India Health Action Trust

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# Annual Report

2023-24

@IHAT, 2024

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 2023-24

Annual Report 2023-2024

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# List of Abbreviations

| | |
|---|---|
| **AAA** | ASHA, ANM, AWW |
| **AAM** | Ayushman Arogya Mandir |
| **ABHA** | Ayushman Bharat Health Account |
| **ABDM** | Ayushman Bharat Digital Mission |
| **ACMO** | Additional Chief Medical Officer |
| **AE** | Adverse Event |
| **ANC** | Antenatal Care |
| **ANM** | Auxiliary Nurse Midwife |
| **ASHA** | Accredited Social Health Activist |
| **AWC** | Anganwadi Centre |
| **AWH** | Anganwadi Helper |
| **AWW** | Anganwadi Worker |
| **BCC** | Behaviour Change Communication |
| **BCPM** | Block Community Process Manager |
| **BoC** | Block Outreach Coordinator |
| **BMGF** | Bill & Melinda Gates Foundation |
| **BP** | Blood Pressure |
| **BPM** | Block Program Manager |
| **BRP** | Block Resource Person |
| **CARE** | Critical Equipment Status Portal |
| **CBE** | Community-Based Events |
| **CDST** | Culture and Drug Susceptibility Testing |
| **CEmONC** | Comprehensive Emergency Obstetric and Newborn Care |
| **CF** | Complimentary Feeding |
| **CHC** | Community Health Centre |
| **CHO** | Community Health Officer |
| **CiVHSND** | Chhaya Integrated Village Health, Sanitation and Nutrition Day |
| **CME** | Continuing Medical Education |
| **CMO** | Chief Medical Officer |
| **CMS** | Chief Medical Superintendent |
| **CTD** | Central Tuberculosis Division |
| **DCH** | District Children's Hospital |
| **DD** | Deputy Directors |
| **DGFW** | Directorate General of Family Welfare |
| **DGME** | Directorate of Medical Education |
| **DGMH** | Directorate General of Medical and Health |
| **DH** | District Hospital |
| **DHAP** | District Health Action Plan |
| **DHEO** | District Health Education Officer |
| **DHIS** | Digital Health Incentive Scheme |
| **DHS** | Directorate of Health Services |
| **DLTSU** | Delhi Technical Support Unit |
| **DNO** | Diagnostic Network Optimization |
| **DOD** | Direct Observation of Delivery |
| **DP** | Delivery Point |
| **DSACS** | Delhi State AIDS Control Society |
| **DVDMS** | Drug and Vaccine Distribution Management System |
| **DWH** | District Women's Hospital |
| **EBF** | Exclusive Breastfeeding |
| **EDL** | Essential Drug List |
| **FLW** | Frontline Worker |
| **FP** | Family Planning |
| **FPLMIS** | Family Planning Logistics Management Information System |
| **FRU** | First Referral Unit |
| **FY** | Financial Year |
| **GAF** | Gender Analysis Framework |
| **GMD** | Growth Monitoring Device |
| **GoI** | Government of India |
| **GoMP** | Government of Madhya Pradesh |
| **GoUP** | Government of Uttar Pradesh |
| **Hb** | Haemoglobin |
| **HBYC** | Home-Based Care of Young Child |
| **HCM** | Hot Cooked Meal |
| **HEO** | Health Education Officer |
| **HFR** | Health Facility Registry |
| **HMIS** | Health Management Information System |
| **HPR** | Healthcare Professional Registry |
| **HRH** | Human Resources for Health |
| **HWC** | Health and Wellness Centre |
| **ICDS** | Integrated Child Development Services |
| **IEC** | Information, Education and Communication |
| **IFA** | Iron Folic Acid |
| **IHAT** | India Health Action Trust |
| **IPHS** | Indian Public Health Standards |
| **IRL** | Intermediate Reference Laboratory |
| **IYCF** | Infant and Young Child Feeding |
| **KATSU** | Karnataka Technical Support Unit |
| **KSAPS** | Karnataka State AIDS Prevention Society |
| **L3** | Level 3 |
| **LaQSHYA** | Labour Room Quality Improvement Initiative |
| **LBW** | Low Birth Weight |
| **LxD** | Learn by Doing |
| **M&E** | Monitoring and Evaluation |
| **MAMC** | Monoamniotic-Monochorionic |
| **MCH** | Maternal and Child Health |
| **MD** | Mission Director |
| **MIYCN** | Maternal, Infant, and Young Child Nutrition |
| **MMR** | Maternal Mortality Ratio |
| **MNCH** | Maternal, Newborn, and Child Health |
| **MO** | Medical Officer |

| | |
|---|---|
| **MoU** | Memorandum of Understanding |
| **MP** | Madhya Pradesh |
| **MPIH** | Madhya Pradesh Innovation Hub |
| **mWRD** | WHO recommended rapid diagnostics (molecular) |
| **NABL** | National Accreditation Board for Testing and Calibration Laboratories |
| **NACO** | National AIDS Control Organization |
| **NBCC** | Newborn Care Corner |
| **NBSU** | Newborn Stabilisation Units |
| **NFHS** | National Family Health Survey |
| **NHM** | National Health Mission |
| **NPSN** | National Polio Surveillance Network |
| **NQUAS** | National Quality Assurance Standards |
| **NSSK** | Navjaat Shishu Suraksha Karyakram |
| **NTSU** | National Technical Support Unit |
| **NWOB** | No Water Only Breastmilk |
| **OSCE** | Objective Structured Clinical Examinations |
| **OSE** | On-Site Evaluation |
| **OT** | Operation Theatre |
| **PHC** | Primary Health Centre |
| **PIAA** | Proctored Independent Authorized Assessment |
| **PIP** | Programme Implementation Plan |
| **PM-ABHIM** | Pradhan Mantri-Ayushman Bharat Health Infrastructure Mission |
| **PMU** | Project Management Unit |
| **PMMVY** | Pradhan Mantri Matru Vandana Yojana |
| **PNC** | Postnatal Care |
| **PPIUCD** | Postpartum Intrauterine Contraceptive Device |
| **PPP** | Procurement and Public Private Partnership |
| **PPSA** | Patient Provider Support Agencies |
| **PTER** | Presumptive Tuberculosis Examination Rate |
| **PW** | Pregnant Women |
| **RAS** | Rapid Assessment Survey |
| **RCH** | Reproductive and Child Health |
| **RI** | Routine Immunization |
| **RMNCAH** | Reproductive, Maternal, Newborn, Child and Adolescent Health |
| **RMNCH** | Reproductive, Maternal, Newborn, and Child Health |
| **RMNCH+A** | Reproductive, Maternal, Newborn, Child and Adolescent Health |
| **RMNCH+N** | Reproductive, Maternal, Newborn and Child Health+Nutrition |
| **RRTC** | Regional Resource Training Centre |
| **SAPW** | Severe Anemic Pregnant Women |
| **SBA** | Skilled Birth Attendant |
| **SBCC** | Social and Behavior Change Communication |
| **SC** | Sub Centre |
| **SDHM** | State Digital Health Mission |
| **SIHFW** | State Institute of Health and Family Welfare |
| **SN** | Staff Nurse |
| **SoP** | Standard Operating Procedures |
| **SoW** | Scope of Work |
| **STF** | State Task Force |
| **STSU-TB** | State Tuberculosis Technical Support Unit – Tuberculosis |
| **TB** | Tuberculosis |
| **TI** | Targeted Intervention |
| **ToT** | Training of Trainers |
| **UAAM** | Urban Ayushman Arogya Mandir |
| **UDSP** | Unified Disease Surveillance Platform |
| **UDST** | Universal Drug Susceptibility Testing |
| **UHSND** | Urban Health, Sanitation and Nutrition Day |
| **UoM** | University of Manitoba |
| **UP** | Uttar Pradesh |
| **UPKSK** | Uttar Pradesh ke Swasthya Kendra |
| **UPHMIS** | Uttar Pradesh Health Management Information System |
| **UPMSCL** | Uttar Pradesh Medical Supplies Corporation Limited |
| **UP TSU** | Uttar Pradesh Technical Support Unit |
| **VHND** | Village Health and Nutrition Day |
| **VHIR** | Virtual Health ID Registry |
| **VPD** | Vaccine- Preventable Disease |
| **WJCF** | William J. Clinton Foundation |
| **WPD** | World Population Day |
| **ZDLA** | Zero Dose Learning Agenda |

FUNNY

# Message from the Managing Trustee

I am pleased to present the 2023-2024 Annual Report of India Health Action Trust (IHAT), highlighting our efforts to strengthen public health outcomes in India. Our work, focused on reducing health inequity and improving healthcare delivery, has been driven by partnerships with government agencies, academia, national and international development partners, local communities, and other stakeholders.

In 2023-2024, we focused on capacity building, data-driven decision-making, gender integration, and innovative health technologies. Aligned with the national priorities, these initiatives have supported the government in large-scale public health programmes, including expanding maternal and child health services and improving infectious disease management.

The Uttar Pradesh Technical Support Unit (UPTSU) has worked to ensure the sustainability of the reproductive, maternal, newborn, and child health (RMNCH) and nutrition programmes through community platforms. Our engagement with the government has focused on institutionalising best practices, standardising protocols, and improving the quality of care for mothers and children. By improving clinical management, data utilisation, and service delivery, we aim to ensure these services remain high-quality and sustainable in the long term.

The State Technical Support Unit - Tuberculosis (STSU), Uttar Pradesh, has enhanced private sector engagement, health systems strengthening, and Monitoring & Evaluation (M&E) efforts. The Diagnostic Network Optimization (DNO) Project (2023) has increased Tuberculosis (TB) testing rates, improved access to diagnostics, and reduced inequity between public and private sector patients.

In Madhya Pradesh (MP), the Regional Resource Training Centre (RRTC) programme provides training and mentoring support to medical specialists and Officers on timely management of maternal and newborn complications.

This progress would not have been possible without the dedication and passion of our team, partners and donors and reciprocal efforts of the communities. Together, we are making progress toward a healthier, more equitable India.

Looking ahead, we remain committed to advancing public health through expertise, evidence-based practices, and collaboration. With continued support, we aim to meaningfully impact the lives of vulnerable and marginalised people by addressing health and social inequities.

Thank you for your ongoing trust and support.

**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 applies scientific knowledge to improve public health programs.

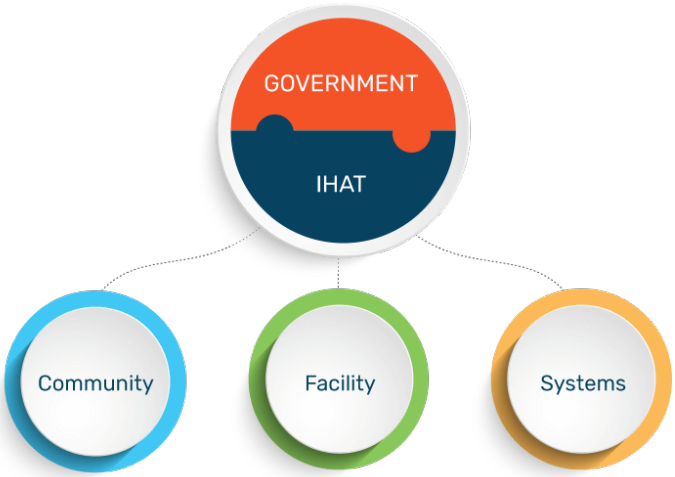
- Engaging implementers, academicians, researchers, policymakers and community members in a continuous learning cycle.
- Using program insights to identify research priorities.
- Integrating findings to refine program design, delivery, and evaluation.
- Adopting the right strategies for the right populations at the right time for maximum impact.

