



Annual Report 2021



“

Saving and transforming millions of lives in India for more than two decades”





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Chief Executive Officer & Country Director's Note



Indrajit Chaudhuri

Chief Executive Officer & Country Director
Project Concern International (PCI) India

Little did anyone know at the dawn of 2020 that the year will ink itself indelibly in history by exposing humanity to unprecedented challenges due to the COVID-19 pandemic. This extraordinary period obligated us at Project Concern International (PCI) India to stretch ourselves and take on the responsibility of supporting communities and several states governments to respond to the pandemic while continuing our ongoing interventions of saving and transforming millions of lives. This unforeseen time not only pushed us to strive for innovation in designing scalable solutions and rethink our delivery models, but also taught us the need for “re-imagining” our strategies to remain agile, relevant, and impactful in the evolving future.

The past year was also eventful for PCI as an organization. We underwent a merger globally, and PCI is now known across the world as ‘Global Communities.’ PCI India has been perennially linked with its global counterpart for accessing knowledge, experience, expertise – and now continues to work as Global Communities’ exclusive partner in India. We have also initiated an ‘organizational rebuilding process’ for re-imagining our future in the fast-changing and intricately inter-dependent world, by aligning our organizational structure, systems, and ethos with the ambiguity, complexity, uncertainty, and volatility that have become inherent characteristics of the present world.

I take pride in reporting that in the fiscal year 2020-21, PCI India has touched over 7.7 million lives directly in 163 districts of 13 states across the country, through 20 different projects in different domains.

I would like to thank all our donors, supporters, partners, and collaborators for keeping faith and joining hands with us in transforming lives. My gratitude extends to all the members of PCI India for their relentless pursuit of excellence and unmatched passion for the communities we serve.

Thank you all, for being with us and encouraging us in our mission to help communities change their lives for the better.



About Project Concern International (PCI) India

What We Stand For

PCI India, a Global Communities Partner, has been working in India since 1998. We drive interventions to transform the lives of communities at scale by solving complex social issues – partnering with governments, private sectors, and development organizations.

Our decades of deep community connection has equipped us to discover the root causes of social and developmental challenges faced by various communities, including those that are marginalized. Through our evidence-based programming and sophisticated measurements, we design solutions that are efficacious and scalable. We are recognized for providing high-quality technical assistance to both national and state governments.

We are supported by a multidisciplinary, passionate, and competent team committed to translating our dreams into realities.

Our Vision

A just, prosperous, and equitable community in India.

Our Mission

Bringing together local ingenuity and global insights to save lives, advance equity, and secure strong futures.

OUR PROGRAMS

Gender & Development

PCI India's interventions focus on accelerating gender equality by addressing the barriers to the social and economic development of women and girls. This is done by formulating sustainable and participatory solutions, along with creating a community push for enhancing the agency of women and girls. To this end, PCI India works towards increasing awareness, realizing women's economic aspirations, and reducing restrictive gender-based practices. We also engage men and boys as partners, and recognize their integral role in shifting the repressive gender norms.

Maternal & Child Health

PCI India offers a range of demand- and supply-side solutions to reduce risk factors for maternal, newborn, and child survival; lower the burden of diseases; promote appropriate health-seeking behaviors (in both adults and adolescents); and facilitate reproductive healthcare. Our most successful demand-side intervention approach involves community engagement, leveraging community platforms and various participatory tools, to improve maternal- and child-health outcomes. We also work towards ensuring health rights and entitlements for the communities, particularly women.

Family Planning

Family Planning (FP) is central to gender equality and women's empowerment, and has a deep influence on the economic upliftment of both family and community. Influencing social and community norms to ensure the realization of women's rights is the fundamental theme of PCI India's FP interventions. The focus is also on empowering couples to discuss and choose appropriate birth-control methods; lowering the incidence of unintended pregnancy; improving access to FP services; and fostering changes in attitudes, behaviors, and

norms at individual, family, and community levels. PCI India develops unique and interactive behavior-change communication tools that assist couples and households in adopting effective FP practices and increasing the uptake of contraceptives.

Neglected Tropical Diseases (NTDs)

The NTDs Elimination Program is an important portfolio of PCI India. We are one of the first organizations in India to have successfully embedded the social-mobilization component in the National Vector – Borne Disease Control Program (NVBDCP), which focuses on the elimination of NTDs from India. Our expertise lies in building the capacity of front-line health workers, supporting program designing and improvement using nimble and sophisticated measurement systems, and developing social behavior-change strategies for the effective implementation of the NTD Elimination Programs. Our unique 4L social-mobilization approach focuses on **Leveraging** varied existing platforms; **Layering** the existing resources with action-oriented messages; **Linking** with various potential channels; and covering touchpoints at all **Levels**, from the national level till the last mile.

Nutrition

PCI India approaches nutrition holistically, incorporating both nutrition-specific and nutrition-sensitive interventions, and provides technical support to the national and state governments. Nurturing of women's Self-Help Groups (SHGs) to enable solidarity among women for better nutrition choices and practices, is one of our most successful interventions. In our endeavor towards 'Nutrition for All' and improved Maternal, Infant, and Young Child Nutrition (MIYCN), we also facilitate convergence between various government departments and community platforms for better delivery of nutrition services and entitlements.

Social Protection

Since the beginning of the COVID-19 pandemic, PCI has been supporting various state governments with ground insights, and technical assistance, for redesigning and implementing social-protection policies and programs that aim to reduce vulnerability and impoverishment among the poor, socially marginalized, and returnee migrants by promoting efficient local labor markets, diminishing people's exposure to risks, and enhancing their capacity to manage economic and social risks. PCI has also undertaken primary research studies to understand the reach, coverage, and adequacy of various social-protection measures in a few states with higher burden of migration.

Economic Empowerment and Livelihoods

PCI India's programs support marginalized households, largely focusing on women's economic empowerment

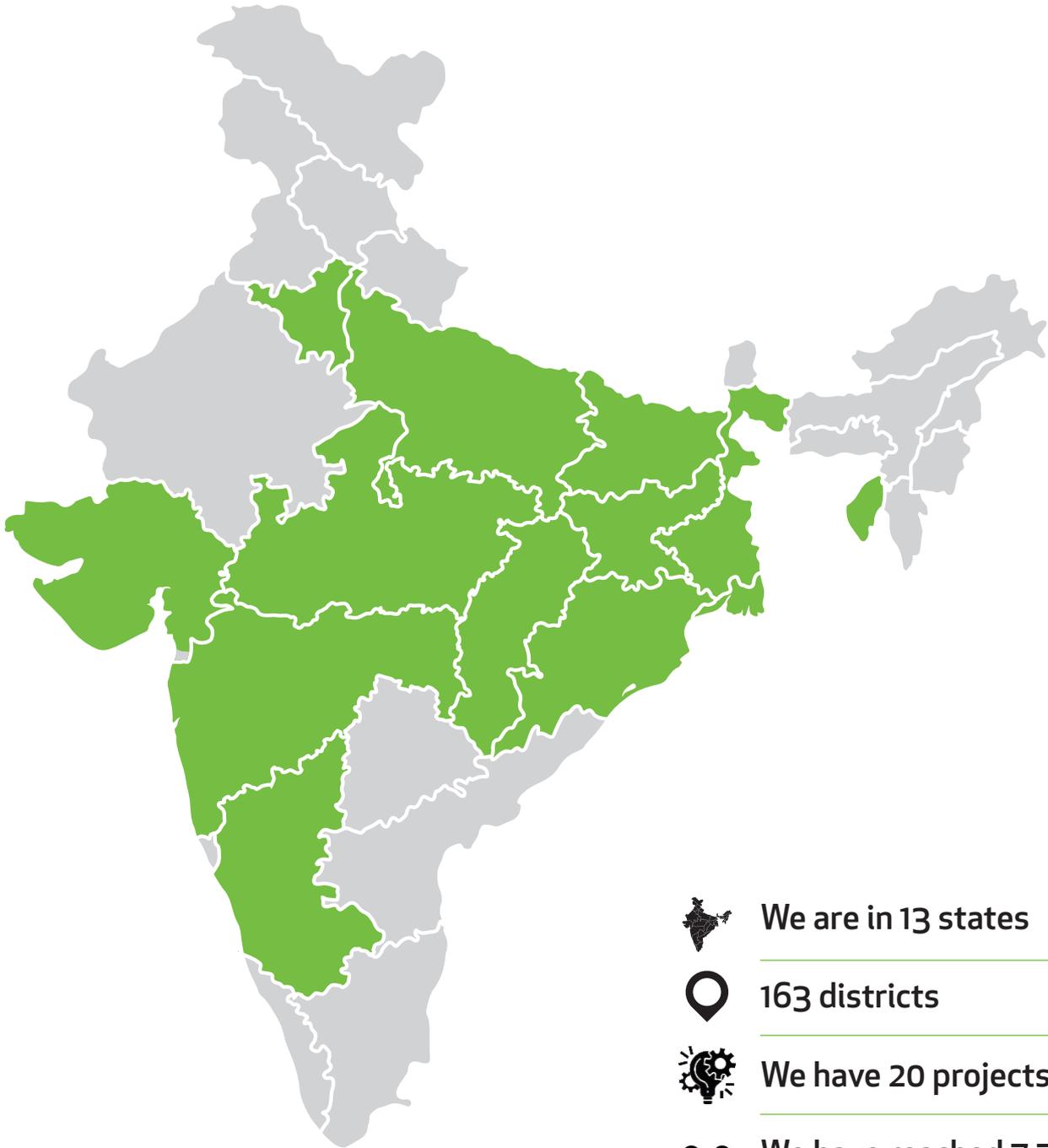
through increased access to resources – linking them with government programs, schemes, and social and legal entitlements; improved agency – providing information, education, counseling, training, and gender sensitization; and higher participation in the labor force – gainful employment in group-based local enterprises, public work programs, or self-employment.

