

**Phone conversation between PSI India (Dana Ward, Managing Director) and GiveWell (Natalie Stone) on October 21, 2010**

**GiveWell:** What's your role in PSI and how you fit in the organizational chart? How does it work?

**PSI India:** We are a typical country platform, though bigger than most country platforms because of the size of the country. PSI is pretty decentralized. Country platforms decide what the priorities are. In India we focus on family planning and HIV prevention. There are 5 PSI India regions. In the northern areas we are focused on maternal and child health and family planning, while in the south we are focused on HIV prevention.

We get support from Washington in managing our finances. We send a monthly financial report, and twice monthly get funding transfers from them. They also provide an internal auditing team, administration and finance support, sharing of information and best practices across platforms, and technical assistance. They also establish minimum standards that keep the quality of programs high, provide research capacity, and develop structured research protocols.

**GiveWell:** How does funding work in practice? Do you write proposals for funding?

**PSI India:** Some proposals are submitted to donors from the country level, and sometimes the Washington office writes them and includes us. All proposals have to be approved by the Washington office. We can apply for PSI unrestricted funding for pilot projects.

**GiveWell:** Who decides on what gets funded? How?

**PSI India:** We set our own priorities. Washington provides help. We're pretty autonomous. The decision of what gets funded is based on the burden of disease, our capacity as a social marketing organization, and the priorities of the government of India, which is very strong and has good policies. The government is most interested in HIV/AIDS (condom distribution and behavior change), family planning, TB control, and maternal and child health.

**GiveWell:** How many staff do you have? What do they do?

**PSI India:** We have about 1200 staff, about half of whom are direct contacts, while the other half do product sales. Our head office is in Delhi and houses accounting and finance, and marketing and sales (procurement and marketing communications). We also have regional directors and a research person for each region. The 19 states are divided into 5 regions. Then there are state managers and area managers with staff for sales and distributions.

**GiveWell:** How do you decide on pricing of products? Are you worried about

crowding out private suppliers?

**PSI India:** Many products are provided by the government of India. They give them to us for a subsidized price. There are several social marketing organizations and we all have similar pricing. Prices haven't changed for a long time. We generally look at a market, and pick the low end of the spectrum of available products. We are trying to make products affordable, so we're not charging large margins.

There is more and more competition among private suppliers. There are now rock bottom prices for condoms. IUDs more expensive because not very common.

We focus on serving the poorest states and poorer areas. We use revenues from condoms and pills to fund other activities: promotional costs for less popular products, and promotion of unsubsidized products. We have to create demand for things like ORS, zinc—products that don't have donor support.

Our greatest net costs are for ORS and IUDs. Product demand drops off fast after that. Safe water, water purification, zinc, multivitamins, and clean delivery kits make up only very small parts of our total net costs.

**GiveWell:** Are you involved with TRaC studies? How do you decide which populations and products to study? Do you use the output?

**PSI India:** PSI gives us training, but the research is done by local research staff, and the actual data collection and analysis is contracted out. There is a regional researcher, health area research advisors, and core staff in Washington who support us.

Most of our research is about behavior change communications.

It's important to us that our research can be translated into action. We only ask questions that we need to know the answers to.

We do population-based surveys, not panel studies. We select a large sample each time we do a study, instead of following the same group over time.

For example, we studied low-income men who frequent sex workers. The project was to get them to get tested for STI. For the study, we conduct they survey in the hot spots for sex work.

We have condom program in south and do regular tracing surveys. In north, we have a long-term birth spacing program, and they've completed their baseline about a year ago.

**GiveWell:** How do you know whether things are going well?

**PSI India:** From our research we can tell if we're hitting behavioral change targets. Our sales and services databases feed into the DALY calculator for estimating health impact. On different projects, we have different quality assurance checks. We might send people as mystery clients to see if the quality of care they receive is good. We also do exit interviews at clinics. We measure product and service coverage through MAP surveys and then use geographic information systems to measure populations' access and equity of access to products and services.

We are starting a program to use cell phones to upload sales data from individual distributors.

**GiveWell:** What would you do with more funding?

**PSI India:** We would like to get more involved in urban health. The lower quintile of urban residents has almost as bad health as the lower quintile of rural residents, and the quality of care they receive is really bad. Also, our strength is serving urban areas because there is higher availability of private sector providers to treat STIs, provide IUD insertions, increase awareness of how to treat diarrhea, offer family planning, etc. We have pilot projects in urban slums like Dharavi. The government is starting to provide output-based financing, where they pay for a service after it has been provided, but health care providers often have a hard time getting this money. We would like to serve as a go-between.