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# Annual Report

2016 - 17

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2016-17

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Annual Report  
2016-17

## From the Managing Trustee's Desk

IHAT is driven by the principles of integration, equity, embedded support, alignment & ownership that guide its approach, priorities and functioning pattern. 2016-17 has been yet another significant year for us, as we dived deeper into our thematic areas, continuously learning and evolving joint solutions with communities towards our vision of building "equity and quality in public health and development." We have made significant strides in the area of HIV/AIDS, Maternal, newborn and child health, Pneumonia and diarrhea, Family planning and Nutrition, working in close collaboration with the state governments of Karnataka, Delhi and Uttar Pradesh

In Karnataka and Delhi, IHAT implemented technical support units (TSUs) have continued its steady assistance to KSAPS and DSACS. In the state of UP, the TSU is actively engaging with the communities on the ground together with strengthening systems for improved health service delivery among most needy populations.

As you are reading this year's report, I hope you share in our experiences towards transforming the lives of female sex workers, pregnant women, new mothers, infants, adolescent girls, MSMs, IDUs, migrants and other marginalised community groups.

With the end of this successful cycle, please join me in appreciating and recognizing the valuable contribution made by the IHAT team. I am indeed grateful to you all for keeping the faith in our common vision.

We thank all our stakeholders, donors, government functionaries and the advisory board members whose contribution and support always go a long way in achieving program objectives. We look forward to your support and guidance in the years ahead.



**Dr Shajy Isac**  
Managing Trustee  
IHAT

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# Abbreviations

<b>AAP</b>	Annual Action Plan	<b>IUCD</b>	Intrauterine Contraceptive Device
<b>AMTSL</b>	Active Management of Third Stage of Labor	<b>JNPB</b>	Jimedari Nibhao Plan Banao
<b>ANM</b>	Auxiliary Nurse Midwife	<b>KSAPS</b>	Karnataka State AIDS Prevention Society
<b>ASHA</b>	Accredited Social Health Activist	<b>LMO</b>	Lady Medical Officer
<b>AWCs</b>	Anganwadi Centres	<b>MAA</b>	Mother Absolute Affection
<b>AWWs</b>	Anganwadi Workers	<b>MIYCN</b>	Maternal, Infant and Young Child Nutrition
<b>AYUSH</b>	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy	<b>MSMs</b>	Male Sex Workers
<b>BSPM</b>	Bal Swasthya Poshad Maah	<b>MUAC</b>	Mid-Upper Arm Circumference
<b>CBO</b>	Community Based Organisations	<b>NACO</b>	National AIDS Control Organisation
<b>CHCs</b>	Community Health Centres	<b>NACP</b>	National AIDS Control Organisation
<b>COT</b>	Clinical Outreach Teams	<b>NGOs</b>	Non Governmental Organisations
<b>DAPCU</b>	District AIDS Prevention and Control Units	<b>OST</b>	Opioid Substitution Therapy
<b>DG-MH</b>	Department of Medical Health & Family Welfare	<b>PPP</b>	Public Private Partnership
<b>DNS</b>	District Nutrition Specialist	<b>RFP</b>	Request for Proposal
<b>DPO</b>	District Programme Officer	<b>RFS</b>	Rolling Facility Surveys
<b>DSACS</b>	Delhi State AIDS Prevention Society	<b>RMNCH+A</b>	Reproductive, Maternal, Newborn, Child and Adolescent Health
<b>FDS</b>	Fixed Day Static	<b>SACS</b>	State AIDS Control Society
<b>FP</b>	Family Planning	<b>SCM</b>	Syndromic Case Management
<b>FSWs</b>	Female Sex Workers	<b>SDGs</b>	Sustainable Development Goals
<b>HIV/AIDS</b>	Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome	<b>SNM</b>	State Nutrition Mission
<b>HPDs</b>	High Priority Districts	<b>STI</b>	Sexually Transmitted Infections
<b>HRMS</b>	Human Resource Management Systems	<b>TG</b>	Transgenders
<b>ICDS</b>	Integrated Child Development Services	<b>TIs</b>	Targeted Interventions
<b>IDU</b>	Intravenous Drug Users	<b>TOT</b>	Training of Trainers
<b>ISSNIP</b>	ICDS Systems Strengthening & Nutrition Improvement Program	<b>TSU</b>	Technical Support Unit
		<b>VHNC</b>	Village Health and Nutrition Centre
		<b>VHND</b>	Village Health and Nutrition Day

## About



India Health Action Trust (IHAT) is a secular trust under the provisions of the Indian Trust Act, 1882. University of Manitoba (UoM), established IHAT in 2003, as part of a five-year (2001 to 2006) bilateral development project between Canada and India to support the implementation of HIV/AIDS prevention, care, and support programs and enhance the quality of other public health services.

## Vision Statement

Equity and Quality in Public Health and Development

## Mission Statements

- **Enhance** learning through innovation and application of program science
- **Impact public health** and development policies through evidence generation and knowledge sharing
- **Engage with Governments**, non-government agencies, and communities for programs at scale

## Core Values

- Promote accountability and responsibility for actions
- Ensure sustainability of initiatives
- Build an environmentally friendly organization
- Ensure openness to partnerships and collaborations
- Commitment to innovation and excellence
- Respect for mutual exchange of information and learning for transparency at all levels
- Respect for equal opportunity, dignity, and right to expression by all
- Value honesty, character, and moral conduct
- Importance of team work
- Respect for community knowledge and local know-how

# IHAT Technical Support Unit for Karnataka State AIDS Prevention Society

IHAT is an implementing Technical Support Unit (TSU) to the Karnataka State AIDS Prevention Society to achieve a high level of coverage and maintain the quality of program implementation. TSU has a strong management and human resource capabilities to support the development and implementation of HIV/AIDS prevention strategies, especially support to the TIs initiatives in the state and provide technical support to SACS. TSU has a 14-member technical expert team, in which, 10 program officers are deployed regionally to support the TIs.

