

Annual Report

2018-19

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Government of India

Ms Poonam Muttreja, Executive Director, PFI

PFI's Anti-Sexual Harassment Policy

At the workplace, Population Foundation of India (PFI) prohibits discrimination, inappropriate conduct, or harassment, based on a person's gender, religion, caste, ethnicity, sexual orientation, disability, age, colour, national origin, veteran status, marital status, race, ancestry, linguistic or any other legally protected characteristic. PFI holds that all persons have the right to work in an atmosphere free of discrimination and harassment. PFI recognises that equality in employment can be seriously impaired when women are subjected to gender specific violence, like sexual harassment at the workplace.

PFI has thus adopted its **Policy Against Sexual Harassment at the Workplace** (referred to as PFI-PASHW), for the prevention, prohibition and redressal of sexual harassment in compliance with the mandate of the Sexual Harassment at Workplace (Prevention, Prohibition and Redressal) Act 2013 and The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Rules 2013. Under the policy, the Internal Complaints Committee (ICC) has been constituted under Rule IV and a detailed grievance procedure has been laid down in Human Resource Policy of the organisation.

In the year 2018-2019, no cases of sexual harassment were filed in the organisation.

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FROM THE CHAIRPERSON



KESHAV DESIRAJU

Chairperson
Governing Board

A handwritten signature in black ink, appearing to read 'K Desiraju'.

How do we in India ensure that we achieve population stabilisation through a rights-based and human-centred approach? This is a challenge with which the Population Foundation of India (PFI) has contended over its journey of the last 50 years.

Our focus in the 1970s was on building evidence to support population policies, and later on improving the status of women as drivers of family planning decisions. Over the years our understanding of the importance of women's reproductive health and rights grew, a principle endorsed by the International Conference on Population and Development (ICPD), 1994. PFI's 50th year coincides with the 25th anniversary of the ICPD.

We must not lose sight of India's commitments on national and international platforms with respect to population. Even as we hear rising demands for limiting our population through coercive policies, PFI has taken on the task of dispelling the fog of myths and misconceptions, and bringing facts into sharp focus. India's achievements in family planning and women's status are significant. Child marriage and teenage pregnancies have gone down by half between 1992-93 and 2015-16. More girls are staying in school, and for longer; the Infant Mortality Rate (IMR) has declined from 53 to 33 in the decade from 2008 to 2017 and Maternal Mortality Ratio (MMR) has fallen by half from 254 to 130 between 2014 and 2016. Fertility rates have declined from 3.4 to 2.2, close to the replacement rate of 2.1 children per woman that we aim for. It is noteworthy that Uttar Pradesh, one of the states with low socio-economic indicators, has registered the largest decrease in TFR and child marriage. There is, indeed, cause for satisfaction and we can see ourselves firmly on course to achieving population stabilisation.

Nevertheless, there are significant regional imbalances, and pockets where the gap between the current and wanted fertility rate is nearly one child. As the State of the World 2019 report aptly puts it, there is "unfinished business in the pursuit of rights and choices for all." We need to be aware that despite couples not only desiring but also having fewer children than earlier, our population will continue to grow for some time. This is so since nearly one-third of our population is between 10 to 24 years, young women and men who already are, or will soon be, in the reproductive age group. Our large young population holds great promise of higher productivity and consumption, but also demands a clear focus on their unique needs.

I am happy that PFI has stayed the course with its focus on ensuring that women are at the centre of population policies, especially through definitive inroads into livelihood programmes, and challenging gender disparities through behaviour change communication. Even more significant is our effort to create space for young people to express their views and be heard and noted in policy formulation. We continue to be an organisation that holds a tremendous reserve of knowledge and experience, as well as the agility to adopt and innovate new strategies in alignment with shifting priorities.

We are privileged and grateful to the government, both central and states, for giving us the opportunity to support their work. We are also fortunate to have the support of our civil society and academic partners and are particularly grateful to our donors, who make it possible for us to continue the work that we strongly believe in.

FROM THE EXECUTIVE DIRECTOR'S DESK



POONAM MUTTREJA

Executive Director



The year gone by marked the commencement of a new phase for PFI, with our strategic plan for the period of 2018-2022 now guiding PFI's work. Our new strategy aligns our efforts with the changing discourse in the family planning arena and ensures the much-needed prioritisation to young people's sexual and reproductive health (SRH) needs within public health policies. At PFI, we firmly believe that family planning is a matter of women's rights and gender justice – of treating women with dignity.

Despite the tremendous strides made by our family planning programme, wide disparities and inequities in women's access to reproductive healthcare continue to persist. In order to reach the last mile, PFI's efforts have been multipronged – enhancing public accountability, transforming social norms, informing public discourse and impacting key policy measures with research and evidence. Accordingly, the new strategy underscores the three critical pillars of PFI's work as advocacy, social and behaviour change and community engagement.

Taking cognizance of India's unique demographic advantage, PFI has made a conscious effort to align its programmes with the SRH needs of young people. Along with our deepened engagement in the states of Uttar Pradesh and Bihar, our expansion into the state of Rajasthan last year, where we are specifically working on adolescent health, is a firm step in this direction.

In addition to PFI's advocacy at the national level, our sustained engagement in the states has shown significant impact. PFI's deliberations with the state health department of Bihar have led to the approval of an additional amount of Rs 240 million in State Health Budget by the National Health Mission (NHM) for FY 2019-2020. This is a significant development and will, for the first time, introduce delivery of family planning messages through the statewide network of 800,000 Self Help Groups (SHGs) under the State Livelihood Department. Financial and reproductive autonomy, together, will lead these women to empowerment and transformative action.

PFI's rich body of experience has uniquely positioned us as a convener. We have successfully raised the family planning discourse at several national and international platforms. Last year, PFI organised the second **India Caucus** at the **International Conference on Family Planning (ICFP), 2018** held in Kigali, Rwanda. As an outcome, policy-makers and government officials committed to ensuring adequate implementation of existing family planning policies and support for increasing budgetary allocations.

Policy advocacy informed by empirical evidence is the cornerstone of PFI's work. Our study titled '**Cost of Inaction in Family Planning in India: An Analysis of Health and Economic Implications**' (COI study) was launched globally at ICFP. The study was launched nationally by Dr Rajiv Kumar, Vice-Chairman, NITI Aayog on the occasion of the **6th JRD Tata Memorial Awards** and **14th JRD Tata Memorial Oration**. The Tata awards and oration are an age-old tradition at PFI, inspired by the values and vision of its founding father Mr JRD Tata. While the awards honour the best performing states and districts in the country, the oration, delivered by a distinguished leader, focuses on critical population issues. Dr Kumar delivered the 14th Tata oration and highlighted the need for greater investments in young women, who contribute equally to India's demographic dividend.

