



Population Foundation of India
annual report
2016-17



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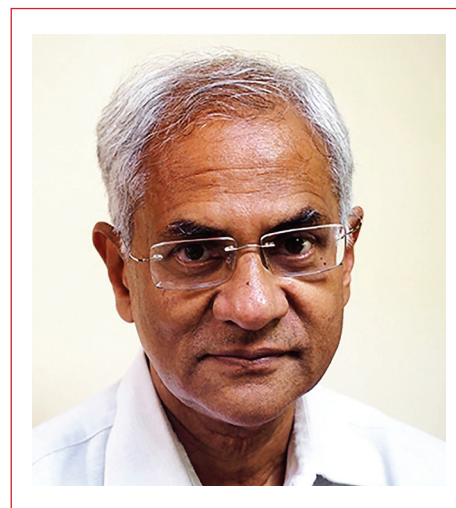
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CHAIRPERSON'S MESSAGE



It is a great pleasure and a privilege for me to be writing my first message as the Chair of the Governing Board of the Population Foundation of India.

With the passing of our distinguished friend and colleague Justice Leila Seth on 5 May 2017, the Governing Board, and the PFI itself, has lost a valued colleague of over twenty years. Her clarity of thought and precision of speech will be missed. Her commitment to gender justice will remain as a watchword in all that the PFI attempts in the future.

Globally, we are at a crucial point in our journey towards the FP2020 goals, well past the halfway mark and edging closer to the deadline. The 2017 FP Summit held on World Population Day, 11 July, in London, assessed the progress made and the acceleration required to reach the FP2020 goal of providing 120 million women and girls with access to contraceptives by 2020 as also the Sustainable Development Goal related to ensuring universal access to reproductive health, including family planning, by 2030. The occasion provided a timely reminder of the action and resources required to fast-track progress towards both. Many of FP2020's 38 partner countries renewed their commitments to accelerate progress on family planning and four new countries joined the FP2020 partnership.

For India, the year was remarkable, with some significant milestones in the field of reproductive and sexual health. The most notable of these was the Supreme Court verdict on the Devika Biswas vs. Union of India case in September 2016. A landmark in family planning legislation, it provides a solid foundation for adopting a human rights-based approach to work on sexual and reproductive health and rights.

The Union Cabinet approved the National Health Policy, 2017 (NHP, 2017) on March 15, 2017. The new policy is tailored to address the existing and emerging challenges within the overarching goal of achieving 'comprehensive and universal wellness'. Unlike the earlier efforts that focused only on sick-care services, the NHP lays emphasis on preventive and curative measures. Its key features include achieving universal health coverage and delivering quality health care services to all at an affordable cost; reaching out especially to the underprivileged and marginalised groups; exploring possibilities of engaging with the private sector as a strategic partner; promoting care that is patient-centric and quality driven; establishing a Public Health Management Cadre (PHMC) in all states; and raising public health expenditure to 2.5 per cent of the GDP in a timebound manner (by 2025).

We also welcome the release of the National Family Health Survey 2015-16 (NFHS-4) which shows an improvement in many health indicators, including the Total Fertility Rate (TFR), literacy levels, age at marriage, and numbers of institutional deliveries in public facilities. In a first, the NFHS makes available district-level estimates for many important indicators. Given the wide intra-state variations, the disaggregated data at this level will not only help in a better understanding of the data but also in framing future policy and formulating programmes.

Finally, a positive enabling policy environment continues to be nurtured. The Government of India and state governments continue to value partnerships with civil society organisations and research institutes, while exploring potential partnerships with the private sector. The Ministry of Health and Family Welfare (MoHFW) has been particularly open to taking steps to meet current demands of increasing the method mix of contraceptives by introducing three new methods in the last couple of years. However, allocating sufficient resources is the key to successfully carry forward the health and family planning agenda. At the same time, we need to remember, that family planning is as much a man's responsibility as it is a woman's; and that 70% of India's population is in the reproductive age group. This needs to be factored into policies and budgets.

I would like to extend my sincere appreciation to the staff of PFI and our many partners, who include the central and state governments, donors, implementing agencies and supporters who believe in PFI and its work. Without their support, we would certainly not have been able to achieve all that we have. On behalf of the Governing Board, it gives me great pleasure to thank them all.



Keshav Desiraju
Chairperson, Governing Board, PFI

FROM THE EXECUTIVE DIRECTOR'S DESK



The year has flown by and it has been a memorable one. The entire landscape of sexual and reproductive health rights was dramatically transformed in September 2016 by the Supreme Court (SC) judgement on the Devika Biswas vs. Union of India case. This provided a good reason to cheer for those who adopt a rights-based approach towards family planning. As a matter of fact, it validates a human rights-based framework so that guidelines laid down by the SC are adhered to. This could provide as well, a sound foundation for strengthening work on enabling improved access to quality family planning services for women, men and adolescents. Undoubtedly, this is an important victory for women's sexual and reproductive health rights and gender equality. Work begins now as this needs to be followed and accepted in spirit and practice for it to be meaningful in real terms. The onus, therefore, is upon all of us.

Evidence-based advocacy, the cornerstone of PFI's work and one of its strategies, continued to grow and yield dividends. There was extensive engagement on expanding the basket of choice. Our advocacy was further reinforced through the association that PFI and the ARC (Advocating Reproductive Choices) Coalition have with its national secretariat housed at PFI. Our three focus areas are, quality of care, expansion of choices, and advocacy for increased budget allocations for family planning. In order to successfully address these, members of the Coalition have their task cut out to work even more closely together.

It gives me great pleasure to share with you some of our key achievements. The Main Kuch Bhi Kar Sakti Hoon (MKBKSH) series, focusing on changing regressive socio-cultural norms and practices continued to do us proud. In February 2017, Doordarshan (DD) announced that it had set a new record for edutainment shows by attaining a staggering cumulative reach of 400 million and still counting. Independent evaluations confirmed that its intent of positively influencing attitudes, behaviour and practices was proving to be


successful. In addition, the work we did on creating the brand Saathiya for the peer educators of the Rashtriya Kishor Swasthya Karyakram (RKSK) of the Ministry of Health and Family Welfare (MoHFW) last year, culminated in the creation of a Saathiya Resource Kit that the Government of India launched this year. And, learnings from MKBKSH are shaping our way forward onto Season Three. For example, we launched a digital campaign on gender-based violence Bas Ab Bahut Ho Gaya – Enough is Enough, as this emerged as an important area of concern in MKBKSH.

At the community level, the community action for health (CAH) initiative continued to make strides. By 2016-2017, it had scaled to 18 states of the country, having begun as a pilot programme across nine states in 2007-09.

Partnerships, which are key to our work, have proven to be rich and rewarding. The relationship with the Ministry of Health and Family Welfare (MoHFW), Government of India and with state governments, has continued to deepen. The AGCA (Advisory Group on Community Action) for Health, the secretariat of which is hosted by PFI, has continued to foster community-led accountability. And the invaluable support of donor agencies and civil society organisations continues to fuel our work.

As we move forward, what are our plans in the coming year? The trends emerging over the course of last year, give us a fairly good indication of the direction to take. In addition to staying the course with adolescents as an important target audience, PFI will also be concentrating on increasing the involvement of men in its initiatives. Growing evidence shows that unless we engage with men on issues of reproductive health and family planning in a sustained manner - not just as clients, but as responsible partners, progress would remain limited. We expect that active male engagement will make a transformative difference. We are also looking to creatively use Behaviour Change Communication tools, IEC materials and the media, to not only counter patriarchal cultural and social norms that promote gender inequalities in everyday lives, but also to influence and change social determinants that inhibit contraceptive use as well as male participation in family planning. This calls for adopting an approach that addresses both women and men: a focus on men to dispel myths and misconceptions related to male contraception and perceptions of masculinity; and on women, to empower them and create awareness of their rights.