## Achievements

**TIs visits:** 100% visits to the TI and other facilities

### Meetings and Trainings:

- 4 regional reviews and experience sharing meetings conducted
- 12 monthly review meetings with PD/APD KSAPS conducted
- Trained 58 doctors, 40 nurses, 38 field level health workers on SCM
- 124 DAPCU meetings attended by Program Officers

**Grading of TIs:** TSU grades TIs through assessing 6 months' performances by using a tool developed by NACO. As per the assessment; 6 TIs are moved from the poor category to the very good category. The very good category TIs are increased from 6 in the first half to 33 in the second half.

**Implementation by CBOs:** 75% of the TIs owned up and implemented by CBOs. 38 CBOs and 13 NGOs are in partnership for implementing the TIs in the state.

KSAPS is the immediate stakeholder for TSU and 27 district AIDS prevention and control units (DAPCUs) in the state is collaborating with TSU for the quality delivery of HIV services for the High-Risk Communities.

### ● Our Reach

77436 FSWs  
26224 MSMs  
1922 TG  
1896 IDU  
142000 Migrants  
85000 Long Distance

### ● TIs addressing MSM and FSW communities:



31 FSW  
19 MSM  
2 TG  
4 IDU  
9 Core Composite

### ● TIs addressing Migrant and Trucker communities



9 Migrant  
4 Truckers  
2 Core Composite



Core indicators of TIs

Core indicators	% of achievements in core indicators of TIs			
	FSW	MSM	TG	IDU
Coverage	97	82	99	81
Clinical footfall	55	34	52	21
HIV testing	46	35	60	27
Condom distribution	81	91	82	60
ART linkage	88	95	100	100%

**Development of prioritization strategy:** TSU team successfully developed a prioritization strategy that focusses on the most at-risk population, who need behavioral and structural support within the framework of targeted intervention. The strategy prioritizes the individual HRGs for outreach and communication, to address the core group population more qualitatively to prevent HIV.







## IHAT Technical Support Unit for Delhi State AIDS Prevention Society

IHAT, established in the year 2014 as a TSU to support DSACS to achieve a high level of coverage and ensure the quality of the HIV/AIDS prevention, treatment and care programs. TSU provides technical assistance in specified areas to the DSACS in helping it achieve the NACP goals and objectives.

**Implementation:** DSACS is implementing 81 Targeted Intervention projects (32 FSWs TI, 11 MSMs TI, 6 TGs TI, 15 IDUs TI, 13 Migrants TI, 4 truckers TI) in partnership with Non-Government Organizations (NGOs) and Community Based Organizations (CBOs) amongst HRGs. DSACS also implements 11 Opioid Substitution Therapy (OST) center (7 Public health setting and 4 NGO setup) for IDUs.

### Coverage in Delhi - TI intervention

Typology	April'16 - March '17	
	# of TIs	Population covered
FSW	32	39650
MSM	11	12673
TG	6	5194
IDU	15	10348
Migrants (Destination)	13	195000
Truckers	4	50000
<b>Total</b>	<b>81</b>	<b>312865</b>

## Achievements

### TIs visits and assessments:

- 100% visits to the facilities
- Assessments of all the TIs quarterly and 6 months completed

### TI grading:

- 2% TI average, 37% good and 61% very good during April to Sep 2016.
- 89% very good and 11% good during Oct 2016 to Mar 2017



### Trainings:

- 46 batches training conducted to train 1461 staff of TI (97% PM, 98% M&E, 85% counselor/ANM, 91% ORWs, 58% PE).
- 18 National master trainer developed (1 FSW, 1 Truckers, 3 Migrants, 4 IDUs, 9 MSM and TG).

### HIV positivity among the newly contacted population:

FSW – 0.37%, MSM – 3.3%, TG – 3.39%, IDU – 7.79%

### TSU facilitated the following activities in the state:

- Consultation meeting with partners for the AAP 2017-18 preparation
- Facilitated the visit of UNAIDS for initiating the enterprise having a focus on PWID detox, rehabilitation services along with children involved in drug abuse
- Evaluation of 13 TI intervention completed as per the schedule. All 13 TIs continued: A Grade: 1, B Grade: 11, C Grade: 1
- Feasibility assessment to provide HIV prevention and treatment services including OST to prison inmates of Tihar Jail
- GASP (Enhanced Gonococcus Antimicrobial Surveillance) to start TI project by STI Apex Regional center, Safdarjung, Delhi
- Survey on need assessment of the children registered with the financial assistance scheme of DSACS. 46 individual families were interviewed to collect the information.









## IHAT Technical Support Unit for Uttar Pradesh

IHAT UPTSU, established in 2013, supports the GoUP to achieve its reproductive, maternal, newborn, child, and adolescent health and nutrition goals with greater efficiency, effectiveness, and equity.

The TSU, currently, provides technical and managerial support to government staff at various levels of the health system with the focus on 100 blocks situated within the state's 25 high priority districts (HPDs) across Uttar Pradesh. The TSU also supports the GoUP at the state level in policy formulation, planning, budgeting, human resource management, monitoring, contracting, procurement, and logistics to improve healthcare throughout the state.

UPTSU implements projects on RMNCH+A, Family Planning, Pneumonia and Diarrhoea and Nutrition.

### 3.1 Maternal, Neonatal and Child Health

**Objective:** The project aims to achieve a neonatal mortality decline to 40 per 1,000 live births and a maternal mortality rate of 170 in the 25 high priority districts (HPDs) by 2020.