Emergency Response

As one of the early starters to respond to the COVID-19 crisis, PCI India has been working with the national and various state governments as well as a host of private donor agencies to raise mass awareness on COVID-appropriate behaviors; offer psychosocial support to the affected families; mobilize communities for vaccination; address vaccine hesitancy; and collect repeated rounds of ground insights on food security, health (both primary and mental), social protection, and the plight of poor and migrant households in rural hinterlands.



OUR IMPACT



We are in 13 states



163 districts



We have 20 projects



We have reached 7.7
million population directly



and 11 million population
indirectly

Changing Gender Norms, Enabling Girls to Thrive

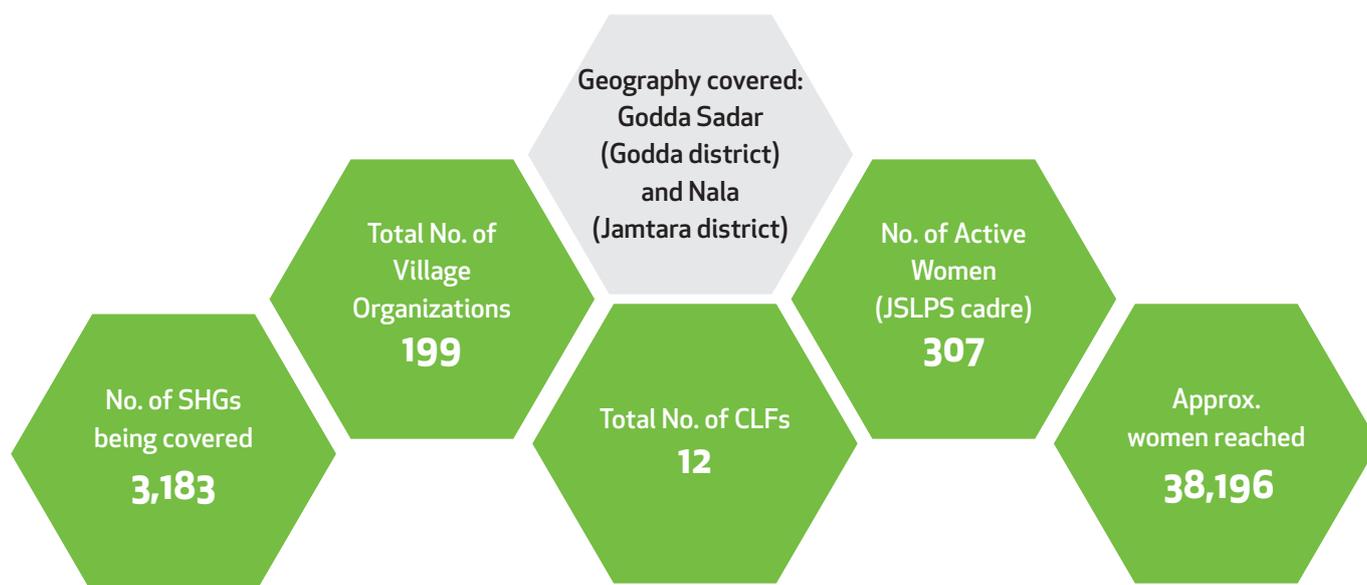
UMANG

Umang is designed to bring a normative shift in addressing the prevalence of child marriage in Jharkhand. Building on the strength of SHGs, it takes the approach of empowering the collectives to bring behavioral changes at the community and household levels. Umang, meaning happiness, identifies education and economic aspirations as critical elements in the strategy to combat this social evil. Along with the International Centre for Research on Women (ICRW), PCI India has partnered with the Jharkhand State Livelihood Promotion Society (JSLPS) to engage with SHGs in sensitizing and building the capacity of women in the region to take actions through a behavior-change model and support their adolescent daughters in getting higher education and achieving self-reliance.

The model has 21 curriculum-based sessions for promoting community dialogues and creating systemic convergence from village to block levels, through Village Organizations (VOs) and Cluster-Level Federations (CLFs).

In the year 2020-21, a baseline study was undertaken to fully comprehend the relationship between mothers and daughters, in terms of aspirations for the future of adolescent girls and the prevention of child marriages. Umang is also field-testing its training modules to ensure project scalability in other districts in the future.

Umang Pilot Intervention



Recognizing Inner Strength

STRENGTHENING WOMEN'S INSTITUTIONS FOR AGENCY AND EMPOWERMENT (SWAYAM)

SWAYAM is a Gender Transformative Model (GTM) and is being implemented in 8 Gram Panchayat-Level Federations (GPLF) of Deogarh district (Barkote and Reamal blocks) and Jagatsinghpur district (Kujanga and Trirtol blocks) in Odisha. The project aims to empower women with the knowledge of their legal rights and entitlements, so that more women can confidently raise their voices against the adversities they face in their everyday lives. The ground work for the project was started during the onset of the COVID-19 pandemic, fighting against the odds and adapting to digitalization to ensure module roll-out among the Community Resource Person for Community Mobilization (CRP-CMs) and Gender Point Persons (GPPs).

In 2020, the project has rolled out a Gender Self-Learning Program (GSLP) that was divided into 3 modules, comprising 10 topics in total. The modules have been rolled out in a cascading manner via tele-sessions to the CRP-CMs, who then rolled out the topics to the SHG members during their daily meetings.

The Gender Facilitation Counselors (GFCs) stationed in all the 4 blocks of the operational areas have efficiently handled the cases that they have received on schemes and entitlements, violence against women, SHG disputes, property disputes, and other issues faced by the women in the community by counseling them and acting as interface between the callers and government centers.

A survey conducted after the roll-out of GSLP I & II modules showed that the SHG women wanted to learn more about their legal rights, which then led to the conceptualization of the GSLP III on 'Legal Rights of Women'.

The project has substantially benefited women in the operational areas. With the help of the GFCs who once lacked control of their lives and remained silent in the face of adversities such as domestic violence, harassment, cyber-bullying, and child marriage, have now started to speak up and stand against those social evils – not only for themselves but also for their tribe in the communities.



GENDER TRANSFORMATIVE MODEL INTERVENTIONS



Learning Life Skills, Building A Dream

TRANSFORMATIVE ACTION FOR RURAL ADOLESCENTS (TARA)

TARA is a pilot project that aims to strengthen the overall well-being and self-reliance of adolescent girls in rural Bihar. The project has been conceptualized as a step towards preparing these girls for a productive workforce and negotiating their reproductive health.

