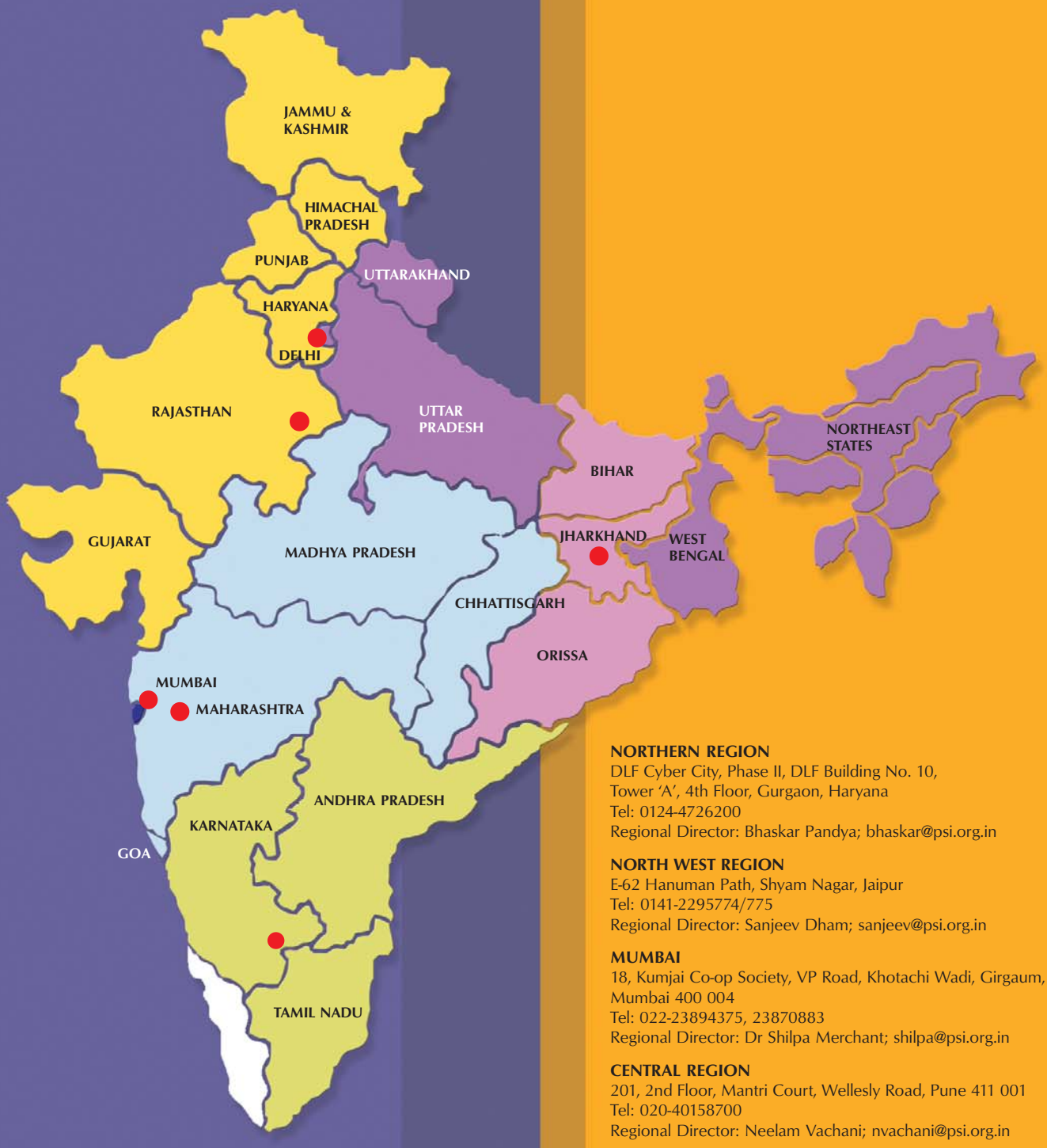



PSI INDIA ANNUAL REPORT 2008

PSI

PSI India Regional Offices



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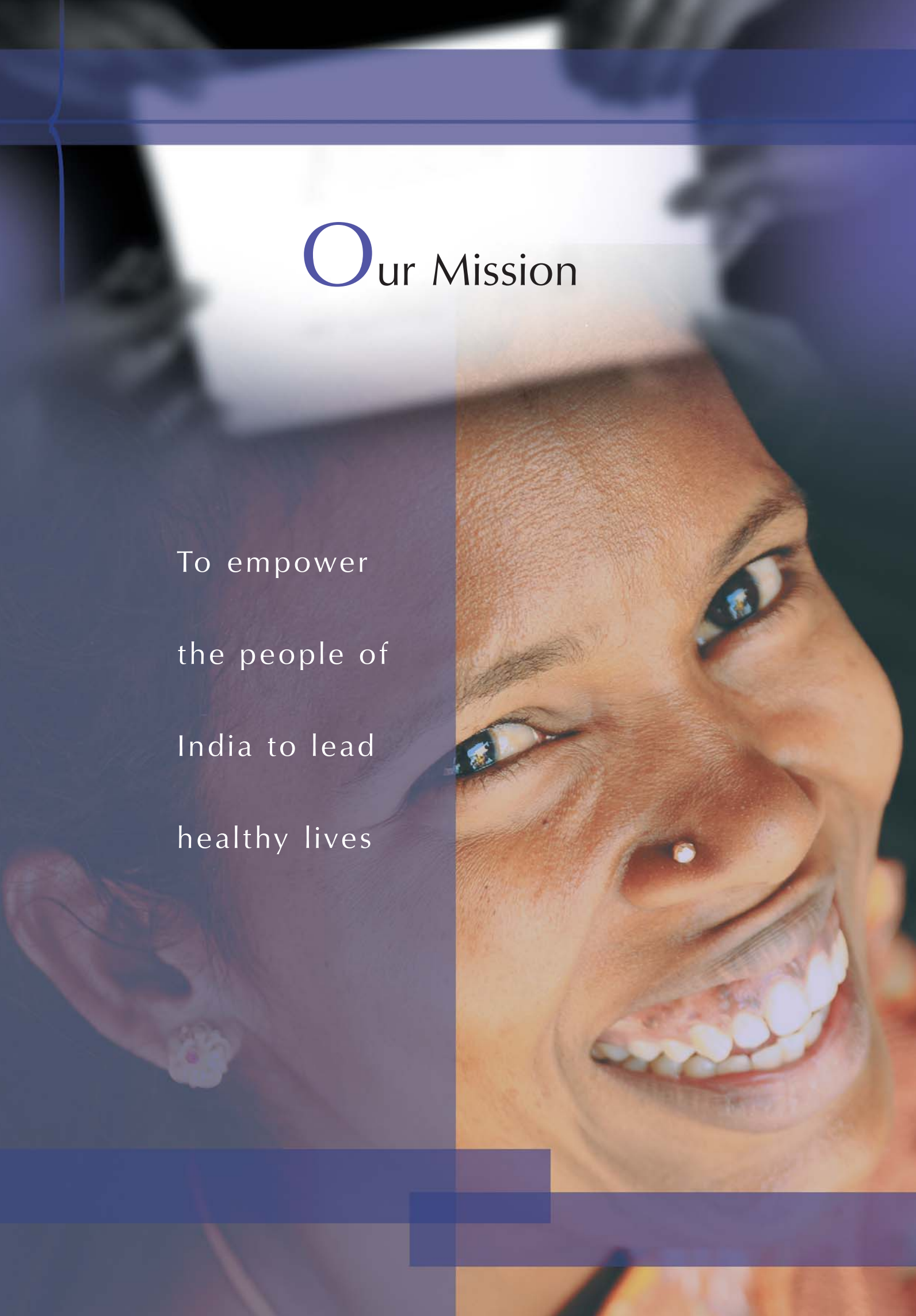
TOgether

