



**ANNUAL REPORT**  
**FY 2016-17**

**Population Services International**

## Annual Report: 2016-17

The Governing Body is pleased to share Population Services International's Annual Report together with the audited Statement of Accounts for the year that ended on March 31, 2017.

### Year under review

We are pleased to share PSI India's financials for the Society as shown below:

Financial Results	Year ended March 31,2017 (Rs.)	Year ended March 31,2016 (Rs.)
Total Income	68,61,91,849	122,75,54,099
Excess of Income over Expenditure	(14,31,78,651)	8,04,39,104

### Projects implemented during the year

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

**Background:** The Better Birth program is a matched-pair, cluster-randomized controlled trial, aimed to assess the effectiveness of the WHO Safe Childbirth Checklist (WHO SCC) in reducing maternal and neonatal mortality and morbidity in the state of Uttar Pradesh. The program works through peer coaching, measurement and data feedback on (i) uptake of essential birth-related practices by birth attendants and (ii) early neonatal mortality and maternal mortality and morbidity. The program was 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), with funding from the Bill & Melinda Gates Foundation.

**Program Update:** During May 01, 2016 – April 30, 2017 around 326 coaching visit were conducted in 32 intervention health facilities for effective use and adoption of WHO SCC. BB coaches conducted around 1228 observation of BAs behaviors. Under the Light touch intervention around 600 coaching visits were conducted and 370 BAs were trained. Around 100 ChildBirth Quality Coordinators (CQCs) and Co-CQCs were identified and 36 of them were provided capacity building training. BB organized and conducted 90 District Progress Meetings.

The research team followed up around 82,450 mother and baby dyads for outcome data and observed 1980 deliveries for behavior practices achieving a follow up rate of 99.6%. Total of 507 Checklist utilization surveys were conducted in 41 health facilities, 954 Safety Attitude Surveys and 237 Facility Surveys were conducted along with MOIC/CQC surveys. A robust DQA protocol was followed resulting in overall 98% data accuracy. The Cost Effective Analysis (CEA) of the BB program intervention processes was also conducted.

Scientific Advisory Committee (SAC) meeting was conducted on 1-2 March 2017, New Delhi. Representatives from Government of India and U.P, SAC members, donors and other stakeholders were present in the meeting. BB shared lessons from the program at the Women Deliver on May 2016, Copenhagen, Denmark and Health Systems Research Conference, Vancouver, November 2016. BB trial result was globally disseminated at RCOG World Congress 2017 held at Cape Town, South Africa during 20-22 March 2017. The BB results showed that despite increased adherence to essential birth practices, no significant difference was found between the intervention and control facilities in seven-day maternal mortality, perinatal mortality, or maternal morbidity. The collected data will be further analyzed to understand the factors which are responsible for continued deaths in delivery rooms. Operations at all four Hub offices were completed and respective offices were closed.



Coaching of birth attendant in progress



Participants during Launch Training activity



District-level Dissemination meeting in progress sharing Better Birth



Global dissemination of BB results at RCOG Congress, Cape Town, South Africa, 21 March'17

## 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*). In 2012, the 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 (*Globocan 2012*). Cervical cancer can be prevented by population-based screening, which aims to detect the disease at a pre-cancerous stage when it is amenable to simple treatment. With funding from “**Maverick Collective**”, in 2014 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 Uttar Pradesh (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. This program has two components – the “*Sankalp Behtar Swasthya Ka*” component, which focuses on private sector interventions, and the Sampoorna component, which focuses on public sector interventions.

Through the Sampoorna component of this program, PSI provided technical assistance to the GoUP to enact a comprehensive health care program exclusive for women to support the early detection and management of non-communicable diseases. A “Tripartite Agreement” was signed between the National Health Mission (NHM), UP (NHM), the State Innovations in Family Planning Services Agency, UP (SIFPSA), and PSI India for executing the Sampoorna project. Opportunistic screening services provided under the Sampoorna program included tests for anaemia, hypertension, obesity, diabetes, cardiovascular diseases, and cervical cancer at select District Women Hospitals through regular outpatient departments and select Community Health Centres through fixed day services.