#### Achievements

- **Increase deliveries in health facilities:** the percentage of women delivering in health facilities increased from 69% in 2016 to 77% in 2017
- **The proportion of women receiving any antenatal care (ANC) services increased** from 79% in 2016 to 85% in 2017 and the proportion of pregnant women receiving more than 3 ANC visits increased from 26% in 2016 to 51% in 2017
- **Percentage of recently delivered women who received ANC services** during 3rd trimester of pregnancy increased from 60% in 2016 to 70% in 2017

*The information is based on the district level estimates of CTS data for 100 focus blocks of UPTSU in 25 HPDs.*



- **AMTSL:** All the three steps of AMTSL were performed in 54% of the directly observed deliveries in 2017, which is a significant increase from 24% in the first round of RFS in 2015, where number of observed deliveries in RFS-1 (2015) were 513 and those in RFS-3 (2017) were 715. There has been a significant increase in the administration of oxytocin from 49% in RFS-1 to 75% in RFS-3.
- **Initiation of breastfeeding** in the facilities in 100 focus blocks of TSU increased from 27% of the directly observed deliveries in round 1 (2015) to 51% of the directly observed deliveries in round 3 (2017), the practice of cord clamping increased from 42% in round 1 to 71% in round 3 and the practice of recording weight correctly improved from 30% in 2015 to 61% in 2017.

*The information is based on Rolling Facility Survey (RFS)*

## Case Story

### *Timely efforts by ASHA Sangini saved the life of an HRP woman*

"During my second pregnancy, I used to feel weak and tired all the time. My whole body was swollen. My family members and neighbours never took my problems seriously and thought these problems are normal during pregnancy. But, as my condition worsened I came to my mother's place and got a check-up done at the CHC. My haemoglobin was only 5 grams and was told that I needed blood immediately to improve my situation. Being poor, I was unable to arrange blood transfusion. I was too weak to go to the DH alone and I had no one in my family who can support me. I had lost all hope, but ASHA Sangini didi spoke with the doctors and nurses at the CHC and DH. Finally, blood was procured from the DH and I got the transfusion at the CHC only. She would regularly come and inquire about my health. She took me for check-ups before delivery. Because of her constant efforts, I was able to deliver my baby normally. Right now, neither me nor my baby have any problems, and I thank ASHA Sangini didi for that."



Beneficiary - Kushma; ASHA Sangini - Sushila Tiwari; ASM - Rubab;  
Village - Rajagaon; Block - Rudauli

## 3.2 Family Planning

**Objective:** To increase uptake of modern contraception among women in 25 HPDs by strengthening facilities, improving health systems and mobilizing communities. The project currently works in all 294 blocks of the 25 HPDs.

### Achievements



Estimated service to 168,000 clients was **surpassed by 12%** to reach a total of 188,574 clients



Of the 147 selected facilities, **146 strengthened** to provide FP services; a bouquet of FP services available



**FDS: 5,084** FDS held in 25 HPDs from Jul'16 – Mar'17; on an average, 82% of the planned FDS held across the districts. **JNBP** application to track the performance of Fixed Day Services and regular data collection began since December 2016



**Trained sterilization provider base** increased from **162 to 289** while those performing independently increased from **97 to 145**



**Orientation:** 222 RMNCHA counselors, 129 LMO AYUSH, 181 nurse mentors, 168 ANMs and 398 staff nurses oriented on FP



**Kiosks:** Of the planned 131 IUCD Kiosks, 115 IUCD Kiosks were set up



**Counselling corners** - 90 counseling corners were set up out of 110



**Provided support to Hausala Sajeedhari platform** to continue strengthen private sector participation that helped in private providers enrollment across all districts.



**Clinical outreach teams (COT)** : 10 COT and 6 mini-COT served 30,289 clients on long-acting method through 2529/2417(104%) outreach days. Access was created for 100 facilities every month in addition to the selected 147 facilities. On an average, 12 clients/COT days were served.



**VHNC:** Supported the VHNC program launch in 7 districts, helped government in conceptualizing and designing modules for orienting VHNC mentors and ASHAs. State TOT and district level training in 2 out of 7 districts completed following which 7000+ VHSNC members will be trained.