PFI's social and behaviour change communication (SBCC) investments have ensured complementarity to our advocacy efforts by addressing social factors that govern women's reproductive decisions. In January 2019, PFI launched the third season of its flagship SBCC initiative **Main Kuch Bhi Kar Sakti Hoon- I, A Woman, Can Achieve Anything (MKBKSH)**, with increased focus on young people and their sexual and reproductive health needs. In the new season, PFI has ventured into the technology space and introduced a one of its kind, artificial intelligence **(AI) powered chatbot**, a digital companion and source of information on SRH for young people. The chatbot has also been linked to the Ministry of Health and Family Welfare's family planning helpline. AI holds tremendous potential to expand healthcare efforts, including much-needed access to accurate information, in the remotest parts of the country. Moving forward, PFI needs to leverage critical leanings from this innovation and build sustainable solutions.

PFI's work and achievements have benefited significantly from its evolving partnerships with the national and state governments, donors and fellow civil society organisations. I am grateful to each one of them for they have played a distinct role in furthering our common goals. I am thankful to the PFI staff, who have embraced our new strategy and worked relentlessly to make its vision a reality.



PFI team at Annual Staff Planning Meeting

I HIGHLIGHTS 2018-2019



Family Planning

Nearly **41,000 people reached** through 49 family planning counselling centres in Uttar Pradesh and Bihar

Over **13,500 women counselled** at more than **800 Village Health Sanitation and Nutrition Days (VHSNDs)** in Amethi district of Uttar Pradesh

612 family planning champions trained in Bihar

2 research studies on analysis of budgetary allocations, spending and opportunity costs of family planning policies finalised



Sexual and Reproductive Health of Adolescents

Over **2,000 youth** informed on sexual and reproductive health and **226 adolescent health facilities** audited by youth leaders in Darbhanga and Nawada districts of Bihar

6 regional consultations of young people organised to prepare recommendations on policies for them

Facilitated setting up of 40 youth-friendly centres for sexual and reproductive health services in colleges of Uttar Pradesh



Community Monitoring of Health Services

A pool of **3,200 district and block level trainers** across 22 states developed to strengthen community monitoring

315 Jan Samwads (Public Dialogues) organised in eight states

Pool of **42 state and regional trainers** developed who trained over **1,000 Rogi Kalyan Samitis** (RKS - Patient Welfare Committees) members in Uttar Pradesh

Strengthened **27 public health facilities** in Lucknow district of Uttar Pradesh and supported **scaling up implementation in 10 districts** of Uttar Pradesh



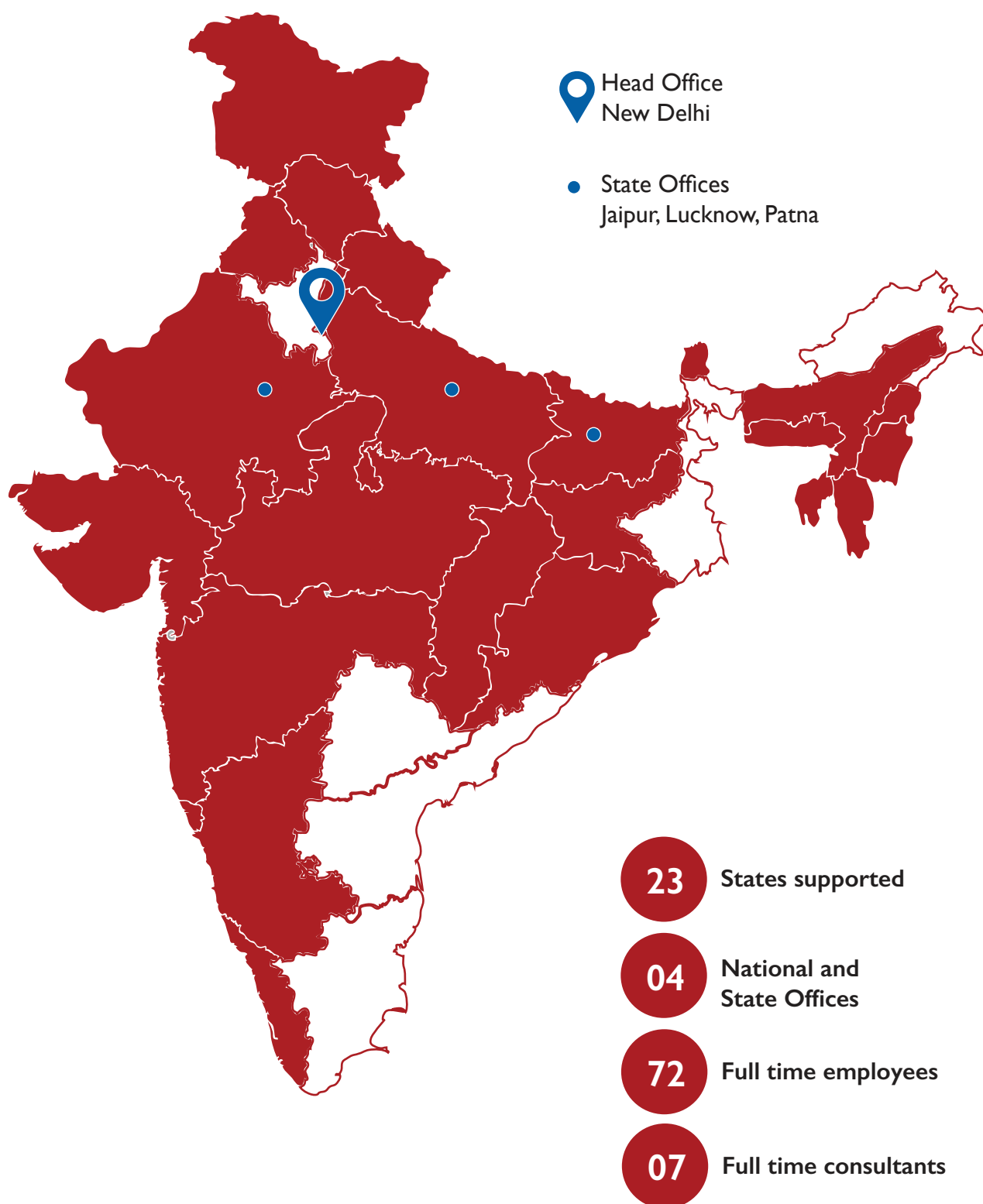
Social and Behaviour Change Communication

More than **100 million reached** through social media and over 35,000 on ground with outreach concerts for transmedia series *Main Kuch Bhi Kar Sakti Hoon* (MKBKSH – I, A Woman, Can Achieve Anything)

Over **10 million women** health workers and Self Help Group members reached through weekly messages from MKBKSH

Over **200,000 calls** from viewers received on the MKBKSH IVRS

SCALE OF PFI'S WORK



This map is a graphical representation, and is not to scale



At the Visioning exercise of PFI

2 PFI STRATEGY 2018 - 2019

Last year we introduced our strategic framework for the period 2018-2022. The strategy development process included in-depth consultations, both within and outside the organisation. The 2018-2022 strategy was approved by the Executive Committee in June 2018, and endorsed by the Governing Board in September 2018.

