ Diploma in medical education



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Pocket - 14, Sector - 8, Dwarka, New Delhi - 110 077

15
YEARS

Platinum Jubilee
(1933 - 2008)

- ✓ FAIMER (Foundation for Advancement of International Medical Education and Research) Fellowship
- ✓ Advanced course in medical education (project based longitudinal course)

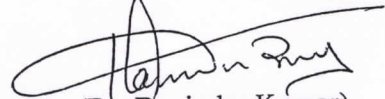
During the initial transitory period of 3 years the deficient requirement of not more than 20% could be met with by the faculty fulfilling the following criteria:

- An education lead who has developed and implemented a national or state level educational programme

At each contact session of the Nodal Centre, MCI will depute a National Consultant.

In view of the above, you are requested to nominate Convener and Co-Convener for the Nodal Centre at your Institution for conducting Advance Course in MET, fulfilling the above required criteria, forthwith for launching of Nodal Centres for Advance Course.

Yours faithfully,


(Dr. Davinder Kumar)
Joint Secretary

Encl: as above

Copy for information:

- 1 The President, Medical Council of India, New Delhi
- 2 Dr. Ved Prakash Mishra, Chairman, Academic Committee, MCI. Plot No.3, Neera Apartment, 1st Floor. Opp NIT Telecom Garden, Ramakrishna Nagar, Nagpur - 440 025.

National Accreditation Board for Hospitals & Healthcare Providers

(Constituent Board of Quality Council of India)

CERTIFICATION

**KLES Dr. Prabhakar Kore Hospital
& Medical Research Centre**

P. B. Road, Nehru Nagar
Belgaum - 590010, Karnataka

has been assessed and found to comply with NABH
Entry Level - Hospital requirements.

This certificate is valid for the Scope as specified in the
annexure subject to continued compliance with the
Entry Level requirements.

Date of first Certification: December 20, 2018

Date of Previous Cycle

December 20, 2020 to December 19, 2022

Valid from : December 20, 2022

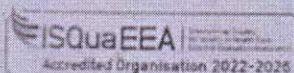
Valid thru : December 19, 2024



Certificate No.
PEH-2018-0667

Dr. Atul Mohan Kochhar
Chief Executive Officer

National Accreditation Board for Hospitals & Healthcare Providers, 5th Floor, ITPI Building, 4A, Ring Road, IP Estate, New Delhi 110 002, India
Phone: +91-11-42600600, Fax: +91-11-2332 3415 • Email: helpdesk@nabh.co • Website: www.nabh.co



SI No. 014120



NABH as an organisation is ISQua Accredited

National Accreditation Board for Hospitals & Healthcare Providers

(Constituent Board of Quality Council of India)

CERTIFICATE OF ACCREDITATION

**Institutional Ethics Committee of KLE University
KLES Dr. Prabhakar Kore Hospital and MRC**

Nehru Nagar, JNMC Campus
Belagavi - 590010, Karnataka

has been assessed and found to comply with NABH
Accreditation Standards for Ethics Committee (E.C)
under clinical trial program.

This certificate is valid subject to continued compliance
with NABH Accreditation Requirements.

Date of first accreditation: January 21, 2018

Valid from : January 21, 2021

Valid thru : January 20, 2024



EC-CT-2018-0015

Certificate No.
EC-CT-2018-0015

Dr. Atul Mohan Kochhar
Chief Executive Officer

National Accreditation Board for Hospitals & Healthcare Providers, 5th Floor, ITPI Building, 4A, Ring Road, IP Estate, New Delhi 110 002, India
Phone: +91-11-42600600, Fax: +91-11-2332 3415 • Email: helpdesk@nabh.co • Website: www.nabh.co



SI No. 002963

002963

NABH

NABH as an organisation is ISQua Accredited



National Accreditation Board for
Testing and Calibration Laboratories

CERTIFICATE OF ACCREDITATION

**KLES DR. PRABHAKAR KORE HOSPITAL AND MRC HI
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ISO 15189:2012

**"Medical laboratories - Requirements for quality and
competence"**

for its facilities at

NEHRUNAGAR, BELGAUM, KARNATAKA, INDIA

in the field of

Medical Testing

Certificate Number: MC-2352

Issue Date: 07/04/2022

Valid Until: 06/04/2024

This certificate remains valid for the Scope of Accreditation as specified in the annexure subject to continued satisfactory compliance to the above standard & the relevant requirements of NABL.

(To see the scope of accreditation of this laboratory, you may also visit NABL website www.nabl-india.org)

Name of Legal Identity : KLES Prabhakar Kore Hospital and Medical Research Centre

Signed for and on behalf of NABL



N. Venkateswaran
Chief Executive Officer

MEMORANDUM OF UNDERSTANDING

Hospital Based Cancer Registries in India

National Cancer Registry Programme

ICMR-National Centre for Disease Informatics and Research, Bengaluru

The broad and overall objective of ICMR-National Centre for Disease Informatics and Research (ICMR-NCDIR), Bengaluru is to sustain and develop a national research data-base on cancer, diabetes, CVD, stroke, other NCDs and their risk factors through recent advances in electronic information technology with a national collaborative network, so as to undertake etiological, epidemiological, clinical and disease control research in these areas.

The National Cancer Registry Programme (NCRP) was initiated in 1981 by the ICMR, and is presently coordinated at ICMR-NCDIR, Bengaluru. It operates through a network of Population Based Cancer Registries(PBCRs) and Hospital Based Cancer Registries(HBCRs) across different parts of the country. The data collected enables to estimates cancer incidence, mortality, trends, burden, clinical management, outcome and survival. The information aids efforts towards cancer prevention and control in the country.

This Hospital Based Cancer Registry is being implemented by ICMR- NCDIR, Bengaluru at KLE'S DR PRABHAKAR KORE HOSPITAL & MRC BELAGAVI with the following aim / objectives.

1. Profile and patterns of cancer in patients attending the hospital/health facilities
2. Describe the diagnostic, clinical, treatment and outcome parameters
3. Contribute to the respective PBCRs in India under ICMR-NCDIR-NCRP

The basic methodology for the project "Hospital Based Cancer Registries in India" envisages capturing core patient information on demography, clinical details, treatment and outcome of all cancers reported/registered at all departments/units/sections who are involved in cancer diagnosis/treatment/care in the hospital.

Agreement for co-operation in the performance of work on "Hospital Based Cancer Registries in India" through ICMR-NCDIR, Bengaluru between Dr. Prashant Mathur, Director, ICMR-National Centre for Disease Informatics and Research, Bengaluru, hereinafter called Principal Investigator (PI) and DR KUMAR VINCHURKAR hereinafter called Principal Investigator of Participating Centre (C-PI).

The project sanction is up to March 2027 and it is effective from 1st April 2023. The funds will be released on installment basis based on quality of data submission and overall performance. The C-PI is responsible for the following:

1. Collection, collation and transmission of data of all malignant neoplasms reported/diagnosed/treated from the above centre from 1st January 2023 onwards.
2. Follow the terms and conditions (as specified in **Annexure I**) are necessary for uniformity and successful execution of the study.
3. Managing funds provided for the said purpose as per guidance and rules applicable.
4. Submission of duly signed utilization certificate on a regular basis.

In consideration of the above, an annual budget of up to ₹ **3,15,000/-** (In Rupees Three Lakh and Fifteen Thousand only) per year is provided for the financial year 2023-24, and will be released in installments after receiving duly completed MoU and other codal formalities.

The undersigned parties hereby agree and conclude the present agreement:

Signature:

Name, title & Institution:

Dr. Prashant Mathur

Principal Investigator & Director

ICMR-NCDIR, Bengaluru

Email ID: director-ncdir@icmr.gov.in

Date:

Signature:

Principal Investigator (C-PI)

Name: Dr Kumar Vinchurkar

Designation:

Consultant Surgical
Oncology

Mobile: 8277538780

Email: vkumar_007@yahoo.com

Date: 11/05/2023

Head of the institution

Name:

Dr. M. V. Jali,
MD., FRCP (LONDON), D.L.R.

Designation:

Medical Director and CEO
KLES Cancer Hospital,
Professor & Chief Diabetologist,
KMC Reg. No. 16554
KLES Dr. Prabhakar Kore Hospital & MRC
KAHER'S J. N. Medical College,
Belagavi - 590010 INDIA

Mobile:

Email:

Full Postal address:

Institutional website:

Date:

drmvjali@gmail.com
→ medicaldirector@kleshospital.org
medicaldirector@klescancerhospital.org

ANNEXURE-I

Terms and Conditions

Roles and Responsibilities:

A. Principal Investigator (PI), ICMR-NCDIR

1. Deploy standard protocol, tools and methods of National Cancer Registry Programme (NCRP) for collection of data at HBCRs. This includes provision of Core forms for abstraction of cases, procedure manuals and technical support to the participating center or study tools, as per needs of the study.
2. Access to the online software along with secure login credentials to the C-PI.
3. To organize periodic training, re-training of registry staff. This will employ physical onsite programs as well as online electronic methods
4. Monitor the quality of data being collected, transmitted to ICMR-NCDIR, completeness and clarifications
5. The cancer data collected through this collaboration will be used to augment the NCRP database.
6. ICMR- NCDIR does not accept any responsibility for persons hired for the activity by the participating centre and thus will have no legal liability relating to the implementation of this MoU.

B. Principal Investigator of the participating centre (C-PI)

1. C-PI will be nominated by the respective Head of Institution. All other Co-PIs will be identified by the C-PI as relevant (i.e., clinicians from surgical/radiation/medical oncology departments and a pathologist) to the implementation of the project with the approval of Head of the Institution.
2. C-PI will have overall responsibility for the execution of the project in the participating centre as per guidelines. This basically includes collection and collation of data of all malignant neoplasms reported/diagnosed/treated in the participating centre from the 1st January 2023, with specific attention to capture of complete and correct residential address, including patient identification details, exact anatomical site of cancer, stage and treatment. HBCR should cover the cases from various departments/units (surgery, radiation, medical oncology, pediatrics, general medicine/surgery, obstetrics and gynaecology, ophthalmology and other departments) from the entire institution whenever any case of cancer is diagnosed or managed to cover complete details. Data collection has to be done in the prescribed format (HBCR coreform) as per guidelines provided in the procedure manual. The same data should be entered into the online software provided by ICMR-NCDIR and transmitted preferably daily to ICMR-NCDIR.
3. The C-PI will be the main corresponding / contact person for all matters including utilization of funds and be the overall in-charge of the project Hospital Based Cancer Registry in India.
4. C-PI should have Co-Principal Investigators (Co-PI) from all the oncology and cancer related departments. If for any reason the C-PI leaves, an eligible clinician/Co-PI with the concurrence of the Head of the Institution should be nominated and a request for approval of ICMR-NCDIR should be sent well in advance along with detailed Biodata and letter of acceptance for the position and responsibility.
5. Based on local set-up the C-PI /Co-PIs could also identify junior staff members as Faculty-in-charge. This person(s) along with the senior most staff employed under the project would be responsible for the day to day working of the project. This day to day working includes ensuring:
 - i) Completion of core proforma for "Hospital Based Cancer Registry in India" and regular data transmission.

- ii) Maintain the quality of data during abstraction and transmission.
 - iii) Ensure that the hired manpower is acquainted with the methodology of data collection and abstraction through interim in-house reviews.
 - iv) Internal meetings with all the investigators and concerned staff should be conducted periodically.
 - v) Assist in order to provide any clarifications sought by ICMR-NCDIR;
6. Facilitate the Principal Investigator/representative(s) during their visits for monitoring, supervision and quality assurance of the data collected.
 7. The C-PI and Co-PIs along with the concerned staff should strictly adhere to participate in the meetings along with suitable representative who will also participate in workshops / training programmes and present the progress of work.
 8. As ICMR-NCDIR is providing the funds for the project Hospital Based Cancer Registries in India, the primary data of HBCR belongs both to your centre and to ICMR-NCDIR. Therefore, the C-PI should take approval from ICMR-NCDIR before providing/sharing the primary data with any third party / any agency. The ICMR-NCDIR policy on data processing and disclosure shall be followed as applicable from time to time.
 9. The space and basic equipment, furniture and other assistance required for the smooth working of the project shall be provided by the host institution. No assets should be procured from the project fund.
 10. Hiring of manpower for the purpose of project as per the rules and regulations of the participating centre and should take the overall responsibility.

C. Accounts:

1. Grant-in-aid: General, Lump sum grants would be released.
 - i) Submission of Utilization Certificate along with Receipts and Payments Accounts after completion of the financial year (duly certified and signed by C-PI and Accounts Officer / Head of the Institution to be submitted).
 - ii) Adjustment of closing balance of previous year as shown in Utilization Certificate.
2. Head of the Institution / C-PI will have the liberty of allocation of the funds for functioning of registry and its requirements such as hiring of manpower, training, workshop, contingencies etc. as such C-PIs may get work done in an effective manner. No person should be hired on very long term basis continuously.
3. The funds provided should be spent for the purpose for which it has been sanctioned and should not exceed the allocated budget. Any deviation in budget utilization needs prior approval from ICMR-NCDIR, Bengaluru
4. Funds would be provided to your institutional bank account or specific account dedicated for this project and details of records of expenditure incurred shall be maintained. The accounts will be subjected to audit by the authorized auditors/accounts officer of the centre.
5. Bank interest accrued in a financial year should not be utilized by the centre and should be refunded to ICMR-NCDIR.
6. The grant released by ICMR-NCDIR shall be refunded as per unspent amount available at the participating centre if and when ICMR-NCDIR or grantee concerned discontinues mid-way or does not follow the terms and conditions laid down and approved.

7. The C-PI must keep track of all circulars/ Notices/ Letters sent by ICMR-NCDIR.

D. Core and Patient Information Form:

1. The project core forms will be printed and provided to the respective participating centre by ICMR-NCDIR.
2. A hard copy of the core form should be completed (and updated) for all malignant cases reported in the respective participating centre.
3. The filled hard copy of the core form shall be preserved for a minimum of 5 years from the date of termination of the project.

E. Data Transmission:

1. Transmission of data on each patient has to be done regularly through the website <https://www.ncdirindia.org>. The login credentials to access the online software will be provided by ICMR-NCDIR.
2. The centre has to place a request for replenishment of HBCR core forms at least one month in advance through the portal.
3. The core identifying and diagnostic information/ Treatment details has to be transmitted within two weeks of data collection.
4. Methods for coordination with other departments, verification of quality errors and data entry should be developed by each participating centre.
5. ICMR-NCDIR will monitor the completeness and quality of data transmitted periodically.
6. Poor quality of data will not be accepted for publication in the periodic reports of the NCRP.

