



# Annual Report

## FY 2015-16

**POPULATION SERVICES INTERNATIONAL**

## Annual Report-2015-16

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, 2016.

### Year under review

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

Financial Results	Year ended March 31,2016 (Rs.)	Year ended March 31,2015 (Rs.)
Total Income	122,75,54,099	102,31,76,402
Excess of Income over Expenditure	8,04,39,104	4,87,57,029

### New Wins

PSI India won new grants totalling \$18,757,424. Details of the new wins as shown in the table below:-

SN	Project	Donor	Budget in \$
1	Responding to gender-based violence through a coordinated health sector response	USAID	\$4,990,975
2	Axshya-Phase II	Global Fund via The Union	\$3,796,364
3	Supplemental Proposal-FP Landscaping	BMGF	\$600,504
4	Tuberculosis Call to Action (TBC2A)	USAID via REACH	\$1,441,108
5	Healthy Cities Program to improve Urban Health	USAID	\$6,170,000
6	Women's Health Project Phase –IV	Large Anonymous Donor (LAD)	1,758,473
			\$18,757,424

### Projects implemented during the year

#### 1) Better Birth: A trial of the WHO Safe Childbirth Checklist Program



Follow up of mother by BB Field

The BetterBirth program is a matched-pair, cluster-randomized controlled trial, aimed to assess the effectiveness of a program to support adoption of the WHO Safe Childbirth Checklist (WHO SCC) through peer-coaching, measurement and data feedback on (i) uptake of the essential birth-related practices by birth attendants and (ii) early neonatal mortality and maternal mortality and morbidity.

The program is being implemented in 120 health facilities (60 intervention and 60 control health facilities) across 24 districts of Uttar Pradesh under a tripartite agreement between Government of Uttar Pradesh (GoUP), Harvard School of Public

Health (HSPH)/Ariadne Labs and Population Services International (PSI) and is funded by Bill & Melinda Gates Foundation.

During the year under review, BetterBirth has garnered important learnings about successes and challenges from the field as it rolled out in remaining 52 health facilities through a peer-coaching model to around 250 birth attendants. The leadership and frontline staff continued to access Pulse System, real-time aggregation of direct observational data for timely feedback towards improvement in services and systems. To provide sustainability, about 100 Childbirth Quality Coordinators from the health facilities were identified and trained to support checklist use beyond the program period. Across 120 sites, data collectors observed 3,096 deliveries to assess uptake of essential practices and followed up 61,533 mother and baby dyads to assess mortality and morbidity during the reporting year. Around 86% of the total follow up cases were closed over phone through the call centre. The Scientific Advisory Committee of the program also reviewed the data and continued to provide invaluable guidance to this study in terms of its protocols and processes. A Stakeholder's meeting was organised to bring together leading NGOs, Government health officials and donors to engage in sharing and learning from the program strategies and approaches for effective implementation of SCC. The Data Safety Monitoring Board (DSMB) also reviewed and approved the progress and processes of the program. Before the closure of the program slated for April 2017, Light Touch Intervention is scheduled to be rolled out in the control facilities and the collaborators are optimistic about the outcomes of this intricately efficient study.



BetterBirth Call Centre



SAC 2016 meeting attendees



Data feedback through heat-maps

## 2) Saving women's lives: early detection and treatment of cervical cancer in india

**Background-** Cervical cancer is a significant health issue in India, in terms of incidence, mortality and morbidity. One out of every five women in the world suffering from cervical cancer is Indian (*Globocan 2012*). As reported in *Globocan 2012*, annual incidence of cervical cancer in India was 122,844 with 67,877 deaths, making it the second largest killer in India after breast cancer. Due to poor access to screening and treatment services, the vast majority of deaths occur in women living in lower-middle income group in rural and urban areas of the state. Women often get screened when symptoms have become too advanced and can no longer be effectively treated. Cancer cervix can be prevented by population based screening, which aims to detect the disease at a pre cancer stage when it is amenable to simple treatment & cure. According to the WHO, Visual inspection



Training of HCPs on VIA Screening

with Acetic Acid (VIA) is an inexpensive and non-invasive method and, can normally be done in a low level health facility by a doctor or even a paramedical staff. VIA positive women can receive treatment for pre-cancerous lesions using cryotherapy on the same day.

