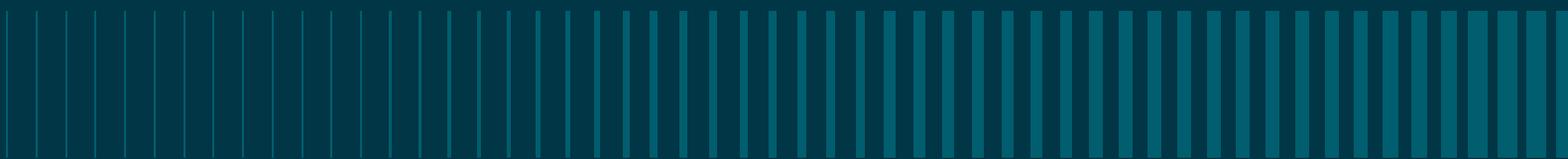




India

Healthy lives. Measurable results.

**ANNUAL REPORT  
2009**



# PSI India Regional Offices



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# Message

## Partnerships that Drive Results

PSI is one of India's leading non-profit public health organisations, with a mission to measurably improve the health of India's poor and vulnerable by influencing behaviour and providing access to health products and services. Our health impact, as measured by Disability Adjusted Life Years (DALYs),<sup>1</sup> increased by 28% over 2008 levels.

PSI's objectives and strategies are closely aligned with those of the Government of India. We are a key partner of the National AIDS Control Organisation (NACO). During 2009 we implemented NACO-funded programmes in 103 districts of seven states, to improve access to condoms for HIV prevention and family planning. In Jharkhand we collaborated with the State Health Society to improve access to family planning methods among rural couples in five districts, with funding from the National Rural Health Mission. PSI works with the Government of Rajasthan to increase access to family planning methods in underserved rural markets in two districts and also runs an urban primary health centre (PHC) in Jaipur. The PHC recently became a TB microscopy centre, registered under the Revised National Tuberculosis Control Programme (RNTCP).

PSI harnesses the power of the private sector to increase access to reversible contraception. During 2009 PSI teams created a clinic network of over 1,000 private sector allopathic providers in Rajasthan, Delhi and Uttar Pradesh. The Saadhan network allows women to access modern birth spacing methods, including intrauterine devices (IUDs), from caring and qualified healthcare providers. PSI's team of medical service trainers provide network doctors with refresher training in IUD insertion and also train clinic support staff.

Through USAID-funded Project Connect, PSI leveraged close to USD 2 million for the cause of HIV and TB from more than 30 private sector organisations. In a unique partnership with a private sector insurer, PSI facilitated the first-ever health insurance policy for People Living with HIV (PLHIV) in India.

As you will see in the following pages, the PSI team in India is working throughout the country to improve access to essential health products and services. We look forward to continuing this valuable work through support from our donors and partners.



*Our core values are a belief in people, professionalism, partnership, results and teamwork, which we refer to as 'Chak De PSI'*

**Dana Ward**, MBA, MPH  
Managing Director  
Population Services International, India

<sup>1</sup> 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'.



# Our Mission

*To empower the people of India to lead  
healthy lives*

## 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 up to respond to the challenges through an increased focus on the major contributors to the burden of disease, through better partnering and by an ever increasing focus on measuring everything we do.*

