



Annual Report

2017-2018



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From the CHAIRPERSON

KESHAV DESIRAJU

Chairperson,
Governing Board,
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The Population Foundation of India has worked for close to five decades to promote just and equitable policies that ensure human dignity, rights and a better quality of life for the most vulnerable, especially women. On behalf of my colleagues on the Governing Board and myself, I would like to commend PFI on its continued engagement with critical, often contentious, issues in a timely and responsible manner.

The Government of India has taken important steps this year towards increasing access to care, towards promoting health seeking behaviour and in recognising the importance of the social determinants of health. The release of the National Health Policy, 2017 and announcement of the Ayushman Bharat programme are welcome moves towards India's objective of universal health coverage. PFI is positioned for a crucial role in supporting the government as it rolls out Ayushman Bharat through 150,000 health and wellness centres, and the National Health Protection Scheme providing insurance cover to 100 million families. This could well be a turning point in the quality of health care that the poor can access, provided the pledges are adequately supported with requisite financial commitment, strong governance systems, and accountability.

Raising social sector allocations by the government has been a longstanding issue, with fiscal compulsions often outweighing development needs. We continue to work on this issue by presenting best practices in resource management and programme implementation that promote equitable development, while advocating for allocations to match with policy commitments, particularly in family planning.

PFI has a strong record in reaching out to the wider community, using technology, social media and support of role models in our society. On the evening of 21 November, 2017, a 2000-strong cheering, clapping audience responded enthusiastically to Farhan Akhtar and a glittering array of film celebrities to sound the 'Lalkaar' – a call to end violence against women and girls. We have seen promising results in our work to promote adolescent health through projects on ground with over 200 adolescent girls' groups in Bihar, and online with short films on sexual and reproductive health. These are indeed exciting times, especially with the possibilities of reaching out to very large numbers using digital technologies. At the same time, we must guard on how we can use technology in an ethical, socially sensitive and just manner, so that we bridge divides rather than widen them.

The 2017 United Nations Revision to its World Population Prospects clearly indicates that with one of the youngest populations in the world, half of it in the reproductive age group, India needs to step up investments to provide for adequate health, education, nutrition, and better social conditions. Investing in the young is a development imperative. As future citizens and leaders, they are important instruments of political and social transformation, and need to be recognised as such in the policy framework. Young people today are very vocal, capable of either embracing an idea fully or rejecting it outright, but also need information, guidance and an appreciation of work that has been done. We need to create the spaces where we can have dialogues with the young, listen, share, and support them in their journey into responsible adulthood.

PFI is very fortunate to continue working closely with governments, both at the central and state levels. We are mindful of the trust vested in us and the immense responsibility we therefore carry. I would like to acknowledge the support we have received from civil society partners, donors and our innumerable supporters for believing in PFI and the work it does. To them all, on behalf of the Board, I extend our grateful appreciation.



From the EXECUTIVE DIRECTOR'S DESK

POONAM MUTTREJA

Executive Director

It is always a pleasant task to share my thoughts and the highlights of our work over the past year in this important publication, our annual report.

For several reasons, this has been an exciting year, not least for the fact that we undertook our visioning exercise. This was an effort on our part to be in step with the changing demography of a very young India, and to be better prepared to respond to a new set of priorities and challenges. Our exercise sought to re-align PFI's vision as well as the larger sexual and reproductive health canvas. The objective was to reposition family planning (FP) in the national development agenda as an area of priority in itself, firmly believing as we do that it is a cross-cutting issue central to achieving both national and global development goals. It reaffirmed our conviction that adolescents and youth need to be at the centre of national sexual, reproductive health and rights (SRHR) policies. While they are indeed a demographic asset, the extent to which dividends are reaped will depend very much on the enabling conditions that are put in place.

Looking back at our work, we have done well and have good reason to feel proud. Whether, it was about using behaviour change communication and advocacy, capacity building and providing technical support, or building knowledge and working with communities, we made a definite imprint. Building on its expertise in its social and behaviour change communication initiative Main Kuch Bhi Kar Sakti Hoon (MKBSH), PFI introduced two new initiatives targeting young people and using the digital space: Sex Ki Adalat (Court of Sex) and Bas Ab Bahut Ho Gaya (BABHG or Enough is Enough). The former, a digital campaign and one of the winners of the Bill and Melinda Gates Foundation's Grand Challenge initiative, amplified a groundswell of public opinion and outcry on issues of violence against women and girls. The latter was PFI's first ever web-series, where SRHR issues considered taboo in Indian society, were tackled head-on through a court room drama format, conveying responsible information in an engaging manner.

PFI has the privilege of hosting the secretariats of two distinguished groups: the Advocating Reproductive Choices (ARC) Coalition and the Advisory Group on Community Action (AGCA). I mention them, as this year, both received extraordinary recognition. The ARC Coalition nominated as India's Civil Society Focal Point for the FP 2020, acquired a new status with the mandate to engage and advocate with the government and other key stakeholders to drive the country's progress towards meeting its FP goals. Some members of the AGCA Secretariat and PFI were awarded certificates of excellence for their contributions to the 9th, 10th and 11th Common Review Missions (CRMs) of the National Health Mission (NHM). In addition, I am pleased to report that the Community Action for Health (CAH) processes are now being implemented across twenty-three states.

PFI has made significant additions to its knowledge management resources. Two studies focusing on the analysis of fund allocations for family planning in the high focus states and the cost of inaction in family planning were commissioned to respond to gaps in policies and programmes. In addition, we produced a much-needed report on women's status, health and family planning in India, which further highlights these for the attention of policymakers. We have made significant strides in using new technologies especially social media to reach out to more people. We are engaging in dialogues with policymakers on Facebook Live and have used embedded chat bot technology in a first-of-its-kind online rapid assessment of our online campaign on ending violence against women and girls. As technology and communication become inseparable from our daily lives, PFI is exploring newer ways of engaging with people to promote a rights-based approach to family planning.

It is a fact that our achievements are as much the achievements of our partners. I take this opportunity to extend our grateful appreciation to our valued partners – the Government of India, particularly, the Ministry of Health and Family Welfare, state governments, our funding agencies and implementing partners, including civil society and research organisations. To our admirable Governing Board, Executive Committee and Advisory Council, I convey my sincere thanks for their unreserved and kind support, which we can count upon and which makes all the difference in the world.



