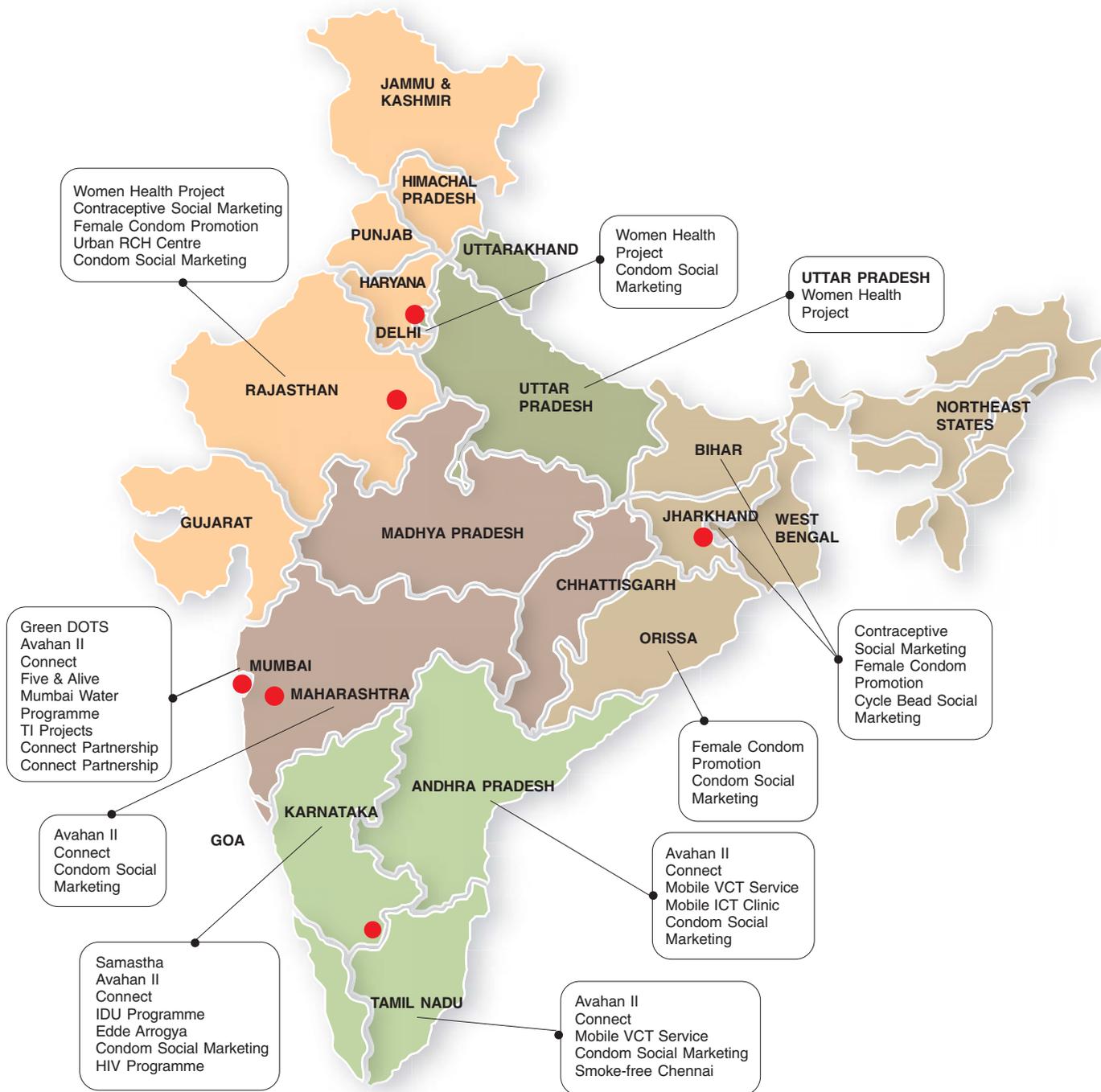




# ANNUAL REPORT 2010



# PSI India Regional Offices and Projects



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# Message Spirit of One

PSI is one of India's leading non-profit social marketing 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 5.3% 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 its USAID-funded Project Connect, PSI has raised over \$2 million in contributions from private sector partners since 2006 to fight TB and HIV. Project Connect activities helped to provide mobile counselling and testing clinics for HIV and sexually transmitted infections, and referrals for TB diagnosis and treatment for truckers in transportation hubs in Mumbai, Vashi, Mangalore, Chennai, Tuticorin and Vizag. In Andhra Pradesh, PSI has extended technical assistance to APSACS to establish partnerships with eight private sector hospitals to integrate programmes for the prevention of parent-to-child transmission (PPTCT) of HIV. In a unique partnership with a private sector insurer, PSI makes health insurance available to over 2,000 adults and children who carry HIV.

