

India Health Action Trust

Annual Report 2020-2021



@IHAT, 2021

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 2020-2021

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Message from the Managing Trustee

The coronavirus outbreak sparked a global crisis exerting unimaginable pressure on our health care systems. Right from the announcement of the Covid-19 pandemic in late 2019, India Health Action Trust had begun to strategise and support the state governments in preparing for a response to the pandemic.

Within a short period, Uttar Pradesh Technical Support Unit (UP TSU) supported the Government of Uttar Pradesh (GoUP) in establishing and activating L1 dedicated Covid-19 hospitals across the state, followed by organising trainings at various levels. The Frontline Workers were also equipped with information about the disease and its prevention and management instructions. An integrated Covid-19 digital platform was developed/set up to help GoUP track the lifecycle of persons suspected for Covid-19, from surveillance to testing to facility management. UP TSU also provided support in procuring and distributing Covid-19 related medical supplies. While responding to the urgencies that the pandemic brought, UP TSU also focused on the resumption of RMNCHA+, nutrition services across the state to reduce the impact of pandemic induced coverage and quality of service deficiencies.

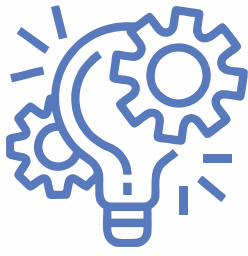
The Karnataka and Delhi, Technical Support Units, supported the respective state governments/ State AIDS Control Societies in assuring the uninterrupted supply of HIV prevention, treatment and care services to the Key Population. Awareness and sensitisation sessions on Covid-19 were also incorporated as a part of regular program implementation.

Throughout the year, IHAT worked at the forefront in providing the necessary support to the government, from introducing initiatives to tackle the pandemic to streamlining a robust system as per changing scenarios and strengthening the response to the pandemic.

All this was possible because of the national and state governments with whom we work, the donors, our team at IHAT and the communities we serve. We are grateful to everyone for their unwavering support during the year. We also thank all the Covid-19 Warriors/Healthcare professionals across the globe who have risked their lives and gone beyond their duty lines to cater to the population's healthcare needs.



Shajy K Isac, Ph D
Managing Trustee
India Health Action Trust



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

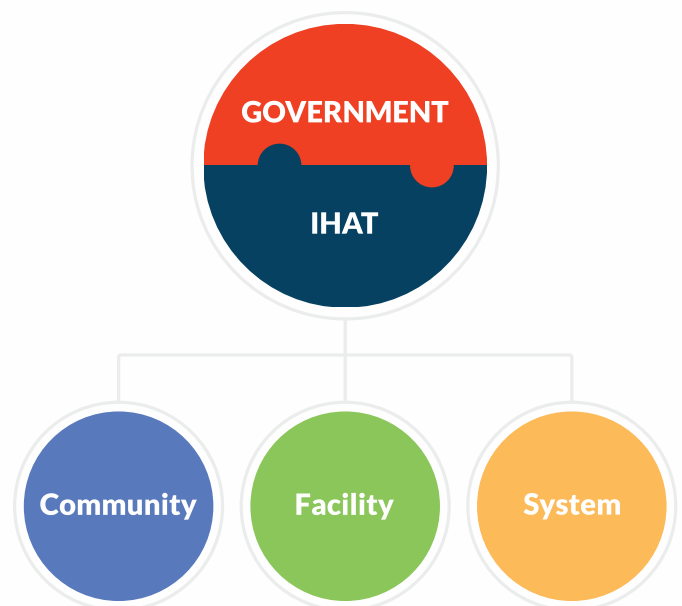
Program Science is the “systematic application of theoretical and empirical scientific knowledge to improve the design, implementation and evaluation of public health programs”.

- 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



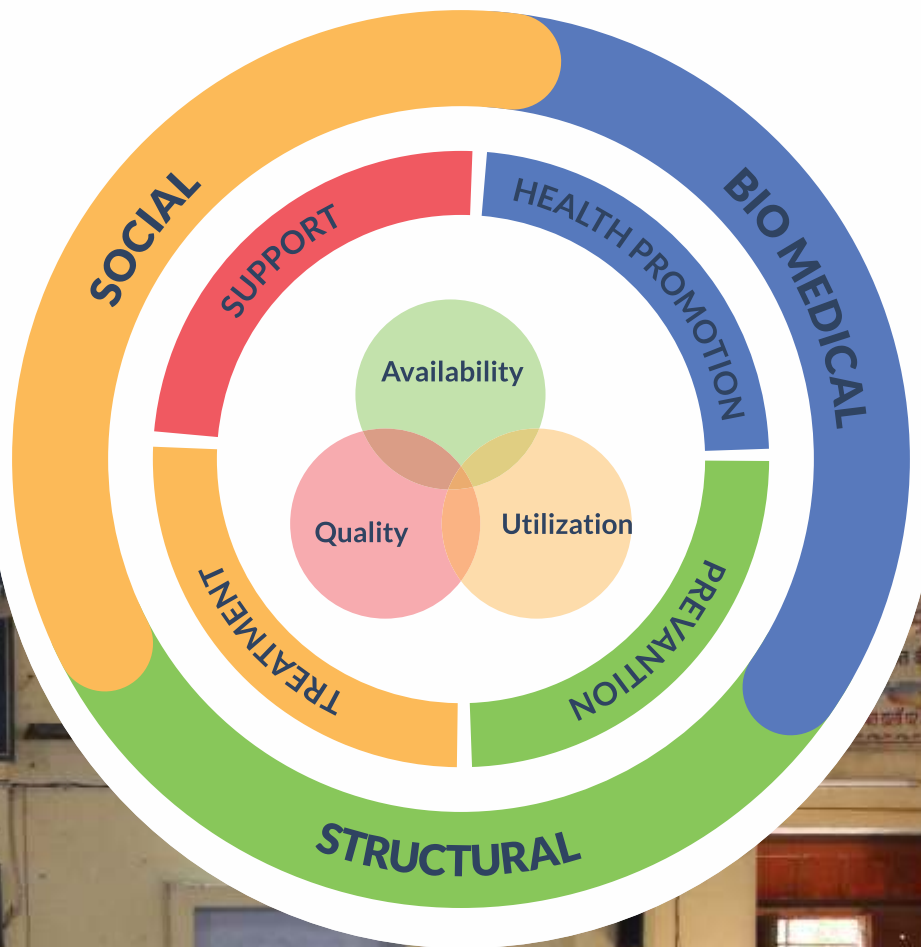
Embedded technical support Partnering for development of sustainable and scalable programs to achieve population level impact

- 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





FOCUS AREAS





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 programmes, delivered under NACO's Targeted Intervention Program.

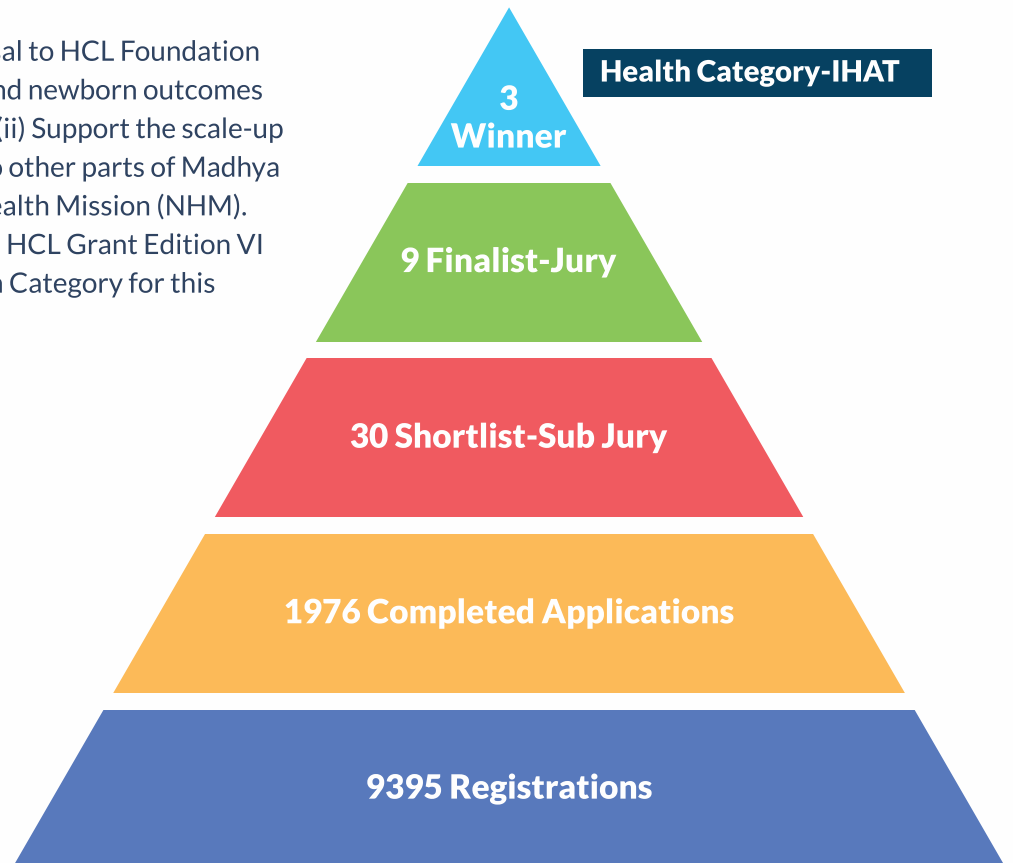
The Madhya Pradesh Innovation Hub (MP IH) was instituted in 2019 pursuant to the Memorandum of Understanding between the National Health Mission, Government of Madhya Pradesh (NHM-MP) and India Health Action Trust and the Antara Foundation. The hub supports NHM-MP to identify health challenges and design 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.





RECOGNITION

IHAT had submitted a proposal to HCL Foundation to (i) Improve the maternal and newborn outcomes in Shahdol, Madhya Pradesh (ii) Support the scale-up of successful interventions to other parts of Madhya Pradesh through National Health Mission (NHM). IHAT was the recipient of the HCL Grant Edition VI Award 2020-21 in the Health Category for this proposal.