The pilot is based on an evidence-based approach, initiated by JEEViKA, Gap Inc., Centre for Catalyzing Change (C3), and PCI India to improve the life-skills of the adolescent girls (15-19 years) and build them as important resources for the society, empowering them in different aspects of life at an early age of development. Improved skills and better health will not only bring about larger economic and social benefits for the adolescents but also enhance the social capital of the nation.

During the first half of the year 2020, the module on health and nutrition (HN) was simplified as per the needs of the target group. In the following months, the girls were engaged through motivational stories, general knowledge questions, drawing/paintings, etc., as a part of the celebration of various national and international days, and orientation on virtual mediums of communication.

Training of Trainers (ToTs) was also organized for the facilitators for 5 sessions of Module 1 (Self) and Session 6, 'Effective Communication' of Module 2 (Self Efficacy) under the 'Empowerment' domain.

At the time of reporting, the facilitators had completed the roll-out of Module 1 (including Session 0) in 110 Adolescent Groups of 24 clusters covering the focus blocks. The roll-out activity recorded impressive participation of girls, with a minimum of 85% and a maximum of 94% attendance. A total of 16 sessions through 5 modules are being covered under TARA. Due to the grim situation created by the second wave of COVID-19, the training programs were put on hold until things normalized. Topical videos were also developed to be disseminated among TARA clubs for motivating the girls and broadening their horizons.

THE 'TARA' PILOT: GROOMING YOUNG 'STARS' IN BIHAR





Leveraging the Power of Collectives to Drive Better Health and Nutrition, and Sanitation Behaviors

JEEVIKA TECHNICAL SUPPORT PROGRAM (JTSP)

PCI India works as a technical support agency of JEEViKA in the state of Bihar. Its expertise as a technical support agency found a strong platform in 2012, when the Bill and Melinda Gates Foundation (BMGF), as a part of its Ananya Program in Bihar, funded PCI India for the Parivartan (meaning 'transformation') Project. Parivartan's strategic objective was to build and nurture SHG women of reproductive age from the most marginalized communities in 8 focus districts of Bihar and engage them as 'change agents' for improving HN behaviors at the family and community levels.

In 2015, Parivartan's effectiveness and impact gave way to the JEEViKA Technical Support Program, an initiative based on integrating Health, Nutrition, and Sanitation (HNS) interventions within JEEViKA's livelihood framework, for reducing household expenditures and the vulnerabilities of marginalized SHG women. The JTSP is a model operating at scale, where HN issues are seamlessly integrated into the livelihoods platform of JEEViKA. This is bringing desired results by improving the HN status of families, thereby, reducing overall vulnerabilities of the families, which is a stated mandate of the National Rural Livelihoods Mission (NRLM).

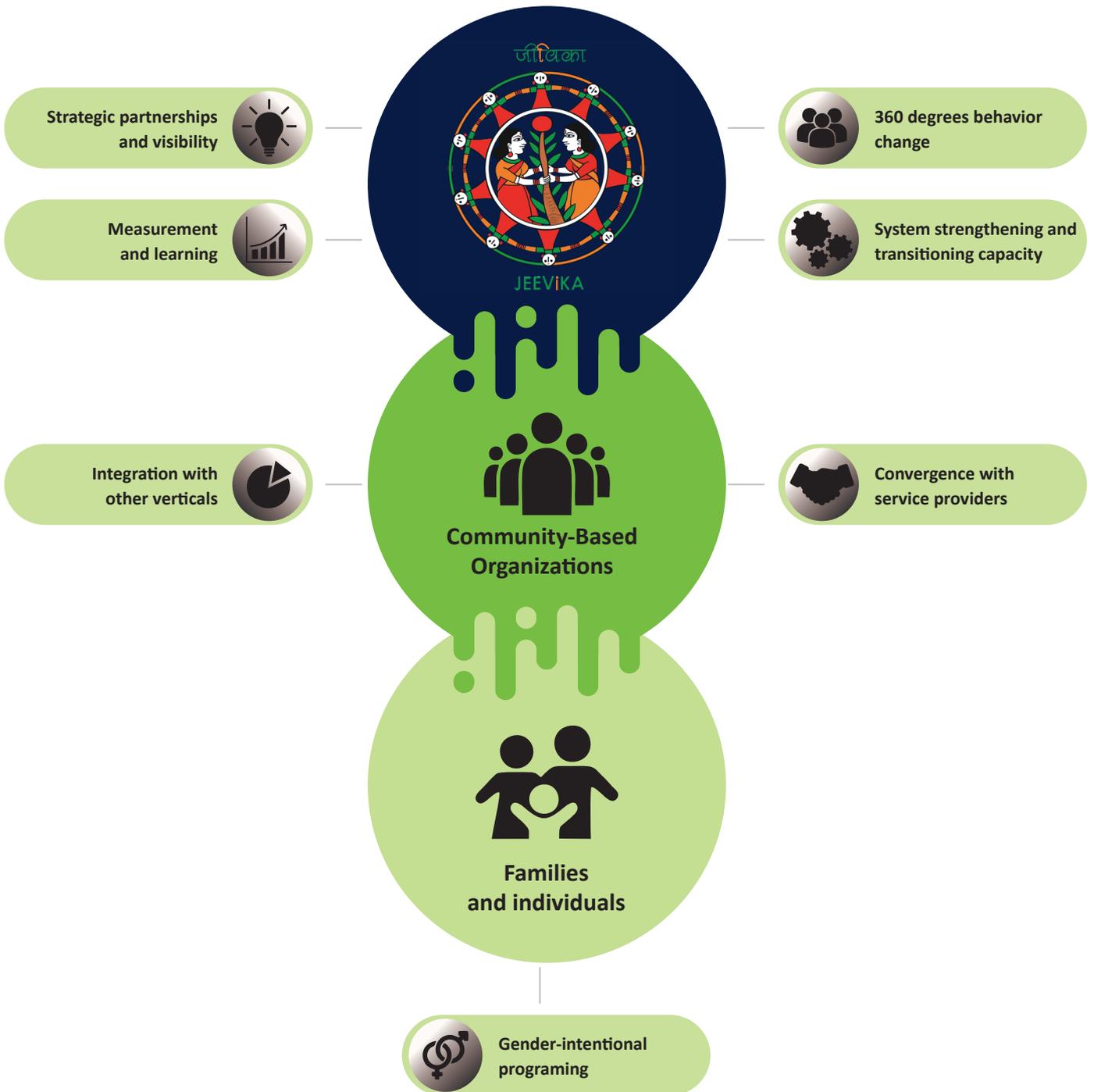
In September 2020, the JTSP provided support to JEEViKA's Poshan Abhiyaan campaign (the customized version of the Government of India's Rashtriya Poshan Maah campaign) through the training of staff and cadres of JEEViKA, and Quality Assessment & Support and day-to-day monitoring of the implementation of the campaign. The key element of this campaign was a set of 5 dietary behaviors called Poshan Ke Panch Sutra, related to Maternal, Infant, and Young Child Feeding (MIYCF) using diversified and 'media-mix'. This helped the campaign reach out to 1,028,241 beneficiaries across 475 blocks in 35 districts of Bihar.

PCI India also supported JEEViKA in organizing a series of multi-level events called *Poshan Paricharcha*, which included thematic discussions and felicitation of the role models. A total of 31 district-level and 425 block-level award ceremonies were conducted, wherein 186 and 2,550 role models were felicitated respectively. 32 batches of ToTs were organized on various modules under the capacity-building segment of the JTSP.

A Learning Management System (LMS) was launched as an innovative multi-level mentoring program for the mid-level managers of JEEViKA. Under this intervention, virtual classes are being facilitated by prestigious institutions such as AIIMS-Patna and XLRI-Jamshedpur on HN and managerial capacity development, respectively. Currently, 600 next-level managers from JEEViKA and PCI India employees have enrolled in the self-learning LMS platform.