## Embedded technical support:

### Sustainable and scalable Solutions

We partner with governments to strengthen health systems through:

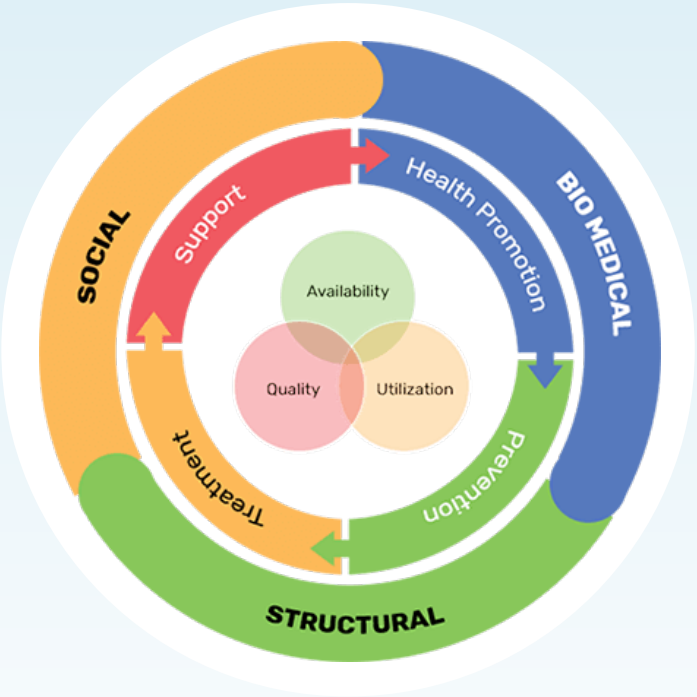
- **Strategic Analysis and Planning:** Data-driven programme planning, implementation, and adaptive learning.
- **Capacity Building:** Training and mentoring government staff and community workers.
- **Advocacy:** Driving policy change and fostering community engagement.




## Continuum of Care:

### A Holistic, Community-Focused Approach

- Spanning health promotion, prevention, treatment, and support.
- Integrating biomedical, social, and structural interventions.
- Enhancing availability, quality, and utilisation of health services.




# FOCUS AREAS

# OUR PROGRAMMES

## The Uttar Pradesh Technical Support Unit (UP TSU)
– Established 2013

Provides 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 (BMGF). IHAT, in partnership with the University of Manitoba (UoM) supports the government in strengthening its Reproductive, Maternal, Newborn, and Child Health (RMNCH) and Nutrition programmes.

## The Madhya Pradesh Innovation Hub (MPIH)
– Established in 2019

Pursuant to the Memorandum of Understanding (MoU) between the National Health Mission, Government of Madhya Pradesh (NHM-GoMP), IHAT and the Antara Foundation, MPIH was initiated in 2019. MPIH supports NHM-GoMP to address health challenges and improve outcomes in RMNCH, TB, HIV/AIDS and Health Systems Strengthening.

## Project MANCH
– Established in 2021

Funded as a part of HCL Grant Edition VI Award 2020-21 (HCL Foundation), the project provides technical support to improve the maternal, newborn and child health (MNCH) outcomes in the tribal district of Shahdol, MP.

## State Tuberculosis Technical Support Unit – Uttar Pradesh (STSU-TB)
– Established in 2022

Works with the Central TB Division and National Technical Support Unit (NTSU) to expand Uttar Pradesh's (UP) capacity for private sector engagement, strategic purchasing, Direct Benefit Transfer (DBT) and multisectoral collaboration in TB control.

## Diagnostic Network Optimisation (DNO) Project
– Initiated in December 2023

Through DNO Project, IHAT provides technical support to UP to optimise the TB Diagnostic network, thus improving access, performance and utilisation of molecular WHO recommended rapid diagnostics (mWRD) for microbiological confirmation and Universal Drug Susceptibility Testing (UDST) for TB, and reducing inequity in access to TB testing between the public and private sectors.

### Closed Projects:

**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 programmes, under the National AIDS Control Organization (NACO)'s Targeted Intervention (TI) programme.

**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 Programme.

# GENDER INTEGRATION

**IHAT is committed to integrating gender equity across health programmes by addressing systemic barriers, strengthening internal capacity, and ensuring gender-responsive and transformative healthcare delivery. Our approach includes developing guiding frameworks, training the health workforce, and implementing targeted interventions to improve access to and the quality of care for all, particularly marginalised populations.**

## Objectives

- Raise awareness and sensitise service providers and frontline staff on addressing gender and equity issues that impact access to healthcare and health outcomes.
- Address programme coverage gaps through a gender lens, particularly among underserved populations.
- Identify gender-related barriers and enablers to enhance integration efforts.
- Design and implement gender transformative interventions at the individual, community, and health systems levels.

# Key Highlights

## Guiding Frameworks for Gender Integration

**Gender Analysis Framework (GAF):** Provides a structured approach to assess gender inequalities and power imbalances in health programmes, identifying barriers and enablers to improve interventions.

**Gender Theory of Change:** A roadmap for integrating gender responsiveness across programmes in UP TSU to ensure equitable access to Reproductive, Maternal, Newborn and Child Health+Nutrition (RMNCH+N) services and reduce maternal and newborn mortality.

**Gender Integration Pathway:** A systemic approach for making healthcare interventions more gender-responsive. This pathway outlines sequential processes to analyse interventions, identify existing gender barriers intersecting with power and other inequalities, and develop solutions that promote gender equity.

## Building Internal Capacity

**Gender Champions:** Nominated staff promote gender integration within their work streams. In November 2023, a two-day Gender Integration workshop was organised for Gender Champions to enhance their capacity. This was followed by monthly meetings and quarterly learning sessions on gender and health. Two of these sessions focused on 'Gender and Sexuality Beyond the Binary' and 'Gender in Humanitarian Situations.'

**Gender Workshop for programme teams:** A workshop was conducted with the UP TSU's programme team to enhance their knowledge and capacity to integrate gender-responsive approaches, leading to targeted interventions within the programmes.

## Gender Integration for Health Systems Strengthening

- **Gender sessions for NHM Master Trainers:** Six sessions were conducted for over 350 government master trainers for the Accredited Social Health Activist (ASHA), Auxiliary Nurse Midwife (ANM) and Staff Nurse (SN) cadres, focusing on the implications of gender on health service delivery and uptake.
- **State Induction Training Manual:** Gender chapters have been integrated by NHM into training manuals for SNs, ANMs, and Laboratory technicians.
- **Gender E-Modules:**

  Skilled Birth Attendant (SBA) Training (November 2022-March 2024): The gender e-module builds the capacities of staff nurses and ANMs on gender and equity, implications of gender norms and its linkages to health service delivery and uptake. In all, 6,318 SNs and ANMs have been trained; 30 gender action plans have been submitted by saturated facilities; and follow-up visits have been completed at 12 facilities.

  ASHA, ANM, Anganwadi Worker (AWW) (AAA) - Community Health Officer (CHO) Gender E-Module: This module enables FLWs and CHOs to recognise gender norms in communities and understand how these norms impact perceptions, attitudes, service delivery, health education, and mobilisation. ANM and ASHA e-modules have been completed; the CHO module is being developed.

- **Behavioural Training for frontline staff:** UP TSU piloted training in four facilities across the Lucknow division in October 2023 for first-contact staff (security guards, ward boys, ward ayas, and other frontline staff), leading to NHM's development of a behavioural training module.

### Research Study

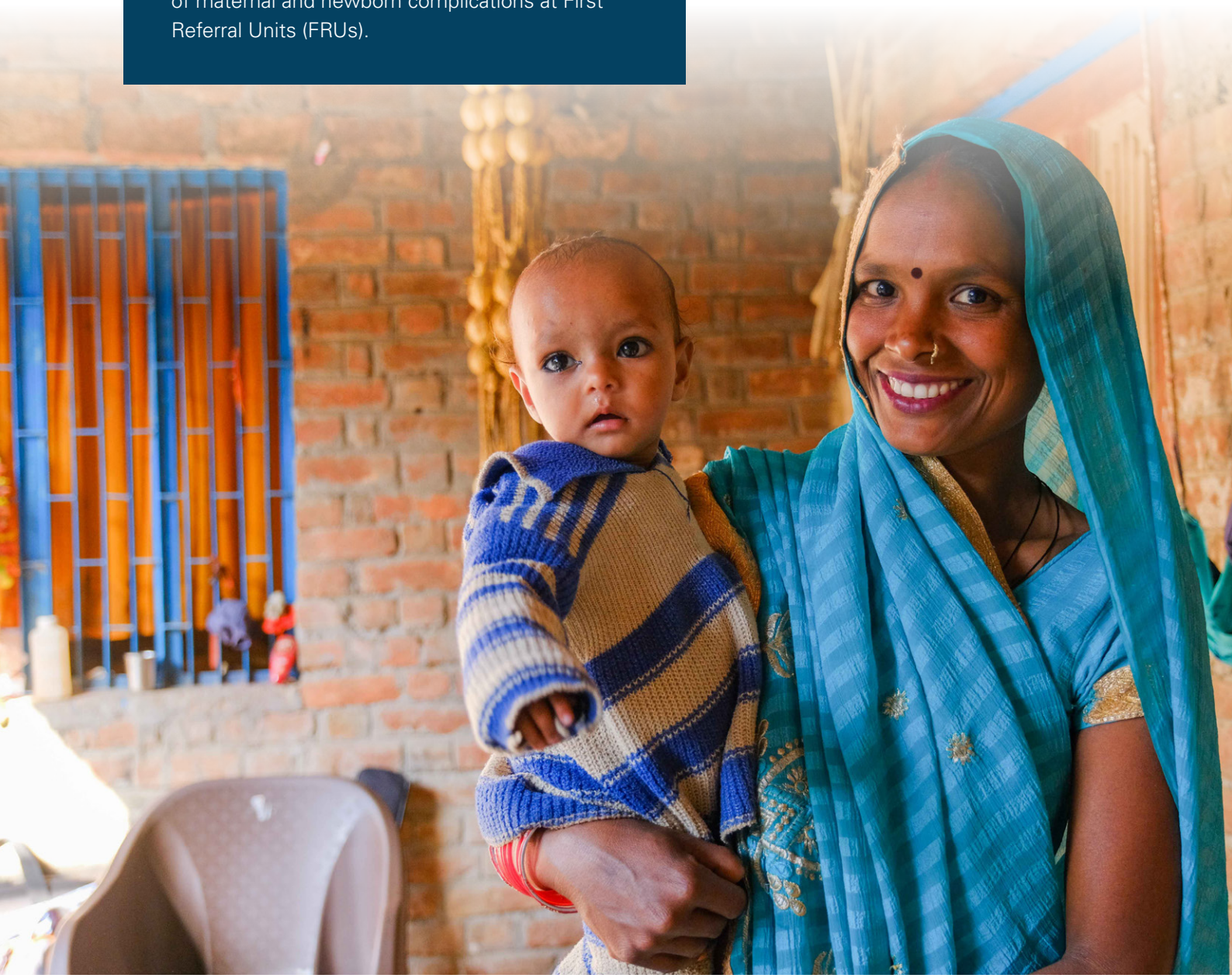
As part of the Zero Dose Learning Agenda (ZDLA) (supported by BMGF), UP TSU applied the Gender Analysis Framework to study immunization barriers. Qualitative data analysis has been completed, and based on the findings, the Gender team has developed a "root cause analysis" approach. This approach focuses on strengthening the capacity of frontline workers (FLWs) to identify gender-related barriers and provide appropriate solutions.

