ihat
India Health Action Trust

A•N•N•U•A•L REPORT
2014-2015


Jammu &
Kashmir
Himachal
Pradesh
Punjab
Haryana
Delhi
Uttar Pradesh
Rajasthan
JAIPUR
LUCKNOW
Gujarat
Madhya Pradesh
Bihar
Sikkim
Arunachal
Pradesh
Assam
Nagaland
Meghalaya
Manipur
Tripura
Mizoram
Jharkhand
West
Bengal
Chattisgarh
Orissa
Maharashtra
Bay of
Bengal
Telegana
Goa
Andhra
Pradesh
Karnataka
BENGALURU
Puducherry
Tamil Nadu
Kerala
Maldives
Andaman
Nicobar Isl

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Acronyms and Abbreviations

AAP	Annual Action Plan
AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-retroviral Therapy
ASHA	Accredited Social Health Activist
BCS	Block Community Supervisor
BPHC	Block Primary Health Centre
CBO	Community-based Organisation
CCT	Conditional Cash Transfer
CHC	Community Health Centre
CMIS	Computerised Management Information System
CRP	Community Resource Person
DAC	Department of AIDS Control
DAPCU	District AIDS Prevention and Control Unit
DBS	Dried Blood Spot
DSRC	Designated STI and RTI Clinic
ETT	Enumeration and Tracking Tool
FSW	Female Sex Worker
GFATM	Global Fund for AIDS, TB and Malaria
GoI	Government of India
GoUP	Government of Uttar Pradesh
HMIS	Health Management and Information System
HIV	Human Immunodeficiency Virus
HRG	High-risk Group
ICTC	Integrated Counselling and Testing Centre
IDU	Injecting Drug User
IHAT	India Health Action Trust
KSAPS	Karnataka State AIDS Prevention Society
MSM	Men who have Sex with Men
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NGO	Non-governmental Organisation
NRHM	National Rural Health Mission
ORW	Outreach Worker
PACF	Positive Action for Children Fund
PHC	Primary Health Centre
PPTCT	Prevention of Parent to Child Transmission
PWID	People Who Inject Drugs
RMC	Regular Medical Check-up
RMNCH+A	Reproductive, Maternal, Neonatal, Child and Adolescent Health
RSACS	Rajasthan State AIDS Control Society
SACS	State AIDS Control Society
SIMS	Strategic Information Management System
STI	Sexually Transmitted Infection
TI	Targeted Intervention
TSU	Technical Support Unit
UM	University of Manitoba
VAC	Vulnerability Assessment Checklist

Message From Managing Trustee

India Health Action Trust (IHAT) has been dedicated to its vision in the year 2014-15. IHAT has reached out to its target population and empowered the communities through its programs. As you go through this year's report, I hope you will experience the various milestones which IHAT has established while transforming lives of marginalized people. This year the key focus was to build our presence in Delhi. Thus, IHAT was able to establish a Technical Support Unit in Delhi.

As an organization we went through considerable reflection and reorganization. We feel proud about the existing projects that have been doing well. This year we impacted over 2.2 million people in the states of Uttar Pradesh, Karnataka, Rajasthan and Delhi. These included pregnant women, new born, children, adolescents, female sex workers, men who have sex with men, migrants, truckers, injecting drug users, transgender's, PLHIVs and health workers.

The existing projects like MNCH+A, family planning, media advocacy & demand generation, pneumonia & diarrhea, prevention from parent to child transmission, conditional cash transfer, technical support unit to KSAPS and DSACS has contributed towards health system strengthening and mainstreaming of communities. While focusing on the existing programs we would also like to take initiative and invest on innovations, develop models like big city intervention and develop sustainable programs for community based organizations in the coming year.

As we embark on this journey with new goals and deeper focus, I take this opportunity to thank all our funders, partners, supporters, stakeholders and IHAT staff who have remained supportive and committed to our vision. Our special thanks to Center for Global Public Health (CGPH), University of Manitoba (UoM) for their constant support and guidance. We will continue our efforts towards positive change by empowering communities with strong solidarity and collective constructions.

Senthil Kumaran Murugan
Managing Trustee

1. Introduction/Overview

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. IHAT envisions impacting the public health policy and programs in the country through the application of program science approach.

1.1 Objectives

- To facilitate research of health, particularly reproductive health.
- To link with organizations that work to improve health and well-being in similar areas.
- To promote, develop and support HIV/AIDS prevention, care and support projects.
- To communicate information about programmes and practices to the public and other stakeholders.
- To share its benefits with all, regardless of caste, creed or religion.
- To assist individuals and organizations rendering similar services by partnering with them or providing funds and material support.

1.2 Team

Senthil K. Murugan, Managing Trustee

A social scientist with extensive experience with the UN and other funding and implementing agencies, Senthil Murugan leads IHAT's learning and sharing initiatives, including KSAPS' Technical Support Unit (TSU). In the course of his work with grassroots communities most at risk of acquiring and transmitting HIV, Mr. Murugan has developed national policies and strategies for high-risk groups (HRGs), studied the socio-economic condition of female sex workers (FSWs) and their children, and managed HIV prevention programmes in Kerala, Karnataka and Tamil Nadu.

Mr. Murugan has a Master's degree in Social Work from the Madras School of Social Work, Madras University.

Dr. Shajy K Isac, Treasurer

Dr. Shajy K Isac, who currently heads UM's research team in India, has over 16 years of experience in mapping, monitoring and evaluating large scale programmes for HIV/AIDS; maternal, child and reproductive health; and education, in Asia, Africa and Europe. He has led studies for national and international donors including UNICEF, World Bank, WHO, UNFPA, USAID, RTI, DFID (UK), the Ministry of Health and Family Welfare, Government of India (GoI) and several state governments. Dr. Isac has authored over 35 papers and mentored research students from India and abroad.

Dr. Isac received his Ph.D from the International Institute of Population Sciences, Mumbai.

Parinita Bhattacharjee, Trustee

Parinita Bhattacharjee has over 19 years of extensive experience in designing and managing programmes for sexual health, and HIV prevention and care. She currently provides technical support to the Government of Kenya's HIV prevention programmes. A strong believer in planning with the community, Ms. Bhattacharjee has developed participatory tools on sexual health and provided technical support to the HIV prevention interventions of the governments of Bhutan, Sri Lanka and Ethiopia. She has authored journal articles, strategy papers, reports and project related training manuals.

Ms. Bhattacharjee holds a Master's degree in Medical and Psychiatric Social Work from the Tata Institute of Social Sciences, Mumbai.

Dr. Priyamvada Singh, Trustee

Dr. Singh has a background in social sciences. She is deeply committed to addressing social inequalities, particularly concerning women and girls' health, education and development. Over the past 28 years, she has developed and managed innovative education, health and HIV/AIDS programmes for rural and urban youth, marginalized groups, sex workers and people living with HIV. In Rajasthan, she managed and led prestigious projects such as the CIDA-funded ICHAP, SIDA and DFID-funded Education For All "LokJumbish", CARE India's Girls' Primary Education project PSS, Save the Children and UNICEF supported maternal and child health projects and GFATM and PACF-ViiV Health Care UK's PPTCT projects.

Dr. Singh has authored several publications on education and HIV/AIDS. She holds LL.B, MBA and Master's degrees and received her Ph.D from the University of Rajasthan, Jaipur.

Dr. Gursimran Grewal
Deputy Director, Family Planning project, UP TSU

A physician by training, Dr Grewal has 11 years of experience in, programme implementation, monitoring and evaluation in the field of, HIV/AIDS and reproductive health. Dr. Grewal has worked on projects in India and Africa and provided technical assistance to national programs for HIV/AIDS.

Dr. Grewal received her M.P.H. from the Johns Hopkins University

Dr. B.M. Ramesh
Project Director, Technical Support Unit-UP,
Assistant Professor, UM

A demographer by training, Dr. Ramesh has 28 years of experience in teaching, research, programme implementation, monitoring and evaluation in the field of demography, maternal, newborn and child health, and HIV/AIDS. He has pioneered several tools and methods for evidence-based planning, such as geographical mapping of HRGs, management information systems for peer educators and programme managers, and polling booth surveys to measure programme outcomes. Dr. Ramesh was one of the first coordinators of the National Family Health Survey (1992-93), one of the largest household surveys conducted in India.

Dr. Ramesh holds a Ph.D in Demography from Bombay University.

Dr. Joseph Francis Munjattu
Team Leader, Delhi TSU

Equipped with an academic background in social sciences, Joseph has gained expertise in program development and management, strategic planning, ethnography, documentation, financial planning, stakeholder management, partner procurement and capacity building of partners. He has more than 19 years' working experience in the field of developmental programs predominantly in public health. He has been working in the area of public health in Kerala, Goa, Karnataka and Delhi states and engaged in national level assignments in India.

Dr. Joseph holds a PhD in Folklore

Shashidharan Katteri
Team Leader – TI, Karnataka TSU

Shashidharan is a development professional with 27 years of experience in project consultancy, project management, capacity building, micro enterprise, entrepreneurship development and HIV/AIDS prevention and care and support programmes. He is a national level master trainer and has been a faculty at the Rural Development and Self Employment (RUDSETI). He was also a member of the Technical Working Group for developing a national module on Prime Minister's **Rojgar Yojana (PMRY).**

He holds a master's degree in Social Work and post graduate diploma in Human Resource Management

OUR WORK

2.1 Delhi- Technical Support Unit

Name of the Project: Technical Support Unit for DSACS

State Map and Coverage of Districts

Figure 2a: State map and coverage of districts: Delhi

Beneficiaries (2014-15)

- Female Sex Workers (FSWs): 45600
- MSMs: 16200
- TGs: 7268
- IDUs: 11900
- Truckers: 50000
- Migrants: 300000

Donors: National AIDS Control Organisation (NACO)

Number of Staff: 17

Major Achievements

Name of the Project: Technical Support Unit for DSACS

- Updated individuals tracking system and services register in place in all the TIs
- A new micro-plan tool devised and training provided to all the TIs to implement it. The new tool captures the vulnerabilities and risk factors of the HRG including the geo location and other details. This has enabled TIs for better planning of outreach.
- Site revalidation of all the core groups except TGs in the state for program evidences.
- ELM intervention with government and private corporates: Delhi Metro Rail Corporation, Delhi Transport Corporation, Delhi Milk Scheme, Security Sector Skill Development Council, More Mega Mart, Tata steel.
- Research and documentation done on changing female sex work pattern in Delhi. A document entitled "Changing Female Sex Work Patterns in Delhi: Geographical to Virtual Network" published. Highly appreciated by DSACS, NACO and World Bank JIRM team.
- Migrants mapped with the view to scale-up the migrant intervention in the state.
- Six monthly grading system: At the end of first six months of the year 2014-15, 15.8% of the TIs were in the poor category, 44.2% in average, 33.7% in good and 6.3% in very good category. At the end of the year 2014-15 the six months grading reflected that none of the TIs were in the poor category, 8% were in the average category, 40.9% in good and 51.1% in the very good category.
- ICTC proximity analysis was done to relocate the ICTCs to increase the accessibility for the HRGs.
- Two workshops on Big City Interventions were conducted; one internal and the other with the implementing partners and technical experts. A concept note was prepared and shared to DSACS and NACO.
- OST feasibility assessment was done and reports shared with the DSACS.
- The TSU scored 82% in the annual assessment of NACO.