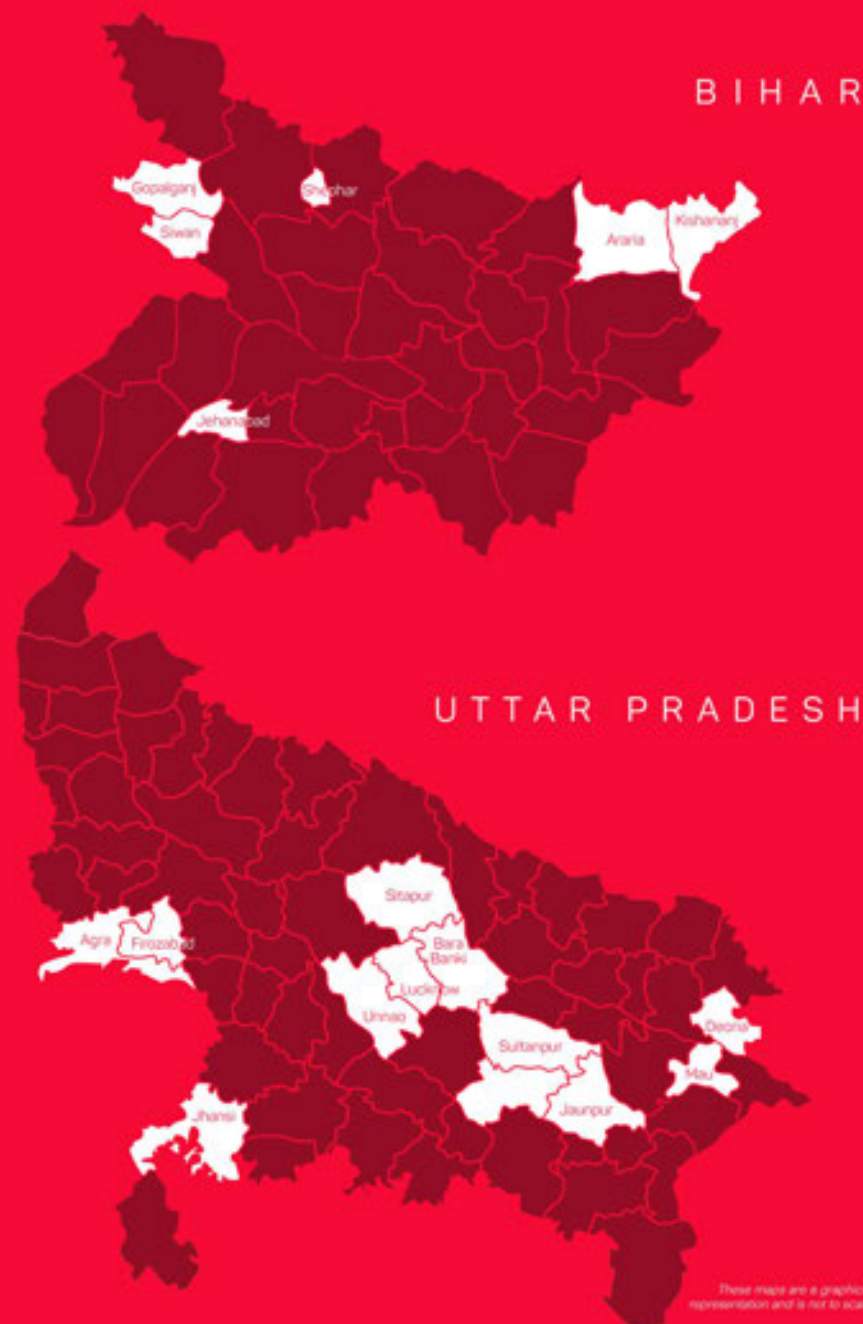
01

FAMILY PLANNING

PROMOTING INVESTMENTS IN FAMILY PLANNING FOR IMPACT ON SUSTAINABLE DEVELOPMENT GOALS

Population Foundation of India considers family planning a human right and an investment that impacts all 17 global Sustainable Development Goals (SDGs). PFI's programmes work through multiple approaches that provide women the choice to plan their reproductive health, improve the quality of services, and promote innovations in resource mobilisation, community participation and addressing social norms. PFI continues to underline the need to include young people and men in family planning programmes.

PFI promotes planning and resource mobilisation for family planning through district working groups (DWGs), community action, civil society partners, and the private sector. PFI implements the convergence model of district working groups for family planning in 18 districts across Bihar and Uttar Pradesh.



Reports and data released in 2017 indicate mixed results in India's progress towards its family planning goals. The **World Population Prospects: The 2017 Revision**, a report published by the United Nations Department of Economic and Social Affairs of the, states that India's population, currently at 1.3 billion, would overtake China's by 2024.

The **fourth National Family Health Survey (NFHS-4)** released in January 2018 indicates a significant overall drop in the Total Fertility Rate (TFR)¹ from 2.7 children per woman in 2005-06 to 2.2 children per woman in 2015-16. 24 states have already achieved the replacement level fertility of 2.1. However, there are wide variations in the Total Fertility Rate across states ranging from 1.2 in Sikkim to 3.4 in Bihar. Between 2005-06 and 2015-16, there has been a marginal decline in the use of 'any method of family planning' for India as a whole, and

in 17 out of 28 states. Moreover, male sterilisation has dropped further from 1 per cent to 0.3 per cent and the burden of family planning continues to fall primarily on women.

Given our focus on advocating for a rights-based approach to family planning, PFI promoted three specific strategies with the government - increasing emphasis on spacing births, expanding contraceptive choices by introducing new long acting reversible contraceptives (LARCs) within the public health system, and increasing allocation and expenditure for family planning. Efforts by PFI and other organisations resulted in approval of three new contraceptives (Antara - an injectable contraceptive effective for three months, Chhaya - a weekly contraceptive pill, and the Progestin-only pill - PoP) in the basket of choice within the public health system. These new contraceptives were

launched by the Ministry of Health and Family Welfare through **Mission Parivar Vikas (MPV - Mission Family Welfare)** in June 2017. MPV aims to provide access to a wider basket of contraceptive choices and better family planning services using a rights-based approach. The programme focuses intensively on 145 high fertility districts (TFR of 3 or above) across seven states² that together account for 44 per cent of the country's population.

¹ TFR refers to the total number of children born or likely to be born to a woman in her life time if she were subject to the prevailing rate of age-specific fertility in the population.

² Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan, and Uttar Pradesh.



A health centre in Bihar's Araria district offering family planning services on fixed days | Photo: PFI

ACHIEVING BREAKTHROUGHS THROUGH THE CONVERGENCE MODEL & BEHAVIOUR CHANGE COMMUNICATION

Alongside PFI's policy advocacy at the national level, we work with state governments and through core grants to civil society organisations in regions that face challenges in achieving family planning goals. The **convergence model of planning and allocating resources for family planning (FP) through District Working Groups (DWGs)**, being implemented in 58 districts - six districts in Bihar and 12 in Uttar Pradesh as part of the **Advance Family Planning (AFP)** programme - have yielded many 'wins' over the last financial year.

Private health facilities have been roped in to provide free FP counselling in UP's Sultanpur district. The uptake of Intra-Uterine Contraceptive Devices (IUCDs) by women has shot up in Bihar's

Araria district as health facilities providing family planning services on fixed days has risen from 13 to 35. The Agra district Information & Broadcasting department has committed to putting out FP messages in local television channels and newspapers, at an estimated cost of Rs. 600,000. In UP's Mau district, family planning supplies have been restored and a system to monitor and ensure timely replenishment has been put in place.

As part of the **Advocacy, Communication and Accountability** project, a cadre of community level family planning champions were identified and trained as **'Advocates for Change'** (AFCs) in Darbhanga and Nawada districts of Bihar. These included frontline workers such as ASHAs, Anganwadi

workers, and panchayat members who have been mandated to inform and motivate couples to adopt family planning practices, and also ensure the availability of services. After training, the AFCs have reached out to nearly 10,000 households in the 204 intervention villages with family planning messages.

PFI has supported a population stabilisation programme through a core grant to the Save a Mother project in Amethi district of Uttar Pradesh. The programme has significantly improved linkages with government facilities, services and frontline health workers through advocacy and trainings in order to ensure that couples have access to family planning services.

Industry participates in a progressive push for men's participation in family planning

In the town of Ferozabad in Uttar Pradesh, best known for its bangles and glassware, the Industrial Association employs approximately 10,000 workers, 90 per cent of whom are men. Following advocacy by PFI, in November 2017 the Association announced an unprecedented three days' paid leave for employees who undergo non-scalpel vasectomy (NSV). In a state where male sterilisation currently accounts for only 0.1 per cent of contraceptive options used, this is a remarkable initiative that has enlisted the private sector in making progress on the district's family planning objectives.



PFI successfully advocated with the Bihar Mahadalit Vikas Mission (BMVM) to extend family planning services to nearly **4 million marginalised households across 38 districts of Bihar** through **10,000 Vikas Mitras (frontline workers)**

Women opting for a spacing method of contraception increased by about three times as compared to the previous year, following PFI's advocacy in selected facilities of the high fertility Araria district (TFR 4.3) of Bihar.

