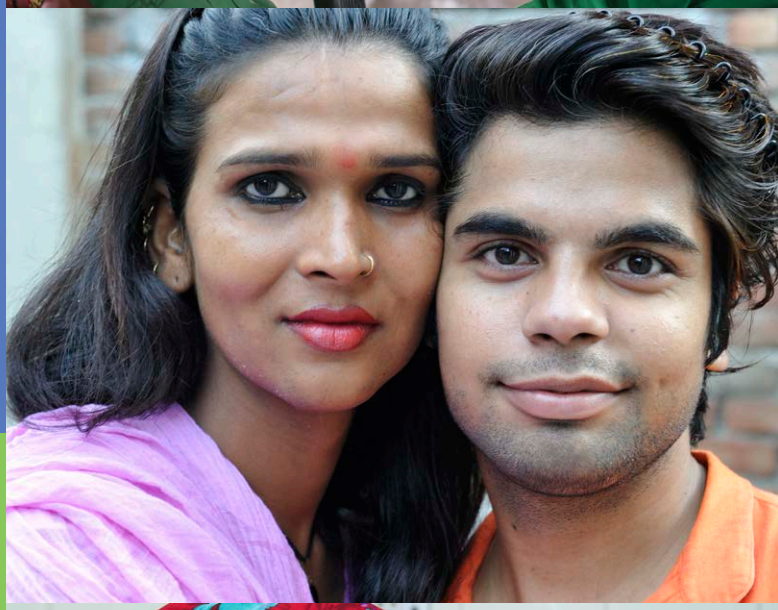
ihat

ANNUAL REPORT

2018-2019



Annual Report
2018-2019

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India Health Action Trust (IHAT) is registered as a trust under the Indian Trust Act (1882) in 2003. It is registered with the Ministry of Home Affairs under the Foreign Contribution Regulation Act, 1976. IHAT is also registered under section 12A (a) of the Income Tax Act, 1961 as a “Wholly Charitable Trust”.

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MESSAGE FROM THE MANAGING TRUSTEE

IHAT was established with the vision to serve the community and help build a nation that nurtures a culture of equity and health. So far, IHAT collaborated with the government/Ministry of Health and Family Welfare to help support the vision of highest possible level of health and well-being for all. With support from donors & partners and the community, IHAT has been consistently working towards achieving the health outcomes of the country.

With immense pleasure, I would like to share IHAT's Annual Report 2018-19 that encapsulates various endeavors, innovations and highlights of the incredible work being done by the organization in the public health sector. This year gave us the opportunity to contribute towards community well-being and build upon our strengths in various spheres through collaborative approach. IHAT supported the government in implementation of various health initiatives and missions in the states of Uttar Pradesh, Karnataka and Delhi.

I express my heartfelt gratitude towards the government, donors, partners and stakeholders/community without whom, the work would not have been possible. IHAT assures to fulfill its commitments with the same vigor and strength for the years to come and the challenges to be converted into newer learnings and opportunities.

Shajy Isac
Managing Trustee

India Health Action Trust (IHAT) works towards reducing inequities in population health by developing comprehensive and sustainable programs to improve population health.

IHAT works closely with the Government of India and state governments to achieve its public health goals. IHAT's work is focused in areas of prevention and control of HIV and Tuberculosis, in achieving significant improvements in Reproductive, Maternal, Neonatal and Child Health, improved Nutrition among mothers and children, and strengthening health systems. IHAT's work is aligned with the Sustainable Development Goals.

IHAT works in partnership with governments, academic institutions, non-government organizations and community based organizations to develop innovative, evidence-based, scalable and sustainable programs to reduce population level disparities.

OUR VISION

Equity and quality in public health and development

OUR MISSION

- Impact public health and development policies through evidence generation and knowledge sharing
- Enhance learning through innovation and application of program science
- Promote partnerships with Governments, non-government agencies and community organizations to design and implement high-impact public health programs

OUR PARTNERSHIP

The Institute of Global Public Health (IGPH), University of Manitoba (UoM) partners with IHAT to implement its RMNCH+A program in Uttar Pradesh and provides advisory support to IHAT's other programs.

FOCUS AREAS

- Maternal, Newborn and Child Health
- Family Planning
- Nutrition
- Health Systems Strengthening
- HIV/AIDS

OUR PROGRAMS

Uttar Pradesh Technical Support Unit

The Uttar Pradesh Technical Support Unit (UP TSU) was formed in 2013 to provide techno-managerial support to the Government of Uttar Pradesh (GoUP) pursuant to the Memorandum of Cooperation between the GoUP and the Bill & Melinda Gates Foundation. IHAT, in partnership with the University of Manitoba (UoM) supports the government in strengthening its Reproductive, Maternal, Newborn and Child Health (RMNCH) and Nutrition programs.

KarnatakaTechnical Support Unit

The Karnataka Technical Support Unit (KA TSU) was set up in 2007 to support the Karnataka State AIDS Prevention Society (KSAPS) to achieve a high level of coverage and quality of its HIV prevention, treatment and care programs, under the National AIDS Control Organization (NACO)'s Targeted Intervention (TI) Program.

Delhi Technical Support Unit

Delhi Technical Support Unit (DL TSU) was established in 2014 to support Delhi State AIDS Control Society (DSACS) to achieve a high level of coverage and ensure quality of its HIV prevention, treatment and care programmes, delivered under NACO's Targeted Intervention Program.

UTTAR PRADESH TECHNICAL SUPPORT UNIT

MATERNAL, NEWBORN AND CHILD HEALTH

OBJECTIVES

- To reduce maternal and neonatal mortality in 100 focus blocks of Uttar Pradesh through enhanced learning, strategy development, testing and application
- To improve and sustain coverage rates of critical Maternal, Newborn and Child Health (MNCH) interventions in 194 additional blocks by scaling up the Uttar Pradesh Technical Support Unit (UP TSU) interventions to increase population coverage for critical MNCH services and enhance the basic quality of care in Community Health Centres (CHCs) and Block Public Health Centre (BPHC) facilities
- To improve the management of maternal and newborn complications at First Referral Units, including District Hospitals (DHs)
- To improve the quality of services, especially in-patient services for sick children at health facilities
- To improve the treatment and referral of vulnerable children with pneumonia and diarrhea by public Frontline Workers (FLWs)
- To improve the care pathways and referral processes for sick children from the community to appropriate level of care

GEOGRAPHY

The project was implemented in 25 High Priority Districts (HPDs) of Uttar Pradesh.

Among the 294 blocks in these HPDs, IHAT continued to work in 100 focus blocks for more intensive implementation, to both improve outcomes more rapidly, and to gain knowledge about strategies, some of which have been scaled up/ are planned to be scaled up to the remaining 194 blocks in the 25 HPDs, and/or across the state.

KEY HIGHLIGHTS

IHAT worked at facility and community level to improve the availability, utilization and quality of MNCH services within the public health delivery systems of Government of Uttar Pradesh (GoUP).

> ***Facility Level:*** *Focused on strengthening labour rooms, improving the quality of intrapartum and immediate post-partum care, newborn care, activation and strengthening of First Referral Units (FRUs)*

NON-FRU INTERVENTIONS

A. Nurse Mentoring Program

Nurse Mentors (NMs) - a cadre of BSc/MSc qualified nurses, trained in clinical skills & quality improvement processes in labor room setup, were posted at district hospitals, block and sub-block level facilities. NMs work with the facility administration and labour room service providers and outreach Auxiliary nurse midwife (ANMs) to enhance the quality of reproductive, maternal, newborn, child and adolescent health (RMNCH+A) services.

Nurse mentoring program is being implemented in 200 blocks of 25 HPDs

UP TSU appointed nurse mentors working in 25 district hospitals and 112 block level facilities in 100 blocks

Full time NHM appointed nurse mentors working in the other 100

In the remaining 94 blocks, NHM along with UP TSU is identifying existing staff nurses to be nurse mentors in addition to their labour room responsibility.

- At the facility level, more than 2000 staff nurses and ANMs have been mentored on various skill stations on Reproductive, Maternal, Newborn, Child Health (RMNCH) topics. This has resulted in a corresponding increase in the Objective Structured Clinical Examination (OSCE) scores of providers on essential skill stations.
- The concurrent monitoring data from the Rolling Facility Survey (RFS) indicates that there has been a significant increase in the administration of oxytocin from 49% in RFS-1 (2015) to 84 % in RFS-4 (2019)
- Significant improvements have also been observed in essential newborn care practices, wherein timely initiation of breastfeeding has increased from 27% of the directly observed deliveries to 74% between the RFS-1 (2015) and RFS-4 (2019). Similar improvements are observed in provision of skin to skin care, which increased from 19% to 77% and cord clamping as per protocol which increased from 41% to 79% between the two survey rounds. The practice of weighing newborns has also increased significantly from 50% in round 1 to 87% in round 4 of RFS.
- The overall identification of Post-Partum Haemorrhage (PPH) has increased in both district hospitals and block level facilities and the quality of PPH identification has also improved with a huge reduction in PPH cause not known from 13% in Quarter 1 (February 2018 to April 2018) to 1.6% in Quarter 5 (February 2019 to April 2019) in block level facilities and from 27% in Quarter 1 (February 2018 to April 2018) to 3.2% in Quarter 4 (February 2019 to April 2019) in DHs. (Source: UPTSU program monitoring data). There is also an increase in the identification of newborn complications, particularly birth asphyxia cases, whose identification increased from 4.9% in Quarter 1 to 6.3% in Quarter 5 at block level facilities and 6.2% in Quarter 1 to 6.9% in Quarter 5 at DHs.
- The management of PPH and birth asphyxia cases has also improved (above 80%). The scale-up of Nurse Mentoring Program across 620 blocks in 75 districts was approved by the Government of India (GoI) in Program Implementation Plans (PIP) 2018-2019 and selection and training of these nurse mentors was initiated accordingly.

