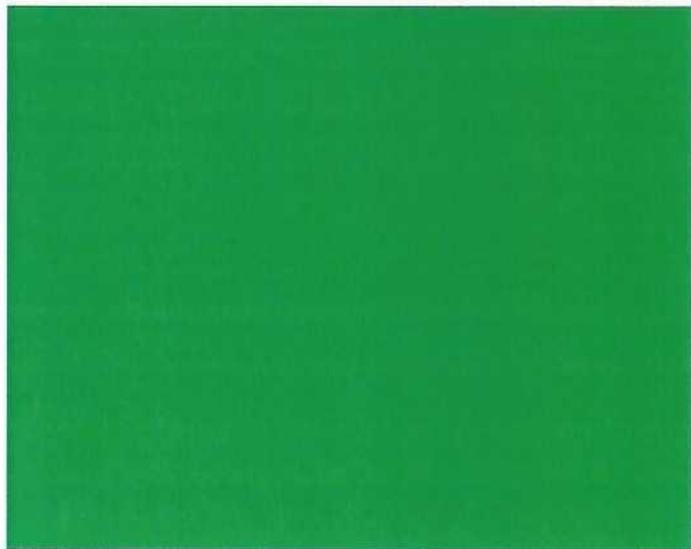


PSI India at a glance  
**Annual Report**  
2020-2021



## Annual Report 2020-2021

The Governing Body is pleased to share Population Services International, India's Annual Report together with the audited statement of accounts for the year that ended on March 31, 2021.

### Year under review

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

| <b>Financial results</b>          | <b>Year ended March 31, 2021 (Rs.)</b> | <b>Year ended March 31, 2020 (Rs.)</b> |
|-----------------------------------|--|--|
| Total income                      | 32,52,40,970                           | 63,77,26,510                           |
| Excess of income over expenditure | 3,10,48,741                            | (61,91,416)                            |

.....

### Projects implemented during the year

#### I RMNCH+A

- i. The Challenge Initiative for Healthy Cities
- ii. Utkrisht
- iii. Hygiene and Behaviour Change Coalition (HBCC)
- iv. Accelerating contraceptive uptake through post-pregnancy care models in india
- v. Samagra

#### II Sanitation

- i. The 3SI project (Supporting Sustainable Sanitations Improvements)
- ii. Savera
- iii. After the Flush

#### III Communicable and Non-Communicable Diseases

- i. SHOPS Plus
- ii. Uday-HCL project
- iii. Boston Scientific on NCD

# RMNCH+A



## The Challenge Initiative for Healthy Cities

**6,679 ASHAs**

coached and mentored

**1 million+ women**

reached with information on family planning

The Challenge Initiative for Healthy Cities (TCIHC) works towards ending preventable maternal and child deaths with the strategic objective of scaling up evidence-based interventions in expanding access to and demand for modern contraceptives among all women 15-49 years of age in participating cities, focused on the urban poor. It lays additional emphasis on married and unmarried youth and first-time parents 14-24 years of age for whom the market is failing.

*TCIHC is 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.*

## Major Achievements

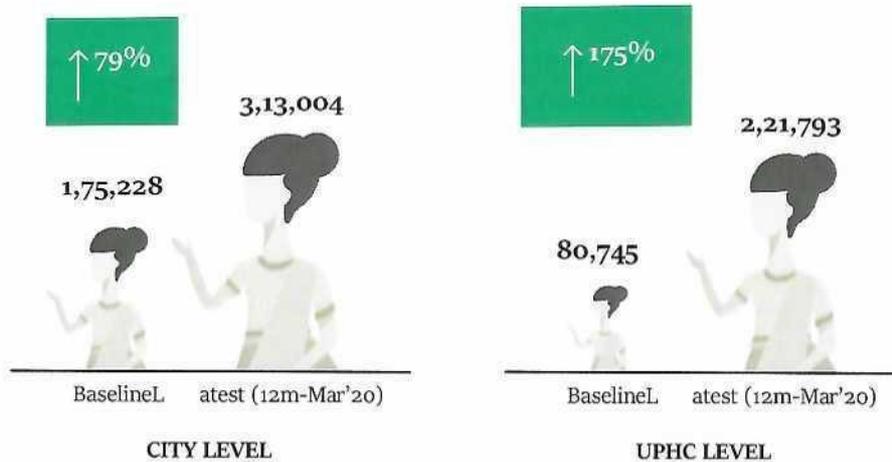
TCIHC continued on its strong path to support the current 31 cities through a staggered graduation process, and scaled up the program to additional five cities to serve additional urban city population in Uttar Pradesh.

By the end of the financial year, the team coached over 2000 coachees in the government system across the value-chain starting from state to city to facility level. While, at the community health worker level, over 6,679 ASHAs received monthly coaching and mentoring support on prioritizing family planning clients and planning their work to cover these people and refer

them on FDS day.