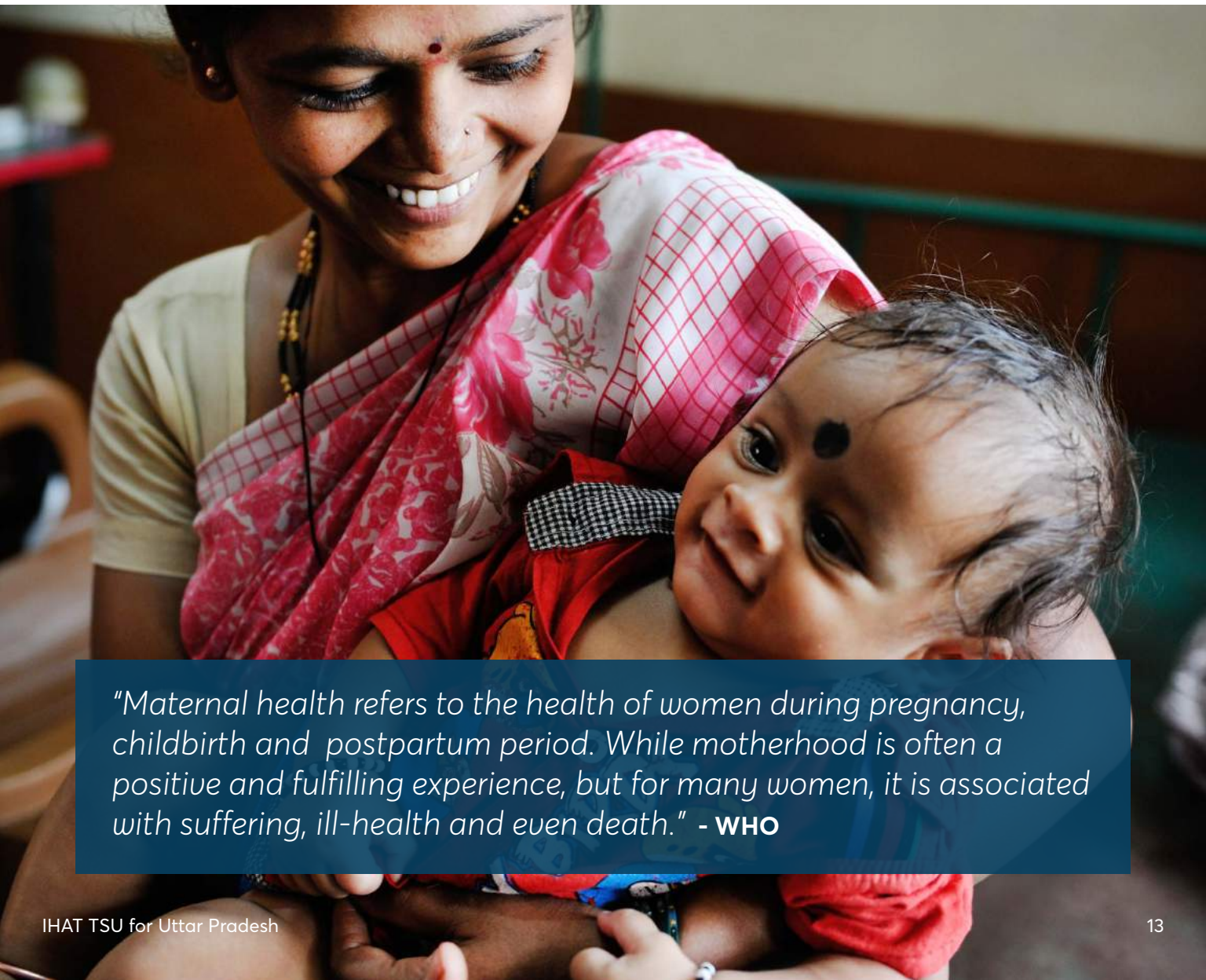




A **pilot for improving awareness** about FP practices among eligible couples by leveraging existing women's group as change agents initiated in Sitapur district



**FP survey in 25 HPDs** conducted and dissemination of results taken forward at the state and district level.



*"Maternal health refers to the health of women during pregnancy, childbirth and postpartum period. While motherhood is often a positive and fulfilling experience, but for many women, it is associated with suffering, ill-health and even death." - WHO*

## Voices from the Ground

Vibrapur, a hamlet of a Newadiya village in Pisawan Block of Sitapur where people are oblivious to various programs and schemes run by the government. There is no separate Gram Pradhan or ASHA for the hamlet. This hamlet has a total of 75 households which were listed during the initial survey of the woman group pilot initiative.

After the capacity building of the members of the Mahila Samkhya women's group members since August 2017, there has been a vigorous engagement with the village women. It is observed that fear and mistrust are the main factors which prevent change. **"Humko sab pata hai, hume kya chahiye yeh hum soch lenge"** (I know everything, whatever I need (referring to family planning) I will think on my own).

### Meet Urmila

She has 6 children. Her eldest daughter is married and has children and the youngest is 2 years old. She is pregnant again. **"Ab kya karein, ho jaate hain bache humare, jaan hi nai pai"** (what can I do) She had no knowledge on any family planning method available (though the change agent has tried contacting her a few times, but her husband does not let her speak to anyone). On explaining her benefit of family planning, she showed some interest, but she again reiterated that she does not have any say in this matter. **"Humare pati ho samjha sakti ho toh samjhao"** (please make my husband understand).

### Meet Ramkali

In her 13 years of marriage, she has borne 6 children- the eldest is 12 years old and the youngest is of 2 years. **"Kabhi koi aaya hi nai hum logon ko batane, ASHA khali bacha paida hone ke samay aati hain"** .( Nobody has ever come to tell us anything, ASHA only comes to the village at the time of delivery). **"Mehrua kya karein, agar aadmi nai maante hain"** (what can woman do if men do not listen). She got PPIUCD inserted at the time of her 6th delivery at the hospital.

There was resistance and misinformation for injectable contraceptives amongst woman spreading the rumour that **"yeh Zehar ka injection hai"** (the injection is poisonous). Yet, there are women like Ramguni, a change agent from the village, who became the first woman from the village to take injection as a preferred method of family planning. **"Hum karienge tab shayad yeh loh mane"** (I will get the injection for myself then maybe other women would understand).

**These stories are proof that constant and persistent efforts can produce change.**

## 3.3 Pneumonia and Diarrhoea

**Objective:** To improve treatment and referral of childhood pneumonia and diarrhea by public, private frontline workers and block level facility resulting in decreased case fatality rates.

### Achievements

- **Integrated Management of Pneumonia and Diarrhoea:** The Global Action Plan for Pneumonia and Diarrhoea (GAPPD) is the key document guiding integrated management of pneumonia and diarrhea and is important to convert into national and state policies. **Uttar Pradesh became the first state** in India with a government order for the Integrated Management of Pneumonia and Diarrhoea followed by technical guidelines in August 2015 which included amoxicillin in the ASHA drug kit.
- **Rapid improvements in facility readiness** for sick under-five children and initiation of inpatient services in nine of fifteen facilities.
- **Development of modules for ANMs and ASHAs** on pneumonia and diarrhea with a pictorial and easy-to-use job aid to help ASHAs disseminate appropriate information
- **Facility mapping** completed and facility strengthening started in 25 district hospitals and 102 block-level facilities.
- **Project scale up:** The program scaled up to 25 district hospitals, 102 block-level facilities, and the associated communities. District level facility strengthening plans disseminated following a large facility mapping exercise and the UPTSU team, including Nurse Educators, are working with all facilities to strengthen child health services.
- **Availability of resources:** There were no essential drugs and supplies, infrastructure, equipment and trained human resources in the fifteen CHCs in the initial intervention blocks. By October 2016, 4 facilities had all the essential drugs and supplies and six facilities had the essential infrastructure. By November 2016, all facilities had pulse oximeters. Between July 2015 and October 2016, the number of facilities regularly admitting under-five children increased from one to nine with the total monthly volume of admissions in all fifteen facilities increasing from 2 to 104 between March and October 2016.

- **Increase in percentage of diarrhea cases that receive ORS and zinc if more children are assessed by the ASHA and ANM:** Following 5 months of field-level programming, ASHAs reported using ORS and zinc in 89% of the diarrhea cases.
- **No. of cases referred:** ASHAs are assessing 11% of the expected pneumonia cases and referring 90% of these cases to a health facility

### 3.4 Nutrition Project

**Objective:** To provide high quality, well-coordinated techno-managerial support to the government’s ICDS and Health/NHM programs in UP in order to reduce < 5 morbidity and mortality due to childhood malnutrition in Uttar Pradesh.