B. Activation and strengthening of New Born Stabilization Units (NBSUs)

To provide special care to the sick and small newborn, NBSUs are required at primary healthcare facilities. NBSU can also function as step-down units if any Special Newborn Care Unit (SNCU) in the vicinity lacks it, where a partially convalesced baby can be cared for. There are a total of 179 NBSUs sanctioned by the GoUP currently. UP TSU is supporting GoUP in establishment and operationalisation of 50 NBSUs in 25 HPDs. In order to initiate this, a baseline assessment of NBSUs in 50 CHCs was conducted in terms of human resource (HR), infrastructure, equipment, and trainings in April 2018. Post the baseline assessment, the work towards activation of these NBSUs was initiated through ensuring availability of adequate infrastructure, equipment, trained HR and strengthening documentation.

C. Vertical Integration

Monthly Vertical Integration (VI) meetings were introduced by UP TSU in 2018 to establish a link between Basic emergency obstetric and newborn care (BEmOnC) and Comprehensive Emergency Obstetric and New born Care (CEmOnC) facilities and create a platform to discuss the current status of maternal, new-born and child deaths in each district and to assess the loopholes in the current service spectrum. VI meetings have happened at least once in all 25 HPDs and along with the district Whatsapp groups, have led to use of referral slips in 84% of the cases while referring and improved pre-referral management of complications like PPH and eclampsia.

ACTIVATION AND STRENGTHENING OF FIRST REFERRAL UNITS (FRUs)

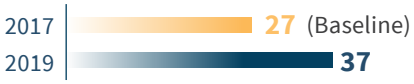
The State of Uttar Pradesh with 75 districts and a population of 220 million people, requires a total of 421 FRUs. However, currently only 305 facilities are designated as FRUs, out of which 14 are medical colleges, 91 are DHs and 200 are CHC-FRUs. While the broader FRU activation is being supported by UP TSU for Uttar Pradesh, within 25 HPDs, 87 FRUs have been designated. Since April 2017, UP TSU has worked closely with the GoUP to strengthen 25 priority CHC-FRUs and 25 district women and combined hospitals.

A. FRU Activation

- In order to bridge the HR gaps, the Bidding model was initiated that allowed potential doctors to apply for facilities based on the pay scale that was put forward by the doctor.Following were hired through this method:

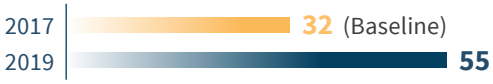
7 OBS/GYNS* **7 ANESTHETISTS** **12 PAEDIATRICIANS**

- EmOC and Life Saving Anaesthesia Skills (LSAS) trainings were activated to bridge HR gaps with the help of 2 medical colleges and 2 more medical colleges were proposed to be accredited for conducting these trainings.
- UP TSU along with GoUP designed and implemented the “Buddy-Buddy model” wherein the state allows LSAS and EmOC trained doctors to pair up and select a non-functional FRU of their choice for posting. A total of 31 inactive FRUs were selected by these “buddies” in round 1 for activation.`
- The number of FRUs conducting Blood Transfusion (BT) services increased from



B. FRU Strengthening

- In phase 1 of Regional Resource Training Centre (RRTC) intervention, total 220 doctors were mentored on-site by medical college faculty on various topics.
- In phase 2 of RRTC, 4 more RRTC Medical Colleges were added to the FRU-RRTC landscape to cover 37 additional FRUs in 25 HPDs.
- Out of 686 doctors identified, 470 attended the regional level trainings in 27 batches spread over 3 months and there was an 11% increase in the pre and post-test evaluation of doctors.
- Out of 87 FRUs in 25 HPDs, the number of FRUs conducting C-sections had increased from



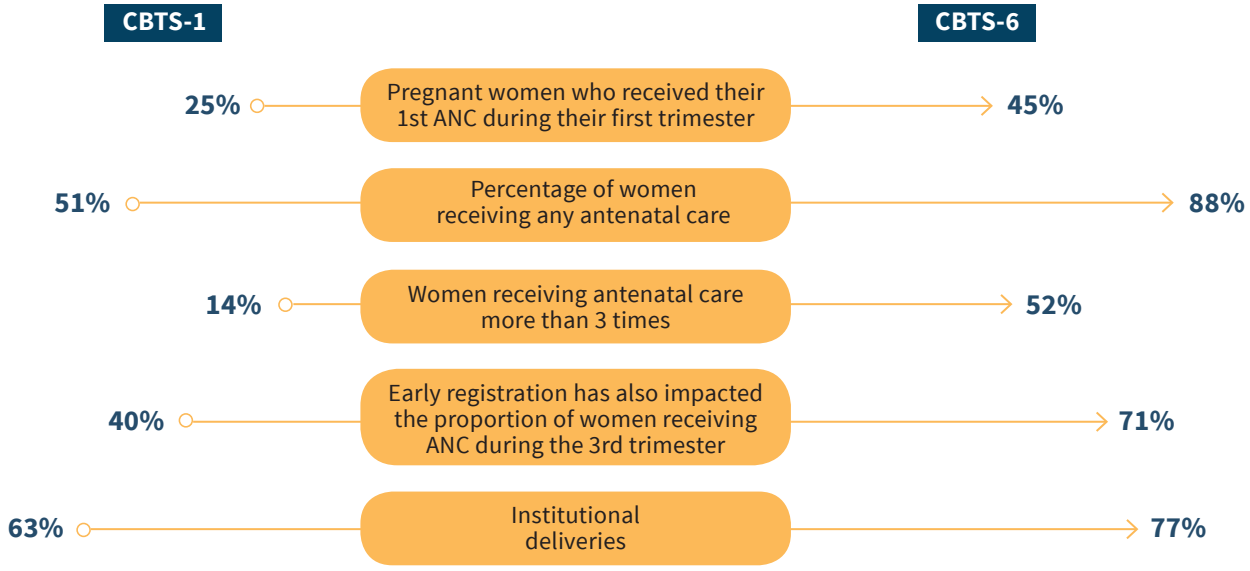
Obstetricians/Gynecologists

Community Level: *Focused on improving the antenatal care (ANC), home based maternal and new born care and improving the identification, management and referral of under-five (U5) sick children, with a particular emphasis on children with pneumonia and diarrhoea. ASHA Sangini Mentors (ASM) were introduced by UP TSU to hand hold and mentor the ASHA Sanginis to perform their required duties and effectively mentor the ASHAs on maternal and new born outcomes.*

ANTENATAL CARE INTERVENTIONS

At the community level, UP TSU has given focus on identification, line listing, referrals and management of High-Risk Pregnancies with emphasis on severely anaemic pregnant women. UP TSU is working towards improving the coverage and quality of ANC services through strengthening Village Health and Nutrition Days (VHNDs), ASHA-AWW-ANM (AAA) meetings and capacity building of FLWs.

The data from 6th round of Community Behaviour Tracking Survey (CBTS) conducted in 2018 had shown improvements in ANC services in 100 blocks of 25 HPDs as shown below.

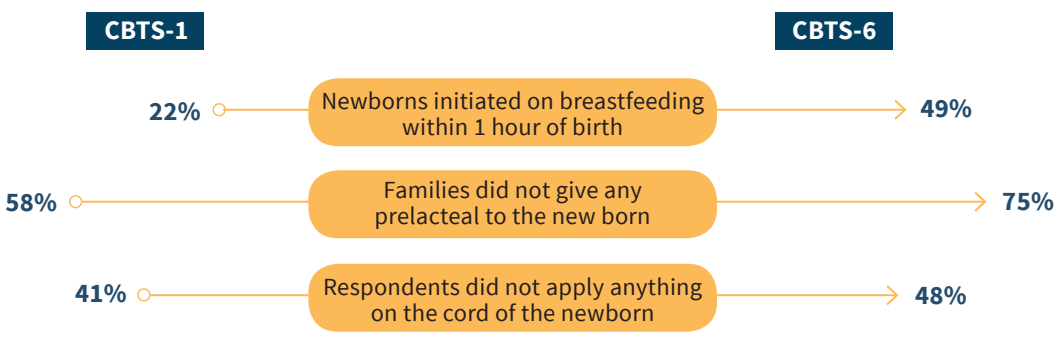


POSTNATAL CARE (PNC) INTERVENTIONS

As per Home Based New Born Care (HBNC) protocol, ASHA Sanginis and ASHAs are trained and constantly mentored by ASMs on neonatal care home visits, premature birth or low birth weight management, hypothermia, cord care, breastfeeding related problems and identification of danger signs. The key improvements in newborn care indicators as per CBTS data are as follows:

Eligible households were visited by ASHA within 1 week of delivery

Families practice delayed bathing that is, bathing the newborn after 3 days of the delivery



IN-PATIENT SERVICES FOR SICK CHILDREN AT HEALTH FACILITIES

The project has worked closely with the District Male Hospitals (DMHs) or District Combined Hospitals where the majority of child health care is provided at the district level and the prioritized CHCs.

- 10 of the 25 DHs met the essential criteria for HR and 93 of the 100 CHCs have the essential number of staff nurses; although only 3% of facilities have at least 3 Facility Based Integrated Neonatal and Childhood Illness (F-IMNCI) trained staff nurses.

- All 25 Nutrition Rehabilitation Centres have now been activated. The Bed Occupancy Rate has increased from 52% in January 2018 to 66% in October 2018 (peak 84%) and the cure rate has increased from 55% to 77% over the same time period (peak 80%).

- The RRTCs have strengthened their support for child health over the past year. Additional child health curriculum is being developed. The appropriate diagnosis of F-IMNCI classifiable illnesses has increased from 44% to 61% from April to November 2018 but there remains additional work for improving appropriate diagnosis and treatment of childhood illness over the upcoming year.

- Sustainable data collection systems for Child Health data reporting through the UP HMIS system remained a focus of the project. In October 2017, 58% of DHs and 66% of CHCs were reporting at least 50% of the 12 key child health (CH) data elements. This increased to 80% of DHs and 92% of CHCs in November 2018. Furthermore, 76% of DHs and 86% of CHCs were reporting >80% of key CH data elements. Currently, approximately 98% of the targeted CHCs and all 25 DHs have appropriate data segregation of U5 children on F-IMNCI classifiable illness through source documents and uploading in UP HMIS as of November 2018.