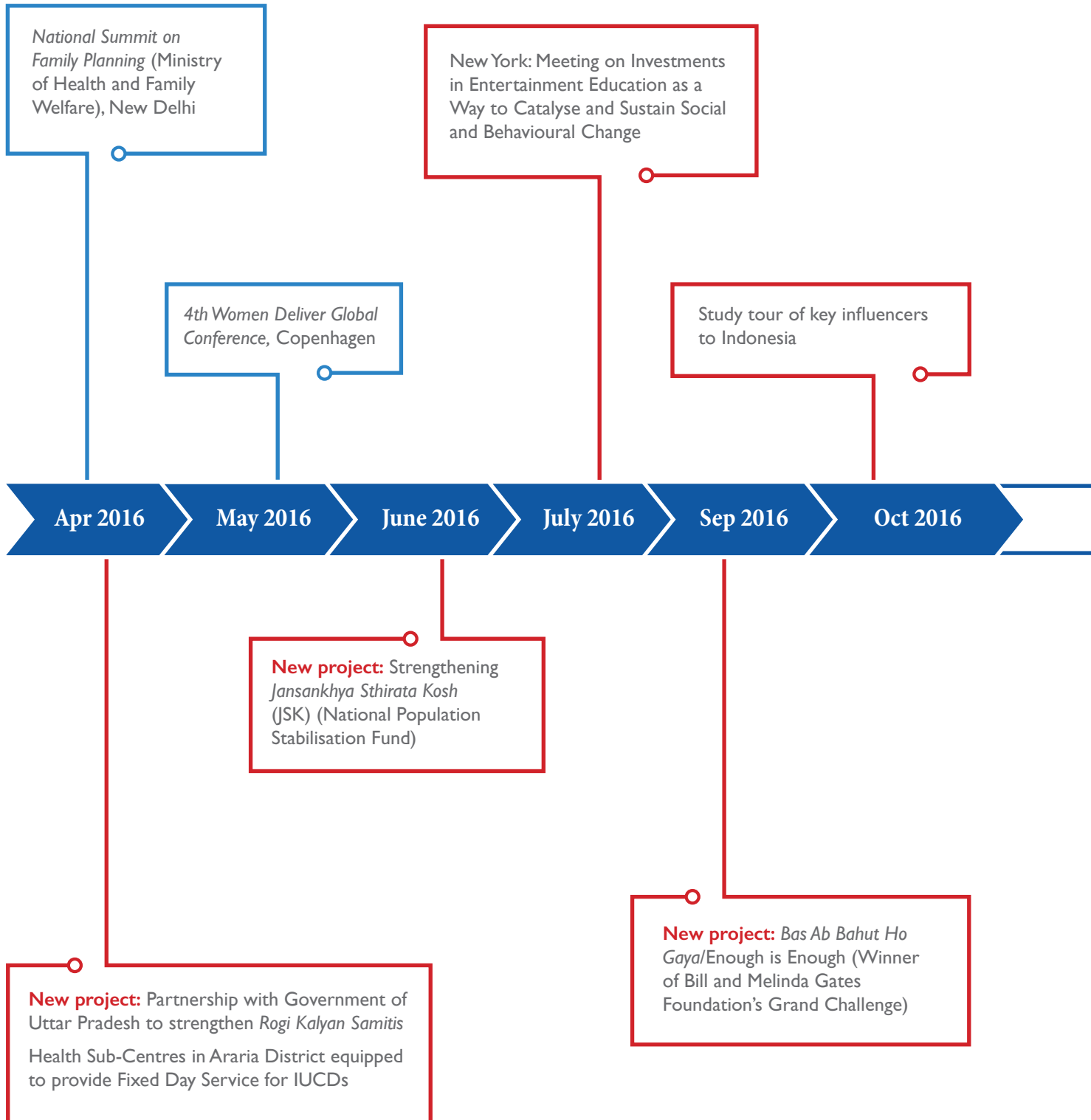
We are also looking towards greater convergence between the efforts of the government, civil society organisations, key influencers like Members of Parliament and private sector partners to collectively work together in order to make good India's commitments to the Family Planning goals, and the Sustainable Development Goals.

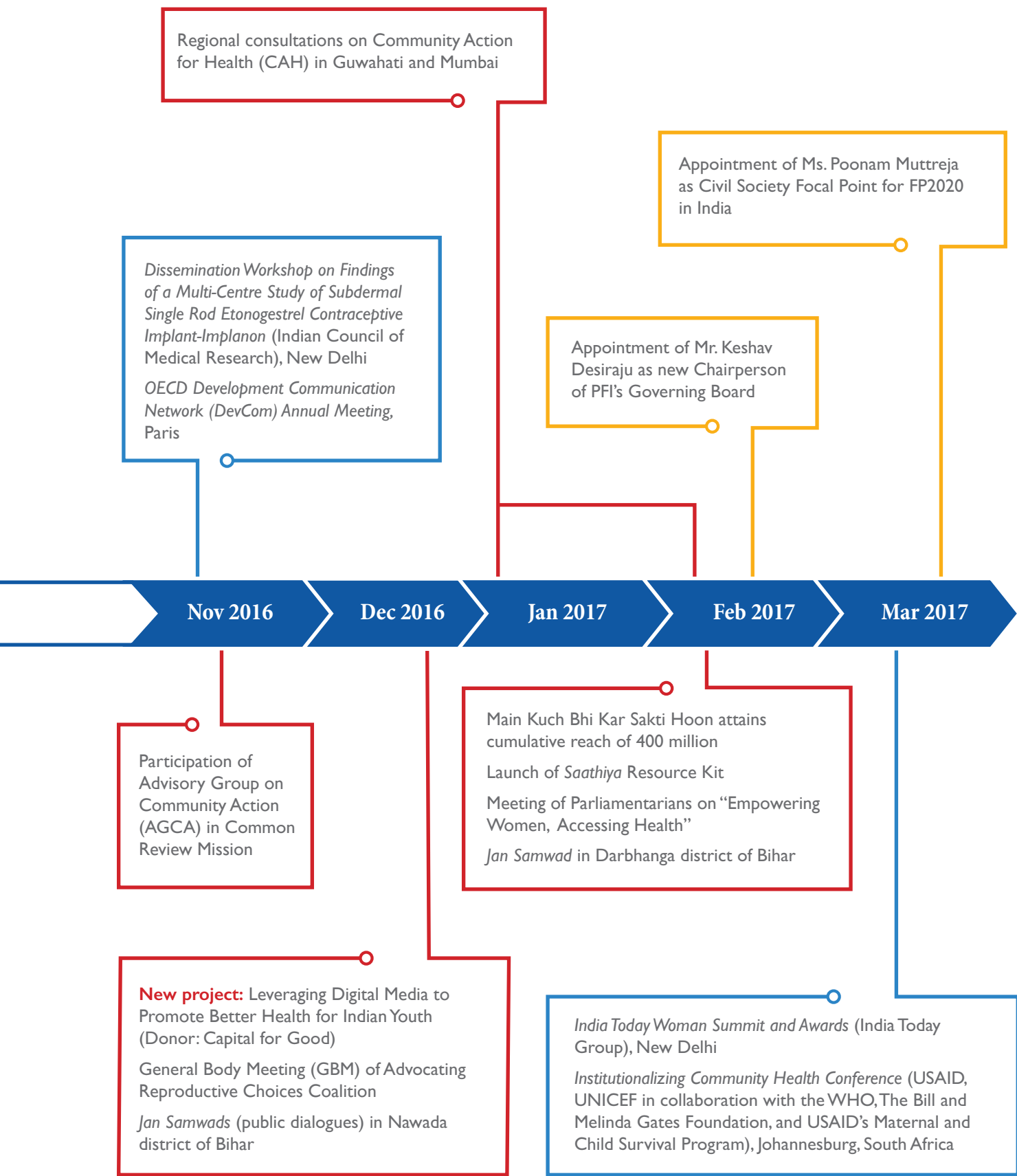


Poonam Muttreja
Executive Director

YEAR AT A GLANCE

○ Milestones
 ○ Conferences and Meetings
 ○ Programme Achievements





PFI
PROJECT
UPDATES

ADVANCE FAMILY PLANNING (AFP)

Ensuring quality of care by shifting from a camp mode to fixed day services: meeting the supreme court directives

Advance Family Planning (AFP) is an initiative that builds on the momentum of the 2012 London Family Planning Summit to achieve the goals of the Family Planning 2020 (FP2020) partnership. The Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health is the lead agency for AFP.

In a landmark judgement¹ in September 2016, a two-judge bench of the Supreme Court directed the government to discontinue the camp mode of sterilisation and strengthen Quality of Care (QoC) by moving to a Fixed Day Service (FDS) in implementing the sterilisation programme across the country. The underlining factor for this was that quality of care can be better achieved when the client load is less and better distributed as in the FDS approach, in comparison to the camp mode, where a large number of clients are sterilised within a short time frame.

Almost a year before this landmark judgement, in August 2015, Jehanabad district of Bihar had already operationalised the implementation of FDS for sterilisation. This was achieved by the continued advocacy efforts of PFI's programme team working

The AFP initiative supported by the Johns Hopkins University is currently in its fifth year of implementation. It uses evidence-based advocacy for increasing financial investment as well as political commitments to ensure access to quality family planning. PFI leads the AFP initiative in India with focus on the states of Bihar and Uttar Pradesh.

in the district through a unique multi-stakeholder convergent group, called the District Working Group (DWG). In a meeting chaired by the District Magistrate, the operationalisation of FDS in all the facilities of the seven blocks in Jehanabad district was prioritised. What followed is a case of convergence that many others can learn from.

First, an assessment of the facilities was undertaken and gaps identified. With infrastructure, human resources (including the provision of trained

¹ Supreme Court verdict on the Devika Biswas Vs Union of India case, 14 September 2016. The PFI-led multi-organisational fact-finding mission's report: Robbed of Choice and Dignity: Indian Women Dead after Mass Sterilisation <http://populationfoundation.in/Publications/view/21/41>



Women with newborns at a Fixed Day Service centre in Bihar

service providers, especially at the block level), shortage of equipment and the lack of a redressal mechanism identified as the main areas of improvement, the DWG focused on advocacy for a financial investment to address these. It bore fruit and INR 217,400/- was made available from various state departments. Second, the DWG along with the District Health Society (DHS) worked on empanelment of doctors to ensure uninterrupted services. A duty roster was prepared to secure the availability of doctors at the block level, thus overcoming the shortage

of human resources. This move itself resulted in making the services available in three of the seven blocks in the district for the first time. Third, and most important, was the implementation of the FDS for sterilisation across the district.

The results are there for all to see. As indicated in Figure I, sterilisation through FDS was the major mode through the period from August 2015 to September 2016 (when FDS was operationalised). The uptake of service during FDS days was 86% of total service uptake.

