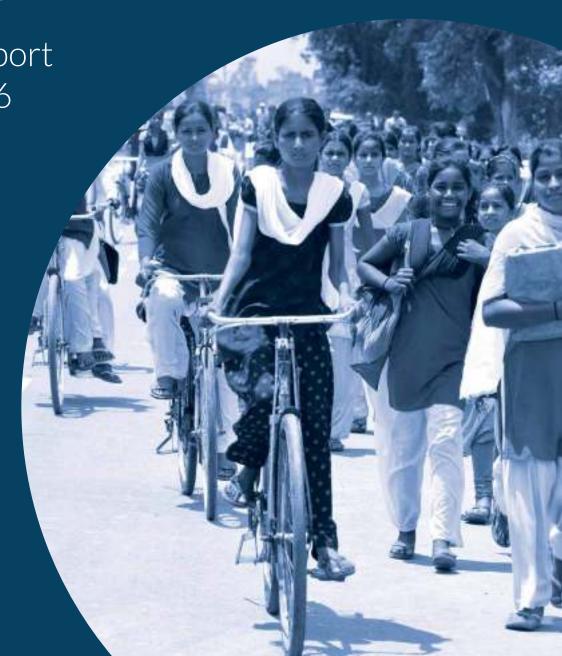


Annual Report

2015-2016



## Annual Report 2015-16

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# From the Managing Trustee's Desk

I take this opportunity on behalf of the organization to share with you, our Annual Report for the session 2015-2016 and its milestone in terms of success and achievements. This year was altogether a different year for us where lots of initiatives were undertaken to make our efforts successful. It is a very significant year with IHAT continuing to expand its work in Uttar Pradesh. The technical support units (TSUs) in Karnataka and Delhi have made significant strides as well, in supporting the state governments in improving response to HIV/AIDS. We are working on a wide range of sectors like Nutrition, RMNCH+A, HIV/AIDS, Family Planning, Pneumonia and Diarrhoea in order to systematically address some of the key public health concerns of our country.

As we strive to work towards achieving our vision of equity and quality in public health and development, we are thankful to all our partners, donors and funders for trusting us and placing this huge responsibility of transforming the public health scenario in some of the most difficult geographies in India. I am thankful to our community who are and will always be the centre of our efforts. They have constantly supported us in implementing programs and been our greatest advocates.

I sincerely thank the governing Board of Trustees, advisors and senior leadership team for their constant support, feedback and suggestions. We thank all our well-wishers and volunteers whose support reaffirms the constancy to our purpose. I appreciate all employees who have given their time, energy, efforts, dedication and cooperation in achieving our organisational goals. We look forward to continuing this journey with you all.

Dr Shajy Isac

Managing Trustee

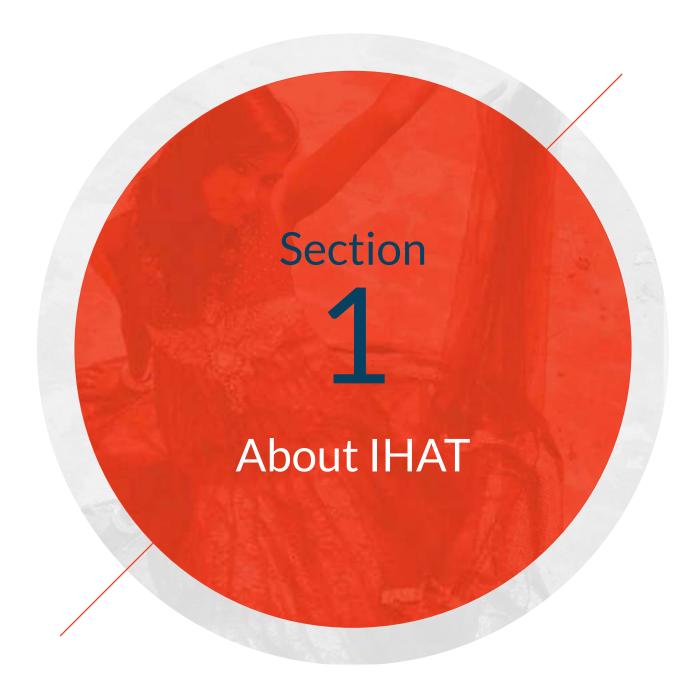
**IHAT** 

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## **Abbreviations**

ART	Antiretroviral Therapy	IUCD	Intrauterine Contraceptive Device
ASHA	Accredited Social Health Activist	KSAPS	Karnataka State AIDS Prevention Society
AWTC	Anganwadi Worker Training Center	AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and
BCPM	Block Community Processes Manager		Homoeopathy
BCS	Block Community Supervisor	LWS	Link Worker Scheme
BPRD	Bureau of Police & Research	MAA	Mother's Absolute Affection
BRG	Block Resource Group	MARPS	Most at Risk Communities
CBOs	Community based Organisations	MCTS	Mother and Child Tracking System
CBTS	Community Behaviour Tracking Survey	MIYCN	Maternal, Infant and Young Child Nutrition
CDAC	Centre for Development of Advanced Computing	ML	Minilap
CDPO	Child Development Project Officer	MLTC	Managed Long Term Care
CHC	Community Health Centres	MSW	Male Sex Workers
COE	Centre of Excellency	NACO	National AIDS Control Organisation
COTs	Clinical Outreach Teams	NACP	National Aids Control Programme
CPA	Central Procurement Agency	NGOs	Non Governmental Organisations
CRPs	Community Resource Persons	NHM	National Health Mission
DACP	District AIDS Control and Prevention	NIPCCD	National Institute of Public Cooperation And
DAPCUs	District AIDS Prevention and Control Units		Child Development
DFPS	Department of Family and Protective Services	NMR	Neonatal Mortality Rate
DHs	District Hospitals	NMs	Nurse Mentors
DRG	District Resource Group	ObGyns	Obstetrics and Gynecology
DSACS	Delhi State AIDS Prevention Society	OST	Opioid Substitution Therapy (OST) centers
DVDMS	Drug and Vaccine Distribution Management System	PHCs	Primary Health Centres
ELM	Employer Lead Model	PIP	Program Implementation Plan
FCRA	Foreign Contribution (Regulation) Act	PMU	Project Management Unit
FDS	Fixed Day Static	PPIUCD	Postpartum Intrauterine Contraceptive Device
FHR	Foetal Heart Rate	PWID	People Who Inject Drugs
F-IMNCI	Facility based Integrated Management of Neonatal	RFS	Rolling Facility Surveys
	and Childhood Illnesses	RMNCH+A	Reproductive, Maternal, Newborn, Child and
<b>FLW</b> s	Front Line Workers		Adolescent Health
FP	Family Planning	SAM	Severe Acute Malnourished
FRU	First Referral Units	SCM	Syndromic Case Management
FS	Female Sterilization	SIFHW	State Institute of Health & Family Welfare
FSD	Finalized System Document	SIFPSA	State Innovations in Family Planning Services Project Agency
FSW	Female Sex Workers	SIMS	Strategic Information and Management System
GAD	Gap Analysis Document	SRG	State Resource Group
GoUP	Government of Uttar Pradesh	STIs	Sexually Transmitted Infections
HIV/AIDS	Human Immunodeficiency Virus Infection and	STRC	State Training and Resource Centre
	Acquired Immune Deficiency Syndrome	TG	Transgender
HMIS	Health Management Information System	THR	Take Home Ration
HPDs	High Priority Districts	TIBF	Timely Initiation of Breast Feeding
HRG	High Risk Groups	TIs	Targeted Interventions
HRMS	Human Resource Management System	TSU	Technical Support Unit
ICDS	Integrated Child Development Services	UoM	University of Manitoba
ICTC	Integrated and Counselling Testing Centre	UPDPL	Uttar Pradesh Drugs and Pharmaceutical Limited
IDU	Intravenous Drug Users	VHIR	Village Health Information Register
ILA	Incremental Learning Approach	VHNDs	Village Health and Nutrition Days



## **About IHAT**

India Health Action Trust (IHAT) works to improve public health in India and abroad by using its expertise in technical support, research, and advocacy to enhance public health policy and programmes. IHAT was registered in December 2003 as a secular trust under the Indian Trusts Act, 1882, and also registered with the Ministry of Home Affairs in 2009 under the Foreign Contribution Regulation Act (FCRA), 1976. IHAT has 80G status under the Income Tax Act, 1961, which exempts grants and contributions from income tax.

#### **Vision Statement**

## **Equity and quality in public** health and development

#### Mission Statements

- 1. Impact public health and development policies through evidence generation and knowledge sharing
- Enhance learning through innovation and application of programme science
- Promote partnerships with Governments, nongovernment agencies and community organisations to design and implement high-impact public health programs

#### **Core Values**

- 1. Promote accountability and responsibility for actions
- 2. Ensure sustainability of initiatives
- 3. Build an environmentally friendly organization
- 4. Ensure openness to partnerships and collaborations
- 5. Commitment to innovation and excellence
- 6. Respect for mutual exchange of information and learning for transparency at all levels
- 7. Respect for equal opportunity, dignity and right to expression by all
- 8. Value for honesty, character and moral conduct
- 9. Respect for community knowledge

## Where We Work





### **Our Work**



Recognizing IHAT's strong management and human resource capabilities the National AIDS Control Organization, Ministry of Health and Family Welfare, Government of India identified IHAT as the technical consultant for setting up a Technical Support Unit (TSU) in Karnataka. TSU is set up to extend technical assistance in specified areas to KSAPS in helping it to achieve the NACP goals and objectives. IHAT is effectively deploying its experience and learning to support the HIV/AIDS intervention program in Karnataka since 2007. Since prevention is the mainstay of the national strategy to control HIV/AIDS, TSU's focus is to bring in technical professional

expertise in the area of prevention and which include, evidence based strategic planning and resource planning, capacity building and activities related to strengthening Targeted Interventions (TIs). TSU has a 17 member technical expert team, in which, 10 program officers are deployed regionally and each one supports 10-15 independent units of intervention such as TIs, Link Worker Scheme (LWS) and Opioid Substitution Therapy (OST) centers.