PFI has used **Social and Behaviour Change Communication (SBCC)** as a powerful tool to address the social norms that determine people's decisions on family planning. Our flagship transmedia initiative **Main Kuch Bhi Kar Sakti Hoon (MKBKSH - I, A Woman, Can Achieve Anything)** continued to draw the attention of SBCC experts, researchers and the media in 2017 with its reach and impact. The evaluation of two seasons of MKBKSH showed an improvement in the knowledge, perception and attitude of viewers on the age at marriage, sex selection, domestic violence and gender equity. Most importantly, it increased the space for spousal communication and enhanced women's confidence to negotiate contraception and discuss family planning options. They highlighted how entertainment-education can inspire

even the most vulnerable people to challenge deep set social norms. Based on five such inspiring stories of real life champions, PFI produced a series of short films entitled 'Reel to Real' and released them through its social media platforms in 2017. The men of Chhatrapur in Madhya Pradesh, who were habitual wife-beaters and held regressive beliefs such as preference for sons, went in for sterilisation even after one girl child. Rita Devi, an ASHA worker living in a slum of Patna, gained more knowledge about family planning, contraceptives and nutrition from Main Kuch Bhi Kar Sakti Hoon. It helped her in her work as well as gave her the confidence to talk to her teenage daughter about menstruation, safe sex, and family planning. Nirma Devi from Gaya in Bihar was inspired by MKBKSH to defy established social

norms and convince her husband to adopt the use of condoms; and to go a step further to spread the word on contraception within her She was chosen as **one of BBC's global 100 Women initiative of 2017** for breaking the taboo on contraception in India. The initiative names 100 influential and inspirational women around the world every year.

Men in Chhatarpur script a new role for themselves as family planning champions

PFI's transmedia series *Main Kuch Bhi Kar Sakti Hoon* has inspired Raju Raiwar and his friends in the Chhatarpur region of Madhya Pradesh to become messengers for women's empowerment, gender justice, and male involvement in family planning. These men turned into empathetic partners in their own homes and have adopted messages of the series into ballads to motivate men in villages of the region. "Marriage at the right age. No hurry to have a child soon after. And... you think that female sterilisation is right and male sterilisation wrong. But... I say male sterilisation is the right thing," goes one song that the men perform.



Reached more than 5.7 million social media users and got over 2 million views through PFI's social media handles with *Reel to Real*

MATCHING GLOBAL COMMITMENTS WITH LOCAL EFFORTS

As the Secretariat of the Advocating Reproductive Choices (ARC) coalition, PFI represents ARC as India's civil society focal point for FP2020, a global partnership that supports the rights of women and girls to make their reproductive decisions. PFI participated in the FP 2020 Summit in July 2017 in London. It was a global gathering of representatives from 42 countries, the United Nations, philanthropic foundations, the private sector, civil society and youth advocates. At the Summit, India upped its commitments on family planning made at the London FP2020 Summit³ in 2012. It pledged to invest up to 3 billion US dollars, raise modern contraceptive usage from 53.1 to 54.3 per cent and ensure that 74 per cent of the demand for modern contraceptives is satisfied by 2020.

The FP2020 Summit refocused attention on national family planning targets five years after the first Summit in London, enabling PFI and other civil society organisations to draw the attention of policymakers on the issue. PFI maintained its advocacy focus with policymakers, media and opinion leaders through one-to-one engagements within the *Realising Commitments for Family Planning (RCFP)* programme.

PFI also continues to work through ARC to strengthen and push for rights-based family planning policies. ARC's state chapters in the four high population states of Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh are aiding the state

governments in tracking progress on the availability, accessibility and usage of family planning services in line with India's FP2020 commitments.

PFI has been an innovator and early adopter of new technologies that afford better and greater access to audiences for its advocacy push. We recognise the increasingly critical role that digital media, especially social media, is playing in shaping public opinion in India. According to some estimates by digital market analysts, the share of media consumption over digital mediums is estimated to touch nearly 31 per cent by the end of 2018, compared to under 18 per cent five years ago. Overall, in 2018, Indians are expected to spend nearly four and a half hours every day watching, streaming, reading and listening to media over cyberspace.⁴

In addition to traditional advocacy activities, PFI also developed new channels of dialogue on family planning through by using social media. To support our analysis of the annual budget put out through print and online media platforms, we conducted Facebook Live sessions with policy makers and leading national experts on family planning, women's rights and public health, also reaching out through them to wider audiences on social media. PFI adapted key messages on family planning into short videos and animated GIFs to make them more accessible to the ever-expanding online audience.

Safeguarding a rights-based approach on sexual and reproductive health

In December 2017, the Ministry of Information and Broadcasting (I&B Ministry) issued an advisory restricting the airing of condom advertisements on television to slots between 10 pm and 6 am. PFI responded by actively advocating with policymakers, other civil society organisations and with a media article. We sent out a message of caution against debelling an already fragile push for spacing methods of contraception.

We suggested that the I&B Ministry allow the airing of condom advertisements under a graded system keeping in mind cultural sensitivities, similar to film certification. The I&B Ministry reversed its order within days, a success for PFI's strategy of active advocacy through diverse platforms on emerging issues that could have an impact on India's rights-based approach to family planning.



Media coverage on PFI's family planning messages averaged at over one article a day (383) in 2017-18

³ FAMILY PLANNING 2020 COMMITMENT. Government of India
⁴ www.marketer.com/content/india-media-use-shows-no-signs-of leveling-off

SUPPORT TO GOVERNMENT'S JANSANKHYA STHIRATA KOSH (JSK - POPULATION STABILISATION FUND)

The JSK was set up as a registered society by the Ministry of Health & Family Welfare (MoHFW) in 2004 in order to highlight the need for action on population stabilisation. PFI initiated a partnership with JSK in 2017 to strengthen its public private partnership (PPP) efforts to promote family planning. This included undertaking a landscaping study on the existing status and best practices in PPP within and outside the health sector; supporting the development of a framework and guidelines for PPP; and roll out of the Social Franchising Scheme (SFS) by JSK. PFI placed a team leader at the national level and state

leads for Uttar Pradesh (UP) and Bihar. These resource persons support JSK in the implementation of the SFS in the two states. The team prepared a detailed analysis on family planning for Bihar and UP based on data from NFHS 3 and 4. They also ensured the timely preparation, review and disbursement of the SFS budget for 2017-18 to the UP State Innovations in Family Planning Services Project Agency (SIFPSA), the semi-government organisation identified as the implementing agency for the Social Franchising Scheme in UP.



More women are accessing family planning counselling and regular check-ups in Bihar's Anarika district due to fixed day services | Photo: PFI