Table 2a: Project activity, results and accomplishments

	Project components	Results	Accomplishments
1.	Strengthening quality of TI projects	• Regular visits to the TIs and onsite trainings/ orientation of the TI staff • Advocacy with stakeholders & service providers • Quarterly assessment of TIs • Networking with DAPCU and ICTC to improve referrals • Joint visits with DAPCU and JD TI • 11 Meetings with DAPCU on TI review • Feedback to TIs after each visit of POs and team leaders	• Improved capacity of TI staff • Improvement of service delivery • ICTC linkages increased (data year 2013-14 and 2014-15) (IDUs: 38.7 - 50.2%, MSMs: 50.6% - 56.9%, TG: 44.7 - 55.7%, Migrant: 24.6 - 28.9%, Truckers: 27.2 - 31.7%) • Syphilis testing increased (data year 2013-14 and 2014-15) (FSWs: 46.5 - 62%, IDU: 32.9 - 59.6%, MSMs: 38.1 - 42.6%, TGs: 37.2 - 45.5%) • ART linkages have improved (FSWs: 67.2 - 73.6%, MSMs: 74% - 94%)
2.	STI services: Supporting SACS in expanding access to services, quality control/assurance and monitoring	• Focus on hand-holding and knowledge enhancement of counsellors and doctors -Verification of the clinical documents and clinical setup to ensure quality services to the HRG • Feedback of the visits shared with the TIs, concerned POs and DSACS • Orientation for the TI team for SIMS reporting	• Increased capacity of clinical staff • Streamlined and improved documentation of clinical services • More STI cases detected in TI clinics/health camps • Increase in Syphilis testing among the core group • Increase in ICTC target achievements • TIs have improved the quality of effective referral for HIV testing by focusing on backlog cases

	Project components	Results	Accomplishments
8.	Monitoring and evaluation	• Compiled the validation data of HRG for all typologies except TG • Analyzed the monthly 31 indicator report of TIs and shared the reports with SACS and TSU • Provided supportive supervision to TIs • Developed a dashboard with indicators of TIs for sharing with DSACS on monthly basis	• All registers and formats are being maintained by the TI staff • Quality and completeness of data had improved with the supportive supervision • 100% reporting is being achieved on the CMIS data with accuracy in terms of soft and hard copy data • Dashboard indicators are being shared with DSACS on monthly basis
9.	Employer-led Model (ELM)	• One to one meetings with Tata Steel, Delhi Metro Rail Corporation, MORE Megastore, Security Sector Skill Development Council (SSSDC), Delhi Milk Scheme, and Delhi Transport Corporation • Two sensitization meetings with the Market Association and Truckers Association and Delhi Agriculture Marketing Board • Training of trainers for SSSDC, More, Tata Steel • Awareness programs for the workers of Delhi Milk Scheme, Tata Steel was done under ELM • Visits to the migrant TI were made to identify new industries.	• 100 participants were sensitized in the meeting about ELM • 20 board members were sensitized about the ELM program • 30 trainers were trained in the training of trainers program at SSSDC • 40 participants were trained at More on HIV/AIDS under the ELM initiative • 100 workers participated in the awareness program at Tata Steel • 150 participants were sensitized in the awareness program about HIV/AIDS • 30 trainers were trained for HIV/AIDS at SSSDC • 10 participants were trained at Tata Steel on HIV/AIDS under the ELM initiative • An awareness program by peer educators was planned for April

Case Study 1

Sona (30) is married and has two daughters and one son. She is a sex-worker and also works as a peer educator. She is the only earning member in a family of six members. An outreach worker in her area told her about the targeted intervention (TI), which she says changed her life. She had no knowledge about HIV/AIDS or STIs and did not know how to protect herself. Now she is a confident peer educator and in fact gives information to others about the infection and how to protect themselves from it.

The intervention is important for her in other ways too because she and her family and friends have access to clinical and other services. She says, “If we did not get help from this intervention, I might have got HIV. It is important that these activities continue because we get awareness, health check-ups and we also get a regular supply of condoms.” She continues, “The counselling has been of great help. I was so afraid of getting myself tested before. After being counselled, I know now that it is important to get tested and to know how the infection spreads. I also know that my information will not be shared with anyone and this gives me comfort.”

Sona also shares that she has now learnt about the benefits of condom use and how it helps prevent the spread of HIV. She is doing a lot to spread awareness on what she has learnt. She avails health check-ups regularly and says that the doctor and counsellor at the TI have also told her about the benefits of a healthy lifestyle, hygiene and safe sex practices. She has also been diagnosed with and recovered from an STI after being treated for it.

Case Study 2

Jugal (50) is married and has two children. He works as a driver and has seven dependents. He is an injecting drug user (IDU) and came to know of the TI through a friend who is also a drug user. He shares that the intervention has changed his life because when he was injecting drugs, he lived like an animal and did not care for his family. His only concern was how and where he would get his next dose of drugs. He is now on OST medication, which helps him by giving him relief from withdrawal symptoms. He says that his family has started loving him again and seeks out his company. He too wants to live a good life for their sake. He is happy that he is now protected from the HIV infection too.

There are several other ways in which the intervention has helped him. He says, “Regular counselling has helped me realise the importance of safe needles and syringes and how to protect myself from getting the HIV infection. I had an abscess in my leg and I have availed treatment from the clinical services team in the intervention. It is alright now. OST has gradually helped me to move away from injecting drugs. The counselling has helped me so much by giving me awareness on how to protect myself. I hope it continues for a long time and helps more people like me.”

Testimonials

"If you believe in others and give them a positive reputation to uphold, you can help them to become better than they think they are. I believe this is what the Targeted Intervention program in Delhi has tried to achieve. The experience of my team and I of working with IHAT is amazing and we have always found their strong support. We desire to continue getting the same support from IHAT to help us grow strong and bigger."

- Rudrani Chettri, Project Director, Target Information Program-MSM, West Delhi.

"IHAT TSU have supported and encouraged the TI NGO to work in a better way. Regular supportive supervision and working along with us, continuous guidance and interaction with HRGs by the TSU officers helped very much to improve the quality of our work. Regular filed visits by the programme officers and TSU team resulted in improvement of the service delivery and outreach.

My TI was an average performing TI earlier. Presently, by the support from IHAT TSU we have improved and reached to the very good category. TSU have helped us in identifying and reaching out to the missed out population through site revalidation and new micro planning.

Ms. Kusum, Outreach Worker, SAVERA FSW II, General Secretary, All India Network of Sex Workers

2.2 Karnataka - Technical Support Unit

Name of the Project: Technical Support Unit (TSU) for Karnataka State AIDS Prevention Society (KSAPS)

State Map and Coverage of Districts

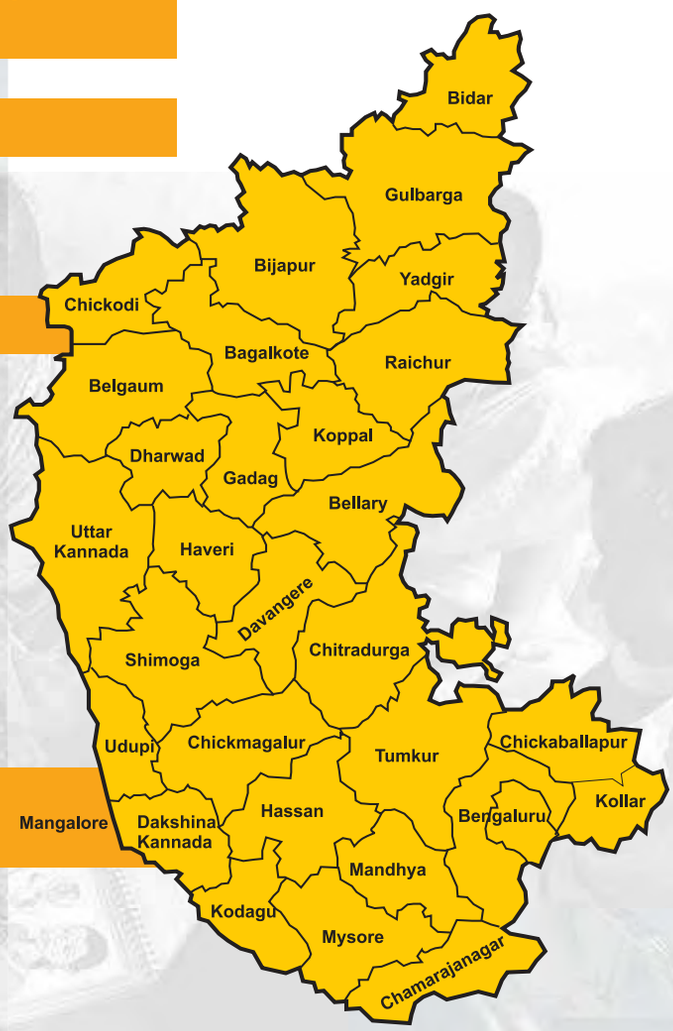

Figure 2b: State map and coverage of districts: Karnataka

Beneficiaries (2014-15):

Typology	CBO	NGO	Total
FSWs	63,592	22,825	86,417
IDUs		1,804	1,804
Migrants	30,000	1,80,000	2,10,000
MSMs	21,111	6,852	27,963
TGs	996	800	1,796
Truckers	5,000	75,000	80,000

Donors: National AIDS Control Organisation (NACO)

Fund flow: From Population Health Foundation of India (PHFI) to India Health Action Trust (IHAT) on approval from NACO

Number of Staff: 15

Major Achievements

- Site revalidation

- Site revalidation of all the core groups in the state accomplished.The line listing of all core TIs have been completed and drop-outs deleted. Newly registered FSWs and MSMs are added to the line lists.

- Six monthly grading system

- 17% of the TIs have upgraded to very good performance between the 1st and 2nd six-month reviews.

- Mobilizing referrals from the clinic to Govt. hospitals.
- Redistribution of drugs in times of drug shortages.

Results / Achievements

- Improvement in the capacity of TI clinic staff.
- Improvement in the documentation of clinical services.
- Greater numbers of STI cases detected in TI clinics and camps.
- Around 40 – 50% of communities were going to Government hospitals for treatment.

Referral linkages

- Priority given to linkages and TIs equipped to improve their performance through regular visits and trainings.
- PO TSU attending the coordination meetings organized by DAPCUs at the district level.
- Advocacy with DAPCUs and THOs for RPR rotators at required ICTC centres.
- Mobilizing TI resources for engaging private labs for Syphilis test in hard to reach areas.

Results / Achievements

- Focused approach on linkages.
- Joint visits with DAPCU / SACS to TIs to resolve problems in the facilities and to create a good environment.

Mainstreaming, Social Mobilization

- Onsite training for the TI team on mainstreaming and social mobilization.

Results / Achievements

Achievements in the year 2014-15:

- Ration Cards - 3674.
- Jandhan Yojana enrolments - 3994.
- Voter IDs - 4266.
- Aadhaar Cards - 6516.

Monitoring and Evaluation

- Close monitoring of SIMS data and sharing of analyzed reports with TSUs & SACS.
- Provided supportive supervision to TIs.
- Onsite refresher trainings to TI staff.

Results / Achievements

- All the registers and forms were maintained by the TI staff.
- Quality and completeness of data has improved.
- 100% reporting is being achieved on SIMS data with accuracy in terms of soft and hard copies.

Capacity building

- Orientation of new staffs and prepared outreach plans with peers.
- Trained HRGs, TI monitoring skills were explained to PM and M&E.
- TI counsellors were oriented on the importance of regular visits to ART centers and meeting with ART staff to ensure follow up of LFU cases.
- TI partners supported on prioritization of those 'at most risk'. Wherever it was not updated, orientation was given to staff on the importance of updating, and micro plans were prepared.
- To ensure 100% linkages of HRG found positive to services,

the TSU has developed formats for capturing information on
Gs at TI level. TI counsellors have been oriented

- Supported TIs to prepare site-load mapping.
- Service tracking sheet and due list prepared and gap analysis done.
- Weekly reporting initiated through Google.docs
- PEs profile reviewed.

Essential commodities (Condom and Needles/Syringes)

Condom services:

- Weekly condom report monitored and ensured that 60 days of condom stocks available with all TIs. POs visited condom outlets spots.
- Condom register is verified and, demand and distribution data has been analyzed and feedback given to the TI team regularly.
- Joint visits made with Technical Support Group - Condom promotion and KSAPS officials.
- Coordination meeting with State Marketing Officer regarding social marketing of condoms in migrant TIs held in regular intervals.