#### **CORE OBJECTIVES OF TSU:**



Facilitate to saturate the coverage of most at risk communities such as FSW, MSM, Transgender (TG), Intravenous Drug Users (IDU), long distance truckers and high risk migrants to avail the HIV prevention and care services in view of halt and reverse the epidemic.



**Support** KSAPS in expanding access to services, quality control and monitoring of STI management for most at risk populations (MARPs).



Leverage the linkage through referrals for HIV test and treatment services for the communities.



Assist KSAPS in strategic planning in the area of HIV prevention by analyzing regular program data and generating evidences.



**Regular** monitoring and evaluation of TIs to ensure quality documentation, data analysis and feedback to bridge the gaps in program performance.



**Facilitate** capacity building of TI staff and CBOs, social mobilization and mainstreaming of the communities.

#### **APPROACH:**

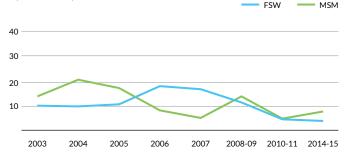
TSU follows the IHAT programme science approach for technical support to KSAPS predominantly in the areas of strategic planning, monitoring and evaluation of the TI programs in the state.

#### **KEY INTERVENTIONS AND APPROACHES:**

- Targeted interventions: Focuses on three major domains of HIV prevention such as behavioral, bio-medical and structural interventions.
  - 63 FSW TIs, 28 MSM TIs, 2 TG TIs, 4 IDU TIs, 6 core composite TIs address MSM and FSW communities
  - 18 Migrant TIs and 6 Truckers TIs are in place in the state during the year 2015-16
  - 81316 FSWs, 25816 MSMs, 1796 TG, 1949 IDU, 182000 migrants and 80000 LDTs are covered through these TIs
- Following NACO guidelines: Designing the program, planning the financial resources and developing proposals as per the NACO guidelines in line with the requirement and protocols of the state and central governments is one of the major role of TSU to ensure the quality of the interventions. TSU ensures proper documentation and regular reporting of the performance indicators to NACO through strategic information and management system (SIMS).

- Peer education is the key approach to address the population in terms of behavior change and service uptakes.
   Advocacy, capacity building and developing functional networking are used to improve the socio-economic status of the communities to mainstream and empower them.
- Linkages: TSU facilitate to leverage the linkages for social protection, violence redress, and social welfare of communities along with stigma busting activities.
- Building community ownership: Transfer of TI ownership from NGOs to CBOs is an approach to construct confidence among the primary stakeholders, who are the most at risk population. The efforts of prevention and treatment activities in the state over a period of 12 years resulted a remarkable reduction in the HIV prevalence among the core high-risk populations, FSW and MSM in the state, which deciphers in the graph given below.

## HIV prevalence trend: FSW and MSM in the state (HSS data)



#### **OUTCOMES:**

- TI unit visits: TSU team has achieved 100% results with regard to visits to the TIs unit and facilities in the year 2015-16.
- Meetings organised: Four regional level review and experience sharing meetings conducted. 12 monthly review meetings with PD/APD KSAPS conducted.
- Training manual developed: TSU developed a training manual for the employer lead model (ELM) program in Kannada and Hindi. 136 doctors are trained for syndromic case management (SCM) protocol to ensure quality delivery of STI services in the state.
- Trainings conducted: TSU facilitated the trainings of TI staff and PEs in the state and overall 2348 individuals are trained in different topics. TSU team attended 124 DACP review meetings district wise and the state level team attended 12 state level reviews.
- Estimation and distribution of commodities: TSU ensured the estimation and distribution of commodities such as condoms, lubes, STI medicines, needle and syringes required for the communities.

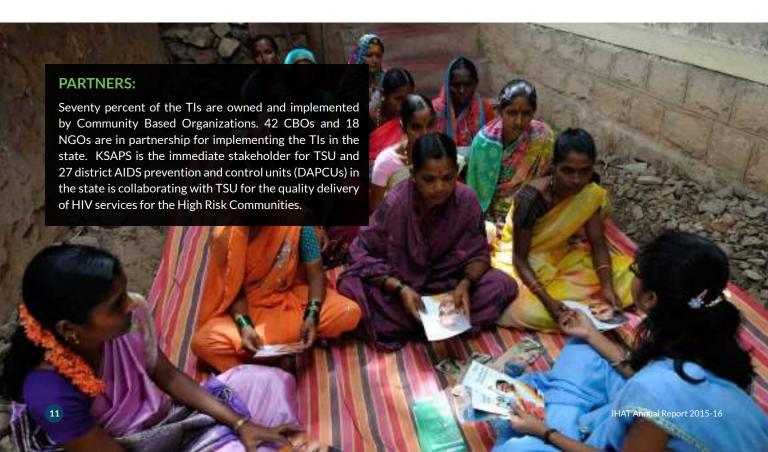
## Achievements in core performance indicators of TIs in 2015-16

Core indicators	% of achievements in core indicators of TIs			
	FSW	MSM	TG	IDU
Coverage	93	98	104	98
Clinical footfall	78	75	78	74
HIV testing	65	55	54	56
Condom distribution against demand	96	91	88	100

- Linkages: Linkages to care, support and treatment services for the detected positives communities achieved 100% among FSW, MSM, TG and IDUs. There is 8% gap in migrants and 55% gap among the truckers.
- Grading of TIs: TSU grades TIs through assessing 6 months performances by using a tool developed by NACO.
   Following is the result of the reporting year assessments.



Typology	Very Goo	d – A	Good - B		Average -	- C	Poor - D	
	1st Half	2nd Half	1st Half	2nd Half	1st Half	2nd Half	1st Half	2nd Half
FSW	36	36	20	14	4	8	1	1
IDU	1	2	3	2	0	0	0	0
Migrant	9	11	7	4	1	2	1	1
MSM	14	8	6	13	3	2	2	2
TG	0	2	2	0	0	0	0	0
Trucker	3	2	3	3	0	1	0	0
Composite	2	1	1	2	0	0	0	0
Totals	65	62	42	38	8	13	4	4



# IHAT Technical Support Unit for Delhi State AIDS Prevention Society (TSU DSACS)

IHAT established a TSU in Delhi to support DSACS to achieve high level of coverage and ensure quality of the HIV/AIDS prevention, treatment and care programmes. IHAT Delhi TSU is funded by National AIDS Control Organisation (NACO) to provide technical assistance in specified areas to the DSACS in helping it achieve the NACP goals and objectives. TSU focuses on technical and professional expertise in the areas of HIV prevention which include evidence based strategic planning and resource planning, capacity building and activities related to strengthening targeted interventions.



The project aims to provide services to core group FSW, MSM, TG, IDU and Bridge population (migrant & trucker) population to prevent their risk and vulnerabilities to HIV/AIDS. There are 81 project interventions being implemented by NGO partners of Delhi SACS in entire Delhi state.



#### **OBJECTIVES:**

TSU supports the development and implementation of HIV/ AIDS strategies envisaged in terms of supportive supervision to TIs, capacity building and monitoring of the TI intervention.

Typology of TIs	Total no. of existing TIs	Estimated HRG population as per site validation	Coverage Target by SACS	Achievement on coverage
FSW	32	45466	40750	44251
MSM	11	18145	12400	13133
IDU	15	12698	9000	9793
TG	7	7173	5650	7733
Truckers	4	50000	50000	55937
Migrants	13	260000	180000	131471

Section 2: Our Work

#### **KEY INTERVENTIONS AND APPROACHES:**



**Ensure scale up** of prevention programs with high risk groups (TIs). The components of TIs include - condom promotion, information education & communication, needle syringe exchange program, STI services, referral and linkages, community mobilization, enabling environment



**Facilitate trainings:** Support Delhi SACS in preparation of annual training calendar, identify training institutes, concurrent training evaluations & imparting sessions.



**Undertake strategic planning:** Annual Proposals for SACS, quarterly activity Plans, SIMS submission, preparation of quarterly progress and annual progress report.



**Supportive Supervision:** Regular monitoring and assessment is conducted by the team.

TSU approach includes learning site development by TSU, annual action plan preparation, advocacy activities by TIs in a framework, facilitating the training programs for the state in absence of STRC, HRG & site validation, improving STI service delivery mechanism and quality, scale up of TIs for saturated coverage of HRGs, mainstreaming the clinical services, supportive supervision to the TI clinics. Efforts are taken towards improving condom utilisation, improve syphilis screening, improve linkages between TI and ICTC and improvement of HIV testing apart from improvement in linkage to ART.

#### **OUTCOMES ACHIEVED:**

Major activities conducted pertaining to the period of April 2016 – December 2016 are as follows:

#### **MEETINGS:**

 Participated in National experience sharing review meeting of TG TIs and developed action plan.



- PHFI and Hamsafar Trust were supported for conducting training.
- Participated in national level seminar and research workshop conducted by Bureau of Police & Research - BPRD, New Delhi.



#### **FACILITATION VISITS:**

Facilitated the visit of Dr. Timothy H. Holtz, Director CDC,
 Division of Global HIV & TB on 22nd December 2016.



- Facilitated the visit of UNAIDS for initiating the enterprise having focus on PWID detox, rehabilitation services along with children involved in drug abuse. A proposal has been prepared by DSACS in association with TSU.
- Facilitated WHO representative's visit on 30th Sep. 2016 for ICTC, ART and TI.
- Facilitated visit of South Korean delegation to Space MSM TI, COE, and ART MAMC.

TSU facilitated TI review meetings for the first quarter conducted by SACS in the month of August 2016





#### **KEY OUTCOMES:**

Received 24 & 26 G needles from Central Procurement Agency (CPA – central government) on the basis of earlier submitted proposal supported by TSU – **9.18 Lakh needles** distributed till October 2016.



Overall **155 HIV +ve detected** and 108 linked with ART. 70% linkages has been ensured.