The PSI team saves the lives of Indian men, women and children from all corners of the country, every day. Many of our team members work in incredibly difficult conditions to change the behaviour of our customers, the people whom we aim to help. From urban slums to small rural villages, the PSI team ensures that our health products and messages are available. Others on our team work tirelessly behind the scenes to ensure that our health activities continue without interruption. What makes PSI special is our people, our staff. I am humbled to be part of this PSI team.

Our model of work, social marketing, permits us to have more than just a positive impact on the health of Indians. Since we use private sector approaches for marketing our health products and messages, we also have a sizeable economic impact in India. To achieve our health impact, we partner with many in the private sector, including manufacturers, distributors, marketing agencies, and hundreds of thousands of retailers, such as pharmacists and other points of sale. Our business of socially marketing health products and communications results in a cumulative addition of many millions of rupees, in the form of profits and jobs, into the Indian economy every year.

As you can see in the following pages, the good work of PSI makes a large and positive difference in India. My sincere appreciation and thanks goes out to our partners and donors, whose support for PSI is invaluable as we work to empower the people of India to lead healthy lives. Thank you for taking the time to read about the difference we are making. We welcome your thoughts and ideas on how we can work to save even more lives in India.

Sean Mayberry
Managing Director, PSI India



Our Mission

To empower

the people of

India to lead

healthy lives

The Road Taken by PSI India

Our Identity

PSI India, a non-profit, non-governmental organisation registered under the Indian Societies Act, started operations in 1988. Today, we are one of India's largest and most extensive social marketing organisations, reaching out to people in 22 states and union territories. PSI India has successfully implemented programmes on HIV, birth spacing, water and hygiene, and maternal and child health, always keeping the bottom-line health impact in mind.

Our Reach

PSI India's social marketing activities span the country, from rural villages in the tribal areas of Jharkhand to the urban slums of Mumbai. Since 1988, we have distributed nearly 180 crore of condoms, 594 lakh blisters of oral contraceptives and 287 lakh one-litre sachets of Oral Rehydration Solution (ORS) across India.[1] In the past year, we have also begun to broaden our capacity into other health areas, including improving access to health insurance for low income groups and addressing lifestyle diseases, such as tobacco-related ones. In the communications arena, we have taken interpersonal outreach to a higher level, reaching as many as 20 lakh contacts per month to promote safe sex and the correct treatment of sexually transmitted infections. Our experience and size enable us to begin programmes quickly as well as manage them effectively. In early 2008, we launched the 'Women's Health Programme' in 12 states, to increase access to long-term birth spacing methods. By the end of the year, we had trained 1,127 healthcare providers in 'No-touch' insertion of intrauterine devices (IUDs) and had provided birth spacing counselling to over 20,000 women.

Our Partnerships

Our objective is to help the Government of India to meet the country's health challenges for low income populations. To accomplish this, PSI India works with a variety of partners, including national and state governments, community-based and not-for-profit organisations, and healthcare providers from both the public and private sectors. Thanks to the reputation that PSI has earned in India and around the globe, we are able to build strong relationships with our funding partners, allowing us to expand the benefits of our programmes to an increasing number of those living below the poverty line.

Our Impact

Perceived as a not-for-profit entity that means business, PSI India uses evidence-based communication strategies to ensure the maximum impact and stretch communication budgets. We measure our success in part through Disability Adjusted Life Years (DALYs[2]), which permit the comparison of health impact across different health areas and activities. During 2008, PSI India averted 395,089 DALYs in HIV, family planning, and maternal and child health, reflecting a 10.1% growth since the previous year. The overall DALY estimate for 2009 is 458,354.