Results / Achievements

- 100% supply of syringes and needles ensured during the year.
- Essential commodities (Condoms and Needles/Syringes) were in sufficient stock with the TIs.

2.3 Rajasthan

Projects in Rajasthan

IHAT is implementing Prevention of Parent to Child Transmission of HIV (PPTCT) projects in 10 districts protecting infants from HIV. There are two types of interventions:

Figure 2c: State map and coverage of districts: Rajasthan

- PPTCT in eight priority districts in Rajasthan. For this project, the Infrastructure Leasing & Financial Services (IL&FS)& ETS Ltd. New Delhi is the Principal Recipient (PR) and IHAT is the sub-recipient (SR) under the GFATM supported PPTCT program.
- The project 'Conditional Cash Transfer (CCT) in PPTCT Management' is being implemented in two districts of Rajasthan, in association with IMPACT New Delhi, supported by ViiV Healthcare's Positive Action for Children Fund (PACF), UK grant. This project aims at developing capacities of existing human resources in Rajasthan to better implement the PPTCT program by enhancing the outreach to the target population and providing quality services. The project contributes to the UN Mission's goal of "Countdown Zero' through early infant diagnosis. All HIV-AIDS and MNCH interventions of IHAT over the past 10 years in Rajasthan also had components of TB detection and treatment as an integral part of these HIV prevention program responses.

IHAT's PPTCT programme coverage and assistance to the Rajasthan State AIDS Control Society (RSACS) is in 10 out of 33 districts. During the reporting period, these projects have been able to reach directly to 25916 pregnant women and babies as well as indirectly to 106509 family members through its outreach and service linkage strategies.

2.3.1 Prevention of Parent to Child Transmission of HIV (PPTCT)

2.3.1.1 Project Profile

- Project Title: Prevention of Parent to Child Transmission of HIV (PPTCT)
- Project Location: Ajmer, Tonk, Jaipur, Alwar, Udaipur, Bhilwara, Jodhpur, Barmer Districts of Rajasthan
- Project period: 2010–15
- Beneficiaries: 3035
- Project Staff: 29
- **Donor:** The Global Fund for AIDS, Tuberculosis, and Malaria Rolling Continuation Channel II through Infrastructure Leasing & Financial Services (IL&FS)

2.3.1.2 Background

In the year 2010, IHAT has entered into a partnership with IL&FS for implementing Global Fund, RCC-2 Programme for PPTCT in eight districts of Rajasthan namely Jaipur, Alwar, Tonk, Ajmer, Bhilwara, Udaipur, Jodhpur and Barmer assisting the Rajasthan State AIDS Control Society (RSACS) and Department of AIDS Control (DAC). The IL&FS is the principal recipient (PR) and IHAT is sub-recipient (SR) of the GFATM grant support initiated as a pilot and followed by annual partnership MoU extensions.

The project aims to prevent HIV transmission from parent to child and to mitigate the impact of HIV by expanding access to services for HIV testing and counselling. This involves regular home visits for follow–ups with the couple and family counselling about immunization, infant feeding options, as well as HIV testing for the baby. The outreach worker tracks HIV-infected pregnant women and their babies receive a complete course of ARV prophylaxis and ensuring their due follow-up visits to the facilities till 18 months. In the last evaluation, IHAT's project in Rajasthan was ranked as one among nine best performing IL&FS supported states implementing the PPTCT programme. The project is being implemented in line with the National AIDS Control Programme (NACP) phase-IV PPTCT guidelines and follows its latest modified provisions and is supported by the DAC and RSACS.

2.3.1.3 Objectives

Key objective: To prevent HIV transmission and mitigate the impact of HIV by expanding access to testing and counselling on treatment services for PPTCT of HIV

Sub objectives:

- To **track** and **report** the numbers of HIV-infected pregnant women and their babies receiving complete course of ARV prophylaxis to **reduce risk** of mother to child transmission.
- To **follow-up** HIV positive women **ensuring institutional delivery**. This includes regular home visits and couple and family counselling. Prior consent has to be obtained from the clients through the ICTC counsellors before carrying out home visits.
- To **follow up** the **mother–baby pair** till the baby attains 18 months of age; impart knowledge to the mother and family about the ARV prophylaxis, immunization, infant feeding options, as well as HIV testing for the baby.

2.3.1.4 Project Activities

- ORW approaches ICTC-PPTCT counsellor, Anganwadi workers, ASHAs, ANMs, PRIs and DLNs.
- Case information and consent for follow-ups.
- Tracing of proper addresses.
- Home visits at residence of cases.
- Case is taken into regular follow ups, thus minimising the Loss of Follow Ups (LFU).
- Baby referred for HIV testing (linking with ARTC if detected positive). Use of cell-phone technology to improve outreach and communication.

2.3.1.5 Results and Accomplishments

Key Findings from the project data analysis from the eight districts against the PPTCT Performance Indicators (April 2014 to March 2015)

Table 2b: Results and accomplishments (PPTCT: Outreach and service linkages)

The Outreach and Service Linkages details of PPTCT Clients (Mother-Baby Pair)

Sl. No.	Indicators	Total #	%
1	No. of positive pregnant women received from ICTC/PPTCT for the tracking by the outreach workers	158	100%
2	No. of positive pregnant women follow up by the outreach workers (ORWs)	141	89%
3	No. of positive pregnant women who opted for institutional deliveries out of followed up	113	80%
4	No. of mother-baby pairs received NVP / ARV Prophylaxis	110	97%

Key Findings from the project data analysis from the eight districts against the PPTCT Performance Indicators (April 2014 to March 2015)			
The Outreach and Service Linkages details of PPTCT Clients (Mother-Baby Pair)			
5	No. of general pregnant women actually tested for HIV (referral by the ORWs)	2167	100%
6	No. of pregnant women found HIV positive out of referrals	14	0.0065
7	No. of children who have undergone Dried Blood Spot within two months of birth	44	39%
8	No. of children who have undergone confirmatory tests after 18 months	78	55%
9	No. of children found HIV positive after confirmatory tests post 18 months	12	15%
10	No. of Support Group Meetings conducted by ORWs	85	
11	No. of health worker meetings (the # of meetings only)	676	100%

2.3.2 Conditional Cash Transfer in PMTCT Management

2.3.2.1 Project Profile

- **Project Title: Conditional Cash Transfer in PPTCT Management (Innovations in Enhancing Access to Testing and Prophylaxis in PPTCT)**
- **Project Location: Pali and Dungarpur Districts of Rajasthan**
- **Project period: Jan-2013– March-2016**
- **Beneficiaries:**
  - Indirect Beneficiaries: Pregnant Women: 86759 annual estimated pregnancies in the project districts (47,880 in Pali and 38,879 in Dungarpur)
  - Direct Beneficiaries: HIV positive pregnant women and their babies 400 annually.
- **Project Staff: 35**
- **Donor: The Positive Action for Children Fund of ViiV Health Care**

2.3.2.2 Background

PPTCT: PPTCT, also known as prevention of vertical transmission, refers to interventions that prevent transmission of HIV from a mother living with HIV to her infant during pregnancy, labour and delivery or during breastfeeding.' The total number of Grass-root health service providers and PHC staff is about 7000 (ANMs, ASHAs, AWWs) which are acting as a support system for our PPTCT project'.

Approximately one-third of children born to mothers living with HIV will acquire HIV infection in the absence of preventive measures. 14 percent of children who are breastfed up to 2 years account for 40 to 64 percent children infected with HIV.

The risk of transmission is particularly high if the mother herself acquires her HIV infection during pregnancy or breastfeeding because viral load tends to be highest during the early stages of infection. Mixed infant feeding in the first six months is also associated with an increased rate of mother-to-child transmission (MTCT).

Under ideal conditions, comprehensive prevention programs can reduce MTCT rates to about 1 to 2 percent. ART given to women living with HIV during pregnancy reduces transmission by at least 75 percent. Ensuring that the women receive treatment is critical not only to prevent MTCT but to protect women's health and survival. According to the World Health Organization, without effective treatment more than half of the babies with HIV die before their second birthday.

The National PPTCT programme:

Mother to child transmission of HIV may take place during pregnancy, during childbirth or through breastfeeding. To prevent this, under the PPTCT programme, the government has a policy for universal testing and every pregnant woman visiting antenatal clinics or visiting hospital at the time of routine ANC and /or for delivery is supposed to be counselled and tested for HIV.

The PPTCT programme aims for early detection of positive pregnant women, the administration of prophylactic ART to the HIV positive mothers and their infants, and ensures follow up of exposed infants till the age of 18 months, to prevent the MTCT of HIV. If a pregnant woman is positive, she is closely followed up to ensure her delivery at an institution.

As per the PPTCT guidelines (prior to new Multi Drug Regime [MDR] guidelines that were introduced in Dec. 2013 and implemented countrywide from Jan. 2014) at the time of delivery, the pregnant woman and the newborn baby were given a single dose of Nevirapine to prevent MTCT of HIV. However, as per the revised MDR and PPTCT guidelines, now there is a provision of lifelong ART to all the pregnant women who are diagnosed positive for HIV, irrespective of their CD-4 count and HIV stage. PPTCT MDR containing three ARVs have the potential to reduce risk of MTCT and HIV can be reduced

to less than 5 percent through a combination of prevention measures including ART for the expectant mother and new-born child, hygienic delivery conditions and safe infant feeding.

While the early realization and implementation of extensive programmes have virtually eliminated paediatric HIV in many developed countries, the major challenge in developing countries like India is to reach pregnant women at the right juncture to bring them under PPTCT services. The government through the DAC has been responsible for significantly scaling up HIV counselling and testing, PPTCT and ART services across the country over the last few years.

IHAT in association with IMPACT has initiated a three-year program for a PPTCT intervention in Pali and Dungarpur districts of Rajasthan **supported** by **ViiV Healthcare's Positive Action for Children Fund (PACF)** grant (Jan. 2013 to March. 2016).

The project contributes to Countdown to Zero—the UN Global Plan to stop new HIV infections among children and to keep mothers alive. The project develops capacities of public health workers in Rajasthan to improve their PPTCT programme by enhancing outreach and providing high-quality services. IHAT is testing new methodologies, including CCT and decentralised PPTCT service delivery integrated with reproductive, maternal, neonatal, and child health services, prophylaxis treatment to HIV-positive mothers' babies, early infant diagnosis, and service linkages till 18 months of age. The project is being implemented in two districts Pali and Dungarpur, as a partnership between IHAT and IMPACT, supported by National Health Mission (NHM), Rajasthan State AIDS Control Society (RSACS) and UNICEF Rajasthan.

The project districts proposed were Ajmer and Jodhpur; this was done in consultation with the State and UNICEF (our strategic partners in the project). However, Rajasthan State AIDS Control Society (RSACS) indicated a need to have this PACF supported intervention in two prioritised districts namely **Pali** and **Dungarpur.** Therefore the project is initiated in these two districts supported by the issuance of formal government orders to all the concerned district officials. These government orders are critical for ensuring coordination between the district health systems at the state, district and the sub-district levels.

2.3.2.3 Objectives

Major Thematic areas:

- Community interventions to address loss to follow up in PPTCT
- Early infant diagnosis (EID)

The objectives of the project are to:

- Increase access to ICTC services for pregnant women;
- Ensure all HIV+ve mothers and newborns receive ARV prophylaxis as per NACO guidelines;
- Ensure all babies born to HIV+ve mothers are tested for HIV within six months and put on prophylaxis or treatment as indicated;
- Demonstrate the effectiveness of CCT in PPTCT management.