MISSION

Advance gender sensitive, rights-based population and family planning policies and actions for a just, equitable and prosperous society

STRATEGIC OBJECTIVES

- Promote reproductive health and family planning interventions as drivers of individual rights
- Ensure that reproductive health and family planning interventions empower women and girls and inspires youth leadership to drive social transformation
- Position family planning and population stabilisation measures as critical drivers of sustainable development and equitable growth

APPROACH

ADVOCACY

Global thought leadership, high quality evidence-based narratives to inform and inspire lawmakers for comprehensive family planning and reproductive health policies; shaping family planning discourses within sustainable development goals

SOCIAL & BEHAVIOUR CHANGE

Utilise the power of technology and new age media platforms for targeted interventions on reproductive health education and gender sensitive behaviours, attitudes and practices of the society, particularly young people

COMMUNITY ENGAGEMENT

Promote leadership and agency of youth, particularly girls and women, within community led participatory governance initiatives to enhance efficiency and accountability of public systems and delivery services

PRINCIPLES

INNOVATE

Invest in innovations to find scalable solutions that advance family planning and reproductive health rights, with special focus on young people

COLLABORATE

Partnership with government and other institutions to achieve our mission, playing the role of a catalytic convenor of ideas and actions

E-POWER

Use and application of technology and social media tools to inform and involve young people in advancing reproductive health rights



A counselling session in progress in Bihar

3 FAMILY PLANNING

Over the decades, we have been working through multiple approaches to enable women to plan their reproductive health and include young people and men in family planning programmes. In 2018-19 we continued working with policy makers

and elected representatives to call for increased emphasis on spacing births, expanding contraceptive choices, and increasing budgetary allocation and spending on family planning.

Prioritising family planning as a development agenda

Improving women's status has been the fulcrum of PFI's work on reproductive health. Our engagement with policymakers to make family planning a national priority were greatly bolstered by the inclusion of a chapter on gender in the Economic Survey of 2017-2018.

The Economic Survey released by the Government of India every year looks at the health of the economy and identifies challenges, which need the government's attention. The chapter on 'gender and son meta-preference' in the 2017 Survey, for the first time, focused on the interlinkages between social norms and development.

The Survey looked at son meta-preference where parents may choose to keep having children until they get the desired number of sons. It concluded that empowering women with education, and control of their reproductive and economic decisions will go a long way in addressing these challenges.

These findings are in line with the landmark International Conference on Population and Development (ICPD) held in Cairo in 1994 where 179 governments, including India, recognised and committed to a rights-based approach to family

planning. In advance of ICPD+25 to be held in November 2019, we joined efforts with policymakers and civil society partners to review India's progress towards achieving universal access to sexual and reproductive health and rights as committed in the ICPD Programme of Action.

The International Conference on Family Planning (ICFP) was held in Kigali, Rwanda in November 2018. The conference brought together the family planning community to share best practices, celebrate successes, and chart a course forward. ICFP is a platform for political leaders, scientists, researchers, policymakers, advocates, and youth to disseminate knowledge, celebrate successes, and identify next steps toward reaching the goal of enabling an additional 120 million women to access voluntary, quality contraception by 2020¹. PFI organised the **2nd India Caucus** at the ICFP to deliberate on India's progress and strategies for meeting national and international commitments on family planning. There were 80 participants at the India Caucus, including elected representatives, government officials, donor agencies, national and international non-governmental organisations (NGOs), and the media. Acknowledging that collaborative efforts between the government, bilateral partners, the donor community

¹<https://www.familyplanning2020.org/india>

and civil society organisations have greatly enhanced commitment to family planning, participants agreed upon collective action to fulfil India's family planning needs. Government and elected representatives committed to ensure that existing family planning and health policies would be adequately implemented by securing uninterrupted availability of commodities, engaging the private sector, facilitating dialogue with diverse stakeholders, and encouraging inter-ministerial and multi-sectoral collaborations. In continuation of our engagement with policymakers and elected representatives we made a presentation to the Parliamentary Standing Committee on Empowerment of Women. The Standing Committee agreed to making recommendations to the Ministry of Health and Family Welfare to increase budgetary allocations for family planning, prioritise male engagement, provide comprehensive sexuality education, and ensure intersectoral convergence and engagement with local leaders. Recognising the critical role of elected representatives in building a rights-based movement for family planning, PFI organised a Parliamentarians' Round Table to deliberate on ways to increase investments and make it a national priority.

In December 2018, over 1,600 participants from 85 countries gathered in New Delhi at the **Partners' Forum 2018 (PF2018)** convened by the Partnership for Maternal, Newborn & Child Health (PMNCH) and the Government of India. The PMNCH is an alliance of more than 1,000 organisations in 192 countries from the sexual, reproductive, maternal, newborn, child and adolescent health communities, as well as sectors influencing health. At PF2018, PFI showcased its experiences in improving the quality



Participants at the 2nd India Caucus; bottom left to right: Member of Parliament Ami Yajnik, Poonam Muttreja, Member of Parliament Vandana Chavan and Dr. S K Sikdar, Deputy Commissioner Family Planning, Ministry of Health & Family Welfare

of services through community-led accountability, and innovations in improving access of adolescents and young people to sexual and reproductive health (SRH) services. We participated in a consultation on building synergies for awareness campaigns between maternal and child health and non-communicable diseases. Recognising the impact of locally-led, globally-led, or co-led partnerships and advocacy movements, our Executive Director, Poonam Muttreja spoke on the criticality of a rights-based approach for India to achieve its FP2020 goals. She underscored advocacy as a key strategy for inclusive, impactful and far-reaching partnerships.