JEEViKA Management Units and Systems



The JTSP has become a strong platform for piloting and testing the efficacy of promising HNS interventions. The success of these pilots paves the way for scaling-up the interventions and reaching out to a bigger cohort. The following pilots were undertaken through the JTSP during the reporting period:

Haqdarshak: A pilot on social entrepreneurship and livelihood

Haqdarshak (meaning 'usher/guide towards entitlements') aims at facilitating and providing benefits and entitlements to the poor and vulnerable community.

Being implemented in 5 blocks of Sheohar district by HESPL for JEEViKA, with support from PCI India & AIDENT Social Welfare Organization, the intervention works through community entrepreneurs (known as Haqdarshak or Hds) who provide last-mile support services to citizens to help them access benefits of welfare schemes.

During the reporting period, the pilot made significant progress by completing the training of 55 HDs, 5 ToTs, and the initiation of 419 applications for entitlements.

Production and marketing of chemical-coated masks

PCI India extended its support to a pilot called '**Duraprot Coating Technology**,' a joint venture of IIT Bombay and Shilpgram, the company comprising Producers' Groups (PGs) of artisans/producers organized by JEEViKA.

The pilot aimed at producing and marketing special face masks using the Duraprot coating technology, which would be wash-resistant, anti-viral, and anti-bacterial - and developed by IIT Bombay for textiles.

PCI India's support to the pilot included: arrangements for the training of producers, procurement of raw materials for the pilot phase, coordination with SHGs for implementation, marketing of the coated masks, provision of 2 dedicated human resources, maintenance of inventory of materials, and handing over the task systematically to Shilpgram. The pilot produced 87,100 medicated masks and also achieved the target of 100% sales/consumption of the products.

Sewa Bharat sub-grant: Community-based approach to improve knowledge on HN

Sewa Bharat was a sub-grant under the JTSP, to address maternal, child-health, nutrition, and adolescent issues in 25 villages covering Katihar, Bhagalpur, and Munger districts.

A number of planned activities were dropped to avoid public gatherings amid the COVID-19 pandemic, and a few new activities such as survey of groups were added during the lockdown period.

Post lockdown, 255 training sessions for women and 63 training sessions for adolescent girls were conducted under the project.



The Concurrent Measurement and Learning (CML) vertical of PCI India is mandated to measure various interventions, strategies, actions, and programs to foster evidence-based decision-making within the organization. The CML unit hugely contributes to designing interventions and assessing the feasibility and effectiveness of interventions. In addition to its regular functioning, the CML team has provided support in conducting 8 telephonic surveys to generate ground insights on COVID-19 and associated issues, and collected physical data for 3 programmatic studies during the reporting period.

Building a Holistically Nourished Life

PRERNA TECHNICAL SUPPORT PROGRAM (PTSP)

Building on the success of the JTSP's cost-effective, scalable HNS model, PCI India, with the Transforming Rural India Foundation (TRIF) and grant-in-aid from BMGF, established the PTSP to provide technical support to the Uttar Pradesh State Rural Livelihood Mission (UPSRLM).

Along with systemic improvements and strengthening of the community institutions and platforms, the project aims to support the UPSRLM to achieve sustainable improvements in the HN outcomes.

As the project commenced last year, the PTSP team focused on activities essential for laying down a strong foundation to achieve the project objectives, and undertook various initiatives related to system-strengthening and the integration of HN.

The PTSP team conducted a situational analysis through field visits and produced a consolidated report based on the findings shared with the State Mission Director (SMD), UPSRLM. These findings are being utilized to build community institution-strengthening and HN strategies. PTSP has successfully shaped the narrative with the UPSRLM leadership to provide dedicated human and financial resources to support these initiatives, and included these as a part of the Annual Action Plan for FY 2020-21.

PTSP has also facilitated the collaboration between UPSRLM and the World Food Program (WFP) to launch an initiative for recipe-based Take-Home Ration (THR) production and supply through SHGs.

The PTSP team applied the Social Behavior-Change Communications (SBCC) approach to design and develop 2 HN modules to generate awareness and improve the adoption of HN behavior among community members, covering issues such as the interrelation between HN and livelihood, child

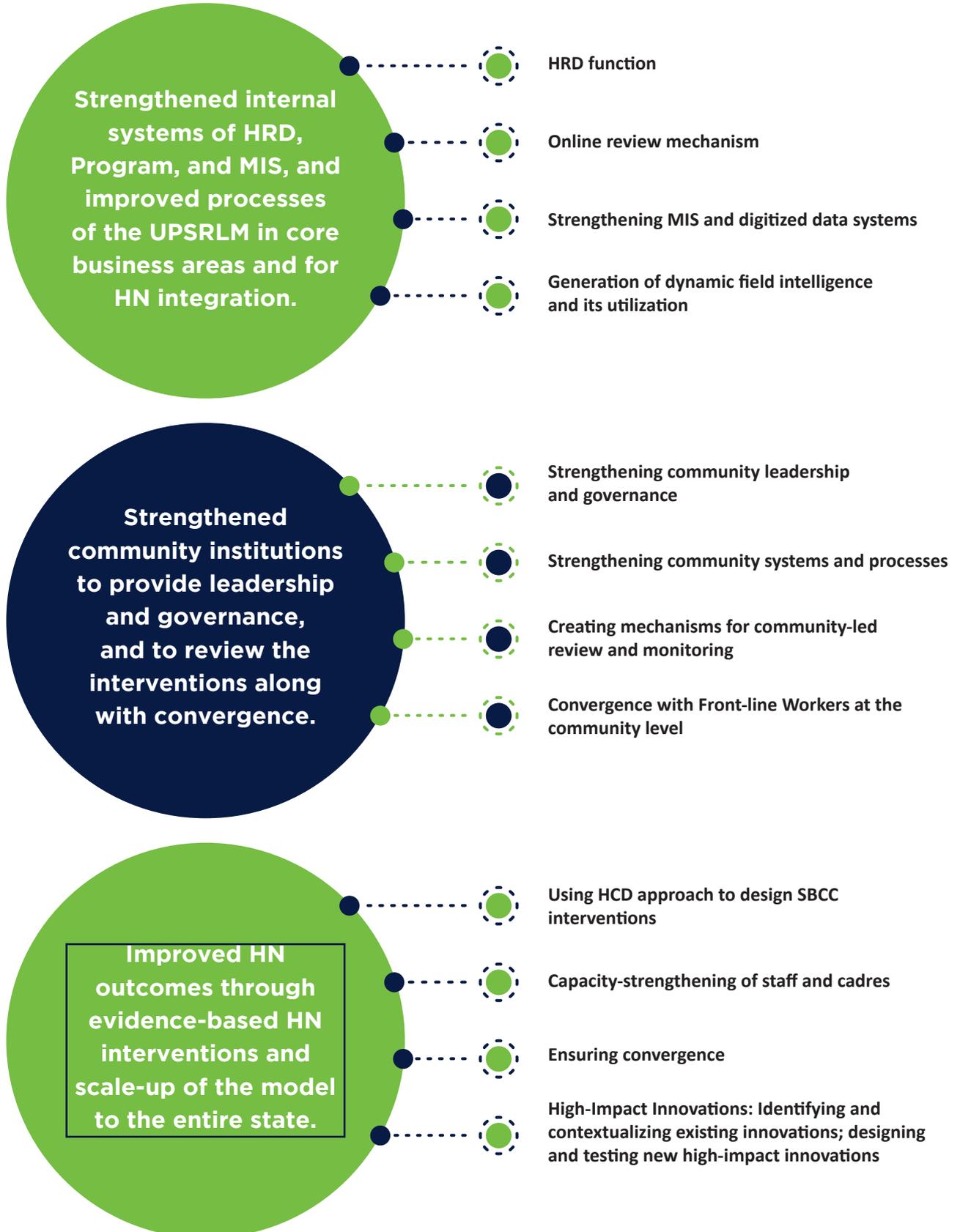
nutrition, maternal nutrition, ante-natal care, and birth preparedness.

The HN modules are intended to be used by Internal Community Resource Persons (ICRPs) during SHG meetings once every month. Additionally, the PTSP team supported the UPSRLM in the selection process of the ICRP and the Food Nutrition Health WASH (FNHW) cadre, and in the training of these cadres.

