

ANNUAL REPORT

financial year
2018-2019

annual report: 2018-19

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, 2019.

year under review

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

Financial Results	Year ended March 31,2019 (Rs.)	Year ended March 31,2018 (Rs.)
Total Income	59,88,11,994	43,87,96,093
Excess of Income over Expenditure	4,16,35,965	(12,11,32,235)

projects implemented during the year

1. THE CHALLENGE INITIATIVE FOR HEALTHY CITIES (TCIHC)

The TCIHC project entered into 3rd year of implementation with a focus of surge. The key highlights of the project are briefly described below:

The TCI three-stage model and "business unusual" approach was successfully implemented in all 31 TCIHC-assisted states, with all levels of service delivery points including Urban Health Nutrition Days (UHND), Outreach Camp (ORC), Urban Primary Health Centres (UPHC) and District Women's Hospital (DWH) were activated and strengthened. Around 97% (493 of 510) of UPHC's were activated to provide Family planning services through Fixed day services (FDS) for family planning, further 85% and 90% of UPHC's provided IUCD's and Antara respectively, besides other FP methods. This is for the first time in UP, that injectable was introduced in the public health system and the staff was trained on the same through our program intervention. TCIHC also worked to improve UPHCs readiness to provide quality FP and Maternal and Newborn Health (MNH) services as the District Quality Assurance Committees (DQAC) were activated in all 31 cities and quality improvement committees were formed at 497 of 510 UPHC's. This initiative led to a great achievement in Odisha where 13 UPHCs from three TCIHC-assisted cities were awarded the prestigious Kayakalp prize for excellence in cleanliness and hygiene and 3 in Berhampur awarded NQAS certification.



Medical Officer at UPHC orienting ASHAs on FP informed choice counselling.

TCIHC in partnership with state governments led the ASHA/ANM Orientation program, wherein approximately 8000 ASHAs/ANMs in 31 TCIHC cities, were oriented on family planning to improve their technical knowledge and interpersonal communication skills. This was in addition to on-site mentoring and coaching of ASHA's by field program associates (FPA) on day to day basis. Also, ASHA's are now able to claim Ensuring Spacing at Birth (ESB) remuneration for successfully counseling newly married and first time parents who delay births.

Mid-media campaign "Tota Maina ki Shaadi" was organized in 80-100 slums of five cities of UP, to increase awareness around FP and enhance visibility of UPHC, UHND and ORC as service delivery points. The campaign received tremendous support from different government functionaries. Reach and recall study revealed, 91% of those who attended the campaign connect it with FP

and ~80% women who attended campaign considered it interesting and useful as they found the campaign participatory with complete knowledge of contraception.

TCIHC also carried out Output Tracking Survey (OTS) round 1 in 14 cities across 3 states to establish benchmark for the outcome and output indicators related to FP.

TCIHC led various advocacy efforts in year 3. Most importantly TCIHC jointly with NHM organized a day long "State Conclave on Urban FP" in all the 3 states, where TCIHC shared learnings from the intervention cities. Here, state government officially adopted all nine High Impact Approaches (HIAs) to be scaled up across their respective states. These conclaves were presided over by senior government officials and ministers from the state.

Further with TCIHC efforts, State and city coordination committee and family planning review meetings were more frequently held and with multiple stakeholders to jointly share plans, track progress and make adjustments in local strategies.

The initial goal of creating an urban health platform that could be expanded to address not only FP and MNH but also other urban health needs was also achieved with the "layering on" of an ambitious adolescent and youth sexual and reproductive health (AYSRH) component in five cities of UP and the testing of urban TB, non-communicable disease and patient centric interventions with funding from other organizations. There was rapid progress in the AYSRH component as the cities started monthly AYSRH-focused FP FDS to serve the contraceptive needs of young, first-time parents (FTPs). The AYSRH component conducted orientation for ASHAs, ANMs, medical officers and staff nurse. The TCIHC team facilitated a technical support group-AYSRH meeting in Lucknow UP under the leadership of General Manager NHM Rashtriya Kishor Swasthya Karyakram (RKSK)– National Adolescent Health Program.



ASHAs are reading to slum households for counselling first time parents.

