

Annual Report

The Governing Body is pleased to share the Annual Report of Population Services International together with the audited Statement of Accounts for the year ended March 31, 2015.

Year under review

We are pleased to share the financials for the Society as shown below:

Financial Results	Year ended March 31,2015 (Rs.)	Year ended March 31,2014 (Rs.)
Total Income	1,023,176,402	735,852,548
Excess of Income over Expenditure	48,757,029	(100,207,120)

Increase in Income in 2015 is due to new projects received during the year: Expand Access and Quality to Broaden Method Choice (EAQ), NACO, Martha Darling and Gender Based Violence.

Projects during the year

New Wins

Expand Access and Quality to Broaden Method Choice (EAQ) funded by Bill and Melinda Gates Foundation from November 2014 to October 2017- (\$ 7.5 Million)

EAQ is a project being implemented by a consortium of three organizations led by PSI with the goal of ensuring participation of private providers to provide quality family planning services and reducing maternal mortality and morbidity. The program's purpose is to increase use of



long acting reversible contraception (LARC) and long acting permanent methods (LAPMs) by expanding choice and access among men and women residing in urban slums of 32 districts of Uttar Pradesh. It is envisaged that private sector health providers can contribute significantly to achieve FP2020 goals. Of the many start up activities this year includes conducting a Standardization workshop organized for private providers in two districts Lucknow and Barabanki.

Transform the system for delivering maternal health products and services in India supported by Martha Darling from January 2015 to December 2017 (\$ 1.0 Million)

The goal of the program is to save lives of mothers and infants through doorstep care during the critical 1000 days window (from a woman's pregnancy through her child's 2nd birthday) among pregnant mothers in Rajasthan and Uttar Pradesh. The 1,000 days offer a unique window of opportunity to shape healthier and more prosperous future for women and girls. The primary purposes of this program is to

address reproductive, maternal, neonatal health during 1000 days window and beyond by promoting ANC & PNC services, institutional delivery, post-partum family planning and child & adolescent health. The program will focus to educate the consumer during 1000 days window of her life, referring them to qualified service providers (public and private) and increasing off take of health products and services, improve the enabling environment for the private sector to participate in PPP schemes, and create a network of women entrepreneur (WE).

PSI will work to build a network of women's entrepreneurs assisted by technology, which will work in favour of the target audience, i.e. the pregnant woman (Sarita). This eco-system will be built around 4 pillars, e.g. a network of partners, a prepaid health service membership offer, a network of WEs and a call centre responding to Sarita's doubts and worries, and proactively informing her and understanding better her needs. These initiatives will be branded and developed together, in order to create a network effect and quickly increase the value transferred to all actors of the eco-system. It is expected that through this initiative, PSI will be able to serve 45,000 pregnant women subscribed for prepaid health membership package who will benefit from a package of services and products by developing and sustaining a network of 250 women entrepreneurs.

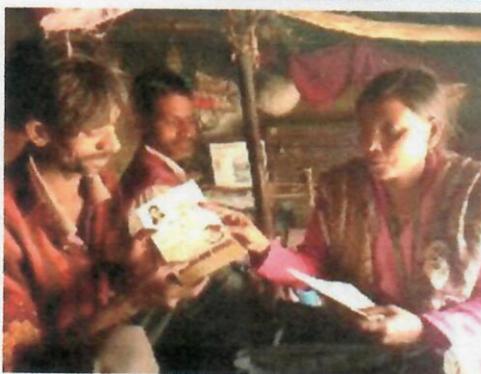
Gender Based Violence (WAJOOD) with support from USAID – 17 August 2015 to 16 August 2018 (4.99 Million)

The goal of this project is to improve RMNCH+A outcomes by contributing to the reduction of GBV experienced by women and girls and to minimize GBV's harmful impact on survivors and new born. The project will have high intensity program interventions in at least three states. Priority will be placed on states in northwest India that have poor GBV/RMNCH+A indicators. Based on the indicators for gender equality discussed above, the project will be implemented in north-western states, with a high probability of implementation in Punjab, Haryana and Rajasthan. Even though Punjab and Haryana have comparatively better economic indicators than the national average, these states fall behind on indicators for human development and gender equality. Rajasthan lags behind most of the states on economic as well as development indicators.