- Emergency Triage Assessment and Treatment (ETAT) has been implemented in 10 of the 25 DHs and 2 block CHCs for better identification and classification of critical cases of pneumonia and diarrhoea and other sick children.

TREATMENT AND REFERRAL OF VULNERABLE CHILDREN WITH PNEUMONIA AND DIARRHEA BY PUBLIC FLWS

There continues to be a lighter touch for supportive supervision of the ASHAs through training and working with the ASHA Sanginis and ASHA Sangini Mentors. The ASHA Sanginis continue to mentor ASHAs on key CH messages. The district level orientation of Block Community Process Managers (BCPMs), Health Education Officers (HEOs) and Medical Officers in Charge (MOICs) has been completed in 5 districts and is ongoing in the rest of the districts.

- Although the ASHAs continue to diagnose cases of pneumonia in the community, the initial treatment of pneumonia with amoxicillin by ASHAs remains dependent on supplies, which have been variable over the past year. 254 cases of pneumonia were identified in the observed VHNDs in November 2018, although only 18 of these cases were treated with amoxicillin at the VHND. However, among the 405 cases of diarrhoea identified in the observed VHNDs in the month of November 2018, 86.6% of the cases were treated with zinc and oral rehydration salts.

IMPROVEMENT IN THE CARE PATHWAYS AND REFERRAL PROCESSES FOR SICK CHILDREN FROM THE COMMUNITY TO THE APPROPRIATE LEVEL OF CARE

UP TSU has conducted an assessment of the referral process to identify opportunities for improving the process. An analysis of referral processes has been completed and is under discussion with the government.

ADDITIONAL CHILD HEALTH ACTIVITIES

The project continued to provide support to the GoUP through providing leadership to the Child Health Technical Support Group (CH TSG). The CH TSG was pivotal in driving major decisions in supporting the Intensified Diarrhea Control Fortnight (IDCF), progress on NBSU) and NBSU registers and the Mothers' Absolute Affection (MAA) Programme Promotion of Breastfeeding (supported by the Nutrition team). The CH team has collaborated on the RRTC processes with its ongoing development of additional child health curriculum and participation in visits to facilities.

*Representational Image

CASE STUDY

Meena Devi (name changed) is a resident of village Umrao Purva, district Gonda (Uttar Pradesh). Her first delivery was caesarean and she again got pregnant when her first child was 10 months old. Meena got registered with ASHA in her fourth month of pregnancy. During her first ANC check-up at VHND, her Hb level was 9.4 gms. She was given Iron and Folic Acid (IFA) tablets and instructed by ANM to consume 2 tablets per day. Afterwards, Meena left for her mother's home. When she came back she was 6 months pregnant. Her haemoglobin (Hb) in her second ANC visit came down to 6.3 gms. She shared that she was not taking IFA regularly. She was advised by ANM to visit District Women's Hospital (DWH) for iron sucrose.

Though her family was reluctant to send her to DWH but after the intervention of ASHA and ASHA Sangini accompanied by the ASHA Sangini Mentor, Meena's family agreed to take her to DWH. When they reached the facility, OPD timings got over, hence Meena was referred to a private facility. She was examined by a private doctor and was given the dosage of 5 iron sucrose in a day's interval. In her 8th month of pregnancy her Hb reached at 12.2 gms.

> ***Meena started consuming iron tablets regularly, and her Hb reached to 13.3gms in her 9th month of pregnancy. She delivered in DWH through caesarean and gave birth to a healthy baby.***

UTTAR PRADESH TECHNICAL SUPPORT UNIT

FAMILY PLANNING

OBJECTIVES

- Enhancing access to and availability of Family Planning (FP) methods in the state of Uttar Pradesh
- Ensuring the quality of FP services
- Improving the utilization of FP services
- Roll-out of Mission Parivar Vikas (MPV)

GEOGRAPHY

The project was initiated in 2014 to support the 25 High Priority Districts and was scaled in January 2018 to provide FP services across the state.

KEY HIGHLIGHTS

FACILITY STRENGTHENING

A package of interventions was made available and strengthened at health facilities to administer and manage all contraceptives with the focus on newly introduced ones. Training and skill-building and infrastructural improvements were key among these interventions, leading to improved services.

703
Facilities identified for strengthening of 1107 (64%)

3,254
Facilities strengthened for new contraceptive of 1107 (46%)

5,515
FDS held of 8,476 FDS planned (65%)

736
Facilities with FP LMIS initiated of 1107 (66%)

416
Performing Sterilization Providers of 450 (92%)

5,510
Trained PPIUCD Providers

6,566
Providers Trained in New Contraceptive

356 million
Private Provider Payment of 429 Million (83%)

ORIENTING FLWS TO AN IMPROVED BASKET OF CHOICE

UP TSU supported the GoUP in strengthening the capacity of FLWs on FP in all the 75 districts of the state. The key objective of the training was to emphasize the importance of Healthy Timing & Spacing of Pregnancy (HTSP) and addressing the risk of unplanned pregnancy especially in postpartum and post-abortion periods. In addition, FLWs were informed and oriented regarding the entire basket of choice. This also included phase-wise introduction of new contraceptives – a three monthly injectable contraceptive called Antara and a non-hormonal oral contraceptive pill called Chhaya.

1,76,200
Of 1,76,930 Front Line Workers oriented on FP (99%)

5,506
Of 7,274 VHSNC Mentors oriented on FP (75%)

210
Of 210 Days of FM Mass Media Campaign

12
Monthly Cluster Modules developed

MISSION PARIWAR VIKAS

Mission Parivar Vikas is the Government of India (GoI) campaign designed to bring focused attention to 145 districts with high fertility rates across seven Indian states and to improve access and availability of FP services and contraceptives.

UP TSU rolled out the key interventions under MPV in the 57 HPDs of Uttar Pradesh; these included introduction of new contraceptives – Antara and Chhaya.

57
Of 57 DPIB Constituted & Meetings Held (100%)

3,254
Of 8,950 Condom Boxes Installed (36%)

80,771
Of 113,981 Saas Bahu Sammelans Held (71%)

1,29,940
Of 1,45,348 Nayi Pehal Kits Distributed (89%)

CARELINE

Antara Careline is a telephone-based comprehensive counselling process, where tele-counsellors (supported by Abt Associates) engage with injectable contraceptive users to provide counselling and follow-up support.

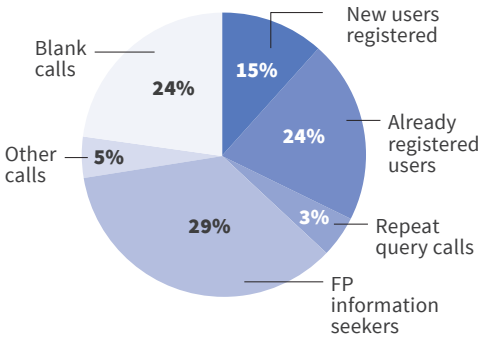
UP TSU in collaboration with State Innovations in Family Planning Services Project Agency (SIFPSA) and Abt Associates supported GoUP to establish a mechanism of collecting client information from facilities to be sent to the Careline.

Antara users in UP receiving telephonic counselling after the first injection, had a higher continuation rate of 76% compared to UP's overall continuation rate of 57%. As the state expanded injectables to block level facilities, UP TSU supported GoUP to introduce an inbound facility to the Careline using a toll free number from January 2019. This gave women an option to call and seek answers to their queries beyond the scheduled calls for follow up. Total 12490 Registrations (10048 registrations through outbound calls and 2442 through inbound calls) until 31st March 2019 took place.

WOMEN ARE CALLING - INBOUND CALLS ON CARELINE

2nd January, 2019
Inbound calls started

2,500+ calls received till **14th January, 2019**



Calls received were related to Family Planning

192 average inbound calls received **per day**

FAMILY PLANNING LOGISTICS MANAGEMENT INFORMATION SYSTEM

The Family Planning Logistic Management Information System (FP LMIS) was rolled out in Uttar Pradesh through a cascade model of skills-building, with the aim to improve the monitoring and supply of FP commodities. All State and District level Train the Trainer programs & 31% block-level FP LMIS training programs were completed.

CASE STUDY

From a sufferer to a crusader against unwanted pregnancy

Geeta (name changed), a mother to eight children, got married at an early age, after which she conceived 10 times one after the other. "I never wanted to have so many children, but I did not have access to the family planning methods. Initially, the feeling of being a mother was a joyous one, but later the same experience slowly sunk into depression. My aspirations had come to a halt and my fate looked murkier" said Geeta. The desire to pursue education had long gone away, but her spirit to support and empower the women of her community managed to transcend even after years of physical and emotional trauma. Today Geeta, not only looks after her children and manages her household responsibility, but has also evolved herself from a being a volunteer to leading the Pisawan Mahasangh as its President. Her efforts have also been recognized with Rani Laxmibai Award. She claims, to have spent 15 years fighting for different causes related to women, but she could achieve the biggest milestone after getting associated with family planning initiatives.

"This initiative is the one that I always longed for. I believe the biggest right that a woman can have is to decide when she wants to give birth. Family planning methods give us freedom to choose the size of our family and protect against the emotional turmoil a woman goes through in case of unwanted pregnancy."

Geeta, herself chose Antara and works to motivate other women to choose family planning measures and decide when they want to give birth.

UTTAR PRADESH TECHNICAL SUPPORT UNIT

NUTRITION

OBJECTIVES

The overarching goal is to provide high quality, well-coordinated nutrition techno- managerial support to the government's Integrated Child Development Services (ICDS) and NHM programs in UP in order to reduce under 5 morbidity and mortality due to childhood malnutrition and improve the nutritional status of women in UP.