#### Achievements

Capsules	Month	Total No. of working AWWs & MSs	Total No. of AWWs and MSs participated in training	Participation (in %)
Breastfeeding Complimentary Feeding	March,17	23,105	21,987	95
	April,17	23,105	21,593	94





- **Training of AWWs & MSs** - Five-day training of DNSs and Poshan Sakhis on MIYCN conducted. With the support from DPOs and CDPOs, the training of AWWs and MSs in three capsules of Breastfeeding, Complimentary Feeding and IFA Supplementation was conducted in a sectoral approach at the block/ Sub-block level in 100 blocks of 25 HPDs. Developed training tool in for all three capsules of breastfeeding, complimentary feeding, and IFA supplementation.
- **Monitoring and supportive supervision support** for the training of AWWs and MSs provided by State nutrition team members, DPOs, CDPOs & partners like World Bank, A&T, CARE, and Sambodhi.
- **System Strengthening:** With the support from Poshan Sakhis, Mukhya Sevikas, conducted sector meetings with 55% of AWWs attending it. Apart from this, District Nutrition Specialists also made efforts to strengthen District Nutrition Committee meetings at the district level.
- **Situation Assessment of Nutrition Services (SANS)** report shared with the stakeholders. Findings of situation assessment and CBTS shared with Secretary, Child Development, Govt. of Uttar Pradesh and Director- ICDS, Govt. of Uttar Pradesh and state level ICDS/SNM officials.

The findings of Monthly Supportive Supervision visits by District Nutrition Specialists to AWCs regularly shared with Principal Secretary and Director-ICDS. UP-TSU has been requested by the Secretary, Child Development to support ICDS/ ISSNIP in Information Communication Technology enabled Real-Time Monitoring (ICT-RTM) roll out and conducting of Community based events. Secretary and Director, ICDS principally agreed to conduct a quarterly review meeting of DPOs of 25 HPDs, with support from UPTSU.

First version of AWWs database completed for all 100 blocks of 25 HPDs.



## Community Interventions

- 340 Poshan Sakhis visited AWCs, supporting AWWs in their routine activities of service delivery, record keeping etc. followed by handholding and mentoring support to AWWs in conducting group meetings and home visits to the beneficiaries. Poshan Sakhis, also supported community based events like, Godbharai, Annaprasan events, VHNDs, THR distribution days and community meetings at the AWCs.

Month	No. of AWCs visited by PSs	No. of AWWs supported during Home Visits	No. of Pregnant Women Counseled during Home Visit	No. of Mother of Child (0 - 6 months) counseled during the Home Visit	No. of Mother of Child (7 - 23 months) counseled during the Home Visit
January 2017	5,894	4,687	6,286	4,515	4,515
February 2017	5,568	4,931	5,647	5,176	5,176
March 2017	4,692	4,330	4,570	4,625	4,625

- Field testing of Polling Booth survey questionnaire conducted by state nutrition team in Nindura block of Barabanki district and Biswan block of Sitapur district to measure the practice of AWWs and mothers of target group related to MIYCN behaviour (IFA consumption, exclusive breastfeeding and complementary feeding with focus on diet diversity) to monitor and periodically review the situation.

## Coordination and Networking

- **Training on Incremental Learning Approach:** To support World Bank-supported ISSNIP, state and district nutrition team actively engaged in ToT and training on Incremental Learning Approach for the district and block health and ICDS officials. Three members of the state nutrition team and all DNSs have been nominated as State Resource Group members and District Resource Group Members respectively for the same.
- **Training on MAA program:** Supporting Child Health division of National Health Mission, Government of Uttar Pradesh for updation on NRC and training on Mother’s Absolute Affection (MAA) program.



- **Orientation at district level:** DNSs supported Health Department in conducting district-level orientation and block-level training of 16,749 ASHAs on MUAC tape and monitoring of 219 BSPM sessions.
- **Supported World Bank's team** in pilot testing of monitoring formats of Community-Based Events (*Godbharai and Annaprasan*) in 6 HPDs.

## Case Study

On 11th Dec.,17, as part of quality assurance mechanism through State Review Meeting, field visit was conducted by a team member of state and district nutrition specialists to Anganwadi center named Nawankhurd 1st, Dhanghata sector, block Haiser Bazar, Sant Kabeer Nagar district, Uttar Pradesh.

At the time of visit, AWW Ms. Nirmala Devi randomly selected the house for a home visit from home visit register followed by visiting beneficiary's house with AWW and Poshan Sakhi.

Beneficiary- Humera Kahtoon daughter of Ajamerunnisha, was a child aged 16 months of 8.1 kg weight and in the green category as per her nutrition status. During the discussion, AWW told the team that 4 months ago, the child was in the red category, when she was 12 months old and her weight was 12.6 kg.

When AWW asked the mother of the child about eating habits of the child, mother replied that the child was not eating properly and always refuses even when a mother tries to feed. AWW requested mother to demonstrate how she used to feed her, then mother brought Dal-Roti and started feeding the child. It was observed that the piece of roti was big and dal was spicy and watery, so, the child constantly refused to eat it.

AWW demonstrated the mother as how to feed Dal with optimum consistency which didn't have any spices and was less watery. The child started eating properly. AWW asked the mother to feed the baby in the same manner. She was very happy and confident about learning the right way of feeding the child with adequate consistency. AWW and Poshan Sakhis also explained the mother and her family members about the diet diversity, quantity, frequency and feeding technique.

During counseling, beneficiary's husband also showed interest and enquired AWW about complimentary feeding. AWW also demonstrated the preparation of food available in the house in the right quantity for the child with the help of 250 ml bowl and counseled the family to continue breastfeeding until 2 yrs of age. Follow up visit to the family was conducted by AWW every 15 days and it was observed that the child gained the weight and now, is in the green category as per the growth chart. After getting counseling by Anganwadi and Poshan Sakhi on complimentary feeding, she followed the same routine of feeding to her child for 4 months.