SHARING KNOWLEDGE AND GENERATING EVIDENCE TO SUPPORT FAMILY PLANNING MESSAGES

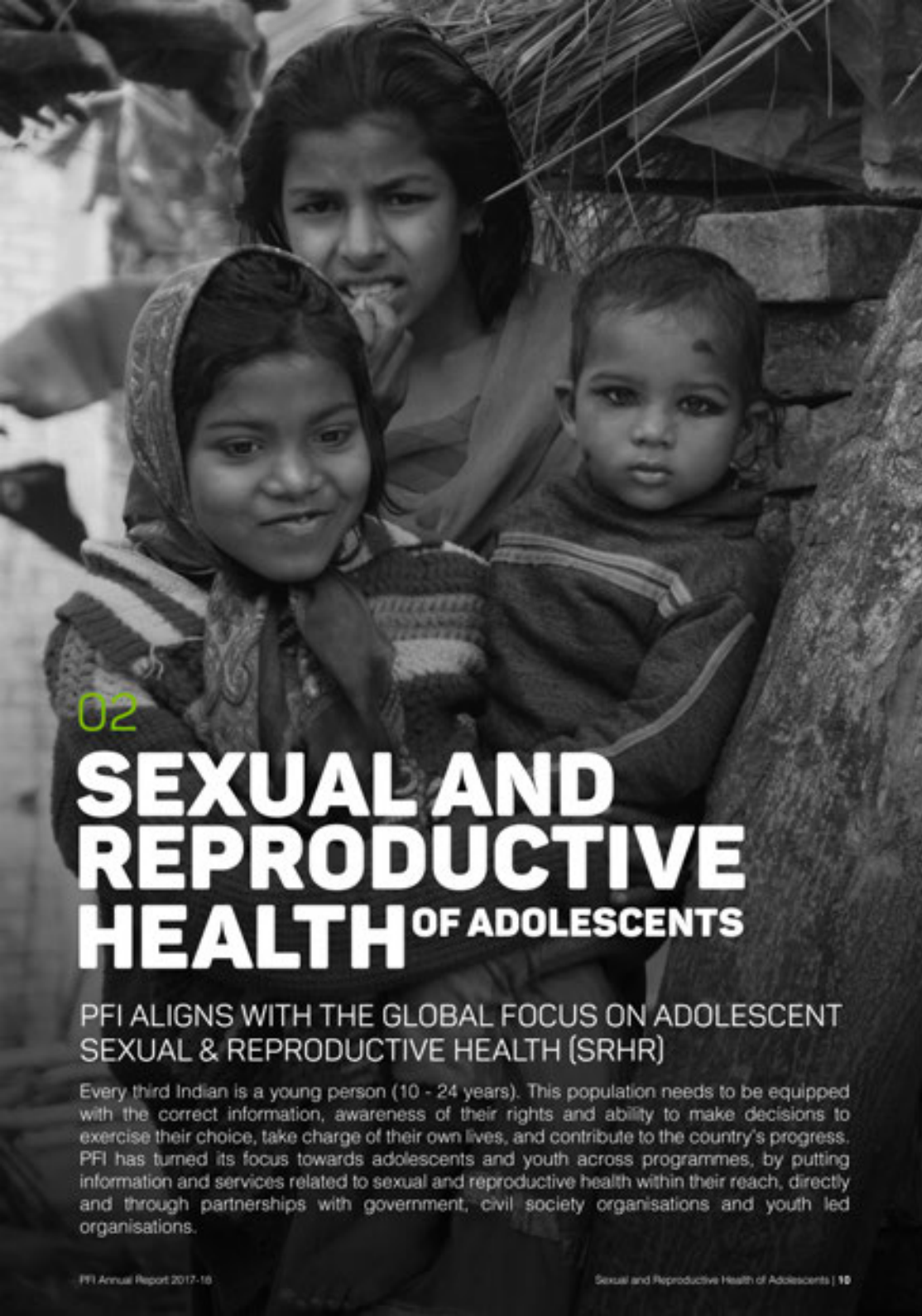
With reports on India's growing population and imminent ranking as home to the largest number of people in the near future, there have been several calls in the past year for coercive measures, such as enforcement of the two-child norm and disincentives to couples, especially women, who have more than two children. PFI works to ensure that such measures are not promoted as they go against the rights-based approach and have disastrous consequences on women and vulnerable communities. We actively participated in national and global forums to share knowledge and best practices in family planning using the rights-based approach. Strategically positioned as a national coalition of research and implementing organisations leading work on family planning in India, ARC is now part of the *Implementing Best Practices (IBP) initiative*, an international partnership of over 45 member organizations dedicated to scaling up global best practices in family planning and reproductive health.

We know that there is no substitute for hard evidence to counter such narratives. In addition to sharing factsheets, notes and opinion articles based on sound analysis of the government's statistics on population, in 2017 PFI commissioned two studies

to generate evidence and bolster its advocacy efforts for family planning.

The study on the *Cost of Inaction in Family Planning in India (Cost of Inaction study)* commissioned by PFI projects the opportunity cost of skewed investments in family planning and consequences of inaction on both women and men, not only in terms of the ability to plan their families, but also in their overall well-being. It also calculates the economic benefits that would accrue if the government were to act on its family planning policies. The study includes an in-depth analysis of the four high fertility states of Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh.

A Review of Planning, Budgeting and Expenditure of Family Planning Activities Under NHM (PIP analysis study) analyses the current trends in budgetary allocations and spending on family planning in 18 high focus states. It highlights the overemphasis on terminal methods of contraception in fund allocations, the inefficiencies in spending and the bottlenecks in the planning and management of family planning budgets.



02

SEXUAL AND REPRODUCTIVE HEALTH OF ADOLESCENTS

PFI ALIGNS WITH THE GLOBAL FOCUS ON ADOLESCENT SEXUAL & REPRODUCTIVE HEALTH (SRHR)

Every third Indian is a young person (10 - 24 years). This population needs to be equipped with the correct information, awareness of their rights and ability to make decisions to exercise their choice, take charge of their own lives, and contribute to the country's progress. PFI has turned its focus towards adolescents and youth across programmes, by putting information and services related to sexual and reproductive health within their reach, directly and through partnerships with government, civil society organisations and youth led organisations.

It is recognised globally that focussing on the world's adolescents and youth as an important demographic group is key to achieving the Sustainable Development Goals 2030. At 241 million⁹, India has the largest adolescent and youth population (15-24 years) in the world. Appropriately, India was host to the **11th World Congress of the International Association for Adolescent Health (IAAH)** in October 2017. As member of the Steering Committee, PFI contributed significantly in shaping the contours of the World Congress. It was an opportunity for us to gather learnings, forge partnerships and present our work with adolescents.

The running strand across sessions at the World Congress was sexual and reproductive health and comprehensive sexuality

education. The Ministry of Health and Family Welfare presented highlights of Rashtriya Kishor Swasthya Karyakram (RKSK), India's adolescent health programme begun in 2014. The Ministry acknowledged the need for increased political commitment, enhanced resource allocation, greater media engagement, community sensitisation, and enhanced convergence with the stakeholder ministries as the way forward for adolescent sexual and reproductive health. PFI showcased **Saathiya** in the poster presentations section, the identity and resource toolkit developed in partnership with the United Nations Population Fund (UNFPA) for peer educators (PE) of the Government of India's adolescent health programme Rashtriya Kishor Swasthya Karyakram (RKSK).

⁹ United Nations World Population Prospects: the 2017 Revision



As a result of PFI's advocacy initiatives, **adolescent sexual and reproductive health included in the Village Health and Nutrition Days (VHNDs) in Gaya district of Bihar**

According to the National Family Health Survey (NFHS-4), in 2015-16, more than half of currently married women between 15 and 19 years of age have begun child-bearing; at least 10 per cent women in the age group of 25 - 49 years had sex before the age of 15, and 36 per cent by the time they were 18. Rather than a gateway to hastening sexual activity, sex education is

clearly a necessity to promote positive sexual and reproductive health and prevent unwanted pregnancies. With unfettered access to misinformation and pornographic material, providing scientific, age-appropriate information to young people would reinforce a rights-affirming and responsible approach to sex and sex education.

PFI supports counselling for adolescents in a vulnerable community

Madanpur Khadar is an urban slum cluster of 57,000 people, mainly migrants, settled along the swampy banks of the Yamuna river on the outskirts of Delhi. Where basic health services and access to amenities are at rock bottom, serving the needs of adolescents is a distant goal. Through a grant from PFI, Aaragami India, a non-profit organisation, runs Project Khushali (Project Happiness) to provide hygiene, nutrition and reproductive health counselling to adolescents.

Confronted with unresponsive government schools, Aaragami organised the counselling sessions for more than 1,500 adolescents at the local youth centre and health clinic. Apart from sessions with adolescents, the project has also counselled over a thousand parents, so that they are better informed and capable of addressing the needs of their children.

