



# ANNUAL REPORT

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@IHAT, 2025

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# List of Abbreviations

<b>AAA</b>	ASHA, ANM, AWW (combined frontline worker platform)	<b>CiVHSND</b>	Chhaya Integrated Village Health, Sanitation and Nutrition Day
<b>AAM</b>	Ayushman Arogya Mandir	<b>CME</b>	Continuing Medical Education
<b>ABHA</b>	Ayushman Bharat Health Account	<b>CMO</b>	Chief Medical Officers
<b>ABDM</b>	Ayushman Bharat Digital Mission	<b>CMS</b>	Chief Medical Superintendent
<b>ACMO</b>	Additional Chief Medical Officer	<b>CNPD</b>	Childhood Neurological and Physical Disabilities
<b>AE</b>	Adverse Event	<b>CPAP</b>	Continuous Positive Airway Pressure
<b>AFHC</b>	Adolescent Friendly Health Clinic	<b>CPHC</b>	Comprehensive Primary Healthcare
<b>AI</b>	Artificial Intelligence	<b>CRSS</b>	Community Response Strengthening System
<b>ANC</b>	Antenatal Care	<b>CTD</b>	Central TB Division
<b>ANM</b>	Auxiliary Nurse Midwife	<b>D2C</b>	Direct-to-Consumer
<b>ASHA</b>	Accredited Social Health Activist	<b>DBT</b>	Direct Benefit Transfer
<b>AWC</b>	Anganwadi Centre	<b>DCPM</b>	District Community Process Manager
<b>AWH</b>	Anganwadi Helper	<b>DD</b>	Deputy Directors
<b>AWW</b>	Anganwadi Worker	<b>DGFW</b>	Directorate General of Family Welfare
<b>BCC</b>	Behaviour Change Communication	<b>DGME</b>	Directorate of Medical Education
<b>BCPM</b>	Block Community Process Manager	<b>DGMH</b>	Directorate General of Medical and Health
<b>BoC</b>	Block Outreach Coordinator	<b>DH</b>	District Hospital
<b>BP</b>	Blood Pressure	<b>DHAP</b>	District Health Action Plan
<b>BPM</b>	Block Program Manager	<b>DHEO</b>	District Health Education Officer
<b>BSL</b>	Biosafety Level	<b>DHIS</b>	Digital Health Incentive Scheme
<b>BSU</b>	Blood Storage Unit	<b>DHS</b>	Directorate of Health Services
<b>CARE</b>	Critical Equipment Status Portal	<b>DLTSU</b>	Delhi Technical Support Unit
<b>CASH</b>	Committee Against Sexual Harassment	<b>DNO</b>	Diagnostic Network Optimization
<b>CBE</b>	Community-Based Events	<b>DOD</b>	Direct Observation of Delivery
<b>CBNAAT</b>	Cartridge-Based Nucleic Acid Amplification Test	<b>DoMH&amp;FW</b>	Department of Medical Health & Family Welfare
<b>CDST</b>	Culture and Drug Susceptibility Testing	<b>DP</b>	Delivery Point
<b>CEmONC</b>	Comprehensive Emergency Obstetric and Newborn Care	<b>DPM</b>	Divisional Programme Managers
<b>CDPO</b>	Child Development Project Officer	<b>DPT</b>	Diphtheria, Pertussis, and Tetanus
<b>CDST</b>	Culture and Drug Susceptibility Testing	<b>DR.RMLIMS</b>	Dr. Ram Manohar Lohia Institute of Medical Sciences
<b>CF</b>	Complimentary Feeding	<b>DSACS</b>	Delhi State AIDS Control Society
<b>CHC</b>	Community Health Centre	<b>DSS</b>	District Senior Specialist
<b>CHO</b>	Community Health Officer	<b>DST</b>	Drug Susceptibility Testing