**Program Update:** During the reporting period, the “*Sankalp Behtar Swasthya Ka*” component focused on in-clinic demand generation and outreach through community camps. In 10 intervention districts 125 trained private providers

gave screening and treatment services. In-clinic collateral was placed at facilities and new tools were used for interpersonal communication to increase knowledge and self-risk perception among the target audience. In-clinic demand generation was done by counsellors placed by PSI at each facility. Outreach community camps (ORC) were organized to increase access to quality screening and treatment services for women of lower socio-economic categories living in hard-to-reach areas and urban slums. In each district, the ORC team was provided with a branded mobile vans. Mobile vans were utilised in raising awareness, generating demand for services, ensuring easy movement of staff and supplies during screening camps, and providing transportation services to poor women who test positive. To showcase the project success, video documentation was done by PBS NewsHour and the Maverick Collective team. Before project closure, the International Centre for Social Franchising (ICSF) team worked with the PSI India team to develop a “Cervical Cancer Prevention Lessons Learned Guide” to internalize project learnings.

In the public sector, the Sampoorna program was expanded to additional districts. During the reporting period, Sampoorna clinics were operationalised in 28 districts of UP. Further, the government of UP added HPV vaccination for Adolescent Girls age 9 years to 14 years on its own initiative. Govt. used “mother and daughter approach” where mothers coming to Sampoorna clinics for health check-ups can bring along her daughter for HPV vaccination on fixed days at vaccination points at the District Women’s Hospital. PSI supported the government of UP in developing reporting formats, technical and IEC material related to the HPV vaccination. The Sampoorna project was nationally appreciated and received three prestigious awards: the Best Practice in Health Care Excellence Award, announced by the Rajasthan Government; the Best Practice in Health Care, announced by the Ministry of Health and Family Welfare in Tirupati, Tamil Naidu; and the “Gold” SKOCH Health Award, announced by the SKOCH Group of Companies in Delhi. Through both private and public sector interventions from April 2016 to March 2017 a total 99,956 women got screened, 5% women were screened positive, 76% screened positive women were treated with cryotherapy, and 15% of women who screened positive were referred for further investigation and treatment.



*Outreach camp in peri-urban area to provide screening services*



*Awareness generation by community mobilisers using communication tool*



*HPV vaccination launch at Lucknow District Women Hospital*

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

**Background:** In 2014 PSI India was granted the Expand Access and Quality to broaden method choice in Uttar Pradesh (EAQ) project supported by the Bill and Melinda Gates Foundation, to work on broadening contraceptive method choice and improving family planning use in 32 districts of Uttar Pradesh (UP) in partnership with Hindustan Latex Family Planning Promotion Trust (HLFPPT) and Futures group.

The EAQ project engaged the public and private sectors of Uttar Pradesh to address critical failures within the family planning market. Through this engagement, the EAQ project alleviated bottlenecks in the government’s Public Private Partnership (PPP) scheme through a simple web portal. The platform revamped the entire process of accreditation for private sector facilities, empanelment for private providers, and submission of claims and reimbursements. Within a year of its launch, the platform, called Hausala Sajheedari ([www.hausalasajheedari.in](http://www.hausalasajheedari.in)), has become a template of success for PPP mechanisms in providing family planning services. The program also incorporated government ownership throughout to ensure its success and sustainability: it successfully transitioned the newly-created role of the Public Private Interface Agency (PPIA) to the State Innovations in Family Planning Services Project Agency (SIFPSA), a quasi-governmental entity which ensures the long-term sustainability of the program. The program also facilitated a comprehensive Government Order to clarify the government’s guidelines on private sector engagement. The Government Order provides an institutional framework in the form of a high-level State Task Force to deliberate and take decisions on family planning, while a Private Sector Partnership Cell, fully funded by the National Health Mission (NHM) was nested within SIFPSA to manage the PPP scheme

**Program Update:** While the project was designed to impact FP indicators in 32 cities, as envisaged in the proposal, it created impact within a wider geography across the entire state of Uttar Pradesh. Currently, doctors from 56 districts of UP have empaneled or accredited themselves through the HS portal. District Quality Assurance Committee (DQAC) were revamped and activated in 32 districts. Program facilitated clinical trainings of selected private providers on no-scalpel vasectomy (NSV), female sterilization and postpartum intrauterine contraceptive devices (PPIUCD) in coordination with the government. The private sector's share of total female sterilization has increased from < 1% in 2014-15 to 16% in 2016-17; for male sterilization, the private sector's contribution is 31% of the state total (from nearly 0% in 2014-2015).

