

PSI India

ANNUAL REPORT : 2019-20



ANNUAL REPORT – 2019-20

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, 2020.

YEAR UNDER REVIEW

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

Financial Results	Year ended March 31,2020 (Rs.)	Year ended March 31,2019 (Rs.)
Total Income	64,77,26,510	59,88,11,994
Excess of Income over Expenditure	(61,91,416)	4,16,35,965

PROJECTS IMPLEMENTED DURING THE YEAR

SECTION:A- RMNCH+A

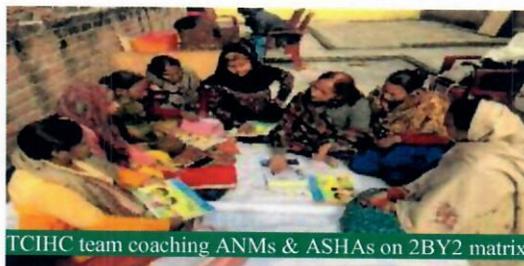
A.1. THE CHALLENGE INITIATIVE FOR HEALTHY CITIES (TCIHC)

About the project:

PSI scaled up proven solution for enabling public health system to deliver family planning and maternal and new born services to urban poor. It was a demand driven three stage model where cities come forward and demand for the program implementation support to increase number and coverage of family planning and maternal and new born health (MNH) services in urban slums of selected cities of UP, MP and Odisha.

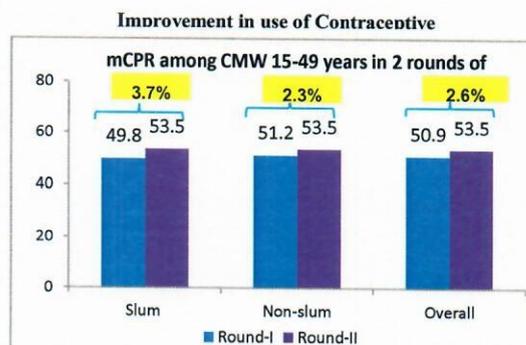
PSI worked closely with the city and state governments and provided coaching, training and mentoring support to increase the FP services implementation through supply, expand contraceptive choice and improve the quality of family planning and MNH services. Apart from these PSI also activated existing District Health Quality Assurance Committees (DQAC) and Units (DQAU); introduced quality improvement committees at UPHC level for the first time; and, improved the flow of contraceptives to the community level by linking Accredited Social Health Activists (ASHAs) directly to the government's electronic Logistics Management Information System and requisitioning processes. Project is in its 4th year of implementation.

Major Accomplishment: Contraceptive use increased among urban poor women by 3.7 percentage points in one year of implementation support to government by PSI. The 10 High Impact Approaches are developed, used and endorsed by government in MP, Odisha and UP. With the coaching-mentoring approach, PSI empowered around 6,000 ASHAs. Year 2019-20 was the year from 'surge-to-saturate'. TCIHC ensured the government was in the driving seat and saturated almost 100% of facilities in the 31 TCIHC supported cities with quality family planning services.



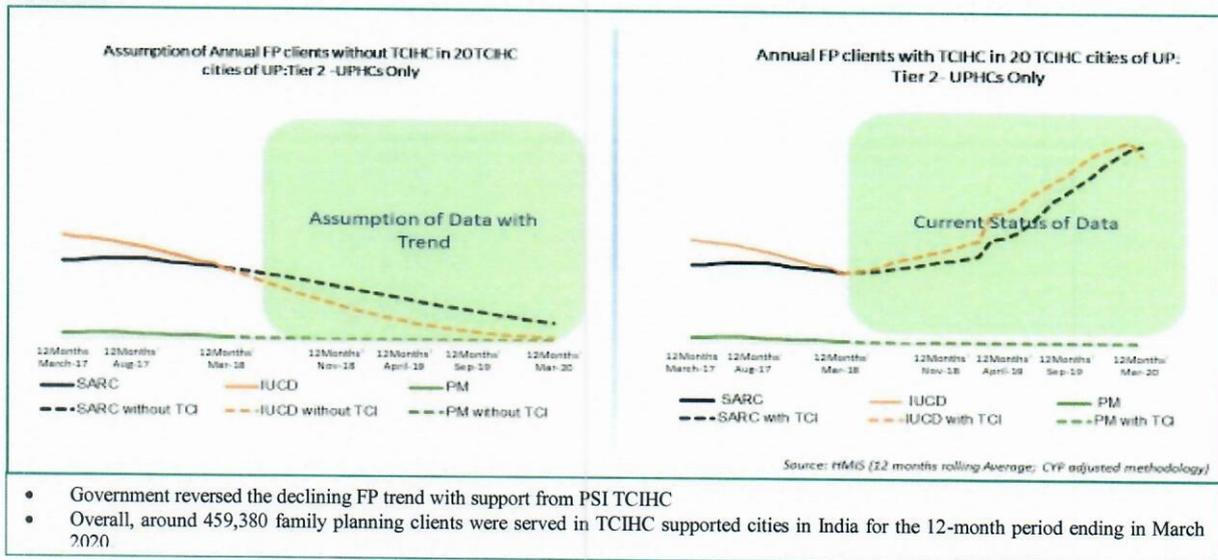
The results of this saturation are clear: astounding data from two-rounds of population-based survey done in representative sample of 14 cities between September 2018 to September 2019 revealed a significant increase in modern contraceptive prevalence rate (mCPR) by 3.7% in married woman of reproductive age (MWRA) residing in slums; an increase in demand for method mix, (apart from OC pills, condoms, and sterilization); and a 17% increase in mCPR in first time parents in five AYSRH cities.