The primary expected outcomes of this project are:

- Increased ICDS capacity to deliver quality Maternal, Infant and Young Child Nutrition (MIYCN) interventions in UP.
- Increased health system capacity to deliver quality MIYCN interventions in UP.
- Increased use of MIYCN data for strategic decision-making in 25 HPDs in UP.

GEOGRAPHY

The project, launched in November 2015, was implemented in 100 blocks of 25 High Priority Districts (HPDs), including 5 Aspirational Districts of Uttar Pradesh.

KEY HIGHLIGHTS

CAPACITY ENHANCEMENT OF FLWS TO DELIVER QUALITY MIYCN INTERVENTIONS IN UP

The project trained the FLWs (AWW, ASHA, and ANM) on three MIYCN capsules namely IFA, Breastfeeding, and Complementary Feeding in the preceding year, and during April 18 - March 19, actively engaged in providing on-site mentoring and handholding support to the Anganwadi Workers (AWWs) and ASHAs through the Poshan Sakhis.

The focus was on building the capacity of the AWWs in monthly sector meetings and providing mentoring and handholding support in different platforms like beneficiary meetings, home visits, Take-Home Ration (THR) day, VHNDs, and Community Based Events (CBEs), while the ASHAs were mentored and handheld only during home visits.

The Poshan Sakhis improvised upon their efficiency of mentoring and handholding visits by:

- Prioritizing Anganwadi Centre (AWC) visits based on the performance grading of AWWs and Mukhya Sevikas based on their knowledge of MIYCN, counseling skills, and documentation, while for Mukhya Sevika in addition to knowledge and documentation, their training, coordination, and supportive supervision skills were also considered.

- Prioritizing beneficiaries for contact and counseling by the FLWs, at the right stage leading to improved health and nutrition outcomes. For example, pregnant women in the 2nd trimester were prioritized for the promotion of IFA supplementation and diet diversity, and in the 3rd trimester for counselling on early initiation of breastfeeding, infants in the first two months for exclusive breast feeding, and children aged 6-8 months were prioritized for the promotion of optimal complementary feeding practices, respectively. However, attention was paid to the beneficiaries at each stage and they were provided need-based counseling and support by the FLWs as per the guidelines.Further, performance grading of AWWs and Mukhya Sevikas was completed in 100 blocks of UP.

MONTHLY PROGRESS:

6400 AWWs mentored by Poshan Sakhis	**4000** ASHAs mentored by Poshan Sakhis	**6000** Group Meetings conducted by AWW with the support of Poshan Sakhis
24900 Accompanied Home Visits conducted with AWW	**9000** Accompanied Home Visits conducted with ASHA	**1160** VHNDs attended by Poshan Sakhis

STRENGTHENING EXISTING GOVERNMENT PLATFORMS FOR PROGRAM PLANNING AND REVIEW

Cognizant of the importance of a functional planning and review platform for better implementation of various programs and improved service delivery of the AWWs, UP TSU focused on strengthening the District Nutrition Committee (DNC) meetings and sector meetings in 25 districts of the state. The District Nutrition Specialists (DNSs) provided technical support in planning and reviewing the nutrition indicators during DNCs, while Poshan Sakhis mentored and handheld the Mukhya Sevikas in conducting sector meetings in a structured and effective manner.

PROGRESS:

DNC Meetings

Regularization of DNC meetings helped in improving coordination among various nutrition-relevant sectors at the district level under the leadership of District Magistrate and Chief Development Officers, smooth implementation of Sustaining Health and Nutrition Above Red Indicator (SHABRI) Sankalp Yojana, Poshan Abhiyaan, and addressing of various supply related issues. For example, in Sitapur district, procurement process of IFA tablets and 900 weighing scales for AWCs was facilitated due to the advocacy by the DNS in the DNC Meeting.

Sector Meetings

The Poshan Sakhis supported the Mukhya Sevikas in preparing the agenda of the sector meeting, based on field inputs and priorities of the department, and in conducting the meeting in a timely and structured manner. The agenda generally comprised of review of the preceding month's activities or progress, planning for the implementation of upcoming activities or events, monthly progress report and record keeping, and capacity building sessions. More than 80% of sector meetings against expected were conducted in 100 blocks, 25 HPDs in 2018-2019.

FACILITATION OF THE ROLL-OUT OF POSHAN ABHIYAAN IN UP

The project intensively supported the State Nutrition Mission in the roll-out of the key activities under the Poshan Abhiyaan (Flagship program of GoI) by:

- Providing support in planning and implementation (with on-site support to AWWs) of the smart phone based Common Application Software (ICDS CAS) in 17 out of 24 ICDS-CAS launched districts of the state.
- Ensuring quality Incremental Learning Approach (ILA) training at all levels starting from the state until the sub-block level through better content delivery by conducting interactive sessions, demonstrations, role-plays, and knowledge assessment of the participants in 25 HPDs of the state.
- Mentoring the AWWs for systematically organizing the CBEs like *Annaprashan* and *Godbharai, Suposhan Swasthya Mela*, and providing correct technical information and need-based counseling to the beneficiaries through effective use of job-aids and tools in 100 Blocks in 25 HPDs of the state.

PROGRESS:

22000

Mobile phones configured by Poshan Sakhis in November - December 2018 to accelerate the implementation of CAS

36956 (88%)

AWCs got launched in 17 TSU supported CAS Districts till March 2019

1500

CBEs supported by Poshan Sakhis every month

Events supported by Poshan Sakhi during April18-March 2019 in 100 Blocks in 25 HPDs:

5650	3889	3070	2984	2664
Annaprashan	*Godhbharai*	*Bachpan*	*Mamta Divas*	*Ladli Divas*

SUPPORTING THE IMPLEMENTATION OF "NO WATER ONLY BREASTMILK" CAMPAIGN

The project provided technical and implementation assistance for the "NO WATER ONLY BREASTMILK" Campaign, from March 2018 - July 2018, in 100 blocks across 25 high priority districts of UP, to promote exclusive breastfeeding[1].

Awareness generation activities were organized to promote exclusive breastfeeding with the support of ICDS and other departments. Community platforms like community meetings, home visits, CBEs, sector meetings, rallies, and school events were leveraged for the same.

During the campaign, the FLWs organized 34144 rallies, 64724 home visits for children aged 0-6 months and 10786 group meetings with mother's having children aged 0-6 months.

The campaign generated awareness and momentum for the issue and led to an improvement in the rate of exclusive breastfeeding in the defined geography during summer months.

As per CBTS data, the rate of Exclusive Breastfeeding improved from **22% in 2016** to **38% in 2018**

[1] As per WHO, ''Exclusive breastfeeding'' means that the infant receives only breast milk for the first six months of life. No other liquids or solids are given – not even water – with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines.

IMPLEMENTATION OF PILOT ON IFA CONSUMPTION DURING PREGNANCY

The nutrition project launched a pilot on IFA consumption during pregnancy, in six selected sub-centers of Behta block, Sitapur district in October 2018. The overall goal of the pilot was to implement a set of critical interventions and assess its impact on the maternal receipt and consumption of IFA during pregnancy.

The critical interventions of the Pilot are:

- Early registration
- Timely receipt of IFA tablets by the pregnant women as per their remaining gestational age and haemoglobin status. Ratio of IFA tablets suggested for normal pregnant women (90:90) and for anaemic pregnant women (180:180).
- Usage of reminder tool (IFA Calendar) by pregnant women for improved adherence to IFA supplementation.
- Usage of job aids (Flipbook and Story cards) by FLWs for effective counselling.
- Extensive counselling of pregnant women on IFA consumption by the FLWs, using the job-aids at different platforms like VHNDs, Beneficiary meetings and Home visits.

PROGRESS:

TRAINED

351 FLWs (163 AWWs, 170 ASHAs, and 18 ANMs)

Behta block

IFA module

20th April to 4th May 2018

TRAINED AND DISTRIBUTED JOB-AIDS AND TOOLS TO

106 FLWs (49 AWWs, 51 ASHAs, and 6 ANMs)

Six selected sub-centers of Behta

On 15th and 16th October 2018

The preparatory phase extended from April - September 2018, which included developing and pre-testing of job-aids and tools, and the VHND checklist. The pilot was launched in October 2018.

CASE STUDY

Aarti (name changed), a resident of Rudauli village, Ayodhya (Uttar Pradesh), delivered a baby. Her joy knew no bounds when the nurse informed that the baby was healthy, with a birth weight of 3kg. She started breastfeeding the baby soon after birth and continued to do so as advised by the nurse. Everything was going well, until she fed the baby a few drops of water along with the breastmilk, assuming his constant crying as a cue of thirst, in the sweltering heat of the summer. Feeding him with water soon became a habit. After a while, Aarti felt that her milk was not enough and started bottle-feeding him. The baby started having frequent episodes of diarrhea and turned weak.

The AWW found out about the deteriorating nutritional status of the baby during her routine home visits. She invited Aarti to the AWC, weighed the baby and explained her through the growth chart, that how her faulty practices led the baby slip from the normal zone (green) to the danger zone (red). She advised her to stop bottle feeding and resume only breastfeeding. Initially, it was difficult for Aarti, but with the constant support of the AWW, she managed to breastfeed the baby frequently with correct positioning and attachment, which helped the baby gain some weight.

The AWW conducted Annaprashan of the baby right after the completion of six months of age and advised Aarti to continue feeding the baby. Aarti had learnt her lesson. She fed the baby with variety of food throughout the day, along with breastfeeding. Now Aarti follows all the advice of the AWW and is happy because her baby is back to normal from the danger zone.

> ***Initially, it was difficult for Aarti, but with the constant support of the AWW, she managed to breastfeed the baby frequently with correct positioning and attachment, which helped the baby gain some weight.***

UTTAR PRADESH TECHNICAL SUPPORT UNIT

HEALTH SYSTEMS STRENGTHENING

OBJECTIVES

- Support the government in identifying critical gaps and work together to develop vision/policy for filling up the gap
- Enable process improvements via guidelines and use of Information Technology (IT) tools
- Helping the government in setting up institutional mechanisms and appropriate governance structures for driving improved policy and processes

GEOGRAPHY

State-wide support

KEY HIGHLIGHTS

HUMAN RESOURCE MANAGEMENT

UP TSU established a robust Human Resource Management system in the health systems of Uttar Pradesh. This included identifying the right policies and strategies for addressing the shortage of Doctors and Specialists (and allied health professional) and also improved accessibility to real-time data on HR in health in UP.