TCIHC reached over one million women with information on family planning. As a result of TCIHC implementation, the annualized mCPR change since TCI implementation is 2.8% at city level and 4.7% at UPHC level.

Overall Change in Annual client volume from public facilities at the city level is 79%. A substantial contribution to this comes from UPHCs at 74%. The change recorded in UPHC is higher than the changes in city level at 175%.



TCIHC added six new high impact approach tools and successfully launched a CMO series commemorated to the senior-most health leadership at the city. While TCIHC graduated out of five cities, it deliberated diffusion in 11 divisional cities, 10 rural blocks and selected higher-order facilities. This penetration ensured city-wide expansion of core high-impact approaches such as FDS.

Deepening its AY intervention, by the end of this financial year, 15 TCIHC classic cities had scaled up Adolescent Youth Sexual Reproductive Health (AYSRH)

interventions by activating adolescent friendly health services (AFHS) in 334 UPHCs in these cities. PSI India created master coaches in the system who conducted Whole Site orientation in 96% UPHCs, which were participated by 3718 UPHC staff including MOIC, staff nurse, pharmacists and janitors. The Adolescent Health Days were layered on in 92% UPHCs provisioning AH services to 20,015 boys and girls, and over 2495 Community AHD events in five cities reaching 34,647 boys and girls.

Besides, TCIHC worked with the government and provided WhatsApp based messages on COVID care integrated with family planning, distributed protective gears (PPE kits) as a preventive measure for the health facility staff, coached community health workers on behaviour change communication on COVID care for creating awareness in the community etc. The Initiative worked with the state government to revise Antral diwas/Fixed day static approach guidelines to reinstate family planning services at the urban primary health centres.



*TCIHC provided frontline functionaries in 20 cities of UP with:*



**44,000**

soaps



**22,000**

masks



**11,000**

hand sanitizers

Assisted by TCIHC, the city governments of 20 TCIHC supported cities announced **Mission Pragati**, a time-bound programmatic intervention, January 2021-March 2021 to stimulate both demand and service side activities for urban family planning.

Meanwhile, TCIHC assisted city governance staff complete two rounds of 'Reflection and Action to Improve Self-reliance and Effectiveness (RAISE)' that helped the cities self-assess their progress and act accordingly.





## Utkrisht

### 185 facilities

achieve certification standards and acquire Manyata certification

### 900+ facilities mapped

an over-achievement by 76% of the initial facilities planned

Utkrisht Impact Bond contributes to the reduction of maternal and new born mortality in Rajasthan through increased access to high quality maternal and new born care services. The project facilitates private sector small health care organizations (SHCOs) acquire Matritya Quality

certification and accreditation in the long run and improve the quality of intra-partum care through increased adherence to essential childbirth practices and sustain quality through accreditation. The project is a collaboration between Population Services International, India (PSI India), Palladium, IHLFPPT, UBS Optimus Foundation, Mathematica, MSD for Mothers and USAID.