With 100% of TCIHC cities reporting data on the internet powered PMIS mobile application; the project can now monitor field activities on a near real time basis

Three days' pause and reflect workshop was facilitated by Gates Institute in New Delhi. Kojo Lokko, Deputy Director-TCI, Jennifer Guertin, Associate Director-TCI and Lisa Mwaikambo, Knowledge Management Team Lead- TCI, Gates Institute met TCIHC India project team from three states during the Pause and Reflect workshop. This exercise brought TCIHC national, state and city team together to reflect on key successes, challenges and learnings from 2.5 years of TCIHC implementation.

The year 3 witnessed numerous visits by both donors and government officials to various cities, to see TCIHC progress, impact and learnings for scale up. Patricia Ann Taylor, Director MCSP. Xeres Sidhwa ; Director of Health Services USAID, Anuradha Jain ; Technical Advisor Health System Strengthening-USAID, Kojo Lokko; Deputy Director(TCI) -Gates Institute and Jennifer Guertin, Associate Director(TCI) -Gates Institute, Krishna Bose; Senior Technical Advisor (AYSRH) and Kathryn Walsh Program Officer-Gates Institute, Mr. Ian Salas; Senior Technical Advisor - Gates Institute, Koki Agarwal; Project Director MCSP Global visited various cities like Bhopal, Gwalior, Indore, Ujjain, Bhubneshwar, Puri, Gorakhpur and Agra and met key health officials and frontline health workers to understand key strategies of TCIHC, impact in slums, learnings from the project that scaffold a quick scale up and understand use of data for decision making by health systems.

From GoI/GoUP, the Deputy Commissioner-Urban Health, JD - FP, JD-FW, Director Family Welfare visited different cities in Odisha, MP and UP to observe the project activities review performance and provided recommendations for the infrastructure and quality and performance improvement. Further, Director General (DG) Family Welfare, Government of UP, chaired regional review meeting on urban family planning in Noida UP. Government officials of ten TCIHC cities of UP participated. Government officials appreciated the technical assistance provided by TCIHC in urban area.

As TCIHC makes progress in current cities and prepares to expand to new cities, it is beginning to assess existing sites for their readiness to graduate or transition to less TCIHC support, with the help of increased local ownership, as through our program, USD 60 million has been leveraged in the last one year for FP/MNH through the annual Program Implementation Process (PIP) of the National Health Mission (NHM) to expand global health best practices and evidence-based interventions.

2. THE UTKRISHT DEVELOPMENT IMPACT BOND

The Utkrisht Impact Bond is a partnership between Population Services International (PSI), Palladium, HLPPT, UBS Optimus Foundation, Mathematica, MSD for Mothers 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 this project, PSI aims to map 511 facilities, engage 225 and provide quality improvement support to 180 facilities, so that they can be certified under Manyata standards for maternal care and accredited by the National Accreditation Board for Hospitals (NABH) to achieve and sustain a standard of quality that will result in decreased maternal and newborn mortality.

Since the launch of the project in April 2018, PSI has mapped 792 private facilities in 14 intervention districts of Rajasthan, conducted baseline quality assessments in 116 facilities and engaged 112 facilities. As per the project design, facilities are expected to first reach at progressive level – meeting 30% of the required standards for certification by Manyata / accreditation by NABH, and then graduated to a certification level, where scores are as per requirements of the certifying / accrediting authorities. Mathematica, a third partner verification agency, appointed by the outcome funders, conducted the first round of verifications among a combined pool of PSI and HLPPT facilities. A total of 55 facilities were submitted as candidates for meeting the progressive standard, no facilities were submitted for the certification standard, consistent with assumptions for the first verification round. Mathematica randomly selected 22 of the 55 facilities for verification, and mirroring the composition of the universe, 13 of the 22 selected facilities had received services from PSI and 9 had received services from HLPPT. The verification confirmed that all selected facilities and all 22 met the Progressive Standard for both Manyata and NABH. In addition to providing coaching and mentoring input, PSI has also tried to address more systemic challenges, such as supply issues, by linking facilities with suppliers at different clusters, and by linking public sector service providers at the local level– such as the fire safety department, with facilities. Facilities and facility staff have been trained on the remaining elements, to enable 54 facilities (as per internal assessments) to reach the certification level of standard.

