



# Annual Report

## 2022-23



### **@IHAT, 2023**

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”.

IHAT is Great Place To Work- Certified™ for 2022-23

### **Annual Report 2022-2023**

**Published by:** India Health Action Trust

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# Contents

<b>Message from the Managing Trustee</b>	2
<b>Our Approach</b>	3
<b>Our Focus Areas and Programs</b>	5
Maternal, Newborn, Child Health	6
Family Planning	14
Nutrition	18
Health Systems Strengthening	21
Madhya Pradesh Innovation Hub	25
Project MANCH	26
Tuberculosis	28
HIV/AIDS	30
<b>Financials</b>	32



# Message from the Managing Trustee

The year 2022 has been pivotal for India Health Action Trust (IHAT) on several fronts. IHAT has expanded its scope of work to Tuberculosis focus area. Concurrently, robust endeavours are underway to ensure the sustainability of Reproductive, Maternal, Newborn, and Child Health (RMNCH) programs in Uttar Pradesh. IHAT has also embarked on innovative initiatives in RMNCH and Human Resources for Health (HRH) in Madhya Pradesh, reflecting its commitment to advancing healthcare. Simultaneously, efforts to integrate gender at institutional and project levels have been actively pursued.

IHAT firmly believes that institutionalizing mechanisms for gender equality will serve as a robust foundation for realizing its vision of health equity for all. IHAT has taken steps to implement the gender strategy, incorporating gender equality into research, policy, and programs.

Uttar Pradesh Technical Support Unit (UP TSU) supported the Government of Uttar Pradesh (GoUP) in enhancing the RMNCH outcomes of the state, including geo-mapping of Anganwadi Centres across the state by the Integrated Child Development Scheme (ICDS) department. Also, Health and Wellness Centres have been linked to the revenue villages to improve coordination and communication between ASHAs and Anganwadi Workers, bringing effective health and nutrition coverage. Several programs have either transitioned to the government or are currently in the process.

The TB State Technical Support Unit (STSU-UP), under the guidance of the Central TB Division and the National Technical Support Unit, supported the GoUP in expanding the capacity of the State TB cell to manage large-scale private sector engagement, strategic purchasing, Direct Benefit Transfer (DBT) and multisectoral collaboration using an evidence-based approach in Uttar Pradesh. The Madhya Pradesh Innovation Hub and Project MANCH supported the Government of Madhya Pradesh in enhancing the RMNCH and health systems, strengthening the outcomes of the state.

The successful conclusion of decade-long HIV programs marks a significant milestone for Karnataka and Delhi program areas.

The unwavering support of stakeholders and funders has been instrumental in our success. We also thank national and state governments, with whom we collaborate closely, for their consistent support throughout the year. The frontline workers, including nurses, doctors, specialists, and the community at large, who are the focal point of our programs, have played a significant role in bringing about positive change in public health. We thank all individuals, whether directly or indirectly involved, for propelling our mission forward.

**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"<sup>1</sup>.

- 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

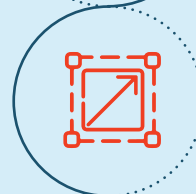
## Embedded technical support Partnering for development of sustainable and scalable programs to achieve population level impact

We work in partnership with the governments to provide techno-managerial support to strengthen health services at the community, health facility and systems level

1. Strategic Analysis and Planning: Support data driven program planning and implementation through strong monitoring & evaluation and adaptive programming
2. Capacity Building: Support trainings and mentoring of government staff and community workers
3. Advocacy: Driving change at policy level and mobilising communities



**Right Strategy**



**Appropriate Scale**



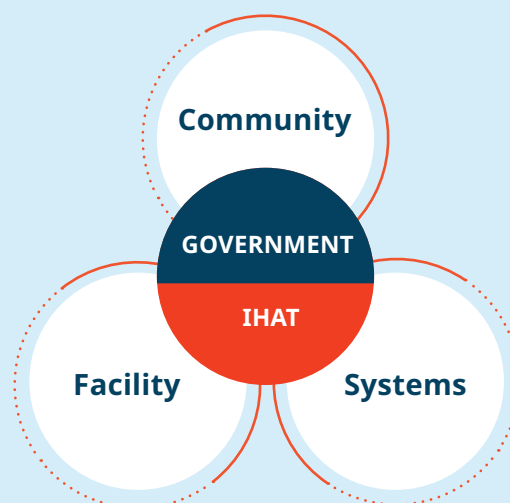
**Right Population**



**Resource Efficiency**



**Right Time**



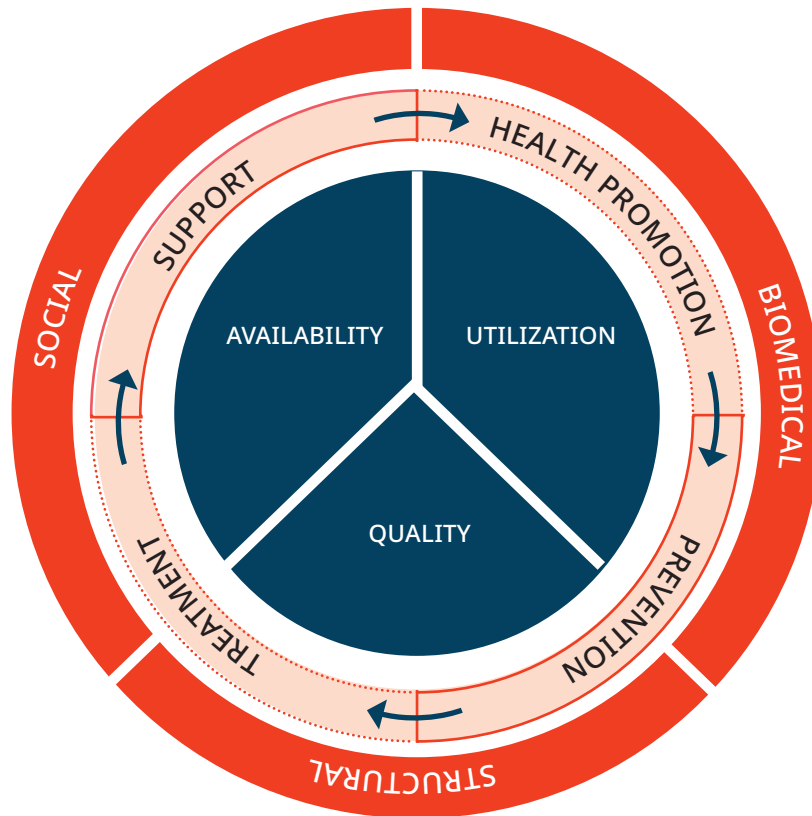


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## Continuum of care A comprehensive community focused approach

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- 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



**Maternal, Neonatal  
& Child Health**



**Family  
Planning**



**Nutrition**



**Health Systems  
Strengthening**



**Infectious Diseases  
(HIV/AIDS,  
TB & Others)**

## 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.
- **Project MANCH** was awarded to IHAT by HCL Foundation as a part of HCL Grant Edition VI Award 2020-21 in the Health Category. Project MANCH aims to provide technical support to the Government of Madhya Pradesh to improve Maternal, Newborn and Child Health outcomes in tribal areas of Madhya Pradesh. The target group of the Project includes Pregnant Women, Newborns, Children, Frontline Workers, Healthcare Providers at public health facilities.
- **State TB Technical Support Unit - Uttar Pradesh (STSU-TB)** was established in 2022 to work under the guidance of the Central TB Division and the National Technical Support Unit. The STSU, with the technical assistance of the Institute for Global Public Health, University of Manitoba, is supporting the Government of Uttar Pradesh in expanding the capacity of the State TB cell to manage large-scale private sector engagement, strategic purchasing, DBT and multisectoral collaboration using an evidence based approach in Uttar Pradesh.