- Comparative detail & analysis prepared for HIV +ve new registered & old registered clients.
- 98 intensive visits and 147 quick visits have been conducted by program officers, TIs.
- Supported Delhi SACS for submitting proposal for ORW related with PPTCT.
- Supporting the terms of listing of centres & finalizing the configuration of rotator. Revised human resource pattern in the TIs to reduce the per capita cost of TI implementation in line with the allocated annual budget of NACO.
- Regular supportive supervisory visits by the program officers to the targeted intervention/NGOs for providing

hand holding support and improving the capacity of the TI staff. TI staff was capacitated on various program components through in-house training.

Grading April to September 2016						
Grade	Range in %	No. of TI: April 16 - Sep. 16	% of TIs			
Poor	Less than 50%	0	0			
Average	50% to 65%	2	2.5			
Good	66% to 80%	30	37			
Very good	<b>Yery good</b> 81% and above		60.5			
	TOTAL TIs	81				

#### **PARTNERS:**

National AIDS Control Organization (NACO), Delhi State AIDS Control Society (Delhi SACS) and 81 TIs (core and bridge)

#### COMMUNITY VOICES:

"We would like to thank Delhi - TSU team for their constant and timely technical support to us in the TI project. We are very grateful to the TSU team."

**Dr. Bharat Singh**General Secretary, Bal Vikas Dhara – NGO

"Overall, we are receiving improved services, frequent training, social entitlements and schemes due to the efforts of Delhi TSU"

Ms. Naresh Kumari (name is putative)

- Female Sex Worker



## **Uttar Pradesh** Technical Support Unit (UP TSU)



#### 2.3.1 Family Planning Project

#### **ABOUT THE PROJECT:**

IHAT UP TSU was subcontracted by UoM for the family planning (FP) intervention with the aim to increase uptake of modern contraception among women in 25 high priority districts (HPDs) by strengthening facilities, improving health systems and mobilizing communities.

#### **OBJECTIVES:**



Improved availability and accessibility of FP services in public health facilities, including counseling, IUCD and sterilization services, and other contraceptive methods



Improved quality of contraceptive services resulting in a decreased complication and discontinuation rates and improved client satisfaction



Improved education and counseling of women on FP, resulting in improved choice and enhanced uptake of modern contraceptive methods

#### **KEY INTERVENTIONS AND OUTCOMES:**

- FP service availability and gap analysis: In order to design a rational, accessible and quality family planning service and to prioritize public health facilities at PHC level and above in the 25 HPDs for activation and strengthening, survey was conducted in all 1273 facilities at 43 District Hospitals, 307 Community Health Centers (CHCs) and 923 PHCs from March – April 2015.
  - Availability of FP services: More than 30% of facilities (over 60% in 3 districts) reported providing no FP services at all. Furthermore, the availability of routine services was patchy; only half the district hospitals provided routine female sterilization (FS) services and only around 60% provided other methods. Routine availability of permanent methods at CHCs was also poor, although most reported providing IUCDs, condoms and pills. While just under 60% CHCs reported that they conduct female laparoscopic outreach services, hardly any had outreach services for minilap (ML) or other methods: ML constituted only 5% of all FS done. Barely any other types of sterilizations (C-section, postpartum FS, and NSV) were performed in the HPDs in the last guarter of 2014. There were 24,000 IUCD insertions.
  - Infrastructure: The larger facilities (DHs, CHC/FRUs and CHCs with a large delivery load (>150 per month) or more than 4 medical staff had the basic infrastructure (theatres, tables, electricity, autoclaves and water) to provide all FP methods; however, there was a scarcity of

essential equipment such as CO2 (22% of facilities), lap TL sets (49%), ML kits (27%), NSV kits (26%) and IUCD kits (69%). Only 43% of DHs had IUCD kits available.

 Staff availability: In the FP mapping survey, it was found that only-







62 ObGyns

69 surgeons

1509 MBBS doctors

were in the 25 HPDs to serve a population of 77 million (with 13 million eligible couples). Over 90% of ObGyns and 64% surgeons were concentrated in the DHs.

- Prioritization and micro-plans for facility activation and strengthening for FP services: The aim is to have at least one ensured FP service delivery point in each of the 294 blocks in the 25 HPDs. The additional focus has been to promote the availability of both interval and postpartum family planning services. Microplanning workshops for facility activation, and FP outreach services using mapping data were organized in all 25 HPDs by the district FP teams.
- Development of strategies for activation of facilities for fixed day static services in 25 HPDs: Staff in each of the 25 HPDs developed a rational plan to prepare 80 sites to provide fixed day static FP services where on-site staff are trained and able to provide services and all equipment is in place. Fixed day static services per month were planned based on Gol guidelines: i.e. the total number of FP clinic days per month that include sterilization across the 80 facilities will be at least 300. The static fixed day family planning services were provided at 46 (26 DHs and 20 FRU CHCs) of the 80 facilities with a total clinic days of 120 of the 300 in the fiscal year.
- Development of strategies for activation of FP services through clinical outreach teams (COTs) in underserved and hard to reach areas with no static services: Overall, the 80 facilities prioritized for fixed day static services provide access to sterilization and other FP methods in 60 of the 294 HPD blocks.

Of the remaining 234 blocks, about 100 will be covered by the COTs (twice a month in CHCs and once a month in PHCs) and the remaining 134 blocks will be covered through the Government's own outreach teams. A total of 67 facilities (14 FRU CHCs and 53 Non-FRU CHCs), have been prioritized for initiating fixed day outreach FP services. These facilities cover 66 blocks in addition to the 60 Blocks covered by the 80 FDS facilities.

- Support GoUP to prepare FP plans and budgets for inclusion in their annual PIP 2014-15: The TSU, SIFPSA and the National Health Mission (NHM) developed a concept note to make provisions for the development of 18 district women hospitals as comprehensive training sites for the state. The TSU's role in the training included:
  - 1. Strengthening of 6 of the 18 approved comprehensive training sites in year 1;
  - 2. Training 6 TOT batches each for ML and Lap
  - 3. Training 10 new provider batches for ML, 12 Lap, 6 NSV and 19 IUCD (LMO AYUSH)
  - 4. Training 3 batches of FP counselors.



- Support to develop state FP training and quality strategy:
   The FP team organized a state level workshop to share the draft training strategy and roll out plan for the TSU and finalize QI tools in consultation with thegovernment and the development partners.
- Provider trainings: In the first year, the TSU has been able to initiate FP trainings in 3 of the 6 proposed training centers. As of October, 3 ML induction batches one at each training site have been completed, resulting in 8 new ML providers. Infection prevention trainings have been completed in 3 of the 6 new provider facilities.
- Private sector participation: The TSU has supported the GoUP in drafting the government order for enhancing private sector FP services through promotion of services and revising reimbursements for FP beneficiaries. The TSU also supported the design, development and activation of Hausla Sajheedari - a web portal for empaneling private FP service providers.
- Establishment and accreditation of COTs: Of the planned 18 COTs (10 FS, 6 IUCD and 2 NSV), planning for 4 FS and 1 IUCD COTs in January 2015n Barabanki, Bareilly, Sitapur and Pilibhit was done. All 4 FS COTs were accredited and started providing services in March 2015.
- FP-related tools and methods for FLWs: FP team supported development of FP modules and training of GoUP staff and community resource persons (CRPs) across the 25 HPDs, supported in revising the Village Health Information Register (VHIR). This helps FLWs identify eligible couples with unmet need, improve tracking of modern contraceptive method use and identify pregnant women who might be interested in postpartum methods.
- Engagement with Government: IHAT also intensified its engagement with the government at both district and state level. At district level, the DFPS worked with the district officials in planning of FDS while at the state level the team helped the state government in developing the PIP.





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#### 2.3.2 RMNCH+A Project

#### **ABOUT THE PROJECT:**

IHAT established a TSU to support the government of UP to increase the efficiency, effectiveness and equity of its execution vis-à-vis the three platforms identified in the Foundation's ICO (India Country Office) strategy for integrated delivery: the government, the private sector, and communities. RMNCH+A project leverages across three platforms of community, facility and systems to provide the techno-managerial support to the functionaries for bringing in a holistic change in acceptance of health-promoting behaviours for RMNCH+A.

#### **KEY INTERVENTIONS AND APPROACH:**

#### **COMMUNITY SUPPORT**

The TSU is supporting the FLWs including the ASHAs, ANMs and Anganwadi workers in improving the quantity and quality of their interactions with the households to drive the priority reproductive, maternal, newborn, child and adolescent health (RMNCH+A) behaviours in the 100 selected Blocks of 25 high priority districts of Uttar Pradesh. The support is provided by a team of 3 Community Resource Persons (CRPs) and 1 Block Community Supervisor (BCS) per Block.

#### **OBJECTIVES OF TSU:**



improving the completeness of VHIR

RMNCH+A services



increasing the coverage for specific RMNCH+A services



strengthening VHNDs to supporting GoUP in the include a complete range of community-based supporting GoUP in the training of ASHAs in Modules 6 and 7



supporting the BBC Media Action and GoUP in rolling out the training of ASHAs in Mobile Kunji and Mobile Academy

#### INTERVENTIONS AND OUTCOMES

- Provision of Job aids: The CRPs support the FLWs in the
  use of job aids to strengthen the existing service delivery
  platforms including VHNDs, home visits, AAA (ANM,
  ASHA, and Anganwadi worker) forum and cluster meetings.
  The job aids include the VHIR, and behaviour change
  communication materials such as the Mobile Kunji.
- 2. VHIR completeness: The VHIR helps ASHA in managing outreach services to ensure ENTRY of ALL beneficiaries in RMNCH+A continuum of care and ensure ALL receive ALL services. Community Resource Persons (CRPs) mentored the ASHAs in completing 5 of the 25 essential sections

of the VHIR. The proportion of ASHAs completing and updating the major sections increased from 52% in April 2015 to 74% in March 2016 (Figure 1).