# The World of PSI India Reaching Out

## Our roots...

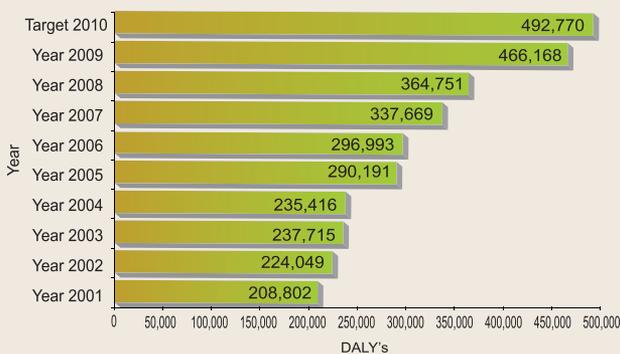
Registered in 1980, PSI India is a non-profit, non-governmental social marketing organisation that harnesses the power of the private sector to provide health products, services and behaviour change communications that empower India's most vulnerable populations to lead healthier lives. PSI India is affiliated to the global PSI network, which operates in over 60 countries and is based in Washington, DC. We complement the efforts of the Government of India and State Governments in slowing the spread of HIV and tuberculosis, reducing maternal, child and neonatal mortality, and helping couples to avoid unwanted pregnancies. PSI India continually strives to introduce innovative solutions to the problems facing low-income populations. This includes designing projects with clear, evidence-based objectives, which can be quickly taken to scale.



## Our reach...

PSI India operates in 22 states and union territories and its 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 200 crore condoms, 681 lakh blister packs of oral contraceptives and 270 lakh one-litre sachets of Oral Rehydration Solution (ORS) across India.<sup>2</sup> 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. Our experience and size enable us to begin programmes quickly as well as manage them effectively. During the year, as part of the Women's Health Programme, we trained more than 1,000 healthcare providers in the 'No-touch' technique of IUD insertion; 300,000 women received family planning/IUD messages through various communication approaches that included game shows, street plays and house-to-house outreach.

## Annual DALY Trend: PSI India



## Our beliefs...

Conceived as a not-for-profit entity that means business, PSI India uses evidence-based strategies to ensure maximum impact and stretch budgets. We measure our success in part through DALYs, which permit the comparison of health impact across different areas and activities. During 2009, PSI India averted 466,168 DALYs in HIV, family planning and maternal and child health, reflecting a 28% growth since the previous year. The overall DALY estimate for 2010 is 492,770.

<sup>2</sup> One lakh is equivalent to 100,000. One crore is equivalent to 10 million.

# PSI India's Activities Extending a Hand



Project	Location	Donor
<b>Avahan: India AIDS Initiative</b>	Karnataka, Andhra Pradesh, Tamil Nadu, Maharashtra	The Bill & Melinda Gates Foundation
<b>Condom Social Marketing Programme</b>	Andhra Pradesh, Karnataka, Tamil Nadu, Delhi, Goa, Orissa, Rajasthan	National AIDS Control Organisation (NACO)
<b>Collieries Outreach Intervention for Limiting HIV AIDS (COILA)</b>	Five mining districts in Jharkhand	Jharkhand State AIDS Control Society
<b>Connect</b>	Karnataka, Andhra Pradesh, Tamil Nadu, Maharashtra	The United States Agency for International Development (USAID)
<b>Edde Arrogya</b>	Eleven villages in Udupi District, Karnataka	Suzlon Foundation
<b>Introduction and Promotion of Female Condom among Female Sex Workers</b>	Rajasthan, Jharkhand, Bihar, Orissa	UNFPA
<b>Malaria Prevention in Jharkhand</b>	Six blocks in three districts of Jharkhand	UNICEF
<b>Mee Nestham (I am Your Friend) Mobile Integrated Counselling and Testing Centre (MICTC)</b>	Vizianagram, Guntur, Prakasam and Srikakulam districts, Andhra Pradesh	Andhra Pradesh State AIDS Control Society and USAID through Connect
<b>Promoting Birth Spacing in Bihar and Jharkhand</b>	Eleven districts in Jharkhand and five districts in Bihar	The David and Lucile Packard Foundation
<b>Public Private Partnership in Treating STIs</b>	43 districts in Maharashtra, Karnataka, Tamil Nadu, Andhra Pradesh, Goa	NACO
<b>Promoting Birth Spacing in Rural Jharkhand</b>	Five districts of Jharkhand	National Rural Health Mission, MoHFW, GoJ
<b>Safe Water and Hygiene Project</b>	Slums of Dharavi, Mumbai, Maharashtra	Beam Global Spirits & Wine Inc
<b>Scaling Up of PPTCT Centres through Public Private Partnerships</b>	Visakhapatnam and Srikakulam districts, Andhra Pradesh	Andhra Pradesh State AIDS Control Society (APSACS) and USAID through Connect
<b>Social Marketing of Zinc and ORS for Management of Childhood Diarrhoea</b>	Nine rural districts of Rajasthan	UNICEF
<b>Urban Reproductive and Child Health Project</b>	Jaipur, Rajasthan	Government of Rajasthan
<b>Women's Health Project</b>	Ten districts in three states (UP, Rajasthan, Delhi)	Large anonymous donor



