



ANNUAL REPORT
Financial Year 2017-18

Population Services International

Annual Report: 2017-18

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, 2018.

Year under review

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

| Financial Results | Year ended March 31, 2018 (Rs.) | Year ended March 31, 2017 (Rs.) |
|-----------------------------------|---------------------------------|---------------------------------|
| Total Income | 43,87,96,093 | 68,61,91,849 |
| Excess of Income over Expenditure | (12,11,32,235) | (14,31,78,652) |

Projects implemented during the year

1. The Challenge Initiative for Healthy Cities (TCIHC)

TCIHC in India is now in surge phase or implementation phase as we call it. Project has gained momentum, with execution of city stakeholders consultation workshops in most of the 31 TCIHC cities among the 3 states, to sensitize the stakeholders for the urban family planning program and helped strengthening TCIHC's mandate of Fixed Day Static Services (FDS) and roll out of referral mechanism. Further the city coordination committees have been formed in the 5 first phase cities and the process is ongoing in rest of the cities. Due to TCIHC efforts and advocacy partnership with state government UP is now introducing Injectable contraceptive in the UPHC's for the first time, Allahabad being the first one to do it. As a service delivery point for family planning services FDS has been activated in 40% of the UPHC's within the project geography.

Clea Finkle, BMGF and Prof Oying, Director Gates Institute visited Firozabad in April 2018 to observe program. The visit was important in terms of "Business Unusual" approach that India is following and some notable achievements as per Oying were involvement of higher officials of Health department of GoUP towards Urban Family Program and TCIHC, FDS getting incorporated in job description of ANM, ongoing field activities such as FDS, coaching and mentoring model for ASHA which was particularly appreciated for its potential in ensuring sustainability and scalability.

Successful demonstration of the TCIHC model to the state government has helped leverage available resources & unlocking of government funds to the tune of ~ \$ 15 MN, which will help in more buy-in by the states and better execution and delivery of the family planning services to urban poor, by strengthening both the service delivery and demand generation components. Successful demonstration of the results so far through project MIS, has created tremendous confidence among donors, resulting in additional funding to layer AYRSH on the existing TCIHC platform.

In line with TCIHC's demand-driven model, 31 cities came on-board across the three states of Uttar Pradesh, Madhya Pradesh and Odisha. UP has 15 geographies, while MP has eight and Odisha has three cities to work with. Activation of Urban Primary Health Centers (UPHCs), coaching and mentoring of ASHAs and working closely with city level government officials resulted 140% growth in IUCD uptake between January to June 2018 when compared to the same period in the year 2017, in initial five TCIHC classic cities. To date, 258 UPHCs have activated Fixed Day Services (FDS). In the 22 cities where program records are currently collected, TCIHC reported that 2,058 FDS events took place in the first half of 2018. FDS is a proven, high-impact approach where trained staff, equipment, supplies and commodities are made available on a pre-announced day and time at the UPHC. While FDS facilitates the provision of short- and long-term methods at the UPHC, TCIHC also supports the integration of family planning in standing community events, including outreach camps (ORC) and urban health nutrition days (UHND), where short-term methods are provided. In just the second quarter of 2018, over 106,799 clients accepted a family planning method during FDS, ORC and UHND in the past quarter. TCIHC team advocated extensively with the government of MP and sought their buy-in and approvals to roll out these injectable across facilities of all cities of MP. With this development, to equip the healthcare providers with necessary training to provide this method in the facilities, in this quarter, 80 healthcare providers (13 medical officers, 39 staff nurse and 28 para-medical staff) from Indore, Jabalpur and Sagar were trained on injectable contraceptive in MP. As a result of this extensive work, entire Indore facilities (UPHCs) now have injectable added to the family planning choices.