**PSI India's Initiative:** With funding from “**Maverick Collective**”, PSI India launched a program on cervical cancer prevention using a ‘See and Treat’ approach (under WHO guidelines). This program engages health care providers in UP to build capacity to screen women for pre-cancerous lesions in the cervix through use of visual inspection with acetic acid (VIA) and treatment through cryotherapy. Under private sector this program is being implemented in 10 selected districts of Uttar Pradesh under the name “*Sankalp Behtar Swasthya Ka*” with following objectives-

- a. Increase access to quality, comprehensive cervical cancer screening and treatment services for women.
- b. Creation of a more enabling policy environment resulting in expanded availability of services.
- c. Increase public awareness and demand for cervical cancer screening and treatment services among our target audience (women aged 30-59 years)

Under public sector PSI provided technical assistance to government of U.P. as part of the Sampoorna program- a comprehensive health care program exclusive for women for the early detection and management of Non-communicable diseases. A Tripartite Agreement was signed between National Health Mission, UP (NHM), State Innovations in Family Planning Services Agency, UP (SIFPSA) and PSI, India. Opportunistic screening services provided under Sampoorna program includes- anaemia, hypertension, obesity, diabetes, cardiovascular diseases and cervical cancer at select District Women Hospitals through regular OPD and select Community Health Centres through fixed day service.

During reporting period in private sector focus was on in-clinic demand generation and outreach through community camps. The project geography was expanded from 3 districts to 10 districts of U.P. 125 private providers were trained on VIA and cryotherapy techniques and in-clinic counsellors were placed at their facility to provide walk-in clients with cervical cancer information and counselling. A social/mass media campaign was launched for a cervical cancer awareness month (January) to increase knowledge and self-risk perception among the target audience.

Outreach community camps were organized to increase access to quality screening and treatment services for women of lower socio-economic category living in hard to reach areas and urban slums. Outreach community camp (ORC) teams were placed in intervention districts. To increase mobility, efficient management of supplies and visibility, each ORC team was provided with an outsourced branded mini-vans and relevant communication materials. Mobile vans are utilised in raising awareness, generating



Doctor counselling client for screening test



Figure 1ORC team carrying equipment's in branded van



Doctor explaining post screening instructions to screened woman



Doctor doing VIA screening

demand for services, ensuring easy movement of staff and supplies during screening camps and providing transportation facility to poor women who test positive.

The public sector portion of this project was launched, with the roll-out of Sampoorna clinics at 7 District Women’s Hospitals and 2 Community Health Centres in U.P. 52 government doctors were trained on visual inspection with acetic acid (VIA) and cryotherapy techniques, as well as on other NCD components. PSI also worked with the Sampoorna clinics on the placement of information, education, and communication materials, and branding. Furthermore, PSI developed technical material- Training Manuals and Standard Operation Procedures. From April 2015 to March 2016 total 37,749 women got screened, 5% women were screened positive, out of which 70% women treated with cryotherapy and 6% women were referred for further investigation and treatment.



Community mobiliser of PSI motivating woman for screening test

### 3) Expand Access and Quality to Broaden Method Choice (EAQ)

**About the project :** Expand Access and Quality to Broaden Method Choice (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. EAQ program is aiming to shape the private sector market



Chief Minister, UP, Launching Hausala Sajheedari Web Portal with Health Minister and State Health Minister

where urban poor can get their desired family planning services without financial hassles. Project helps men and women to choose contraceptive method of their choice including female sterilization and male sterilization. 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



All Method Counselling by Community Mobilizer

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.



Figure 2A woman receiving informed choice counselling



Group meeting in slum using communication

**Update (FY 2015-2016):** The program is leveraging PSI's and HLFPPTs existing franchisee/network providers and integrating provision of LAR Cs and LAPMs into the services provided by them through creating transparent accreditation and reimbursement system under government FP programs, community mobilization and quality assurance support. With government of UP, project has successfully introduced a web portal based online accreditation and reimbursement systems for private providers. Private facilities and providers are now getting online **accreditation for 5 years**, empanelment for life time with indemnity coverage and online reimbursement for cost of sterilization from government to their respective bank accounts. This transparent system encouraged private providers and first time in history of UP **362 facilities** got accreditation, **387 providers** got empanelment and **16.2 Million INR** has been reimbursed by government to these providers against providing FP services. As per web portal report, **21615 women** received sterilization services, **896 men** received NSV services, **18860 women** accepted IUCD and **7640 women** received DMPA doses. State Innovation in Family Planning Support Agency (SIFPSA) is working as a Public Private Interface Agency (PPIA) with technical support of PSI. A private sector partnership (PSP) cell has been established with government resources to support day to day private sector engagement. The entire private sector engagement strategy is guided by highest level of authority in government through State Task Force (STF), senior management team of PSI and private sector associations and deration such as FOGSI and IMA (Indian Medical Association). The EAQ approach has started making market functional for urban poor and also for private facilities and providers.

