

POPULATION FOUNDATION OF INDIA



Annual Report 2014-15



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Chairman's Message



We saw a general election and a new government being sworn in last year. A 150 million new voters ranging from 18 to 23 years were added since the last general election of 2009. There was much excitement and debate. For an organisation like Population Foundation of India (PFI), which sees its mandate as working with the government of the day, supporting and helping it reach the people with better health care and gender sensitive and improved policies, election years do tend to become a time of uncertainty: Will the programmes change? Will the issues we had been working on continue to be given importance? However, election years are also time to take stock, to reassess and find solutions.

Though governments may change, they have to deal with the Indian reality. And the Indian reality is that half our 1.25 billion population is below 25 years, and two-thirds is 35 or below. If we have to make progress on any front, they have to be our prime focus. A healthy young population with empowered women and responsible men is the biggest asset a country can have. To achieve this, apart from focussing on education and skill development for our girls, we need an accessible and affordable public health care system that involves men and comes with a certain level of quality. It is to this end that PFI has been determinedly working and mounted further efforts this year.

India is among the countries that have the lowest spend on health compared to its GDP at 1.4%. The total expenditure share on health as percentage of GDP for Brazil, South Africa and China is 9.3%, 8.8% and 5.4%, respectively. Even among SAARC countries, Afghanistan spends 8.7% of its GDP on health, Maldives 8.5% and Nepal 5.5%.

PFI has been advocating for increasing the budgetary allocation for the Health Sector to 3% of the GDP. And within the health budget, advocating for increased funding for components that will lead to improved quality of services, such as infrastructure, skill development and counselling, and a greater focus on family planning. The call went out just before the budget. For the first time ever, family planning found mention in the *Economic Survey* presented to the Parliament. Since then, PFI has scaled up its engagement, and brought out fact sheets and educational material which has been circulated to Parliamentarians, bureaucrats and the media. The Bilaspur tragedy in which 16 women lost their lives later in the year came

as a grim reminder on how necessary it is to invest in quality infrastructure and services. PFI's investigation into the tragedy led to a series of recommendations, which were taken note of by the Ministry of Health and Family Welfare that sent out an official communication to the states to follow.

As per the District Level Household Survey-3, as many as 21.3% of eligible couples in India who want to limit their family size, still do not use any contraceptives. Moreover, India continues to witness high rates of maternal and child deaths, with an estimated 56,000 maternal deaths and almost 15.8 lakh children under the age of five years dying every year. Under age marriage, early and closely spaced pregnancies, poor nutrition, lack of hygiene are among the factors. PFI's trans-media serial, *Main Kuch Bhi Kar Sakti Hoon* focused on these issues in a big way during Season One. Season Two focuses on adolescent and women's empowerment issues. For when women are empowered with education and have the freedom to take their life decisions, this translates into better health for them and their children.

The topic for the 13th JRD Tata Oration by Dr Babatunde Osotimehin, Under-Secretary-General of the United Nations and UNFPA Executive Director, was *Dignity and Choice for Girls and Women in the Post-2015 Framework*. He called for reaching out to girls with education, including comprehensive sexuality education, information and services they need to avoid motherhood in childhood. When equipped with skills and opportunities to participate in the workforce and in decision making, they transform their communities. Sexual and reproductive health, he said, is one of the most cost-effective yet neglected investments in international development.

While acknowledging India's progress in reducing maternal mortality over the years, he pointed out that there was a disparity. In the wealthiest quintile, skilled attendance at birth was around 85% in 2005; for the poorest quintile, the figure was around 13%. Similarly, while India's overall contraceptive prevalence has seen a slow but steady upward trend there were

disparities. In 2005, 35% of the poorest Indian women of reproductive age were using contraception, while nearly 60% of women in the richest quintile were.

The oration was attended by a selected and influential gathering of about 300 senior bureaucrats and policy makers, representatives of the civil society, bilateral and multilateral funding organizations, and health and human rights activists from different parts of the world. The oration has been widely disseminated so that it becomes a resource for people in the sector.

PFI has been carrying the voice of the civil society to the Reference Group for FP2020 through its Executive Director, Ms Poonam Muttreja. The group sets the strategic direction for the international forum and is accountable for ensuring that 120 million more women and girls have access to voluntary family planning information, services and contraceptives by the year 2020. PFI has led the in-country consultations and advocacy efforts of civil society for shaping the Sustainable Development Goals.

The exercise of organisational transformation continued, aimed at making PFI into a world class organisation. A leading management firm has been engaged to conduct leadership coaching sessions for key staff. The Senior Management Team, which was formed as a part of the organisational transformation initiative, works under a defined charter, governance structure, norms, with defined roles and operating principles. The team meets on a regular basis to discuss organisational priorities and to take strategic decisions critical to the organisational growth.

Last year, the PFI Governing Board lost one of its most valued and respected members, journalist and writer B G Verghese on December 30, 2014 after a short illness. B G Verghese, 87, had been on PFI's Governing Board since August 1974 and a Holding Trustee since September 2005. He guided PFI for 40 years with great dedication and commitment to make a difference to the lives of the underprivileged, whose cause he often championed in his writings. At the last meeting that he attended, he proposed that PFI should

look into the issue of manual scavenging. PFI will soon be embarking on the study.

To bring more diversity to the PFI Governing Board and benefit from their guidance, Prof Dipankar Gupta, Mr Rajiv Mehrotra, Dr Syeda Hameed and Dr Ajai Chowdhry were invited to join the Governing Board. I am happy to report the presence of Mr Keshav Desiraju, former Secretary of Health & Family Welfare in the Government of India, on our Governing Board, and Ms Karminder Kaur, Protection cum Prohibition Officer from Rohtak, Haryana, on our Advisory Council. They bring in valuable experience and viewpoint, and will play an important role in shaping the future of our work.

The support by many organisations helps PFI achieve its objectives. I, on behalf of the Governing Board, thank the Ministry of Health and Family Welfare for working with us in a spirit of partnership. We are grateful to the state governments of Bihar and Uttar Pradesh for collaborating with us. My special thanks to Doordarshan and All India Radio for partnering with us for *Main Kuch Bhi Kar Sakti Hoon*. I thank UK Aid, UNFPA, Bill and Melinda Gates Foundation, USAID, Save the Children, the David and Lucile Packard Foundation, John D. and Catherine T. MacArthur Foundation, the International Centre for Research on Women, the Asian Development Bank, PricewaterhouseCoopers Private Limited, and the School of Public Health, Harvard University for working with us.

I wish to end with two quotes from our founder, JRD Tata whose vision guides us to this day. He said in 1992 when he received the UN Population Award: "I have always believed that no real social change can occur in any society unless women are educated, self-reliant and respected. Woman is the critical fulcrum of family and community prosperity."

And the other: "So far, the general target of family planning communication has been married couples and, sometimes, their parents! But what about the youth? There is urgent need to undertake a systematic education of the adolescent to prepare them for the tasks of tomorrow."

Both these quotes sum up the essence of our work last year and in the year to come.



Dr Vinay Bharat-Ram

August 2015

From the Executive Director's Desk



The year 2014-15 was one of the most challenging, exciting and rewarding years in the recent history of Population Foundation of India. It was time when our capabilities were tested, when we had balked at putting our

dreams to action. Could we, who had been advocating women friendly policies and had rolled out innovative research projects, be able to present to the masses in an entertaining way our vision of India – where women were empowered and men caring, and health prevailed? Would they be with us?

It was the year when our trans media series – *Main Kuch Bhi Kar Sakti Hoon* – I, A Woman, Can Achieve Anything directed by the well known Feroz Abbas Khan, and launched in March 2014, rolled out. As episode after episode tackled major issues like sex selective abortion, child marriage, education and empowerment for women, nutrition, family planning and contraceptive use, and domestic violence, we watched with bated breath.

Fifty two episodes later, the end-line evaluation in Madhya Pradesh and Bihar, where we had done the baseline too, showed people's perceptions, knowledge and attitudes were changing. Knowledge on the legal age of marriage, the need for girls to complete their education and be 18 before getting married had risen. The perception of the ideal gap between two children being two to three years had also increased considerably, as had awareness of family planning methods both among men and women. And now, more women were discussing the use of contraception with their husbands, and were confident in accessing family planning services.

Best of all, the serial was instilling women with a new confidence. The number who felt that a woman should be beaten if she goes out of the house without telling her husband or refuses to have sex with him had halved from the baseline. Season One was watched by an estimated 58 million people across the country. Household listing data showed that 35.7 per cent of the households owning TV in the states of Bihar and Madhya Pradesh, had seen it while 71.8 per cent of all households who owned a radio had listened to it.

Women in Himachal Pradesh, Karnataka, Maharashtra and Uttar Pradesh, who I met during the course of my travels, were appreciative of the show, but they wanted us to raise the issue of violence in a bigger way. The violence, overt and covert, affects the lives of women of all ages, castes, religions and cuts across class. Season Two focuses on adolescents and the issue of physical, mental and verbal violence that women face in a big way.

We have received support for the series from the highest quarters for the issues we are raising. The Bihar Chief Minister, Mr Nitish Kumar launched *Main Kuch Bhi Kar Sakti Hoon* Season Two in Patna and editors from leading publications came together to support us. They committed to making more space available in the media to discuss issues affecting women and their health.

Bollywood actor and director Farhan Akhtar has given his support to the series too, linking his organisation MARD (Men Against Rape and Discrimination), with *Main Kuch Bhi Kar Sakti Hoon*. He will soon be seen as a *sutradhar* in the coming episodes and the two organisations will be working together for women's empowerment and responsible masculinity.

The Ministry of Health and Family Welfare has selected the serial for promoting the concept of the Peer Educators for the National Adolescent Health Programme – the Rashtriya Kishor Swasthya

Karyakram, which seeks to address 243 million adolescents. Through Season Two, the profile of the peer educator will be developed.

The country has time and again been rocked by deaths at sterilization camps. There was seriously something wrong in the manner in which these camps were being held. PFI had been taking up the issue with the government and NGOs. This time, when the Bilaspur tragedy happened, PFI led a four organisation team to see what could be done to improve the situation for the poor Indian women, who were becoming victims. The team, which had a doctor and public health experts, saw appalling conditions under which the surgeries had taken place. Prescribed medical protocols had been disregarded. The report pointed to the errors that had taken place in the service delivery and gave recommendations on how to prevent such tragedies and improve the situation for women who wish to space their children or limit their family size.

The report was widely disseminated and quoted by both the national and international media. Following PFI's engagement with the ministry, the Union government sent a directive to state governments to adopt measures for improving the quality of care and building the capacity of service providers. The directive reflects many of the recommendations made in our report. State governments have been asked to ensure that quality family planning services are provided in a "spirit of voluntarism and within a rights and accountability framework". The ministry has also asked the states to re-orient all programme officers and service providers on the standard operating procedures for sterilisation. The engagement by PFI also resulted in the *Economic Survey 2014-15* presented by the Finance Minister acknowledging, for the first time, the need to reposition family planning priorities and revisiting incentives for family planning services, particularly sterilisation.

In Uttar Pradesh, the state government invited PFI along with SIFPSA (State Innovations in Family Planning Services Project Agency) to lead the review and revision of the state population policy which expires in 2016. The exercise has been a truly participatory. Over 700 persons including district magistrates to chief medical officers and their teams right down to the district level, representatives of panchayats and civil society organisations, and academics have been involved in the consultations. Four regional consultations in Allahabad, Agra, Gorakhpur and Moradabad were held covering the entire state. This was followed by a state-level consultation in Lucknow. The recommendations that emerged from regional and state consultations will go into drafting of the population policy that will guide the state for the next decade.

We believe that India needs to expand the contraceptive choices it offers its people, given its young population. It becomes imperative that the young have the means and the choice to plan and space their families. A review by

us of the government expenditure on family planning under the National Health Mission showed that a mere 1.45% is spent on spacing methods, while 85% goes for female sterilisation. But 97% of the total expenditure on female sterilisation is on compensation. Given this scenario, we mounted efforts to advocate for increasing the range of contraceptive methods available, improving quality of care and meeting the unmet need for family planning. Our young need these basic facilities. If the unmet need is met over the next five years, India would have averted 35,000 maternal deaths and 1.2 million infant deaths! So under our *Realising Commitments to Family Planning project*, we are developing fact sheets and educational material on different contraceptives. Articles on the need to expand contraceptive choice and meet the unmet need have also appeared in the media.