PSI TCIHC deepened its engagement with the cities, and saturated 99% facilities with key fixed day static /family planning day (FDS) approach (94% in April'2019 to 99% in Mar'2020).



PSI TCIHC also helped support the expansion of family planning methods at all TCIHC supported facilities; from 62% in April 2019 to 98% in March 20 and from 83% to 95% for long acting methods such as IUCD in FY'19-20 and ensured their availability, along with informed choice counselling, at the nearest facility including static facility, viz. UPHC and community events such as outreach camps (ORC) and urban health nutrition days (UHND) for the urban poor population. TCIHC's tie-ups with district women's hospitals, private facilities and medical colleges ensured referral services could be provided to those women who desired permanent methods.

PSI TCIHC reached a significant achievement this year by supporting the government in reversing a decline in family planning users in urban slums of India. Based on previous year HMIS data the annual client load was going down over the years for most of the FP method (as shown in figure 3) for both short acting reversible methods (SARC) and IUCD. users were on the decline as under the recently launched National Urban Health Mission, UPHCs were in urban areas were new and were not equipped to provide spacing methods other than condoms and pills). However, beginning in January 2018, a reversing trend emerged for spacing methods, coinciding with TCIHC supporting the government intensively on expanding the basket of choice of family planning services. The data shows that, had the intervention not begun, a likely downward trend would have continued.



TCIHC made a significant stride in positioning its high impact approaches for replication and adaptation. After Uttar Pradesh (UP), the government of Madhya Pradesh (MP) and Odisha endorsed the high-impact approaches translated in local Hindi and Oriya language in May 2019 and August 2019 respectively. Odisha government plans to scale up these approaches across all cities of the state. The National Health Mission, MP further posted these tools to its NHM MP website (<https://www.nhmmp.gov.in/NUHMGuideline.aspx>). This increased the visibility of tools to all the health officials and stakeholders of the entire 52 districts of the state.



In Year 4, TCIHC successfully leveraged USD 44.995 million in government funding for family planning, maternal and newborn health, and urban health, and supported the government to utilize 84% of this amount (which is 9% more than the previous year).

Besides, the first phase of PSI DC's grant through its global Maternal and Child-Survival Program ended on September 30, 2019. In this partnership, TCIHC demonstrated a promising referral mechanism for family planning and 'maternal and newborn health' (MNH) services in three demonstration cities in Madhya Pradesh and Odisha.

By the end of FY'2019-20, over one million women were reached with information on family planning through the ASHA coaching calls. The LAO model of coaching and mentoring had built capacities of over 6,181 ASHAs. At this stage TCIHC shifted its coaching model and introduced 'culture of prioritization' through the 2BY2 Prioritization tool (an analytical tool for segregating potential family planning clients on the basis of age and method use) to build coaches within the system in the following year.

Adolescent Youth Package

With the goal of layering Adolescent Youth Sexual Reproductive Health (AYSRH) on the TCIHC model, in Year 4, TCIHC worked with Rashtriya Kishor Swasthya Karyakram (RKSK) to demonstrate AYSRH approaches in the five cities of UP and for the first-time established its UPHCs as Adolescent Friendly Health Clinics (AFHCs). TCIHC supported government to conduct community adolescent health day (AHDs) in the five cities (Allahabad, Firozabad, Gorakhpur, Saharanpur, and Varanasi) of UP. More than 3,200 boys and 7,600 girls participated in 293 Community AHDs. TCIHC also demonstrated facility adolescent health day (AHD), an RKSK strategy to improve health seeking behavior among young unmarried adolescents. Around 1,891 boys and 3,943 girls received adolescent health services during Facility AHDs in 96 UPHCs, and RKSK and district AYSRH officials noted the demonstrations of AY approaches and issued a directive to keep 'Eighth of Every Month' for Facility AHD across all UPHCs in the city. In addition, the project worked to reach 15-24-year-old adolescents and youth through Accredited Social Health Activists (ASHAs) by coaching and mentoring them to prioritize young first-time parents in order to prioritize them for household visits. Also, in 2019-20, 15 cities of UP, 8 cities of MP, and 3 cities of Odisha submitted EOI letters towards AYSRH scale up in the respective cities showing a strong interest in replicating and adapting AYSRH interventions.

New Initiatives

TCIHC Saadhan Times (an e-newsletter), and Photo Quest (a photograph competition to invoke interest amongst people about their work and give them a platform to share their work through photographs) were some of the other new initiatives in this year.

Besides, in March'20 when COVID disrupted normal life and health services, TCIHCs prepared to support the family planning needs of the population by bringing FP dimension to the government's COVID-19 strategies. Besides, following the country wide lockdown, city teams in 31 TCIHC cities worked from home and responded to government and frontline worker's needs in advancing the cause of family planning.