# Maternal, Newborn and 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

### 1. Transition and Scale-up of the Nurse Mentoring Program



701 out of 820 blocks (94.5%) have nominated nurse mentors and

540 nurse mentors were trained in all 3 - Daksh, Dakshata, and mentoring methodology in adult teaching techniques have been completed.



The 701 nurse mentors have each completed 6 rapid improvement cycles. 5,460 staff nurses were mentored, and 4,994 demonstrated OSCE of > 50% score.



Supported NHM in conducting two state level Maternal Death Surveillance and Response (MDSR) of all districts, identifying clinical and systemic gaps that can be plugged.



A network of skills labs was established: 4 at the state level, 66 mini skills labs at the district women's hospital and 692 out of 820 block Community Health Centres.



217 staff nurses from 4 aspirational districts were trained in 6 days Daksh skill based training module.



20 Labour Rooms (LRs) (10 District Women's Hospitals (DWH) + 9 CHC First Referral Units (FRUs) + 1 CHC) and 10 maternity Operation Theatres (OTs) (7 DWH + 3 CHC FRUs) were LaQshya certified during the financial year (FY) 2022-23.

### 2. Skilled Birth Attendant trainings for all delivery points (DP) staff

To ensure all deliveries are conducted by Skilled Birth Attendant (SBA) trained staff, Uttar Pradesh Technical Support Unit (UP TSU) supported the creation of 1217 master trainers in 48 batches across 75 districts creating 265 SBA training sites including DWH and CHC FRUs. A gap assessment was conducted of 201 training sites to ensure that training sites were prepared well. UP TSU created a detailed microplan to ensure quality rollout of the training. Gender e-module was introduced in the SBA training to the LR staff for adopting a gender sensitive approach.

The district level trainings rolled out in November 2022 and 3019 staff including 45 AYUSH lady medical officers (LMOs) were trained in SBA in the period of November 2022- March 2023. The data of all the staff trained in SBA has been updated with their eHRMS codes on Manav Sampada portal.

District teams of UP TSU supported the trainings and facilitated visits by district leadership including district magistrates (DMs), chief medical officers (CMOs), additional chief medical officers (ACMOs) to ensure quality of the trainings.

### 3. Newborn Stabilization Unit activation and District Newborn Action Plan

Newborn stabilization units (NBSUs) were activated in all FRUs (421). 235 FRUs have NBSUs established in terms of human resources (HR) and equipment.

35 out of 52 batches of NBSU training have been completed, covering 687 participants, and the remaining will be completed in 2023-24. Two district-level workshops were conducted using the Nominal Group Technique (NGT) to prepare the district newborn action plan.

#### Activation and Strengthening of First Referral Units (FRUs):

Ensuring the availability of Comprehensive emergency obstetric and newborn care (CEmONC) services by activating health facilities designated as First Reference Units (FRUs), which have the capacity to manage complications of pregnancy, including the conduct of caesarean section deliveries, plays a critical role in preventing maternal deaths. UP TSU, through multi-pronged approach, provided the necessary support in the activation and strengthening of the FRUs, which included availability of specialist doctors, a functional operation theatre and the availability of blood for blood transfusion services as depicted below at FRU Community Health Centres (CHC-FRUs) and district hospitals. through multi-pronged approach supported by innovative health policy initiatives by GoUP.

#### 1. Activation of First Referral Units

The number of designated FRUs providing CEmONC services in UP are 423, which include 91 district hospitals (DH) and 332 CHC- FRUs. Currently 400 FRUs (95 percent) have essential OT equipment like Boyles trolley, multipara monitor, shadowless lamp, OT table available. These have been procured by district chief medical officers (CMOs) directly through the GEM portal with funds allocated to districts by NHM-UP with support of UP TSU. Further, 7 out of 8 aspirational districts have achieved district sufficiency of all designated FRUs being active

The number of active FRUs providing CEmONC services including C section deliveries has increased to 300 Active FRUs including 213 active CHC-FRUs conducting C section deliveries. Therefore 71 percent of designated FRUs are now active. It is noteworthy that there are more CHC-FRU health facilities at sub district level than district hospitals conducting C section deliveries in Uttar Pradesh.

In the 5th batch of Buddy-Buddy (MBBS trained in CEmONC & LSAS), total 33 doctors completed their training and are currently undergoing mentoring under Specialists at District Hospitals. Selection of in service MBBS doctors for Buddy Buddy batch 6 has been completed by DG Training with support UP TSU.

Aspirational District (AD)	Total FRU	Active FRU
Bahraich	6	6
Balrampur	5	3
Chandauli	5	5
Chitrakoot	4	4
Fatehpur	4	4
Shrawasti	4	4
Siddharth Nagar	6	6
Sonbhadra	4	4
<b>Total</b>	<b>38</b>	<b>36</b>

## 2. Strengthening of FRUs

FRU Doctors clinical mentoring by RRTC Medical College faculty is an innovative programme implemented by GoUP with technical support from UP TSU. UP TSU, with support from GoUP regional resource training centre (RRTC) program, where, the FRU doctors receive clinical mentoring by RRTC Medical College faculty.

268 faculty members were trained as RRTC Master Trainers to mentor FRU doctors of 75 districts. The faculty of a network of 16 medical colleges conducted training and mentoring of DH doctors in each of the 75 districts in the state. A total of 624 DH doctors were identified for mentoring.

481 doctors have been trained in CEmONC by medical college faculty in 43 batches of regional trainings at each of the 16 medical colleges. Subsequently, two rounds of onsite mentoring visits by medical college faculty to 73 DHs was completed in which 466 doctors were mentored. During mentoring visits, each doctor was assessed for clinical competencies by using standard OSCE checklists and these scores were documented for each topic and tracked in subsequent rounds of mentoring visits. Finally, after each round, continuing medical education (CME) sessions were conducted for 302 doctors with low OSCE scores or who were absent earlier.

### Strengthening identification, tracking and management of sick newborns and High Risk Pregnancies (HRPs) in the community

## 1. Establish and strengthen Chhaya Integrated Village Health Sanitation and Nutrition Day (CiVHSND):

A concept note on CiVHSND to provide a systematic, customized and beneficiary-focused package of defined RMNCH+N services for women and children in CiVHSND; to reduce missed opportunities and to improve the quality of services, was drafted and submitted for approval of GoUP and its dynamic quality certification process was also developed and submitted to NHM.