PFI also took over the charge of running the national secretariat of the Advocating Reproductive Choices (ARC) coalition this January. The coalition comprises 32 member organisations at national level, four technical support organisations and 126 member organisations in five focused states. ARC's advocacy initiatives focus on addressing issues related to unmet need for contraception in the country.

PFI has embarked upon an interesting study that aims to improve the use of government funds on primary health care and ultimately, services and health outcomes. The study will track expenditure on primary health care at the national level and in the state of Bihar. It will look into resource mobilisation, allocation, utilisation, efficiency and equity. It will propose potential policy and operational measures in a resource tracking and management framework. The study has been undertaken in collaboration with the Harvard T.H. Chan School of Public Health.

Our pioneering programme, the Health of the Urban Poor (HUP), has been providing quality technical assistance to the Government of India and the states and cities for effective implementation of the National Urban Health Mission (NUHM) and urban health components of the National Rural Health Mission. HUP provided technical inputs to the MoHFW on service

delivery and institutional framework, physical and financial norms, and budget estimates for the NUHM. The program developed guidelines, for formulating city and state urban health plans, and operationalising city and ward coordination committees, and the Mahila Arogaya Samitis (MAS). Guidelines have also been developed for organizing outreach services, and training modules for orienting MAS and ASHAs. These guidelines have been adopted by the government. PFI-HUP worked with the National Health Systems Resource Centre to develop a national level toolkit for vulnerability assessment and mapping under NUHM, drawing extensively from the vulnerability tools developed under HUP. PFI has trained city health planners and NUHM programme managers in the use of the vulnerability assessment.

PFI is now part of the consortium led by PricewaterhouseCoopers to provide the technical assistance for shaping the 300-million dollar loan by the Asian Development Bank to the Government of India to strengthen the urban health mission.

We continued with our efforts in empowering communities to take charge of their health. In the past year, we provided technical assistance to 22 states and Union territories in scaling up the Community Action for Health component and helped train officers of 15 states on its implementation.

It has indeed been a year of great achievement for PFI!

In our own organisation we further streamlined our financial and administrative processes. We now have a procurement policy and an anti-sexual harassment policy in place.

PFI's work has been made possible by the guidance provided by the Governing Board and the Advisory Council, and the dedication and hard work put in by the staff. PFI remains committed as ever to bringing better life and health to India's poor and the marginalised.



Poonam Muttreja
August 2015

THE 13TH JRD TATA MEMORIAL ORATION:

Dignity and Choice for Girls and Women in the Post-2015 Framework

The Under-Secretary-General of the United Nations and UNFPA Executive Director, Dr Babatunde Osotimehin, delivered the 13th JRD Tata Memorial Oration. He spoke on *Dignity and Choice for Girls and Women in the Post-2015 Framework* on April 24, 2015 in New Delhi. The oration is an important event in PFI's calendar.

Some excerpts from Dr Babatunde Osotimehin's speech –

On expanding choice: “We need to ensure that the most marginalized women and adolescent girls are afforded choices that enable them to lead dignified, productive lives – not least the choice to plan the number, timing and spacing of their children.”



Dr Babatunde Osotimehin delivering the 13th JRD Tata Memorial Oration in New Delhi.

On the need to focus on

adolescents: “More girls are finishing primary school, but they are facing challenges in accessing and completing secondary education. Supporting their aspirations – and the aspirations of all young people – is key. We need to ensure that the most marginalized women and adolescent girls are afforded choices that enable them to lead dignified, productive lives – not least the choice to plan the number, timing and spacing of their children.”



Senior government officers, public health experts, economists and researchers from India and abroad were among the distinguished gathering.

On disparities in access to health

care: “The proportion of deliveries attended by skilled health personnel rose in developing countries from 56% in 1990 to 67% in 2011. India has also seen steady upward progress, but if we look at skilled attendance by household wealth quintiles, we see tremendous inequality. In the wealthiest quintile, skilled attendance at birth was around 85% in 2005. For the poorest quintile, the figure was around 13%. These disparities in India and elsewhere illustrate the limited capacity of many health systems to meet the sexual and reproductive health needs of poor women, particularly those living in rural areas or dense urban slums.”

On empowerment: “Right now, in Niger or Nepal, Mali or Mozambique, Bangladesh or Uttar Pradesh, there is a young girl at a critical turning point. She is 10 years old, with her entire life in front of her. Yet in a year or two, she might be married and out of school, another year after that pregnant, and this could start her on a path that we have seen all too often – to early childbearing, ill-health, lack of control over her life or protection from violence, lack of choices, with few prospects of achieving her full potential or developing her capabilities for herself, her family and her society. Empowering that 10-year-old girl to delay childbearing, prevent adolescent pregnancy, and avoid early marriage, and enabling her to stay in school

and gain the skills she needs to transition into gainful employment is vital.”

“...empowering women and girls and enabling them to make informed choices about their bodies and their lives is both the “rights” thing to do and the basis for individual well-being and sustainable development.”

The oration was attended by a diverse audience – high ranking government officers, senior academics and researchers, economists and women’s rights activists, students, members of civil society organisations that work on health, empowerment and human rights. There were dignitaries from abroad as well, including members of FP2020.

The full text of Dr Babtunde Osotimehin’s oration can be accessed at <https://www.youtube.com/watch?v=PhBc-uVEqHk>.

Instituted in 1990, the lecture series has been named after our visionary founder director. Eminent persons and thought leaders who have delivered the oration in the past include Mr S Chandrasekhar, Mr Somnath Chatterjee, Mr IK Gujral, Mr Ramakrishna Hegde, Mr Digvijay Singh, Dr Manmohan Singh, Ms Najma Heptulla, Mr Jamshed J Irani, Mr KC Pant, Dr Nafis Sadik, Dr Nitin Desai and Prof Amartya Sen.



Advocacy and Communication

Social and behaviour change communication (SBCC) and advocacy informed by evidence are strategies adopted by the Population Foundation of India (PFI) to address issues around reproductive health and family planning. Changing social norms and individual behaviour are the focus of the SBCC efforts, through *Main Kuch Bhi Kar Sakti Hoon* our flagship intervention, based on a 360-degree approach for communication. The approach uses various platforms available from TV, radio, Interactive Voice Response System to social media and ground-level outreach activities. Initial evaluation results for Season One have been very encouraging and Season Two, primarily aimed at young people, has been launched in April 2015 and is expected to reach new heights in enabling change.

We work with policy makers, the media and the private sector to ensure that policies and programmes match the needs of the communities. Issues of family planning, sexual and reproductive health and rights, quality of care in the services provided, women's empowerment, and the involvement of men in programmes are part of our core mandate for advocacy. We work at increasing investment and streamlining expenditure for family planning and reproductive health, facilitating more effective implementation of the programmes, expanding the choice of contraceptive methods available, improving service provision, and enabling families and individuals, particularly those from socially disadvantaged groups and women, to exercise decision making for better health.

Main Kuch Bhi Kar Sakti Hoon – I, A Woman, Can Achieve Anything: <http://www.mkbksh.com>

Population Foundation of India recognises that gender norms and roles affect health outcomes. Being female or male has a significant impact on the health status, as well as access to, and use of, health information and services. Guaranteeing universal access to equitable and good quality reproductive health information and services free from coercion and discrimination is critical for achieving gender equality and ensuring that women and young people can participate as full members of society.

To address regressive practices such as sex selection, early marriage, early and repeated pregnancies, under-nutrition of girls, domestic violence



Outreach activity by our NGO partner for 'Main Kuch Bhi Kar Sakti Hoon'.

and gender inequality prevalent in the country (and other parts of the world), we conceptualised and initiated a 360-degree communication intervention called *Main Kuch Bhi Kar Sakti Hoon*. The intervention has reached out to intended audiences through television, radio, mobile phones, social media (Facebook: <https://www.facebook.com/mainkuchbhikarsaktihood>; Twitter: [@MKBKSH_](https://twitter.com/MKBKSH_)) and an intensive outreach by NGO partners in five districts each in Bihar and Madhya Pradesh, to enhance knowledge, change perceptions and shift attitudes on these regressive practices. The results of the endline survey are encouraging (See

pages 38-41). We believe we have not only been able to accelerate shifts in societal norms, but have developed powerful characters, which can be used to communicate with large audiences for changing behaviour across the country and beyond.

The fulcrum of the initiative – teleserial *Main Kuch Bhi Kar Sakti Hoon* (YouTube: <https://www.youtube.com/user/mkbksh>; Vimeo: <https://vimeo.com/channels/788987>) highlights relevant issues like sex selection, child marriage, delaying age at marriage, spacing and quality of care in reproductive health through the struggles of a young doctor, Sneha. It

aims at changing attitudes on women's position in society through the storytelling. The programme adopts a positive deviance approach - enabling communities to discover the best practices and local wisdom they already have, and then to act on them.

Highlights

Television reach: Telecast on DD National, DD India and DD Bihar, Season One (consisting of 52 episodes), reached out to an estimated 58 million viewers across the country (as per TAM and IRS data). The popularity of the teleserial has encouraged various regional DD channels to air this serial, and we are currently in discussion with various regional DD channel heads to finalise the telecasting of the entire serial. Season Two (consisting of 78 episodes) was launched on DD National in April 2015 and is telecast every Saturday and Sunday at 7.30 pm.

Radio adaptation: The radio episodes of Season One were aired on various channels of All India Radio stations, various community radio stations and a few state level private mobile radio platforms in Jharkhand, Bihar, Madhya Pradesh and Uttar Pradesh. The findings of the endline research shows that 83% of households in Madhya Pradesh, and 42% of households in Bihar with radio were listening to the programme on AIR. While 155 AIR radio stations reached across the country, the community radio stations covered an estimated population of 2.3 million people across the states of Bihar, MP and UP.

Phone - based intervention (<http://voice2.gramvaani.org/vapp/mnews/660/show/tags/QG/>): The Interactive Voice Response System (IVRS) saw a phenomenal response. The national IVRS, which was promoted via television and radio, received calls from people across the country, who answered weekly quiz questions related to the serial, shared their experiences and thoughts related to the issues brought up, and listened to interesting bytes from celebrities, and title songs. The IVRS received more than 625,000 calls from 150,000 callers over the six months of Season One, a majority of whom were women and youth, the primary target audience. This was evidence that we were reaching out to the right demographic segment. The mobile *vaanis* (mobile radio services) run by a partner in Jharkhand, Bihar, MP and Odisha cumulatively received over 5000 calls from media dark areas in these states. The mobile *vaanis* along with a few community radio stations, broadcast the radio episodes for their audiences, and also ran discussions around the issues. This level of engagement led to women speaking up about the issues, a first for many of them.

Community outreach: Our 10 NGO partners across Bihar and MP are working across five districts per state, creating Sneha clubs consisting

of various stakeholders like ASHAs, ANMs, NGO representatives, peer educators and school teachers. They, in turn, manage and guide smaller viewers clubs, which meet frequently to watch the serial on television, followed by discussions around the issues which the episode highlights. A total of 429 such viewers' groups have been formed by our partners. Master trainers, from the partnering NGOs, have been trained in using the communication materials (games, comic books and illustrations) that help facilitate discussions around the issues. They in

turn, are training the group leaders of the viewers' clubs in using these materials for discussions.

Main Kuch Bhi Kar Sakti Hoon today is more than just a trans-media development communications initiative. It is a call for women to stand up for their rights to complete their education, marry at the right age, space and use contraception to plan their families, and for men to be responsible towards the health of their families and accept that women too, can achieve anything they want.

From the IVRS recording:

"I love watching *Main Kuch Bhi Kar Sakti Hoon* on television. I feel that villages should have healthcare facilities for women, and roads to cities and towns, so that women can travel easily in case they need health support. And that women should stand up for their rights like Dr Sneha Mathur (protagonist of the serial) does in the teleserial."

Preity Dwivedi, A student from Allahabad

Our Champions

Priya Meena and Vidya Gwala, two friends from Bhopal, Madhya Pradesh have now turned champions to end child marriage in their own community. Priya's parents stopped her schooling when her elder sister ran away with her boyfriend and got married to him much against their wishes. Vidya has eight siblings (six sisters and two brothers) and her parents never sent their daughters to school after class VII. Both Vidya and Priya together with support from the community were able to fight with their own families against their early marriage and denial of education. Their persistence and urge to get educated, convinced their parents to allow them to go to school. "It is our right to be educated, No one can stop us! Our role model is Dr Sneha from *Main Kuch Bhi Kar Sakti Hoon*. We wish to become like her," they say.



From left: Priya Meena and Vidya Gwala with Sharmila Tagore in Bhopal.