2. The Utkrisht Development Impact Bond

The Utkrisht Impact Bond is a partnership between HLPPT, Mathematica, MSD for Mothers, Palladium, Population Services International (PSI), the UBS Optimus Foundation and USAID. For the Utkrisht Impact Bond, the upfront funder, the UBS Optimus Foundation, provides the initial working capital so the service providers – PSI and HLPPT – can undertake their quality improvement work with private facilities in Rajasthan. In a further innovation, all implementation partners, including Palladium as the performance manager, are also co-investors, between the three of them contributing more than 20% of the capital requirement. All parties will be treated equally, fully aligning the risks and rewards. It will complement the existing Government initiatives, with the Government of Rajasthan acting in an oversight role, with a view to becoming the outcome payer in a second phase of the impact bond.

Under the project 511 facilities will be mapped, 225 private healthcare facilities will be engaged and 180 facilities will be accredited in Rajasthan, India to achieve and sustain a standard of quality that will result in decreased maternal and newborn mortality. The project will support private healthcare facilities across 14 districts of Rajasthan (facilities which are less than 100 beds and min. of 20 deliveries per month) to attain the level of quality that enables them to be certified under Manyata standards, a new national certification and quality improvement system to recognize private facilities who consistently deliver quality care to the women they serve; and the National Accreditation Board for Hospitals (NABH) Small Health Care Organization entry-level certification.

The project was officially launched on 23rd April 2018 in Rajasthan. PSI has mapped 500 facilities in the five districts of Jaipur, Ajmer, Sri Ganganagar, Bhilwara and Bikaner. A total 59 facilities in these districts meet the inclusion criteria, of which PSI has facilitated 47 hospitals to sign the MoU. Baseline quality assessments have been completed in 48 facilities. PSI has conducted 43 launch meetings in Jaipur, Ajmer, Sri Ganganagar and Bhilwara. Quality Committees (QC) have been formed in 41 hospitals under the guidance of PSI team members. Representatives of key departments were nominated by the hospital as the members of the QC. In 41 facilities, the first QC meeting has been conducted under the guidance of PSI team members and quality improvement activities have been initiated.

3. Expand Access and Quality to Broaden Method Choice in Uttar Pradesh-EAQ

During the course of project implementation, PSI enabled the public health systems to own, manage, monitor and finance a network of private sector providers to deliver equitable access to family planning services in the EAQ project. The project made a significant shift in government policies that has transformed the landscape of FP program by reinvigorating PPP scheme in Uttar Pradesh. The notable policy shifts were life time empanelment of private providers, extension of the validity of accreditation to five years and a centralized payment mechanism for reimbursements to provider network members. The policy driven commitment of the government was embedded into an IT enabled tech platform (<http://www.hausalasajheedari.in/>) that delivered transparency, assigned clear roles and responsibilities; and instituted review mechanism; to address any choke points in processes at the health systems level.

Foundation resources allowed PSI to lubricate public health system with technical assistance and on ground support; which in turn strengthened the systems to achieve unprecedented efficiencies in terms of accrediting 1057 clinics, empaneling 780 providers and delivering 21,70,632 CYPs. The government dedicated its financial resources to make key investments in foundation supported and PSI led strategies of market facilitation in improving and expanding access and quality to broaden method choice. Government investments included a dedicated private provider interfacing body institutionalized in the public health system and 4-fold increase in annual financial outlays to finance FP PPP schemes. Among other expenditures in support of this program, government has reported a total spend of 6.1 million dollars for direct reimbursement to the private providers against delivery of FP services.

The success in facilitating strategic purchasing of private sector services for family planning is inspiring state governments of Odisha, Madhya Pradesh and Rajasthan to replicate the model of Hausala Sajheedari.