Mother accepted in front of visiting team that *"didi ne mujhe jaisa bataya ki mere bacche ko kaise khana khilana chahiye aur kya khilana chahiye, toh meine vaisa hi kiya aur usi vajah se mera baccha jo ki pehle kam vajan ka tha uska wajan aaj theek hai"* (I followed the suggestions of AWW and Poshan Sakhi on how and what is to be fed to the child, that's why my child's weight is increasing now, which was very less earlier) .

AWW also told that *"Poshan Sakhi dwara training se hamaare gyan aur Kaushal badhaane me bahut madad mili hai aur ab hum grih bhraman me pariwaron ko acchhe se paraamarsh de paa rahe hain. Ab to hum gudia ki madad se stanpaan me sthiti aur lagaav tatha katori aur chammach se poorak aahar ke baare me acchhe se samjha bhi sakte hain."* (Training by Poshan Sakhi has helped to increase our knowledge and skills and now, we are able to effectively counsel the families during home visits. We are also now able to demonstrate positioning and attachment in breastfeeding with the help of doll and on complimentary feeding with the help of spoon and bowl).

Field observations show that effective counseling and demonstration on feeding processes by Poshan Sakhi and Anganwadi worker is helping to deal with underweight cases.

## 3.5 Techno-managerial support to improve health systems platform

The overarching goal is to provide a high quality, well-coordinated techno-managerial support to government's health programs in UP in order to accelerate progress towards SDG Goal 3, specifically focusing on the following goals by 2030:


- Reduce**
- **Maternal mortality ratio** to less than 70 per 100,000 live births;
  - **Neonatal mortality rate** to at least as low as 12 per 1,000 live births;
  - **Under-5 mortality rate** to at least as low as 25 per 1,000 live births.

The project has been rolled-out for an intervention period of approximately 3 years: **Jan 2017 to Nov 2019** in the whole state of UP.

# Achievements

1. **Strengthening Human Resources Management Systems**
  - More than 120,000 employees enrolled on Manav Sampada (HRMS), hence reaching almost 100% enrollment
  - Linkage between HRMS and Treasury salary system initiated for the release of Mar 2017 salaries
  - The PCC approved the implementation of Human Resource strengthening interventions by UP-TSU. Developing a comprehensive HR policy and proposing revisions to current organization structure of Health Department
2. **Improving performance management**
  - The PCC approved the implementation of performance management strengthening interventions by UPTSU - building administrative/managerial capacity of key positions at State/District/Block level to roll out the programs
3. **Improving the contract management of PPP/outourcing**
  - MRI, IEC and HMIS RFP to be re-tendered
  - 108 RFP submitted to DG-MH for further process
  - Consultant has updated Authority on next steps for implementation of MCH PPP mode Contract
  - Establishment of Dial 104 helpline underway; Vendor has customized software, translation of algorithm and medical content underway, Database integration is ongoing
4. **Improving Supply chain and Procurement System**
  - UPDPL Procurement and Operations Manual, organization structures, JDs and recruitment process have been finalized
  - DVDMS roll-out is underway; district-level training completed in all 18 divisions; Expected date of Go-Live is June 1, 2017
5. **Enhancing use of data for decision making**
  - The second phase of UPHMIS data entry formats completed (four facility format and 45 programs formats-district level)
  - CBTS-20 blocks and RFS -3 , complete (Dissemination, end of June)
  - Survey Report published: CBTS, RFS and FP
  - Concept note shared with M&E think- tanks at UoM Level
    - Platform grant M&E activates
    - Operation research activities
    - MNCH studies and assessments



- 
6. Creating an enabling and well-regulated environment for participation of private sector
    - Hausala Sajheedari update (Cumulative from 1st Sep 2016 to 2nd May 2017)
      - Applications received for accreditation: 1491
      - Screened & forwarded: 1091
      - Screened & sent back: 398
      - Client served: Female Sterilization (68612), Male Sterilization (3443), IUCD (61621), LAPM (133676), INJ (24053 doses)
  7. Implementation of Model District- Concept note developed and presented to PCC. In-principle approval received from PCC

## Donors and Partners

- University of Manitoba, Canada
- Public Health Foundation of India (PHFI)
- Government of India through National AIDS Control Organisation (NACO)
- ViiV Healthcare UK Ltd.
- Government of Uttar Pradesh



UNIVERSITY  
OF MANITOBA



PUBLIC  
HEALTH  
FOUNDATION  
OF INDIA



# Financials

## INDIA HEALTH ACTION TRUST (IHAT)

No. 13, 1st Floor, 4th Cross, N S Iyengar Street, Sheshadripuram, Bangalore - 560 020

Balance sheet as at 31st March, 2017 - Consolidated

Particulars	Note No	As at 31st March, 2017 (Rupees)	As at 31st March, 2016 (Rupees)
<b>I. LIABILITIES</b>			
Capital Fund	1	4,74,19,211.94	2,40,51,303.83
Grant Received in Advance	2	2,08,92,418.50	2,32,24,769.29
Capital Reserve A/c		5,78,80,367.33	5,85,47,787.61
<b>Non-Current Liabilities</b>			
Long term provisions	3	18,91,356.00	20,25,030.00
<b>Current Liabilities</b>			
Current Liabilities & Payables	4	3,29,84,184.13	2,21,63,111.22
<b>TOTAL LIABILITIES</b>		<b>16,10,67,537.90</b>	<b>13,00,12,001.96</b>
<b>II. ASSETS</b>			
<b>Non-current assets</b>			
Fixed assets	5	5,78,80,367.33	5,97,31,176.61
Long term loans and advances	6	61,37,976.78	61,48,642.50
<b>Current assets</b>			
Cash and cash equivalents	7	8,87,46,682.38	5,50,05,233.52
Short-term loans and advances	8	45,70,203.00	60,39,274.22
Other current assets	9	37,32,308.41	30,87,675.11
<b>TOTAL ASSETS</b>		<b>16,10,67,537.90</b>	<b>13,00,12,001.96</b>
Significant Accounting Policies and Notes on Accounts			