<b>DVDMS</b>	Drug and Vaccine Distribution Management System	<b>HPR</b>	Healthcare Professional Registry
<b>DWH</b>	District Women's Hospital	<b>HR</b>	Human Resource
<b>EBF</b>	Exclusive Breastfeeding	<b>HRD</b>	Human Resources Development
<b>ECHS</b>	Ex-Servicemen Contributory Health Scheme	<b>HRP</b>	High Risk Pregnancy
<b>ECP</b>	Emergency Contraceptive Pill	<b>HSS</b>	Health Systems Strengthening
<b>EDL</b>	Essential Drug List	<b>HWC</b>	Integrated Child Development Services
<b>EMMS</b>	Equipment Management and Maintenance System	<b>IC</b>	Internal Committee
<b>ENBC</b>	Essential Newborn Care	<b>ICDS</b>	Integrated Child Development Services
<b>FAMS</b>	Financial Accounting Management System	<b>IDCF</b>	Intensified Diarrhoea Control Fortnight
<b>FCM</b>	Ferric Carboxymaltose	<b>IEC</b>	Information, Education and Communication
<b>FIC</b>	Full Immunization Coverage	<b>IFA</b>	Iron Folic Acid
<b>FLW</b>	Frontline Worker	<b>IHAT</b>	India Health Action Trust
<b>FP</b>	Family Planning	<b>IMNCI</b>	Integrated Management of Neonatal and Childhood Illness
<b>FPLMIS</b>	Family Planning Logistics Management Information System	<b>IMR</b>	Infant Mortality Rate
<b>FLW</b>	Frontline Workers	<b>IPHS</b>	Indian Public Health Standards
<b>FP</b>	Family Planning	<b>IRL</b>	Intermediate Reference Laboratory
<b>FRAC</b>	Framework of Roles, Activities, and Competencies	<b>IUCD</b>	Intrauterine Contraceptive Device
<b>FRU</b>	First Referral Unit	<b>JAS</b>	Jan Arogya Samiti
<b>FSDA</b>	Food Safety and Drug Administration	<b>JSY</b>	Janani Suraksha Yojana
<b>FY</b>	Financial Year	<b>KA TSU</b>	Karnataka Technical Support Unit
<b>GAF</b>	Gender Analysis Framework	<b>KSAPS</b>	Karnataka State AIDS Prevention Society
<b>GES</b>	Gender Equality Strategy	<b>L3</b>	Level 3 Delivery Point
<b>GMC</b>	Gandhi Medical College	<b>LaQshya</b>	Labour Room Quality Improvement Initiative
<b>GMD</b>	Growth Monitoring Device	<b>LIS</b>	Laboratory Information System
<b>GO</b>	Government Order	<b>LMS</b>	Learning Management System
<b>GoI</b>	Government of India	<b>LR</b>	Labour Room
<b>GoMP</b>	Government of Madhya Pradesh	<b>LSAS</b>	Life Saving Anaesthesia Skills
<b>GoUP</b>	Government of Uttar Pradesh	<b>M&amp;E</b>	Monitoring and Evaluation
<b>Hb</b>	Haemoglobin	<b>MANCH</b>	Maternal, Newborn and Child Health
<b>HEO</b>	Health Education Officer	<b>MBBS</b>	Bachelor of Medicine and Bachelor of Surgery
<b>HFR</b>	Health Facility Registry	<b>MC</b>	Medical College
<b>HIS</b>	Health Information System	<b>MD</b>	Mission Director
<b>HIV</b>	Human Immunodeficiency Virus	<b>MGM MC</b>	Mahatma Gandhi Memorial Medical College
<b>HMIS</b>	Health Management Information System	<b>MCH</b>	Maternal and Child Health
<b>HOPE</b>	Health Online Parameter Evaluation		