The launch of Season Two (<https://youtu.be/FaIBILNpsYM>)

Main Kuch Bhi Kar Sakti Hoon Season Two was launched on April 4, 2015 and is being telecast on DD National at prime time on weekends. Doordarshan authorities are in the process of working in 14 Regional Kendras to air the teleserial (starting from Season One), and also dub where required. Discussions with the All India Radio officials are on to start the broadcast of the radio adaptation of the serial. Outreach and mobile based interventions (IVRS, mobile radios, and community radios) activities are in full swing.

The new season, which focuses on adolescent health, among other important issues of sexual and reproductive health, nutrition, substance abuse and gender based violence, is using the following strategies to reach out and connect to the youth of the country:

Celebrity engagements and events: Launch events were held in Patna (April 10, 2015) with Bihar Chief Minister Nitish Kumar (<http://www.populationfoundation.in/news/pfi-adri-editors-come-together-unique-venture-strengthen-coverage-women-health-and-development>), in Mumbai (April 16, 2015) with Bollywood star and founder of MARD, Farhan Akhtar, and in Bhopal (May 29, 2015) with actor Sharmila Tagore.

As part of the Bhopal launch, an award ceremony was also organised, and five women from Madhya Pradesh were felicitated to celebrate their *Main Kuch Bhi Kar Sakti Hoon* stories of change.

Recognising the potential for the serial to impact men, Farhan Akhtar enthusiastically volunteered to become the *sutradhar* (narrator) for the serial. The scripting and shooting is in full flow. His organisation, MARD, is collaborating with



The Bihar Chief Minister, Mr Nitish Kumar, launches 'Main Kuch Bhi Kar Sakti Hoon' Season Two in Patna. Ms Meinal Vaishnav who plays Dr Sneha in the serial, and director, Feroz Abbas Khan are with him.

Main Kuch Bhi Kar Sakti Hoon to further women's empowerment and male responsibility.

Connect with government schemes: Via a partnership with the Ministry of Health and Family Welfare, the serial will be used to promote the peer educator component of the new National Adolescent Health Programme - Rashtriya Kishor Swasthya Karyakram (RKSK), across the country. Scripts will be developed to create an aspirational image of the Peer Educators.

Social media: We have been proactively working towards strengthening our social media strategy to increase the reach and engagement of this initiative across various platforms and reach out to youth. Doordarshan has been given the rights to live-stream the episodes on YouTube. A live tweeting exercise to promote a press conference by Sharmila Tagore, Feroz Abbas Khan, director of the serial and Poonam Muttreja, PFI's Executive Director, got excellent reach on Twitter. We are planning to expand to other relevant platforms.



Ms Sharmila Tagore addresses a press conference at the Bhopal launch.



Mr Farhan Akhtar (centre) at the Mumbai launch.

The *Main Kuch Bhi Kar Sakti Hoon* initiative is being funded by the UK Aid, the Bill and Melinda Gates Foundation (BMGF) and the United Nations Population Fund (UNFPA).

Bilaspur Report: *Robbed of Choice and Dignity – Indian Women Dead after Mass Sterilisation – Situational Assessment of Sterilisation Camps*

As part of its core mandate on advocacy, PFI stays abreast of incidents and cases of negligence leading to violations of rights and dignity for women. Such cases are first investigated and subsequently taken up for advocacy with concerned stakeholders. Following the death of 16 women soon after

sterilisation at camps in the Bilaspur district of Chhattisgarh in November 2014, PFI led a multi-organisational fact-finding team to assess the situation and recommend corrective action at national and state levels.

The team from Population Foundation of India, Family Planning Association of India, Parivar Seva Sansthan and Common Health surveyed the camp sites, interviewed doctors and support staff involved in the service delivery. They met with women who had been sterilised and family members of those who had died. The findings were presented in a report titled, *Robbed of Choice and Dignity: Indian Women Dead after Mass Sterilisation* (<http://www.populationfoundation.in/resource-center/>)

[*publication/bilaspur-report-robbed-choice-and-dignity-indian-women-dead-after-mass-s*](#)). The report includes a list of recommendations for Chhattisgarh and the country as a whole.

Analysing the expenditure on family planning, the report points out that for the year 2013-14, India spent Rs 396.97 crores on female sterilisation, which constitutes 85 per cent of the total expenditure. A total of 39,23,945 women were sterilised. A chunk of this amount – Rs 324.49 crores was spent on incentives and compensation, and Rs 14.42 crores on the camps themselves. The amount spent as compensation for female sterilisation was two-and-half times the untied grants given to Primary Health Centres for infrastructure strengthening. The huge spends on compensation/incentives only to bring women to non-functional facilities with poor quality services that are a health risk, is inappropriate and unacceptable.

Less than 1.5% of the annual expenditure on family planning went towards spacing methods. The remaining 1.3% was spent on equipment, transport, Information Education Communication activities and staff expenses. Similarly, the figures for Chhattisgarh show 85% of the Rs 15.59 crores spent on family planning went towards sterilising 1,19,104 women. Rs 12.76 crores were paid as compensation and incentives. Only 1% went towards spacing methods.

The report emphasises that the Government of India, as a signatory to the 1994 ICPD Programme of Action, must conform to its commitment of informed free choice and not impose targets or any form of coercion in the family planning programme.

The report has been widely disseminated to a range of stakeholders from policy makers at the national and state level to civil society organisations and academicians. PFI circulated the report to approximately 1,000 people and organisations. PFI also engaged with the media and received extensive coverage in mainline dailies and television channels both nationally and internationally.

These efforts, together with individual meetings with senior government officials, led to a letter being sent out by the Ministry of Health and Family Welfare (MoHFW) to all states to implement the recommendations. The MoHFW has instructed states to ensure that all operations are conducted only inside health facilities with working operation theatres. Post-surgery care, which involves monitoring vitals for at least four hours after the procedure and instructions for follow-up, has also been emphasised, as has auditing sterilisation-related deaths. The ministry has also asked the states to re-orient all programme officers and service providers on the standard operating procedures for sterilization, and to ensure that quality family planning services are provided in a 'spirit of voluntarism and within

a rights and accountability framework'. The service providers have been asked to ensure that information is provided on the choices available and also of the possible side effects.

Realising Commitments to Family Planning in India

The project aims to track and follow up on the commitment made by the Government of India at the Family Planning Summit in London in July 2012 to include family planning at the core of the Universal Health Coverage initiative, to shift focus from limiting to spacing methods, to expand the choice of contraceptive methods, and to ensure increased budgetary allocations and expenditure for family planning. The project commenced in June 2014 and is currently in its second year of implementation.

Highlights

- **A repository of evidence of family planning methods:** We have begun to develop a repository of evidence on various family planning methods, which has information about the use of each method in various countries, its effectiveness, cost, side effects and system requirements. The repository will have evidence on contraceptive methods provided in India in the public and private health systems. Educational material is being developed based on the evidence to further the programme's advocacy initiatives for expanding the basket of contraceptive choices available in the public health system.
- **Partnering with the government:** Meetings with the Jansankhya Sthirata Kosh (Population Stabilisation Fund), Ministry of Health and Family Welfare have been held to explore collaboration on: (i) Working towards highlighting the importance of investing in family planning and the existing gaps with an objective to increase investment and expenditure for family planning, with particular attention to birth spacing methods, and (ii) Working together to dispel prevailing myths and

misconceptions about population issues and educate key influencers including policy makers.

- **Working with the Parliamentarians:** We have been engaging with parliamentarians to increase their understanding on the importance of health and family planning.

Ms Poonam Muttreja addressed a meeting convened by the Speaker of Lok Sabha titled *Women are Central to India's Development*, which was organised on the Parliament premises in December 2014. Ms Muttreja's address focused on the health needs of women in India, with specific focus on unmet need for family planning, and called for adequate investment in quality family planning services.

A meeting was held with nine parliamentarians from the Rajya Sabha on March 12, 2015. Many of the members present were part of the budget debate in the Parliament. The implications of the Union Budget 2015-16 on women's health and family planning were discussed. All the members present were convinced about the critical role of family planning and the need to increase investment in it. Educational materials were shared with the members indicating potential asks that could be brought into the debate during Question Hour in the Parliament.

- **ARC Coalition Secretariat:** The Family Planning Association of India formally transferred to PFI the national secretariat of the Advocating Reproductive Choices - ARC (www.arccoalition.org), a coalition of civil society organisations working in the field of sexual and reproductive health since 2005. The ARC members made a unanimous resolution to locate the Secretariat at PFI in recognition of the important role played by PFI in advocating for expansion of choice and other aspects of family planning and reproductive health. This was done at a Stakeholders' Consultation on January 29, 2015. ARC has 32 member organisations and one individual member

at the national level, four technical support organisations, 136 member organisations and six individual members in five states. ARC makes concerted and sustained advocacy efforts to enhance accessibility and expand contraceptive choices.

- **Educational collaterals:** The development of a series of educational collaterals on topics related to women's health, the rights-based approach to family planning, and family planning methods has been initiated. These will be used during interactions with key government officials, parliamentarians, the media and civil society organizations. A note on *Contraceptive Choices* was developed and shared with officials in the Ministry of Health and Family Welfare.
- **Meeting with CSOs on FP2020:** Delhi-based national core members of the ARC coalition met with representatives of the four FP2020 core partners (USAID, UNFPA, DFID and BMGF) for a discussion on key family planning issues in the country on March 18, 2015. PFI sought their inputs on the country's priorities and concerns to feed into the Country Engagement Group meeting in Istanbul for FP2020.
- **Mapping of CSOs:** The process of mapping Civil Society Organizations (CSOs) at the national level, including coalitions and institutions working on family planning, reproductive health, and health financing has also been initiated. The mapping would help in the identification of CSOs to partner with for advocacy efforts around improving quality of care in family planning, expanding the basket of choice and increasing budget allocation and expenditure.
- **In the media:** Pre and post Union Budget 2015-16 press notes, which were released on behalf of the ARC coalition, to advocate for increased budget allocation on health and family planning up to 3% GDP, were extensively covered by several publications, both print and online and in Hindi and English. Among the publications were *The Times of India*, *Hindustan Times*, *The Hindu*, *Zee News*, *Business Standard*, and *Express Health Care*. An op-ed piece on cuts in health expenditure appeared in *Economic Times* (<http://timesofindia.indiatimes.com/budget-2015/union-budget-2015/Budget-2015-Jaitley-AIIMS-for-more-but-no-pills-for-health-sector-ills/articleshow/46416214.cms>; <http://www.hindustantimes.com/business-news/public-health-outlay-stagnant-but-aam-aadmi-gets-incentives/article1-1321797.aspx>; <http://www.thehindu.com/news/cities/Delhi/universal-healthcare-still-far-from-reality-says-ima-chief/article6947507.ece>).

Team PFI undertakes research, develops educational briefs, press releases and responds to queries/requests from the media throughout the year.

A V Swamy, Member of Parliament: “Analysis of implications of the Union Budget 2014-2015, educational briefs and the infographic on family planning have helped me enhance my understanding on family planning and its impact on maternal health. As a way forward I would like to support expanding contraceptive choices and increased budgetary allocation and expenditure on family planning and ICDS.”

- [http://timesofindia.indiatimes.com/india/World-Population-Day-Concerns-on-fertility-rate-replaced-by-declining-sex-ratio/articleshow/48027191.cms;](http://timesofindia.indiatimes.com/india/World-Population-Day-Concerns-on-fertility-rate-replaced-by-declining-sex-ratio/articleshow/48027191.cms)
- [http://www.tribuneindia.com/news/nation/india-must-propose-family-planning-as-un-development-goal-experts/105198.html;](http://www.tribuneindia.com/news/nation/india-must-propose-family-planning-as-un-development-goal-experts/105198.html)
- <http://health.economictimes.indiatimes.com/news/industry/world-population-day-call-to-include-family-planning-in-sustainable-development-goals/48028726;>
- [http://www.dnaindia.com/india/report-ngo-for-including-family-planning-in-sustainable-development-goals-2103453;](http://www.dnaindia.com/india/report-ngo-for-including-family-planning-in-sustainable-development-goals-2103453)
- [http://www.thehindu.com/news/cities/chennai/rally-held-to-mark-world-population-day/article7412606.ece.](http://www.thehindu.com/news/cities/chennai/rally-held-to-mark-world-population-day/article7412606.ece)

Ms Poonam Muttreja, PFI’s Executive Director, was the lead panelist in NDTV’s debate on Bilaspur which got nation-wide attention on the need to improve quality of care and expand the basket of contraceptive choice.