## Description

To reduce the incidence of HIV/AIDS and Sexually Transmitted Infections (STIs) among the male clients of Female Sex Workers. In Phase II the project transfers the learnings from Phase I to the government and other stakeholders.

Providing access to and creating a demand for male condoms, in order to prevent HIV and unwanted pregnancies.

To conduct targeted intervention research for designing and rolling out a pilot communication campaign for limiting the spread of HIV/AIDS.

To build and leverage public-private sector partnerships for interventions which complement the National AIDS Control Programme (NACP III) and tackle the issues of prevention, care and treatment of HIV and TB.

To promote the adoption of safer sexual health practices for HIV prevention; improved care seeking behaviour for TB and the inculcation of diarrhoea prevention practices.

To build the capacity of peer educators and outreach workers to increase the demand for and access to FCs, and to also promote the correct and consistent use of FCs among Female Sex Workers.

To promote the use of long-lasting insecticide treated bed nets, among pregnant women and the mothers of infants.

To provide high quality counselling and testing services, through Mobile ICTC, to hard-to-reach populations in urban, rural and tribal areas. Clients are linked to care and support organisations and government healthcare services.

To increase the demand for and access to modern contraceptive methods to enable birth spacing among low-income populations in rural areas and slums.

To support private healthcare providers and alternative medicine providers in diagnosing, treating or referring STIs and reproductive tract infections (RTIs).

To increase the demand for and access to modern contraceptive methods to enable birth spacing among low-income populations.

Improve access to safe drinking water, instill safe hand washing practices and provide access to products for the management of diarrhoeal episodes, in order to improve the overall health of primary school children and children under five, in selected slum communities of Dharavi.

To provide technical assistance to APSACS in scaling up facility integrated ICTC Services.

To increase the awareness of zinc for diarrhoea management; to improve access to zinc and ORS and to increase the capacity of local healthcare providers to prescribe products.

To manage a government owned urban reproductive and child health clinic in 17 identified slums, under a PPP arrangement.

To reduce maternal mortality and promote the spacing of pregnancies via the promotion of long term reversible contraceptive methods and safe medical abortion.



# Reproductive Health Improving Well Being

## Promoting long term contraception and safe medical abortion

With a goal to increase access to IUDs, the Women's Health Project (WHP) in India focuses on advocacy at the higher levels of the Government, the Ministry of Health and other major stakeholders. PSI India signed an MoU with the Federation of Obstetric and Gynaecological Societies of India (FOGSI) to facilitate linkages with private providers as FOGSI has a strong influence on knowledge, skills and quality of care provided by gynaecologists in India. The partnership was launched at a high profile national event. A mass media behaviour change campaign was developed and implemented by PSI to promote IUDs as a safe, long term method of contraception. A toll-free helpline was set up to provide post insertion counselling. Quality assurance and service delivery was addressed through the creation of the 'Saadhan' network which has a membership of over 1,000 providers. More than 30,000 IUDs had been inserted by service providers by the end of December 2009.