Building evidence to support advocacy on family planning

PFI finalised and disseminated two studies in 2018-19 that formed the basis of our evidence-based advocacy with policymakers and key influencers, including media. The study titled **Cost of Inaction in Family Planning in India: An Analysis of Health and Economic Implications (COI study)** projects the opportunity costs over a period of 15 years to individuals, households, the economy and society when family planning policies are not fully implemented. The study was launched nationally at the JRD Tata Memorial Awards and Oration in October 2018 by Dr Rajiv Kumar, Vice Chairman of NITI Aayog, the policy think-

The Cost of Inaction study estimates that if policies are not fully implemented over the 15 year period there would be:

- 69 million additional births
- 2.9 million additional infant deaths
- 206 million unsafe abortions

Full implementation of policies would result in:

- Savings of an estimated Rs. 270 billion in the government's National Health Mission budget
- Overall 13 percent growth in per capita GDP
- 1/5th reduction in out-of-pocket expenditure of households through savings on child care



National launch of the Cost of Inaction study

tank of the Government of India. It was launched internationally at the ICFP in Kigali, and has been extensively used and cited by media to highlight the need to increase investments in family planning.

The study titled **Planning, Budgeting and Expenditure of Family Planning under the National Health Mission: A Review (PIP study)** analysed the prevailing trends in budgetary allocations

and expenditure across three financial years to gain insights on the planning processes, allocations, expenditures and constraints in budgeting and spending for family planning activities. The study has been presented to policymakers at the national and state levels to demonstrate the need to address systemic challenges in budgetary allocation and spending on family planning. A poster presentation on the PIP Study won the first prize at the ICFP.

Supporting states to implement best practices in family planning

PFI has continued working across 18 districts of Bihar (6) and Uttar Pradesh (12) through the **District Working Groups (DWGs)**, a convergence model of decentralised planning and implementation of family planning activities to improve delivery and uptake of services. The two states are ranked low in health and family planning indicators, with women in Bihar having an average of 3.4 children, and in Uttar Pradesh (UP), 2.7. 77 out of 100 women in Bihar (15-49 years of age) and almost 68 out of 100 married women in UP do not use any modern method of contraception². 13 of the 18 districts we work in are part of the high fertility districts identified for intensive action under the government's Mission Parivar Vikas³.

PFI's support in both states has resulted in improved quality of services, increased availability of and access to contraceptive methods, as well as increased demand for family planning services. An important achievement in 2018-19 was the establishment of **49 family planning counselling corners**, 42 in Uttar Pradesh and seven in Bihar. Nearly 41,000 clients have been reached through these counselling corners in the last year.



District Working Group meeting in Jhansi, Uttar Pradesh

“The convergence model has helped us identify where there was potential for resource utilisation and scaling of family planning services.

**District Magistrate
Kishanganj, Bihar**

Provision of injectable contraceptive in four districts of Bihar

124 health facilities in four districts of Bihar began providing injectable contraceptives. As a result, more than 8,000 women received injectable contraceptive services between April 2018 and March 2019.

²National Family Health Survey 2015-16/Uttar Pradesh

³Programme of the Government of India in 145 High Focus districts with Total Fertility Rate of 3 and above, to ensure special and accelerated efforts for improved family planning services

PFI has been working with communities to improve uptake of family planning services in the two districts of Darbhanga and Nawada in Bihar. As part of the programme, we have identified and trained a cadre of over **600 Advocates for Change (AFC)** among the ASHAs⁴, Anganwadi workers⁵ and *panchayat*⁶ and SHG

members of the area. These women have significant influence in the community and have now become champions who motivate couples to adopt family planning, while also ensuring the quality of services.



Manju Devi speaking with women about contraceptives

Manju Devi – from an adopter to a motivator

Manju Devi received training from PFI as an ‘Advocate for Change’ in 2016. The training convinced her to adopt contraception after three children. Subsequently, she persuaded her son and daughter-in-law to use contraceptives. Realising the importance of family planning for maternal and child health, she became a champion and campaigned in her neighbourhood. More than **170 other women have adopted a modern contraceptive method following Manju Devi’s counselling.**

Integrating family planning with women’s economic empowerment

Women’s autonomy and ability to take decisions regarding their reproductive health are closely associated with their economic freedom. However, livelihood programmes such as the Self-Help Groups movement rarely touch upon family planning as part of discussions. PFI’s advocacy with the State Health Society Bihar (SHSB) led to the delivery of family planning messages and referral services through the state-wide network of Self Help Groups (SHGs) with approximately 8 million members under the State Livelihood Department. The National Health Mission (NHM) has approved an **additional budget of Rs. 240 million in Bihar’s State Health Budget for FY 2019-2020 to fund this initiative.** In Amethi district of Uttar Pradesh PFI has been supporting **Save a Mother (SAM)**, a non-profit led programme to leverage SHG platforms for creating awareness among women on

reproductive health. The programme has **reached over 13,500 women** with information on family planning services through **800 Village Health Sanitation and Nutrition Days (VHSNDs)**. In addition, door-to-door outreach was undertaken through more than **35,000 home visits** to counsel eligible couples and pregnant women.



A Self Help Group meeting in Bihar

⁴Accredited Social Health Activist - frontline health workers of the government

⁵Frontline workers responsible for delivery of the government’s Integrated Child Development Services programme to combat child hunger and malnutrition

⁶Village-level self-governance unit

Amplifying family planning advocacy through a collective voice

PFI has leveraged its considerable experience and influence to bring together diverse stakeholders for advocacy on family planning. We continue our convening role as the secretariat of the **Advocating Reproductive Choices (ARC)** coalition, a national network for collective action to strengthen reproductive rights, expand contraceptive choices and ensure quality of care. The coalition consists of nine core committee members and 167 general body members. The coalition shares its expertise towards India's involvement in the implementation of the FP2020 Country Action Plan. In 2018-19, ARC went through a process of redefining its strategy and plan in response to the demands of the changing family planning landscape in India. The strategy development process was steered by the secretariat of ARC located in PFI. We have also facilitated development of the coalition's communication and media strategy to improve its outreach with diverse audiences.

India's family planning programme continues to rely on promoting terminal methods of contraception, even as data shows that our young population needs more access to spacing methods, especially to long acting contraceptives. Implants, for instance, are not yet part of the basket of contraceptives in the public health system. In March 2019 we organised a meeting in collaboration with **Federation of Obstetric and Gynaecological Societies of India (FOGSI)** to deliberate on the need for introduction of implants within the basket of contraceptive choices in the public sector. There was consensus among FOGSI members to expand provision of implants in the private sector; and to share a statement with the government supporting introduction of implants in the public sector.