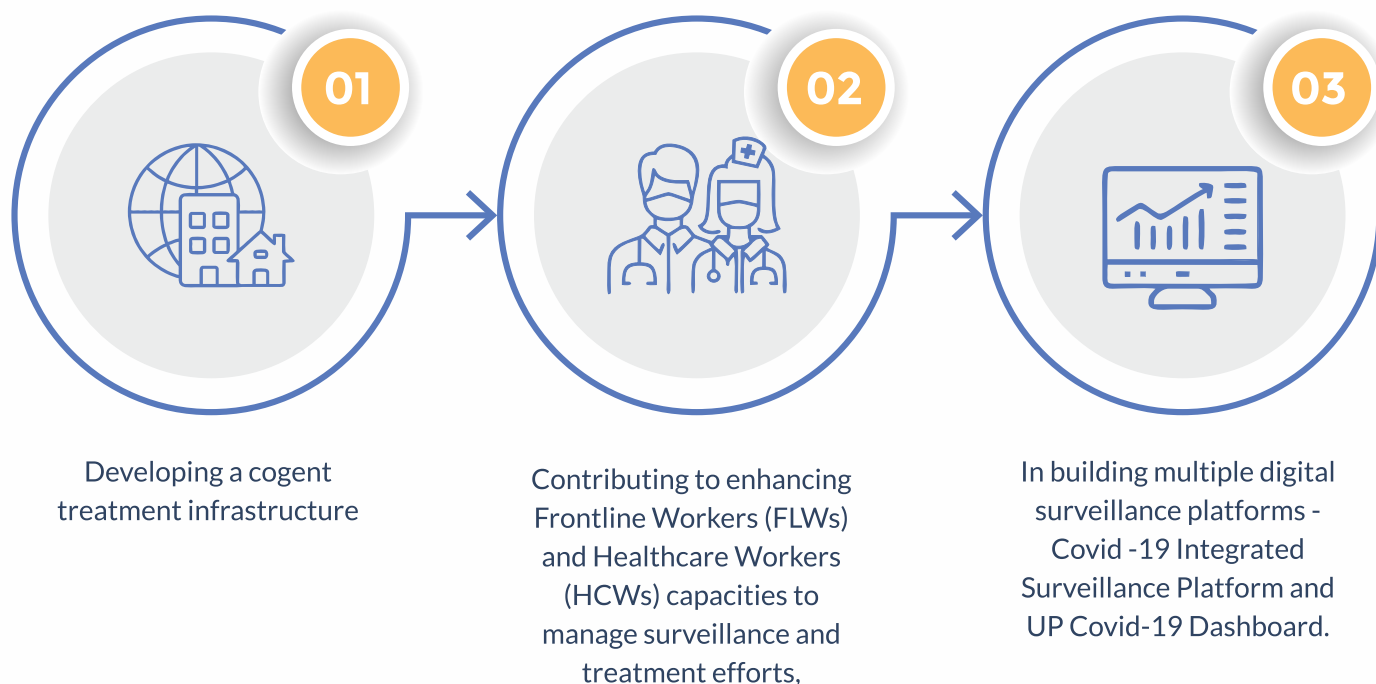
IHAT'S RESPONSE TO COVID-19

Covid-19 pandemic struck the world as the year 2019 came to a close and was declared a Public Health Emergency of International Concern on 30 January 2020 and a pandemic on 11 March 2020 by the World Health Organization. The first case of Covid -19 in India was reported on 30th January 2020 in Kerala, with two additional cases reported in the country in February and subsequent cases sparsely reported across states beginning in early March 2020. The Government of India started identifying different measures to prevent the spread of this novel virus while building healthcare infrastructural & workforce capacity. IHAT too rose to the occasion and started devising strategies to support the government in the respective program areas. Here is a snapshot of IHAT's response to the pandemic through the technical support units based in Uttar Pradesh, Karnataka & Delhi.

Uttar Pradesh

The first case of Covid-19 was reported in Uttar Pradesh on 4th March 2020, and the spread of the disease intensified by the end of October 2020 and December 2020; over 482000 and 585000 cases had been recorded. The Government of Uttar Pradesh (GoUP) attempted to counter the growing virus threat through the 'Track, Test and Treat' approach, endorsed by the World Health Organisation.

UP TSU supported the GoUP's efforts in handling the Covid -19 epidemic by





Response to Covid-19

- UP TSU supported the GoUP to conduct state wide sero surveys, the findings of which were to strengthen the provision of services and the vaccination program
- UP TSU supported the GoUP in providing Covid -19 trainings at the state and the district level. Support was in the form of developing the presentations and training videos for Covid -19 trainings of district master trainers and facilitated the same through video conferencing and zoom trainings. Post-training assessment OSCE checklists were developed to assess the quality of training and uniformity at the district level. The district teams coordinated with the district master trainers to roll out the training at the district and conduct the post-training assessments of L1 Covid and non- Covid hospitals.
- State ToT and post-training assessments were conducted for L1 facility staff
- State-level training was conducted for newly joined MBBS doctors and private doctors in PMHS
- UP TSU provided support in conducting training programs for building the capacity of FLWs, including Accredited Social Health Activists (ASHAs) and ASHA Sanginis. The trainings focused on identifying suspect Covid-19 cases, ways and means of breaking the chain of transmission and preventing disease spread, steps for taking care of infected persons and promptly relaying information about afflicted cases to block authorities for facilitating referral mandated facility treatment. The trainings were scheduled virtually and covered 86% and 99 % of the state's total ASHAs and ASHA Sanginis. Post training, they were given the responsibility of discharging Covid -19 related surveillance activities in their respective areas of operation.
- UP TSU supported GoUP in developing and implementing the Uttar Pradesh Covid-19 Unified Data Platform - an integrated Covid -19 digital platform to manage and monitor the Covid-19 pandemic helping GoUP in tracking the lifecycle of persons suspected for Covid -19, right from surveillance to testing, to facility management in a seamless way. The provisioning of advanced analytics integrated into the portal was helpful in improving data reporting mechanisms but has also assisted the state in conducting numerous disaggregated analyses to understand the varying impact of the virus in different geographies. Similarly, efforts to curb and manage the vitality of the epidemic was assessed through this platform. This comprehensive platform brought together all the public and private stakeholders engaged in the state's Covid-19 health response, thus ensuring that the State had a single point of truth with respect to the pandemic management.

- Direct aid was extended to the Uttar Pradesh Medical Supplies Corporation to acquire medical supplies, conduct requirement forecasting, and intervene in the procurement market to ensure substantial buffer stocks of critical medical items.
- UP TSU also played a pivotal role in facilitating the training of 110 data collection teams to bolster the State's surveillance efforts. Subsequently, rapid analysis and dissemination of the survey findings provided critical data for the administration for evidence-based decision-making. Assistance was provided in designing the study, estimating sample size, formulating a robust randomisation plan and sharing technological inputs for data collection through the open-data kit.

Support in the resumption of RMNCH services in Uttar Pradesh

The immediacy of responding to the escalating epidemic and minimising transmission levels among populations led to significant disruptions for the health service sector in general and reproductive, maternal, newborn and child health (RMNCH) services in particular.

- Given UP TSU's support to the RMNCH program operations in the state, and particularly within the 25 High Priority Districts (HPDs), support was extended to the state bureaucracy in the gradual resumption of the disrupted services.
- At the primary care level, outreach services organised by the state in the form of the monthly Village Health and Nutrition Day (VHND) were suspended from 30th March 2020. With a Government Order being issued for a partial resumption of outreach services on 28th April 2020, UP TSU helped devise specific elementary, albeit far-reaching, measures to ensure that service provisioning could be handled efficiently in the era of physical distancing. For beneficiaries attending VHNDs, time-slots were issued to prevent many people from amassing at this platform.
- For resuming home-based newborn care (HBNC) services delivered by ASHAs, weighing the young infant and physical assessment was curtailed. ASHAs were advised only visually to examine the infant and verbally probe the mother and caregiver to identify vulnerability, initiate referrals to higher facilities, and not carry out physical assessments until deemed essential.
- Instructions were issued to ensure that special focus was given to birth planning among expectant couples so that institutional delivery levels could recoup in the short term. Even before the resumption of such services, ASHAs ensured that basic services such as contraceptive distribution and family planning counselling services, to all expected, were being carried out relatively unhindered. In addition to the services above, the needs of women and children suspected of having Covid-19 or confirmed cases of the disease were kept in mind to ensure that there is no lapse in service delivery while dealing with the particularly vulnerable. Comparable measures at healthcare facilities too were propagated and executed to ensure a smooth return to expected levels of service provisioning.