F. Quality of data:

HBCR data which is submitted undergoes following processing steps at ICMR-NCDIR:

1. ICMR NCDIR assess the coverage of the data from the respective hospital. Data abstraction should be done from all departments including pathology, surgical oncology, radiation oncology, medical oncology and any other departments where cancer is diagnosed and treated. If there is a lack of coverage, the registry will be informed to ascertain missing cases. Once the data is complete, the following steps are taken to make it complete, free from errors as per standards and international norms.
2. Quality Control –
 - a. Data should be complete in all aspects, especially the treatment and follow up details.
 - b. Registries can perform checks on the data transmitted through the HBCR software. NCDIR shall also perform checks on the data to evaluate the quality of the submitted data. The generation of error tables is followed by the dispatch of erroneous data to respective registries for inputs/corrections. The corrections are made in the HBCR software by the respective registries.
 - c. Duplicates are identified and shared with the registry for concurrence and subsequently the elimination is done by ICMR -NCDIR.
 - d. Data is further evaluated for consistency checks and if the coverage and quality of data is found to be satisfactory, data of the centre is finalized and will be used for analysis and report preparation.

G. Data Access:

- a. Each centre is provided access to download its own raw data for quality control (above Point no. 2. a,b,c) at any time for purposes of data monitoring, and any further analysis. It is to be noted that this data has not completed the Quality control steps and therefore is not final data. The C-PI is responsible for the access of data at this stage, and its further use.
- b. Data that has completed all steps of QC (2.a to d) is final and will be included in the analysis for reports and publications prepared by ICMR-NCDIR.
- c. The finalized data will be also available for access to each participating centre for further use as deemed fit.

H. Report of Work Done:

1. The grant is being sanctioned on the condition that reports on the progress of work done on the project will be submitted by the participating centre to the ICMR-NCDIR, as and when called for as per format.
2. Timely release of grants necessitates timely submission of data to ICMR-NCDIR. The deadlines for submission of data have to be adhered.

I. Data use and Publication:

1. The HBCR can share information with another HBCR under NCRP only based on specific request from another HBCR under information to ICMR-NCDIR.
2. HBCR data shall be used by ICMR-NCDIR to strengthen the information in case diagnosis/treatment/follow up/outcome in any PBCR/HBCR under the NCRP.
3. ICMR-NCDIR shall finalize datasets of each HBCR on an annual basis.
4. The individual C-PI is responsible for publication of the collected / verified data from the participating centre, after the data is accepted by ICMR-NCDIR, with due acknowledgement of ICMR-NCDIR-NCRP
5. It is encouraged that HBCRs should publish the data periodically in the form of annual reports/manuscripts with due acknowledgment of the ICMR-NCDIR and proper citation of the ICMR-NCDIR and HBCRDM software.
6. The analysis, report preparation and publication of the verified / collected pooled data is the responsibility of the ICMR-NCDIR-NCRP.
7. A list of papers published on the work carried out for this study by the HBCR under the auspices of the ICMR-NCDIR shall be submitted along with reprints of the papers periodically.
8. Data collected and finalized can be used for thesis/publication/sharing with government departments.

J. Ethical Clearance:

1. The participating centre shall obtain IEC approval for the project before commencement of data collection and submit the same to ICMR-NCDIR as per the ICMR 'National Ethical Guidelines for Biomedical and Health Research involving Human Participant-2017'. The necessary ethical clearance including patient consent will be the responsibility of the participating centre.

K. Data Confidentiality:

1. The participating centre will abide by the concerned ICMR-NCDIR policy on data processing and disclosure to ensure a stable, reliable, ethical and legally compliant framework for data collection, use and dissemination by the NCDIR.
2. The C-PI should ensure that the staff of the participating centre maintain patient confidentiality and also maintain data confidentiality and data security. Measures to maintain data security and protection as per the ICMR-NCDIR policy will be followed by the centre.

L. Specific Conditions on Use of Software:

1. No part of this software may be copied or used without the written consent of ICMR-NCDIR. Copyright © 2014, ICMR, New Delhi, All Rights Reserved.
2. Software, database and login credentials should be used only by authorized persons at authorized locations. Change of C-PI or discontinuation of the services of any hired manpower having knowledge of the login credentials must be intimated to ICMR-NCDIR so that the previous password is invalidated and fresh credentials will be issued to the participating centre. Undertaking on data confidentiality must be taken from staffs. Any violation of terms and conditions shall attract discontinuation of contract.

M. Termination of the project:

1. Either party can terminate the project, with valid reasons and adequate time.
2. A list (in duplicate) of non- expendable and expendable article together with property registers and suggestions for disposal of the articles should be sent to ICMR-NCDIR within a month from the date of termination of the research scheme.

This MoU is valid for two calendar years and needs to be renewed by both parties.

Certificate No.: JD(M)/HOTA/36/2022-23



Government of Karnataka

Appropriate Authority for
The Transplantation of Human Organs and Tissues Act, 1994
Bangalore - 560 009.
Form - 17

CERTIFICATE OF RENEWAL REGISTRATION

[Refer rule 25(2)]

This is with reference to application dated 10/09/2022 from 21/11/2022 TO 20/11/2024
KLES Dr.Prabhakar Kore Hospital & MRC, Nehru Nagar, Belagavi - 590010

(Name of the Hospital / Tissue Bank) for renewal of Certificate of Registration for performing organ (s) / tissue (s)
retrieval / transplantation / banking under the Transplantation of Human Organs & Tissues Act, 1994 (42 of 1994).

After having considered the facilities and standards of the above - said hospital / tissue bank, the Appropriate Authority
hereby renews the certificate of registration of the said hospital / tissue bank for a period of five years.

1. SKIN TRANSPLANTATION 2. SKIN BANK

This renewal is being given with the current facilities and staff shown in the present application form. Any reduction
in the staff and / or facility must be brought to the notice of the undersigned.

Place : Bengaluru

Date : 21/11/2022

* Please see the conditions on the reverse


Chairman, Appropriate Authority

For the Transplantation of Human Organs & Tissues Act, 1994
And, Commissioner, Health, Family Welfare and AYUSH Services



**Appropriate Authority for
The Transplantation of Human Organs and Tissues Act, 1994
Bangalore - 560 009.
Form - 17**

[Refer rule 25(2)]

(Name of the Hospital / Tissue Bank) for renewal of Certificate of Registration for performing organ (s) / tissue (s) retrieval / transplantation / banking under the Transplantation of Human Organs & Tissues Act, 1994 (42 of 1994).

After having considered the facilities and standards of the above - said hospital / tissue bank, the Appropriate Authority hereby renews the certificate of registration of the said hospital / tissue bank for a period of five years.

1. KIDNEY TRANSPLANTATION 2. _____

This renewal is being given with the current facilities and staff shown in the present application form. Any reduction in the staff and / or facility must be brought to the notice of the undersigned.

Chairman, Appropriate Authority

For the Transplantation of Human Organs & Tissues Act, 1994
And, Commissioner, Health, Family Welfare and AYUSH Services

* Please see the conditions on the reverse

Annexure

No. JD(M)/HOTA/37/2021-22

Date: 24/03/2022

As per of KLES Dr.Prabhakar Kore Hospital & MRC,Nehru Nagar, Belagavi - 590010 request dated 11-11-2021 for issue the renewal registration to perform "Kidney Transplantation" is given for a period of 5 years from the date of issue of Certificate of registration. The said Hospital is permitted to conduct the above said organ transplantation surgeries with the following recognized team of Doctors.

Kidney Transplantation Team :

Surgical Team:

1. Dr.R.B.Nerli
2. Dr.S.I.Neeli
3. Dr.Vikram Prabha
4. Dr.Shivagouda Patil

Medical Team:

1. Dr.M.S. Khanpet (Karishetti)
1. Dr.Ritesh Vernekar
2. Dr.Ravi Sarvi
3. Dr. Mahatesh Patil

Anesthesia Team :

1. Dr Rajesh Mane
2. Dr Vinay Jannu
3. Dr Guruprasad Shetty

ICU/ Critical Care Team:

1. Dr Manjunath Shivapujimath

Transplant Co-ordinator : 1. Mr.Neeraj Dixit
2. Mrs.Parveen Y Pathan
3. Mr.Rudra gouda Patil

If the team of Doctors changes, the Hospital authority has to inform the Appropriate Authority and take permission for the new team of doctors.

PL 24.3.22
Commissioner

Health and Family Welfare Services &
Chairman, Appropriate-Authority
Transplantation of Human organs & Tissue Act, 1994

Certificate No.: JD(M)/HOTA/33/2022-23



Government of Karnataka

Appropriate Authority for
The Transplantation of Human Organs and Tissues Act, 1994
Bangalore - 560 009.
Form - 17

CERTIFICATE OF RENEWAL REGISTRATION [Refer rule 25(2)]

This is with reference to application dated 27/07/2022 from 08/11/2022 TO 07/11/2024 RLP
KLEs Dr. Prabhakar Kore Hospital & Medical Research Centre, Nelugunagar, Belagavi - 590010

(Name of the Hospital / Tissue Bank) for renewal of Certificate of Registration for performing organ (s) / tissue (s)
retrieval / transplantation / banking under the Transplantation of Human Organs & Tissues Act, 1994 (42 of 1994).

After having considered the facilities and standards of the above - said hospital / tissue bank, the Appropriate Authority
hereby renews the certificate of registration of the said hospital / tissue bank for a period of five years.

1. HEART, HEART LUNG 2. LUNG, CARDIAC HOMOGRAFT

This renewal is being given with the current facilities and staff shown in the present application form. Any reduction
in the staff and / or facility must be brought to the notice of the undersigned.

Place : Bengaluru

Date : 8/11/2022

* Please see the conditions on the reverse

Chairman, Appropriate Authority

For the Transplantation of Human Organs & Tissues Act, 1994

And, Commissioner, Health, Family Welfare and AYUSH Services



Government of Karnataka
Commissionerate of Health & Family Welfare Services,
Arogya Soudha, Magadi Road, Bangalore-560 023.

No. JD(M)/HOTA/33/2022-23
E -927681

Date: 9/11/2022

As per KLES Dr.Prabhakar Kore Hospital & MRC,Nehru Nagar, Belagavi - 590010 request dated :15-07-2022 for issue the renewal registration to perform "Heart, Heart-Lung, Lung and Cardiac Homograft" is renewed for the period of 2 years. The said Hospital is permitted to conduct "Heart, Heart-Lung, Lung and Cardiac Homograft Transplantation" with the following recognized team of Doctors

Heart, Heart-Lung, Lung and Cardiac Homograft Transplantation Team :

Surgical Team:

1. Dr. Richard Saldanha
2. Dr. Mohan Gan
3. Dr. Kiran Kurkure
4. Dr. Abhishek Prabhu
5. Dr. Darshan D.S
6. Dr. Tarun Raina Ramman
7. Dr. Parishwanath Patil MS

Medical Team:

1. Dr. Suresh V.Patted
2. Dr. Sanjay C. Porwal
3. Dr. Sameer Ambar
4. Dr. Prasad M.R
5. Dr. Vijay.B. Metgudmath
6. Dr,Vishwanath Hesrur
7. Dr.Suhasini Atharga
8. Dr. Veeresh Manvi
9. Dr.Danish Memon
- 10.Dr. Prabhu C. Halkati
- 11.Dr. Nidhi Goel Manvi

Anesthesia Team :

1. Dr. Anand Vagaralli
2. Dr. Sharangouda S Patil
3. Dr. Abhijit Shitole
4. Dr. Jabbar Momin
5. Dr. Shwethagouda Soorgonda

Pulmonologist :

- 1.Dr.Guruprasad Antin

Transplant Co-ordinator : 1. Mr. Pramod Sulikeri
2. Mr. Vinayak Puranik
3.Ms.Sangita Bhoi

If the team of doctors changes, the Hospital authority has to inform the Appropriate Authority and take permission for the new team of doctors. This annexure valid till 07.11.2024, within which Fire safety compliance report should be submitted failing which further renewal cannot be taken up.


Commissioner

Health and Family Welfare Services &
Chairman, Appropriate Authority
Transplantation of Human organs & Tissue Act, 1994

Certificate No.: JD(M)/HOTA/35/2022-23



Government of Karnataka

Appropriate Authority for
The Transplantation of Human Organs and Tissues Act, 1994
Bangalore - 560 009.
Form - 17

CERTIFICATE OF RENEWAL REGISTRATION [Refer rule 25(2)]

This is with reference to application dated 30/09/2022 from 26/11/2022 TO 25/11/2024
KLES Dr.Prabhakar Kore Hospital & Medical Research Centre, Nehru Nagar, Belagavi - 590010
(Name of the Hospital / Tissue Bank) for renewal of Certificate of Registration for performing organ (s) / tissue (s)
retrieval / transplantation / banking under the Transplantation of Human Organs & Tissues Act, 1994 (42 of 1994).

After having considered the facilities and standards of the above - said hospital / tissue bank, the Appropriate Authority
hereby renews the certificate of registration of the said hospital / tissue bank for a period of five years.

1. LIVER TRANSPLANTATION 2.

This renewal is being given with the current facilities and staff shown in the present application form. Any reduction
in the staff and / or facility must be brought to the notice of the undersigned.

Place : Bengaluru

Date : 21/11/2022

* Please see the conditions on the reverse


Chairman, Appropriate Authority

For the Transplantation of Human Organs & Tissues Act, 1994
And, Commissioner, Health, Family Welfare and AYUSH Services

Dr. Rajesh Powar
KLES Prabhakar Kore Hospital & Medical Research Centre
Dept. of Plastic Surgery
Belgaum, 590010
Karnataka, India

December 19, 2022

Dear Dr. Rajesh Powar,

As provided in Clause 4.2 of the Services Agreement with KLES Prabhakar Kore Hospital & Medical Research Centre dated 1st April 2020, we are pleased to renew the agreement and extend its validity up to 31st December 2024 on the terms as agreed in the said agreement.



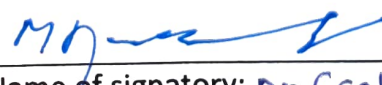
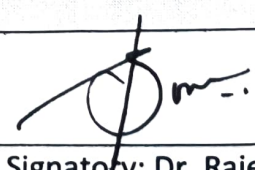
Please sign confirming your acceptance, retain a copy for your records and return one copy to us at:

Smile Train India
Plot Number 3, LSC Sector C, Pocket 6/7
Vasant Kunj, New Delhi 110070

I take this opportunity of placing on record our sincere appreciation of the good work done by you, your team and the management of KLES Prabhakar Kore Hospital & Medical Research Centre in providing cleft reconstructive surgeries to poor patients since the start of our 'partnership'.

We deem it a privilege to be associated with a team like yours and look forward to working together with all of you.

With all good wishes to you, your colleagues and your loved ones for the coming holiday season and the New Year.

For and on behalf of Smile Train India	For and on behalf of Karnataka Lingayat Education Society
	 SECRETARY Board of Management K.L.E. Society, BELAGAVI
Name of signatory: Mamta Carrol	Name of Signatory: B.G. Desai
Designation: Director	Designation: Secretary
Date: 19 th December 2022	Date: 20.12.2022
For and on behalf of KLES Prabhakar Kore Hospital & Medical Research Centre	
	
Name of signatory: Dr. (Col) M. Dayanand	Name of Signatory: Dr. Rajesh Powar
Designation: Medical Director	Designation: Smile Train Project Director
Date: 20.12.2022	Date: 20.12.2022
Medical Director KLES Dr. Prabhakar Kore Hospital & Medical Research Centre, BELAGAVI - 590 010.	Dr. Rajesh S. Powar Project Director KLES Smile Train Project KLES Dr. Prabhakar Kore Hospital & MRC- Belgaum.