The development of additional knowledge management resource materials is currently underway, in consultation with the Social and Behavior Change Communication (SBCC) team.

# MATERNAL, NEWBORN AND CHILD HEALTH

## Objective

Reduce maternal and neonatal mortality in Uttar Pradesh by improving the coverage and quality of critical maternal and newborn health interventions. This is being achieved by streamlining community processes, enhancing the quality of care at primary health facilities, strengthening in-patient services for sick children, and improving the management of maternal and newborn complications at First Referral Units (FRUs).



## Geography:

The programme covers across all the 75 districts of Uttar Pradesh.

## Key Interventions:

The main components during 2023-2024 have been to improve the competency of the service providers, strengthen facility preparedness in terms of supplies, equipment and improved referral management. Certification of labour room and maternity operation theatre (OT) under National Quality Assurance Standards (NQUAS)/ Labour Room Quality Improvement Initiative (LaQshya) program and operationalisation of newborn stabilisation units are other key areas of support.

### Nurse Mentoring

Sustained the Nurse Mentoring programme across 75 districts with 729 nurse mentors in place.

60 district and divisional nurse mentors have trained 1,082 SNs across 67 district hospitals.

721 block-level mentors have trained 4,450 SNs at 709 facilities on 24 topics.

### Skilled Birth Attendant Training

- 1,272 master trainers trained in SBA through training of trainers (ToT) approach.
- 3,762 healthcare workers (SNs, ANMs, CHOs) at the delivery points trained in SBA and gender-responsive care by the master trainers.
- 6,318 of 7,114 targeted staff (89%) including 45 Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy (AYUSH) Lady Medical Officers (LMOs) were trained during November 2022 to March 2024 across 265 training sites following cluster model of training.

### Newborn Stabilisation Unit Activation and Training

- 15 batches of Newborn Stabilisation Units (NBSU) training conducted in six medical colleges for 302 participants.
- 170 new NBSUs established, out of which 156 are now functional.
- 284 of 435 designated NBSUs activated, and of these, 260 are admitting sick newborns.
- 302 healthcare providers trained in 15 NBSU training batches.

### Strengthening of Newborn Care Corner (NBCC) and Navjaat Shishu Suraksha Karyakram (NSSK) Training

UP TSU is supporting the strengthening and functioning of NBCCs in all labour rooms (LRs) at block and district level facilities.

- 63 participants were trained in NSSK Training of Trainers (ToT).
- Strengthened Newborn Care Corners (NBCCs) with 10,226 providers trained in revised NSSK module; of these 1,523 participants were from district hospitals, autonomous medical colleges and special hospitals while 3,839 were from CHCs and 4,864 participants were from Primary Health Centres (PHCs) and Sub Centres (SCs) delivery points.

### LaQshya certification

- UP TSU is supporting the UP NHM in state level assessment of 121 facilities across 51 districts under LaQshya which included labour rooms and maternity OTs.
- 12 of 14 labour rooms and 8 of 11 maternity OTs received national level certification.

### Direct Observation of Delivery (DOD)

- 3,441 direct observation of delivery were conducted to support for on-site mentoring and quality improvement.

# Key Highlights

**Activation and Strengthening of FRUs:** The intervention aims to provide high-quality Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services, accessible to communities across UP. The objective is to save the lives of thousands of pregnant women who die during childbirth or from pregnancy-related complications each year. Using a program science approach, the UP TSU has focused on enhancing the availability, quality, and utilisation of emergency obstetric care services at designated FRU health facilities.

- **Buddy Buddy Model:** Rapid FRU activation to address specialist doctor shortages, especially Obstetricians and Gynecologists in FRUs through contractual and on-call specialists.
- **Comprehensive FRU Mapping:** A comprehensive mapping exercise was conducted across in all 423 designated FRUs to assess infrastructure, maternal OT equipment, specialist human resources, emergency drugs, consumables, and training needs. The findings were used for advocacy with district and facility-level government counterparts to develop and monitor district-specific micro-plans and action plans to close these gaps.

### Activation of First Referral Units FRUs

Operationalising FRUs, including Community Health Centre (CHC)-FRUs, is critical for reducing the Maternal Mortality Ratio (MMR). Activation efforts have led to:

- 76.6 percent (324) of designated and active FRUs conducting C-sections (up from 58 percent in April 2023).
- 71 percent (236) of CHC-FRUs active and conducting C-section deliveries (up from 49 percent in April 2023).
- 79 percent of Buddy Buddy FRUs conducting C-sections (up from 61 percent in April 2023).

### Regional Resource Training Centres

The Regional Resource Training Centres (RRTC) initiative for government medical colleges strengthens clinical mentoring and training for government doctors and healthcare teams delivering CEmONC services at FRUs.

- Expansion of RRTC network: Increased from eight (in 25 high Priority Districts to 16 medical colleges, covering all 75 districts. MoUs have been signed with 16 medical colleges for Phase 4 of RRTC (2023-2025).

#### Faculty and Doctor Training

- 268 faculty members from 16 medical colleges trained as master trainers.
- 481 district hospital doctors trained through regional trainings at 16 medical colleges.

#### Clinical Mentoring and Continuing Medical Education (CME)

- Three rounds of mentoring visits to district hospitals have been completed:

**Round 1:**

- Mentored 466 doctors through 73 structured visits.
- Trained 155 doctors through 16 CME sessions conducted across 16 medical colleges.

**Round 2:**

- Mentored 456 doctors through 72 structured visits.
- Trained 143 doctors through 16 CME sessions conducted across 16 medical colleges.

**Round 3:**

- Mentored 442 doctors through 74 structured visits.
- Trained 170 doctors through 16 CME sessions conducted across 16 medical colleges.

### Engagement & Future Planning

- Regular meetings with Chief Medical Officers (CMOs)/ Chief Medical Superintendents (CMSs) and faculty meetings were held with all 75 districts after each mentoring round.
- A high-level review meeting, chaired by senior health officials, was conducted in May 2023.
- To transition the intervention to GoUP ownership, UP TSU has prepared a proposal for institutionalising RRTCs under state leadership. A presentation is being planned for the Hon'ble Chief Minister.

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

## Strengthening Chhaya Integrated Village Health, Sanitation and Nutrition Day (CiVHSND) Implementation and Outreach Services

### Establishment and strengthening of CiVHSND: Guidelines and Training

- Guidelines for the CiVHSND roll-out were issued, covering training, certification, logistics, and multi-level monitoring.
- With support from UP TSU, GoUP drafted the Programme Implementation Plan (PIP) to build capacities of ANMs, ASHAs, and ASHA Sanginis on the revised CiVHSND guidelines.
- The Government of India (GoI) approved a budget of approximately INR 996 Lakhs for CiVHSND training in UP.

### Training & Materials Development

- Drafted micro-plans and modules for Master Trainers at district and block levels.
- NHM-UP approved the CiV/Urban Health, Sanitation and Nutrition Day (UHSND) booklet developed for training district-level officials including Medical Officer In Charge (MOIC), Block Community Process Manager (BCPM), and Health Education Officer (HEO)/Block Program Manager (BPMs).

### Strengthening outreach services for Antenatal Care (ANC) Coverage

### Supportive Supervision

- UP TSU conducted 34,995 CiVHSND observations to assess gaps in drugs, equipment, infrastructure, and service delivery.
- Observations were recorded using a structured checklist, with findings shared with MOICs and BCPMs for corrective actions.

### Key data from UP TSU CiVHSND observations (April 23 – March 24)

- **Improved Equipment Availability**

Functional Haemoglobin (Hb) instruments: **93.9% → 98.1%**

Blood Pressure (BP) instruments: **88.0% → 96.7%**

Urine testing kits: **83.1% → 97.0%**

Weighing scales for pregnant women: **94.7% → 98.1%**

Stadiometers: **75.6% → 79.8%**

Digital Hb meters: **8.2% → 59.7%**

**Improved Service Provision** (These data points indicate community members seeking services at CiVHSND)

Hb screening:
**91.7% → 97.5%**

BP measurement:
**87.6% → 96.7%**

Urine testing:
**74.4% → 95.1%**

Abdominal examinations:
**65.6% → 89.6%**

Weight measurement:
**94.4% →97.6%**

Drug distribution:
- Iron Folic Acid (IFA): **94.8% → 99.0%**
- Calcium: **70.4% → 92.7%**
- Albendazole: **75.3%**

## Maternal Anemia, HRP Identification & Management

(These data points indicate community members seeking services at CiVHSND)

**Anemia Status:**

- **95.7%** of pregnant women had Hb levels between 7–11 g/dL, indicating anaemia.
- Nearly **all** anemic women received Iron Folic Acid (IFA) supplements at the session site.

**High Risk Pregnancies (HRPs) Identification:**

- **6.4%** of pregnant women were identified as HRPs:
  - **2.7%** diagnosed with severe anemia.
  - **0.6%** diagnosed with hypertension.
  - **34.2%** of severely anemic women received Iron Sucrose treatment.
  - **52.9%** of Severe Anemic Pregnant Women (SAPW) and 59.9% of hypertensive Pregnant Women (PW) delivered in Level 3 (L3) facilities (CEmONC - FRU CHC, District Hospital (DH)).

## Counseling & Nutrition Support

**Mentoring & Counseling:**

- **37,496** mentoring visits conducted for pregnant women.
- **1,09,050** women counseled on maternal nutrition, with **97,470** specifically advised on diet diversity, quantity, and frequency.

**Impact on Nutrition:**

- Percentage of women consuming **5 or more** food groups: **39.7% → 57.0%.**
- **82.8%** of women achieved the recommended weight gain of 9–11 kg during pregnancy.

## Routine Immunization (RI) Strengthening

**Syrup Paracetamol Availability and Utilisation:**

- Availability improved **83.1% → 96.9%**, with utilisation rising from **36.4% → 61.5%.**
- However, only **52%** of VHND sessions had an adequate stock **(15+ bottles)** available.

**Basic Vaccination Administration:**

- Reported at **69.4%** during the reporting period.

### On-Ground Mentoring and Community Engagement:

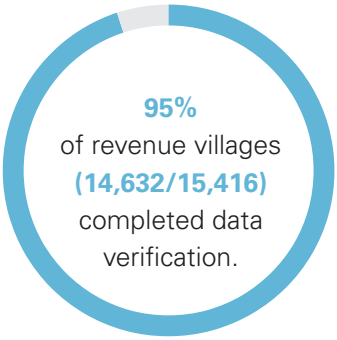
- **Block Outreach Coordinators (BoCs) Achievements (April 2023 - March 2024):**
  - **37,496** mentoring visits conducted.
  - **52,109** newborn households visited, including **8,653** Low Birth Weight (LBW) babies.
  - **3,74,372** households counseled on family planning.
  - **72,560** anemic pregnant women counseled on IFA, diet diversity, and birth preparedness.
  - **3,22,946** eligible couples visited for early pregnancy identification and family planning counseling.

### Integrated Child Development Services (ICDS) and Health joint initiative of AWW ASHA area alignment

The joint initiative between ICDS and Health functionaries focuses on aligning the geographical areas of responsibility for ASHAs and AWWs. This effort aims to improve coordination, service delivery, and health outcomes within communities. By aligning the areas of responsibility of FLWs, UP is enhancing the efficiency and effectiveness of healthcare and nutrition services provided by ASHAs and AWWs throughout the state.