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**

Managing Director, PSI 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 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.*

# The World of PSI India Reaching Out

## We are...

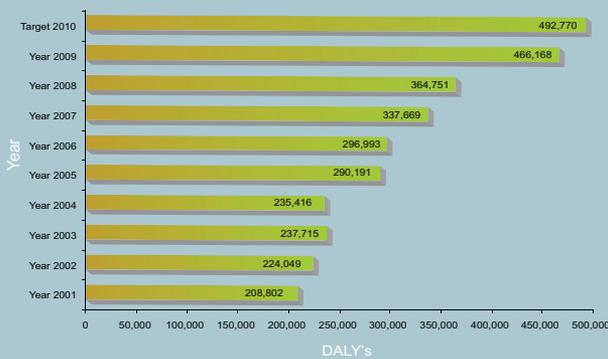
Incorporated in 1980, PSI India is a non-profit, non-governmental social marketing organisation that harnesses the power of the private sector to provide health products, services and behaviour change communications that empower India's most vulnerable populations to lead healthier lives. PSI India is 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 the low-income population. This includes designing projects with clear, evidence-based objectives, which can be quickly taken to scale.



## We 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 blisters 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 had trained more than 1,000 healthcare providers in 'No-touch' insertion of intrauterine devices; 300,000 women received family planning/IUD messages through various communication approaches that included game shows, street plays and house-to-house outreach.