Ayurveda Colleges Awarded Grade "A" in Rating for the Academic Year 2024-2025

Sl. No.	Grade	Rank	Name of College	State	Program Offered	Grand Total	Percentile
1	A	1	National Institute of Ayurveda, (Deemed to be University) Madhav Vilas Palace Amer Road, Jaipur-302002, Rajasthan	Rajasthan	UG+PG	666.22	99.54
2	A	2	SDM, College of Ayurveda & Hospital, Laxminarayan, Nagar, P.O. Kuthpady Taluk and Distt. Udupi-574118, Karnataka	Karnataka	UG+PG	637.97	99.09
3	A	3	Vaidyaratnam P.S. Varier Ayurveda College, Kottakkal, P.O Edarikode, Taluk-Tirur, Distt. Malappuram-676501, Kerala	Kerala	UG+PG	613.41	98.63
4	A	4	Sri Dharmastala Manjunatheshwara College of Ayurveda and Hospital Thanniruhalla, B M Road, Taluka & Distt. Hassan-573201,Karnataka	Karnataka	UG+PG	609.03	98.17
5	A	5	Dr. D.Y. Patil College of Ayurved & Research Institute, Dr. D.Y. Patil Vidya Nagar, Sector-7, Taluka-Nerul, Navi Mumbai, Distt.- Thane-400706, Maharashtra	Maharashtra	UG+PG	599.95	97.72
6	A	6	Mahatma Gandhi Ayurved College, Hospital & Research Centre, Salod Hirapur, Distt. Wardha-442001, Maharashtra	Maharashtra	UG+PG	595.80	97.26
7	A	7	Sri Sri College of Ayurvedic Sciences & Research,21st KM Kanakapura Road, Post Udayapura ,Bangalore-560062 Karnataka	Karnataka	UG+PG	594.10	96.80
8	A	8	Parul Institute of Ayurved, P.O Limda, Tal. Waghodia, Distt. Vadodara-391760,Gujarat	Gujarat	UG+PG	593.97	96.35
9	A	9	Shri Dharmasthala Manjunatheshwara Institute of Ayurveda & Hospital, Anchepalya, Kumbalagouda Village, Bengaluru-560074, Karnataka	Karnataka	UG+PG	593.37	95.89
10	A	10	Dr. G. D. Pol Foundations, Yerala Medical Trust Ayurvedic Medical College & Hospital Institutional Area, Sector No.4, Kharghar, Navi Mumbai- 410210, Maharashtra	Maharashtra	UG+PG	592.30	95.43

Sl. No.	Grade	Rank	Name of College	State	Program Offered	Grand Total	Percentile
11	A	11	Parul Institute of Ayurved & Research,P.O. Limda, Ta. Waghodia, Distt. Vadodara-391760, Gujarat	Gujarat	UG+PG	592.25	94.98
12	A	12	Sri Sai Ram Ayurveda Medical College & Research Centre, Sai Leo Nagar, Poonthandalam Sriperumbudur, Taluk Kanchipuram Chennai-600044, Tamil Nadu	Tamil Nadu	UG	587.83	94.52
13	A	13	Amrita School of Ayurveda,P.O Clappana, Taluk-Karunagappally,Distt. Kollam-690525, Kerala	Kerala	UG+PG	582.93	94.06
14	A	14	Faculty of Ayurveda Institute of Medical Sciences Banaras Hindu University Distt. Varanasi- 221005, Uttar Pradesh	Uttar Pradesh	UG+PG	577.79	93.61
15	A	15	Dr. D.Y. Patil College of Ayurved & Research Centre, Sant Tukaram Nagar, Pimpri, Pune 411018, Maharashtra	Maharashtra	UG+PG	576.59	93.15
16	A	16	Sri Kalabyraveswara Swamy Ayurvedic Medical College, Hospital and Research Centre, No.10, Pipe Line Road, R.P.C Layout, Vijayanagar, Bangalore-560104,Karnataka	Karnataka	UG+PG	572.15	92.69
17	A	17	Karnataka Liberal Education University, Shri B.M. Kankanadi Ayurveda Mahavidyalaya,Shahapur, Belgaum- 590003,Karnataka	Karnataka	UG+PG	565.01	92.24
18	A	18	Nangelil Ayurveda Medical College,P.O Nellikuzhi, Taluka Kothamangalam, Distt. Ernakulam-686691 Kerala	Kerala	UG	564.34	91.78
19	A	19	J.S. Ayurved Mahavidyalaya,Hospital Road, Dist.-Kaira, Nadiad-387001, Gujarat	Gujarat	UG+PG	555.54	91.32
20	A	20	Patanjali Bhartiya Ayurvigyan Evam Anusandhan Sansthan, Patanjali Yoga Peeth, Haridwar – 249402, Uttarakhand	Uttarakhand	UG+PG	555.50	90.87

Sl. No.	Grade	Rank	Name of College	State	Program Offered	Grand Total	Percentile
21	A	21	Sushrutha Ayurvedic Medical College & Hospital, Prashanti Kuteera, Jodi Bingipur, Jigani Hobli, Anekal Taluk, Bangalore-560106, Karnataka	Karnataka	UG+PG	548.20	90.41
22	A	22	Poona District Education Association's, College of Ayurved & Research Centre, Sector No. 25, Pradhikaran, Near Vitthal Rukmini, Akurdi, Temple, Nigadi, Tal. Haveli, Distt. Pune -411044, Maharashtra	Maharashtra	UG+PG	544.06	89.95
23	A	23	Chhatrapati Shahu Maharaj Shikshan Sanstha's Ayurved Mahavidyalaya & Rugnalaya Kanchanwadi, Paithan Road Tq. & Distt. Aurangabad -431002 Maharashtra	Maharashtra	UG+PG	535.54	89.50
24	A	24	JSS Ayurveda Medical College, Shri Shivarathreeshwara Nagar, Mysore-570015, Karnataka	Karnataka	UG+PG	534.57	89.04
25	A	25	Vaidyaratnam Ayurveda College, Ollur, Thaikkattussery, Thrissur-680322, Kerala	Kerala	UG+PG	528.41	88.58
26	A	26	Shri Baba Mastnath Ayurvedic College, VPO. Asthal Bohar, Distt. Rohtak-124021, Haryana	Haryana	UG	527.10	88.13
27	A	27	Hon. Shri Annasaheb Dange Ayurved Medical College & Post Graduate Training Research Centre, Ashta, Tal. Walwa, Distt. Sangli- 416301, Maharashtra	Maharashtra	UG+PG	526.91	87.67
28	A	28	Shri Jagadguru Gavisiddheshwar Ayurvedic Medical College, Post Graduate Studies & Research Center, Koppal - 583231, Karnataka	Karnataka	UG+PG	523.14	87.21
29	A	29	Govindbhai Jorabhai Patel, Ayurveda College and Research Centre B/h G.I.D.C, New Vallabh Vidyanagar, Taluka; Dist. Anand-388121, Gujarat	Gujarat	UG+PG	513.79	86.76
30	A	30	Maharashtra Arogya Mandal's Sumati Bhai Shah Ayurved Mahavidyalaya, Sr. No.-165 A, Malwadi Hadapsar, Tal: Haveli, Distt. Pune-411028, Maharashtra	Maharashtra	UG+PG	505.43	86.30

Sl. No.	Grade	Rank	Name of College	State	Program Offered	Grand Total	Percentile
31	A	31	Muniyal Institute of Ayurveda Medical Sciences, No.34/C, Shivalli Industrial Area, Taluk & Distt. Udupi, Manipal-576104, Karnataka	Karnataka	UG+PG	503.23	85.84
32	A	32	PNNM Ayurveda Medical College, Shoranur, P.O. Cheruthuruthy, Taluk Thalappilly, Distt.- Thrissur-679531,Kerala	Kerala	UG+PG	494.95	85.39
33	A	33	Government Ayurveda College,Dhanwantri Nagar, Taluk Kanayannur, Distt. Ernakulam, Tripunithura-682301, Kerala	Kerala	UG+PG	494.64	84.93
34	A	34	Seth Govindji Raoji Ayurved College, 21-A/13, Budhwar Peth, Samrat Chowk, Distt. Sholapur 413002, Maharashtra	Maharashtra	UG+PG	491.86	84.47
35	A	35	Shri Dhanwantry Ayurvedic College, and Hospital, Plot No.-M-688, Sector 46-B Chandigarh- 160017	Chandigarh	UG+PG	490.08	84.02
36	A	36	Faculty of Indian Medical System, SGT University, Chandu-Budhera, Gurgaon-122505, Haryana	Haryana	UG	489.24	83.56
37	A	37	Pt. Khushilal Sharma Govt. (Autonomous) Ayurved College & Institute, Behind Mani, Nehru Nagar, Kolar Bypass Road, Science Hills, Bhopal-462003, Madhya Pradesh	Madhya Pradesh	UG+PG	488.36	83.11
38	A	38	Chaitanya Ayurved Mahavidyalaya Sakegaon, N.H.No-6, Tal-Bhusawal Dist-Jalgaon-425201,Maharashtra	Maharashtra	UG	486.63	82.65
39	A	39	Government Ayurved College,Wazirabad, Tal. & Distt. Nanded-431601,Maharashtra	Maharashtra	UG+PG	485.49	82.19
40	A	40	Shree Dhaneshwari Manav Vikas Mandal, Sou Shanta devi Ved prakash Patil Ayurved College & Research Institute Gat No.421, Hatta, Tq. Basmat, Distt. Hingoli-431738, Maharashtra	Maharashtra	UG	482.99	81.74

Sl. No.	Grade	Rank	Name of College	State	Program Offered	Grand Total	Percentile
41	A	41	Dr. Vedprakash Patil Ayurved College & Research Institute Gut No.159, Revgaon Road, Tq. & Dist Jalna-431203, Maharashtra	Maharashtra	UG	480.55	81.28
42	A	42	Bapuji Ayurvedic Medical College and Hospital ,Bapuji Campus, T.R. Nagara, Challakere, Distt. Chitradurga-577522, Karnataka	Karnataka	UG	472.12	80.82
43	A	43	Tilak Ayurved Mahavidyalaya,583/2, Rasta Peth, Pune-411011,Maharashtra	Maharashtra	UG+PG	468.56	80.37
44	A	44	Shivalik Ayurvedic Medical College & Hospital, Vill.- Bijarwa, post-bankat Azamgarh-276125, Uttar Pradesh	Uttar Pradesh	UG	466.69	79.91
45	A	45	Tapovana Ayurvedic Medical College & Hospital Doddabathi – 577566, Davangere, Karnataka	Karnataka	UG	466.43	79.45
46	A	46	Bachubhai Govindbhai Garaiya Ayurved College, Vill. Kalipat, Bhavnagar Highway, Behind Ashapur Hotel, Distt. Rajkot-360020, Gujarat	Gujarat	UG	465.83	79.00
47	A	47	Shri Gangadhar Shastri Gune Ayurved Mahavidyalaya, Vishrambaug, Tilak Road, Dist. Ahmednagar- 414001, Maharashtra	Maharashtra	UG	465.52	78.54
48	A	48	Shri Jagadguru Gurusiddeshwar Co-Operative Society's Sahakar Maharshi, Shri B. A. Patil Ayurvedic Medical College, Tal-Gokak, Dist. Belgaum, Ghataprabha-591310,Karnataka	Karnataka	UG	463.13	78.08
49	A	49	Prabudha Ayurvedic Medical College, Hospital & Research Centre, Gram- Bakka khera, Mall Malihabad Road-227115, Lucknow Uttar Pradesh	Uttar Pradesh	UG	461.34	77.63
50	A	50	Bharti Vidyapeeth's University, College of Ayurved,Satara Road, Tal. Haveli. Pune-411043, Maharashtra	Maharashtra	UG+PG	460.94	77.17

Sl. No.	Grade	Rank	Name of College	State	Program Offered	Grand Total	Percentile
51	A	51	Govt. Ayurveda Medical College & Hospital, Sayyaji Rao Road, Vishweshwaraiah Circle, Distt. Mysore-570021, Karnataka	Karnataka	UG+PG	459.30	76.71
52	A	52	Loknete Rajarambapu Patil Ayurvedic Medical College, Hospital, Post Graduate Institute & Research Centre, Urun-Islampur, Sangli Road, Tal. Walwa, Distt. Sangali-415409, Maharashtra	Maharashtra	UG+PG	458.58	76.26
53	A	53	Govt. Ayurveda College, M.G Road, Taluke & District Thiruvananthapuram-695001, Kerala	Kerala	UG+PG	458.45	75.80
54	A	54	Pravara Medical Trust's Padmashri Dr. Vitthal Rao Vikhe Patil Foundation Ayurved College Akhegaon Road, Tal. Shevgaon, Distt. Ahmednagar-414502 Maharashtra	Maharashtra	UG+PG	456.43	75.34
55	A	55	Shree Narayan Institute of Ayurvedic Studies & Research, P.O Puthur, Kottarakkara (Via) Distt. Kollam-691507, Kerala	Kerala	UG+PG	454.33	74.89



CERTIFICATE OF ACCREDITATION

This certificate is presented to
Shri B. M. Kankanawadi Ayurved Mahavidyalaya
Post Graduate Studies & Research Centre
Shahapur, Belagavi – 590 003, Karnataka

has been assessed and found to comply with
Ayurveda Training Accreditation Board (ATAB)
accreditation standards for Ayurveda Courses.
This certificate is valid for the **Scope** as specified in the
annexure subject to continued compliance with the
accreditation requirements.

Valid from: Feb 28, 2024
Valid thru: Feb 27, 2027

Certificate No. :
ATAB/AAC/00003/23-24



Dr. Vandana Siroha
Director

AYURVEDA TRAINING ACCREDITATION BOARD (ATAB)

**RASHTRIYA AYURVEDA VIDYAPEETH
(NATIONAL ACADEMY OF AYURVEDA)**

An autonomous body under Ministry of Ayush, Govt. of India
Dhanwantari Bhawan, Road No. 66, Punjabi Bagh (W), New Delhi - 110026, India.
Tele: 011- 35579175 Email: ravaccred@gmail.com Website: www.ravdelhi.nic.in



AYURVEDA TRAINING ACCREDITATION BOARD (ATAB)

RASHTRIYA AYURVEDA VIDYAPEETH
(NATIONAL ACADEMY OF AYURVEDA)

An autonomous body under Ministry of Ayush, Govt. of India
Dhanwantari Bhawan, Road No. 66, Punjabi Bagh (W), New Delhi - 110026, India.
Tele: 011- 35579175 Email: ravaccred@gmail.com Website: www.ravdelhi.nic.in

ANNEXURE



SCOPE OF ACCREDITED AYURVEDA COURSES

CERTIFICATE NO. : ATAB/AAC/00003/23-24

NAME OF INSTITUTE: SHRI B. M. KANKANAWADI AYURVED MAHAVIDYALAYA POST GRADUATE STUDIES AND RESEARCH CENTRE

ADDRESS: Shahapur, Belagavi - 590 003, Karnataka

S. NO.	NAME OF AYURVEDA COURSE	DURATION	MODE OF DELIVERY
01	Fellowship Course In Ayurveda Oncology	02 Year	Offline



Valid from: Feb 28, 2024
Valid thru: Feb 27, 2027

Dr. Vandana Siroha
Director



Courtesy

Cancer Aid Society

National Association of Palliative Care for AYUSH & Integrative Medicine

NAPCAIM AWARDS 2024

**Award for Organising
NAPCAIM ICON 2024**

has been conferred upon to

Shri B M Kankanawadi Ayurveda Mahavidyalaya

NATIONAL AWARD IN PALLIATIVE CARE



National Accreditation Board for Hospitals & Healthcare Providers

(Constituent Board of Quality Council of India)

CERTIFICATE OF ACCREDITATION

KLE Ayurveda Hospital & Medical Research Centre

Shahapur
Belagavi – 590003, Karnataka

has been assessed and found to comply with NABH
accreditation standards for AYUSH Programmes.
This certificate is valid for the Scope as specified
in the annexure subject to continued compliance
with the accreditation requirements.