Addition of New High Impact Approach (HIA)/ Tools
In 2019-20, TCIHC codified and added six more tools to its series of family planning and maternal & child health (MCH) HIAs, which are posted on TCI University:

- I. 'Steps to activate a new city for family planning'
- II. '30-hour-magic + for rapid scale-up of quality family planning services at UPHCs'
- III. Strengthening Systems to Ensure Quality Family Planning Services
- IV. City Health Plan: Strengthening the capacity of the urban health management system
- V. Male Engagement: Involving Men to Increase Uptake of Family Planning Services
- VI. Establishing a Referral Mechanism to Deliver Reproductive, Maternal, Newborn & Child health

A.2. ACCELERATING CONTRACEPTIVE UPTAKE THROUGH POST-PREGNANCY CARE MODELS IN INDIA - PPC

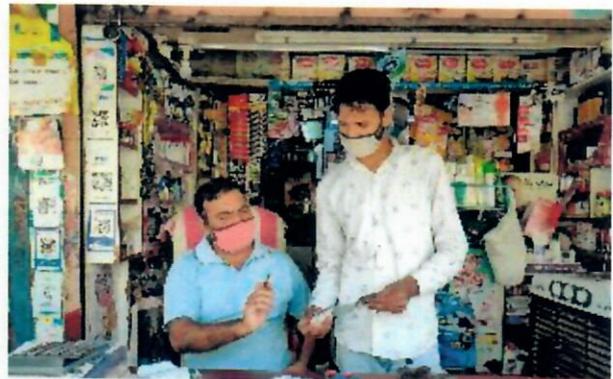
About the project:

Population Services International (PSI) 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.

Major Accomplishment: The project has completed a foundational research study to examine the eco-system and behavioral determinants of post-pregnancy contraceptive usage. The project also embarked on, and completed a Human Centered Design (HCD) to organically develop an intervention design with the user at the center. This involved synthesizing findings from the research conducted earlier, conducting a lean research to investigate critical design opportunities and shortlisting and testing four intervention routes out of a long list of 50 early stage ideas. This intervention design was accepted by the donor and partners and was taken to the field as a pilot.



Enabled access for seeking the correct knowledge, services and support for user centric family planning



Chemist engagement for reaching the unreached target populace

A.3. EXPAND ACCESS AND QUALITY TO BROADEN METHOD CHOICE IN UTTAR PRADESH-EAQ

Major Accomplishment: During the period, the EAQ project implementation was in the end stage of the project implementation timeline. In July 2019, the EAQ program was ended but PSI as Technical support agency of SIFPSA, has provided TA support to the Government in developing a process flow on how to design an online web application to demonstrate 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.
- Process flow for data management and reimbursement claim to private provider.

Secondly, supported to SIFPSA for rolling out an enhanced costed package of IUD service delivery in the existing network of accredited private sector under the Hausala Sajheedari portal. But due to other state government priorities, SIFPSA/NHM had decided to take up in FY 21-22 PIP under National Health Mission for approval from Govt. of India. Overall this PSI supported initiative helped 218,388 women to take sterilization, 5,481 men adopted NSV, 149,665 received IUCD and 53,522 received IC as per their choice from September 2015 to February 2020.

About the project:

PSI focused on ensuring participation of private providers to provide quality family planning product and services. This work shaped the private sector market where urban poor received their desired family planning services without financial hardship. It increased use of long acting reversible contraception (LARC) and long acting permanent methods (LAPMs) by expanding choice and access among men and women residing in urban slums of 32 districts of Uttar Pradesh.

PSI leveraged private sector qualified doctors and clinics and integrated provision of LARCs and LAPMs into the services provided by them through creating transparent accreditation and reimbursement system under government funded Family Planning programs, community mobilization and quality assurance support. PSI technically assisted the government of UP in successfully introducing and implementation of a web based online accreditation and reimbursement systems for private providers to deliver government funded health care for Family Planning to men and women in Uttar Pradesh.



A.4. WAJOOD YUVA

About the Project :

With at least 20% of adolescents not in school, Wajood Yuva implemented a community-based model to reach both in-school and out-of-school adolescents in the cities of Bhubaneswar and Bhopal. Adolescents were invited to participate in meetings, called Asli Gapshap (Real Gossip) with a non-health, fun positioning. The group meetings, held periodically at community spaces, operated as a forum for adolescents to get-together. Buy-in of parents was obtained before launching the intervention at any slum. Discussions on gender-equity and GBV were used as a segue into more the “difficult” topics on SRH, consent and negotiating contraceptive use. The project also designed and tested an innovative tech-based solution in order to increase the participation of boys and reduce the cost of mobilization. This simple yet sophisticated technology-based reward system tracks and rewards adolescents who performed “interim” behaviors such as attending meetings, asking/answering questions, etc. This system mimics the experience of popular mobile games, with redeemable points serving as tangible indicators and encouraging progress. Finally, Wajood Yuva has demonstrated local level collaboration and built capacity of local non-governmental organizations at the city/state level while aligning with government structures and mechanisms.

