

PSI INDIA
ANNUAL REPORT

2024

2025

A YEAR OF GROWTH & RESILIENCE



TABLE OF CONTENTS

FINANCIAL REPORT	001	DIARRHOEA SE DARR NAHI	009
EXECUTIVE SUMMARY	002	SWACHH UDAY	010
PROJECT INSIGHTS AND ACHIEVEMENTS	003	TB-STRIVE	011
TCI NEXTGEN	004	UAQ	012
STRENGTHENING FAMILY PLANNING INTERVENTIONS ACROSS BIHAR	006	PSI INDIA: ANNUAL VISIBILITY HIGHLIGHTS	013
NEWER CONTRACEPTIVE ROLL OUT - BIHAR	008	HUMAN RESOURCES STRUCTURE	018

FINANCIAL REPORT

ANNUAL REPORT 2024-2025

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, 2025.

Financial Results	Year Ended March 31, 2025 (Rs.)	Year ended March 31, 2024 (Rs.)
Total income	42,09,38,456	34,95,61,754
Excess of income over expenditure	3,42,12,387	-1,60,19,582

As of Year End
March 31, 2025



Total Income

₹42,09,38,456



Excess of income over expenditure

₹3,42,12,388

EXECUTIVE SUMMARY

Year 2024-25 marked a defining phase for PSI India as we expanded into new domains of education and diarrhoea management—thereby broadening the scope of our work. This growth reflects the strength of our system-driven approach, rooted in alignment with government and national priorities.

New areas brought new challenges and opportunities. Our team lived up to this, and yet again marked its name among donors, governments and partners. PSI India continued to innovate with technology through its **Samadhan E-Learning App for ASHAs, data dashboards, and simple tools like coaching cards.**

The Challenge Initiative—NextGen maintained its momentum, transitioning cities toward graduation while reaching an impressive number of **1,006,118** additional family planning clients since TCI implementation.

In child health, the **diarrhoea initiative** launched with strong government participation and delivered simple yet impactful communication tools to drive community awareness. Efforts under this, mobilized 10,500

frontline workers, and equipped 500+ service providers in Uttar Pradesh and Bihar.

Adding to the family planning portfolio, spanning across all 38 districts of Bihar, expanded further to cover **11 new districts of Bihar** providing contraceptive options through the introduction of **subdermal implants and MPA-SC** in 'basket of choice', and strengthening supply chains.

Beyond health, **TB-strive** with blended approach reduced delays in detection, minimized treatment dropouts, and tackled TB-related stigma. **Swachh-Uday** built a sustainable WASH environment through infrastructure improvements, capacity building of sanitation workers, and community-led behaviour change communication (BCC).

By combining on-the-ground innovation with system-level change, PSI India continues to ensure individuals, families, and communities have access to the services and opportunities they need to thrive.