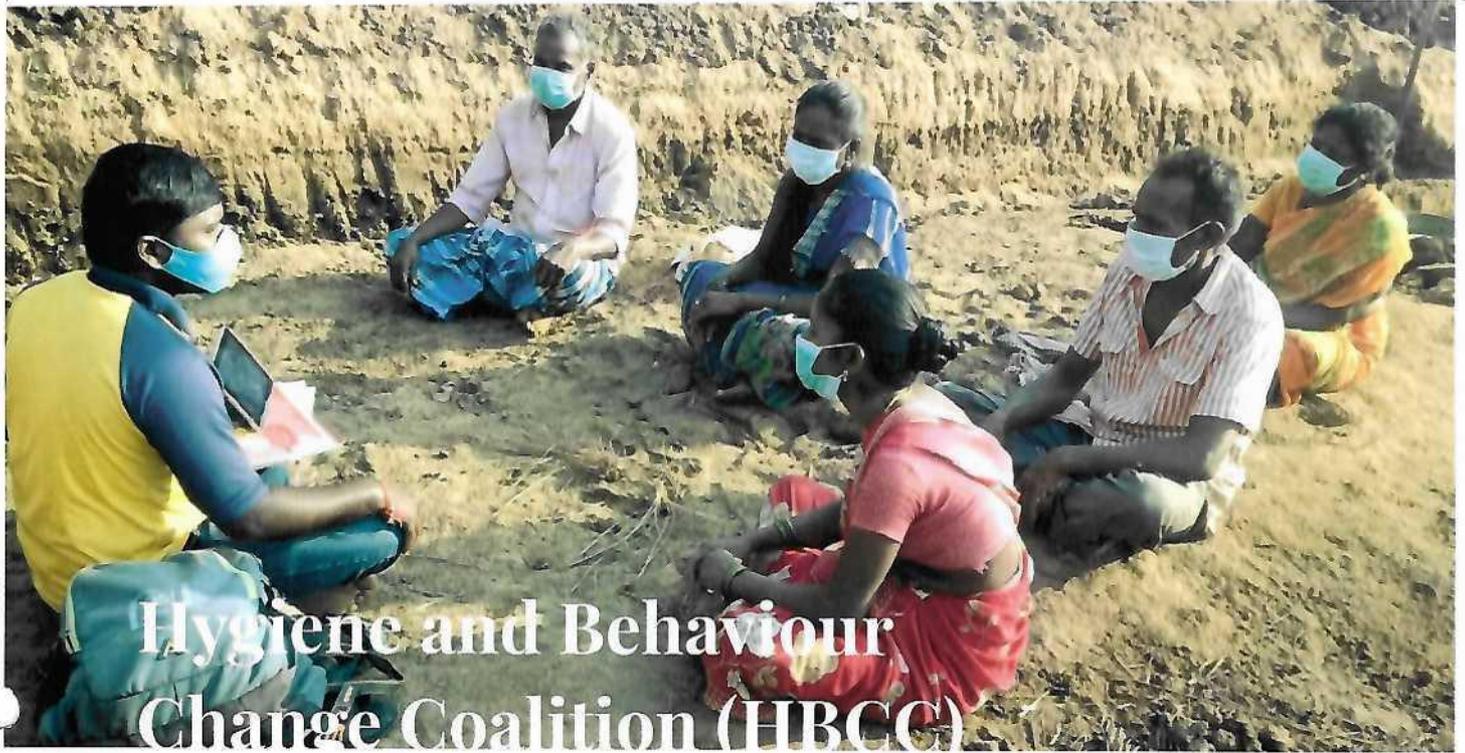
## Major Achievements

The project led to 185 facilities achieve certification standards and acquire Manyata certification; while 28 of these had their assessments completed and seven qualified for NABH certification. Additionally, the project mapped over 900 facilities, an over-achievement by 76% of the initial facilities planned. It assessed 231 facilities and engaged 225 out of these and provided technical assistance to SHCOs to form quality committees which can provide over sight in maintaining quality outcomes beyond the project lifecycle.

This period April 2020-Mar 2021 saw two waves of contagious pandemic COVID-19. The state of Rajasthan rather witnessed rapid spike of Covid-19 cases which resulted in state-wide lock down. The round 6 verification started in the third week of April 2021. And around the same time many of the facilities of round 6 ready pool were designated as COVID-19 hospital by the Govt. This situation forced the project to halt the process of verification. The verification agency and

other stakeholders deliberated on the situation for over a month. Later in May 2021, the ISC decided that the verification of the round 6 facilities by Mathematica be based on the Manyata scores. Since, all the facilities of the round 6 ready pool were Manyata certified, the last round was considered as 'pass'.

During these times, PSI India through its experienced staff and Manyata trainers provided additional training to QI trainers, facility providers and other staff. It also engaged Asian Research & Training Institute for Skill Transfer (ARTIST), a high impact training institute for maternity care to provide web-based training using the digital platform. These initiatives equipped the facilities to apply for Manyata certification. However, for NABH, PSI India formed an internal team of experts for virtual assessment of facilities for preparation before applying for NABH certification.



# Hygiene and Behaviour Change Coalition (HBCC)

Over 3.4 million people were reached and engaged with targeted messages on COVID-19 and hygiene



## 1,412 trained

health care facility staff and community health workers

## 600 locations in 120 intervention

villages spread the importance of correct handwashing steps using digital wall painting



In response to the COVID-19 pandemic, Unilever and the UK government established a public-private coalition to reach 1 billion people with hygiene products, infrastructure and education. In India, PSI India executed this time-bound short interventions in Indore (Madhya Pradesh) and Chittoor (Andhra Pradesh) from Dec. 2020 and Oct. 2020 onwards.

PSI India made progress on all the process outcomes in both Indore and Chittoor. In Indore over 78,000 people were reached and engaged with targeted messages on COVID-19 and hygiene. Further, over 9,200 people were reached and engaged through digital & social media including WhatsApp, Facebook, Twitter, Instagram, YouTube, etc. WhatsApp in particular helped maximize reach within the community. Besides, inter-personal communication was made with more than 77,000 people through one to one / one to group meetings. And towards sustaining these correct practices, the project trained 396 health care facility staff and community

health workers on the inter-personal communication skills. Some of the strategies behind the success of the intervention included partnership with the Education department under which awareness campaign were carried out on handwashing and hygiene practices among school children. Then, municipality staff were oriented on the cleaning practices of community toilets under the Domestos Cleaner Toiles, Bright Futures, CTBF training. Coordination with ward councillors in certain wards and Mandal Development Officers (MPDOs) in 22 mandals (divisions) also contributed to increase the reach of the HBCC initiative. Medical Officers and staff

of Primary, Secondary, and Sanjeevni clinics were also instrumental in spreading awareness about hygiene practices.