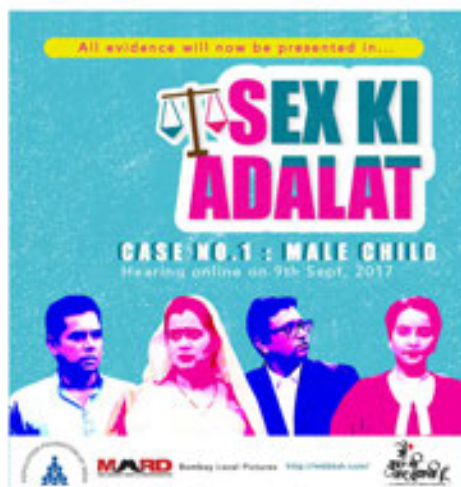


Girls discuss how to overcome the challenges they face in maintaining menstrual hygiene | Photo: PFI

A DIGITAL PUSH ON TABOO TOPICS THROUGH ENTERTAINMENT-EDUCATION

Building on the global success in using entertainment-education for behaviour change, and PFI's own experience with *Main Kuch Bhi Kar Sakti Hoon*, we developed a series of five short films titled *Sex ki Adalat* and released them through our social media channels in September 2017. The films deal with topics related to sexual and reproductive health that are plagued by common myths and misinformation. They address the preference for a male child, the demand for evidence of virginity from women before marriage, shaming of adolescents for masturbation, the social taboos attached to menstruation, and adolescents being driven to seek information on sexual and reproductive health through pornography.

The five films were collectively viewed by more than 3 million and had reached over 5.9 million social media users through PFI's Facebook, YouTube, Twitter and Instagram channels, and through WhatsApp. The series succeeded in reaching the youth cohort as the largest number of viewers overall were between 18 – 24 years old.



5.9 million people reached through social media with digital series *Sex ki Adalat*



Members of an adolescent girls' group and their mentors in Nawada district of Bihar | Photo: PFI

DISSEMINATING INFORMATION IN ADOLESCENT-FRIENDLY FORMATS THROUGH INNOVATIVE CHANNELS

While digital media has proven to be a powerful instrument to reach out at scale to very large numbers, the penetration and access to the internet by young people in many parts of India is still at a nascent stage. Additionally, there exists a bias towards male users, and girls are often left in the shadows of online communication. Keeping this in mind, the Social and Behaviour Change Communication (SBCC) package for adolescents

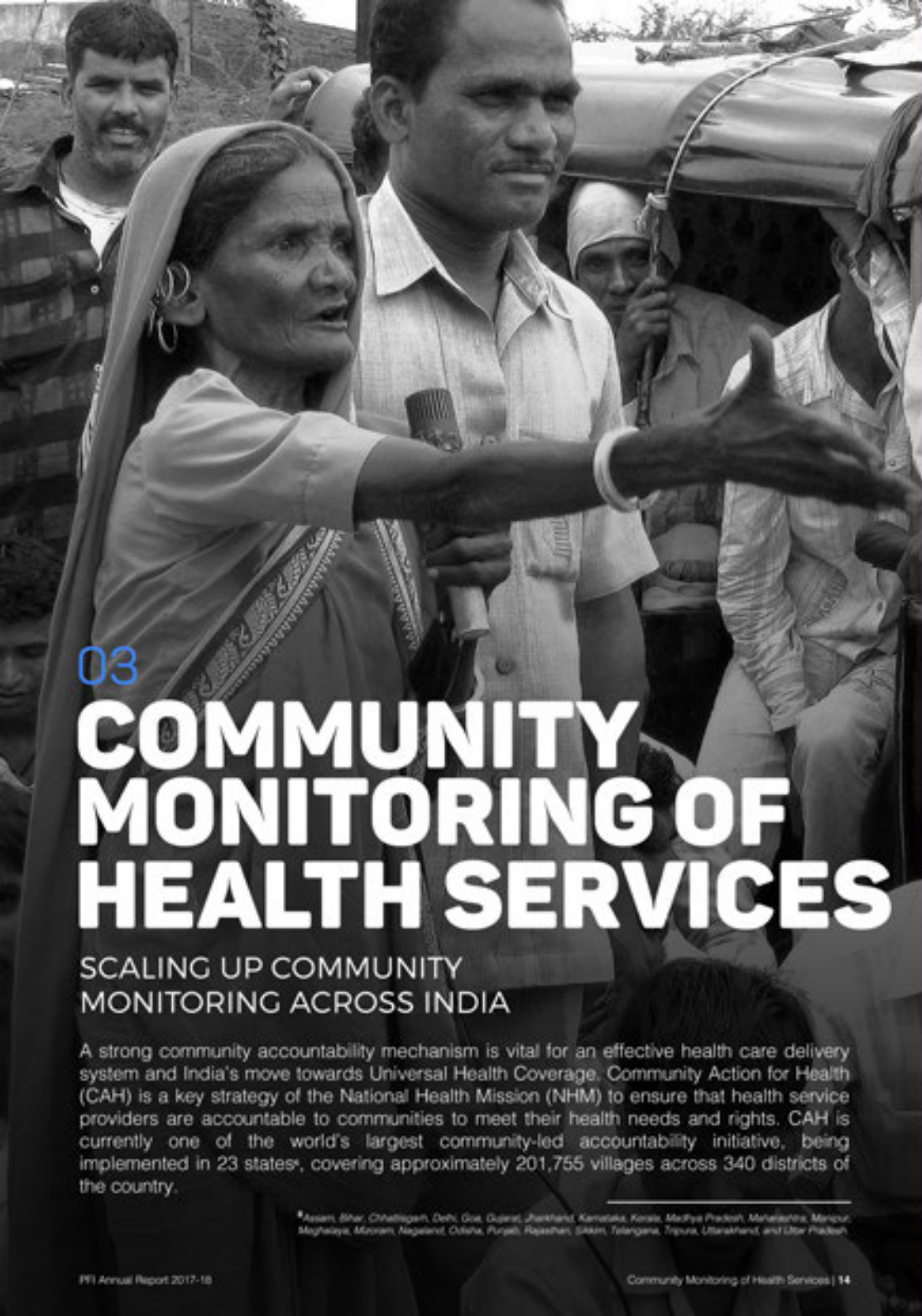
developed under the Advocacy, Communication and Accountability project have been converted into interactive stories and are being distributed on mobile SD cards through a network of about 30 mobile recharge shops in four blocks of Darbhanga and Nawada districts in Bihar. Over 1,000 young people have downloaded the application on their mobiles.

Adolescent girls seize the means to challenge social norms

It is rare to discuss sexual and reproductive health with adolescents, especially in rural areas that still hold on to deep-rooted prejudices and social taboos. Believing that young people, especially girls, should take control of their lives and their health, PFI launched a campaign in 292 villages in Bihar. Girls' groups were formed to meet every month, share information, and learn about subjects concerning them, including gender equality, mental and sexual health, hygiene, and nutrition. Social Behaviour Change Communication (SBCC) materials like message boxes (*Sandesh ka pitara*) were given to every girls' group, which allowed them to raise questions anonymously and openly discuss taboo topics. Menstrual hygiene emerged as an important concern for the girls, and they decided to set up a **sanitary napkin bank through their own monthly contributions**. Girls who would otherwise have lost school days or be restricted to their homes during menstruation were able to take care of their personal hygiene, and control their mobility.



SBCC materials on adolescent health developed under the ACA project in Bihar | Photo: PFI



03

COMMUNITY MONITORING OF HEALTH SERVICES

SCALING UP COMMUNITY MONITORING ACROSS INDIA

A strong community accountability mechanism is vital for an effective health care delivery system and India's move towards Universal Health Coverage. Community Action for Health (CAH) is a key strategy of the National Health Mission (NHM) to ensure that health service providers are accountable to communities to meet their health needs and rights. CAH is currently one of the world's largest community-led accountability initiative, being implemented in 23 states^a, covering approximately 201,755 villages across 340 districts of the country.