The PTSP team also developed SBCC materials for campaigns such as the POSHAN Maah, Poshan Pakhwada, and World Breastfeeding Week, run in convergence with other line departments. The team, with the UPSRLM, developed and shared social-media creatives and short animated videos/GIFs on COVID-19 precautionary measures for further dissemination among its staff and cadres and conducted virtual training sessions for the UPSRLM staff, cadre, and Resource Persons on FNHW Module, COVID-19 management, and Menstrual Hygiene Management.



3 CORE AREAS OF PTSP INTERVENTIONS



Integrating Economic Empowerment with Better Health and Nutrition **TECHNICAL ASSISTANCE (TA) TO DEENDAYAL ANTYODAYA YOJANA- NATIONAL RURAL LIVELIHOODS MISSION (DAY-NRLM)**

The TA to DAY-NRLM project, part of a consortium led by the Transform Rural India Foundation (TRIF) and funded by the BMGF, provides technical assistance in layering HN in the livelihoods programming of the DAY-NRLM and in supporting the uptake of livelihoods among the rural poor. While PCI India is responsible for the HN component, the livelihoods component is strengthened by the TRIF. PCI India's component of the project is also mandated to establish model demonstration sites at 3 selected states, using learnings generated by the JTSP project in Bihar. The project was launched in January 2020, under the guidance of Ms. Alka Upadhyaya, Additional Secretary, Ministry of Rural Development, Government of India.

Along with the National Mission Management Unit (NMMU), the project team supported all 34 State Rural Livelihoods Missions (SRLMs) of the country to develop their HN strategy for the next 3 years (2021-24). In alignment with the HN goals of DAY-NRLM, it was ensured that the states plan to progressively expand the HN intervention coverage to reach 7,500,000 households of women belonging to SHGs federated into 2,000 CLFs.

In the **3** focus states of **Jharkhand, Madhya Pradesh, and Rajasthan**, the project has a **2-pronged approach** – **overall support to SRLM for HN interventions and a deep-dive in 12 selected blocks.**

In the 12 focus blocks, the project implements a '**5 touch-point**' approach to make an impactful change in the key behaviors around HN, particularly HN around 1,000 golden days of the life cycle, especially among pregnant and lactating women, and children below 2 years of age, as well as their family members. Across the 3 focus states, the project has trained and equipped 70 SRLM Managers and Resource Persons as Master Trainers (MT) on HN. These MTs will use a cascade approach to reach 120,000 SHG households across the 12 focus blocks.

Under the project, more than 200 HN materials such as training manuals, SBCC tools, reporting and reviewing formats developed by SRLMs around the country were collated. These are compiled as an online 'National Repository,' so that interested parties can have easy access.

ENSURING EFFECTIVE HEALTH AND NUTRITION LAYERING ACROSS ALL SRLMs

01 Preparing a set of standardized HN manuals that will be used to train state, district, and block Resource Persons/ Master Trainers on HN issues.

02 Designing a set of SBCC tools to engage SHG women for issues related to HN.

03 Developing Standard Operating Procedures (SOPs) to guide SRLM Managers and Resource Persons in conducting HN activities at the ground level.



Making Footprints in the Northeast

TECHNICAL ASSISTANCE TO THE TRIPURA RURAL LIVELIHOOD MISSION (TRLM)

PCI India has signed a Memorandum of Understanding with the TRLM to capacitate and strengthen CLFs of the mission with regard to FNHW-related interventions. The support comprises mechanisms development to drive FNHW strategy through its member community institutions, designing interventions in consultation with the TRLM state team and CLFs to influence the normative changes at the community level. PCI India is supporting the TRLM in the baseline survey by

designing the study and training the project staff. This was on hold due to the COVID-19 pandemic and has been restarted as of March 2021. The project activities are expected to be initiated after the completion of the baseline survey. PCI India has extended support in designing the Social Behavior-Change (SBC) strategy and capacity-building plans, in consultation with the TRLM team.



Mobilizing Communities, Ending Neglect and Stigma, Inching Towards the Finish Line

NEGLECTED TROPICAL DISEASES (NTDs) PROJECT

Neglected Tropical Diseases are prevalent diseases that cause pain and disability, creating lasting health, social, and economic consequences on disease-affected individuals and society. Close to 1.72 billion people are at risk of contracting NTDs worldwide. The most common reason for the incidence and prevalence of such diseases is the lack of awareness and knowledge about the causes, symptoms, preventive measures and cures of NTDs among the community.

PCI India is one of the first organizations in India to have successfully embedded the component of social mobilization in the NVBDCP, which focuses on the elimination of NTDs from India, particularly Lymphatic Filariasis (LF) & Visceral Leishmaniasis (VL). We have

delivered effective and efficient results, with our multi-pronged and strategic approach to combating NTDs in India.

Amid the COVID-19 disaster, we celebrated the World NTD Day 2021. More than 3,500 mobilization activities (essay competition, rallies, photo stories, and sensitization meetings with SHGs and Panchayat Leaders) were conducted among school students, with SHGs and Panchayati Raj Institution (PRI) members in 4 states (Bihar, Chhattisgarh, Odisha, and Uttar Pradesh). A virtual sensitization of the district leadership of aspirational districts in partnership with NITI Aayog was organized on the issue of NTDs.



● Lymphatic Filariasis

Inflicting stigma, mental and physical suffering, social deprivation, and economic loss, LF is one of the major causes of poverty among the affected communities.

Over the last one year, PCI India has supported 113 districts with social-mobilization inputs for Mass Drug Administration (MDA) across 9 states: Bihar, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, and Uttar Pradesh.

PCI India provided inputs based on the learnings from the previous 3 years of MDA support, and best practices from the triple drug roll-out, to the Ministry of Youth

Affairs and Sports to integrate NTDs in the Swachh Bharat Summer Internship Program.

In the same reporting year, PCI India facilitated the first-ever national-level Television Talk Show on LF and VL Elimination Program to raise awareness and reach out to the last mile. This also provided an opportunity to throw a spotlight on the issue of NTDs and prioritize the agenda. Multiple state-level media stories, news, interviews, and talk shows were organized to create a buzz around the issue, and to inform and educate the citizens about the benefits of medicines given during the MDA rounds.

PCI INDIA'S INTERVENTIONS

Technical Assistance: PCI India provided technical support to the NVBDCP in revising the LF elimination national guidelines. A major achievement was the revision of the chapter on social and behavior change in the guidelines.

Social Mobilization: PCI India deployed 244 Social-Mobilization Coordinators (SMCs) in the intervention districts to assist the government and improve anti-filarial drug compliance during MDA campaigns.

Capacity-Building: Capacity-building interventions were undertaken to equip health workers with better interpersonal communication skills to effectively communicate and convince reluctant families.

Awareness Building: Awareness-generation sessions were held using multiple platforms to inform communities about the nature of the disease, its consequences, its prevalence, and the possibility of prevention through MDA compliance. These sessions also popularized the MDA dates.

This project **Empowering Communities to Improve Access to Morbidity Management Services** supported by the GSK is designed to complement and strengthen the Government of UP's Morbidity Management and Disability Prevention efforts, as it is aligned with government priorities and fills critical gaps in demand generation and service provision at community and facility levels. The goal of this project is to reduce patient vulnerability while increasing the demand for MMDP services. The project was operational in 2 districts of UP – Sitapur and Unnao. A team of 38 professionals supported the process of line listing of 37,128 lymphedema and hydrocele suspects as well as mobilization activities during the MDA with triple drugs in the districts.

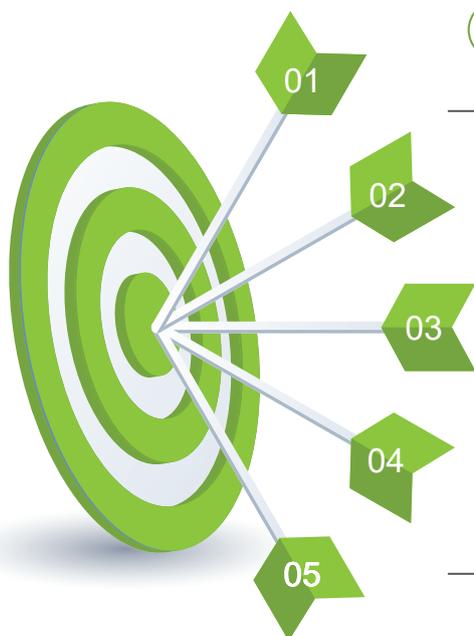
● Visceral Leishmaniasis (Kala-Azar)

Close on the heels of a victorious battle against Polio, India is at the final stages of eliminating Visceral Leishmaniasis (VL). Much success has already been achieved, but there is no time to rest. Concerted efforts are being made to eliminate VL from India. PCI India is supporting the NVBDCP in developing a social-mobilization strategy to reach the last mile.