In 120 villages of Chittoor, over 3.4 million people were reached and engaged with targeted messages on COVID-19 and hygiene through various mediums that includes 1,78,304 people through inter personal communication; 1,92,820 through digital and social mediums and around 30,000,00 through mass media. Further, over one lakh people were reached and engaged through digital & social media including WhatsApp, Facebook, Twitter, Instagram, YouTube, etc. In this city, bulk GIF messaging to smart phone users & tele-counselling resulted in massive outreach to the community. Besides, inter-personal communication was made with several people through one-to-one / one to group meetings. And towards sustaining these correct practices, the project trained many health

care facility staff and community health workers on the inter-personal communication skills. PSI India trained frontline health workforce of over 1400 ASHA, ANM, Anganwadis, village volunteers & sanghamitras who spread awareness on cleanliness and hygiene. Additionally, digital wall painting of handwashing steps at 600 locations in 120 intervention across the project villages were also placed villages to spread the importance of correct handwashing. The correct steps of handwashing were extended to over 0.1 million smartphone users through GIF messages. Additionally, an innovative password campaign through the All India Radio (AIR) from spread COVID to a substantial population in Chittoor district. In order to sustain these messages around 1412 health care facility staff and community health workers were also trained on the COVID 19 prevention.



## Accelerating contraceptive uptake through post-pregnancy care models in india

### 1909 pharmacists mapped

from Agra and Lucknow

in Agra

**32 facilities mapped**

in Lucknow

**64 facilities mapped**

### Major Achievements

During the first-phase, one of the foremost activities carried out in the project was the formative study to understand the triggers and barriers to post-MA contraceptive use. Another ethnography observational study of pharmacies was carried out at 11 pharmacies in Agra and Lucknow where client-pharmacist interactions, pharmacy footfalls and overall operations of the

pharmacy were observed and noted. Simultaneously, a Pharmacy Mapping exercise was done in intervention clusters of Agra and Lucknow to know average footfalls, MA sales and overall (and MA) client profile.

In phase 2, another round of Formative study (Phase 2) delved deeper into the psyche of women and girls to

With support from IPAS Development Foundation, PSI India designed an implementation solution for the uptake and continuation of post-pregnancy contraception in selected areas of Uttar Pradesh; Lucknow and Agra. The project catered primarily to women who are self-user of Medical Abortion and secondary to Pharmacist and men (Partners/Husband of the women). The first-phase of the project started in Dec.2017 till Nov.2020 and the second phase started in January, 2021 to continue with the implementation of project till November 2021

know their perception around fertility, focusing on the pathways of decision making on the use of, access and adoption of MA (self-use) and contraceptive methods post-MA. Between the two phases, the project has completed a foundational research study to examine

the ecosystem and behavioral determinants of post-pregnancy contraceptive usage among women.

## **This financial year, the project –**

### **Finalized the implementation criteria that includes:**

Leverage Existing Structures, aligned with Government Systems; Sustainability, Scalability and Replicability; Cost of Implementation, Technical Feasibility (Internal Considerations), Operational Feasibility (External Considerations) and Measurability.

### **Co-developed a Hybrid Intervention Solution that is divided into five major intervention phase of:**

## **Reach – Seed – Facilitate – Uptake – Sustain**

### **Modified the Evaluation Design and Updated Project Geographies:**

PSI India, IDF and Pop Council jointly modified the evaluation design parameter of existing separate project intervention site and project control sites, into evaluation through random users within intervention sites.

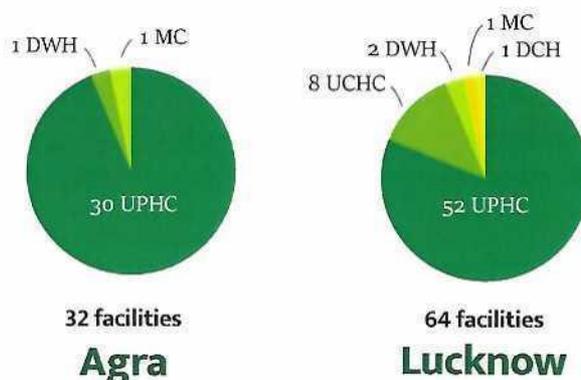
### **Process of Remapping Pharmacist :**

In continuation of updated project geographies, PSI India initiated the process for remapping the pharmacist, including the newer project areas.

PSI India mapped 1909 pharmacists from Agra and Lucknow. Out of total 1909 mapped, 1573 pharmacist who expressed interest to join the project, were filtered as per district and the intervention cluster name.

### **Mapping of Urban Public Health Facilities:**

The project leveraged the TCiHC project and collated the following basic details of public health facilities located in the urban locations of Agra and Lucknow, Uttar Pradesh.



The project team visited these 96 Government Urban Public Health Facilities and introduced the project and collected further information from the facilities pertaining to address, timing of facility, status of functionality etc.

## Introduction Visit to Hausala Sahjeedari accredited doctors:

The project field team made an introductory visit to the 99 HS accredited doctors out of the 134 HS providers and briefed them about the project and collected primary information required for the project.