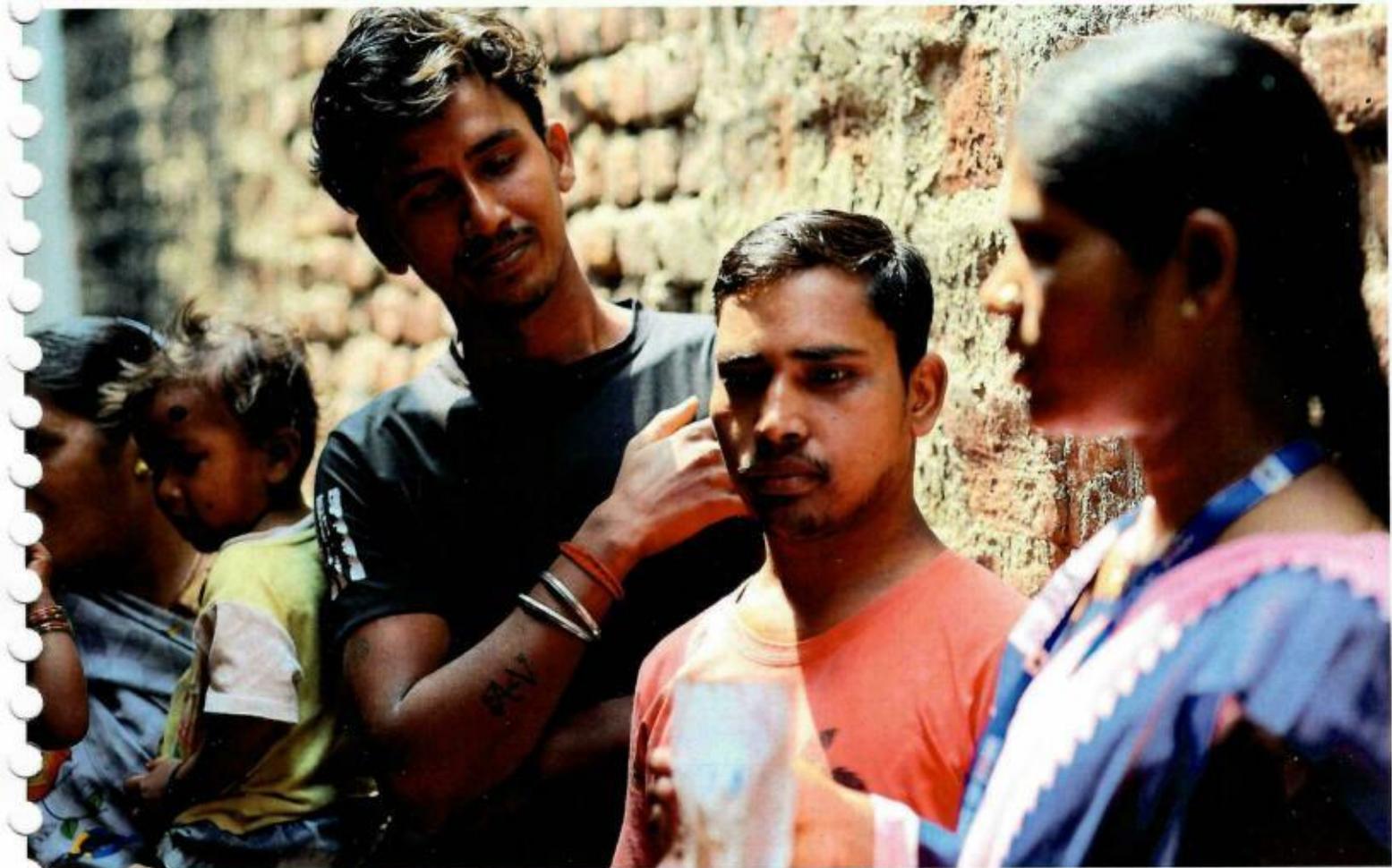
PROJECT INSIGHTS AND ACHIEVEMENTS

TCI NEXTGEN

STRENGTHENING
FAMILY PLANNING
INTERVENTIONS
ACROSS BIHAR

NEWER
CONTRACEPTIVE
ROLLOUT

DIARRHOEA SE
DARR NAHI!



SWACHH UDAY

UAG

TB-STRIVE

THE CHALLENGE INITIATIVE (TCI) NEXTGEN – STRENGTHENING HEALTH SYSTEMS

The Challenge Initiative (TCI) NextGen represents a defining chapter in the organization's journey—marking a stellar phase of strategic growth, innovation, and strengthened health systems expand access to basket of family planning choices. It build on the momentum of earlier phases, and in this phase, PSI India deepened its partnerships with the **governments of Bihar and Jharkhand** and continued its longstanding engagement in **Uttar Pradesh**.

With a strong emphasis **on system resilience**, TCI NextGen is designed to work **within the public health ecosystem**, embedding high-impact practices into routine service delivery so that gains are both scalable and sustainable. By working closely with district governments and fostering multi-sectoral coordination, the initiative has benefitted millions of family planning clients, and empowered married women of reproductive age with quality family planning services near to their door step.

PSI India's approach strategically blends digital innovation with field-level support to strengthen family planning service delivery. An innovative effort is **Samadhan**—an accessible e-learning platform designed for ASHAs, offering a fast-track pathway to build foundational knowledge in family planning.

In Jharkhand, the tool is nearing formal adoption by the state, with its endorsement announced during World Population Fortnight 2025—marking a key milestone in digital health integration.

Platforms like the **City Coordination Committees** have evolved into hubs for cross-sector collaboration, bringing together officials from ICDS, TB programs, skill development departments, urban health bodies, and other departments. The NextGen phase also emphasizes knowledge transfer and leadership development within the system. The creation of **master coaches – public health champions** trained to sustain and scale interventions, ensures that the program's benefits extend far beyond its direct involvement. These efforts are supported by improved data systems, such as the rollout of PMIS and HMIS dashboards, which enable better tracking, synchronization, and decision-making.

Through these strategies, TCI NextGen is not only delivering measurable health outcomes but also building the capacity of local health systems to independently sustain and expand these results, a shift from program-driven change to system-led transformation.



Progress and Achievements:

↑ **303,319**

Additional family planning clients benefitted across 62 engaged local governments.

↑ **91%**

Of **217** public health facilities implemented **13** Hlls/HIPs across 21 NextGen cities.