In order to increase access to safe abortions through medical methods of abortion, PSI has conducted orientation for about 660 private doctors on the Government of India recommended guidelines, drugs and standard protocols of Medical Abortion (MA). Despite the fact that it is illegal to dispense Medical Abortion drugs without a doctor's prescription, it is a common occurrence. To address this challenge, PSI has also oriented pharmacists on the legal aspects of MA and MA drug dispensing. PSI has launched a Medical Abortion kit called 'SafeAbort Kit' containing Mifepristone and Misoprostol as per the Government of India recommended dosages.

## Complementing the national programme for promoting IUDs

To improve perceptions about IUDs among key stakeholders, PSI prepared a policy brief for parliamentarians, which highlights the unmet need for family planning in India and the need to popularise long term reversible contraceptive methods, such as the IUD. The policy brief was shared with the President of India to draw policy-makers' attention to women's health issues and the need for family planning. PSI participated in three national-level policy meetings on family planning and IUDs held by the Ministry of Health & Family Welfare (MoHFW), Family Health International and the Family Planning Association of India. Through these meetings, PSI contributed to the Government's efforts to revitalise the IUD programme. PSI's association with policy-makers and MoHFW helped to build a consensus regarding the great potential of postpartum IUD insertion. PSI and other



health experts also helped to formulate the Ministry of Health's guidelines for postpartum IUD insertion. The Government of India has acknowledged PSI's contribution to engaging the private sector in the area of family planning.

The partnership with FOGSI is playing a vital role in re-positioning IUDs as a safe and effective method of contraception among private providers. FOGSI, in consultation with PSI, plans to undertake two research studies that will inform IUD programmes. In the absence of a formal supervisory or quality assurance mechanism, for private providers, the PSI-FOGSI partnership has proved extremely useful in ensuring that private providers follow quality standards and protocols for IUD and MA services. A quarterly newsletter, *PSI Capsule*, keeps the 'Saadhan' network of private providers connected through technical updates.

PSI identifies doctors from the 'Saadhan' network, who provide exemplary services, and felicitates these IUD champions by honouring them with certificates, awards and coverage in the local media.

## Promoting birth spacing in Bihar and Jharkhand

Beginning in 2004, and with the generous and continued support of the David and Lucile Packard Foundation, PSI has implemented three successful programme phases in the states of Jharkhand and Bihar. PSI has measured outcomes and has made a concerted effort to increase the demand for and access to modern contraceptives.

During Phase III, which began in April 2008, the project partnered with the Government of Jharkhand to achieve greater impact via expanded coverage. Activities were



Guddan stays in Chandpole Bazaar in Jaipur. She has two children. Guddan was approached by PSI's outreach workers and counselled on different family planning methods. She chose to use the Freedom 5 brand of IUD. It has been a year since Guddan has had Freedom 5 inserted, and she is quite happy with her decision: "Initially, I had heavy bleeding during my periods. So I went back to the doctor who gave me some medicines for it. But this was only for the first two months and everything was fine after that." Community mobilisers recruited by PSI are either health workers, opinion leaders or positive deviants who have adopted IUD and are satisfied with it. Guddan has also been recruited as a community mobiliser. As she explains, "I have knowledge of a good method and I am comfortable informing others about it."



conducted in the rural areas of five districts, with complementary funding from the National Rural Health Mission. Communication activities such as radio spots, street plays, video vans, inter personal communications (IPCs) and wall art focused on increasing spousal support and publicising the availability of contraceptives. Collaterals such as leaflets were distributed during activities.

Modern contraceptives such as condoms and oral contraceptives were placed in traditional and non-traditional outlets across the programme area. In order to enhance product visibility at outlets and the perceived availability among the target audience, material such as shop signages and tin plates were installed at the outlets.

An important learning from this project is that intensive communications are needed to create lasting behaviour change. The community has articulated the need for longer term contraceptive methods. In the next phase, injectables will be added to the range of modern temporary contraceptive methods that have been made available.