Studies/ research

The Cost of Inaction study: A study on the Cost of Inaction in Family Planning has been initiated to highlight the high opportunity cost paid by India in terms of individual and family health and well-being, economic development, and environmental resource management by not investing adequately in family planning. The Centre for Public Affairs and Critical Theory, Shiv Nadar University has been identified to conduct the study. Two Technical Advisory Group meetings have been held so far to provide technical

expertise, guidance and direction to the study process.

The *Realising Commitments to Family Planning in India* project is supported by The Bill & Melinda Gates Foundation.

Advance Family Planning

Advance Family Planning (AFP) is an initiative of 20 partner organisations in nine countries that builds on the momentum of the 2012 London Family Planning Summit to achieve the goals of the Family Planning 2020 (FP2020) partnership. The Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health is the lead agency for AFP, providing evidence and technical resources, coordinating partner and global advocacy activities, and contributing to the overall policy development efforts. Population Foundation of India leads the AFP programme in India, with a focus on Bihar and Uttar Pradesh.

AFP’s objectives are to increase financial investment as well as political commitments needed to ensure access to quality family planning through evidence based advocacy in Bihar and Uttar Pradesh. The project uses the AFP SMART approach to identify specific objectives and potential ‘quick wins’ every year. AFP SMART is a tool used under the AFP programme for developing an advocacy strategy by identifying broad goals and smart objectives. Envisaged as a five-year project, it is currently in the third year of implementation.

Highlights

- **Budget allocated for divisional level quarterly review meetings in Uttar Pradesh:** To bring family planning at the forefront as a priority, PFI



Group work in progress at the regional consultation for revision of UP Population Policy.

advocated with the National Health Mission (NHM), UP for the need to introduce a review mechanism at the divisional level. The review meeting is an important mechanism not only for updates on the programme's progress, but also because it provides the opportunity to identify issues and challenges, and come up with solutions. A concept note was submitted along with the state NHM Programme Implementation Plan and has been approved.

- **Population policy of Bihar is now in the public domain:**

PFI had conducted an AFP SMART consultation in Bihar to identify priority issues for population and family planning programmes in the state. About 20 organisations had participated. One of the objectives identified was the need to have state specific population policy. An advocacy strategy was developed and a small grant was made to a local organization, NIDAN to take the work forward. NIDAN worked closely with the Chairperson of the Child Protection and Women's Empowerment Committee who raised the need to develop a state specific policy for Bihar. The Government informed the house that a population policy for the state had been in existence since 2005. Soon after, the policy has been put in the public domain.

- **Exposure visit by four senior UP officials to Rajsamand district:** PFI organised the visit so that the officers could understand and learn from the innovative quality of care model which has been adopted across the district. This also includes the expansion of choice through public private partnership in the public health system.
- **Revision of UP population policy:** PFI is partnering with State Innovations in Family Planning Services Agency (SIFPSA) for the revision of the UP population policy. As part of the review process, SIFPSA and PFI together organised four regional consultations in Allahabad, Agra, Gorakhpur and Moradabad with participation from all the 75 districts. The recommendations from these consultations will feed into the revision of the state policy.
- **Family planning review meeting orientation:** PFI and the National Health Mission jointly organised a day-long family planning orientation on the review meeting for all the 18 divisions in Lucknow. The objective

of the meeting was to orient the divisional program management team on how to use supportive supervision as a mechanism to make the review meetings meaningful and productive.

- **AFP SMART consultation:** A three-day AFP SMART consultation was organised in Patna with stakeholders for identifying priority issues around family planning for Bihar. Post consultation, sub grants were made to two local organizations in Bihar for advocacy.

Studies/research

As part of the population policy review for Uttar Pradesh, a study on the implementation of the current population policy was commissioned to an external agency. The study findings will feed into the development of the revised policy.

In order to enable a meaningful discussion at the four regional consultations for the review of the population policy, an analysis of the demographic indicators of all the 75 districts of Uttar Pradesh was undertaken. The analysis helped in developing region specific agenda, identifying regional challenges and working out the solutions.

Advocacy for Change: Repositioning Family Planning, Promoting Birth Spacing

The project advocates for policy and programme improvements in three specific areas: (i) delaying age at first pregnancy (ii) promoting spacing between births, and (iii) improving quality of care of family planning and reproductive health programmes at the national level and in the state of Bihar in particular.

The project in Bihar is being implemented in 60 villages, across 10 panchayats and two blocks in the districts of Darbhanga and Nawada. The project is in its third and final year of implementation.

The project aims at strengthening government programming for family planning at the national level and in Bihar through advocacy informed by reviews and analyses of programmatic innovations and

policies. In Bihar, it advocates with stakeholders to strengthen programming by using a convergence approach demonstrated at the district level so that social norms can be changed outcomes improved around the three key issues.

Highlights

- **Training and capacity building of Advocates For Change:** All the 176 Advocates for Change have been trained on the effective use of the communication package; roles and responsibilities, and the importance of the three key issues on family planning. A workshop was organized in May 2014 at the Gram Nirman Mandal, Nawada for identified master trainers, and NGO coordinators from the two implementing districts to enhance their facilitation skills.
- **Launch of mShakti:** A pilot on using an Interactive Voice Response System (IVRS) to promote community action for health was launched. The intervention called 'mShakti' uses a call-back number – 09655509555 and has two components. One is to collate, analyse and develop report cards based on community monitoring, and the second is to generate awareness on health entitlements in the community through an audio learning pack. As part of this activity, a two-day residential training was organised for NGO facilitators and Panchayat Raj Institution (PRI) members from the implementation area on using mShakti. One round of community enquiry was completed in the field using the intervention. The intervention is expected to facilitate easy scale-up of community action.
- **Training material developed:** Additional training material has been developed after a desk review for Accredited Social health Activists (ASHA), Auxiliary Nurse and Midwives (ANMs), PRI and Self Help Groups members encompassing the three key issues i.e. delaying first pregnancy, spacing between births and quality of care in family planning services.

- **A programme review meeting:** The meeting was organised to understand the progress, deviations and required modifications in the work plan for smooth implementation of the programme.

Study/ Research

An efficacy study has been completed to understand the effectiveness of family planning counsellors based in health facilities in Bihar. The study assesses the quality of family planning counselling services being provided at the health facilities and identifies areas of improvement to facilitate strengthening and scale up of these services in the state.

The project is supported by the David and Lucile Packard Foundation to advocate for relevant policies, improving programmes and enabling change in Bihar and at the national level.



A workshop titled, 'Health, Women and Development in Bihar: Role of Media', was organised on April 11, 2015 with the Chief Minister of Bihar, Mr Nitish Kumar, as the chief guest. Forty editors and station heads of print and electronic media houses along with over a hundred senior and mid-level journalists deliberated on the role of media in promoting development, especially women's empowerment, health and family planning. The workshop also aimed at developing a concrete plan to mentor and groom young journalists on reporting on social issues over a period of time.

Strengthening Community Action for Health under the National Health Mission

The Advisory Group on Community Action (AGCA), constituted by the Ministry of Health and Family Welfare (MoHFW) in 2005 to provide policy guidance and support for community action under the National Health Mission (NHM), continued to provide technical assistance to initiate and scale up the component in the states.

The AGCA consists of eminent public health professionals and the Population Foundation of India serves as its secretariat.

During 2014-15, 25 states included this component in their annual National Health Mission (NHM) Programme Implementation Plans (PIPs) and 17 states so far have got approvals. To further strengthen and scale-up the implementation of community action for health, the MoHFW approved an additional grant to the AGCA to provide technical assistance to the states.

Highlights

National Level

National Consultation on Community Action for Health: The AGCA, with support from the MoHFW, organised a *National Consultation on Community Action for Health* on October 28-29, 2014 to share experiences from community action models and come up with recommendations to strengthen and scale-up its implementation over the next phase of the NHM. The report can be accessed at <http://www.nrhmcommunityaction.org/articles.html>.

The consultation brought together 123 participants from 25 states, including senior government officials from the National and State Health Missions,



Ms Aruna Roy addresses the gathering at the National Consultation on Community Action for Health.

development partners, civil society organisations, panchayat representatives and the media. Keynote speakers were Ms Aruna Roy of the Mazdoor Kisan Shakti Sangathan and Mr Vinod Rai, former Comptroller and Auditor General of India. The State Mission Directors and nodal officers presented the status of the implementation of community action for health in their states, the challenges faced by them, and commitments for the way forward. The AGCA has developed a detailed plan to take forward community action based on the recommendations from the consultation.

Resource materials: The *Guidelines for Programme Managers and the User Manual on Community Action for Health* were developed to guide the implementing organisations and health managers roll-out the community action processes at the state, district and block levels. The *Guidelines for Programme Managers* elaborate on the community action processes, while the



Mr C.K. Mishra, Additional Secretary and Mission Director, National Health Mission, (Third from right), Mr Vinod Rai, Former Comptroller and Auditor General of India (Far right) along with AGCA members releasing resource materials.

User Manual describes how to use the tool kit. The documents can be accessed at <http://www.nrhmcommunityaction.org/manualstools.html>.

These documents were released by Mr C K Mishra, Additional Secretary and Mission Director-NHM, MoHFW, at the National Consultation on Community Action for Health and are now part of the orientation/ training packages to support states in rolling out the component.

The AGCA team, along with National Health System Resource

Centre (NHSRC), supported the Ministry of Panchayati Raj in developing a *Handbook on Health for Gram Panchayat Representatives*.

State Level

Technical support: The AGCA team provided technical support to 15 state NHM teams¹ and nodal organisations to strengthen and scale up implementation of the community action for health. The support to the states includes:

- Organising and planning exercises to develop PIPs for the component in 14 states: Punjab, Haryana, Gujarat, Meghalaya, Jharkhand, Madhya Pradesh, Arunachal Pradesh, Mizoram, Tripura, Kerala, Maharashtra, Delhi, Uttar Pradesh and Uttarakhand.
- Orientation of state NHM nodal officers and nodal organisations in Uttar Pradesh, Punjab, Jharkhand, Madhya Pradesh, Meghalaya, Mizoram, West Bengal and Delhi.
- Support processes for the selection of implementing organisations in Assam and Uttar Pradesh.
- Support in adaptation of tools, manuals and guidelines in Uttar Pradesh, Punjab and Meghalaya.
- In Mizoram, the AGCA and SATHI facilitated a two-day consultation on community processes in December 2014 that was attended by

¹ Assam, Bihar, Delhi, Gujarat, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Madhya Pradesh, Maharashtra, Meghalaya, Mizoram, Odisha, Punjab, Sikkim and Uttar Pradesh.

members of the ASHA Resource Centre and the State Mentoring Group, state-level programme heads and other stakeholders.

- The AGCA team conducted a study on rapid assessment of Village Health, Sanitation and Nutrition Committees (VHSNCs) and Rogi Kalyan Samitis (RKS) in three districts of Uttar Pradesh. The study explored the functioning of VHSNCs and the RKSs as well as the issues and challenges faced by these committees. The study covered 11 facilities, seven VHSNCs across three districts – Pilibhit, Sant Kabir Nagar and Hardoi and conducted 40 exit interviews (both in the Out Patient and In Patient Departments).
- In Meghalaya, the AGCA organised a workshop in August 2014 for the state community processes team and implementing partners. A detailed implementation plan was developed for the three intervention districts.
- The State Health Society organised a Jan samwad in June 2014 in Roopnagar and SBS Nagar districts of Punjab which was supported by the AGCA.
- In Delhi, the community action for health process is being initiated in selected wards/mohallas in eight districts covering 100 Mahila Arogya Samitis (MAS). The state and district level NHM officials were oriented on the processes in April 2014.
- In Uttar Pradesh, a workshop was organised for the State Nodal Officers in August 2014 where officials from the State Programme Management Unit, the State Innovation in Family Planning Services Project Agency and the Technical Support Unit participated. The state will now implement the process in 36 blocks of 18 high priority districts.
- The state NHM team and implementing organisation from Maharashtra visited Nagaland in January 2015 to study the implementation of the communitisation model and explore possibilities for adoption of the process in the tribal regions of Maharashtra. Nagaland had passed the Nagaland Communitisation of Public Services and Institutions Act in 2002 to improve public delivery systems by transferring ownership to the hands of the community. Under the Act, user community boards were set up and the government's powers and management functions were transferred to them. This included disbursement of salaries and the power to withhold pay for no work.

systems by transferring ownership to the hands of the community. Under the Act, user community boards were set up and the government's powers and management functions were transferred to them. This included disbursement of salaries and the power to withhold pay for no work.

- The AGCA team oriented members of the Mentoring Group on Community Action in the districts of Bhind and Chindwara, Madhya Pradesh, on tools and guidelines in March 2015.