Desired Impact

- Improved pregnancy and newborn survival among HIV positive women
- Improved government and community support to HIV positive pregnant women

Expected Outcomes

- Pregnant women vulnerable to HIV avail testing facilities
- Pregnant HIV positive mothers opt for institutional deliveries

2.3.2.4 Activities

» Estimated number of pregnancies for both districts was 86,759 from April 2014 to March 2015. The project was able to reach 23,748 pregnant women

» The project was successful in motivating 21,048 pregnant women for PPTCT counselling and HIV testing, 8070 of which were found vulnerable through a vulnerability assessment checklist (VAC)

» The project has continued providing PPTCT and MNCH services to registered women and children at the end of year two

» CCT provision for HIV testing was availed by 6504 women for testing self and 34 babies were tested as opposed to a planned target of 2000 for the first screening

» Continued access and follow-up services were offered to those who were detected HIV+ve Contributed 22% towards the goal of universal HIV testing of pregnant women and 74.58% towards the RSACS annual PPTCT testing target[1]

» Development and dissemination of PPTCT training modules and one IEC flex for creating awareness about the project and improved access to the PPTCT and RMNCH services

» Reaching out to the un-served areas through 56 health camps in both districts, and facilitating 2933 pregnant women getting tested for HIV. These camps were organized in RMNCH context

» IHAT in collaboration with the government, conducted staff training on the new MDR-PPTCT national guidelines and the programme issues and challenges faced

» Continued coordination and engagement of government community-based cadres in PPTCT response; 4299 ASHAs and AWWs (64% of total) have been oriented through the monthly sector meetings for referrals and due follow-ups for those identified HIV+ve

» Joint review and monitoring field visits by the RSACS-NHM officials to the project districts, demonstrating their interest and engagement in the project

[1] The RSACS PPTCT targets in these two districts are set as 60% of the institutional deliveries taken place in last year.

activities

- Review and coordination meetings at the state level particularly on the issues and challenges faced in the project MIS and reporting; as well as having discussions towards integration of PPTCT-RMNCH
- Each ANM has been provided with referral slips which can be passed on to ANC clients for HIV-testing and PPTCT counselling
- The referral slips have been divided into two groups i.e. white slips for general referrals, pink slips for women who would be reimbursed based on their degree of vulnerability to HIV as well as their socio-economic status
- Regular follow-ups are ensured with the ANMs, ASHA, and AWWs through the monthly sector meetings, being attended by the ORWs. The health camps for the universal PPTCT testing is initiated. 1196 cases tested in Pali, 1737 in Dungarpur (total 2933) informing the adult 0.10% (n=3) HIV positivity
- As the project ends in March 2016, the PPTCT project will be handed over to NHM, Rajasthan. It will be integrated with RMNCH+A. The same will be proposed in next PIP 2016-17 as a new component PPTCT of NHM
- NHM has issued the orders with an approval for conducting TOTs and trainings at the district level i.e. at Pali and Dungarpur
- In the first phase, TOTs for ASHA supervisors will be conducted in the month of June 2015. Coordination for this with district government officials i.e. with CMHOs, DPM and District ASHA Coordinators has been done
- In the second phase, ASHA training will be conducted block-wise. ASHA supervisors will act as mentors and will train the ASHAs about the project and its working at field level. Local level planning with government staff has been executed

Case Study 1

A WINNING SPIRIT Lunawa, (Bali) Pali

Pavniand Naresh Singh's house is filled with the sound of welding machines. They are a prosperous family of four that includes their 4-year old daughter and 18-month old son. Pavni is 28 years old and she and her husband came to know they were HIV+ve when she was pregnant with her son. Presently, she, her husband and their daughter are HIV positive; however, only her husband is on ART. She and her daughter have registered in the pre-ART, but they enjoy healthy CD4 count so they haven't started the medication yet. Naresh is a civil contractor in Mumbai and operates a welding workshop at their house. On asking Naresh on how he got HIV, he reveals, "I was once given blood after I lost one toe in an accident. I must have got it then. I have never had multiple partners or indulged in risky behavior."

Naresh reminisces about his life since he found out about his HIV status, "It has been two years since I got to know I am HIV+ve but I am not tense about it. I stay fit and motivate other HIV patients to live life normally and take medicines. I am right now helping my nephew and his family who are living with HIV." "I started my medicine the moment I came to know about my HIV at the Bali hospital during my wife's pregnancy two years back. I protested at first when the doctor asked me to take a test but later I acceded. Since then,I have taken my medicines regularly. My family members and the neighborhood aren't aware of our condition. I didn't even tell my wife at first. It took her time to understand. My son is taking regular cotrimoxazole doses and other medications on time and I am planning to get his test done once the test kits are available."

Sartaj the outreach worker from IHAT has been in touch with the family ever since he was diagnosed HIV +ve. Naresh says, "She has helped us understand HIV and motivated us to lead a normal and panic-free life. Sartaj has regularly visited and reminded me to take my medication and about our hospital visits. She has helped to clear the myths related to HIV. We lead a confident life thanks to her efforts. Sartaj has been helping other people I know who are HIV +ve. I refer any case I come across to her."

Naresh is very positive about his future. "We have sufficient land here. My parents, both aging now, live nearby. I am planning to shut my Mumbai business and continue with this welding shop here and start a tiles shop at Phalna. I am not worried about our HIV. I take my life as normal. I like fresh farm produce and milk products and provide a good diet to my family. My immediate concern is to get my son checked for HIV as soon as the test kits arrive."

Case Study 2

LOOKING FORWARD Dholidalla, Kalabkalla

Deepika has two children and her second, a son is just 16 days old. Holding his little finger, she smiles but tears lurk in her eyes. She says, "We are farmers and my husband and I have a small, happy little family. I have studied till Class 8 and then had to stop to help my father on his farm."

She is unaware how she became infected with HIV. Her husband is HIV-ve and she fears she must have contracted the infection during a blood transfusion she had in her childhood. She says, "I got to know that I was infected only during my second pregnancy. My older child, a daughter, is negative and by God's grace she is healthy. Because of proper treatment and a healthy diet, my son was born healthy. I am also going for regular ART counselling. My husband is very supportive."

"Pooja the outreach worker from IHAT met me first at the Ajmer hospital when I was three months pregnant. She has since been a friend and great help to me. I feel comfortable discussing my fears and problems with her with her help I had a healthy pregnancy. She motivated my reluctant husband to take the HIV test. We were so happy to learn that he was not infected. Pooja accompanies me for my visits to the ART center. When she cannot meet me in person, she calls and reminds me about my medication and diet. She also ensured I have my sonography tests on time. When I went into labour prematurely, she was with me to make sure I get help on time."

Deepika is a satisfied woman. "I am happy that my daughter and husband are disease free. Once my son tests negative, I will be completely relaxed. Thanks to Pooja, I don't worry anymore about my condition. I just take good care of myself. I have not revealed my HIV status as our society will not accept it yet".

Testimonial

"If you believe in others and give them a positive reputation to uphold, you can help them to become better than they think they are. I believe this is what IHAT has achieved as the TSU for the Targeted Intervention program in Delhi. My personal and my team's experience working with IHAT is amazing and I have always found them standing beside us. We desire the same support from IHAT even in future to help us grow stronger and bigger."

Rudrani Chettri, Project Director Target Information Program MSM west Delhi.

2.3.2.5 Results and Accomplishments

2.3.2.6 Outreach Status:

Table 2e: Geographical coverage status (PPTCT)

Sl. No.	Name of the Blocks	Total Villages and Outreach Coverage in Pali District		
		Total Villages*	Covered by March 14	Covered %
1	Pali	88	86	98
2	Rohat	80	76	95
3	Rani	77	77	100
4	Desuri	81	81	100
5	Bali	113	111	98
6	Sumerpur	70	70	100
7	Marwad	157	153	97
8	Sojat	125	125	100
9	Raipur	141	137	97
10	Jaitaran	118	118	100
	Total	1050	1034	98

*Source: National Informatics Centre http://pali.nic.in/glance.htm

Note: Five out of ten blocks need additional ORWs to cover all the remaining villages as the size of the blocks is comparatively larger (7 new ORWs proposed), we'll seek approval from PACF and act accordingly.

In these blocks, 'Health Camp mode Universal Testing' and 'Fixed Day Referral ' strategies need to be applied.

By the end of August 2014, it is expected to cover all the remaining 412 villages, at least one round of outreach.

Note: Five out of ten blocks need additional ORWs to cover all the remaining villages as the size of the blocks is comparatively larger (7 new ORWs proposed), we'll seek approval from PACF and act accordingly.

In these blocks, 'Health Camp mode Universal Testing' and 'Fixed Day Referral ' strategies need to be applied.

By the end of August 2014, it is expected to cover all the remaining 412 villages, at least one round of outreach.

Table 2d: Results and accomplishments (PPTCT: Outreach status of Dungarpur district)

Sl. No.	Name of the Blocks	Total Villages and Outreach Coverage in Dungarpur District		
		Total Villages	Covered by March 14	Covered %
1	Dungarpur	184	168	91
2	Sagwara	184	184	100
3	Simalwara	260	249	95
4	Bichhiwara	211	211	100
5	Aspur	159	151	94
	Total	**998**	**963**	**96**

***Source:** District Health Department, Dungarpur

Note: All five blocks need additional ORWs to cover all the remaining villages as the size of the blocks is comparatively larger (16 new ORWs proposed), we'll seek approval from PACF and act accordingly.

In these blocks, 'Health Camp mode Universal Testing' and 'Fixed Day Referral' strategies need to be applied.

Table 2e Geographical coverage status (PPTCT)

PPTCT PACF supported Project: Geographical Coverage Status (April 2014 to March 2015)									
Period	**Pali Coverage**			**Dungarpur Coverage**			**Project Coverage**		
	Total Villages	**# Covered**	**% Covered**	**Total Villages**	**# Covered**	**% Covered**	**Total Villages**	**# Covered**	**% Covered**
Total	**1050**	**1034**	**98**	**998**	**963**	**96**	**2048**	**1997**	**97.5**

There are total 2048 villages in both the project districts (1050 in Pali and 998 in Dungarpur), 1997 are covered till year two and a rigours planning is in place to cover the remaining 51 (16 in Pali and 35 in Dungarpur) villages within next six months.

Referral and Testing Status

STATUS of REFERRALS for HIV TESTING-PPTCT Counseling, & RESULTS

Table 2f: Referral and testing status (PPTCT: Pali district)

Sl. No.	Name of the Blocks	Pali District: April to March 2015				
		Total Referral	Total VAC Used	Total HIV Test	HIV Positive Male	HIV Positive Female
1	Rani	1944	714	1529	0	1
2	Rohat	1202	741	1143	0	3
3	Sumerpur	1761	302	1665	0	10
4	Sojat	1252	606	1120	0	2
5	Desuri	1391	661	1265	0	8
6	Marwar	1465	783	1367	0	3
7	Bali	3127	840	2809	1	16
8	Raipur	2095	1392	1928	0	3
9	Jaitaran	1458	686	1361	0	0
10	Pali	753	374	688	0	6
	Total	16448	7099	14875	1	52

Table 2g: Referral and testing status (PPTCT: Dungarpur district)

Sl. No.	Name of the Blocks	Dungarpur District: April-March 2015				
		Total Referral	Total VAC Used	Total HIV Test	HIV Positive Male	HIV Positive Female
1	Dungarpur	558	395	440	0	2
2	Sagwada	1505	1164	1555	0	7
3	Bichhiwara	1609	1124	1400	0	0
4	Aaspur	1116	1082	1178	0	1
5	Simalwara	1738	1292	1600	0	1
	Total	6526	5057	6173	0	11

Till March 2015, a total of 21048 referrals done for HIV counseling and testing (14875 in Pali and 6173 in Dungarpur), out of these, 63 pregnant women are found positive (52 in Pali and 11 in Dungarpur), and all these women are taken in to the PPTCT service-net.