FIGURE I - FDS V/S NON-FDS

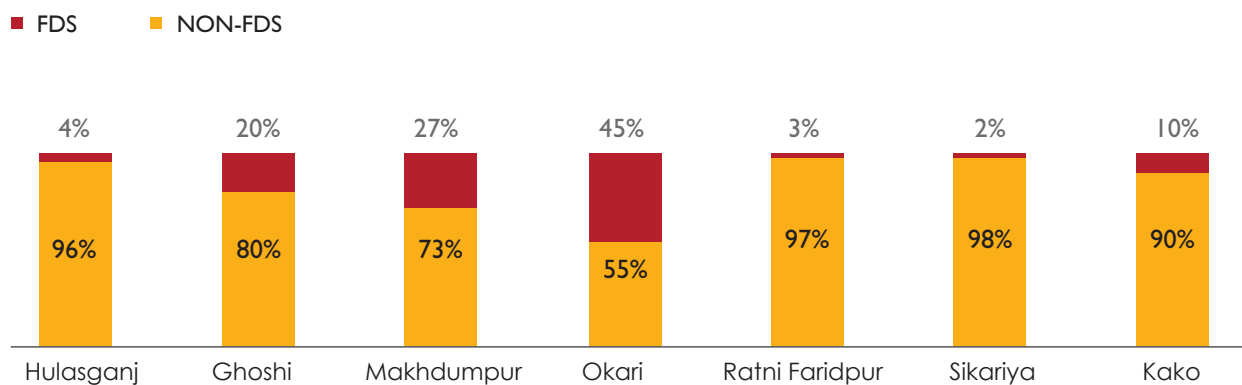
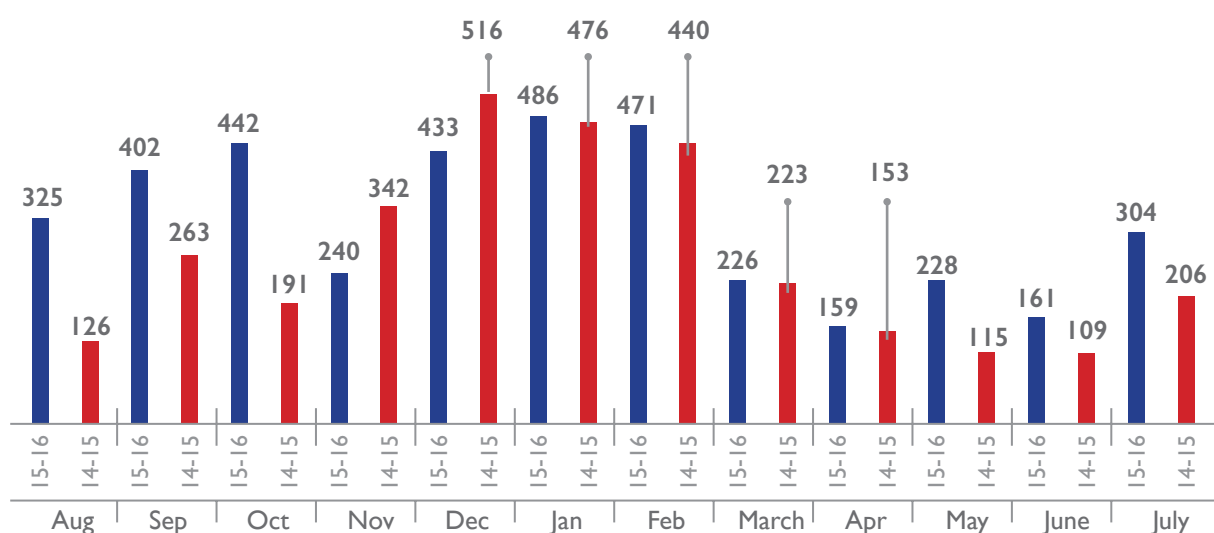


Figure 2 shows that the uptake of services was 23 per cent higher over this period than during the same time a year before.

The story of Jehanabad indicates that by strengthening infrastructure, and making trained doctors and other health workers available for uninterrupted services, FDS can be rolled out in districts to ensure QoC.

FIGURE 2 - INTERVENTION V/S NON-INTERVENTION PERIOD



Other Highlights

PFI's activities through the AFP programme are showing quick results in terms of rolling out better family planning services and increasing their uptake. These interventions are the outcome of advocacy with the District Working Groups, facilitated through PFI-AFP efforts.

Initiating Intrauterine Contraceptive Device (IUCD) Services in Urban Primary Health Centres (UPHCs) of Lucknow district, Uttar Pradesh

A rapid facility assessment of the 52 UPHCs in Lucknow district indicated gaps in physical

infrastructure, and training. The District Working Group (DWG) of the district addressed it through a two-pronged strategy:

- 1) by strengthening physical infrastructure under the leadership of the Chief Medical Officer; and
- 2) by training service providers in all UPHCs with the support of Hindustan Latex Family Planning Promotion Trust (HLFPPT), the technical partner to the Government of Uttar Pradesh, in partnership with the State Innovations in Family Planning Services Agency (SIFPSA). Financial support of approximately INR 10,00,000 was allocated for the project.

Increasing service uptake of Postpartum IUCDs (PPIUCDs) in Community Health Centres (CHCs) of Agra District, Uttar Pradesh

In a meeting in September 2015, the DWG recognised that while 13 CHCs in Agra provided postpartum IUCD services, three CHCs were still lagging behind. Responding to the situation, the DWG and the District Health Society took steps to strengthen the infrastructure and train service providers to initiate these services. Between December 2015 and March 2017, 15 per cent of around 6,000 women who delivered at the three CHCs, opted for an IUCD as their postpartum family planning method. This was a result of not only training the service providers, but also of providing counselling services in tandem to help women make an informed choice.

Increasing No Scalpel Vasectomy (NSV) uptake in Araria District, Bihar

The skewed balance in favour of female sterilisation usually puts male sterilisation on the backburner. Recognising this gap and in an effort to increase male engagement, the DWG of Araria district of Bihar advocated for the training of *Vikas Mitras*, the frontline workers of the Mahadalit Vikas Mission. It showed results – the uptake of NSV services increased from two (2014-15) and seven (2015-16) to 185 (2016-17) out of which 108 were reported from the three blocks where the AFP programme is active.

Getting Bihar Rural Livelihoods Project (BRLP) in Kishangarh District, Bihar, to invest in family planning

The Government of Bihar through the Bihar Rural Livelihoods Promotion Society (BRLPS), an autonomous body under the Department of Rural Development, is spearheading the World Bank aided Bihar Rural Livelihoods Project (BRLP), locally known as JEEViKA. The objective is to promote social and economic empowerment of the rural poor. BRLP does not have a separate budget for family planning related activities, and so it was a significant move when for the very first time, BRLP invested INR 50,000 in a Master Trainers (MTs) programme. 21 BRLP frontline workers, including Block Programme Managers and Community Mobilisers were trained as MTs at the district level in September 2016, and they in turn further trained 450 Community Mobilisers between October 2016 and February 2017.

Equipping 15 Health Sub-Centres (HSCs) in Araria District, Bihar, to provide Fixed Day Services for IUCDs

With the Jehanabad DWG already working on FDSs for sterilisation, in April 2016 the DWG of Araria district decided on enabling 15 HSCs to begin providing Fixed Day IUCD services. An investment of INR 50,000 leveraged from various departments led to all 15 HSCs being equipped to provide these services. Seven out of the 15 HSCs that provided the Fixed Day IUCD services did so for the first time. ■

ADVOCACY, COMMUNICATION AND ACCOUNTABILITY (ACA)

Using public dialogues to strengthen accountability: experience from Jan Samwads²

“I am very happy today. I could talk directly to the officers and tell them about the lack of medicines at the VHSNDs³ in my village. They listened to me and took immediate action. This was my first time in a Jan Samwad. I hope to take part in more such events.”
(Kamla Devi of Nawada, Bihar)

The Jan Samwads held in two blocks of Nawada district and one block of Darbhanga district in Bihar had raised the hopes of many. In Nawada, it led to the assurance from the Civil Surgeon that there would no longer be shortages of necessary equipment, such as blood pressure machines and weighing machines. In Darbhanga, the Medical Officer-in-Charge gave a similar assurance on medicines and equipment. In order to reduce out-of-pocket expenses at the Primary Health Centres/Community Health Centres, he directed that Health Sub-Centres be opened twice a week and promised that written complaints would be followed through. Soon the outcomes of such a public dialogue were visible. There was an improved supply and availability of essential drugs and contraceptives at the Village Health, Sanitation and Nutrition Days (VHSNDs) and most importantly, out-of-pocket expenses saw a decline.

Supported by the David and Lucile Packard Foundation, the advocacy, communication and accountability initiative focuses on increasing the demand for and access to quality family planning services through community monitoring in the state of Bihar and at the national level. In Bihar, the programme is being implemented in 357 villages across the five districts of Darbhanga, Nawada, Bhagalpur, Gaya and Patna.

The process for strengthening accountability had started way back, with the implementation of the community action for health processes. Capacities of the community were built to monitor and provide feedback on services to health providers and managers. This community monitoring process was completed in 153 villages across the two districts of Darbhanga and Nawada, broadly focusing on the following six areas: a) Maternal and Child Health; b) *Janani Evam Shishu Suraksha Yojana*; c) Family Planning; d) Village Health Sanitation and

²Jan Samwads are public dialogues organised for advocacy with health providers and managers to highlight gaps and find solutions

³Village Health, Sanitation and Nutrition Day (VHSND)



Community members participating in a Jan Samwad at Singhwara Block, Darbhanga District, Bihar

Nutrition Day; e) Health Sub-Centre; and f) Primary Health Centre.

This process of community monitoring culminated through a platform provided by *Jan Samwads* where more than 800 people participated. They shared the public dialogue platform with the Civil Surgeons, District Immunisation Officers, and the District Officer of the National Vector Borne Disease Control Programme (NVBDCP), District and Block

Child Development Programme Officers, Medical Officers-in-Charge, Block Health Managers, Programme Officer of JEEViKA, and representatives from the AGCA Secretariat, ASHAs, PRIs and VHSNCs, as well as ANMs⁴.