<b>MIYCN</b>	Maternal, Infant, and Young Child Nutrition	<b>OCP</b>	Oral Contraceptive Pill
<b>MMR</b>	Maternal Mortality Ratio	<b>OSCE</b>	Objective Structured Clinical Examination
<b>MNCH</b>	Maternal, Newborn, and Child Health	<b>ODK</b>	Open Data Kit
<b>MO</b>	Medical Officer	<b>PC&amp;PNDT</b>	Pre-Conception and Pre-Natal Diagnostic Techniques Act
<b>MoA</b>	Memorandum of Association	<b>PCM</b>	Paracetamol
<b>MoH&amp;FW</b>	Ministry of Health and Family Welfare	<b>OSE</b>	On-Site Evaluation
<b>MoU</b>	Memorandum of Understanding	<b>OT</b>	Operation Theatre
<b>MP</b>	Madhya Pradesh	<b>PHC</b>	Primary Health Centre
<b>MPIH</b>	Madhya Pradesh Innovation Hub	<b>PIAA</b>	Proctored Independent Authorized Assessment
<b>MTB</b>	Mycobacterium Tuberculosis	<b>PIP</b>	Programme Implementation Plan
<b>mWRD</b>	WHO Recommended Rapid Diagnostics	<b>PM-ABHIM</b>	Pradhan Mantri-Ayushman Bharat Health Infrastructure Mission
<b>NAAT</b>	Nucleic Acid Amplification Test	<b>PMU</b>	Project Management Unit
<b>NABL</b>	National Accreditation Board for Testing and Calibration Laboratories	<b>PMMVY</b>	Pradhan Mantri Matru Vandana Yojana
<b>NACO</b>	National AIDS Control Organization	<b>PMSMA</b>	Pradhan Mantri Surakshit Matritva Abhiyan
<b>NBCC</b>	Newborn Care Corner	<b>PNC</b>	Postnatal Care
<b>NBSU</b>	Newborn Stabilisation Units	<b>PoSH</b>	Prevention of Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act
<b>NCD</b>	Non Communicable Diseases	<b>PPIUCD</b>	Postpartum Intrauterine Contraceptive Device
<b>NFHS</b>	National Family Health Survey	<b>PPP</b>	Procurement and Public Private Partnership
<b>NHAI</b>	National Highway Authority of India	<b>PPSA</b>	Patient Provider Support Agencies
<b>NHM</b>	National Health Mission	<b>PRI</b>	Panchayati Raj Institution
<b>NHSRC</b>	National Health Systems Resource Centre	<b>PSH</b>	Principal Secretary, Health
<b>NIC</b>	National Informatics Centre	<b>PSV</b>	Physical Stock Verification
<b>NLEM</b>	National List of Essential Medicines	<b>PTER</b>	Presumptive TB Examination Rate
<b>NMCH</b>	Nalanda Medical College and Hospital	<b>PW</b>	Pregnant Women
<b>NMR</b>	Neonatal Mortality Rate	<b>RCH</b>	Reproductive and Child Health
<b>NNMC</b>	National Nursing and Midwifery Commission Act	<b>RDS</b>	Respiratory Distress Syndrome
<b>NQAS</b>	National Quality Assurance Standards	<b>RfP</b>	Request for Proposal
<b>NSSK</b>	Navjaat Shishu Suraksha Karyakram	<b>RG</b>	Registrar General of India
<b>NTEP</b>	National Tuberculosis Elimination Programme	<b>RI</b>	Routine Immunization
<b>NUHM</b>	National Tuberculosis Elimination Programme	<b>RMNCAH</b>	Reproductive, Maternal, Newborn, Child and Adolescent Health
<b>NWOB</b>	No Water Only Breastmilk	<b>RMNCH</b>	Reproductive, Maternal, Newborn, and Child Health
<b>OSCE</b>	Objective Structured Clinical Examinations		

<b>RMNCH+N</b>	Reproductive, Maternal, Newborn and Child Health+Nutrition	<b>UDSP</b>	Unified Disease Surveillance Platform
<b>RRTC</b>	Regional Resource Training Centre	<b>UDST</b>	Universal Drug Susceptibility Testing
<b>RT-PCR</b>	Reverse Transcription-Polymerase Chain Reaction	<b>UoM</b>	University of Manitoba
<b>SAPW</b>	Severe Anaemic Pregnant Women	<b>UP</b>	Uttar Pradesh
<b>SBA</b>	Skilled Birth Attendant	<b>UPKSK</b>	Uttar Pradesh ke Swasthya Kendra
<b>SBCC</b>	Social and Behaviour Change Communication	<b>UPHMIS</b>	Uttar Pradesh Health Management Information System
<b>SC</b>	Sub Centre	<b>UPMSCL</b>	Uttar Pradesh Medical Supplies Corporation Limited
<b>SHG</b>	Self Help Group	<b>UP TSU</b>	Uttar Pradesh Technical Support Unit
<b>SIHFW</b>	State Institute of Health and Family Welfare	<b>VHND</b>	Village Health and Nutrition Day
<b>SNCU</b>	Special Newborn Care Unit	<b>VHIR</b>	Virtual Health ID Registry
<b>SoP</b>	Standard Operating Procedures	<b>VPD</b>	Vaccine- Preventable Disease
<b>SRS</b>	Sample Registration System	<b>WHO</b>	World Health Organization
<b>STF</b>	State Task Force	<b>WPD</b>	World Population Day
<b>STSU-TB</b>	State Tuberculosis Technical Support Unit – Uttar Pradesh	<b>ZDLA</b>	Zero Dose Learning Agenda
<b>TB</b>	Tuberculosis	<b>ZNS</b>	Zonal Nursing Specialist
<b>ToT</b>	Training of Trainers		
<b>TSG</b>	Technical Support Group		
<b>TWG</b>	Technical Working Group		