Estimated Pregnancies in Pali: 47880 (RSACS HIV Testing target 17011, 35.52%) Dungarpur: 38879 (RSACS HIV Testing target 11209, 28.83%) The project contribution to the total referrals in the district 87% in Pali and 55% in Dungarpur of the RSACS target (2013-14)

Conditional Cash Transfer (CCT) Status

Table 2h Conditional cash transfer status

Project's Testing Results against the Estimated Pregnancies and the State's PPTCT Targets (April 2014 to March 2015)										
PPTCT Project	**Estimated Annual Pregnan-cies**	**Tested by Project**	**% tested of Annual Pregnan-cies**	**State PPTCT Targets**	**% of Annual Estimated Pregnan-cies**	**% Tested of State's Target**	**# of Positive Cases (As per PPTCT Screening)**	**% Positivity (As per PPTCT Screening)**	**CCT Paid**	**% CCT of Total Tested**
Both Districts	**86759**	**21048**	**24.26**	**28220**	**32.52**	**74.58**	**37**	**0.18**	**6538**	**31.06**
Pali	47880	14875	31.06	17011	35.52	87.44	32	0.22	4163	27.9
Dungarpur	38879	6173	15.87	11209	28.83	55.07	5	0.08	2375	38.4

2.4 UTTAR PRADESH - Technical Support Unit

Project Title: Uttar Pradesh Technical Support Unit

State Map and Coverage of Districts

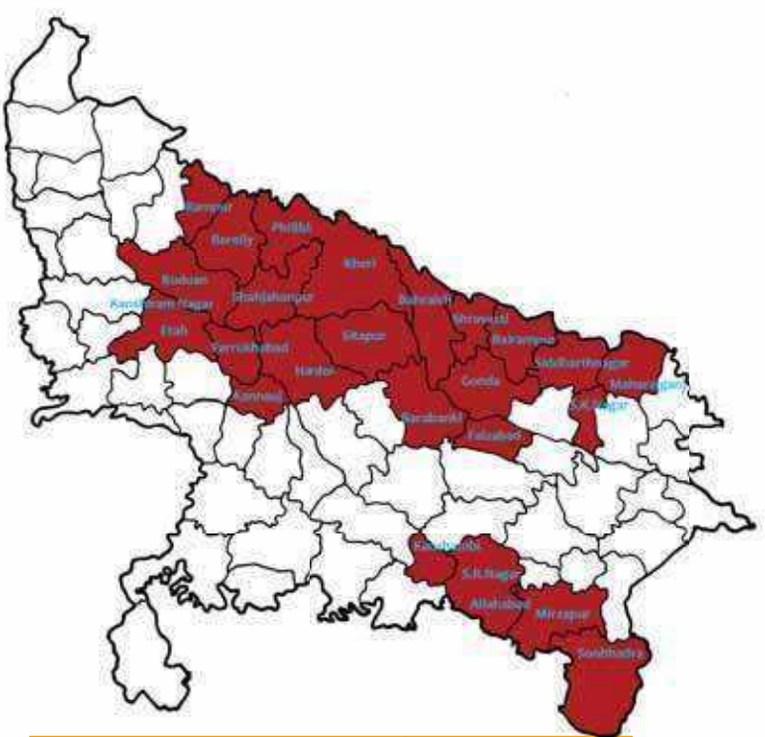

Figure 2d: State map and coverage of districts: Uttar Pradesh

The UP TSU's direct mechanisms of support are delivered in 100 prioritized blocks across Uttar Pradesh within the 25 HPDs. The UP TSU also achieves impact by providing policy, planning, human resources, data and systems support to the GoUP at the state-level, thereby offering more diffused mechanisms of support for RMNCH+A, both within the HPDs and across Uttar Pradesh.

Beneficiaries (2014-15)

The UP TSU has two categories of beneficiaries: direct and indirect.

Direct Beneficiaries

Direct beneficiaries include health providers, administrators, officials and FLWs who benefit directly from the TSU community, facility and systems level mechanisms of support in the 100 focus blocks. Direct beneficiaries also include health care providers in an additional 50 priority blocks, which are receiving support from the UP TSU Nurse Mentoring System through the financial support of the NHM. The table below provides a summary of FLWs receiving support from CRPs and NMs.

Direct Beneficiaries	100 TSU Focus Blocks	50 Additional National Health Mission Blocks
Accredited Social Health Activists (ASHAs)	17,520	N/A
Staff Nurses (SNs)	292	136
Auxiliary Nurse Midwives (ANMs)	2,286	975
Total	**20,098**	**1,111**

In addition to these FLWs, block and district level officials and administrators are supported directly by the UP TSU. At the block level, this includes Medical Officers in Charge (MOICs), Medical Officers (MOs), Data Entry Operators, Assistant Research Officers, and Block Programme Managers. At the district-level, this includes Chief Medical Officers, Additional Medical Officers, District Data Managers, and District Programme Managers.

At the state-level, direct beneficiaries include officials, administrators and managers at the NHM and Directorate of Health and Family Welfare. At the NHM, this includes the Mission Director, General Managers, and Deputy General Managers. At the Directorate, the UP TSU's direct beneficiaries include the Director General, Director, Joint Directors and Assistant Research Officers.

Indirect Beneficiaries

Indirect beneficiaries include the TSU's target populations in the 100 focus blocks; women, children and adolescents who require GoUP RMNCH+A services, which are strengthened through the UP TSU's community, facility and systems-level mechanisms of support.

Indirect Beneficiaries in 100 UP TSU Blocks	
Children under 5	3,239,786
Adolescents aged 13-19	2,197,444
Women 15-49 years	5,254,110

Donors: Bill & Melinda Gates Foundation

Number of Staff:

Level	Number of Staff
State	59
Zone	35
District	103
Block	801
Total	**998**

Major Achievements

Community-level support

- 306 UP TSU Community Resources Persons (CRPs) trained and posted, and currently providing hand-holding and outreach planning support to 17,520 Accredited Social Health Activists (ASHAs) in 100 UP TSU focus blocks in 25 High Priority Districts (HPDs) in Uttar Pradesh (UP)
- Of the 17,520 ASHAs trained by CRPs, 64% are regularly using the Village Health Index Register (VHIR). 44% of these ASHAs have completed their VHIR and are using this tool for outreach services planning
- 48% of the estimated population in the 100 UP TSU focus blocks have been enumerated by ASHAs using the VHIR
- UP TSU has supported the Government of Uttar Pradesh (GoUP) in developing and implementing AAA Forums for frontline workers (FLWs) in 294 blocks of 25 High Priority Districts. Through these forums, CRPs and Block Community Specialists (BCSs) provide handholding support to ASHAs, Anganwadi Workers (AWWs) and Auxiliary Nurse Midwives (ANMs) to convene and coordinate their outreach activities.

Facility-level support

- 100 UP TSU Nurse Mentors (NMs) and 50 additional National Health Mission (NHM) NMs trained and posted, and currently providing mentoring and coordination support in 150 blocks (100 UP TSU focus blocks and 50 non-focus blocks) in 25 HPDs
- 21% of high volume delivery points in the 100 UP TSU focus blocks have received on-site clinical mentoring support from NMs
- Established 100 mini-skill labs in UP TSU focus blocks to improve the skills of health providers on reproductive, maternal, new-born, child and adolescent (RMNCH+A) health
- In March 2015, the delivery points supported by NMs received a total of 31,493 women with >20 weeks of pregnancy, of which around one-fourth (26%) presented themselves as outpatients for whom the information on outcomes is not maintained at the facility. Of the 21,995 women who were admitted for delivery, 90% delivered at the facility and 84% of the mothers were sent home healthy
- Completed a facility mapping exercise to assess the coverage of family planning services in 1266 facilities in 25 HPDs
- Developed a comprehensive series of resources and job aids for clinical staff and FLWs to improve the quality of services in RMNCH+A and family planning
- Organized 7 outreach camps at government facilities to support the delivery of comprehensive family planning services to underserved areas

Strategic planning and systems-level support

- Developed and launched a programme implementation planning (PIP) tracking tool that is now operational in 75 districts of Uttar Pradesh
- 33% of expected maternal deaths have been captured in the maternal death review (MDR) in 5 pilot districts
- Data visualization dashboard tools for maternal and new-born health indicators have been designed, completed and delivered to GoUP
- Implemented a monthly health management information system (HMIS) Bulletin for all 75 districts in Uttar Pradesh to highlight performance indicators and inform health programme planning amongst district-level officials
- Designed, launched and completed the first round of a community-based tracking survey (CBTS) to assess the coverage, utilization and uptake of RMNCH+A services in 100 UP TSU focus blocks in 25 HPDs Developed an information communications technology (ICT) roadmap to support the GoUP to harmonize the implementation of ICTs in the health sector
- Supported the GoUP to engage with media to promote and inform the public about the Year of Mother and Child 2015-2016 Campaign

Project Activity, Results and Accomplishments

Table 2i: Project activities, results and accomplishments

	Activity	Results	Accomplishments
Community Level Support	**RMNCH+A**		
	Community Resource Persons		
	Identified, selected, trained and posted 306 Community Resource Persons (CRPs) in 100 TSU blocks.	In establishing CRPs as agents of change in communities, the UP TSU has accelerated improvements in FLW capacity, coordination, delivery of care, and interactions at household level	Provided on-site mentorship and hand-holding support to FLWs in 100 blocks across 25 HPDs, with 17,520 ASHAs given adequate support to correctly register and track pregnant women, mothers and children

	Activity	Results	Accomplishments
Community Level Support	**Community Outreach**		
	Supported the GoUP in developing, designing and printing job aids for FLWs, known as Village Health Index Registers (VHIRs). A VHIR has 25 sections, including the Village Survey Tool, Enumeration and Tracking Tools (ETT) and Due List.	The TSU supported FLWs in using the VHIR in all the 100 blocks, thereby accelerating improvements in FLW capacity, coordination, delivery of care, and interactions at the household level.	The VHIR was designed, printed and distributed in all 75 districts. There are 128,000 ASHAs using these tools across the state. This job aid and the tools within it assist FLWs in documenting and planning their RMNCH+A outreach activities.
	Conducted a Community Resource Mapping (CRM) exercise covering 11,542 of 14,052 villages in 100 UP TSU blocks	The data that CRPs have gathered will result in improved support to FLWs. Rapport was also established between UP TSU and GoUP block-level staff and the community leading to collaborative working relationships at the community level.	CRPs developed a detailed understanding of their blocks; built rapport with FLWs; and identified existing resources and community-level gaps in the coverage and distribution of FLWs
	Supported GoUP in developing guidelines and implementing "AAA Forums"; coordination and sharing forums for ASHAs, ANMs, and AWWs	Established a platform for FLWs to come together to discuss and share common issues, concerns and thoughts; resulting in enhanced FLW coordination and thereby improvements in the quality and quantity of FLW interactions in communities	2,694 AAA Forums held across 100 blocks, of which 971 were supported by TSU staff; leading to improved communication and collaboration amongst FLWs. This program is implemented in 25 HPDs of UP.
	Supported GoUP in revising and distributing the Village Health and Nutrition Day (VHND) Guidelines (including monitoring tools, planning and reporting formats) based on the experiences and needs of communities.	Assisted the GoUP in establishing clarity for effective implementation at the block level, leading to improved outreach health and nutrition services.	All ANMs and block officials of 820 blocks have received their copies of the revised VHND Guidelines. CRPs and BCS have oriented FLWs in the 100 blocks on the revised VHND Guidelines.
	Community Mobilisation		
	A detailed Request for Proposal (RFP) was developed by the TSU to support GoUP in identifying and selecting the agencies (NGOs) to implement Community Action for Health (CAH); a program to train Village Health and Sanitation and Nutrition Communities (VHSNCs) to support and monitor the activities related to health, nutrition and other entitlements of the community.	Supported the GoUP in planning the implementation of the CAH programme, thereby strengthening community action for health.	The RFP was submitted to NHM for review and approval.
Community Level Support	**Communications**		
	Tested and reviewed the functionality, navigation, network and visual content of the "Mobile Kunji".	Supported the GoUP in developing communications materials for FLWs, thereby increasing the quality of household visits	Finalized the content of the Mobile Kunji for implementation.
	Produced 2 video promotion clips for the GoUP regarding the role of ASHAs and Pre-Conception Pre-Natal Diagnostic Technique (PCPNDT) Act.	Supported the GoUP in generating awareness about the role of ASHAs in communities and the PCNDT Act.	Audio-video messages were submitted to GoUP and were aired across the state.
	Family Planning (FP)		
	Developed job aids to assist FLWs in providing FP counselling and services to couples	Supported the GoUP in increasing the coverage of FP counselling services to couples in underserved areas	Created tools that will enhance FLW knowledge, skills and capacity to deliver quality counselling services
	Began developing lists of potential clients for FP services using data from VHIRs	Supported the GoUP in increasing the coverage and uptake of FP services amongst men and women with unmet FP needs	Identified men and women with unmet FP needs to mobilize clients for clinical outreach services in underserved areas