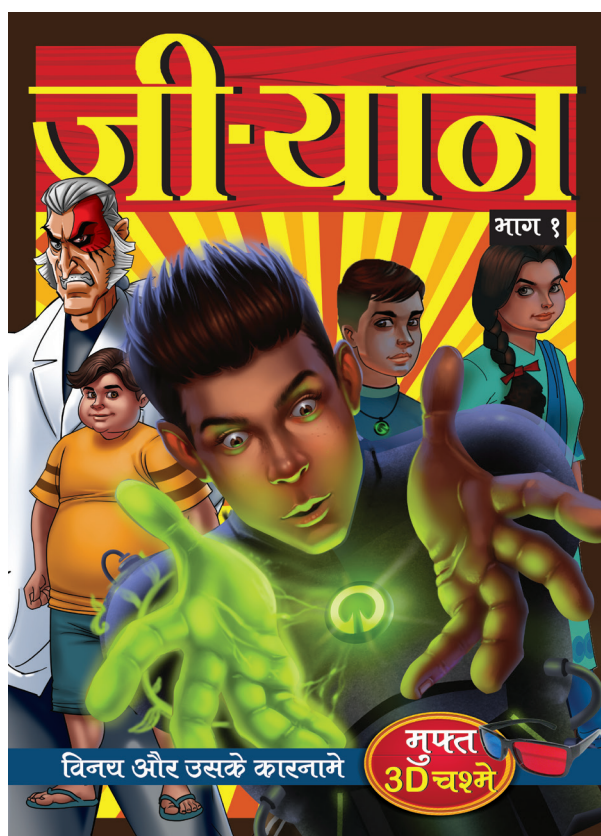
The *Jan Samwads* had increased the visibility of the gaps in the health facilities and brought together stakeholders to find solutions and take corrective action.

⁴Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs) are frontline health workers
Panchayati Raj Institutions (PRIs) are village-level governance institutions
Village Health, Sanitation and Nutrition Committees (VHSNCs)

Other Highlights

Engaging Media on the Issue of Family Planning

The media is a key influencer on any issue, and it remains an important partner in PFI's work. The engagement with media sought to enhance their understanding of family planning as well as encourage more regular and prominent reporting on the issue. With this in mind, two media sensitisation workshops – one in Nawada (September 2016) and the other in Darbhanga (December 2016) – were organised by PFI in association with the District Health Society (DHS) and the district administration. Participants were oriented on the determinants of health and family planning, the range of family planning services provided through the public health system, and issues of quality of care. A total of 104 participants took part in these workshops, which included



senior officials from the district administration, the District Health Society, the Department of Health and Family Welfare, Panchayati Raj Institutions, Bureau Chiefs, reporters, journalists and PFI partners. The support of the local administration was a welcome feature.

“The media needs to improve reporting on social issues, including on the benefits of accepting family planning methods, which would enable families, especially women to take decisions for better health for themselves.” Mr Manoj Kumar (IAS), District Magistrate (DM), Nawada

Strengthening Advocates for Change (AFCs)

PFI has developed village level groups consisting of Anganwadi workers⁵, ASHAs and PRI members to promote acceptance and utilisation of family planning services at the community and individual levels. Even though 174 AFCs existed at the beginning of the project, they have now been scaled up to 612 across 204 villages of Darbhanga and Nawada. In addition to being counselled, with the help of the AFCs, the community, has been assured of a regular supply of contraceptives.

Creating 3D comic books and other Social and Behaviour Change Communication (SBCC) materials

As the main task of AFCs is to facilitate behaviour change, PFI developed an SBCC package in consultation with AFCs and youth groups in Patna, Darbhanga and Nawada districts. The centrepiece of the package is 3D comic books that revolve around the robotic character of G-Yan. The character alternates in the form of both a boy and a girl, showing that it could solve the problems of both. Three editions of the comic book are supported

⁵ Child care workers under the government's Integrated Child Development Services programme

by a range of materials including a game of darts, a pocket booklet on the issues of adolescents and their solutions, promotional items, such as posters, and stickers, and a letter box for adolescents to drop in their feedback. The package also includes materials for the AFCs – a guidebook on how to use the SBCC materials as well as a diary. The training of 16 master trainers was completed, who have in turn, oriented AFCs and youth groups at the community level, so that they can use the communication package to talk about the key issues of adolescent health, family planning, livelihood, mental health, sanitation and hygiene, and gender discrimination.



Scaling up community monitoring of health services through mShakti - Interactive Voice Response System (IVRS)

The success of the mShakti pilot encouraged the PFI team to use it across the two districts of Darbhanga and Nawada. The IVRS replaces the time-consuming process of collecting, collating and analysing data, and provides an interface to the community, to: i) know about key health entitlements, ii) feed in community monitoring data, and iii) share specific feedback on experiences of denial/ poor quality of services. More than 3,709 people have used mShakti, creating an opportunity for them to know and demand their health rights.

Strengthening of State Chapters of Advocating Reproductive Choices (ARC) Coalition

While PFI is the national secretariat of the Advocating Reproductive Choices (ARC) coalition, this grant allows the strengthening of the state chapters in five states: Rajasthan, Jharkhand, Bihar, Uttar Pradesh and Madhya Pradesh. With the support of the Advance Family Planning (AFP) project, an orientation on the AFP Smart tools was undertaken. This helped the state members to deliberate and identify key advocacy issues to be pursued at the state level, and develop detailed advocacy plans thereafter. These were shared with the ARC National Core Committee members. Apart from this, four specific initiatives were undertaken to revitalise the state chapters: a) profiling of members; b) increasing membership; c) convening regular meetings of the committee; and d) compilation of resource materials on family planning. ■

COMMUNITY ACTION FOR HEALTH (CAH)

Scaling Community Action for Health processes: bringing public into public health

CAH is perhaps the largest community-led accountability initiative globally, which is being implemented in partnership with civil society organisations and with financial support from the Ministry of Health and Family Welfare (MoHFW), Government of India (GoI) and state governments. What began as a pilot programme across nine⁶ states in 2007-09 was scaled to 18 states⁷ of the country by 2016-17 – a journey that took less than a decade. The enormity of the scale is visible in its numbers – as of 2016-17, CAH covers 18 states (51%), 353 districts (54%), 2,159 blocks (33%), and 2,02,162 villages (32%) in the country.

The year saw CAH implementation in two new states – Tripura and Andhra Pradesh – and re-initiation in Gujarat.

In Tripura, the process was piloted in Gomati district through the District ASHA Resource Centre (DARC), with support from the State ASHA Mentoring Group. District and state level health officials, staff of health facilities, senior officials of the district administration, members of the State Mentoring Group and District Planning and Monitoring Committee and elected representatives, including the *Zilla Pramukh*⁸ were oriented on the

CAH is a key strategy of the National Health Mission (NHM), which places people at the centre of the process of ensuring that the health needs and rights of the community are being fulfilled. The Advisory Group on Community Action (AGCA), constituted by the Ministry of Health and Family Welfare (MoHFW), provides guidance and support for community action initiatives under the NHM. PFI hosts the Secretariat for AGCA.

CAH programme through a state level orientation workshop in March 2017.

In Andhra Pradesh, the implementation of CAH processes was initiated through inputs provided by civil society organisations at a state level consultative meeting organised in October 2016. This led to the development of an action plan, which was shared with the Principal Secretary,

⁶Assam, Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Rajasthan and Tamil Nadu

⁷Assam, Bihar, Chhattisgarh, Delhi, Gujarat, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Meghalaya, Mizoram, Odisha, Punjab, Sikkim, Tripura, Uttar Pradesh and Uttarakhand.

⁸Zilla Parishad or District Panchayat is an elected body and the third tier of the Panchayati Raj system. A Zilla Pramukh is the District Chief of the District Panchayat



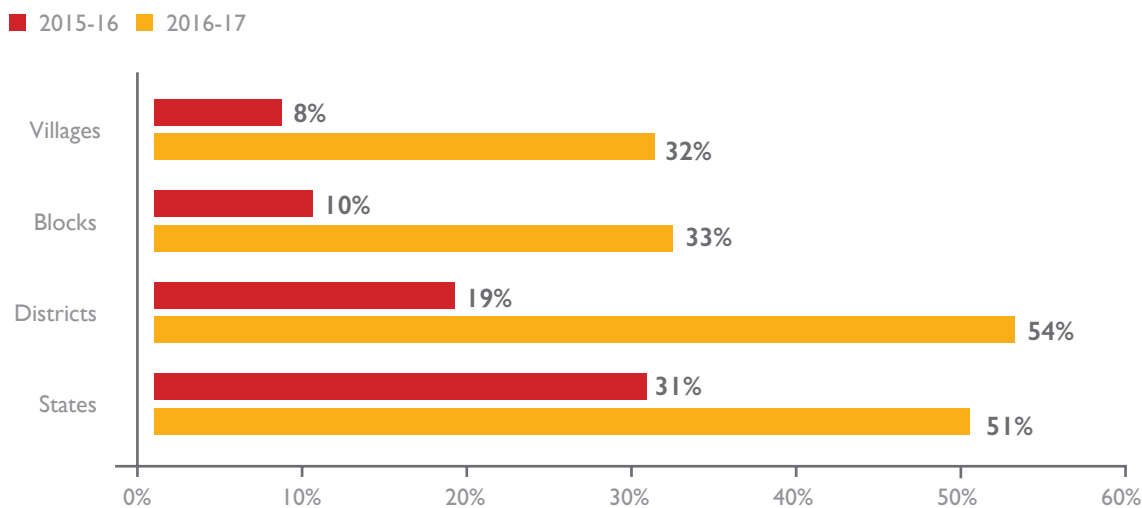
Sharing of Panchayat-level Health Report Cards in Barachatti of Gaya, Bihar

Department of Health and Family Welfare, in order to initiate the processes in the state. In Gujarat, initial discussions on the re-initiation of the CAH processes were held with the state NHM officials in October 2016. These led to the development of a detailed implementation plan to roll out the process in 77 high priority blocks across 22 districts covering around 5,000 Village Health Sanitation and Nutrition

Committees (VHSNCs). Two regional Training of Trainers (ToTs) were organised – in Vadodara (February 2017) and Ahmedabad (March 2017). 110 officials, including Block Medical Officers, AYUSH doctors, the Project Assistant - ASHA, the state community processes team and state consultants of urban health from 44 high priority blocks across 12 High Priority Districts (HPDs) participated in these TOTs.