Major Accomplishment: At the close of intervention, the project reached 56,250 adolescents (64% girls, 36% boys) against project target of reaching 45,000 adolescents and had organized. At the endline, there was significant increase in the knowledge about almost all the menstruation and pregnancy related aspects among adolescent boys and girls from baseline to end line. Most of the girls in both the rounds (BL-95%, EL: 96%) were aware about the duration of menstruation cycle. Awareness in this regard among the boys has significantly gone up from 52% in BL to 68% in the EL. There was a significant increase about the knowledge related to condom as contraceptive amongst girls (BL-34%, EL-58%) as well as boys (BL-34%, EL-58%). At the endline Asli Gapshap emerged as an important source of information during end line (Girls-32%, Boys-9% for condom; Girls-34%, Boys-13% for OCP and Girls-38%, Boys-16% for EC). Self-risk perception with respect to using any contraceptives increased from baseline to end line amongst girls and boys both from baseline to end

line. There was significant improvement of the self-efficacy of girls to negotiate sex and contraceptive use on listed different parameters from baseline to end line.



Technology driven initiative for active engagement of adolescents



AHD Girls: Enabling the adolescent girls with correct knowledge and requisite skills for better tomorrow

A.5. THE UTKRISHT DEVELOPMENT IMPACT BOND

About the project:

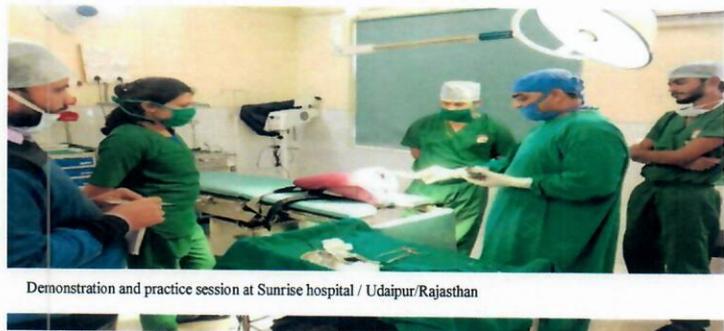
The Utkrisht Impact Bond is a partnership between Population Services International (PSI), Palladium, HLPFPT, UBS Optimus Foundation, Mathematica, MSD for Mothers and USAID. For the Utkrisht Impact Bond, the upfront funder, the UBS Optimus Foundation, provides the initial working capital so the service providers – PSI and HLPFPT – 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.

Major Accomplishment: 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 798 private facilities in 15 intervention districts of Rajasthan, conducted baseline quality assessments in 187 facilities and engaged 157 facilities. As per the project design, facilities are expected to reach at certification level – meeting 50% score in all chapters in NABH whereas 100% score in 70% chapters of Manyata standards. Mathematica, a third partner verification agency,

appointed by the outcome funders, conducted the third round of verifications among a combined pool of PSI and HLPFPT facilities. A total of 86 facilities were submitted as candidates for meeting the certification standard. After the verification, Mathematica concluded that the process for placing facilities in the Certification Standard Ready Pool was accurate.

In addition to providing coaching and mentoring input, PSI provided online customized training on Manyata module and conducted virtual assessment as a preparation of onsite Manyata assessment for most of the facilities. Out of 157 facilities engaged till March 2020, 144 facilities applied for Manyata certification, 114 facilities assessed by Manyata and 109 facilities received Manyata certificate. PSI also provided support to facilities interested for NABH application by assisting them to apply in HOPE portal. PSI supported 14 facilities for NABH application, 3 facilities received NABH certification and others were at different stages of assessment.



Demonstration and practice session at Sunrise hospital / Udaipur/Rajasthan



Gupta Nursing Home/Sawai Madhopur dist/Rajasthan Providers and hospital staff with Manyata Assessor

A.6. SPARQ (STRENGTHENING PERSONS CENTERED ACCESSIBILITY, RESPECT AND QUALITY)

About the work:

SPARQ is a Quality Improvement (QI) and research project funded by PSI-DC. 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.

Major Accomplishment: The 'Change Package' was developed in September 2018 and implemented in additional 3 intervention sites to understand the viability of sustaining improvements gained in Phase 2 sites and the viability of adopting and implementing the same in additional sites without extensive external coaching. During spread phase, we have found that intervention sites were not able to sustain improvements from the design phase endline, although spread sites were able to significantly improve their PCC scores with a modified coaching schedule and implementation of effective QI change strategies.

Under the SPARQ FP intervention, we developed a PCC training module that was added to a standardized FP training for ASHA in Varanasi. ASHAs were randomized to a control or intervention group. A case-control study was conducted to understand whether women who had been visited by a PCC trained ASHA were more likely to take up a modern family planning method of their choice, as well as whether they reported higher PCC scores in a quantitative survey. Overall we found, the PCC score was not statistically significant between study arms. Being a part of the training intervention was not associated with a PCC score above the mean, although it was associated with three individual PCC items: reporting that the ASHA introduced herself, that the ASHA treated the woman with respect, and that the woman was not asked to pay something other than the official cost. Women who had higher person-centered family planning scores for their interaction with the ASHA had increased odds of taking up a family planning method. Additionally, among women who took up a method since the ASHA's visit, having higher person-centered family planning scores was associated with increased odds of still using that method 3 months post-ASHA intervention training.