## Year-wise DALY Trend/Growth: PSI India



## We believe...

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 DALYs, which permit the comparison of health impact across different areas and activities. During 2009, PSI India averted 466,770 DALYs in HIV, family planning, and maternal and child health, reflecting a 5.3% 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	Description
<b>Women's Health Project</b>	10 districts in Uttar Pradesh, Rajasthan and Delhi	–	To reduce maternal mortality and promote the healthy timing and spacing of pregnancies through promotion of long-term reversible contraceptive methods and safe medical abortion. Goals are to facilitate insertion of 100,000 IUDs and 50,000 safe medical abortions
<b>Avahan: India AIDS Initiative, Phase I</b>	Karnataka, Andhra Pradesh, Tamil Nadu and Maharashtra	The Bill & Melinda Gates Foundation	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'
<b>Condom Social Marketing Programme</b>	Andhra Pradesh, Karnataka, Tamil Nadu, Delhi, Goa, Orissa, Rajasthan	National AIDS Control Organisation (NACO)	Increase condom use in prevention of HIV/unwanted pregnancy by creating access/demand for male condoms
<b>Avahan: India AIDS Initiative, Phase II</b>	Karnataka, Andhra Pradesh, Tamil Nadu and Maharashtra	The Bill & Melinda Gates Foundation	This new phase of the project seeks to firm up the impact of HIV prevention efforts made in the previous phase by transferring these learnings to various stakeholders through a seamless transition of responsibilities by strengthening collaboration with stakeholders and sharing documented learnings with them
<b>Connect, Bangalore</b>	Karnataka, Andhra Pradesh, Tamil Nadu and Maharashtra	The United States Agency for International Development (USAID)	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 and complement the National AIDS Control Program (NACP III)
<b>Public Private Partnership in Treating STIs</b>	43 districts in Maharashtra, Karnataka, Tamil Nadu, Andhra Pradesh and Goa	NACO	To support private healthcare providers and modern medicine providers to diagnose and treat, or refer, STIs and reproductive tract infections (RTIs)
<b>Promoting Birth Spacing in Bihar and Jharkhand</b>	11 districts in Jharkhand and five districts in Bihar	The David and Lucile Packard Foundation	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
<b>Malaria Prevention in Jharkhand</b>	Six blocks in three districts of Jharkhand	UNICEF	To increase the awareness of causes for malaria and the usage of long-lasting insecticide-treated bed nets (LLINs) among pregnant women and mothers of infants
<b>Collieries Outreach Intervention for Limiting HIV (COILA)</b>	Five mining districts in Jharkhand	Jharkhand State AIDS Control Society	To research groups at risk of HIV in the coal mining districts of Jharkhand
<b>Promoting Birth Spacing in Rural Jharkhand</b>	Five districts of Jharkhand	National Rural Health Mission, Ministry of Health and Family Welfare, Government of Jharkhand	To increase demand and access to modern contraceptive methods for the healthy timing and spacing of pregnancies among low-income population living in rural areas
<b>Introduction and Promotion of Female Condom Expansion</b>	Rajasthan, Jharkhand, Bihar and Orissa	UNFPA	The project will result in increased capacity of peer educators (PEs) and outreach workers (ORWs) to promote correct and consistent use of female condoms (FCs); increased demand and access for FCs among the target population
<b>Social Marketing of Zinc and ORS for Management of Childhood Diarrhoea</b>	Nine rural districts of Rajasthan	UNICEF	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
<b>Delivering Reproductive and Child Health Services to the Urban Poor</b>	Jaipur	Government of Rajasthan	Management of an urban clinic, which serves 50,000 people in 17 identified slums in Jaipur
<b>Scaling-up of PPTCT Centres through Public Private Partnerships</b>	Visakhapatnam and Srikakulam districts	Andhra Pradesh State AIDS Control Society and USAID through Connect	To provide technical assistance to APSACS in scaling-up facility integrated ICTC services
<b>Mee Nestham (I am Your Friend) Mobile Integrated Counselling and Testing Centre (MICTC)</b>	Vizianagaram and Srikakulam districts	Andhra Pradesh State AIDS Control Society	To provide access to HIV/AIDS counselling and testing services at doorsteps where services are not available; to maximise unknown HIV cases and increase effective referrals to care, support and treatment services and RNTCP services
<b>Social Marketing of Reading Glasses</b>	Chittoor, Guntur and Visakhapatnam districts of Andhra Pradesh	Funding from programme income. In partnership with Vision Spring, Hyderabad	Social marketing of reading glasses in three districts; create awareness and access of reading glasses among the vulnerable population in the rural areas