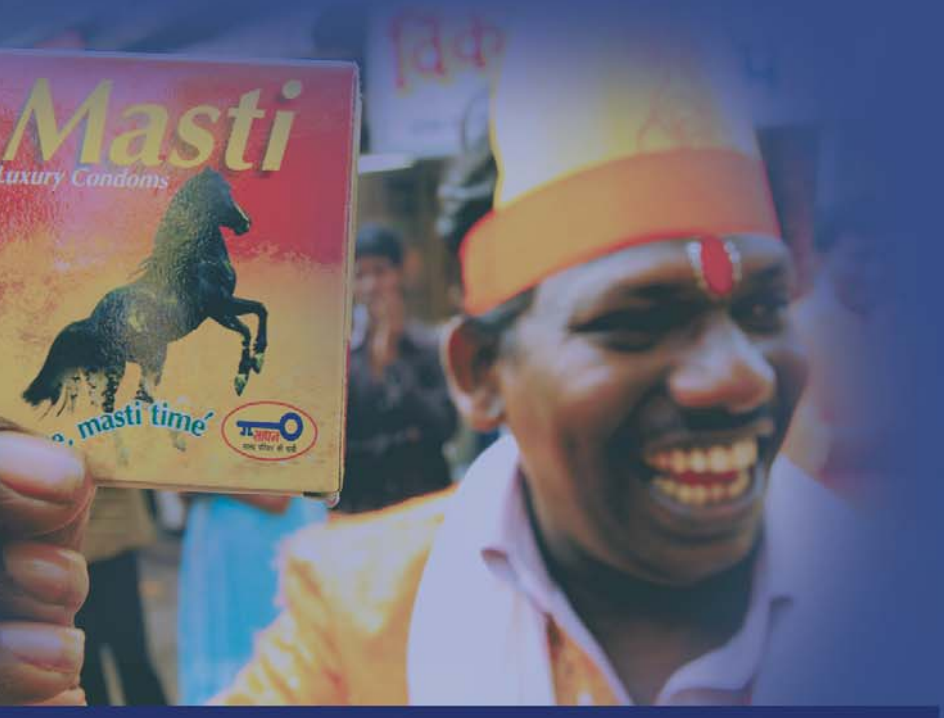
Our People

We are committed to professionalism and technical competence and believe that people are our key asset. PSI India's organisational strength of more than 1,500 staff comprises an experienced and productive workforce. Our strong internal processes of recruitment, performance management and employee engagement ensure that we are constantly driving high achievement. In early 2008, we undertook a major internal restructuring exercise, including the creation of six regional offices, which resulted in a more efficient and synergised organisational structure.

[1] One lakh is equivalent to 100,000. One crore is equivalent to 10 million.
[2] According to the World Health Organisation, a DALY represents "the sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability".

EmpOwering Lives

PSI India's projects focus on many of the priority health issues identified by the Government of India. These include maternal and neonatal mortality, HIV, and averting unwanted pregnancies. Through the social marketing of products and services, we empower low income and vulnerable populations to improve their own health conditions. In addition to our direct project implementation activities, PSI engages in extensive skills development for healthcare professionals, private sector partners and local NGOs. The facing columns provide a snapshot of some of our ongoing projects.



Project: Social Marketing of Zinc and ORS for Management of Childhood Diarrhoea
Location: Nine rural districts of Rajasthan
Duration: 2008-2009
Donor: UNICEF
Description: The goal of this pilot project is to increase awareness of zinc as an adjunct therapy for diarrhoea management. The project also seeks to improve access to zinc and ORS, and to increase the capacity of local healthcare providers to correctly prescribe the products.
Achievements: As of December 2008, the project had reached 20,000 households with children. Zinc and ORS were made available at 400 outlets in 59 towns of 9 districts and 75% of selected villages in the project area now have at least one outlet stocking zinc and ORS.

Project: Delivering Reproductive and Child Health Services to the Urban Poor
Location: Jaipur
Duration: 2008-2009
Donor: Government of Rajasthan
Description: Management of an urban clinic, which serves 50,000 people in 11 identified slums in Jaipur town.
Achievements: Through static and outreach service delivery approach, serviced 5,500 OPD clients, registered 500 women for ante-natal care, immunised 1,200 children, conducted 32 sterilisations and 25 IUD insertions.

Project: Women's Health Project
Location: Twelve states
Duration: 2008-2012
Description: The project seeks to reduce maternal mortality and promote the healthy timing and spacing of pregnancies. The main activities include promotion of long-term reversible contraceptive methods, safe medical abortion, and reduction of post partum haemorrhage (PPH). The project goals are to facilitate the insertion of 5 lakh IUDs and 1.92 lakh safe medical abortions.
Achievements: By the end of 2008, PSI and its partners had trained 1,127 healthcare providers in 'no-touch' insertion of IUDs and had provided birth spacing counselling to over 20,000 women.

Project: Promoting Birth Spacing in Bihar and Jharkhand
Location: Eleven districts in Bihar and Jharkhand
Duration: 2008-2010
Donor: The David and Lucile Packard Foundation
Description: To increase demand and access to modern contraceptive methods for the healthy timing and spacing of pregnancies among low income populations living in rural areas and urban slums.
Achievements: More than 550,000 condoms and 20,000 oral contraceptive pills (OCPs) have been sold in the targeted area, more than 250 outlets opened in rural

PSI India's Projects at a Glance

communities and 855 retail outlets in urban areas. IUD and emergency contraceptives (EC) are being promoted in addition to condoms and OCPs.

Project: Rural Birth Spacing
Location: Five districts of Jharkhand
Duration: 2008-2009
Donor: National Rural Health Mission, Ministry of Health and Family Welfare, Government of Jharkhand
Description: To increase demand and access to modern contraceptive methods for the healthy timing and spacing of pregnancies among low income populations living in rural areas. The project uses a variety of communication activities combined with increasing accessibility to contraceptives through the private sector.
Achievements: Completed formative research, launched the first round of interpersonal communications (IPC) and street plays.

Project: Expanding the Scale of Emergency Contraception
Location: Rajasthan
Duration: 2004-2008
Donor: The William and Flora Hewlett Foundation
Description: Through advocacy, innovative communication campaigns and collaboration with the private sector, the project helped to establish a market for emergency contraceptives in Rajasthan. The main objectives were to improve accessibility and to stimulate demand for EC among low income populations.
Achievements: The number of brands of EC distributed in the private sector over the life of the project increased from approximately two at the beginning of the project to more than seven currently. The percentage of women who perceived that their spouse supports the use of EC increased from 49% to 69% (Jaipur baseline and endline surveys). PSI India has distributed a total of 224,870 doses of emergency contraceptive pills in 173 towns across Rajasthan since 2004.