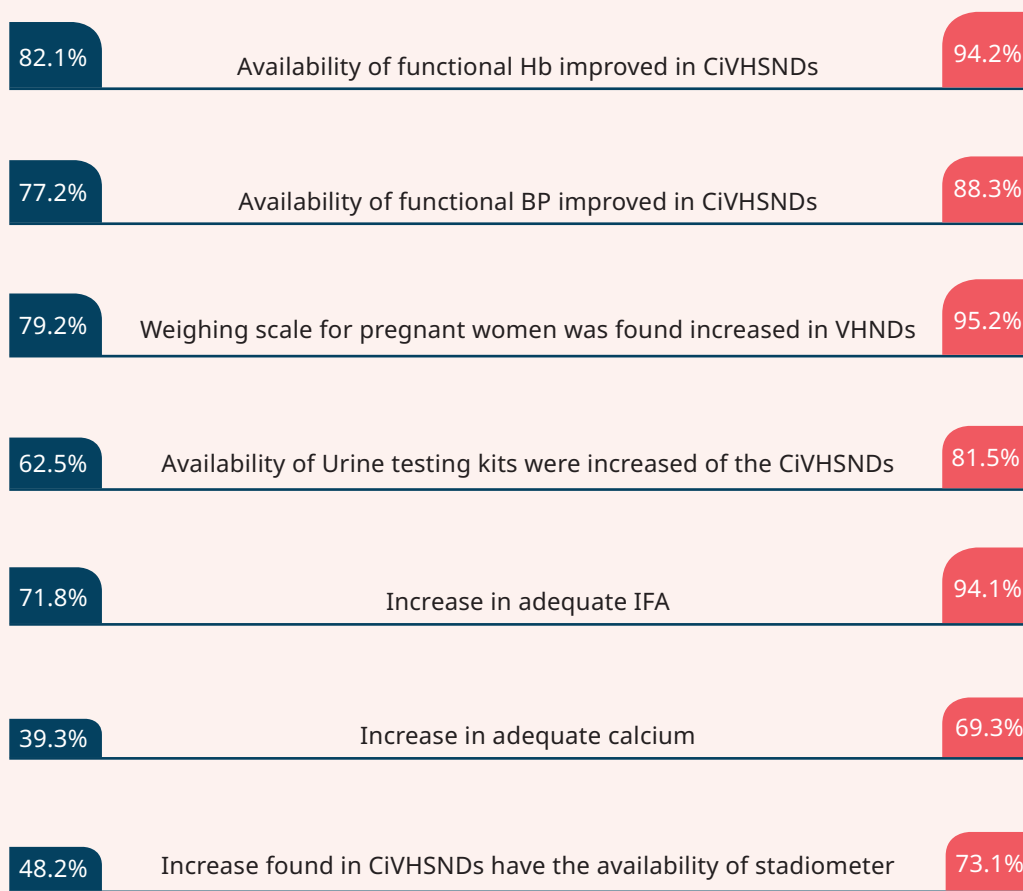
After consultations, UP TSU also drafted GO for implementation which was issued on 3rd Feb 2023 for the state wide roll out. Detailed guidelines have been developed and submitted to NHM including training, certification process, logistics, monitoring committees at various levels required for successful roll out. The guidelines were discussed with stakeholders and submitted to NHM for issuance. A certification process for this platform and a mechanism for rewards and recognition have also been included.

## 2. Strengthening Outreach Services for improving effective coverage of ANC:

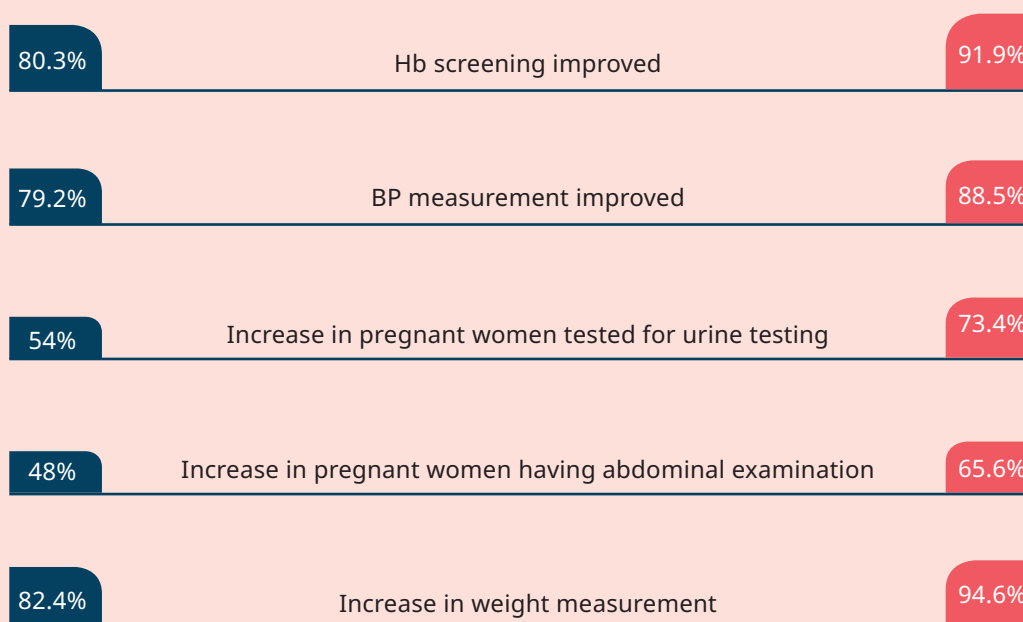
To ensure availability of quality ANC services to the community, UP TSU continues to strengthen the CiVHSNDs through planned and regular supportive supervision visits wherein UP TSU staff (BoCs, DSCOs) record their observations through a formal VHND observation checklist in order to identify the gaps in the availability of drugs, equipment and infrastructure and delivery of services. These gaps are routinely shared with the concerned MOICs and BCPMs to take appropriate action and ensure the availability of key logistics as well as build capacities of the FLWs in case of service delivery gaps. From April 22 to March 23, a total of 33576 VHNDs have been observed across the state.



### 3. Key data from VHND observations (April 22 – March 23)

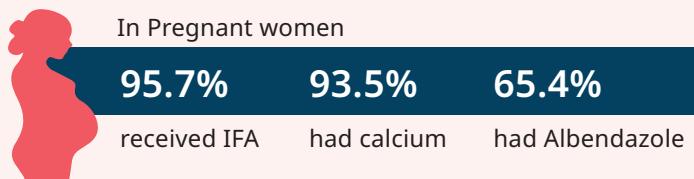


### 4. Service provision at CiVHSND



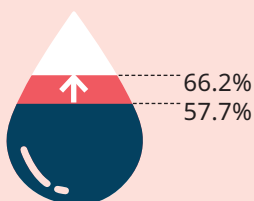
## 5. Drug distribution:

Similar trends were observed in drugs distribution over a period of time.

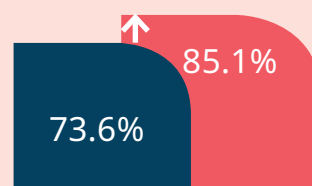


## 6. Maternal anaemia:

Identification of maternal anaemia among the PW with Hb from 7 to 11gms has increased



Distribution of IFA to anaemic PW was improved



## 7. HRP identification and management

5.8% of pregnant women were identified as HRPs during the period April 22-March 23 of which



1.5% diagnosed with severe anaemia



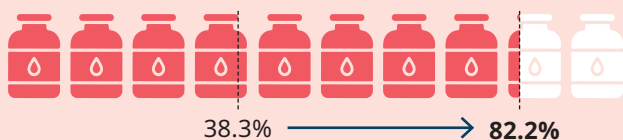
0.4% Pregnant women found to be hypertensive

25.5% of the severely anemic pregnant women received appropriate doses of Iron sucrose

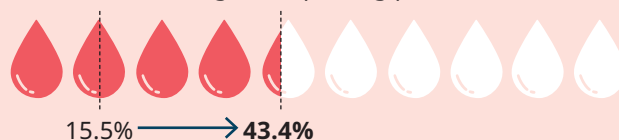
20.1% of the SAPW and 22.8% of hypertensive PW delivered in a L3 facility (CEmoNC - FRU CHC, DH).