↑ **72%**

More than 72% of these clients came from cities that had **already graduated**

↑ **81.8%**

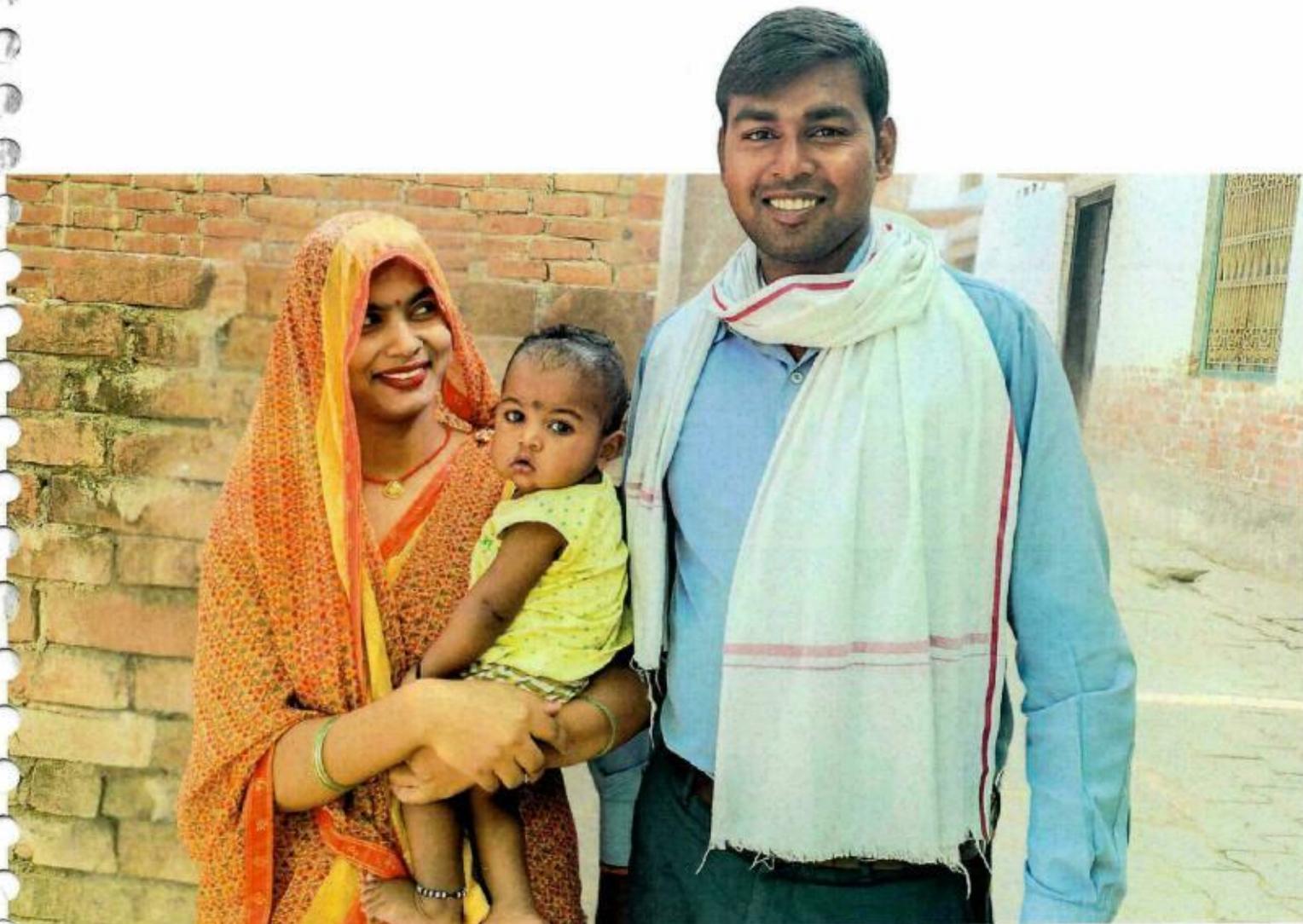
New users recorded in TCI University.

↑ **64,405**

Additional FP clients engaged via **745 private** facilities.

↑ **90%**

Of Urban Primary Health Centres in 62 intervention cities now conduct weekly **Fixed Day Static** sessions for family planning.



STRENGTHENING FAMILY PLANNING INTERVENTIONS ACROSS BIHAR

With support from the Bill & Melinda Gates Foundation, PSI India is intensifying efforts to strengthen family planning services across all **38 districts of Bihar**. This initiative addresses preventable maternal, new born, and child deaths by increasing the adoption of modern contraceptive methods, particularly spacing methods, among married women aged 15 to 49 years.

The program underscores PSI India's commitment to building community-responsive family planning systems that improve health outcomes across Bihar.

The approach emphasizes **quality of care and informed family planning choices** through dedicated counselling spaces at facilities, expanded access to methods such as PPIUCD, Antara, and Chhaya, and the strengthening of postpartum and post-abortion family planning services.