# From the Managing Trustee

I am pleased to present the Annual Report for the financial year 2024-25, a year that carried forward IHAT's mission to strengthen public health through evidence-based, equitable and sustainable approaches. Our continued emphasis on program science, data-driven decision-making, and regular self-reflection has continued to guide our work and deepened our impact.

Over the year, IHAT has strengthened its collaboration with state governments to enhance health systems and ensure quality service delivery across maternal and newborn health, family planning, nutrition, and tuberculosis control. We have built on our core strengths of capacity development, quality improvement, and institutionalisation of best practices, while embracing innovation and technology to expand our reach and effectiveness.

In collaboration with state health departments, technical support was extended to strengthen maternal and newborn care by activating referral facilities, expanding newborn care units, and providing sustained mentoring for healthcare providers. In family planning, our efforts focused on ensuring access to a full range of contraceptive choices and strengthening counselling services. In nutrition, we partnered with the Integrated Child Development Services (ICDS) to reinforce community platforms and promote positive health behaviours. Our tuberculosis programme has continued to expand diagnostic access and engage the private-sector, accelerating progress toward the national goal of elimination.

These accomplishments reflect the power of collaboration, bringing together government leadership, technical expertise, and community participation. They also reaffirm IHAT's commitment to using data not only to measure progress but to continually refine strategies in response to evolving challenges.

As we look ahead, IHAT remains committed to scaling proven health solutions and strengthening data-informed decision-making across health systems. I extend my heartfelt gratitude to our partnerships – notably with the governments, donors, frontline cadre and community stakeholders and the dedicated IHAT team for their trust, and unwavering commitment to improving health outcomes for all.

**Shajy K Isac, Ph.D.**

Managing Trustee

India Health Action Trust

# Reflections from the Chief Executive Officer

The past year has been one of strengthening IHAT's role as a trusted partner to governments in building resilient health systems. Our focus has been on embedding processes that ensure equity, quality, and sustainability - principles that guide every aspect of our work.

A key priority has been mainstreaming gender and inclusion across all programmes, as well as IHAT's policies and institutional practices. Through a structured gender analysis framework, gender champions across our operations and programmes, e-learning modules, and capacity building initiatives, we have enabled thousands of frontline workers to recognise and address gender-related barriers in healthcare. These efforts foster an environment where women, children, and marginalised communities can access services with dignity and without discrimination.

Equally important has been our work to institutionalise systems and processes. From optimising human resource deployment to integrating digital platforms like e-Kavach for real-time service tracking, we have focused on strengthening governance and accountability. These measures are enhancing efficiency and ensuring that health systems are better prepared for emerging challenges.

Our continuum-of-care approach has been reinforced through innovations such as digital referral mechanisms for high-risk pregnancies and integrated outreach platforms like the Community-based Integrated Village Health, Sanitation, and Nutrition Day (CiVHSND). These interventions demonstrate that inclusive and adaptive systems deliver stronger outcomes for communities.

We have also invested in knowledge and learning systems to ensure that programmes are grounded in evidence. Rapid assessments, cohort studies, and deeper data analysis have informed strategy and built institutional capacity. These efforts reaffirm our belief that sustainable change requires both strong systems and rigorous evidence.

Looking ahead, IHAT will continue to champion equity and resilience in health systems. Our priorities include scaling high-impact practices, deepening gender integration and gender mainstreaming, and fostering partnerships that address the social determinants of health. We remain committed to creating systems that are inclusive, adaptive, and accountable, and that deliver health for all.

