



# ANNUAL REPORT

## 2019-2020



@IHAT, 2020

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”.

### **Annual Report 2019-2020**

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# Message

## FROM THE **MANAGING TRUSTEE**

The year 2019-2020 saw IHAT reinforce its commitment towards ensuring equity and quality in health. IHAT strengthened its partnership with the Government of Uttar Pradesh (GoUP) and supported the departments of Health and Family Welfare, Women and Child Development and the National Health Mission to improve maternal and child health outcomes, through the Uttar Pradesh Technical Support Unit (UPTSU). IHAT also sustained its work with Governments of Karnataka and Delhi by supporting the State AIDS Control Societies (SACS) in implementing the HIV technical support units. This was also a year where IHAT forged a new partnership with the National Health Mission, Government of Madhya Pradesh and the Antara Foundation to establish an Innovation Hub in Madhya Pradesh to support the state in the areas of Maternal, Neonatal and Child Health, Health Systems, HIV and Tuberculosis.

The year has been exciting! IHAT's work was recognised for the second consecutive year as best practices. The Government of India recognised the UPTSU's 'Buddy-Buddy' model for rapid activation of First Referral Units at the 'National Summit on Innovations and Best Practice', held in Gandhinagar in December 2019. The 'ASHA payments' mobile application for streamlining payments of incentives to the Accredited Social Health Activist (ASHA) was also highly appreciated. As well, the National AIDS Control Organization recognised and appreciated the Delhi TSU's virtual interventions including the virtual mapping for key populations.

As the year drew to a close, the world was challenged by the COVID-19 pandemic, a global health crisis. IHAT has been at the forefront of the fight against the virus supporting the state governments; in geographies where it works, with its Covid-19 response while continuing to work with the government and other departments to ensure continuity of other critical health services.

The COVID-19 pandemic has challenged IHAT to rethink how it should reach out to, engage and support communities, strengthen facility interventions and support governments in order to sustain and enhance gains in population health outcomes. IHAT visualizes a number of opportunities for communities, health care facilities and government health systems to emerge stronger in the pursuit to improve population health.

We are grateful to our team at IHAT, the donors, the national and state governments with whom we work and the communities whom we serve for their unwavering support during the year.

**Shajy Isac**  
Managing Trustee

# About us

IHAT was instituted in 2003 as a Charitable Trust under the Indian Trust Act (1882) and is registered with the Ministry of Home Affairs under the Foreign Contribution Regulation Act, 1976 and under section 12A(a) of the Income Tax Act, 1961.

IHAT works closely with the Government of India and state governments to achieve its public health goals. IHAT's work is aligned with Sustainable Development Goals and is focused in the 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 collaborates with governments, academic institutions, non-governmental organisations and community based organisations to develop innovative, evidence-based, scalable and sustainable programs to reduce population level disparities.

## OUR PURPOSE

"Meaningfully impact the lives of vulnerable and marginalised people by addressing health and social inequities". IHAT uses program science to optimise and scale public health programs through partnership with governments and communities.

## OUR PRINCIPLES



We are **Community Centric**. It is the communities we serve and the community at IHAT that drives us forward.



**Think Sustainability**. We believe in engaging with government and communities to scale up and sustain positive outcomes.



**Be Scientific. Be Innovative.** We relentlessly pursue scientific rigour and adapt our work in the face of new evidence. We encourage out of the box thinking and challenge ourselves to do better.



**Inter disciplinary**. We foster discussion, debate and deliberation across disciplines to arrive at the best possible solution.

## OUR PARTNERSHIP

The Institute of Global Public Health, University of Manitoba (IGPH-UoM) partners with IHAT to support the National Health Mission, Government of Uttar Pradesh to implement and scale up interventions under the RMNCH+A program. IGPH-UoM also provides technical advisory support for strategic planning, implementation and evaluation and development of IHAT's other programs.

# Our Journey

2019

Established an Innovation Hub to support the Government of Madhya Pradesh in addressing critical public health challenges in the areas of Maternal Health, Health Systems Strengthening, HIV/AIDS and Tuberculosis.

2016

Initiated focussed support for the Government of Uttar Pradesh on Health Systems Strengthening as part of the Uttar Pradesh Technical Support Unit

2015

Initiated focussed support for the Government of Uttar Pradesh on Nutrition as part of the Uttar Pradesh Technical Support Unit.

2014

Expanded HIV prevention and care work to Delhi as the technical support unit to Delhi State AIDS Control Society.

Initiated focused support for the Government of Uttar Pradesh on Family Planning and Child Health as part of the Uttar Pradesh Technical Support Unit.

2013

Initiated work in Reproductive, Maternal, Newborn and Child Health in Uttar Pradesh as the lead for the technical support unit for Government of Uttar Pradesh.

Began work in HIV prevention and care in the state of Karnataka as the technical support unit to the Karnataka State AIDS Prevention Society.

2007

Expanded and sustained HIV prevention, care and support interventions in Rajasthan, initiated under the India-Canada Collaborative HIV/AIDS Project.



# Focus Areas



Maternal,  
Newborn and  
Child Health



Family  
Planning



Nutrition



Health  
Systems  
Strengthening



HIV/AIDS

## Our Programs

The **UTTAR PRADESH TECHNICAL SUPPORT UNIT (UP TSU)** was established 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.

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.

The **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 programs, delivered under NACO's Targeted Intervention Program.

The **MADHYA PRADESH INNOVATION HUB (MP IH)** was instituted in 2019 pursuant to the Memorandum of Understanding between the National Health Mission, Government of Madhya Pradesh (NHM-MP) and Antara Foundation. The hub supports NHM-MP to identify health challenges and design interventions to improve population health outcomes of the state in the areas of Reproductive, Maternal, Newborn, Child and Adolescent Health, Tuberculosis, HIV/AIDS and Health Systems Strengthening.

# Our Approach

**IHAT's approach is grounded on three key strategies: 'Program Science', 'Embedded Technical Support' and 'Continuum of Comprehensive Care'.**

## **Program Science** *Getting Research out of Programs and into Practice*

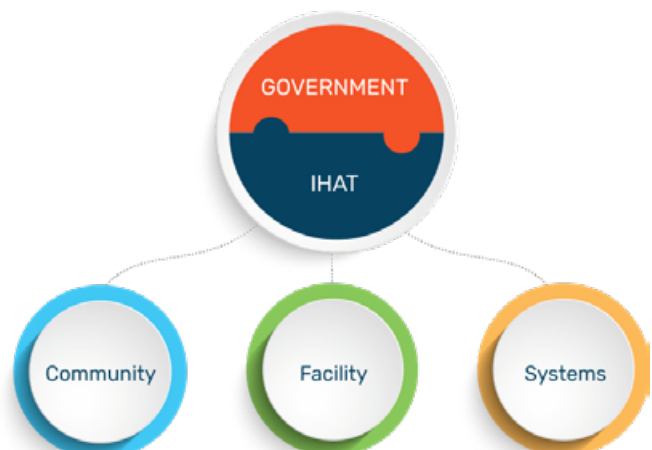
Program Science is the “systematic application of theoretical and empirical scientific knowledge to improve the design, implementation and evaluation of public health programs”



- Program science brings together program implementers, academicians, researchers, policy makers and community members in a continuous learning cycle of strategic planning, program implementation and monitoring and evaluation
- It uses knowledge arising from program implementation to identify key research priorities and questions
- The learnings from these research/program implementation are continuously integrated to optimise program design, delivery and evaluation
- It strives to understand and adopt the right strategies for the right populations at the right time, at the appropriate scale with resource efficiency to improve the health of populations

## **Embedded technical support** *Partnering for development of sustainable and scalable programs to achieve population level impact*

- **We work in partnership with the governments to provide techno-managerial support to strengthen health services at the community, health facility and systems level**
  - Strategic Analysis and Planning: Support data driven program planning and implementation through strong monitoring & evaluation and adaptive programming
  - Capacity Building: Support trainings and mentoring of government staff and community workers
  - Advocacy: Driving change at policy level and mobilising communities

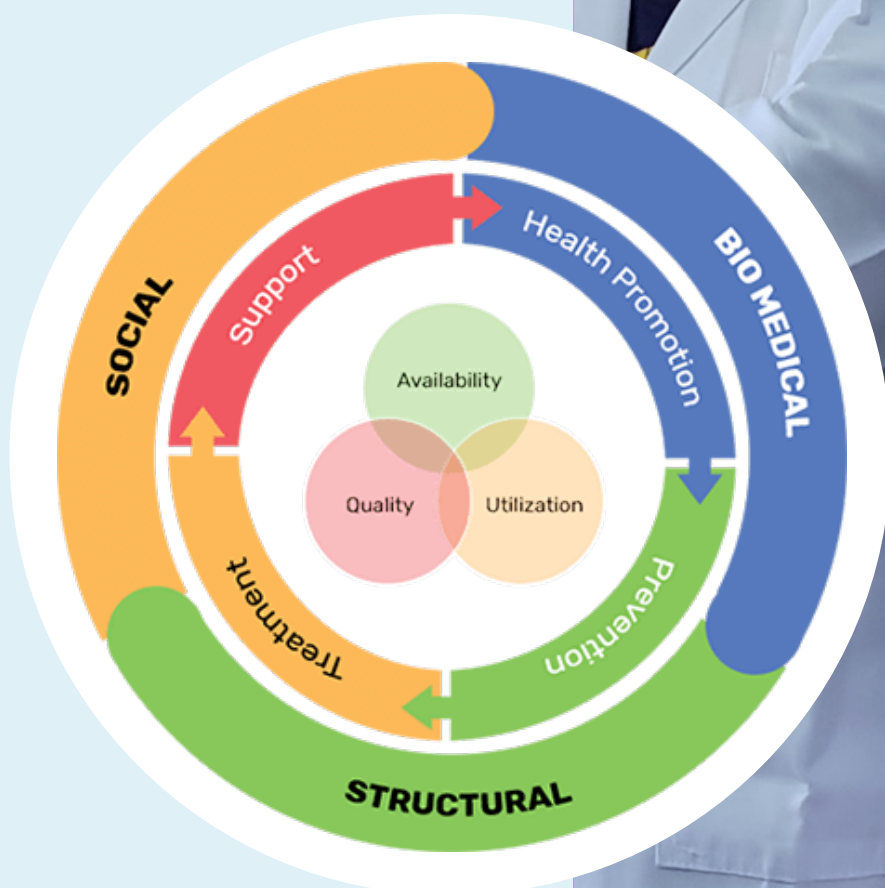




## Continuum of care

*A comprehensive community focused approach*

- A continuum of care that spans from health promotion, to prevention, to treatment and support
- An integrated system of care that includes biomedical, social and structural interventions which addresses the community's need
- We aim to improve availability, quality and utilisation of health services across the continuum of care



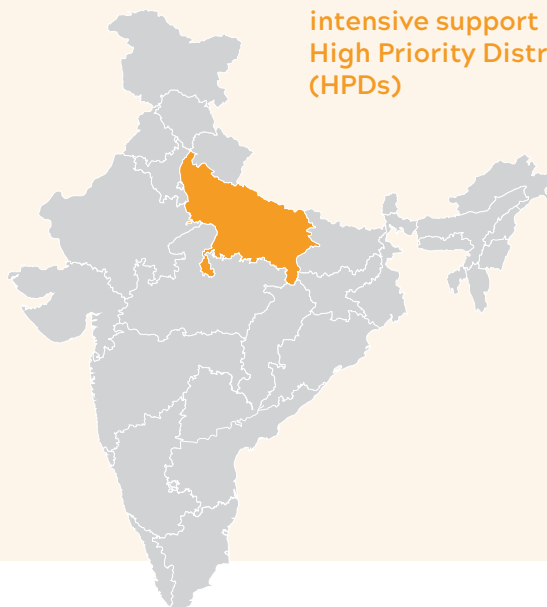


# 01 Maternal, Newborn and Child Health



To reduce maternal and neonatal mortality by improving coverage and quality of critical Maternal, Newborn and Child Health (MNCH) interventions in **25 high priority districts of Uttar Pradesh** by streamlining community processes and enhancing the basic quality of care at primary health care facilities including inpatient services of sick children and improved management of maternal and new born complications at First Referral Units.