Supply chain readiness has been enhanced through the Family Planning Logistics Management Information System (FPLMIS), ensuring consistent availability of commodities. Capacity building is reinforced through orientation of ASHAs and ANMs, and support towards regional training programs aligned with government budgets.

The initiative also prioritizes system-level strengthening and shared accountability through **district and block-level review mechanisms**, inter-departmental coordination committees, and public-private partnerships. Through these strategies, PSI India is not only expanding access to modern contraceptive methods but also building the capacity of Bihar's health system to sustain and grow these results.



Progress and Achievements:

↑ **1,500+**

Clinical training batches conducted on Minilap, IUCD/PPIUCD, and Antara.

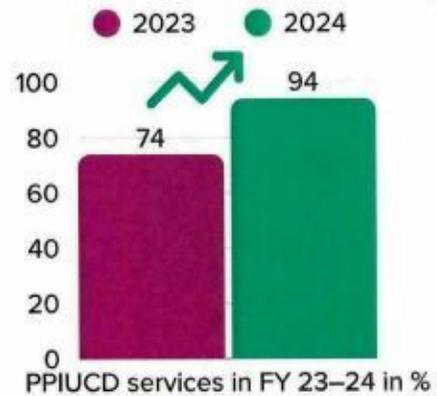
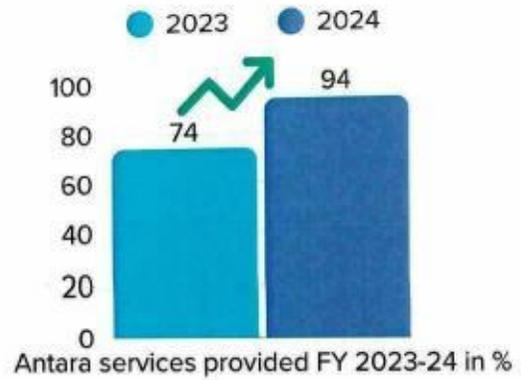
↑ **27.5%**

Client Volume Growth, from 1.58 million to 2.01 million, with IUCD uptake up by **18%** and Chhaya method use up by **32%**, driving this growth.

↑ **89%**

Operational facility coverage via FPLMIS rose from **28.7% to 89%**;

Service Expansion



NEWER CONTRACEPTIVE ROLLOUT – EXPANDING CHOICES, EMPOWERING WOMEN

In alignment with the Ministry of Health and Family Welfare's vision to expand the "basket of choice" for family planning services, the **State Health Society – Bihar (SHS-B)**, launched a pilot program to introduce two innovative contraceptive methods:

Medroxy Progesterone Acetate – Subcutaneous (MPA-SC), also known as Antara-SC, providing three months of protection against pregnancy.

Subdermal Contraceptive Implant (Single Rod), offering long-term contraception for up to three years.

PSI India as a chosen partner for Bihar's two districts, rolled out these new Contraceptives with an aim to engage and strengthen public health systems. Initially, subdermal implant was issued for Patna and Bhagalpur district and MPA-SC for Munger and Sheikhpura district. However, basis positive learnings and encouraging outcomes of the initial phase, the 'Implant' is now extended in Bihar across, 11 more districts Bihar and MPA-SC to 13 additional districts, catering to a population of 103.9 million.

 **103.9 million**
Population covered

 **5,484**
Implant insertions recorded

 **15**
Districts at 87 mapped facilities

The program draws on Capacity building as its central strategy, where a well-maintained pool of trained service providers is developed through periodic training and orientation sessions. Client adoption and acceptance have shown consistent growth, signalling increasing trust in and demand for these newer contraceptive methods to meet both spacing and limiting needs. Community engagement has been equally critical, with the program leveraging public health infrastructure and community-based outreach to build awareness, encourage informed choice, and foster a preference for the new methods over conventional alternatives.

Progress and Achievements:

NCP was initially launched across 10 states in India. Among these, **Bihar roll out by PSI India** has emerged as one of the top-performing state, demonstrating exemplary implementation, outreach and service uptake.

With expansion, a total of **5,484** implant insertions have been recorded across **28** mapped public health facilities. Similarly, **9113** MPA-SC doses administered across **15** districts at **87** mapped facilities, out of which the first dose has been administered to **5700** beneficiaries.

 **9113**
MPA-SC doses administered

 **5700**
First dose administered

DIARRHOEA SE DARR NAHI – PREVENTION AND MANAGEMENT OF DIARRHOEA IN CHILDREN LESS THAN 5 YEARS OF AGE



In alignment with the Government of India's STOP Diarrhoea campaign, PSI India is implementing a comprehensive diarrhoea prevention and management program for children aged 0-5 years across **seven districts of Uttar Pradesh** and **three districts of Bihar**. With the goal of achieving zero diarrhoea-related mortality, the initiative promotes proper hydration and integrated management practices, ensuring that children receive timely and effective care.