## 8. To improve RI an innovative RI wheel and Syrup Paracetamol availability was implemented

The availability of Syrup Paracetamol improved



Utilization of Syrup Paracetamol improved during the reporting period



However, the adequate availability of the syrup (atleast 15 bottles at CiVHSNDs) is reported at 14.3% of sessions. Administration of basic vaccines against due list remained 66.9% during the reporting period.

**Maternal Nutrition:** Weight gain tracking of pregnant women has been initiated to understand pathways to improve maternal weight gains.

### **9. ICDS and Health joint initiative of AWW ASHA area alignment:**

UP TSU, in consultation with department of ICDS and Health, is supporting to map and align AWWs and ASHAs areas to promote better coordination and planning for service delivery. Government order was drafted and application for AWWs and ASHAs area alignment across the state was developed. This inter departmental GO was issued on March 1st 2023. Initially 10 districts have been taken up for alignment (8 ADs, Varanasi and Gorakhpur), while the other districts will be taken up in phases. State level Training of trainers is completed while the roll-out of district-level training is ongoing. District level committee to oversee the progress has been formed in these selected 10 districts.

### **10. Identification, tracking, and facility/community based management of small and sick new-borns (including LBW) and Referral mechanisms for mother and new-born using digital applications:**

Tracking of LBWs across the state was scaled up. 721 blocks in March reported of adopting LBW identification and tracking process. For the April 22 to March 23, about 2355969 LBWs were identified of which 94.1% were identified in facilities while 5.9% were identified at home. 82.9% of the LBWs were between 1800 to 2500 grams while 17.1% of the LBWs were less than 1800 grams. Approximately 96.7% of the LBWs survived during the neonatal period. This has now been scaled up across the state, UP TSUUP TSU has supported GoUP in integrating LBW identification and tracking in e-Kavach and this will replace the above paper based mechanism.

### **11. Strengthen Cluster Capacity Building and sector meeting Platform:**

UP TSU strengthened the 'cluster-review meeting platform to build the capacities of ASHAs. This initiative is now scaled up by GoUP across 75 districts with financial support from GoI. UP TSU is supporting GoUP through ToTs, district trainings and mentoring and supportive supervision. From April 2022 to March 2023, 26,144 out of 28,728 cluster meetings were held. Similarly, 'Sector meetings' as a capacity-building platform directive has been issued by ICDS. Around 6,586 sector meetings were mentored by BOCs during the above period.

### **12. Strengthening AAA/ SC Platform:**

UP TSU continues to provide mentoring and supportive supervision to the AAA Platform across UP. Between April 2022 to March 2023, 6,326 Sub-Center level (AAA) meetings were mentored by BOCs in which 49,777 ASHAs and 30,765 AWWs participated.

### **13. On ground Mentoring:**

Around 6 to 8 CIVHSNDs by each BOC are observed every month and reported digitally. Apart from this, BOCs provide mentoring support to FLWs and their supervisors using the platform of Community-based events, beneficiaries meetings etc. Update on Mentoring visits: UP TSU Block level cadre i.e. BoC conducted 33129 mentoring visits from April 22 to March 23 along with ASHA, AWW, Mukhya Sewaiks. During these accompanied mentoring visits 52248 new born household were visited out of which 8797 households had a low birth weight baby. Around 189176 households, were counselled on family planning methods. 58547 anaemic pregnant women were visited and counselled on IFA, diet diversity and birth preparedness. 25458 high risk pregnant women were visited and counselled on birth preparedness and complication readiness. Around 192808 eligible couples were visited during accompanied visits for the early identification of pregnant women and counseling on FP, out of which 66711 new pregnant women were identified.



#### 14. Home Births reduction pathway study leveraging GoUP resources:

In the past 5 years, a million pregnant women have converted from home births to institution each year, but still close to million pregnant women are delivering at home. UP TSUUP TSU analysed that 305 blocks of 30 districts in UP were contributing the majority of the home deliveries. A proposal to use the government machinery for a survey to line list the deliveries happened from October – December 22 and to further understand the block and district level reasons was submitted by TSU. Phase-1 of the survey to line list all deliveries from October – December 22 has been completed by ASHA Sanginis across 305 blocks of 30 high home birth districts; guidelines to map home birth pockets of 30 high-home birth districts were developed and issued on January 9th 2023. As a next step, UP TSU will support GoUP to interview selected families that reported home deliveries and institutional deliveries to understand reasons and work on gap closures.

#### 15. Establish FLW digital health systems: Roll out of e-Kavach application:



Comprehensive Primary Health Care (CPHC) Application was piloted in Bahua block in Fatehpur in the previous year. The application includes various components of the RMNCH (Eligible Couple, ANC, pregnancy outcome, PNC, and Child Health) program and NCD. Based on the successful implementation in the pilot block, it was planned to scale up the e-Kavach application from the year 2022-23 UP National Health Mission across all 75 districts of the state.

**Progress:** Over almost a year of the application's implementation, overall enumeration has reached around 55%. Around 25 lakh pregnant women have been registered, ABHA IDs for 23 lakh beneficiaries have been generated and around 45 lakhs (79%) children under the age of 1 year have been registered.



**Key Interventions:** Capacity Building of UP TSU Staff: Building on the supervisory cadre's mentoring and training capabilities is essential, to achieve effective application adoption at the grass root level. To ensure that its Block Outreach Coordinators (BOCs) are actively engaged in the supportive supervision of FLWs, UP TSU conducted a one-day training session for them. Around 361 BOCs in total were trained on the digital application in 12 batches.



**Bahua Field Visits:** While the application was being scaled up across the state, a series of field visits were planned in the pilot block to understand the program implementation analyse the application's acceptance among frontline workers.

# Family Planning



UTTAR PRADESH TECHNICAL SUPPORT UNIT



## Objective

Enhancing access, availability, quality, and utilization of Family Planning (FP) services to reduce the unmet need for family planning in Uttar Pradesh.



## Geography

The project provides techno-managerial support for strengthening FP services to all 75 districts of Uttar Pradesh.

## Key Highlights

### 1. FP services closer to the community

#### a) Strengthening new contraceptives:

With the increased availability of new contraceptives at sub centres and PHCs, there has been a steady increase in the uptake of new contraceptives from sub centres and PHCs over the years.



#### b) Strengthening PPIUCD services:

UP TSU continued to support GoUP in strengthening PPIUCD service at above block facilities and initiation of PPIUCD services at below block services. By March 2023, 1,752 facilities (100% DH, 87% CHCs, 66% PHCs designated as delivery points) were offering PPIUCD services. In FY 22-23, 62 SBA-trained AYUSH providers were trained for PPIUCD insertion.

#### Major results achieved during the year are summarized below

**100%** district male hospitals (DMH) offer all-male contraceptive choices (Male sterilizations and condoms)

**100%** district female/combined hospitals (DWH/DCH) offer all seven FP choices (Sterilizations, IUCD, PPIUCD, Antara, OCP, Condom, ECP)

**100%** of community health centers (CHCs) offer a basket of seven contraceptives choices

**100%** district female/combined hospitals (DWH/DCH) offer service of Antara (3 monthly injectable) and Chhaya (non-hormonal weekly oral contraceptive pill)

**100%** of community health centers (CHCs) offer services of Antara (3 monthly injectable) and Chhaya (non-hormonal weekly oral contraceptive pill)

**96%** (791/820) blocks were covered through FDS. 93% (11,047/11,915) FDS held against planned (as of 20th Mar'23)

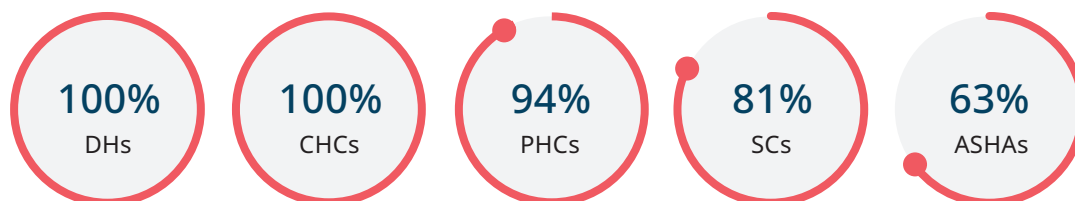
**61%** PHCs and **67%** SCs are offering a range of five contraceptive choices (IUCD, Antara, OCP, Condom, ECP)



## 2. Strengthening the Family Planning Supply Chain:

An uninterrupted supply of FP commodities at all levels, ensures quality of FP services. UP TSU supported GoUP in strengthening the FP supply chain including the FPLMIS portal. While functionality and indenting was 90% across all levels, the focus in the year was on the "Issue to client" feature in the portal. This feature provides consumption of various commodities and supports to calculate the annual demand.