During the reporting period, 403 facilities became accredited, 203 providers were empanelled and 106 million Indian rupees were reimbursed by the government to these providers for providing FP services. Moreover, average time taken for reimbursement to private providers by state has reduced to 30 days from 102 days, against set norms of 45 days. In the EAQ project geography (32 districts), 22,656 women received sterilization services, 2,556 men received NSV services, 32,813 women received an intrauterine contraceptive device IUCD and 18,338 women received depot medroxyprogesterone acetate (DMPA) doses. So far, the EAQ approach and strategies have started making the market functional for the urban poor in addition to private facilities and providers.



*Awareness generation by the male engagement team*



*Group communication activity in a slum area*



*Private sector empanelled surgeon receiving an award from MD, NHM UP for providing high-quality FP services*

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

**Background:** The Bill and Melinda Gates Foundation (BMGF) is supporting PSI with an \$8.5 million, five year (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 delivering 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 a 10% increase in sanitation coverage across the population segment (including the lowest wealth quintile) of rural Bihar through the construction of 200,000 toilets during the project life (2012 to 2017). PSI has designed a commercially viable business model for local entrepreneurs, partly engaged in toilet/pit construction, to be fully engaged in complete toilet construction in rural Bihar. The project is creating demand through various on-the-ground communication activities, and also working with the Fund Manager and Micro Finance Institutions (MFI) to build a 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 product and services required for quality toilet construction. The project commits to providing the consumer a quality toilet at an affordable price.

One of the key market barriers for toilet uptake and use is lack of access to finance. Based on 3SI market research it is estimated that approximately 88% of households in rural Bihar will require loans for purchasing toilets, which is why this is one of the key deliverables of the project. PSI partnered with Friends of Women's World Banking (FWWB) as fund manager for a sanitation financing model. FWWB can provide direct credit support to MFIs (forward lending) and encourage them to create portfolio on sanitation related activities, including via loan guarantees. The project also linked seven MFIs to the fund manager to disburse the sanitation loans to individual household for toilet construction and sanitation enterprises to expand their sanitation business. 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 has been provided as a grant to the FWWB in line with statutory compliances in India.

**Program Update.** During the mentioned period the project started working with 7 MFIs and gave out Sanitation loans to 21,564 households and 163 sanitation enterprises. During this period the project identified functional, partly functional, non-functional as well as prospective sanitation entrepreneurs and has established association with 453 sanitation entrepreneurs across 155 blocks of the 19 District. The project also identified and deployed a team of 904 Toilet Motivators across the 155 blocks to promote the toilet purchase and use amongst the community members. During the period 144,246 household purchased individual household latrines of which 122,682 household purchased toilet through the sanitation enterprise supported by the project.

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

**Background:** The Prasadhan Project has been realigned, looking at the current challenges in the space of Fecal Sludge Management where In India almost 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 that is disposed untreated in to the open. Therefore, the PRASAADHAN project aims to promote business models for Faecal Sludge Management (FSM) in Bihar. The Project will demonstrate 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.

**Program Update:** Project has been able to treat and safely dispose about 6.5 million litres of faecal sludge through partnership with the local enterprises and 1187 households were reached for pit cleaning services. 2300 bundled solution (toilet and cleaning services) were sold till March 2017. (the figures are cumulative). Milestones were achieved and the budget has been realigned by the BMGF with the focus on integration of service providers with the government systems with the following key interventions:-1) Creating an enabling environment for service providers 2) Increase in demand for pit quality cleaning services through empanelled service providers and 3) Improve the quality of the pit cleaning services by organizing service providers.

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

**Background:** Lifebuoy has developed and refined a hand washing campaign targeting school children called 'School of 5' that has shown to change handwashing behaviour at the household level, thereby reducing diarrhoea and pneumonia incidence in children under five. 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 three lower-cost models for implementation in selected schools. The goal is to have a strong model in place by the end of the pilot that increases hand washing with soap behaviour and that is measurable, financially sustainable, and scalable. Basis the encouraging findings from the initial execution of Model 1 which is a teacher delivered program using physical materials during 4 sessions conducted by teachers at their schools over 21 days, Unilever and PSI agreed to roll out the same model to additional schools in Bihar.