3. ACCELERATING CONTRACEPTIVE UPTAKE THROUGH POST-PREGNANCY CARE MODELS IN INDIA - PPC

Population Services International (PSI) with support from IPAS Development Foundation is designing an implementation solution for uptake and continuation of contraception post pregnancy 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 increase uptake and one-year continuation of post pregnancy contraceptive method of choice among women and adolescent girls. 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.

The project has completed a foundational research study to examine the eco-system and behavioral determinants of post-pregnancy contraceptive usage. The key findings, which should have relevance for developing solutions, include the fact that the pharmacy plays a significant role in facilitating the interface of eligible women and girls to the health system – primarily the private health system, though this does not occur directly, but via the husband/partners, and the interaction is largely transactional. Another relevant finding is that the woman requires reassurance and support from a credible source, which, given her need for confidentiality, she is unable to access. Finally, it appears that the risk perception (of getting pregnant) is extremely high post-pregnancy, which results in consistent use of contraceptive methods (modern short acting spacing / traditional); the consistency, however reduces over time as risk perception decreases.

While this study has thrown light into the behavior of a relatively new group, there are certain questions that need a deeper understanding, and the project will conduct the next phase of formative study to answer those questions. The broad goal of this round of formative research is to delve deeper into some aspects of how women and girls perceive and manage their fertility, focusing on the pathways of decision making on the use of, access and adoption of contraceptive methods. The findings of this research will be consolidated with the previous findings and contribute to our interventions aimed at improving post-pregnancy contraceptive care for women and girls.

4. SANITATION

4.1. Faecal 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:

1. Faecal Sludge Cleaning services

- PSI initiated to organize operators by forming a tanker operator association wherein 14 tanker operators are the member of executive body of 'Association'.
- 8 Tanker operators have been motivated to generate their Udyog Aadhar (self-registration of service providers under the Medium, Small, and Micro Enterprise (MSME) department; GOI)
- 8 Tanker operators and 10 tankers registered with Bihar Rajya Jal Parishad (BRJP) have continued tipping into the identified tipping sites.
- Till May, 2019, 16.85 Million liters of Faecal sludge has been safely disposed.



Septic tank cleaning operator

2. Technical support to government

- A standard Operational Procedure on Faecal Sludge Management for Tanker Operators has been prepared and submitted to the government.
- PSI is providing support in developing FSSM policy for the state.

3. Communication activities

- PSI made 101,315 contacts through various communication activities and promoted helpline number across the community areas in Patna city.
- 2 Rounds (15 days in Jan, 2019 and 15 days in Apr. & May, 2019) of Mass-media campaign has been done through leading radio channels in Bihar to promote toll-free helpline number.
- PSI has received 833 calls on helpline through promotional activities from June 17 to May, 19 wherein 346 calls received for pit cleaning services.

4.2. 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. 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, 2019 the following activities have been accomplished:

- 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:



Privacy and dignity of women through toilet access.

- Developed the strategy of engagement with selected 213 Sanitation enterprises of the 750 Sanitation Enterprises linked to the project during the first phase of the intervention.
- 213 Sanitation Enterprises has been contracted across 115 blocks in 15 districts in Bihar.
- 638 Toilet Motivators (TM) have been linked with these 213 Enterprises. Of these 536 TMs linked to 213 Sanitation enterprises have started conducting demand generation activities.
- Of 638 TMs linked to the project, 41% of the female are active in comparison to 59% of the males.
- 23 Sanitation enterprise paid to 32 TMs through online payment for demand generation /toilet sales done by them till June, 2019.
- MFI continues to give sanitation loan to consumer as well as enterprise. Since July 2017, 36,887 loans (Till July, 2019) has been given by the MFIs linked to the project.
- 75,905 Toilet sales has been done by the Sanitation Enterprises wherein, 27,232 are contributed by TMs from February 2018 till August -19. Hence, 36% of all toilets sold are contributed by linked toilet motivators.
- 203 Sanitation enterprises have made significant investment for conducting demand generation activities for toilet sales. A total of INR 42,43,828 has been invested till July, 2019. 73% (INR 30,81,020/-) of the amount reimbursed to SEs by PSI.

- Overall 208 Sanitation enterprises paid incentive to toilet motivators for toilet sales till July, 2019.
- Bulk Purchasing- strategy has been developed for establishment of stockiest at district level. 29 stockiest have been identified and linked to the Sanitation Enterprises. So far, 140 sanitation enterprises done bulk purchasing of toilet commodities till Aug 2019.