In Uttar Pradesh with intensive support in 25 High Priority Districts (HPDs)



# KEY HIGHLIGHTS

- ◆ **Support provided at facility and community level to improve the availability, utilisation and quality of MNCH services within the public health delivery systems of Government of Uttar Pradesh (GoUP).**

## Facility Level

The facility level interventions aim to support the government in strengthening quality of care in labour rooms (LRs), making operation theatres (OTs) functional, enhancing availability, training and clinical mentoring of doctors and nurses, activation and strengthening of First Referral Units (FRUs), strengthening high delivery load Non-FRU health facilities and augmenting the referral services.

- 1. The Nurse Mentoring program:** The program implemented by IHAT employed a dedicated Nurse Mentor (NM) to strengthen the clinical competencies of the Staff Nurses (SNs) and Auxiliary nursing midwife (ANMs) in health facilities through training on clinical skills and quality improvement process in primary healthcare setup.

There has been an improvement in clinical competency of SNs and ANMs across 26 skills related to intra- and immediate post-partum care in 25 HPDs. The improved skills have translated into improved practices in the labour room as shown in Figures 1 & 2, while also improving the identification and management of newborn complications as shown in Figure 3.

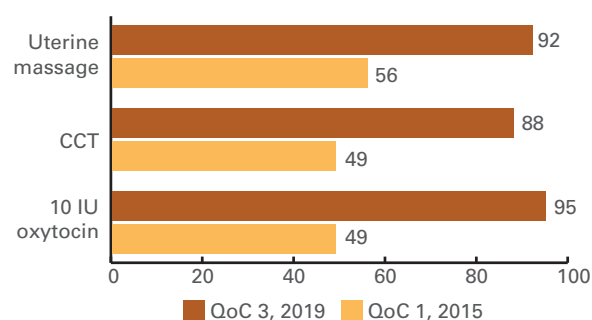
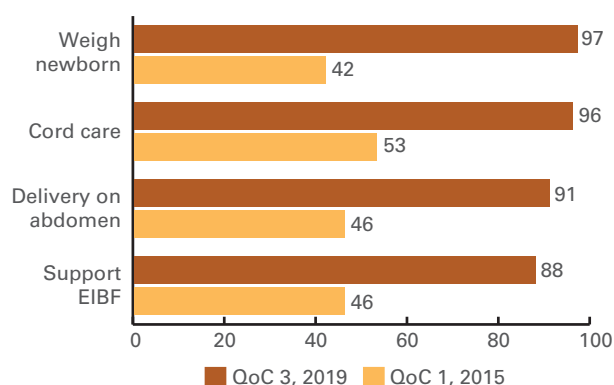


Figure 1: Changes in labour practices



Source: External Evaluation

Figure 2: Changes in essential newborn care

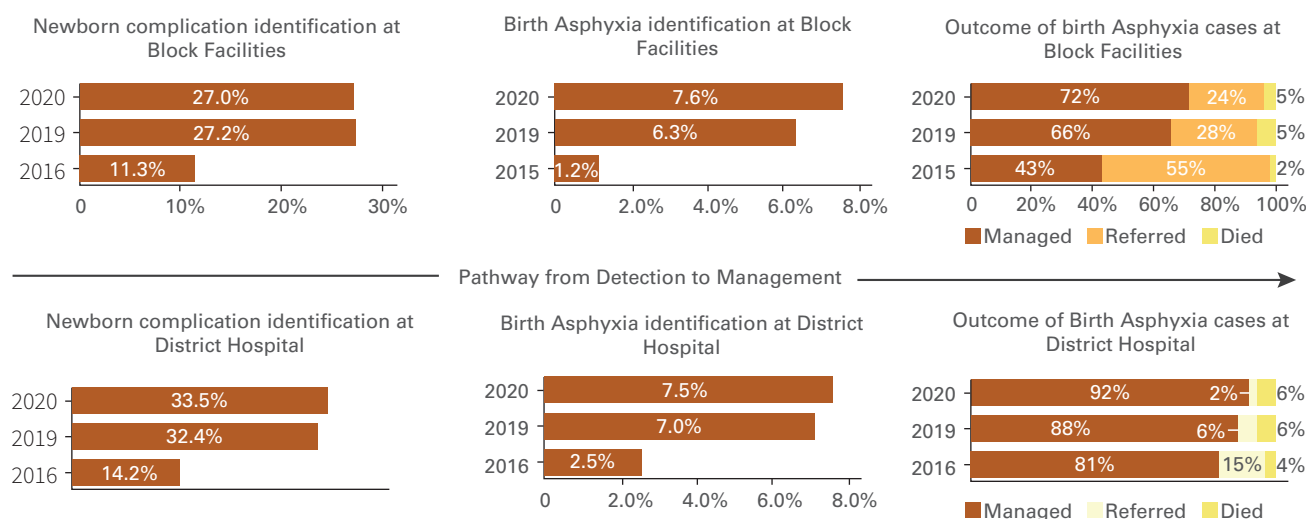


Figure 3: Identification and management of newborn complications (Source: External Evaluation)

## 2. Referral strengthening intervention:

Vertical Integration involves establishing a WhatsApp based referral group with caregivers from L2 and L3 facilities in the district to improve pre-referral management at lower level facilities and facility readiness at higher level facilities. Each of the 25 HPDs have formed a group and use the platform as not only a means to exchange information about referrals and its outcomes but also as platform for regular meetings and reviewing processes to improve referral mechanism. (PMF data, UPTSU)

## 3. Activation and strengthening of Newborn Stabilization Units (NBSUs):

UPTSU supported the GoUP in operationalisation of NBSU. The number of functional NBSUs increased from one in April 2018 to 43 in March 2020, with additional manpower and more trained staffs and functional equipment. (UPHMIS data)

## 4. Activation of First Referral Units across the state:

FRUs are the facilities that have the capacity to manage all complications of pregnancy and provide Comprehensive Emergency Obstetric and Newborn care (CEmONC). FRU activation entails ensuring availability of trained Human Resources (HR), functional infrastructure, requisite equipment, instruments and medical supplies.

In order to bridge critical HR gaps of specialist doctors for FRU activation, multi-pronged approach was adapted with several initiatives by GoUP with UPTSU support:

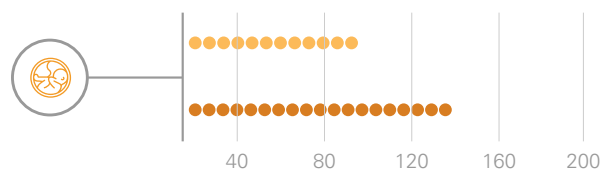
- **Short term:** Empanelment of private doctors on call and Bidding model.
- **Medium term:** Roll out of Buddy Buddy model, a policy enabler, for Task shifting to MBBS doctors that have been trained in Emergency Obstetric Care (EmOC)-Life Saving Anesthesia Skills (LSAS) and posted as pairs for C-section.
- **Long term:** Proposal of specialist cadre and increasing the pool of EmOC-LSAS doctors by accreditation of more medical colleges by Gol.

In order to bridge the equipment and supply gaps, UPTSU has worked with Uttar Pradesh Medical Supplies Corporation to enhance availability of equipment and supplies.

This has led to significant gains as noted below.



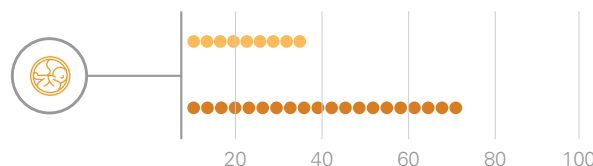
Total FRUs conducting C-sections as per norms increased from 100 FRUs in January-February 2019 to 147 FRUs in February 2020-an overall increase of 47 percent.



- Jan - Feb 2019 (FRUs conducting C-sections)
- Feb 2020 (FRUs conducting C-sections)



Total CHC<sup>1</sup>-FRUs conducting C-sections as per norms increased from 38 CHC-FRUs in January-February 2019 to 75 CHC-FRUs in January-February 2020- an increase of 97 percent CHC-FRUs.



- Jan - Feb 2019 (CHC-FRUs conducting C-sections)
- Jan - Feb 2020 (CHC-FRUs conducting C-sections)



Proposal for accreditation of 4 more Medical Colleges to conduct EmOC-LSAS trainings made.



BSU<sup>2</sup> activation: Ice lined refrigerators (ILRs) equipment delivered to 123 Health Facilities.

## 5. Regional Resource Training Centre (RRTC): Clinical Mentoring by Faculties from Medical Colleges Network

RRTC is a network of eight government medical colleges in UP each designated as a regional resource training centres. Faculties of the RRTC conduct training and clinical mentoring of the doctors in assigned DHs and CHC-FRUs. This network includes apex medical institutes/Universities like King George's Medical University, Lucknow, Banaras Hindu University, Varanasi and Aligarh Muslim University, Aligarh. Support was provided to GoUP to strengthen all the 87 FRUs in 25 HPDs by clinical training and mentoring of FRU doctors.

<sup>1</sup> Community Health Centre

<sup>2</sup> Blood Storage Unit





Total 690 doctors were trained in RRTC regional trainings of doctors conducted at medical colleges.



232 mentoring visits were conducted by the RRTC Faculty in 87 FRUs of 25 HPDs, in which 892 doctors were mentored.

## 6. Child Health Services

To improve the IPD care of all sick children at DHs and Block level facilities, the project had a special focus on strengthening the facilities in 25 intervention districts. Basis of facility strengthening was derived from GoI Guideline for “Strengthening Paediatric services in District Hospitals” and “Indian Public Health Standards”. Tools were used to improve the quality of services and infrastructure involving and activating the different platforms and committees like, Child Death Review, Quality Improvement Meetings, Case Sheet Audit chaired by Chief Medical Superintendent, and so on.

**Nurse educators** were involved to support the child health facility readiness and mentor the

staff nurses to increase their skills for better IPD care of the Sick Children. Assessments were conducted to develop evidence-based plans for facility strengthening at DHs in 25 HPDs; after which the Nurse Educators were introduced. Nurse Educators were trained MSc nurses. They supported the DHs in 25 districts and CHCs in 100 blocks under the supervision of Zonal Child Health Coordinators, who were trained MBBS doctors. Nurse Educators enhanced paediatric in-patient care, provided supportive supervision to the linked Nurse Mentors (NMs) and became effective advocates for child health at the district level. 25 Nurse Educators have been active across all districts since the inception of the project in January 2017.

### **Activation and Strengthening of Emergency Triage for U5 Children:**

Emergency Triage at DHs and CHCs for sick U5 children is important to decrease mortality with the largest impact on deaths that occur within 24 hours of admission. Emergency triage for U5 children was introduced and active in 15 DHs and seven CHCs of Uttar Pradesh.

## Community Level

The community level interventions aim to support the government in improving the availability, utilisation and quality of antenatal care (ANC) services, identification and management of High Risk Pregnancies (HRP), particularly severe anaemia as well as improving the coverage and quality of home based maternal and new born care with focus on small and sick newborns.

This was achieved through district and block level support of District Community Specialists (DCS) and ASHA Sangini Mentors (ASM) who provided handholding to ASHAs and ASHA Sanginis in 157 blocks of 28 districts. UPTSU continued to strengthen community based platforms like VHNDs (Village Health and Nutrition Day) for improved ANC service delivery and AAA platform for improved coordination amongst three FLWs [(ASHA, ANM, Anganwadi Workers (AWW))] and better planning for VHNDs and home visits.

Monthly cluster meetings have been transformed into a capacity building platform for ASHAs where ASHA Sanginis perform the role of facilitators. A considerable improvement has been observed in quality and coverage of ANC services, birth planning & institutional delivery and coverage of Home Based Newborn Care (HBNC).