Participants at an adolescent health training programme in Madhubani district of Bihar

4 SEXUAL AND REPRODUCTIVE HEALTH OF YOUNG PEOPLE

Every third Indian is a young person between 10-24 years of age⁷. This gives India a unique demographic advantage and opportunity to drive productivity and economic growth. However, increased policy focus on their unique health needs is required to ensure that they become part of a healthy and productive workforce. The most significant gap lies in the means of young people to access information and services related to their sexual and reproductive health. One of our priority areas of work in 2018-19 was the health of young people, especially sexual and reproductive health.

PFI has used a multi-pronged approach, including mentoring and mobilising youth leaders to drive local transformation and engaging with policymakers to provide safe and youth friendly conditions for young people to seek services. In addition, we have developed and disseminated Social and Behaviour Change Communication (SBCC) materials through digital media as well as on-ground outreach. Data from the National Family Health Survey (NFHS)⁸ shows that 8.6 million girls in the age group of 15-19 years are married before they turn 18, and half of them (4.5 million) become mothers during adolescence.

Recommendation from the India Caucus at ICFP 2018

“To create demand for family planning services, along with putting mechanisms in place to meet those demands, undertake specific measures to **include unmarried young people and adolescents** while implementing family planning programmes, as they are currently excluded from the process”

10 million adolescent girls who wish to avoid pregnancy are not able to access contraceptives. Over 40 percent girls in the 15-24 years' age group use unhygienic materials during menstruation; only 41 percent women have freedom of mobility, and every second woman in the reproductive age is anaemic. These findings were corroborated by the Teenage Girls Report (TAG)⁹ that surveyed 74,000 teenage girls across 30 states of India. The report found that 45.6 percent teenage girls use unhygienic materials during menstruation and every second girl is anaemic.

⁷Census of India, 2011

⁸National Family Health Survey-4, 2015-16, International Institute for Population Sciences, Ministry of Health and Family Welfare

⁹Teen Age Girls Report. Naandi Foundation, 2018

Using Artificial Intelligence to reach young people

Existing social norms prevent young people from having discussions on their sexual and reproductive health (SRH) within families and even peers. Though the government's adolescent health programme **Rashtriya Kishor Swasthya Karyakram (RKSK)** provides for counselling services, even frontline health workers do not recognise the need to build awareness on SRH among adolescents.

As part of PFI's transmedia SBCC initiative **Main Kuch Bhi Kar Sakti Hoon (MKBKSH)**, Season 3 launched in January 2019, we developed **SnehAI – an artificial intelligence (AI) powered chatbot** embedded on the Facebook page of MKBKSH¹⁰. SnehAI is a unique platform with entertaining media content including videos, GIFs, quizzes and stories, tested and designed for first generation digital media users. It offers a secure, non-judgemental and anonymised platform for young people to seek information, especially on SRH. The chatbot has the persona of Dr. Sneha, the lead character of MKBKSH. It was developed in close consultation with young people and uses a unique colloquial mix of Hindi and English to emulate their online communication patterns.



Screenshot of SnehAI chatbot

Apart from providing information, SnehAI links users to external resources, including the family planning helpline of the Ministry of Health & Family Welfare. The chatbot also has the potential to be used as a resource by health workers who find it difficult to initiate conversations on SRH with young people.

Making adolescent health a priority in Rajasthan

Adolescents form 23 percent (15.7 million) of Rajasthan's population. However, the state lags behind on the status of adolescents. Over 35 percent of women (aged 20-24 years) in Rajasthan were married before they turned 18¹¹. One in every five adolescent girls (aged 15-19 years) drops out of school because of marriage¹². 83 percent of adolescent girls were aware of methods to space or delay pregnancy, but more than half (57 percent) feared social stigma and felt too shy to seek services at a clinic or elsewhere¹³. PFI began working in Rajasthan with a twin initiative for adolescents – advocacy with opinion leaders and policymakers to build an enabling environment, and developing a cadre of youth leaders who are trained and equipped to lead change within their communities.

Under the advocacy initiative, we are strategically engaging with policymakers, government officials,

and the media to sensitise them on the need for and means to promote adolescent sexual and reproductive health. The programme positions improved adolescent SRH as a critical driver of socio-economic development in the state. In parallel, PFI is working with four partner across three districts –



Adolescent boys in Rajasthan / Photo: iStockphotos

¹⁰ <https://www.facebook.com/mainkuchbhikarsaktihood/>

¹¹ State Fact Sheet – Rajasthan, National Family Health Survey-4, 2015-16, International Institute for Population Sciences, Ministry of Health and Family Welfare, Government of India

¹² PMA 2020/Rajasthan Adolescent Girls Health Survey

¹³ Ibid

Bundi, Karauli, Dungarpur – to develop and deliver an engaging and culturally appropriate SRH curriculum for adolescent girls and boys. The programme also mentors and trains young leaders to lead SRH campaigns within their cultural and social environment.

Our work on adolescent sexual and reproductive health in Rajasthan was launched at the **Zee Jaipur Literature Festival (JLF), 2019** where we organised a panel discussion titled 'Engendering Millennials'. PFI engaged with Yuva Ekta Foundation in advance of JLF to organise a **Youth Outreach Workshop** with a mixed group of 60 adolescents from rural and urban areas. Their experiences regarding body, sexuality, and sexual health were captured at the workshop and set the context for the panel discussion and our work in Rajasthan.

Supporting implementation of the national adolescent health programme

The implementation of RSKS varies across states, and five years after its launch several challenges have emerged. For instance, there is a lack of youth friendly spaces or platforms that encourage young people to seek information, counselling or guidance related to SRH. **The Adolescent Friendly Health Clinics (AFHCs)** are either difficult to reach, or do not have a welcoming ambience. In many areas, adolescents are not even aware of the AFHCs or any other platform such as the **Adolescent Health Days (AHDs)** where their needs can be addressed.

In 2018, PFI initiated a pilot project to strengthen RSKS in Sitapur district of Uttar Pradesh. The project aims to create adolescent-friendly spaces and provide quality resources to peer educators and counsellors in order to **encourage adolescents to access health services**. The project will also ensure sustainability by advocating with the state government to **increase budgets under RSKS** at the district level. An initial assessment of service uptake revealed that adolescents hesitate to visit the AFHCs because of the shame and stigma associated with the clinics as they were called 'Sexual Reproductive Counselling Corners'. Awareness and recognition of the clinics is also inadequate as they lack a uniform identity. We advocated with the state and facilitated development of a state-specific identity and branding of the AFHCs – **renamed Super Saathi Station**. Other improvements include guidelines for the design and interiors of the AFHCs to ensure that adolescents feel comfortable visiting the facilities.