Project: Connect, Bangalore
Location: Karnataka, Andhra Pradesh, Tamil Nadu and Maharashtra
Duration: 2006-2011
Donor: The United States Agency for International Development
Description: The Connect Project seeks to leverage and build public-private partnerships to increase the use of prevention, care and treatment interventions that will prevent/mitigate the effects of HIV and TB. The project is led by PSI and implemented in partnership with the YR Gaitonde Centre for AIDS Research and Education (YRG CARE), University of Manitoba and the Federation of Indian Chambers of Commerce and Industry (FICCI).
Achievements: Since 2007, Project Connect has partnered with more than 225 companies for HIV and TB workplace programmes, tested and counselled 54,000 at-risk workers across four states, and provided counselling and testing for 8,000 pregnant women through its Prevention of Parent to Child Transmission programme (PPTCT). In April 2008, the project launched a unique health insurance scheme for People Living with HIV (PLHIV) in six districts of Karnataka. PSI is also working closely with the Karnataka State AIDS Prevention Society and the Andhra Pradesh State AIDS Control Society to build systems for sustainable public-private partnerships to mitigate HIV and TB.

Project: Edde Arrogya
Location: Eleven villages in Udupi District, Karnataka
Duration: 2008-2011
Donor: Suzlon Foundation
Description: Adoption of safer sexual health practices in project areas for HIV prevention, improved care seeking behaviours around TB and improved hygiene and diarrhoea prevention practices.
Achievements: Project staff met with over 1,700 caregivers for children under five to discuss hand washing and diarrhoea prevention. The project has reached over 8,500 villagers with key messages. There has been a 51% increase (from 108) in the number of people who have availed of sputum testing for TB in clinics promoted by the project.

Project: Malaria Prevention in Jharkhand
Location: Six blocks in three districts of Jharkhand
Duration: 2008-2009
Donor: UNICEF
Description: To increase the awareness of causes for malaria and the usage of long-lasting insecticide-treated bed nets among pregnant women and mothers of infants.
Achievements: Completed formative research, launched communication activities and the distribution of free bed nets.

Project: HIV Targetted Intervention
Location: Mumbai
Duration: 2005-2008
Donor: UK Big Lottery Fund, YouthAIDS
Description: A comprehensive HIV reduction programme, which reaches out to over 6,000 female sex workers (FSWs), 600,000 men at risk of contracting HIV and 2,500 intravenous drug users (IDUs) in red-light districts and slum areas of Greater Mumbai. The project includes a telephone helpline, drop-in centres for sex workers and IDUs, a health clinic, voluntary counselling and testing centres and a centre for excellence to share learnings.
Achievements: In 2008, the project created a microfinance unit. More than 4,000 drug users have been reached by the IDU outreach programme. A centre for excellence has trained over 1,000 participants from over 70 NGOs, government agencies and hospitals.

Project: Avahan: India AIDS Initiative, Phase I
Location: Karnataka, Andhra Pradesh, Tamil Nadu and Maharashtra
Duration: 2003-2009
Donor: The Bill & Melinda Gates Foundation
Description: To reduce HIV prevalence by increasing access to and demand for condoms and proper treatment for sexually transmitted infections (STIs) among male clients of female sex workers in areas of high risk sex, called 'hot spots'.
Achievements: 87% of the clients of sex workers are consistently using condoms compared to the baseline value of 63%. Positive beliefs associated with consistent condom use went from 0.73-0.86 (on a scale of 0 to 1). Achieved condom coverage of 81% of target in hot spots. During the endline survey, over a third (34%) of male clients of female sex workers in the project area cited the use of one of the project's Key Clinics when seeking treatment for an STI.

Project: Condom Social Marketing Programme
Location: Rajasthan, Madhya Pradesh, Orissa and Chhattisgarh
Duration: March-December 2008
Donor: National AIDS Control Organisation (NACO)
Description: Create access and demand for male condoms, which provide triple protection against HIV, STIs and unplanned pregnancies.
Achievements: Sale of 22 million pieces of condom, coverage of nearly 85,000 outlets and execution of more than 4,000 street plays in the intervention areas.

Project: Collieries Outreach Intervention for Limiting HIV (COILA)
Location: Five mining districts in Jharkhand
Duration: 2008-2009
Donor: Jharkhand State AIDS Control Society
Description: To research groups at risk of HIV in the coal mining districts of Jharkhand.
Achievements: Completed baseline research and launched a pilot communication campaign.

Project: Public Private Partnership in Treating Sexually Transmitted Infections
Location: 43 districts in Maharashtra, Karnataka, Tamil Nadu, Andhra Pradesh and Goa
Duration: 2008-2009
Donor: NACO
Description: To support private healthcare providers and modern medicine providers to diagnose and treat, or refer, STIs and reproductive tract infections (RTIs).
Achievements: Increased access to STI service delivery by franchising and training more than 1,000 allopathic and 2,759 non-allopathic doctors, who have treated or seen more than 85,000 clients during the project period.

HIV

I am glad that finally an insurance company has come out with a policy for us. It's a milestone in the fight against the discrimination of people living with HIV. This will change the perception that we are a burden on our family.

Asha Ramaiah
Founder Member, Karnataka Network of People Living with HIV

RAMYA
Safe and Happy

Ramya, in her late 20s, is well educated and employed as a clerk in Visakhapatnam, Andhra Pradesh. In her previous marriage she suffered two spontaneous abortions. In her third pregnancy she delivered twins, who did not survive beyond 18 months. Soon, her husband also passed away. A few years later, Ramya re-married and became pregnant. A routine ante-natal check-up showed that she was HIV positive. Her husband turned out to be HIV negative. Worries about her unborn baby and discrimination from her family made her depressed.

Ramya's life changed when she met outreach workers from Project Connect. They talked about client-friendly services for HIV-positive pregnant women in a private clinic in Visakhapatnam. The counsellor motivated her husband to accept his wife's status and provided them alternatives on how they could still have a healthy family life. Ramya took the antiretroviral course and delivered a healthy female baby.