The project prioritizes **early detection and complete treatment**, expanding access to Oral Rehydration Salts (ORS) as a critical measure to prevent dehydration-related complications. At its core is **awareness generation and capacity building**,

equipping caregivers, community health workers, and public as well as private healthcare providers with the skills to prevent and promote diarrhoea management. Close coordination with government health systems ensures that these interventions are seamlessly integrated into routine public health delivery, making them both scalable and sustainable.

The project has received formal endorsement from the National Health Mission of Uttar Pradesh and Bihar, with recognition for awareness material made to augment the 'STOP Diarrhoea campaign'. This **collaborative approach** is driving the adoption of life-saving practices at the community level while strengthening the resilience and responsiveness of local health systems.

Progress and Achievements:



10,500+

Frontline health workers trained



2,300+

Community group members oriented



500+

Doctors and Nurses trained

SWACHH UDAY – BUILDING A SUSTAINABLE WASH ENVIRONMENT

PSI India in coordination with Lucknow Nagar Nigam (LNN), is implementing the *Swachh Uday* project across 26 wards of Lucknow city. The initiative is designed to address critical gaps in the Water, Sanitation, and Hygiene (WASH) ecosystem by improving access to potable water, strengthening sewer and faecal sludge management (FSM) systems, and promoting household-level waste segregation in alignment with Swachh Bharat Mission (SBM) norms.

At its core, the project focuses on building a sustainable WASH environment through infrastructure improvements, capacity building of sanitation workers, and community-led behaviour change communication (BCC). By creating stronger linkages with municipal systems and leveraging government resources, Swachh Uday not only

strengthens basic services but also builds resilient communities committed to long-term WASH adoption.

The project strategy emphasizes clean water access through restored and newly installed community stand posts, regular pipeline maintenance, and expanded sanitation services, including door-to-door waste collection, removal of garbage hotspots, and resolution of sewer blockages. Sanitation workers are strengthened with safety training, health camps, and social protection linkages, while structured BCC campaigns drive safe practices. Strong government partnerships and resource mobilization anchor the program's scale and long-term sustainability.

Progress and Achievements:

↑ **39,710**

Individuals reached through BCC activities promoting WASH behaviours.

↑ **115**

Sanitation workers trained on occupational safety measures.

↑ **1,800**

Door-to-door waste collection services initiated in 13 slums, benefiting 1,800 households.

↑ **18**

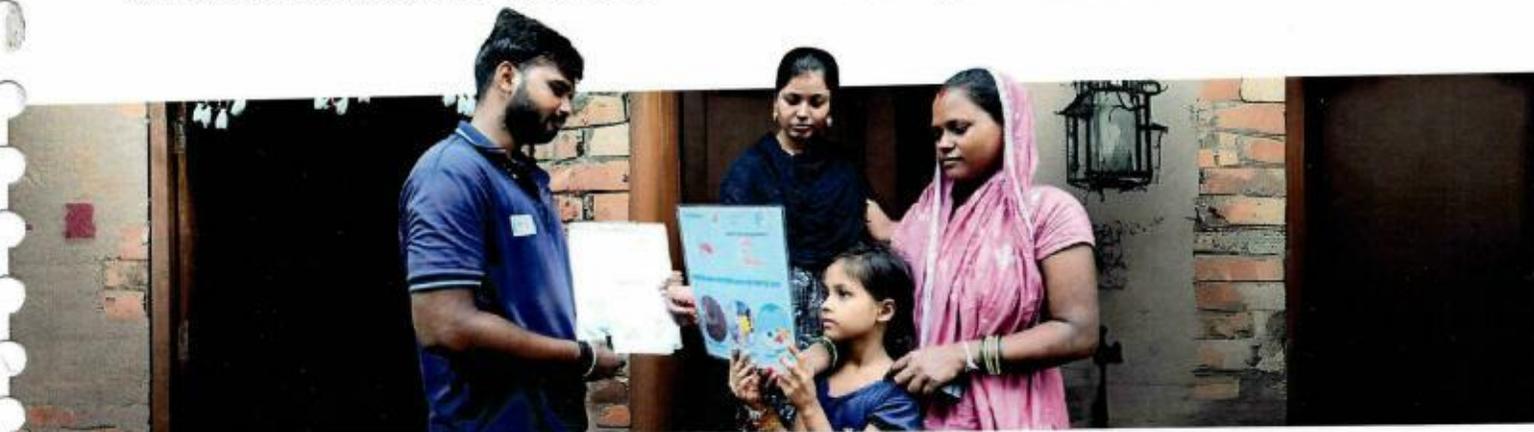
Water pipeline repair and maintenance undertaken in 18 mohallas, impacting 1,800 individuals with improved water supply.