Figure 1: % of availlable ASHAs who have completed the major sections of VHIR, 2015-16

(Program monitoring data)



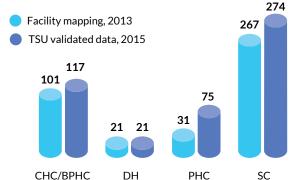
3. Line listing of beneficiaries: A total of 3 million eligible couples (currently married women age 15-49) are estimated for the 100 Blocks. About 0.35 million is the estimated number of pregnant women who have completed the first two months of pregnancy in any given month, based on the crude birth rate and pregnancy wastage rate. (Figure 2). Completeness of line listing is very much linked to the completeness of the essential elements of the VHIR.

Figure 2: % population surveyed, eligible women listed and pregnant women registered in VHIR, against the estimates, 2015-16

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- 4. ANC services: Of the 0.35 million pregnant women estimated, 68% had received in March 2016, any one of the three essential components of high risk pregnancy screening - BP measured. Hb tested and Protein Urea tested. This proportion has increased more than 3 times during the reporting period, from a low of 20% in April 2015. The TSU has supported GoUP in strengthening the Village Health and Nutrition Days (VHND). The % of VHNDs where pregnant women's BP was measured increased from 65% in the last guarter of 2015 to 82% in the first guarter of 2016. This proportion in the comparison non-TSU Blocks was 61%. The TSU has also supported the VHNDs in improving the privacy to patients so that abdominal examinations could be conducted: the proportion of VHNDs doing abdominal examinations for pregnant women increased from 13% to 42%.
- 5. Institutional deliveries: According to the VHIR summaries, there has been a 22 point increase in the proportion of institutional deliveries during the reporting period in the 100 TSU focus blocks, from 39% to 61%. The corresponding data from the two rounds of CBTS in the 20 poorest performing Blocks indicate substantial gains in the proportion of health facility deliveries an increase from 45% in 2015 to 53% in 2016. Even among the home deliveries, the proportion assisted by a skilled attendant increased from 48% to 56% in these Blocks.

Figure 3: # of delivery points in 100 TSU focus blocks, 2013-15 (Concurrent monitoring data)



- 6. Increase in delivery points: The TSU has been supporting the District and Block level officers in activating new delivery points in the 100 TSU Blocks, thus increasing the availability of delivery points (Figure 3). Also, the new and existing delivery points have been strengthened in terms of infrastructure staff, equipment, drugs and supplies during the reporting period in the TSU focus Blocks.
- 7. Postnatal care: As per the VHIR summaries, 70% of the estimated deliveries (45,700) in March 2016 were visited during the postnatal period by the ASHAs, and this proportion was 38% in April 2015. By March 2016, 97% and 90% of the ASHAs in the 100 TSU Blocks had completed the 1st and 2nd rounds of HBNC trainings, respectively.
- **8. Trainings and workshops:** TSU supported GoUP in the following trainings and workshops:
  - Organized a 3-day training on 6th and 7th ASHA modules, in collaboration with the NHM and SIHFW, during 6-8 May, for the district community specialists and ASHA resource centre staff
  - Supported NHM in the 2-day training of trainers for the BCPM (Block Community Processes Manager, the GoUP's equivalent of Block Community Supervisors) induction training during 8-9 July 2015. The NHM's District Community Process Managers, TSU's District Community Specialists, and ASHA Resource Centre staff were trained.
  - Supported NHM in the 5-day induction training of BCPMs in 9 of the 11 Regional Health and Family Welfare Training Centres during August-November, 2015.
  - Supported the NHM in the one-day training of trainers for the Rogi Sahayata Kendras (Citizens Help Desk) on 3 September 2015, involving the TSU's state community specialists and NHM staff.
  - Supported NHM in the two-days training of nine batches of Rogi Sahayata Kendra staff in September 2015.

- Supported NHM and SIHFW in the two-days of training of 11 batches of trainers on VHND (Additional Chief Medical Officers, Medical Officers, District Health Education and Information Officers, Health Education Officers, District Program Officers and CDPOs under ICDS, and District Community Process Managers) during September-November, 2015
- Supported BBC Media Action in the one-day district level training of trainers for Mobile Kunji and Mobile Academy during September to December, 2015
- Supported NHM and Micronutrients India in a oneday orientation of development partners on the conduct of VHND, on 27 October 2015.

The TSU conducted the several trainings of BCSs and CRPs on key HBNC skills and on using tablets for data compilation, review and planning to further enhance skills of their staff to effectively supporting GoUP.

TSU developed and implemented the following GoUP modules and job-aids:

- VHND Training Module Facilitators' Guide
- Reference materials for ANMs on VHND
- Reference materials for ASHAs and AWWs on VHND
- Village Health Index Register (VHIR) 2015-16

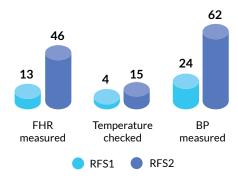




#### **FACILITY SUPPORT**

- Supporting Delivery Points: In order to support the delivery points for enhancing the quality of delivery and immediate postpartum care, the TSU has developed case sheets and implemented it in 150 blocks where the nurse mentors (NMs) are supporting the staff nurses and ANMs posted in labor rooms. A total of 150 NMs (100 from the TSU funds and 50 from the GoUP funds) are trained and posted in Blocks. In March 2016, the NMs provided on site clinical mentoring in 49% of the 709 existing delivery points in the 150 selected Blocks in 25 HPDs, which account for 41% of all expected deliveries in these Blocks, a significant increase from 32% of delivery points in April 2015.
- 2. Initial assessment: The two rounds of Rolling Facility Surveys (RFS) carried out by the TSU indicate that there has been a significant improvement in the initial rapid critical assessment to pick up complications (Figure 4).

Figure 4: Percentage of directly observed deliveries where a particular initial assessment was taken by the care provider, 2015-16 (Concurrent monitoing data)



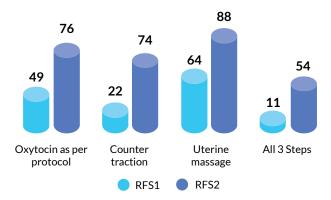
3. Labour monitoring: The TSU program monitoring data (case sheet summaries) indicate an improvement in the use of partographs from 51% of the in-labour admitted cases during the first quarter ending June 2015 to 79% during the fourth quarter ending March 2016 (Figure 5).

Figure 5: Percentage of the in-labour/admitted pregnant women for whom partographs were used in delivery points supported by nurse mentors, 2015-16 (Program monitoring data)



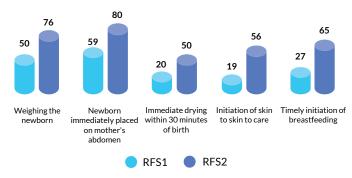
4. Active management of third stage of labour: The TSU program data from the case sheet summaries indicate that AMTSL is being practiced in over 95% of the deliveries (Figure 6).

Figure 6: Percentage of directly observed deliveries where specific steps of AMTSL was performed by the care provider, 2015-16 (Concurrent monitoing data)



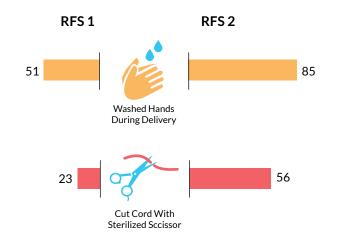
5. Routine newborn care: There has been improvement in the provider practices related to routine newborn care in the facilities supported by nurse mentors (Figure 7).

Figure 7: Percentage of directly observed deliveries where specific routine new born care was performed by the care provider, 2015-16 (Concurrent monitoing data)



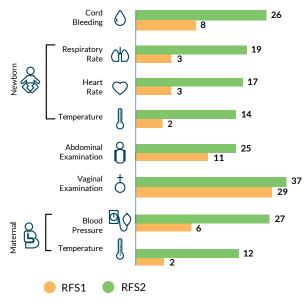
6. Infection prevention practices: Certain critical practices related to infection prevention have improved during the reporting period in delivery points (Figure 8) and these improvements are significantly greater in facilities supported by nurse mentors than in other facilities.

Figure 8: Percentage of directly observed deliveries where the attendent adopted specific infection prevention practices, 2015-16 (Concurrent monitoing data)



7. Assessment of the mother and the newborn during 4th stage of labour: The data from the 2 rounds of RFS indicate improvements in some of the assessments of the mother and the newborn during the 4th stage of labour (Figure 9).

Figure 9: Percentage of mothers and newborns who stayed at the facility at least for 2 hours after delivery, where the care provider assessed them at least once, 2015-16 (Concurrent monitoing data)



8. Improved documentation: There has been a substantial increase in the use of case sheets in delivery points of the 150 Blocks, from a mere 5% of all arrivals to the facility in April 2015 to 83% in March 2016.





 Improved management, referral and follow-up of complications: The identification, management and healthy discharge of asphyxia cases has improved over time in the facilities supported by nurse mentors (Table 1).

Table 1: Percentage distribution of newborns identified with asphyxia according to the management, referral and outcome, 2.15-16 (Program monitoring data)

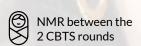
Month/ Year	% Managed, referred and survived	% Managed referred & died	% Managed referred & status not known	% Managed and sent home healthy	% Died at facility	% Outcome not known	N
Mar'15	32	0	18	29	2	20	130
Apr'15	23	0	30	27	1	20	175
May'15	20	2	27	30	6	14	186
Jun'15	23	1	25	44	2	5	248
Jul'15	24	2	28	43	2	2	264
Aug'15	30	2	23	41	2	2	339
Sept'15	36	4	15	39	4	2	322
Oct'15	44	3	13	37	3	0	353
Nov'15	42	4	10	41	2	0	367
Dec'15	34	5	11	48	2	0	348
Jan'16	43	5	9	41	2	0	489
Feb'16	39	3	7	49	2	0	554
Mar'16	29	2	11	57	1	0	576

10. Dakshata: Dakshata initiative was launched in December 2015 in Uttar Pradesh in 31 non-HPDs in the state. TSU recruited 31 Quality improvement mentors, paid by NHM. The national training of trainers is completed wherein 10 master trainers including gynaecologists, paediatricians and program managers from UP completed the training. A total of 63 FRUs with >200 deliveries a month have been identified for phase 1 training.