I extend my sincere gratitude to our government, partners, donors, and the IHAT team for their efforts and collaboration.

## **Meena Narula**

Chief Executive Officer  
India Health Action Trust

# Our Approach

IHAT's approach is grounded in 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

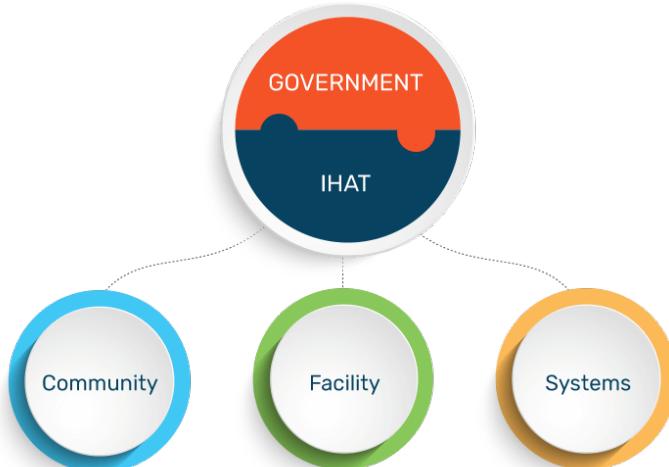
We partner with governments to strengthen health systems through:

➔ **Strategic Analysis and Planning:**

Data-driven programme planning, implementation, and adaptive learning.

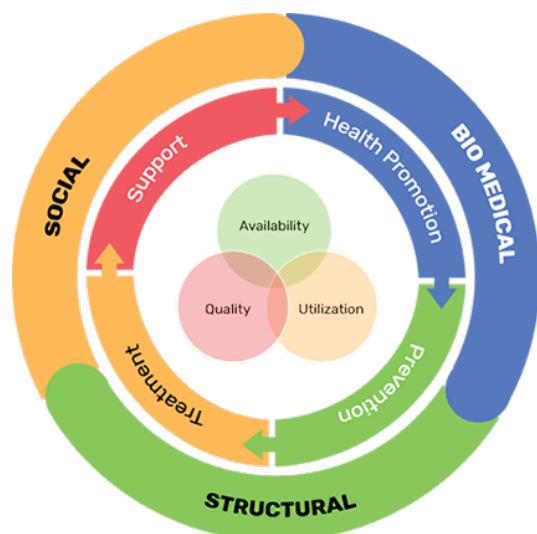
➔ **Capacity Building:** Training and mentoring government staff and community workers.

➔ **Advocacy:** Driving policy change and fostering community engagement.

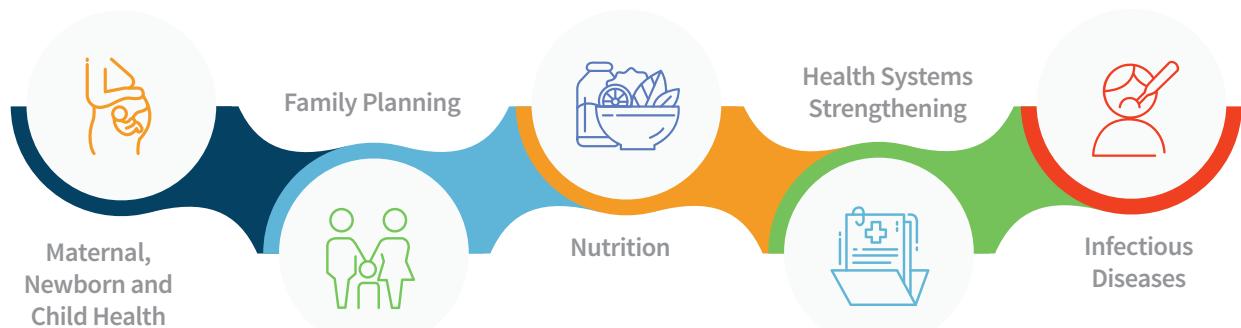


## Continuum of Care: A Holistic, Community-Focused Approach

- ➔ 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 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 programmes.

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

Pursuant to the Memorandum of Understanding between the National Health Mission, Government of Madhya Pradesh (NHM-MP), and IHAT. MPIH supports the state to address health challenges and improve outcomes in Maternal, Newborn, Child, and Health; and Health Systems Strengthening.