4.3. Project Savera (Creating sustainable sanitation markets in Chittoor)



Toilet use promotion in workplace

PSI with the support of Hindustan Unilever (HUL) is implementing a 3-years intervention in Chittoor district, Andhra Pradesh (A.P.). The project aims to develop a Proof of Concept (POC) based on marketing insights for promoting sanitation behavior change for improved toilet use. Within three years, the program goal is to reach 200,000 households with a potential population of 780,000 in 400 villages. The goal is to inculcate the habit of using and cleaning toilet consistently. Build, Use and Clean are the core components of the program. Project SAVERA will focus on the "Use and Clean" components, as the Andhra Pradesh Government under the Swacch Bharat Mission, has ensured toilet construction. Additionally, PSI may also provide strategic and technical support to the district for improved uptake of toilets through building the capacity of various stakeholders. 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 key highlights of the project are:

- OTS-1, the reach and recall study of the phase I campaign is conducted in Sept 2018. The result of OTS-1 is quite encouraging. The result of OTS-1 is as follows:
 - Reach of communication activities is near universal (85%)
 - Recall of message on toilet use is high (91%)
 - Significant increase in households using toilet consistently from 26% at baseline to 54% at OTS-1.
 - Significant increase in HHS cleaning toilet daily from 14% at baseline to 34% at OTS-1.
- OTS II as baseline for the Phase II villages will be conducted in OCT 2018.
- The intervention in 197 phase II villages is initiated from January 2019.
- The phase II "Superhero" campaign for improving the toilet use was launched by the District Collector, Chittoor in June 2019. 105 villages from 197 phase II villages are covered through campaign.

- The District Collector, Chittoor has agreed for the replication of the intervention model in 1000 district with the government resources. The preparation for the replication of the project model by training the Master Trainers from each villages is in progress. The trainings are scheduled from Oct 2019.
- Till August 2019, 298 villages are covered. 1,28,503 HHs, and 3,19,920 Individuals are contacted through IPC.
- Till August 2019, Village Birthday events are conducted in 283 villages and reached to 7,907 adult men through these events.

4.4. After The Flush (ATF)

Based on the learning from the Patna project, PSI has initiated scaling up the Faecal Sludge Septage Management (FSSM) intervention model in two other states, i.e. M.P and U.P under the ATF project. Looking the opportunity in sanitation market, PSI will coordinate public and private sectors to develop a Faecal waste management system in both the states. FSSM intervention model from PSI is projected and will strengthen all the stakeholder linked directly in market with sanitation value chain. This model will work on sustainably to empower government to set and enforce norms and regulations and allow private sectors to run a non-exploitative profitable business moreover it will help consumers to access better quality in affordable prices. PSI will focus to strengthen the Sanitation value chain from proper collection to safe transportation and then to safe disposal.

The project started with rapid assessment of the screened cities and total 5 cities from U.P and 2 cities from M.P were selected on the basis of population more than 5 lakhs and having a Faecal sludge management facility i.e. STPs or FSTP. After the assessment of all selected cities Lucknow from U.P has been finalized for implementation of the on ground activities however, the city in MP is yet to be finalized.

The project started in February 2019 and till date the following activities have been accomplished.

- Government of both the states issued instructions to the respective cities on PSI's rapid assessment
- Rapid assessment of the cities completed and results were shared with the UP government, MP is yet to be done.
- Conducted a workshop "Pause and Reflect" to plan in future as to how to coordinate with agencies and to come out with better outcomes in given resource. Further to identify new challenges if any.
- Following activities are specifically conducted in Lucknow city;
 - Located the safe and unsafe disposal points for sludge disposals in Lucknow city.
 - Mapped all the tanker operators functioning in the city.
 - Organized a meeting with tanker operators in Lucknow and discuss the actual problems and status.
 - Another workshop is planned with Municipal corporations, RCUES and other partners to present the model to be formulated in Lucknow city.

5. 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.

PSI phased out from the current intervention under project 'Uday' at both Vizag and Sonepat geographies and proposed a pilot initiative (May'18-Mar'19) for demonstrating integration of Diabetes Management (DM) and Hypertension (HT) prevention to care activities within existing platform of NUHM in two cities-Vizag and Varanasi.