## Reinitiating Incentive mechanism with Chemists:

On March 5, 2021 the project reinitiated two incentive mechanisms with 250 chemists; 150 from Agra and 100 from Lucknow. Under this, two incentive modes were designed.

### Model 1:

A one-time payment of INR 15 was paid to the chemist for distributing the project pamphlet to the MA buyers and for promoting the Saksham helpline.

### Model 2:

In this mechanism, chemists were offered INR 10 for each pamphlet distribution and an additional amount of INR 10 for successful call from the client to the helpline, where the helpline would seek chemist ID from the clients, which is mentioned on the pamphlet given by the chemist.

*The chemists were provided 40 leaflet each (overall 10,000 leaflets) containing FP messages and highlighting the Saksham helpline number.*

## Samagra

Samagra endeavors to create an urban health ecosystem that is responsive, affordable, equitable, and which provides quality preventive, promotive, and curative primary health care to urban poor. Supported by USAID, the project focuses on urban poor, women, girls, and other vulnerable populations. PSI India implements this project in Indore.

High COVID positivity rates and infection spread in early April'21 lead to a system lead prioritization towards COVID'19 responses, such as staff diverted to quarantine centers, frontline workers' immersion in the household surveys, out-patient services partially shut down, primary health centers converted to fever clinics / vaccine centers. The ripple effect of this disposition is de-prioritization of other health areas, more so preventive health, such as family planning, maternal and child health services. The intervention city of Samagra, Indore was one of the worst affected cities in Madhya Pradesh.

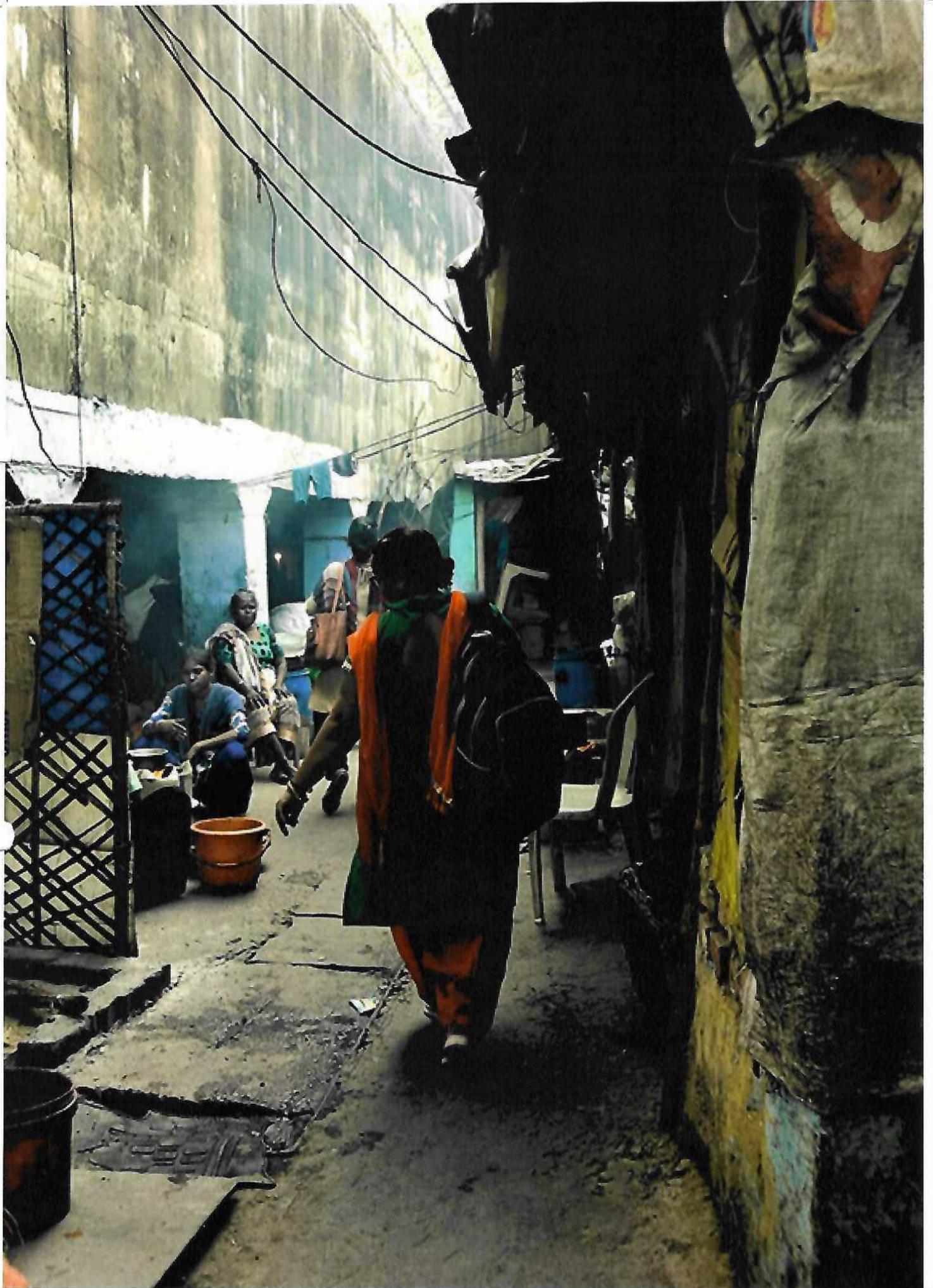
This financial year, PSI India focused its attention on coaching frontline workers to respond to community needs on primary health services. ASHA being involved