During the reporting period, the TSU organized the following trainings/workshops for improving the quality of services in facilities:

 Two induction trainings for 35 days for the nurse mentors and District Technical Specialists during September-October 2015 and the other during February-March 2016.

- Nurse mentor refresher trainings were completed in each zone during May-June 2015.
- 10 batches of PPIUCD training completed during September 2015 to March 2016. A total of 121 mentors were trained in PPIUCD.
- A 3-day NRC training for DTSs, ZTSs were organized during 29-31 December 2015.
- A 3-day orientation workshop was organized during 18-20 January 2016 on infection prevention, bio-waste management, immunization and cold chain, and adolescent health.
- 11. Neonatal mortality: There are indications that the neonatal mortality has begun to decline at least in facilities supported by nurse mentors. The neonatal mortality rate (NMR) estimated for children born in the two months prior to survey in the 20 poorest performing blocks has declined from 40.0 per 1,000 live births to 33.5 per 1,000 live births between the 2 CBTS rounds, although the mortality estimates have remained more or less constant, overall.



40.0 per 1,000 live births

33.5 per 1,000 live births

#### 2.3.3 Pneumonia & Diarrhoea Project

#### **ABOUT THE PROJECT:**

The Pneumonia and Diarrhoea (P&D) Project of the IHAT UPTSU intends to reduce under 5 mortality in Uttar Pradesh through improving the quality of community level and primary facility level management of childhood pneumonia and diarrhoea. It is currently being implemented in 3 districts – Allahabad, Bareilly and Gonda of Uttar Pradesh.

#### **OBJECTIVES:**

To improve treatment and referral of childhood pneumonia and diarrhoea by public, private frontline workers (FLWs) and block level facility staff resulting in decreased case fatality rates.

#### **KEY INTERVENTIONS AND OUTCOMES**

- Orientation: ASHAs and ANMs oriented to the training modules for the identification, initial management and referral of children with pneumonia and diarrhea beginning in December 2015. The project team continues to work with the GoUP to address the issue of inconsistent availability of amoxicillin, ORS and zinc for the ASHA kits.
- VHIR: Addition of pneumonia and diarrhea records in the ASHAs VHIR following which the ASHAs began reporting significant numbers of pneumonia and diarrhea cases in the community and also began providing information about deaths in the community attributed to pneumonia and diarrhea.
- Reporting Register: A reporting register for cases of pneumonia and diarrhea in children under five was developed and distributed to private FLWs with data on cases becoming available during the second half of the year.
- Village Health and Nutrition Days (VHNDs): Pneumonia and diarrhea content was also incorporated into the VHNDs. The protocol and tools for a qualitative study to improve understanding of the communities' and ASHAs' perception of vulnerability to childhood pneumonia and diarrhea and innovations to address this vulnerability were developed.
- Curriculum for interactions with the private FLWs regarding pneumonia and diarrhoea developed. One on one detailing with supportive supervision regarding pneumonia and diarrhoea diagnosis and treatment was done as well as group sessions conducted with private FLWs.

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- Mapping reports for all of the block level facilities (CHCs):
   Mapping completed that resulted in facility level action plans supported by the Clinical Support Officers and District Pneumonia and Diarrhea Specialists to improve equipment, human resources and supplies at these facilities.
- Supportive supervision: Residents from King George's Medical University provided supportive supervision to the health care providers at the facilities. The engagement of the Pediatric Residents in the CHCs resulted in a significant increase in achievement of facility level action goals as well as the beginning of inpatient care for children with pneumonia and diarrhea.
- Roll out of plans to provide F-IMNCI training to the medical officers and staff nurses in the block level facilities and the initiation of these trainings, the procurement of pulse oximeters in each of the facilities, the beginning of inpatient care for children in pneumonia and diarrhea in most of the CHCs, the development and piloting of a child health Emergency Triage Assessment and Treatment (ETAT) form with linked case sheets for use in facilities and facility strengthening of the CHCs to at least minimally strengthened capacity.
- Support: Ongoing support to the GoUP through providing leadership to the Child Health Technical Support Group (CH TSG) which is moving forward on statewide plans for F-IMNCI training, IAPPD activities and a functional Child Death Review process. The project also supported the UP IAPPD workshops and Intensive Diarrhoea Control Fortnight activities within its geographic focus areas.





#### **KEY ACTIVITIES AND OUTCOMES**

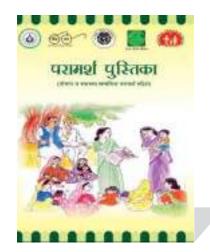
- Government Order for Nutrition Project: GO for nutrition project embeddedness with ICDS department issued by the Department of Child Development on 28th Sept. 2016 which was further shared with DMs, CDOs, DPO, and CMO of all 25 HPDS.
- Poshan Sakhi/ Nutrition CRP: 353 CRPs, rebranded as "Poshan Sakhis", hired under the nutrition grant in 100 blocks of 25 HPDs of Uttar Pradesh to do capacity building and mentoring of the field level workers i.e. primarily AWW and ASHA on MIYCN and also support in system strengthening for provision of quality MIYCN services to the community.
- ISSNIP project: 3 members from state team and 11 members from district team of TSU have been nominated to State Resource Group (SRG) and District Resource Group (DRG) respectively by ICDS directorate under ISSNIP Project.
- Support: The trained SRG and DRG members provide regular support in planning, organising and facilitating DRG and BRG training on ILA (Incremental Learning Approach) in 11 districts.
- Regular sharing of data on VHND with ICDS and SNM with specific reference to AWWs participation and contribution i.e. counselling to mothers including PW, THR distribution & growth monitoring etc.
- **Field Visits:** Joint field visits with DPOs and CDPOs to AWCs in program areas by district team
- Support DPO and CDPO in sectoral mapping and its proper alignment. Also, providing support to DPOs in planning by using available data at district level and support in organising "Matritva Saptah" and provided the required feedback to DPOs and in some case to DM too.
- Regular interaction of UP TSU state and district team with ICDS and health functionaries at respective levels for effective program implementation.

- Support to AWWs: Continue to facilitate increased participation of AWWs in AAAs meeting through better liaison with MoIC to ensure timely disbursement of AWWs incentives.
- Issuance of letter for supervision: Letter issued to DPOs of 11 ISSNIP districts with regard to TSU providing supportive supervision and technical support for ISSNIP and ICDS activities.
- TSU provided facilitative support to ISSNIP on designing the pilot on innovation. Nindura in Barabanki, which is TSU block has been chosen to do pilot on improving the status of TIBF and EBF. TSU Nutrition team regularly provide supportive supervision to community based events i.e. Annaprashan and Godbharai program in 11 districts and the report and feedback for the same is shared with department.
- Facilitated the organisation of Annaprashan and Godbharai in non ISSNIP districts with financial support of different stakeholders.
- Regular interaction with NIPCCD to assess the training needs and actual status of AWTC/ MLTC infrastructure and status of revised MIS in state and mutual sharing of technical resources and knowledge.



#### SUPPORT TO STATE NUTRITION MISSION

- Development of counselling booklet and government strategy: Development of booklet for "Hausala Poshan Yojana" with inputs from multiple line departments and development partners. Counselling booklet launched by Hon. CM Mr. Akhilesh Yadav in Shrawasti district. The nutrition state team supported State Nutrition Mission in developing the government order on counselling during HPY.
- Support to SNM on UP's Hausla Poshan Yojana (Feeding Scheme): Supported ICDS and SNM in one day orientation cum training of 75 DPO and 900 CDPOs on MIYCN counselling.
- Training of DPO and CDPO for the counselling booklet and strategy for all 75 districts in U.P.: UPTSU supported SNM and ICDS in the one day orientation on counselling on MIYCN and use of this booklet and a supportive supervision checklist in the field. The participants included 824 Child Development Project Officers and 75 District Program Officers from ICDS. The training was done in 9 batches at state level.
- Facilitative and technical support in conducting District Nutrition Committee Meeting held at district under the leadership of District Magistrate.
- Nutrition strategy document to SNM: The team at UPTSU submitted detailed technical cum strategic input on Strategy document on nutrition for the State of UP to the Director General. State Nutrition Mission.
- Facility/hospital-based care for children with Severe Acute Malnourished (SAM): UP STU is providing support to strengthen the quality of services provided in the 23 Nutrition Rehabilitation Center (NRCs) for treatment and care of SAM children. The NHM has initiated procurement of MUAC tape for all the ASHAs for screening of SAM children and their referral to the health facility.







• Support to NHM in the launch of MAA "mother's absolute affection" campaign at state level - UPTSU supported the launch of the MAA campaign which is a year long breastfeeding campaign launched by GOI in August 2016. UPTSU was invited by the child health division of NHM UP to present information about the current situation of MIYCN indicators in Uttar Pradesh. Further, all the matrons and senior nurses from 75 districts from high delivery load facilities were oriented to the campaign's objectives. Around 137 staff nurses (Matron/SN in charge) were trained from high load (> 200) Q+ facilities.





#### **SUB AWARDS:**

- Community Behaviour Tracking Survey- The CBTS is a periodic rolling sample survey designed by UP TSU to meet the data requirements for evidence-based programme planning. The objective of the survey is:
  - To support block, district and state level program managers to monitor and periodically review program activities based on real-time population-based data on coverage, utilization and outcomes related to RMNCH+A
  - To validate block level HMIS and MCTS data

The first round of the CBTS (CBTS-1) was implemented in the 100 blocks of 25 High Priority Districts (HPDs) during May 2014 to February 2015 to provide block level estimates. The second round was executed in 20 low performing block to provide the repeat estimates in the low performing blocks. Twenty low performing block were selected on using the first round of CBTS with the help of critical 10 indicators. The follow-up survey (CBTS-3) was implemented in the 25 HPDs (125 blocks, 64-UP TSU & 61-Non UP TSU) during February-March 2016 to provide district level estimates of Key RMNCH+A indicators.