# HIV Changing Lives

## Avahan transfers its learnings to the Government

PSI implemented a multi-year HIV prevention programme as part of the Avahan: India AIDS Initiative, funded by the Bill and Melinda Gates Foundation. The project aimed to reduce HIV incidence by treating and preventing Sexually Transmitted Infections (STIs) in male clients of commercial sex workers in 100 high priority towns in Andhra Pradesh, Karnataka, Maharashtra and Tamil Nadu. PSI learned a considerable amount during this first phase of the grant and has increased its collaboration with the Indian Government, other NGOs and the private sector.

PSI shared the experiences and lessons learned regarding the private sector STI franchise with NACO. NACO funded a similar STI/RTI project under its public private partnership in 100 districts of the country. PSI provided technical assistance and support to NACO in formulating and rolling out this programme. PSI has been awarded follow-on funding for Phase Two of Avahan. PSI will consolidate the efforts of Avahan One and ensure the sustainability of its accomplishments through a transfer of learning and activities to the Government of India and other stakeholders. The transfer of condom social marketing activities from PSI to NACO, the SACS, and other local social marketing organisations will take place over the life of the project. PSI will complement this transfer of responsibility with a comprehensive plan for partner capacity building and the sharing of materials and learning from Avahan. To achieve this, the project design includes a variety of knowledge management activities such as sharing of lessons learned by developing and disseminating a series of social marketing toolkits.



## J&J partners with PSI for promoting HIV testing and counselling services

The focus of USAID-supported Project Connect is to leverage private sector resources to complement the national programme in its response to the AIDS epidemic in India. PSI through Connect, partnered with Johnson and Johnson, to run Saadhan HIV testing facilities in Vishakapatnam. The programme was a part of J&J's corporate social responsibility initiative and will run for two years. The focus of the programme is to create demand for HIV testing while providing high quality testing and counselling services to at risk populations, predominantly the informal sector workforce.

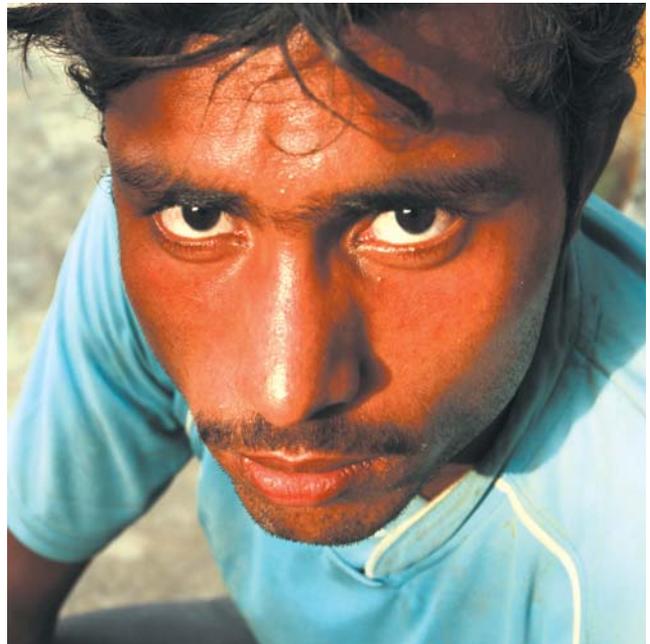
## A public private partnership with Greater Visakha Municipal Corporation (GVMC)

Out of pocket expenses for accessing quality healthcare services have been a challenge for PLHIV in India who also bear the brunt of stigma and discrimination by healthcare providers. A large number of infected women and children are forced to go to the networks, as their monetary resources have been exhausted seeking treatment and caring for an infected male member of the family. In June 2009, Greater Visakhapatnam Municipal Corporation (GVMC) came forward to become the proposer of the first insured group of 200 PLHIV in Andhra Pradesh. The majority of those insured were women and children. The HRD Minister of State, Smt. D. Purandeswari; APSACS Project Director, Shri Chandravadan I.A.S.; USAID HIV/AIDS Coordinator for India, Dr. Kimberly Waller and the National Head of Star Health Insurance, Shri C.P. Uday Chandran participated in the policy launch in November 2009.