COMMUNITY ACTION FOR HEALTH (CAH)

FIGURE 3 : NATIONAL COVERAGE OF CAH PROCESSES



CAH processes were also initiated in urban areas. Under the National Urban Health Mission (NUHM), CAH processes were rolled out in the states of Odisha and Delhi. Work included training of state and district ASHA Coordinators, ASHA Nodal

Officers and NGO representatives, capacity building of Mahila Arogya Samitis⁹ (MASs) and the Ward Coordination Committees (WCCs), and piloting community monitoring of health services in the cities of Bhubaneswar and Cuttack in Odisha.

Other Highlights

Regional Consultations on CAH

The MoHFW and AGCA jointly organised two regional consultations – the first in Guwahati (24-25 January, 2017) and the second in Mumbai (31 January -1 February, 2017). 90 participants from 20 states¹⁰ joined these consultations. They

Maharashtra, Sikkim, Mizoram and the Additional Mission Director, Odisha) and State Nodal Officers, senior officers from the National Health Systems Resource Centre (NHSRC)¹¹, representatives from the Regional Resource Centre-North East (RRC-NE), State Nodal NGOs and the Panchayat, as well as community representatives and AGCA members.



Plenary Session in Mumbai Consultation

From left: Dr Satish Kumar, Advisor, Public Health Planning, NHSRC; Mr Naveen Jain (IAS), Mission Director, NHM, Rajasthan; Dr Thelma Narayan, Member, AGCA, Mr Alok Kumar (IAS), Mission Director, NHM, Uttar Pradesh

included senior government officials—State Health Secretaries, State National Health Mission (NHM) Directors (from Uttar Pradesh, Rajasthan,

These regional consultations in practice for the last three years are tailored to: a) share updates on the progress of the implementation of CAH processes in the states; b) share recent innovations and their potential for scaling up thus promoting cross-learning; c) identify constraints within the current environment in states that inhibit an effective scaling up; d) prepare plans for strengthening and scaling up implementation of CAH in the states; and e) develop skills on process documentation. In addition to advocacy with policymakers, the two consultations provided a platform to give feedback to the government, enabling a collective search for solutions. Recommendations that emerged from these consultations would be considered in shaping the implementation strategy with the government.

⁹Women's group of 8-12 members of the community. It is envisaged as being central to local community action, including in supporting the work of community health workers like the ASHAs

¹⁰Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Jharkhand, Kerala, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Odisha, Punjab, Rajasthan, Sikkim, Tripura, and Uttar Pradesh.

¹¹NHSRC has been set up by the MoHFW to serve as an apex institution for providing technical assistance for the National Health Mission (NHM)

Review of Decentralised Participatory Health Planning (DPHP) Framework and Processes

Two meetings of the AGCA Sub-Committee on Decentralised Participatory Health Planning (DPHP), a key feature of the National Health Mission to ensure that district health plans are reflective of the local health needs and priorities, were organised in September and October 2016. These enabled the AGCA members and the NHSRC representatives to review and share their inputs on the national framework on DPHP, a brief on the process, and a set of tools for programme managers to operationalise the process. The feedback from the sub-group has been

incorporated in the documents, and shared with the MoHFW for review and approval. There are plans to organise state level orientations in Karnataka, Rajasthan and Uttar Pradesh to initiate the DPHP processes.

Participation in the Tenth Common Review Mission (CRM)

Select AGCA members and staff from the Secretariat participated in the CRM in 2016, which reviewed the implementation of community process components in the five states of Delhi, Gujarat, Jharkhand, Nagaland, and Tripura. ■

REALISING COMMITMENTS TO FAMILY PLANNING (RCFP)

Engaging with key influencers to prioritise family planning in the national agenda

For the past one year, RCFP has been focusing on bringing together representatives of the Ministry of Health and Family Welfare, Government of India, Members of Parliament (MPs), representatives of NITI Aayog¹², and other key influencers to the same table to talk about the future of India's family planning programme. To accomplish this, the mode of a study tour to areas of best practice was used.

Multiple study tours were conducted, notable amongst them a five-day study tour (9th – 13th October 2016) to Indonesia, a country internationally recognised for best practices and successful interventions in family planning. The tour focused on discussions with the National Family Planning Coordinating Board of Indonesia (BKKBN), which has led its successful family planning programme, Johns Hopkins Center for Communication Programs (JHCCP), and Yayasan Cipta Cara Padu (YCCP), an organisation with expertise in advocacy, community mobilisation and behaviour change communication. Field visits to different health facilities on the island of Lombok provided the much-needed interaction with service providers and community members as well as an opportunity to observe service delivery in action.

As a result of the tour, the MPs and the representative from the Ministry made a

The RCFP project, currently in its fourth year of implementation, is a national level advocacy project that works towards increasing budgets and expenditures on family planning, and increasing the basket of contraceptive choice while focusing on quality of care. It is supported by the Bill and Melinda Gates Foundation (BMGF).

commitment to explore the possibility of establishing a body like the BKKBN in India, work towards the inclusion of more contraceptive methods in the basket of choice, and advocate for an increased allocation in the family planning budget.

On their return, the MPs shared their learnings at the highest level through a presentation to the Honourable Union Health Minister. This focused on the need to increase investment in family planning and expand the contraceptive methods available as a priority. They have since continued to engage with

¹²National Institution for Transforming India (NITI) Aayog is a policy 'Think Tank' of the Government of India that designs strategic and long term policies and programmes for the central government and also provides technical advice to the centre and states.



Delegation to Indonesia

key issues that emerged during the study tour using various parliamentary and media tools. As a result, a total of 20 articles have been published in various publications as well as statements made by the influencers who participated.

The learnings of the study tour to Indonesia were also shared with Ms. Lalitha Kumaramangalam, Chairperson, National Commission for Women and Dr. Soumya Swaminathan, Director General, Indian Council of Medical Research.

Another study tour was conducted with six MPs to the non-profit organisation Action Research and Training for Health (ARTH) in Udaipur (14th – 15th July, 2016). The initiative brought about improved awareness on family planning, besides providing a deeper understanding of its impact on women's lives through first-hand exposure to innovative models at the grassroots level. As an immediate outcome, it led to the publication of two opinion editorials authored by Rajya Sabha MPs in addition to 10 other stories.

“The Ministry of Health and Family Welfare, GoI, is fully committed to providing the people of India, access to quality family planning services, with special emphasis on modern spacing methods. We are already working to ensure the smooth rollout of injectable contraceptives, centchroman and progestin-only pills as additional birth spacing methods. The study tour to Indonesia provided an opportunity to see the actual usage of implants in the public health facilities and the ease with which insertions were being done. GoI would explore the possibility of introducing implants and further increasing the basket of choice”

*Dr. S. K. Sikdar,
Deputy Commissioner, Family Planning, Ministry of Health and Family Welfare*

Other Highlights

Increasing the voice of family planning in the media

The media has always been an important partner of PFI in various aspects of its work. However,

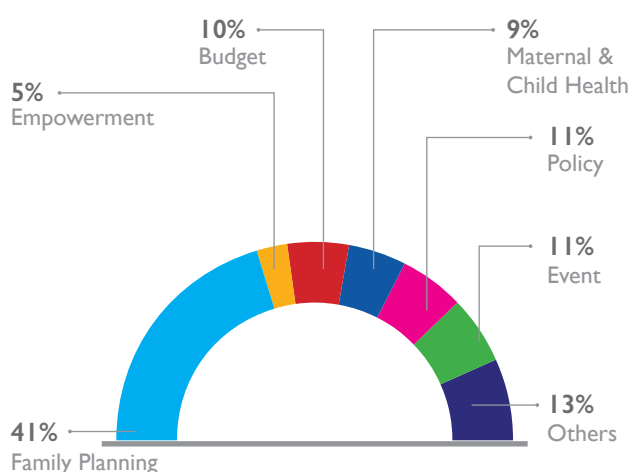
an internal media analysis of articles revealed that very little was spoken on family planning, and whatever was said was either negative or relegated to a small story. This year, therefore,

efforts were made in various ways to deepen the engagement with a focus on building media relationships. These included:

- bringing together more than 30 national level media personnel at a roundtable organised jointly with the Women's Feature Service;
- organising regional media workshops for 25 state-level media personnel;
- hosting seven media persons over three study tours – to understand the issue, deliberate, and take action.

Study tours were undertaken to the Population Health Services India in Jharkhand, the Karuna Trust in Shillong, and the Foundation for Reproductive Health Services India in Ajmer. The efforts bore fruit with a buzz created around the issue of family planning and related concepts. As a result, more than 400 articles on various aspects of PFI's thematic focus areas were published over the last one year. Figure 4 is an impression of the share of articles for each theme covered through PFI's media advocacy activities.

FIGURE 4 - TOPICS COVERED BY MEDIA THROUGH PFI ADVOCACY



Building on a key partnership to improve family planning and women's health

Through a national meeting jointly organised by PFI and the Federation of Obstetric and Gynaecological Societies of India (FOGSI) on 4 April 2017, opportunities were discussed and possibilities of collaboration explored between the private sector and practitioners to advance the family planning and sexual health vision of India. This brought together senior FOGSI representatives, Members of Parliament, a senior representative of the Ministry of Health and Family Welfare (MoHFW), family planning experts and advocates and media representatives. This meeting took further the beginning of a crucial partnership between FOGSI and PFI in discussing the role of the public-private partnership model that would expand access to family planning, ensure a rights-based approach and ultimately empower women in taking control of their bodies and lives.