 Rolling Facility Survey (RFS)- UP TSU designed a periodic RFS to meet the data requirements for evidence-based programme planning for improved service delivery system at government health facilities, which includes knowledge, skills and practices of staff nurses (SNs) and Auxiliary Nurse Midwives (ANMs). The TSU focuses on improving quality of service delivery through on site nurse mentors, mini skill labs at designated facilities and by rolling out clinical case sheets for strengthening identification and management of complications.

The first round of RFS (RFS-1) was implemented during February-August 2015 in selected facilities from the 100 blocks of 25 High Priority Districts (HPDs). The second round of RFS (RFS-2) was conducted after six months during February-April 2016 following the same design. The RFS included five critical domains that are relevant for improvement in maternal and newborn care:

- Initial assessment of critical vital signs and complications;
- ii. Labour monitoring;
- iii. Active management of third stage of labour (AMTSL) and routine newborn care;
- iv. Fourth stage of labour: management and counselling for maternal and newborn care: and
- v. Infection prevention

- Call-center: The TSU is supporting GoUP with the tendering process, hiring and onboarding of skilled resources for implementation of State-wide Contact Center that would be operational 24x7, 365 days (proposed under State Program Implementation Plan (PIP) 2015-16).
- Supply Management: UP TSU has been supporting GoUP in the process of procurement system and supply chain in UP as follows:
  - Re-structuring the existing Uttar Pradesh Drugs and Pharmaceutical Limited (UPDPL) into a bigger set up having a Procurement wing as well, similar to the Tamil Nadu MSC.
  - Implementing the DVDMS (Drug and Vaccine Distribution Management System) in the state to facilitate better management of stock of various equipment, drugs and supplies in the state. The e-Aushadhi software, developed by CDAC (Centre for Development of Advanced Computing), for which UP TSU has been supporting the preparation of the MoU, gap analysis document (GAD) and finalized system document (FSD) for the purpose. The TSU is also planning to support GoUP in on boarding a Project Management Unit (PMU) to implement e-Aushadhi in the state, through building and executing an RFP for hiring the PMU.
  - Improving supply chain processes at the district and block levels through the development of processes and manuals and training the concerned people on the same.
- TSU has contracted Accenture to be the Project Management Unit (PMU) which is providing support to GoUP for the following:
  - Establishing the Medical Supplies Corporation in the state, with the staff recruited with clear roles and responsibilities
  - Strengthening the district warehouses

- Implementation of DVDMS software
- Empaneling 3rd party quality testing labs to test the quality of medical supplies in the state
- Provide support to GoUP as Transaction Advisory on 10 PPP/RfPs of which 5 are currently underway.
- HRMS: A Human Resources Management System (HRMS), called Manav Sampada, has been developed by NIC and is being implemented for the Department of Health & Family Welfare across the state. Manav Sampada will be used to acquire, store, analyze, retrieve and distribute information on health workers to ensure that the right health worker is at the right place, with the right skills, at the right time.
- Recruitment agency for NHM hiring: UPTSU is formed with the objective to provide programming as well operational support (as per the need) to UPNHM for effective implementation of national health mission program at across the UP state. Total 620 vacancies against 24 unique positions has been identified for hiring on contractual basis. At the end of Nov 2016, total 562 has been selected after resilient selection process out of which 415 has finally on boarded with due compliances. The total achievement is approximately 83% also a waiting list is prepared for compensate attritions on various positions.

#### OTHER ACTIVITIES:

- Perspective building and module development workshop: A three day workshop from 28-30 June 2016 was conducted with 20 FLWs (5 each of ASHA, AWW, ANM, and Sangini) and 5 CRPs that was attended by 13 participants representing UP TSU with the aim to list critical topics for modules for CRP training on community and also identified the key skills that need to be transferred to CRPs as part of the their job requirements.
- Exposure visit to Bihar for cross learning of Nutrition interventions: The state team of UP TSU, with an objective of understanding the RMNCH+A and the Nutrition Program implemented by Bihar UP TSU, undertook an

exposure visit to Bihar on 8th and 9th August 2016. IYCF counselling, Anganwadi center support, Training of FLWs were observed and interactions were conducted with regional staff.

 Visit of Bangladesh team to UP: UP TSU facilitated a visit to Barabanki district for the Bangladesh team to observe VHND and Godh barai events on 3rd September 2016. Alive & Thrive team also participated in this visit.



# 2.3.5 Demand Generation and Advocacy Project

# **ABOUT THE PROJECT:**

The TSU is supporting the government of UP for demand generation of health services in 25 high priority districts and is working across elite and vernacular media to help prioritize RMNCH+A among all stakeholders in the state to keep the public momentum and political will at high levels, while providing critical air cover for the Foundation's state efforts. The TSU achieved it through partnering with two organizations that includes: BBC Media Action with specialized technical capacity in the design and development of creative media content and the Centre for Advocacy and Research (CFAR) with the core competency of evidence-based advocacy using media engagement.

## **OBJECTIVES:**



Improved availability of quality productions of mass and mid-media content on key RMNCH+A issues.



Increased regular and continuous use of massand mid-media by GoUP to support the efforts by FLWs for Social and Behaviour Change on health.



Improved coverage and quality of media coverage on the Foundation/TSU/GoUP priority areas in health.



Provided support to NHM, UP in quality implementation of IEC/BCC initiatives at community level.

## **APPROACH:**

- The development/adaptation of content for the mass media to be used by GoUP for the promotion of better child and mother health-related behaviour, based on context research and gap analysis
- Supporting the GoUP in the effective utilization of these media content
- Using media advocacy as a strategic tool to increase decisive engagement on and prioritization of RMNCH+A at various levels through media cultivation, sensitization and training to ensure improved coverage and quality of reporting.

### **KEY INTERVENTIONS:**

• GupShup Potli: It is an audio-media output to be used by frontline health workers with the beneficiaries to inform and initiate discussion on key maternal and child health issues by using a toll-free long-code no. to access the content on key thematic areas. GupShup Potli leverages the Village Health and Nutrition Day (VHND) platform to disseminate health information to beneficiaries. There are a total 12 themes covered, these are on: planning for delivery, antenatal care check-ups, iron folic acid, maternal diet diversity, new born care, two capsules on early and exclusive breastfeeding, two capsules on complementary feeding, two capsules on family planning, and diarrhoea.



Mobile Kunji/Mobile Academy: Mobile Kunji is a state-of-the-art, simple to use, 44 deck of cards audio-visual job aid designed to facilitate conversation Deck of cards that delivers key health messages and guide communication audio delivered via mobile phone – by Dr Anita. The FLWs can access a total of 60 minutes of service in one month. Calls can be made from BSNL handset and SIM provided by UP Govt. The service can be accessed through a unique toll short code on each card. It trains ASHAs in basic IPC skills -the sales cycle approach to negotiated communication





- Media strengthening and advocacy: Media tracking and monitoring to document improvements in the coverage and quality of media reporting on foundation/TSU/GoUP priority areas in health. Media cultivation, sensitization and training to ensure improved coverage and quality of reporting and media crisis management through outreach to journalists in the vernacular and state level print and electronic media in Uttar Pradesh.
- Advocacy efforts to improve guideline for developing IEC/BCC plan: UP-TSU developed guideline for district health officials to develop need base IEC/BCC PIP for 2016-17. UP-TSU proposed the evidence based activities for PIP 2016-17 which was approved by NHM,UP and GOI and NHM.



#### The activities included -

- Jimmedari Nibhao Plan Banao (Family Planning) in 42 districts having high TFR to increase acceptance of family planning methods by eligible couple and bring reduction in number of abortions due to unwanted pregnancies.
- Capacity building of IEC / BCC nodal officers
- Mass media campaign on new born and child health
- Production of 68 episodes of Phone in Program on health issues of UP, each episode will have 3-4 minutes high quality film on all health related issues – this enables people to ask RMNCH+A related questions using dial-in numbers and provide them with an opportunity to interact with audiences directly and to satisfy their queries.





 Hiring for media / Research Agency for Impact Assessment and print and video documentation of NHM, UP. Initiatives to develop scientific and research based reports on best practices of NHM, UP.



### **OUTCOMES ACHIEVED:**

#### MASS MEDIA ACTIVITIES:

UP-TSU worked closely with NHM, Uttar Pradesh on design, pre-test, development, launch and implementation of mass-media and mid-media communication outputs. Following audio-video productions developed to increase awareness among community

- Four existing TV and 2 radio ads shared with NHM (Birth preparedness, Family Planning, Complementary Feeding & Hand Washing). Three of them have gone on air using National Health Mission funds
- Hand washing TV ad aired during the Global Handwashing Day which is on 15 October 2016. Both the TV & radio ads were released by the Hon'ble Health Minister, Mr. J.P. Nadda on 5 August, 2016 for the World Breastfeeding Week

#### MEDIA TRACKING AND MONITORING:

- From Dec'14 to Feb'16, daily tracking of 10 publication is carried out.
- From May'15 tracking of 4 Hindi Publications starts at Zonal level
- From July'15 online editions of Hindi 3 publication of all 25 TSU were available
- From Oct'15 electronic media 3 news channels started.

## **PUBLICATIONS TRACKED:**

- English: Hindustan Times, The Times of India, The Indian Express, The Pioneer
- Hindi: Amar Ujala, Dainik Jagran, Hindustan, Rastriya Sahara, Navbharat Times, Gaon Connection
- Urdu: Awadhnama, Rashtriya Sahara Roznama
- Indicators for tracking matrix: News reports are analyzed on the basis of qualitative and quantitative indicators.

#### MATERIALS DEVELOPED:

- Total 374 materials developed for media. It includes: 186 fact files, 76 press releases, 40 human interest stories, 48 personality sketches or profiles and 2 rejoinders
- Materials for e- newsletter for CRPs and Nurse mentors 4 profiles, 5 on CRPs, 2 on Nurse Mentors and 1 human interest feature







# **COMMUNITY VOICES**

"ASHA diary and Mobile Kunji have made my job easy. ASHA diary shows me the way and Mobile Kunji makes me knowledgeable during beneficiary counselling"

> Vimesh, ASHA Beesalpur block, Patghambarpu village, Rampur district



"Working as a CRP, I have felt that if we provide proper counselling and information to the women and their families regarding benefits of ANC, institutional delivery, immunization and family planning, they are going to change their behavior as expected for sure"

Kranti Lodhi, community resource person, Swar block, Rampur district



# **ABOUT THE TSU:**

IHAT was among the first organizations to plan and implement the HIV/AIDS response in Rajasthan. Its current focus in the state is to enhance outreach, build capacities and improve the quality of health services through a Conditional Cash Transfer scheme in PPTCT Management programme.