Achievements	Duration
By the end of 2009, PSI and its partners had trained more than 1,000 healthcare providers in 'no-touch' insertion of IUDs and had provided birth spacing counselling to over 195,659 women	2008-2012
Consistent condom use among male clients of female sex workers significantly increased project wide from 64% in April 2006 to 87%. Key Clinic Franchised Network of 739 providers offered quality STI treatment in 100 towns across four states. Over 29 million communication contacts for condoms and 22 million communication contacts were made with men at risk. 171,431 retail outlets were serviced by stocking condoms including the creation of 68,535 new outlets that did not stock condoms before the intervention. Condom sales of 218 million exceeded the project target of 159 million. Pre-packaged STI kits for urethral discharge treatment launched. PSI provided technical assistance and support to NACO in formulating and rolling out a similar STI/RTI project under its public private partnership in 100 districts	November 2003-June 2009
By the end of December 2009, the project achieved sales of approximately 4.3 crore pieces of condoms, coverage of more than 1.3 lakh outlets and execution of more than 1.4 lakh street plays reaching 24 lakh men in the intervention areas	April 2009-March 2010
Extensive coverage of condom at hotspots included a total of 47,371 outlets in high risk areas. Till December 2009, 1,870,295 people were reached through behaviour change communication. The project is putting together two toolkits on communication, one toolkit on condom social marketing techniques. An online library containing the communication materials prepared during the project is also being set up	July 2009-March 2011
The project facilitated the first ever health insurance policy for People Living with HIV (PLHIV) in India. More than 2000 PLHIV were insured under the policy since the launch of the policy. Over 11,000 pregnant women have been counselled and tested as part of the Connect's mandate to enhance the participation of the private medical sector for Prevention of Parent to Child Transmission Programme (PPTCT). Connect has partnered with more than 300 public and private sector companies for HIV and TB workplace programmes. Informal sector interventions have reached out to more than 700,000 workers from identified economic sectors with behaviour change communication on HIV prevention. With five static and six mobile counselling and testing clinics, over 62,000 individuals predominantly high risk groups were provided pre and post HIV test counselling along with the test results. The project has leveraged close to 2 million dollars for the cause of HIV and TB from more than 30 private sector organisations	2006-2011
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	2008-2009
3,888,363 condoms, 151,801 oral contraceptive pills (OCPs) and 1,957 emergency contraceptives (ECs) have been sold in the targeted area; 7,214 outlets opened. IUD is also being promoted. The BCC activities covered 848 A, B and C class villages in five districts of Bihar and 819 municipal wards in urban locations of 11 districts in Jharkhand and five districts of Bihar. Various behaviour change communication (BCC) activities including interpersonal communication (IPC), video van activities, road shows, street plays, auto panels and film shows in the regional satellite channel have been implemented. 328,943 members of the target population were reached through IPC activity and 957,272 contacts were made through various mid-media activities. Other sales promotion activities were used for increasing visibility of outlets stocking modern contraceptives	2008-2010
288 villages with population of 500 and above were reached through various communication activities. Three rounds of IPC activity with bed nets distribution were done to reach 25,085 people from the primary target group. Total contacts made through mid-media activity were 38,852. Total number of LLINs distributed during project period was 20,179	2008-2009
Completed targeted intervention research and disseminated the results to the State AIDS Control Society (SACS), Government of Jharkhand, coal mining companies and other stakeholders. Pilot communication campaign through mid-media activities and wall arts were done in 170 coal mines in 28 mining areas	2008-2009
Formative research was conducted to inform the design of the communication activities. The BCC activities covered 1,528 villages. 357,407 people from the primary target group were reached through IPC contacts; contacts reached through street play activity were 694,317 and 1,800 spots of 30-second duration and 1,800 jingles of 60-second duration aired through AIR Bhagalpur and Daltonganj stations for a period of three months	2008-2009
PSI partnered with 72 TI NGOs and completed the training for 49 ORWs and 195 PEs on the correct use of FCs and FC promotion. Through its mid-media approach, reached 9,960 female sex workers with street theatre, game shows and mobile outreach and BCC messages on FC use	2009- 2011
The project reached 212,000 members of the target group through outreach activities. Zinc and ORS were made available at 700 outlets in 59 towns of nine districts and 93% of selected villages in the project area were stocked with zinc and ORS. 64 training sessions were organised for orienting public and private healthcare providers on improved diarrhoea management with zinc	2008-2009
Through static and outreach service delivery approach, serviced 9,000 OPD clients, registered 600 women for antenatal care, immunised 1,200 children, conducted 36 male and female sterilisations and 53 IUD insertions	2008-2010
Established 23 sites under the PPP model; provided training to hospital staff (receptionists and support staff) to conduct HIV tests; provided 4,103 counselling and testing services among which 3,628 women were screened for ANC; conducted deliveries for 83 HIV positive women. All mothers and babies (MB pairs) received Nevirapine	July 2009-December 2010
Provided counselling and testing services to more than 12,000 clients, including 8,000 women, 4,433 ANCs, 4,000 high risk population and 700 referred by RNTCP. Traced 100 HIV positive people, 92 of them were effectively referred for care and support services, 65 referred to ART and 64 to TB services. Established linkages with District AIDS Prevention and Control Units, village administration, private healthcare providers, NGOs, CBOs, PLHIV networks and companies for support of the programme	November 2008-October 2010
As of May 2010, 3,272 people have attended eye camps, out of which 1,288 were potential clients with presbyopia; 707 reading glasses sold	2009-10