PSI India's Innovative Programmes

Targeting Groups at Risk

PSI India works closely with NACO and the donor community to implement targeted HIV prevention initiatives in critical states. We use innovative programming to promote healthy lifestyle choices among groups most vulnerable to HIV. PSI teams have implemented on-ground activities for female sex workers, male clients of sex workers, intravenous drug users and men who have sex with men.

Our programmes integrate evidence-based communications with product availability to maximise chances for behaviour change. Communications include a variety of mainstream and alternative media, including street plays, contests, radio and television spots. On-ground teams reinforce the communications activities by ensuring access to HIV prevention products, including male and female condoms, in places that are convenient for groups most in need.

Partnering

PSI collaborates with community-based organisations (CBOs) in its targeted HIV interventions. In 2005, PSI helped found a CBO for female sex workers in Mumbai, called Sanghamitra. Today, Sanghamitra has 1,500 members, many of whom work in the brothels of Kamathipura, Mumbai's largest red-light district. PSI has helped the CBO to organise neighbourhood clusters and to hold elections for key posts. We were very proud when Sanghamitra won a prestigious Red Ribbon award for

excellence from UNAIDS, which was presented at the Mexico City AIDS Conference in July 2008.

Also, in 2008, PSI worked with Sanghamitra to create a bank for sex workers, called Sangini, which has greatly exceeded expectations. The bank empowers the sex workers by enabling them to save money, in deposits as small as Rs 10. When the money is needed for child care or a family emergency, the women can use their own funds rather than having to borrow from pimps or local money lenders, at exorbitant rates.

Involving the Private Sector in the Fight against HIV and Tuberculosis

PSI's private sector approach enables us to enlist both large and small enterprises in HIV prevention and TB control activities. We use existing commercial infrastructure, such as tea stalls and roadside vendors, to make male condoms available, at affordable prices, to groups at risk of HIV. This benefits small businesses economically and at the same time makes products readily available in thousands of locations throughout the country.

PSI has formed partnerships with dozens of enterprises, under Project Connect, to implement workplace HIV and TB interventions. Corporate partners include Apollo Tyres, Suzlon, Tata Power, Computer Science Corporation, Johnson & Johnson, and Jindal Steel. PSI staff work alongside their corporate counterparts to train peer educators and to promote healthy lifestyle choices. By reducing health costs and absenteeism, workplace programmes help both the employers and their employees. We also partner with companies in industries with high concentrations of personnel at risk of HIV, including coal mines and sugar cane producers, to implement activities on worksites and in neighbouring communities.

ReprOductive Health

The only way for a woman, as for a man, is to find herself, to know herself as a person. There is no other way. I found myself by understanding the importance of health, family and being able to care for my family. I think that is what family planning is really about.

Nazia

SONALI
Changing the World

With her mother-in-law's support to help convince her husband, Sonali was able to visit the Saadhan wellness clinic for an IUCD insertion. This turned her world around. She could find time for household chores and some small jobs. She could also contribute to her family's finances and that boosted her self-confidence immensely. She was now able to pay more attention to her little girl.

Today, Sonali talks about the benefits of family planning to whoever lends her an ear. She is determined to educate families to support women towards safe reproductive/maternal health. She and her mother-in-law believe that an informed woman can educate her family and, consequently, her community and the world.

PSI India Shows the Way

Working with Low Income Populations

Women from the lowest socio-economic quintile in India are half as likely as those from the highest quintile to receive iron supplementation during pregnancy, more than three times as likely to give birth at home, and half as likely to use a modern method of contraception.[3] PSI India's reproductive health programme reaches out to under-privileged communities across the country to increase contraceptive choice and provide essential products, such as iron and folic acid tablets, clean delivery kits and contraceptives to help reduce maternal mortality.

Decreasing Maternal Mortality

In early 2008, PSI India launched the Women's Health Programme (WHP) in 12 states. The five-year initiative aims to reduce maternal mortality by providing access to safe medical abortion, and expanding family planning choice through long-lasting, reversible, contraceptive methods, such as the intrauterine device. The project builds the capacity of private and public sector providers in counselling as well as the 'no-touch' techniques of IUD insertion. In its first six months of operations, the project trained over 1,000 healthcare providers and counselled over 20,000 women.