Ongoing Projects

Cervical Cancer prevention program -Uttar Pradesh with support from Womens Investment Network September 2013 to September 2016 (\$1.0 Million)

Sankalp Behtar Swasthya Ka"- PSI India with support from Women's investment Network is running a program in Uttar Pradesh from 2014 on cervical cancer prevention using a 'Screen and Treat' approach (as per standard WHO guidelines) across three districts of Uttar Pradesh (U.P.) – Lucknow, Varanasi and Kanpur. The program engages the private sector obstetricians and gynaecologist, builds their capacity to screen women for pre-cancerous lesions in



cervix using VIA and treatment through cryotherapy, under supportive supervision of PSI-India's medical team that monitors quality standards. On ground communication activities by Interpersonal communicators ensure motivation and mobilization of women in the age group 30-59 years for screening of cancer of cervix. The program aims to reduce morbidity and mortality due to cervical cancer in U.P. Till August 2015 total 21681 women have been screened out which 7% (1468) women were found VIA positive and 62% (908) women got treated through cryotherapy. Total 85 doctors are trained across three districts.

National Health Mission, Uttar Pradesh with support from SIFPSA and Population Services International is launching a similar program at scale in the public sector. The program will be delivered under a comprehensive basket of services including screening for nutritional status by Body Mass Index, Anaemia by Haemoglobin estimation, Diabetes by Random Blood Sugar, and Hypertension by Blood Pressure measurement besides Precancerous lesions of the Cervix by VIA staining. The program is proposed to be named as 'Sampoorna'

Uday : Comprehensive Prevention and Management program for Diabetes and Hypertension funded by Eli Lilly from July 2012 to June 2017 (\$2.25 Million)

PSI India participated in the 2nd National NCD Summit organized by Confederation of the Indian Industry (CII) in partnership with Eli Lilly and Company at Delhi. The team engaged and worked with volunteers from Lilly globally under their connecting heart abroad program in Sep. 2014. Other activities this year included developing tools for pharmacist's intervention and interpersonal communication for diabetes and hypertension. Capacity building of team on technical aspect of Diabetes and Hypertension & effective communication was also done. PSI also organized a seminar on "role of communication in addressing life style diseases" which had participation from Government of India, State Government of Andhra Pradesh and Haryana and launched a mass media campaign on Diabetes and Hypertension.

Impact through Prevention, Private Sector and Evidence-based Programming (PIPPSE) funded by USAID through PHFI from June 2012 to February 2017 (\$ 3.25 million)

Under the project, PSI launched a National HIV/AIDS helpline on December 1st 2014. Currently the helpline is handling 68,000 calls in 8 languages (English, Hindi and 6 Regional) accessible 24x7 across the nation. With the objective to improve the awareness and increase the uptake of social protection schemes available for PLHIV & MARPS, PSI PIPPSE has developed & submitted a Framework for implementing Migrants Sensitive Social Protection Pilot to NACO. Presently the project is developing effective demand generation tool kit for PLHIV and MARPS. PSI has positioned national and Regional Programme Managers with NACO. They are operating in 22 States for supporting Mainstreaming activities to integrate HIV through multi-sectorial approach on NACO's directives. PSI supports Employer Led Model in Thane, where new partnerships were forged with industries and government departments responsible for industrial health leading to inclusion of HIV in their agenda.

Saving Lives at Birth (SLAB) funded by USAID from October 2013 to October 2016 (\$ 0.25 million)

SLAB project includes conducting two studies: Proof of Concept (POC) and Randomized Control Trial (RCT). Sites for POC have been identified as Safdarjung Hospital (SJH), New Delhi and Queen Mary Hospital (QMH), Lucknow. Submission for Ethics Committee (EC) was initiated after identifying the sites and approval from QMH was sought in May 2014. Submission of the above studies for approval was made to the Drug Controller General of India (DCGI) in April 2014 and PSI



received the written approval in February 2015. EC approval from SJH was also received in February 2015. Clinical Trial Registry of India (CTRI) registration for POC was accomplished in March 2015. POC was rolled out at two sites.