#### 4) **3SI and Unilever Domex Grant**

The Bill and Melinda Gates Foundation (BMGF) is supporting PSI with an \$8.5 million, five years (2012-2017) grant titled 'Supporting Sustainable Sanitation Improvements in Bihar through Supply-side Strengthening' (3SI). The Supporting Sustainable Sanitation improvement (3SI) grant's overarching goal is to catalyze 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 200,000 toilets during the project life (2012 to 2017). 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 Fund Manager and Micro Finance Institutions (MFI) to create supply chain for sanitation finance for the consumers as well as sanitation enterprises along with 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.

A key market barrier the project must overcome is improving access to credit that facilitates the purchase of toilets by low-income households. Based on 3SI market research, it is estimated that approximately 88% of households in rural Bihar will require loans for purchasing toilets; however, financial inclusion and penetration of micro-finance institutions (MFIs) in Bihar is poor. PSI now has a partnership agreement with Friends of Women's World Banking (FWWB) as fund manager (*Wholesale lending financing Institution*) who can provide direct credit support to MFIs (forward lending) and encourage them to create portfolio on sanitation related activities, including via loan guarantees. Unilever has supported the sanitation financing structure through fund manager and

agreed to make investment allocated for corpus funds towards financing. The corpus fund will be leveraged by the market mechanism created by the FWWB and MFIs at least twice over the next three years. Beyond 2017, the corpus will continue to facilitate loans to entrepreneurs and toilet construction through the same mechanism. Corpus funds will be provided as a grant to the FWWB in line with statutory compliances in India

During the mentioned period the project started working with 4 MFIs and gave out Sanitation loans to 7,593 households and 67 sanitation enterprises. During this period the project identified functional, partly functional, non-functional as well as prospective sanitation entrepreneurs and has established association with 335 sanitation entrepreneurs across 140 blocks of the 19 District. During the period, through the project, 29,221 household purchased toilet through the sanitation enterprise linked to the project and 7,593 households were given loans for toilet construction through the MFIs linked to the project. Of these households, 50% (14,759 household) were from below poverty line (BPL).

#### **5) Project PraSaadhan – Business Model Development for Faecal Sludge Management in Rural Bihar**

It is estimated that in India 62000 litres of sewage is generated daily and 70 percent is disposed untreated. In Patna alone the capital city of Bihar produces about half a million litres of faecal sludge daily and that is disposed in to the open untreated. Therefore, the PRASAADHAN project aims to promote business models for Faecal Sludge Management (FSM) in Bihar. The Project will demonstrate three interventions to mobilize private sector players to provide rural/urban/peri-urban households with services for pit/septic tank emptying, safe transportation, treatment and disposal of faecal sludge. Linked closely with the 3SI grant, the Project will prioritize improving sanitation coverage and establishing mechanisms for sustainable operations through improved government and private sector engagement.

Project has been able to treat and safely dispose about 4 million litres of faecal sludge through partnership with the local enterprises. One of the business model that is based on installation of Portable Toilet Cabins have been able to recover about 40 percent of the operation cost within 6 months' duration.

Majority of the toilets are not on the sewer grid and face challenges when the pit gets filled. Major portion of the fecal sludge accumulated in the pit constitutes water. Safe removal of water from the pit/septic tank could increase the life of the pit/septic tanks manifold. Therefore, a product has been developed and named 'pit life extender'. Prototyping is complete and further testing on efficiency of the product is in progress. Based on the proposal submitted to government for safe disposal, government agreed to provide access to the tanker operators in to the Sewerage Treatment Plants and the associated lifting stations.