^aAssam, Bihar, Chhattisgarh, Delhi, Goa, Gujarat, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Odisha, Punjab, Rajasthan, Sikkim, Telangana, Tripura, Uttarakhand, and Uttar Pradesh

The AGCA, funded by the Ministry of Health and Family Welfare (MoHFW), consists of a group of eminent public health experts who provide guidance and support to the central and state governments for community action processes and accountability initiatives. It assists the largest community-led accountability initiative globally, covering over 54 per cent of India's districts across 23 states.



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

The Advisory Group on Community Action (AGCA), with its Secretariat at PFI, was formed and supported by the Ministry of Health and Family Welfare (MoHFW) to provide technical support and guidance to state governments for implementing CAH. In 2017 the AGCA scaled up community monitoring by enlisting new states including Telangana, Goa, Jammu and Kashmir, and Manipur. The CAH processes were revived in lagging states such as Rajasthan and

Tamil Nadu, and resources developed for the new entrants through consultative processes, technical support and showcasing of good practices.

With support from the AGCA, in December 2017 Meghalaya became the first state in India to operationalise social audits of public services under the Meghalaya Community Participation and Public Services Social Audit Act, 2017. It is a landmark legislation that hands

power to communities to plan, monitor and demand services, including health, from the government.

In 2017, the CAH process was also expanded to urban areas. Bhubaneswar and Cuttack in Odisha have rolled out the process through Mahila Arogya Samitis (MASs - Women's Health Committees) and Ward Coordination Committees under the National Urban Health Mission (NUHM), a component of the NHM.

Enabling Village Health Sanitation and Nutrition Committees (VHSNCs) to find local solutions

Bogakuti is a village located in the 'char' (river island) area of the Brahmaputra, and isolated from the Morigaon district of Assam. The chars are frequently devastated by floods, making it impossible to set up permanent health facilities within the villages. Access to healthcare in the region is only through the boat clinics that visit once a month. The arrangement made it difficult for pregnant women to access institutional services since they would have to walk a few kilometres to the boat, and then cross the river to reach the ambulance. The Bogakuti Village Health Sanitation and Nutrition Committee (VHSNC), along with the community, arranged for a pull cart to ease the journey of these women to the nearest health facility. The initiative has been replicated in other villages in the char areas. Training of VHSNCs on community monitoring is an integral part of the AGCA Secretariat's support to state governments.



Trainers' Manual on CAH was developed to help state and district level trainers roll out CAH processes

1,900 state and district nodal officers and organisations of 16 states were trained on CAH processes; 12 states have adapted and begun using CAH resource materials

ESTABLISHING THE ROLE OF THE COMMUNITY IN MONITORING OF HEALTH FACILITIES

Rogi Kalyan Samitis (Patient Welfare Committees - RKSs) are an invaluable instrument that make public health facilities accountable to the community. They consist of members from the local Panchayati Raj Institutions (PRIs), non-profit organisations, local elected representatives and government officials. PFI supported the state health departments of Goa, Uttar Pradesh (UP), Jharkhand and Sikkim in strengthening their RKS systems. An immediate outcome is that in Lucknow district of UP, regular meetings of the RKSs are now being held, there is higher utilisation of unaided funds on locally identified priorities, and client helpdesks and grievance redressal systems have been made functional. The UP government is currently scaling up the initiative across 10 districts in the state.

Establishment and functioning of Rogi Kalyan Samitis across the country would be a crucial support to the government's Ayushman Bharat Initiative, due for launch in September 2018. Community-led planning, action and monitoring have now been included in the Initiative as significant components of comprehensive primary care in the 150,000 Health and Wellness Centres to be established across India. This will ensure greater accountability and monitoring of services at the facilities by the community. It will also help regulate the out-of-pocket-expenditure by patients, who are pushed into financial hardships by paying higher amounts for services especially, on drugs, diagnostics and hospitalisation.

Community members collectivise to get health services delivered in the village

The residents of Bithauli village in Darbhanga district of Bihar were not able to access health services as the additional Primary Health Centre (PHC) in the village lay abandoned for several years. Members of the Village Health Sanitation and Nutrition Committee (VHSNC) raised the matter with officials at the Block Planning and Monitoring Committee meeting under CAH. This led to the PHC being renovated, staff deployed and the facility made fully operational.



A community score card at a public health facility | Photo: PFI

LEVERAGING TECHNOLOGY FOR REAL TIME COMMUNITY MONITORING

In order to extend awareness and mobilise communities using technology, PFI is using an Interactive Voice Response System (IVRS) to raise awareness and monitor health entitlements in the Darbhanga and Nawada districts of Bihar. The IVRS serves as an interface between the community, VHSNC members and health officials. It helps people know

about their key health entitlements, and provides a platform for them to share specific feedback on the quality of health services. Real time compilation, analysis and sharing of community monitoring data on the IVRS dashboard has helped state health managers take prompt corrective action where needed.



315 Jan Samwads (public hearings) conducted in 7 states for public health officials to hear and resolve grievances of the community related to access and quality of health services



Sub-health centres providing regular services in Nawada district increased by 40 per cent (17 per cent to 57 per cent) as a result of community monitoring; people receiving contraceptives regularly increased nearly three times (from 20 per cent to 59 per cent)