"Hesitation around discussion regarding menstruation is not limited to rural girls, we urban girls are also hesitant in discussing this with our parents. It will be great to have a platform where we can freely seek counselling and information regarding our sexual health which is non-judgemental and confidential."

Young visitors to PFI booth at JLF, 2019



Young visitors at the PFI booth at the Jaipur Literature Festival 2019



A young participant for testing the Super Saathi Station brand

Policies and programmes for young people are rarely conceived or implemented in consultation with them. PFI's work with youth and adolescents puts them centre-stage and ensures that their voices count in policy formulation. We are training and mentoring a cadre of **40 youth leaders** in Darbhanga and Nawada districts of Bihar to increase awareness on SRH, monitor the quality of outreach and facility-based services, and submit a charter of demands to district and state officials. **Over 2,000 young** people have so far been **sensitised** through this initiative. The youth leaders have carried out audits of more than **200 health outreach sites and Adolescent Friendly Health Clinics (AFHCs)**.

To ensure youth participation in policy making, PFI organised **six youth-led regional consultations across India in early 2019**. The regional consultations documented the experiences, challenges and expectations of over 150 participants, which were collated into a **set of recommendations** to enhance young people's access to sexual and reproductive health services, including family planning. These recommendations will be presented to the Ministry of Health & Family Welfare.

Bringing SRH within reach of youth

PFI engaged with the **State Innovations in Family Planning Services Project Agency (SIFPSA)** in Uttar Pradesh to create spaces within campuses where youth could discuss their sexual and reproductive health concerns, and not be stigmatised if they sought services. As a result of our advocacy, SIFPSA approved the establishment of **youth centres in 40 colleges** across the state. Development of the branding and identity of the youth centres, called Q-Clubs, was facilitated by PFI in consultation with the college students. We also supported SIFPSA in identifying materials and structuring activities related to safe sexual behaviours, which the youth centres would conduct.





Villagers participating in a social audit in Jharkhand

5 COMMUNITY MONITORING OF HEALTH SERVICES

Community monitoring, also called **Community Action for Health (CAH)**, is one of the key strategies of the National Health Mission (NHM), a flagship programme of the Government of India. The process empowers the community and elected representatives to monitor and provide feedback on the quality and functioning of public health services. This includes inputs for planning, based on the locally relevant priorities and issues. The CAH processes are currently being implemented in over

200,000 villages in 340 districts across 23 states of India (covering 31 percent villages and 47 percent districts). CAH receives guidance and technical support from the **Advisory Group on Community Action (AGCA)**, a national level committee constituted by the Ministry of Health and Family Welfare (MoHFW) in 2005. The AGCA comprises eminent public health experts, with PFI hosting its Secretariat, through a government order.



A community member at a Jan Samwad in Rajauli block of Bihar

AGCA support provided

3,000 state, district and block nodal officers trained on community monitoring processes

12 states adapted resource materials
- Guidelines, manuals, monitoring tools and IEC materials

315 Jan Samwads (Public Dialogues) organised in **9 states**

Working with the government to implement community monitoring

PFI is working with the National Institution for Transforming India **NITI Aayog** on strategies to strengthen people's engagement and action for universal health care under Ayushman Bharat. Following our engagement, PFI was requested to provide technical support to improve coverage and quality of Village Health Sanitation and Nutrition Days (VHSNDs) in Sitamarhi and Begusarai districts of Bihar. The initiative will be implemented in partnership with Piramal Foundation.

The annual **National Consultation** on CAH, organised by the AGCA on behalf of the Ministry of Health and Family Welfare, brought together **83 participants from 21 states**. A key recommendation of the consultation was the need to work with Village Health, Sanitation and Nutrition Committees (VHSNCs) and Rogi Kalyan Samitis (RKS – Patient Welfare Committees) in planning and monitoring of services at the Health and Wellness Centres (HWCs). It stressed on the need to maintain the momentum of community action.

Globally, social audit is recognised as a powerful tool for social transformation, community participation and government accountability. The Government of India while framing the Mahatma Gandhi National Rural Employment Guarantee Act (MG-NREGA), incorporated social audit as an integral part of the scheme. Using these mandated state level mechanisms, the AGCA Secretariat worked with **social audit units (SAU) in the states of Jharkhand, Meghalaya and Uttarakhand** to institutionalise community monitoring of health services. Community monitoring and public dialogues were organised by the SAUs across 17 districts.

As a result of the social audit exercises in Uttarakhand, the state government issued a directive to the district of Uttarakashi to ensure that key issues identified through the process were redressed. These included service providers

to ensure there is no out-of-pocket expenditure, display of citizen's charter at health facilities, and essential drug lists to be maintained and updated on a regular basis, among others.



Social audit sheets with rating of health facilities by community members

Scaling up innovations in community-based monitoring of health services

PFI has been working in Darbhanga and Nawada districts of Bihar to generate awareness on health entitlements, and **increase demand for and access to quality family planning services**. A monitoring system has been developed using a mobile-based Interactive Voice Response System – **m-Shakti**. The system provides information on key health entitlements and services, giving callers the opportunity to rate health services, and share specific qualitative feedback. An online dashboard provides officials real-time indicator-wise data that is used to take prompt corrective action.

In 2018, PFI supported the State Health Society Bihar (SHSB) to **scale up community monitoring**

and accountability components from 365 villages across four blocks to more than 2,300 villages in 28 additional blocks. In addition, we supported the SHSB to plan scaling up of the community monitoring processes in 53 blocks of Araria, Gaya, and Samastipur districts. The community monitoring processes have led to timely disbursement of incentives, regular availability of family planning services, and increased contraceptive supplies across implementation areas. Around 15,000 callers shared their feedback through the IVRS in 2018. The project continues to strengthen the functioning of Village Health Sanitation and Nutrition Committees (VHSNCs) and increase availability of family planning commodities.



A rally organised by ASHA workers to raise awareness on health in Chhattisgarh

Impact of community monitoring of health services in Bihar

92 percent of the VHSNCs organised regular monthly meetings and initiated corrective actions

82 percent of untied funds utilised in 2018-19 by VHSNCs, 28 percent more than the previous year

Implementation of patient welfare committees in public health facilities

The MoHFW developed and disseminated the **National Rogi Kalyan Samiti (RKS)** Guidelines to states in July 2015. The RKS is a mechanism to ensure proper facilities and service delivery in public health facilities. The committee includes civil society and elected representatives, and officials from the Health Department. PFI successfully supported a pilot project to implement RKS in 27 public health facilities in Lucknow district of Uttar Pradesh.