# 2.4.1 PPTCT Project supported by PACF

The PACF funded project, Conditional Cash Transfer in PPTCT Management is being implemented by IHAT, supported by National Rural Health Mission (NRHM), Rajasthan State AIDS Control Society (RSACS) and UNICEF in Rajasthan. The project essentially has come to the forefront making use of certain specific strategies to fill the identified gaps in availability and accessibility to PPTCT services and attempting to the stated and much needed integration of PPTCT into the RMNCH+A through a demonstration model in two districts of Rajasthan (Pali and Dungarpur).

### **OBJECTIVES:**

This project manifests the commitment of PACF to support grassroots organizations working towards PPTCT in various parts of the world. The project is attempting to test the efficacy of two specific innovative strategies i.e. vulnerability assessment and conditional cash transfer in increasing the demand to PPTCT services by pregnant women living with HIV in these project districts. As an innovative approach, the ANC services and HIV screening was initiated through camp mode approach which proved to be a great success in maximizing PPTCT outreach, in coordination with government systems. Using such strategies, the project aimed to achieve the following objectives:



Augment the number of HIV screening among pregnant women



Ensure the maximum number of these identified HIV positive mothers receiving prophylactic treatment during pregnancy and beyond



Ensure babies born to HIV positive women are tested early for HIV and to demonstrate effectiveness of Conditional Cash Transfer in enhancing the access to PPTCT services.

## **KEY INTERVENTIONS AND OUTCOMES:**

(Jan. 2013 to March 2016)

- **Estimated number of pregnancies** for both the project districts was 260278 (i.e. April 2013 since project outreach activities initiated, to March 2016); out of which the project was able to reach 69784 pregnant women (26.81%).
- PPTCT counseling and HIV testing: The project has motivated and referred 68721 pregnant women for PPTCT counseling and HIV testing including 31199 who were found vulnerable through the "Vulnerability Assessment Checklist"; out of the all referred, 61486 women got tested.
- Provision of PPTCT and RMNCH services: PPTCT and RMNCH services provided to 204 registered women and children by the end of the March 2016.
- Conditional Cash Transfer (CCT) provision for HIV testing was availed by 16390 women for testing self (as opposed to planned 6500 for the first screening) and 107 women received CCT 178 times for their babies HIV test.
- Health Camps: The project reached out to the un-served areas through 211 Health Camps organized in both districts, and facilitated 10915 pregnant women for getting tested for HIV and 11 reactive in both district. These camps were organized in RMNCH+A context, providing the ANC and other needed services to the pregnant women at PHC/ CHC/Sub Center.
- Arogya Rajasthan Abhiyan IHAT's team in consultation with CMHOs Pali used Arogya Rajasthan Health Camps opportunity to mobilize and encourage maximum number of pregnant women for attending these camps and availing

- the PPTCT counseling & testing services. Total PPTCT testing during Arogya Rajasthan campaign was 5193 with 2 reactive in both the districts. These camps commenced from December 2015 in Pali and from the next month in Dungarpur as well.
- Development of PPTCT Training Module for the ASHA Mentor Training of Trainers (ToT), to mainstream and integrate the PPTCT to broader RMNCH response, improving the access to the PPTCT and RMNCH services.
- ASHA mentor ToT: IHAT in collaboration with the Govt. conducted ASHA Mentor ToT in both the project districts (Mentors trained 33 in Pali and 21 in Dungarpur); the resource material developed and the training reports were shared with the CMHOs and NHM state office
- ASHA Mentor pool was activated while paying them the due honorarium; (2225 test reported (959 in Dungarpur and 1266 in Pali) by 46 ASHA mentors out of 52 active ASHA mentors in both the districts till March 2016. Now, this initiative is proposed to be continued at the NHM level.
- Continued coordination and engagement of government community based cadres in PPTCT response; 913 ANMs trained in PPTCT through one day training; 6206 ASHAs and AWWs (85.77% of total) were oriented through the monthly sector meetings for making referrals and due follow-up if a pregnant woman is identified HIV positive.
- Continued communication and advocacy at the state & district levels particularly, having discussions towards integration of PPTCT-RMNCH+A, lead to developing ASHA mentors' role, introducing them to the project MIS and ASHA incentive scheme (CCT) in the project districts.
- Provision of HIV test kit: Total 21955 HIV test kit provided by IHAT (10930 in Dungarpur and 11025 in Pali district) for the PPTCT screening during the ANC; it was 35.70% of the total PPTCT testing during the project period.
- **HIV testing:** Total 127 babies tested for HIV at least once out of 155 eligible for HIV test; 114 reported HIV negative

while 6 DBS test results were awaited till March end. Total 78 babies tested for HIV within their first six months. Out of the 60 babies who completed 18 months age during the project duration, 48 got tested for HIV and 45 reported HIV negative, after 18 months confirmatory test.

## **ACHIEVEMENTS:**

In the concluding year of the project, efforts were focused on the RMNCH+A - PPTCT integration improving the project performance as well as enhancing the role of ASHA as a lead for meeting the project targets and achieving equal results on all indicators of the log frame.

- IHAT in coordination with NHM and CMHO offices has taken an initiative to conduct a one day training of trainers (TOTs) for the ASHA Supervisors / Coordinators and the project staff in June 2015.
- The ASHA Mentor pool was activated for boosting the

- PPTCT referrals, testing and monthly reporting through ASHAs; supported by the two Consultants on ground, along with necessary reporting tools and a monthly honorarium of INR 500 to facilitate their travel/communication.
- Increased involvement of the stakeholders from the health department of Rajasthan, showing a substantial increase in the referrals, testing and follow-up services that were made available to the identified HIV positive mother baby pairs, as comparing to the last year's numbers. This was achieved by following a continued process of joint planning between the IHAT project teams and concerned district / sub-district officials, supported by the required government orders.
- Government's support was continued by deputing the LT/ Counselors/other functionaries for the ANC/PPTCT health camps while jointly ensuring the HIV Test-Kit supplies (be it by the government system or made available through the project); IHAT has ensured all time adequate test kit supplies, contributing 35.70% of the total PPTCT testing.





# **Funding Partners**

- University of Manitoba, Canada
- Public Health Foundation of India (PHFI)
- Government of India through National AIDS Control Organisation (NACO)
- Government of Karnataka through Karnataka State AIDS Preventions Society (KSAPS)
- Government of Delhi through Delhi State AIDS Control Society (DSACS)
- ViiV Healthcare UK Ltd.
- UNICEF
- Karnataka Health Promotion Trust (KHPT)
- **United Nation Development Project**
- IL&FS Education & Technology Services Ltd.
- Health Department, Ajmer
- State Training Resource Centre (STRC), Rajasthan
- Save the Children Bal Raksha Bharat
- Rajasthan State AIDS Control Society (RSACS)
- Government of Uttar Pradesh











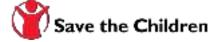






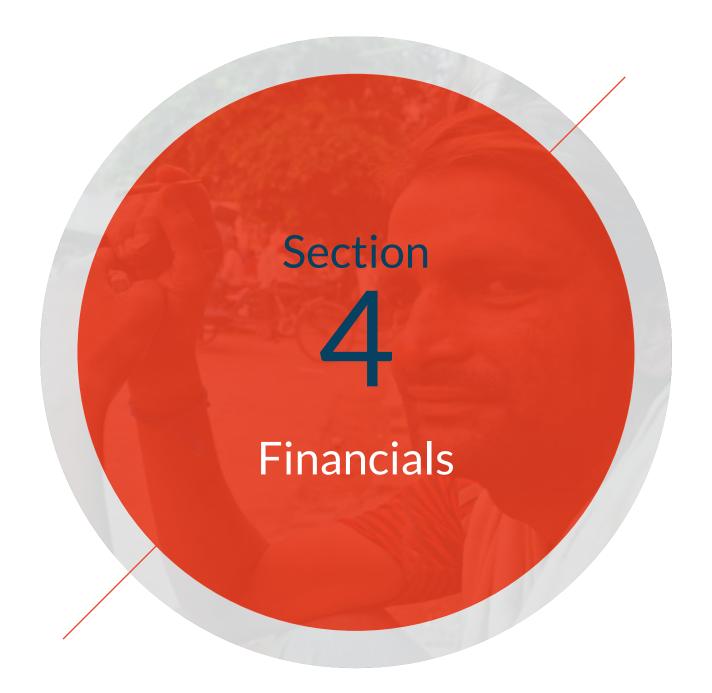












No. 13, 1st Floor, 4th Cross, N.S. Iyengar Street, Sheshadripuram, Bongalore - 540 020

Balance sheet as at 31st Warch, 2016 - Contollidated

		Total	Total
Particulars	Note No	As at 31st March, 2016 (Rupses)	Ar At 31st March, 2015 (Rappen)
L LABILITIES			171000000000
Copital Fund	10	2,40,51,303.83	1,08,19,142.28
Grant Received to Advancer	1.23	2,32,24,769.29	1,85,94,387.48
Capital Reserve A/c		5,85,47,787.63	5,74,19,398.0
Non-Current Liabilities	31	3	
Long farm provisions		20,25,030,00	28.54,667.00
and the state of t			
Current Liabilities	4	3	
Current Liabilities & Payables		2.21,43.111.22	1,78,38,777.71
		200000000000000000000000000000000000000	
TOTAL LIABILITIES		13,00,12,001.96	11,37,24,872.44
N. ASSETS			
Non-current assets			
Flood assets		5,97,31,176,61	5.88:40,679:41
Long term loans and advances	6	67,48,642.50	61,42,353.00
		-	
Current assets		~	
Cash and cash equivalents		5,50,05,233,51	4.60,23,728.02
Short-term loans and advences	8.	60, 29, 274, 22	6,86,365.00
Other current assets		30.87,675.11	20,33,247.21
100.000000000000000	20	tenan varia	
TOTAL ASSETS		13,00,12,001.96	11,37,26,872.64
Significant Accounting Pulicies and Notes on Accounts.			