Karnataka and Delhi

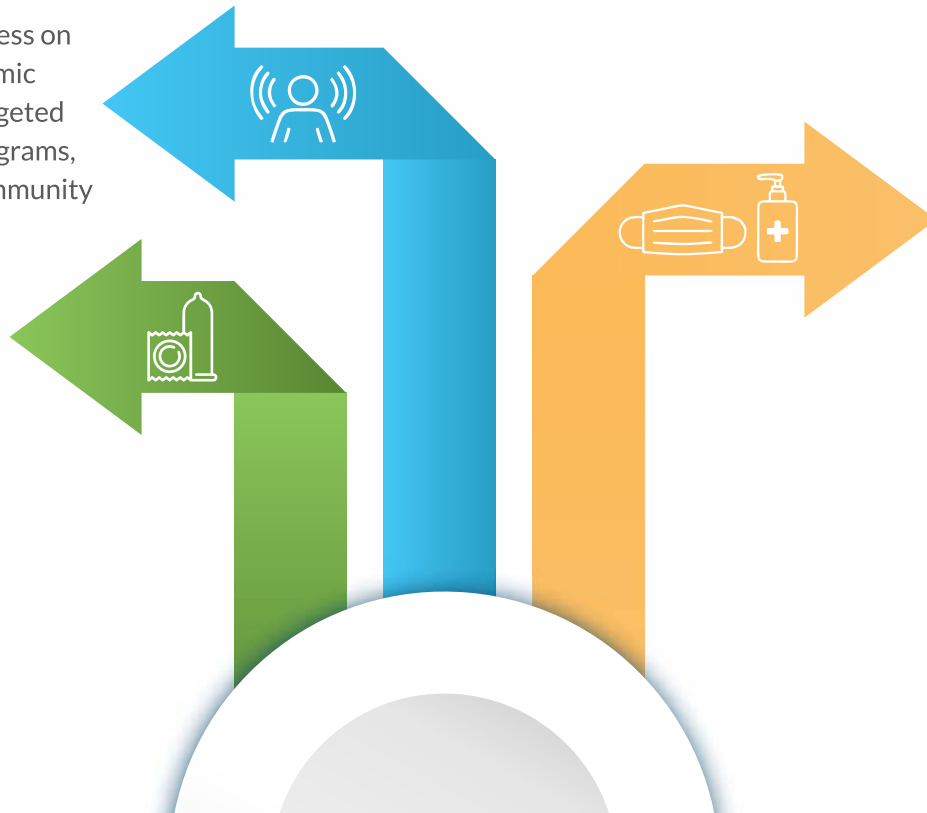
The first case of the Covid-19 pandemic in Karnataka and Delhi was reported on 9th and 2nd March 2019, respectively.

The Technical Support Units at Karnataka and Delhi supported the respective State AIDS Control/Prevention Societies (SACS/SAPS) in the pandemic response activities carried out by the Targeted Interventions. These included

Creating awareness on Covid -19 pandemic across all the Targeted Intervention Programs, including the community

Ensuring uninterrupted supply of commodities and

Supply of ration, mask, sanitisers and other essential items.



- Capacity building of Targeted Intervention (TI) teams: Support was provided to plan and conduct training on Covid -19 for all the team members of the TI programs, including TI Project Managers, Outreach Workers, Peer Educators, Counsellors and TI Monitoring and Evaluation officers. Keeping in view of the social distancing norms and minimising physical meetings, the trainings were conducted through virtual media.
- Education and Communication: Support was provided to the TI teams to sensitise the network operators, pimps and the Key Population on Covid -19 precautions, testing and treatment through online counselling, digital IEC materials like posters, videos and social media platforms.
- Supply of ration, mask, sanitisers and other essential items: Support was provided to facilitate the TIs in supplying ration, mask, sanitisers and other essential items like sanitary napkins, soap, ration etc., to the community members. In the case of migrants and truckers, the Technical Support Units (TSUs) supported the TIs in approaching the labour contractors/stakeholders to reach out to the migrants/truckers in the shelter homes arranged by the Government to ensure the supply of all essential items.
- Karnataka Technical Support Unit supported the TIs in advocating to the District Authorities to provide curfew and vehicle passes to Health Workers reaching out to the People Living with HIV/AIDS (PLHIV) population within the 100 villages under the Link Worker Scheme. People entering these villages from different states/regions were identified and encouraged to remain quarantined to limit the spread of the disease.

Continuity of HIV/AIDS prevention, treatment and care services

- Antiretroviral Therapy (ART) Services: The TSUs supported the SACS/SAPS in ensuring that the PLHAs are being provided 2-3 months of ART medicines depending on their condition as per NACO's Multi-Month Distribution advisory. TSUs facilitated the process by monitoring and coordinating with the concerned departments/States to ensure an uninterrupted supply of drugs. In cases where the stable PLHAs could not visit the ART centres, TSUs played a key role in coordinating with the ART centres/District AIDS Prevention and Control Units to ensure home delivery of the drugs.
- Commodity Provision: Due to the financial burden on the Key Population, sex work activities were still prevalent in some pockets of the states in a hidden manner. Hence, it was ensured that the TIs provided a sufficient supply of commodities to the target population. The commodities like condoms/needle syringes were distributed Multi-Day Distribution, 2-3 weeks) to the community members with the help of the peers/Network Operators to ensure social distancing and minimise exposure.
- The Oral Substitution Therapy (OST) centres provided OST for one to two weeks, depending on the patient's medical condition and history. SACS/SAPS, with support from the TSUs, trained the OST staff on Covid-19 related precautions during the multi-day distribution of the OST drugs. Regular follow up was done to ensure the People Who Inject Drugs (PWIDs) are getting OST regularly. Support was provided to the TIs in coordinating with the local Police to ensure that PWIDs can access the OST centres to collect their medicines.





MATERNAL, NEWBORN & CHILD HEALTH

Uttar Pradesh Technical Support Unit



Objective

To reduce maternal and neonatal mortality by improving coverage and quality of critical Maternal and Newborn interventions in 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 newborn complications at First Referral Units.



Geography

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



Key Interventions

Improving the competency of service providers, strengthen facility preparedness in terms of supplies, equipment and referral.

- **The Nurse Mentoring program** brought improvements in the clinical competency of Staff Nurses and Auxiliary nurse midwife (ANM) across 26 skills related to intra- and immediate post-partum care across 25 intervention High Priority Districts. Figure 1 shows marked improvement over five key skills between April 2020 and March 2021. Now, most of the mentees can be termed competent as they are near the $\geq 80\%$ score or above. (PMF data, UPTSU).

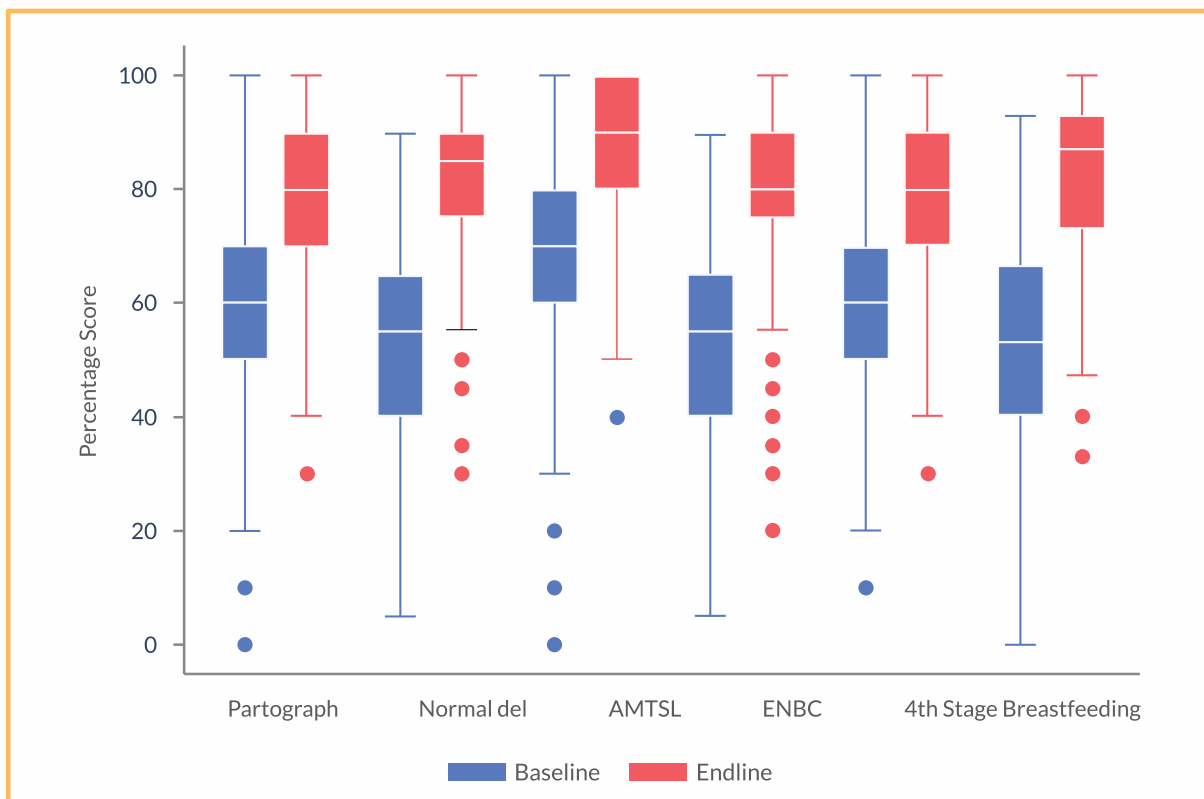



Figure 1: Changes in intra and immediate post-partum care competency at intervention facilities

- **The district-level Vertical Integration (VI) meetings**, involving L2 and L3 facilities caregivers, aimed to strengthen referral linkages. Despite Covid-19 related restrictions, a total 130 VI meetings were conducted in 2020-21. In a few districts, Virtual VI was also convened, which opened new horizons in technology adaptation. Caregivers used WhatsApp based referral groups from block to district across the geography, wherein they informed the District Hospital (DH) by posting a picture of referral slip of the referred cases. These strategies improved the facility preparedness and final outcome of the referred cases.
- Improved availability of essential drugs like Vitamin K1, iron sucrose, oxytocin, anti-hypertensive and magnesium sulphate.
- Improved management of referred maternal and newborn complications at District Hospitals
- Improved use of referral transport, strengthening and activation of Newborn Stabilisation Unit (NBSU) with increased admission of stable newborns
- Involvement of medical officers in management and referral of complications

- **Pronto training of 'Simulation Nurse Mentors' and Government Nurse Mentors (NM-G):** The PRONTO simulation module for identifying and managing maternal and newborn complications was scaled-up across 25 HPDs in 2020. IHAT, in collaboration with PRONTO International, conducted a three-day in-person simulation facilitation training of seven NM-Simulations to improve their facilitation and debriefing skills using low-tech hybrid-birth-simulator Parto-Pants to simulate obstetric emergency while Neo-natalie is used neonatal resuscitation. The Simulation-NM conducted virtual training of 68 Nurse Mentors from 25 HPDs+ 3 Additional Districts and trained them on clinical topics around cycles 1 & 2 of rapid improvement cycles under LaQshya as well as Sim-packs 1 & 2.