#### **6) Piloting three new models of implementing the school of 5 handwashing program**

Lifebuoy has developed and refined a hand washing 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 multiple direct contacts and associated costs of field labour and transport make it challenging to scale up this model across India. Therefore, it was proposed to test out 3 lower cost models for implementation in selected schools. The goal is to have a strong model in place by end of pilot that increases hand washing with soap behaviour and that is measurable, financially sustainable and scalable. The chosen model will then be pitched in multiple state governments. Details of the three models are as

follows:-Model 1: Teacher delivered program using physical materials during 4 sessions conducted by teachers at their schools over 21 days. Model 2: Combination teacher/mobile delivered program. Speakers are given to schools which teachers plug into their mobiles and then call a toll free number to play So5 program to the kids. Model 3: Mobile delivered program direct to children: Children call number promoted by school teachers and access engaging hygiene stories and messages.

During April- March 2016 only model 1 was implemented in 125 schools where 125 teachers were trained and 4 week activity was implemented in schools that were led by the teachers. During this period mobile monitoring system was developed through an agency where teachers reported start of the activity and the number of students participated, on to the toll free number through their mobile phones. During the implementation total number of children reached based on enrolment was 29738.

### 7) **Creating Access to Arsenic Free Drinking Water for poor households in West Bengal**



PSI is implementing a project to create access to arsenic free drinking water for 1200 poor households in Nadia District of West Bengal. The project is funded by Hindustan Unilever Limited (HUL) and executed through a partner NGO named Society for Model Gram Bikas Kendra (SMGBK) based in Kolkata.

The main objective of the project is to identify beneficiary families who will receive a free Arsenic Water Purifier and create a corpus fund exclusively for facilitating financing of

Arsenic free water purifiers through SHG group members in NGO's operational region. The partner NGO will maintain a stock of arsenic purifiers which they will provide to their borrowers on monthly installments. The repayments received will be reapplied towards replenishing the seed stock and covering more and more borrowers as well as other families in the project catchment area.

At present, SMGBK has distributed 960 Water purifiers to the needy families in two blocks of Nadia Districts and closely follow up with them for consistent usage of safe drinking water from purifiers.

### 8) **Global Fund TB Program: Project Axshya**



*Axshya Samvad' House to House Active Case Finding by Community*

PSI/India is implementing Project Axshya as a Sub Recipient (SR) to International Union against Tuberculosis and Lung Disease (The Union). With the funding from The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund), PSI works in 60 districts and nine urban cities across ten states of Bihar, Punjab, Haryana, Karnataka, Rajasthan, Maharashtra Jharkhand, Uttarakhand and Chhattisgarh. The goal of this project is to decrease morbidity and mortality due to TB in India and improve access to quality TB care and control services through enhanced civil society participation. The objectives of the program are to

improve the reach, visibility and effectiveness of the Revised National TB Control Program through civil society support and engage communities, community-based care providers and

Private health sector to improve TB care and control, especially for marginalized and vulnerable populations including TB-HIV patients.

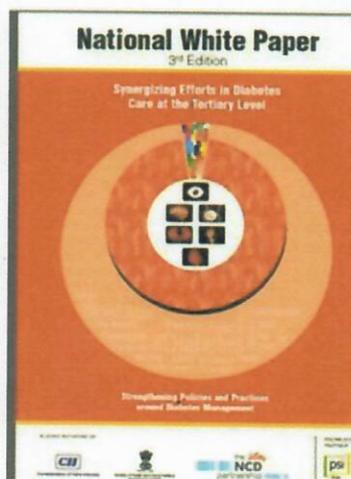
During April'15 to Mar'16, more than 883,686 households were reached with TB awareness and identification of TB symptomatic. More than 76,717 TB symptomatic were screened for TB at RNTCP services and 4,044 TB patients were diagnosed with TB and linked for treatment with RNTCP program. Around 80% of the patients have completed the treatment. More than 1209 Private providers, 38 private hospitals were trained in Standards of TB Care in India (STCI) and are being engaged for notifying TB cases to RNTCP and ensure treatment completion among the TB patients. More than 9000 Multi Drug Resistant TB patients were provided psychosocial counselling to improve treatment adherence by preventing loss to follow up. The loss to follow up among MDR-TB patients in the project intervention districts has decreased from 18% in pre intervention period to 6% during the intervention period. More than 60,000 calls were addressed through the Project Axshya Helpline during April'15 to Mar'16. Looking at the response to Project Axshya Helpline, Central TB Division has adopted the Helpline activity in Punjab, Haryana, Delhi and Chandigarh states and planning to expand it across India.