in various COVID-19 related work, hence required handholding and support during the pandemic. PSI India tailored messages on self-care for ASHAs and to build their credibility in the communities, distilled information on COVID 19 vaccination, and ensured that they have access to the latest information and guidelines. This engagement ascertained that all the gains the health system has made so far with community health are not lost.

## Major Achievements:

1. Working closely with Health Department officials, PSI India ensured that fixed day services on anti-natal care (ANC) and family planning (FP) at UPHCs level continued even though there was a reduction in uptake of both the services.
2. The team coached the city government to ensure reinstating of primary health services both at the facility and at the community level. However, a lesser number of urban health and nutrition day (UHND) sessions negatively impacted the child and pregnant women vaccination.
3. Layering of messages on COVID 19 awareness integrated with FP message for the communities by advocating with the govt.
4. Coaching ASHA supervisors and ASHAs virtually to allay the fears of the community and continue to address the FP needs of the community.
5. Technical assistance to city officials to track stock of FP commodities available with frontline health workers (ASHAs/ANMs) and replenish adequate stocks of each of the frontline workers and seek them to distribute short-term methods to the community during their household visits for COVID management.
6. Technical assistance to government officials to use virtual platforms to conduct CCC meetings, review meetings and disseminate messages and directives, regarding FP commodities indenting and supply.



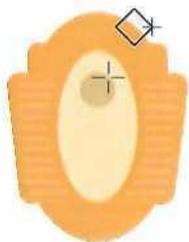


# Sanitation

## Supporting Sustainable Sanitation – pathways to scale: 3SI Pathways to scale

**137,970 households**

purchased toilets



The 3SI project (Supporting Sustainable Sanitations Improvements) project in its second phase builds upon the successes and experiences of the 3SI first-phase to accelerate and expand use of quality, affordable sanitation products. The project aimed to:

1. Eliminate marketing costs for SBCC (sanitation solution providers) and direct sales, and shift costs for community volunteers (toilet motivators) to enterprises.
2. Design mechanism for CRMs to aggregate demand for discounted bulk purchases of quality supplies.
3. Develop and disseminate knowledge products on sanitation marketing model.
4. Leverage additional funds secured for scale-up of sanitation marketing model in Bihar.
5. Encourage sanitation enterprises to invest in the key market component and strengthen the linkages between the sanitation enterprise and value chain players for toilet construction.

### Major Achievements

PSI India in its pathways to scale and support sustainable sanitation solutions, continues to use its market-development approach that has proven effective in converting need into demand while facilitating supply

to meet that demand in an equitable manner. The proposed approach leveraged broad public and private sector participation to (a) increase access to quality toilets and meet consumer preferences; (b) expand



financing services for private sector suppliers; (c) provide appropriate financing options for consumers; (d) influence behaviours of market actors, households, and communities; (e) strengthen the enabling environment supporting market-based approaches; and (f) leverage partnerships to raise additional resources.

An agreement was signed between identified enterprises and PSI India, whereby PSI India's role was to provide support to the enterprises by building their capacities to get sanitation financing, product marketing and aggregation of the input materials, and help them identify toilet motivators and link them. In return, the enterprises were to organize

marketing/promotion activities in the villages through the linked toilet motivators and incentivize them, if a customer referred by them purchases a toilet. If the footfall increases, enterprises should also invest in the marketing of the product. The overall goal was to sustain the sanitation market chain in the future.

As a result of these measures, 37 stockist were linked with these sanitation enterprises for bulk supply of toilet input material, over 234 Sanitation Enterprises and 762 toilet motivators were linked with them and of these 234 SEs, 201 enterprises purchased toilet components in bulk, which in-turn reduced the cost of the toilet construction per consumer. Over a 1000 project intermediaries were trained on marketing and promotion of toilet products; 137,970 Household purchased toilets from the project linked Sanitation Enterprises; almost 21,000 consumer loans were provided by the Micro Finance Institutions for toilet construction through Sanitation Credit Financing services and 232 Enterprises paid incentives to the toilet motivators for referring toilet sales.

Besides, a total of INR. 1,43,18,871 was invested by sanitation enterprises for demand generation and promotional activities and INR. 55,51,495 was reimbursed by the project. Hence, a total of INR. 87,67,376 is expended out of pocket by sanitation enterprises for demand generation and toilet sales.