- **Phase 1 Distict and Block-Level Training**

  Completed across **10** districts.




- **Microplanning & Area Alignment**

### LBW Identification, Tracking & Digital Referral Mechanisms

45% of villages successfully aligned with the LBW tracking system.

- **Tracking Expansion:**
  - UP TSU facilitated the scale-up of LBW tracking from high-priority districts to all 75 districts, utilising paper-based mechanisms.
  - **2,879,461** LBWs identified during the period.
  - **96%** identified in facilities, **4%** at home.
  - Achieved a **98%** neonatal survival rate.
- **Digital Integration:**
  - LBW tracking has been successfully integrated into e-Kavach, replacing the previous paper-based tracking system.

### Strengthen Cluster Capacity Building and Sector Meetings:

UP TSU strengthened the cluster-review-meeting platform to enhance the capacities of ASHAs with financial support from GoI. Additionally, UP TSU conducted ToTs, district training, mentoring, and supportive supervision through sector meetings as a capacity-building platform under ICDS directives.

- **ASHA Capacity Building:**
  - Cluster review meetings were scaled up across all **75** districts.
  - **31,477** out of **33,561** planned meetings were successfully held.
- **Sector Meetings:**
  - **6,803** sector meetings were mentored by BoCs.
- **Sector Prerak Training:**
  - **3,351** Sector Preraks were trained (50% of 6,669 identified) across 607 blocks in maternal and child health topics including maternal weight tracking, Exclusive Breastfeeding (EBF), Complementary Feeding (CF), Community Based Events (CBE), and micro-nutrition supplements.
  - Two-day block-level sessions, facilitated using the Saksham Module, equipped Sector Preraks to improve health service delivery.

**District Level Training for Mukhya Sevikas:** A three-day training was conducted by 127 master trainers to enhance their skills in critical topics such as, Maternal Nutrition (pregnant woman weight tracking, micronutrient supplementation, and diet diversity), Infant and Young Child Feeding (IYCF), use of Growth Monitoring Devices (GMDs), and Sahyog Application.

- The training successfully reached 847 Mukhya Sevikas (98% of the target) across 37 batches, achieving 100% of the targeted goal.
- Development partners like UNICEF and Rocket Learning contributed significantly to facilitating these sessions, enriching the overall learning experience.

**Strengthening AAA/SC Platform:** UP TSU continues to provide mentoring and supportive supervision to the AAA Platform across UP. From April 2023-March 2024, 6,470 AAA meetings were mentored by BoCs in with 49,356 ASHAs and 34,056 AWWs participating.

**e-Kavach Strengthening:** XEAM Ventures Pvt. Ltd.* was engaged to support the rollout of e-Kavach, hiring 400 Block Resource Persons (BRPs) for on-field implementation. A customised training module was developed, covering hierarchy mapping, ABHA generation, and enumeration of Reproductive Child Health (RCH) module rollout.

- Eight BRP training batches were conducted to build the program's capacity and ensure successful statewide implementation.
- As directed by the State Health Department, UP TSU conducted training sessions on e-Kavach for development partners across 40 districts. The sessions aimed to enhance the capacity of development partners in leveraging e-Kavach for better healthcare service delivery.
- A total of 1,313 development partners were oriented on e-Kavach, including:
  - 479 representatives from WHO
  - 275 from UNICEF
  - 41 from UNDP
  - 358 from CMO offices
  - 160 from organisations like JSI, Core PCI, and Piramal Foundation.

**Hierarchy mapping:** Significant progress has been made in hierarchy mapping and ABHA ID generation, ensuring smoother implementation and effective service delivery.

Out of 25,180 SCs across 75 districts, 99% have completed or rectified hierarchy mapping on paper, with updates reflected in the e-Kavach portal.

45 out of 75 districts have achieved 100% hierarchy mapping status in the portal, ensuring accurate alignment of healthcare services and rectification in ASHA areas.

**Ayushman Bharat Health Account (ABHA) Generation:** Additionally, a substantial number of ABHA IDs have been generated, with a total of 2,71,87,932 ABHA IDs created during this period.

** XEAM Ventures Private Limited is one of India's leading company in Human Resource Management Services, IT-enabled services, Turnkey Project management.*

**Home Births reduction pathway study:** To understand the high rates of home births in, UP TSU leveraged GoUP resources to conduct a dipstick study in Shahjahanpur and Bahraich districts. A comparative analysis between National Family Health Survey (NFHS) 4 and NFHS 5 revealed a slight decline in home births and the study also identified that 66% of home births were concentrated in 30 districts. The findings of this study, along with the NFHS analysis, were shared with the Mission Director (MD) of NHM, leading to the proposal of a comprehensive two-phased study to better understand the high home birth rates.

**Phase 1:** Line listing of deliveries across 30 high home birth districts. This phase involved the digital listing of 3,73,369 births across 57,500 ASHA areas, 304 blocks, and 7,359 SCs.

**Phase 2:** Conducting in-depth interviews with 25,275 women—17,192 from home births and 8,082 from institutional deliveries. The interviews were carried out in 5,522 ASHA areas and 3,254 SCs. This approach provided valuable insights into the factors influencing delivery decisions.

The results of the study informed the development of district-level factsheets, highlighting key drivers of home births and opportunities for improvement.

Building on these insights, UP TSU developed and submitted the Birth Preparedness Guidelines to NHM, which were swiftly approved and disseminated statewide to promote institutional deliveries and reduce preventable maternal and newborn mortality.

### Activating PHCs as Delivery Points (DPs):

To further address the issue of home births and increase institutional deliveries, UP TSU supported the activation of Primary Health Centres (PHCs) as Delivery Points (DPs). In the financial year (FY) 2019-20, 300 PHCs were identified for activation across the state, with 120 located in high home birth districts. Currently, 57 PHCs are functional as DPs, while 43 are non-functional (Source: HMIS). The focus of PHC activation is on areas with high rates of home births.

In FY 2024-25, an additional 250 PHCs in 29 districts were approved for DP activation. Building on this progress, GoUP will activate 550 PHCs as DPs—300 in 2021-22 and 250 in 2024-25. UP TSU will continue to extend support in activating these facilities, with the goal of increasing institutional deliveries and reducing home births.

### Study Insights:

- Conducted dipstick studies in Shahjahanpur & Bahraich.
- Phase 1: 3,73,369 births line-listed.
- Phase 2: 25,275 in-depth interviews conducted.

### PHC Activation as Delivery Points:

- 57 functional PHCs, with 250 new PHCs planned for activation in FY 2024-25.

## Capacity Building Initiatives

**Group ANC Intervention:** Formative research on Group Antenatal Care (ANC) has been completed. The research provided valuable insights into operational challenges such as group formation, dynamics, and reasons for dropouts. These learnings from both Phase 1 and Phase 2 have been instrumental in shaping interventions and strategies to strengthen ANC services. A poster was presneted by team on Group ANC at the Global Group ANC Catalyzer platform in Nairobi, which was well received by international participants. Additionally, three research papers based on the study findings are currently being prepared for publication.

**Gender E-Module Development:** Progress is ongoing in developing a Gender E-Module aimed at building the capacity of ASHAs and ANMs. The video script for the module has been finalised, and the resource will serve as a training tool to deepen frontline workers' understanding of gender-related health issues, promote inclusive healthcare services, and strengthen communication skills for effective community engagement on gender matters.

**ANM Induction State Training of Trainers (ToT):** A state-level ToT was successfully conducted from 9th to 11th March 2023, creating a pool of 291 Master Trainers. The trainers included Additional Chief Medical Officers (ACMO-RCH), MOICs, District Health Education Officers (DHEO)/HEOs, and Public Health Nurse Tutors. These Master Trainers are now positioned to roll out district-level ANM induction training across the state.

**District-Level Training for Newly Joined ANMs:** Orientation trainings for newly recruited ANMs have been completed at the district level. A total of 66 training batches were conducted, covering 2,199 ANMs. Each batch underwent a 12-day program—consisting of seven days of classroom sessions and five days of skill lab training—to strengthen their clinical and community engagement competencies.

### Capacity Building Initiatives (Summary)

- Group ANC Intervention:
  - Research findings shared globally.
  - 3 research papers in progress.
- ANM & ASHA Training:
  - 291 Master Trainers trained in a state-level ToT.
  - 2,199 ANMs received 12-day induction training.
  - ASHA Induction Master ToT trained 35 participants.

**ASHA Induction Master ToT (11-18 March 2024):** A Master ToT was conducted for orientation of ASHAs.. A team of 35 participants comprising of NGO coordinators, Medical Officers (MOs), MOCH, and HEOs were trained as facilitators to support ASHA orientations.

### UP TSU supported GoUP in drafting concept notes and PIP for the FY 2024-2026 on the following areas:

#### 250 PHCs assessed for delivery point and approved in PIP

- ASHA Sangini refresher training
- CiVHSND training roll out
- Mothers' Meetings

#### Information, Education, and Communication (IEC) material development for NHM:

- ANC & Postnatal Care (PNC) Kit
- Adverse Event (AE) screen designing with the importance of AE and Birth preparedness
- Monoamniotic-Monochorionic (MAMC) Posters designing

#### Training material, booklet and Module designing:

- Developing facilitator guide for AWW and ASHA area alignment
- Developing reference booklet for ASHA Sangini and Mukhya Sevikas for AWW and ASHA area alignment
- CiVHSND Booklet drafted for roll out the state and district level ToTs

- ANM Induction training booklet refinement: Added chapters on Unified Disease Surveillance Platform (UDSP), e-Kavach, U-WIN , and updated the FP ANC and HRP sections
- Participation in module development by the Centre for Catalyzing Change on engaging Gram Pradhans in health and nutrition services and Government schemes
- Revised of the Village Health Index Register (VHIR) 2023-24 and ASHA Sangini Diary FY 2023-24.

### Routine Immunization (RI)

The UP RI strengthening intervention aims to improve immunization coverage and equity in the state by focusing on three outcomes: 1) Data-driven decision making, 2) Enhanced state capacity in management, governance, and accountability, and, 3) Enhanced RI performance in 100 Priority Blocks (across 34 districts). The initiative is being implemented by the Routine Immunization Project Management Unit (RI PMU), a collaborative effort between the UoM, IHAT, and William J. Clinton Foundation (WJCF/CHAI) since 2020.

### Rapid Assessment Survey (RAS) and Cohort Studies

Findings from the cohort study were discussed with internal stakeholders and BMGF. The findings have been integrated into various discussions and reviews with the GoUP. The team also developed three evidence briefs from RAS findings which have been shared with a diverse audience to inform decision-making and future interventions.

### Transitioning RAS and immersion methodology:

UP TSU successfully advocated for inclusion of evaluation budget under NHM PIP for the 2024-26 cycle. Considering the structured studies like RAS and block immersions, GoUP requested drafting initial concept notes for these evaluations. The proposal received an in-principle approval from GoI during PIP discussion held in December 2023.

- Rapid Assessment Survey (RAS) in districts with low immunization coverage (~INR 3 crores).
- A modified block immersion titled "Immunization Systems Evaluation" in select blocks with consistent Vaccine-Preventable Disease (VPD) outbreaks (~INR 0.8 crores).