Bringing together key sexual and reproductive health experts and advocates through the ARC Coalition

PFI has been hosting the Secretariat of the Advocating Reproductive Choices (ARC)¹³ Coalition since 2015. Efforts were made to bring together the around 170 organisations that are part of the Coalition, through the General Body Meeting (GBM) held in early December 2016. This helped build a common understanding on the mandate that the Coalition holds as well as identify future directions and strategies for moving forward. The members agreed to compile Behaviour Change Communication (BCC) materials into a resource pool, which could also support the government in generating demand for family planning services. The Coalition committed itself to supporting the

¹³ARC is an association of 170 organisations and individuals working on sexual and reproductive health and rights.

MoHFW in the roll out of injectables, and some Core Committee members have been included in the Injectable Roll Out Task Force of the Ministry.

Gathering evidence on the use, after-effects, efficacy and costing of Subdermal Contraceptive Implants

To strengthen advocacy for increasing the basket of contraceptive choices, PFI conducted an in-depth literature review of subdermal

contraceptive implants. The study collated and analysed data evidences from global experience on the use of long-acting reversible subdermal implants. It compares subdermal implants to other contraceptives and looks at countries where it has been piloted and adopted. Through its analysis of various indicators related to use, after-effects, efficacy and costing, it presents a one-stop resource on subdermal contraceptive implants. ■

STRENGTHENING ROGI KALYAN SAMITIS (RKSS) / PATIENT WELFARE COMMITTEES

Partnering with the Government of Uttar Pradesh to strengthen RKSS¹⁴

While providing basic preventive, promotive, and curative services through established institutions, the focus of the government is now on the quality aspect. It is with this in view, that the National Rural Health Mission envisages the formation of *Rogi Kalyan Samitis* (RKSS) / Patient Welfare Committees or Hospital Management Committees at all health facilities.

The Ministry of Health and Family Welfare (MoHFW), Government of India developed and disseminated the guidelines for RKSS to the states in July 2015. Less than a year later, in April 2016, PFI joined hands with the Government of Uttar Pradesh to develop a pilot model to improve provider responsiveness.

The first state level orientation and planning meeting in this regard was chaired by Mr. Amit Ghosh, State Mission Director, National Health Mission (NHM), and had the participation of senior representatives from all key institutions in the health system. This included officials from the State Programme Management Unit (SPMU), the State Institute for Family Planning Services Agency (SIFPSA), the Directorate of Health Services, the Uttar Pradesh Health Systems Strengthening

Supported by the John D. and Catherine T. MacArthur Foundation, the strengthening RKS programme provides technical assistance to the state government of Uttar Pradesh for a pilot model to improve provider responsiveness through the active involvement of the RKSS.

Project (UPHSSP), the Technical Support Unit (TSU), Chief Medical Officers and the District Programme Management Unit (DPMU) staff from Lucknow district.

The multi-stakeholder meeting led to the issuance of a state government order for constituting RKSS in all PHCs in the state as well as the implementation of a pilot initiative in Lucknow district. An RKS strengthening component was developed by the SPMU and PFI and included in the FY 2016-17 State NHM Programme Implementation Plan (PIP) for all the 75 districts across the state.

¹⁴Constituted under the National Health Mission, RKS has the mandate to ensure compliance with minimum standards for hospital care, adherence to protocols of treatment and to ensure accountability of health providers to the community. Its members include elected representatives - Members of Parliament, Members of Legislative Assembly, Members of Panchayati Raj Institutions, civil society representatives and officials from the Departments of Health, Women and Child Development, Education, Social Welfare, Public Health Engineering, Public Works and Electricity Board

Other Highlights

Baseline Assessment on Functioning of RKSs

As part of the pilot project approved for Lucknow district, a baseline assessment was carried out on the functioning of the RKSs across 27 health facilities of the district in December 2016. The draft report, which reflects the current situation, has been shared with the SPMU for inputs and will subsequently be disseminated among the state and district officials.

The assessment indicates: (a) that the District Magistrate (DM), who chairs the Governing Body of the District Hospital RKS, is unable to participate on a regular basis in these meetings. To address this, PFI is working with the SPMU to revise the state RKS Guidelines, whereby an eminent public health expert can be nominated in his place as a working chairperson, thus helping to streamline these meetings; (b) though the process of grievance redressal in health facilities has been initiated in Lucknow district, the findings show that the clients have low levels of awareness about these. To ameliorate the situation, PFI is providing assistance in operationalising patient help desks to regularly analyse client feedback and take corrective action; (c) PFI is organising structured orientations for the

RKS members to enhance their participation in meetings and in the RKS strengthening processes, as the participation of CSOs and community representatives is low in meetings of the District Hospital RKS.

Mentoring RKS

As part of the pilot project, PFI worked closely with all the 27 selected health facilities, briefing the RKS members on the national and state RKS guidelines. PFI's support also extended to participating in the RKS meetings and providing feedback, including sharing key issues and gaps that emerge from facility assessment surveys that are conducted on a periodic basis by the state and district Quality Assurance teams.

Inputs on the handbook for RKS members

The National Health Systems Resource Centre (NHSRC) is developing a handbook for the orientation of RKS members across the nation. PFI provided detailed inputs in the draft document, which has now been submitted to the MoHFW for finalisation. Once approved, the handbook will be disseminated to the states for adoption. ■

MAIN KUCH BHI KAR SAKTI HOON (MKBKSH)

Adapting to achieve scale: the Saathiya experience

“Adolescents are the critical mass of asset which in future would be the biggest dividends to the country’s economy; thereby their health and wellness are of utmost priority. Despite the expansion of media, there are many important unanswered questions in the minds of young people in villages. Saathiya¹⁵ will address these questions. We are also talking about behavioural change and a change in thinking,” said the Health Secretary, Mr. C K Mishra, when launching the Saathiya Resource Kit in February 2017.

Main Kuch Bhi Kar Sakti Hoon (MKBKSH) is a 360-degree initiative that includes 131 television episodes (aired across two seasons on India’s national television channel Doordarshan and regional kendras), a radio adaptation of the series (aired on 216 AIR FM stations), community outreach, and an Interactive Voice Response System (IVRS) for community engagement.

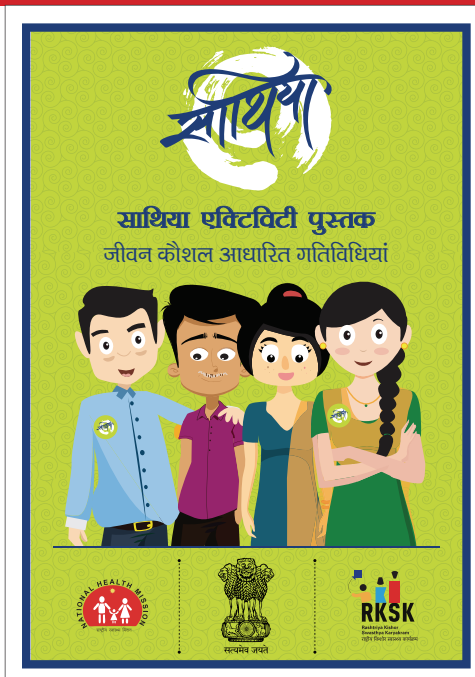
The Resource Kit is the culmination of a partnership between the Ministry of Health and Family Welfare (MoHFW), PFI and UNFPA (United Nations Population Fund) to equip 160,000 Saathiyas that have already been selected to work with adolescents under the *Rashtriya Kishor Swasthya Karyakram* (RKSK) programme, or the National Adolescent Health Programme.

MKBKSH (I, A Woman Can Achieve Anything), is a trans-media initiative through which PFI seeks to carry conversations on women’s rights, gender roles and social determinants of health to people’s homes.

The initiative has been supported by UK’s Department for International Development (DFID), Bill & Melinda Gates Foundation (BMGF) and the UN Population Fund (UNFPA).

The groundwork for *Saathiya* began in Season 2 of MKBKSH where PFI focused on youth and male involvement to positively change attitudes and behaviours towards gender equality. With the Government of India rolling out RKSK, a peer educator-based national adolescent health programme at the same time, PFI used the last 26 episodes of the serial to brand and introduce the peer educators.

¹⁵The Saathiyas are boys and girls who have been selected to work as peer educators for adolescents in the MoHFW’s National Adolescent Health Programme or the *Rashtriya Kishor Swasthya Karyakram* (RKSK). As friends and companions, the Saathiyas’ role is to respond to adolescents’ queries on key issues pertaining to their health.



Soon, the MoHFW decided to create the ‘Saathiya Resource Kit’. PFI worked on branding the Saathiya Kit that included, amongst other things, eight films from PFI’s MKBKSH initiative and a Saathiya Diary. The films deal with the RSK priority issues of nutrition, substance misuse, sexual and reproductive health (SRH) and mental health, among others; the diary includes stories, key messages and games for peer educators to use at the field level. The kit also includes an activity book developed by UNICEF (United Nations Children’s Fund), and a ‘Saathiya Salah’ mobile app for adolescents developed by UNFPA. Different pieces developed by different partners were brought together under the same umbrella to ensure that they complemented each other. Additional materials, such as radio spots and posters, were developed by PFI to promote the Saathiya Salah app.

The coverage received in the media is wide and positive. On 20 March 2017, a young journalist wrote in The Indian Express, about his experience of growing up in a culture that normalises ‘stalking’. He goes on to refer to the RSK programme and the Saathiya Kit, and commends it for bringing to the forefront issues like consent, trust, transparency and respect. The Indian Express had also reported that the “resource material prepared for adolescent peer educators has taken a step in the sensitive direction.” The Saathiya Kit was also called a “refreshingly progressive sex-ed programme” by The News Minute. Coverage by leading national dailies like the Hindustan Times, the Business Standard, and the Economic Times, as well as by news websites, such as Youth Ki Awaaz, Firstpost and NDTV leads us to believe that we are on track.