The EAQ project phase I of the program ended in July 2018. Subsequently, PSI has been awarded with supplemental phase of the project till Dec 2018 by BMGF which will respond to the market failures identified through FP landscape. The supplemental phase will aim to:

1. Prepare the ground for a policy shift to herald government financing for buying expanded basket of choices including injectable services from a range of private providers that includes allopathic and AUH providers.
2. Continue support to NHM, JSK and SIFPSA for rolling out an enhanced costed package of IUD service delivery to the existing network of accredited private sector under the Hausala Sajheedari portal
3. Continue generating evidence from the ongoing pilot for raising demand at private accredited clinics by the government through ASHA workers

4. Accelerating contraceptive uptake through post-pregnancy care models in India - PPC

Population Services International (PSI) with support from IPAS Development Foundation will implement the project in selected areas of Uttar Pradesh. The monitoring and evaluation of the project will be done through an external evaluator – Population Council – as part of a global agreement with Ipas. This project aims to develop scalable and effective solutions for increasing uptake and continuation of post pregnancy contraception; and increase uptake and one-year continuation of post pregnancy contraceptive method of choice among women and adolescent girls. More specifically, the project will:

1. Design an intervention that addresses the barriers to post-pregnancy contraceptive use, particularly that improves the information, access, services and quality of interactions;
2. Reduce key barriers to uptake and continuation of post pregnancy contraception among women and adolescent girls;
3. Implement a comprehensive and robust evaluation design to measure the impact of intervention; and
4. Develop a scale-up strategy and disseminate learnings to different stakeholders at multiple levels.

This three-year project will be implemented in select geographies of two districts – Lucknow and Agra – in UP reaching around 40,000 women and girls with post-pregnancy contraceptive products and services. This three-year project will be implemented in select geographies of two districts – Lucknow and Agra – in UP reaching around 40,000 women and girls with post-pregnancy contraceptive products and services. 1500 pharmacies in the intervention areas of Agra and Lucknow have been mapped, of which 1350 pharmacies were found to be selling MA drugs. The project has also completed the fieldwork for a formative study to identify and analyse barriers and triggers for contraceptive use among self-MA users. The findings of this study will inform the Human Centered Design (HCD) in this program.

5. Feecal Sludge Management (FSM)

PSI initiated project "Prasaadhan" funded by Bill and Melinda Gates foundation (BMGF). The project employs a market development approach to address barriers that cause market failures. It facilitates linkages between a local sewage treatment plant, supply chain actors (in this case private tanker operators), and households, while deploying a Co-Treatment model to test out the feasibility and to promote public private partnership in addressing FSSM issues in Patna, Bihar.

Key achievements of the project in recent past are:

Legitimization of Private Tanker operators

- PSI initiated an institutional building of tanker operator association wherein 14 tankers operators are the member of executive body of 'Association'. The association is functional and have received one assignment from the government of Bihar during 'Guru- Parva' in Bihar in 2017.
- 8 Tanker operators have been motivated to generate their Udyog Aadhar (self-registration of service providers under the MSME department; GOI)

Co-treatment model for safe disposal

- Concept of co-treatment approved by the Bihar Rajya Jal Parishad (BRJP), Government of Bihar, through a government order that includes registration of Private Tanker Operators (PTO) and opening up tipping sites for the registered PTOs
- 8 Tanker operators and 10 tanks registered with BRJP have started tipping into the identified tipping sites.
- Till Aug 2018, 3.4 Million liters of fecal sludge has been tipped at the recommended tipping sites ensuring treatment of these fecal sludge which would have otherwise been dumped in open environment.

SFD (Shit Flow Diagram)

- A shit flow diagram (SFD) has been prepared by PSI and published on 'Susana.org'.

Demand aggregation from toll free number

- PSI has received 473 calls on helpline through promotional activities from June 17 to Aug 18 wherein 148 calls received for pit cleaning services.