The work is supported by the Ministry of Health and Family Welfare, Government of India.



Mr Hussan Lal, Mission Director, NHM, Punjab sharing the progress on Community Action for Health in Punjab. (Left to right) Mission Directors (NHM) Ms Sanghamitra Ghosh, West Bengal; Mr P M Pradhan, Sikkim; Mr M R Synrem, Meghalaya and Mr Manoj Jhalani, Joint Secretary (Policy), MoHFW.

Scaling Up

Population Foundation of India's experience with scaling up is largely rooted in the application of a Scaling Up Management (SUM) framework developed by Management Systems International. In the Indian context, the PFI and MSI use the framework to work with pilots in the area of reproductive, maternal, newborn and child health.

Experience in India and around the world has shown that for successful scaling up to occur, there needs to exist an 'intermediary' organisation or organisations that can facilitate the processes of scaling up.

Highlights

Scaling up support for Community Action for Health

Population Foundation of India provided technical assistance to 22 states/ Union Territories in scaling up the implementation of Community Action for Health, which includes:

- Building capacities of state-level institutions to initiate/scale up
- Providing inputs for the formulation of the community action component in State National Health Mission Programme Implementation Plans
- Developing and adapting guidelines, tools and protocols
- Undertaking periodic reviews of the implementation processes in the field
- Strengthening accountability mechanisms such as grievance redressal, and display of health service guarantees. (Also see Page 24)

Development of resource material: The *Guidelines for Programme Managers* and the *User Manual on Community Action for Health* were developed to guide the implementing organisations and health managers roll-out the community action processes at the state, district and block levels. A documentary film titled *Bringing Public into Public Health* was developed to showcase key experiences, challenges and lessons learnt from various community action processes being implemented across the country. The film has both English and Hindi versions. The film can be accessed at <http://www.nrhmcommunityaction.org/films.html>

A monograph on selected national and international experiences on community action for health was finalised and has been disseminated. The monograph captures experiences, learnings and challenges from community action processes across India and South East Asia. The document can be accessed at <http://www.nrhmcommunityaction.org/manualstools.html>

A monograph on grievance redressal has been compiled, which includes experiences, learnings and challenges in the implementation of the models/initiatives in India. The document details case studies of five models – Monitoring cell for ambulance services in Tamil Nadu, Grievance redressal cells in Maharashtra, the Social audit of the Mahatma Gandhi National Rural Employment Guarantee Act in Andhra Pradesh and Telangana, the Chief Minister's Online Scheme in Madhya Pradesh and the ASHA Grievance Redressal in Odisha. The monograph should help the MoHFW establish grievance redressal mechanisms under the NHM.

Sharing knowledge and experience: The PFI made a poster presentation at the Third Global Health Research Symposium on Strengthening Community Action for Health in India. Experiences and lessons learnt in applying the SUM Framework to scale up pilots in India were also shared with the participants. PFI disseminates the SUM Framework to NGOs and institutions in India and internationally, which continues to influence the thinking on scaling up.

Scaling up Support for the National Urban Health Mission

Technical support: PFI has provided technical support to 12 states – Jharkhand, Bihar, Uttar Pradesh, Madhya Pradesh, Odisha, Chhattisgarh, Rajasthan, Uttarakhand, Karnataka, Maharashtra, Haryana and West Bengal – in building capacities of state and city-level NHM officials to design and implement the roll-out of the NUHM.

The PFI in coordination with the National Health Systems Resource Centre developed national

guidelines for (a) Mahila Arogya Samiti (b) the Urban Health Nutrition Day (c) Accredited Social Health Activist and (d) Vulnerability Assessment. The MoHFW has printed and shared these guidelines with the states to support the NUHM roll out.

Regional NUHM Workshop: In coordination with the MoHFW, the PFI organised a two-day Regional NUHM Workshop in Kolkata, West Bengal, in September 2014. The workshop aimed to share city-level learnings on NUHM implementation and deliberate on potential innovations to address urban health priorities. Sixty six officials from 15 states comprising State Mission NHM Directors, State Nodal Officers and officers from the City Programme Management Units participated.

Orientation for West Bengal state and city level staff: The PFI organised a two-day orientation workshop in Siliguri, West Bengal in August 2014 for state and city level NUHM staff. The workshop focused on developing a detailed understanding on the NUHM focus areas and planning processes. An exposure visit to selected slums was organised, where the participants got a hands-on experience on applications of the vulnerability assessment tools. Forty six officials from District/City Programme Management Units from nine northern districts/cities participated.

Dissemination and scaling up planning workshop for Odisha: In collaboration with the MoHFW, the PFI organised a state-level dissemination and scaling up planning workshop in Bhubaneswar, Odisha in February 2015 to disseminating learnings from the city demonstration site and develop a scaling up plan with the city-level stakeholders. Seventy nine participants, including senior officials from the departments of Housing and Urban Development, Health and Family Welfare, Women and Child Development, Public Health Engineering Organisation, development partners, representatives from Urban Local Bodies, NGOs, MAS members from the four cities of Bhubaneswar, Cuttack, Berhampur and Rourkela participated.



Projects in the Field

PFI supports civil society organisations, and academic and research institutions to test innovations in family planning, reproductive and adolescent health in line with its programme priorities. PFI's grant making focuses on the eight Empowered Action Group (EAG) states in India, especially areas with poor demographic and socio-economic indicators. The emphasis is on innovations that can be scaled up.

Highlights

Grant making manual: PFI has developed a manual for grant making, which has been reviewed by internal and external experts. The manual contains guidelines and procedures to be followed for grant making – pre-grant, grant and post-grant. It contains standard formats, templates and documentation that will form the foundation of each grant agreement. The manual also details how the grantee should implement the programme. The manual will help the staff with the process of assessing applications, completing due diligence, managing and monitoring grants.

Partners' meeting: In 2014, PFI organised the first meeting of its Core Grant partners. The meeting aimed to create a platform for sharing our collective field knowledge and experiences, support each other in consolidating the gains, and further advance the collective goals of PFI and its partners. Eight partners – Agragami India, Centre for North East Studies and Policy Research (CNES), Institute of Development Studies, Jagori, Karuna Trust, Save a Mother, Society for Social Uplift Through Rural Action (SUTRA) and Socio-Legal Information Centre (SLIC) attended the meeting. Each grantee shared field experiences, challenges and lessons learnt during the implementation of their projects.

The meeting was also an opportunity for PFI's Governing Board Members to meet and interact with partners. The Governing Board Chairman, Dr Vinay Bharat-Ram, and members, Dr Nina Puri, Ms Justice (Retd.) Leila Seth and Mr K L Chugh – participated.

PFI supported seven organisations to execute innovative projects during the reporting period. Details of the projects can be found on pages 30-33. Two of the projects are highlighted here.

Finding the triggers of women's empowerment

PFI supported the Institute of Development Studies, Jaipur and FXB Centre for Health and Human Rights, Harvard University in a research project



There is a dearth of information on rights and entitlements, as well as reproductive and sexual health, among girls enrolled in colleges.

to identify triggers of empowerment, with particular attention to factors promoting higher educational opportunities and success for young women, resulting in delay in age at marriage and pregnancy.

The project studied first generation female college students (pioneers) from the most marginalised and non-literate families in Rajasthan who have been able to overcome economic, social and structural barriers to gain access to college education and thus forge their path to personal empowerment. The aim of the research was to identify the infrastructural supports, social triggers, and public policies that helped these disadvantaged young women reach tertiary education. Rather than focusing on barriers, the project focused on success or 'positive deviance'. The project involved quantitative data collection from 413 Champion households drawn from 13 colleges across Rajasthan.

Lessons learnt from the project

- There is an urgent need to work with young women and men enrolled in colleges. At present there are no forums available at these colleges where a meaningful dialogue can take place between young women and men, and teachers.
- There is a dearth of information on rights and entitlements, as well as reproductive and sexual

health, among the girls enrolled in the colleges.

- There is tremendous potential among the girls that needs to be harnessed in a positive direction. A strong need for mentorship at different levels has emerged clearly from the study.

Increasing contraceptive use in a rural population

PFI is supporting Save a Mother (SAM) for a project on population stabilisation in Amethi district of Uttar Pradesh. The three-year project (2013-2016), is being currently implemented in 400 villages spread across 12 blocks of the district. The project specifically aims to increase contraceptive use in a rural population utilising scientific knowledge in reproductive health in tandem with community-driven efforts in maternal and child health, and female literacy, all of which are integral for population stabilisation. Key to this intervention is promoting health literacy through organised social networks, with a focus on women's self help groups.

A baseline study of the project, using both quantitative and qualitative research methods, was conducted to benchmark key output/outcome indicators, to help measure the impact at the end of the project.

Core Projects of PFI 2014-15

Sl. No.	Project Name	Implementing Partner	Project Duration	Geographical Coverage	Approximate Demographic Reach
1	Repositioning Family Planning in Primary Health Centres in Karnataka through Public Private Partnership	Karuna Trust, Bangalore	3 years (April 1, 2012 till March 31, 2015); Extended till June 30, 2015	14 PHCs from 11 districts of Karnataka (Bagalkot, Bellar, Bidar, Gurbarga, Raichur, Bijapura, Gadag, Dharwad, Belgaum, Devangere, Chamarajanagar, Karwar)	3,13,500 people
2	Ensuring Reproductive Rights of Women	Social Uplift through Rural Action (SUTRA)	3 years (May 1, 2012 to April 30, 2015)	300 gram panchayats across 10 development blocks in 5 districts of Himachal Pradesh: Kangra, Mandi, Sirmaur, Solan and Una	6,90,500 people
3	KHUSHALI: A family planning programme to bring about sustainable improvement in the health and well being of poor and disadvantaged families in the urban slum of Madanpur Khader, New Delhi	Aragami India	3 years (June 2012 – May 2015); Extended till August 31, 2015.	Madanpur Khader slum, New Delhi	53,000 people

Goal	Objectives
Empower men and women to lead healthy, productive and fulfilling lives, and exercise the right to regulate their own fertility through family planning services at the village level.	<ol style="list-style-type: none"> 1. Delay first pregnancy 2. Increase spacing between births 3. Improve quality of care of family planning and primary health care services through accreditation and continuous monitoring and review.
Ensure reproductive rights that should result in better reproductive health, improved sex ratio at birth, and increased adoption of non-terminal methods of family planning.	<ol style="list-style-type: none"> 1. Create ownership of the issue at the community level through organizations like Mahila Mandals, Ekal Nari Shakti Sangthan and SHGs 2. Promote change in the health-seeking behaviour in the context of RTI/STIs 3. Increase women's access to information on reproductive and sexual rights, enabling them to choose methods for spacing or limiting family size 4. Monitor public institutions like government health facilities, anganwadi centres to ensure necessary support and services, as a measure to reduce gaps in reproductive health services 5. Create larger forums in the form of Mahila Gram Sabha to address gender discrimination and promote gender equality.
Demonstrate for future replication at greater scale (covering another 25,000 population), a cost effective, comprehensive urban slum family planning programme that will reduce fertility, and bring about sustainable change in the health and well being of mothers, children and families.	<ol style="list-style-type: none"> 1. Empower adolescent girls and boys aged 15-19 years, to take safe and responsible reproductive health decisions as they grow into adulthood, so that age at marriage is increased and the first child is delayed 2. Increase community acceptance of delaying the first birth till the woman is 21 years of age, and the use of contraception by couples to delay the first child 3. Increase community acceptance of a minimum interval of 36 months between two children, and the use of contraception to space children 4. Improve access to, and increase acceptance of, long-acting and permanent contraceptive methods so that small families are achieved.