### 1. Early registration and ANC coverage

FLWs worked towards bridging the gaps in early identification of pregnant women (PW) and accessing health care services. As a result, the proportion of pregnant women receiving ANC services during their first trimester of pregnancy increased significantly from 33% in 2016 to 51% in 2019 in TSU supported areas. The proportion of pregnant women receiving any ANC services improved from 49% in 2014 to 90% in TSU areas. The coverage of ANC services has reached almost 90% across all blocks of 25 HPDs.

### 2. Quality of ANC services

Capacity of ANMs was strengthened to improve the coverage and quality of hemoglobin and blood pressure measurement of pregnant women so as to improve identification of severely anemic and hypertensive women respectively. There has been an improvement in measurement of Hb for pregnant women from 59% in 2016 to 79% in 2019. Blood Pressure measurement for pregnant women has increased from 55% in 2016 to 77% in 2019 and weighing of PW which has increased from 57% to 78%.

In order to ensure that the FLWs as well as identified HRP women are aware of their HRP status and can be easily followed up, the GoUP, with support from UPTSU released guidelines in 2019 for putting a red coloured seal on the Mother-Child Protection Card card of all HRP women identified during ANC. Further, UPTSU developed a protocol for transport vendor (102/108 ambulance) to ensure that HRP women deliver in appropriate facilities with CEmONC services.

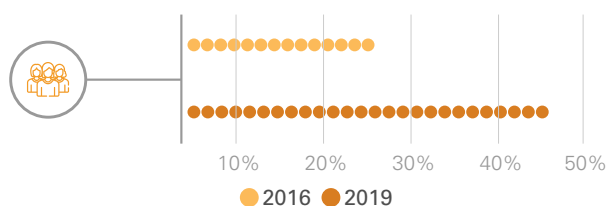
According to the community process external evaluation data (2019), 15% of women who reported having any complication during pregnancy were identified as HRP. Around 20% of the identified HRP women were referred to the facility for treatment in HPDs as compared to 12% of HRP women referred to facility in non-HPDs.

### 3. Birth planning and institutional delivery

Support was provided to the government in working towards ensuring birth planning and complication readiness for pregnant women through ASHA Sanginis and ASHA Sangini Mentors in 100 blocks. The institutional deliveries in 100 TSU blocks have increased from 69% in 2016 to 78% in 2019. There has been a significant improvement in deliveries in public facilities from 53% in 2016 to 61% in 2019.

### 4. Coverage of Home Based Newborn Care

The HBNC visit guidelines were revised in 2019 by GoUP with support from UPTSU to ensure that the ASHA visits each newborn within 24 hours of reaching the community from facility in case of institutional deliveries. The ASHAs' contact with beneficiaries within 24 hours of delivery has improved from 25% in 2016 to 45% in 2019.



The ASHA Sangini Mentors also conducted HBNC skill assessments for ASHAs and ASHA Sanginis through a structured tool for assessing their skills in delivering HBNC services. As a result of counselling and mentoring, there have been improvements in newborn care practices like delayed bathing and no application to the newborn's cord.

### 5. Achievements in Aspirational Districts

Support was provided to improve key RMNCH+A related indicators across 8 aspirational districts of UP. Strengthening of MNCH services at facility, VHND and HBNC through clinical maternal and newborn interventions, community process intervention, child health intervention and system strengthening through embedded approach remained the primary focus. UPTSU ensured the presence of NMs in the CHCs & DWH/ DCHs for capacity building of the SNs engaged in MNCH service delivery, ASMs to promote MNCH services in the community. Apart from this, district level staff were posted in each district for supportive supervision and coordination with government stakeholders.

### 6. Facility Community Linkage

UPTSU continued to work in the community through the ASHA Sanginis and ANMs to provide supportive supervision to the ASHAs.



Approximately 21,500 ASHAs in 100 blocks received orientation and support on pneumonia and diarrhoea identification and management.



Additionally, close to 22,000 ANMs in 75 districts were trained on the Integrated Management of Newborn and Childhood Illness by the NHM with the support of the project.

Community frontline workers also worked directly with the UPTSU and GoUP on rolling out the Integrated Action Plan for Pneumonia and Diarrhoea and Intensified Diarrhoea Control Fortnight.



## Boost Program

The Boost Program was envisioned to learn what brings about improvement in the identification and management of Birth Asphyxia (BA) and Post-Partum Haemorrhage (PPH) and can thereby reduce case fatality. The program aimed to pilot scientifically proven interventions and to conduct operational research to generate evidence to design scalable solutions for improving Maternal and Newborn outcomes. Intervention packages were designed to cover the entire continuum of care that cut across communities, facilities and health systems.

The Boost Program was implemented in 15 high caseload facilities and its catchment area in five districts namely: Farrukhabad, Bareilly, Sitapur, Gonda and Bahraich.

### ◆ Community Level Interventions

- Strengthen VHND platform through ANM Mentors and ASHA Sangini mentors with focus on screening for Anaemia and hypertension.
- Line list High Risk Pregnancies especially severely anemic cases and link them with the facility for further management.

### ◆ Facility Level Interventions

- Enhance skills and practices of health staff including doctors and nurses.
  - › Improve practices on the management of PPH including utilisation of Non-pneumatic Anti-shock Garment (NASG), uterine balloon tamponade and other new techniques to manage PPH
  - › Strengthen AMTSL<sup>3</sup> and partograph filling practices
  - › Timely management of prolonged obstructed labour
  - › Promotion of Early Initiation of Breast Feeding
  - › Counselling of mothers on feeding of Low Birth Weight (LBW) (less than 2500grams) infants
  - › Establishing breast feeding friendly hospitals
- Strengthen the skills of Emergency Medical technicians.
- Strengthen inter facility linkages for timely referral and improved pre-referral management of complicated pregnancies and sick/small newborns.

scaled-up across all the HPDs.

- Protocols that were used to strengthen the New Born Care Corner for improved immediate new care were scaled up across 75 districts of UP.
- Use of HRP tool for tracking the severely anemic women during pregnancy and linking them to facility for management was scaled up to the 25 High Priority Districts.
- The PRONTO simulation module for identifying and managing maternal and newborn complications was scaled-up across 25 HPDs.

In addition to this, interventions such as the use of sticky-partograph, use of NASG in PPH management, use of digital point of care devices, ANM mentors for improved quality of care, among others, have shown improvement in identification and management of maternal and newborn complications. UP TSU is working with government to assess the feasibility for scale up across the state. The boost program has also highlighted various challenges and opportunities, which will guide the program design in the coming years.

### Key lessons and opportunities from the Interventions

The Boost program was successful in demonstrating solutions at facility and community level, some of which as listed below, were scaled up.

- Vertical Integration to strengthen linkages between BEmONC and CEmONC facilities was

<sup>3</sup> Active Management of Third Stage of Labor

## ENSURING APPROPRIATE TREATMENT TO SEVERELY ANEMIC PREGNANT WOMEN IN UP

Veena (name changed), a resident of Village Khajura, Block Sidhpura, District Kasganj (Uttar Pradesh), was pregnant with her second child. She was identified to be severely anaemic (Hb 6 grams) during her third ANC check-up that occurred in her 7th month of pregnancy. The ANM referred her to the nearest Community Health Centre (CHC) for further investigation and treatment. ASHA discussed this concern with Veena's family members and counselled them on the importance of having normal Hb level during the 3rd trimester of pregnancy. Further to this, ASHA accompanied her to the CHC where she was re-examined and her Hb level was found to be 5 gms. She was immediately given the first dose of iron sucrose intravenously. ASHA continued to follow up and made sure that Veena continued with the suggested iron sucrose treatment. Further, accompanied by the ASHA, she was referred to the District Hospital, where she received blood transfusion. This led to improvements in her Hb levels, which reached 9 gms by the time she delivered. All this was possible because of the ASHA's continued follow up and counselling of the family in supporting Veena to receive the right treatment at the right time.

UPTSU's cadre of ASHA Sangini Mentors (ASMs) are instrumental in providing mentorship to the ASHA Sanginis (ASs), who in turn oversee, support and supervise ASHAs in their work. Through joint meetings, field visits, supportive supervision and on site mentoring and demonstration, ASMs build the capacities of ASs on beneficiary mobilisation, ANC follow-up, HRP tracking, follow up and institutional delivery; this gets ultimately translated to improved ASHA capacities in counselling and follow up with the beneficiaries.

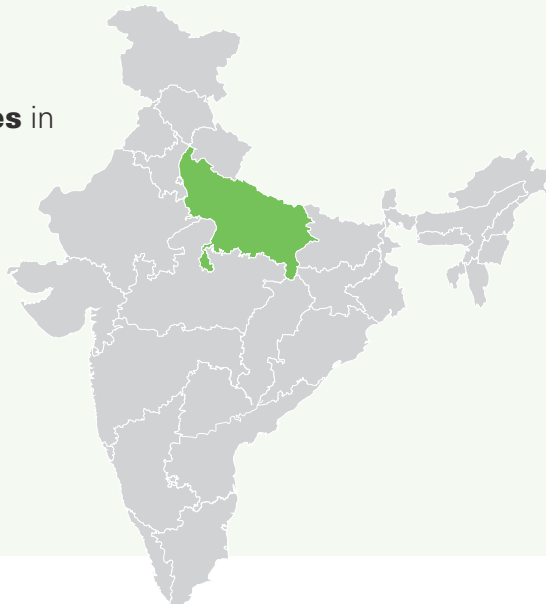




## 02 Family Planning



Enhancing access to and availability, quality and utilization of **Family Planning (FP) services** in Uttar Pradesh.



The project was initiated in 2014 to provide techno-managerial support to the 25 High Priority Districts of Uttar Pradesh and was scaled in January 2018 to provide FP services across the state

# KEY HIGHLIGHTS

## ◆ Roll out of New contraceptives

### 1. Expanding the basket of choice

UPTSU continued to support Government of Uttar Pradesh (GoUP) in the roll out of two new contraceptive methods – Antara (quarterly injectable contraceptive) and Chhaya (non – hormonal weekly oral contraceptive pill) expanding the much needed choice for couples.

- New contraceptives were introduced at more than 3,000 facilities (93 DHs, 14 Medical Colleges, 961 CHCs/ BPHCs, 898 PHCs, 1,409 SCs) in the state.
- More than 340,000 Antara doses were administered and more than 650,000 Chhaya cycles distributed. 335 medical officers, and 3739 staff nurses/ANMs were trained on new contraceptives.

### 2. Focused Family Planning Days for Assured Delivery of Services

UPTSU supported the state to conceptualise and roll out Focused Family Planning Spacing Days 'Antraal Diwas' and ensured availability of comprehensive services on these days.

At the state level, support was provided to track the service provision on a daily basis through use of the Jimmedari Nibhao Plan Banoa application for real time monitoring of progress. Provision to add data of Antraal Diwas for regular monitoring was developed and tested.

## ◆ 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.



711 facilities were strengthened for provision of comprehensive FP services.



3,375 facilities were strengthened for provision of new contraceptives.



Operationalized FP LMIS<sup>4</sup> in 4018 Facilities (including PHCs) out of 4405 upto PHCs (91%).



523 providers were performing sterilization



5,510 were trained as PPIUCD<sup>5</sup> providers.



4,074 providers were trained on new contraceptives.



Rs 565 million was paid as incentive to private providers of the Rs 710 million allocated budget (80%).

<sup>4</sup> Family Planning Logistic Management Information System

<sup>5</sup> Postpartum Intrauterine Contraceptive Device

## ◆ Strengthening Family Planning Supply Chain

Effective supply chain management is crucial for the implementation of FP interventions as it not only enhances quality of care, but also supports choice of methods by reducing stock outs of contraceptives.

- 1. Family Planning Logistics Management Information System** Rolling out of Family Planning Logistic Management Information System (FP LMIS) in the state was done with an objective of improving monitoring and supply of FP commodities. This was done through a cascade model of skills-building.



All State and District level Training of Trainers & block-level trainings were completed.



All state, district and block level trainings were completed.



