

ANNUAL REPORT 2017-18



global
development
initiative



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DIRECTOR'S MESSAGE

Dear all:

A very warm greetings from Global Development Initiative!

The current year (FY 2017-18) was a very happening year for us, as we achieved a dream milestone. Rural coverage and reaching the last mile have always been a priority goal of the organization. We have been working towards it since our inception in 2013 through various social marketing techniques with reasonable success and last financial year we made this breakthrough in last mile delivery.

With support from the TATA Steel Rural Development Society (TSRDS), the CSR wing of the TATAs, we launched three Mobile Medical Units (MMUs) in Keonjhar and Sundargarh districts of Odisha. These two districts are richest in iron and manganese in the country and TATAs are the largest miners operating since long. Mining is a long arduous, labor intensive process which also affects the routine life of the local people. The mining companies either under contract with government or on their own provides various supports, to their mining workforce and the villagers around the mines, including various healthcare services. The three MMUs are the extension of their outpatient care services.

We consolidated our social marketing efforts and reduced operations in West Bengal and Uttar Pradesh as these states were not sustaining the operation cost and becoming revenue drainer for the organization. Instead, strengthened the operations in Odisha and Madhya Pradesh which were doing comparatively better. We could increase our reach in Odisha and Madhya Pradesh to cater to the last mile by covering remote and rural areas.

In summing up, we had a very vibrant and satisfying year and I would like to take this opportunity to thank the Government of India, the Government of Odisha, our Donors and well-wishers for their continued support and all my colleagues and channel partners for their hard work to uphold GDIs pursuit of providing affordable quality healthcare to everyone!

Thank you.



Pradeepta Kumar Panda

Key Achievements:

- **Promoting small family norms and hygienic menstrual practices through increased use of family planning products and sanitary napkins**

One of the key objectives of GDI is to promote small family norms among the married couples in difficult to reach areas resulting in population stabilization. GDI uses the social marketing technique to increase the accessibility of good quality family planning and other reproductive health products including condoms, oral contraceptive pills, emergency contraceptive pills, pregnancy test cards and sanitary napkins.

Social marketing is one of the core activities of the organization since the inception of GDI. The year was a year of consolidation with a focus on sustainability. We continued providing high quality affordable FP and RH services to the bottom of pyramid population in the hard-to-reach areas of Odisha, Madhya Pradesh, Uttar Pradesh and West Bengal.

We could increase the reach of our distribution network in Odisha and Madhya Pradesh through intensive efforts in these two states.

The number of outlets (both traditional and nontraditional) keeping our products in these two states increased to around 7,600 with a distribution network of more than 74 redistribution stockists. The table below gives the snapshot of achievements of social marketing program during the year.



Figure 1: A Shringar store in Madhya Pradesh selling GDI products.

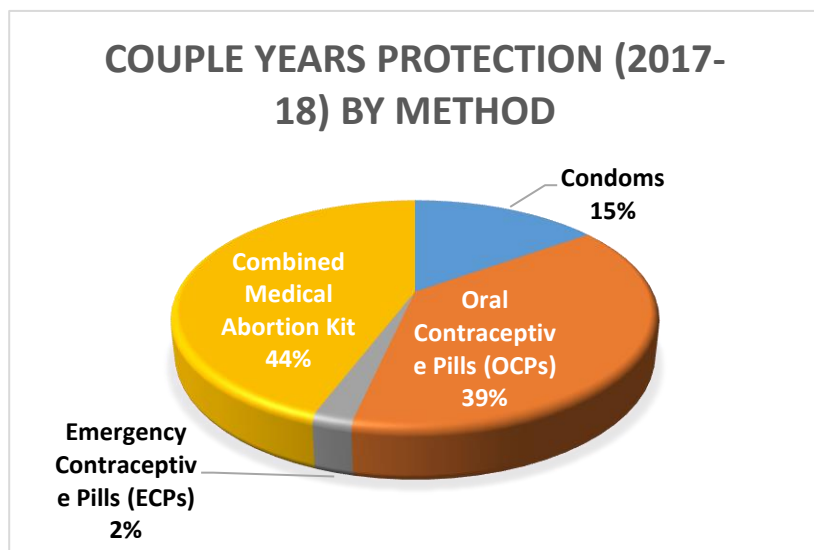
TABLE-1: Product wise achievement during 2017-18

Products		17-18	
		In Pieces and Cycles	CYP
Family Planning Products	Condoms	18,24,000	15,200
	Oral Contraceptive Pills (OCPs)	5,80,000	38,667
	Emergency Contraceptive Pills (ECPs)	46,000	2,300
Other Reproductive Health Products	Combined (Mifepristone and Misoprostol) Medical Abortion Kits	26,200	44,540
	Sanitary Napkins	6,30,000	NA
	Pregnancy Test Cards	10,600	NA
COUPLE YEARS PROTECTION (CYP)			1,00,707

CYP conversion factors: 1 CYP equals 120 Condoms; 15 Pill cycles; 20 Emergency Contraceptive Pills; 0.59 Combined Medical Abortion Kits (Medical abortion (MA) = mifepristone and misoprostol sold in combination)

The social marketing program of GDI reached more than 18 lakhs pieces of condoms, 5.8 lakhs cycles of oral contraceptive pills and 46 thousand emergency contraceptive pills to the people in need, in the implementation states. In addition to this the program also delivered about 26 thousand combined medical abortion kits, 6 lakhs sanitary napkins and more than 10 thousand rapid pregnancy test cards to the beneficiaries in these states through chemist and non-traditional outlets.