Further, through the partner, Friends of Women World Banking (FWWB) a sanitation loan of \$7.73 million was given for toilet purchase as well as enterprise business expansion. During this financial year, over \$.93 million was invested through sanitation credit financing.

## Creating Sustainable Sanitation Market in Chittoor (Savera)

**0.31 million households**

**0.78 million individuals**

reached through interpersonal communication (IPC) activities

India experienced a revolution in toilet-building but the toilet use was still a challenge. It was shocking to know that the place like Chittoor where the toilet access 4 years back was 71 percent while only 21% of the families (all members) were using toilet consistently. To address this challenge, PSI India with the support of Unilever Limited and in co-ordination with the Government of Andhra Pradesh implemented a replicable behavior change communication model in 400 villages of Chittoor district where toilet coverage is very high yet use among male household members is significantly low. The project was designed to

1. Increase the toilet use from 22 percent (baseline) to 50 percent (to be measured by end line) among the households with toilet
2. Advocate with Government of Andhra Pradesh (GoAP) to endorse and adopt the model

### Major Achievements

PSI India carried out two research studies to build evidence on toilet usage practices. Basis this formative findings, a communication campaign was carried out by the project. This channelized the project to devise a mid-media plan 'video on wheels' intermixed with

engaging activities to create a buzz in the village followed by an intensive interpersonal communication with each member of the family in the village by visiting every household and a convening event for the male members who prefer open defecation.

#### As a result:

All 400 villages were saturated, covering each and every household and member of the household. This meant over 0.31 million (3,10,435) households and 0.78 million individuals were reached through intensive interpersonal communication (IPC) activity; more than 13,000 male inconsistent users were directly engaged via 'village birthday' events and more than 65,000 individuals were tele-counselled during COVID-19 period. Under the project, 198 master trainers and 2,744 additional trainers are trained and a training module, training handbook, and a mobile app are created for use by 16,000 village volunteers. The project has scaled up across all 1,372 villages of the district through the government's own ground force.

## After the Flush (ATF)

### 24

sewage treatment plants and sewage pumping stations opened for the fecal sludge disposal in Lucknow

### 1.2 mil. ltr. fecal sludge

disposed at designated disposal centers in Pithampur, Madhya Pradesh

After the Flush project supports the 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 help the consumers to access better quality in affordable prices and also sustainably empower the government to set and enforce norms and regulations and allow private sectors to run a non-exploitative profitable business. PSI India will focus to strengthen the sanitation value chain from proper collection to safe transportation and then to safe disposal.

## Major Achievements

After the Flush project is being implemented in the three cities Lucknow and Kanpur in Uttar Pradesh and Pithampur in Madhya Pradesh. Some of the major achievements during the period are:

1. A private tanker operator's association is formed in Kanpur and Lucknow, which is registered under the society registration act 1860. A unique model of efficiency is adopted in Kanpur where the Tanker Operators Association signed an MOU with the Municipal Corporation for safe collection and disposal of fecal sludge. This enables 31 tanker owners / members of the association to provide septic tank cleaning services as they do not have to register the operators individually and monitor their contracts.
2. Rigorous advocacy with the government results in opening of all 24 sewage treatment plants and sewage pumping stations for the fecal sludge disposal in Lucknow. Similar gains were seen in Kanpur, which also opened 12 new locations, taking the total count of disposal locations to thirteen.
3. PSI India works with the Lucknow Municipal Corporation (LMC) to implement awareness activities on fecal sludge. With support from PSI India, LMC painted fecal sludge management related messages like periodic cleaning and safe fecal sludge disposal on around 200 public and community toilets across the city. Similar initiatives were taken in M.P. where a ten-day awareness campaign was launched by the Pithampur Municipality on November 19, 2020. Under this, banners and posters developed with the support of PSI India and printed by the municipality were displayed at points of visibility. The municipality also carried out street plays on fecal sludge to strengthen the awareness campaign.
4. In Pithampur, Madhya Pradesh, over 1.2 million litre of fecal sludge has been disposed of at designated disposal centers during the reporting period.
5. Additionally, Pithampur Municipality agreed (i). the purchase of two new suction vehicles for septic tank cleaning, (ii). construction of an additional FSTP of capacity 50,000 litres and (iii). scheduled desludging of the septic tanks.

# Communicable & Non-Communicable Diseases

## Sustaining Health Outcomes through Private Sector Participation (Shops) Plus Program

### 2873 patients

received door-step delivery of the FDC drugs

PSI India through the Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project contributes to the National TB Elimination Program's strategy. The project demonstrates integration of TB services with other urban public health departments to improve access to quality TB services and products. SHOPS plus assists in the development of state specific strategic plans for TB elimination through private e-pharmacy mechanism. Under the innovative e-pharmacy approach to provide doorstep delivery of anti-TB drugs and diagnostic services to the urban poor patients, the pilot with Medlife was rolled out in the end of December 2019 in three cities of Madhya Pradesh: Jabalpur, Bhopal & Indore through the NTEP-mapped private providers.