**Program Update:** During July 2016 to March 2017, model 1 was implemented in 400 schools of Saran district (Bihar) where 5 blocks were selected to implement the handwashing program. A total of 400 nodal teachers and approx. 50 Cluster Resource Coordinators/Block Resource Persons were trained as master trainers to support the program during implementation of SOF in their respective clusters and block. A total 69937 children were enrolled in handwashing program of which 47034 children participated in all four key sessions during 21 days of activity.

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

**Background:** 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, Uttar Pradesh 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.

**Program Update:** During April 2016 to March 2017, more than 927,021 households were reached to create TB awareness and identification of TB symptomatic. More than 35,960 TB symptomatic were screened for TB at RNTCP services and 2499 TB patients were diagnosed with TB and linked for treatment with RNTCP program, from the community based intervention. Around 80% of the patients have completed the treatment. So far, 1459 private providers and 84 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. From these private providers, private hospitals and private labs, around 10,000 TB patients were notified to the RNTCP. More than 12000 Multi Drug Resistant TB (MDR-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 48,000 calls were addressed through the Project Axshya Helpline during April'16 to Mar'17.

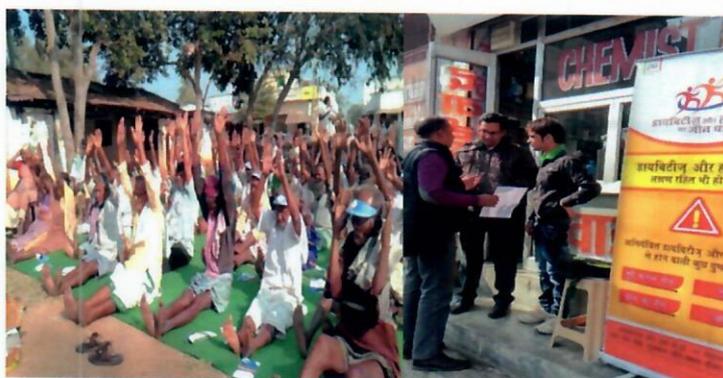


'Axshya Samvad' House to House Active Case Finding by Community Volunteer

### 8) Project Uday

**Background:**  UDAY is a Comprehensive Diabetes and Hypertension Prevention and Management Program with overall goal to prevent, detect, and reduce the risk of diabetes (DM) and hypertension (HBP) 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 6 year operational research program from 2012-2018 that is 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, 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.

**Program Update:** Between April and September, 2016, PSI reached out to 39,441 individuals through interpersonal communication (IPC) activities for awareness generation and mobilization for early detection of diabetes and hypertension. Below the line (BTL) communication campaign was run from September'16 to March'17 to promote behaviour of treatment adherence among people living with DM and/or HBP, early detection among high risk (whose blood sugar and BP values were found high in earlier screening) and healthy lifestyle among all above 30 years in both project locations. The activities included health cum training camps, walkathons, pharmacy activation, canter activity, wall painting, school activity, vehicle branding, SMS and Facebook postings. 21,162 patients with DM and/or HBP and 56,726 individuals from general population were reached through the communication campaign.

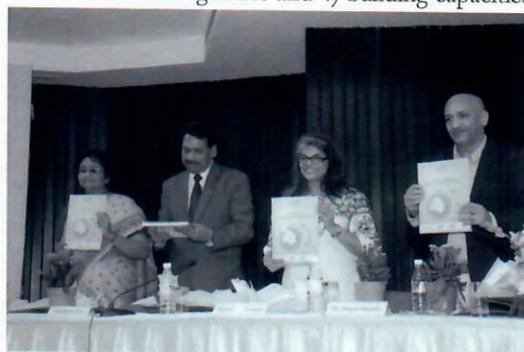


Glimpse of some BTL communication activities on DM and HBP

Moreover, PSI has build the capacities of 344 pharmacists/chemists from program locations on basic knowledge of Diabetes and Hypertension and correct dispensing behaviour. PSI technically supported and authored a new edition of the White paper on “NCDs Management : Translating BEST practices into NEXT practices” which was released in the 4th National NCD Summit 2016.