The GoI has approved the "Immunization Systems Evaluation" as part of the PIP 2024-26. UP TSU will support GoUP in floating a Request for Proposal (RfP) for the same, followed by data collection and subsequent analysis.

### Platform for adolescent immunization:

In response to the recurring annual outbreaks of Diphtheria in the state, and considering the epidemiological shift towards older age groups, UP TSU advocated for a school based vaccination strategy for the five,10 and 16 year booster doses. After a careful consideration of these recommendations, GoUP decided to implement annual school based campaigns to immunize all school going children during the lean season to prevent future outbreaks. The first campaign was done as a response to ongoing outbreaks in November 2023, the subsequent ones are planned for April/May of each year starting in 2024.

### Vaccine-Preventable Disease (VPD) Surveillance using UDSP:

In January 2023, during the State Task Force (STF) meeting, the State Health Department issued a directive to shift all VPD surveillance to the UDSP. In consultation with the GoUP and WHO, the National Polio Surveillance Network (NPSN) developed the necessary workflows for VPD surveillance and made the required modifications to the platform to accommodate these new flows. Significant discussions took place during meetings chaired by the Mission Director of NHM (MD-NHM) on January 14, 2023, and May 2, 2023. These sessions focused on exploring and showcasing the operational workflows for VPD surveillance on the UDSP.

The UP TSU has been actively engaging with state leadership and working on essential modifications to the UDSP, specifically to support VPD surveillance. Following these updates, and based on the MD-NHM's instructions, a final round of field testing will be conducted in five districts. Once these tests are successfully completed, VPD surveillance will be fully initiated on the UDSP across the entire state.

### Social and Behavior Change Communication/IEC support:

Upon request from NHM, the UP TSU developed a BCC package aimed at increasing the visibility of immunization services and reducing the number of zero dose and undervaccinated children in urban areas. The BCC campaign included the creation of hoardings, wall paintings, leaflets, and posters. To execute this campaign, NHM sanctioned a fund of INR 0.56 crore. The NHM sanctioned a fund of INR 0.56 crores to execute this BCC campaign. Additionally, UP TSU also supported GoUP in designing social media collaterals and newspaper advertisements on key health days and school based campaign which were printed in leading dailies at a cost of around INR 2 crores.

### Zero Dose Learning Agenda:

UP TSU is undertaking the ZDLA, which is an operational learning workstream that focuses on identifying subnational programmatic actions to reduce zero-dose children by 50% by 2030. The initiative is being implemented by nine grantees across six countries (DRC, Ethiopia, India, Kenya, Nigeria, Pakistan); with UP TSU being one of the grantees in India. ZDLA diagnoses the root causes of ZD children, develops tailored interventions, and captures insights on effective strategies.

An integral component of the ZDLA approach is the "Learn by Doing" (LxD) philosophy, which emphasizes bottom-up, adaptive programme delivery over top-down, prescriptive methods. LxD involves participatory activities that engage health workers, managers, and communities to build new skills and insights, allowing for continuous improvement in interventions targeting local challenges. The goal is to co-design solutions that are locally relevant and effective.

# FAMILY PLANNING

## Objective

Enhancing access, availability, quality, and utilisation of Family Planning (FP) services to reduce the unmet need for FP in UP.

# Geography

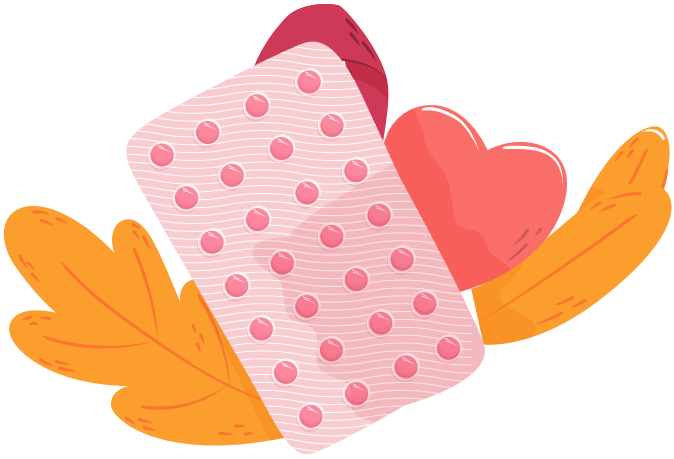
The project provides techno-managerial support for strengthening FP services across 75 districts of UP.

# Key Highlights

## Facility Strengthening

Strengthened FP services at all levels of facilities with a focus on PHCs and SCs:

- **District Women's Hospital (DWH)/District Children's Hospital (DCH):** All 95 (100%) facilities ensured effective availability of seven contraceptive choices through the year.
- **Community Health Centres (CHC):** 757 out of 943 (80%) centres maintained effective availability of seven contraceptive choices through the year.
- **Primary Health Centers (PHCs):** 3,029 out of 3,694 (82%) centres ensured effective availability of five contraceptive representing a 21% increase compared to the previous fiscal year.
- **PHC (Delivery Points):** 983 out of 1,425 (69%) delivery points were strengthened to offer PPIUCD services, a 3% improvement over last year.
- **Sub Centres (SC):** 21,115 out of 25,440 (83%) maintained effective availability of five contraceptive choices, reflecting a 16% increase compared to 2022-2023.



## Supply Chain Strengthening

Strengthened the FP supply chain including Family Planning Logistic Management Information System (FPLMIS), to improve the quality of care by ensuring an uninterrupted supply of FP commodities across all facility levels. Between April 2023 and March 2024:

| 95% | 97% | 99% | 94% | 83% |
|---|---|---|---|---|
| DHs | CHCs | PHCs | SCs | ASHAs |

were using FPLMIS to indent FP commodities.

- Support provided to GoUP in the identifying and activating of 1,552 non-functional SCs that were not using FPLMIS for indenting and issuing FP commodities.

## World Population Day (WPD) 2023

- During July 2023, in UP, a significant and encouraging increase was observed in the uptake of FP services across all methods, compared to the previous fortnight. Approximately 7,00,000 clients selected their preferred FP method during FY 2023-24.
- This represents a remarkable 45% increase compared to the same period in 2022-2023, highlighting growing awareness and acceptance of FP services.
- Additionally, during the 2023 World Population Fortnight, the state facilitated the highest number of female sterilisations (~18,000) in the last five years, reflecting a strong commitment to reproductive health planning and responsible choices.

### Roll out of new methods in Uttar Pradesh (Implants and Sub Cutaneous - Medroxy Progesterone Acetate):

In response to a request from the MD-NHM, a comprehensive note on the acceptance and effectiveness of contraceptive implants was developed. This note, submitted in October 2023, 2023, synthesised findings from 16 research papers and an Indian Council of Medical Research (ICMR) study conducted between 2002 and 2012, providing robust evidence to support the introduction of implants into India's family planning programme. Following this, the General Manager - FP (NHM) sought the views of the Directorate General of Family Welfare (DGFW), leading to the formation of an Expert Committee from five prestigious medical institutions in Uttar Pradesh. The committee, convened in February 2024, unanimously supported the inclusion of single-rod subdermal implants.

## Contraceptive Method Choices

Over the period, 40,21,010 clients adopted their preferred contraceptive method, reflecting a 14% increase compared to the previous year. Notably, Antara, Postpartum Intrauterine Contraceptive Device (PPIUCD), Chhaya, and sterilisation recorded the highest percentage gains.

# Key Milestones

To strengthen FP awareness within the supervisory cadre of ASHAs, the first round of monthly orientations of BPMs, BCPMs, ANMs and CHOs was launched in September 2023. By March 2024, six rounds of orientations covering various FP methods had been completed.

To enhance the performance of female sterilisation services, the DGFW issued a directive in December 2022, followed by a reminder on March 1, 2024, to all CMOs and CMSs. The letters sought their support to identify trained but non-performing service providers in female sterilisation and to develop attachment plans for mentoring by pairing them with high-performing providers within their districts. Out of the 853 trained providers, 475 were identified as non-performing. Attachment plans for 220 of them were made. An additional 27 service providers completed the mentoring and started performing independently during the reported period, bringing the total number of providers who started performing independently to 120 by March 2024.

In UP, quarterly divisional-level meetings are conducted to review health programmes. This platform was to strengthen family planning services. A standardised agenda and presentation were prepared for consistent discussions across all divisions, addressing key district-specific concerns on family planning. Joint Directors, CMO of districts, ACMO RCH/Family Planning, Divisional Programme Manager, District Programme Managers, District Community Process Managers, District and Divisional FPLMIS Managers, Urban Health Coordinator, District, and State Specialists from UP TSU participated in the meetings. In 2023-24, four rounds of quarterly FP review meetings were held across 18 divisions.

Recognising the vital role of Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Counsellors in advancing family planning, similar divisional-level meetings were introduced, to review their work, build capacity, and strengthen planning. Two rounds of RMNCAH counsellor meetings were completed in all 12 divisions as planned by March 2024.

Onsite and offsite mentoring programmes were implemented to strengthen the quality of counselling services provided by RMNCAH Counsellors. In addition to onsite Objective Structured Clinical Examinations (OSCE), an online mentoring system using simulation-based audio OSCE was developed and introduced. This approach involved telephonic coaching sessions, where counsellors engaged with audio case studies designed to replicate real client scenarios and enhance their counselling skills. These simulated sessions were supervised, and counsellors were scored using a standardised OSCE checklist. The telephonic audio OSCE method ensured uniformity in case scenarios, enabling consistent and comparable scoring across counsellors.

Between April 2023 and March 2024, approximately one million (10 lakh) clients received counselling services from RMNCAH Counsellors.

Support was provided for the orientation of newly recruited ANMs on FP across districts. To enhance engagement and ease of learning, FP concepts were gamified, making the sessions more interactive and accessible for the new ANMs. By March 2024, over 1,800 ANMs had been trained and connected through digital platforms to facilitate ongoing capacity building.

Thirteen initiatives were proposed to strengthen FP service. These were approved by the GoI, with a budget allocation of INR 1,725 lakhs in PIP for FY 2024-26.

The District Health Action Plan (DHAP) was developed and a training calendar was prepared in coordination with NHM and State Institute of Health and Family Welfare (SIHFW).

An assessment of 1,254 PHC delivery points was conducted between May and December 2023. The assessment focused on LRs, outpatient departments, and inpatient departments using NQAS checklists. Detailed findings were shared with CMOs across the districts to guide improvements in service delivery.

# NUTRITION

## Objective

To strengthen the systems and capacities of the Integrated Child Development Services (ICDS) to ensure improved enhanced service delivery at the grassroots level. Interventions focus on improving household-level nutrition behaviours for children aged 0-2 years, pregnant women, and lactating mothers through the ICDS Department.

## Geography

The State Directorate and 75 districts of UP.

## Key Highlights

- **Pradhan Mantri Matru Vandana Yojana (PMMVY) Implementation:** In collaboration with UNICEF and the ICDS Directorate, the guidelines for the implementation of the PMMVY scheme were developed. Previously, this scheme was managed through the Department of Health & Family Welfare, UP.
- **Promotion of AWWs to Mukhya Sewikas:** Supported the promotion of 321 AWWs to the role of Mukhya Sevikas leveraging IT based systems to improve efficiency and transparency in the processes. Appointment letters were issued in September 2023.
- **Selection of Anganwadi Workers:** The ICDS department in UP successfully completed the selection of nearly 3,100 AWWs from the pool of Anganwadi Helpers (AWH). Appointment letters were issued in February 2024.
- **Poshan Corner Initiative:** The concept and design of the Poshan Corner initiative was introduced. This was implemented by the ICDS department. The initiative aims to improve maternal, infant, and young child nutrition (MIYCN) behaviours through counselling and demonstration for the community, through the Poshan Corners during CiVHSND sessions.