The State Programme Management Unit (SPMU) subsequently requested our support to scale-up RKSs across 10 districts of the state. PFI developed a pool of 42 state and regional trainers in partnership with the SPMU, who in turn **trained more than 1,000 RKS members**. We also **mentored RKSs across 168 public health facilities**, and supported the state in developing a set of display materials on the roles and responsibilities of RKS, and the grievance redressal mechanism in health facilities.

PFI further supported the SPMU in its plans to extend RKS in 315 public health facilities across 20 additional districts, which has been included and approved in the State NHM Programme Implementation Plan (PIP) for Financial Year 2019-20. We extended our learnings from UP to strengthen RKS in the states of Goa, Jharkhand and Sikkim as part of AGCA's support.



Training of the Rogi Kalyan Samitis itself needs a lot more handholding, because it needs sensitisation, it needs internalisation. It also needs a very good understanding of the challenges that come up as you begin to implement the RKS work.

Dr. Rajani Ved, Executive Director, National Health System Resource Centre

Impact of RKS mentoring in 10 districts of UP

60 percent facilities had their RKS registration renewed

Overall **31 percent** facilities organised General Body meeting and **47 percent** organised Executive Committee meetings

47 percent of the facilities ensured documentation of the meetings



Communication materials on Rogi Kalyan Samitis



Women at the promotion of SBCC programme Main Kuch Bhi Kar Sakti Hoon in Alwar, Rajasthan

6 SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION

The International Social and Behaviour Change Communication Summit was hosted in Bali, Indonesia in April 2018. The Summit featured Entertainment Education and was a meeting place of SBCC practitioners, researchers and donors from over 93 countries. PFI is an early adapter of the Entertainment Education (EE) approach in SBCC, which is a cross-cutting function in our projects. Policymakers are recognising the need to address social norms in order to see long-term developmental gains. The 2018-19 Economic Survey lists some key principles of behavioural economics as being critical to social change: emphasise the beneficial social norm, change the default option, and lastly, repeat reinforcements.

We launched **Season 3** of our transmedia social and behaviour change communication (SBCC) initiative **Main Kuch Bhi Kar Sakti Hoon (MKBKSH – I, A**

Woman, Can Achieve Anything) on 26 January, 2019. Season 3 builds upon the lessons and successes of Seasons 1 and 2 in use of entertainment-education to improve knowledge and initiate change in regressive social norms by promoting local solutions. Season 3 addresses women's rights, promotes positive sexual and reproductive health practices, especially among the youth, and addresses socio-cultural barriers to safe sanitation and hygiene.

The first 26 episodes aired on Doordarshan from 26 January to 21 April, 2019 show the protagonist Dr Sneha Mathur grappling with prevailing practices, including open defecation, which lead to poor sanitation and public health emergencies in her village. The theme and messages of these episodes support the Government of India's Swachh Bharat Mission. Apart from broadcast on television, the series is being promoted through an Interactive Voice Response System (IVRS), community radio



Stills from Main Kuch Bhi Kar Sakti Hoon

stations in three states, and digital media. MKBKSH has established itself as a trendsetter in the use of innovative behaviour change communication techniques. In order to encourage shift in attitudes, the show has developed key phrases, or markers, that denote adoption of positive behaviours. #Swachhta Elaan or the pledge for good



Still from a scene showing Dr Sneha at a camp for patients of an epidemic in the village

MKBKSH has joined the efforts of the Swachh Bharat Mission to nudge communities to adopt safe and sustainable sanitation practices.

**Mr Parameswaran Iyer, Secretary,
Ministry of Drinking Water & Sanitation**

Main Kuch Bhi Kar Sakti Hoon has given Doordarshan a chance to play our role in nation-building.

**Ms Supriya Sahu, Director-General,
Doordarshan**

Making a pledge demonstrates commitment that goes beyond watching characters of a show. Main Kuch Bhi Kar Sakti Hoon uses entertainment to capture people's imagination and make it possible for them to commit to adopting new behaviours.

**Feroz Abbaz Khan, Creative Director,
MKBKSH**

In my village open defecation is a common practice. But I told them about MKBKSH that talks about sanitation. The villagers were inspired by the story of MKBKSH and built toilets within their homes.

An IVRS caller



A still from Main Kuch Bhi Kar Sakti Hoon

Highlights of Season 3, Main Kuch Bhi Kar Sakti Hoon till March 2019

Approximately **10 million SHG members in Bihar** receive weekly WhatsApp messages on sanitation and hygiene from the series

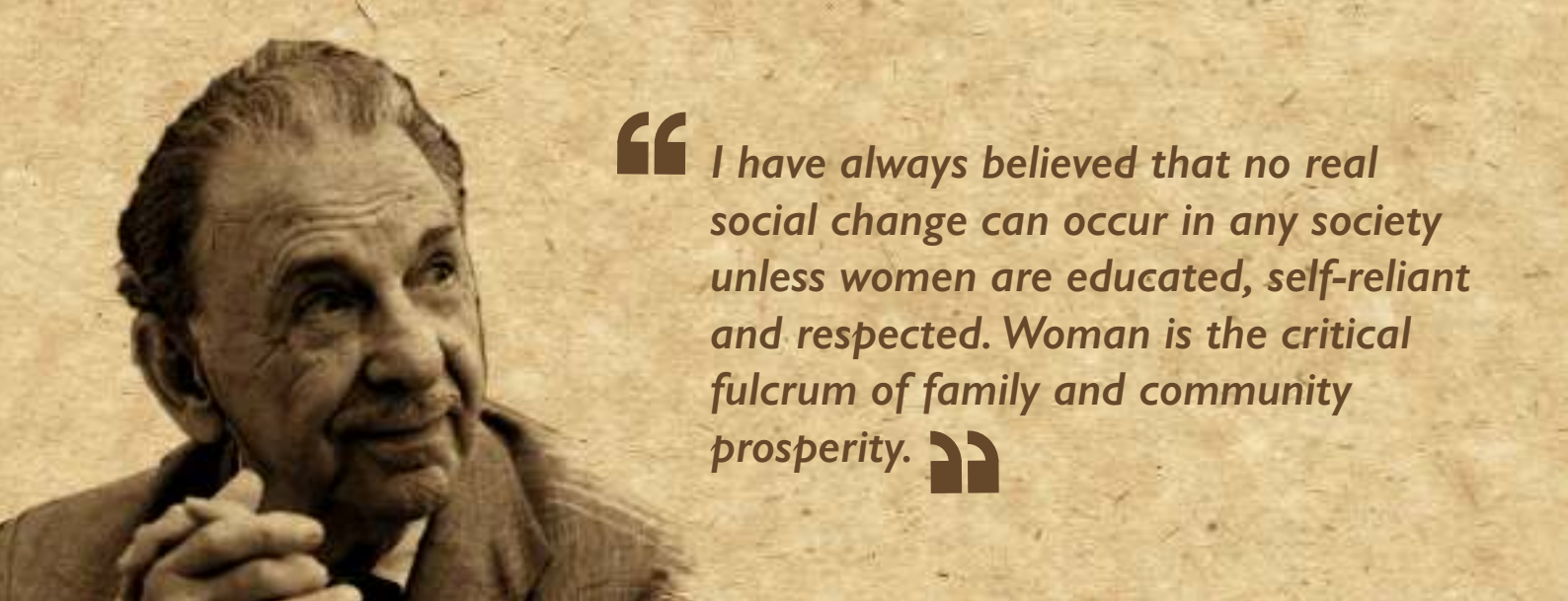
Swachhta Qawwali reached **over 6 million** through social media and WhatsApp