- Built absorptive capacity in the department by on-boarding of a vacancy management firm on-boarded for ensuring <10% NHM vacancies. Recruitment for 10000+ contractual staff is already underway and expected to be closed soon, of which ~95% of staff is related to various RMNCHA programs.

- Discussion on the need and formation of a "Specialist Cadre" had been initiated. Creation of the specialist cadre will ensure the sustainability of filling specialists vacancies in the long-run.

- More than 130 EmOC/LSAS trained MBBS doctors were invited for a counselling session in February 2019 for giving the doctors an option to choose any designated FRU which has been non-functional due to non-availability of HR. Counselling was done for doctors for the first time in UP.

94 doctors were posted in 47 facilities among whom, 81 were transferred from other facilities

Out of these 81 doctors, 78 have joined the concerned facilities. (a compliance rate of ~100%, almost double of the compliance at other times).

- Transfer process of doctors on Manav Sampada in 2018 was completely led by government officials, with minimal support from UP TSU. More than 600 transfer requests were received online with 70% requests accepted and transferred as per policy.

- Mapping of Family Planning service providers is underway.

1047	1690	197	5203
Sterilization providers	New Contraceptive (Antara) providers	RMNCH+A counsellors' refresher training details	Post-Partum IUCD (PPIUCD) providers' data has been mapped on Manav Sampada

This data will be used in the planning of future trainings and to ensure service provision optimization.

- More than **1,30,000 employees** have been enrolled on Manav Sampada. This includes all regular, contractual, and deputation staff. More than 100,000 photographs have also been collected and uploaded.

- Transfer module is live ensuring all transfer requests of doctors are done through the HRMS and ensuring that all transfer orders are published through the system.

SUPPLY CHAIN MANAGEMENT

UP TSU through its technical support unit in UP helped establishing Uttar Pradesh Medical Sales Corporation (UPMSC) – a centralized procurement unit to manage purchasing and procurement of medicines, equipment and other services in the state. UPMSC was incorporation in March 2018.

- Revision of Essential Drug List (EDL) from ~1300 to 260 items and assessment of demand for the same.
- Tenders floated against all EDL items (260) out of which, rate contracts and purchase orders have been issued for ~ 200 drugs (77% of EDL).
- The corporation has started supplies of Essential Drugs to the districts.
- Finalisation of quality policy and empanelment of 12 third party National Accreditation Board for Testing and Calibration Laboratories (NABL) for testing samples completed.

- Centralized procurement, quality and reporting module customized for UPMSC operationalized.
- Drugs and Vaccine Distribution Management System (DVDMS) rolled-out and operational up to district level.
- UPMSC has hired a space of 48,000 Sq. feet for a rental warehouse in Lucknow. Furnishing & equipping of the warehouse is in process.
- Process of hiring of rental warehouses across 75 districts in UP has been initiated.
- PIP was developed for establishing ~2500 sq. metre warehouses in districts with an approval for budget of approximately Rs.727 Crore.

ENHANCED USE OF DATA FOR DECISION MAKING

A single source for all health related data of UP was established through the development of the comprehensive UPHMIS. UP TSU has promoted data-driven review of health systems by government leadership across all levels and facilitated improved accessibility to health-related data as per its relevance to the concerned stakeholders:

- UPHMIS data completeness reached up to 90% and sustained from all the districts of Uttar Pradesh. UP Health Dashboard developed from UPHMIS portal to use during different review meetings.

- Seven teams constituted at the state level to conduct the data audit and each comprised of members from NHM, both the directorate (Directorate of Family Welfare Directorate of Medical and Health Services) and UP TSU. The state data audit teams conducted 5 rounds of data audit visits in 108 health facilities of 36 districts during the last one year. Based on the findings, NHM is in the process of taking several correctives measures to ensure the data quality.

- UPHMIS emerged as an integrated portal for all data sources like HMIS, GoI portals, manual reporting (MPR).

- UP health dashboard is developed by using ranking concept. All the districts and blocks can review and track their performances based on 12 performance and 2 data quality indicators. 20 districts are consistently using UP health dashboard consistently.

- UP TSU is tracking data driven review mechanism and strengthening of district Review Meeting in 25 HPDs by using Districts M&E Specialists.

- District Magistrate and Chief Medical Officer taken 355 data based decisions during review meetings in a period of 10 months

- Divisional M&E hub has been established (August 2018) by the GoUP under NHM in all 18 divisions of UP covering all 75 districts with help of UP TSU.

- Data based decisions implemented and completed 29%
  Data based decisions in process 67%

PUBLIC PRIVATE PARTNERSHIPS/OUTSOURCING

UP TSU supported the on-boarding of private sector players for critical projects such as 104 call centre, operationalisation of 25 Model Maternal Child Health (MCH) Wings on public private partnership (PPP) mode, procuring equipment for 24 MCH wings, free diagnostic-pathological tests, CT Scans, MRI, ALS Ambulances, AERB Licensing, Evaluation and Documentation, HMIS/MCTS data entry, 108 Ambulance services, Telemedicine, e-UPHC, e-PHC, 150 100-bedded hospitals on PPP, Super Specialty Hospital (Chak Gajaria), Financial Management and Accounting system for NHM, IEC BCC annual strategy and execution and others.

- Supporting GoUP in various RFPs and contracts which include various large scale PPP projects on BOOT model. Meanwhile, contracts worth INR 7,000+ crore have been executed by GoUP in the FY 2018-19.

- PPP Project Management (PMU) has been set up within NHM to provide contract management support for selected projects. The PMU is physically located within the NHM premise in order to ensure better coordination and ease of flow of information.

IMPROVED OUTCOME BASED BEHAVIOR CHANGE POLICIES

UP TSU developed a comprehensive 3-year outcome based behaviour change communication (BCC) strategy for essential reproductive, maternal, newborn, child and adolescent health (RMNCH+A) practices with the aim of increasing service uptake in the state. BCC strategy and roadmap for National Health Mission and media matrix for RMNCH+A behaviors and national programs have been developed, which are specific, measurable and time-bound for results with well-defined interventions at State, District, Block and Community level.

Supported GoUP in the development of comprehensive outcome-focused behavior change strategy for essential RMNCH+A practices

Identified and contracted media agencies organisation for the bulk of the implementation of the BCC strategy and plan with clearly defined targets for behavior change

Campaign consisted of 27 Folk troupes and covered a total of 1840 villages during the three-month campaign

IMPROVING PAYMENTS AND RELATED PROCESSES

UP TSU supported in establishing an improved reward and recognition mechanism and incentive structures for volunteer FLWs - ASHA and ASHA Sanginis. This also included improved and transparent payment processes and tracking. The digitization has ensured timely and transparent payment, there by motivating the workers to do well in turn strengthening the health system for better quality of health care of the community.

- Process for incentive payment to front line workers has been digitized. The digitization starts at Block Community Process Manager (BCPM) level where all incentive vouchers are entered in the digital system, which is further approved or rejected electronically by the approval authority namely Medical Officer In-Charge (MOIC), the final approved data is being provided to BAM (Block Account Manager) to upload the same in the PFMS portal to ensure payments to the health workers.

- The Incentive payment application has successfully rolled out in **75** districts and all **820** blocks in UP.

BUDGET AND FINANCING (FINANCIAL MANAGEMENT)

UP TSU supported NHM in financial management including planning processes, approval mechanisms, fund release mechanisms, expenditure reporting, financial reviews and facilitation in tracking of budgets and expenses against the scheme component IDs (FMR codes) via PFMS.

- Supported NHM in expenditure analysis for the years 2016-2017 and 2017-2018, the analysis provided useful insights for development of PIP for the year 2019-2020.
- The analysis also helped in improved fund availability through key decisions taken related to use of flexipool and maintenance of threshold amount - 20 lakhs at block level
- Technical Support was provided to NHM in making allocations to the respective block based on the approved plan for all 75 districts; around 34% of the NHM budget is allocated to blocks
- Provided support in on-boarding of agency for the development of systems
- Provided support to NHM and the agency during requirement gathering phase
- Supported NHM in verification and approval of technical documents and Financial Management software

KARNATAKA
TECHNICAL SUPPORT UNIT

HIV/AIDS

OBJECTIVES

- To extend technical assistance in specified areas to the Karnataka State AIDS Prevention Society (KSAPS) in helping it achieve the National AIDS Control Program (NACP) goals and objectives.
- Facilitate saturation in coverage and strengthen quality of implementation in the Targeted Intervention (TI) Programs.
- Supporting KSAPS in expanding access to services, quality control/assurance and monitoring.
- To support KSAPS in evidence based planning, monitoring and evaluation.
- To provide capacity building support to TIs.

GEOGRAPHY

Karnataka Technical Support Unit (KA TSU) supported KSAPS and the implementation partners in all the 30 districts of Karnataka.

KEY HIGHLIGHTS

	78061	28890	2085	941	148804	76341
REACH	FSWs	MSMs	TGs	PWIDs	Migrants	Truckers

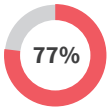
- 67 TIs and 4 LWS units are covered by 8 Program Officers in all 30 districts of Karnataka
- 15204 FSWs and 6994 MSM are newly identified

PERCEPTION BUILDING AND SENSITISATION OF MEDICAL FRATERNITY

KA TSU initiated sensitisation programs/activities for medical officers in the government health setting in order to make the government facilities Key Population (KP) - friendly and to reduce stigma and discrimination. This has encouraged the KPs to opt for regular medical checkups and HIV and syphilis screenings, thus improving access and service uptake by nurturing an enabling environment.