Virtual Trainings by
Simulation NM

68
Nurse Mentors

25 HPDs + 3 Additional Districts

Clinical skills on rapid improvement cycles mentioned in LaQshya

- **Selection and training of Government Nurse Mentors:** 699 NM-G have been nominated across 820 blocks in 75 districts, out of which 98 were nominated. All NM-G were planned to be trained in Daksh, Dakshata and Mentoring Methodology training before they started mentoring at their blocks. 121 and 106 NM-G were trained in Daksh and Dakshata modules, respectively.
- **Establishment of mini skill labs across 620 blocks:** Mini skill labs are a must for initiating mentoring at blocks and require a dedicated space, a set of mannequins and equipments. Out of 620 blocks, space identification procurement of mannequins and equipments was completed in 402, 106 and 178 blocks, respectively.
- **Skilled Birth Attendant (SBA) training of Staff Nurses and ANMs:** 10 out of 16 batches of SBA trainings were conducted across the 25 HPDs in which 236 Staff Nurses and 73 AYUSH Medical Officers were trained.



The activation of First Referral Units (FRUs) or Comprehensive Emergency Obstetric & Newborn Care (CEmONC) centres, where complications of pregnancy can be effectively managed and newborn care provided, was taken up with special focus from 2019 onwards. The critical gap closure was done through ensuring specialist doctor manpower availability for FRUs through multi-pronged approach supported by innovative health policy initiatives by GoUP.

- **The Buddy Buddy model** policy enabled and attracted Emergency Obstetric Care - Life Saving Anaesthesia Skills (EmOC-LSAS) trained MBBS doctors to be posted as pairs at an inactive FRU selected by them. This policy also included the provision of incentives per C-section conducted, clinical mentoring at district hospital under specialists for six months and legal indemnity. This led to the conduction of C-section deliveries in the FRUs.
- **NHM-empanelment** of on-call specialist doctors from the private and government sector doctors by walk-in interviews and bidding model.
- As per Government of India (GoI) norms, the number of active FRUs increased to 134 FRU facilities by March 2021.

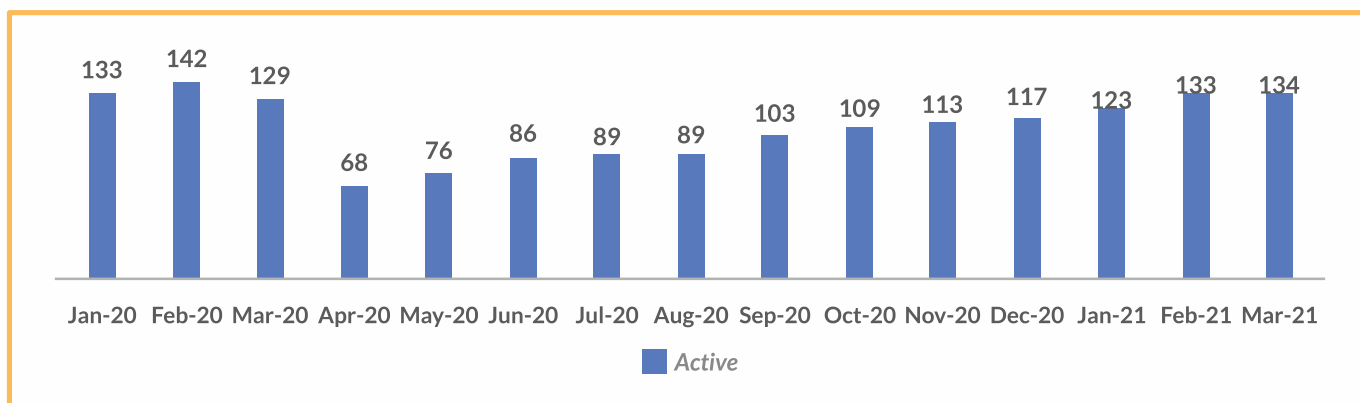


Figure 2: Changes in intra and immediate post-partum care competency at intervention facilities

- **Establishment of Blood storage units (BSUs)** can improve the availability of blood for blood transfusion in sub-district health facilities. In 2020, UP TSU supported the government to complete and submit documentation to the FDA about equipment and HR availability for issuance of licenses. FDA granted 55 BSU licences (approval to store blood). Blood storage and transfusion was initiated in 8 FRU-BSUs

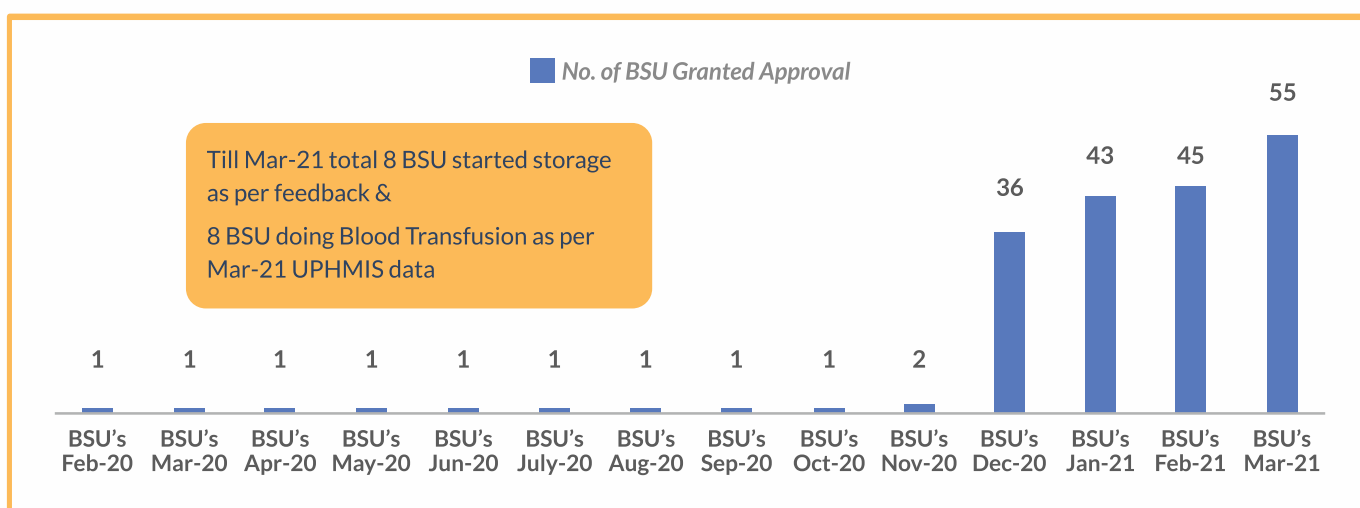


Figure 3: Number of BSU granted approval

- **Quality of Care in CEmONC FRUs:** Through the Regional Resource and Training Center (RRTC) initiative, the network of eight government medical colleges continued to provide training and clinical mentoring on CEmONC services to the government doctors in 87 CEmONC FRUs in 25 HPDs.
- **LAQSHYA initiative:** UP TSU actively supported the LaQshya certification of labour room and operation theatres.

Strengthening identification, tracking and management of sick new-borns and High Risk Pregnancies (HRPs) in the community: Incentive announcement.

- **ASHA AWW area alignment for better accountability and service delivery:** To streamline and bring alignment in geographies of ASHAs and AWWs, UP TSU undertook a social mapping exercise through the Participatory Rural Appraisal method in 101 revenue villages of Bahua block in Fatehpur district. Based on the resulting maps and a three-day consultation workshop with ASHA Sanginis (AS), District & Block level functionaries, representatives from the Integrated Child Development Services (ICDS) and Panchayati Raj Institutions, strategies for ASHA and Anganwadi Worker (AWW) area alignment were developed and presented to the district administration and the same was agreed upon. Furthermore, additional ASHA positions were proposed, and ASs were directed to inform the Village Health, Sanitation and Nutrition Day (VHSND) committee about the vacant positions for ASHAs/AWWs in their respective areas.
- **Cluster Meeting Capacity Building Intervention:** Enhancing capacities of ASHAs & devising tools to improve service delivery has been an ongoing need given the rapid developments in the profile and responsibilities of ASHAs. UP TSU developed a training module on critical RMNCH behaviour in consultation with UP-NHM, which was adopted & collaboratively implemented in the Cluster Meeting platform in 61 blocks of 16 HPDs which was eventually expanded to cover 321 blocks of HPDs & Aspirational Districts of UP.

- **Understanding Home Deliveries:** To understand the reasons behind home deliveries, UP TSU conducted a dipstick study in the district of Balrampur, in the Terai region of UP (known to have a high proportion of home deliveries), wherein interviews were conducted in 173 Sub-Centres (SCs). The analysis from 173 SCs in Balrampur showed that the majority of the reasons for home deliveries were related to
 - System-level gaps such as those shared in Figure 4.
 - Home deliveries were lesser in places where designated delivery points were available and where ASHA areas were not vacant.
 - The presence of Dais resulted in increased home deliveries.