Date of first Certification: July 03, 2016

Date of Previous Cycle
July 03, 2019 to July 02, 2022

Valid from : July 03, 2022

Valid thru : July 02, 2025



Certificate No.
AH-2016-0016

Dr. Atul Mohan Kochhar
Chief Executive Officer

National Accreditation Board for Hospitals & Healthcare Providers, 5th Floor, ITPI Building, 4A, Ring Road, IP Estate, New Delhi 110 002, India
Phone: +91-11-42600600, Fax: +91-11-2332 3415 • Email: helpdesk@nabh.co • Website: www.nabh.co



SI No. 014503



NABH as an organisation is ISQua Accredited



SI No. 014554



National Accreditation Board for Hospitals & Healthcare Providers

(Constituent Board of Quality Council of India)

National Accreditation Board for Hospitals & Healthcare Providers
5th Floor, ITPI Building, 4A, Ring Road, IP Estate, New Delhi 110 002, India
Phone: +91-11-42600600, Fax: +91-11-2332 3415 • Email: helpdesk@nabh.co • Website: www.nabh.co

SCOPE OF ACCREDITATION

**KLE Ayurveda Hospital
& Medical Research Centre**
Shahapur
Belagavi – 590003, Karnataka

Certificate No. AH-2016-0016

Date of First Accreditation: July 03, 2016

Date of Previous Cycle
July 03, 2019 to July 02, 2022

Valid from : July 03, 2022

Valid thru : July 02, 2025

Scope of Services

- Kayachikitsa
- Panchakarma Treatments
- Shalya Tantra
- Shalakya Tantra
- Stree Roga evam Prasuti Tantra
- Kaumarabhritya
- Damshttra Chikitsa
- Jara Chikitsa & Rasayana Chikitsa (including Vrisha Chikitsa)
- Manasaroga
- Swasthvritta & Yoga
- Rasashastra and Bhaishajya Kalpana
- Roga Nidana evam Vikriti Vigyan



NABH as an organisation is ISQua Accredited



Dr. Atul Mohan Kochhar
Chief Executive Officer



Renewal of Provisional Registration Mental Health Establishment



Registration No: **KA-03-MHE-000462**



The Karnataka State Mental Health Authority, after considering the application dated **14/01/2022** submitted by **Dr. SUHAS KUMAR SHETTY** under section 65 (2) or section 66(3) or 66(10) of Mental Health Care Act, 2017, hereby accords renewal of provisional registration to the applicant Mental Health Establishment in terms of section 66(4) or section 66(11), as per the details given hereunder:

Name of the Mental Health Establishment: KLE AYURVEDA HOSPITAL AND MEDICAL RESEARCH CENTRE

Address: C/O MEDICAL DIRECTOR, KLE AYURVEDA HOSPITAL AND MEDICAL RESEARCH CENTRE, NEAR NATH PAI CIRCLE, SHAHAPUR,, BELAGAVI, Belagavi District, Karnataka - 590003

Number of beds: 20

The provisional registration certificate issued is subject to the conditions laid down in the Mental Health Care Act, 2017 and rules and regulations made thereunder and shall be valid for a period of twelve months from the date of its issue and can be renewed.

Date: January 17, 2024

Place: Bengaluru

Karnataka State Mental Health Authority
Government of Karnataka

(This is a computer generated certificate. Does not require signature.)



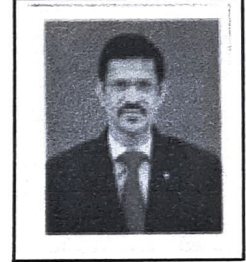
Registration Certificate
Government of Karnataka
Food Safety and Standards Authority of India
Registration Certificate under FSS Act, 2006



/ Registration Number: **21222206000587**



- | | |
|--|--|
| 1. Name and permanent address of Food Business Operator (FBO) | MEDICAL DIRECTOR KLE AYURVEDA HOSPITAL - PATHYA AHARA SHAHAPUR BELAGAVI , Belgaum Mahanagar Palike , Belgaum, Karnataka-590003 |
| 2. Address of location where food business is to be conducted / premises | SHAHAPUR BELAGAVI, Belgaum Mahanagar Palike , Belgaum, Karnataka - 590003 |
| 3. Kind of Business | Food Vending Establishment |
| 4. Photo Identity Card | N/A |



This Registration certificate is issued under and is subject to the provisions of FSS Act, 2006 all of which must be complied with by the petty food business.

Place / Belgaum

Registering Authority

Issued On / 12-07-2023 (Renewal Registration)

Valid Upto: 14-07-2026 (For details, refer Annexure)

Annexures:

1. Product Annexure
2. Validity Annexure
3. Registration Id Card

Note:

1. Application for renewal of Registration Certificate can be filed as early as 180 days prior to expiry date of Registration Certificate. You can file application for renewal or modification of Registration Certificate by login into FSSAI's Food Safety Compliance System(<https://foscos.fssai.gov.in>) with your user id and password or call us at 1800112100 for any clarification.
2. This Registration Certificate is only to commence or carry on food businesses and not for any other purpose.
3. This is computer generated Registration Certificate and doesn't require any signature or stamp by authority.
4. This Registration Certificate is allowed to conduct food businesses activities having annual turnover upto Rs. 12 Lacs only.

K.L.E. University's Ayurved Hospital Shahapur, Belagavi	
Inward No.	62
Date:	12/7/2023

Product Annexure



Registration Certificate
Government of Karnataka
Food Safety and Standards Authority of India
Registration Certificate under FSS Act, 2006



/ Registration Number: **21222206000587**
Detail(s) of Food Item

[Note:Only standardised food products are allowed to be manufactured as per the list available on FoSCoS.]

Other then Manufacturer Unit	
Sl. No	Name of the food category
1	16 - Prepared Foods

Validation And Renewal Annexure



Registration Certificate
Government of Karnataka
Food Safety and Standards Authority of India
Registration Certificate under FSS Act, 2006



/ Registration Number: **21222206000587**

Validity From	Validity Upto	Issued On	Fee Paid	Type
15-07-2022	14-07-2023	15-07-2022	100 INR	New
15-07-2023	14-07-2026	12-07-2023	300 INR	Renewal

Suspension History

S.No	History	Date
N/A		

Current Status of Registration: Registration Certificate issued

Note:

1. Application for renewal of Registration Certificate can be filed as early as 180 days prior to expiry date of Registration Certificate. You can file application for renewal or modification of Registration Certificate by login into FSSAI's Food Safety Compliance System(<https://foscos.fssai.gov.in>) with your user id and password or call us at 1800112100 for any clarification.

Registration ID Card

Registration ID Card	
	Registration ID: 2122206000587
	Valid Upto: 14-07-2026
	Name: MEDICAL DIRECTOR KLE AYURVEDA HOSPITAL - PATHYA AHARA
	Address: SHAHAPUR BELAGAVI, Belgaum Mahanagar Palike , Belgaum, Karnataka - 590003
	KOB: Food Vending Establishment
	Govt ID Card: N/A
Issuing Authority: Belgaum	
Issued On: 12-07-2023	
[Disclaimer: This Registration ID card is issued only for the provisions laid down under Food Safety and Standards Act, 2006 and hence, shall not be used for any other purpose.]	

NATIONAL BOARD OF ACCREDITATION

NBCC Place, East Tower, 4th Floor, Bhisham Pitamah Marg,
Pragati Vihar, New Delhi-110 003
Tel: +91 11 2436 0620-22, 2436 0654 ; Telefax: +91 11 4308 4903
Website: www.nbaind.org



Date: 03-02-2020

File No. 25-73-2010-NBA

To
The Principal
KLE College of Pharmacy,
J.N. Medical College Campus,
Nehru Nagar, Belgaum- 590010,
Karnataka

Subject: Accreditation status of UG-Pharmacy program applied by KLE College of Pharmacy, J.N. Medical College Campus, Nehru Nagar, Belgaum- 590010, Karnataka.

Sir,

This has reference to your application I.D. No. 2962-05/06/2018 seeking accreditation by National Board of Accreditation to UG Pharmacy program offered by **KLE College of Pharmacy, J.N. Medical College Campus, Nehru Nagar, Belgaum- 590010, Karnataka.**

2. An Expert Team conducted on-site evaluation of the program from 08th to 09th November, 2019. The report submitted by the Expert Team was considered by the concerned Committees constituted for the purpose in NBA. The competent authority in NBA has approved the following accreditation status to the program as given in the table below:

Sl. No.	Name of the Program (UG)	Basis of Evaluation	Accreditation Status	Period of validity	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
1.	Pharmacy	January 2016 Document	Accredited	Academic Years 2019-2020 to 2024-2025 i.e. upto 30-06-2025	Accreditation status granted is valid for the period indicated in Col.5 or till the program has the approval of the competent authority, whichever is earlier

3. It may be noted that only students who graduate during the validity period of accreditation, will be deemed to have graduated with an NBA accredited degree.

5. The accreditation status awarded to the program as indicated in the above table does not imply that the accreditation has been granted to **KLE College of Pharmacy, J.N. Medical College Campus, Nehru Nagar, Belgaum- 590010, Karnataka** as a whole. **As such the Institution should nowhere along with its name including on its letter head etc. write that it is accredited by NBA because it is program accreditation and not Institution accreditation. If such an instance comes to NBA's notice, this will be viewed seriously.** Complete name of the program accredited, level of program and the period of validity of accreditation, as well as the Academic Year from which the accreditation is effective should be mentioned unambiguously whenever and wherever it is required to indicate the status of accreditation by NBA.

6. The accreditation status of the above program is subject to change on periodic review, if needed by the NBA. It is desired that the relevant information in respect of accredited program as indicated in the table in paragraph 2, appears on the website and information bulletin of the Institute.

Contd/...

7. The accreditation status awarded to the program as indicated in table in paragraph 2 above is subject to maintenance of the current standards during the period of accreditation. If there are any changes in the status (major changes of faculty strength, organizational structure etc.), the same are required to be communicated to the NBA, with an appropriate explanatory note.

8. A copy each of the Report of Chairman of the Visiting Team and Evaluators' Report in respect of the above program is enclosed.

Yours faithfully,



(Dr. Anil Kumar Nassa)
Member Secretary

Encls: 1. Copy of Report of Chairman of the Visiting Team.
2. Copy of Expert Report of the Visiting Team.

Copy to:

1. The Registrar
KLE Academy of Higher Education and Research,
J.N. Medical College Campus,
Nehru Nagar, Belgaum-590010 Karnataka
2. Director Technical Education
Tantrik Shikshan Bhavan
Palace Road,
Bangalore- 560 001
Karnataka
3. Master Accreditation Folder of the State
4. Accreditation File

राष्ट्रीय प्रत्यायन बोर्ड

चौथा तल, ईस्ट टावर, एन. बी. सी. सी. प्लेस, भीष्म पितामह मार्ग, प्रगति विहार, लोधी रोड, नई दिल्ली -110003

NATIONAL BOARD OF ACCREDITATION

4th Floor, East Tower, NBCC Place, Bhisham Pitamah Marg, Pragati Vihar, Lodhi Road, New Delhi 110003



File No. 25-78-2010-NBA

Date 06-10-2022

To,
The Principal
K.L.E Society's College of Pharmacy,
Vidyanagar, Hubli-580031, Karnataka

Subject: Further accreditation status on the basis of Compliance Report of UG-Pharmacy program offered by K.L.E Society's College of Pharmacy, Vidyanagar, Hubli-580031, Karnataka.

Sir,

This is regarding Compliance Report submitted by **K.L.E Society's College of Pharmacy, Vidyanagar, Hubli-580031, Karnataka** for the UG-Pharmacy program which was accredited by NBA for Academic Years 2019-20 to 2021-22 whose validity of accreditation has expired on 30.06.2022.

2. An Expert Team conducted data verification of the program on 16th July, 2022. The report submitted by the Expert Team was considered by the concerned Committees constituted for the purpose in NBA. The Competent Authority in NBA has approved the following accreditation status to the program as given in the table below:

Sl. No.	Name of the Program (UG)	Basis of Evaluation	Accreditation Status	Period of validity	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
1.	Pharmacy	January, 2016 Document	Accredited	Academic Years 2022-2023 to 2024-2025 i.e. Up to 30-06-2025	Accreditation status granted is valid for the period indicated in Col.5 or till the program has the approval of the Competent Authority, whichever is earlier

3. It may be noted that only students who graduate during the validity period of accreditation, will be deemed to have graduated with an NBA accredited degree.

4. The program has been granted accreditation for further 3 years. **K.L.E Society's College of Pharmacy, Vidyanagar, Hubli-580031, Karnataka** should submit fresh online application under SAR January, 2016 document through e-NBA portal at least five months before the expiry of validity of accreditation mentioned above.

5. The accreditation status awarded to the program as indicated in the above table does not imply that the accreditation has been granted to **K.L.E Society's College of Pharmacy, Vidyanagar, Hubli-580031, Karnataka** as a whole. **As such the Institution should nowhere along with its name including on its letter head etc. write that it is accredited by NBA because it is program accreditation and not Institution accreditation. If such an instance comes to NBA's notice, this will be viewed seriously.** Complete name of the program(s) accredited, level of program(s) and the period of validity of accreditation, as well as the Academic Year from which the accreditation is effective should be mentioned unambiguously whenever and wherever it is required to indicate the status of accreditation by NBA.

6. The accreditation status of the above program is subject to change on periodic review, if needed by the NBA. It is desired that the relevant information in respect of accredited program as indicated in the table in paragraph 2, appears on the website and information bulletin of the Institute.

Contd../.

7. The accreditation status awarded to the program as indicated in table in paragraph 2 above is subject to maintenance of the current standards during the period of accreditation. If there are any changes in the status (major changes of faculty strength, organizational structure etc.), the same are required to be communicated to the NBA, with an appropriate explanatory note.

8. A copy of Report of the Visiting Team in respect of the above program is enclosed.

Yours faithfully,



(Dr. Anil Kumar Nassa)
Member Secretary

Encls: 1. Copy of Report of the Visiting Team in respect of the program.