Buoyed by the success in Bihar, PSI facilitated a state level convening of key stakeholders in UP to discuss over FSM and also worked in two cities i.e. Lucknow and Gorakhpur assessed the situation on following grounds;

1. Mapping of the tanker Operators
2. Registration of the tanker operators with the ULBs
3. Identification of locations for safe disposal of fecal sludge
4. Development of rules of engagement for tanker operators by the local bodies

6. Supporting Sustainable Sanitation - Pathways to Scale

This is the second phase of the 3SI project (Supporting Sustainable Sanitations Improvements). The project is jointly funded by BGMF and Grand Challenge Canada (GCC) with an aim to build upon the successes and experiences of the 3SI first phase to accelerate and expand use of quality, affordable sanitation products. PSI will continue to use its market-development approach which has proven to convert need into demand while facilitating supply to meet that demand in an equitable manner. To steer investments to scale up the work in Bihar; PSI will support the establishment of the Bihar Sanitation Collaboration Platform to support collective fundraising efforts to scale market shaping programming to currently uncovered blocks in Bihar. Additionally, through a targeted strategy funds would be raised from additional sources (corporates, high net worth individuals etc.) for investments beyond Bihar. While the first phase has demonstrated that a market-based solution can be effective, the existing second phase aims to set the stage for scale-up and secure further investments for expansion of the intervention.

The project started on 1st October 2017. Till August, 2018 the following activities has been accomplished:

Development of the strategy of engagement with selected 200 Sanitation enterprises including criteria of selection of these enterprises
Developed the MIS system for the project including first draft of all the field level formats for collecting key information from the field.
Recruitment of all the budgeted positions in the project:

1. Developed the strategy of engagement with selected 127 Sanitation enterprises of the 750 Sanitation Enterprises linked to the project during the first phase of the intervention.
2. 127 Sanitation Enterprises has been contracted across 76 blocks in 12 districts in Bihar.
3. 336 Toilet Motivator (TM) has been linked with these 127 Enterprises. Of these 192 TMs linked to 101 Sanitation enterprises have started conducting demand generation activities.
4. Of 336 TMs linked to the project, 73% of the female are active in comparison to 47% of the males.
5. The project is trying to form group of sanitation enterprises operating in adjoining blocks to help them aggregate their demand and procure input materials from higher order reseller and thus decrease the cost of toilet/ increase their profit without compromising on the quality of toilet. so far, 30 groups of enterprises have been formed 100 meetings have been done.
6. 3 Sanitation enterprise paid to 4 TMs through online payment for demand generation /toilet sales done by them in september. 21 sanitation enterprises paid incentive to TMs in July 2018.
7. Concept of Udyog Aadhar (self-registration under the MSME department; GOI) has been pitched to selected Sanitation enterprises (CRMs), 6 CRM has registered his business and got his Udyog Aadhar with the support from the project.
8. MFI continues to give sanitation loan to consumer as well as enterprise even after the field operation stopped after the first phase of 3SI came to an end in June 2017. Since July 2017, 25,022 loans (Till Aug 2018) has been given by the MFIs linked to the project
9. 12,687 Toilet sales has been done by the Sanitation Enterprises wherein, 1849 are contributed by TMs from February 2018 till August -18. Hence, 18% of all toilets sold are contributed by linked toilet motivators.
10. 81 Sanitation enterprises have made significant investment for conducting demand generation activities for toilet sales. A total of Rs. 97,483 has been invested in the month of May and June 2018. 91% (88,725) of the amount reimbursed to SEs by PSI.
11. 25 Sanitation enterprises paid incentive to toilet motivators for toilet sales in the month of may and June.
12. Bulk Purchasing- strategy has been developed for establishment of stockiest at district level. 11 stockiests have been identified in 5 program districts. So far, 19 sanitation enterprises done bulk purchasing of toilet commodities in Aug 2018.

7. Creating sustainable sanitation markets in Chittoor (HUL)

PSI proposed a program that works closely with the Government of Andhra Pradesh (GoAP), in villages selected under the Swachh Bharat Mission (SBM), to create greater toilet usage and in this process support demand for toilet construction by government contractors. The PSI model would draw on marketing insights to stimulate toilet construction and maintenance, promote toilet usage by all members of the household and encourage toilet cleaning. The BUILD, USE and CLEAN model will be a core complement to the program. Over a three years' period, the program directly aims to reach 200,000 households and thus potentially a population of 780,000 in 400 villages of Chittoor district and ensure that a yet to be finalized percentage of toilets constructed in these intervention districts are used. Further, PSI will ensure that learnings and best practices from the program are shared with state level officials to help facilitate replication of the Unilever-PSI model in other districts of Andhra Pradesh. The update and key highlights of the project activities are as follows:

- Government of Andhra Pradesh (GoAP) has accorded permission to PSI in Sept 17 to work in Chittoor district.
- Conducted the formative research in Oct 17 to understand the triggers, barriers and motivations associated with toilet use. Through formative research we understood that both male and female working as laborers are inconsistent toilet users.
- Conducted the Delta workshop in Dec 17 for drafting the marketing and communication plan for the project. Based on the findings of formative research and brain storming exercise with the people from Government, HUL, NGOs and PSI team, the marketing plan for the project is evolved.
- Baseline for the project was conducted in the month of Feb 18. As per the baseline findings of the intervention villages, 71% of the households have functional toilets and 22% of the HHs are consistently using the toilet.
- Plan for coverage of 400 villages in 3 years in submitted to the Government (Year -1 – 101 villages, Year -2 – 200 villages, Year -3 – 99 village).
- Initiated the IPC activities for the project in 101 villages from Jan 18, achieved 77,000 contacts till August 18. Our Sanitation Counselors reaches out to the household in the villages to motivate the inconsistent users and never user of toilet to use toilet consistently.
- Concept testing of 3 available routes for the BCC campaign was conducted by the creative agency to finalize the best route. The most accepted concept by TG is "good or bad your child follows you". The TGs liked and related the emotional connect between the father and the son.
- The Communication Campaign was launched by District Collector, Chittoor on 23 May 18. The 1st round of campaign for 2 months has been completed successfully in 52villages.
- Direct reach and indirect reach through the campaign are 10,552 and 2,34,684 respectively.
- Follow up activities after the campaign, based on the campaign theme is conducted through IPCs in 101 villages

- Revised the villages coverage strategy, currently covering all the HHs in the village at a stretch, initiated line listing of households and members of households in the villages to identify the inconsistent user to increase the targeting efficiency.
- Initiated work on addressing the social norms in the villages through an event in all the village named as "toilet champion" with the engagement male members, male are mostly defaulters in toilet use.
- The survey work for the OTS -1 is completed and analysis of the data will be completed by 30 Sept 18.
- Preparation for 2nd campaign and intervention in year -2 villages in under progress.

8. Uday

PSI/India is implementing Project 'Uday' as a consortium with PHFI and Project Hope supported by Eli Lilly. In the last 5 years PSI has implemented awareness and demand generation activities for making communities aware about Diabetes & Hypertension through various mediums of communication and achieved 2,59,549 contacts against project target of 1,80,000 and ensured 1,03,111 people screened at project facilitated screening camps. Also, involved 350 pharmacists in the program against the target of 300 and facilitated pharmacist engagement in supporting prevention and management of Diabetes & Hypertension across 2 districts in India (Sonepat & Vizag). 21,602 clients were counselled on early detection (non-diseased population) and treatment adherence (diseased population) at the project network pharmacies until April, 2018.

As the project is in its last phase of the program implementation, PSI shared the Television Campaign (TVC) developed under Project Uday with the government's NPCDCS program. The same has been adapted and scaled up by NPCDCS (GOI) on national television across the country after consultation with PSI. The NPCDCS has also shown interest and requested for TA from PSI for adapting the IEC material developed under Project Uday.

PSI has phased out from the current intervention under project 'Uday' at both Vizag and Sonepat geographies and proposed a pilot initiative for 8 months (May-Dec'18) for demonstrating integration of DM and HT prevention to care activities within existing platform of NUHM in two cities-Vizag and Varanasi. The concept note along with measurable indicators has been approved by Lilly Global team. Work plan for the pilot project has been prepared for both Vizag and Varanasi sites and team at Vizag has been activated to initiate the pilot activities.