## 9) Project Uday

**UDAY** Is a Comprehensive Diabetes and Hypertension Prevention and Management Program



*Performance at community to deliver message on risk factors of Diabetes and Hypertension*



with overall goal to prevent, detect, and reduce the risk of diabetes and hypertension and to improve the treatment and management of individuals with either conditions in two geographically and culturally different districts in India, Sonipat and Vishakhapatnam. Uday is a 5 year operational research program from 2012-2017 being implemented jointly by consortium of PSI, PHFI and Project Hope with support of Eli-LILLY and Company. Target population is all

adults aged  $\geq 30$  years in urban and rural sub-sites, each with a population of approximately 1, 00,000 people, yielding a total population of 4, 00,000. The Program is based on a set of 5 synergistic ecosystem interventions; awareness, diagnosis and linkage to health care, quality of health care, patient education and adherence and access to treatment. PSI's Scope of work in the program is to raise public awareness and influence those at risk to get tested for Diabetes and Hypertension and improve patient-pharmacist interactions to enhance diabetes care.

Between April'15 to March'16, PSI has reached to 199948 people from target population to generate awareness, sensitize and motivate to get themselves screened for diabetes and hypertension. Psi build capacity of 338 pharmacists/ chemists from program locations on Diabetes and Hypertension and correct dispensing. Analysis showed increase in basic knowledge, reduction in myths from baseline. There is an increase in percentage of pharmacists stocking anti diabetic and anti-hypertensive drugs (from 40.6 % in Round I survey to 50.9% in Round II

) and % Increase in pharmacists advising regular follow up with physicians (from 69.4 % in Round I to 89.6% in Round II survey). On the advocacy front project observed World Diabetes Day and World Hypertension Day along with local stake holders and conducted sessions on diabetes and hypertension. Project staff participated in forums such as World Diabetes Congress, Vancouver 2015 and at Global health forum, Geneva in April 2016. PSI staff authored a White Paper on synergizing efforts in Diabetes care which was released in National NCD Summit 2015.

#### **10) WAJOOD: Responding to Gender-Based Violence through a Coordinated Health Sector Response Donor: USAID**

Project 'Wajood' under USAID and PSI Cooperative Agreement is an opportunity for integrated intervention that promotes services pertaining to GBV and reproductive health using the public health sectors. The Program Goal is to achieve gender equality & reduce harm of gender based violence (GBV) to women and girls. The key program outcomes would be as follows: 1) Increases use of GBV services (e.g. health, legal, psycho-social counselling, helpline, others) among survivors 2) Increase use of program designed productive economic resources (micro-credit) among women including survivors 3) Increase use of reproductive health services, particularly ANC services during the first trimester and post-partum family planning

The target population for the program would be- (1) Women in reproductive age group including survivors of GBV. (2) Men who have been part of the patriarchal norms to act as change agents to achieve gender equality.

Key Accomplishments- (Oct'2015- June'2016) include 1) Log frame finalized, Intermediate Result areas revised and workplan approved for year 1 2) Scoping exercise done to arrive at the high intensity states where program would work. Since this is an exploratory program that aims at reaching scale on good work done by other NGOs working in the identified project area, identification of possible partners was done along with gathering information on what they could do to contribute to the overall indicators 3) Positive Linkages established with WCD and Health departments in Haryana and M.P. and MoU initiated with WCD Haryana and a file has been put up with letter of agreement to NHM, Haryana 4) Finalized three high intensity states and 22 low intensity states for program intervention 5) Program teams on board in all the high intensity states i.e; Haryana, Rajasthan and Madhya Pradesh and inducted on the program deliverables 6) Support provided to WCD Haryana for policies and guidelines 7) The Women's Empowerment Department (WED), Bhopal, Madhya Pradesh requested PSI, Wajood team to facilitate the process of reviewing the recommendations for the draft national women's policy. PSI team facilitated the meet organized by WED department and shared a collated recommendation report with them, who further shared it with the Ministry of MWCD, GoI. 8) Wajood MP state team provided technical assistance in devising the draft framework of training for Shaurya Dal's and shared with MP, DWCD 9) PSI Wajood team was invited by the Department of Social welfare, Bihar to orient their senior bureaucrats (Department of Industry) on gender, gender based discrimination, gender role division and the stereotypes. This was an opportunity of mainstreaming gender and PSI team conducted this capacity building workshop for 70 participants; 70% of whom were men.