9) *Wajood, funded by Indrani Light Foundation and USAID*

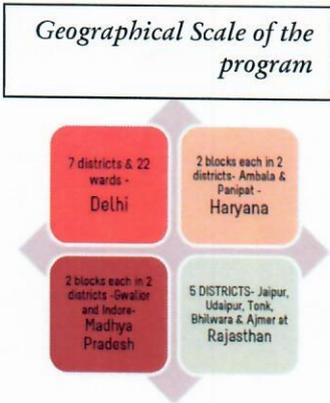
**Background:** In 2014, Population Services International (PSI) in India received a \$3.5 million grant from Indrani Light Foundation to implement a comprehensive program to address gender based violence (GBV). Wajood has Preventive-Ameliorative- Reconstructive response mechanisms to address and respond to gender based violence. These were sought to be achieved by 1) reaching out to GBV survivors who sought support in ending violence in their life 2) 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 3) enhancing access to comprehensive quality services for survivors of violence by building strong linkages with institutional agencies and 4) building 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 5) build supportive policy environment. USAID funding that commenced in 2015 provides PSI with an opportunity to execute integrated interventions that promotes services pertaining to GBV and reproductive health.



**Program Update:** Marking the decadal year of endorsement of the PWDVA 2005, a state level consultation co-hosted by State Legal Services Authority was organized to release and disseminate the **Delhi State Resource Directory** of the services available under the law.

**MOU was signed with Haryana State Health Resource Centre (HSHRC)** to build capacity of health staff on GBV. A pool of 21 Master Trainers trained by PSI for Women and Child Department (WCD). Technical support was provided to **develop a manual version of Chief Minister’s Dashboard for priority B3P indicators**. Booklet was developed by Wajood team for ASHAs - describing their role in identifying & referring cases of GBV. Divisional Level Trainings were completed for WCD department functionaries on “Gender Based Violence & Support Services”. In addition, the Wajood team has developed a Hindi leaflet for survivors of violence.

In Madhya Pradesh, PSI and Principal Secretary, WCD signed an MOU for operationalizing One Stop Centre (OSC)/Usha Kiran Kendra in 5 districts by. 21 Master trainers from WCD were trained by PSI. A total of 17 Convergence workshops were organized for 18 districts of MP.



*aimed to ensure that the line departments supporting OSCs i.e. legal, health, home/police and Women and Child Development, are able to converge and work in coordination to provide integrated and comprehensive support to women and girls survivors.* Additionally, a 2-days training was organized at the National Law University (NLIU), Bhopal, for lawyers from 18 districts where OSC are established. The participants were 28 lawyers who are independently practicing or are associated with DSLSA and work with OSCs.

*Media Coverage on the Convergence Workshop organized in 18 Districts of MP*

In **Rajasthan**, 220 SHG leaders have been identified and Wajood has helped 43 SHGs register with banks and receive loans for carrying out income generating activities. In Delhi, community based interventions such as street plays and *Sampark Parivar* meetings were used to sensitize men and boys to the challenges and dreams of people who experience

GBV, both in and outside their homes. During 2016, men and young boys have been an important ally in creating awareness generation and over 620 men and boys have been regularly engaging to foster collective responsibility for preventing and responding to DV/IPV issues.



**School of Life Initiative** brings together students and experts of educational institutions like Women Development Cell, Miranda House and young people including survivors of DV from the resettlement colonies in north Delhi. This initiative provides the opportunity for all to express their personal and others' experience with violence. The youth in the community formed a street theatre troupe and have performed 13 street plays, which drew attention of around 2000 people; of which 1100 were men. A two-day workshop was organized to promote peer learning between young people from the community and academic institutions of the State.

**MOU was signed with UNDP** to facilitate vocational training for Survivors from Delhi and Haryana under the skill India Program.

### 10) Women's Health Project: Transition Phase

**Background:** The Women's Health Project (WHP) in India is also known as "Pehel" which means "an initiative" in Hindi was aimed at limiting unintended 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 first phase was from 2008-10, second from 2011 to 2013 and third phase from 2013-15. This evidence based integrated behaviour change program for improving the health of women comprised of two components: 1) Prevention of unintended pregnancies by promoting modern family planning methods including Intra Uterine Device (IUD) 2) Increasing access to safe and legal Medical Termination of Pregnancy through Medical Abortion (MA). Project sought to harness the potential of the private sector by creating a service delivery network, to increase access to IUD and MA drugs. In FY 2016-17, PSI entered into the final transition phase and stepped up its engagement with other stakeholders to ensure that hard gains made during the WHP phase are sustained beyond the donor funding period.