During this reporting period, a rapid cross-sectional explorative sample survey was conducted in 3 states –

Bihar, Jharkhand, and UP. The survey was conducted to learn the colloquial terms used to describe VL and Post Kala-Azar Dermal Leishmaniasis (PKDL), which will help to better impart knowledge, promote health-seeking behavior, and motivate people to go for early diagnosis and treatment for both VL and PKDL. The program is expected to get another fillip with the improvements in the communication toolkit that PCI India is developing for the NVBDCP.

PCI INDIA'S INTERVENTIONS



PCI India provides social-mobilization support to the government to promote Indoor Residual Spray (IRS), which is a key activity in reducing the vector population and interrupting the transmission of disease-causing parasites.



In the last year, PCI deployed 11 Mobilization Coordinators (MCs).



The MCs supported activities to promote IRS in 11 districts of Bihar, Jharkhand, and UP in May and June 2020.



MCs specifically focused on activating Panchayat Leaders to support IRS activities in their villages and ensure improved IRS coverage.



During the 45 days of support, MCs reached 594 villages against the targeted 542 villages, and oriented 606 Panchayat Leaders.

Combating Acute Encephalitis Syndrome (AES) or **CHAMKI BUKHAAR**

Interventions were executed at the community level in 6 high-incidence districts of Bihar to combat AES. A multi-pronged strategy was adopted for capturing preventive, promotive, and curative aspects of AES. Key activities included: module roll-out and AES-based discussion in SHG meetings, home visits, and audio calls to the line-listed beneficiaries; episode-based audio-visual messaging; special awareness meetings; and vehicle-tagging to minimize the delay in reaching the AES symptomatic cases to the facility centers.

In 2019, Muzaffarpur had a caseload of 440 with 103 death cases. With the intervention of JEEViKA, with PCI's support, the caseload in 2020 dropped to 63 in the district with only 8 reported death cases. The encouraging results from the district are expected to create a broader path of intervention. The initiatives in the district to combat AES have received attention as well as accolades from the District Administration of Muzaffarpur and the NITI Aayog.



Strengthening Population Immunity, Preventing Reappearance of Virus

POLIO ERADICATION AND ROUTINE IMMUNIZATION

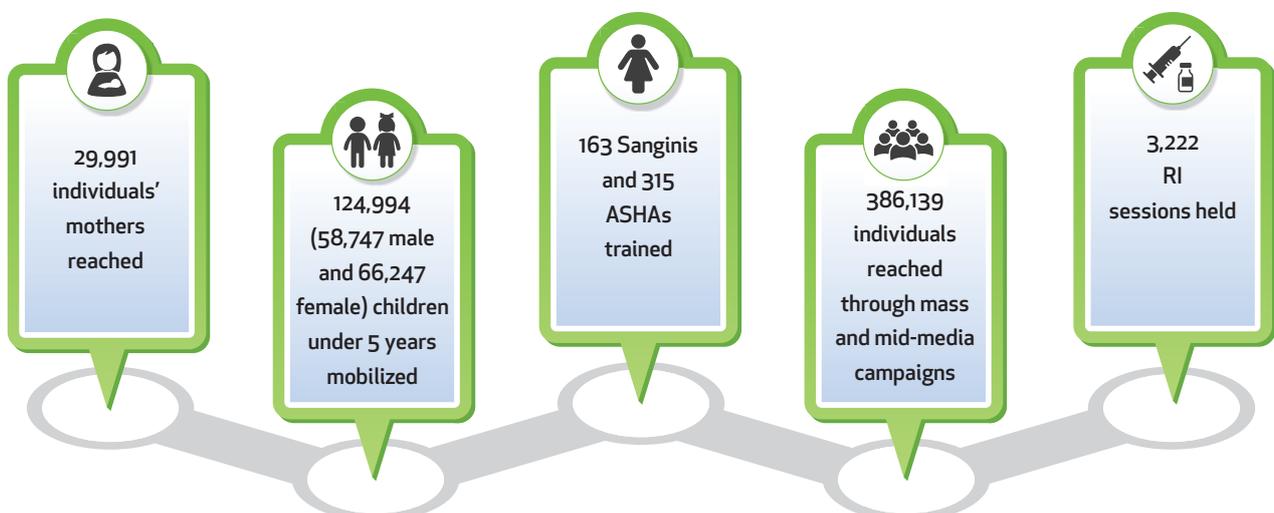
Since 2001, PCI India has been at the forefront of India's polio-eradication efforts through the USAID-funded Core Group Polio Project (CGPP). PCI India's multi-pronged strategies through CGPP galvanized the population for vaccination and has been instrumental in ending the transmission of the virus in high-risk areas of UP, India.

Building upon the grand success of polio eradication in 2013, in the next phase, CGPP focused on strengthening Routine Immunization (RI) and hygiene in 172 high-burden areas and reaching approximately 96,000 households.

To improve acceptance and accelerate the immunization services in the community, the CGPP PCI India team members have been organizing various social-mobilization and communication activities with the mothers, to discuss the importance of childhood vaccination and prenatal care.

In order to create mass awareness and seek support from local influencers and families in the last year, the following activities were conducted:

- **75** interface meetings organized during Supplementary Immunization Activity (SIA) with local influencers and health staff to discuss the importance of oral poliovirus vaccine (OPV).
- **226** e-rickshaw rallies, equipped with banners and loudspeakers with recorded audio messages on RI, organized during Special Immunization Campaign (SIC) and Intensified Mission Indradhanush (IMI) 3.0.
- **213** ex-CMCs mobilized by the CGPP to get support during the SIA.
- **3,222** RI sessions held last year in the midst of the COVID-19 crisis. The field team provided on-site support to the ASHAs and Auxiliary Nurse Midwives (ANMs) for RI services. The team also supported the Block Medical Officers (BMOs) in revising the RI micro-plan based on the COVID-19 situation.



Bringing the Other Half Together

MALE ENGAGEMENT

Since December 2019, PCI India is implementing a project that aims to assess the effectiveness of 2 innovative concepts in increasing the involvement of men in day-to-day decisions and activities related to nutrition and FP.

The project is being implemented in collaboration with Dalberg Designs across 4 blocks of Samastipur district in rural Bihar. The innovative concepts to drive nutrition and FP outcomes are grounded in social- and behavior-change models such as Fogg's Behavioral Model, Integrative Model of Behavior Prediction, and Socio-Ecological Model of Behavior Change.

These concepts have evolved through extensive literature review, expert interviews, iterative rounds of human-centered design research, co-creation with community members, live prototype testing, and a proof-of-concept phase with more than 2,000 households, to be completed by December 2021. Each concept comprises a set of interventions organized around knowledge, motivation, self-efficacy, and enabling environments that drive the engagement of men in the decisions and activities normally seen as 'women's domain.'

The 2 concepts are:

1. Dekh-Rekh

(Care and Nurture)

Aims to 'make healthy habits your family goal.' Community facilitators provide target-group couples with tools to visualize their nutrition habits, and relate them to their aspirations. This encourages men and women to have joint conversations on food choices, and make more informed and collaborative decisions on what they purchase, prepare, and feed their children. The intended outcome is improving diet diversity for children under 2 years of age. Specially designed materials, games, and contests show couples the importance of spousal communication and nudge them to practice and promote these behaviors.

2. Hamari Shaadi, Hamare Sapne

(Our Marriage, Our Dreams)

Aims to help participants 'build savings, build a happy family.' Newly wed and low-parity couples enroll in an audio-visual financial education course, where financial planning serves as an entry point for often- tabooed conversations on FP, birth delaying, and spacing, by positioning it as a way to help couples reach their financial goals. The intended outcomes are delaying the first child by 2 years after marriage and spacing of at least 3 years between children. Simple learning resources (such as visualizing the cost of raising a child and charts on contraceptive options) build and reinforce knowledge and behaviors.