New pilot strategy under project uday:

With support from Eli Lilly, PSI is implementing a pilot project in Vishakhapatnam (Andhra Pradesh) and Varanasi (Uttar Pradesh), with an aim to demonstrate integration of Diabetes and Hypertension prevention to care activities within the National Urban Health Mission (NUHM) platform. Two cities were selected basis the population of urban poor, incidence and prevalence of DM and HT and PSI's existing programs in urban health.

Through this demonstration program in these two cities - PSI would demonstrate integration of DM and HT prevention to care services in NUHM platform by following processes:

- Coaching and mentoring of frontline health workers (ASHAs* and ANMs) and other paramedic staff on NCDs (Diabetes & Hypertension) including technical assistance to develop Behaviour Change Communication Capacity towards increasing referrals to the nearest UPHC
- Activate community outreach for NCD through frontline health staff as ASHA by engaging community organisations like - MAS, by providing supportive supervision to ANMs and ASHAs.
- Increase NCD service delivery points by utilizing the platforms of Urban Health Nutrition Day (UHND), Special Outreach Camps, and NCD Days at UPHCs.
- Facilitate frontline health workers to maintain data of the clients for NCD services and assist for NCD data integration into HMIS.
- Advocacy for allocating budget for NCD prevention and management in urban area (as currently the budget allocation in PIP is for the District) proportion to the urban Population of the District,
- Document successful practices and lessons learnt through the demonstrated pilot model and present at State and National forums.

Through the activities more than 400 FLWs were trained on DM and HT prevention to care activities. Ongoing hand holding of ASHA on screening and referrals of high risk individuals (basis WHO standard risk assessment tool for DM and HT) within the communities through household visits, identifying high risk individuals (above 30 yrs of age) and refer them for further diagnosis and treatment to Urban Primary Health Centres (UPHCs). On daily basis minimum 10 households are visited by around 130 ASHAs in two cities since July'2018. Since, July'2018, Around 180,000 households are visited, identifying 12,000 high risk individuals and referring them for further diagnosis and treatment at UPHCs by the medical officers. At the UPHCs, the register is maintained for tracking the referrals reached at the UPHCs and diagnosed as Diabetes and Hypertension patients. Further the front line workers are facilitated to do follow up with the identified patients with Diabetes and Hypertension.

Communication campaign to support Government front line workers:

To support the on-ground efforts of Government front line workers and increase risk perception and demand for diabetes and hypertension screening among urban poor population, PSI implemented a 360-degree mid media campaign for 30 days in the pilot project geographies in Vishakhapatnam and Varanasi.

Objective of communication campaign:

- Create urgency and increase risk perception among high risk individual (30 yrs and above) to get tested for Diabetes and Hypertension
- Increase demand for UPHCs as centres for DM and HT screening, testing and treatment facilities for DM and HT
- Create referral linkages to UPHCs for regular screening, testing and treatment services, through Government front line workers

Target population of campaign: 30 yrs and above age group

ACHIEVEMENTS

- 426 Frontline Health Workers (375 ASHAs and 51 ANMs) were trained on NCDs
- Field coaching & mentoring has been provided to 157 ASHAs
- Ensured NCD registers available across 12 UPHCs in Varanasi
- Activated NCD screening services at UHND & Outreach Camps
- 14,78,979 People were reached through various communication mediums
- 38,406 High risk people referred for Diabetes & HBP diagnostic tests at UPHCs
- Diagnostic services have been provided to 27,806 people at UPHCs and 19,276 people Diagnosed with Diabetes
- Diabetes treatment services have been provided to 18,901 patients at UPHCs

6. SUSTAINING HEALTH OUTCOMES THROUGH PRIVATE SECTOR PARTICIPATION (SHOPS) PLUS PROGRAM:

Population Services International (PSI) with support from USAID through Abt Associates is implementing TB program as part of The Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project in Madhya Pradesh in collaboration with Revised National TB Control Program (RNTCP)

SHOPS Plus supported by USAID is an initiative to increase the use of family planning (FP), maternal, neonatal and child health (MNCH) and tuberculosis (TB) treatment products and services among the urban poor by harnessing the potential of the private sector and catalyzing public-private engagement. In Madhya Pradesh through PSI, SHOPS Plus would implement innovative approaches for addressing the needs of the TB program in India by capitalizing on the strengths of existing market players and platforms.