Through the social marketing of family planning products; condoms, oral contraceptive pills and emergency contraceptive pills, GDI could meet the annual family planning need of more than one lakh couples in the intervention states.



As shown in the alongside diagram, combined medical abortion kits provided about the majority of the couple years of protection (CYPs), whereas one-third of the total CYPs delivered was through oral contraceptive pills, condoms were the

third largest contributor of CYPs, which contributed to 15% of the total CYPs.

• **Mobile Medical Units (MMUs)**

GDI, with support from the TATA Steel Rural Development Society (TSRDS), launched three Mobile Medical Units (MMU) in August 2017, in the mining areas of two districts (Keonjhar and Sundergarh) of Odisha. The initiative required very detailed planning, including finalization of the route plans for the fixed-day outreach sites in the catchment area of the mines, recruitment of the team member especially making available one doctors for each MMU. A 100% mapping of each and every



Figure 2: The MMU team providing services in the field, in Joda, Keonjhar

settlement in the catchment area was conducted by survey and listed down for regular coverage.

A major challenge was to recruit the doctors; however, we were able to get 3 teams of doctors, nurses and pharmacist together and commenced the service as scheduled- the last mile initiative of GDI commenced. Though, financially GDI has to take up one fifth of the total project cost, it has been a great opportunity for us to start the learning curve in reaching the last point. A total of 219 village locations were covered every month by the MMU teams providing consultancy and free medicines.

During the 7 months (September 2017 to March 2018) of effective implementation of the three MMUs, we could serve more **than 26,000 beneficiaries** in the 219 village locations identified in collaboration with the TSRDS team in the catchment area of the mines. Almost 60% of the patients were women and **one-third of the total patients were children below five years**. All the beneficiaries were given free medications (supplied by TSRDS) and in case required the patients were referred to the TATA Steel Hospital located in JODA, Keonjhar.

- **Parivar Mitra – A network of social entrepreneurs for promoting healthy lifestyle and small family norms**

GDI implemented an innovative social enterprise model in the urban slums of Cuttack and Bhubaneswar to promote healthy lifestyle among the urban poor and also to create self-employment among the unemployed youth. Our field team identified and networked **208 Parivar Mitras** in different urban slums of Cuttack and Bhubaneswar. The

Parivar Mitras were selected from the local community and were oriented on counseling and basic marketing skills for creating awareness about healthy lifestyle and promoting the affordable reproductive healthcare product range including Nirodh Deluxe and Mala-D Oral contraceptive pills. These Parivar Mitras were involved by GDI field personnel in organizing awareness



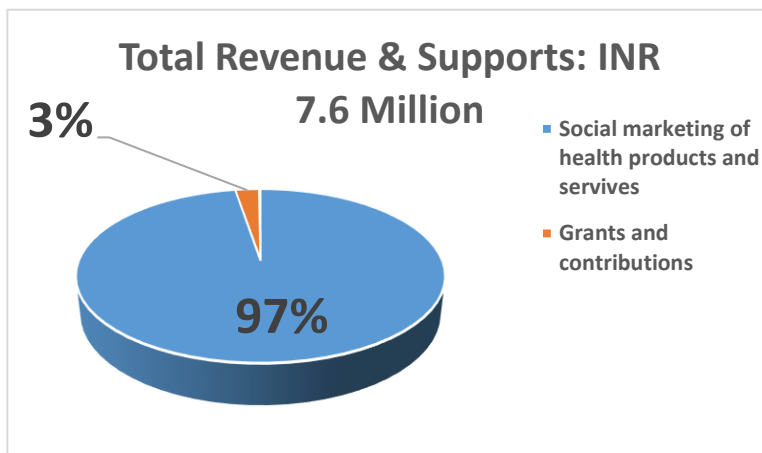
Figure 3: GDI field executives organizing the health campaigns in urban slums.

campaigns in their locality. With the help of these Parivar Mitras **314 awareness camps** were organized in their catchment area where **more than 4,100 beneficiaries** were educated on different benefits of small family, availability of different family planning methods and their sources, menstrual hygiene and use of sanitary napkins during menstruation.

The Parivar Mitra model not only helps GDI achieve its goal but also increases the income of the entrepreneurs included in the network.

Financial Highlights 2017-18:

The major source of revenue was from social marketing of health products and services, which contributed 97% of the total revenue. This includes supports from TATA Steel Rural Development Society (TSRDS) against operationalization of the 3 Medical Mobile Units (MMUs) in Odisha. A small portion (3%) of the total revenue was received as grants.



More than half of the expenses were on program activities; including field staff salaries, promotional activities and awareness camps. The next large portion of the revenue (37%) was spent on procurement of health products whereas about 10% of the total revenue was spent on Head office including the office rent, office running expenses and auditor fee etc. It has been a consistent effort in the part of the management to keep the HO expenses at the lowest possible and achieve self-sustainability.