Copy to:

1. The Registrar
KLE Academy of Higher Education and Research
J.N Medical College Campus
Nehru Nagar, Belgaum-590010, Karnataka
2. Director Technical Education
Tantrik Shikshan Bhawan
Palace Road, Bangalore-560001, Karnataka
3. Accreditation File
4. Master Accreditation file of the State.

राष्ट्रीय प्रत्यायन बोर्ड

चौथा तल, ईस्ट टावर, एन. बी. सी. सी. प्लेस, भीष्म पितामह मार्ग, प्रगति विहार, लोधी रोड, नई दिल्ली - 110003
NATIONAL BOARD OF ACCREDITATION
4th Floor, East Tower, NBCC Place, Bhisham Pitamah Marg, Pragati Vihar, Lodhi Road, New Delhi 110003



F. No. 25-76-2010-NBA

Date: 07-07-2021

To,
The Principal,
K.L.E College of Pharmacy,
2nd Block, Rajajinagar, Bangaluru, Karnataka – 560010.

Subject: Accreditation status of UG Pharmacy program applied by K.L.E College of Pharmacy 2nd Block, Rajajinagar, Bangaluru, Karnataka – 560010.

Sir,

This has reference to your application Id No. 4381-02/12/2019 seeking accreditation by National Board of Accreditation to the UG Pharmacy program offered by K.L.E College of Pharmacy 2nd Block, Rajajinagar, Bangaluru, Karnataka – 560010.

2. An Expert Team conducted onsite evaluation of the program from 20th to 21st March, 2021. The report submitted by the Expert Team was considered by the concerned Committees constituted for the purpose in NBA. The competent authority in NBA has approved the following accreditation status to the program as given in the table below:


Sl. No.	Name of the Program (UG)	Basis of Evaluation	Accreditation Status	Period of validity	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
1.	Pharmacy	January, 2016 Document	Accredited	Academic Years 2021-2022 to 2026-2027 i.e. upto 30-06-2027	Accreditation status granted is valid for the period indicated in Col.5 or till the program has the approval of the competent authority, whichever is earlier.

3. It may be noted that only students who graduate during the validity period of accreditation, will be deemed to have graduated with an NBA accredited degree.

4. The accreditation status awarded to the program as indicated in the above table does not imply that the accreditation has been granted to K.L.E College of Pharmacy 2nd Block, Rajajinagar, Bangaluru, Karnataka – 560010 as a whole. As such the Institute should nowhere along with its name including on its letter head etc. write that it is accredited by NBA because it is program accreditation and not Institution accreditation. If such an instance comes to NBA's notice, this will be viewed seriously. Complete name of the program(s) accredited, level of program(s) and the period of validity of accreditation, as well as the date from which the accreditation is effective, should be mentioned unambiguously whenever and wherever it is required to indicate the status of accreditation by NBA.

Contd./-

5. The accreditation status of the above program is subject to change on periodic review, if needed by the NBA. It is desired that the relevant information in respect of accredited program as indicated in the Table in paragraph 2, appears on the website and information bulletin of your Institution.
6. The accreditation status of the above program is subject to change on periodic review, if needed by the NBA. It is desired that the relevant information in respect of accredited program as indicated in the Table in paragraph 2, appears on the website and information bulletin of your Institution.
7. The accreditation status awarded to the program as indicated in Table in paragraph 2 above is subject to maintenance of the current standards during the period of accreditation. If there are any changes in the status (major changes of faculty strength, organizational structure etc.), the same are required to be communicated to the NBA, with an appropriate explanatory note.
8. A copy each of Report of Chairman of the Visiting Team and Evaluators' report in respect of the above program is enclosed.

Yours faithfully,

(Dr. Anil Kumar Nassa)
Member Secretary

- Encls:** 1. Copy of Report of Chairman of the Visiting Team.
2. Copy of Expert Report of the Visiting Team.

Copy to:

1. Department of Technical Education
Tantrika Shikshana Bhavana, Palace Road,
Bengaluru--560001.
2. The Registrar,
K.L.E Academy of Higher Education and Research,
JNMC Campus, Nehru Nagar
Belgaum-590010, Karnataka
3. Accreditation File
4. Master Accreditation file of the State



**Government of India
Ministry of Health & Family Welfare
Department of Health Research**

2nd Floor, IRCS Building,
New Delhi - 110001
Dated : 14-Jun-2023

Provisional Certificate

Subject: Provisional registration of the Ethics Committee relating to Biomedical and Health Research with the National Ethics Committee Registry for Biomedical and Health Research (NECRBHR), Department of Health Research (DHR).

In exercise of the powers conferred by sub-rule (3) of rule 17 of the New Drugs and Clinical Trials Rules, 2019, the designated authority in the Department of Health Research, Ministry of Health & Family Welfare, hereby provisionally registers and permits the following Ethics Committee to perform the duties of ethics committee as specified in Chapter-IV of the New Drugs and Clinical Trials Rules, 2019.

Name : klecopbgm ethics committee
Address : KLE College of Pharmacy, JNMC Campus Nehru Nagar, Belgavi, Belgavi (Belgaum), Karnataka - 590010
Contact No: 08321247400
Fax : 08321247400

2. The Ethics Committee shall observe all the conditions as stipulated in Chapter-IV of the aforesaid Rules, i.e., New Drugs and Clinical Trials Rules, 2019 and the National Ethical Guidelines for Biomedical and Health Research Involving Human Participants, specified by the Indian Council of Medical Research (ICMR).

3. The designated authority shall scrutinize the documents and information furnished with the application by the Ethics Committee for the issue of final registration certificate.

4. The above provisional registration shall be valid for a maximum period of two years from the date of its issue or till grant of final registration or rejection of provisional registration, whichever is earlier.

Note: EC registration number provided by DHR should be displayed on every certificate of approval issued by the Ethics committee

(Anu Nagar)
Joint Secretary
Department of Health Research
Designated Authority

Medical Assessment and Rating Board for Homoeopathy

National Commission for Homoeopathy

Grading of Homoeopathic Medical Colleges 2024

No	College Name	STATE	College Code	Govt/ Pvt	Grading
1	A.S.R. Homoeopathic Medical College, Y -Junction,, Prathipadu, Tadepalligudem, West Godavari. asrhmcetpg@gmail.com	Andhra Pradesh	101	Private	C
2	Dr. Allu Ramalingaiah Govt. Homoeopathic Medical College, 26-1-11, Y-JUNCTION, RAJAMAHENDRAVARAM, East Godavari. drarghmc_rjy@yahoo.com	Andhra Pradesh	102	Govt.	C
3	Dr. Gururaju Govt. Homoeopathic Medical College, Gudivada, Krishna Distt.- 521 301. gghmc_gdv@yahoo.com	Andhra Pradesh	103	Govt.	B+
4	Govt. Homoeopathic Medical College, RAMA RAJU PALLI, RAVINDRA NAGAR POST, KADAPA, Cuddapah, Andhra Pradesh, 516003. ghmcckdpap@gmail.com	Andhra Pradesh	104	Govt.	C
5	KKC Homoeopathic Medical College, 1-52, KKC Nagar, Parameswara Mangalam, Chittoor- 517584. kkcptr@gmail.com	Andhra Pradesh	105	Private	B
6	Maharajaha Institute of Homoeopathy Sciences and Hospital, D.NO: 31-15,, NELLIMARLA NEAR M.D.O. OFFICE, NELLIMARLA, Vizianagaram-535217. principalsretmihs@gmail.com	Andhra Pradesh	106	Private	C
7	Sri Adi Shiva Satguru Ali Saheb Shivaaryula Homoeopathic Medical College, Thimmapuram, NH-63, , Near Anjineyaswamy Temple, Guntakal, Anantapur- 515801. adisiva.hmc.gtl@gmail.com	Andhra Pradesh	107	Private	C
8	Swahid Jadav Nath Govt. Homoeopathic Medical College, Vill. Bagharbari, P.O. Khanapara, Guwahati- 781037. sjnhmcghy@yahoo.com	Assam	303	Govt.	C
9	G.D. Memorial Homoeopathic Medical College and Hospital, East Ram Krishna Nagar, P.O. Jaganpura Patna -800 027. gdmemorialhmch@gmail.com	Bihar	404	Private	C

No	College Name	STATE	College Code	Govt/ Pvt	Grading
10	Dr. Rambalak Singh Gaya Homoeopathic Medical College & Hospital, Amwa, Bodh Gaya- 824231, Gaya. drrbsghmch.bodhgaya1967@gmail.com	Bihar	405	Private	C
11	Dr.Yadubir Singh Sinha Homoeopathic Medical College and Hospital, Laharisarai, Darbhanga- 846002. shmchdbg@gmail.com	Bihar	406	Private	B+
12	Mangla Kamla Homoeopathic Medical College & Hospital, Prof. Vishnu Kumar Marg, Srinagar, Siwan- 841226. mkhmch@gmail.com	Bihar	407	Private	C
13	R.B.T.S. Govt. Homoeopathic Medical College, Ram Dayalu Nagar, P.O. Ramna, Muzaffarpur- 842 002.rbts1958@gmail.com	Bihar	410	Govt.	C
14	Dr. Halim Homoeopathic Medical College and Hospital, Ekmighat, P.O. Laheria Sarai- 846001. dhhmch@gmail.com	Bihar	411	Private	C
15	Kent Homoeopathic Medical College and Hospital At & P. O. Khilwat (via-Bidupur Bazar) Hajipur, District Vaishali- 516. khmchkhilwat@gmail.com	Bihar	412	Private	C
16	Maharshi Menhi Homoeopathic Medical College and Hospital, Jeewachh Nagar, Katihar- 854105.mmhmc1980@gmail.com	Bihar	413	Private	C
17	Muzaffarpur Homoeopathic Medical College, Raghu Nath Pandey Nagar, MIC Bela, Muzaffarpur-842005. muzaffarpurhmch@gmail.com	Bihar	414	Private	C
18	Patna Homoeopathic Medical College and Hospital, Ram Krishan Nagar, (Sorangpur), Patna-800027. phmch@rediffmail.com	Bihar	415	Private	B+
19	Homoeopathic Medical College and Hospital, M-671, Sector 26, U.T. Chandigarh - 160 019. hmcchd26@gmail.com	Chandigarh	601	Private	C

No	College Name	STATE	College Code	Govt/ Pvt	Grading
20	Raipur Homoeopathic Medical College and Hospital, Ram Kund, Chaube Colony, Raipur- 492 001. rhmcrcollege1956@gmail.com	Chhattisgarh	503	Private	C
21	Nehru Homoeopathic Medical College and Hospital, B- Block, Defence Colony, New Delhi-110024. principalnhmc@gmail.com	Delhi	701	Govt.	A+
22	Dr. B.R. Sur Homoeopathic Medical College and Hospital, Near Nanakpura Gurudwara (Ring Road), Moti Bagh-II, New Delhi-110 021. principal_shmc@yahoo.com	Delhi	702	Govt.	B
23	Kamaxi Devi Homoeopathic Medical College, Hill Top, Shiroda, Goa-403103. skhmchgoa98@gmail.com	Goa	801	Private	C
24	Aarihant Homoeopathic Medical College & Research Institute, At Bhoya Rathod, Opp. Iffco Adalaj-Sertha Road, Gandhinagar-382420. principal.homeopathy@swarnnim.edu.in	Gujarat	901	Private	B
25	Laxmiben Homoeopathy Institute & Research Centre, Lalji Park, Unjha-Mehsana Highway, At and PO- Bhandu, Ta-Visanagar, Distt. Mehsana, (North Gujarat) -384120 principallhirc@gmail.com	Gujarat	902	Private	B
26	Shree Limbdi Vikas Trust Homoeopathic Medical College, Limbdi– Dhanuka State Highway, District Surendra Nagar Limbdi - 363421. limbdihmc@gmail.com	Gujarat	903	Private	C
27	Anand Homoeopathic Medical College and Research Institute,Near 0Sardar Baug, Bhalej Road, Anand- 001. Dist.Kheda. info@ahmcscrksm.in	Gujarat	904	Govt Aided	B+
28	Baroda Homoeopathic Medical College, Near Sonar Kui, Opp. Xavier Technical Institute, Sevasi-Sindhrot Road, Sevasi, Vadodara-391101. office@bhmcindia.in	Gujarat	905	Private	A+
29	Dr. V.H. Dave Homoeopathic Medical College and Smt. S.I. Patel (Ipcowala) Homoeopathic Hospital, Hahnemann House, Amul Dairy Road, Anand- - 001, Dist. Kheda. vhdave1973@yahoo.com	Gujarat	906	Govt Aided	A+

No	College Name	STATE	College Code	Govt/ Pvt	Grading
30	Jawaharlal Nehru Homoeopathic Medical College, C/o Parul Educational Complex, Post- Limbda, Tal- Waghodia, Dist.- Vadodara-391760. jnhmc@paruluniversity.ac.in	Gujarat	907	Private	A+
31	Govt. Homoeopathic Medical College and Hospital, Dethali, Ta. Sidhdhpur, Dist. Patan (North Gujarat)- 384151. govthomoeopathicdethali@gmail.com	Gujarat	908	Govt.	A
32	Sh. H. N. Shukla Homoeopathic Medical College & Hospital, Sh. H. N. Shukla College Campus, Nr. Lalpari Lake, Bh. Marketing Yard, Amargadh-Bhichri, Rajkot (by Shree Mahatama Gandhi Education Trust, Rajkot, Gujarat). hnshmc@gmail.com	Gujarat	909	Private	B+
33	Swami Vivekanand Homoeopathic Medical College & Hospital, Near Sports Complex, Sidsar Road, Bhavnagar- 364 060. svhmc_bvn@rediffmail.com	Gujarat	910	Private	A+
34	Vidhyadeep Homoeopathic Medical College and Research Center (GJ035) Anita (Kim), Surat, Gujrat. drvipulshastri@gmail.com	Gujarat	911	Private	C
35	Samarpan Charitable and Educational Medical & Research Trust's Shri Bachubhai Alabhai Dangar Homoeopathic Medical College, Opp.I.O.C. Depot, Jamnagar Road, Rajkot-360007. badhmc99@gmail.com	Gujarat	913	Private	C
36	Ahmedabad Homoeopathic Medical College, At & PO. Ghuma- Bopal Road, Ghuma, Ahmedabad.-380058. ahmc@paruluniversity.ac.in	Gujarat	914	Private	A+
37	Rajkot Homoeopathic Medical College, Jainath Petrol Pump, Gondal Road, Rajkot- 360 002. rhmc@paruluniversity.ac.in	Gujarat	915	Private	A+
38	Aarya-Veer Homoeopathic Medical College, at Kuvadva, Kuvada-Sardar Road, Rajkot- Ahmedabad NH, District- Rajkot-360 030. avhmch@gmail.com	Gujarat	916	Private	C
39	Agarwal Education Foundation, S.S. Agarwal Homoeopathic Medical College at Near Devina Park Society, Viranjali Marg, Gandevis Raod, Navsari- 396445. contact@agrawaleducation.net	Gujarat	917	Private	C