ANM explaining about TB in Urban Health and National Day

The specific objectives of this activity are:

1. Demonstrate National Urban Health Mission (NUHM) and Revised National TB Control Program (RNTCP) integration in select cities, to increase TB notification and improve treatment adherence among patients.
2. Develop and demonstrate innovative mechanisms for door-step delivery of services and products (e.g. quality drugs, diagnostic services, nutrition and treatment adherence support through e-market players for TB patients managed by private health care providers).
3. Develop a state-specific strategic plan for Madhya Pradesh by adapting the NSP.

Specific Objective 1: Activate NUHM and RNTCP integration framework by:

- Building capacities and incentives for frontline workers for TB work such as case detection and screening of people with TB symptoms and treatment adherence support.
- Use of Urban Health and Nutrition Days (UHND) and outreach camps as platforms for integration of TB screening and linkages for diagnosis.

Specific Objective 2: Develop and demonstrate innovative mechanisms of door-step delivery of services and products such as anti-TB drugs, diagnostic services, nutrition and treatment adherence support through e-market players for patients managed by private health care providers.

Specific Objective 3: Develop a state-specific strategic plan for Madhya Pradesh (MP) by adapting the NSP for TB elimination to state needs

Intervention geographies: The activities will be implemented in the following cities in MP

- Cities for Specific Objective 1: Gwalior, Ujjain, Rewa, Sagar and Jabalpur.
- Cities for Specific Objective 2: Bhopal, Indore and Jabalpur.

achievements till august'19:

Specific objective 1: Demonstrate activation of NUHM and RNTCP framework

- Organized joint meeting of NUHM and RNTCP nodal officers from five intervention cities at State level under chairman ship of MD-NHM. City specific action plan for NUHM and RNTCP integration developed and included for monitoring under Urban Common Coordination Committee.
- More than 500 front line workers are coached and mentored on entire cascade of TB care such as TB awareness, screening, sample collection and transportation, linking with diagnostic services and providing patient support to ensure completion of treatment by the patient

- More than 900 front line workers are trained in TB and RNTCP program through a specially designed module for front line workers, the module has already been replicated by many districts in MP
- More than 650 TB patients are identified and linked for treatment through Urban Front line workers, Fixed day services, outreach camps and activation of urban UPHCs.
- More than 450 TB patients are linked with NIKSHAY POSHN Yojana

Specific Objective 2: Demonstrate innovative model for the delivery of free FDC drugs to patients treated in private sector through E-pharmacy market

- Completed landscape assessment of E-pharmacies in the Indian market, the study informed different operational models of E-pharmacy players, supply chain of E-pharmacies, supply chain of RNTCP program and identify the convergence points for RNTCP and E-pharmacies
- Developed concept notes on E-pharmacies model and shared with National Technical Working Group (NTWG) for developing the RNTCP and other development organizations.
- Identified Medlife as the partner for delivering E-pharmacy
- Obtained buy in from different stakeholders on the E-pharmacy model

Specific Objective 3: Developing state specific strategic plan

- Conducted the state level stakeholder consultation meeting on state specific strategic plan – the need and way forward on 15th Feb'19
- Constituted committee for drafting and review of state specific strategic plan under chairman ship of STO
- Final draft of State specific strategic plan is submitted to STO and MD-NHM
- Launch of MP-State specific strategic plan is scheduled in 1st week of October by the MD-NHM

7. 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.

The donor 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 1073 clinics, empaneling 805 providers and delivering 29,01,423 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 USD 8.4 million 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 Sajeedari.

The EAQ project phase I of the program ended in July 2018. Subsequently, PSI has been awarded with supplemental phase of the project from 1st August 2019 which continued till 31st July 2019 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** - PSI developed costed package for Injectable contraceptives in 3 districts of UP-Allahabad, Agra and Aligarh. Community mobilizers were hired for the demand aggregation activities within the context of informed choice for private sector. PSI also developed process flow for designing online web application for demonstrating the pilot model that includes - Process flow for providing MPA (Injectable contraceptive) to new client, Process flow for providing MPA (Injectable contraceptive) to existing client and Process flow for data management and reimbursement claim to private provider.