**Glimpses from field:**



Commissioner- Women Empowerment Department at Madhya Pradesh, Smt. Jayshree Kiyawat in interaction with Tara Appachu Sharma, Chief of Party Wajood, Dr. Sharmila Neogi, Agreement Officer Representative ( USAID) and Tanushree Soni- Director,- Technical Services, Wajood



B3P Campaign launch at Haryana with brand ambassador Parineeti Chopra



Wajood team alongwith AOR USAID Dr. Sharmila Neogi, Tara Appachu Sharma COP Wajood and Tanushree Soni- Director, Technical Services interacting with Shaurya Dal Members at M.P to assess the current work done by them for survivors and their present capacity

### 11) Wajood, funded by Indrani Life Foundation



In 2014, Population Services International (PSI) in India received a \$3.5 million grant from Indrani Light Foundation to implement a comprehensive program to address gender based violence (GBV). Wajood has Preventive- Ameliorative- Reconstructive response mechanisms to address and respond to gender based violence. These were sought to be achieved by reaching out to GBV survivors who sought support in ending violence in their life, partnering with established and strengthened community based Mahila Panchayats (i.e. Women Collectives) and Crisis management Centers to provide psycho-social and legal counselling and referrals, enhancing access to comprehensive quality services for survivors of violence by building strong linkages with institutional agencies and built their capacities, promoting awareness and sensitivity on violence against women and girls and enforcing provisions under Protection of Women against Domestic Violence Act (PWDVA), 2005 and build supportive policy environment.

The opportunity of Indrani's and Mandy Moore's visit in September 2105, to India was a huge opportunity for the project to engage with media and build their sensitivity on the impact of GBV on women and girls, build Wajood brand name and provide opportunity of interaction between the donor and survivors.



**"I have gone through a lot but now I feel strong and look forward to a life full of opportunities".  
A survivor**

Through intensive engagement with Delhi State Legal Services Authority (DSLISA), 57 community volunteers were developed as Para Legal Volunteers (PLVs) across 11 districts of Delhi so that the women in the communities have easy access to legal services since the PLVs are the facilitating the process of linking the women with the legal services. Many women are unable to access GBV services since information isn't easily available. A Resource Directory has been developed that contains all the information regarding the nature, location, other details of available services like short stay homes,

police, legal et al in Delhi. This resource has been greatly appreciated by Women and Child Development Department and DSLISA.

Accomplishments during the financial year on key program indicators are as follows:-a) Individuals contacted for awareness generation on GBV and its harmful impact on the women's lives: 183,385 b) Community members informed about PWDVA 2005: 52,256 c) Number of GBV cases provided support: 5,775 d) No. of support service providers sensitized including trained to provide quality services to GBV survivors: 6883

## 12) Women's Health Project

The Women's Health Project (WHP) in India is also known as "Pehel" which means "an initiative" in Hindi. It is an initiative of PSI/India to contribute to Millennium Development Goal 5 through limiting births and reducing maternal mortality among low-income women of reproductive (WRA) age in 30 districts across three states Uttar Pradesh, Rajasthan and Delhi. The program scaled down in its third phase (2013-2015). The first phase was from 2008-10, second from 2011 to 2013 and third phase from 2013-15. This evidence based integrated behavior change program for improving the health of women comprised of two components: -

- a) Prevention of unintended pregnancies by promoting modern family planning methods including Intra Uterine Device (IUD)
- b) Increasing access to safe and legal Medical Termination of Pregnancy through Medical Abortion (MA)

Project seeks to harness the potential of the private sector by creating a service delivery network, to improve access to high quality, affordable family planning methods including IUD and medical abortion services.