We leverage SHGs to get family and community buy-in, an important part of the enabling environment that improves behavioral outcomes. Project-trained couples from the community, referred to as Community Resource Persons, deliver the interventions, creating a comfortable and trusting environment for both men and women to practice new behaviors.

Testing Innovations

FAMILY-PLANNING LEARNING LAB

A nuclear family can lead to an overall better quality of life and improved well-being of families, and thereby a more progressive state. With this vision, PCI India supported JEEViKA to undertake the layering of FP interventions into the SHG platform.

As an innovation in this direction, the 'FP Learning Lab' was experimented in 5 wards of 2 Gram Panchayats in Morwa block of Samastipur district in Bihar, with 3 objectives:

- (i) Delaying pregnancy among newly wed couples;
- (ii) Spacing (between 2 children) among couples that have 1-2 child/children;
- (iii) Limiting number of children (among couples that have 2 or more children).

A 'Couple Community Resource Person' strategy was adopted, which engaged married couples from the local community. Training and provision of tools enabled the CRP couples to engage with the community on FP issues – with migrant husbands to ensure their consistent participation; and with their families to positively influence the decision-makers towards welcoming a small-family norm. The facilitation of service-linkage is another component of the strategy.

The intervention has yielded increased use of modern contraceptives by young low-parity couples. The initial results have paved the way for rolling out the learning of the 'Couple CRP' strategy, initially as a pilot in 10 blocks of 5 districts (Aurangabad, Jehanabad, Lakhisarai, Sheikhpura, and Sheohar) by JEEVIKA, with financial support from the State Health Society, Government of Bihar.



Improving Community Engagement through Digital Platforms

JEEViKA MOBILE VAANI

JEEViKA Mobile Vaani (JMV), a component of the JTSP's basket of interventions on HN, is a technology-based approach for increasing awareness and reinforcing messages to improve the adoption of key HN behaviors.

Encouraged by the pilot results, Gram Vaani (GV), an Indian social-technology enterprise, conceptualized the project called 'Community/SHG engagement through Voice-Media' by setting up an interactive voice response (IVR)-based communication platform. PCI India supports GV in its objective of helping JEEViKA to implement JMV. The intervention has an objective to build the capacity of JEEViKA to independently manage and scale the JMV intervention. Currently, the IVR-based platform of JMV is being operated and managed

jointly by GV and JEEViKA, with facilitation support from PCI India in 15 blocks of Nalanda and 5 blocks of Muzaffarpur districts.

Last year, PCI India shared the SOPs with required details for facilitating the bottom-up integration of JMV activities in JEEViKA. PCI India also supported JEEViKA in developing the content plan for Poshan Bagicha, immunization, and AES campaigns. The messages were developed with the help of PCI India modules. Frequently Asked Questions (FAQs) on HN issues were introduced as a medium to answer the queries of users and to increase their interest. The 13 rounds of responses to such FAQs have been vetted by technical experts from PCI India.



01

IVR offers the use of native language.

02

It offers audio dramas, quizzes, FAQs, and user-generated episodes.

03

Leverages mobile phones to overcome literacy, internet connectivity, and barriers to accessing information.

South Asia Social Norms

LEARNING COLLABORATIVE

Social norms and their determinants play a crucial role in influencing human behavior at the fundamental level. The dynamics between societal and individual expectations, beliefs, and preferences play an elemental role in shaping behavior. Given the recent growth of the number of researchers and practitioners working in the field of social and behavioral change, it is a critical moment to make the latest knowledge and evidence on social norms widely accessible, and provide opportunities for practitioners and researchers from different disciplines and sectors to share and produce knowledge. The Social Norms Learning Collaborative (SNLC), globally hosted by the Institute of Reproductive Health, Georgetown University, comprises over 400 members in 4 regions across the globe. The Global Learning Collaborative contributes its efforts to build consensus on program, evaluation, and scale-up approaches for norms-shifting interventions.



PCI India and the Centre for Social and Behavior Change (CSBC), Ashoka University, jointly host the Secretariat of the SNLC (SA-SNLC).

KEY FACTS

- A pioneering consortium funded by USAID
- Collaborative has nearly 150 members
- Aims to build a network of researchers, implementers, donors, and others interested in working on social norms in the South Asian region
- Launched on 28 January 2021, seeks to facilitate collaboration between organizations and individuals working to shift norms in domains of health, nutrition, WASH, and gender

OBJECTIVES OF SA-SNLC

- To work collectively to build knowledge and tools that promote and guide effective social-norms theory, measurement, and practice
- To foster opportunities to advance the understanding of social norms-what those are, how to measure them, how they influence behavior, and how to scale up normative interventions that show potentials

Offering a Life of Safety and Dignity

PCI INDIA CHILDREN HOME

The Vulnerable Children and Youth (VCY) Program, started in 2000, is a legacy program of PCI India that aims to address the needs of marginalized and disadvantaged children and youth with the belief that an enabling environment can help everyone survive and thrive.

During the past one year, several in-house activities were organized at the Children Home. All arrangements were done for the boys to celebrate various occasions and religious festivals. Activities such as essay-writing and drawing competitions were organized. The boys participated in recreational and cultural activities. Yoga and sports activities were conducted for them to stay physically fit and mentally agile.

As the schools were temporarily shut, arrangements were made for the boys to attend online classes from the Children Home. As a part of COVID-19 precautionary activities, PCI India restricted the entry of outsiders to the Children Home; thermal scanners, masks, and sanitizers were arranged in adequate quantity. Regular COVID-19 RTPCR tests were conducted for all the children and staff. Awareness-generation programs were conducted to inform children about COVID-19 safety protocols. In-house counseling sessions were also organized to provide psychological and emotional support to the children to help them sail through these testing times. Quarterly inspections were done by the local administration team of the district to ensure that all health and safety norms are being followed.



PCI India's Children Home, located in Nuh (erstwhile Mewat), Haryana, provides shelter to boys who are left alone in hazardous situations, victims of psychological or physical abuse, orphans, or living with economically fragile parents. PCI India provides shelter, nutrition, clothing, healthcare, psychological support, and access to formal and non-formal education in a supportive and cooperative rural community to the residents of the Children Home. The Children Home currently houses 18 boys between the ages of 5 and 17 years. They are mostly orphans or child laborers from economically backward families that lack the economic opportunities to fulfill the basic needs of these boys.



Combating the COVID-19 PANDEMIC

Historically, disasters and crises have had major consequences on vulnerable and economically backward communities. While in a global pandemic such as COVID-19, everybody stood a risk of getting affected, PCI India decided to withstand the crisis and help millions of marginalized populations. It put in tremendous effort to design pandemic-response strategies and arrest the surge of COVID-19 in villages, particularly in Bihar and UP.

In the interest of the larger community, PCI India offered a range of interventions such as awareness-building around COVID-19-appropriate behaviors (CAB), elimination of stigma and discrimination, care and precaution post lockdown, psychosocial support, social entitlements, migrant support, and gender equity through virtual mediums.



● Creating Algorithms for Behavior Change COVID-19

Since July 2020, PCI India, with funding support from the BMGF, has been supporting the Government of Bihar to design, develop and assist in the dissemination of COVID-19-related SBCC to prevent community spread of the infection and mitigate the severity of impact among those affected, especially the vulnerable and weaker sections of the society.

Using ground insights mined by PCI India's CML team, the project has developed, so far, over 30 video films, 1 music video, 12 audio clips, and 67 posters/handouts/web-posts covering strategic messages on COVID-19 -appropriate behaviors (CAB), vaccine testimonials, psychosocial support, and elimination of stigma and discrimination against the health workers and those infected. The community outreach teams of our partner organization Self- Employed Women's Association (SEWA) have strengthened the SBCC efforts by engaging with the communities to promote CAB and by assisting them to receive their social entitlements through various schemes announced by the Central and state governments from time to time.