**Program Update:** Population Services International/India (PSI/India) transferred knowledge and resources from PSI/India to the Federation of Obstetrics and Gynecological Societies of India (FOGSI), shared lessons learned, and used those lessons to develop a sustainable business model for the continued sales of intrauterine contraceptive devices (IUCDs) and medical abortion mifepristone-misoprostol (MA) kits. In May of 2016, the Limited Liability Company (LLC) began operations while the formal launch event happened in Oct, 2016.

To ensure that the relationship with FOGSI continues beyond the end of WHP program, PSI signed a new partnership agreement with them to reach and influence private practitioners. The new Memorandum of Understanding (MoU) covers areas beyond family planning such as cervical cancer, gender-based violence, and maternal health and is valid until 2018. A deliberative and interactive symposium on "Meeting Women's Health Care Needs: when she needs, she gets it" was organized, in collaboration with FOGSI, in October 2016. The lessons from the three phases of the Women's Health Project (WHP) were shared at this workshop. Two panel debates were orchestrated by experts on "Access to Safe Abortion in India: Are recent developments enhancing access or constraining choices & what can be done?" and "Missed Opportunities for FP Programs and Practitioners: Serving more of women's needs but at what cost?" The workshop was attended by over 170 participants from the civil society, government, medical and corporate world.

PSI/India, during the three phases of WHP had developed a rich compendium of training material included nine mass media television commercials, five technical training videos, such as on IUCD insertion; and about 25 other training materials. These materials will now be accessible to 30,000 FOGSI doctors and serve as training and reference documents through the FOGSI website

#### *PSI launches PSI India Private Limited in 2016*

*PSI launched the PSI/India Private Limited (LLC), a commercial entity focused on the marketing, sales, and distribution of health commodities. The LLC and PSI/India are distinct and separate but they continue to share*

interests and values. The LLC allows PSI to invest in and profit from relationships and opportunities that stimulate the market to achieve health impact at scale. PSI/India will continue function as a non-profit entity and remain focused on health system change, catalyzing the private sector, and ensuring collective. The graphic below illustrates how these entities work.



### 11) Strengthening Healthcare Delivery in India by Supporting Women Entrepreneurs (Tiko Saathi)

**Background:** The Tiko Saathi project is being implemented in 5 districts of Rajasthan and Uttar Pradesh. The present pilot project seeks to build an ecosystem in specific geographic areas for delivering public health products and services to adolescent girls and women from low SEC in urban cities. By an ecosystem, we mean an environment in which actors like chemists, providers, stockists etc, irrespective of their nature, can build a path towards behavior change for the target group. The aim is to combine social and health impacts into this model. The project is working under several key principles like 1) Promote entrepreneurship 2) Develop a user-centered approach 3) Iterate quickly and be agile 4) Integrate related health areas. 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.



This eco-system is built around 4 pillars: 1) a network of partners – Tiko Partners 2) a prepaid health service membership offer – Tiko Saathi 3) a network of Women Entrepreneurs – Pro agents and 4) 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 through an SMS based mechanism.

Pro agent selling Tiko saathi card

**Program Update:** The project was initiated on 30th October 2015. During the period April 2016 to March 2017, we have created an ecosystem of 1,200+Pro agents (women entrepreneurs), 60 Clinics, 9 Stockist and 4 Pharmacist. The Pro agents not only learnt how to use mobile and send sms but also successfully registered visits with 12,956 women, provided Tiko Saathi card to 3,727 pregnant women and sold products worth INR 9,97,998/-.

### *12) Saving Lives At Birth (SLAB)*

**Background:** With high institutional delivery, efforts are on to increase postpartum Intra Uterine Contraceptive Device (IUCD) insertion. A dedicated inserter was developed by PSI in collaboration with SPIRES (Stanford Program for International Reproductive Education and Services) while manufacturing is being done by Pregna. PSI under the Saving Lives@ Birth Grant, first conducted the proof of concept (POC) study to see if it works 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.

**Program Update:** PSI successfully completed the RCT. The study results were very promising and showed that the PPIUD worked exactly as intended, depositing the IUD at or near the uterine fundus with equal if not slightly better performance than the Kelly forceps. In addition, IUD string visibility at follow-up was statistically significantly higher in the inserter group than in the forceps group. Complete expulsion rates were also statistically similar in the two groups. Mothers who received the device felt very comfortable with the inserter and said they had not experienced any difference in pain before and after insertion. Every single woman who received the device for the study said that the provider met or exceeded expectations and 99% said the overall experience of having the device inserted met or exceeded expectations. Service providers were also very happy with the device and said it was a sterile pack that was convenient, easy to use, and eliminated chance for contamination or infection.