## → **Project MANCH – 2021**

Funded by HCLFoundation, Project MANCH provided key insights, learnings and technical support to Government of Madhya Pradesh in improving maternal, newborn and child health outcomes in tribal areas of the state (three blocks of the tribal district of Shahdol) from 2021-2025. The IHAT team continues to support the state and has scaled up the interventions across five blocks of the Shahdol district of Madhya Pradesh.

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

Worked with the Central TB Division and the National Technical Support Unit to expand Uttar Pradesh's capacity for private-sector engagement, strategic purchasing, direct benefit transfer (DBT) and multi-sectoral collaboration in TB elimination.

## → **Diagnostic Network Optimisation (DNO) Project - *Initiated in December 2023***

Supported by Gates Foundation, IHAT provides technical support to Uttar Pradesh to optimise the TB Diagnostic network - 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 inequities in access to TB testing between the public and private sectors.

## → **Project Unnayan – *Initiated in 2024***

### ***Policy Design and Program Management Support to the Government of Bihar***

The Government of Bihar launched Mission Unnayan in collaboration with the Bihar Nursing Council on March 7, 2024, with the aim of enhancing the quality of nursing education and establishing a "Brand Bihar" for nursing, both nationally and globally. IHAT, along with other partners, provides policy design and programme management support to the Government of Bihar.

## → **GenEqual Fellowship Programme– *Initiated in March 2025***

The GenEqual Fellowship Programme aims to improve the health and well-being of young people from key and vulnerable populations in Delhi through gender-responsive, inclusive, and community-led interventions using a fellowship model.



*Meaningfully impact the lives of  
vulnerable and marginalised people by  
addressing health and social inequities.*

# Institutional Development

## Empowering People. Strengthening Systems. Driving Impact.

In 2024–25, IHAT continued to strengthen its institutional foundations by investing in people, systems, and culture. The organisation was recognised as a Great Place To Work for the second consecutive year (December 2024–December 2025), reaffirming its commitment to employee well-being and organisational excellence.

Staff capacity and leadership development remained key priorities. The ‘Building a PoSHitive Workplace’ workshop trained Internal Committee members on the Prevention of Sexual Harassment of Women at Workplace (Protection, Prohibition and Redressal) Act, 2013 (PoSH Act), reinforcing a culture of safety and respect. Leadership and technical trainings enhanced managerial skills, teamwork, and knowledge of evolving public health practices.

IHAT advanced its human resource systems through structured performance appraisals, mentorship, and skills gap assessments. A compensation benchmarking study was completed to ensure fair and sustainable pay practices, with implementation planned for the financial year 2025–26.

During the year, all organisational policies were reviewed to align with legal and regulatory requirements and to strengthen workplace practices. Staff participation in the review process promoted ownership and accountability.

IHAT also streamlined internal systems, updated standard operating procedures, and reinforced good governance through regular board oversight and statutory compliance. These initiatives have helped create an inclusive, motivated, and high-performing workforce capable of driving impactful public health programmes.



# Gender Mainstreaming and Integration

IHAT remains committed to advancing gender equity across health programmes, guided by the [IHAT Gender Equality Strategy \(2024–2029\)](#). This strategy outlines a roadmap to embed gender-transformative approaches across individual, community, and health systems levels, addressing systemic barriers and improving health outcomes.

## Objectives



Develop and implement gender-transformative organisational policies and processes



Strengthen IHAT staff capacity to apply gender-transformative approaches in their work



Design and deliver quality gender-transformative programmes and research



Influence government and partners to adopt and uphold gender-equitable policies.

## Key Highlights

### Gender Integration Workshops:

- National Health Systems Resource Centre (NHSRC):** A two-day gender orientation workshop was organised for 35 NHSRC participants. The workshop, aimed to equip them with the knowledge and tools needed to integrate gender equity into health systems.
- Leadership Training:** Forty-nine senior leaders participated in a session on integrating gender transformative approaches into programme design and management.
- Programme Team Workshops:** Thirty-six IHAT staff at the state and divisional levels applied the Gender Analysis Framework to ongoing programmes.