### Major Achievements

Working closely with the state government of Madhya Pradesh, SHOPS Plus project harnessed technology to increase access of TB services to patients in the private sector. Prelim findings from field observations indicate that both the providers and patients are seeking the benefits of the e-pharmacy model with its ability to help overcome barriers to care caused by stigma. Aspects of the model such as at home sputum collection, private notification, and follow up messaging to ensure adherence to treatment help ensure patients who otherwise do not seek treatment for fear of being stigmatized by others in their community.



PSI India's e-pharmacy model is approved for the proposed program implementation plan (PIP) of MP NHM, 2021-22. A state specific plan for MP is already disseminated on the MP NHM website. Standard Operating Procedures (SOP) of the e-pharmacy model have been shared with STO and the project is transitioned to PPSA. The model included sample collection and transportation (SCT) services for patients within the 2-4 hours of order placement. The samples were tested at CBNAAT labs.

Over 2873 patients received door step delivery of the FDC drugs till August 2021, while the total number of

drug deliveries done by medlife under the E pharmacy model is 8176.

Since inception in December 2019, over 1000 new TB patients have benefited and received services through from the public sector enrolled in the e-pharmacy model for the free drug delivery from Jul '20 to Mar '21. In order to maintain the patient registry, the project ensured verified and updated data of patients is uploaded on the government Nikshay portal as well as Nikshay Aushadhi portals with the help of district M&E consultants from NTEP program.

## Uday - HCL project



Post completion of first-phase of the project Uday (2013-2018,) a pilot initiative was launched in May 2018 to demonstrate integration of 'diabetes mellitus and hypertension prevention', screening, early diagnosis, treatment linkages using the NUHM platform and activities, in collaboration with NUHM, NPCDCS and TCHC.

This pilot was successfully activated in Vishakhapatnam (Vizag- existing city under

the Lilly program), and Varanasi in Uttar Pradesh. The current phase had the following objectives:

1. Improve access to potable water supply systems in the city
2. Improve coverage of households either connected to sewer grid or Fecal Sludge Management (FSM) value chain in the city
3. Increase segregation of waste (dry and wet) at household level as per Swachh Bharat Mission norms.

## Major Achievements

PSI India advanced the objectives of the project and accomplished the following:

1. Advanced discussion with Eco green, agency contracted by Lucknow Municipal Corporation (for collection of waste from households for increasing awareness for improving segregation of waste at source.
2. A detailed assessment tool is ready for the assessment and the same is complete in 10 wards.
3. A revised budget sheet including the budget for the recruitment of manpower such as Consultant – MIS & Communication and Field Program Associates is submitted to HCL Foundation for approval.

## Boston Scientific on NCD

Boston Scientific on NCD provides need-based techno managerial support at National and State levels to get non-communicable diseases (NCD) integrated in to the health & wellness centres (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 centres, leverage existing capacity building and communication tools and collaborate with existing opportunities of replication in other states.

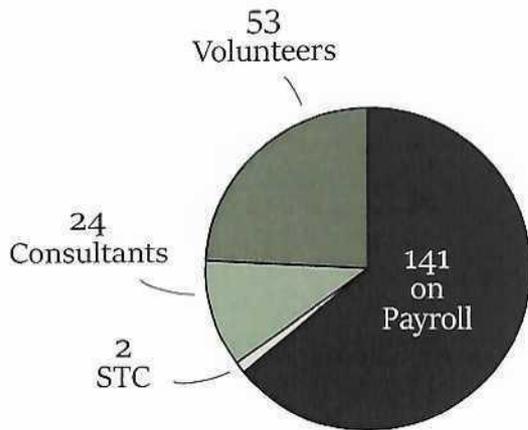
### Major Achievements

Last year 2020, COVID-19 pandemic hit the country hard and this impacted and stalled the work for AGC for NCD prevention. In this situation, discussions with the government along with the donor, resulted in a revised scope of work that mandates PSI India to assess the impact of COVID on NCD burden, particularly diabetes and hypertension. However, the specific revised objectives are:

1. Assess barriers to demand and supply, and devise strategies to overcome them.
2. Disseminate findings to government stakeholders.
3. Generate evidence to inform government for appropriate adaptation into existing strategies.

Work began on the above specified objectives from April 2021 onwards, and currently assessment is under process. Findings from the projects are likely to be available for dissemination by December 2021.

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## 220

Total Head count at March 31, 2021

### Zero ICC complaints

Internal Complaints Committee (ICC) of PSI India did not receive any sexual harrasment complaints in the period April, 2020 - March, 2021

### Auditors

M/s MSKA & Associates, Chartered accountants was appointed as the statutory auditor of the Society for the financial year 2020-2021. The Audit report and audited accounts are appended to the annual report.

### For and on behalf of the Governing Body

Place: New Delhi

For Population Services International, India

Date

  
Treasurer

  
Member



**For further information please contact:**

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