*V.K. Rai, Deputy Chief Labour Welfare Officer, BMTC, observes, "The commitment of the PSI training team has made the programme such a great success"*

### **Mainstreaming HIV/AIDS and Tuberculosis**

The Bangalore Metropolitan Transport Corporation (BMTC) is a Karnataka State Government-owned public transport service. It employs more than 31,000 workers of 26 to 40 years. USAID-supported Project Connect started its relationship with BMTC by conducting awareness programmes on HIV and TB. This was followed by an assessment of the risk levels among the workers. Based on the findings and impressed by the work Connect was doing, BMTC invited it to conduct a workplace programme for its employees. Till date, Connect has trained over 170 master trainers and 900 peer educators to take this work forward. Sensitisation has become part of the induction training for their workers and they have agreed to flash messages on HIV and TB prevention in 5,000 buses in Bangalore.



### **Equipping the Indian Armed Forces**

For the past three years, PSI has been conducting HIV and AIDS programmes with the Armed Forces in Visakhapatnam. Impressed by the services, the Forces requested PSI to train their Armed Forces Nursing and Paramedical Staff on HIV counselling. PSI's Project Connect team conducted a four-day training programme in April 2009 at INHS-Kalyani, Visakhapatnam, in partnership with Andhra Pradesh State AIDS Control Society.

One of the participants reported, "Capacity building workshops like this are really helpful not only to equip us with skills but also to help in clearing one's own prejudices and biases related to HIV and AIDS. I feel very confident that when I go back to my hospital, I will be able to deliver a much better service while managing HIV Positive clients."

# Maternal and Child Health Providing Care

## Saving lives by empowering communities

PSI India was the technical partner for communication activities in the Sure Start programme, implemented by PATH with support from the Bill & Melinda Gates Foundation, in seven districts of Uttar Pradesh—Hardoi, Barabanki, Raebareilly, Bahraich, Balrampur, Basti and Gorakhpur. The five-year project commenced in 2006, and the vision was to improve knowledge and service delivery mechanisms for promoting maternal health and reducing neonatal mortality in the intervention districts by 2010. The project interventions focused on bringing about behaviour change in the community with regard to thermal care, cord care, birth preparedness, maternal and neonatal danger signs and immediate and exclusive breastfeeding.

PSI developed five interpersonal communication tools, trained the master trainers and provided mentoring support during the district level trainings of partners. The BCC interventions have resulted in a noticeable change in behaviour and attitudes within the targeted communities. Community participation in the intervention has provided the opportunity to scale-up with the help of the State Government.



Nandu, a young boy of 10, watched a 20-second demonstration on how to correctly wash hands and nails. His mother shares her experience saying, "My son now knows how and when to properly clean his hands. Earlier he did not realise that his hands were dirty and that when he puts them in his mouth, it could spread illness. He has put the pamphlet with pictures and information about hand washing on a wall in the house. Ever since then, we have all begun washing our hands regularly and we've stopped falling sick."

## Safe Water and Hygiene Programme in Mumbai

There are parts of India where water sources tend to get contaminated by sewage and other by-products entering the system. Dharavi, a suburb of Mumbai, is one such area. Dharavi is the largest slum in Asia, with a population of approximately one million people and a population density of 17,000 people per square kilometre. Unhygienic living conditions, overcrowding, poor housing and a lack of basic amenities characterise this area. Unhygienic practices are widespread. Hands are not washed often and access to sanitation facilities is poor. All of this serves to drive faecal-oral disease transmission.