No	College Name	STATE	College Code	Govt/ Pvt	Grading
40	Ananya College of Homoeopathic, KIRC Campus, Ahmedabad-Mahesana Highway, Kalol, Dist. Gandhinagar- 382721. ananya.homeopathy@kirc.ac.in	Gujarat	918	Private	A
41	Bhargva Homoeopathic Medical College, Vidyagram, At & Post-Dahemi, Ta-Borsad, Dist. Anand-388560. bhargavahmc@gmail.com	Gujarat	919	Private	B
42	C.D. Pachchigar Homoeopathic Medical College, Near Anand Mangal Society, Bhatar Road, Majura, Surat-395001. cdpchm@email.com, drPachchigar@yahoo.co.in	Gujarat	920	Private	C
43	Gujarat Homoeopathic Medical College At & P.O. Savli- 91770, Dist.Vadodara. info@ghmcsavli.com	Gujarat	921	Govt Aided	A
44	Gyan Jyot Education Trust B.G. Garaiya Homoeopathy Medical College, At Kalipat Nr. Tramba, Bhavnagar Highway, Rajkot-360 020. bgghmc@gmail.com	Gujarat	922	Private	B
45	Jay Jalaram Homoeopathic Medical College, At & Post Morva (Rena), Takula Shahera, Distt. Panchmahal- 389001. jjhmc@yahoo.in	Gujarat	923	Private	A
46	Kamdar Homoeopathy Medical College & Research Centre, Haripar Pal Survery No.12, Behind NRI Bungalows, Opp. Delhi Public School, Kalawad Road, Rajkot-360007. kamdarparesh@gmail.com	Gujarat	924	Private	C
47	Merchant Homoeopathic Medical College, Merchant Education Campus, Mehsana- Visnagar Highway, At. Gadha & P.O. Basna, Mehsana-384 315. mhmc.adm@gmail.com	Gujarat	925	Private	C
48	Parul Institute of Homoeopathy & Reserach, P.O. Lilmda, Tal. Waghodia, Dist. Vadodara- 391760. pihr@paruluniversity.ac.in	Gujarat	927	Private	A+
49	Pioneer Homoeopathic Medical College, Pioneer Medical Campus, Near American School of Baroda, AT & P.O. :- Sayajipura Village, Near National Highway No:-8, Ajwa Cross Road, Vadodara. homoeopathic_ogect@hotmail.com	Gujarat	928	Private	A+

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50	Shree Chotalal Nagindas Kothari Homoeopathic Medical College and Research Centre, Near Van Chetna, Kakrapar Bye Pass, Tadkuva, Vyara, Dist. Surat-394 650. cnkotharicollege@gmail.com	Gujarat	929	Private	C
51	Shree Mahalaxmi Mahila Homoeopathic Medical College, (Shree Shamlaji Arogya Seva Trust), Beside Gujarat Tractors Nr. Vishwamitri Bridge, Munjanaluda Lalbag Road, Vadodara- 390011. principal.smmhmc@gmail.com	Gujarat	930	Private	B
52	Shree Swaminarayan Homoeopathy College Shree Swaminarayan Vishwa Mangal Gurukul Trust, Nr. Ahmedabad-Mehsana National Highway, At & PO-Saij, Kalol, Dist. Gandhinagar-382721. sshckalol@gmail.com	Gujarat	931	Private	A
53	Shri Shamlaji Homoeopathic Medical College and Research Institute, Godhra, Near Moon Light Cinema, Godhra-389 001. sshmcgdr@yahoo.com	Gujarat	932	Private	A
54	Shri Vivek Bharti Trust, Noble Homoeopathic College & Research Institute-Junagadh, "Parth Vatika, Bhesan Road, Via-Vadal, At. Bamangam-362310, Ta & Dist. – Junagadh. nhcvbt@gmail.com	Gujarat	933	Private	C
55	Smt. A.J. Savla Homoeopathic Medical College and Research Institute, Pushpanjali 'Building' Near Jilla Panchayat, Nr. Karve School, Visnagar Road, Mehsana- 384001. tnpetmehsana@yahoo.com	Gujarat	939	Private	C
56	Smt. Malini Kishore Sanghavi Homoeopathic Medical College at Miyagaon, Tal. Karjan, Dist. Vadodara- 391240. drhiteshp@gmail.com	Gujarat	940	Private	A+
57	Smt. T.V. Mehta Charitable Foundation, Lalitaben Ramniklal Shah Homoeopathic Medical College, Gardi Vidyapith Campus, Opp. Shiv Shakti Hotel, Kalawad Highway, Village Anandpar-361162, Rajkot. gardividvapith@gmail.com	Gujarat	941	Private	A+
58	Smt. Vasantaben N. Vyas Homoeopathic Medical College & Hospital, SR No.873/2 Jeshingpara, Amreli- 365 601. vnyashomoeopathiccollege@gmail.com	Gujarat	942	Private	C
59	Gandhinagar Homoeopathic Medical College, Mubarakpur (Pearl Education Charitable Trust), Ahmadabad-392721. ghmc.guj@gmail.com	Gujarat	943	Private	A

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60	J.R. Kissan Homoeopathic Medical College and Hospital, Old Sunderpur Road, Jind Bye Pass, Rohtak – 124 001. jrkissanhmch@gmail.com	Haryana	1001	Private	C
61	Solan Homoeopathic Medical College & Hospital, Barog Bye-pass, (Near Shoolini Filling Station), Kumarahatti - 173229, Distt. Solan. shmchsolan@hotmail.com	Himachal Pradesh	1101	Private	B+
62	Maa Kalawati Homoeopathic Medical College & Hospital, Rajaulatu, Namkum, Ranchi-834010. tswspanchwati@gmail.com	Jharkhand	1202	Private	C
63	State Homoeopathic Medical College, Paraspani Godda -814147 principalgmch@gmail.com	Jharkhand	1203	Govt.	C
64	Devki Mahaveer Homoeopathic Medical College and Research Hospital at Farathiya, Garhwa-822114. dmhmcrh_garhwa@rediffmail.com	Jharkhand	1204	Private	C
65	Bhartesh Homoeopathic Medical College, Survey No 16 Basvan Kudachi Extension, Shindoli Road, Belagavi, Karnataka 591124. bhmch1982@gmail.com	Karnataka	1301	Private	A+
66	AGM Homoeopathic Medical College & Hospital, Navagrha Teerth Kshetra, Varur Hubballi - 581207. agmhmch@gmail.com	Karnataka	1302	Private	C
67	KLE University's Homoeopathic Medical College & Hospital, Yellur Road, Belagavi - 59005. kleuhmc@gmail.com	Karnataka	1303	Private/Deemed University	A+
68	Yenopoya Homoeopathic Medical College & Hospital, R.S. No.29,30,31, Naringana Village, Post-Deralakatte (Mangalore),Tah. Bantwal, Distt. Dikshin Kannada- 575018. yhmch@yenepoya.edu.in	Karnataka	1305	Private/Deemed University	A
69	The Holy Family Education Society, Rosy Royal Homoeopathic Medical College & Hospital, Vill- Mallapura, Nelamangala, Bangalore-562162. rosyroyalhomeopathy@gmail.com	Karnataka	1306	Private	C

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70	S.B. Shirkoli Homoeopathic Medical College, Anant Vidya Nagar, P.B. No.16, Sankeshwar- 591 313, Distt. Belgaum. principalsbshmc@gmail.com	Karnataka	1307	Private	C
71	A.M. Shaikh Homoeopathic Medical College, Nehru Nagar, Belgaum-590 010. amshaikhhmc@yahoo.in	Karnataka	1308	Private	B+
72	Dr. B.D. Jatti Homoeopathic Medical College and Hospital, D.C. Compound, Dharwad-580001. bdjatti.office@gmail.com	Karnataka	1309	Private	A+
73	Dr. Maalakaraddy Homoeopathic Medical College and Hospital, Mahadevappa Rampure Marg, Sedam Raod, Kalaburagi-585 105. hkeshmcglb@gmail.com	Karnataka	1310	Private	C
74	Father Muller Homoeopathic Medical College & Hospital, University Road, Deralakatte, Mangalore-574160. hmcoffice@fathermuller.in	Karnataka	1311	Private	A+
75	Govt. Homoeopathic Medical College, Dr. Siddaiah Puranik Road, (Near Govt. Medical Stores) Basaveshwara-Nagar, Bangalore-560 079. ghmcprincipal@gmail.com	Karnataka	1312	Govt.	A
76	Alvas Homoeopathic Medical College, Shobhavana Campus, NH-13, Mijar Moodbidri-574225, ahmc@alvas.org	Karnataka	1313	Private	A+
77	Anuradha Homoeopathic Medical College and Hospital SY. No.78/5 (Old SY.No.78/1), Srigandrakaval, Sri. anuradhacollege@gmail.com	Karnataka	1314	Private	C
78	Bhagwan Buddha Homoeopathic Medical College and Hospital, 'Srinidhi Complex' Mallathalli, Bangalore-056. bbudhahmc_96@yahoo.in, principalbbhmc_98@yahoo.com	Karnataka	1315	Private	B
79	BVV Sangha BVVS Homoeopathic Medical College and Hospital, BVVS Old Campus, Belgavi-Raichur Road, Bagalkot 587101. hmcbgk@gmail.com	Karnataka	1316	Private	B+

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80	S.C.S.E. Society's. Shiv Basav Jyoti Homoeopathic Medical College, R.S. No.43/2A, Plot No.8, Indal Road, Azam Nagar,Belgaum - 590010. sbjhmc.bgm@gmail.com	Karnataka	1317	Private	C
81	Sri Basaveshwar Rural Education and Development Trust Sri Sathya Sai College of Homoeopathic Medical Sciences, Plot No. 19 'C', Industrial Area, Sattur, Dharwad-580009. shribasavsai@yahoo.com	Karnataka	1318	Private	B
82	SVE Trust's Veerabhadreswar Homoeopathic Medical College & Hospital, Near Sai Baba Temple, Humnabad(Post &Tq) Dist. Bidar- 585330 . svetvhmc@gmail.com	Karnataka	1319	Private	C
83	Govt. Homoeopathic Medical College, Irnamuttam, P.O. Manacaud, Thiruvananthapuram-695009. pcodhme@gmail.com	Kerala	1401	Govt.	B
84	National Homoeopathy Research Institute in Mental health, (NHRIMH) at CRI(H), Sachivothamapuram P.O., Kottayam-686532 principal.nhrimhktm@gmail.com	Kerala	1403	Govt./NI	Under Process
85	Govt. Homoeopathic Medical College, Karaparamba,Kozhikode Dist. -673 010. principalghmc@gmail.com	Kerala	1402	Govt.	B+
86	Athurasramam N.S.S. Homoeopathic Medical College, Sachivothamapuram, P.O. Kuricy, Distt.-Kottayam-686532. ansshmcc@gmail.com	Kerala	1404	Govt Aided	A+
87	Dr. Padiar Memorial Homoeopathic Medical College, Chottanikkara, Ernakulam-682312. drpadiarhmcc@gmail.com	Kerala	1405	Govt Aided	A
88	Shree Vidyadhiraja Homoeopathic Medical College, Nemom, Thiruvananthapuram- 695020. academic.svhmc@gmail.com	Kerala	1406	Govt Aided	A
89	District Homoeopathic Medical College and Hospital, 478, Katju Nagar, Ratlam – 457 001. dhmcofficertrm@gmail.com	Madhya Pradesh	1502	Private	C

No	College Name	STATE	College Code	Govt/ Pvt	Grading
90	R.K.D.F. Homoeopathic Medical College and Hospital, Research Centre, Mile Stone 12, Hoshangabad Road, Bhopal-462046. rkdfhmc2001@gmail.com	Madhya Pradesh	1503	Private	C
91	Sophia Homoeopathic Medical College (Swastik Educational & Social Welfare Society's), Mahal Gaon, Opp. R.I. Training Institute, City Centre, Gwalior474 002. ksbhalla@sophiainstitutes.com	Madhya Pradesh	1504	Private	C
92	Anushree Homoeopathic Medical College, 112, Near Samdariya Green City, Kashodhan Nagar, Madhotal, Jabalpur 482 002. anushreehomoeocollege10@gmail.com	Madhya Pradesh	1505	Private	C
93	H.K.E. Society's Narayan Shree Homoeopathic Medical College, Clinical & Research Centre, Pushpa Nagar, Near Bhopal Railway Station, Bhopal- 462 010. nshmcbl@gmail.com	Madhya Pradesh	1506	Private	A+
94	Hahnemann Homoeopathic Medical College, New Jail By- Pass Road, Karond, Bhopal-462 038. hhmchbpl@gmail.com	Madhya Pradesh	1507	Private	B
95	Mahatma Gandhi Homoeopathic Medical College & Hospital, Neemkheda, Gour Tiraha, (Mandla Road) Opp. Marble Rock School, Jabalpur-482001. vermar_rajuverma@yahoo.co.in	Madhya Pradesh	1508	Private	C
96	Om Charitable Chikitsa Samiti's K.S. Homoeopathic Medical College, Village, Piproli, Chirwai Naka, Lashkar, Gwalior-474001. kshmchgw@gmail.com	Madhya Pradesh	1509	Private	C
97	R.N. Kapoor Homoeopathic Medical College, Indore-Dewas Bypass Road, A P J Abdul Kalum Vill - Arandia, Indore-452016. rnkhomoeopathicindore@gmail.com	Madhya Pradesh	1510	Private	C
98	Rani Dullaiya Smriti Homoeopathy College & Hospital, Barkhedi Kalan, Bhadbhada Road, Bhopal-462044, principalrdmhmc@gmail.com	Madhya Pradesh	1511	Private	C
99	Shri Gujarati Samaj Shrimati Kamlaben Raoji Bhai Patel Gujarati Homoeopathic Medical College Hospital & Research Centre, Sch.No.54A.B. Road, Indore-452010. skrpghmcrc@gmail.com	Madhya Pradesh	1512	Private	B+