296 doctors covered through visits to government health facilities by Program Officer (PO) Clinical

IMPACT



of KP visited clinic and tested for Sexually Transmitted Infections (STI)

SOCIAL PROTECTION AND EMPOWERMENT

The KA TSU led the development of 'Single window model for Social Protection', that aims to facilitate entitlements and schemes provided by the State and Central Government to all eligible vulnerable groups for the most-at-risk population, People Living with HIV (PLHIV) and their children. The KA TSU has capacitated the TI partners in implementing the social protection and empowerment intervention with the objectives of:

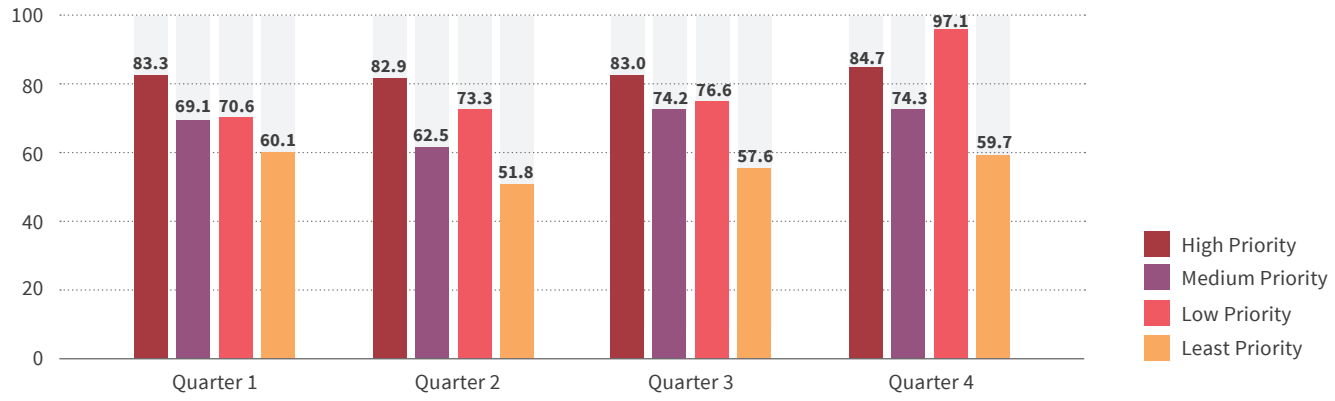
- encouraging and promoting empowerment among KPs
- ensuring fulfilment of social and economic wellbeing
- protection of KPs from vulnerability arising from poverty and other structural factors

In all, 40863 KPs received various social entitlement and protection schemes such as Aadhaar card, BPL/APL Ration card, Antyodaya Yojana, Pradhan Mantri Jeevan Jyoti Bima Yojana, and others.

PRIORITIZATION STRATEGY INVOLVEMENT

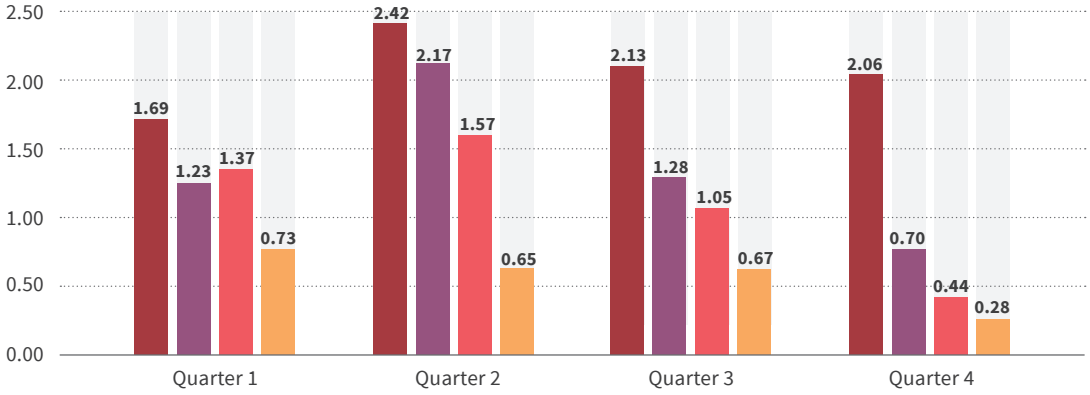
KA TSU supported KSAPS in developing the prioritisation strategy that focused on the most-at-risk population, who are highly in need of behavioural and structural support within the framework of TI. The strategy adopted was prioritizing the individual KPs for outreach and communication, to address the core group population more qualitatively to prevent HIV. Four risk factors and three vulnerability factors of HIV were analysed on a quarterly basis and accordingly the priority was set to provide the behavioural and structural services.

PRIORITY WISE CLINIC FOOTFALL

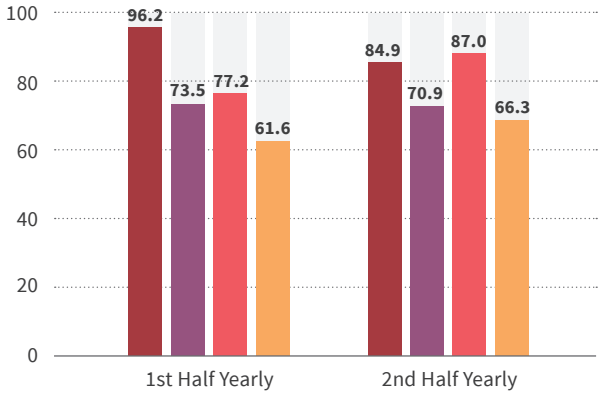


Denominator	Quarter 1	Quarter 2	Quarter 3	Quarter 4
High Priority	15078	14515	16281	13962
Medium Priority	8566	8328	8670	6571
Low Priority	16515	14676	16064	11592
Least Priority	29698	27768	25969	26161

PRIORITY WISE STI DIAGNOSED & TREATED

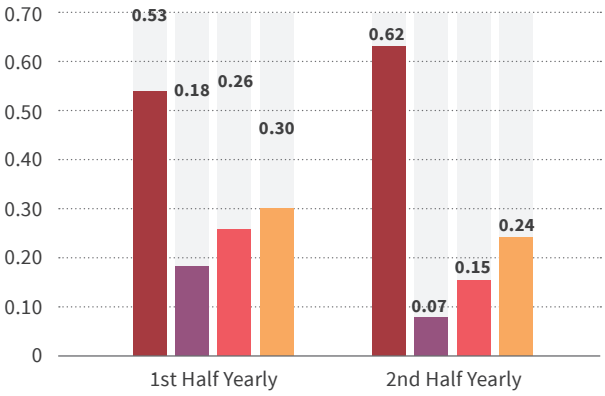


PRIORITY WISE HIV TEST



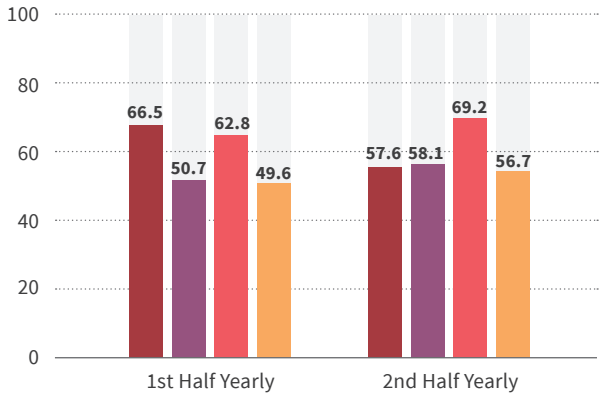
Denominator	1st Half Yearly	2nd Half Yearly
High Priority	14797	15122
Medium Priority	8447	7621
Low Priority	15596	13828
Least Priority	28733	26065

PRIORITY WISE HIV +VE



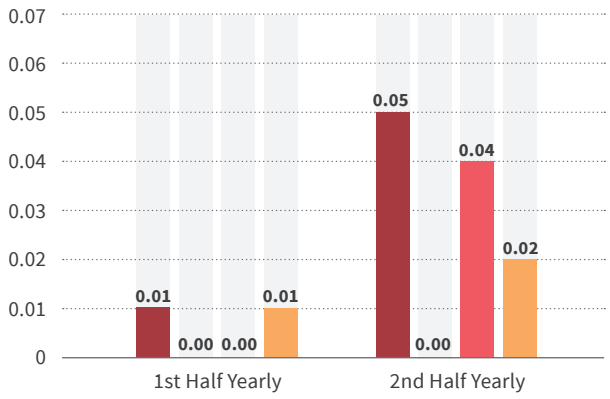
Denominator	1st Half Yearly	2nd Half Yearly
High Priority	14234	12845
Medium Priority	6211	5404
Low Priority	12032	12036
Least Priority	17690	17293

PRIORITY WISE SYPHILIS TEST



Denominator	1st Half Yearly	2nd Half Yearly
High Priority	14797	15122
Medium Priority	8447	7621
Low Priority	15596	13828
Least Priority	28733	26065

PRIORITY WISE SYPHILIS+VE



Denominator	1st Half Yearly	2nd Half Yearly
High Priority	9844	8715
Medium Priority	4281	4426
Low Priority	9789	9563
Least Priority	14262	14775

LINK WORKERS SCHEME

KA TSU supported KSAPS/NACO in the implementation of rural intervention programs through the Link Worker Scheme in nine districts of Karnataka, covering 100 villages in each district. Through the scheme, the TSU supported the implementing partners in reaching out to KPs and vulnerable men and women in rural areas with information, knowledge, skills on HIV/STI prevention and risk reduction. KA TSU conducted need assessment, capacity building of link workers, Anganwadi Workers and ASHAs and supported the TIs in liasoning with the line departments. TSU supported the Link Workers Scheme in identifying 15,330 KPs. Out of these, 6,798 KPs underwent HIV screening; 26 KPs were found positive and 24 KPs were linked to the ART centre.