### Results achieved in 2022-23: Usage of the FPLMIS portal by facility type



## 3. Augmented and optimized provider base for FP services:

### a) Mentoring non-performing sterilization providers:

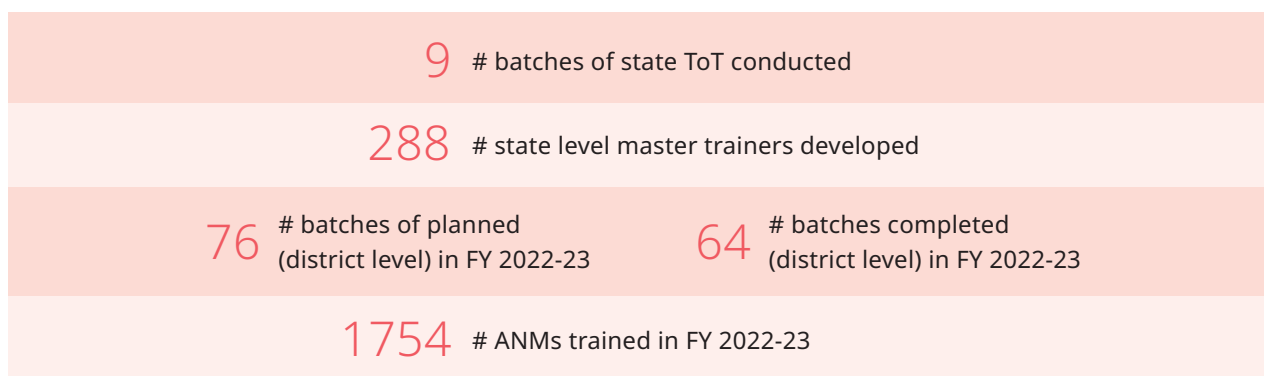
Presented the strategy to reduce unmet need in UP by half in the next three years to DG-FW. One of the pathways presented was to mentor the non-performing female sterilization providers in the state. DG-FW issued the guidelines to districts to prepare the mentoring plan for non-performing providers with support from UP TSU. Till March 2023, 220 attachment plans were developed and 48 non-performing providers had initiated providing routine services at their own facilities.

### b) Training of SBA-trained AYUSH LMOs on PPIUCD:

In order to ensure 24X7 services in delivery points SBA trained AYUSH LMOs were trained on PPIUCD. A total of 62 SBA-trained AYUSH LMOs were trained in FY 22-23 using GoI approved Each One Teach One (EOTO) approach.

### c) Training of Newly Recruited ANMs on Family Planning:

GoUP recruited 5000 new ANMs in FY 2022-23. A 12-day state-level ToT to develop district-level master trainers was organized by GoUP. In this training, one day was dedicated to family planning. UP TSU FP team supported the state in facilitating these sessions. Sessions focused on FP counseling, the use of Medical Eligibility Criteria (MEC), and technical information on family planning methods. For district-level training of ANMs, the cascade model is to be adopted.



#### 4. Strengthening of Quality of FP services

Quality of Care (QoC) directly impacts the uptake and continuity of services by the clients. Innovative approaches were employed to strengthen this aspect in FY 22-23.

**a) Strengthening Post-Pregnancy Family Planning through “Whole-site Onsite” training approach:**

The “Whole-site Onsite Counselling Training” approach was initiated (Jan 23–Mar 23) to orient all service providers thus creating an enabling environment for PFP. A total of six district-level hospitals have been covered under this approach.

**b) Coaching and mentoring of RMNCHA Counsellors to Enhance Knowledge and Skill:**

A system of coaching through telephonic audio OSCEs was devised and administered to 232 RMNCHA counsellors. The audio case studies mimicked or invoked important features in real-life situations or amplified client experiences. Four rounds (undertaken on quarterly basis) of simulated client counselling using a standard case scenario for each round were scored as per the OSCE checklist by FP team. This allowed the objectivity of the scoring process and rating of counsellors. In the initial round of audio OCSE only one counsellor score more than 70% which increased to 90 counsellors in round four.



Between Apr'22 – Mar'23; a total of

**9,57,390**

clients were counselled by RMNCHA counsellors.

**Behaviour Change Communication:** Supported the state in designing and facilitating the training of trainers (TOT) for SIFPSA's project on male participation being taken forward in 18 divisions of UP.





# 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 Department.



## Geography

State Directorate and 75 districts of Uttar Pradesh.

## Key Highlights

Key highlights of the technical support provided by UP TSU to the ICDS department and the State Nutrition Mission of Government of Uttar Pradesh during 2022 – 2023, are as follows.

### 1. Facilitating ICDS Staff Promotions through Digital Platforms

UP TSU facilitated the promotion process of



**AWWs to Mukhya Sewikas**  
(341 positions)

**Mukhya Sewikas to CDPOs**  
(448 Positions)

The process is ongoing, however, a major part of it was completed in the previous year.

The Anganwadi Worker (AWW) District Verification Process (DVP) portal was developed to verify AWW service record data. A shortlist was prepared and the process will be completed by seeking locational preferences of the candidates, counselling and issuance of appointment letters to 341 Mukhya Sewikas.

For promotion of Mukhya Sewikas (MS) to the 448 CDPO positions, relevant service details were made available through the Manav Sampada portal. The list of eligible candidates was prepared based on the data from the portal

### 2. Geo-mapping of Anganwadi Centers (AWC)

99.4% AWCs (1,87,801 out of 1,89,014) were geo-mapped with the aid of a tool developed by UP TSU. Data from the AWC geo-mapping exercise is useful for identification of infrastructure gaps and subsequent correction; identification of government building for relocation of rented AWCs and for planning of new AWCs. It is planned to integrate the AWC geo-mapping data with UP Ke Swasthya Kendra (UPKSK) application of GoUP.

### 3. Generating awareness in the community and building capacities of functionaries



Organizing online sessions called Poshan Pathshalas focused on breastfeeding, with the objective of generating awareness in the community, in collaboration with other development partners, KGMU and RML Institute of Medical Sciences.



'Poshan Pathshalas,' online sessions dedicated to educating the community about breastfeeding were launched in partnership with KGMU, RML Institute of Medical Sciences, and other development organizations



A comprehensive reference manual (Saksham Manual) on nutrition was developed for ICDS field functionaries by UP TSU and other development partners, in consultation with the ICDS department.



Mukhya Sewikas and CDPOs were trained by UP TSU on Sahyog application developed to facilitate Supportive Supervision, basis an ask from ICDS department.