# Reproductive Health Addressing Concerns

## Promoting long-acting birth spacing 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 Gynecological 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 gynecologists in India. The partnership was launched at a high profile national event. The mass media campaign promotes the benefits of the IUD as a five-year contraceptive solution and the toll free helpline provides post-insertion counselling to facilitate long-term continuation of the method, PSI created the Saadhan network with 998 private providers who provide quality IUD services. More than 30,000 IUDs have been sold to the network providers till December 2009.

Despite of 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 launched a medical abortion kit called SafeAbort Kit containing mifepristone and misoprostol with the GOI recommended dosages, and conducted orientation sessions for 660 providers and more than 1,000 pharmacists on standard protocols for MA drug regimen and MA drug dispensing.

## Changing the national picture for IUDs through advocacy

In an effort to increase the positive perceptions of key stakeholders about IUDs, PSI prepared a policy brief for parliamentarians on women's health issues highlighting the unmet need for family planning in the country and the need for popularizing long-acting reversible contraceptive methods such as the IUD. The policy brief was shared and discussed with the President of India to draw policy-makers' attention towards women's health issues and the need for family planning. PSI also 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 of revitalising the IUD programme. This association with the policy-makers and MoHFW helped to promote a consensus on the use of postpartum IUD insertion as a method with great potential. With PSI's contribution and the contribution of other experts, the Ministry of Health has formulated the guidelines for postpartum IUD insertion. In



national-level conferences and expert group meetings, the Government is acknowledging that PSI complements its efforts in family planning by actively engaging the private sector.

The partnership with FOGSI is playing a vital role in repositioning IUDs as a safe and effective method of contraception among the private providers. FOGSI is working in consultation with PSI to undertake two research studies to provide useful insights to IUD programming. In the absence of any formal supervisory or quality assurance mechanism for private providers in the country, this partnership has proved helpful, especially in increasing the buy-in of private providers for following standards and protocols for improved quality services promoted by the partnership.

The programme also initiated an effort to motivate Saadhan network doctors to provide quality IUD and MA services to clients who need them. A quarterly newsletter, *PSI Capsule*, keeps the network of private providers connected, provides technical updates and motivates them to promote IUDs. PSI identifies doctors from the Saadhan network who provide exemplary services and felicitates these IUD champions by honouring them with certificates and awards.

## Promoting birth spacing in Bihar and Jharkhand

With the generous and continued support of the David & Lucile Packard Foundation, beginning in 2004 PSI implemented three successful programme phases in Jharkhand and Bihar states of India. PSI has made concerted efforts to increase the demand and access to modern contraceptives and has measured outcomes accordingly. During Phase III, which



Guddan stays in Chandpole Bazaar in Jaipur. She has two children. Guddan was approached by PSI's outreach worker and counselled on different family planning methods with a focus on the intrauterine contraceptive device (IUCD), branded as Freedom 5. 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 are being recruited by PSI to motivate people to adopt IUD. Community mobilisers can be 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 telling others about it."

began in April 2008, the project partnered with the Government of Jharkhand to innovate for greater impact through expanded coverage and support of project activities. Activities were conducted in rural areas of five districts, with complementary funding from the National Rural Health Mission. Communication activities such as street plays and video vans focused on increasing spousal support and perceived availability.