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

Per Report of Even Date



N. Suresh  
Chartered Accountant  
MM No. 023866



Shajy K Isac  
Managing Trustee

For India Health Action Trust



Nanjundappa G M  
Director Finance

Place : Bangalore  
Date : 24.08.2017





## INDIA HEALTH ACTION TRUST (IHAT)

No. 13, 1st Floor, 4th Cross, N S Iyengar Street, Sheshadripuram, Bangalore - 560 020

### Statement of Income and Expenditure - Consolidated

Particulars	Note No	For the year ended 31st March, 2017 (Rupees)	For the year ended 31st March, 2016 (Rupees)
<b>INCOME</b>			
Other Income	10	43,98,871.00	45,88,855.88
Grant Utilized		55,82,40,710.21	40,48,42,660.33
<b>Total Revenue</b>		<b>56,26,39,581.21</b>	<b>40,94,31,516.21</b>
<b>EXPENSES</b>			
Project & Other expenses	11	51,45,94,559.52	37,82,64,871.84
Employee benefit expenses	12	34,74,837.00	45,55,715.00
Financial costs	13	43,145.30	24,145.51
Loss on Sale of Assets	15	2,47,764.00	
Depreciation and amortization expenses	5	1,22,53,089.88	1,31,46,436.50
Provision for Expenses	14	77,639.00	5,82,999.00
<b>Total Expenses</b>		<b>53,06,91,034.70</b>	<b>39,65,74,167.85</b>
Less : Previous year's Accumulated income applied during the year			
<b>Balance Expenses</b>		<b>53,06,91,034.70</b>	<b>39,65,74,167.85</b>
<b>Excess of Income over Expenditure transferred to Capital Fund Account</b>		<b>3,19,48,546.51</b>	<b>1,28,57,348.36</b>
Significant Accounting Policies and Notes on Accounts			

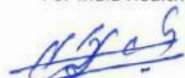
The notes referred to above are integral part of Statement of Income and Expenditure.

Per Report of Even Date

For India Health Action Trust



N. Suresh  
Chartered Accountant  
MM No. 023866



Shajy K Isac  
Managing Trustee



Nanjundappa G M  
Director Finance

Place : Bangalore  
Date : 24.08.2017



# INDIA HEALTH ACTION TRUST (IHAT)

No. 13, 1st Floor, 4th Cross, N S Iyengar Street, Sheshadripuram, Bangalore - 560 020

## NOTES TO BALANCE SHEET

	As at 31st March, 2017 (Rupees)	As at 31st March, 2016 (Rupees)
<b>1 CAPITAL FUND</b>		
Opening Balance	1,91,71,758.81	1,68,19,641.98
Closing Balance of Jalpur	39,31,209.02	-
Funders Closing Balance transferred to Grant		
Received in Advance Account, Depreciation	(77,51,856.00)	(56,42,089.51)
Excess of Grant Utilised		
Add : depreciation amount transferred	1,19,553.60	16,403.00
Capital Reserve Account		
	-	-
Add: Excess of Income over Expenditure		
transferred from Income & Expenditure	3,19,48,546.51	1,28,57,348.36
Account		
	-	-
<b>Balance transferred to Balance Sheet</b>	<b>4,74,19,211.94</b>	<b>2,40,51,303.83</b>
Less : Previous year's Accumulated income		
applied during the year		
Less : Appropriations		
<b>2 Grant Received in Advance</b>		
Opening Balance		-
		-
		-
Grant Received in advance closing balance (		
Donors' Account)	2,08,92,418.50	2,32,24,769.29
		-
<b>Balance transferred to Balance Sheet</b>	<b>2,08,92,418.50</b>	<b>2,32,24,769.29</b>
<b>3 NON - CURRENT LIABILITIES</b>		
Long-Term Provisions		
Provision for Management Fees and other fees	18,91,356.00	20,25,030.00
Provision for Gratuity		-
<b>Total</b>	<b>18,91,356.00</b>	<b>20,25,030.00</b>
<b>4 CURRENT LIABILITIES</b>		
Current Liabilities & Payables		
Statutory Liabilities	50,30,559.00	34,65,302.00
For Expenses	1,44,80,285.63	79,77,319.00
For Employees	42,78,020.50	59,65,324.00
For Others	91,95,319.00	47,55,166.22
		-
<b>Total</b>	<b>3,29,84,184.13</b>	<b>2,21,63,111.22</b>



	As at 31st March, 2017 (Rupees)	As at 31st March, 2016 (Rupees)
<b>NON CURRENT ASSETS</b>		
<b>6 Long Term Loans and Advances</b>		-
Rental Advance	61,12,226.78	61,22,892.50
Other Advances	25,750.00	25,750.00
	-	-
<b>Total</b>	<b>61,37,976.78</b>	<b>61,48,642.50</b>
<b>CURRENT ASSETS</b>		
<b>7 Cash and Cash Equivalents</b>		-
Cash on hand	38,283.00	92,374.00
Balances with Scheduled banks	-	-
Bank Balances	8,87,08,399.38	4,99,12,859.52
In Deposits	-	50,00,000.00
	-	-
<b>Total</b>	<b>8,87,46,682.38</b>	<b>5,50,05,233.52</b>
<b>8 Short-term Loans &amp; Advances</b>		
Advance to Units	-	47,59,847.22
Employees' Advances	3,35,964.00	1,50,477.00
Expenses Advance	42,34,239.00	11,28,950.00
	-	-
<b>Total</b>	<b>45,70,203.00</b>	<b>60,39,274.22</b>
<b>9 Other Current Assets</b>		
TDS Receivable	37,32,308.41	24,42,772.21
Accrued Interest on Fixed Deposits & SB Accounts	-	6,44,902.90
	-	-
<b>Total</b>	<b>37,32,308.41</b>	<b>30,87,675.11</b>