Sub-centre wise analysis of home deliveries (N=173)

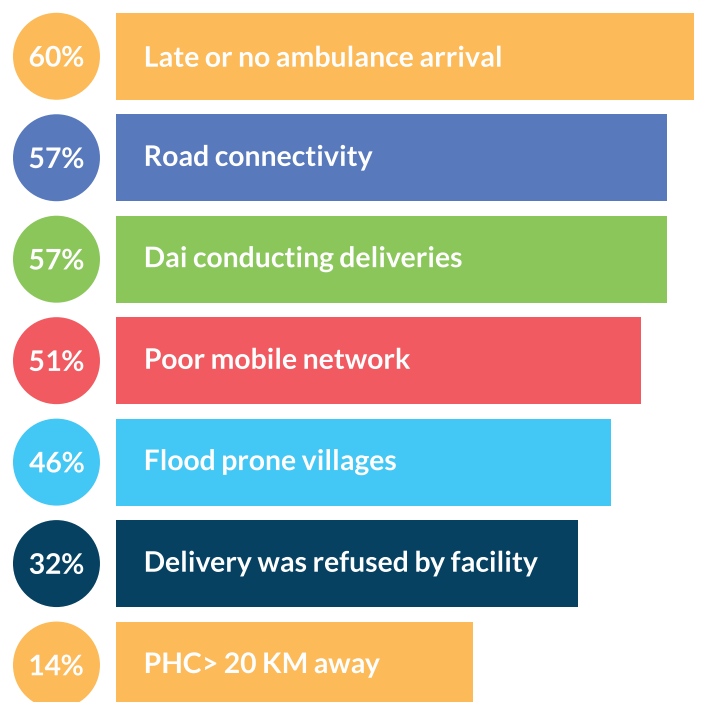


Figure 4: Reasons for home deliveries in Balrampur

- Technical Assistance to GoUP for Routine Immunization (RI)** The support by UP TSU for effective resumption of VHSND services post 2020 lockdown led to improvements in the delivery of key RI services. BCG dose increased over a year and attained pre-Covid levels by March 2021. (Figure 5) Although Hepatitis-B vaccine coverage increased from 20% in April-20 to 36% in the 4th quarter (Feb-March 2021), it has been historically at the lower end. The proportion of children receiving the 1st, 2nd and 3rd dose of Pentavalent also increased to over 75% in March-21 compared to minimal coverage in April-20. UP TSU also supported identifying and mobilising left-outs and drop-outs during the Special Immunization Drive organised by the state to immunise children who were missed due to the disruption caused during the lockdown.

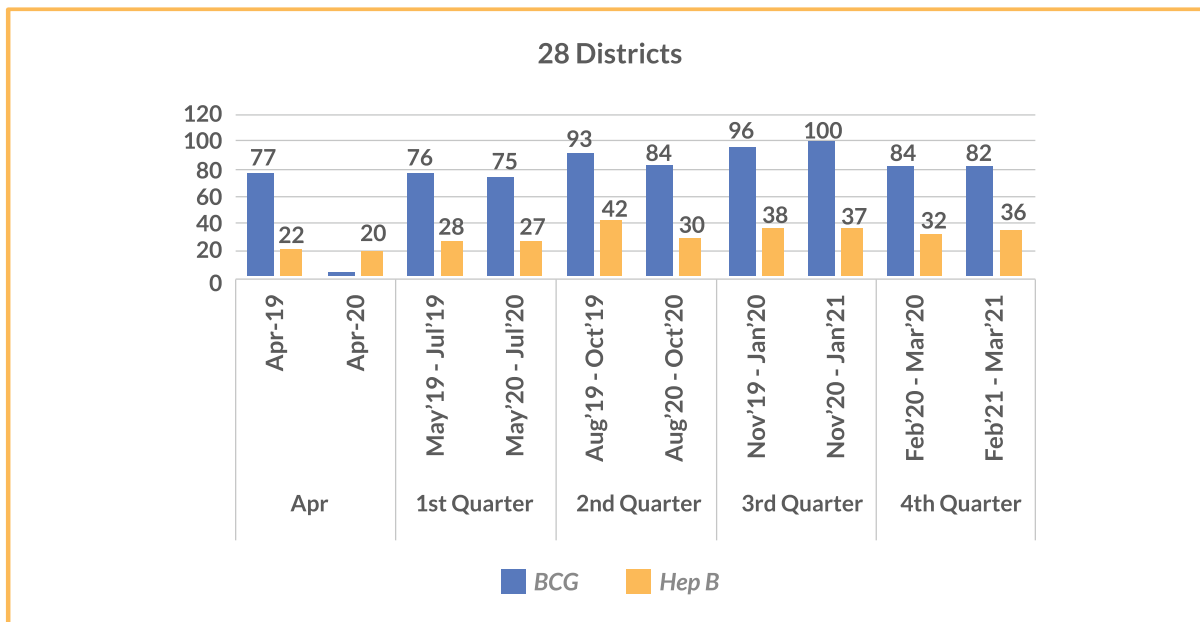


Figure 5: BCG and Hepatitis B Coverage in HPDs; Source: UPHMIS Data

- Aspirational Districts:** With a halt in the VHSND sessions in April 2020, the ANC and the immunisation services were severely affected. A gradual upsurge in the ANC services was observed through 2020 in all 8 ADs. There was a significant increase in the percentage of PW receiving 4+ ANC check-ups which were just 3% in April-20 due to the lockdown, and gradually increased to almost 92% in March 2021. The percentage of women tested for Hb 4 or more than four times increased from 3% in April- 20 to 88% by March- 21. (Figure 6) Institutional deliveries in public facilities increased from 41% in April-20 to 60% by March- 21.

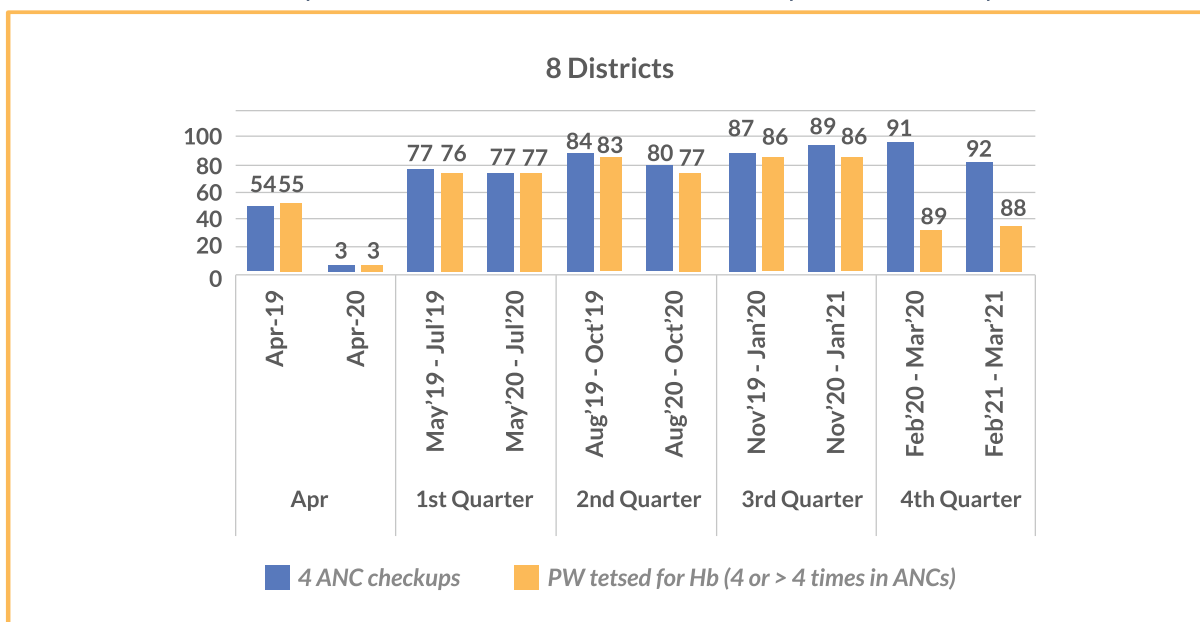


Figure 6: 4+ANCs & HB testing in ADs. Source: UPHMIS Data

- **Rollout of comprehensive digital health tools for FLWs:** To address the specific program gaps due to the absence of utilised data and to realise the overarching goal of enabling availability of robust beneficiary level data on MNCH in UP, it was proposed to systematically identify and rollout a Digital Tool to facilitate last-mile care and digital enablement of FLWs to subsequently facilitate interoperability of data between different systems to create a holistic digital ecosystem for the FLWs. It is envisaged that this digital tool will ease day-to-day planning by FLWs and strengthen program implementation.





FAMILY PLANNING

Uttar Pradesh Technical Support Unit



Objective

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



Geography

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 Interventions

- **Roll out of new contraceptives**

UP TSU continued to support the 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.

- The new contraceptives were introduced at more than 10,000 facilities [55 District Women's Hospitals (DWHs), 38 District Combined Hospitals (DCHs), 961 Community Health Centres (CHCs)/Block Primary Health Centres (BPHCs), 14 Medical Colleges, 2045 Primary Health Centres (PHCs)/Urban Primary Health Centres (UPHCs), 7280 Sub Centres (SCs)] in the state.

3  **lakh**
Antara doses administered

12  **lakh**
Chhaya strips distributed



4,271 HWCs
*Operationalised for offering
new contraceptives*

53% HWCs
*Offered new contraceptives
by March 2021*

- 99% (11,032/11,182) Fixed Day Services (FDS) were held. Support was provided to track the service provision daily using the Jimmedari Nibhao Plan Banoa application for real-time progress monitoring.

- **Strengthening the Family Planning Supply Chain**

UP TSU supported GoUP in effective management of the FP supply chain to enhance the quality of care and support the uninterrupted supply of FP commodities.

- Family Planning Logistics Management Information System was strengthened to improve monitoring and supply of FP commodities.

4400

Facilities

8997

ANMs

40258

ASHAs

Operationalised to use Family Planning Logistics Management Information System (FPLMIS)

49%

Sub centres

27%

ASHAs

Started indenting using the FPLMIS Portal

- ASHA Sanginis trained to strengthen FPLMIS usage by ASHAs
- FPLMIS App adopted on ANM tablets from the state to improve the usage



- **Mission Parivar Vikas**
- UP TSU continued its support to GoUP in implementing the Mission Parivar Vikas (MPV) Program to focus on high fertility rate districts with improved access and availability of FP services and contraceptives. UP TSU rolled out the key interventions under MPV in 57 districts of Uttar Pradesh, which included:
 - District Program Implementation Body Meetings held in 49 districts
 - Saas Bahu Sammelans held in 51 districts
 - 17,462 condom boxes installed
 - UP TSU conducted a baseline assessment of the Nayi Pahal kit to understand its acceptance by newly married couples. Based on the assessment results and suggestions from GoUP, the kit was redesigned and relaunched as Shagun Kit to increase acceptance of modern contraceptive methods among newly married couples. Honourable Chief Minister of Uttar Pradesh inaugurated the Shagun Kit. UP TSU also supported the state in developing a training module and a short film to orient FLWs on the kit.
- **Integrating counselling for RMNCH+A counsellors and Adolescent Friend Health Clinics (AFHC) counsellors**
- UP TSU, along with other partner organizations supported GoUP in conceptualising, developing and rolling out an integrated curriculum to equip counsellors and providers with information and understanding of health issues of adolescents and women in the preconception antenatal and postnatal period.
 - Training on integrated counselling completed with 528 counsellors oriented (225 RMNCHA + 303 AFHC)
- **Enhancing acceptance of PPIUCD**
- With a focus on Post-Partum Family Planning, UP TSU supported the state in enhancing PPIUCD acceptance and augmenting the PPIUCD services.