### *13) FP Watch*

**Background:** 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

**Program Update:** During the course of the year the project hired the research agency for data collection on April, 2016, during the same period; state Government's permission was obtained for the data collection. The study data collection was started May 2016, with 12 days extensive training for each state, the data collection was completed in September, 2016. During the period of October – December 2016, data cleaning, analysis and report writing were carried out. From January – March 2017, dissemination planning work was carried out.

### *14) The Challenge Initiative for Healthy Cities*

**Background:** The Challenge Initiative for Healthy Cities (TCIHC) program will use resources from both Maternal and Child Survival Program (MCSP-supported by USAID) and Gates Institute (supported by BMGF) to unlock public and private resources to implement health status of urban poor through proven solutions. In so doing, it is assisting urban local governments in building their own capacity to manage, implement, and monitor responses to health issues, increase modern method contraceptive prevalence rates (mCPR) and improve the coverage and quality of other maternal, newborn, and child health (MNCH) interventions. Purposes of the TCIHC is contribute to increased mCPR and improve other maternal, newborn, and child health services through scaling up proven urban health solutions, by 2019. The program is having a Demand Driven Model (where cities will select themselves) and Business Unusual approach (being catalyst to implement high impact practices) to service urban poor and to have quick scale up.



**Program Update:** Consistent with the principle of evidence-based decision making, under USAID funding, PSI undertook a comprehensive situational analysis through literature reviews, field visits, and consultation with key stakeholders in the urban health field to inform the intervention design. This was followed by a three-day strategy development workshop in the first week of May 2016 that involved a multitude of stakeholders and partners. (see accompanying photo). Following the meeting, a sub-committee was formed to prioritize states and cities; look at additional quantitative and qualitative variables; identify learning and performance questions; determine the broad project design; and identify additional areas for examination through rapid city health assessment visits. Between March and the end of May, the MCSP team visited 3 states—Madhya Pradesh (MP), Odisha, and Delhi—and met with stakeholders from three departments—Health, Women & Child Development, and Urban Development including Urban Local Bodies (ULBs)—for insights and suggestions. The visiting team also saw the National Urban Health Mission (NUHM) interventions in Delhi, Bhopal and Gwalior in MP, and Bhubaneswar in Odisha. A formal situational analysis document was finalized during this period, as well, and the proceedings and recommendations emerging from the first consultation were documented and shared with USAID.

TCIHC India Initiative involving joint funding started in September 2016 and is in start-up phase. This phase focuses more on setting up key priorities that includes hiring of human resource, development of Y-1 work plan, engagement with up-stream government officials, assessing state priorities and conceptualizing TCIHC launch in India scheduled for May, 2017. PSI took the lead in preparing a collaboration (governance and management) document for stakeholders, which includes PSI, GI, USAID and BMGF. PSI India coordinated with ExpandNet to develop Toolkit for India Hub. The program had work-plan meeting in December where results from existing an previous urban health programs were considered. These learning were incorporated in year one work plan. TCIHC cities in MP and Odisha were selected based on defined criteria to implement the program and to ensure optimal results. Approach for demand driven process was developed and shared with state authorities. Team supported the Program Implementation Planning process in all three states such that they have sufficient government budget for urban health. State level meetings in all three states was conducted to share the TCIHC objectives and support required.

#### *15) Strengthening People-Centered Accessibility, Respect and Quality (SPARQ)*

**Background:** is a four year project supported by the University Of California San Francisco (UCSF). The primary aim of SPARQ is to improve the quality of people-centered care for delivery and family planning (including post-partum) services, among poor women in 2 districts of UP by facility driven Quality Improvement (QI) solutions through learning collaborative. The project employs a QI learning collaborative approach to design and test quality improvement interventions in public health facilities to measure patient-provider and organizational factors that may contribute to improved maternal health outcomes. PSI will collaboratively work with public health facilities to test QI interventions aimed at improving patient experience among maternal health and family planning clients. Based on the results a package will be developed and tested to improve person-centered care in select facilities to determine the efficacy of the interventions. The findings will provide evidence-based and contextually sound recommendations to the National Health Mission for scale-up of best practices to improve patient experience and clinical quality of care in Uttar Pradesh and beyond.