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** - Under EAQ Program, we facilitated integration of another scheme popularly known as Santushti Scheme under Jansankhya Sthirtha Kosh (JSK) or called as Population Stabilization Fund which is implemented by Govt. of India for encouraging private sector to contribute more in provisioning family planning services where a top up incentive was provided for higher performance by accredited private providers. The intent was to offer an attractive business proposition to deliver quality FP services. Through this program, a formal tripartite MOU was done between JSK, NHM and SIFPSA where SIFPSA is made the PPIA / nodal agency for JSK in the state of Uttar Pradesh. PSI as technical partner to SIFPSA/NHM also facilitated and oriented private sector across 32 districts to get accredited under JSK scheme. This has resulted to include 365 private sector facilities to get accredited and signed MOU under the Santushti Scheme. Additionally, PSI thru EAQ program also facilitated a state level workshop where highest level of state and National Leadership and political commitment was drawn for implementing and making this a success in the state. However, Govt. of India unfortunately withdrew this scheme from January 2019 due to over poor performance across other states in the country. They put a caveat that if any state government wants to go for such a scheme they may propose the same and ask for budget in the annual Program Implementation Plan (PIP) under National Health Mission for approval from the Govt. of India.
3. **Continue generating evidence from the ongoing pilot for raising demand at private accredited clinics by the government through ASHA workers** - PSI achieved success in influencing Government of Uttar Pradesh to allow ASHA workers to receive incentives for mobilizing clients for accredited private facilities. In five selected cities Firozabad, Saharanpur, Mathura, Allahabad and Agra PSI conducted pilot. The urban ASHAs of 5 intervention cities were oriented by SIFPSA and PSI team on family planning, counselling on informed choice, family planning client tracking and referring family planning clients to nearest private hospitals/facilities. The entire process under this demonstration is built as a sub-module under existing Hausala Sajheedari web-portal to test the viability for scale up in terms of cost effectiveness and results. A sub-module is created within Hausala Sajheedari web-portal for tracking ASHA wise progress and link urban ASHAs incentives for online payment by SIFPSA. Total 1170 urban ASHAs in the project areas are registered and provided with unique IDs that is uploaded with each client record on the web portal for tracking ASHA wise clients, analyzing ASHA performance and releasing ASHAs incentives based on digital client record verified by Chief Medical Officers (CMOs). Till project end total 1460 family planning clients are motivated by urban ASHAs including- 1190 FSTs, 5 NSVs and 265 IUCDs.

8. 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. SPARQ was designed to help improve PCC utilizing QI methodology through two primary approaches. The first (Phase 2) entailed implementing a 9-month improvement collaborative, where three randomly selected facilities worked intensively to identify, test and implement ideas that were believed to lead to improved performance in aspects of PCC. The second approach (Phase 3) is to spread the successful ideas to another three facilities to establish that they too could secure improvements using similar ideas. During Phase 3, the original QI facilities are expected to sustain the improvements they have secured.

The 'Change Package' was developed in September 2018 and implemented in additional 3 intervention sites from October 2018 to March 2019. The objectives of the spread phase were 1) To spread a change package developed by three Phase 2 intervention facilities to an additional three intervention facilities; 2.) To understand the viability of sustaining improvements gained in Phase 2 at intervention facilities without extensive external coaching; 3.) To understand the viability of adopting and implementing the change package developed in Phase 2 in additional sites without extensive external coaching; and 4.) Compare Phase 3 baseline and endline PCC scores to determine if there is a change in performance following participation in Phase 3 activities, and across arms. Overall, person-centered maternity care (PCMC) increased between baseline and Phase 2 endline for intervention facilities, also post-intervention, we observed significant improvements from baseline to Phase 2 endline in PCMC intervention focus areas. Qualitative data collected from QI team members additionally indicates numerous "soft benefits" were derived from participation in the intervention, including improved interactions between patients and providers, satisfaction and pride associated with care provided, self-efficacy, accountability, teamwork, and increased patient trust of providers and facilities. For phase 3, Final analysis is underway and results will be shared with State and National governments.