No	College Name	STATE	College Code	Govt/ Pvt	Grading
100	Indira Gandhi Memorial Homoeopathic Medical College, 131, Prakash Nagar, Dhar-454001. igmdhar@gmail.com	Madhya Pradesh	1513	Private	C
101	Lal Bahadur Shastri (L.B.S.) Homoeopathic Medical College, Samarda Kaliasaut, Ratanpur, Mandideep Road, Bhopal – 462026. lbshmc@gmail.com	Madhya Pradesh	1514	Private	C
102	School of Homoeopathy, Sri Satya Sai University of Technology & Medical Sciences, SH-18, Bhopal-Indore Road, Opposite Oilfed Plant, Pachama, District Sehore, Sehore-466001. homoeopathy121314@gmail.com	Madhya Pradesh	1515	Private	C
103	Govt. Homoeopathic Medical College and Hospital, MACT HILLS, AYUSH Campus, Beside Kaliasot Dam, Chuna Bhatti, Bhopal-462003. prghmcbho@mp.gov.in	Madhya Pradesh	1516	Govt.	B
104	Ram Krishna College of Homoeopathy & Medical Sciences, RKDF, University Campus, Nr. Airport Bypass Road, Gandhi Nagar, Bhopal-462033. rkchms2016@gmail.com	Madhya Pradesh	1517	Private	A+
105	Sendhwa Homoeopathic Medical College & Hospital, Dist. Barwani, Sendhwa- 451666. shmcsendhwa@gmail.com	Madhya Pradesh	1518	Private	C
106	Shivang Homoeopathic Medical College and Hospital, Bairagarh Chichi, Nayapura, Kolar Road, Bhopal-462042. shmc.bpl@gmail.com	Madhya Pradesh	1519	Private	Refused to Rating
107	Smt. S.M. Deo Homoeopathic Medical College & Hospital, Sardar Patel Campus Gaykhuri, Balaghat, Distt. Balaghat –481 001. hmc.bgt2000@gmail.com	Madhya Pradesh	1524	Private	C
108	Vasundhara Raje Homoeopathic Medical College and Hospital, Mahadji Nagar, Shivpuri, Link Road, Gwalior-474 001. vrhmc2021gwalior@gmail.com	Madhya Pradesh	1525	Private	B
109	Ratnadeep Medical Foundation and Research Centre, Jamkhed Homoeopathic Medical College, Ratnapur, Tal. Jamkhed, jhmcjkd@gmail.com	Maharashtra	1601	Private	Refused to Rating

No	College Name	STATE	College Code	Govt/ Pvt	Grading
110	Dhondumama Sathe (D.S.) Homoeopathic Medical College, F.P.No.23, Off Karve Road, Pune-411 004. dshmcollegepune@gmail.com	Maharashtra	1602	Private	A+
111	Dr. D.Y. Patil Homoeopathic Medical College, Pimpri, Dist. Pune-411018. info.homoeopathy@dypvp.edu.in	Maharashtra	1603	Private/Deemed University	A+
112	Dr. G.D. Pol Foundations Yerala Homoeopathic Medical College and Research Centre, Institutional Area, Sector-4, Opp. Kharghar Railway Station, Kharghar, Navi Mumbai- 410210. ymthmc@gmail.com	Maharashtra	1604	Private	A+
113	Dr. J.J. Magdum Trust's Homoeopathic Medical College, Jaysingpur-416 101, Dist. Kolhapur. jjmhmc1990@gmail.com	Maharashtra	1605	Private	C
114	Kaka Saheb Mhaske Homoeopathic Medical College, Nagapur, M.I.D.C., Ahmednagar-414 111, kmmfpharmacy@rediffmail.com	Maharashtra	1606	Private	B
115	Motiwala (National) Homoeopathic Medical College and Hospital, Motiwala Nagar, Gangapur Satpur Link Road, Via Nashik, H.P.O., Nashik-422 001. mhmc1@hotmail.com	Maharashtra	1607	Private	A+
116	Prabhat Education Society's P.D. Jain Homoeopathic Medical College, Behind State Bank of Hyderabad, Vakil Colony, Parbhani-431 401. pdjainparbhani@gmail.com	Maharashtra	1608	Private	B+
117	Gondia Homoeopathic Medical College and Hospital, GHMC Campus, Surya Tola, Gondia-441614. ghmc1989@gmail.com	Maharashtra	1613	Private	C
118	K.E.S. Loknete Adv. Datta Patil Homoeopathic Medical College & Hospital, Balasaheb Khardekar Road, Vengurla, Bhatawadi, Dist. Sindhudurg-416 516. kesladphmc@yahoo.in	Maharashtra	1615	Private	C
119	Kisan Dnyanoday Mandal's Homoeopathic Medical College, Nimzari Road, Shirpur Dist. Dhule-425 405. hmcshirpur@gmail.com	Maharashtra	1616	Private	C

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120	M.H.F.'s Homoeopathic Medical College and Hospital, Hahnemann Hill, Pokhariphata, Gunjalwadi, Tal. Sangamner Distt. Ahmednagar-422 605. rs_gunjal@rediffmail.com	Maharashtra	1617	Private	B+
121	Purushottamdas Bagla Homoeopathic Medical College and Hospital, Pathanpura Marda Road, Arwat, Dist. Chandrapur-442402. pbhmc@rediffmail.com	Maharashtra	1622	Private	C
122	Sayali Charitable Trust, College of Homoeopathy, Gut No. 141, 150, 55 Mitmita, Nashik Road, Aurangabad-431003. drpyk1953@gmail.com	Maharashtra	1623	Private	C
123	Shri Bhagwan Homoeopathic Medical College and Indira Gandhi Memorial Hospital, CIDCO N-6, Aurangabad-431 003. principal.bhmc@gmail.com	Maharashtra	1624	Private	A
124	Shri Takhatmal Shrivallabh Homoeopathic Medical College, Homoeo. Sadan, Rajapet, Amravati.-444 606. tshmc_26@rediffmail.com	Maharashtra	1625	Private	C
125	Shri Tatyasaheb Ghatake Charitable Trust, R.R. Patil College of Homoeopathy & Hospital, Pune Baypass Road, Sangli-416416. drghatagehospital@rediffmail.com	Maharashtra	1626	Private	C
126	Vidya Vaibhav Shikshan Mandal Dapoli Homoeopathic Medical College, At. Apati, P.O. Talsure, Taluka-Dapoli, Distt. Ratnagiri- 415 712. dhmcdapoli@rediffmail.com	Maharashtra	1627	Private	B+
127	Disha Shikshan-V-Vikas Kendra's E.B. Gadkari Homoeopathic Medical College, 1830/A/B, Kadgaon Road, Opposite Govt. Rest House, Gadhinglaj, Dist. Kolhapur-416 502. ebghmc@gmail.com	Maharashtra	1628	Private	C
128	Gandhi Natha Rangaji Homoeopathic Medical College, 13, Budhawar Peth, Jain Boarding Campus, Balives, Solapur- 413 002. gnrmc09@gmail.com	Maharashtra	1629	Private	C
129	Bharati Vidyapeeth's Homoeopathic Medical College, Dhankawadi, Katraj, Pune-411043. hmc@bharatividyapeeth.edu	Maharashtra	1630	Private/Deemed University	A+

No	College Name	STATE	College Code	Govt/ Pvt	Grading
130	Dr. M.L. Dhawale Memorial Homoeopathic Institute, Opp. S.T. Workshop, Palghar Boisor Road, Palghar- 401 404 . mldmhipg@gmail.com	Maharashtra	1632	Private	Under Process
131	Dakshin Kesari Muni Mishrilalji Homoeopathic Medical College, Behind Bibi Ka Makbara, Shree Guru Ganesh Nagar, Aurangabad-431 004. dkmmhmc1989@gmail.com	Maharashtra	1631	Private	A+
132	Foster Development Homoeopathic Medical College, N-5, Behind Gulmohar Colony, CIDCO, Aurangabad-431003. fdhmc@yahoo.com	Maharashtra	1633	Private	A+
133	Guru Mishri Homoeopathic Medical College & Hospital at Shelgaon, Tq. Badnapur, Dist. Jalna- 431 202. info@gurumishrihmc.edu.in	Maharashtra	1634	Private	C
134	National Medical College of Homoeo. Science (Vamanrao Ithape Homoeopathic Medical College), New Nagar Road, Sangamner, Distt. Ahmednagar-422 605. vihmc2016@gmail.com	Maharashtra	1635	Private	C
135	Panchsheel Homoeopathic Shikshan Prasarak Mandal's Homoeopathic Medical College, Civil Lines, Kelanagar, Khamgaon-444 303, Dist. Buldana. principal@phomoeocollege.com	Maharashtra	1636	Private	A+
136	Pouravi Shikshan Prasarak Mandal's Mahila Homoeopathic Medical College & Hospital, 283/1B, Kolgiri Nagar, Hotgi Road, Majrewadi, Solapur, Maharashtra. pspmmhmc2013@gmail.com	Maharashtra	1637	Private	A
137	Ahmednagar Homoeopathic Medical College, Savedi Road, Ahmednagar-414 003. ahmcahmednagar@yahoo.in	Maharashtra	1638	Private	C
138	Anantrao Kanse Homoeopathic Medical College Hospital, Alephata, Tal.Junnar, Distt. Pune- 412411. akhmcr@hotmail.com	Maharashtra	1639	Private	A+
139	Antarbharti Homoeopathic Medical College ,Dabha, Nagpur 440 023. abvhmc111@gmail.com	Maharashtra	1640	Private	C

No	College Name	STATE	College Code	Govt/ Pvt	Grading
140	Atal Bihari Vajpayee Homoeopathic Medical College and Hospital, At-Jalke, Khadke, Tq. –Newasa, Dist. Ahmednagar. abvhmc111@gmail.com	Maharashtra	1641	Private	C
141	Shri Jagadguru Panchacharya Education Society's Homoeopathic Medical College, 200 E, Tararani Chowk, Kolhapur-416 003. hmc_h@yahoo.com	Maharashtra	1642	Private	A+
142	Baliraja Shikshan Prasarak Mandal's Padmashri Shyamraoji Kadam Homoeopathic Medical College, Hospital & Research Centre, CIDCO, New Nanded-431603. smpskhmc@gmail.com	Maharashtra	1643	Private	C
143	Dhanvantari Homoeopathic Medical College and Hospital & Research Centre, Dhanvantari Campus, Kamatwade, Opp. Abhiyanta Nagar, CIDCO, Nashik-422008. dhanvantaricollege@yahoo.com	Maharashtra	1644	Private	B
144	Godawari Foundation Dr. Ulhas Patil Homoeopathic Medical College, Godavari Hospital, M.J. College Road, Distt. Jalgaon-425001. duphmchj@gmail.com	Maharashtra	1645	Private	C
145	Smt. Kanchanbai Babulalji (K..B.) Abad Homoeopathic Medical College, At & P.O. Neminagar, Chandwad, Dist. Nashik-423 101. kbahmc_nsk@rediffmail.com	Maharashtra	1646	Private	A+
146	Sonajirao Kshirsagar Homoeopathic Medical College, Vidhya Nagar (W), College Road, Beed-431 122. info@skhmc.ac.in	Maharashtra	1647	Private	A+
147	Gulabrao Patil Homoeopathic Medical College, 795, Gulabrao Patil Education Camps, Near Govt. Milk Dairy, Distt. Sangli, Miraj-416410. gphmc@rediffmail.com	Maharashtra	1648	Private	A
148	Homoeopathic Medical College, Akot Road, Akola-444001. heshmc1954@gmail.com	Maharashtra	1649	Private	C
149	Janseva Mandal's Sai Homoeopathic Medical College, Dugad Phata, Tal-Bhiwandi, Distt. Thane-421302 . principalsaihm@gmail.com	Maharashtra	1650	Private	B

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150	K.E.S.'s Chandrakant Hari Keluskar Homoeopathic Medical College, Alibag, Dist. Raigad-402 201.keschkhmca@yahoo.co.uk	Maharashtra	1651	Private	B+
151	Konkan Education & Medical Trust's Virar Homoeopathic Medical College, Veer Savarkar Marg, Virar, Tal.Vasai, Dist. Thane-401305. vhmcvirar@hotmail.com	Maharashtra	1652	Private	C
152	Late Mrs. Housabai Homoeopathic Medial College and Hospital, Nimshirgaon-416101, Sangli-Kolhapur Road, Near Dharmnaga, Tal- Shirol, Distt. Kolhapur . hhmc20@gmail.com	Maharashtra	1653	Private	A
153	Lokmanya Medical Foundation's Homoeopathic Medical College, Near Elpro Company, Behind Auditorium of P.C.M. Chinchwad, Pune-411 033. chinchom@rediffmail.com	Maharashtra	1654	Private	C
154	Mahalaxmi Homoeopathy Medical College, S. No.259 At. Post Raigaon, Tal.Jaoli, Distt. Satara-415020. info@sdncedu.com	Maharashtra	1655	Private	C
155	Samarth Education Trust's Sawakar Homoeopathic Medical College, AM-1./1, Additional MIDC, Degaon Road, Satara. hmcsatara@gmail.com	Maharashtra	1657	Private	B+
156	Sharadchandraji Pawar Homoeopathic Medical College and Hospital, At Shiva Trust Campus, Wadala-Mahadev Tq. Shiriram Distt. Ahmednagar-413739. sphmc111@gmail.com	Maharashtra	1658	Private	B
157	Shri Chamundamata Homoeopathic Medical College & Hospital, 9, 10, 11 Gayatri Nagar Telephone & Parakh Nagar, Jilla Peth, Jalgaon- 425003. Principal@homoeopathy ac.in	Maharashtra	1659	Private	C
158	Smt. Chandaben Mohanbhai Patel Homoeopathic Medical College, Irla,Natakkar R.G. Gadkari Marg,Vile, Parle (West), Mumbai- 400 056. cmphmc@yahoo.com	Maharashtra	1660	Private	A
159	SSVP Homoeopathic Medical College & Research Institute, B-101, Tulsi Arcade, Connought Place, CIDCO, Aurangabad- 431003, Hingoli. svphomeopathicatta@gmail.com	Maharashtra	1661	Private	C

No	College Name	STATE	College Code	Govt/ Pvt	Grading
160	Vasantrao Kale Medical College & Hospital, P- 12, M.I.D.C. Kallam Road, Latur – 413 531. vkhmclatur@gmail.com	Maharashtra	1662	Private	A
161	Venutai Yashwantrao Chavan Homoeopathic Medical College, 2968 “C”, Dasara Chowk, Kolhapur -416002. vychmc44@gmail.com	Maharashtra	1663	Private	C
162	North Eastern Institute of Ayurveda and Homoeopathy, Mawdiangdiang, Shillong-793018. dir-neiah@nic.in	Meghalaya	1701	Govt./NI	C
163	Dr. Abhin Chandra Homoeopathic Medical College and Hospital, Unit-III, Kharvela Nagar, Bhubaneswar, Distt. Puri. -751 001. drachmch@gmail.com	Odisha	1802	Govt.	C
164	Biju Pattnaik Homoeopathic Medical College, Berhampur- 760001 Ganjam. bphmch@gmail.com	Odisha	1803	Govt.	C
165	Orissa Medical College of Homoeopathy & Research, Sambalpur-768 001. principalomchr@gmail.com	Odisha	1805	Govt.	C
166	Utkalmani Homoeopathic Medical College & Hospital, Naya Bazar, Rourkela-769010. pandadrratnakar@gmail.com, uhmerkl@gmail.com	Odisha	1807	Govt.	C
167	Homoeopathic Medical College, Hanumangarh Road, Near Bye Pass), Abohar-152 116. hmcabohar@yahoo.com	Punjab	1901	Private	C
168	Lord Mahavira Homoeopathic Medical College, Dr. Hahnemann Chowk, Kitchlu Nagar, Civil Lines, Ludhiana- 141 001. lmhmcldh@gmail.com	Punjab	1904	Private	C
169	Mangilal Nirban Homoeopathic Medical College and Research Institute, M.N.S. Hospital & Research Center, Bikaner-334001. mnhmcBikaner@yahoo.com	Rajasthan	2001	Private	C