## Gender Champions Initiative

IHAT launched the Gender Champions Initiative to build internal capacity and leadership for gender mainstreaming. Over 24 Gender Champions now actively embed gender perspectives across IHAT operations and programmes, promoting continuous reflection and learning.

**“As a Gender Champion, I gained deeper insight into gender dynamics and internal biases, highlighting the need for continuous learning and reflection. Efforts are underway to integrate gender perspectives into institutional systems, advancing respectful maternity care and gender-responsive health service delivery.”**

*State Specialist, Madhya Pradesh*

## From Training to Transformation: Advancing Gender Equity across States

### Uttar Pradesh



- 1. Gender e-Module:** Developed and integrated a gender e-module into Skilled Birth Attendant (SBA) Training, reaching 8,221 providers across 75 districts. Post-assessment showed a 72% improvement in knowledge, and qualitative feedback confirmed high acceptance.



- 2. Gender Chapter Integration:** Gender content was added to multiple state training manuals [Anganwadi Mukhya Sevika, Auxiliary Nurse Midwives (ANMs), Accredited Social Health Activists (ASHAs)], and used for training 351 master trainers and 2,945 ANMs.



- 3. Behaviour Training:** 315 master trainers oriented ward staff and security personnel on respectful care, and this initiative is now being implemented across 75 districts.



- 4. Gender Drivers in Immunization:** Collaborated with the immunization team to identify gender barriers for zero dose children through consultations with 54 mothers.

**“I realised that respectful behaviour is crucial for quality healthcare. Creating a positive environment helps patients share concerns openly and receive better care.”**

*Ward Aya, CHC Gosaiganj, Lucknow, Uttar Pradesh*

### Madhya Pradesh

- 1. Gender Sensitisation Workshops:** Conducted with 20 staff, improving gender knowledge scores.
- 2. Facility-Level Gender Inclusion:** A concept note was developed to integrate gender into the Regional Resource Training Centres (RRTC) mentoring model at the Indore Medical College, promoting respectful maternity care at the First Referral Units (FRUs).

### Delhi – GenEqual Fellowship Programme

IHAT conceptualised the GenEqual Fellowship Programme - gender-responsive HIV interventions for youth (18–29 years) from key and vulnerable populations. A Theory of Change and concept note were developed, with community consultations and technical panel formation underway.

*IHAT’s gender integration efforts this year mark a shift from gender sensitisation to systemic change; embedding gender equity into health systems, building institutional capacity, and advancing inclusive, community-led approaches for equitable healthcare delivery.*



# Maternal, Newborn and Child Health



**Geography:** Across all 75 districts of Uttar Pradesh

## Objective:

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

## Key Highlights

### Facility Strengthening for Quality Maternal and Newborn Care

There was a clear opportunity to further enhance provider competencies, strengthen adherence to clinical protocols, and improve the preparedness of labour rooms, maternity operation theatres, and newborn care. Advancing these areas held significant potential to elevate the quality of care and ensure timely management of complications and more effective referrals.

The Maternal, Newborn and Child Health (MNCH) project focused on improving provider competency, ensuring facility readiness in supplies and equipment, and strengthening referral management. Key priorities included certification of labour rooms (LRs) and maternity operation theatres (OT) under the National Quality Assurance Standards (NQAS)/Labour Room Quality Improvement Initiative (LaQshya), and the operationalising Newborn Stabilisation Units (NBSUs).

## 1. Capacity Building Initiatives

### (a) Skilled Birth Attendant Training:



**Supported National Health Mission (NHM)** in revising the Skilled Birth Attendant (SBA) module and logbook, launched in August 2024.



All SBA trainers were oriented online and training was underway across 75 districts for 12,213 Staff Nurses (SNs) and Auxiliary Nurse Midwives (ANMs).



**During the financial year, 1,750 participants** were trained (cumulative 10,702, since 2022).

### (b) Induction Training of Staff Nurses:



**Launched in April 2024 at the State Institute of Health and Family Welfare (SIHFW), Lucknow** – this induction training for newly appointed staff nurses was the first such training in the state to enhance patient care. Eleven of the 12 planned batches were completed, training nurses across four skills laboratories, with District Senior Specialists (DSS) of UP TSU ensuring quality supervision.