#### 4. Strengthening maternal nutrition

A strategy was designed and guidelines were developed in consultation with the ICDS department, for a structured intervention to strengthen the status of maternal nutrition in the state.

#### 5. Promotion of exclusive breast feeding

No Water Only Breastfeeding (NWOB) campaign was executed across the state in May and June 2022 with the objective of promoting exclusive breastfeeding. This was a multi-department effort which was anchored by the ICDS. UP TSU developed the guidelines and facilitated issuance by the ICDS department.

#### 6. Strengthening sector meeting platform

To strengthen the review of services delivered by the AWWs, guidelines were developed and issued, to streamline the monthly sector meetings in consultation with the ICDS department.

#### 7. AWW and ASHA area alignment

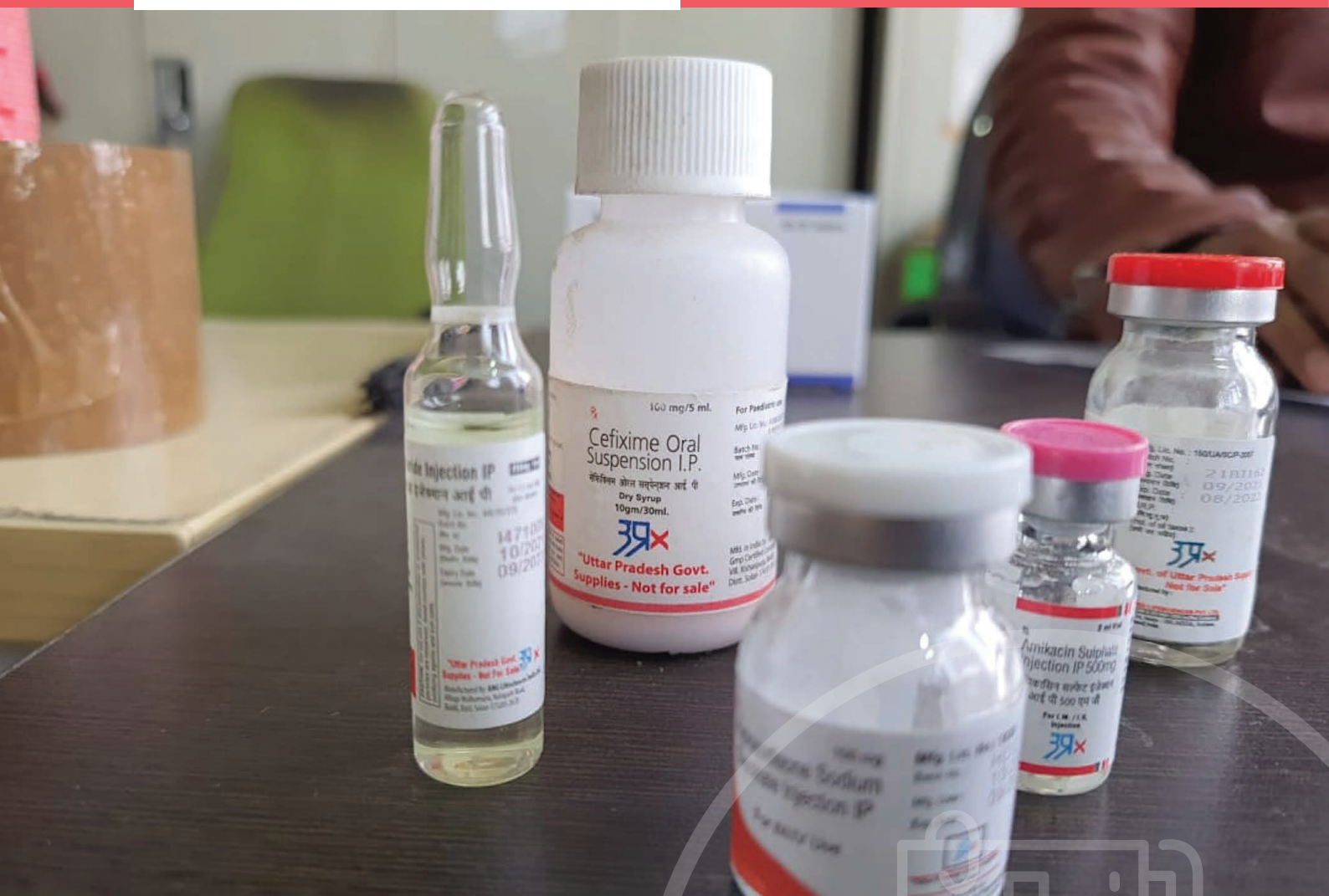
Developed a GO for the ICDS and Health departments for AWW-ASHA area alignment across the state. The GO was issued jointly by both departments on 1st March 2023. The alignment process will be executed in a phased manner across the state.



# Health Systems Strengthening



UTTAR PRADESH TECHNICAL SUPPORT UNIT



## Objective

Support the government in identifying critical gaps and working together to develop 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 data system strengthening, digital health interventions, supply chain management; IEC/BCC, and gender integration.



Geography  
State-wide

## Key Highlights

### 1. Data System Strengthening

UP TSU supported the government in strengthening GoUP's health data systems to improve the availability, quality and use of data for decision making:



59 districts have consistently held the district validation committee. 291 data-based decisions at the district level and 81 divisional-level decisions were tracked for completion.



All the existing public health facilities are geo-coded, and continuous support is provided to ensure that all new facilities are geo-coded and linked with Uttar Pradesh Ke Swasthya Kendra and HMIS.



Allocation of Area of Responsibility (AoR) of Sub-centers - The mapping of revenue villages for which the CHO and ANM will be responsible has been completed and submitted to GoUP for further notification. This will provide the denominator for each health and wellness centers.



Capacity building workshop for government officials on data analysis and use. A total 662 participants (170 state level and 492 district/divisional levels) across different cadre and programs received training on the effective use of data for programmatic decision-making.



A cohort study to understand barriers to full immunization, covering 1331 children of three different cohorts, has been completed.

### 2. Digital Health Interventions

- CARE portal to track the Status of Critical equipment (Working/Not Working) at DHs, CHCs, on a weekly basis was rolled out to track and improve the uptime of equipment.
- GoUP became the only state to have generated HFR and HPR for public health by API integration of UPKSK and Manav Sampada to the NHA system.
- User Acceptance Testing (UAT) for Unified Disease Surveillance Platform (UDSP) was conducted to get feedback from key users in the State Surveillance Department on the functionality and usability.

### 3. Support to ICDS department systems strengthening

- Processes of promoting AWW to Mukhiya Sevika and Mukhiya Sevika to CDPO were completed



**GEO-MAPPING  
188,000  
ANGANWADI  
CENTERS**

An application for geo-mapping of all 188,000 Anganwadi centers in Uttar Pradesh. This will be linked to infrastructure, Poshan tracker, and supply chain to link and show performance on geographical information systems.



## 4. Essential Drugs availability in facilities through UPMSC

UP TSU continued the support to 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.



Tenders were finalized for 262 out of 286 essential drugs by an innovative approach in a short time frame.



The percentage of essential drugs available at the 75 warehouses improved to 60% and the heterogeneity in availability of drugs in these 75 warehouses reduced.



DVDMS rollout support by UP TSU enabled 4831 facilities out of 5088 to pick up drugs from the warehouses.