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170	Sri Ganganagar Homoeopathic Medical College, Hanumangarh Road, Sriganganagar- 335002. sgnrhmc@gmail.com	Rajasthan	2002	Private	B
171	Swasthya Kalyan Homoeopathic Medical College & Research Centre, Jai Villa, Narain Singh Road, Near Trimurti Circle, Jaipur-302004. principalskhmc@gmail.com	Rajasthan	2003	Private	B+
172	Aarogya Homoeopathic Medical College, P.No.104/1, Dhani Kagota Ki Naila Kanota, Jamwaramgarh, Jaipur- 303012. svspseducation@gmail.com	Rajasthan	2005	Private	C
173	Rajasthan Vidyapeeth Homoeopathic Medical College, Vidyapeeth Campus, Dabok, Udaipur- 313 002. rvhmcadabok123@gmail.com	Rajasthan	2006	Private/Deemed University	B
174	Madhav Homoeopathic Medical College and Hospital, Madhav Hills, Post-Bharja, Tehsil- Pindwara, Opp. Banas River Bridge Toll, NH- 27, Abu Road, Sirohi- 307026. dean.homoeopathy@madhavuniversity.edu.in	Rajasthan	2008	Private	C
175	Dr. Madan Pratap Khuteta Homoeopathic Medical College, Homoeopathy Plot No.10-11 & 12, Village Saipura, Sanganer, Jaipur – 302029. drmpkhmcsociety@gmail.com	Rajasthan	2009	Private	A+
176	Yuvraj Pratap Singh Memorial Homoeopathic Medical College, Shivaji Park, Alwar.- 301 001. ypsmhomoeo@gmail.com	Rajasthan	2013	Private	C
177	Martin Homoeopathic Medical College & Hospital, D.P.F. Mill Premises, G.N. Mills (P.O.), Mettupalayam Road, Coimbatore-641029. homoeocollege@gmail.com	Tamil Nadu	2101	Private	C
178	Sri Sairam Homoeopathic Medical College and Research Centre, (Sapthagiri Education Trust), Sai Leo Nagar Tambaram West Chennai- 600044. principal@sairamhomoeo.edu.in	Tamil Nadu	2102	Private	A+
179	Venkateswara Homoeopathic Medical College and Hospital No. 4/11, Samayapuram Main Road, Karambakkam, Porur, Chennai-600 116. vhmc2000@yahoo.com	Tamil Nadu	2103	Private	A

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180	Sarada Krishna Homoeopathy Medical College, Kulasekharam Distt. Kanyakumari-629161. college@skhmc.org	Tamil Nadu	2104	Private	A+
181	Vinayaka Mission's Homoeopathic Medical College, Chinnaseeragapadi, P.O. NH 47, Sankari Main Road, Salem- 636 308. principal.vmhmc@vmu.edu.in	Tamil Nadu	2105	Private/Deemed University	A+
182	White Memorial Homoeopathic Medical College, Attoor, Veeyanoor-629 177.Dist. Kanyakumari. wmhmc062@gmail.com	Tamil Nadu	2106	Private	C
183	Dr. Hahnemann Homoeopathy Medical College, & Research Centre. Koneripatti, Rasipuram, Namakkal Dist- 637408. drhmcrc@gmail.com	Tamil Nadu	2107	Private	C
184	Excel Homoeopathy Medical College NH 544 Ranganoor Road, , Sankari West Post, Pallakkapalayam, Komarapalayam, Namakkal- 637303. principalbhms@excelcolleges.com	Tamil Nadu	2108	Private	C
185	Govt. Homoeopathic Medical College and Hospital, At. Thirumangalam, Dist. Madurai – 626 706. ghmchtm@gmail.com	Tamil Nadu	2109	Govt.	C
186	Maria Educational and Charitable Trust, Chevaracode Kanyakumari's Maria Homoeopathic Medical College and Hospital, Perai Thiruvattar P.O., Kanyakumari Distt.,-629177. mariahomoeocollege@gmail.com	Tamil Nadu	2110	Private	B
187	R.V.S. Homoeopathy Medical College and Hospital, 242 B, Trichy Road, Sulur, Coimbatore Distt.- 402. rvs.homoeo@gmail.com	Tamil Nadu	2111	Private	C
188	Sivaraj Homoeopathic Medical College & Research Institute, Siddhar Kovil Road, Thumbathulipatty, Perumampathy (P.O.), Salem-636 307. sivarajcolleges@yahoo.com	Tamil Nadu	2112	Private	A+
189	J.S.P.S. Govt. Homoeopathic Medical College, Ramanathapur, Hyderabad-500 013. jpsghmchdyts@gmail.com	Telangana	2201	Govt.	A

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190	JIMS Homoeopathic Medical College & Hospital, Sriramnagar, Muchintal Village, Palamakula P.O., Shamshabad Mandal, Ranga Reddy District-509325. jimshmch@gmail.com	Telangana	2202	Private	A+
191	Devs Homoeopathic Medical College and Hospital, Devanagar, Ankireddy palli, Kesara Mandal, R. R. District.--501301. devsmmedical@gmail.com	Telangana	2203	Private	C
192	MNR Homoeopathic Medical College & Hospital, 2-23B/350, Bhagyanagar Phase-III, Near HMT Hills Colony, Opp;JNTU, Kukatpally, Hyderabad-500085. info@mnrindia.org, p.mnrhmc@mnrindia.org	Telangana	2205	Private	B+
193	Shreyaan Ishaan Educational Society, Hamsa Homoeopathy Medical College, Hospital and Research Centre, Kasheersagar Village, Mulugu Mandal, Medak Distt.-502279. hamsahomeopathy@gmail.com	Telangana	2206	Private	B+
194	National Homoeopathic Medical College & Hospital, 1, Viraj Khand, Gomti Nagar, Lucknow - 226001. nhmclko@yahoo.co.in	Uttar Pradesh	2401	Govt.	B+
195	Bakson Homoeopathic Medical College, B-36, Knowledge Park, Phase-I, Greater NOIDA, Dist. Gautam Budha Nagar- 201 306. college@bakson.net	Uttar Pradesh	2402	Private	A+
196	Pt. Jawaharlal Nehru State Homoeopathic Medical College and Hospital, Block A/1, Scheme-38, Lakhanpur, Kalyanpur, Kanpur- 208024. pjlnrhmc@gmail.com	Uttar Pradesh	2404	Govt.	B+
197	State Lal Bahadur Shastri Homoeopathic Medical College and Hospital, Phaphamau, Allahabad. drhemlata2@gmail.com	Uttar Pradesh	2405	Govt.	C
198	State Dr. Brij Kishore Homoeopathic Medical College and Hospital, Deokali, Faizabad-224001. principalbkhm@gmail.com	Uttar Pradesh	2406	Govt.	A
199	State Ghazipur Homoeopathic Medical College and Hospital, Rauza, Ghazipur- 233001. ghmcgzp@gmail.com	Uttar Pradesh	2408	Govt.	C

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200	State Homeopathic Medical College and Hospital, Gorakhpur-273402. principalshmcb@gmail.com	Uttar Pradesh	2409	Govt.	A
201	State Homoeopathic Medical College & Hospital, Kasimpur Road, Chherat, Aligarh- 202122. rhmcaligarh@gmail.com	Uttar Pradesh	2410	Govt.	C
202	State K.G.K. Homoeopathic Medical College and Hospital, Rly. Line Par, Moradabad- 001. principalkgkhomeocollege@gmail.com	Uttar Pradesh	2411	Govt.	C
203	State Shri Durgaji Homoeopathic Medical College and Hospital, Chandeshwar, Dist. Azamgarh-276 001. principalsdjh13@gmail.com	Uttar Pradesh	2412	Govt.	C
204	Chandola Homoeopathic Medical College & Hospital, Kichcha Road, Ruderpur, P.O. Lalpur, Dist. Udham Singh Nagar-263148. Nainital. chandola@chandolahomeocollege.com	Uttarakhand	2302	Private	C
205	Bengal Homoeopathic Medical College and Hospital, Ismile, P.O. Asansol-713 301, Dist. Burdwan. bhmchasansol713301@gmail.com	West Bengal	2501	Private	C
206	Birbhum Vivekanand Homoeopathic Medical College and Hospital, P.O. Sainthia, Distt. Birbhum-731234. bvhmchsainthia@gmail.com	West Bengal	2502	Private	C
207	Netai Charan Chakravarty Homoeopathic Medical College and Hospital, 45, 'F' Road, Belgachia, Howrah-711 101. dr.joydevghosh@gmail.com	West Bengal	2503	Private	B
208	D.N.De. Homoeopathic Medical College and Hospital, 12, G.K. Road, Kolkata -700 046. dndeofficial@gmail.com	West Bengal	2504	Govt.	A+
209	Mahesh Bhattacharya Homoeopathic Medical College and Hospital, H.I.T. Road, Ichapur, Doomurjala Howrah-4. principalmbhmch@gmail.com	West Bengal	2505	Govt.	A+

No	College Name	STATE	College Code	Govt/ Pvt	Grading
210	National Institute of Homoeopathy, Block- GE, Sector III, Salt Lake, Kolkata- 700 106. admin.nih@nic.in	West Bengal	2506	Govt./NI	A+
211	The Calcutta Homoeopathic Medical College and Hospital, 265/66, Acharya Prafulla Chandra Road, Kolkata-09. chmch_1881@rediffmail.com	West Bengal	2507	Govt.	A+
212	Burdwan Homoeopathic Medical College and Hospital, Nimbarak Bhavan Raj Ganj P.O. Nutanganj, Distt. Burdwan- 713 102. bhmchospital78@gmail.com	West Bengal	2508	Private	C
213	Kharagpur Homoeopathic Medical College and Hospital, At Kaushallya, P.O. Kharagpur-721 301. Distt. Midnapore. kgphmch@gmail.com	West Bengal	2509	Private	C
214	Metropolitan Homoeopathic Medical College and Hospital, Ramchandrapur, Sodepur, Kolkata- 700 110. mhmch1@gmail.com	West Bengal	2510	Private	B+
215	Midnapore Homoeopathic Medical College and Hospital, P. O. and Dist. Midnapore-721 104. mhmch1945@gmail.com	West Bengal	2511	Govt.	C
216	Pratap Chandra Memorial Homoeopathic Hospital and College, 14/1, Narkeldanga North Road, Kolkata-700 011. pcmhch@gmail.com	West Bengal	2512	Private	A+



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This is to certify that Dr Harpreet Kour of K.L.E. Academy of Higher Education and Research, Belgaum has successfully uploaded the data of All India Survey on Higher Education(AISHE) 2022-2023.

R Rajesh

(Shri R. Rajesh)

Deputy Director General

Dated: 28/02/2024

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		250	150	200	200	200	10
1	COLLEGE OF PHYSIOTHERAPY, KASTURBA MEDICAL COLLEGE, MANGALORE	231.9	115.51	200	149.33	148.38	84
2	AMITY INSTITUTE OF PHYSIOTHERAPY, AMITY UNIVERSITY, NOIDA	225.87	103.14	188.72	151.32	112.78	78
3	K.L.E.U. INSTITUTE OF PHYSIOTHERAPY, BELGAUM, KARNATAKA	217.77	88.44	193.94	141.23	81.65	72

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5	NITTE INSTITUTE OF PHYSIOTHERAPY, MANGALORE	159.02	151.58	181.63	140.12	79.78	71
6	DR. D. Y. PATIL COLLEGE OF PHYSIOTHERAPY, PIMPRI, PUNE	222.07	60.91	188.64	129.17	81.38	68
7	FLORENCE COLLEGE OF PHYSIOTHERAPY, BANGALORE	201.98	38.2	143.42	172.51	121.89	67
8	PADMASHREE INSTITUTE OF PHYSIOTHERAPY, BANGALORE	205.15	96.17	188.64	141.31	43.9	67
9	DEPARTMENT OF PHYSIOTHERAPY, INTEGRAL UNIVERSITY, LUCKNOW	146.1	142.08	161.84	131.36	91.32	67
10	SANTOSH PARAMEDICAL / ALLIED HEALTH SCIENCES COLLEGE, GHAZIABAD	87.19	139.11	194.72	115.94	125.93	66
11	GARDEN CITY COLLEGE OF PHYSIOTHERAPY, BANGALORE	195.23	50.13	179.32	137.47	93.66	65
12	J.S.S. COLLEGE OF PHYSIOTHERAPY, MYSORE	190.89	104.69	171.53	120.8	66.8	65
13	SHARDA COLLEGE OF PHYSIOTHERAPY, NORTH GUJARAT	194.81	94.03	196.02	134.49	19.08	63

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15	SUBHARTI COLLEGE OF PHYSIOTHERAPY, MEERUT	210.55	66.98	167.36	141.8	33.77	62
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17	SMT. S.R. SHAH COLLEGE OF PHYSIOTHERAPY, MEHSANA, NORTH GUJARAT	180.57	104.01	163.44	125.48	43.54	61
18	PARUL INSTITUTE OF PHYSIOTHERAPY, VADODARA	204.43	91.36	146.91	154.99	14.69	61
19	PRUDENCE COLLEGE OF PHYSIOTHERAPY, BANGALORE	187.09	49.64	198.31	143.33	28.98	60
20	DEPARTMENT OF PHYSIOTHERAPY, KHALSA COLLEGE, AMRITSAR	182.72	39.91	186.89	135.44	57	60
21	JYOTIRAO FULE SUBHARTI COLLEGE OF PHYSIOTHERAPY, MEERUT	179.63	77.39	153.65	157.33	32.23	60
22	COLLEGE OF PHYSIOTHERAPY, GALGOTIAS UNIVERSITY, GREATER NOIDA	212.46	38.94	173.56	138.29	36.15	59
23	SHREE SAHAJANABAD	204.92	32.1	190.93	140.75	29.33	59

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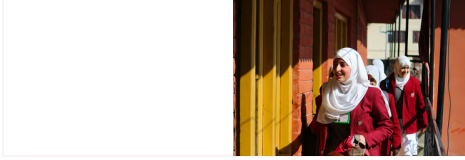
24	B.G. PATEL COLLEGE OF PHYSIOTHERAPY, ANAND, GUJARAT	180.54	63.98	182.07	139.74	27.79	59
25	THE SARVAJANIK COLLEGE OF PHYSIOTHERAPY, SURAT	188.98	37.23	178.58	122.59	61.96	58
26	PREM PHYSIOTHERAPY AND REHABILITATION COLLEGE, PANIPAT, HARYANA	179.36	49.77	177.9	144.99	36.51	58
27	FACULTY OF PARAMEDICAL SCIENCES, ASSAM DOWN TOWN UNIVERSITY, GUWAHATI	195.22	40.72	185.96	142.61	22.32	58
28	ST. BENEDICT'S COLLEGE OF PHYSIOTHERAPY, BANGALORE	159.36	70.53	178.2	144.47	30.47	58
29	JOSCO INSTITUTE OF PHYSIOTHERAPY, BANGALORE	183.22	27.02	186.77	114.88	65.19	57
30	COLUMBIA COLLEGE OF PHYSIOTHERAPY, BANGALORE	183.26	58.1	172.03	139.87	23.08	57



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**N. Venkateswaran
Chief Executive Officer**