↑ **1,200**

Benefitted by the repair of 16 submersible water stand posts and installation of 4 new ones.

↑ **₹28.56 lakh**

Successfully leveraged from government systems to strengthen WASH infrastructure and services.



TB-STRIVE – STRENGTHENING COMMUNITY-LED TB ELIMINATION FOR A TB-FREE INDIA

The **TB-STRIVE Project** is PSI India's strategic initiative to accelerate progress toward the national vision of a **TB Mukht Bharat**. By strengthening community-led action, the project addresses critical gaps in prevention, diagnosis, and treatment adherence, with a special focus on vulnerable and high-burden populations. Implemented across select blocks of **Ghaziabad and Gautam Buddha Nagar districts**.

The program plans to reach a population of over **25 lakh** people, including urban slums, rural communities, and marginalized groups at greater risk of TB. The program's approach combines medical interventions with social mobilization to reduce delays in detection, minimize treatment dropouts, and tackle TB-related stigma.

This year, our efforts in Health System Coordination led to strong, functional linkages with the public health system in Ghaziabad and Gautam Buddha Nagar.

Progress and Achievements:

↑ 99,554

Individuals were screened, leading to the identification of **2,178** presumptive TB cases, of which **172** individuals were diagnosed with TB and linked to appropriate treatment services.

↑ 13

Nikshay Diwas observed, providing platform for community dialogue, reinforced treatment adherence, and strengthened coordination with health officials.

Seamless collaboration with District TB Officers, TB Unit staff, and ASHAs enabled more effective service delivery, with PSI India's formal inclusion in TB Unit registers marking a key milestone in institutional recognition. Regular engagement in ASHA monthly meetings helped reinforce referral pathways and build frontline awareness. At the community level, school-based sessions and local meetings sensitized children and families on TB symptoms, referral options, and available government support.

The project introduced innovations in data systems, leveraging real-time digital reporting through Kobo and Google platforms to enhance data accuracy and timeliness. The PTS Data Verification Format added a layer of quality control to our monitoring efforts. To support outreach, we developed and finalized IEC materials—including referral slips, awareness leaflets, and banners—further strengthening our community-level. Specific strategies identified for the project include:

- Active Case Finding (ACF)
- Strengthening Preventive measures
- Targeted Gram Panchayat interventions
- Nutritional and Social support
- Behaviour Change Communication
- Community engagement
- Community Health outreach

↑ 1,139

Individuals reached through **64** structured community awareness activities and special events.



UAQ Project – Strengthening Private Sector Engagement in Family Planning

The Universal Access to Quality Contraception (UAQ) first phase had opened new pathways for private sector engagement, expanding community access to family planning (FP) services by offering both provider and method choice. During this phase, **6,061 clients were successfully enrolled in the SARAL Labh package, with 5,063 availing** services across both public and private health facilities—demonstrating the project's core objective of enhancing access and choice. Insights from this phase were shared with government stakeholders, paving the way for a more targeted second phase in FY 2024–2025.

Building on this foundation, the second phase deepened PSI India's efforts to strengthen private sector engagement in FP service delivery and reporting, addressing persistent gaps in how private hospitals contribute data to the Health Management Information System (HMIS). The initiative focused on bridging underreporting and ensuring that private sector

contributions are accurately reflected in district and state health indicators. PSI provided direct support to 150 private hospitals, offering structured handholding to improve record-keeping, streamline reporting, and align with government systems.

In close coordination with Chief Medical Officer (CMO) offices, PSI India addressed barriers around staffing shortages, limited awareness of reporting protocols, and credential access issues. As a result, multiple hospitals received HMIS login credentials, enabling direct data entry and embedding sustainable reporting practices.

With both phases successfully implemented, the UAQ initiative concluded having achieved its dual mandate: expanding access to quality FP services and integrating private sector data into public health reporting systems—laying a strong foundation for future collaboration and scale.

Progress and Achievements:

↑ **1014**

Injectable contraceptive reporting improved, rising from 833 to 1014, reflecting better documentation and submission of service data.

↑ **5594**

OCP reporting saw a major boost, increasing from 675 to 5594, indicating enhanced data capture and reporting efficiency.

↑ **17747**

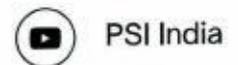
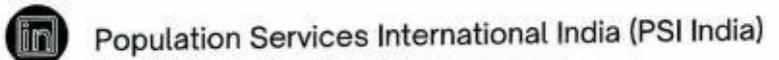
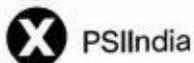
Condom distribution reporting more than tripled, from 4458 to 17747, suggesting stronger engagement and accurate reporting from providers.