State level dissemination workshop, Lucknow, Sept. 2019

SECTION:B- SANITATION

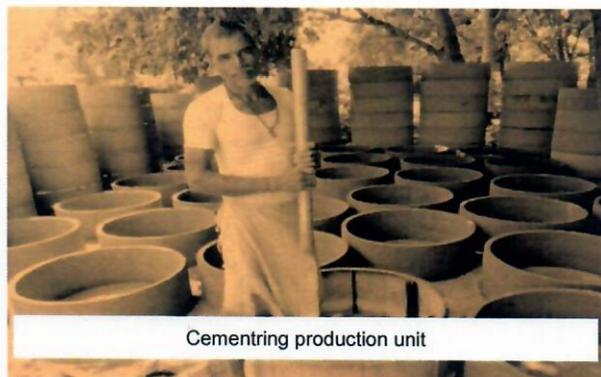
B.1. SUPPORTING SUSTAINABLE SANITATION - PATHWAYS TO SCALE

About the project:

This is the second phase of the 3SI project (Supporting Sustainable Sanitations Improvements). The project is funded by PSI-DC 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 applied 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 second phase build on the same and ensuring the sustainability of the sanitation market which means the adoption of the product marketing techniques by the entrepreneurs by increased investment on it resulting in consistent toilet sales.

Major Accomplishment: The project started on 1st October 2017 and will end by 31st December 2020, during this period the achievement of the project has been;

- 234 Sanitation Enterprises were identified and their capacities for product marketing and toilet sales were improved through consistent and intensive engagement.
- Supported the enterprises in identification of toilet motivators (sales agents) and helped them in their engagement process. 762 Toilet Motivators were identified and linked with the enterprises.
- To bring down the cost of product production and delivery a system bulk purchase was introduced by forming a small groups of enterprises and 37 Stockiest have been linked with them for bulk purchase of toilet input material and 201 enterprises purchased toilet components in bulk in groups or individually during the project duration.
- The strategy was to support the enterprises in the product marketing and gradually withdraw this support ensuring that the enterprises are investing on it. The marketing cost consists of incentives, group and community meetings in the villages and the outdoor publicity through pamphlets, banners etc. A total of INR. 1,43,18,871 (\$196,149) was invested by sanitation enterprises for demand generation and promotional activities out of which INR. 87,67,376 (\$120,101) (61%) has been spent by the enterprises and remaining was reimbursed by the project.
- Through the partner, Friends of Women World Banking (FWWB) a sanitation loan of \$ 7.73 M was given for toilet purchase as well as enterprise business expansion. 21,122 Consumer loans have been provided by the Micro Finance Institutions for toilet construction through Sanitation Credit Financing services.
- 996 Project Intermediaries have been trained on marketing and promotion of toilet products
- 137,970 Households purchased toilets from the project linked Sanitation Enterprises
- 232 Enterprises have paid incentives to the toilet motivators for referring toilet sales.



Cementring production unit

B.2. PROJECT SAVERA (CREATING SUSTAINABLE SANITATION MARKETS IN CHITTOOR)

About the project:

PSI with the support of PSI-DC is implementing this project in Chittoor district, Andhra Pradesh (A.P.). The project was started in July 2017 and will end in March 2021. The project aimed to support government's Open Defecation Free drive by changing toilet use behaviours among the rural population through BCC campaigns and inter personal communication also, engage with the government in its scale up. The project aimed to reach 200,000 households with a potential population of 780,000 in 400 villages. The intervention focussed on the "Use and Clean" components, as the Andhra Pradesh Government under the Swachh Bharat Mission, has ensured toilet construction. Additionally, provide strategic and technical support to the district for improved uptake of toilets through building the capacity of various stakeholders

The key highlights of the project are:

- Till Oct 2020, 400 villages have been covered by contacting 2,89,547 HHs, and 7,24,996 Individuals as per the intervention strategy.
- To emphasise the male behaviour change a special event named as village birthday was organized in 400 villages where around 13417 adult population participated.
- Output Tracking Survey (OTS I & II), the impact assessment study of the phase I & phase II campaigns was conducted in Sept 2018 & August 2019. The result of OTS I & II was quite encouraging. The result of OTS are as follows:
- Results of OTS I:
 - 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 I.
 - Significant improvement in individuals using toilet consistently from 46% at baseline to 74% at OTS I
 - Significant increase in HHs cleaning toilet daily from 14% at baseline to 34% at OTS I.