In the last seven years, there has been a significant increase in PPIUCD insertions against institutional deliveries.

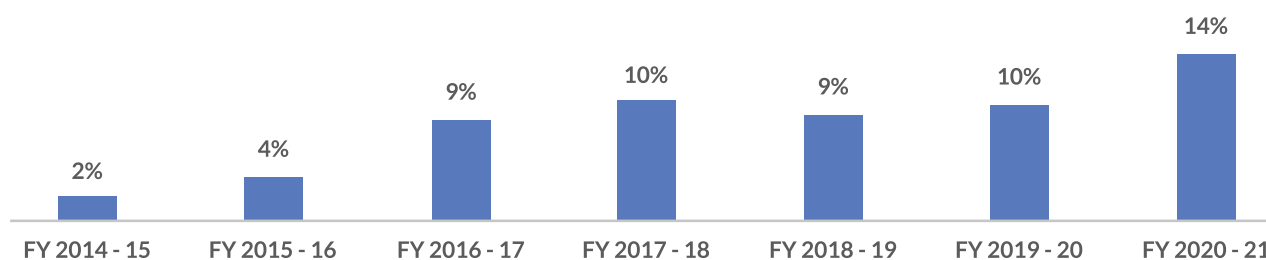


Figure 7: % of PPIUCD insertions against institutional deliveries in last 7 years

In FY20-21, despite the Covid-19 situation, there were 14% PPIUCD insertions against institutional deliveries in the state. This was 4% higher than FY2019-20.



NUTRITION

Uttar Pradesh Technical Support Unit



Objective

Strengthening ICDS systems and capacities for enhanced service delivery at the grassroots; and improving household-level nutrition behaviours for 0-2 years children, pregnant women and lactating mothers through the ICDS.



Geography

ICDS Directorate and 30y districts of the state, including high priority and aspirational districts of Uttar Pradesh

Key Interventions

UP TSU support areas to the ICDS, at the Directorate and district, sub-district levels were as follows.

- **Technical support to the ICDS Directorate**

Historic restructuring of the ICDS Take Home Ration (THR) supply chain: In alignment with the Supreme Court Order (2019) for the nation-wide decentralisation of THR supply, the Cabinet, GoUP discontinued THR supply by the vendors with effect from August 2020. UP TSU, thereafter, helped develop new standard operational guidelines for the THR supply chain; facilitation of revision and approval of THR recipes from the ICMR-National Institute of Nutrition (NIN), Hyderabad, India.

Successful implementation of Manav Sampada in the ICDS: Following were the key accomplishments:



5,700 ICDS staff were registered



e-Service book verification of 80 percent plus of the registered staffs was completed



Staff transfer module was added



400 plus staff transfer applications were received online



Staff salary was linked with UP Government Treasury DDO Portal

- Adoption of Poshan Sakhi Model in ICDS UP: Based on the proven success of the Poshan Sakhi model in UP TSU intervention geographies, ICDS, with support from the UP TSU, submitted a proposal to the GoUP for placing a cadre of Poshan Sakhis in 30 districts of the state, through the ICDS.
- Growth Monitoring Devices (GMDs) - Procurement and Training: UP State Nutrition Mission (SNM) was handheld in the procurement process of the GMDs and the training of ICDS functionaries on the use of the GMDs.
- Promotion of Anganwadi Workers (AWW) and Mukhya Sevikas (MS): More than 53% of MS positions and 55% of Child Development Project Officer (CDPO) positions had been vacant in the state for more than a decade. Basis a set of criteria, UP TSU, drew up the shortlist for promotion of AWWs to MSs and undertook digitisation of Annual Confidential Reports (ACRs) of MSs (of previous ten years) to promote MSs to CDPOs.

- **Strengthening IT-enabled systems for the ICDS:** Key areas of UP TSU support were as follows -
 - Procurement and establishment of the Call Centre for ICDS with a mechanism for grievance redressal; development of Standard Operating Procedures (SOP) for the Call Centre.
 - Development of Integrated Anganwadi (DIA) Portal for the ICDS: THR supply chain module of the portal was developed.
 - Procurement process of 1,23,000 smartphones for AWW.
 - Initiation of Poshan Tracker rollout in 30 districts of UP and geo-tagging of Anganwadi Centres.
- **Development of Utkarsh Anganwadi Centres:** UP TSU helped draft an ICDS proposal for a convergence-led model to strengthen the infrastructure of 151 Anganwadi Centres in Amethi district.

Technical support at the District and Sub-district levels

- UP TSU provided mentoring and handholding support to AWWs and MSs through its cadre of Poshan Sakhis in the previous three-four years. During the reporting year, Poshan Sakhis reached out to approximately 12,500 AWWs every month, with coverage of approximately 1,54,000 households to promote Maternal, Infant, and Young Child Nutrition (MIYCN) services and practices.
- Implementation of No Water Only Breastmilk campaign in 30 districts: Technical and implementation support was provided for the campaign in 2020 and 2021 (as in 2019 and 2018), focusing on safety protocols for Covid-19.
- Initiative for AWW & ASHA area alignment: This was undertaken in 101 and 187 villages of one block each, of Fatehpur and Varanasi districts, respectively, to enhance service delivery.

Poshan Tracker; an app developed by the MoWCD to ensure real time monitoring of ICDS services for prompt supervision and management.





HEALTH SYSTEMS STRENGTHENING

Uttar Pradesh Technical Support Unit



Objective

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

Enable process improvements via guidelines and use of Information Technology tools.

Helping the government in setting up institutional mechanisms and appropriate governance structures for driving the improved policy and processes across key health system domains including Human Resources for Health (HRH), supply chain management, Use of data for decision making, Digital health interventions, IEC/BCC, and strengthening Public-Private Partnerships (PPP).



Geography

State-wide support



Key Interventions

Human Resource Management

UP TSU has been working closely with GoUP to effect major mid-term and long-term policy and systemic changes, including strengthening of the digital Human Resource Management System, improving recruitment of critical health workforce and supporting GoUP on setting up systems for improving the performance of the workforce and strengthening of Health institutions to improve the capacity and resilience of health department. UP TSU supported GoUP in:

- Revising cadre rules for Specialist and MBBS doctors, which were approved by the honourable cabinet and published in the gazette. The revised service rules will allow the Department of Health to hire Specialists in a targeted manner across 15 specialties. These rules also incentivize specialists to hire at a pay band higher than MBBS and are expected to fill the ~80% specialist vacancies in 3-5 years.
- Individual tracking of the joining of new doctors who underwent in-person counselling (held in February 2020). >90% joining of doctors achieved as against ~50% joining of doctors in the past without counselling.
- Rollout of Manav Sampada – a comprehensive Human Resource Management System. Tracked the first salary release on time to ensure retention of newly joined doctors.

Supply Chain Management

UP TSU supported GoUP in rolling out an efficient public health supply chain model in-line with national best practices, which will ensure availability of essential drugs in district warehouses and subsequently ensure availability of essential RMNCH+A drugs at health facilities as per program priorities.



The essential drug list was revised to 295 items, and demand collection from districts was rationalised as per budget envelope and submitted to Directorate of Health and Medical Services (DGMH) and UPMSC.



District Warehouses were identified and activated across 75 districts of Uttar Pradesh.



Pilot testing of quality control process based on the double-blinding methodology in Lucknow completed. SOP for the same institutionalized & process adopted for ~100 EDL drugs.

• Drug and Vaccine Management System (DVDMS):

- Customization of DVDMS to support passbook system and double blinding methodology based quality testing through 3rd party laboratories
- Roll out of DVDMS and passbook system till CHC/PHC level and orientation & training of facility staff for the same.

Enhanced use of data for decision making

UP TSU provided support in strengthening GoUP's health data systems to improve the availability, quality and use of data for decision making.

- The ANM Application was rolled out across all the 75 districts to ensure timely availability of data and improved data quality



All divisional/ district and block level officials were trained on the ANM application. ANMs from all the 75 districts were oriented about the application. More than 25000 staff members at various levels were trained.



ANMs from 59 districts started reporting data through this application in the month of January 2021.

- More than 95% of the Sub Centres reported on HMIS/UPHMIS integrated format on a monthly basis directly from their mobile application.
- About 90% of the districts used the UP Health dashboard monthly for review of key indicators, and 223 data-based decisions were taken during Sep'20-Feb'21 by district level officers of 41 districts of the state.
- Facility mapping and standardisation of facility numbers and nomenclatures-
 - UPTSU, along with Directorate and NHM, took an initiative to map the facilities and fix a common vocabulary and numbers of DH, CHC, PHC and SC in the state.
 - All the public health facilities across the state were visited and captured the geo-coordinates with pictures of the facility
 - Analysis and data cleaning of all the districts was completed, and reports for all 75 districts are developed in coordination with NHM and Chief Medical Officers of each district.
- To enhance the state's understanding of the progress of the family planning programme and better management of maternal and newborn complications, the UP TSU conducted two important studies during the year.
 - The Integrated Family Planning Survey covered more than 500 rural villages and urban census enumeration blocks and conducted a 360-degree assessment from 12200 currently married women aged 15-49 and more than 2500 community and facility level service providers.
 - To better understand the arrival pattern of women with complications to the public health facilities, identification of complications and it's management, a study was conducted in 54 facilities (24 DH and 30 CHCs) of Uttar Pradesh. The study included more than 900 maternal and newborn complications from 11000 arrivals. The study not only covered the direct observation of deliveries and complication management but also included the knowledge and skills of staff nurses conducting the delivery.