PSI India is implementing a safe water and hygiene programme in Dharavi. The programme is supported by Beam Global Spirits & Wine Inc, through PSI's global programme called 'Five and Alive', that provides children and their families with education, products, services and care to improve their health and save lives. The Dharavi programme aims to instill safe drinking water practices, hand washing practices and



Kusum Lata, a resident of Uttar Pradesh, was pregnant for the second time. She had participated in a few mother's group meetings. Initially, she was not convinced about the concept of delaying the bathing of a newborn child. She felt that bathing is important to ensure the good health of a newborn baby. Lata shares her experience, "I had bathed my first child within a day of birth. The village volunteer and Sure Start supervisor visited me at home and counselled me to delay bathing my second child. They taught me the importance of newborn thermal care using an IPC tool, 'Raghu ki Kahani'. The storyline of 'Raghu ki Kahani' was very interesting and I finally understood the concept of thermal care. It provided me with the rationale for my behaviour change."



better management of diarrhoeal episodes through the use of a water disinfectant and ORS with zinc. The target audience for this intervention is caregivers of primary school children aged six to 10 years and under-five children in selected slum communities.

The project activities in Dharavi include the distribution of water purification kits and educational campaigns involving community mobilisers. On-ground communication activities, using theme-based approaches are designed and developed to reach out to the target groups. Project staff address caregivers at their homes, through interpersonal communications and through mid-media activities. Anganwadis, NGOs and Mandals are other avenues through which caregivers are reached. Sessions on hand washing are organised with children and their parents at schools, Anganwadis and at home. Products are distributed through chemists, healthcare providers and via door-to-door visits to households.



# The Team

We are committed to professionalism and technical competence and believe that people are our key asset. PSI India's organisational strength of more than 1,350 people in technical, programmatic and administrative activities has expertise in varying fields such as research, communications, business, finance, marketing, sales, product technology and public health. Our strong internal processes of recruitment, performance management and employee engagement ensure that we are constantly driving high achievement. A flexible, decentralised, management structure allows our people to share information and to generate collaborative solutions to problems. PSI India is a professionally managed NGO. The day-to-day operations are led by the Managing Director, assisted by the Operations Committee.

## Operations Committee

- Dana Ward**  
Managing Director
- Dr Jyoti Vajpayee**  
Senior Technical Advisor
- Atul Kapoor**  
Director - Programs
- N. Krishnan**  
Director - Programs,  
Sales & Marketing
- Sanjeev Dham**  
Director - Programs,  
Research & Communications
- Rohit Ratna**  
Director - Finance and  
Administration
- Rup Kumar Sengupta**  
Director - Human Resources

## Board Members

- S.V. Sista**  
Founder and Executive Trustee,  
Population First
- Kaushik Dutta**  
Partner,  
PricewaterhouseCoopers
- Asha Das**  
I.A.S. (Retd.)
- Shankar Ghose**  
President,  
Charkha Development  
Communication Network
- Carol S. Squire**  
Former MD, PSI India  
Freelance consultant



## Our Partners

PSI India embraces the value of partnerships and actively seeks opportunities to collaborate with a variety of partners, including national and State Governments, community-based and not-for-profit organisations, healthcare providers from both the public and private sectors and private sector corporate houses. Thanks to the reputation that PSI has earned in India and around the globe, we are able to build strong relationships with our partners, allowing us to expand the benefits of our programmes to an increasing number of those living below the poverty line.

We are extremely grateful to our donors who have all contributed in a significant manner, through the years, to our success story:

- Apollo Trust
- Andhra Pradesh State AIDS Control Society
- Beam International
- Department for International Development
- Five & Alive
- Goa State AIDS Control Society
- Government of Rajasthan
- Give2Asia
- Jharkhand State AIDS Control Society
- Tamil Nadu State AIDS Control Society
- Johnson & Johnson
- Karnataka Health Promotion Trust
- Karnataka State AIDS Prevention Society
- KfW Entwicklungsbank (German Development Bank)
- Ministry of Health and Family Welfare
- National AIDS Control Organisation
- National Rural Health Mission
- PATH
- State Innovations in Family Planning Services Agency
- Suzlon Foundation
- 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
- UNFPA
- US Centers for Disease Control and Prevention
- YouthAIDS