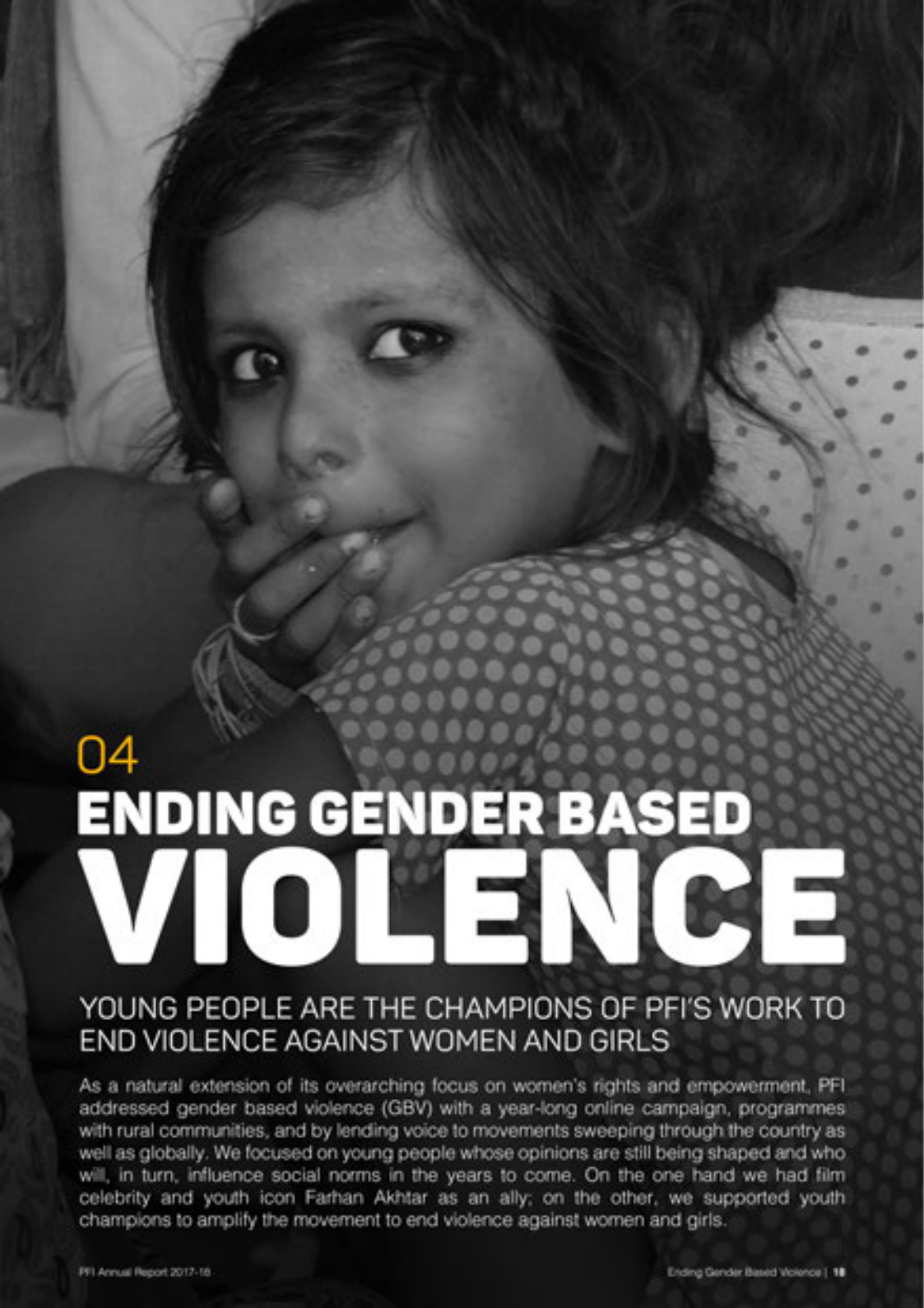
NATIONAL CONVENING FOR COMMUNITY ACTION

On behalf of the Ministry of Health & Family Welfare (MoHFW), the AGCA Secretariat at PFI organised a National Consultation on Community Action for Health in New Delhi in January 2018. With over a hundred participants and representatives, including senior state government officials

from 23 states, the consultation sought to share promising practices and innovations on community action and accountability, discuss the challenges, and provide recommendations to the government on the scaling up of CAH



The inaugural session at the National Consultation on Community Action for Health, held in New Delhi in January 2018 | Photo: PFI



04 ENDING GENDER BASED VIOLENCE

YOUNG PEOPLE ARE THE CHAMPIONS OF PFI'S WORK TO END VIOLENCE AGAINST WOMEN AND GIRLS

As a natural extension of its overarching focus on women's rights and empowerment, PFI addressed gender based violence (GBV) with a year-long online campaign, programmes with rural communities, and by lending voice to movements sweeping through the country as well as globally. We focused on young people whose opinions are still being shaped and who will, in turn, influence social norms in the years to come. On the one hand we had film celebrity and youth icon Farhan Akhtar as an ally; on the other, we supported youth champions to amplify the movement to end violence against women and girls.

For the first time in its history, the annual **Economic Survey of 2018** dedicated a chapter to **gender equality** titled **'Gender and Son Meta-Preference: Is Development itself an Antidote?'** It presented the concept of 'son meta-preference', a phenomenon where most couples continue to bear children until the desired number of sons are born. **More than two million women go missing every year** due to son preference, sex-selective abortion, disease, neglect, inadequate health and nutrition, harassment or violence. Plan India's **Gender Vulnerability Index (GVI)** released in November 2017 presented an assessment tool that is designed to measure the vulnerability of girls and women based on poverty, education, health and survival and

protection. The latest 2016 National Crime Records Bureau data⁷ revealed a 15 per cent rise in cases of stalking and 27 per cent in cases of acid attacks, and an increase of 12 per cent in cases of rape.

While these numbers may be alarming, they also indicate that more women are finding the courage and voice to speak out and recognise that it is not their fault. PFI recognises that gender-based violence manifests itself in many ways, and therefore needs to be acknowledged and addressed using multiple strategies. Our approach is to draw attention to and build awareness on ending violence, especially against women and girls, and to give voice to champions who have spoken out. 2017 will be most

significantly remembered as the year of the **#MeToo movement**, when millions spoke out against sexual abuse through social media. In India, recognising the barriers women face in seeking redress when subjected to sexual harassment at the workplace, the Ministry of Women & Child Development launched **She-Box** (sexual harassment electronic box) – an online complaint management system that directly sends complaints to the Internal Complaints Committee (ICC) or the Local Complaints Committee (LCC). PFI recognises that digital media has opened up avenues for women to speak out against violence, openly or in anonymity, and for their voices to be heard and noted.

⁷ www.punjabnirmiti.org/ncrb/2016national_crime_records_bureau_data.pdf
© Crime in India, 2016

Adolescent girls prevent child marriages in Bihar villages

'Kahori Clubs' (adolescent girls' groups) formed under PFI's Advocacy, Communication and Accountability (ACA) programme have been successful in creating a community of nearly 3,000 champions for equal rights across 292 villages of Bihar. The girls have been counselled on the effects of child marriage and its linkages to early and unplanned pregnancies, poor health, denial of education and reduced livelihood choices. As a result, the girls mobilised and were able to prevent 92 child marriages in their villages in the Nawada and Darbhanga districts by convincing the parents; if that failed, they raised the alarm with law enforcers, often encircling the wedding venue.



Members of adolescent girls' groups who have prevented child marriages in their villages (Photo: PFI)

PFI'S PILOT DIGITAL CAMPAIGN SETS THE GROUND FOR A CELEBRITY-POWERED MOVEMENT

In May 2017 PFI launched a digital media campaign named **Bas Ab Bahut Ho Gaya** (BABHG - Enough is Enough) for ending violence against women and girls (VAWG). The objective was for men to accept that VAWG is a sign of weakness, not of strength; and for women to know that they do not, under any circumstances, deserve or should accept violence. PFI led the project in partnership with film actor Farhan Akhtar's social initiative Men Against Rape and Discrimination (MARD) and film and theatre director Feroz Abbas Khan. BABHG was one of the winners of the Bill and Melinda Gates Foundation's Grand Challenge

initiatives, 'Putting Women and Girls at the Centre of Development'.

Bas Ab Bahut Ho Gaya was run as a digital campaign as PFI understands that our youth audiences are digital natives – they have grown up with easy access to the internet and familiarity with online activism. The 2017 UNICEF's State of the World's Children report, which focused on Children in a Digital World, points out that it is practically second nature for young people to use social media for social activism. With BABHG, PFI reached more than 18 million viewers on Facebook alone over 11 months. The core of the campaign was production,

and release of six short films on issues ranging from the need to value girls and boys equally, rape, child sexual violence, stalking, and harassment at the workplace. The six films together received over six million views. For the first time in an online social campaign of its kind, real time viewer feedback was collected through an embedded chat bot.



A celebrity concert streamed on Facebook Live as part of the campaign reached 4.8 million users. The concert featured Farhan Akhtar along with other film celebrities such as Salm-Sulaiman, Sukriti-Priyanka, Armaan Malik, Hanshdeep Kaur, and a surprise appearance by Hindi film superstar Shah Rukh Khan. Real life changemakers, winners of the 'Real Hero' awards of PFI's transmedia initiative Main Kuch Bhi Kar Sakti Hoon (MKBSH - I, A Woman Can Achieve Anything), shared their stories of

breaking stereotypes and promoting gender justice in their respective communities.

Bas Ab Bahut Ho Gaya reached out to college students through a promotion campaign in 600 colleges across India and panel discussions in selected academic institutions. 1,700 entries were received from across India for an online short film contest for students. Three winners were selected by a jury of eminent personalities Shabana Azmi,

Shekhar Kapur, Kiran Karnik and Feroz Abbas Khan. In addition, a **Viewers' Choice Award** was given to the most popular film selected through online voting. The **campaign anthem Chhulein Aasman** ('Touch the Sky'), released on International Women's Day, 8 March 2018, reached more than a million viewers through PFI and MARD's social media platforms. Over 70 per cent of those who saw the anthem video actively engaged through likes, shares and comments.

More than 46 million users on social media reached through #BasAbBahutHoGaya.