Core Projects of PFI 2014-15

Sl. No.	Project Name	Implementing Partner	Project Duration	Geographical Coverage	Approximate Demographic Reach
4	Population Stabilization Program	Save a Mother (SAM) Foundation	3 Years (May 1, 2013 - April 30, 2016)	360 Gram Panchayat in 12 blocks of Amethi district (Chatrapati Sahuji Maharaj Nagar – CSM Nagar) in Uttar Pradesh	11,91,000 people
5	Mobilizing the Unreached: Using Behaviour Change Communication and ensuring quality Family Planning service through Boat Clinics in Assam. (Phase II)	Centre for North East Studies and Policy Research (C-NES)	3 Years (June 1, 2013- May 31, 2016).	The islands on the Brahmaputra river in 13 districts of Assam with a focus on 5 districts (Bongaigaon, Baroetam Morigaon, Sonitpur, Dhubri district)	92,605 people
6	India's Champions: Exploring Determinants of Young Women's Empowerment in Rajasthan, India	Institute of Development Studies	13 months (October 1, 2013 to October 31, 2014); Extended till March 31, 2015.	20 colleges from 10 districts of Rajasthan	540 young women
7	Enhance Women's Reproductive Health and wellbeing and Promote Youth Awareness and Empowerment	Jagori Rural Charitable Trust (JRCT)	2 years (October 1, 2013 - September 30, 2015)	3 blocks of Kangra District (Rait, Nagrota and Dharamshala) in Himachal Pradesh and Chandigarh.	10,000 people in 3 blocks of Himachal Pradesh and nearly 5000 young girls from Chandigarh

Goal	Objectives
<p>The overall goal of the project is population stabilisation. Develop a replicable model for population stabilisation by systems approach using effective persuasion through community activists and persuasive technology.</p>	<ol style="list-style-type: none"> 1. Double the contraceptive acceptance rate compared to base line survey. 2. Decrease the unmet need of contraception by fifty percent. 3. Develop prototypes of persuasive tele-messaging techniques. 4. Evaluate the effectiveness of tele-messaging.
<p>Strengthen and disseminate family planning options through intervention in behavior change communication by creating demand for adoption of Family Planning methods and provision of quality reproductive health component.</p>	<ol style="list-style-type: none"> 1. Increase awareness on reproductive health and family planning issues among eligible couples. (15-49 years age group) 2. Enable behaviour change through a need based comprehensive communication package. 3. Build sustainable local capacities in interpersonal communication including counseling skills, in delivering quality family planning services 4. Improve availability and accessibility of modern contraceptives to eligible couples including services for IUCD insertion and establishing effective linkages for sterilization services. 5. Address adolescent health through awareness and provision of regular nutritional supplements. 6. Facilitate and promote gender & social inclusion.
<p>The goal of the Champions Project is to discover key triggers of girl's empowerment and to translate these research findings in to scalable policy proposals.</p>	<ol style="list-style-type: none"> 1. To identify triggers of empowerment, with particular attention to factors promoting higher educational opportunities and success for young women, resulting in delay in age at marriage and pregnancy. 2. To engage with key stakeholders at local, state and national level on economic, social and cultural factors impinging on young women's access to higher education
<p>The key project goal is to build awareness regarding sexuality, reproductive rights, responsibility and choice related to marriage.</p>	<ol style="list-style-type: none"> 1. Young Women and Men in 30 villages become informed and sensitized about their reproductive rights and responsibilities. 2. Improved communication and decision making among 50% of selected young couples. 3. Improved sex ratio in two blocks of Kangra district of the programme area. 4. Young college students in 4 colleges become sensitive towards negative impact of early marriage and early and frequent child birth.

Case study from PFI partner

SUTRA

Towards Gender Equality – Setting an example

In a society obsessed with male offsprings, Babli Devi stands out. This 24-year-old woman took a bold decision to have only one child, that too, a daughter despite immense family pressure for a male heir.

Married in 2008, Babli Devi of Rampur-Bharapur Gram Panchayat of District Sirmaur in Himachal Pradesh, has studied up to Class X. Mother of a 4-year-old daughter now, Babli Devi was under tremendous pressure from the family to try for a son, who they felt, could carry forward their family name, take care of the ancestral property and also support them during their old age.

However, Babli Devi's husband Vijay Kumar, stood by her in this decision. He said there was no difference between girls and boys nowadays and that many educated couples settled for only one child, even if it were a daughter. And this did not mean that their family name would end.

Well aware that their weak financial condition would not permit them to have more children, the couple also realised that within their limited resources they could fulfil the needs of one child only.

Babli Devi then shared her decision with the local health worker who encouraged her to opt for female sterilisation. In December 2012, Babli underwent tubectomy.

The health worker shared Babli's story with the anganwadi workers and the Mahila Mandal (women's group) members in the area. They started motivating Babli Devi to become a member of the Kanya Bachao Samiti (Save the Girl Committee). Our partner NGO, SUTRA, has set up these committees in some districts of Himachal Pradesh to improve the declining ratio of female to male children and change the society's attitude towards the unwanted girl child. It was felt that Babli Devi had set an example for the community by not hankering for a son and giving the best possible education and care to her daughter. Babli Devi became a member of the Kanya Bachao Samiti in January 2013, and now motivates women to stop gender-based discrimination in their homes.

Recipient of awards by SUTRA and the State's Child Development Department for her contributions to society, Babli Devi is respected and appreciated for her decision of not having more than one child. The villagers say if they would have valued the birth of their daughters, they would not have had two to three daughters in their quest for a son. Babli Devi says, "I believe both girls and boys are equal. In fact, girls are more

caring towards parents than boys. I will, therefore, give good education to my daughter so that she can raise her head in the society and lead a respectful life.”

Babli Devi is a great change agent who leads by example.

Case study from PFI partner

JAGORI

Access to information on reproductive and sexual rights empowers women

Access to correct information on contraception helped 34-year old Jyoti Devi, mother of two, to adopt a long-term method of family planning and thereby, improve her married life.

Jyoti Devi, belongs to a Scheduled Caste family and lives in Patta Badiya village of Kangra district in Himachal Pradesh. She and her husband did not use any contraceptives as, according to her, they did not have proper information about the methods. They felt ashamed to discuss contraception with anyone and were hesitant to buy pills or condoms from the health centre as they did not know how to use them.

Jyoti Devi's mother-in-law, who is the president of the Mahila Mandal (women's group) in the village, introduced her to the Kanya Bachao Samiti (Save the Girl Committee) in June 2013. Jyoti Devi, who has studied up to Class X, is now a member of the samiti and has also taken part in the training camps for the samiti members.

Jyoti Devi says, “I would have never been able to understand my own body or participate in the training camps, had I not become a member of the samiti. It was only after participating in the camps and meetings that I got information about the different long-term methods of family planning. I also understood the difference between permanent and long-term methods of family planning.”

She is happy that she is able to discuss family planning options with her husband openly now. She says, “We both felt that as our family is complete

we should adopt some method of family planning. My husband told me to adopt any method that I feel comfortable with and which suits me. I informed him that since IUCD can be used for 10 years and is available free of cost at the health centres, I would opt for it. Importantly, it can be removed if we want another child. My husband agreed and I got an IUCD inserted at the nearest health centre. So far, I have not faced any problem with the method, and I have realised that the health of the woman is a major factor for the happiness of any family.

Jyoti states, “Associating with the Kanya Bachao Samiti has improved my life remarkably. I got a chance to visit the gram panchayat office and attend the meetings. I have now understood which method of family planning will be good for me and also started taking decisions on improving my health. I have let go of the shame and hesitation associated with discussing family planning methods and have started speaking on them openly. Now, I also disseminate information about these methods among other women.”

Case study from PFI partner

Centre for North East Studies and Policy Research (C-NES)

Small moves make a big difference

Ajmal Hoque, 27, is a graduate farmer from Kasimpur island in the Barpeta district of Assam. He says circumstances forced him to take up agriculture as a profession rather than seek a ‘decent earning’ from a government job.

The normally quiet Ajmal showed a keen interest in the discussions held at an awareness camp on child marriage and family planning organised in Kasimpur last year, which is some two and half hour journey by boat across the Brahmaputra from Barpeta. Full of questions on the topic, Ajmal took one of the team members to his house to meet his sister-in-law, Minuti Khatun, after the camp was over.

Minuti was in her mid-twenties but looked much older. Married to Ajmal's elder brother when she was just 12,



The C-NES Boat Clinic

Minuti became pregnant a couple of years later but, unfortunately, lost the child at birth. The following year, she delivered a baby girl, who drowned in the Brahmaputra when she was about 18-month-old. By 22, Minuti had three more children.

Within a span of eight years, Minuti had delivered five children, three of them when she herself was a child. She never got a chance to go to school. Societal norms had cost her dearly. She had lost her childhood, added to which was the despair of having lost her children in quick succession. Repeated childbirths when her body was still not ready for motherhood had taken their toll.

Since the birth of her youngest child, Minuti has been using temporary family planning methods. She and her husband were unwilling to go in for a permanent method, afraid what would happen if they were to lose their surviving children.

Ajmal says like Minuti there are many women from the area who suffer an early set back getting married when still very young. They are anemic, weak and suffer from many diseases at an early age. "There is no scope for educative discussion like the one we had," he says. If we had such talks, discussions and opportunities more often, and contraceptives were easily available, many of our women would be much healthier. I have been

able to learn so much. I shall try and pass on whatever I have learnt to anyone else who seeks my advice.”

As for Minuti, she said she would discuss with her husband the option of using Copper-T as a long-term contraceptive method for planning her family.

Case Study from PFI partner

Save A Mother

Counselling helps in bringing about behavioral change

(The names have been changed as per the request of the woman.)

Sunita was married to Rajesh in 2014 at the age of 19. She had been allowed to study only upto Class 5 by her parents. She now lives with her husband, her parents-in-law, her elder brother and sister-in-law and their four children in Uttarpara village of Tiloi tehsil in Rae Bareilly district of Uttar Pradesh.

Her sister-in-law's four children were born in quick succession within five years. During a house visit, a field facilitator from Save A Mother visited them and counselled Sunita and her sister-in-law about maternal and child health.

During the discussion, the facilitator explained to them the disadvantages of a girl being married before

the age of 18, and that the first pregnancy should be at or after 21 years as before that the woman is young and not ready for carrying a child. She also emphasised that there should be a three-year gap between pregnancies for the benefit of the health of the woman and child.

Sunita says: “My sister-in-law is very weak and anaemic after the pregnancies. We had heard about female and male sterilisation, but feared side effects.”

The facilitator informed them about the availability of various family planning methods available such as condoms, oral pills and the Intrauterine Contraceptive Devices (IUCD). She also told them in detail about the benefits of each method. The counseling helped Sunita and her sister in law get their husbands to use the condom. They now purchase condoms from the ASHA.

“I have decided to have my first child after three years of marriage and we are using the condom for delaying the first pregnancy. I used to think one should have a baby soon after marriage. But the counseling has changed my thinking. Delaying the first pregnancy by a few years and then spacing others prevents maternal and child deaths. In fact it is good for the health of the mother and children,” says Sunita.



Research and Evaluation

With strong monitoring and evaluation frameworks and systems in place for its core grant and donor supported projects, research and evaluation are a critical part of knowledge management at the Population Foundation of India.

In the reporting year, baseline evaluation and rapid assessment were completed for *Main Kuch Bhi Kar Sakti Hoon* (MKBKSH), the edutainment initiative of the PFI. Other research activities included review of Uttar Pradesh's Population Policy implementation, assessment of the effectiveness of family planning counseling services in Bihar and endline evaluations of some PFI- supported projects. The results of the MKBKSH endline evaluation also came in as we were going to the press and we have included some findings in a box.

Evaluation of – *Main Kuch Bhi Kar Sakti Hoon* Season One

Research and evaluation are critical components of *Main Kuch Bhi Kar Sakti Hoon*. With support from experts, a robust research, monitoring and evaluation framework was designed for the baseline, midterm and endline evaluation studies.

The objective was not only to measure changes and impact, but also to help produce an informed and engaged storyline that resonates with the viewers.

Baseline

A baseline survey was conducted prior to the launch of the serial in 2014 in Madhya Pradesh and Bihar by an independent research agency.

To measure the desired change after exposure to the planned entertainment education intervention, it was imperative to understand the knowledge, attitudes and perceptions related to age at marriage for girls, timing for first pregnancy, spacing between births, gender discrimination and sex selection among the community. Ten districts¹, 40 blocks and 100 primary sampling units (villages and slums) were covered in each state in the baseline. A total of 1,220 women in the age group of 18-29

¹ In Bihar- Patna, Gaya, Rohtas, West Champaran, East Champaran, Shekhpura, Darbhanga, Bhagalpur, Sitamarhi and Kishanganj districts and in Madhya Pradesh – Bhopal, Indore, Ratlam, Jabalpur, Chhattarpur, Chhindwara, Jhabua, Mandla, Morena and Khandwa districts.

years, 1,214 men in the age group of 18-34 years, 977 mothers-in-law and 189 frontline health workers (ASHA , ANM and AWW) were interviewed.

Rapid assessment

In September 2014, PFI conducted a qualitative rapid assessment to understand viewers' engagement with the characters and storyline with the aim of providing feedback to the production and scripting process for Season Two. The research methodologies included in-depth interviews, focus group discussions and tele-depth interviews.

