Dear friends and colleagues,

This past year has marked many changes and milestones for PCI India. Perhaps the biggest milestone was the February 2014 announcement by the World Health Organization that India was declared polio-free, after three years without a single case of polio in the country. This was one of the biggest public health achievements in India’s history and was the result of many years of intensive effort by the Government of India, UN organizations, USAID, Rotary International, and many others, including PCI and other local and international NGOs. As a key partner of the Core Group Polio Project (CGPP), PCI made significant contributions to the polio eradication effort in India, and continues to work under CGPP to assure that polio immunization coverage rates remain high, along with routine immunization coverage.

PCI India continued to achieve impressive results in its other projects, including the Parivartan Project in the state of Bihar, where we are now working with 425,000 women through 28,000 community groups, promoting maternal and child health and sanitation. PCI entered a new partnership with Digital Green this past year that will use the Parivartan Project as a platform to introduce community produced videos focused on maternal and child health and sanitation, hopefully leading to even greater positive behavior change.

Under PRATIBHA - our HIV laboratory strengthening project -- PCI has helped 11 national, and 24 state, reference labs receive international accreditation. Our training and technical assistance has also led to increased technical capacity of public sector laboratory personnel and greater quality control throughout the country’s HIV testing centers.

PCI’s Vulnerable Children and Youth Program is our longest ongoing program, having begun in 2000. This past year we have significantly expanded our computer training through a partnership with the Etasha Society, and also entered a partnership with the nationally-renowned NIIT Foundation to provide training to our computer teachers, as well as certification of our courses, adding value to the certificates received by each of our computer course graduates. PCI India continues to provide shelter, remedial and life skills education, and vocational training and job placement to vulnerable children and youth in slum areas of Delhi. We thank all the many supporters of this program that could not survive without your generous contributions!

On a personal note, I’d like to say how much I have enjoyed being a part of PCI India. I came with my family just over a year ago, and have come to love this country, its challenges and rewards, and the opportunities that PCI India gives me, and all of our staff and volunteers, to make a positive difference in the lives of so many.

Edward Scholl
Country Director
Our Vision
Motivated by our concern for the world's most vulnerable children, families, and communities, PCI envisions a world where abundant resources are shared, communities are able to provide for the health and well-being of their members, and children can achieve lives of hope, good health, and self-sufficiency.

Our Mission
PCI's mission is to prevent disease, improve community health, and promote sustainable development worldwide.

About PCI India
PCI India is registered as Project Concern International under the Societies Registration Act and registered under the Foreign Contribution Regulation Act.
PCI provides emergency shelter, life skills, remedial education and vocational training to 900 young people each year through 4 sites in Delhi and the state of Haryana.

In PCI-supported districts of Uttar Pradesh, approximately 260,000 children are immunized in each polio campaign. Community mobilization coordinators regularly interact with over 75,000 mothers, and have recruited some 5,000 child mobilizers who help mobilize their communities and encourage children and their parents to take part in the immunization campaigns.

Through 130 HIV testing reference laboratories, PCI is improving the quality of HIV testing services for over 20 million people.

PCI is working with 425,000 women of reproductive age to improve maternal and child health and sanitation behaviors through 28,000 community groups in the state of Bihar.

PCI is producing 10 videos that will be disseminated through 3,600 screenings facilitated by 60 Sahelis, reaching 4,500 women with messages on healthy behaviors.

PCI supports 1,260 women entrepreneurs in Jaipur and Puducherry through a mobile phone application to help them with transactions and communications with 25 loan officers from microfinance institutions.
Mobilizing Communities for Maternal and Child Health and Sanitation

Women’s group formed by PCI in Begusarai District, Bihar
Achieving the Millennium Development Goals for reducing child mortality and improving maternal health will take more than economic growth and improved access to health care services. It will also require mobilizing communities through participatory learning and collective action, especially through women’s groups. This is the focus of PCI’s Parivartan Project, funded by the Bill & Melinda Gates Foundation. Through the formation and empowerment of women’s groups, Parivartan (“transformation” in Hindi) is helping to increase the adoption of key maternal and child health and sanitation behaviors among women of reproductive age in the most marginalized communities in the state of Bihar – one of the poorest and least developed states of India. The key behaviors being promoted pertain to antenatal care, birth preparedness, postpartum and newborn care, exclusive breastfeeding, complementary feeding, immunization, family planning, and sanitation. In addition to promoting these healthy behaviors, Parivartan also seeks to improve access to health care services by facilitating linkages with front-line health care workers.