The notes referred to above one integral part of Balance Sheet.

Per Report of Even Date

For Ingla Health Action Trust

N. Screen

Chartered Accountant MM No. 023866

Managing Trustee

Shaly hac

Nonjundappa G M Director Finance

Place : Bangstore

Date : 28.09.2016

No. 13, 1st Floor, 4th Cross, N S (yengar Street, Sheshadripurum, Bangulore - 560 020

Statement of Income and Expenditure - Consolidated

		Total	Total
Particulars	Note No	For the year ended 31st March, 2016 (Rupers)	For the year ended 31st March, 2015 (Rupers)
INCOME	1-25	recommend)	
Other income	10	45,88,855,88	44,74,250.00
Grant Utilized	100	40,48,42,660.33	40,15,66,757.50
Total Revenue		40,94,31,516,21	40,60,41,007.50
EXPENSES			
Project & Other expenses	99	37,82,64,871,84	36,45,36,675.00
Imployee benefit expenses.	32	45,55,715.00	47,55,015,00
Financial costs	13	24,145.51	51,702,94
Depreciation and amortization expenses	1	1,31,46,436.50	1,02,50,121,52
Provision for Expenses	16	5,82,999.00	2,63,742.00
Total Expenses		39,65,74,167.85	17,98,57,256,46
Loss : Previous year's Accumulated Income applied during the year			2,69,63,330.00
Balance Expenses		39,65,74,167.85	35,28,93,926,46
Excess of income over Expenditure transferred to Capital Fund Account		1,28,57,348.36	5,31,47,081,04
Significant Accounting Policies and Notes on Accounts			

The notes referred to above are integral part of Statement of Income and Expenditure.

Per Report of Even Date:

For Indig Health Action Trust.

N. Suresh Chartered Accountant

MM No. 023866

Menaging Trustee

Shuly bac

Nanjundappa G M Director Finance

Place : Bangalore Date : 28.09,2016

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Bangaiore

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Ho. 13, 1st Fixor, 4th Cross, H.S.Tyengar Street, Shrihad-Spuram, Bangalore - 560'020.

#### HOTES TO CONSOLIBATED BALANCE SHEET

Total	
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31st Wests, 2016	THE MARCH, 3848
(Rayers)	(Fuerro
	450.00-00
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(94,40,009.51)	
16,483,00	
1,28,37,148.36	5,31,47,061,64
2,40,51,303.83	12,01,94,757.67
	1.69,43,330.00
	7.64.13,785.59
	1,040,131,749,34
	1,60,19,642.28
100	
	1.5
2.33,24,764.59	1,89,94,167.48
7.32,24,769,39	1,89,94,387,48
20,25,030.00	16,13,975.00 10,49,652.00
10.15 830.00	28,54,667.00
	34,70,311.00
	76.16.314.00
	27,22,867,77
47,53,166,22	36,21,285.00
2.21.63.111.22	1,76.38,777,77
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	30 at 310 aerch 2016 (\$5,000) 1,68,19,641,98 (16,40,008,01) 16,463,00 1,25,37,346,36 2,46,51,303,83 2,32,24,769,29 2,32,24,769,29 2,32,24,769,39 30,25,030,00



		Total	
		As at:	A6 #1
		3 fac March, 2016	THE MAYOR, 2019
		(Rupois)	(Fispeen)
	HON CURRENT ASSETS		
.6	Long Term Loans and Advances	-	
	Renfal Adverse	61,22,892.50	61,07,083.00
	Other Adverses	25,750.00	35,270.00
	1200E		
	Total	61,48,642.50	61,42,353.00
	CURRENT ASSETS		
7	Cash and Cash Equivalents		
	Cash on hand	92,374.00	1,35,601,00
	Balances with Schodulad bunks		
	Sank Salarson	4,94,12,854.52	4,58,88,127,02
	In Deparits	50,00,000.00.	-3000
	Total	5,50,05,233.52	4,60,23,728.01
	Shart-term Loans & Advances		
	Advance to Units	47,59,847,22	
	Employees' Advances	1,90,477.00	1,30,428.00
	Expenses Advance	11,28,950.00	5,34,439.00
	Total	80,19,274.22	6,86,865.00
,	Other Current Assets		
	TD5 Receivable	24,42,772,21	11,56,294.21
	Accrued Interest on Fixed Deposits to Sti		
	Accinets.	8,44,902,90	6,76,953,00
	Total	30,87,675.11	20,33,247,21
		The state of the s	



No. 12, 1st Floor, 40-Gross, HS (pergar Street, Shedoxir Josian, Bargalure - 500 005)

#### HOTES TO CONSOLIGNTED PICONE AND EXPENSITURE ACCOUNT

	Total	Tetal
	the the past month	To be per wine.
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	(Syrm)	(Supres)
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Grant Received		98.75.86.75T.70
Grant Utilized	10,46,42,668,31	12000399467
	40,48,47,668.53	49,15,64,757,75
DTHER INCOME		
Internal Resolver	<.00.85.00	+4,74,250.00
	45,41,615,64	44,74,150.00
Total -INCOME	40,94,31,514,21	40.60,41,997.78
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IN PROJECT IS OTHER EXPENSES. Propost Concernes.	34/45/55 141-20	33,39,17,976,00
Auditors representation	34,81,53,141,20	33,39,17,979,00
Ai duiltar	A.65,476,00	3,47,700,00
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Communication Expension	0.02045402340	27,25,358.00
Computer Melitonance	1.42,199.50	5,60,791,00
Consultancy Chargos Flee	1,07,26,405,50	94,20,467,00
Decision & Water	78.86,785.90	16,08,516,66
PROFESSION OF ADMITS	7.83.888.00	1,56,790,00
Jacobs & Professions	56,716,00	14,369.00
meeting Exprinses	4.76.451.00	74,51,547,00
Office Expenses	28, 63, 667, 30	25,93,767.00
Postage & Courter	81,211,30	3,58,719.00
Printing & Stationery	12.35,497.50	91,39,174,00
hers office is Differy	67, 15, 201, 30	36,11,479.00
Repairs & Wathtenance	C36,303,00	6,75,183.00
Retor & Taxes	1,000,00	1,675,00
Travel Experien	17,37,721,30	16,37,110.00
Vehicle ropor 3 recenterance	14.65,191.00	11,24,403.00
	17,82,64,871.84	35,49.36,675,00
TE SAPLUTES BOMETS EXPONES		
Sataries, employees benefits, etc.	49, 55, 215, 30	47,75,015.06
	45,55,715.00	47,55,015,00
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Dank charges	241601	31,710,94
	arrival.	
	24,143,11	61, NO. 54
14 PROVIDENTER EXPENSES	0.00	
Staff Granuity account.	3,40,799.00	3,42,747,08
	5,82,999.60	2,43,741.00
		10.000000000



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7	Office Equipments	4,411				4,611	154	862		067	2,749
1	Office Vehicle	11,15,468		4.1		77,75,489	199	E,87,253		1,61,383	9,46,336
	Total Rs.	11,67,818	42,100			12,10,211		1,21,994	1.0	2.21,964	9,88,021





# **Management Team**

# Dr Shajy K Isac, Managing Trustee

Shajy K Isac, PhD, Senior Technical Advisor, Monitoring and Evaluation, University of Manitoba has over 18 years of experience in research and monitoring and evaluation of programs. Currently, he is serving as Managing Trustee at IHAT. He has designed and implemented monitoring & evaluation framework of HIV prevention and care and maternal and child health programs globally. Dr Isac has been providing technical support in epidemic appraisal and developing monitoring and evaluation framework for programs in many countries in Asia, Africa and Europe through University of Manitoba technical support initiative. He has spear headed a number of research studies of global relevance and is a member of various technical working groups both in India and outside. Dr Isac has authored more than 70 peer reviewed papers and has mentored number of research students from India and abroad.

# Ms Mallika Tharakan, Trustee

Mallika Tharakan is a social scientist with a Master's degree in Social work from the Tata Institute of Social Work (TISS). She currently serves as a Trustee at IHAT. Her core areas of support are in programme design, community strategies, advocacy and communications in the areas of HIV/ AIDS prevention, maternal neonatal and child health, community institution building and adolescent girl's education and health. She actively engages in formulating governance related policies for IHAT. She also oversees the networking and partnerships initiatives of IHAT, interfacing with academic institutions, corporates and other civil society groups for forging meaningful partnerships.

# Prof Shivalingappa S Halli, Trustee

Shivalingappa S Halli is currently serving as a Trustee at IHAT and has also been working as a Senior Professor at the University of Manitoba for the last 29 years. He is also a founding member of the University's HIV/AIDS prevention programme team in Karnataka where he played an active role in community mobilization, advocacy for administrative and political support to establish the HIV/AIDS program especially in northern Karnataka. He also served as a member of the Evaluation Advisory Group of the Bill and Melinda Gates Foundation for HIV/AIDS programme in India.

# Ms Sunitha B J, Treasurer

Sunitha B.J, currently serves as a Treasurer at IHAT. She has more than a decade of experience in psychosocial aspects of HIV prevention, HIV/AIDS care and support, drug resistant TB, violence against women and women in sex work. She specialises in gender, sexuality and violence against women and is passionate about bringing in gender equity, reducing violence, empowering women and creating a equitable ecosystem for women. Her skills have been leveraged by the NACO and Karnataka State AIDS Prevention Society (KSAPS) for improving counselling, designing and implementing trainings.

Section 5: Management Team 52



Registered Office: India Health Action Trust 13, 1st Floor, 4th Cross N S Iyenagar Street, Sheshadripuram Bengaluru - 560 020, Karnataka

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