## 5. Social and Behavioural Change Communication (SBCC)

### a) Development and execution of Direct-to-Consumer (D2C) platform:

- An integrated digital Direct to Consumer (D2C) platform was developed to launch integrated, multi-channel, multi-directional, data-driven, targeted, digital BCC campaigns in a rapid and cost-effective manner for both at the base of the mobile phone user pyramid as well as digitally literate users. The D2C platform aims to deliver the 'Right Message' at the 'Right Time' to the 'Right Person' through the 'Right Channel'.
- A D2C campaign with support of Directorate, PCI, WHO was launched in February 2023 to eliminate Lymphatic Filariasis (LF) by increasing awareness, dispelling myths, and addressing barriers for not taking the drugs. The campaign was launched in 18 districts of Uttar Pradesh and was very well received by the government and community

### b) Designing and development of high quality BCC tools material

- To ensure dignified health service delivery to each beneficiary at facility level, a comprehensive e-module on gender was developed, which consisted of 2 parts. Part 1 focused on explaining the definition and difference between gender, sex, gender intersectionality etc. Part 2 was developed specifically for staff nurses to train and sensitize them on various aspects of gender and help them identify the behaviours that can help them in making their facilities gender discrimination free. Through this module, the staff nurses can.
- A comprehensive BCC package for Mission Parivar Vikas (MPV) campaign that included: creatives for saarhi vahan (e-rickshaws), hoardings at health facilities, handbills, social media infographics, radio spots, etc.
- Supported NHM in development of communication package to commemorate the World Population Day. Short films on family planning, 'Shagun Kit', modern methods of contraception, importance of routine immunization, e-Kavach application, etc.

### c) Networking and coordination:

- Organizing communication partner's forum meeting: The State level BCC communication partners' forum meeting was organized regularly throughout the year for strengthening the SBCC approach of communication partner organizations for improving the overall RMNCHA+N indicators across the state.
- Uttar Pradesh Behavioural Insight Unit (UP-BIU): The prioritization framework was developed on 4 key behaviours that were identified to improve the overall RMNCHA+N indicators, like, early initiation of breastfeeding within the first hour, timely consumption of IFA tablets for 180 days during pregnancy, timely initiation of complementary feeding, and Exclusive breastfeeding for the first 6 months.



## 6. Gender Integration in UP TSU areas of support

Gender integration has been one of the focus areas of UP TSU and the integration process focused on capacity building of various healthcare cadres. Following activities outline the integration process:

- A gender analysis framework was drawn for the organization which will support the organization in its interventions and research.
- Developed a gender e-module that was integrated with SBA training to target delivery point nurses and ANMs and help them reflect on the implications of gender on their lives and service delivery. Until March 2023, approximately 1200 staff nurses and ANMs had undergone the gender e-module training.
- The ANM induction trainings were also used as a platform to integrate gender in trainings.



# Madhya Pradesh Innovation Hub



MADHYA PRADESH



## 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

Madhya Pradesh

## Key Highlights

The Madhya Pradesh Innovation Hub (MPIH) supported NHM-Government of Madhya Pradesh (GoMP) in achieving MNCH and Health System Strengthening outcomes across the state through the following efforts:

- Supported the Directorate of Health Services (DHS) in cadre restructuring, including the creation of a public health management cadre, specialist cadre, and hospital administration cadre.
- Monitored the data updation process of district ranking of GoMP and NHM programs on the CM Dashboard.
- HR planning in line with Indian Public Health Standards - GoMP norms for 200 Bedded Public Health facility in Bhopal
- LaQshya assessment of 13 public health facilities in 3 districts, namely Shajapur (4), Shahdol (5), and Agar Malwa (4) was conducted.
- Conducted and presented a comprehensive analysis of SRS data as per request from the Mission Director- NHM.
- Supported the Nursing section of DHS in creating a "Midwifery cadre" as per the GoI guidelines.



# Project MANCH



MADHYA PRADESH



## Objective

- Improve coverage of ANC/PNC services and quality of interactions by frontline workers
- Increase identification, pre-referral care, and management of High Risk Pregnancies and sick/ small newborns
- Enhance coverage of institutional delivery, quality of care during delivery and immediate post delivery
- Improve MNCH skills, knowledge and practices of health care facility teams at delivery points (including Covid 19 infection prevention practices)
- Improve availability of real-time individualized data and reports for decision making at all levels



## Geography

Shahdol District, Madhya Pradesh



## Key Highlights



49 ANMs from the Jaisinghnagar block underwent OSCE evaluations, received mentoring on ANC components, and were provided with ANC kit



150 ANMs, 90 community health officers (CHO) were provided with training on ANC and PNC.



Nurse Mentors conducted on-job and group mentoring for outreach ANMs, encompassing 24 VHSND session locations and training of ANMs.



Initiated a pilot project 'Shared knowledge-Shared responsibility-Shared action' in Pondi village, Jaisinghnagar block, with a community-centric MNCH approach.



30 ASHA Supervisor Mentors (ASMs) were trained to track HRP women and sick newborns.



Project team supported in a Sports for Change event sponsored by the HCL foundation





# Tuberculosis



## UTTAR PRADESH



### Objective

State TB Technical Support Unit – Uttar Pradesh (STSU-TB) was established as a part of World Bank funding through the Central TB Division (CTD) in 9 high burden states of India to work closely with the State TB Cell (STC) and NHM with the broad objective of enhancing the state's capacity for: Private Sector Engagement, Health System Strengthening, Direct Benefit Transfer, Inter-sectoral Engagement and Monitoring and Evaluation.



### Geography

Uttar Pradesh

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## Key Highlights

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### 1. Engagement of Patient Provider Support agency (PPSA) in UP:

STSU supported the contracting, onboarding and initial training of the 2 PPSAs currently functional in the state. These agencies were initially functional in 20 districts of the state and contributed to 27% of the total private sector notification achievement in the state in 2022. The same districts were contributing to 18% of the total private sector notification achievement in 2021. Owing to the clear success more districts were then identified by the state for PPSA support and STSU again supported the state in this process and by the end of January 2023 PPSA support was extended to 16 new districts making it to a total of 36 high burden districts, contributing to 83% of the total private sector target in the state.



### 2. Nikshay Diwas:

Recognizing the need to engage with the Health and Wellness Centers (HWC) for a decentralized healthcare approach it was decided in the state to dedicate one day of each month to TB. This was termed as Nikshay Diwas and it aimed at enhancing public health indicators for all patients including backlogs while enrolling new patients in a campaign mode. STSU in coordination with STC & WHO, developed guidelines for Nikshay Diwas supported to implement them in all 75 districts of the state since December 15th 2022. The team conducted a series of training sessions for CHOs on how to enter Presumptive TB cases in e-Kavach & Nikshay for successful implementation.



### 3. Sample Transporter Scheme:

Timely collection and transportation of specimens to the nearest TB Diagnostic Centre from peripheral health institutions, such as PHC and HWC will increase access for microbiological confirmation of TB. The STSU thus advocated for implementation of a system that facilitates the seamless transportation of sputum samples from Health and Wellness Centres (HWC) to the nearest TB Diagnostic Centre (TDC) and initiated the Volunteer Sample Transporter System. A volunteer was chosen from the community who would pick up the sample from HWCs and carry it to the nearest designated TDC on the same day. STSU piloted this initiative in two blocks in two districts, and supported scale up across the state by designing guidelines, training material, training schedules and facilitating the trainings across the state.



### 4. Enhancing State TB Notification:

STSU under the guidance of the STC implemented few strategies in a systematic manner to enhance private sector TB notifications:

- prioritizing doctors and healthcare institutions with previously high volumes of TB case notification,
- linking NTEP staff with private healthcare institutions through a microplan,
- mobilizing data-entry for timely entry on Nikshay portal,
- extracting information from H1 schedule registers and registering missing individuals with TB on Nikshay portal, and
- organizing Continuous Medical Education (CME) for private doctors. These resulted in notable improvement in private sector TB notification from 58% in October to 80% at the end of the year 2022. It is because of these efforts that UP was able to achieve the Private Sector target for TB Notification in 2022.