The inter-personal communication (IPC) was more focused towards enhancing self-efficacy and spousal support for the target audience. Static media such as wall art were painted in rural and urban areas, contributing to enhanced perceived availability. Collaterals such as leaflets were distributed during mid-media activities. A few radio spots and jingles were aired from Bhagalpur and Ranchi radio stations (All India Radio) as well. 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 perceived availability among the target audience, material such as shop signages and tin plates were installed at outlets.

An important learning of the project is that intensive communications are needed to create lasting behaviour change. A need from community was articulated that in addition to temporary contraceptive methods they need a less frequently used empowering method for women. Hence, injectables have been added to the range of modern temporary contraceptive method in the next phase. PSI India had formed a new programme base in Bihar in the last phase and has a strong network base with the key stakeholders including Government of Bihar which will help us to build upon our successes.

# HIV Reaching 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 at reducing 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.



## Johnson and Johnson partners with PSI for Promoting HIV Testing and Counselling Services to Most at Risk Populations

The focus of Project Connect of PSI 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, a multi national pharmaceutical giant that operates in India to run Saadhan HIV testing facilities in Vishakhapatnam as a part of their corporate social responsibility initiative in 2009, for duration of 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) for Enhanced Access to Quality Healthcare for PLHIV in Coastal Andhra Pradesh

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 end up at the networks after having strained a sizable proportion of their family resources for the care and treatment of an expired male member in the household. 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, majority women and children. The HRD minister of State, Government of India Smt. D.Purandeswari; APSACS Project Director Sri. Chandravadan I.A.S; USAID HIV/AIDS Coordinator for India Dr. Kimberly Waller and the National Head of Star Health Insurance C. P. Uday Chandran participated in the policy launch in November 2009 in addition to PSI, Connect and GVMC key personnel.



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

### **Indian Navy better equipped to mitigate HIV**

For the past three years, PSI has been conducting HIV and AIDS programs 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 program in April 2009 at INHS- Kalyani, Visakhapatnam in partnership with Andhra Pradesh State AIDS Control Society. The initiative was aimed to build the capacity of 60 nurses and paramedical staff of the Armed Forces on HIV and AIDS, who would in turn conduct prevention, care and support counselling within the Forces. 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 in managing the HIV Positive clients."



### **Bringing a smile to HIV positive pregnant women**

Mother-to-child transmission of the HIV virus is the single largest cause for HIV among children in India. Project Connect's resource mobilisation team from Mumbai approached Roche Laboratories (manufacturers of the approved DNA-PCR test kits) and leveraged four kits from them. These were enough to test 200 babies. Connect has tested 167 babies; 162 of them have tested negative.

### **Mainstreaming HIV/AIDS and tuberculosis: a glittering example**

The Bangalore Metropolitan Transport Corporation (BMT) 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 BMT 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, BMT 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. BMT has taken the onus upon itself to take this forward. BMT now has an HR policy on HIV and TB. 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.

It was when her husband died of AIDS in 2004, Hema realised that she was also infected. The innocent face of her five year old daughter prevented her from committing suicide. At a meeting organised by PSI she learnt about the Health Insurance Policy for PLHIV. Concerned about her own future and that of her little one, she joined the group insurance policy in 2009. As Hema suffered from severe headaches, the doctors suspected a tumour and wanted her to undergo a CT scan which would cost Rs 6,000. To her, without the support of the health insurance she would not have been able to undergo such a procedure. Hema thanks PSI for making quality private sector health care affordable to women living with HIV.

# Maternal And Child Health Providing Care

**P**SI India was the cross-cutting 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, which started in 2006, envisaged a vision that there will be improved knowledge and service delivery mechanisms for promoting maternal and neonatal mortality in the districts by 2010.