Digital Health Interventions

UPTSU supported the government in enabling digitisation of unitised and aggregated data across health programs. Facility mapping exercise was conducted in all 75 districts of Uttar Pradesh with the support of ICT based mobile application tool in coordination with NHM and DGMH.

IEC and BCC

UP TSU designed a strategic integrated BCC plan incorporating interpersonal communication, targeted community engagement, mass-media, mid-media, social media, Interactive Voice Response System, Mobile telephony, and special media initiative to support the government in creating awareness on resumption of RMNCHA+Nutrition services and Covid-19 in Uttar Pradesh.

Strategic BCC Initiative on Family Planning – 'Jaroori Hai Baat Karna' Campaign was rolled out to create demand for FP along with Covid-19 preventive messaging. The campaign aimed to increase demand and uptake of family planning and reproductive health services, especially to avert unwanted and unconsented pregnancies during the lockdown period. The overarching goal was to improve the mother and child health during the pandemic. BCC material was shared by DoFW/NHM in all 75 districts of Uttar Pradesh.

Madhya Pradesh Innovation Hub



Objective

Integrate innovative methods and capabilities into the Madhya Pradesh RMNCH+A program to provide for very specific shaping levers, intervention and tools to effectively change behaviour and maximise impact in saving and improving lives.



Geography

Supported NHM-GoMP in achieving MNCH and Health System Strengthening outcomes across the state.



Key Interventions:

Support was provided to the Directorate of Health Services (DHS), GoMP in:



Cadre restructuring, which included the creation of Public Health management cadre, Specialist cadre and hospital administration cadre.



Online implementation of Annual Confidential Report using the Smart Performance Appraisal Report Recording online window (SPARROW) portal for Medical officers & Specialists for the financial year 2019-20.

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. District hospital Shajapur was accredited with LAQSHYA certificate for labour room and operation theatre.



HIV/AIDS

Karnataka Technical Support Unit



Objective

The Karnataka Technical Support Unit (KA TSU) provides overall technical support to Karnataka State AIDS Prevention Society (KSAPS) by using an evidence-based approach, strategic planning, resource allocation and program management to achieve the National AIDS Control Program (NACP)'s goals and objectives in the Targeted Intervention (TI) Programs and provides capacity-building support to the TIs.



Geography

KA TSU reaches out to support KSAPS and the implementation partners in all the 30 districts of Karnataka.

Reach

FSWs: 89441	MSMs: 29804	TGs: 2912
PWIDs: 1465	Truckers: 80777	Migrants: 147809

15235 FSWs and 5659 MSM are newly identified.

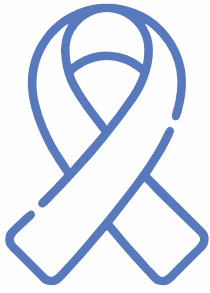
FSW - Female Sex Worker; MSM - Men who have Sex with Men; TG - Transgender;
PWID - People Who Inject Drugs



Key Interventions

- **Provision of STI services:** Support was provided to KSAPS for expansion of access to services, quality control/assurance and monitoring. 254367 cases of the clinic were done for FSWs and 78476 cases for MSMs. 2034 FSWs and 301 MSMs diagnosed with STI and treatment provided. 6210 cases of clinic done for TGs and 60 STI cases detected and treated. 13029 of the MSMs (61 found positive) and 111537 of FSWs (15 found positive) underwent syphilis screening.
- **Referral Linkages:** KA TSU supported DAPCUs in streamlining tasks related to regular medical checkup, HIV testing (CBS), and syphilis screening. HIV testing among the 76% FSW, 78% MSM 78%, 87% TG, 74% PWID, 85% Migrant and 82% Trucker was achieved.
- **Strategic Planning:** KA TSU was involved actively in the Programmatic Mapping and Population Size Estimation. It led the process of forming State Steering Committee under the chairmanship of Project Director and State Working Group under the chairmanship of Additional Project Director, KSAPS, respectively.
- **Capacity Building:** POs conducted 756 sessions for TI staff during their field visits. 1673 staff, including PMs, Counsellors, M&E Accountants and ORW, were trained in TI revamping strategies. 2805 PEs were trained on topics like strengthening outreach activities and prioritization tools
- **Mainstreaming and social protection:** KA TSU built the capacities of its TI partners to implement the social protection and empowerment intervention. KA TSU facilitated the TIs in advocacy and linkage with various government departments. The KPs received 1447 Aadhaar cards, 1668 PAN cards, 795 BPL/APL cards and 62 Antyodaya scheme. 2066 bank Accounts have been opened by the KPs. 111 old age pensions, 124 Widow Pensions were received by the community.
- **Link Workers Scheme:** KA TSU supported KSAPS in implementing the Link Worker Scheme in nine districts of Karnataka, covering 100 villages in each district. Coverage: 12348 FSWs, 1074 MSMs, 11 TGs, 16242 Migrants, 9639 Truckers, 58244 other vulnerable populations, 1931 TB cases, 23568 ANCs and 9086 PLHIV.
- **Employer Lead Model (ELM):** Under the Employer Led Model (ELM) approach, HIV/AIDS awareness, training, and HIV screening facilities were provided to the migrant population associated with industries. KA TSU supported KSAPS in covering 66 industries and signed 17 MoUs with other industries.





HIV/AIDS

Delhi Technical Support Unit



Objective

- To extend technical assistance in specified areas to the Delhi State AIDS Control Society (DSACS) in helping it achieve the NACP goals & objectives
- Facilitate saturation in coverage & strengthen the quality of implementation in the TI Programs.
- Supporting DSACS in expanding access to services, quality control/assurance & monitoring.
- To provide capacity building support to TIs.



Geography

The Delhi Technical Support Unit (DL TSU) supported 76 TI programs through NGO/CBO partners in 11 districts of Delhi with the support of DSACS.

FSW: 56,460	MSM: 19014	TG: 10243
PWID: 15984	Migrant: 129779	Truckers: 24218



Key Interventions

- **Network Operator Approach:** 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.



215 NWOs were identified through network mapping.



12963 new and mostly young FSWs were associated with these NWOs.



190 NWOs were profiled to identify and reach out to other NWOs and FSWs

- **HIV Intervention in Spas and Massage Parlours:** 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.



100 Spas/Massage Parlours were listed, and TI reached to 673 Massage Parlours/Spas (Total 773 spas listed from April to March-2021)

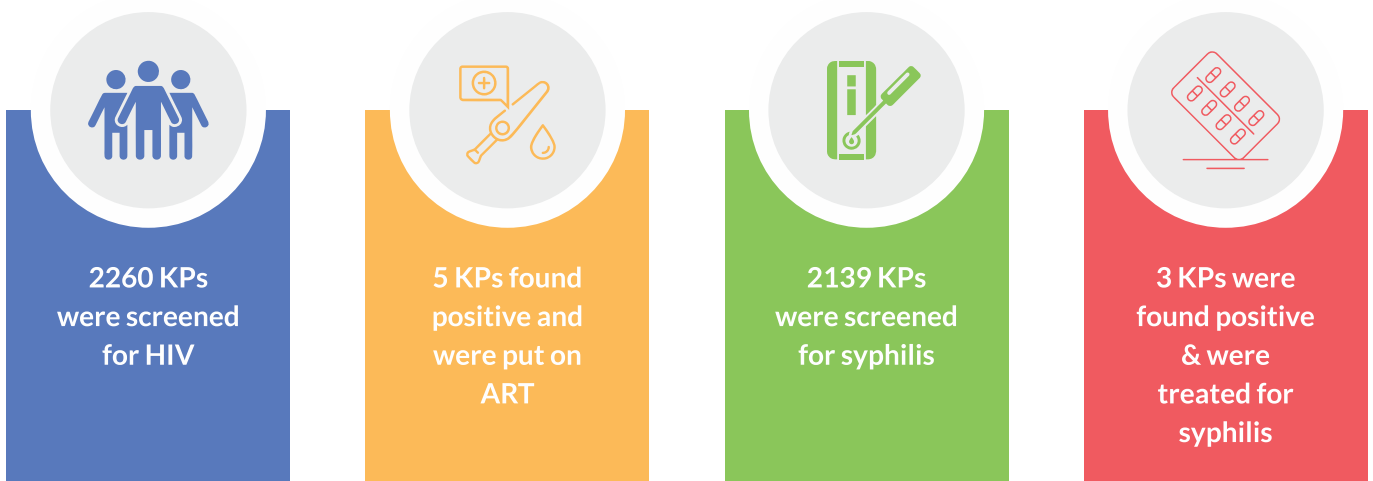


64 Spas and Massage Parlours were profiled by the TIs

- **Virtual Intervention:** Virtual Drop-In Centres (VDICs) for FSWs, MSMs and TGs provided services like - online counselling, service information, appointment for seeking services, free condom delivery, and IEC and event information to the community. Identification of the virtual platforms was done to reach out to the KPs active on them. The VDICs were promoted on various web platforms.



- **Dera Intervention:** To reach the TG community who are part of the Dera system, a new program was introduced to involve Gurus and work with the Dera system.



- **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 track OST clients on a daily basis and avoid duplication of OST drug dispensing. 332 PWIDs were registered and were taking OST from Chandni Chowk OST centre.
- **OST centre:** DL TSU also supported 10 OST centres while reaching 1664 patients who are on roll and receiving OST medicines.
- **Prison intervention:** DL TSU supported one OST centre in Tihar Jail to provide HIV screening/testing, ART treatment and OST services for the inmates.
- **Employer Led Model (ELM):** DL TSU covered 83 industries and association of small scale industries with the aim to provide awareness, training and HIV screening facilities to unorganised workers.