The project has also worked with the JTSP team to produce training modules for JEEVIKA's community cadres on COVID-19 preventive behaviors, appropriate nutrition for boosting immunity, and reducing the risk of transmission when practicing health behaviors during the pandemic. SBCC messages developed by the project have been adopted and amplified by different departments (health, education, rural development, disaster management, municipal corporation) of the Government of Bihar to reach millions of people living in rural and urban areas of the state through mass media, social media, and other outreach activities.

The project has received a 6-month extension to support the work of community mobilization and to take the messages on CAB and vaccine promotion to rural areas where the second wave of infections has spread very rapidly, impacting the lives of millions of poor and marginalized people.



● Migrants' Support Cell, Department of Rural Development, Uttar Pradesh

With a high number of migrants returning to their native villages during the COVID-19 pandemic in mid-2019, a Migrants' Support Cell was established within the Additional Chief Secretary office of the Department of Rural Development (DoRD), GoUP. In a consortium with the TRIF and grant-in-aid from BMGF, PCI India established the Cell, intending to support the returning migrants and SHG members to access various government entitlements and thereby mitigate the adverse financial implications.

HIGHLIGHTS

1. Database of Returnee Migrants: The Migrants' Support Cell team performed a data-cleaning, validation, and analysis exercise for 3.79 million migrants and prepared skill inventory of 3.482 million migrants post skill-mapping. District- and state-level dashboards for decision-making were also developed.

2. Garib Kalyan Rojgar Abhiyan (GKRA): The Migrants' Support Cell helped the department in implementing and monitoring the Central government scheme in

the state. The Cell has provided monitoring, feedback, and documentation support to the GKRA program. A few major highlights include 105 million person-days generated, UP ranked no. 1 in terms of providing employment, 0.977 million additional job cards issued, 19.4 million additional women person-days generated, and 0.174 million community and 51,000 individual assets created during the GKRA period (June to October 2020).

3. Atmanirbhar UP Rojgar Abhiyan (AUPRA): The Cell supported the state-run AUPRA concept development process with a total budget of INR 481,600 million, comprising 34 schemes across 15 departments. A handbook on the guidelines was designed and printed by the consortium team and a web-based MIS created to monitor real-time progress.

4. Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA): On the request of the Additional Chief Secretary, the Cell supported the state in increasing the number of Households Provided Employment from 5.314 million (FY 19-20) to 9.444 million (FY 20-21), the number of Families Completed 100 Days from 1.33 million (FY 19-20) to 0.777 million (FY 20-21), and the number of Women Provided Employment from 2.258 million (FY 19-20) to 4.01 million (FY 20-21).

5. Media and Communication: The Cell is proactively highlighting the impactful work done by the department, such as Banking Correspondent (BC) Sakhi, and AUPRA, on social media and in mainstream media houses and local newspapers. Documentation of GKRA activities across multiple districts in UP has been completed in photo essays developed by the Cell. A short film is underway, highlighting the critical achievement of the GKRA and MGNREGA.



● Barrier Analysis (BA) Study

With support from the SBCC and JTSP team, the PCI India CML team conducted a rapid study to gain a quick sense of the level of COVID-19 vaccine eagerness, hesitancy, and refusal in rural Bihar. A total of 40 Health & Nutrition Officers (HNOs) interacted with adult men and women to understand their views on COVID-19 vaccination. A semi-structured tool was given to the HNOs, and they received a 1-day training on how to collect the information using a hand-held device. The survey commenced on 1 March 2021, and the attached deck contains the data of 1,659 individuals who were interviewed during 1-15 March 2021 from 76 blocks across 30 districts in Bihar.

A little over **76%** of the respondents shared that they would take the vaccine when available in their locality. Around **23%** were hesitant at the time of the survey.

Hesitancy seems to be higher among Muslims and people from the SC/ST community.

Around **12%** of the respondents also believed that their immunity was strong and that they did not need the vaccine. The single-most important guiding force for accepting the vaccine is the heightened sense of risk perception.

Many respondents shared that they would prefer to wait and watch how other people (who got vaccinated) in their community are doing, before making their decision on getting the vaccine.

The rapid survey also brought to the fore an exceedingly large demand for more information around vaccination centers and the registration process.

Around **38%** of the respondents had inadequate awareness about the post-vaccination safety protocols and a similar proportion of the respondent shared that they would not like to pay for the vaccination.

● Survey on the Status of Migrant Labor in India with a Focus on Social Protection

This survey, jointly undertaken by KPMG India and PCI, seeks to provide insights to the Japan International Cooperation Agency (JICA) – the funder – and the Government of India on the effectiveness of social-protection schemes for circular migrant households and how to address the vulnerabilities of the migrant population, exacerbated by the outbreak of COVID-19

and the resultant lockdown. This mixed-methods study, undertaken at JICA-financed project sites and among other urban poor at 2 major destinations (Mumbai and Delhi) and in 4 districts of 2 major source states of rural-urban migration (Bihar and Rajasthan), is currently at the report-writing stage.

● Capacity-Building

As a part of the TA to DAY-NRLM project, PCI India supported the Ministry of Rural Development,

Government of India, in conducting the capacity-building sessions for the SRLM staff across the country.

Support in response to COVID-19



20,065
Staff and
cadre trained



326,000
Villages
covered



3.2 million
SHG covered

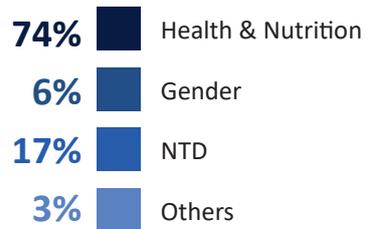
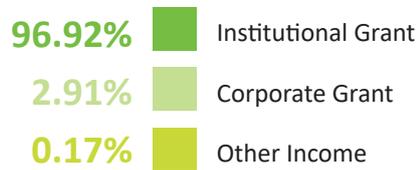
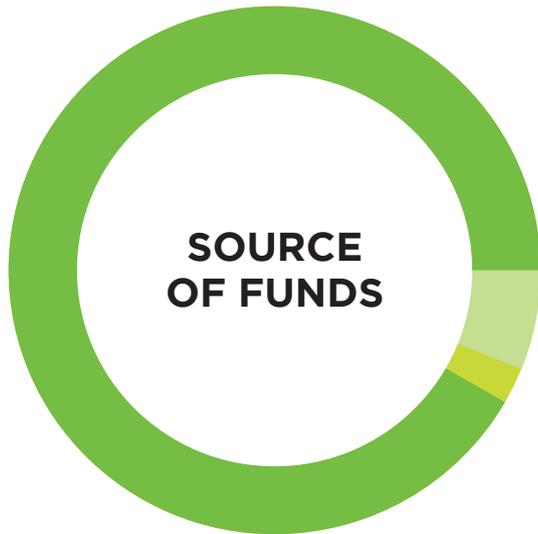


51.4 million
SHG members
reached



Financially Speaking

ANNUAL INCOME EXPENDITURE REPORT



DETAILS FOR AUDIT REPORT AS PER FINANCIALS (FY 2019-20)

1.	Income Expenditure in Millions:
	The total turnover for FY 2020-21 is INR 282.75 million.

2.	Source of Funds	Amount in INR	%
	Institutional Grants	272,228,897	96.28%
	Corporate Grant GSK	10,275,887	3.63%
	Other income	249,290	0.09%
	Total	282,754,047	100%

3.	Utilization of Funds	Amount in INR	%
	Program Expenditure	236,106,490	82%
	Administration	52,233,441	18%
	Total	288,338,931	100%

4.	Sector-wise Allocation of funds	Amount in INR	%
	Health & Nutrition	192,292,812	68%
	Gender	31,326,900	11%
	NTD	50,257,978	18%
	Others	8,876,383	3%
	Total Grant Received	282,754,074	100%

Partners who supported us in this **FINANCIAL YEAR**

1. Tripura Rural Livelihood Mission
2. Bill and Melinda Gates Foundation
3. Centre for Catalyzing Change, India
4. Gap Inc.
5. GlaxoSmithKline
6. Institute for Financial Management and Research
7. Japan International Cooperation Agency
8. Project Concern International US
9. Scope-Impact
10. United States Agency for International Development





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