	Activity	Results	Accomplishments
	RMNCH+A		
Facility-Level Support	Nurse Mentoring System		
	Developed a series of manuals, self-assessment tools and case sheets to serve as resources for NMs as well as job tools and case management guides for SNs and ANMs	Improved the quality of decision-making, protocols and service provision in primary health centres, resulting in overall improvements in the quality of RMNCH+A services.	Enhanced the capacity of primary health care providers to make good clinical decisions and follow protocols for different RMNCH+A services
	Organized and conducted a comprehensive recruitment workshop of 300 applicants to identify 150 NM candidates possessing strong technical and interpersonal skills	Supported the GoUP in improving the quality of RMNCH+A clinical service provision by assembling a team of NMs to offer on-going support and mentorship in underserved areas	Mobilized a team of 150 NMs to be trained and posted at 150 blocks (100 TSU blocks and 50 non-TSU blocks) in 25 HPDs
	Trained a team of 45 master trainers in technical RMNCH+A knowledge and skills, who in turn, trained 150 NMs, 25 District Technical Specialists and 5 Zonal Technical Specialists in relevant RMNCH+A competencies	Established fundamental RMNCH+A knowledge and skills amongst UP TSU staff at the facility, district and zonal level, thereby supporting the GoUP in improving the quality of RMNCH+A clinical service provision at the facility and community level	Established fundamental technical skills and knowledge of RMNCH+A amongst all relevant UP TSU staff according to their assigned roles.
	Supported the placement of NMs in 150 blocks. Providing on-going leadership and support to NMs.	Improved the knowledge, skills and practices of health providers, thereby enhancing the capacity of clinical staff to improve the coverage and quality of RMNCH+A services at primary health care facilities.	Established an on-site support system for clinical staff, resulting in improved coordination, problem-solving and clinical management amongst ANMs, SNs and Medical Officers in Charge (MOICs). Through nursing mentorship, improved clinical skills amongst 428 SNs and 3,261 ANMs in 150 blocks (100 TSU blocks, and 50 non-TSU blocks supported by the GoUP) and supported clinical staff in improving the availability of equipment, drugs and supplies.
Community Level Support	Organized a series of training sessions to orient block and district-level staff in 150 blocks to the Nurse Mentoring System, including MOICs, SNs, ANMS, Chief Medical Officers (CMOs), Additional Chief Medical Officers (ACMO) and District Program Management Units (DPMU)	Established understanding of the Nurse Mentoring Support System across the state health system, thereby laying the foundation for collaborative relationship between UP TSU and GoUP staff to enhance the quality of RMNCH+A services in health facilities	Created awareness about the NMS amongst key public health and clinical staff
	Set-up 100 mobile skill labs at the block level for training to improve the skills of health providers on RMNCH+A package of services	Enhanced quality of service provision for high impact RMNCH+ services, thereby improving survival amongst mothers, new-borns and children	Created opportunities for primary health care providers to enhance practical knowledge and competency in critical RMNCH+A clinical services
	Improving Quality of Care and Implementing High Impact RMNCH+A Interventions		
	Assisted the GoUP in implementing high-impact RMNCH+A interventions at all facilities through collaboration between UP TSU district-level staff and their government counterparts.	Supported the GoUP in scaling-up the availability and accessibility of high-impact RMNCH+A clinical interventions	Helped public health staff and providers to mobilize the equipment and tools required to deliver high-impact services, and enhanced facilities' capacity to deliver RMNCH+A services such as skilled birth attendance, facility-based new-born care, and nutritional rehabilitation centre, adolescent-friendly health services, special new born care unit
	Conducted Block Monitoring Visits (BMVs) across all 294 blocks in HPDs	Supported the GoUP in identifying and resolving gaps in RMNCH+A service delivery, leading to the improved quality and coverage of services.	Provided supportive supervision to the GoUP and delivered on-site correctional technical support as needed to remedy gaps in provider skills and the availability of equipment and supplies

	Activity	Results	Accomplishments
Community Level Support	Provides ongoing monitoring support to GoUP for the Bal Swasthya Poshan Maa (BSPM): A programme to facilitate deworming and Vitamin A dosage for children up to 5 years, as well as Iron Folic Acid supplementation for children 6-months - 3 years	Supported the GoUP in strengthening the design for the BSPM intervention to improve the health of children under 5	Provided comments and feedback to the GoUP regarding the design and implementation of the BSPM intervention
	Family Planning		
	Improving Quality of Family Planning Services		
	Mapped 18 existing certified divisional FP training centres across UP	Assisted the GoUP in laying the foundation for enhancing providers' skills and knowledge in comprehensive FP services and in increasing the quality and coverage of FP services across the state.	Assessed the suitability of existing FP training centres for incorporation into a new, strengthened network of 12 comprehensive FP training centre for providers.
	Hired and trained 20 master trainers in comprehensive FP services	Supported the GoUP in enhancing providers' and counsellors' capacity to deliver quality, comprehensive FP services to underserved populations.	Established a team of master trainers who will, in turn, prepare a team of trainers to build the capacity of an estimated 1500 clinical FP providers and 400 FP counsellors
	Conducted a desk review of clinical checklists used by Janani, Marie Stopes India, Government of India, and Government of Rajasthan to conduct facility audits, supervision of outreach camps, asepsis and surgical observations, as well as client exit interviews. Revisions were used to develop and finalize checklists for the Uttar Pradesh context.	Provided technical expertise to assist the GoUP in improving the quality of FP service provision.	Created tools that will assist FP service providers in obtaining informed consent from clients, ensure lack of coercion and reduce risk of adverse events when delivering services.
	Increasing the Availability and Accessibility of Family Planning Services: Clinical Outreach Teams		
	Established 4 laparoscopy clinical putreach teams in 4 HPDs	Supported the GoUP in increasing the availability of long-term permanent methods (LTPMs) for FP	Increased the quantity of FP clinical providers capable of providing quality LTPMs
	Procured vehicles for customization that will be used by clinical outreach teams	Assisted the GoUP in enhancing the coverage of LTPMs to underserved areas	Provided critical infrastructure required by COTs to deliver FP services
	Organized 7 outreach camps for FP services to underserved areas of UP at government health facilities	Supported the GoUP in increasing the number of comprehensive FP service delivery points, thereby improving the availability, accessibility and uptake of comprehensive FP service amongst men and women with unmet FP needs.	Conducted 18 sterilizations in the outreach facilities, 751 laparoscopic sterilizations, 921 no scalpel vasectomies, and 112 IUCD insertions at the Bareilly clinic (private sector)

	Activity	Results	Accomplishments
Strategic Planning and Systems-Level Support	**RMNCH+A**		
	Conducted a workshop with state-level officials to expedite the 2015-2016 programme implementation plan (PIP) guidelines and develop district allocations	Supported the GoUP in expediting the implementation of the 2015-2016 PIP	State-level officials submitted fund allocations and implementation guidelines to district-level officials
	Contributed to a state-level workshop organized by the GoUP to prepare a detailed budget for the preparation of PIP 2015-2016	Supported the GoUP in enhancing capacity for programme management	Supported the GoUP in initiating the implementation of the PIP
	Developed and launched a PIP tracking tool	Supported the GoUP to improve health systems management and implementation, resulting in the improved availability and accessibility of high impact RMNCH+A services	Created a tool to assist GoUP to track RMNCH+A programme implementation
	Developed RMNCH+A data visualization dashboard tool for government programme managers	Operationalized the routine use of dashboards to facilitate data-driven decision-making during planning and review forums for improved RMNCH+A outcomes	Supported GoUP in developing capacity for evidence-based planning and decision-making for RMNCH+A at all levels of the health system
	Launched and completed the first round of community behaviour tracking survey (CBTS): A 6-monthly survey of random and representative samples of 5 population groups of mothers and their children and adolescent girls to measure levels and trends in 50 key RMNCH+A indicators in 100 UP TSU blocks in 25 HPDs	Supported 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	With a team of 150 field investigators, the UP TSU gathered quality real-time data from a sample size of 250,000 using mobile-based applications. The first round of data was analysed to assess FLW performance and engagement with beneficiaries at the block-level, and to identify critical opportunity gaps in RMNCH+A
	Piloted and developed interactive voice response system (IVRS)-based Maternal Death Review (MDR); a monitoring system for increased reporting in all blocks of 5 HPDs	Provided data for quick analysis of the incidence and distribution of maternal deaths for assessment and review, leading to greater response mechanisms and evidence-based planning	Improved and increased reporting of maternal deaths; increased reliability, accuracy and efficiency in data collection regarding maternal deaths
	Supported the development and roll-out of mSwasthya; an integrated e-service delivery platform to improve ASHA and ANM performance in 83 blocks in 5 districts	Enhanced the capacity of FLWs to improve the coverage, quality and quantity of interactions with RMNCH+A beneficiaries	Equipped FLWs with e-tools to facilitate better planning
	Proposed and developed a unified state-level ICT roadmap	Supported the GoUP in establishing wider, equitable coverage of quality healthcare services through ICT solutions.	Provided GoUP with a complete framework outlining protocols for piloting and implementing ICT solutions in the health sector. Developed a plan of prioritized ICT solutions for health programming across Uttar Pradesh, and created a 3-year implementation plan accordingly.
	Launched the rolling facility survey (RFS); a survey to measure the knowledge, skills and practices of SNs, ANMs; and to measure the functioning of delivery points	Gathered quality information to support block, district and state-level program managers to monitor and periodically review the quality of RMNCH+A services at the facility-level to inform planning and improve quality of RMNCH+A services	Conceptualized and developed survey tools for data collection through mobile tablets. Randomly selected 46 facilities in 100 TSU blocks and launched data collection activities.
	Provided tablets to 150 NMs and 100 block community specialists (BCSs) for field testing	Reduced the delay in data reporting to UP TSU state-level team to facilitate improved availability of real-time data for timely, informed decision-making and planning	Encouraged NMs and BCSs to begin shifting away from paper-based reporting mechanisms to digitized, live data reporting