Centchroman and EC reporting significantly increased, showing that previously underreported methods are now being properly recorded and reflected in HMIS.



PSI INDIA

Annual Visibility Highlights



We proudly received the esteemed CSR TIMES AWARD 2024 at the 11th National CSR Summit held at Raj Bhawan, Goa, for our impactful CSR initiative, Swacch Uday, supported by HCL Foundation.



We were honoured to receive the Best Poster award at the prestigious 'Partnership for Change 2025' event, presented by HCL Foundation.

We were certified as one of Happiest Places to Work®, becoming the first Indian NGO to receive this prestigious recognition.



We are the first-ever NGO to be certified a "Best Place to Work."

We joined Kenvue Managing Director, Manish Anandani at NDTV's "Diarrhoea Se Darr Nahi" panel to call for collective action against diarrhoea.



We were honoured to attend the book launch of **आरोग्य पथ पर बिहार**, authored by Bihar's Health Minister Shri Mangal Pandey. The event, held in Patna, was graced by the Honourable Governor.



Multistakeholder Consultation

Building an Investment Case & Measurement Framework for Adolescent Health & Well-being in India

30 April 2024 | Sovereign Hall - 2 | Le Meridien, New Delhi



Our ED, Director of Programs, and Deputy Director–MLE attended the Multistakeholder Consultation in Delhi, organized by the Ministry of Health and Family Welfare, NHM, WHO, and PMNCH.

At the CII UP Health Summit 2024, we spoke at the panel on healthcare innovations, held in the presence of Shri Partha Sarthi Sen Sharma (IAS), Principal Secretary, Health, and stressed upon digitization.



We were on the Panel of the 2nd Edition of the Responsible Business Conduct in Healthcare Webinar Series, organized by PHD Chamber of Commerce and Industry and UN Global Compact Network India.



At the panel on “Enabling Urban Family Planning,” our ED highlighted the need for innovative strategies. Moderated by our Director, Programs, the session praised Odisha’s initiatives and PSI India’s role in strengthening health systems.



We entered into a partnership with IIM Bodh Gaya to advance public health education through a landmark MoU.



Our Director, Programs, moderated a session on “Creating Resilient Health Systems for Family Planning and Population-Level Impact” at #ICPD2024 in #Lucknow, deliberating on policy-level interventions.



Our Associate Director joined DPE officials and stakeholders at Nikshay Saptah, pledging to make the country free of tuberculosis.



At Bal Raksha Bharat’s “Collaborative Learning Workshop on Strengthening the Health Ecosystem through the Ayushman Arogya Mandir (AAM) Program for Viksit Bharat,” our Associate Director, Program Learning & Training, talked about PSI India’s digital health solutions.



We addressed the Global Symposium on Combating Corruption and Promoting Good Governance, emphasizing that health system strengthening is central to our mission.

MENTORS ONLINE
It's time to recharge

9th Session Date - 23rd January 2025

Moderator
Dr. Manoj Kumar Shukul
GM, RKSK, NHM, U.P.

Guest Speaker
Dr. Sahaswani Kumar, Meenakshi Dixit
Special Lecturer, Respiratory Care, PATU; General Manager, Ashwariya YU, India

Theme
Inter Personal Relationship & Communication

Timing : 2:00 P.M. Onwards

-: Participant :-
PSKS Coordinators, DEIC managers, AH, ICTC & Family Planning Counsellors

Zoom Meeting : <https://zoom.us/j/9599208190?pwd=KwVkdUc3VlbnRlcmlsbnR5SjZkdz09> Meeting ID: 959 9020 8190 Passcode: 201025

An Initiative by Rashtriya Kishore Swasthya Karyakram, U.P for Virtual Learning

We partnered with National Health Mission Uttar Pradesh to deliver the MentorsOnline training series, reaching a milestone with its 9th session.

At the panel discussion of Beyond Profits: CSR in India (Healthcare Edition) hosted by DevInsights at the India Habitat Centre, we shared our extensive experience in urban health and CSR strategy.