MAIN KUCH BHI KAR SAKTI HOON

Other Highlights

Increased reach of the series

In February 2017, India’s national television channel Doordarshan (DD) announced that MKBKSH

had set a new record for edutainment shows by attaining a staggering cumulative reach of 400 million and still counting. This was made possible through the airing of 131 episodes across two

seasons on Doordarshan, and the re-telecast of both seasons, initiated in December 2016. In addition, it was telecast on 16 regional DD channels (dubbed in 11 regional languages) and the radio adaptation aired on 216 AIR FM stations. This announcement reaffirmed our belief in the power of the series to challenge regressive social norms and behaviours, particularly around issues of health, family planning and gender equality.



Generation of evidence on entertainment education continued: Endline Evaluation of Season 2

Season 2 of MKBKSH focused on the 356 million youth of the country and the issues faced by them, including substance misuse, nutrition and mental health. The key findings of the independent impact evaluation of Season 2 show that space for spousal communication increased manifold, as 75 per cent of married women and 85 per cent of married men watched the series with their spouses. Moreover, 68 per cent of married women exposed to the serial initiated discussion on family planning with their spouses. There were positive shifts in awareness and attitude too – 8.8 per cent more awareness of viewers on legal age of marriage as compared to non-viewers; 59 per cent of youth viewers thought

the ideal age for a first pregnancy was 21-25 years. There was good news on other fronts too! There was a 62 per cent viewer retention of the series from Season 1 to Season 2 and at least 50 per cent reported that they would be interested in watching the serial if it continued into a new season.

Pioneering use of IVRS in MKBKSH

The IVRS allowed a penetration of media-dark areas and enabled less privileged audience members to call in, provide feedback, listen to curated content, answer questions, and record their own opinions about social issues that they had encountered in the serial or issues that concerned them.

PFI undertook an independent analysis of the pioneering use of IVRS to engage MKBKSH audience members in real time across the 29-month period (Season 1 and 2) of the MKBKSH initiative. This was led by Dr. Hua Wang of the State University of New York and Dr. Arvind Singhal of the University of Texas at El Paso. 1.7 million calls were received through the IVRS from more than 0.39 million unique phone numbers across 29 of 36 states of India. Some key findings from the IVRS analysis revealed that MKBKSH maintained a healthy balance between cultivating a fan base with repeated callers and attracting new callers to participate via the IVRS. Although technology-centred entertainment-education platforms often appeal more to middle-aged, urban elite audiences, the analysis indicated equal participation among women (52 per cent) and men (48 per cent), high involvement of youth (67 per cent of the callers being 20 years old or younger), and more participation from students and homemakers. There were 50 categories of user-generated content and when one looks specifically at pro-social themes, gender-based violence and related themes like gender equality, and child marriage were the most popular.

Meeting on investments in Entertainment Education (EE) as a way to catalyse and sustain social and behavioural change

Leading academics, practitioners, and development consultants came together on 12 July, 2016 at the Rockefeller Foundation in New York, to discuss communications for social and behaviour change, with a special focus on Entertainment-Education or Edutainment (EE). The meeting examined ways in which education can be subtly but effectively worked into both new and time-honoured genres of entertainment to foster positive behaviour change and improve the quality of lives in both developing countries and local environments.

The meeting was co-convened by the Population Foundation of India and the Rockefeller Foundation

in partnership with the Bill & Melinda Gates Foundation, the Ford Foundation, UNFPA and UNICEF. The participants included economists, members of the donor community, research and evaluation specialists, and representatives from the private sector. The discussions focused on three aspects: successful global case studies demonstrating the potential and impact of EE, critical explorations on evidence and evaluation, and the sustainability of EE initiatives. This meeting provided an opportunity not just to share learnings, discuss evaluation and devise strategies for growth and sustainability, but also presented a forum for exploring synergies for those working in the field of development and EE. ■

REEL TO REAL

*“Sahi Samay se hoye vivah
Turant na ho bacche ki chaah
Aur...aap log sochte hain ki mahila nasbandi
sahi hai, purush nasbandi galat hain
Lekin...main kehta hoon ki purush nasbandi
sabse mastbandi hai”*

These are lines from a song that a group of men in Chhatarpur, Madhya Pradesh, have composed to spread the message of women’s empowerment, gender justice, and male involvement in family planning. Habitual wife-beaters, these men have turned into empathetic partners after local NGOs used MKBKSH as a tool for behaviour change.

Stories like this have been waiting to be told!

The PFI team had heard some of these during their field visits, some through the IVRS, and some through local NGOs. It was time to capture these stories and share them widely. The Capital for

*(Marriage at the right age
No desire to have a child soon after
And...you think that female sterilisation is right,
male sterilisation is wrong
But...I say male sterilisation is the right thing)*

Good (CfG) grant is doing just that and more! A seven-month grant, CfG focuses on sustaining the momentum created by Seasons 1 and 2 of MKBKSH while providing strategic direction for MKBKSH Season 3. It aims to identify ‘stories of change’ that can be attributed to MKBKSH and weave together a web series ‘reel to real’ to be showcased digitally. CfG is also looking at working on a talk show on issues that the youth can relate to. These include matters related to education, sexual and reproductive health, gender inequality and substance misuse, among others. Both the productions will be released on the MKBKSH and PFI social media platforms. ■

BAS AB BAHUT HO GAYA (BABHG)/ENOUGH IS ENOUGH

“Young girls should start treating themselves in their minds as equal to boys... problems arise as girls accept discrimination as part of life.” This is the message that P.R. Balan, father of acclaimed cinema actor Vidya Balan, shared in a short film that’s part of PFI’s new digital media intervention to end gender-based violence (GBV), with a special focus on violence against women and girls (VAWG).



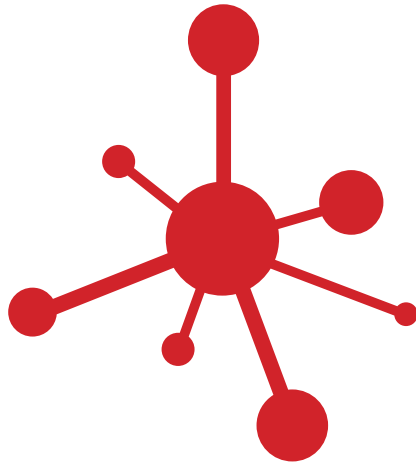
The 18-month digital campaign ‘Bas Ab Bahut Ho Gaya’ (BABHG) is the winner of the Bill and Melinda Gates Foundation’s Grand Challenge initiative, ‘Putting Women and Girls at the Center of Development’. It seeks to influence and change regressive cultural and social norms that promote GBV in India. Using the medium of edutainment via digital media, the initiative attempts to break the culture of acceptance, tolerance and silence around GBV, dispel the myth that masculinity and violence are connected, and shape social mores that respect and value girls equally with boys.

Six short films are the fulcrum of the campaign – three with celebrities and three with non-celebrities – and an anthem decrying GBV. The video of Vidya Balan and her father is one of those six! The dissemination of content will be supported by a series of online activities across various media channels with the final product being an online repository of all edutainment related digital products on the issue. To encourage youth participation, college students from 600 colleges across India will be invited to submit films on VAWG as part of a competition. An eminent jury will

award cash prizes to the top three films and a viewer’s choice award will also be given. The top films will be showcased and promoted on the digital platform created for the initiative. Key to the intervention is a concert with celebrities to showcase support for the cause and increase the buzz around the campaign.

And to do all this, PFI has joined hands with celebrated actor and director Farhan Akhtar and his initiative MARD (Men Against Rape and Discrimination), and well-known director and creator of PFI’s successful series MKBKSH, Feroz Abbas Khan.

The BABHG campaign is based on the hypothesis that celebrity-endorsed edutainment initiatives lead to behaviour change as youth see celebrities as role models and seek to emulate them. Moreover, they act as important conversation starters. Though there has been a spurt in celebrity engagement for social causes and Bollywood icons have become the face of many public interest campaigns, there is little confirmation of such analysis. At the end of the 18 months, the campaign will be evaluated by measuring the changes in the knowledge, attitudes, and perception of young people on gender-based violence through a robust research design. It will be engineered to generate evidence on the efficacy of celebrity endorsement in triggering and instituting behaviour change among the youth, particularly through the use of new media platforms. These findings will be helpful in crafting future strategies, programming and the way forward. ■



SHARING OUR LEARNINGS AND RAISING OUR VOICE – PFI IN CONFERENCES AND MEETINGS

New Delhi: National Summit on Family Planning (Ministry of Health and Family Welfare)

PFI made a presentation on *Addressing Demand through a Rights-based Approach in the session on Setting the Stage: Strategising to Reach Voluntary Family Planning Goals*. The focus was on sharing the principles of rights and empowerment that PFI applies in its approach and work and which are central to family planning strategies for realising the FP2020 vision and goals. This was based on the evidences on family planning and women's health that had been generated over the years by PFI.

National Workshop on Community Monitoring of Antiretroviral Therapy and HIV/ AIDS Services

The Centre for Advocacy and Research (CFAR) has been facilitating Community Monitoring of Antiretroviral Therapy and HIV/ AIDS Services in 13 districts across five states: Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu and Telangana. PFI facilitated a national level workshop on 16 May, 2016 to deliberate on the key experiences, learnings and follow up actions required to address the key issues emerging from the community monitoring processes.

Copenhagen: 4th Women Deliver Global Conference

PFI was invited to speak at the conference, the world's largest global convening on the health, rights and well-being of girls and women. It brought together innovators, policymakers and advocates to deliberate on the theme *From Goals to Actions: Making the #GlobalGoals Work for Girls & Women*. Through its presentations on *The Next Frontiers in Reproductive Health and Communications to Improve the Health of Women and Girls* in the panel discussion and on *Learning and Working across Generations* in the plenary, PFI showcased its initiatives and experiences. As part of the Advisory Groups' Side Panel, PFI contributed to the discussion on 'Communications to Improve the Health of Women and Girls'.