Increasing Access to Healthcare in Urban Slums

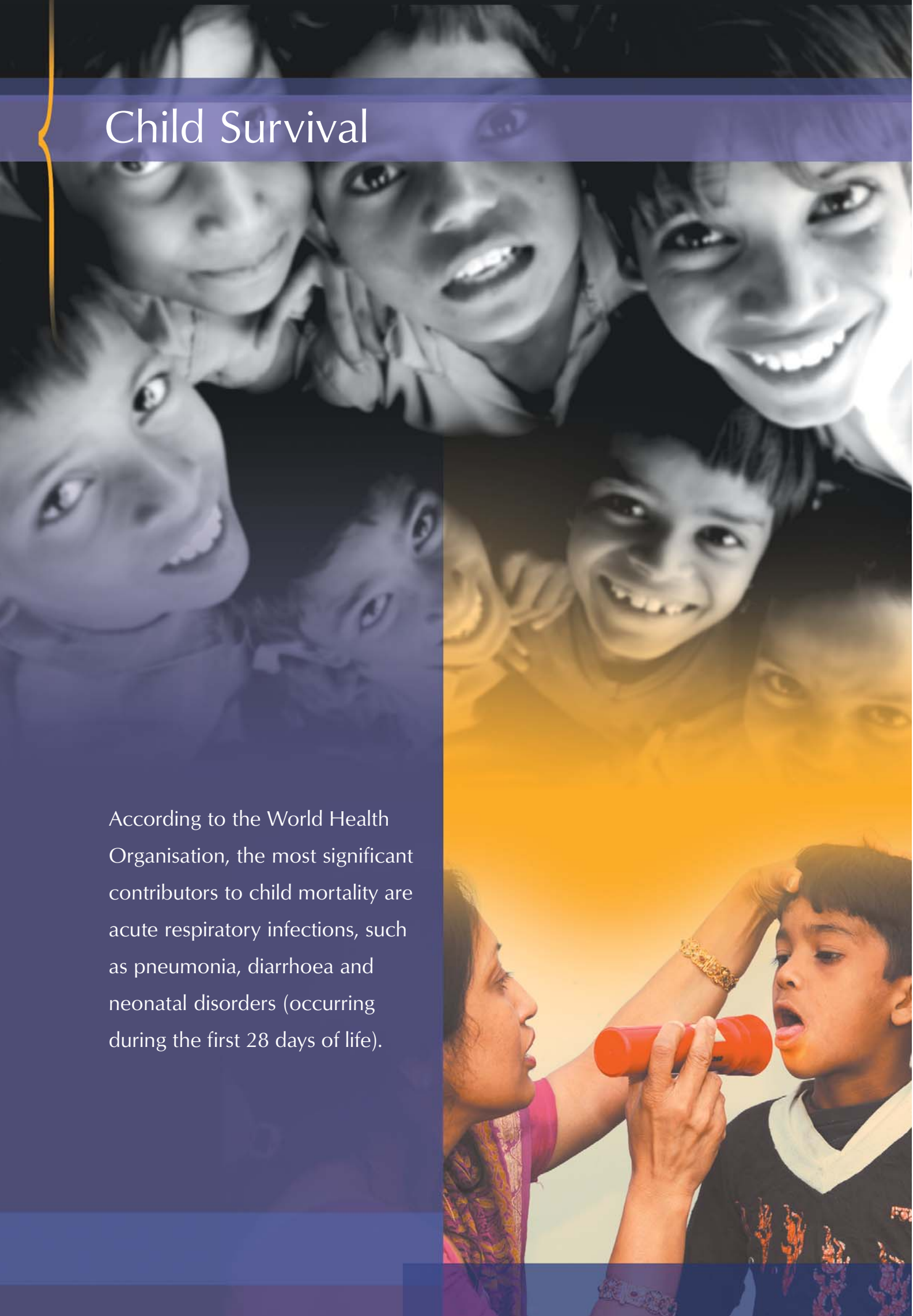
During 2008, the Government of Rajasthan set up Reproductive and Child Health Centres in eight districts through a public-private partnership initiative. Under the programme, NGOs are entrusted with the management of one or more primary care centres. PSI India is responsible for a centre in Jaipur, which serves a catchment population of approximately 50,000 urban slum dwellers. PSI India personnel provide outreach activities in the slums, to promote preventive health and encourage the use of the clinic. Clinic services include family planning, maternal and child health services, ante-natal and post-natal care, immunisation, and treatment of childhood illnesses. The project has made a strong start—by early 2009 over 700 clients per month were being served.

The Importance of Gender in Promoting Family Planning

In a baseline survey funded by the David and Lucile Packard Foundation, we realised that spousal support is one of the key determinants of the use of modern birth spacing methods in Jharkhand. Women are much less likely to adopt a method without the support of their husbands. Project teams came up with a variety of innovative communication techniques to increase spousal communication about birth spacing. One of these was a series of highly popular village-level contests. Participants were required to discuss family planning preferences with their husband or wife in order to complete a 'scratch and win' card and enter a drawing for prizes. An end of project survey revealed a 10% jump, from 77% to 87%, among couples who stated that they discuss birth spacing with their spouses.[4]

[3] Gwatkin, D. R., Johnson, K., Pande, R.P., Rutstein, S., and Wagstaff, A. (2000). India: Socioeconomic differences in health, nutrition and population, Washington, DC. The World Bank. [4] ORG Centre for Social Research (2008). *Endline Study on Birth Spacing in Programme District of Jharkhand*. New Delhi, India.

Child Survival



According to the World Health Organisation, the most significant contributors to child mortality are acute respiratory infections, such as pneumonia, diarrhoea and neonatal disorders (occurring during the first 28 days of life).

Looking at the Future

Child Mortality in India

Low socio-economic status, short intervals between birth and pregnancy and limited access to healthcare are linked closely to high rates of child mortality. Diarrhoeal disease, the second leading killer of children under five in India, creates dehydration in young children and can lead to death if not properly treated. Children with already weakened immune systems, for example those who are malnourished or who have other concurrent illnesses, are especially vulnerable.

Promoting Low Cost Zinc and ORS

PSI India is actively involved in reducing the burden of diarrhoeal disease through the promotion and distribution of low cost but highly effective products. One of these is dispersible zinc tablets, which we promote together with ORS. Zinc has been shown to reduce the length and severity of diarrhoeal episodes among children, and is part of the Government of India's strategy to reduce child mortality.

In 2008, in collaboration with UNICEF and the Government of Rajasthan, PSI began promoting the use of zinc and ORS and continued feeding practices. The project works in Tonk and eight other rural districts in Rajasthan to reduce morbidity and mortality among children under five. Project staff, in collaboration with local NGOs, visit low income rural households in Tonk to explain the dangers of diarrhoea and the importance of preventing dehydration. To reinforce the communication at the village level, street theatre troupes perform entertaining yet informative sketches, which carry the same message as the household visits. Project staff have trained over 700 medical practitioners from the public and private sectors. The objective is to decrease reliance on antibiotics in the treatment of routine diarrhoea, and to focus on rehydration and continued feeding. Both zinc and ORS are made available to the beneficiaries at affordable prices through chemists and private sector retailers.

Ensuring Access to Clean Water

Millions of low income families in India lack access to clean water, either because of polluted water sources, or contamination at the household level. PSI promotes point of use water treatment in order to reduce diarrhoeal disease caused by impure water. Safewat, our brand of water disinfectant, is a low-cost chlorine solution that is sold in 100 ml plastic bottles. Each bottle sells for Rs 15, and is sufficient to create 1,000 litres of drinking water—enough to provide pure water to an average family for two months.

During 2008, PSI began working with the Academy for Educational Development (AED) and other partners on a collaborative effort to promote point of use water treatment in Uttar Pradesh. The objectives of the project are to provide a basket of affordable options for household water treatment to thousands of low income households in four districts. Communication teams visit the communities to sensitise members on the need to purify drinking water and on improved hygiene practices. Locally recruited micro-distributors then make available a range of affordable product options, including water filters, purification tablets and Safewat. By working closely with AED, local NGOs and commercial partners, PSI India offers low income families the opportunity to protect their children's health simply and inexpensively.