**The Hot Cooked Meal (HCM) scheme for children aged 3-6 years, enrolled at Anganwadi Centres (AWCs) was launched on November 24, 2023. Guidelines and Standard Operating Procedures (SoPs) were developed in collaboration with UNICEF, aligning with the mid-day meal scheme of the Department of Primary Education, GoUP.**

- **Sector Lead Model Implementation:** Provided technical support for the implementation of Sector Lead model, designed Sector Lead model, to systematise and sustain the knowledge enhancement and skill development of AWWs. Over 6,800 AWWs were identified as sector leads and trained to conduct capacity building sessions in the monthly sector meetings of the ICDS department.
- **Maternal Nutrition Guidelines and Training:** Under the guidance of the ICDS Directorate, and in collaboration with UNICEF, the state-level maternal nutrition guidelines were developed. ICDS department organised the training for about 480 Mukhya Sevikas from across the state, on various aspects of ICDS service delivery in which, the sessions on maternal nutrition were facilitated by UP TSU.
- **Promotion of Exclusive Breastfeeding:** Supported the ICDS department in the design and development of the 'No Water Only Breastmilk' (NWOB) Campaign to promote exclusive breastfeeding for infants under six months, addressing myths about giving water to babies during the summer. The campaign was executed by the ICDS functionaries.
- **Display of ICDS Data on Honorable CM's Portal:** Provided technical support for the display of ICDS data on select indicators, at the Darpan portal, enhancing transparency and accountability in service delivery.

# HEALTH SYSTEMS STRENGTHENING

## Objective

Support the government in identifying critical gaps and collaboratively developing a vision or policy to address these gaps. Facilitate process improvements through the development of guidelines and the integration of Information Technology tools. Assist in establishing institutional mechanisms and governance structures to drive the implementation of enhanced policies and processes across key health systems domains, including data system strengthening, digital health interventions, supply chain management, and Information, Education, and Communication (IEC)/ Behaviour Change Communication (BCC).

## Geography

State-wide

## Key Highlights

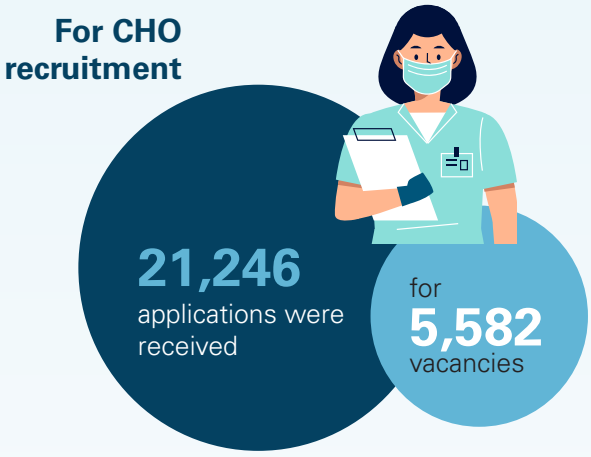
### Human Resource for Health

Multiple interventions were implemented in the field of human resources for health (HRH) to ensure the availability of critical personnel at healthcare facilities.

- Rationalisation of ANM Postings: Provided review and monitoring support to the DGFW in rationalising ANM postings within the eHRMS to address SC vacancies. As of October 2023, 10,152 SCs were without ANMs, which was reduced to 2,637 by March 2024 after rationalisation.
- Integration of Manav Sampada with Ayushman Bharat Digital Mission's Healthcare Professional Registry (HPR): Successfully integrated Manav Sampada with the HPR for doctors and nurses nationwide, resulting in the creation of 43,566 HPRs in UP. Additionally, HPR ID generation for regular ANMs under DGFW and teaching faculty and nursing cadre under the Directorate of Medical Education (DGME) was initiated.
- Support for NHM Recruitment Processes:

  Supported NHM in multiple recruitment drives, including:

  - CHO recruitment: 21,246 applications were received for 5,582 vacancies in February 2024, with the recruitment process ongoing.
  - Specialist recruitment: 198 specialists were appointed out of 1,180 vacancies through the reverse bidding model.
  - GM and DGM recruitment: 143 applications were received for 12 positions in September 2023, with six GMs recruited.
  - Staff recruitment: 7,840 SNs, 5,918 ANMs, 490 Pharmacists, and 2,985 Laboratory Technicians were recruited, with support in the review and allotment process, including mandatory eHRMS compliance.




- Streamlining promotions for ICDS: For AWW to Mukhya Sevika promotions, support was provided on the verification process through an online Document Verification Portal to complete this in a faster way. The portal also has the provision to submit district preferences. As an outcome, 320 promotions have been issued by ICDS. For AWH to AWW promotions, an online Vacancy Management Portal has enabled the mapping of 21,000 AWC vacancies and captured eligibility details through automated workflow, which helped the department in achieving 3,077 AWH promotions.
- Doctor Recruitment Support:
  - Supported the Director of Administration in recruiting approximately 1,500 doctors, including 992 MBBS MOs and 521 Specialists, through an online counseling process.
- Online Training for Healthcare Personnel:
  - Delivered online training to over 600 Medical Officers (MOs), dental surgeons, pharmacists, and clerical staff as part of the foundation/orientation training programme on eHRMS Manav Sampada.

- Collaboration with Department of Medical Education and Training for Mission Niramaya:

  Collaborated with the Department of Medical Education and Training to implement Mission Niramaya, which aims to improve healthcare education quality. Assisted in establishing a transparent rating policy for institutes, ensuring public disclosure of quality ratings based on infrastructure, teaching methods, and faculty and student quality.

  This extensive effort assessed approximately 800 institutions, with the Hon'ble Chief Minister launching the corresponding grades. To provide quality improvement pathways, 12 mentor institutes were paired with 110 mentee institutions, following rigorous standards developed in collaboration with Jhpiego. Competency-based learning and certification programme were developed to align nursing skills with market needs. Standardised competency dictionaries and digital assessments were created for various nursing positions. Additionally, the department approved a state-of-the-art Proctored Independent Authorized Assessment (PIAA) centre for competency certifications. Currently, assessments for over 400 new colleges to facilitate their affiliation with UPSMF. Support was provided to UPSMF for the affiliation process of nursing and paramedical institutes, which was subsequently approved by the CS; Incentive guidelines for creating competency dictionary and conducting competency-based assessments were also released by the Department of Medical Education. Furthermore, the second round of geotagging nursing and paramedical institutes is underway. Out of 145 institutes, 114 have been geotagged to date.

## Data Systems

- Strengthening Health Data Systems in collaboration with GoUP

  UP TSU engaged with the GoUP to strengthen health data systems, aiming to improve data availability, quality, and use for decision-making.

**613 UAAMs** have been geo-mapped on UPKSK out of the established **668 UAAMs.**

- Rational Allocation of 5,000 New Sub-Centers (SCs) (2023-24):

  Developed and shared a methodology with GoUP to ensure rational allocation, achieving 81% availability of SCs against the requirement.

- Revamped NHM Supportive Supervision Tool:

  Redesigned the NHM supportive supervision-cum-mentoring tool and district/facility selection methodology. The tool now enables real-time feedback tracking, allowing robust monitoring of supervision activities and prompt course corrections.

- Facility-Level Analysis using Direct Observation of Delivery (DOD) Data:

  Conducted detailed analyses to identify patterns and disparities in care across District Hospitals (DHs) and Community Health Centers (CHCs). Developed a facility scorecard to promote regular facility-based reviews at district, division, and state levels, supporting continuous quality improvement in service delivery.

- Capacity Development on Data Use:

  Conducted two state-level workshops on data analysis and use for 70 programme managers, strengthening data-driven programme management.

- Facility Readiness Assessment Tool:

  Supported NHM's M&E division with an excel-based tool that integrates routine data sources to assess facility readiness, service coverage, and quality gaps. This tool facilitates quarterly facility-based reviews.

- Evidence Generation for Programme Strengthening:

  Developed concept notes for community- and facility-based assessments, including:

  - Estimating RMNCH service coverage in UP
  - Assessing community-level diagnostic needs and analysing the existing diagnostic network
  - Understanding women's satisfaction with the uptake and use of the new non-hormonal oral contraceptive (Centchroman).

### Digital Health Interventions

- **ABDM initiatives:** Collaborated with the State Digital Health Mission (SDHM) to drive Health Facility and Professional Registration (HPR and HFR), and identify optimal locations for the 5,000 new SCs based on patient coverage and proximity to existing facilities. Supported the integration of various GoUP health systems with ABDM, enabling facilities to claim incentives under the Digital Health Incentive Scheme (DHIS).

- **Disease Surveillance:** Building on the success of the COVID platform, the UP TSU developed that concept into a UDSP, currently tracking 12 notifiable diseases (Malaria, Dengue, Chikungunya, Hepatitis B/C, Japanese Encephalitis, Leptospirosis Leptospirosis) statewide. Over 4,000 facilities were onboarded, registered under ABDM's HFR and HPR systems. After rolling out facility-based surveillance, UP TSU designed the model for community-based surveillance, working with ArguSoft (through NHM) to link e-Kavach with UDSP. As a result, 1.8 lakh ASHA workers are now conducting door-to-door syndromic surveillance under the Dastak Campaign.

**More than 4000 private labs and facilities onboarded, helping them register with ABDM for Health Facility Registry (HFR) and also register their Healthcare Professionals (HPRs)**

- **Human Resources (Recruitment, Preferences, etc):** Supported the surge in recruitments across Health and ICDS departments by developing vacancy management, recruitment preference, and counselling portals for cadres including AWWs, GMs/DGMs (NHM), CHOs, and Doctors/Nurses (SMF). UP TSU also operationalised a certificate portal to streamline CHO recruitment.

- **UP Ke Swasthya Kendra (UPKSK):** Enhanced the State Health Facility Registry by integrating data from Manav Sampada (HRMS), DVDMS (Drug & Medical Supplies), HMIS/UPHMIS (Health Indicators), and the Critical Equipment Status Portal (CARE). This offers a 360-degree view of each facility and enables geo-aggregated analyses (State ➔ Division ➔ District ➔ Block ➔ Revenue Village).

Additionally, Exception Reports requested by the State Health Department, were added to help identify under-performing facilities and their root causes, enabling targeted solutions.

## Supply Chain Management

- **Essential Drug List (EDL) Tenders:** To streamline procurement, a common tender was floated for 287 essential drugs worth INR 1,000 Cr, synchronising rate contracts. From April 2023 to March 2024, an average of 270 out of 287 active rate contracts were maintained.
- **Warehouse and Storage Management:** A key milestone was achieved with the handover of 18 out of 75 new permanent warehouses to the Uttar Pradesh Medical Supplies Corporation Limited (UPMSCL); the remaining warehouses are nearing completion.
- **Consumption-based ordering of EDL at the warehouse:** UPMSCL initiated a consumption-based ordering system to ensure the availability of all essential drugs across 75 district warehouses. EDL drug availability improved from 247 to 254 out of 287 drugs during the period.
- **Drug Quality checks at National Accreditation Board (NABL) Labs:** On average, 6,764 batches per month arrived at 11 NABL-accredited labs (April 2023–June 2024). Of these, around 4,416 batches per month were quality-checked within two months of arrival. Notably, in the last four months, 82%–95% of batches were tested within the two-month window, a significant achievement.