# HIV/AIDS



KARNATAKA AND DELHI TECHNICAL SUPPORT UNITS



The National AIDS Control Organization selected IHAT to set up the Technical Support Units (TSUs) to implement the Targeted Interventions (TI) in Karnataka and Delhi. The Karnataka Technical Support Unit (KA TSU) was initiated in 2007 to support the Karnataka State AIDS Prevention Society (KSAPS). Since its inception, KA TSU has supported KSAPS in implementing 76 TI programs in partnership with 75 Non Governmental Organisations (NGOs)/Community Based Organisations (CBOs) to provide HIV services to Key Populations covering Female Sex Workers (FSW), Men who have Sex with Men (MSM), Transgender (TG) Individuals, People Who Inject Drugs (PWID) and Bridge Population such as Migrants and Truckers.

Similarly, in 2014, the Delhi Technical Support Unit (DL TSU) was established to support the Delhi State AIDS Control Society (DSACS). DL TSU had supported DSACS in implementing 78 Targeted Intervention programs in partnership with 60 NGOs/CBOs in Delhi to support programs for critical populations/ high-risk groups. IHAT adopted a programme science approach to strategic planning, programme implementation, resource management, capacity building and program monitoring to strengthen Targeted Interventions focused on providing HIV prevention, care, and support services to population groups at elevated risk, defined as critical populations and bridge populations by NACO.

By September 2022, a total of 8,25,311 key population members were mapped and regularly served by both TSUs. The TSUs' strategies included intensifying and consolidating the prevention services with a focus on more than 2 lakh High-Risk Groups (HRGs) and 6 lakhs Bridge populations, as shown in the table below:

#### Typology wise details of IHAT TSUs in Karnataka & Delhi

Karnataka*		Delhi*		Total
FSW	91,478	FSW	49,751	141,219
MSM	34,083	MSM	17,982	52,065
TG	2,636	TG	8,972	11,608
IDU	1,451	IDU	10,583	12,034
<b>HRG Total</b>	<b>129,648</b>	<b>HRG Total</b>	<b>57,278</b>	<b>216,926</b>
Migrant	142,000	Migrant	337,775	479,775
Trucker	80,000	Trucker	62,261	132,261
Bridge Population	222,000	Bridge Population	390,036	612,036
<b>Total</b>	<b>251,648</b>	<b>Total</b>	<b>477,314</b>	<b>828,962</b>

Source: \*Karnataka and Delhi TSU data, 2021-22

IHAT has specialized in providing governments, communities and HIV service partners with technical assistance honed from its 20 years of expertise and service. In addition, it promotes, develops, implements, and facilitates research in various public health projects, particularly HIV, reproductive health, etc., across the country. TSU was created to be the externally placed specialized wing of SACS providing technical inputs to the program and is deemed a revolutionary public health concept. Overall, the TSU model achieved the objectives of successfully implementing quality TIs in these states and establishing a strong feedback loop with SACS. The project was officially closed on 15 September 2022. To read more about the '15 Years of Journey – Technical Assistance to implement Targeted Interventions for HIV Prevention', click on the link: <https://www.ihat.in/resources/hivtsuassessment/>



# Financials

## INDIA HEALTH ACTION TRUST (IHAT)

S&S ELITE, 2ND Floor, No. 197, 10th Cross, CBI Road, Ganganagar, Bengaluru - 560032

### Balance Sheet - Consolidated

Particulars	Note No.	For the Year Ended	
		31st March, 2023 [₹]	31st March, 2022 [₹]
<b>1. LIABILITIES</b>			
Capital Fund	1	1,12,29,35,654.94	26,84,67,639.62
Grant Received in Advance	2	3,49,61,489.55	9,86,08,035.70
Capital Reserve A/C		5,66,21,559.90	6,09,23,267.03
<b>CURRENT LIABILITIES</b>			
Current Liabilities & Payables	3	1,63,29,006.96	5,22,55,099.70
<b>TOTAL LIABILITIES</b>		<b>1,23,08,46,711.35</b>	<b>48,02,54,042.05</b>
<b>II. ASSETS</b>			
<b>NON-CURRENT ASSETS</b>			
Fixed assets	4	5,77,33,941.94	6,16,14,275.03
Long term loans and advances	5	20,57,325.00	22,45,725.00
<b>CURRENT ASSETS</b>			
Grant Receivable		-	1,64,71,172.00
Cash And Cash Equivalents	6	1,12,06,70,130.92	33,30,01,762.30
Work In Progress		79,49,300.32	-
Short-Term Loans And Advances	7	1,74,77,926.89	2,80,67,875.23
Other Current Assets	8	1,79,59,078.28	1,18,53,232.41
<b>TOTAL ASSETS</b>		<b>1,23,08,47,711.35</b>	<b>48,02,54,042.05</b>
Significant Accounting Policies and Notes on Accounts	14		

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

Per Report of Date  
  
  
 N. Suresh  
 Chartered Accountant  
 Mm No. 023866  
 UDIN: 23023866BqzjwJB6530

For India Health Action Trust  
  
  
 Shajy K Isac  
 Managing Trustee  
  
 Govinda Raju  
 Director Finance

Place: Bangalore  
 Date: 08.09.2023

**INDIA HEALTH ACTION TRUST (IHAT)**

S&amp;S ELITE, 2ND Floor, No. 197, 10th Cross, CBI Road, Ganganagar, Bengaluru - 560032

**Statement of Income & Expenditure - Consolidated**

Particulars	Note No.	For the Year Ended	
		31st March, 2023 [₹]	31st March, 2022 [₹]
<b>INCOME</b>			
Grant Utilized	9	1,14,25,44,638.04	86,73,75,901.73
Donations Received	9	80,91,27,000.00	-
Other income	10	5,91,30,990.29	1,26,44,429.00
<b>TOTAL REVENUE</b>		<b>2,01,08,02,628.33</b>	<b>88,00,20,330.73</b>
<b>EXPENSES</b>			
Project & Other Expenses	11	1,09,87,50,611.34	78,04,44,532.62
Employee Benefit Expenses	12	3,56,88,797.85	3,31,51,219.98
Financial Costs	13	95,140.99	1,18,728.14
Loss on Sale of Assets		16,028.24	-
Depreciation & Amortization Expenses	4	1,74,81,179.20	1,80,46,121.98
<b>TOTAL EXPENSES</b>		<b>1,15,20,31,757.62</b>	<b>83,17,60,602.72</b>
Excess of Income over Expenditure		85,87,70,870.71	4,82,59,728.01
Add: Exceptional/Extraordinary Items		-	-
<b>Excess of income over Expenditure transferred to Capital Fund Account</b>		<b>85,87,70,870.71</b>	<b>4,82,59,728.01</b>
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  
  
  
 N. Suresh  
 Chartered Accountant  
 Mm No. 023866  
 UDIN: 23023866BqzWJB6530

For India Health Action Trust

  
 Shajy K Isac  
 Managing Trustee

  
 Govinda Raju  
 Director Finance



Place: Bangalore  
 Date: 08.09.2023

# Contact Details

## Registered Office

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# Program Offices

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Madhya Pradesh, India

## Madhya Pradesh Innovation Hub

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## State TB Technical Support Unit – Uttar Pradesh

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