FINANCIALS

INDIA HEALTH ACTION TRUST (IHAT)

"VK Commerce", No.8, 3rd Main Road, KSSIDC Industrial Estate, Rajajinagar, Bengaluru - 560 010

Balance sheet as at 31st March, 2021 - Consolidated

Particulars	Note No	Total	Total
		As at	As at
		31st March, 2021	31st March, 2020
		(Rupees)	(Rupees)
I. LIABILITIES			
Capital Fund	1	23,25,72,771.69	17,64,49,873.22
Grant Received in Advance	2	8,44,60,355.37	4,29,92,719.51
Capital Reserve A/c		5,47,08,239.01	4,60,99,553.46
Non-Current Liabilities			
Long term provisions	3	-	2,55,035.00
Current Liabilities			
Current Liabilities & Payables	4	4,15,95,613.67	7,00,12,835.05
TOTAL LIABILITIES		41,33,36,979.74	33,58,10,016.24
II. ASSETS			
Non-current assets			
Fixed assets	5	5,47,08,239.01	4,60,99,553.46
Long term loans and advances	6	75,74,472.00	77,02,819.00
Current assets			
Cash and cash equivalents	7	33,44,53,917.48	25,73,06,178.75
Short-term loans and advances	8	80,08,491.14	1,07,09,550.22
Other current assets	9	85,91,860.11	1,39,91,914.81
TOTAL ASSETS		41,33,36,979.74	33,58,10,016.24

Significant Accounting Policies and Notes on Accounts

14

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

Per Report of Date

For India Health Action Trust



N. Suresh

Chartered Accountant

MM No. 023866

UDIN: 21023866AAAABC3658



Shajy K Isac

Managing Trustee



Govinda Raju

Director Finance

Place : Lucknow

Date : 29-October-2021



INDIA HEALTH ACTION TRUST (IHAT)

"VK Commerce", No.8, 3rd Main Road, KSSIDC Industrial Estate, Rajajinagar, Bengaluru - 560 010

NOTES TO BALANCE SHEET

Note No	Particulars	Total	Total
		As at	As at
		31st March, 2021 (Rupees)	31st March, 2020 (Rupees)
	CAPITAL FUND		
	Opening Balance	17,64,49,873.22	13,56,05,186.86
1	Less: Funders Closing Balance -transferred to Grant Received in Advance Account, Interest & Depreciation Excess of Grant Utilised	(73,32,577.52)	(3,11,43,274.43)
	Add: Excess of Income over Expenditure transferred from Income & Expenditure Account	6,34,55,475.99	7,19,87,960.79
	Balance transferred to Balance Sheet	23,25,72,771.69	17,64,49,873.22
	Grant Received in Advance		
2	Grant Received in advance closing balance (Donors' Account)	8,44,60,355.37	4,29,92,719.51
	Balance transferred to Balance Sheet	8,44,60,355.37	4,29,92,719.51
	NON - CURRENT LIABILITIES		
	Long-Term Provisions		
3	Provision for Expenses	-	2,55,035.00
	Total	-	2,55,035.00
	CURRENT LIABILITIES		
	Current Liabilities & Payables		
	Statutory Liabilities	74,32,775.00	1,01,96,284.00
4	For Expenses	2,77,83,864.67	5,29,28,833.05
	For Employees	63,78,974.00	68,87,718.00
	Total	4,15,95,613.67	7,00,12,835.05
	NON CURRENT ASSETS		
	Long Term Loans and Advances		
6	Rental Advance	75,74,472.00	77,02,819.00
	Total	75,74,472.00	77,02,819.00
	CURRENT ASSETS		
	Cash and Cash Equivalents		
	Cash on hand	3,577.00	6,675.00
7	Balances with Scheduled banks		
	Bank Balances	33,44,50,340.48	7,72,99,503.75
	In Deposits	-	18,00,00,000.00
	Total	33,44,53,917.48	25,73,06,178.75
	Short-term Loans & Advances		
	Advance to Units	-	-
8	Employees' Advances	11,17,890.00	45,298.00
	Expenses Advance	68,90,601.14	1,06,64,252.22
	Total	80,08,491.14	1,07,09,550.22
	Other Current Assets		
	TDS Receivable	85,91,860.11	1,02,07,738.81
9	Accrued Interest on Fixed Deposits	-	37,84,176.00
	Total	85,91,860.11	1,39,91,914.81



INDIA HEALTH ACTION TRUST (IHAT)

"VK Commerce", No.8, 3rd Main Road, KSSIDC Industrial Estate, Rajajinagar, Bengaluru - 560 010

Statement of Income and Expenditure - Consolidated

Particulars	Note No	Total	Total
		For the year ended	For the year ended
		31st March, 2021	31st March, 2020
		(Rupees)	(Rupees)
INCOME			
Grant Utilized	10	84,37,89,657.11	92,50,03,017.47
Project Receipts-NACO		3,53,16,833.00	1,98,71,641.00
Other Income		1,42,45,154.00	2,20,30,770.00
Total Revenue		89,33,51,644.11	96,69,05,428.47
EXPENSES			
Project & Other expenses	11	78,76,46,457.61	86,46,38,543.70
Employee benefit expenses	12	3,02,07,873.00	2,23,21,737.00
Financial costs	13	83,118.96	48,735.16
Loss on Sale of Assets	15	-	-
Depreciation and amortization expenses	5	1,19,58,718.55	97,22,426.82
Total Expenses		82,98,96,168.12	89,67,31,442.68
Excess of Income over Expenditure		6,34,55,475.99	7,01,73,985.79
Add: Exceptional/Extraordinary Items		-	18,13,975.00
Excess of Income over Expenditure transferred to Capital Fund Account		6,34,55,475.99	7,19,87,960.79

Significant Accounting Policies and Notes on Accounts 14

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

Per Report of Date

For India Health Action Trust



N. Suresh
Chartered Accountant
MM No. 023866

Shajy K Isac
Managing Trustee

Govinda Raju
Director Finance

UDIN: 21023866AAAABC3658



Place : Lucknow

Date : 29-October-2021

INDIA HEALTH ACTION TRUST (IHAT)

"VK Commerce", No.8, 3rd Main Road, KSSIDC Industrial Estate, Rajajinagar, Bengaluru - 560 010

NOTES TO INCOME AND EXPENDITURE ACCOUNT

Note No	Particulars	Total	Total
		For the year ended	For the year ended
		31st March, 2021	31st March, 2020
		(Rupees)	(Rupees)
	INCOME		
	Grant Utilized	84,37,89,657.11	92,50,03,017.47
	Project Receipts- NACO	3,53,16,833.00	1,98,71,641.00
10	Sub Total	87,91,06,490.11	94,48,74,658.47
	OTHER INCOME		
	Interest Received	1,42,45,154.00	2,20,30,770.00
	Sub Total	1,42,45,154.00	2,20,30,770.00
	Total - INCOME	89,33,51,644.11	96,69,05,428.47
	PROJECT & OTHER EXPENSES		
	Project Expenses	72,81,30,208.84	80,48,46,048.29
	Auditor's remuneration	20,82,679.00	13,74,459.00
	Communication Expenses	27,96,638.00	28,11,819.00
	Computer Maintenance	30,84,379.00	3,89,653.00
	Consultancy Charges/Fee	35,47,765.00	32,12,315.00
	Electricity & Water	46,10,751.00	48,22,080.00
	Insurance on Assets	4,49,973.00	3,05,866.00
	Meeting Expenses	1,38,230.00	44,61,523.00
11	Office Expenses	1,48,72,042.54	1,40,78,315.00
	Postage & Courier	2,46,260.00	4,04,478.00
	Printing & Stationery	23,03,885.00	19,11,174.00
	Rent office & Others	1,65,19,898.00	1,46,10,040.00
	Repairs & Maintenance	25,37,445.00	28,18,892.00
	Rates & Taxes	2,500.00	2,500.00
	Travel Expenses	34,32,223.45	50,69,330.00
	Vehicle repair & maintenance	28,91,579.78	35,20,051.41
	Total - PROJECT & OTHER EXPENSES	78,76,46,457.61	86,46,38,543.70
	EMPLOYEE BENEFIT EXPENSES		
12	Salaries, employees benefits, etc	3,02,07,873.00	2,23,21,737.00
	Total - EMPLOYEE BENEFIT EXPENSES	3,02,07,873.00	2,23,21,737.00
	FINANCE COST		
13	Bank charges	83,118.96	48,735.16
	Total - FINANCE COST	83,118.96	48,735.16



INDIA HEALTH ACTION TRUST (IHAT)

"VK Commerce", No.8, 3rd Main Road, KSSIDC Industrial Estate, Rajajinagar, Bengaluru - 560 010

NOTES TO BALANCE SHEET & INCOME AND EXPENDITURE ACCOUNT

Note No - 5 Fixed Assets Consolidated

Sl No.	Particulars	WDV as on 01-Apr-2020	Additions during the year		Deductions during the year	Balance as on March 31, 2021	Depreciation			W D V as on March 31, 2021	
			Before Sep '20	After Sep '20			Rates	Before Sep '20	After Sep '20		Total
1	Computer & Computer Software	75,71,009.35	6,55,349.00	1,46,37,525.10	5,638.00	2,28,58,245.45	40%	32,88,288.13	29,27,505.02	62,15,793.15	1,66,42,452.30
2	Office Equipment	1,80,39,137.43	26,85,042.00	25,28,942.00	12,488.00	2,32,40,633.43	15%	31,06,753.71	1,89,670.65	32,96,424.36	1,99,44,209.07
3	Furniture & Fixtures	1,26,50,231.61	33,360.00	45,312.00	-	1,27,28,903.61	10%	12,68,359.17	2,265.60	12,70,624.77	1,14,58,278.84
4	Vehicles	78,39,175.07	-	-	-	78,39,175.07	15%	11,75,876.26	-	11,75,876.26	66,63,298.81
	Gross Total	4,60,99,553.46	33,73,751.00	1,72,11,779.10	18,126.00	6,66,66,957.56		88,39,277.28	31,19,441.27	1,19,58,718.55	5,47,08,239.01





Contact Details



Registered Office

"VK Commerce",
No.8, 3rd Main Road,
KSSIDC Industrial Estate, Rajajinagar,
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Madhya Pradesh Innovation Hub

India Health Action Trust
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