Linking Health and Savings

A key feature of Parivartan is its collaboration with the state government’s Bihar Rural Livelihoods Project known as Jeevika. Jeevika helps to enhance the social and economic empowerment of the rural poor in Bihar through the creation of self-managed community microfinance institutions or self-help groups at the village level. PCI’s partnership with Jeevika has allowed for the women’s groups formed under Parivartan to be enrolled in the Jeevika program with its village savings component and access to loans. It has also allowed Parivartan to extend its health impact by introducing the maternal and child health messages to Jeevika savings groups. This linkage of health and savings through the partnership of Parivartan and Jeevika has been a real success story of the project and will help assure its long-term sustainability as the community groups formed under Parivartan will all transition to Jeevika and be supported beyond the lifespan of the Parivartan grant.

Parivartan Reach

Parivartan works in 55 blocks in 8 districts of Bihar and is reaching 275,000 women in reproductive age through over 18,000 community groups formed under the project. These groups are formed among women from the lowest castes in the community. An additional 150,000 women belonging to over 10,000 Jeevika-formed groups are being reached with health and sanitation interventions. Parivartan has also established a Health Technical Group, a technical support unit within Jeevika, to scale up health integration among Jeevika’s self-help groups across Bihar.

Dhanauji village lacks access to health care facilities with even basic maternal and child health services like immunizations. A government auxiliary nurse midwife used to provide immunizations on a monthly basis at the home of a high-caste family, but women from the low-caste Musahar community were not encouraged to attend. When Parivartan began working in the community, care was taken to select a Saheli (leader of the women’s groups) from the Musahar community. In addition, Parivartan staff met with block officials and convinced them to change the venue for community immunizations to make them more accessible to the entire community, including the Musahars. Now, all children and pregnant women in the community are being immunized.
Video production team on location in Saharsa District, Bihar

Communicating Healthy Behaviors
DARSHAN is producing 10 videos that will be disseminated through 3,600 screenings facilitated by 60 Sahelis, reaching 4,500 women with messages on healthy behaviors.

Sometimes a picture is worth a thousand words, and sometimes a video, projected in the local language with local actors, can be worth even more. Under the DARSHAN (Digital Approach to Rural Sanitation, Health, and Nutrition) Project, PCI is using videos to magnify the impact of the behavior change messages being disseminated under the Parivartan Project (described earlier in this report). Through a grant from Digital Green, PCI is piloting the approach of using community produced videos to augment the other communication channels being used by the Partivartan Project, which primarily rely on group talks led by a facilitator using flipcharts and other print materials. Using a quasi-experimental research methodology with comparison groups, PCI is testing the extent to which healthy behaviors are adopted as a result of exposure to the videos.

DARSHAN is capitalizing on the messages currently being delivered through the Parivartan Project, and is using these key messages to develop video content that will personalize behavior messages for community groups of women. The videos show local women engaging in healthy behaviors, addressing myths that often obstruct behavior change, and will demonstrate to local women that making change is possible within their context. PCI’s video production team goes into rural villages, finds women who are practicing healthy behaviors, and asks them, on video, to talk about these practices and any challenges they had to overcome along the way – for example, family or cultural restrictions on adopting new behaviors. The project is producing ten videos, each focusing on a different behavior, including exclusive breastfeeding, immunization for children, and hand washing at critical times.

Measuring Impact
The DARSHAN Project is being implemented in two blocks of Saharsa District in the state of Bihar, in approximately 40 villages with a total of 300 community groups, reaching approximately 4,500 women of reproductive age (15-49 years). In order to evaluate the impact of the videos on behavior change, community groups that will not view the videos will be selected as a comparison group. Comparing outcomes between the women who view the videos with those who do not view the videos will allow PCI to answer the question of whether the video approach adds incremental benefit (more healthy behaviors) compared to the standard Parivartan approach.

Production and Dissemination
To date, the first video on complementary feeding has been produced and dissemination has begun. At the village level, the videos are being disseminated among members of community groups during community group meetings. The video viewings are being coordinated by approximately 60 grassroots workers (Sahelis/facilitators) who also facilitate discussion of the videos.
Child mobilizers from Muzaffarnagar District, Uttar Pradesh, formed by PCI/CGPP
In PCI/CGPP-supported districts of Uttar Pradesh, approximately 260,000 children are immunized in each polio campaign. Community mobilization coordinators regularly interact with over 75,000 mothers, and have recruited some 5,000 child mobilizers who help mobilize their communities and encourage children and their parents to take part in the immunization campaigns.