NEW PILOT STRATEGY UNDER PROJECT UDAY:

During the last stage of the program under the no cost extension period, PSI has phased out from the current intervention at both Vizag and Sonepat geographies and has initiated a pilot for demonstrating integration of Diabetes & Hypertension prevention to care activities within existing platform of National Urban Health Mission (NUHM) in two cities-Vizag and Varanasi with the objective to demonstrate activation of integrating NCD (focus on DM and HT) into NUHM platform as framework developed by NUHM and NPCDCS, and advocate for replicating the modal in other cities of India.

KEY APPROACHES/ACTIVITIES UNDER THE PILOT:

- Advocacy for allocating budget for NCD prevention and management at UPHC program plan, for financial incentives to the frontline health workers (ASHA/MAS) and adopting existing IEC material by incorporating necessary changes
- Training of ASHAs /MAS and other paramedic staff on NCDs including technical assistance to develop Behaviour Change Communication Capacity towards increasing referrals to the nearest UPHC
- Activate Community outreach through frontline health staff as ASHA / MAS by providing supportive supervision
- Increase service delivery points by utilizing the platforms of Urban Health Nutrition Day (UHND), Special Outreach Camps, NCD Days at UPHCs, engage private health care facilities, laboratories and pharmacy outlets for service delivery
- Facilitate coordination meetings between ULB and District Health Office (NCD and NPCDCS cells)
- Document successful practices and lessons learnt through the demonstrated pilot model and present at State and National forums

ACHIEVEMENTS TILL JULY, 2018:

- Mapping of 48 Urban Health Centers (24 in Vizag and 24 in Varanasi) and shortlisted 12 in each pilot city (Vizag & Varanasi)
- 18 Field Program Associates in both Varanasi & Vizag have been trained on Communicating NCDs (Diabetes & Hypertension) messages, verbal screening and generating demand for diagnosis at UPHCs.
- FPAs Supporting 24 ASHAs in approaching communities to increase NCD (Diabetes & Hypertension) referrals at UPHCs through active screening at urban slum communities.
- As on 31st July, 2018 there were a total number of 1278 People screened verbally among those, 907 high risk people referred for diagnosis at nearest UPHCs across both pilot cities.

9. SPARQ

SPARQ stands for Strengthening Person-centered Accessibility, Respect, and Quality. This is a Quality Improvement (QI) and research project funded by UCSF. SPARQ aims to improve the quality of person-centered care (PCC) among women utilizing delivery and family planning services in public health facilities in Uttar Pradesh. The project employed QI Learning Collaborative approach utilizing the Model for Improvement (Mfi) to design and test QI interventions. As a result of interventions, a change package aimed at improving PCC will be developed and tested in select facilities to determine the efficacy of these interventions in improving PCC. A learning

collaborative comprises workshops, known as Learning Sessions (LS), when representatives from the participating facilities come together to discuss their performance and commit to work on a common sub-set of topics during three-monthly Action Periods (AP). During AP, individual facilities work with expert support to try and secure improvements across the agreed list of elements if their baseline performance is poor.

QI activities began in November 2017 following the initial LS. In AP1, teams were tasked with securing improvements in the PCC domains of 'Dignity' & the 'Health Facility Environment', while in AP2 'Privacy/Confidentiality' & 'Communication' and in current phase i.e. AP3 teams are working on 'Autonomy' and 'Supportive Care'. The project is currently evaluating successful change ideas that secured improvement in the respective PCC domain and is in the process of developing a change package comprising all successful change ideas by August, 2018. The same (change package) will be developed and tested in three select facilities to determine the efficacy of these interventions in improving PCC over 6 months of low intensity expert support.

During action period 1, II and III (Nov 2017-Aug 2018)

Learning session 3 successfully conducted in May 2018, with a good representation from facility QI teams and district & state.

Results from the rapid evaluation of phase II intervention sites are encouraging and mostly shows early signs of improvement across PCC intervention domains.

The facility QI teams are now testing of change ideas through the Plan-Do-Study-Act (PDSA) cycles towards improving the identified AP3 domain topics of PCC, viz autonomy, supportive care and communication.