Under Women's Health Project (WHP), during April 2015 to March 2016, PSI achieved 105,926 of IUD sales including Freedom5 & Freedom10. PSI increased training capacity at 19 PPIUD training centres; trained 64 network providers on PPIUD insertion services. For mass coverage, PSI launched an integrated mass media campaign using communication channels such as T.V.,

radio and print to promote the newly launched ten-year IUD under the brand name Freedom10 along with the existing five-year IUD under brand name of Freedom5. 206,400 Medical Abortion kits were distributed to pharmacists and providers. 129 providers and 3570 pharmacists were trained on MA protocol. PSI ensured a safe and legal environment for abortion services, PSI/India tried to secure registration under Medical Termination of Pregnancy (MTP) Act for private providers. PSI registered 63 network and 49 non-network clinics under the Medical Termination of Pregnancy (MTP) Act. 36 private sector providers were trained in IUD services. 1114 private sector providers were inducted in network against 1100 planned. PSI/India trained 71 private AUH providers on IUD insertions technique. PSI successfully partnered with FOGSI, in WHP since 2008 for specific activities at state level and for national level advocacy. The most important outcomes of this partnership have been a demonstration of potential to scale through private sector for Long Acting Reversible Contraceptives and safe abortion services. Through various demand generating communication interventions; about 102,237 women were referred for FP services including 55,480 for IUD services. The WHP Helpline on family planning and abortion received over 78000 calls during the year, with a per month average of 6,500 calls per month.

### **13) Bloomberg Initiative Tobacco Control Project:**

PSI provided technical assistance and capacity building support to district administrations in Rajasthan to institutionalize enforcement mechanisms for Cigarettes and Other Tobacco Products Act, 2003 (COTPA) within the government system and to ensure that 90% of public places and tobacco retailers have COTPA mandated signage's

The goal of this project was to reduce exposure to second hand smoke and tobacco use among existing users and specifically minors. PSI achieved this by providing technical assistance to the district and state tobacco control programme to effectively enforce universal compliance with the Cigarettes and Other Tobacco Products Act, 2003 (COTPA) Sections 4, 5, 6 and 7 across nine program districts in Rajasthan. Building on lessons learned from the first phase as well as innovative approaches, this project closely worked in conjunction with the state government, district administration and civil society to build long-lasting and sustainable solutions for tobacco control in Rajasthan.

In the year 2015-2016; PSI was successful in declaration of remaining districts i.e. Bharatpur, Bhilwara, Bikaner and Kota districts as “smoke free”. These program areas met the minimum criteria to qualify for smoke free status. In phase-II project implementation, independent compliance study was conducted by State Institute of Health & Family Welfare (SIHFW) Rajasthan. The smoke free declarations were made by Rajasthan state government ministers, Zila Pramukh and District collectors.

To ensure that the government and NGO sector improve their capacity for managing tobacco control projects, PSI/India applied the ‘transfer of learning’ methodology throughout Bloomberg Initiative project. In phase-II, more than 3934 representatives have been sensitized on tobacco issue out of which around 145 civil society representatives have been oriented in six new districts. The District Tobacco Control committees (DTCC) have been formed in all six new districts and also strengthened DTCC in old districts. The DTCC meetings have been facilitated by PSI across all nine program districts. Smoke free campaign was launched in Bikaner, Bhilwara, Bharatpur and Kota districts with support from District Administration, Police, Health, Education departments and Zila Parishad.

PSI took lead in crackdown of Tobacco Advertising, Promotion and Sponsorship (TAPS) across all program districts. The issue of TAPS have been discussed in DTCC meetings across all program districts on regular basis. Also, for implementation of Section 6, PSI documented evidences and shared with Education Institutions authorities to take strict action against point of sale materials that promoted tobacco products. Project devised a mechanism of daily monitoring of the output resulting from such sensitisation i.e installation of 'No Smoking' boards and signage prohibiting sale of tobacco to minors. This monitoring enabled project to track the locations needing the signages and thus more than 25,000 (Section-4) and 12,000 (Section-6a) signage's were installed in the year 2015-16.

PSI/India implemented project in villages and engaged elected members to build political will in tobacco control. During the year 2015-16, PSI reached more than 1129 gram panchayats, 31 blocks and 4 districts headquarters and improved COTPA act compliances. PSI/India provided technical support to State Institute of Health & Family Welfare (SIHFW) Rajasthan for further conducting compliance study in Rajasthan. PSI also supported Pali & Jalore district administration for conducting COTPA Act compliance study. For sustenance of the tobacco control activities PSI/India supported Rajasthan state tobacco control cell and SRKPS (one of Bloomberg grantee).