- Results of OTS II:
 - Reach of communication activities is near universal (95%)
 - Significant increase in households using toilet consistently from 31% at baseline to 52% at OTS II.
 - Significant improvement in individuals using toilet consistently from 43% at baseline to 75% at OTS II.
 - Significant increase in HHs cleaning toilet 2-3 time in a week from 30% at baseline to 59% at OTS II.
- The project was implemented in coordination with the government and PSI also proposed the government to replicate the same in all the 1372 villages in the district through the government employed 16000 village volunteers. Considering the successful implementation in 400 villages district agreed for scale up through the village volunteers and requested PSI to provide support in capacity building and monitoring of the same.
- To provide above support training module, training handbook for village volunteers, and a mobile app for reporting of the Village Volunteers have been developed.
- 198 master trainers were trained by us also supported intensively in the training of 2500 master trainers.
- Till Oct 2020, we have supported trainers in conducting the field training of 12,000 Village Volunteers.
- During lock down due to Covid19 in April & May 2020, we reached out to 65,388 HHs for covid19 related messages.



Toilet use pledge by the male members

B.3. AFTER THE FLUSH (ATF)

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

- We are closely working with the private tanker operators providing septic tank cleaning services in the city and supported them to form a city wide association for an improved and organized contribution in to the city FSM.
- We have organized first meeting between the members of the association and the Municipal Corporation, Jal Sansthan and Jal Nigam officials to understand the challenges that is being faced by the tanker operators in the compliance of safe collection, transportation and disposal requirements.
- Subsequent to this meeting we coordinated with the Jal Sansthan and the registration fee of operators were reduced to 2000/- INR from 10,000/- INR in Lucknow.
- We further worked with the association for their registration with the Jal Sansthan. The number of registered operators have increased from 6 to 18 (25 cesspool vehicles) in lucknow
- We also coordinated with the association and Jal Sansthan/Jal Nigam in opening up of the disposal locations and activating them which is helping significantly in reducing unsafe disposal in the city.
- Above efforts have resulted in to increase in safe disposal of faecal sludge from 3,15,000 liters in October 2019 to 21,75,000 litter in October 2020 and similarly the safe disposal in Kanpur also increased from 4,00,000 lits in January20 to 12,00,000 lits in October 20.
 - Pithampur has a FSTP of capacity 6,00,000 liters/month, its utilization has increased from merely 21000 liters in June to 288,000 liters in October 20.

About the project:

After the Flush project is being implemented in the three cities Lucknow and Kanpur in Uttar Pradesh and Pithampur in Madhya Pradesh. The objective of the project is to support government in reduction of unsafe faecal sludge disposal through organizing private sector and applying appropriate monitoring mechanism and creating awareness about the consequences of unsafe faecal sludge disposal. 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



B.4. PRASADHAN PATNA BIHAR - FAECAL SLUDGE MANAGEMENT (FSM) (PROJECT ENDED IN MAY 2019)

Key achievements:

1. A model of privately managed and operated Fecal Sludge treatment plant was tested that informed the limitations that any such model would surely require investment (subsidy) by the government on the capital cost
2. An association of tanker operators was formed in Patna city to give a collective voice on their concerns in the fecal Sludge management.
3. Tanker operators were motivated for self-registration under the Medium, Small and Micro Enterprises Department to give them a validity of enterprise.
4. Coordinated and supported tanker operators for their registration with the Municipal corporation
5. 16.85 million liters of fecal sludge were prevented during the project from unsafe disposal.
6. **Technical support to government**
 - Standard operating procedures on fecal Sludge Management was developed for the Ministry of Urban Development Department, Bihar
 - Supported UDD in developing FSM Policy for the state.
7. **Communication activities**
 - PSI made 101,813 contacts through various communication activities and promoted helpline number across the Patna city.
 - Mass-media campaigns through leading radio channels were conducted in Bihar to promote safe faecal Sludge Management.
8. **Dissemination**
 - Young Global Leaders (YGL) a foundation of World Economic Forum noticed our work a sent their member to understand our work. YGL also made a film on this work that was shown during World Economic Forum meet 2019.
 - HCL foundation also visited this project and a dialogue of funding from the initiated.
 - A practice paper on the FSM work has been published in an International Journal Water Lines.

About the project: PSI initiated project "Prasaadhan" funded by PSI-DC. The project employed a market development approach to address barriers that cause market failures. It facilitated 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.



SECTION:C- COMMUNICABLE AND NON-COMMUNICABLE DISEASES

C.1. SUSTAINING HEALTH OUTCOMES THROUGH PRIVATE SECTOR PARTICIPATION (SHOPS) PLUS PROGRAM:

About the project:

Population Services International (PSI) with support from PSI-DC 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 PSI-DC 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.

Major Accomplishment:

The specific objectives of this activity are:

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 through :-

- 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
 1. 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).
 2. Develop a state-specific strategic plan for Madhya Pradesh by adapting the NSP for TB elimination to the state needs

Intervention geographies: The activities were 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.

SHOPS plus facilitated development of city action plans in five intervention cities (Jabalpur, Sagar, Ujjain, Rewa, and Gwalior) for integrating TB activities within NUHM platform and institutionalized mechanisms for monitoring progress through the Urban Health Common Coordination Committee (UHCCC) and at the state level, through the Mission Director, NHM. The program leveraged support of the public front line workers (FLWs) - ASHAs under NUHM for TB Screening, referral services and treatment adherence support. This has been replicated by the government of MP in other cities of the state.