283 batches of trainings for Rural and Urban PHCs were completed covering 6,707 participants (Facility Pharmacists, Data Entry Operators, and HEOs).



Out of 6799 ASHA Sanginis, training of 5289 (78%) ASHA Sanginis completed. 91% facilities (up to PHC) were operationalised for using FP LMIS portal for indenting and issuing the FP commodities.

- 2. Appointment of Family Planning Logistic Managers**

UPTSU supported the GoUP in the appointment of Logistic Managers at state, division and district levels for regular monitoring of FP commodities. They were oriented on FP supply chain, FPLMIS and on their roles and responsibilities.

- 3. Family Planning Supply Chain Pilots**

Innovative solutions to improve supply chain like Informed Push Model, ASHA kits, were implemented. UPTSU in collaboration with BCG and PATH conducted a detailed baselining of existing family planning supply chain in Uttar Pradesh to identify issues affecting supply chain performance and proposed a set of key solutions.

## ◆ Service Provider Pool

To increase the pool of FP service providers in the state, UPTSU facilitated nominations of service providers for various clinical trainings from the districts.

- Under the Mentor-Mentee program, non-performing MBBS doctors were trained and mentored on Minilap procedures by those already performing Minilap. Mentoring was initiated for 39 providers by 13 mentors.
- Skilled birth attendant (SBA) training was initiated for 81 AYUSH<sup>6</sup> doctors, who would later be trained on PPIUCD services, thus increasing the service provisioning of spacing methods at below block-level. 17 AYUSH doctors have completed the 28 days of SBA training.

## ◆ Hausala Sajheedari

UPTSU worked with GoUP and SIFPSA in strengthening the Hausala Sajheedari platform by empanelling new private sector providers and accrediting private sector facilities. 827 service providers were empanelled and 1,057 facilities were accredited to deliver FP services.

## ◆ Achieving LaQshya for safe motherhood

Under Government of India (GoI)'s Labour Room Quality Improvement Initiative (LaQshya), UPTSU supported GoUP to improve the intra-partum and immediate post-partum care in LRs, Maternity OTs and Post-Partum Units (PPU) at district public health facilities.



LaQshya certification completed in 12 DHs.



A facility specific action plan and mentoring has 29/53 UPTSU supported facilities achieve >70% score in LR and OT in the self-assessment by March 2020, of which 16 out of these facilities have received the state certification and nine facilities have received national certification.

<sup>6</sup> Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy



## ◆◆ Orientation of Service providers on Family Planning Counselling

GoUP with support from UPTSU organised training of service providers and developed training material on Family Planning Counselling.

- State Training of Trainers (TOT) was conducted for 206 participants [Medical Officers, District Health Education Officer (DHEO), Health Education Officer (HEO), Staff Nurses].
- Conducted district level trainings with 2,185 participants [Medical Officers, Block Community Process Manager (BCPM)/HEO, Staff Nurse/ANM] and block level training with 6,548 participants (Medical Officers, Lady Health Visitor, BCPM/HEO, Staff Nurse/ANM) in 552 batches.

## ◆◆ Capacity building of FP Counsellors

RMNCH+A counsellors play a pivotal role in increasing the acceptance of family planning methods among the community. Onsite mentoring and refresher training was provided to RMNCH+A counsellors to build their capacity and confidence to serve as facilitators for FP.

## ◆◆ Cluster modules

UPTSU continued to provide support to GoUP in the roll out of the 'high frequency low dose model' of cluster modules using the cluster meeting platform. Refresher trainings of ASHAs on biannual basis, and of ANMs & Anganwadi workers (AWWs) on quarterly basis were conducted.



In 531 blocks, direct support was provided by IHAT staff on a rolling basis in collaboration with FP counsellors (in 90 blocks) to orient the FLWs using cluster modules.

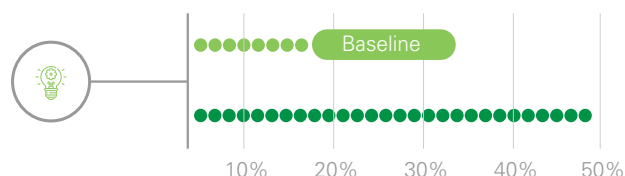


In the remaining 289 blocks, these monthly cluster modules are being rolled out through DCPMs and BCPMs.

## ◆◆ Pilots

1. UPTSU continued the support to GoUP in implementing Village Health, Sanitation and Nutrition Committee (VHSNC) program to increase male participation in Family Planning in 7 districts and expanded it to an additional 4 aspirational districts. TOTs were conducted at state, district and block levels orienting the participants on FP methods. The VHSNC Program has shown encouraging results with increase in acceptance of No Scalpel Vasectomy in the 7 districts.
2. UPTSU has been piloting an intervention on mobilising communities by engaging with the women groups in Sitapur to increase awareness and need of Family Planning services in the community. Some of the key results include:

- Significant increase in the correct knowledge of unsafe days was observed (increased from 17% in baseline to 49% after end line survey). There was also a significant increase in correct knowledge of IUCD<sup>7</sup>, Injectable, and Lactational Amenorrhea Method.



- In intervention area (Pisawan), the unmet need for limiting had significantly gone down from 42% in base line to 35% in end line survey. The overall unmet need decreased from 49% in base line to 45% in end line survey.

<sup>7</sup> Intrauterine Contraceptive Device

## ◆ Mission Pariwar Vikas

UPTSU supported GoUP in implementing Mission Parivar Vikas (MPV) Program to bring focused attention to high fertility rate districts with improved access and availability of FP services and contraceptives. Guidelines for augmentation of Sterilization, Saarthi, Nayi Pahal Kit and Saas Bahu Sammelan were developed and disseminated across the state. Condom Boxes were installed and samples of Nayi Pahal kits were distributed to the districts to deliver assured services. District Program Implementation Bodies (DPIB) were formed in all 57 MPV districts in the state.

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



57 DPIB were constituted & meetings were held (100%).



15,943 of 8,950 condom boxes were installed (178%).



55,465 of 78,937 Saas Bahu Sammelans were held (70%).



2,54,998 of 3,23,647 Nayi Pahal Kits were distributed (79%).

To encourage male participation in family planning and provide a thrust to vasectomy services, UPTSU supported the state in planning and management of “Vasectomy Fortnight” from 21st November 2019 to 4th December 2019. Total Non-Scalpel Vasectomies increased by 23% from 418 (2018) to 512 (2019) during the fortnight.

Support was provided to organise Media Sensitisation workshops for media representatives to provide an impetus to the endeavors for increasing modern contraceptive usage by ensuring access to quality reproductive health care.

Newly on-boarded 80 Medical Officers were oriented on importance of counselling, identification of district specific facility and factors promoting or preventing free & informed choice of contraceptive methods by clients.

State Health Workshop on ‘Ensuring 75% of Family Planning Services demand is satisfied in UP’ was organised by GoUP with the support from UPTSU. More than 100 individuals from public health system as well as partner development agencies attended the workshop to analyse and prioritise strategies to attain the health goals of the state.

## TRANSLATING UNMET NEED INTO FP ACCEPTANCE THROUGH COUNSELLING



Ratna (name changed) lives in Binaura village of District Lakhimpur (Uttar Pradesh). Her family comprises of her husband, three children and in-laws. They belong to a low-income group. Ratna visited the Community Health Centre (CHC) to consult a doctor for her child's health concerns. However, it turned out that she was concerned for her growing family and wanted to limit any further pregnancy as neither financially, nor physically, she was ready to have children. Naina (name changed), FP counsellor at the CHC, recognised her need for family planning (FP) and welcomed her in the counselling room. Naina listened to her patiently and realised that Ratna and her husband Suresh (name changed) didn't have proper information on FP methods, more so on significance on spacing and limiting pregnancy to live a healthy life. Naina explained to Ratna about various FP methods and how their use can positively influence her reproductive health. Suresh accompanied Ratna in the consequent visit to CHC. After assessing Suresh's understanding on FP, Naina clarified his misconceptions and reiterated that Ratna's body had grown weaker after delivering three children without any spacing; and that adopting one of the FP methods will limit her pregnancy and will prove beneficial to her health as well as their family responsibilities. She helped them to critically analyse their situation by discussing about their six-month old child who needed care and attention and also the deteriorating health of Ratna. She further counselled them about the basket of choice, explaining the methods suitable for them in detail. After a fruitful discussion, the couple agreed that Ratna would choose Antara injections for contraception. Naina gave them Antara card and further told them that with each dose, they will get an incentive amount that can help them bear their commuting cost to the facility. Ratna and Suresh, being convinced, thanked Naina for listening to them empathetically, addressing their concerns and thus directing them towards an informed decision. Now, Ratna visits the CHC every three months for Antara doses. Naina happily shares, "As a counsellor my responsibility is to help couples make informed and voluntary decisions. I use visual aids, anatomic models and contraceptive samples to help them understand family planning better. My training on counselling on FP methods has not only given me the confidence to counsel the couple but also motivated me to help them throughout their reproductive journey as that is my responsibility as a counsellor".

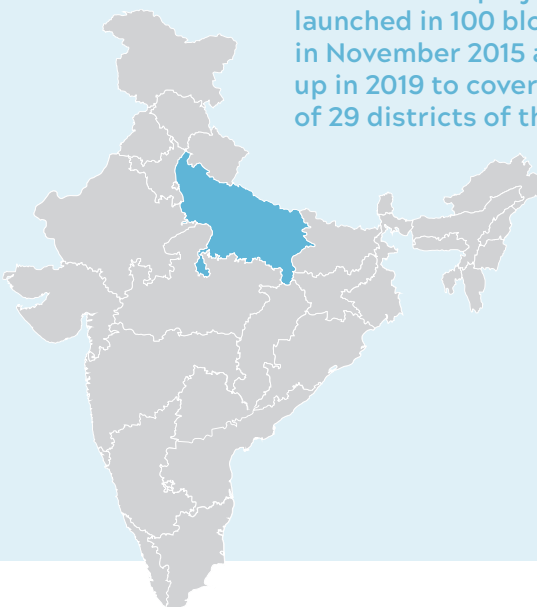


## 03 Nutrition



The overarching goal of the nutrition project 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 Nutrition project was launched in 100 blocks of 25 HPDs in November 2015 and was scaled up in 2019 to cover all 321 blocks of 29 districts of the State



# KEY HIGHLIGHTS

## ◆ Performance enhancement of ICDS functionaries to deliver quality Maternal, Infant and Young Child Nutrition (MIYCN) interventions in UP

The Nutrition Project, since its inception, focused on the performance enhancement of AWWs to deliver quality MIYCN interventions in the community, through training, mentoring and handholding of the AWWs by the Poshan Sakhis. The handholding and mentoring visits were prioritised, based on the performance grading of the AWWs.

From April 2019 onwards, in addition to mentoring AWWs, the supervisory cadre of ICDS, that is, the Child Development Protection Officers (CDPOs) and Mukhya Sevikas were also mentored and handhold by UP TSU's District Nutrition Specialist (DNS) and Block level Poshan Sakhi respectively. The mentoring aimed to capacitate the supervisory cadre with both technical knowledge and managerial skills required to strengthen the existing review and support mechanism resulting in improved service delivery by the AWWs.

The platforms for mentoring CDPOs and Mukhya Sevikas were primarily joint field visits, sector meetings, district review meetings and block review meetings.

### Progress:



About 11,075 AWWs were mentored by Poshan Sakhis every month.



About 6100 Group were conducted by AWW with the support of Poshan Sakhis every month.



About 94,000 accompanied Home Visits were conducted by AWW every month.



About 1400 VHNDs were by Poshan Sakhis every month.



About 900 Joint Visits were conducted by Poshan Sakhis with Mukhya Sevikas every month



About 90 Joint Visits were conducted by DNS with CDPO every month.



Performance grading of AWWs and Mukhya Sevika was completed about 166 out of 221 scale-up blocks.