#### 14) Strengthening Healthcare Delivery in India by Supporting Women Entrepreneurs

Tiko Saathi program aims to build an ecosystem that improves maternal and child care during the critical 1000-days for mothers and their babies - from the first day of pregnancy until their infant turns two – and builds a path towards healthier behaviours.

In order to do so, project is building a network of women's entrepreneurs assisted by technology, which will work in favor of the target audience, i.e. the pregnant woman (Sarita).



Alwar Pro Agent Team celebrating holi

This eco-system is built around 4 pillars:

- a network of partners – Tiko Partner
- a prepaid health service membership offer – Tiko Saathi
- a network of Women Entrepreneurs – Pro agents
- Call centre responding to Sarita's needs

These initiatives are branded and developed together, in order to create a network effect and quickly increase the value transferred to all actors of the eco-system. The eco-system is powered by Movercado, a software capable of managing referral systems, monitoring, communication and virtual loyalty schemes to improve the health of the consumer.



Sarita at Tiko Clinic for ANC

The project went live on 30<sup>th</sup> October 2015, and till end of March, 2016, has created an ecosystem of 78 Pro agents (women entrepreneurs), 13 Clinics, 2 Stockist and 19 Pharmacist. The Pro agents not only learnt how to use mobile and send sms but also successfully registered visits with 6500+ Saritas, provided Tiko Saathi card to 74 pregnant women and sold products worth \$2129.



Tiko Saathi Branding at Clinic



Pro Agent explaining about a product



Successful ORS sale by Pro Agent



Pro agent on field selling Product

### 15) Saving Lives At Birth (SLAB)

Intra Uterine Contraceptive Device (IUCD) is a long acting reversible contraceptive method and most preferred one because of its reliability. With high institutional delivery, efforts are on to increase postpartum IUCD insertion. The dedicated inserter was developed by PSI in collaboration of SPIRES (Stanford Program for International Reproductive Education and Services). Pregna is manufacturing this. PSI under the Saving Lives@ Birth Grant, first conducted the proof of concept (POC) study to see if it work and then Randomised Control Trial (RCT) to compare with conventional method. The aim of POC study is to access whether it is safe, easy to use, provider and client satisfaction and post insertion events. The objective of RCT is to compare

the dedicated inserter with conventional method along with post insertion events. While POC was conducted in two centres, RCT is a multi-centric study involving 5 big teaching and academic institutions across the country. PSI secured both IRB and DCGI approval for both the study.

POC was completed on July 2015. The finding of POC has established that inserter will work, it is safe and easy to use, and that client feedback is overall positive. The RCT study started Sept 2015 onwards. Statutory approval like Ethical Committee Approval was obtained while registration with Clinical Trail Registry of India was done. PSI also obtained clinical trial policy to cover the client safety. The progress of RCT is on track. During the period of April 15 to March 16, PSI conducted one Scientific Advisory Committee meeting and one Data Safety Monitoring Board meeting after its constitution. Up to March 2016, 281 participants were enrolled and 6-8 weeks follow ups is on track. During the same period, proof of concept study findings were shared in international and national conference like, AICOG, GMNCH, FIGO, ICFP and published in peer reviewed journals Global Health: Science Practice.

**Photo: Site initiation training- BMCRI**



#### **16) FP Watch**

Building on PSI's ACTWatch research method used for malarial studies in Africa, PSI has initiated FPWatch to provide data on family planning product price, availability, brands, and market share across sectors. FPwatch is BMGF funded project to monitor FP product markets in India, Ethiopia, Nigeria and DRC from Oct 2014 for 30 months. In India, the states of Bihar and UP have been prioritized under FPwatch. Outlet studies in each state from year two will be designed to provide state-level estimates, as well as separate urban and rural estimates

During the year the research project key emphasis was laid on finalization of the tools and sampling strategy for the study. In the month of December 2015 PSI got the REB (Research Ethics Board) approval for the study and commenced the process of hiring the research agency for the study.

**Personnel as on 31<sup>st</sup> March, 2016**

On Payroll	198
STC	274
Consultants	148
SSP	37
Territory Sales Executive	109
Volunteers	1140
Total Head count at March 31, 2016	1906

**Auditors**

M/s B S R & Associates LLP Chartered Accountants was appointed as the statutory auditor of the Society for the financial year 2015-16. 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:

**Board Member**

**Secretary**