	Activity	Results	Accomplishments
Strategic Planning and Systems-Level Support	Prepared Government Orders (GOs) to support the launch of the GoUP's Year of Mother and Child Campaign 2015-2016	Supported the GoUP in strengthening outcome-oriented district-level planning for RMNCH+A	Supported the GoUP in identifying, outlining and communicating indicator targets, activities and priorities for various thematic areas of RMNCH+A to guide district-level planning
	Demand Generation and Media Advocacy		
	Developed a communications plan for the Year of Mother and Child (YMC) 2015-2016 mass media campaigns	Supported the GoUP in reaching out to target audiences with relevant messages to facilitate a measurable impact on social norms and behaviours that influence RMNCH+A	Equipped the GoUP with a comprehensive media communications plan, complete with a budget, for 5 proposed thematic areas: nutrition, birth preparedness, iron-folic acid or antenatal care, immunization compliance, and hand washing
	Developed 2 backgrounders to prepare media for the launch of the Year of Mother and Child Campaign 2015-2016	By building knowledge and awareness amongst media personnel, supported the GoUP to improve the quality of RMNCH+A reporting and media content across the state	Created an environment in which media personnel were informed about RMNCH+A issues and the Year of Mother and Child Campaign
	Supported the GoUP in engaging with media to promote the Year of Mother and Child Campaign 2015-2016	Continuously supports the GoUP to improve the availability of quality media content and coverage of the Year of Mother and Child Campaign.	Developed press releases, engaged one-on-one with media and provided background support to GoUP during the campaign launch press conference. Provided continuous support in developing press releases for campaign activities.
	Began daily tracking and analysis of media coverage of RMNCH+A issues, including the Year of Mother and Child Campaign 2015-2016	Developed an understanding of popular perceptions and dialogues about RMNCH+A across UP to inform future strategies.	Tracked and analysed 397 newspaper stories on RMNCH+A issues from January 1st-March 31st, 2015, of which 251 stories were positive and informative for the public. Identified spokespeople for RMNCH+A issues in UP in popular media, including government health officials and administrators, and public health organizations.
	Developed a series of 25-30 narratives (case stories, press releases) documenting good practices and RMNCH+A-related events in UP for dissemination and media use	Supported the GoUP in increasing the availability and quality of media content, thereby improving accurate awareness about the importance of GoUP RMNCH+A interventions in UP	Created quality, informative content to continuously inform media, stakeholders and the public about RMNCH+A activities and successes in different communities across UP
	Sensitized ~20 journalists at the state-level and ~60 journalists at the district level to key RMNCH+A issues through dialogue and personal interactions	Supported the GoUP in improving the quality and coverage of RMNCH+A issues in media across UP.	Assisted the GoUP in reaching out to media stakeholders to promote awareness and understanding of RMNCH+A issues.
	Family Planning		
	Conducted a facility mapping exercise of existing family planning services of 1266 facilities in 25 HPDs	Generated a baseline of facility-level data to support evidence-based programme planning for scaling-up family planning services in 25 HPDs	Mapped the availability and accessibility of family planning services. Identified gaps in infrastructure, staffing, equipment, drugs and supplies needed to provide family planning services.
	Prepared Government Orders (GOs) to involve the Private sector health care providers to support the GoUP in providing family planning services in the state	Supported the GoUP in increasing the availability and quality of family planning services across the state	Provided the GoUP with technical inputs and support in preparing the GOs that would motivate and entice the private sector to participate in the state's effort to increase coverage of FP services
	Pneumonia and Diarrhoea		
	Mobilized 7 project staff at the state-level; 3 project staff at the district-level (Gonda, Bareilly & Allahabad); as well as 3 block community specialists (BCS) and CRPs in non-TSU blocks and conducted induction trainings	Launched the UP TSU Pneumonia and Diarrhoea project to assist the GoUP improving treatment and referral of childhood diarrhoea to reduce case fatality rates in 3 HPDs	Established a project team to implement project activities

Testimonials

"I feel empowered while supporting ASHAs who are much older than me in age but very experienced in their work. In our CRP induction training I came to know the different incentives ASHAs should get for their work. I observed that most of the ASHAs do not know how much they should get for their work. My mother is also an ASHA, earlier she didn't know how much money she should get and how much she actually received. But now, I support my mother in keeping the record of her work in her ASHA diary [VHIR]. Now she can keep a track of how much she should get and how much money she actually received."

Community Resource Person, Pilibhit District

"When I entered into a labour room one mother delivered twins…and they were lying on the labour table and one baby was not crying. I called the nurse for assistance. But even after providing suction, the baby did not respond. With the help of the nurse, we started bag and mask ventilation. Then the baby cried and the body become pink. Both babies survived. On the whole we managed to save the baby."

Nurse Mentor, Hardoi District

"After four months of the project work, an IAS Officer visited our block health facility. After introducing me and our CRPs, the block health officials communicated to the IAS officer that they appreciated our work. We were happy that they were satisfied with our work. Now the block health officers seek suggestions from our CRPs and me for much of their work."

Block Community Specialist, Allahabad District

Case Study 1

AAA Forums
Creating a Platform for Change

Salempur is a small agricultural village of 1,434 people located in Khairabad block in Sitapur District, one of the 25 High Priority Districts (HPDs) in Uttar Pradesh. Much of the Salempur's population belongs to the scheduled caste community. Many members of the village have small landholdings on which they rely heavily for the production of grain for their livelihood.

Salempur is located very near to Madhwapur Sub-Centre, which has generally served as the RMNCH+A delivery point for the village. Despite the relative proximity of this sub-centre to Salempur, the uptake of institutional delivery services amongst the community has generally been significantly low. Local service providers and public health workers have attributed this low demand for care to a lack of awareness about the availability of services amongst Salempur residents, as well as the need for strengthening the quality of maternal health services.

Since mid-2014, the UP TSU has been supporting the Government of Uttar Pradesh to implement regular meetings for Anganwadi Workers (AWWs), Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs) at the sub-centre level. Known as "AAA Forums", these meetings provide a platform for the AAA frontline workers to convene regularly, share their concerns, experiences, and coordinate their outreach activities accordingly. In Khairabad block, UP TSU's CRPs have assisted in facilitating these meetings, and FLWs responsible for outreach in Salempur have participated in the forums.

During a recent AAA meeting in Khairabad block, the attending ANM reviewed the progress of local villages in routine immunization coverage, antenatal care (ANC) and institutional delivery. The participating frontline workers discussed the geographic areas where the uptake of these services were low, and where it was high.

Through this discussion, the FLWs noted that the village of Salempur had significantly low uptake of institutional delivery services. The 8 participating ASHAs and 10 AWWs jointly decided to visit Salempur and raise awareness amongst the residing families. With the support of a CRP, the ASHAs and AWWs organized a visit to the village, divided themselves into teams, and began conducting house-to-house visits. During these visits, ASHAs and AWWs interacted with families to explain the benefits of institutional delivery and shared information about various government schemes, such as *Janani Suraksha Yojana*.

Under the strategic leadership of the CRP, the frontline workers conducted 3-4 additional follow-up visits to Salempur, and contacted local influencers as well as the village *Pradhan*. A larger meeting was called within the village, with attendance from the *Pradhan* as well.

Ultimately, the outreach efforts of the CRP and FLWs resulted in an increased knowledge and understanding of the advantages of institutional delivery amongst residents of Salempur. The village has seen a resulting rise in the number of residents visiting the sub-centre facility for services. Today, Salempur is the village with the highest uptake of institutional delivery services in the entire sub-centre.

Case Study 2

Connecting Mothers with Health Care
A Story of Teamwork

Ruby (25), lives with her infant son Deepanshu; her husband, Mahesh; and her in-laws in Machhraita, a non-TSU focus block located in Sitapur District, Uttar Pradesh.

Ruby was married to Mahesh at the age of 17, but even after 8 years of marriage, she was not able to conceive. Mahesh does not earn much, but given his yearning for a child he took Ruby to a known and popular private missionary hospital in a non-TSU block in Sitapur District. The treatment and medicines were expensive but soon, Ruby was able to conceive. On a

day, close to her date of delivery, Ruby complained of itching and therefore Mahesh took her to the missionary hospital. After taking the medicine and returning home, Ruby started feeling pain and began to bleed. Mahesh rushed back to the missionary hospital with her. The hospital staff told him that they needed to do a surgery and he had to pay Rs. 40,000 for it. Mahesh could not afford to pay such a large amount. Ruby expressed the need to urinate and Mahesh decided to take her to a roadside garden by *thelagadi*- a three-wheeler cycle used in villages to transport materials and food.

At this time, a TSU District Community Specialist (DCS), Block Community Specialist (BCS), and two Community Resource Persons (CRPs) were driving through Machhraita after completing a field visit to Khairabad; one of the TSU's focus blocks in Sitapur District. While travelling, the driver informed the team that he had seen a man taking his wife who was pregnant and bleeding heavily to a roadside garden in a *thelagadi*. The team requested that the driver stop the vehicle, and subsequently rushed towards the garden, where they found Ruby with Mahesh.

Sparing no time, the TSU team insisted that Mahesh rush Ruby to the Community Health Centre (CHC) in Khairabad so that she could receive care. Mahesh explained that he was unable to bear the expenses that a trip to hospital would entail. The TSU team explained to Mahesh that Ruby's condition was serious and she needed medical attention.

At the CHC in Khairabad block, the attending AYUSH doctor was hesitant to provide care to Ruby, and suggested that the TSU team take her back home. The TSU team was not ready to give up. They called the district Chief Medical Officer (CMO) and sought his support. The CMO asked the TSU team to take Ruby immediately to the District Women's Hospital of Sitapur, and subsequently called the hospital to instruct the staff to support the TSU team. Ruby was immediately provided with the available treatment but Ruby required more specialized care.

The TSU team called an ambulance and asked Mahesh to accompany Ruby to Lucknow. They also called up the doctors at Queen Mary Hospital, Lucknow and informed them about the patient's plight. Ruby's parents and in-laws were also informed by the TSU team. When Mahesh and Ruby arrived at Queen Mary Hospital in Lucknow, the doctors requested him to donate blood for Ruby. Although he was nervous, the TSU team was able to reassure him of the safety of the procedure. Ruby survived and gave birth to a son, Deepanshu.

In reflecting on this experience, one of the CRPs from the TSU Team reports, "It is only in the government set up that even with just Rs.10 in his pocket, a person can access medical treatment. Ruby's case proved it." She continued, "It was a mixed feeling of happiness, achievement and pride we felt when we were able to help Ruby. And the reason why we could do this is because we are working in a government set up," she added happily.

3 IHAT Audit Reports -2014-15

N. Suresh B.Com, F.C.A, Ph.D Taxation
Chartered Accountant

FORM NO.10B
(See Rule 17B)

Audit Report under Section 12A(b) of the Income Tax Act, 1961, in the case of Charitable or Religious Trusts or Institutions

We have examined the Consolidated Balance Sheet of **INDIA HEALTH ACTION TRUST, Pisces Building, #4/13-1, Crescent Road, High Grounds, Bangalore - 560 001,** as at 31st March, 2015 and the Consolidated Income and Expenditure Account for the year ended on that date, annexed thereto, which are in agreement with the books of accounts maintained by the said Trust at Bangalore. These Financial statements are the responsibility of the Trust's Management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted audit of India Health Action Trust, Bangalore, Pisces Building, #4/13-1, Crescent Road, High Grounds, Bangalore - 560 001, in accordance with auditing standards generally accepted in India. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

We did not audit the Financial Statements of Jaipur Branch, whose Financial Statements reflect total assets of Rs. 82,17,670 as at 31st March, 2015 and the total income of Rs. 1,55,10,418 for the year ended. These financial statements and other financial information have been audited by other auditors whose report has been furnished to us, and our opinion is solely on the report of the other auditor.

We have obtained all the information and explanation, which, to the best of our knowledge and belief were necessary for the purpose of our audit. In our opinion, proper books of accounts have been kept by the above Trust, so far as appears from our examination of the Books.

504, 5th Floor, 'Commerce House', 9/1, Cunningham Road, BANGALORE - 560 052
Phone (Off.) 080-2220 5474, 080-2228 7332 Mobile: 98455 45265
Fax : 080-2228 7332 ◆ Email : nsuresh3@gmail.com ◆ nsuresh_ca@yahoo.com

IHAT Audit Reports -2014-15

Based on our opinion and on consideration of report of other auditor on separate financial statements, and in our opinion and to the best of our information and according to explanations given to us, the said accounts, subject to Notes forming part of the Accounts, give a true and fair view in conformity with the accounting principles generally accepted in India:

a. *In case of the Consolidated Balance Sheet, of the State of Affairs of the above named Trust as at 31st March 2015*

and

b. *In case of the Consolidated Income and Expenditure Account, of the Excess of Income over Expenditure of its accounting year ended 31st March 2015*

The prescribed particulars annexed hereto.