The project interventions focused on bringing about behaviour change in the community on the identified issues of Thermal Care, Cord Care, Birth Preparedness, Maternal and Neonatal Danger Signs and Immediate and Exclusive Breastfeeding. PSI developed five interpersonal communication tools and trained the master trainers and provided mentoring support during the district level trainings of the partners. The BCC interventions undertaken in the community have created a noticeable acceptability and change in the target community. The community participation in the intervention has increased the scope to scale-up the intervention in other parts of the project districts with the help of the State Government.



Nandu, a young lad 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, we have all begun washing our hands regularly and we've stopped falling sick."

## Safe water and hygiene program in Mumbai

India boasts of being the world's second largest populated country, with more than one billion people. In a country so large, there are many water sources which are contaminated by sewage or agricultural run-off. Dharavi, part of Mumbai, 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 lack of basic amenities characterize this area. Widespread unhygienic practices, like poor hand washing and limited access to sanitation facilities further contribute to faecal-oral disease transmission.

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



Kusum Lata, a resident of Uttar Pradesh, was pregnant for the second time. She has been participating in a few mothers' groups meetings. Initially she was not convinced about the concept of delay in bathing because she felt that bathing is an important step for the health and sanitation of the newborn. Lata shares her experience, "I had bathed my first child within the first day of birth but when the village volunteer and Sure Start supervisor counselled me on delay in bathing during their home visit using the IPC tool called 'Raghu ki Kahani' and they correlated the importance of delay in bathing with the importance of newborn thermal care, I finally understood the concept. The storyline of 'Raghu ki Kahani' was very interesting. It provided me the rationale for my behaviour change."



episodes through use of water disinfectant and ORS with zinc, among caregivers of primary school aged (6-10 years) and under five children in selected slum communities. The project activities in Dharavi include distribution of water purification kits and educational campaigns involving community agents. Appropriate mix of on-ground communication activities using theme based approach are developed and designed to reach out the target groups for improving safer drinking water practices and increased use of ORS and Zinc. Project staff reaches out to caregivers at their homes through interpersonal communication and through mid media activities. Anganwadis, NGOs and Mandals are other avenues through which caregivers are reached. Sessions on hand washing are organized with children and their parents at homes, Anganwadis and schools. The products are distributed not only through chemists and health care providers but also through door to door visits to households for increased access to these health products.

# The Team

## PSI India Operating Committee

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 led by a group of highly talented, multi-disciplinary team. The day-to-day operations are led by the Managing Director, assisted by the Operations Committee.

**Dana Ward**  
Managing Director

**Dr Jyoti Vajpayee**  
Senior Technical Advisor

**Atul Kapoor**  
Project Director, Connect

**N. Krishnan**  
Program Director

**Sanjeev Dham**  
Program Director

**Rohit Ratna**  
Finance and  
Administration Director

**Rup Kumar Sengupta**  
Human Resources Director

### Board members

**S.V. Sista**  
Founder & Executive Trustee  
Population First

**Kaushik Dutta**  
Partner  
Pricewaterhouse Coopers Pvt. Ltd.

**Asha Das**  
I.A.S. (Retd.)

**Shankar Ghose**  
Trustee  
Charkha President

**Carol S.Squire**  
Former MD of PSI/  
Freelance consultant



## We acknowledge...

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
- 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
- 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
- PSI talks about the prostitution pledge at Washington, DC, with Senators

## 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 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

- PSI partnered with Vision Spring for social marketing of eye glasses
- Tobacco cessation intervention initiated for PSI staff

## September

- PSI's Senior Technical Advisor, Dr Jyoti Vajpayee, met Pratibha Patil, President of India, along with the CLRA consortium, to advocate for the need of the Government to focus on family planning, especially on long-term spacing methods and a youth-friendly programme

## October

- PSI presented papers on 'Increasing Utilisation of IUD 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

- Number of states and Union Territories that we currently operate in: 22
- Total number of health products and services: 19
- Total number of healthcare providers in PSI's Franchise Network: 1,011
- Number of super stockists: 37
- Number of stockists: 1,490
- Number of 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



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