## ◆ Strengthening of existing planning and review platforms

Planning and review platforms of the government, namely, District Nutrition Committee (DNC) meetings, and sector meetings were strengthened in 29 districts of the state. The DNS provided technical support in planning and reviewing the nutrition indicators during DNCs, while Poshan Sakhis mentored and handhold the Mukhya Sevika in conducting sector meeting in a structured and effective manner.

### Progress:

- **DNC Meetings:** Regularisation of DNC meetings (from once in two/three months to once in a month) improved inter-departmental representation and coordination, focused review of nutrition indicators, and increased time allotted for DNC meetings from approximately 30 minutes to 2 hours or more.



Almost 80% of DNC meetings were conducted within 100 Blocks of 25 HPDs.

- **Sector Meetings:** Regularisation of sector meetings (once in a month), improved quality of the sector meeting from a Monthly Progress Report collecting platform to planning, review and capacity building platform, increased attendance of AWWs, improved participation and ownership of Mukhya Sevikas in conducting a structured and effective sector meeting.



More than 90% of sector meetings were conducted in 100 blocks of 25 HPDs.

## ◆ Facilitation of the effective roll-out of Poshan Abhiyaan

The Nutrition Project has been intensively supporting the GoUP in the roll-out of the key activities under the Poshan Abhiyaan (Flagship program of GoI to curb malnutrition), by:

- Ensuring quality Incremental Learning Approach (ILA) training at all levels, starting from the state until the sub-block level. Better content delivery by conducting interactive sessions, demonstrations, role-plays, and knowledge assessment of the participants was achieved in 29 districts of the state.
- Mentoring the AWWs for systematically organising the Community Based Events (CBEs) like Annaprashan and Godbharai, Suposhan Swasthya Mela, and providing correct technical information and need-based counselling to the beneficiaries through effective use of job-aids and tools in 29 districts of the state.
- Supporting in development of convergence action plans at the block level in 25 HPDs of the state.
- Supporting the roll-out the Common Application Software in the state, in response to the request from ICDS and State Nutrition Mission (GoUP).
- Training CDPOs and Mukhya Sevikas on the concept of Supportive Supervision and the Supportive Supervision (SS) checklist under Poshan Abhiyaan in 29 districts of the state. Also, by providing handholding support to CDPOs and Mukhya Sevikas in conducting quality Supportive Supervision visits and filling up the SS checklists.

### Progress:



Facilitated 13130 batches of ILA training at sector level in 28 districts of UP.



Supported AWWs in conducting 22626 CBEs. About 4976 Annaprashan, 5366 Godbharai and 4756 SSMs were supported in 28 districts of UP.



Trained 295 CDPOs, 1128 Mukhya Sevikas, and 392 Poshan Sakhis on Supportive Supervision in 29 districts of UP.

## ◆ Increased use of MIYCN data for strategic decision making in 25 HPDs of UP

The Nutrition project, in 2019 progressively engaged in the use of MIYCN data for strategic decision making by:

- Supporting the government in strengthening the use of data at the DNC meeting, District CDPOs Review Meeting, Block Review Meeting, and Sector Meetings in 25 HPDS of UP.
- Relaunching of “NO WATER ONLY BREASTMILK” Campaign, from March-July 2019, in 25 HPDS of UP, based on the success of the campaign in 2018, reflected in the CBTS-6 data. The campaign in 2019 was driven by GoUP, with the involvement of ICDS and other departments. The coverage increased from 100 blocks in 2018 to 294 blocks in 2019.

### During the campaign, the FLWs reached to about:

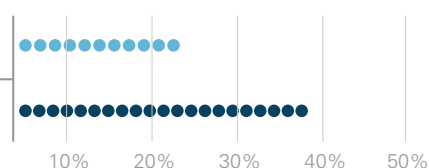


1,45,700 households, with children aged 0-6 months through home visits.

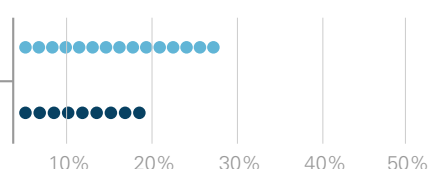


71,711 mothers, with children aged 0-6 months through 10,110 group meetings.

Exclusive breast feeding increased from 22% in CBTS-3 (2016) to 38% in CBTS-6 (2018).



Water intake reduced among 0-6 month infants from 28% in CBTS-3 (2016) to 19% in CBTS-6 (2018).



● CBTS-3 (2016) ● CBTS-6 (2018)

In 2018, the campaign was launched and primarily driven by the Nutrition Project of UPTSU, limited to the 100 blocks of the 25 HPDs of the state. However, after witnessing the overwhelming response and outcomes of the campaign, the GoUP adopted it in 2019.



## ◆ Implementation of Manav Sampada for ICDS in UP

UPTSU supported ICDS Department in the roll-out of Manav Sampada (an ICT solution for the management of personnel through electronic service records) from May 2019. The support provided to the department included: Orientation of officials from Directorate and District Programme Officers on Manav Sampada, observing and reviewing data entry process at the state level and in the districts by the DNS, and data cleaning and data quality checks for Manav Sampada.

### Progress:



About 4,927 ICDS Staff, including 55 DPOs, 450 CDPOs, and 3462 Mukhya Sevikas were registered in the Manav Sampada Software.



About 416 Officers applied for online transfer requests through Manav Sampada portal.

## TIMELY INTERVENTION HELPED REVIVE TABASSUM

Nusratjahan (name changed) of Village Daakhurd, District Shahjahanpur, aged 38 years old, gave birth to her fifth child. The baby girl, named Tabassum (name changed), was born prematurely at home and weighed only 1.8 kg at birth. She looked frail and had difficulty suckling milk from the breast. Wary of her survival, one of the neighbors informed the Anganwadi Worker, Sumita (name changed) about it. Sumita rushed to their house and quickly assessed that only immediate intervention could save the life of the little Tabassum. She demonstrated correct positioning and attachment, and expression of breastmilk to the mother, and also ensured that the baby was wrapped properly and breastfed frequently. However, Sumita felt that the family may not take this advice seriously. Hence, she decided to take the help of Poshan Sakhi and DNS for counselling Nusratjahan and her family. After a couple of days, Sumita, Poshan Sakhi and DNS visited the family and reiterated the messages with the aid of a breast model and a video.

After much deliberation, Nusratjahan and her family decided to follow their advice. Sumita closely tracked the progress of Tabassum by visiting their house twice a week, and then once in a fortnight to once a month. Gradually her weight improved, from 1.8 kg at birth to 2.8 kg in the 1st month, 3.7 kg in the 2nd month, and 5.2 kg in the 6th month. Now, Tabassum has completed one year of age and weighs 9kg, which is normal for her age. Nusratjahan is thankful to Sumita for saving her daughter.



\*Representational Image



## 04 Health Systems Strengthening

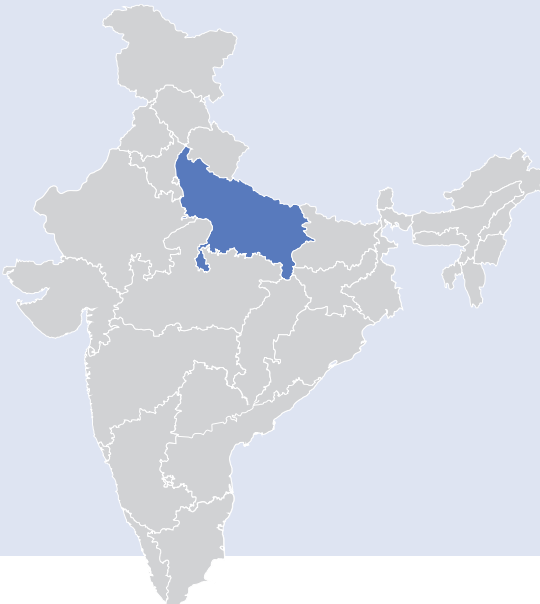


Support the government in identifying critical gaps and work together **to develop vision/ policy for filling up the gap.**

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 the improved policy and processes.

State-wide support



# KEY HIGHLIGHTS

## ◆ Human Resource Management

UPTSU continued working towards addressing the needs of Uttar Pradesh's dynamic health systems in terms of developing competent organisational structure and robust HR processes. This was done through developing a comprehensive HR policy, improved accessibility to real-time data on HR in health and restructured organisation structure of Directorate and the National Health Mission (NHM) in the state.

### Progress:

1. Empanelment of professional recruitment agency with NHM for expediting recruitment of health workforce on contractual basis.



19236 Health Workforce was recruited on contractual basis in FY 2019-20 through the recruitment agency, as against an average of around 3000 each year for the past 3 years.

2. Initiation of rapid activation of FRUs through use of EmOC/LSAS trained doctors.
  - Second round of counselling was conducted in September 2019 and transfer orders have been released which will activate another 50 potential FRUs.
3. In-person counselling ensuring transparency and providing choice to doctors for their initial posting was conducted in the state for the first time, with an aim to decrease the high drop-out rate of doctors from selection to actual joining.



Almost 1800 Doctors (95% of eligible candidates who were invited for counselling) attended the counselling and chose a facility of their preference from the available facilities/vacancy list.

4. Process of Annual Confidentiality Report (ACR)/ Annual Performance Assessment Report for ~12000 doctors was digitised for the year 2019-2020 and was conducted exclusively online to increase ease of process, better tracking and monitoring, and increase transparency of the process by making final comments and grading that was made visible to the doctor.



Overall, 70% of Medical officers had submitted their ACR online for 2018-2019.

5. Training sessions on new registration, program mapping and data quality were organised for all 75 NHM District Program Managers and Accounts Managers by the State Program Management Unit.
6. Payroll calculation module for contractual staff was developed and rolled out. One-time data entry of pay details of 50000+ contractual staff is currently underway. Payroll linkage is expected to be achieved by 2021. This will significantly reduce the manual salary calculations done by District Account Managers and also ensure direct linkage with the Public Financial Management System.

## ◆ Supply Chain Management

Support was provided to institutionalise the Uttar Pradesh Medical Supplies Corporation Limited (UPMSCL). Its support spanned over establishing rate contracts through a transparent e-tendering procurement process, establishing and operating district level warehouse, ensuring quality checks and distribution through a "passbook systems". UPMSCL shall ensure that rate contracts are available for all essential drugs, any drugs supplied passes a standardized quality check and all district warehouses have requisite Essential Drugs at all time. UP TSU also supported the government in arriving at an MoU with India Post to provide transportation of drugs from outside and within the state.

TSU supported the government in development of policies and processes for procurement of drugs, equipment and services. It also developed policies to ensure availability of drugs of standard quality at UPMSCL warehouses.

In addition to this, TSU supported the government to rationalize the essential drug list from 1300 to 296, forecast demand, float tender for drugs and issues purchase orders for nearly 250 drugs [>80% of Essential Drug List (EDL)].

The corporation has already begun supply of essential drugs to warehouses in all the districts. Similarly, rate contracts have been signed and purchase orders have been issued for 76 equipment with a total value of Rs. 117 crores.

For procurement of services, UPTSU supported the government in empanelment of three transaction advisors for services procurement, 19 HR agencies for manpower recruitment and outsourcing, hiring of service provider for Emergency medical transport (108) and hiring of Bio Medical Waste service provider.

- For ensuring availability of safe, efficacious and drugs of standard quality at UPMSCL warehouses, UPTSU supported empanelment of 11 third party NABL labs for testing of drug samples. Quality testing module has been activated on Drugs and Vaccine Distribution Management Systems. Quality testing model has been implemented in the state on a pilot basis and drugs from warehouses in many districts have been tested. A total of 768 batches were tested which included 202 drugs.

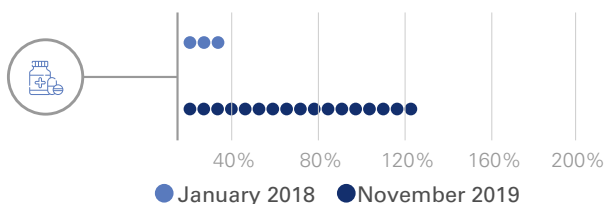
#### Support was provided for the following activities:



Increase in availability of drugs at facilities: Currently, more than 200 stores have availability of more than 100 EDL drugs as compared to January 2018 when none of the stores had more than 100 EDL drugs available.