VisiOn 2012

By 2012, PSI India aims to double its health impact, from nearly 400,000 disability adjusted life years averted in 2008 to 800,000 projected in 2012. Our current five-year plan, launched in 2007, calls for an equal emphasis on HIV and family health activities and improved coverage in rural areas, with at least 40% of product sales in rural zones.

As population demographics in India change, so will its health priorities. We are gearing ourselves to respond to the challenges through an increased focus on the major contributors to burden of disease, through better partnering and by an ever increasing focus on measuring everything we do.

Overview

List of Donors

PSI India embraces the value of partnerships and actively seeks opportunities to collaborate with the Government of India and other stakeholders. We are extremely grateful to our donors who have all contributed in a significant manner, through the years, to our success story:

- Apollo Trust
- Department for International Development
- Five & Alive
- Government of India
- Jharkhand State AIDS Control Society
- Karnataka Health Promotion Trust
- Karnataka State AIDS Prevention Society
- KfW Entwicklungsbank (German Development Bank)
- Ministry of Health and Family Welfare
- National AIDS Control Organisation
- PATH
- State Innovations in Family Planning Services Agency
- Tata Power Company Limited
- The Bill & Melinda Gates Foundation
- The David and Lucile Packard Foundation
- The Suzlon Foundation
- The UK Big Lottery Fund
- The United States Agency for International Development
- The William & Flora Hewlett Foundation
- University of Manitoba
- UNICEF
- US Centers for Disease Control and Prevention
- YouthAIDS

Social Marketing Distribution System

- Number of states and Union Territories: 22
- Number of super stockists: 34
- Number of stockists: 1,438
- Number of points of sale: 500,000
- Size of sales force: 459
- Sales of major products in 2008:
  - Condoms: 17.6 crores
  - Oral Contraceptive Pills: 70 lakhs
  - Oral Rehydration Solution: 15 lakhs

Highlights of 2008

April

- Five-year Women's Health Programme starts operations in 12 states.
- PSI partners with NRHM in Jharkhand to increase the basket of contraceptive choice in the rural areas of five districts.
- Work begins on the NACO-funded Public Private Partnership project to treat STIs and RTIs in four states.
- Launch of health insurance policy for HIV+ individuals in Karnataka, in conjunction with Star Insurance.

May

- PSI collaborates in rolling out the Rashtriya Swasthya Bima Yojna (RSBY) insurance scheme in Rajasthan and Delhi, with support from the World Bank.

June

- PSI-supported CBO Sanghamitra, from Mumbai, receives Red Ribbon Award at UN Headquarters in New York.
- PSI launches a zinc/ORS programme to improve child survival in Tonk District, Rajasthan.

July

- The Contraceptive Social Marketing project, a six-month initiative sponsored by NACO, begins operations in four states.
- Launch of Edde Arrogya, a rural health initiative, in Udupi District, Karnataka, with sponsorship from the Suzlon Foundation.