EMPLOYER LED MODEL

Under the Employer led Model (ELM), KA TSU facilitated the process of MoUs between industries and KSAPS. It also provided technical support in the implementation of ELM through sensitization and capacity building activities and also mentored industries to take up CSR activities pertaining to HIV prevention, care and support. About 16 MoUs were signed under ELM.

DELHI
TECHNICAL SUPPORT UNIT

HIV/AIDS

OBJECTIVES

- To extend technical assistance in specified areas to the DSACS in helping it achieve the NACP goals and objectives.
- Facilitate saturation in coverage and strengthen quality of implementation in the Targeted Intervention Programs.
- Supporting SACS in expanding access to services, quality control/assurance and monitoring.
- To support DSACS in Strategic Planning, monitoring and evaluation
- To provide capacity building support to TIs

GEOGRAPHY

Delhi Technical Support Unit (DL TSU) supported DSACS and the implementation partners in all the 11 districts of National Capital Territory of Delhi.

KEY HIGHLIGHTS

	47315	14928	7428	12584	250464	55349
REACH	FSWs	MSMs	TGs	PWIDs	Migrants	Truckers

- There are 78 TIs in all the 11 districts of Delhi

INVOLVEMENT OF NETWORK OPERATORS

The organisation and practice of FSWs in Delhi has shifted from largely hotspot based geographical networking to virtual networking through the increased use of mobile phones, internet and social media. FSWs operate through Network Operators (NWOs), including pimps, madams, local vendors, clients and auto drivers for example. To address this changing pattern, DSACS and the Delhi TSU implemented a program to engage NWOs in effort to ensure that FSWs working through NWOs have access to HIV prevention, care and treatment services.

About 34256 new and mostly young FSWs are associated with NWOs. However, there is need to regularly sensitize them about HIV/AIDS prevention program. More NWOs need to identified and involved in the TI program. A sustained program needs to be designed for involvement of NWOs in TIs, as they have become centre point to reach out young sex workers. Profiling of 1476 NWOs was done to reach out to other network operators and sex workers. Sensitization of the NWOs were planned to motivate and involve them in the program to reach out to the young and hidden sex workers.

1754

Network Operators (NWOs) identified through network mapping approach

34256

New and mostly young FSWs are associated with these NWOs

1476

Network Operators profiled to reach out to other NWOs and FSWs

PROJECT SPA WELLNESS

A study conducted to identify the various sex work networks revealed that a significant number of sex workers have shifted in Massage/SPA parlour. Project SPA wellness was launched in order to approach massage/SPA managers and sensitize them to allow women and MSMs working in the SPAs to seek HIV services. Six TIs (5 FSW TI and 1 MSM TI) were given the responsibility to cover the women/MSM working in the massage parlour/SPA and involved in sex work.

713

Massage parlor/spa were listed and TI had reached to 546 Massage parlor/spa

546

Profiling of the Massage parlor and spa was done by the TIs

4759

Sex workers were registered by the TIs

BIO-METRIC BASED OST DISPENSING

DSACS with support of YRG care have initiated bio-metric based Opioid Substitution Therapy (OST) dispensing to all registered OST clients at Chandni Chowk OST center. It has helped to track OST clients on daily basis and avoid duplication of OST drug dispensing. It is proposed to extend such initiative in all OST centers. 288 PWIDs were registered and were taking OST from Chandni Chowk OST centre through bio-metric based dispensing.

COMMUNITY BASED SCREENING IN TIs FOR HIV AND SYPHILIS

Community Based Screening (CBS) was rolled out by DSACS in all TIs from October 2017 and was scaled up in 2018-2019. Each TI project was linked with nearby Standalone-ICTC for logistics arrangement, monitoring and supervision of CBS. Vaccine carrier, gloves, puncture proof container, CBS counseling register, stock register and SIMS reporting ID were provided to TI partners from SACS. HIV screening saw improvement in all the typologies in FY 2018-2019 as compared to FY 2017-2018. Through CBS, the TIs were able to reach out to the hard-to-reach population in the state. The TI staff was also trained on conducting syphilis screening along with CBS. Point of Care (PoC) testing kits of syphilis were procured by TIs. All the TIs initiated syphilis screening along with HIV screening. This has led to the improvement of syphilis screening and reaching out to the hard-to-reach population.

TUBERCULOSIS SCREENING AT TI LEVEL

Tuberculosis (TB) screening was initiated at the TI level. The TI staff was trained for screening the KPs for screening and the suspected cases were referred to the TB centre for further service uptake. Till March 2019, 52818 KPs were screened for TB, 1753 were referred to the TB centre, 296 were tested for TB, 44 were diagnosed with TB and 35 were taking the DOTS treatment.

52,818 KPs have been screened for TB

1,753 were referred to the TB centre

296 were tested for TB

44 were diagnosed with TB

35 are taking DOTS treatment

VIRTUAL INTERVENTION

DSACS/DL TSU had identified change in pattern of sex work through a mapping exercise and data analysis from Targeted Interventions (TI). It revealed that sex work patterns have changed with time and the KP have been found to operate through virtual platforms like social media, dating applications, social media platforms, websites, messenger groups and mobile phones other than hotspot based solicitation. In view of this, three TIs (FSW, TG and MSM) were given the responsibility to cover the population which operates in the virtual space. As a part of virtual intervention, three Virtual Drop-In Centres (VDICs) were developed for FSW, MSM and TG for providing online counselling, service information, appointment for seeking services, free condom ordering, IEC and event information. TIs listed the virtual platforms and reached out to the KPs available on these platforms. The VDICs were promoted on various web platforms. TI staff and selected community members were provided training on digital marketing.

380 websites were listed

937 individuals were contacted through these platforms to provide services

102 were screened for HIV

1 was found HIV positive and linked to ART

HIV TREATMENT AND SERVICES AT PRISON AND SHORT STAY HOMES

Prison intervention was initiated in Tihar jail to provide HIV screening/testing, ART treatment and OST services for the inmates. HIV/AIDS awareness activities, counseling and HIV screening were initiated for the inmates of Swadher Grehs/ short stay homes too.

TRAINING AND CAPACITY BUILDING OF TIs

Capacity building activities with 1724 TI staff including project manager, outreach workers, peer educators on various components and strategies, were conducted in 71 batches in order to reach the high risk population.

EMPLOYER LED MODEL

ELM program is being initiated from FY 2014-2015. 28 industries/companies partnered with DSACS to provide HIV/AIDS awareness, training, and HIV screening facilities to the informal workers under the industries. There were five major employers of migrant workforce in Delhi, namely, Delhi Metro Rail Corporation, Delhi Transport Corporation, Hindustan Construction Co. Ltd, Shapoorji Pallonji and Tata Steel.

96
Awareness sessions

4631
Workers covered through the awareness sessions

732
HIV screening/testing tests

2276
Cumulative HIV tests

1/1
Migrants that were HIV positive and linked to ART

137/80
Master trainers trained

FINANCIALS

INDIA HEALTH ACTION TRUST (IHAT)

No. 8, V K Commerce, 3rd Main Road, KSSIDC Industrial Estate, Rajajinagar, Bangalore - 560 044

Balance sheet as at 31st March, 2019 - Consolidated

Particulars	Note No	Total As at 31st March, 2019 (Rupees)	Total As at 31st March, 2018 (Rupees)
I. LIABILITIES			
Capital Fund	1	13,56,05,186.86	8,30,10,241.94
Grant Received in Advance	2	4,69,62,302.73	24,63,81,566.25
Capital Reserve A/c		4,84,60,353.28	5,85,97,191.30
Non-Current Liabilities	3		
Long term provisions		19,99,186.00	20,68,528.00
Current Liabilities	4		
Current Liabilities & Payables		6,14,79,927.00	1,64,15,544.00
TOTAL LIABILITIES		**29,45,06,955.87**	**40,64,73,071.49**
II. ASSETS			
Non-current assets			
Fixed assets	5	4,84,60,353.28	5,85,97,191.30
Long term loans and advances	6	74,58,273.00	74,81,668.00
Current assets			
Cash and cash equivalents	7	20,76,91,229.66	31,84,07,532.78
Short-term loans and advances	8	2,02,11,693.42	1,51,58,198.00
Other current assets	9	1,06,85,406.51	68,28,481.41
		-	-
TOTAL ASSETS		**29,45,06,955.87**	**40,64,73,071.49**
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 Bangalore Chartered Accountant

N. Suresh
Chartered Accountant
MM No. 023866
UDIN: 19023866AAAAAY5319
Place : Bangalore
Date : 20.09.2019

For India Health Action Trust

Shajy K Isac
Managing Trustee

Nanjundappa G M
Director Finance

INDIA HEALTH ACTION TRUST BANGALORE INDIA

INDIA HEALTH ACTION TRUST (IHAT)

No. 8, V K Commerce, 3rd Main Road, KSSIDC Industrial Estate, Rajajinagar, Bangalore - 560 044

Statement of Income and Expenditure - Consolidated

Particulars	Note No	Total	Total
		For the year ended 31st March, 2019 (Rupees)	For the year ended 31st March, 2018 (Rupees)
INCOME			
Grant Utilized	10	82,48,73,186.09	71,78,46,966.40
Project Receipts-NACO		2,60,88,491.00	-
Other Income		1,61,21,692.00	96,19,512.00
Total Revenue		**86,70,83,369.09**	**72,74,66,478.40**
EXPENSES			
Project & Other expenses	11	76,80,50,113.58	65,11,66,739.15
Employee benefit expenses	12	2,04,27,597.00	1,79,40,026.50
Financial costs	13	45,719.91	47,054.80
Loss on Sale of Assets	15	75,173.00	-
Depreciation and amortization expenses	5	1,04,61,310.02	1,28,48,605.03
Provision for Expenses	14	-	3,25,014.00
Total Expenses		**79,90,59,913.51**	**68,23,27,439.48**
Excess of Income over Expenditure transferred to Capital Fund Account		**6,80,23,455.58**	**4,51,39,038.92**
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