Average number of drugs available in facilities (CMO/CMS) have also jumped from 35 in January 2018 to 122 in November 2019.



Fully functional UPMSCL warehouse of 48,000 sq. ft. has been established in Lucknow. EDL drugs are being delivered at the warehouse and facilities are picking up drugs from Lucknow warehouse via Drug and Vaccine Distribution Management System.

### ◆ Enhanced use of data for decision making

UPTSU provided intensive support for the implementation of the integrated UPHMIS portal at block and district levels in all districts and built the capacity of divisional M&E hubs to be able to provide this support in the medium and long term.

1. UPHMIS data completeness reached up to 95% and is sustained from all the districts of Uttar Pradesh.
2. The GoUP constituted state data quality audit team has conducted 6 rounds of data audits in 129 facilities of 43 districts.
3. The data completeness across the facilities of Uttar Pradesh has also depicted a continuous improvement over the last two years, from 50% in April 2017 to 93% in January 2020.
4. There was a significant increase in UP health dashboard use among district-level officials from 26% in January 2019 to 88% in February 2020.
5. A pilot test of the ANM application was done in Ayodhya district in January. All the ANMs in the district underwent the training and started using an app-based application for data entry. More than 90% ANM timely reported the sub centre level data in March 2020 through the app. Earlier this process was manual and hence at block level digitization was done. However, now that the ANMs are doing digital data entry themselves, it is estimated that this process will bring about a reduction in 1/3rd data entry in UPHMIS at the block level.

### ◆ Performance Management

Structured mechanisms for assessing the performance of key personnel, service delivery points, and key programs against key thematic areas were envisioned to bring about significant changes in the health outcomes.

1. UPTSU has helped GoUP in defining critical indicators for CMOs and CMSs at district level and district hospital level. The same will be used for appraisals of CMOs and CMS.
2. As part of State health workshop, having a system for "rewards & recognition" for health workers was accepted as a key policy priority for the state going forward.
3. Online ACR are expected to be rolled out for the appraisal cycle of 2018-19. Digitising Annual Confidential Reports (ACR) process for all Doctors in ongoing. This is the existing annual performance management process for all government



employees. Digitising the process will lead to higher transparency in the process and increases the potential for future optimisation.

4. In parallel, Doctor's Diary – an online tool to collect individual doctor's daily service delivery indicators has been developed. Pilot for Doctor's Diary has been rolled out for 500+ doctors with plans for full scale-up to all 10,000+ doctors.



The application was successfully rolled out in all 75 districts and all 820 blocks in UP.



Ministry of Health & family Welfare, awarded certificate to the State of Uttar Pradesh for Best Practices titled 'Streamlining of ASHA Payments' at the 6th National Summit on Good and Replicable Practices and Innovation in Public Healthcare System in India.



On an average 1.5 lakh FLWs are being paid incentives through the software application month on month.

## ◆ IEC and BCC

UPTSU supported GoUP in the development of comprehensive outcome focused behaviour change strategy for critical RMNCH+A behaviours along with hiring of 3rd party organisation for the bulk of the implementation of the BCC Strategy. The strategy was developed to identify critical priority behaviors along the RMNCH+A pathway and comprehensive investigation of these behaviors through formative research. The BCC plan developed for each critical behavior is specific, measurable and time-bound for results with well-defined interventions at state, district, block and community level.



Support was provided to NHM for selection and on boarding of agency for implementation of BCC strategy.



Family Planning Project Implementation Plan was developed for the year 2020-2021 to help in bridging the gap and creating demand for FP services.



An effective BCC Strategy and Plan in eight Aspirational Districts was developed to achieve key health indicators.



IEC material was developed for Prenatal care wards on 48 hours stay, Maternal Death Surveillance and Response and Danger Signs.

## ◆ Improving payments and related processes

The digitisation of payment for volunteer FLWs - ASHA and ASHA Sanginis, has led to efficacy in incentive payment and related processes. IT based applications rolled out in this regards enabled transparency and timely payments. The systems also provided real-time ASHA-wise, incentive-wise data for the first time, which may allow design of improved reward and recognition mechanisms and incentive structures.

## RAPID ACTIVATION OF FRUS THROUGH THE BUDDY BUDDY MODEL

FRUs are public health facilities with specialised human resource for addressing maternal, neonatal & Under 5 mortality factors and are key in saving lives. As per the Government of India norms, out of 421 designated FRUs, only 138 are functional; one of the major reasons being acute shortage of Gynecologist and Anaesthetist in the facilities functioning as pairs to conduct C-sections. In order to bridge the human resource gap and to create an enabling environment for the medical fraternity to perform optimally, UPTSU, along with GoUP, designed and implemented the “Buddy- Buddy Model”. Through this model, the state allowed LSAS and EmOC trained doctors to pair up and select an inactive FRU of their choice for posting. The LSAS-EmOC trained buddies identified as Buddy Buddy pair above were further mentored by another pair of Specialists Anaesthetist and Specialists Gynaecologist, identified as Mentors in the corresponding DH in which the pair was posted. Each of the LSAS-EmOC buddy conducted C-sections during the mentoring period. These buddies were exempted from intra and inter district transfers. There was also a provision of incentives for both mentoring and mentee pairs for performing C-sections during the mentoring period. The Buddy Buddy Model has been received very well by the medical community and the Buddy Buddy counselling resulted in 47 Buddy pairs activating 47 FRUs. This has facilitated the process of provision and strengthening of quality maternal and neonatal services to the community.



\*Representational Image





To extend **technical assistance** to the Karnataka State AIDS Prevention Society (KSAPS) to achieve the goals and objectives of the National AIDS Control Program (NACP).

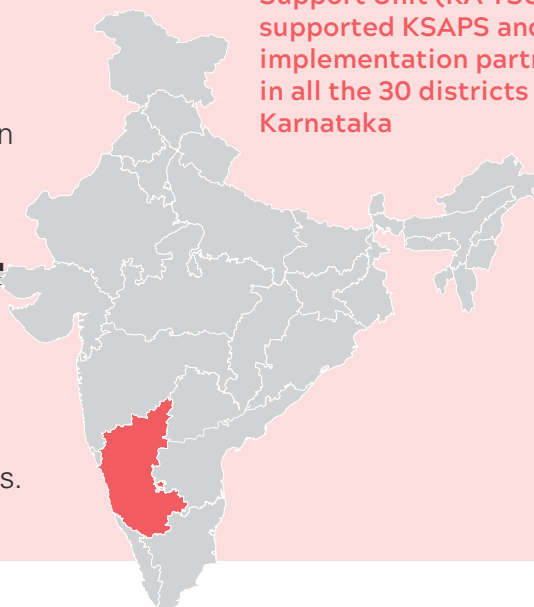
To facilitate **saturation in coverage and strengthen quality of implementation** in the Targeted Intervention (TI) Programs.

To support 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.

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





# KEY HIGHLIGHTS

Reach

**77930**  
FSWs

**21410**  
MSMs

**2342**  
TGs

**1163**  
PWIDs

**147603**  
Migrants

**83859**  
Truckers

75 TI and 9 LWS units are covered in 30 districts by 8 Program Officers

13243 FSWs and 4171 MSM are newly identified

- FSW : Female Sex Worker
- MSM : Men who have Sex with Men
- TG : Transgender

- PWID : People Who Inject Drugs
- LWS: Link Worker Scheme

## ◆ Perception building and sensitisation of medical fraternity

KATSU conducted sensitisation programs/activities for medical officers in the government health setting so that the Key Population (KP) can access various services without any stigma and discrimination. This encouraged the KPs to opt for regular medical check-ups and HIV and syphilis screenings, thus improving access and service uptake.



950 Medical Officers from 23 districts were sensitised to the needs of the KPs. Impact: 84% of the High Risk Group (FSWs, MSMs and TGs) visited clinic and tested for STIs. There has been an increase of 12% as compared to previous year is opting for the services.



10387 FSWs, most of them young sex workers, were associated with the identified NWOs.



7297 FSWs were contacted through NWOs and registered by the TIs



On an average, 3 new FSWs came in contact with NWOs in a month.

## ◆ Network Operators Intervention

In Karnataka, during recent years the sex work pattern among FSWs has shifted from street- based and home-based to Network-based solicitation. Moreover, Network Operators (NWOs) - pimps, madams, local vendors, clients and auto drivers for example, have emerged as an effective mode of communication between FSWs and the clients. KATSU initiated the mapping of NWOs across the state, which showed an increasing trend of solicitation by the sex workers through NWOs. Advocacy meetings with the NWOs was fruitful in linking the FSWs associated with the NWOs to the TI Program and to receive services for HIV prevention, testing, treatment, linkages and care and support



951 NWOs were identified and contacted.



60% of the individuals worked full time as NWOs; whereas others worked as part time along with owning beauty parlors, petty shops and working as vegetable vendors, house help, among others.

## ◆ Social protection and empowerment

KATSU facilitated the smooth functioning of 'Single window model for Social Protection' model led by District AIDS Prevention and Control Unit. This aims to facilitate one point access of benefits of various existing government and welfare schemes to all the eligible vulnerable groups for the most-at-risk population, People Living with HIV (PLHIV) and their children. KATSU built the capacities of its TI partners to implement the social protection and empowerment intervention with the objectives of: (i) encouraging and promoting empowerment among KPs (ii) ensuring fulfilment of social and economic wellbeing (iii) protection of KPs from vulnerability arising from poverty and other structural factors. KPs have initiated group enterprises like beauty parlour shops, dairy, petty shops, etc., through social protection schemes. KATSU has facilitated the TIs in advocacy and linkage with various government departments.



In all, 10056 KPs received various social entitlement and protection schemes such as Aadhaar card, Ration card, Antyodaya Yojana, Pradhan Mantri Jeevan Jyoti Bima Yojana, and others.

## ◆◆ Link workers scheme

KATSU supported KSAPS/NACO in implementing the Link Worker Scheme in nine districts of Karnataka, covering 100 villages in each district. Support was provided to 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. KATSU conducted need assessment, capacity building of link workers, AWW and ASHAs and supported the TIs in liaising with the line departments.



KATSU supported the Link Workers Scheme in identifying 13522 KPs. Out of these, 7805 KPs underwent HIV screening; 34 KPs were found HIV positive and 33 KPs were linked to the ART Centre.

## ◆◆ Employer Led Model

KATSU facilitated the process of MoUs between industries and KSAPS under the Employer led Model (ELM). Industries were mentored to take up CSR activities on HIV prevention, care and support. Through ELM, 17 MoUs were finalised thus having a cumulative 57 industries having MoU with KSAPS. Sensitisation and capacity building activities were conducted with industries.



23,225 workers were sensitised, 4846 workers tested for HIV and 10 were found positive during the year who were linked to ART services. KATSU supported the capacity building activities to provide TOTs to industry staff who in turn sensitised the workers on HIV. Support was also provided for organising health camps.

## BREAKING THE BARRIER - CHIKKI BUSINESS CHANGED THE LIFE OF FEMALE SEX WORKERS



Soukha Belaru Seva Samudaya Samsthe (SBSSS), a Community Based Organisation has been implementing exclusive TI Program for FSWs and MSM in Bellary district since 2013. Apart from provision of HIV/STI related prevention, treatment and care needs of the KPs, SBSSS also delved into building alternative income generation activities for them. The need for taking up income generating activities was already prevailing within the group and two FSW Self Help Groups (SHGs) were identified for initiating a group enterprise. KATSU supported the TI in conducting focused group discussions to come up with a viable business idea and also facilitated the advocacy process with the related line departments. The group members suggested to take up 'Chikki making' enterprise as this eatable made from groundnut and jaggery, is consumed by all age groups and in demand in the southern belt, round the year. To avail the social entitlement scheme for setting up a group enterprise, consultations with Deputy Commissioner and Deputy Director, Department of Women and Child Development (WCD), Ministry of Women and Child Development (Government of India), were done and eventually the SHGs were linked with the social entitlement scheme for setting up a group enterprise. A six-day skill development training on managing the Chikki Manufacturing Unit was organised for 24 FSWs.