**6,764**
batches per month arrived at 11 NABL accredited laboratories during April 2023 and June 2024

**4,416**
batches per month underwent quality checks within two months of their arrival

- **Equipment Procurement and Public Private Partnership (PPP):** Medical equipment worth approximately INR 120 Cr was procured, including:
  - CT Scans (28), Digital X-Rays (26), USG (36), Portable USG (128)
  - Mobile Digital Radiography (593), TrueNat (94), USG (3 probes - 100)
  - Portable EEG (90), 3-Part Haematology Analyzers (1,053), Fully Auto Biochemistry Analyzers (1,053)
  - Patient Beds (18,283), ICU Beds (3,241), and 13 other types of critical equipment.

  PPP service procurement for human resources outsourcing (HMIS operators, NHM staff), HR recruitment, concurrent auditing, social media management, CBT-based recruitment, group insurance (NHM staff), and outsourcing at 15 CHCs was supported.

- **Passbook Fund allocation and Trainings:** Funds totaling INR 1,500 Cr were allocated to UPMSC and distributed among facilities via DVDMS. Passbook entries were completed, and monthly DVDMS and Passbook trainings (online/offline) were conducted for newly appointed MOs, Specialists, Dentists, and Facility Pharmacists across 10 districts as per demand.

## Social and Behaviour Change Communication

- To promote gender equity and eliminate discrimination in healthcare, gender e-modules have deen developed. In continuation to this, a customised gender e-module for CHOs and MOICs consider is under development to foster a holistic, gender-sensitive environment in health facilities, ensuring quality, discrimination-free healthcare delivery for all.
- At the request of the Health Department, UP TSU provided technical support for the weekly live podcast series "शुक्रवार की शाम, डॉक्टर्स के नाम" broadcast on SIHFW's YouTube channel, covering various health topics. To date, 31 episodes have been aired, garnering over 1 lakh views from doctors, medical students, and the general public.

  Supported the department on all processes for podcast broadcasting. The programme was successfully transitioned to the department, and continuous support was rendered during the tender and vendor selection process.
- Technical support was provided to NHM and the Health department across various initiatives:

UP TSU provided technical support for the weekly live podcast series

**"शुक्रवार की शाम, डाक्टर्स के नाम"**

**31 episodes**

with over

**1 lakh views**

from doctors, medical students, and the general public

**UP TSU developed:**

- Developed social media posts on health themes like anaemia and Pulse Polio, and developed print material for the Mission Rojgar Campaign.
- Developed three films on generating ABHA ID (i) Online ABHA ID creation (ii) Offline ABHA ID creation (iii) Linking ABHA ID with VHIR.
- Developed three audio-visual spots for the No Water Only Breastfeeding campaign, praised by GoUP and shared widely.
- Developed five films on RI with real beneficiaries for state-wide D2C activity on RI.

**UP TSU supported:**

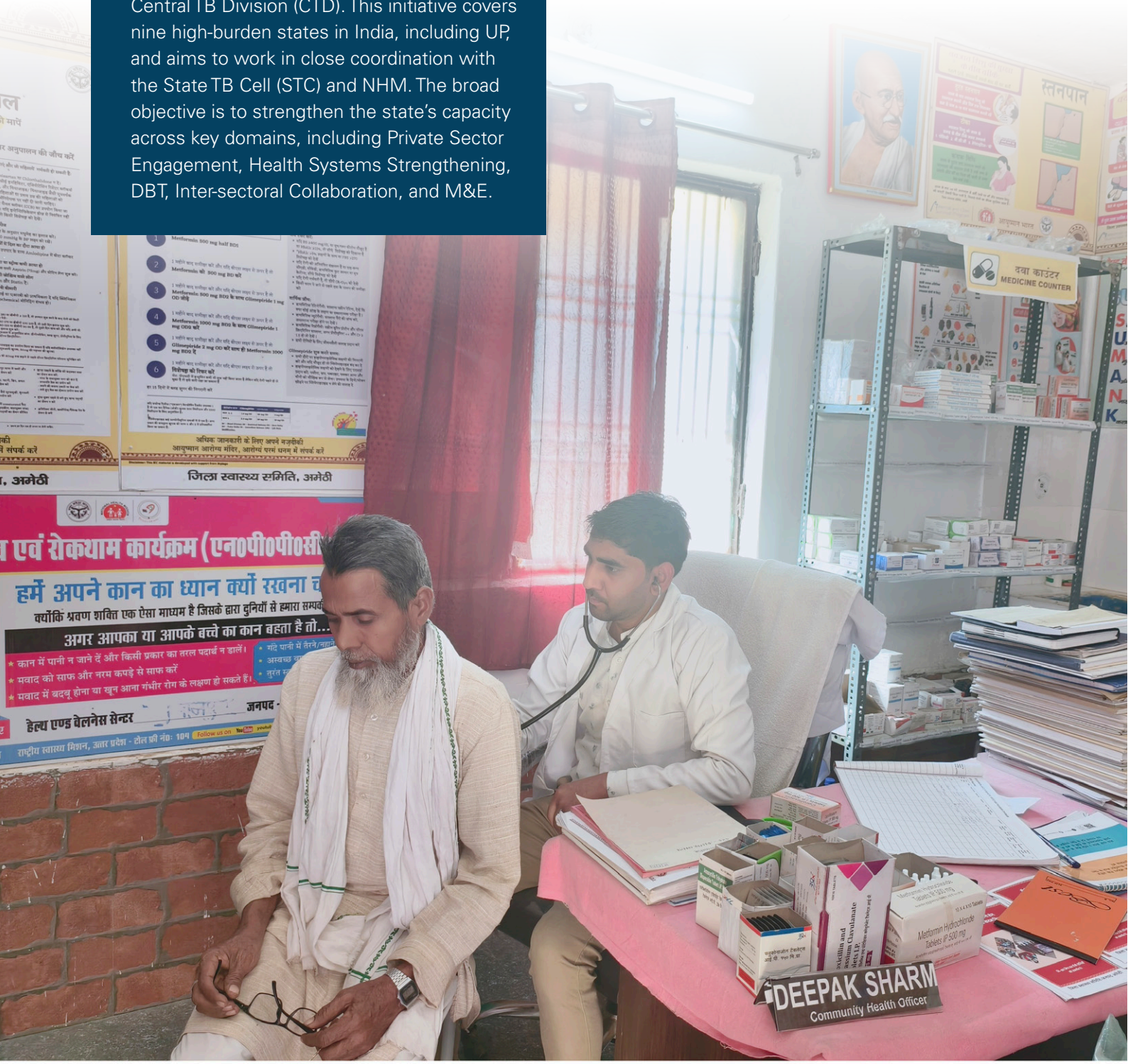
- Development of a creative package for the launch of "Mission Unnayan" in Bihar
- ICDS division by designing flyers on AWW, AWH & MSW honorarium and developing D2C plan on Maternal Nutrition.
- Directorate of Medical and Health Services, creative packages for the launch event of 35 ABDM Microsite in Lucknow and Mathura were developed.

- To showcase government health initiatives in UP, six films were developed highlighting key innovations (Uttar Pradesh ke Swasthya Kendra (UPKSK), HRH, UDSP, Mission Shakti, Roshni App, OPD Registration) were developed to highlight the state's commitment to advancing healthcare.
- The IEC division of NHM was supported to organise a bi-monthly Communication Partner's Meeting to develop an integrated Behaviour Change Communication (BCC) plan for effective behaviour change activities across critical health issues in the state. This initiative aims to coordinate and enhance behaviour change activities across critical health issues in the state. The forum is also working towards creating a unified repository of IEC/BCC materials to ensure consistency and uniformity of messages across all thematic areas.

# TUBERCULOSIS

## Objective

The State TB Technical Support Unit (STSU-TB) has been established in UP as part of World Bank funding routed through the Central TB Division (CTD). This initiative covers nine high-burden states in India, including UP, and aims to work in close coordination with the State TB Cell (STC) and NHM. The broad objective is to strengthen the state's capacity across key domains, including Private Sector Engagement, Health Systems Strengthening, DBT, Inter-sectoral Collaboration, and M&E.



## Geography

Uttar Pradesh

## Key Highlights

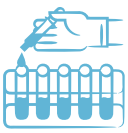
**Patient Provider Support Agencies (PPSAs):** The state contracted two NGOs to implement PPSAs in 36 districts that account for 82% of the state's total private sector TB notification target. The STSU monitors PPSA performance, identifies and informs PPSA on coverage gaps for TB notification and public health actions, provides field-level supportive supervision to address these gaps and tracks and advocates with state for timely fund release. PPSA districts have consistently outperformed non-PPSA districts by achieving over 100% of the notification targets and all public health actions, including NAAT testing, HIV and diabetes screening, DBT and contact evaluation.

**Focus on enhancing presumptive testing:** The state has set a target to achieve a Presumptive TB Examination Rate (PTER) of 2,000/lakh population. PTER has increased from 801 in 2022 to 1,298 in 2023. In the first quarter of 2024, the annualised PTER stands at 1,395/lakh population. To further enhance PTER, STSU regularly monitors and follows up with all public health facilities to achieve the target of screening 5% of outpatient attendees for TB screening and with private facilities to enrol presumptive TB in Ni-kshay. Efforts are ongoing to enhance the roles of Ayushman Arogya Mandir (AAM) centres and Panchayats for TB screening and care. Staff supported the state to position 185 recently produced Uno machines and successfully advocated with the state to procure Quattro machines under the Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), the 15th Finance Commission (XV FC), which is supporting the establishment of Block Public Health Units.

**Progress in TB Notification:** The state has set a target of 6.5 lakh TB notifications for 2024 (4.30 lakh from the public sector and 2.20 lakh from the private sector). In the first quarter (January to March 2024), the state notified 1.6 lakh active TB cases (Public Sector: 1 lakh; Private Sector: 0.6 lakh), achieving close to 100% of the quarterly target. In 2023, the state notified 2.34 lakh private sector patients — exceeding the Ni-kshay target of 1.86 lakh and reaching 105% against the state's revised internal target of 2.24 lakh. The STSU team shares facility trackers with both PPSA and non-PPSA districts, encouraging outreach to private doctors who remain untapped during the year. Public sector notification has also shown strong progress: in 2023, the state notified 3.88 lakh patients, surpassing the Ni-kshay target of 3.6 lakh patients and reaching 97% of the state's revised internal target of 4.0 lakh patients.

**NAAT testing among private sector patients:** In 2024, the Central TB Division (CTD) included the target of offering NAAT testing to 70% of notified private TB patients as part of performance indicators. NAAT testing coverage in the private sector was 17% in 2022, increased to 34% in 2023, and reached 45% in the first quarter (Q1) of 2024 — about 20 percentage points lower than the public sector.

**Optimising the availability of NAAT machines:** NAAT machines across public and private sectors were mapped for all 75 districts. As of March 2024, Uttar Pradesh had 896 NAAT machines in the public sector, covering 65% of the 827 blocks. In the PIP, it was recommended by WHO and the STSU to procure NAAT machines for every TB unit to ensure wider access.



**Improvement in the performance of NAAT machines against its capacity:** Periodic analysis of NAAT machine utilisation, based on Annexure M and Lab Reports, showed that in the first quarter of 2024, 69 out of 896 NAAT machines had not reported a single TB test. This number was brought down to 27 machines in the following quarter. Overall, NAAT testing has nearly doubled, increasing from 1.38 lakh tests (January–March 2023) to 2.78 lakh tests during the same period in 2024.