N. SURESH ★ Bangalore ★ Chartered Accountant

N. Suresh
Chartered Accountant
MM No. 023866
UDIN: 19023866AAAAAY5319

Place : Bangalore
Date : 20.09.2019

For India Health Action Trust

Shajy K Isac
Managing Trustee

Nanjundappa G M
Director Finance

INDIA HEALTH ACTION TRUST ★ BANGALORE INDIA

INDIA HEALTH ACTION TRUST (IHAT)

No. 8, V K Commerce, 3rd Main Road, KSSIDC Industrial Estate, Rajajinagar, Bangalore - 560 044

NOTES TO BALANCE SHEET

	Total	Total
	As at 31st March, 2019 (Rupees)	As at 31st March, 2018 (Rupees)
1 CAPITAL FUND		
Opening Balance	8,30,10,241.94	4,74,19,211.94
Less:Funders Closing Balance -transferred to Grant Received in Advance Account, Interest & Depreciation Excess of Grant Utilsed	(1,54,28,510.66)	(95,48,008.92)
	-	-
Add: Excess of Income over Expenditure transferred from Income & Expenditure Account	6,80,23,455.58	4,51,39,038.92
	-	-
Balance transferred to Balance Sheet	**13,56,05,186.86**	**8,30,10,241.94**
2 Grant Received in Advance		
Grant Received in advance closing balance (Donors' Account)	4,69,62,302.73	24,63,81,566.25
Balance transferred to Balance Sheet	**4,69,62,302.73**	**24,63,81,566.25**
3 NON - CURRENT LIABILITIES		
Long-Term Provisions		
Provision for Expenses	19,99,186.00	20,68,528.00
Total	**19,99,186.00**	**20,68,528.00**
4 CURRENT LIABILITIES		
Current Liabilities & Payables		
Statutory Liabilities	83,61,715.00	71,33,459.00
For Expenses	4,41,72,513.00	61,73,278.00
For Employees	89,45,699.00	31,13,488.00
For Others	-	(4,681.00)
Total	**6,14,79,927.00**	**1,64,15,544.00**

INDIA HEALTH ACTION TRUST BANGALORE INDIA

		Total	Total
		As at 31st March, 2019 (Rupees)	As at 31st March, 2018 (Rupees)
	NON CURRENT ASSETS		
6	**Long Term Loans and Advances**		
	Rental Advance	74,32,523.00	74,55,918.00
	Other Advances	25,750.00	25,750.00
	Total	**74,58,273.00**	**74,81,668.00**
	CURRENT ASSETS		
7	**Cash and Cash Equivalents**		
	Cash on hand	30,675.00	58,422.00
	Balances with Scheduled banks		
	Bank Balances	4,76,60,554.66	14,83,49,110.78
	In Deposits	16,00,00,000.00	17,00,00,000.00
			-
	Total	**20,76,91,229.66**	**31,84,07,532.78**
8	**Short-term Loans & Advances**		
	Advance to Units	-	-
	Employees' Advances	97,78,090.00	12,86,628.00
	Expenses Advance	1,04,33,603.42	1,38,71,570.00
	Total	**2,02,11,693.42**	**1,51,58,198.00**
9	**Other Current Assets**		
	TDS Receivable	94,38,090.21	65,23,344.51
	Accrued Interest on Fixed Deposits	12,47,316.30	3,05,136.90
		-	-
	Total	**1,06,85,406.51**	**68,28,481.41**

INDIA HEALTH ACTION TRUST (IHAT)

No. 8, V K Commerce, 3rd Main Road, KSSIDC Industrial Estate, Rajajinagar, Bangalore - 560 044

NOTES TO INCOME AND EXPENDITURE ACCOUNT

	Total For the year ended 31st March, 2019 (Rupees)	Total For the year ended 31st March, 2018 (Rupees)
10 INCOME		
		-
		-
Grant Utilized	82,48,73,186.09	71,78,46,966.40
Project Receipts- NACO	2,60,88,491.00	-
	85,09,61,677.09	**71,78,46,966.40**
OTHER INCOME		
Interest Received	1,61,21,692.00	96,19,512.00
	1,61,21,692.00	**96,19,512.00**
Total - INCOME	**86,70,83,369.09**	**72,74,66,478.40**
11 PROJECT & OTHER EXPENSES		
Project Expenses	71,82,67,430.00	59,86,46,468.00
Auditor's remuneration	-	-
- As Auditor	10,77,489.00	9,26,965.00
Communication Expenses	21,82,817.00	27,13,829.28
Computer Maintenance	11,51,755.00	20,14,679.00
Consultancy Charges/Fee	11,45,399.00	24,13,301.00
Electricity & Water	51,44,370.00	41,61,463.00
Insurance on Assets	6,71,073.00	7,92,928.00
Meeting Expenses	17,36,826.00	12,36,093.50
Office Expenses	1,21,29,610.00	89,62,859.87
Postage & Courier	66,147.00	1,92,180.50
Printing & Stationery	12,66,593.00	13,51,459.00
Rent office & Others	1,45,04,773.00	1,40,18,172.00
Repairs & Maintenance	14,31,885.00	81,01,564.00
Rates & Taxes	2,500.00	2,500.00
Travel Expenses	40,52,670.00	26,66,872.00
Vehicle repair & maintenance	32,18,776.58	29,65,405.00
	-	-
	76,80,50,113.58	**65,11,66,739.15**

INDIA HEALTH ACTION TRUST * BANGALORE INDIA

	Total	Total
	For the year ended 31st March, 2019 (Rupees)	For the year ended 31st March, 2018 (Rupees)
12 EMPLOYEE BENEFIT EXPENSES		
Salaries, employees benefits, etc	2,04,27,597.00	1,79,40,026.50
	2,04,27,597.00	**1,79,40,026.50**
13 FINANCE COST		
Bank charges	45,719.91	47,054.80
	45,719.91	**47,054.80**
14 PROVISION FOR EXPENSES		
Staff Gratuity Account	-	3,25,014.00
	-	**3,25,014.00**
15 Loss on Sale of Assets		
Loss on Sale of Assets	75,173.00	-
	75,173.00	**-**

INDIA HEALTH ACTION TRUST (IHAT)

No. 8, V K Commerce, 3rd Main Road, KSSIDC Industrial Estate, Rajajinagar, Bangalore - 560 044

Schedule - 5 Fixed Assets FC

Sl No.	Particulars	W D V as on March 31, 2018	Additions during the year		Deductions during the year	Balance as on March 31,2019	Depreciation				W D V as on March 31, 2019
			Before Sep '18	After Sep '18			Rates	Before Sep '18	After Sep '18	Total	
1	Computer & computer Software	95,14,704.29	89,090.00	2,86,006.00	21,620.00	98,68,180.29	40%	38,32,869.72	57,201.20	38,90,070.92	59,78,109.38
2	Office Equipment	2,24,86,738.96	2,23,482.00	3,12,892.00	43,531.00	2,29,79,581.96	15%	34,00,003.48	23,466.90	34,23,470.38	1,95,56,111.57
3	Furniture & Fixture	1,50,32,686.82	16,300.00	1,47,026.00		1,51,96,012.82	10%	15,04,898.68	7,351.30	15,12,249.98	1,36,83,762.84
4	Vehicles	1,08,50,069.31				1,08,50,069.31	15%	16,27,510.40	-	16,27,510.40	92,22,558.91
	Gross Total	5,78,84,199.38	3,28,872.00	7,45,924.00	65,151.00	5,88,93,844.38		1,03,65,282.28	88,019.40	1,04,53,301.68	4,84,40,542.70

Technical Support Unit - Delhi (Delhi TSU)

Schedule - 4 Fixed Assets

Sl No.	Particulars	W D V as on March 31, 2018	Additions during the year		Deductions during the year	Balance as on March 31,2019	Depreciation				W D V as on March 31, 2019
			Before Sep '18	After Sep '18			Rates	Before Sep '18	After Sep '18	Total	
1	Computer & computer Software	15,342.00				15,342.00	40%	6,136.80	-	6,136.80	9,205.20
2	Office Equipment	12,476.92				12,476.92	15%	1,871.54	-	1,871.54	10,605.38
	Gross Total	27,818.92	-	-	-	27,818.92		8,008.34	-	8,008.34	19,810.58

Local - Other

Schedule - 4 Fixed Assets

Sl No.	Particulars	W D V as on March 31, 2018	Additions during the year		Deductions during the year	Balance as on March 31,2019	Depreciation				W D V as on March 31, 2019
			Before Sep '18	After Sep '18			Rates	Before Sep '18	After Sep '18	Total	
1	Vehicle	6,85,173.00			6,85,173.00	-					
	Gross Total	6,85,173.00			6,85,173.00						


STAFF NURSE
ऊर्जा अनार
ऊर्जा अनार
ऊर्जा अनार

CONTACT DETAILS

Registered Office

India Health Action Trust
No.8, “VK Commerce”, 3rd Main Road
KSSIDC Industrial Estate, Rajajinagar
Bengaluru – 560 010, Karnataka, India

+91 80 2340 9698

contactus@ihat.in | www.ihat.in

Branch Office-Delhi

India Health Action Trust
E17, 3rd Floor, Defence Colony
Next to Medanta Medicity
New Delhi – 110024, India

+91 11 49404721

PROGRAM OFFICES

Uttar Pradesh Technical Support Unit

India Health Action Trust
404, 4th Floor, Ratan Square No. 20-A
Vidhan Sabha Marg
Lucknow-226001, Uttar Pradesh, India

Phone: +91-522-4922350 / 4931777

Karnataka Technical Support Unit

India Health Action Trust
Karnataka State AIDS Prevention Society
2nd Floor, South Wing
Sir CV Raman General Hospital
80 Feet Road, Indira Nagar
Bengaluru – 560085, Karnataka, India

Phone: +91-80-25281237

Delhi Technical Support Unit

India Health Action Trust
No. 11-12, 1st Floor, Block A-3 Sector-5
Rohini, New Delhi-110085
Delhi, India

Phone: +91-11-45575683