Tobacco Control Advocacy funded by Bloomberg Initiative, Phase II from April 2013 to March 2015 (\$0.22 Million)

PSI/India successfully implemented a tobacco control project for enabling Smoke Free declaration in nine districts of Rajasthan. Continuing to implement this Smoke Free project in Rajasthan is creating significant health impact as the proportion of smoking and smokeless tobacco users are similar. PSI created an institutional mechanism and enforcement framework which ensured the implementation of tobacco control legislations at district and sub-district level through leveraging existing lessons learned and relationships with key government officials. PSI developed the capacity of government and NGO sector in understanding, enforcing and advocating for COTPA. PSI/India had success in declaring Ajmer Alwar, Bharatpur, Bhilwara, Bikaner districts, Nagaur city and Udaipur city as smoke free. These declarations have been made by Rajasthan state government ministers, Zila Pramukh and District collectors.



Supporting Sustainable Sanitation improvement (3SI) funded by Bill and Melinda Gates Foundation from July 2012 to June 2017- (\$ 8.5 Million)

The project’s overarching goal is to catalyse private sector response and work on strengthening the supply chain to overcome supply side barriers to deliver desirable, high quality and affordable individual household toilets to target groups.

3SI is designed to overcome the supply and demand barriers to latrine access and use. With Water for People, PATH and Wash Institute as consortium partners, PSI envisions 10% increase in sanitation coverage



across the population segment (including lowest wealth quintile) of rural Bihar through construction of

approximately 150,000 toilets in five years. PSI has designed commercially viable business model for the local entrepreneurs, partly engaged in toilet/pit construction, to be fully engaged in complete toilet construction in rural Bihar. On one hand the project is creating demand through different on ground communication activities and on the other hand also working with the local entrepreneurs to streamline the availability of all required product and services required for quality toilet construction. The project commits the consumer a quality toilet at an affordable price.

Innovative model for Faecal Sludge Management funded by BMGF from November 2013 to November 2015 (\$1.5 Million)

The overall objective of the project is to increase access to and use of quality services for Faecal Sludge Management for consumers in the selected districts of Bihar and West Bengal. This would happen through developing innovative business model and increasing demand for safe FSM in targeted areas.

Three models have been identified for implementation: Through Private Sector- End to End Sarplast Model; Through Government (Integration with the Existing Infrastructure) and; Integration with GOI enterprise



Piloting three new models of implementing School of 5 hand washing program funded by Unilever between DEC'14-DEC'15 (INR 90 lakhs)

Lifebuoy has developed and refined a handwashing campaign targeting school children called 'School of 5' that has shown to change behaviour at the household level, with impact on diarrhoea and pneumonia incidence in under-5 children. The model currently relies on 4 physical contacts by promoters over 21 days to deliver the message. The multiple direct contacts and associated costs of field labour and transport make it challenging to scale up this model across India. Unilever will be testing out 3 lower cost models to implement in government schools of Bihar with PSI. The goal is to have a strong model in place by end of pilot that increases handwashing with soap behaviour and that is measurable, financially sustainable and scalable.

Gender Based Violence with support from Womens Investment Network January 2014 to June 2017 (\$3.5 Million)

PSI received a grant to pilot a three-year project aimed to address gender-based violence (GBV) in the Delhi & NCR, India. A national level Technical Advisory Group (TAG) was constituted with experts on gender and health issues to provide oversight and guidance to the rollout and implementation of its GBV project as well as to coordinate the stakeholder input.

A comprehensive program was developed which is now being implemented through a consortium of five partner NGOs. The comprehensive program includes direct service provision for survivors of GBV, behaviour change communication to prevent GBV and gender inequality, and advocacy to create a supportive policy environment. Under Wajood, partners on ground have been advocating and sensitizing service providers including protection officers, police, and legal aid providers.

Major Milestones include formation of consortium and having partners on board in Nov 2014 as well as a state level consultation with range of stakeholders in March 2015.

Pehel – The Women's Health Project Phase III funded by LAD from January 2013 to December 2015 (\$ 26.22 million)

Some of the activities that PSI organised /lead during the year include a conclave on the occasion of World Population Day in Q3 2014, with the objective of sensitizing the political and bureaucratic representatives about the importance of family planning and increased use of modern contraceptive methods. The event

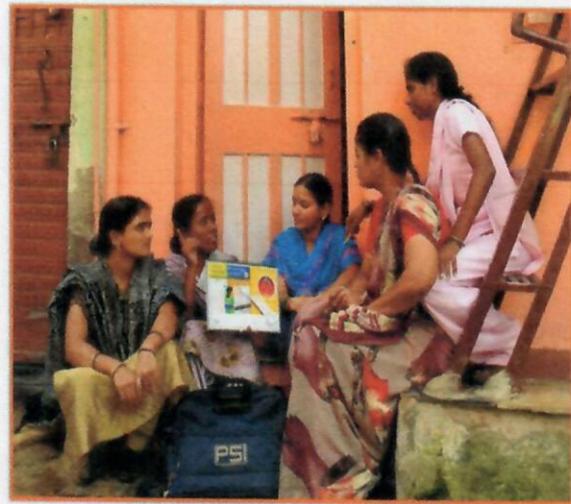
organized in Lucknow, Uttar Pradesh (UP) was attended by Member of Parliament and MLA's and senior administrative officials from the Government of UP.