# Highlights of 2009



## January

- PSI India distributed its first long-lasting insecticide treated mosquito bed net in Jharkhand in collaboration with UNICEF

## February

- Social Marketing of STI kits initiated in collaboration with the National AIDS Control Organisation (NACO)
- Social marketing of female condoms in targeted interventions, supported by NACO, initiated in the states of West Bengal, Maharashtra, Andhra Pradesh and Karnataka
- Emergency Goli, the PSI brand of emergency contraceptives, launched in Uttar Pradesh, Delhi, Bihar and Jharkhand

## April

- Launch of the NACO supported Condom Social Marketing Project in the states of Delhi, Goa, Tamil Nadu, Karnataka, Andhra Pradesh Rajasthan and Orissa
- PSI participated in a poster and oral presentation at the International Harm Reduction Association Conference in Bangkok, Thailand

## May

- PSI and HRIDAY, with support of the WHO Tobacco Cell, organised a signature campaign and street plays by trained artistes on World No Tobacco Day in Delhi, Mumbai and Bangalore. In Mumbai, actor Vivek Oberoi participated in raising awareness
- PSI staff volunteered on the occasion of the International Candlelight Memorial. Special invitees included the DG NACO, Sujatha Rao; Shobha De; Adi Godrej and Kumarmangalam Birla. Hrithik Roshan and wife Suzanne, Nandita Das and Farhan Akhtar added to the glamour
- TATA Power continued to support a Voluntary Counselling and Testing Clinic and on-the-ground intervention consecutively for the second year

## July

- PSI partnered with the Centre for Legislative Research and Advocacy (CLRA) to launch the 'Welcome Kit for Parliamentarians', a series of

comprehensive documents on various human development issues. PSI contributed the policy note on family planning

## August

- Tobacco cessation intervention initiated

## September

- PSI's Senior Technical Advisor, Dr Jyoti Vajpayee, met Pratibha Patil, President of India, along with the CLRA consortium, for policy level advocacy regarding long term birth spacing methods to be adopted
- PSI India published two peer reviewed papers in the journal *STI BMJ* on 'Lot Quality Assurance Sampling for Monitoring Coverage and Quality of a Targeted Condom Social Marketing Programme in Traditional and Non-Traditional Outlets in India' and 'Increases in Self-reported Consistent Condom Use among Male Clients of Female Sex Workers Following Exposure to an Integrated Behaviour Change Programme in Four States in Southern India'

## October

- PSI presented papers on 'Increasing Utilisation of IUDs among Urban and Peri-urban Women in India by Engaging Private Providers' and 'Promoting Healthy Behaviour among Urban Slum Dwellers: Expanding the Reach of Emergency Contraceptives using the Social Marketing Approach' at the 8th International Conference on Urban Health in Nairobi, Kenya
- PSI partnered with FOGSI to provide quality family planning counselling, IUD insertion and safe Medical Abortion to its target groups

## November

- Launched the first group insurance policy for PLHIV in Andhra Pradesh with Greater Visakhapatnam Municipal Corporation

## December

- Launched the radio campaign 'Petraalthan Pillai-ya?' with Dr Kamal Hassan and Hello FM Radio in Tamil Nadu for insurance for children living with HIV. Also launched the web link (<http://www.positivechoice.in/>) for online contributions for HIV prevention

## Social Marketing Distribution System

- States and Union Territories that we currently operate in: 22
- Health products and services: 19
- Healthcare providers in PSI's Franchise Network: 1,011
- Super stockists: 37
- Stockists: 1,490
- Points of sale: 650,000
- Size of sales force: 516

## Sales of Major Products in 2009

- Condoms: 19.7 crore pieces
- Oral Contraceptive Pills: 86 lakh cycles
- Oral Rehydration Solution: 228 lakh sachets
- Intra Uterine Device: 123,250 pieces
- Medical Abortion Pills: 32,360 kits



**Contact us:**

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