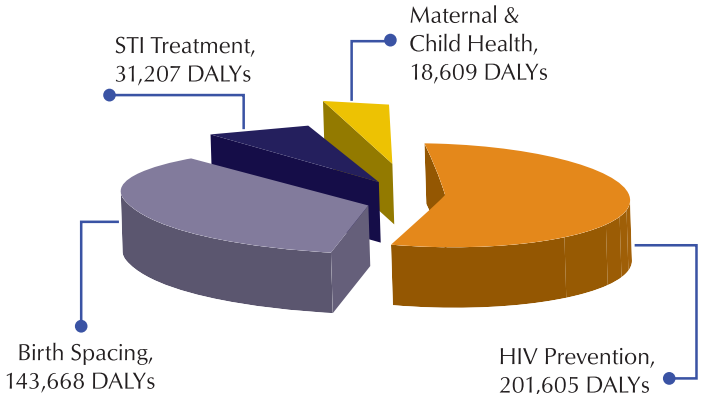
August

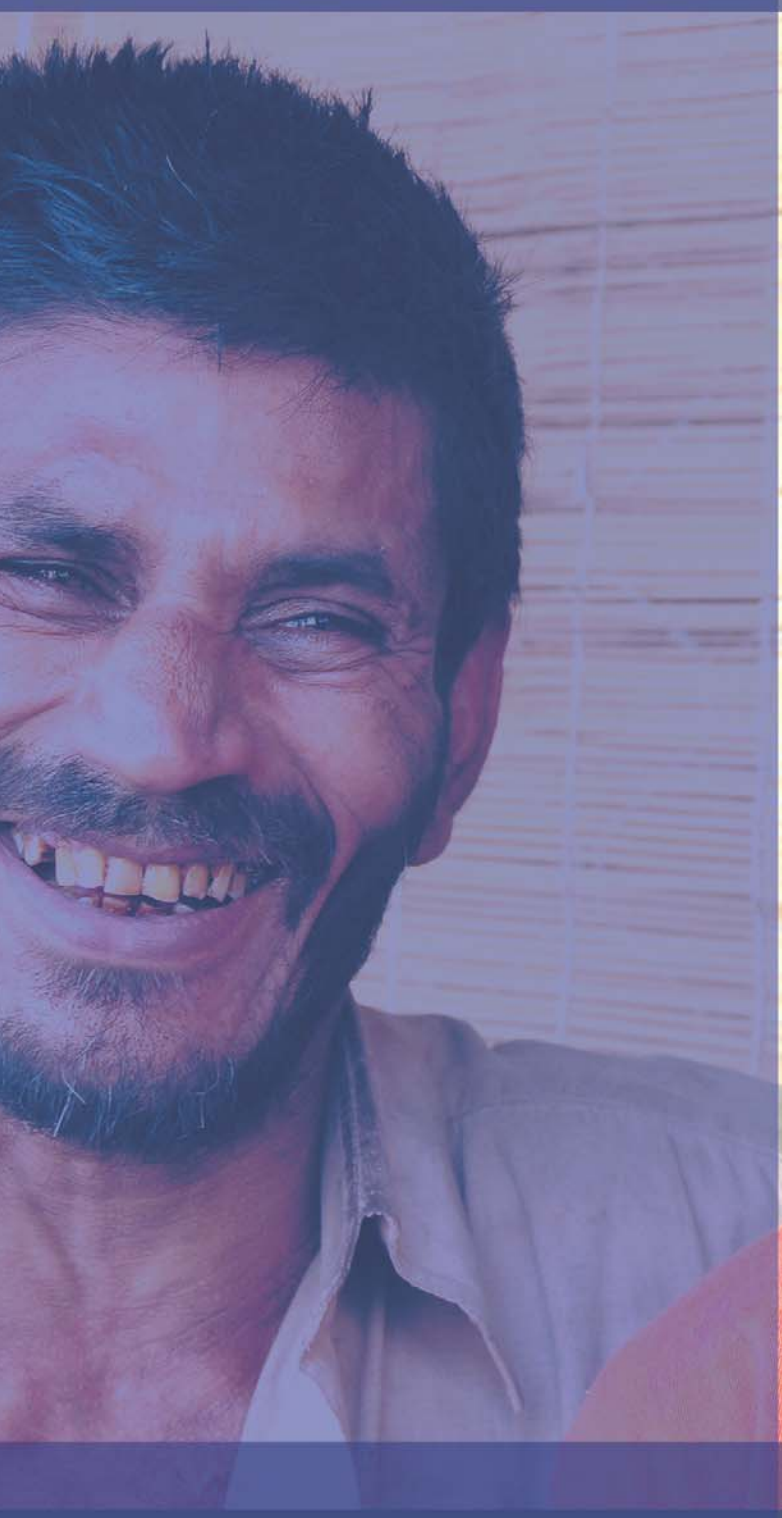
- Sanghamitra selected to receive a special award at the XVII International AIDS Conference in Mexico City.
- Work starts on a harm reduction project for Intravenous Drug Users in Bangalore, sponsored by KSAPS.

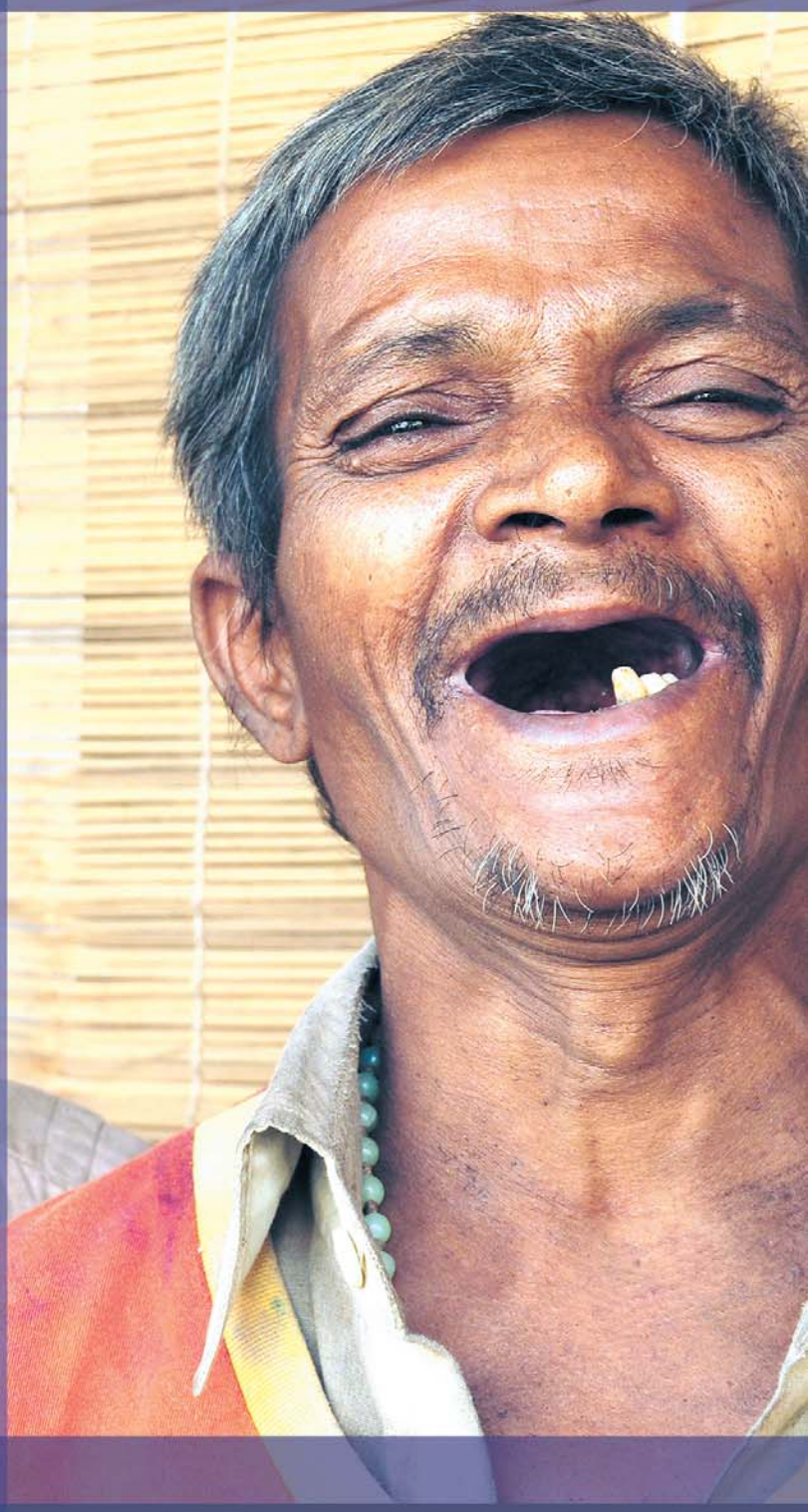
December

- PSI's first tobacco control efforts begin in Tamil Nadu.

Health Area-wise Contribution to 2008 DALYs







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