PSI/India partnered with WHO in a three day WHO regional orientation workshop on Clinical Practice for Safe Abortion in Q3 2014. The objective was to orient program managers and practitioners on evidence based clinical guidelines as per the WHO Handbook for pre-abortion, abortion and post abortion care. State level dialogue on "Women's Health- Gender Equality & Safe Abortion" was organized in collaboration with IPAS and under the guidance of National Health Mission (NHM), Government of UP in Q3 2014. The workshop was designed around sensitizing government officials on safe abortion and disseminating information on MA services and MTP Act.



PSI/India participated in a task force meeting in Q4 2014, to reposition LARC, organized by Family Planning Association of India in consultation with Population Fund of India; PSI/India was nominated as the lead agency in Rajasthan to take forward the objectives of ARC National Steering Committee.

PSI/India launched in Oct 2014- 'closing the loop' model through helpline wherein PSI assessed the 'call to action' by an inbound caller on FP method adoption and helped the caller to adopt a method of his or her choice.



PSI/India in collaboration with the National Health Mission, Uttar Pradesh (U.P.) organized three regional level workshops Q4 2014, in U.P. for Government Health department officers on review of safe abortion services in the state, MTP site registration processes, technology update for MTP, availability of MA drugs at government facilities and information and technical details regarding accreditation of private providers for safe abortion services under Santhusti scheme. These were amongst the many successful activities carried out during the year under this vibrant program.

Project AXSHYA Phase II funded by The Global Fund through The Union from April 2013 to September 2015 (\$4.04 million)

Under the project, a total 703, 028 households which is 97% of annual target were visited by trained Community Volunteers for Intense outreach activity among vulnerable and marginalized population to facilitate TB symptomatic patients to avail diagnosis and treatment services at Designated Microscopic Centres (DMC) implemented under Revised National TB Control Program (RNTCP). Total 928 community volunteers were trained and engaged for intense outreach activity by the project in 60 districts across 10 States.

98% of TB patients (3,938) diagnosed under the project were linked for DOTS treatment and these TB patients



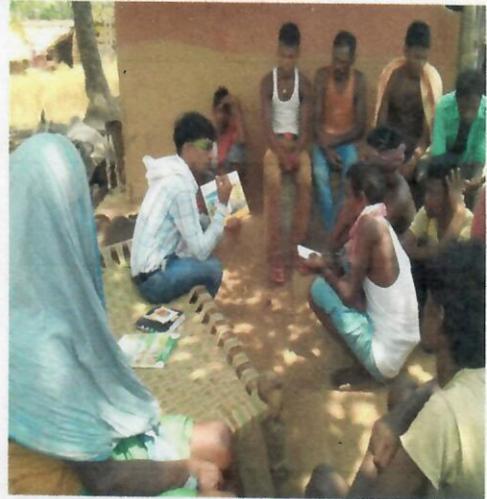
were diagnosed from 37,895 TB symptomatic identified and either referred or subjected for sputum sample collection and transportation during various project activities.

A large number of Non Allopathic (Ayush) and Rural Health Care Providers (RHCP) were trained and sensitized about TB, its diagnosis as per Standard Guidelines and were motivated to refer TB symptomatic for diagnosis and treatment to DMC services.

Private labs were sensitized on ban on serological testing for TB as per the Government of India notification on Ban on serological testing.

The project also provided counselling to MDR patients and their families on treatment adherence for DR-TB, managing side effects of drugs, psychosocial aspects and linkages on social protection schemes by DR-TB counsellors posted at the RNTCP centres in 28 districts across 10 States. Basis the lessons learnt from the DR-TB counselling component of the Project, RNTCP is scaling up DR-TB counselling across 200 districts in India.