The findings highlighted that the serial has been universally appreciated for its content. The name of the serial – *Main Kuch Bhi Kar Sakti Hoon* – was found to be inspiring, particularly among the female viewers. The audience reported a liking for the serial as it was “based on reality”, while most other soap operas were “based on fiction”. It was, therefore, able to create a connect with its primary audience with realistic and relatable characters and situations. The viewers were of the opinion that while most of the contemporary serials were largely promoting traditional practices, MKBKSH questioned orthodox social-cultural customs and traditions. The respondents found that most of the entertainment serials keep extending over trivial matters without resolution endlessly, while MKBKSH moved along at a good pace by resolving a social issue in three to four episodes.

The viewers also found the depiction of rural life in contemporary India realistic. Its social messaging as against the frivolous entertainment of other serials worked in its favour. People identified with the social issues showcased in the serial and empathised with the characters and their trials and tribulations. The protagonist, Dr Sneha, as a confident, independent professional is believable. While the younger women find her inspiring, the older women saw her character as aspirational. It may not be a part of their reality, yet they find her personality attractive, and some hoped that their daughters would become like her.

The serial has successfully promoted women's empowerment as a key agenda whereas most of the soap operas depict women in regressive roles (for example daughter-in-law and mother-in-law strife).

Main Kuch Bhi Kar Sakti Hoon is full of examples of recommended behaviour. Significant social problems that were taken up and settled in the first season include:

- Pre-natal sex determination
- Child marriage
- Family planning
- Son preference and sex selective practices
- Gender based violence
- Alcohol abuse

The timely resolution of issues gives people the confidence to question these practices. Hence, it encourages them to believe that, if need be, they would be in a position to raise their voice on these issues within their own communities. Callers on the Interactive Voice Response System (IVRS) frequently left feedback saying that they had been motivated to raise their voice on issues such as girls' education and child marriage because of the serial. The viewers appear to be motivated to act on the messages depicted in the serial as indicated by viewers' feedback.

Some findings

On ideal age for first pregnancy and gap between children

- The percentage of women who think that “the ideal age for a woman to have her first child is 21-25 years” has increased from the baseline figure of 38.2% to 45.8%.
- 63.3% women from the exposed group as compared to 49% in the non-exposed group strongly agreed that it is important for a woman to be physically and mentally prepared before the birth of her first child.
- Perception about the ideal age gap between two children being 2-3 years has also increased

from the baseline figure of 56.9% to 63.4% for those who have seen the programme in Madhya Pradesh, and from 54.6% to 64.5% in Bihar.

On awareness of contraceptive methods and discussion with spouse

- About 58.7% women from the exposed group as compared to 45.7% in the baseline reported that they have discussed use of contraception with their spouse.
- Awareness of family planning methods among women had increased significantly as compared to baseline as it was found that 98% were aware of female sterilisation as compared to 92% in the baseline; 86% were aware of male sterilisation as compared to 70% in the baseline.
- Awareness about male condom among women increased from the baseline figure of 60% to 92%.
- Awareness of family planning methods among men also increased significantly from the baseline. It was observed that the awareness of male condom has increased from 71% in baseline to 98% among the respondents exposed to the programme.
- Awareness about Oral Contraception Pills (OCP) increased from 53% in baseline to 94%.



Women who had been exposed to the serial were found to be more confident in accessing family planning services.

On accessing services

- As compared to baseline figure of 47%, women who are confident in accessing family planning services had increased to 58.8%.
- Among youth, more than 60% reported that they are now confident in accessing family planning services after marriage if they wish to. The trend was similar among males and females.

On domestic violence

- When asked about whether a woman should be beaten if she goes out without telling her husband, only 25.4% women in the exposed group as compared to 47.8% in the baseline agreed.
- When asked whether a woman should be beaten if she neglects the house or children, women who agreed had decreased from 49.4% in the baseline to 28.2%.
- When asked about whether a woman should be beaten if she refuses to have sex with her husband, only 5.7% women in the exposed group as compared to 14.5% in the baseline agreed.
- The belief that compared to men, women have equal ability to hold leadership positions in local government also increased from a baseline figure of 56.7% to 77.1% for women who had seen the programme.

Review of the implementation of Uttar Pradesh's Population Policy 2000

http://www.sifpsa.org/initiatives/population_policy.htm

The PFI reviewed the implementation of the current population policy of Uttar Pradesh. The review brings together information on the experience of implementing the policy from different sources, including from those involved in developing it. A comprehensive three-step approach was adopted to collect primary data for this study.

Viewers' comments

"Dr Sneha is confident, fearless and empowered, who inspires other women." (Focus Group Discussion, Bihar)

"Main Kuch Bhi Kar Sakti Hoon talks about social evils." (Tele-depth Interview, Male)

"It is not just a story but is based on the truth around us." (Tele-depth Interview, Male)

"Unlike other serials, it does not concentrate only on bickering between daughter-in-law and mother-in-law" (Tele-depth Interview, Male)

"I was browsing channels and stopped when I saw a village scene...MKBKSH shows the change and development of a village...by changing the thinking of its people" (Male, Bihar)

"If someone is doing wrong to someone else in one episode, the situation starts improving in four to five episodes. Then, another story begins. But in other serials, 99 out of 100 episodes, will be about bad things and only the last one will be good. Let's say, we miss the last episode and what do we remember? Just the bad things" (Tele-depth Interview, Male)

Endline of Season One

The core objective of the endline evaluation was to assess the effectiveness of the serial in bringing about change in the knowledge, attitudes and practices related to the family planning issues, age at marriage for girls, age at first pregnancy, gender-based discrimination and violence and sex selection.

A quasi-experimental, pre and post-test approach was adopted for the assessment. The design for evaluation was chosen to assess the level of change in knowledge, attitude and practices related to the issues covered under the programme 'before' and 'after'. It also assessed the impact of the programme and captured the differences between those exposed and not exposed to the programme. The evaluation was carried out in sample areas across the states of Madhya Pradesh and Bihar.

In order to have unbiased data, the field work for data collection was completed before the launch of Season Two.

In the first step, efforts were made to understand the programme activities, which had to be implemented, as per the policy document at the state and district levels. In the second step, discussions were held with three categories of stakeholders – Government officials and development partners who were involved in the preparation of the Population Policy 2000, and those who are currently managing Health and Family Welfare activities in the state. In the third step, senior

programme officers in the Ministry of Health & Family Welfare and the officers in Madhya Pradesh and Tamil Nadu were interviewed to learn about their experiences in implementation of their respective state population policies so that appropriate comparisons could be drawn.

The information received from the surveys, state government records, and findings from interviews were analysed simultaneously.

Efficacy Study on Family Planning Counsellor Services in Bihar

The Department of Health, Government of Bihar and the State Health Society had decided to revitalise the Family Planning Programme, with emphasis on postpartum family planning services, especially intrauterine contraceptive device (IUCD) insertions. For this, the state government appointed family planning counsellors in 105 select district level health facilities across the state. The counsellors have been in place for about a year. The State Health Society requested the PFI to conduct a study of the counselling service programme in the state to understand how the counsellors were performing on some defined processes/services/deliverables.

The PFI conducted the study from September 2014 till March 2015 to assess the quality of family planning services; the effectiveness of the counsellors at the health facilities, in terms of increase in number of family planning users and their level of satisfaction; to identify areas of improvement through capacity need assessment and work flow analysis; and to inform policy decision on scaling up of counselling services in the state.

Qualitative research methods, like indepth interviews, were used to gather relevant information. Quantitative data from the secondary sources (monthly, quarterly and annual progress reports) was also analysed. The analysis of service delivery statistics helped to assess the changes in demand/supply as a result of the presence of counsellors. Secondary data relating to the monthly progress reports being submitted by the health institutions was made available, which was used to assess the number of women coming to the health facilities for ante-natal care, and the number counselled for adoption of different contraceptive methods.

Some key recommendations from the study

- Increase ownership of the policy led by the Department of Health & Family Welfare
- Disseminate the policy to all stakeholders and advocate for its implementation
- Prepare Annual Action Plans. Implement the activities in synchronisation with the National Health Mission and other health programmes
- Monitor the implementation
- Rationalise the availability of resources for family planning activities (Human Resources, Financial, Drugs and Logistics)
- Sustain the interest of the stakeholders

Health of the Urban Poor Program

The Health of the Urban Poor (HUP) is a USAID funded program being implemented by a PFI-led consortium since 2009-10. The program is assisting the Ministry of Health and Family Welfare (MoHFW) and eight Empowered Action Group (EAG) states in developing the Framework for Implementation for the National Urban Health Mission (NUHM). Apart from technical assistance, the HUP program is also assisting 20 cities (Bengaluru, Kolkata and 18 other cities in the eight HUP states²) in scaling-up key NUHM components such as City Health Plans, Mahila Arogya Samitis (MAS), Urban Health and Nutrition Day (UHND), Health Management Information System (HMIS) in urban areas, and the creation of convergence and monitoring platforms like City/Ward level Coordination Committees.

Achievements

Regional workshop on NUHM: The Ministry of Health and Family Welfare and the Population Foundation of India's HUP program, jointly organised the Second Regional workshop on NUHM in Kolkata on September 25 and 26, 2014. The NUHM Mission Directors, NUHM Nodal Officers from 13 states and seven cities participated in the workshop where they were oriented on specific urban health challenges related to communicable and non-communicable diseases.

Training of trainers: To facilitate the implementation of NUHM, the PFI-HUP conducted a training of trainers in August 2014 for government functionaries in Kolkata and Siliguri, which covered topics like the City Health Plan, Listing and Mapping, Baseline

Survey, Identification and understanding of key focus population and vulnerability assessment. Over 90 health and municipal officials from 23 cities participated in the training.

Support in the preparation of the NUHM Program Implementation Plans (PIPs): PFI-HUP provided support to central and state governments on the estimation of NUHM resource allocation among states; preparation of state and city PIPs for NUHM, and the review of state PIPs at the national level.

Resource material developed and customised to facilitate NUHM

(http://hupindia.org/resources.php?res_dir=resources/Guidelines): The PFI-HUP assisted the MoHFW in developing implementation tools and guidelines for facilitating the NUHM roll out at the state and city levels, and provided support in customisation of state-specific guidelines. The PFI-HUP team centrally developed several guidelines to facilitate NUHM implementation that were adapted/customised to suit the local context in areas such as selection of ASHAs, formation of MAS, Ward Coordination Committees and Ward Kalyan Samitis, holding of the Urban Health and Nutrition Day, and IEC material for anganwadi centres.

Collaboration with Save the Children for saving newborn lives: The PFI-HUP entered into a year-long partnership with Save the Children under the Saving Newborn Lives project for strengthening maternal and newborn health care interventions in two of its demonstration cities – Pune and Bhubaneswar. The

² One scale-up city in Bihar (Patna), two in Chhattisgarh (Raipur, Bilai), three in Jharkhand (Ranchi, Jamshedpur, Dhanbad), four in Madhya Pradesh (Bhopal, Jabalpur, Gwalior, Indore), two in Odisha (Cuttack, Rourkela), three in Rajasthan (Ajmer, Jodhpur, Kota), two in Uttar Pradesh (Lucknow, Kanpur) and one in Uttarakhand (Dehradun).

purpose of the collaboration is to integrate the newborn care component of reproductive, maternal, newborn and child health interventions into the existing HUP city program.

The PFI-HUP facilitated the launch of NUHM in Jharkhand and Bihar.

UPHCs in Public Private Partnership mode: The PFI-HUP team extended support in plotting the 193 bids and preparing the comparative analysis for opening of the Urban Primary Health Centres (UPHCs) in Bihar.

Mainstreaming Mahila Arogya Samitis with NUHM: The PFI-HUP assisted in the mainstreaming of over 300 MAS in Delhi, Agra, Pune, Jaipur and Bhubaneswar. The MAS act as community level forums for health education, support rational health seeking behaviour and also track utilisation of health services by the slum community. This approach to communitisation of health is an integral component of the National Urban Health Mission (NUHM). Hence, after the launch of NUHM in 2013,



Registration of participants at an Urban Health and Nutrition Day.

Visit of US Senators Tim Kaine and Angus King

US senators Tim Kaine and Angus King visited the Health of the Urban Poor program in the Sanjay Gandhi slum in Delhi on October 8, 2014 to see the sanitation interventions supported by USAID. The senators met women community leaders, children, and other residents who have benefited from the project activities.