**Program Update:** The project is planning to go live in June 2017 after a state level dissemination of baseline data led by PHFI. Soon after, PSI will start implementing this project by initiating high level training on QI for senior NHM staff in August 2017, district level engagement with CMO officials and later formation of QI team in 3 intervention facilities. PSI will also engage 6 control facilities in the same districts.



#### *16) Applying principles in behavioral economics to understand barriers and triggers among private sector family planning providers to provision of effective and appropriate counseling services*

**Background:** This study aims to identify the barriers and motivators among clinical family planning (FP) providers to offering appropriate and effective FP counselling tailored to client needs. This desired behaviour is defined in this study as “effective choice architecture,” a model of counselling which ensures that family planning counselling is human-rights centric, tailored towards and well-suited for the client’s needs, and permits informed decision-making for the client. Effective choice architecture contributes to quality clinical service provision by ensuring that a range of FP methods and

information are available, and that providers offer the technical competence and interpersonal support for women to make an informed choice that is right for them. This study will apply behavioural economics principles in order to understand the biases which lie behind the “know-do” gap – the gap that exists between the providers’ knowledge and their actual behaviour. This insight can inform intervention strategies to improve provision of FP counselling under SHOPS Plus.

**Program Update:** During the year, key emphasis was laid on finalization of the tools and sampling strategy for the study. In the month of January 2017 PSI got the REB (Research Ethics Board) approval for the study and completed the process of hiring the research agency, training of key personnel and development of analytical framework for the study.

### 17) MHM project: Menstrual Hygiene Management Product use

MHM research grant, that commenced in March, 2017, will involve conducting three research studies. The objectives of conducting three consecutive research studies are to understand scope of MHM commercial market in India and to build a case for future donor funding for MHM related work in India. The details for mentioned three studies are as follows:-  
 Study 1) A qualitative research study based on Human Centric design to get insights, perceptions, and preferences for menstrual hygiene management products among adolescent girls and young women in the state of UP and Tamil Nadu.  
 Study 2) “Discrete Experimental Choice” a quantitative study will be conducted in rural and urban parts of UP. The study looks into the preferences of Adolescents and young women using MHM products with special focus on attributes of commercial products. The results of a DCE will allow researchers to estimate the utility of each product attribute, and to estimate the amount a consumer would be willing to pay for a product feature she values relative to a product without that feature.  
 Study 3) MHM landscape study for understanding market development approaches. The study will try to understand the value chain for MHM products in the country and the factors which are failing the market.

### Personnel as on 31<sup>st</sup> March, 2017

On Payroll	154
STC	174
Consultants	59
SSP	70
Territory Sales Executive	0 (sales staff shifted PSI IPL)
Volunteers	2829
Total Head count at March 31, 2017	3286

### List of donors whose support enabled PSI operations FY 2016-17

Abt Associates
Bill & Melinda Gates Foundation
Eli Lilly Company (India) Private Limited
Harvard School of Public Health
Hindustan Unilever
Indrani Light Foundation
International Union Against Tuberculosis and Lung Disease
Johns Hopkins University and JHPIEGO
Kathryn Vizas
Large Anonymous Donor
Martha Darling
University of California, San Francisco

USAID

**List of partners associated with PSI programs implemented in FY 2016-17**

Action India
Centre for Advocacy and Research
Centre For Community Economics And Development Consultants Society
Centre for Social Research
Friends of Women's World Banking
Garib Nawaz Mahila evam Bal Kalyan Samiti
Hindustan Latex Family Planning Promotion Trust
Prayatn
Shanta Memorial Rehabilitation Centre
Society for Model Gram Bikas Kendra
Vishakha Mahila Shiksha avam Shodh Samiti
Water , Sanitation and Hygiene (WASH) Institute
Water for People
Women Power Connect

**Auditors**

M/s MSKA & Associates, Chartered Accountants was appointed as the statutory auditor of the Society for the financial year 2016-17. The Audit report and audited accounts are appended to the Annual Report.

For and on behalf of the Governing Body

Place: New Delhi

Date:

For Population Services International

  
President

  
Secretary