The TB Helpline managed by Project Axshya for providing referrals to DMC services is providing information on TB and MDR-TB disease through trained Helpline agents. Basis the lessons learnt from Axshya TB Helpline (1800 11 6666), RNTCP has launched a TB Helpline which will eventually be expanded across the country.



Better Birth funded by Bill and Melinda Gates Foundation from September 2011 to January 2016 (\$ 6.6 Million)

The Better Birth intervention is based on the premise that sustained use of the Checklist can be achieved through engagement of leadership and health facility administration as well as coaching of health care workers.

PSI received necessary clearances and approvals from ethical bodies and review boards for implementation of the program. Main trail of this Randomised Control Trial (RCT) project was initiated in October 2014 across four districts of Uttar Pradesh in public health facilities in a staggered roll-out plan. WHO Safe Child Birth checklist was introduced in 8 health facilities through engagement with leadership and facility administration, a Checklist launch or formal orientation, as well as ongoing support of Checklist use through coaching and active monitoring and evaluation.

A process was initiated to do data collection through independent observation of health care workers' quality of care and telephonic/in-person follow up of mother and baby dyads. M&E and DQA reports were analysed on an on-going basis and appropriate



action taken efficiently to address any red flags identified. On-going engagement and advocacy was undertaken at all levels (national, state, and district government, facility leadership, and facility staff) to ensure success at Learning and Study Sites.

3rd Scientific Advisory Committee meeting and Stakeholder's meeting held in March 2015.

Condom Social Marketing Project funded by National Aids Control Organisation (NACO) (\$11.5 million)

PSI secured this project for social marketing of condom to promote category growth in six states i.e. Rajasthan, Gujarat, Maharashtra, Karnataka, Odisha and West Bengal for a period of two years. The project was started in July 2014. However due to non-supply of condoms and non-release of payments against bank guarantees, the management has issued notice of frustration of the contracts.

New projects in the horizon

The TB Health Action Learning Initiative (THALI) RFA from USAID

THALI is designed to improve TB control, and improve, in particular, private sector delivery of TB services, across three different city sizes, and to share the resulting knowledge of what works broadly. Up to three awards may be made across three groupings of cities based on population

PSI is part of two proposals as a sub recipient to Care India.

Tuberculosis Call to Action (TBC2A) RFA from USAID

TBC2A will shift USAID/India's focus from direct technical assistance for TB control to identifying and leveraging Indian intellectual, financial, and material resources for TB control. The TBC2A recipient will work with the Government of India and its partners to facilitate the launch of the National Call to Action for TB; rollout a TB road map to states, districts and cities; track results and develop systems; and facilitate engagement and collaboration between traditional and non-traditional stakeholders

PSI has submitted the proposal as a sub recipient to REACH. USAID is currently in the process of finalising the grant after seeking clarifications from REACH and PSI

Project AXSHYA extension under New Funding Model of Global Fund

As part of The Union led consortium, PSI has been engaging with The Union for securing funding for next phase of Axshya. PSI has engaged with The Union (Principal Recipient) and other Sub- Recipients (SRs) to incorporate additional ideas like increased private sector engagement in urban areas for increased case detection. PSI is expecting a confirmation of new funding and allocated budget before the end of the current phase i.e 30th September, 2015

Supplemental funding from BMGF for family planning landscaping

India accounts for nearly 40% of the global targets pertaining to FP2020, with bulk of the numbers expected to be achieved in UP and Bihar. BMGF is currently funding the Expand Access and Quality (EAQ) project. A landscaping study is proposed which will enable designing of better interventions in EAQ as well as yield new insights that will inform BMGF interventions in UP and Bihar.

Women's Health Project Phase –IV from Large Anonymous Donor (LAD)

PSI is in the process of submitting proposal for the fourth phase of the Pehal/WHP project. The next phase is likely to build on the success of current initiatives, introduce new components like Client Based Record Systems to ensure maintenance of medical records of patient including FP clients and increase the thrust on medical abortions.

Personnel

On Payroll	413
STC	560
Consultants	99
SR/SSR	578
Volunteers	1163
Total Head count at March 31, 2015	2813

Auditors

M/s B.S.R & Co Chartered Accountants was appointed as the statutory auditor of the Society for the financial year 2014-15. The Audit report and audited accounts are appended to the Annual Report.

For and on behalf of the Governing Body

For Population Services International

Place: New Delhi
Date: 24.9.2015

President

Secretary