Highlights: NUHM RNTCP Integration

- 1276 FLWs (ASHAs) were trained to carry out TB screening and referral, and to provide treatment adherence support.
- During Oct.'19 to Sept.'20, SHOPS Plus (NUHM-RNTCP integration) has enabled TB screening at more than 1,12,769 urban households through NUHM FLWs, and linked 7,253 presumptive TB cases for testing and diagnosis.
- 1,124 TB cases were detected till June 30, 2020 (this intervention ended on June 30, 2020).
- 1,088 TB patients were put on treatment, out of which 551 were also linked to the nutrition support scheme under the government's Nikshay Poshan Yojana (NPY) by end of June.
- Outreach camps continued to be held in difficult to reach pockets during the first quarter of the reporting period. Total 29 outreach camps were organized from Oct.'19 to Dec.'19, where around more than 300 cases were identified as presumptive cases and 18 were diagnosed with TB. This activity was taken up under the NUHM from January 2020 onwards.

Highlights: E pharmacy & State Specific Strategic plan for TB

- Finalized Medlife as the partner for delivering E-pharmacy and obtained buy in from different stakeholders on the E-pharmacy model.
- The implementation of proof of concept was kicked off since last week of December'19, since then till October 2020, 585 presumptive TB patients provided with sputum sample collection and transportation services and tested at CBNAAT lab with Medlife services.
- 1557 identified TB patients started receiving FDC Drugs from NTEP through Medlife as door step delivery while 1509 patients have been linked to the Direct Benefit Transfer (DBT) scheme of the Govt.
- E-pharmacy mechanism has potential for clear and tangible benefits to the patients, private providers, NTEP as well as the E-pharmacy industry.
- SHOPS Plus provided technical support to the government of MP to develop a state specific strategic plan (SSSP) for ending TB by 2025. On 1st November'19, Chief Minister, Government of Madhya Pradesh officially launched the state specific strategic plan for ending TB in Madhya Pradesh by 2025. By this GoMP, showed the highest political commitment for ending TB in MP by 2025. Further the SSP was disseminated among the district TB officers (DTOs) across all district in MP, the SSP would help district officials to develop district specific strategies for ending TB in their districts thus contributing to ending TB in Madhya Pradesh
- Lesson learned documented and recommendations:

organized a two-day workshop for developing strategies and action plan for convergence of Health and social determinants on the Smart city platform. Representatives from MOHFW- NUHM and Smart city platform from three cities Pune, Indore and Bhubaneswar participated in the workshop along with nodal officials from NUHM and Smart city from National, state level in Madhya Pradesh. Following action plans were developed and discussed by representatives from NUHM and Smart city from Indore and Bhubaneswar cities. The Indore and Bhubaneswar teams made presentations on the action plan at the end of the workshop.

The learnings emerging from the demonstrated models like Uday Project would help the health systems in activating the available NCD framework as envisioned in the Health and Wellness Centers (HWCs) for urban area of the state, under the comprehensive primary health care of PMJAY (Pradhan Mantri Jan Arogya Yojana). Addl. Mission Director for her appreciation and recognition of PSI's effort in demonstrating this model on NCD integration into NUHM platform.

C.3. BOSTON SCIENTIFIC ON NCD

About the work:

The project is supported by PSI DC and is built on providing the need based techno managerial support at National and State levels to get NCD well integrated in to the HWC. It was planned to demonstrate successful integration process in two cities (Varanasi and Visakhapatnam) at the erstwhile Urban Primary Health Centre, (now as HWC), under the National Urban Health Mission (NUHM) and the same process flow to be used for advocacy to include NCD services in HWC in other states. The project will include earmarked health and wellness centers, leverage existing capacity building and communication tools and collaborate with existing opportunities of replication in other states.

Major Accomplishment: The project started with a briefing to the Urban Health Division Official of the Ministry of Health and Family Welfare (Government of India) about the PSI's past engagement in the health area of Non-Communicable Diseases (NCDs) with our implementation of Project Uday. Population Services International (PSI) implemented a pilot project in Varanasi (Uttar Pradesh) and Visakhapatnam (AP), with an aim to demonstrate the integration of Diabetes (DM) and High Blood Pressure (HBP) prevention into care activities within the National Urban Health Mission (NUHM) platform now in the Health and Wellness Centre (HWC).

The program is having following objectives:

1. Integration of NCD programs into HWC services
2. Frontline workers and other HWC staff are equipped to provide NCD prevention and treatment services (as they are qualified to provide)
3. Enumeration and adherence to digital technology for tracking by the frontline health care workers.

PSI and government agreed to have a joint meeting between Urban Health and NCD to discuss and chalk out the plan of operationalization of the various strategies such as:

1. Review of the current IEC materials and capacity building tools for the frontline workers
2. Use of Digital technology for the community outreach programs
3. How field programming can be strengthened, especially planning (as during the same time States' PIP (Program Implementation Plan) for FY 2020-21 were in the final stage of discussion at the MOHFW.

In the month of March, with the first indications then subsequent rise in cases of COVID-19, the entire focus of the Ministry of Health and Family Welfare shifted to the management of the pandemic crisis and response under the National Disaster Management Act of 2005. PSI continued engagement and conversations with the key government officials. We received frequent updates as to the status of the COVID-19 pandemic, which we communicated to our staff in India and in the United States. Because of the efforts of health officials in attending to the pandemic situation, we were not able to conduct much of our project start up.