**Technical Support to Strengthen the IRL and CDST labs:** Support was provided to activate and strengthen Intermediate Reference Laboratories (IRL) and Culture and Drug Susceptibility Testing (CDST) labs through lab profiling, on-site trainings, development of reporting formats, advocacy for filling HR vacancies, and facilitation of NRL certification. As a result, five IRLs are now functional, up from two previously. All 75 districts have been redistributed among the five IRLs for quality assurance, training, and periodic on-site evaluations (OSE).

**Engagement of Aam Aadmi Mandirs/Health and Wellness Centres (AAM/HWC):** AAMs were mapped in Ni-kshay, CHO training modules were developed, and presumptive TB entries in Ni-kshay OPD registers were regularly monitored. In 2023, only 24 districts had more than 50% of AAMs reporting presumptive TB cases. By 2024, this number increased to 70 out of 75 districts, with the share of presumptive TB cases from AAMs rising from 15% to over 30% of the state's total.

**Continuing Medical Education (CME) for private doctors in Prayagaraj and Varanasi:** CME sessions were organised on 18th and 19th July 2023 in Prayagraj and Varanasi, in collaboration with Johnson & Johnson and TB Alert India, under the guidance of the State TB Office. The sessions were attended by nearly 55 private doctors in Prayagraj and 80 in Varanasi.

**Diagnostic Network Optimization (DNO) Project:** BMGF awarded IHAT a three-year Diagnostic Network Optimization (DNO) project in November 2023, with the primary objectives of enhancing the Presumptive TB Examination Rate (PTER) to 2000 per lakh population and improving the access and utilisation of molecular WHO-recommended diagnostics, aiming for 70% of presumptive cases and 85% of diagnosed cases to undergo NAAT testing. The project also focuses on reducing the disparity between public and private sector patients and increasing the uptake of indigenous low-cost molecular tests validated at the national level. Within a short period, the project has significantly contributed to improving the PTER and NAAT testing performance. Additionally, IHAT has supported the activation of IRL labs, assisted the state in monitoring supplies, and played a key role in supporting the procurement of essential drugs, test kits, and sample transportation systems. Furthermore, IHAT facilitated PPP contracts with private laboratories, enhancing the overall diagnostic network and ensuring better service delivery across the state.

# MADHYA PRADESH INNOVATION HUB

## Objective

Integrate innovative methods and capabilities into the MP Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) programme. This initiative aims to introduce specific shaping levers, interventions, and tools designed to effectively change behaviour and maximise the program's impact, ultimately saving and improving lives. By incorporating these innovations, the program seeks to address critical health challenges, enhance service delivery, and ensure better health outcomes for mothers, newborns, children, and adolescents across the state.

## Geography

Madhya Pradesh

## Key Highlights

The Madhya Pradesh Innovation Hub (MPIH), committed to improving the delivery and quality of essential services within the state, is focused on implementation support and showcasing innovative solutions that have the potential to be scaled up and sustained. The hub operates across three key platforms: Community, Facility, and Health Systems.

**Community Platform:** Project MANCH (Maternal, Newborn and Child Health), aims to enhance the availability, quality, and utilisation of critical maternal, newborn, and child health (MNCH) services in the tribal areas of MP, with a focused effort in Shahdol District, MP.

- To enhance newborn care, a two-day training workshop on 'Care of Newborn' was organised at Medical College, Shahdol, led by senior neonatologists as expert trainers. This workshop trained 45 participants across two batches.
- MPIH supported skill-based IMNCI training. 212 out of 254 ANMs scheduled from Shahdol's five blocks were trained as of March 2024. This included 72 ANMs trained in three batches in December 2023 and 140 in six batches from January to March 2024.
- MPIH faciliated skill-based SAANS training in Shahdol, reaching 160 ANMs out of the 254 target.
- Home-based Care of Young Child (HBYC) training in Shahdol district was conducted for 29 ASHA Supervisors out of 95 in Shahdol.
- Training 110 of 330 ANMs/LHVs in four batches, with seven more batches remaining.

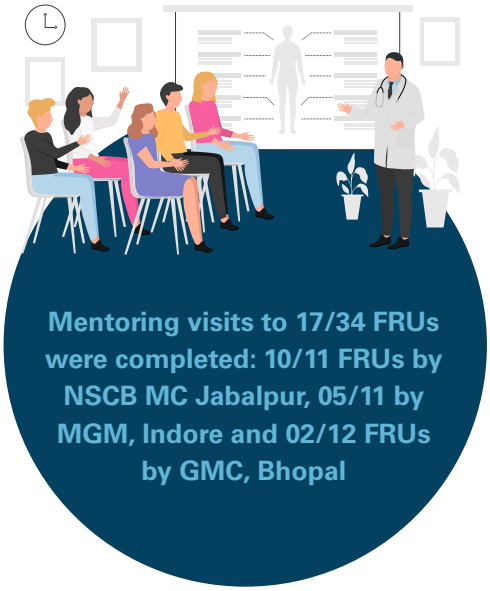
- To improve the referral of replace with HRP women women, MPIH distributed HRP Seal and Stamp along with VHND banners to 194 ANMs across all blocks in Shahdol. This initiative ensures that any woman marked with the HRP seal on her Maternal and Child Health (MCH) card is directly referred by ambulance to an FRU for delivery. Any woman with an HRP seal on the Maternal and Child Health (MCH) card would be taken by ambulance directly to an FRU for delivery.
- MPIH organised a District-Level Data Validation Committee Workshop with district health officials and key personnel. This workshop led to the formation of a Data Validation Committee aimed at ensuring the accuracy of HMIS reports. It also included discussions on improving HMIS data quality, hands-on training for block-level HMIS data operators, and plans for regular block-level data validation meetings.

**Facility Platform:** RRTC Intervention – focuses on enhancing a) competencies across nine signal functions, b) referral systems for complication management, and c) convergence between the Departments of Medical Education and Health.

- In August 2023, a two-day "Module Updation Cum Orientation Workshop" was conducted to update the existing training modules for specialists and MOs, as well as for mentoring FRU staff. The workshop brought together key participants, including the MD-NHM, Deputy Directors (DDs) of child health and maternal health, representatives from the office of the Commissioner Medical Education, faculty from three medical colleges, senior technical staff from IHAT, and MPIH staff. The objective of the workshop was to enhance the

training approach and ensure that medical professionals are equipped with the most current knowledge and practices to improve healthcare delivery.

- Faculties were oriented at workshops held in Jabalpur, Bhopal and Indore on programmatic activities and enhance the implementation processes aimed at increasing the capacity of FRU staff.
- Six batches of skill-based training of Specialists and MOs were completed across the medical colleges, with two batches held each at NSCB Jabalpur, MGM Indore, and GMC Bhopal. A total of 116 out of 577 (or 47%) specialists and MOs from 35 selected FRUs were trained on MNH components to improve the quality of care.
- The details of the FRU assessment were shared and advocated with NHM for its inclusion in the PIP for improvement in infrastructure, supplies & logistics.
- Faculty members from the Department of Pediatrics at NSCB MC Jabalpur also conducted on-site mentoring visits to District Hospital Shahdol, identifying areas for improvement in newborn care.
- MPIH supported the Directorate of Health Services (DHS) in cadre restructuring, including the creation of a Public Health management cadre, resulting in a significant increase in the availability of specialists from 16% in March 2020 to 50% in July 2023.



**Mentoring visits to 17/34 FRUs were completed: 10/11 FRUs by NSCB MC Jabalpur, 05/11 by MGM, Indore and 02/12 FRUs by GMC, Bhopal**

**Health Systems Strengthening:** Technical guidance for policy driven changes

- MPIH is supporting the Nursing section of DHS for the creation of a "Midwifery cadre" as per the GoI guidelines.
- MPIH is supporting the Development & Planning section of DHS in benchmarking human resources with Indian Public Health Standards (IPHS) 2012/2022. The final cabinet proposal has been submitted again to the finance department for budget approval.
- District Hospital, Shahdol, Civil Hospital, Burhar block and PHC Amjhor, Jaisinghnagar block have received national certification in the MusQan programme, LaQshya and NQAS certifications.
- Of the 13 public health facilities in Shajapur, Shahdol, and Agar Malwa districts, supported by IHAT for the LaQshya assessment, seven have received state certification, one has received national certification, and five more facilities are planned for national certification.

# Financials

**INDIA HEALTH ACTION TRUST (IHAT)**

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

**Balance Sheet - Consolidated**

| Particulars | 31st March, 2024 [INR] | 31st March, 2023 [INR] |
|---|---|---|
| **1. LIABILITIES** | | |
| Capital Fund | 1,23,26,01,752.91 | 1,12,29,35,654.94 |
| Grant Received in Advance | (4,98,70,708.12) | 3,49,61,489.55 |
| Capital Reserve A/C | 4,74,16,368.61 | 5,66,21,559.90 |
| **CURRENT LIABILITIES** | | |
| Current Liabilities & Payables | 1,03,98,503.56 | 1,63,29,006.96 |
| **TOTAL LIABILITIES** | **1,24,05,45,916.96** | **1,23,08,47,711.35** |
| | | |
| **II. ASSETS** | | |
| **NON-CURRENT ASSETS** | | |
| Fixed Assets | 4,82,22,956.24 | 5,77,33,941.94 |
| Long Term Loans and Advances | 94,40,825.00 | 90,57,325.00 |
| **CURRENT ASSETS** | | |
| Cash and Cash Equivalents | 1,09,46,72,423.94 | 1,12,06,70,138.92 |
| Short-Term Loans and Advances | 2,37,56,230.37 | 1,74,77,926.89 |
| Other Current Assets | 2,77,94,644.41 | 2,59,08,378.60 |
| Receivables | 3,66,58,837.00 | - |
| **TOTAL ASSETS** | **1,24,05,45,916.96** | **1,23,08,47,711.35** |

**INDIA HEALTH ACTION TRUST (IHAT)**

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

**Statement of Income & Expenditure - Consolidated**

| Particulars | 31st March, 2024 [INR] | 31st March, 2023 [INR] |
|---|---|---|
| **INCOME** | | |
| Grant Utilized | 1,07,45,94,258.78 | 1,14,25,44,638.04 |
| Donations Received | - | 80,91,27,000.00 |
| Other income | 11,24,65,906.40 | 5,91,30,990.29 |
| **TOTAL REVENUE** | **1,18,70,60,165.18** | **2,01,08,02,628.33** |
| | | |
| **EXPENSES** | | |
| Project & Other Expenses | 1,06,37,97,601.44 | 1,09,87,50,611.34 |
| Employee Benefit Expenses | 4,26,70,042.41 | 3,56,88,797.85 |
| Financial Costs | 1,06,601.03 | 95,140.99 |
| Loss on Sale of Assets | 56,894.60 | 16,028.24 |
| Depreciation & Amortization Expenses | 1,47,20,548.91 | 1,74,81,179.20 |
| **TOTAL EXPENSES** | **1,12,13,51,687.39** | **1,15,20,31,757.62** |
| Excess of Income over Expenditure | 6,57,08,477.79 | 85,87,70,870.71 |
| Add: Exceptional/Extraordinary Items | - | - |
| **Excess of income over Expenditure transferred to Capital Fund Account** | **6,57,08,477.79** | **85,87,70,870.71** |

## Contact Details

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