Pune Municipal Corporation adopts MAS formed under HUP Program

Pune Municipal Corporation officially notified (letter no. IHFW/PMC/375 dated March 7, 2015) the decision to adopt of 60 MAS (slum-level women's health groups) and 42 ASHAs (slum-level link workers). The MAS were formed under the Health of the Urban Poor program, implemented by Population Foundation of India and its consortium partner Plan-India in Pune. The HUP program was started in 2009 to test out some approaches (MAS and ASHA in slums), which have become part of the National Urban Health Mission (NUHM). Since then, HUP has been working in close collaboration with the central government, the state governments and city officials in Jaipur, Pune, Bhubaneswar, Delhi and Agra developing operational frameworks and guidelines for the NUHM components. Subsequent to the launch of NUHM in 2013, HUP has been providing support to the central, state and city governments in rolling out the NUHM components, specifically community processes like MAS, ASHAs and slum level outreach services.

In Pune, these slum level women's groups (MAS) and the link workers (ASHAs), who were trained for building awareness of slum households and tracking of RMNCH, nutrition and WASH services, will continue to do so in future under NUHM. More importantly, the slums under the HUP initiated program will also serve as learning sites for urban community processes for all other cities in Maharashtra state that are in the process of establishing these slum level structures under NUHM.

In Jaipur, Bhubaneswar and Agra too, where HUP had demonstration programmes, respective state governments have agreed to adopt the MAS formed by HUP and the link workers under NUHM. These sites will also be used as learning sites for other cities in the states.

all MAS groups formed by HUP were adopted by respective city NUHM programme units and integrated in the overall city health plans.

PFI-HUP's efforts have led to the formation of 7,067 Mahila Arogya Samitis.

Uploading of HUP developed/supported documents on the government websites of Jharkhand and Uttar Pradesh: The HUP facilitated in developing content and uploading NUHM documents ([guidelines/reports/letters/ manuals-http://hupindia.org/resources.php?res_dir=resources/](http://guidelines/reports/letters/manuals-http://hupindia.org/resources.php?res_dir=resources/)

Training%20Manuals) on the government websites of Jharkhand and Uttar Pradesh.

Roundtable on CSR for Urban Health and WASH:

The PFI-HUP organised a *Roundtable on Corporate Social Responsibility for Urban health and WASH*, in partnership with the Rajasthan Chamber of Commerce and Industry (RCCI) on June 26, 2014 in Jaipur. Representatives from RCCI, the Federation of Indian Chambers of Commerce and Industry, Ambuja Cement, Fortis Escorts Hospital, and Narayan Hrudayalaya shared their perspectives, strategies and ongoing CSR interventions in healthcare.



Members of the best performing Mahila Arogya Samitis were facilitated in Pune.

Summit on Positioning Water, Sanitation and Hygiene: PFI-HUP organised a summit on positioning Water, Sanitation and Hygiene (WASH) in Urban Health with the Rajasthan government and its consortium partner, the Institute of Health Management and Research on June 27, 2014. The objective of the summit was to bring various stakeholders together and share experiences and studies done related to the implication of WASH on urban health.

Studies undertaken during the year
Water, Sanitation, Health and Nutrition Infrastructure and Facility Mapping of Ranchi City: Special Focus on Slums and Settlements of Urban Poor:

The study identified and mapped the existing situation in water, sanitation and hygiene in Ranchi. Household survey, sanitary inspection and water quality testing at community water points were carried out in 15,000 households and 155 community water points in 215 slums. The findings of the study helped

the government to take remedial steps for improving the coverage and quality of water and sanitation services. Activities for awareness on Point of Use have been included in the State NUHM PIP.

A study for assessing potential contamination risk in Bhubaneswar slums: A sanitary survey study was conducted in the 163 HUP intervention slums of Bhubaneswar with the objective of quantifying the hazards attributed to community drinking water sources and supporting the community in taking remedial actions to protect and improve the supply.

Identification of vulnerable pockets of water-borne and water-based vector-borne diseases: The mapping of pockets vulnerable to water borne and water-based vector-borne diseases was undertaken in Bhubaneswar slums in identified high risk clusters (hot spots). The study also demonstrated how the existing surveillance system can be upgraded for effective management of disease outbreaks.

A Journey in Organisational Transformation

With the objective of becoming a centre for excellence with a global presence in the social development sector, Population Foundation of India (PFI) embarked upon an organisational transformation journey. The Human Resource team worked very closely with Hay Group, a leading management consulting firm, towards building the capacity of the organisation through leadership coaching and institutionalisation of the senior management team.

The Human Resource team also worked to ensure legal compliances of our policies. The existing Anti Sexual Harassment Policy was amended as per The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act 2013 and The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Rules 2013.

PFI is committed to creating a workplace that is free of hostility or prejudice towards any individual or community. We at PFI recognise that equality in employment can be seriously impaired when women are subject to gender specific violence, like sexual harassment at the workplace.

Leadership coaching

PFI is progressing into a leading advocacy and communication organisation both at the national and international level. PFI has been shaping the Sexual and Reproductive Health and Rights and the Family Planning agenda through participation in processes, consultations and dialogues. Leadership coaching significantly contributes in raising the profile of the institution and advocacy capability and helps build continuity and creates consistency.

The Hay Group was engaged as a part of the organisational transformation exercise to initiate and conduct leadership coaching sessions for key staff.

The objective was to shape and strengthen the Senior Management Team by proving a structure that works and recognising the need to build a strong second line of leadership for the organisation.

The coaching sessions were designed on the principle of creating self awareness as the foundation for leadership effectiveness. Through this intervention, individuals recognised the impact they were having on their teams and were able to moderate their leadership style to create a climate that was most impactful.

Senior Management Team meetings

The Senior Management Team (SMT) was formed as a part of the organisational transformation initiative. The team works under a defined charter, governance structure, norms, with defined roles and operating principles.

The team was formed to create shared accountabilities, a compelling direction and focus to empower the rest of the organisation. The SMT meetings help in driving decisions through a structured and transparent approach. The SMT meetings are planned on a monthly basis, to discuss organisational strategic priorities and to take strategic decisions critical to the organisational growth.

PFI is a transparent organisation. The role of SMT members is also to ensure consistent communication between SMT and staff. The staff is informed about the upcoming meetings and the SMT members discuss the agenda and minutes of the meeting with respective team members. This communication fosters trust among colleagues and the leadership, creating a platform for staff to connect their contributions to the vision and mission of the organisation.

PFI Policy Against Sexual Harassment of Women at the Workplace

In compliance with the mandate of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act 2013 and The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Rules 2013, PFI engaged

Ms Vrinda Grover, a renowned lawyer and women's rights activist, to amend the present policy of PFI. The Internal Complaints Committee was also established. The new policy, termed as PFI Policy Against Sexual Harassment of Women at the Workplace, has been shared and discussed with the PFI's Executive Committee and Board members.

Financial Highlights

INCOME		
Particulars	2013-14	2014-15
	Rs (in lakh)	Rs (in lakh)
Interest/Dividends/Gains on Investments/Misc.Receipts/Incentives & Fees	273.41	515.20
Rent for Premises	571.01	317.50
Grants in-aid - International Agencies	2273.69	2836.62
Grants in-aid - National Agencies	173.32	132.45
Total	3291.43	3801.77

EXPENDITURE		
Particulars	2013-14	2014-15
	Rs (in lakh)	Rs (in lakh)
Programme Grants – Own Funds	160.57	187.96
Project Implementation Expenses	97.65	50.49
Management & Administration Expenses	266.58	229.30
Grants in aid - International Agencies	2273.69	2836.62
Grants in aid - National Agencies	173.32	132.45
Total	2971.81	3436.82
Excess of Income over Expenditure transferred to Society Fund	319.62	364.95

ASSETS		
Particulars	2013-14	2014-15
	Rs (in lakh)	Rs (in lakh)
Fixed Assets	86.46	172.13
Investments	3474.40	3146.31
Dividends/Interest Receivable on Investments	146.98	233.98
Cash and Bank Balances	816.71	2078.00
Sundry Deposits	1.54	1.84
Advances (Unsecured considered good)	236.81	382.21
Total	4762.90	6014.47

LIABILITIES				
Particulars		2013-14		2014-15
		Rs (in lakh)		Rs (in lakh)
Corpus Fund		500.00		500.00
Society Fund		3139.73		3504.68
Project Grants – International Agencies		718.89		1717.25
Project Grants – National Agencies		72.44		39.16
Grants-in-kind received				70.58
Current Liabilities & Provisions :				
– Current Liabilities	247.96		159.15	
– Provisions	83.88	331.84	23.65	182.80
Total		4762.90		6014.47

Our Partners

The Government

PFI partners with various ministries of the Government of India and their corresponding departments at the state level:

- Education
- Health and Family Welfare
- Housing and Urban Development
- Rural Development and Panchayati Raj
- Women and Child Development
- Youth Affairs and Sports
- Doordarshan, Prasar Bharati BCI, Ministry of Information & Broadcasting (MoI&B)
- All India Radio, Prasar Bharati BCI, MoI&B
- State Innovations in Family Planning Services Project Agency (SIFPSA)
- State Health Society Bihar, Government of Bihar

Donors

- Apollo Trading and Finance Pvt Ltd
- BFL Investment and Financial Consultants Pvt Ltd
- Bill and Melinda Gates Foundation
- International Center for Research on Women (ICRW)
- Johns Hopkins University, Bloomberg School of Public Health
- Ministry of Health and Family Welfare, Government of India
- The David and Lucile Packard Foundation
- The John D and Catherine T MacArthur Foundation

- UK Aid
- United Nations Population Fund (UNFPA)
- US Agency for International Development (USAID)

Non Government Partners

- Actionaid
- Agragami India
- Ambuja Cement
- Arthik Atma Nirbharta Samajik Vikas Abhikaran, Bihar
- AARAMBH, Madhya Pradesh
- Bhoruka Charitable Trust, Rajasthan
- Bureau of Rural Economical and Agriculture Development (BREAD), Bihar
- Centre for Health and Resource Management (CHARM), Bihar
- Centre for Development and Population Activities (CEDPA), New Delhi
- Centre for North East Studies and Policy Research (C-NES), Assam
- Centre for Urban and Regional Excellence (CURE), New Delhi
- Civil Society Online
- Commitment to Kashmir Trust (CtoK)
- Darshn Mahila Kalyan Samiti, Madhya Pradesh
- Family Planning Association of India (FPAI), Odisha
- Gopinat Juba Sangh, Khurda, Odisha
- Gram Nirman Mandal, Bihar
- Gramodaya Veethi Bihar

- Gramin Evam Nagar Vikas Parishad (GENVP), Bihar
- Institute of Health Management Research (IHMR), Rajasthan
- International Institute of Population Sciences (IIPS), Maharashtra
- Jagori Rural Charitable Trust
- Jan Jagran Sansthan, Bihar
- Karuna Trust, Bangalore, Karnataka
- Kishitj Society for Participatory and Research, Madhya Pradesh
- Loktantrashala - School for Democracy
- Muskan, Bihar
- Narayani Seva Sansthan, Bihar
- Neha Gramin Mahila Vikas Samiti, Bihar
- NIDAN, Bihar
- Nishtha Rural Health, Education and Environment Centre, Himachal Pradesh
- Parivartan Mokimpur, Bihar
- Pararth Samiti, Madhya Pradesh
- Plan India, New Delhi
- Samagra Seva Kendra, Bihar
- Samarpan, Madhya Pradesh
- Sarvo Prayas Sansthan, Bihar
- Save A Mother Foundation, Uttar Pradesh
- Save the Children
- SEWA, Bihar
- Social Uplift through Rural Action (SUTRA), Himachal Pradesh
- Society for Rural Urban and Tribal Initiative
- Socio-Legal Information Centre (SLIC), New Delhi
- Srijan Se Shrishti Ki Ore, Bihar
- Swadha, Bihar
- The Institute of Development Studies, Rajasthan
- Voluntary Action Network India

Our Vision

Promoting, Fostering and Inspiring sustainable and balanced human development with a focus on population stabilisation through an enabling environment for an ascending quality of life with equity and justice.

Our Mission

We will strive to realise our Vision by promoting and formulating gender sensitive and rights based population and development policies, strategies and programmes.

To this end, we will

- Collaborate with central, state and local government institutions for effective policy planning, formulation and facilitation of program implementation,
- Extend technical and financial support to individuals and civil society institutions and promote innovative approaches,
- Undertake and support systems, action, translational and other forms of operational research,
- Create awareness and undertake informed advocacy at community, regional, national and global levels for socio-cultural and behavioural change,
- Focus on un-served, under-served areas and vulnerable sections of society and address the challenges of an emerging demographic transition,
- Mobilise financial and human resources from all sources both national and international.



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