Development of 'Change Package' is on advance stage and the same will be launched on Sept 26, 2018 for implementation in additional 3 intervention sites from October 2018.

10. Wajood (GBV)

Wajood program started with funding from Indani's Life Foundation and subsequently PSI secured additional funds from USAID to expand the program outside Delhi. Wajood reached out to over 900,000 people for generating awareness about GBV. The project identified 13360 survivors of violence and out of which as high as 60% initiated use of GBV services. Womens collective played a crucial role in facilitating access of survivors to the GBV services. At Delhi, the federated Mahila Panchayat network with three tier structure has been successfully established with 2906 members.

At Rajasthan- Wajood successfully completed a year of implementation and a state level dissemination meeting was held on May 25, 2018 where a resource directory on available support services in the state of Rajasthan besides 2 posters on Domestic Violence were launched by Xerxes Sidhwa- Chief, Department of Health at USAID. Media coverage was also there on the program post the event. The resource directory has been validated and owned by Rajasthan State Legal Services Authority (RSLSA), and they have proposed to get it translated in Hindi.

Funding from Indrani's Life Foundation closed on August 16, 2018. PSI organized a national level dissemination meeting on August 10, 2018 to share best practices and success from Haryana and MP where Wajood had an MOU with the state government and also from Rajasthan and Delhi where Wajood funded multiple local NGOs on providing GBV services.

11. Wajood Yuva

The USAID funding component of Wajood, now named as Wajood Yuva, has undergone realignment to ensure contraceptive adoption among unmarried adolescents and young men. Wajood Yuva will reach out to 100,000 unmarried adolescent girls and boys (15 – 19 years) and young men (20 – 24 years) in the urban slums of two cities – Bhubaneswar, Odisha and Bhopal, Madhya Pradesh. The project aims to improve health and well-being of unmarried adolescent girls and boys and young men by increasing correct knowledge of SRH, self- risk perception and self-efficacy to negotiate use of SRH products and services. It is envisaged to provide technical assistance to RKSK for strengthening their implementation plan and activities through demonstrating innovative and proven SRH models for urban slums with an aim to accelerate and substantially improve adolescent health.

Wajood Yuva gained key insights, specifically from adolescents related to their health needs through Empathy-Insights-Prototype process (PSI adaptation of Human Centered Design approach) in Bhubaneswar and Bhopal. The project initiated Adolescent Health Day (AHD) with combined messaging on sexual reproductive health and Gender Based Violence (GBV) and reached 1500 adolescents till July 2018. The project is also actively reaching out to parents and other community stakeholders to orient and get their buy-in for engaging adolescents on SRH. The project did an intensive assessment of IEC and communication approach on SRH existing nationally and internationally. The project team has identified four NGOs to conduct field based activities in the two cities and is in the process of finalizing contracting for the same. Active engagement with Government departments was also initiated to identify areas for Technical Assistance to Rashtriya Kishor Swasthya Karyakram (RKSK), the flagship adolescent health program of the Government of India. The project has also finalized a concept to use technology for incentivizing adolescents to seek correct sources of information on SRH; the aim to be implement this concept by Nov-Dec 2018.

Personnel as on 31st March, 2018:

| | |
|---|------------|
| On Payroll | 135 |
| STC | 180 |
| Consultants | 34 |
| Volunteers | 98 |
| Total Head count at March 31, 2018 | 447 |

List of donors whose support enabled PSI operations FY 2017-18

| |
|---|
| 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 |
| Martha Darling |
| University of California, San Francisco |
| USAID |

List of partners associated with PSI programs implemented in FY 2017-18

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|--|
| Action India |
| Centre for Advocacy and Research |
| Centre For Community Economics And Development Consultants Society |
| Centre for Social Research |
| 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 |
| Women Power Connect (WPC) |
| Bandhan Konnagar |

Auditors

M/s MSKA & Associates, Chartered Accountants was appointed as the statutory auditor of the Society for the financial year 2017-18. 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