## INDIA HEALTH ACTION TRUST (IHAT)

No. 13, 1st Floor, 4th Cross, N S Iyengar Street, Sheshadripuram, Bangalore - 560 020

### NOTES TO INCOME AND EXPENDITURE ACCOUNT

	For the year ended 31st March, 2017 (Rupees)	For the year ended 31st March, 2016 (Rupees)
<b>10 INCOME</b>		
Grant Utilized	55,82,40,710.21	40,48,42,660.33
	<b>55,82,40,710.21</b>	<b>40,48,42,660.33</b>
<b>OTHER INCOME</b>		
Interest Received	42,76,647.00	45,88,855.88
Sale of Assets	1,22,224.00	-
	<b>43,98,871.00</b>	<b>45,88,855.88</b>
<b>Total - INCOME</b>	<b>56,26,39,581.21</b>	<b>40,94,31,516.21</b>
<b>11 PROJECT &amp; OTHER EXPENSES</b>		
Project Expenses	48,71,45,302.02	34,81,53,141.20
Auditor's remuneration	-	-
- As Auditor	8,26,424.00	6,60,698.00
AMC for Equipments	-	-
Communication Expenses	13,60,020.00	17,91,417.64
Computer Maintenance	4,75,627.00	1,42,198.00
Consultancy Charges/Fee	85,22,708.00	1,01,26,405.00
Electricity & Water	15,60,510.00	18,66,783.00
Insurance on Assets	1,55,193.00	1,63,088.00
Journals & Publications	5,930.00	16,110.00
Meeting Expenses	7,33,224.00	4,16,631.00
Office Expenses	38,38,820.50	35,63,167.00
Postage & Courier	2,30,016.00	81,211.00
Printing & Stationery	7,78,757.00	12,36,407.00
Rent office & Others	48,52,968.00	67,15,269.00
Repairs & Maintenance	6,89,894.00	1,36,383.00
Rates & Taxes	2,500.00	3,000.00
Travel Expenses	15,60,154.00	17,27,771.00
Vehicle repair & maintenance	18,56,512.00	14,65,192.00
	<b>51,45,94,559.52</b>	<b>37,82,64,871.84</b>
<b>12 EMPLOYEE BENEFIT EXPENSES</b>		
Salaries, employees benefits, etc	34,74,837.00	45,55,715.00
	<b>34,74,837.00</b>	<b>45,55,715.00</b>
<b>13 FINANCE COST</b>		
Bank charges	43,145.30	24,145.51
	<b>43,145.30</b>	<b>24,145.51</b>
<b>14 PROVISION FOR EXPENSES</b>		
Staff Gratuity Account	77,639.00	5,82,999.00
	<b>77,639.00</b>	<b>5,82,999.00</b>
<b>15 Loss on Sale of Assets</b>		
Loss on Sale of Assets	2,47,764.00	-
	<b>2,47,764.00</b>	<b>-</b>



## INDIA HEALTH ACTION TRUST (IHAT)

No. 13, 1st Floor, 4th Cross, N S Iyengar Street, Sheshadripuram, Bangalore - 560 020

### Schedule - 5 Fixed Assets FC

Sl No.	Particulars	W D V as on March 31, 2016	Additions during the year		Deductions during the year	Balance as on March 31, 2017	Depreciation				W D V as on March 31, 2017
			Before Sep '16	After Sep '16			Rates	Before Sep '16	After Sep '16	Total	
1	Computer & computer Software	53,48,846.68	7,84,717.00		12,135.00	61,21,428.68	60%	36,72,857.21	-	36,72,857.21	24,48,571.47
2	Office Equipment	2,31,70,083.26	48,91,875.00	17,20,103.00	38,019.00	2,97,44,042.26	15%	42,03,590.89	1,29,007.73	43,32,598.61	2,54,11,443.65
3	furniture & fixture	1,80,60,270.71	11,058.00	2,05,505.00	55,772.00	1,82,21,061.71	10%	18,01,555.67	10,275.25	18,11,830.92	1,64,09,230.79
4	Vehicles	1,18,82,333.96	31,35,063.00			1,50,17,396.96	15%	22,52,609.54	-	22,52,609.54	1,27,64,787.42
	Gross Total	5,84,61,534.61	88,22,713.00	19,25,608.00	1,05,926.00	6,91,03,929.61		1,19,30,613.31	1,39,282.98	1,20,69,896.28	5,70,34,033.33

### Technical Support Unit - Delhi ( Delhi TSU)

#### Schedule - 4 Fixed Assets

Sl No.	Particulars	W D V as on March 31, 2016	Additions during the year		Deductions during the year	Balance as on March 31, 2017	Depreciation				W D V as on March 31, 2017
			Before Sep '16	After Sep '16			Rates	Before Sep '16	After Sep '16	Total	
1	Computer & computer Software	63,924.00				63,924.00	60%	38,355.00	-	38,355.00	25,569.00
2	Office Equipment	17,268.00				17,268.00	15%	2,590.00	-	2,590.00	14,678.00
	Gross Total	81,192.00	-	-	-	81,192.00		40,944.00	-	40,944.00	40,248.00

### Local - Other

#### Schedule - 4 Fixed Assets

Sl No.	Particulars	W D V as on March 31, 2016	Additions during the year		Deductions during the year	Balance as on March 31, 2016	Depreciation				W D V as on March 31, 2017
			Before Sep '16	After Sep '16			Rates	Before Sep '16	After Sep '16	Total	
1	Computer & computer Software	-				-	60%	-	-	-	-
2	Office Equipment	-				-	15%	-	-	-	-
3	furniture & Fixture	-				-	10%	-	-	-	-
4	Vehicle	9,48,336.00				9,48,336.00	15%	1,42,250.00		1,42,250.00	8,06,086.00
	Gross Total	9,48,336.00	-	-	-	9,48,336.00		1,42,250.00	-	1,42,250.00	8,06,086.00









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