Mumbai: Dasra-OECD Roundtable Event (DASRA)

PFI made a presentation on ‘*Strengthening Partnerships with the Government*’ in a discussion where government representatives and leading foundation heads discussed perspectives towards building a dialogue on how to effectively collaborate with each other. Findings that emerged from Dasra’s research on trends, gaps and opportunities for collaboration between the two parties were also shared.

New Delhi: Address at Orientation of Vedula Scholars

Orientation address by PFI to the scholars of the Vedula Scholars Programme for Women (VSPW), which is a unique alternative to the traditional MBA programme that seeks to create a cadre of successful women professionals for the 21st century. The address elaborated on the key components of the programme, such as mastering management practices, learning from the liberal arts, thinking and communicating for impact and taking charge of personal growth, in order to realise their full potential in achieving fulfilling careers.

New Delhi: National Consultation on Leveraging Technology to Advance Knowledge of Sexual and Reproductive Health and Rights (CREA and Gramvaani)

At the opening plenary, PFI traced the evolution of the sexual and reproductive health and rights landscape, mapping the shifts beyond public health and extending to service delivery and information dissemination. In the session on ‘*Amplifying Reach through Technology*’, PFI shared its experience on using technology in its transmedia initiative *Main Kuch Bhi Kar Sakti Hoon* (MKBKSH).

New Delhi: Dissemination Workshop on Findings of a Multi-Centre Study of Subdermal Single Rod Etonogestrel Contraceptive Implant-Implanon (Indian Council of Medical Research)

PFI gave the opening address for the workshop setting the context by sharing the milestones in the family planning scenario and the learnings from PFI’s initiatives – these included laying emphasis on the need for improved efforts, a literature review of sub-dermal contraceptive implants based on research studies published from developing and developed nations in the last 10 years, and the study tour with key influencers to Indonesia.

Paris: The OECD Development Communication Network (DevCom) Annual Meeting

The meeting brought together communications managers from development institutions, analysts, and representatives of civil society and the private sector. They shared experiences and lessons and identified priorities for DevCom work in 2017-2018. PFI made a presentation on ‘*Harnessing the Power of Entertainment Education*’, presenting its work in the field with a focus on the series *Main Kuch Bhi Kar Sakti Hoon* (MKBKSH) or *I, a Woman, Can Achieve Anything*.

New Delhi: National Workshop on Promotion of Male Participation in Family Planning (Ministry of Health and Family Welfare)

PFI made a presentation on ‘*Strategies for Improving Male Participation in Family Planning*’ where the necessity of having a robust involvement of men in the family planning programme was highlighted. It called attention to the fact that historically, the emphasis has largely been on methods for women with little effort to involve men. The presentation underlined that family planning was about human agency and about individual freedoms and choices that both women and men need to exercise freely and of their own volition, in line with the universal

values of a rights-based approach.

New Delhi: National Consultation on Effective Intervention and Communication Strategies to Prevent and End Violence against Women in India (WISCOMP)

The consultation mapped and assessed the impact of communication and intervention strategies to prevent/end violence against women, foregrounding the way issues around masculinities and femininities have been addressed. PFI made a presentation on the learnings gleaned from the endline evaluation of MKBKSH in the session titled, *'Stories from the Field'*.

Jodhpur: National Consultation on 'Quality Refresh' - Taking Stock and Exploring New Pathways to Enhancing Demand for QoC in Family Planning: Developing our Research and Advocacy Agenda (Public Health Foundation of India)

PFI moderated the session *'Community Engagement for Demanding QoC in Family Planning'* with a focus on enhancing gender equity.

State level orientation of Swasthya Mitras

The Delhi state government has launched the *Swasthya Mitra* initiative - a campaign to promote collective action on preventive and promotive aspects of health and its determinants through a cadre of community level volunteers. PFI oriented the *Swasthya Mitras* on the importance of community participation and action at a state level orientation organised by the Delhi government.

Nairobi: Meeting of the Performance, Monitoring and Evidence Working Group (PME WG) of FP2020

As a member of the Working Group, PFI participated in its spring meeting. Updates were shared, next steps charted and the contraceptive discontinuation indicator formulated for the proposal to the FP2020 Reference Group, finalised. In addition, decisions were taken endorsing the proposed terminology to describe additional users/contraceptive use as well as ensuring understanding of FP2020 and Track20 efforts to promote use of family planning data. In line with the meeting's objective of improving PME WG's understanding of the use of family planning data in-country, PFI made a presentation on India's progress from NFHS 3 to NFHS 4.

New Delhi: India Today Woman Summit and Awards (India Today Group)

PFI was a speaker in the session *'When Life Gives You Lemons, Make Lots of Lemonade'*. The address focused upon PFI's flagship transmedia initiative *Main Kuch Bhi Kar Sakti Hoon*, which seeks to build women's agency and steer people's perceptions on various social determinants of health through social and behaviour change communication.

Johannesburg, South Africa: The Institutionalizing Community Health Conference (USAID and UNICEF in collaboration with the World Health Organization, The Bill and Melinda Gates Foundation, and USAID's flagship Maternal and Child Survival Program)

The conference brought together the world's leading health experts from across 45 countries to bring attention to progress and challenges in community health and community health worker programmes. PFI made a presentation on *Experiences on Scaling Up Implementation of CAH Processes under the National Health Mission in India* in the plenary on Evidence-Based Approaches for Equity and Social Accountability. ■

The Government's
Rolling Out Of **3 NEW**
CONTRACEPTIVES
Is A Step Towards
Women's Empowerment
Huffington Post

BUDGET 2017: Some Treatment But
NO LASTING CURE FOR
THE HEALTHCARE SECTOR

HERE'S WHY THE RECENT SUPREME
COURT VERDICT ON FAMILY PLANNING IS A

Game-Changer

The Better India

EMERGENCY GAVE
VASECTOMY
a bad name: Indian men are
not queuing up for the snip
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FAMILY PLANNING CANNOT BE AT THE COST OF
WOMEN'S RIGHTS,
Dignity And Quality Of Care



WHY 10 MILLION INDIAN
WOMEN SECRETLY UNDERGO

ABORTIONS
EVERY YEAR

India Spend

FAMILY PLANNING
STRATEGY
FOR 146 DISTRICTS
Deccan Herald

Family planning:

**A HEALTHY
INTERVENTION**

by the Supreme Court

Hindustan Times

FAMILY PLANNING

IN INDIA MEANS ONLY WOMEN DOING PLANNING, FIGURES SHOW

The Indian Express

IN THE MEDIA

DELAYED PREGNANCIES
Beat Sterilisation As A Family Planning Tool
India Spend

HOW

MAIN KUCH BHI KAR SAKTI HOON
BREAKS ALL RECORDS WITH

**REACH OF
400 MILLION**

The Free Press Journal

COLLABORATIONS AND PARTNERSHIPS

The Government

PFI partners with various ministries of the Government of India and their corresponding departments, or both, at national and state levels:

- Health and Family Welfare
- Rural Development and Panchayati Raj
- Women and Child Development
- Doordarshan, Prasar Bharati BCI, Ministry of Information & Broadcasting (MoI&B), Government of India, All India Radio
- State Innovations in Family Planning Services Project Agency (SIFPSA), Lucknow, Uttar Pradesh
- State Health Society Bihar, Department of Health and Family Welfare, Government of Bihar
- State Health Mission, Department of Health and Family Welfare, Uttar Pradesh

Donors

- Bill and Melinda Gates Foundation
- Johns Hopkins University, Bloomberg School of Public Health
- Ministry of Health and Family Welfare, Government of India
- The David and Lucile Packard Foundation
- The John D and Catherine T MacArthur Foundation
- United Nations Population Fund (UNFPA)
- Capital for Good

Non-Governmental Organisations

- Agragami India
- Centre for North East Studies and Policy Research (C-NES), Assam
- Child in Need Institute (CINI)
- Family Planning Association of India (FPAI)
- Federation of Obstetric and Gynaecological Societies of India (FOGSI)
- Centre for Legislative Research and Advocacy (CLRA)
- Partners in Population and Development (PPD)
- Ghoghardiha Prakhand Swarajya Vikas Sangh (GPSVS), Bihar
- Gram Nirman Mandal, Bihar
- Gramoday Veethi, Bihar
- Indian Association of Parliamentarians on Population and Development (IAPPD)
- Loktantrashala - School for Democracy
- Neha Gramin Mahila Vikas Samiti, Bihar
- NIDAN, Bihar
- Samagra Seva Kendra, Bihar
- Save A Mother Foundation, Uttar Pradesh
- SEWA Bharat

FINANCIAL/ OPERATIONAL HIGHLIGHTS

Particulars	2016-17	2015-16
SOURCE OF FUNDS	Rs. (in Lakh)	Rs. (in Lakh)
Corpus Fund	500	500
Society Fund	4,234	3,818
Deferred Grant	50	47
Restricted Project Funds	1,597	1,639
Current Liabilities	259	276
Provisions	26	33
Total	6,666	6,313
APPLICATION OF FUNDS		
Fixed Assets	141	135
Investments	3,691	3,334
Cash and Bank Balances	1,798	1,920
Loans and Advances	1,036	924
Total	6,666	6,313

INCOME	Rs. (in Lakh)	Rs. (in Lakh)
Grant income	1,827	3,127
Rental Income	316	235
Interest and other income	406	375
Total	2,549	3,737
EXPENDITURE		
Health and Family Planning expense	1,089	1,072
Behaviour Change Communication expense	626	1,971
Community Action for Health expense	113	84
Other Project expense	190	229
Management & Administrative expense	115	68
Total	2,133	3,424
Excess of Income over Expenditure	416	313



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.





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