Place : Bangalore
Date : 24th September, 2015

(N. Suresh)
Chartered Accountant
MM No. 023866

IHAT Audit Reports -2014-15

INDIA HEALTH ACTION TRUST (IHAT)
No. 4/13-1, Pisces Building, Crescent Road, High Ground:, Bangalore - 560 001

Consolidated Balance Sheet as at 31st March, 2015

Particulars	Note No	As at 31st March, 2015	As at 31st March, 2014
I. LIABILITIES			
Funds & Reserves			
Capital Fund	1	1,68,19,642.28	6,70,49,676.83
Capital Reserve A/c		5,74,19,398.11	-
Donors' Account	2	1,89,94,387.48	-
Non-Current Liabilities	3		
Long Term Provisions		28,54,667.00	27,48,425.00
Current Liabilities	4		
Current Liabilities & Payables		1,76,38,777.77	40,38,685.00
TOTAL LIABILITIES		11,37,26,872.64	7,38,36,786.83
II. ASSETS			
Non-current assets			
Fixed assets	5	5,88,40,679.41	1,48,16,870.93
Long term loans and advances	6	61,42,353.00	25,19,340.00
Current assets			
Cash and cash equivalents	7	4,60,23,728.02	5,46,80,290.39
Short-term loans and advances	8	27,20,112.21	18,20,285.51
TOTAL ASSETS		11,37,26,872.64	7,38,36,786.83
Significant Accounting Policies and Notes on Accounts	14	-	-

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

Per Report of Even Date

N. Suresh
Chartered Accountant
MM No. 023866

For India Health Action Trust

Shaiy Isac
Managing Trustee

M. Senthilkumaran
Senthil Kumaran Murugan
Trustee - Treasurer

Place : Bangalore
Date : 24-Sep-2015

IHAT Audit Reports -2014-15

INDIA HEALTH ACTION TRUST (IHAT)
No. 4/13-1, Pisces Building, Crescent Road, High Grounds, Bangalore - 560 001

CONSOLIDATED STATEMENT OF INCOME AND EXPENDITURE

Particulars	Note No	For the Year Ended 31st March, 2015	For the Year Ended 31st March, 2014
INCOME			
Income	9	40,60,41,007.50	12,42,92,031.14
Total Revenue		40,60,41,007.50	12,42,92,031.14
EXPENSES			
Project & Other expenses	10	36,45,36,675.00	6,24,69,544.08
Employee benefit expenses	11	47,55,015.00	18,59,282.00
Financial costs	12	51,702.94	15,743.01
Depreciation and amortization expenses	5	1,02,50,121.52	34,25,129.80
Provision for Expenses	13	2,63,742.00	1,79,591.00
Total Expenses		37,98,57,256.46	6,79,49,289.89
Less : Previous Year's Accumulated Income applied during the year		2,69,63,330.00	-
Balance Expenses		35,28,93,926.46	6,79,49,289.89
Excess of Income over Expenditure transferred to Capital Fund Account		5,31,47,081.04	5,63,42,741.25
Significant Accounting Policies and Notes on Accounts	14		

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

Per Report of Even Date

N. Suresh
Chartered Accountant
MM No. 023866

Place : Bangalore
Date : 24-Sep-2015

For India Health Action Trust

Shajy Isac
Managing Trustee

Senthil Kumaran Murugan
Trustee - Treasurer

IHAT Audit Reports -2014-15

INDIA HEALTH ACTION TRUST (IHAT)
No. 4/13-1, Pisces Building, Crescent Road, High Grounds, Bangalore - 560 001

NOTES TO CONSOLIDATED BALANCE SHEET

	As at 31st March, 2015	As at 31st March, 2014
1 CAPITAL FUND		
Opening Balance	6,70,49,676.83	1,07,06,935.58
Add: Excess of Income over Expenditure transferred from Income & Expenditure Account	5,31,47,081.04	5,63,42,741.25
	12,01,96,757.87	6,70,49,676.83
Less : Previous Year's Accumulated Income applied during the year	2,69,63,330.00	
Less: Appropriations	7,64,13,785.59	-
Balance transferred to Balance Sheet	1,68,19,642.28	6,70,49,676.83
2 DONORS' ACCOUNT	1,89,94,387.48	-
Total	1,89,94,387.48	-
3 NON - CURRENT LIABILITIES		
Long-Term Provisions		
Provision for Management Fees and other fees	18,13,975.00	18,13,975.00
Provision for Gratuity	10,40,692.00	9,34,450.00
Total	28,54,667.00	27,48,425.00
4 CURRENT LIABILITIES		
Current Liabilities & Payables		
Statutory Liabilities	34,70,311.00	7,89,956.00
For Expenses	76,16,314.00	9,92,384.00
For Employees	27,22,867.77	3,67,773.00
For Others	38,29,285.00	18,88,572.00
Total	1,76,38,777.77	40,38,685.00

IHAT Audit Reports -2014-15

INDIA HEALTH ACTION TRUST (IHAT)
No. 4/13-1, Pisces Building, Crescent Road, High Grounds, Bangalore - 560 001

NOTES TO CONSOLIDATED BALANCE SHEET

		As at 31st March, 2015	As at 31st March, 2014
	NON CURRENT ASSETS		
6	**Long Term Loans and Advances**		
	Rental Advance	61,07,083.00	24,88,660.00
	Other Advances	35,270.00	30,680.00
	Total	**61,42,353.00**	**25,19,340.00**
	CURRENT ASSETS		
7	**Cash and Cash Equivalents**		
	Cash on hand	1,35,601.00	72,575.00
	Balances with Scheduled banks	-	
	Bank Balances	4,58,88,127.02	2,32,33,235.79
	Deposits	-	3,13,74,479.60
	Total	**4,60,23,728.02**	**5,46,80,290.39**
8	**Short-term Loans & Advances**		
	Employees' Advances	1,50,426.00	56,387.00
	Expenses Advance	5,36,439.00	14,24,217.00
	TDS Receivable	13,56,294.21	3,34,798.51
	Accrued Interest on Fixed Deposits & SB Accounts	6,76,953.00	4,883.00
	Total	**27,20,112.21**	**18,20,285.51**

IHAT Audit Reports -2014-15

INDIA HEALTH ACTION TRUST (IHAT)
No. 4/13-1, Pisces Building, Crescent Road, High Grounds, Bangalore - 560 001

Schedule - 5 Fixed Assets Consolidated - FCRA
FY : 2014-15

Sl No.	Particulars	WDV as on 01-04-2014	Additions during the year		Deduction during the	Balance as on 31-03-2015	Depreciation		W D V as on 31-03- 2015
			Before Sep '14	After Sep '14			Rates	Amount	
1	Computer & Computer Software	59,83,259.56	-	51,96,957.00		1,11,80,216.56	60%	51,49,042.85	60,31,173.71
2	Office Equipment	17,57,894.55	38,05,234.00	1,63,17,250.00		2,18,80,378.55	15%	20,58,263.03	1,98,22,115.52
3	Furniture & Fixture	23,52,124.12	15,64,394.00	1,46,05,717.00		1,85,22,235.12	10%	11,21,937.66	1,74,00,297.46
4	Vehicles	30,66,637.70	-	1,22,94,675.00		1,53,61,312.70	15%	13,82,096.28	1,39,79,216.42
	Gross Total	1,31,59,915.93	53,69,628.00	4,84,14,599.00	-	6,69,44,142.93		97,11,339.82	5,72,32,803.11

Fixed Assets Consolidated - Local
FY : 2014-15

Sl No.	Particulars	WDV as on 01-04-2014	Additions during the year		Deduction during the	Balance as on 31-03-2015	Depreciation		W D V as on 31-03- 2015
			Before Sep '14	After Sep '14			Rates	Total	
1	Computer & Computer Software	2,940.00	3,99,525.00	-		4,02,465.00	60%	2,41,479.00	1,60,986.00
2	Office Equipment	4,077.00	23,900.00	-		27,977.00	15%	4,197.00	23,780.00
3	Furniture & Fixture	2,032.00	-	-		2,032.00	10%	203.00	1,829.00
	Gross Total	9,049.00	4,23,425.00	-	-	4,32,474.00		2,45,879.00	1,86,595.00

Fixed Assets Consolidated - Jaipur
FY : 2014-15

Sl No.	Particulars	WDV as on 01-04-2014	Additions during the year		Deduction during the	Balance as on 31-03-2015	Depreciation		W D V as on 31-03- 2015
			Before Sep '14	After Sep '14			Rates	Total	
1	Computer & Computer Software	72,647.00	-	66,972.00	694.00	1,38,925.00	60%	63,263.80	75,661.20
2	Office Equipment	1,21,845.00	-	-		1,21,845.00	15%	18,277.20	1,03,567.80
3	Furniture & Fixture	1,33,009.00	-	-		1,33,009.00	10%	13,300.70	1,19,708.30
4	Vehicles	13,20,405.00	-	-		13,20,405.00	15%	1,98,061.00	11,22,344.00
	Gross Total	16,47,906.00	-	66,972.00	694.00	17,14,184.00		2,92,902.70	14,21,281.30

IHAT Audit Reports -2014-15

INDIA HEALTH ACTION TRUST (IHAT)
No. 4/13-1, Pisces Building, Crescent Road, High Grounds, Bangalore - 560 001

NOTES TO CONSOLIDATED INCOME AND EXPENDITURE ACCOUNT

		For the Year Ended 31st March, 2015	For the Year Ended 31st March, 2014
9	**INCOME**		
	Grant Received	40,15,66,757.50	12,29,84,618.67
	Interest Received	44,74,250.00	13,07,412.47
	Total	**40,60,41,007.50**	**12,42,92,031.14**
10	**PROJECT & OTHER EXPENSES**		
	Project Expenses	33,39,17,978.00	5,20,94,210.08
	Auditor's remuneration	-	-
	- As Auditor	5,42,929.00	1,67,248.00
	Communication Expenses	27,25,268.00	3,56,752.00
	Computer Maintenance	5,60,791.00	6,97,492.00
	Consultancy Charges/Fee	94,20,407.00	18,81,226.00
	Electricity & Water	16,08,616.00	2,45,507.00
	Insurance on Assets	1,16,961.00	19,131.00
	Journals & Publications	14,369.00	-
	Meeting Expenses	14,63,562.00	26,600.00
	Office Expenses	35,93,902.00	11,73,773.00
	Postage & Courier	3,58,718.00	54,679.00
	Printing & Stationery	11,39,174.00	5,27,522.00
	Rent office & Others	56,11,479.00	22,22,664.00
	Repairs & Maintenance	6,75,103.00	20,24,642.00
	Rates & Taxes	5,875.00	3,062.00
	Travel Expenses	16,57,110.00	8,43,708.00
	Vehicle repair & maintenance	11,24,433.00	1,31,328.00
	Total	**36,45,36,675.00**	**6,24,69,544.08**
11	**EMPLOYEE BENEFIT EXPENSES**		
	Salaries, employees benefits, etc	47,55,015.00	18,59,282.00
	Total	**47,55,015.00**	**18,59,282.00**
12	**FINANCE COST**		
	Bank charges	51,702.94	15,743.01
	Total	**51,702.94**	**15,743.01**
13	**PROVISION FOR EXPENSES**		
	Staff Gratuity Account	2,63,742.00	1,79,591.00
	Total	**2,63,742.00**	**1,79,591.00**

INDIA HEALTH ACTION TRUST BANGALORE INDIA

India Health Action Trust

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