9. WAJOOD YUVA

Wajood Yuva (2018-2019) is a USAID-funded project that builds on an earlier USAID and Indrani Light Foundation (ILF) co-funded project (2014-2018) addressing gender-based violence (GBV). Wajood Yuva transitioned focus from the earlier curative to a preventive approach towards GBV thus allowing for a greater emphasis on the health and well-being of unmarried adolescents (15-19 years) especially on their sexual reproductive health (SRH) and GBV. During the project period, Wajood Yuva is aiming for a direct reach of 45,000 unmarried adolescents by layering the Rashtriya Kishor Swasthya Karyakram (RKSK) program onto the National Urban Health Mission (NUHM) platform in all the 42 UPHCs covering a total population of 21,00,000 in the cities of Bhopal and Bhubaneswar. The purpose of the project is to increase correct knowledge of SRH, self-risk perception and self-efficacy to negotiate contraceptive use and negotiate consent. A cornerstone of the project is creating collaboration with non-governmental organizations, alignment and coordination with government functionaries at national, state and city levels and the use of innovative tech and non-tech approaches to engage communities and target groups to adopt behavior change practices.



Our partners conducting Adolescent Health Day

An increase in the age of marriage coupled with the fact that the age at first sex has remained largely unchanged means that India now has a large and increasing cohort of unmarried sexually active adolescents, with low access to sexual and reproductive health services. Given the social stigma attached to pre-marital sex, it is difficult to arrive at a correct estimate of sexually active adolescents. The project utilized an innovative methodology to mitigate socially desirable responses to conduct a baseline study and found that 5% of adolescent girls and 11% adolescent boys between the ages of 15 to 19 were sexually active, and that the median age of first sex for both boys and girls was 17 years. Adolescent girls are at a higher risk of experiencing violence— at least 29% of girls were coerced to have first time sex. The project has activated the RKSK prescribed Adolescent Health Days (AHDs), which are periodic group events for adolescents, to suit the needs of urban areas and operate as safe spaces for adolescents to access non-judgmental information, products and services on SRH and GBV prevention. The project has, through its local NGO partners, conducted 1076 AHDs have been conducted, reaching close to 43,000 adolescents in Bhopal and Bhubaneswar. The AHDs are conducted in Anganwadi centers and other community spaces; 600 parent group meetings have been conducted to sensitize parents in the intervention areas, and 921 peer educator or Youth Champions have been identified and are being mentored. The project is in the process of designing and using technology to chart and influence adolescents' journeys that will lead them to non-stigmatizing and confidential sources of SRH / GBV information and services in the private sector, and through adolescent friendly community platforms such as AHDs. By using simple technology (both mobile app and non-app based), the project will be able to track their journey, and reward each adolescent for every interaction at each source of credible information/service provision created / leveraged by the project. Young Champions will promote and enroll adolescents into the package, and will receive an incentive for each enrollment.

PERSONNEL AS ON 31ST MARCH, 2019:

On Payroll	141
STC	5
Consultants	28
Volunteers	42
Total Head count at March 31, 2019	216

ICC COMPLAINT RECEIVED :

Internal Complaints Committee (ICC) of PSI handled and closed one sexual harassment complaint in the period April 2018-March 2019.

LIST OF DONORS WHOSE SUPPORT ENABLED PSI OPERATIONS FY 2018-19

PSI, DC
ABT Associates
Bill & Melinda Gates Foundation
Eli Lilly Company (India) Private Limited
Palladium International Ltd
IPAS Development Foundation
Grand Challenge Canada
Unilever PLC
Indrani Light Foundation
JSAID
Johns Hopkins University and JHPIEGO
Philanthropic Donor
USAID

LIST OF PARTNERS ASSOCIATED WITH PSI PROGRAMS IMPLEMENTED IN FY 2018-19

Action India
Centre For Community Economics And Development Consultants Society
Garib Nawaz Mahila evam Bal Kalyan Samiti
Shanta Memorial Rehabilitation Centre
Society for Model Gram Bikas Kendra
Vishakha Mahila Shiksha avam Shodh Samiti
Bandhan Konnagar
Samarthan-Centre for Development Support
MY-HEART(March of Youth for Health, Education and Action for Rural Trust)
Gopinath Juba Sangha
AARAMBH Education and Community Development Society

AUDITORS

M/s MSKA & Associates, Chartered Accountants was appointed as the statutory auditor of the Society for the financial year 2018-19. The Audit report and audited accounts are appended to the Annual Report.

For and on behalf of the Governing Body

Place: New Delhi

Date:

19 SEP 2019
NEW DELHI

For Population Services International

President

Secretary



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