With financial support from SBSSS, loan under Chetana Scheme and raw material from WCD, the production unit started functioning from January 2020. The enterprise received supply orders to reach out children of Anganwadi centres of Bellary Urban Taluka. They received orders for 9.5 lakhs pieces per month from 700 Anganwadi Centres. The monthly turnover was Rs. 1.60 lakh with a net profit of Rs. 20,000/- per month and the women who worked in the unit earned Rs. 270 to 300 per day as income. Above all, with this initiative, the CBO along with providing an additional income to its members, have also helped in reducing the stigma for the FSWs. This is a proud moment for them as their product is being relished by thousands of children of the district enjoying the sweet chikki with a smile of happiness on their faces.





To extend **technical assistance** in specified areas to the Delhi State AIDS Control Society (DSACS) in helping it achieve the NACP goals and objectives.

To facilitate **saturation in coverage and strengthen quality of implementation** in the TI Programs.

To support DSACS 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.

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

Reach

**60140**  
FSWs

**18588**  
MSMs

**9091**  
TGs

**15557**  
PWIDs

**266240**  
Migrants

**43958**  
Truckers

78TIs are covered in 11 districts

- FSW : Female Sex Worker
- MSM : Men who have Sex with Men
- TG : Transgender
- PWID : People Who Inject Drugs
- LWS: Link Worker Scheme

## ◆ Leveraging Network Operators to reach FSWs with HIV services

DL TSU continued to support the TIs in the implementation of the Network Operator Approach to increase the coverage of FSWs, who operate through Network Operators (NWOs), including pimps, madams, local vendors, clients and auto drivers for example, apart from geographical hotspot based solicitation. Through this approach, the NWOs were sensitised and motivated to facilitate the FSWs associated with them, to take up HIV prevention, treatment and care services.



2280 NWOs were identified through network mapping.



45160 New and mostly young FSWs were associated with these NWOs.



2157 NWOs were profiled to identify and reach out to other NWOs and FSWs.

## ◆ Project Spa Wellness

DL TSU supported DSACS in reaching out to FSWs and MSMs working in Spas and Massage Parlours and involved in sex work. Under the project, managers and owners of Spas/Massage Parlours were sensitised towards the HIV risks associated with the target group and the need for timely intervention was emphasised.



757 Spas/Massage Parlours were listed and TI reached to 673 Massage Parlours/Spas.



653 Spas and Massage Parlours were profiled by the TIs.



653 Spas and Massage Parlours were profiled by the TIs.

## ◆ Bio-metric based OST dispensing

DSACS and DL TSU, with support of YRG care, initiated bio-metric based Opioid Substitution Therapy (OST) dispensing to all registered OST clients at Chandni Chowk OST centre. It has helped to track OST clients on daily basis and avoid duplication of OST drug dispensing. 332 PWIDs were registered and were taking OST from Chandni Chowk OST centre.

## ◆ Community Based Screening in TIs for HIV and Syphilis

Community Based Screening (CBS) has been one of the most successful strategies in order to reach out to the hidden KPs with services as per their convenient time and place. This was achieved by linking the TI with nearby Standalone-ICTC for logistics arrangement, monitoring and supervision of CBS. Vaccine carrier, gloves, puncture proof container, CBS counselling register, stock register and SIMS reporting ID were provided to TI partners by DSACS. Syphilis screening was also undertaken by the TIs. Improvement in HIV as well as Syphilis screening was observed in all the typologies in FY 2019-2020 as compared to FY 2018-2019.

## ◆ Tuberculosis screening at TI level

Tuberculosis (TB) screening was initiated at the TI level. The TI staff was trained for screening the KPs and the suspected cases were referred to the TB centre for further service uptake.



65022 individual KPs were screened for TB.



5303 were referred to the TB centre.



1413 were tested for TB.



120 were diagnosed with TB.



60 were on DOTS treatment.

## ◆ Virtual Intervention

Virtual Intervention can be considered as a ground breaking innovation to reach out to KPs active on virtual platforms with HIV related services. Three Virtual Drop-In Centres (VDICs) for FSWs, MSMs and TGs were provided services like - online counselling, service information, appointment for seeking services, free condom delivery, and IEC and event information. Identification of the virtual platforms was done to reach out to the KPs active on them. The VDICs were promoted on various web platforms.



449 websites/apps were listed.



1441 individuals were contacted through these platforms to provide services.



761 were screened for HIV.



18 were found HIV positive and linked to ART.

## ◆ HIV treatment and services at Prison and Short Stay Homes

Prison intervention was carried out in Tihar jail to provide HIV screening/testing, ART treatment and OST services for the inmates. HIV/AIDS awareness activities, counselling and HIV screening were carried out for the inmates of Swadher Grehs/ short stay homes also. CBS was initiated at Tihar Jail and Swadhar Greh.

### HIV services at Prison:



7361 inmates were tested for HIV.



510 were diagnosed with HIV.



436 were linked to ART.



1538 were screened for TB.



139 were diagnosed with TB and are on DOTS treatment.



339 were on OST treatment.

## ◆ Employer Led Model

The Employer Led Model (ELM) program was implemented in total 32 industries in the state which catered to the highly mobile migrant population. Under ELM, HIV/AIDS awareness, training, and HIV screening facilities were provided to the informal workers under the industries. 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, were involved.



171 Awareness Sessions were conducted.



8564 Workers were covered through the awareness sessions.



928 Workers underwent HIV screening/testing tests.



1 Migrant Worker was found HIV positive and linked to ART.



71 Master Trainers were trained.

### ◆ Training and capacity building of TIs

Capacity building activities with 1512 TI staff including project manager, outreach workers, peer educators on various components and strategies, were conducted in 48 batches in order to reach-out to the high risk population.

## LIFE CHANGES FOR BETTER AFTER OST FOR AJAY

Ajay (name changed) is a resident of Delhi and is a driver by profession. Few years back, he got introduced to injecting drugs under peer pressure and the addiction soon took toll over his physical as well as mental health. His family and well-wishers, after working hard on him, lost hope to bring him back to a normal life free of drugs. He was criticised and humiliated by them as he didn't show any inclination to get rid of the addiction. He came to know about the OST initiative under the TI Program through one of his friends. He got registered into the program and came to know about HIV risks involved in injecting drugs. Through systematic counselling over a period of time, he shifted from injecting drugs to OST medicines.

This brought a miraculous change in his life. He is now able to manage his personal and professional roles well; his family started respecting him. Ajay happily shares, "This program has given me and my family a new life. It has helped me a lot to quit the injecting drug behavior."





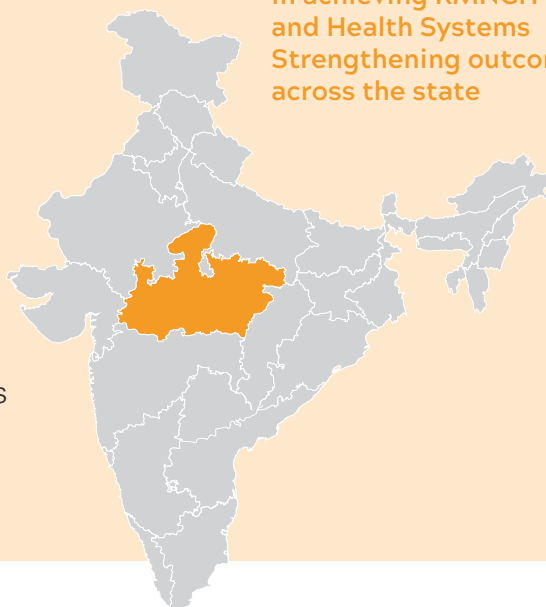
\*Representational Image

## 07 Madhya Pradesh Innovation Hub



Madhya Pradesh Innovation Hub (MPIH) was instituted in 2019 pursuant to the Memorandum of Understanding between the National Health Mission, Government of Madhya Pradesh (NHM-GoMP), IHAT and the Antara Foundation. MP IH supports NHM-GoMP to **identify health challenges and design interventions to improve population health outcomes** of the state in the areas of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A), Tuberculosis, HIV/AIDS and Health Systems Strengthening.

Supported NHM-GoMP in achieving RMNCH+A and Health Systems Strengthening outcomes across the state



## Overarching Goal

The goal is to integrate innovative methods and capabilities into the Madhya Pradesh RMNCH+A program to provide for very specific system shaping levers, interventions and tools to effectively change behaviours and maximise impact in saving and improving lives.

## KEY HIGHLIGHTS

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- An Advisory Committee and a Steering Committee was constituted by NHM-GoMP to provide a formal institutional mechanism for active collaboration during the implementation, systematic review of the progress of programs, and guiding the state-wide scale-up of successful approaches as identified. The first Advisory Committee meeting was held on 24th January, 2020. It was chaired by the Principal Secretary (PS) (Department of Public Health & Family Welfare, GoMP), along with the Health Commissioner & Mission Director (MD) (NHM-GoMP). Major action points, next steps and timelines were discussed and agreed upon.
- Supported GoMP to draft state specific transfer policy for the regular staff. This was presented to PS-Health, Health Commissioner, Director Administration and MD NHM. The draft policy is under consideration for implementation.
- With the aim of improving quality of care during the delivery & immediate post-partum care and providing respectful maternity care through positive birthing experience, support was provided in LAQSHYA certification for three facilities of Shajapur. Frequent field visits were conducted and base line assessment of all three facilities was completed. An action plan has been developed for quality improvement of LRs and OTs in the identified facilities. The overall goal is to reduce preventable maternal & newborn morbidity, mortality and still births.
- Supported NHM GoMP to replicate the Buddy Buddy Model of Uttar Pradesh for task shifting of Specialists function to MBBS Doctors. This will accelerate activation of First Referral Units.
- In order to address the HR system level challenges, a strategy of cadre restructuring was developed to attract right talent in the DHS set-up and ensure job satisfaction and retention of the specialists through defined career progression, incentives and monetary benefits.
- Supported the GoMP in strengthening the existing Human Resource Management Information System, with the aim of facilitating proper monitoring, workforce planning, systematic deployment of HR, transparency in promotion, transfer of posting, salary linkage and a motivated workforce.