There is an expressed need by the Ministry of Health and Family Welfare for the modification of the current NCD program implementation guidelines to address the COVID-19 situation and its dissemination plan in the country. According to the DADG, the technical assistance need is in the following areas:

1. To conduct a rapid assessment how COVID-19 pandemic situation has adversely impacted people's lives by increased stress level causing HT and Diabetes.

- At facility level UPHC can be used for provision of TB screening, diagnosis and treatment facilities. This way the TB diagnosis and treatment services can be decentralized from one centre per 150,000 populations under NTEP program to one centre per 50,000 populations through UPHCs under NUHM.
- Community level structures under NUHM such as ASHA, Mahila Arogya Samity (MAS) can be leveraged for household level screening, referral linkages of presumptive cases for diagnosis, treatment adherence support, reducing stigma discrimination and creating awareness on TB
- State level and city level mechanisms for governance, management and monitoring of integration activities is necessary for smooth implementation of activities. Suggested is the state level coordination management committee involving nodal officers by NUHM and NTEP under the leadership of MD-NHM. At city level urban health common coordination committee including stakeholders like ULB, NUHM, NTEP, WCD, Swachh Bharat Mission, Smart city platforms, civil society representatives under the leadership of DM/CMHO for smooth implementation of integration activities is also suggested.
- Over and above, demonstrating the financial benefits from TB work in terms of incentives to ASHAs, coaching and mentoring ASHAs for TB related work and removing barriers in motivation of ASHAs is essential for successful implementation of integration activities.
- E-pharmacy market has potential to address the challenges of improving access to free TB drugs and diagnosis for patients treated in private sector
- E-pharmacy mechanism has potential for win-win situations for the patients, private providers, NTEP as well as the E-pharmacy industry..

C.2. UDAY

About the project: After the completion of the project Uday (2013-2018,) a pilot initiative was launched (may 2018) demonstrating activation of integrating DM and HT, prevention, screening, early diagnosis, treatment linkages using the NUHM platform and activities, in collaboration with NUHM, NPCDCS and TCIHC. The pilot was proposed in Vishakhapatnam (Vizag- existing city under Lilly program), Varanasi in Uttar Pradesh, where PSI is already implementing the TCIHC project and has good rapport with NUHM.

Major Accomplishment: The field implementation of this program got completed in March 2019 and post that period PSI documented the lessons learnt from the pilot project for integration of DM and HT prevention to care within the NUHM platform and disseminated the same at District, State and National level for government (NHM) to adopt and scale up this integration into NUHM platform.

Dissemination : PSI conducted a State level dissemination meeting with Addl. Mission Director and other NUHM and NCD officials and NGOs implementing NCD in Lucknow on 17th Sept. 2019 at the office of the Addl. Mission Director and presented the pilot modal, key highlights, challenges and lessons learnt. Also, shared PSI field test experience of conducting Community Based Assessment Checklist (CBAC) at non-slum areas. Which, may be useful for empowering FLWs (ASHAs) in government health system if they would approach non-slum communities for this assessment.

District level dissemination: PSI conducted a District level dissemination meeting involving Chief Medical Officer, Addl. Chief Medical Officer and Nodal Officer – NCD and Additional Director, Deen Dayal Hospital in Varanasi on 19th Sept. 2019

State level dissemination: PSI, presented an overview of the strategic approaches and results from the PSI led - Uday Project in layering NCD on NUHM platform in Varanasi and lessons learnt from same as follows:

Key Outcomes:

- 49% recall hearing message on BP/DM but only 35% could link that with Uday campaign
- Spontaneous recall of canter was highest followed by nukkar natak and hoarding.
- Visual aid increased the recall of leaflet, key ring and t-shirt substantially
- Recall of messages was high
- Campaign showed positive effect on awareness of UPHC being site for diagnosis and treatment of HBP and DM
- Major gap in screening of BP and sugar

National level convergence of NUHM and SMART city platform: Population Services International (PSI) in collaboration with National Urban Health Mission (NUHM), Government of India and Smart City Platform under Urban Development, GOI,

Based on the interaction, we plan to conduct a rapid assessment of the impact of COVID on NCD disease burden in India. This evidence generated from the project will help the national and state governments to have the evidence base on which to base their revised strategy.

PERSONNEL AS ON 31ST MARCH, 2020:

On Payroll	120
STC	2
Consultants	29
Volunteers	53
Total Head count at March 31, 2020	204

ICC COMPLAINT RECEIVED :

Internal Complaints Committee (ICC) of PSI did not receive any Sexual Harassment complaints in the period April 2019-March 2020.

AUDITORS

M/s MSKA & Associates, Chartered Accountants was appointed as the statutory auditor of the Society for the financial year 2019-20. 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

Treasurer

Secretary



FOR FURTHER INFORMATION PLEASE CONTACT:

Population Services International
C-445, Chittaranjan Park, New Delhi - 110019
Tel : +91-11-4731 2200/2210
Fax : +91-11-2627 8375

www.psi.org.in
info@psi.org.in