In 1995, India reported more than 51% of the world’s polio cases - 3,142 out of a total 6,161 cases worldwide. Many health experts feared that India would be the last country to eradicate polio. Instead, India was declared polio free in 2014, following three years without a single case. Polio continues to be endemic in Nigeria, Afghanistan, and Pakistan, and recent outbreaks have occurred in several other countries, requiring India to maintain its vigilance and high levels of immunization coverage. The Core Group Polio Project (CGPP), implemented by PCI in collaboration with other partners, has played an important role in this success. The Project, funded by USAID through World Vision, is working in the most high-risk districts of Uttar Pradesh, where resistance to polio immunization was previously high. CGPP has succeeded in raising polio immunization coverage among children under age 5 to 99%.

Community Mobilization
A key factor in reaching this nearly complete coverage has been community mobilization. PCI recruits and trains community mobilization coordinators and also enlists support from community and religious leaders. Schoolchildren are also recruited to support the effort by announcing the dates of vaccination drives and teaching the adult members of their families and communities about preventing disease. The same parents who were reluctant to trust health workers have been far more willing to listen to members of their own communities, especially children. Between 2007 and 2013 over 5,000 “child mobilizers” participated in 32,329 rallies in 51 rounds of polio vaccinations. Another part of PCI’s strategy is to assist in organizing and facilitating health camps where medicines and vaccines are provided by the Ministry of Health and Family Welfare. PCI also helps build the capacity of government frontline healthcare workers responsible for community outreach and monitoring. PCI is also promoting breastfeeding (thereby reducing diarrhea incidence in infants) and promoting hand-washing and sanitation to reduce new infections, as polio is spread through poor sanitary practices.

Integration
PCI recognizes the importance of integrated programming in maternal and child health. While the focus of CGPP is on polio eradication, as noted earlier the project also promotes breastfeeding and sanitation, as well as seeks to strengthen routine immunization services against all childhood diseases. Through these efforts, PCI and the CGPP Project have helped raise full immunization coverage against vaccine-preventable illnesses, including one of the leading causes of childhood mortality - measles.
HIV Testing in progress, in an ISO accredited laboratory

Improving the Quality of HIV testing
India is home to over two million people living with HIV. Increasing access to and uptake of HIV testing and counselling services plays a key role in preventing HIV and getting lifesaving care and treatment to those living with HIV. PCI is working with the Indian government to help improve the quality of HIV testing in public sector laboratories throughout the country under the Project for Accelerated Technical Assistance and Integrated Capacity Building for HIV/AIDS (PRATIBHA). Through a grant from the US Centers for Disease Control and Prevention, PCI provides technical assistance to the Department of AIDS Control (DAC), State AIDS Control Societies, and public sector reference laboratories to ensure compliance with the highest standards for medical laboratory testing quality that have been set by the International Organization for Standardization (ISO). Laboratories that achieve this compliance receive accreditation from a government authorized assessment agency, which has international acceptability and recognition. The laboratories strengthened through PRATIBHA support nearly 13,000 Integrated Counseling and Testing Centers throughout the country that perform over 20 million HIV tests annually.

Accreditation and Capacity Building

As of March 2014, PRATIBHA has succeeded in helping 11 national and 24 state, reference laboratories receive ISO accreditation, whereas none had been accredited in 2009 at the beginning of the project. In addition, the project has trained staff in 70 out of 130 reference laboratories as ‘certified internal auditors’ to independently conduct internal assessments of their laboratory’s compliance with the ISO standard. This is a major contribution to institutionalizing a quality management system, as dependence on resource intensive external assessments is minimized with the availability of these internal auditors within the system.

PRATIBHA has trained at least one technical staff in all aspects of quality improvement in 91% of the 117 state reference laboratories and over 70% of these laboratories have received on-site technical assistance. PRATIBHA offers a model of laboratory strengthening in resource-limited countries that is based on existing country systems and dependent on donor support for technical assistance only.

Reducing HIV Vulnerability Among Migrants

Besides its work to strengthen the quality of HIV testing throughout the country, PCI is also working under PRATIBHA to prevent HIV among migrants and their spouses in the State of Bihar. Under this component, PCI is providing technical assistance to DAC and the Bihar State AIDS Control Society to formulate a strategy and develop a program to improve awareness and access to HIV testing, prevention, and other HIV-related services among migrants and their spouses.