# 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, 2020 - Consolidated

Particulars	Note No	Total	Total
		As at 31st March, 2020 (Rupees)	As at 31st March, 2019 (Rupees)
<b>I. LIABILITIES</b>			
Capital Fund	1	17,64,49,873.22	13,56,05,186.86
Grant Received in Advance	2	4,29,92,719.51	4,69,62,302.73
Capital Reserve A/c		4,60,99,553.46	4,84,60,353.28
<b>Non-Current Liabilities</b>	3		
Long term provisions		2,55,035.00	19,99,186.00
<b>Current Liabilities</b>	4		
Current Liabilities & Payables		7,00,12,835.05	6,14,79,927.00
<b>TOTAL LIABILITIES</b>		<b>33,58,10,016.24</b>	<b>29,45,06,955.87</b>
<b>II. ASSETS</b>			
<b>Non-current assets</b>			
Fixed assets	5	4,60,99,553.46	4,84,60,353.28
Long term loans and advances	6	77,02,819.00	74,58,273.00
<b>Current assets</b>			
Cash and cash equivalents	7	25,73,06,178.75	20,76,91,229.66
Short-term loans and advances	8	1,07,09,550.22	2,02,11,693.42
Other current assets	9	1,39,91,914.81	1,06,85,406.51
<b>TOTAL ASSETS</b>		<b>33,58,10,016.24</b>	<b>29,45,06,955.87</b>
Significant Accounting Policies and Notes on Accounts			

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

Per Report of Even Date

For India Health Action Trust



*[Signature]*

N. Suresh  
Chartered Accountant  
MM No. 023866  
UDIN: 20023866 ANAAAQ2284

*[Signature]*

Shajy K Isac  
Managing Trustee

*[Signature]*

Govinda Raju  
Director Finance

Place : Bangalore  
Date : 14.10.2020





## 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, 2020 (Rupees)	For the year ended 31st March, 2019 (Rupees)
<b>INCOME</b>			
Grant Utilized	10	92,50,03,017.47	82,48,73,186.09
Project Receipts-NACO		1,98,71,641.00	2,60,88,491.00
Other Income		2,20,30,770.00	1,61,21,692.00
<b>Total Revenue</b>		<b>96,69,05,428.47</b>	<b>86,70,83,369.09</b>
<b>EXPENSES</b>			
Project & Other expenses	11	86,46,38,543.70	76,80,50,113.58
Employee benefit expenses	12	2,23,21,737.00	2,04,27,597.00
Financial costs	13	48,735.16	45,719.91
Loss on Sale of Assets	15	-	75,173.00
Depreciation and amortization expenses	5	97,22,426.82	1,04,61,310.02
<b>Total Expenses</b>		<b>89,67,31,442.68</b>	<b>79,90,59,913.51</b>
<b>Excess of Income over Expenditure</b>		<b>7,01,73,985.79</b>	<b>6,80,23,455.58</b>
Add: Exceptional / Extraordinary Items		18,13,975.00	-
<b>Excess of Income over Expenditure transferred to Capital Fund Account</b>		<b>7,19,87,960.79</b>	<b>6,80,23,455.58</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

*[Signature]*

N. Suresh

Chartered Accountant

MM No. 023866

UDIN: 20023866AAAAQ2284

For India Health Action Trust

*[Signature]*

Shajy K Isac

Managing Trustee

*[Signature]*

Govinda Raju

Director Finance

Place : Bangalore

Date : 14.10.2020



# 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	As at
	31st March, 2020	31st March, 2019
	(Rupees)	(Rupees)
<b>1 CAPITAL FUND</b>		
Opening Balance	13,56,05,186.86	8,30,10,241.94
Less: Funders Closing Balance -transferred to Grant Received in Advance Account, Interest & Depreciation Excess of Grant Utilised	(3,11,43,274.43)	(1,54,28,510.66)
Add: Excess of Income over Expenditure transferred from Income & Expenditure Account	7,19,87,960.79	6,80,23,455.58
<b>Balance transferred to Balance Sheet</b>	<b>17,64,49,873.22</b>	<b>13,56,05,186.86</b>
<b>2 Grant Received in Advance</b>		
Grant Received in advance closing balance ( Donors' Account)	4,29,92,719.51	4,69,62,302.73
<b>Balance transferred to Balance Sheet</b>	<b>4,29,92,719.51</b>	<b>4,69,62,302.73</b>
<b>3 NON - CURRENT LIABILITIES</b>		
Long-Term Provisions		
Provision for Expenses	2,55,035.00	19,99,186.00
<b>Total</b>	<b>2,55,035.00</b>	<b>19,99,186.00</b>
<b>4 CURRENT LIABILITIES</b>		
Current Liabilities & Payables		
Statutory Liabilities	1,01,96,284.00	83,61,715.00
For Expenses	5,29,28,833.05	4,41,72,513.00
For Employees	68,87,718.00	89,45,699.00
<b>Total</b>	<b>7,00,12,835.05</b>	<b>6,14,79,927.00</b>
<b>NON CURRENT ASSETS</b>		
<b>6 Long Term Loans and Advances</b>		
Rental Advance	77,02,819.00	74,32,523.00
Other Advances	-	25,750.00
<b>Total</b>	<b>77,02,819.00</b>	<b>74,58,273.00</b>
<b>CURRENT ASSETS</b>		
<b>7 Cash and Cash Equivalents</b>		
Cash on hand	6,675.00	30,675.00
Balances with Scheduled banks		
Bank Balances	7,72,99,503.75	4,76,60,554.66
In Deposits	18,00,00,000.00	16,00,00,000.00
<b>Total</b>	<b>25,73,06,178.75</b>	<b>20,76,91,229.66</b>



**8 Short-term Loans & Advances**

Advance to Units

Employees' Advances

Expenses Advance

**Total****9 Other Current Assets**

TDS Receivable

Accrued Interest on Fixed Deposits

**Total**

Total	Total
As at	As at
31st March, 2020	31st March, 2019
(Rupees)	(Rupees)
-	-
45,298.00	97,78,090.00
1,06,64,252.22	1,04,33,603.42
<b>1,07,09,550.22</b>	<b>2,02,11,693.42</b>
1,02,07,738.81	94,38,090.21
37,84,176.00	12,47,316.30
<b>1,39,91,914.81</b>	<b>1,06,85,406.51</b>



## INDIA HEALTH ACTION TRUST (IHAT)

No. 8, V K Commerce, 3rd Main Road, KSSIDC Industrial Estate, Rajajinagar, Bangalore - 560 04

### NOTES TO INCOME AND EXPENDITURE ACCOUNT

	Total	Total
	For the year ended	For the year ended
	31st March, 2020	31st March, 2019
	(Rupees)	(Rupees)
<b>10 INCOME</b>		
Grant Utilized	92,50,03,017.47	82,48,73,186.09
Project Receipts- NACO	1,98,71,641.00	2,60,88,491.00
	<b>94,48,74,658.47</b>	<b>85,09,61,677.09</b>
<b>OTHER INCOME</b>		
Interest Received	2,20,30,770.00	1,61,21,692.00
	<b>2,20,30,770.00</b>	<b>1,61,21,692.00</b>
<b>Total - INCOME</b>	<b>96,69,05,428.47</b>	<b>86,70,83,369.09</b>
<b>11 PROJECT &amp; OTHER EXPENSES</b>		
Project Expenses	80,48,46,048.29	71,82,67,430.00
Auditor's remuneration		
- As Auditor	13,74,459.00	10,77,489.00
Communication Expenses	28,11,819.00	21,82,817.00
Computer Maintenance	3,89,653.00	11,51,755.00
Consultancy Charges/Fee	32,12,315.00	11,45,399.00
Electricity & Water	48,22,080.00	51,44,370.00
Insurance on Assets	3,05,866.00	6,71,073.00
Meeting Expenses	44,61,523.00	17,36,826.00
Office Expenses	1,40,78,315.00	1,21,29,610.00
Postage & Courier	4,04,478.00	66,147.00
Printing & Stationery	19,11,174.00	12,66,593.00
Rent office & Others	1,46,10,040.00	1,45,04,773.00
Repairs & Maintenance	28,18,892.00	14,31,885.00
Rates & Taxes	2,500.00	2,500.00
Travel Expenses	50,69,330.00	40,52,670.00
Vehicle repair & maintenance	35,20,051.41	32,18,776.58
	<b>86,46,38,543.70</b>	<b>76,80,50,113.58</b>
<b>12 EMPLOYEE BENEFIT EXPENSES</b>		
Salaries, employees benefits, etc	2,23,21,737.00	2,04,27,597.00
	<b>2,23,21,737.00</b>	<b>2,04,27,597.00</b>
<b>13 FINANCE COST</b>		
Bank charges	48,735.16	45,719.91
	<b>48,735.16</b>	<b>45,719.91</b>
<b>15 Loss on Sale of Assets</b>		
Loss on Sale of Assets	-	75,173.00
	<b>-</b>	<b>75,173.00</b>





## INDIA HEALTH ACTION TRUST (IHAT)

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

Sub-Notes to BS

Particulars	FC-Consolidated	Local-Delhi TSU	Local - Karnataka TSU
	As at 31st March, 2020 (Rupees)	As at 31st March, 2020 (Rupees)	As at 31st March, 2020 (Rupees)
<b>CAPITAL FUND</b>			
Funders Closing Balance as on 31-Mar-19 transferred to Grant Received in Advance Account	1,54,13,706.00	29,20,878.00	1,49,550.00
Interest Payable amount transferred from Grant Received advance Account	-	5,06,960.00	9,12,742.68
Purchase of asset (Overhead account) transferred capital fund account	1,15,168.00	-	-
Capital Expenditure transferred to Capital Reserve Account	-	5,272.89	-
	-	-	-
Less: Interest Received during the year transferred to Grant Received in Advance Account.	2,13,89,913.00	-	-
Add: Organisation Over Head exp adjusted Interest income	15,79,209.00	-	-
<b>Total</b>	<b>(3,53,39,578.00)</b>	<b>34,33,110.89</b>	<b>7,63,192.68</b>
<b>Grant Received in Advance</b>			
Opening Balance	4,27,71,272.05	34,27,838.00	7,63,192.68
Funders Closing Balance as on 31-Mar-19 transferred to Capital Fund Account	1,54,13,706.00	29,20,878.00	1,49,550.00
Add: Grant Received during the year	88,75,29,360.00	-	-
Add: Capital Expenditure transferred to Capital Reserve	24,46,356.93	-	-
Less: Grant Utilized during the year	92,50,03,017.47	-	-
Add: Sale of assets transferred to Capital reserve	24,338.00	-	-
Less: Organisation Over Head exp adjusted Interest income	15,79,209.00	-	-
Add: Interest Received transferred from Income & Expenditure account	2,13,89,913.00	-	-
Interest Payable amount transferred to Capital Fund Account	-	5,06,960.00	9,12,742.68
<b>Total</b>	<b>4,29,92,719.51</b>	<b>-</b>	<b>-</b>



**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	WDV as on 01-Apr-2019	Additions during the year		Deductions during the year	Balance as on March 31, 2020	Depreciation			W D V as on March 31, 2020
			Before Sep '19	After Sep '19			Rates	Before Sep '19	After Sep '19	Total
1	Computer & computer Software	59,78,109.38	19,56,326.00	35,06,031.00	-	1,14,40,466.38	40%	31,73,774.15	7,01,206.20	38,74,980.35
2	Office Equipment	1,95,56,111.57	2,94,154.00	12,73,605.00	24,338.00	2,10,99,532.57	15%	29,73,889.14	95,520.38	30,69,409.51
3	Furniture & Fixture	1,36,83,762.84	64,230.00	2,91,619.00	-	1,40,39,611.84	10%	13,74,799.28	14,580.95	13,89,380.23
4	Vehicles	92,22,558.91	-	-	-	92,22,558.91	15%	13,83,383.84	-	13,83,383.84
	<b>Gross Total</b>	<b>4,84,40,542.70</b>	<b>23,14,710.00</b>	<b>50,71,255.00</b>	<b>24,338.00</b>	<b>5,58,02,169.70</b>		<b>89,05,846.41</b>	<b>8,11,307.53</b>	<b>97,17,153.93</b>
										<b>4,60,85,015.77</b>

**Technical Support Unit - Delhi ( Delhi TSU)****Schedule - 4 Fixed Assets**

Sl No.	Particulars	WDV as on 01-Apr-2019	Additions during the year		Deductions during the year	Balance as on March 31, 2020	Depreciation			W D V as on March 31, 2020
			Before Sep '19	After Sep '19			Rates	Before Sep '19	After Sep '19	Total
1	Computer & computer Software	9,205.20	-	-	-	9,205.20	40%	3,682.08	-	3,682.08
2	Office Equipment	10,605.38	-	-	-	10,605.38	15%	1,590.81	-	1,590.81
	<b>Gross Total</b>	<b>19,810.58</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>19,810.58</b>		<b>5,272.89</b>	<b>-</b>	<b>5,272.89</b>
										<b>14,537.69</b>





## Contact Details

### Registered Office

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### Branch Office – Delhi

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+91-11-49404721

## Program Offices

### Uttar Pradesh Technical Support Unit

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### Karnataka Technical Support Unit

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### Madhya Pradesh Innovation Hub

India Health Action Trust  
Co-located at 6th Floor,  
Directorate of Health Services (DHS),  
Satpura Bhawan,  
Bhim Nagar Slums, Arera Hills,  
Bhopal – 462004  
Madhya Pradesh, India