GLOBAL HEALTH: SCIENCE AND PRACTICE
Dedicated to what works in global health programs

PROGRAMMATIC REVIEW & ANALYSIS

Engaging Community Health Workers to Enhance Modern Contraceptive Uptake Among Young First-Time Parents in Five Cities of Uttar Pradesh

Mukesh Kumar Sharma,* Emily Das,† Hitesh Sahni,† Jessica Mirano,† Kate Graham,† Abhishek Kumar,† Clea Finkle†

Key Messages

- In Uttar Pradesh, India, young married first-time parents (FTPs) have a higher unmet need for family planning (FP) compared to other states in general, and their modern contraceptive use remains low to low.
- After providing basic health advice, we reached and mentored 16,000 young married couples with a particular focus on FTPs. The exposure to FP information was documented in 5 cities where the intervention was piloted.
- There was a positive association between any FFP intervention exposure and modern contraceptive method use, and this association is relatively stronger in cities where an educational focus on FTPs was added to a home-based family planning program than in cities without FFP interventions.

Key Limitations

- Program managers should consider tailoring specific FFP programs by engaging community health workers and utilizing digital devices to increase young FTPs' new access to a range of contraceptive methods.
- Interventions that support FFP counseling and methods, specifically for young FTPs, are critical for achieving goals outlined in Family Planning 2030 and the Sustainable Development Goals.

ABSTRACT

Introduction: Young newly married couples and first-time parents (FTPs) currently face a high unmet need for modern contraceptive methods to limit and space births. We describe an operational model of education, outreach, and reproductive health (ORH) services tailored to FTPs across five districts in the state of Uttar Pradesh. We evaluated the effect of a home-based modern contraceptive counseling (MCC) program on the uptake of modern contraceptive use (MCU) in five cities.

Methods: To assess the effect of the pilot in 2021–2022, we used the implementation of the program, we recruited community-based surveying teams from 100 villages across the five cities. The survey teams were trained to identify and interview 200 women who were FTPs from their villages where the program was implemented without exception. Data on FTPs, demographic data, and reproductive health (RH) information were collected after a home-based family planning (FP) intervention, either through successful local health services or through home visits. We used a pre-post design to measure the effect of the intervention on the uptake of modern contraceptive use (MCU).

Results: Use of modern contraceptives was higher among FTPs in the 5 pilot cities than in the 5 control cities (OR = 2.0, 95% CI: 1.5–2.7). The intervention effect of any type was positive in the intervention district in terms of association between modern contraceptive use and exposure to any type of intervention. However, the effect of the intervention on the uptake of modern contraceptive use among young married couples was not statistically significant in any of the 5 pilot cities. The effect of the intervention on the uptake of modern contraceptive use among young married couples was not statistically significant in any of the 5 pilot cities.

Conclusion: Higher uptake of modern contraceptive use among young married couples may be achieved when an ORH-based intervention is tailored to the needs of young first-time parents. This study will inform the development of a home-based family planning program for young first-time parents in a wider geographic area and help to address the unmet need for modern contraceptive use among young married couples in other states.

INTRODUCTION

We were elated to see our paper published in Global Health: Science and Practice, spotlighting our work under The Challenge Initiative, on 'engaging community health workers to boost modern contraceptive uptake among young first-time parents in five cities of Uttar Pradesh'.

Our Deputy Director–MLE presented learnings from our peer-reviewed paper, at The Challenge Initiative's webinar on scaling Family Planning and AYSRH.

You are viewing The Challenge Initiative's screen. View Options

tc i THE CHALLENGE INITIATIVE

Engaging Community Health Workers To Enhance Modern Contraceptive Uptake Among Young First Time Parents In Five Cities Of Uttar Pradesh
Mukesh Kumar Sharma, Emily Das, Hitesh Sahni, Jessica Mirano, Kate Graham, Abhishek Kumar, Clea Finkle

Presented by
Emily Das, July 11, 2024

JOHNS HOPKINS
UNIVERSITY
BLOOMSBURY, INSTITUTE
OF PUBLIC HEALTH

William H. Gates Jr.
Institute for Population and
Reproductive Health

psi
Population Science
International

HUMAN RESOURCES STRUCTURE



161
Payroll Employees



22
Consultant | Volunteers

HR Structure	As on Mar 31, 2024	As on Mar 31, 2025
Head Count	183	187
Payroll	161	167
Consultant (part time)	14	11
Interns / Volunteers	8	9
ICC Complaints	0	1



GREAT PLACE TO WORK (GPTW), BEST PLACE TO WORK (BPTW) & HAPPIEST PLACES TO WORK (HPTW)

Recognised as a GPTW for the five time in a row.
First NGO in India to earn HPTW title.
We are BPTW.



CARBON FOOTPRINT

Auditors

M/s S.N. Nanda & Company, Chartered Accountants was appointed as the statutory auditor of the Society for the financial year 2024-25. 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



India

Fit»Fast»Fwd



 www.psi.org.in

 PSIndia

 PSI India

 Population Services International India (PSI India)

 PSI India

C-445, Bipin Chandra Pal Marg, Chittaranjan Park, New Delhi - 110019
Phone: 011 4731 2210 | Email: psi@psi.org.in