Over 6.5 million viewers engaged with the Bas Ab Bahut Ho Gaya (Enough is Enough) campaign. Over 6.5 million viewers engaged with the Bas Ab Bahut Ho Gaya (Enough is Enough) campaign.

Film celebrities such as Amitabh Bachchan, Shah Rukh Khan, Shabana Azmi, Priyanka Chopra, and Aamir Khan endorse the campaign on ending violence against women and girls.



Impressions of the celebrity concert held in Mumbai in November 2017 as part of Bas Ab Bahut Ho Gaya | Photo: PFI

3 GOOD HEALTH AND WELL-BEING 	NATIONAL WORKSHOP ON MISSION PARIVAR VIKAS (MPV) PFI was a civil society representative at the workshop convened by the Ministry of Health & Family Welfare of the Government of India to prepare states for implementing schemes under MPV.
	CONSULTATIVE MEETING ON RIGHTS- BASED APPROACHES IN FAMILY PLANNING At the meeting organised by International Planned Parenthood Foundation, London, PFI talked about 'What are learning about strengthening accountability in Family Planning programs?' in a session that covered 'Social Accountability in India'.
WORLD CONGRESS OF THE INTERNATIONAL ASSOCIATION OF ADOLESCENT HEALTH (IAAH)	PFI was part of the Steering Committee of the World Congress and presented its work in developing a brand and resource toolkit for peer educators under Government of India's adolescent health programme Rashtriya Kishor Swasthya Karyakram (RKSK).
MARCH ON GENDER: THE IMPLEMENTATION GAP ON INTERNATIONAL WOMEN'S DAY PFI participated in the OECD Policy Dialogue on Women's Economic Empowerment to discuss discriminatory intra-household gender norms and improve attitudes and behaviours towards gender equality.	5 GENDER EQUALITY 
NATIONAL WORKSHOP ON PROMOTION OF MALE PARTICIPATION IN FAMILY PLANNING The meeting was convened by the Ministry of Health and Family Welfare in an effort to strengthen and revive male participation under the National Family Planning Programme. PFI participated in a panel discussion presented on 'Bridging the Gender Gap - Need of the hour'.	
COMMUNITY OF EVALUATORS SOUTH ASIA EVALUATION CONCLAVE PFI presented findings of the evaluation of our transmedia behaviour change communication programme Man Kuch Bhi Kar Sakti Hoon (MKBSH - I, A Woman, Can Achieve Anything) at the meeting held in Thampu on the theme of Gender and Equity.	WE THE WOMEN SUMMIT PFI was a partner at the Summit and participated in a panel discussion titled 'India's Harvey Weinstein: Breaking the Silence', on sexual harassment at the workplace and sexual abuse at homes.
17 PARTNERSHIPS FOR THE GOALS 	NATIONAL CONSULTATION ON COMMUNITY ACTION FOR HEALTH: DELIBERATING PATHWAYS FOR SCALING UP As Secretariat of Advisory Group on Community Action (AGCA), PFI hosted the National Consultation on Community Action for Health with participation of government officials, representatives from 23 states and members of civil society.
	HIGH-LEVEL PANEL ON PARTNERING FOR DEVELOPMENT: THE FOUNDATION GOVERNMENT DYNAMICS IN INDIA PFI participated as a speaker at the OECD High-Level Panel on Partnering for Development: The Foundation-Government Dynamics in India. The session was titled 'Promoting effective collaborations between foundations and the government: the way forward'.
2ND ASIA REGIONAL FOCAL POINT WORKSHOP The workshop in Manila brought together technical experts, donors, governments, and civil society organisations to accelerate progress of rights-based family planning in the 11 countries committed to FP2020 in Asia including Afghanistan, Bangladesh, and Pakistan.	INTERNATIONAL CONFERENCE ON INTEGRATING FAMILY PLANNING WITH SDGS In a meeting titled, 'Enhancing the Role of Parliamentarians in the Interlinkage between Population Issues and the 2030 Agenda for Sustainable Development', PFI presented on 'Family Planning and Sexual and Reproductive Health Rights - interlinkages with SDGs and the global agenda' in a session on 'Global Compact and Sustainable Development'.

FINANCIAL AND OPERATIONAL HIGHLIGHTS

PARTICULARS	2017-2018	2016-2017
SOURCE OF FUNDS	Rs. (IN LAKHS)	Rs. (IN LAKHS)
CORPUS FUND	500	500
SOCIETY FUND	4,763	4,234
DEFERRED GRANT	44	50
RESTRICTED PROJECT FUNDS	854	1,597
CURRENT LIABILITIES	237	259
PROVISIONS	39	26
TOTAL	6,437	6,666
APPLICATION OF FUNDS	Rs. (IN LAKHS)	Rs. (IN LAKHS)
FIXED ASSETS	138	141
INVESTMENTS	4,041	3,691
CASH AND BANK BALANCES	945	1,798
LOANS AND ADVANCES	1,313	1,036
TOTAL	6,437	6,666

PARTICULARS	2017-2018	2016-2017
INCOME	Rs. (IN LAKHS)	Rs. (IN LAKHS)
GRANT INCOME	2,119	1,827
DONATION INCOME	75	
RENTAL INCOME	309	316
INTEREST AND OTHER INCOME	449	406
TOTAL	2,952	2,549
EXPENDITURE	Rs. (IN LAKHS)	Rs. (IN LAKHS)
POPULATION, HEALTH AND FAMILY PLANNING	1,041	1,089
BEHAVIOUR CHANGE COMMUNICATION EXPENSE	962	626
COMMUNITY ACTION FOR HEALTH EXPENSE	116	113
OTHER PROJECT EXPENSE	173	190
MANAGEMENT & ADMINISTRATIVE EXPENSE	131	115
TOTAL	2,423	2,133
EXCESS OF INCOME OVER EXPENDITURE	529	416



ABOUT PFI

Population Foundation of India is a national NGO, which promotes and advocates for the effective formulation and implementation of gender sensitive population, health and development strategies, policies and programmes. 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.

PFI addresses population issues within the larger discourse of empowering women and men, so that they are able to take informed decisions related to their fertility, health and well-being. It works with the government, both at the national and state levels, and with NGOs, in the areas of community action for health, urban health, scaling up of successful pilots and social and behaviour change communication. Besides implementing projects, PFI has played a significant role in giving grants to Indian non-government organizations implementing and scaling up innovative projects.

PFI is guided by an eminent governing board and advisory council comprising distinguished persons from civil society, the government and the private sector.

VISION

PFI envisions a world with just and equitable societies where all people can enjoy their reproductive rights and pursue their aspirations with optimal health, wellbeing and quality of life enabled by these rights.

MISSION

PFI will advance people's reproductive rights within a human rights and women's empowerment framework, by building leadership and public accountability, influencing social movements, reframing discourse, and promoting an enabling programme and policy environment.

PFI'S ANTI-SEXUAL HARASSMENT POLICY

Population Foundation of India (PFI) promotes and advocates for formulation and implementation of gender sensitive development, health and population policies and programmes. At the workplace, 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, including sexual harassment. PFI recognizes 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 of Women at the Workplace** (referred as PFI-PASHW), for the prevention, prohibition and redressal of sexual harassment of women at the workplace in compliance with 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-PASHW prohibits sexual harassment of women at any workplace under its supervision, management and responsibility and incorporates both types of harassment - "quid pro quo harassment" and "hostile environment harassment".

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. PFI undertakes that no retaliatory action will be taken against any woman who reports an incident of sexual harassment, nor will any adverse consequences visit any aggrieved woman, or witness, or any person supporting the complaint of sexual harassment. PFI expects all its employees, associates and partners to cooperate fully in the inquiry and resolution of complaints of sexual harassment. When a violation of this policy is established, PFI will act to stop the inappropriate conduct and, where appropriate, impose disciplinary actions, up to and including termination.



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