2 million social media users were reached with sanitation campaign #SwachhtaElaan

More than **200,000 viewers' calls** received on MKBKSH IVRS over 26 episodes



Schoolgirls at a MKBKSH promotional event in Siwan, Bihar



“ 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. ”

7 JRD TATA MEMORIAL AWARDS AND ORATION

In 1996, PFI instituted national awards for states and districts that demonstrated outstanding achievements in reproductive health and family planning. There have been five rounds of the awards since.

The 6th JRD Tata Memorial Awards were given out in 2018. A Technical Advisory Committee (TAC) of experts was established to identify the indicators and methodology for the awards. Winners were selected not just on the basis of current performance on key indicators, but also on their change factor, signifying the pace of progress.

ORATION

In 1990, our Founder JRD Tata, instituted a lecture series to gather the best of global knowledge on population issues. In 1995 (PFI's Silver Jubilee year), the series was rechristened as the JRD Tata Memorial Oration in his memory. Over the years, we have had eminent luminaries and inspirational leaders have delivered the Oration.

The **14th JRD Tata Memorial Oration** was delivered by **Dr Rajiv Kumar**, a noted economist and **Vice Chairman of NITI Aayog**. He spoke on 'Women Empowerment: The Key to India's Demographic Dividend.'



Dr Rajiv Kumar, Vice Chairman of NITI Aayog delivers the JRD Tata Memorial Oration

AWARDS

States and Union Territory

Chhattisgarh

Sikkim

Punjab

Chandigarh

Districts

Hamirpur (Himachal Pradesh)

Jagatsinghpur (Odisha)

Baksa (Assam)

Ernakulam (Kerala)

Nilgiris (Tamil Nadu)

Nagapattinam (Tamil Nadu)

Akola (Maharashtra)

Aizawl (Mizoram)

Upper Siang (Arunachal Pradesh)

Phek (Nagaland)

“ Keeping the large young population in mind, we need to provide quality sexual and reproductive health services with the right messages on reproductive choices. A 2014 study by leading economists found that ensuring universal access to sexual and reproductive health – which includes family planning – would yield a phenomenal return of USD 150 for every dollar invested.

Investing in women empowerment has multiple positive externalities which work through the family and broader society.

Dr Rajiv Kumar, Vice Chairman, NITI Aayog



Dr Rajiv Kumar hands over the Tata Memorial Award for Aizawl District, Mizoram



Dr Pawan Chamling, Chief Minister, Sikkim



Sikkim has transformed from a sleepy backwater area to a model state. The state has seen per capita income grow at a considerable rate while all poverty indicators have declined.

Dr. Pawan Chamling, CM, Sikkim



The JRD Tata Memorial Awards and Oration are a tribute to our founder JRD Tata and his vision to promote gender sensitive population health, and development strategies. We believe that family planning has to be at the centre of the national development agenda to help achieve Sustainable Development Goals. By investing in family planning, we are making smart investments for our families to be healthy, productive and prosperous.

Poonam Muttreja, Executive Director, PFI



Poonam Muttreja, Executive Director, PFI at the JRD Tata Awards



A dedicated microsite – **awards.populationfoundation.in** – was set up for the event as part of a larger online campaign under the hashtag, **#PeopleBeforeNumbers**. The event was promoted through traditional and social media.



#People BeforeNumbers reached an estimated **326,000** accounts on Twitter and got over **400,000** impressions



On Instagram, 11 multimedia posts including GIFs, were created to promote the event, which reached over **1,800 people**



The event page on Facebook reached an estimated **28,400** people

8 FINANCIAL AND OPERATIONAL HIGHLIGHTS

Particulars	2018-19 Rs. (in Lakhs)	2017-18 Rs. (in Lakhs)
SOURCE OF FUNDS		
Corpus Fund	500	500
Society Fund	5,155	4,763
Deferred Grant	35	44
Restricted Project Funds	2,367	854
Current Liabilities	257	237
Provisions	28	39
Total	8,342	6,437
APPLICATION OF FUNDS		
Fixed Assets	120	138
Investments	5,100	4,041
Cash and Bank Balances	2,507	945
Loans and Advances	615	1,313
Total	8,342	6,437
Particulars	2018-19 Rs. (in Lakhs)	2017-18 Rs. (in Lakhs)
INCOME		
Grant income	2,720	2,119
Donation income	0	75
Rental Income	307	309
Interest and other income	446	449
Total	3,473	2,952
EXPENDITURE		
Population, Health and Family Planning expense	1,186	816
Behaviour Change Communication expense	1,199	962
Community Action for Health expense	336	340
Other project expense	223	173
Management & Administrative expense	138	132
Total	3,082	2,423
Excess of Income over Expenditure	391	529

About PFI

Population Foundation of India (PFI) is a national non-profit organisation that promotes and advocates for the effective formulation and implementation of gender sensitive population, health and development strategies and policies. The organisation was founded in 1970 by a group of socially committed industrialists under the leadership of the late JRD Tata and Dr Bharat Ram.

Vision

Advance gender sensitive, rights based population policies and practices for a just, equitable and prosperous society.

Our mission and accomplishments would not have been possible without generous support and collaboration with our donors and programme partners. We are thankful for their continued partnership and collaboration to advance our shared mission.

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