PRATIBHA has provided a momentum to the national program for improving adherence to international quality standards in HIV testing laboratories in the public sector – Director- HIV Apex Laboratory
Dress design class at PCI’s Vocational Training Center

Empowering Vulnerable Youth
PCI provides emergency shelter, life skills, remedial education, and vocational training to 900 young people each year through 4 sites in Delhi and the state of Haryana.

There are over 50,000 street children in Delhi, and countless more who live in slums, who are out of school, and who engage in menial jobs such as garbage sorting and street vending. Since 2000, PCI has been working with vulnerable youth in three slum areas of Delhi by providing shelter to homeless youth, by providing remedial and life skills education, and by providing vocational training and job placement. PCI’s Vulnerable Children and Youth Legacy Program reflects PCI’s commitment to provide opportunities and hope to young people in these communities. Each year, PCI serves over 900 vulnerable children and youth through this program. The program receives no government support, but instead operates thanks to the generosity of many individuals and small grants.

Reaching the Homeless
PCI’s two-drop in centers, near the Old Delhi Railway Station in Red Fort, and the Nizamuddin Railway Station, are strategically located where many homeless youth live. PCI’s peer educators and outreach workers regularly visit the railway station platforms and other gathering points for homeless youth to talk with them and invite them to come to PCI’s drop-in centers where they can receive temporary housing, meals, clothing, and referrals to shelter homes for long-term stay. PCI helps to reunite children and youth with their families or relatives when possible. PCI also operates one shelter home in Mewat District, Haryana, that houses 21 boys, providing them with food and shelter, computer training, life skills education, and placement in a nearby government school.

Life Skills and Remedial Education
PCI provides life skills education in both of its drop-in centers, as well as in its vocational training center in New Seemapuri. Life skills education teaches the tools needed to be successful in life and to stay healthy. PCI’s life skills educators teach young people how to communicate and negotiate, how to stay safe and healthy, the importance of education, prevention of gender-based violence, and leadership skills. PCI also provides remedial education in its drop-in centers that help out-of-school youth meet the requirements for school admission and help youth currently in school to do well and pass their exams so that they can continue to the next grade level.

Vocational and Post-secondary Education
PCI’s vocational training center is located in New Seemapuri – a vast slum area of Delhi noted for its concentration of “rag-pickers” (those who sort garbage looking for items to recycle and sell). In this neighborhood, PCI opened a vocational training center for girls in 2002 to give them skills that might allow them to find alternative sources of income besides rag-picking. PCI now offers training in dress making/tailoring, cosmetology and traditional henna painting, and art. In addition, PCI offers computer training in all four of its facilities for youth and has recently opened new facilities for computer training thanks to its partnership with the Etasha Society. Overall, PCI helps to create employment opportunities for about 700 young women each year who attend the vocational training center. PCI also helps young women wishing to attend university to apply and meet the necessary qualifications. Many of the young, poor women of New Seemapuri (a predominantly Muslim community) are unable to overcome family resistance to their leaving home and PCI helps these women find other options for post-secondary education, including correspondence courses through the Indira Gandhi National Open University.
Empowering Women Entrepreneurs

Women entrepreneurs in Jaipur testing the new mobile phone application developed under CIDP.

Photo by: Chris Lee
Many women entrepreneurs, especially those living in rural India, continue to lack the business skills, technology, networks, and access to finance that they need to be successful.

To help women entrepreneurs, PCI, in partnership with Qualcomm’s Wireless Reach Initiative, initiated the Connecting India to Disconnect Poverty (CIDP) Project. The project works with two microfinance institutions in the states of Puducherry and Rajasthan, benefitting 1,260 women entrepreneurs to date.

The CIDP Project previously pilot tested a mobile application in five states of India through five microenterprise institutions. The application is designed to help women entrepreneurs by improving their access to business and market information and microfinance services. Currently, the mobile application is successfully rolled out and in use by two partner organizations, Rural Education and Action for Liberation in Puducherry, and Planned Social Concern in Jaipur, Rajasthan. Twenty-five loan officers from these two microfinance institutions are currently using the application.

In October 2013, the CIDP Project began development of an improved version of the mobile application using Android technology. After completing the pilot test currently underway, and after making any necessary modifications to it, the new Android-based application will be disseminated to national-level microfinance institutions throughout India, thereby improving their services to their clients, who are predominantly poor women.
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