**Supported module design** and preparation of job aids under the guidance of the Principal Secretary, Health.

### (c) Foundation Training for Medical Officers:



**Conducted by SIHFW with UP TSU's support** for newly appointed Bachelor of Medicine and Bachelor of Surgery (MBBS) medical officers.



**Thirteen batches (October 2023-December 2024)** trained on public health systems, Health Management Information System (HMIS), data use, Drug and Vaccine Distribution Management System (DVDMs), Manav Sampada, and Skills Lab orientation.

### (d) High Risk Pregnancy Training for Gynaecologists and MBBS Doctors:



**Conducted by SIHFW and King George's Medical University (KGMU)**; four Continuing Medical Education (CME) batches trained 100 gynaecologists and MBBS doctors.



**Integrated sessions** on HMIS reporting, LR Standard Operating Procedures (SOPs), WHO Safe Childbirth Checklist, case documentation, and updated anaemia management using injectable Ferric Carboxymaltose (FCM).



## 2. Maternal Anaemia Management: The initiative continued to reduce anaemia in pregnancy through the Screen, Refer, Track and Treat (SRTT) approach for Pregnant and Lactating Women (PLW). It focuses on early detection, referral, treatment, and digital tracking.



Key strategies: Wider use of Minimally Invasive Digital Hemoglobinometer (MIDH), promotion of intravenous (IV) iron therapy, and robust tracking systems supported by strengthening Human Resources for Health (HRH), supply chain, and digital tools.



Implemented in five districts: Fatehpur, Hardoi, Jalaun, Raebareli and Sitapur, based on anaemia burden and health coverage indicators.



Supported the inclusion of injectable FCM in the Essential Drug List (EDL) in February 2025, and the team supported requirement estimation and budget allocation.

## 3. Newborn Care

### (a) Newborn Care Corners



UP TSU supported in strengthening NBCCs at LRs and maternity OTs through monitoring, gap identification, and Quality Circle meetings.



Zonal Nursing Specialists (ZNS) mentored on newborn resuscitation and quality during Direct Observation of Delivery (DOD) visits.



Of 820 block facilities, 810 LRs had NBCCs; 798 had self-inflating bags, and 795 had at least one mask. All 68 District Hospitals (DHs) NBCCs had self-inflating bags; 62 had both size 0 and 1 masks.

### (b) Newborn Stabilisation Unit Activation and Strengthening:



Supported space identification, renovation, equipment procurement, HR appointments and training.



Out of 414 existing NBSUs, 394 were functional and actively reporting on the FBNC portal. In March 2024, these units admitted newborns, of which 90% were inborn, with an average length of stay of 1.1 days.



Four divisional NBSU review meetings (covering 80 NBSUs) and one state-level review were held under DGFW.



The NBSU tracker, integrated into the UP Ke Swasthya Kendra (UPkSK) portal (December 2024), provides real-time indicators such as bed occupancy.

### **c) Newborn Stabilisation Units Training**

- Supported microplanning, logistics and tracking.
- Trained 1,645 participants (1,298 staff nurses and 347 MOs) through seventy-nine batches covering 88% of Newborn Stabilisation Units (NBSU) staff.

### **(d) Navjat Shishu Suraksha Karyakram Training:**

- Supported planning and logistics; 13 batches trained 260 participants in the reporting financial year.
- Cumulatively, 502 batches trained 10,336 providers across 4,887 delivery points since November 2023.

### **(e) Continuous Positive Airway Pressure (CPAP) Implementation:**

- Integrated action plan developed with NHM, DGFW, and UNICEF; Phase 1 launched in 32 SNCUs.
- 1,009 newborns received Continuous Positive Airway Pressure (CPAP) for respiratory distress syndrome (RDS) 53%, asphyxia 20%, apnea 10%.
- Seventy-six Master Trainers and 264 SNCU staff trained in 11 batches.
- A CPAP Technical Working Group (TWG) was formed under DGFW in July 2024, and the technical support team supported the development of the terms of reference (TORs).

### **(f) Neonatal Mortality Reduction Roadmap**

A State Task Force on neonatal mortality reduction was constituted in June 2024. UP TSU supported the agenda preparation, gap identification, data analysis, and follow-up on key action points. UP TSU continued sustained advocacy with the Government of Uttar Pradesh (GoUP) across several forums and platforms (PCC meetings, partner forums, CH TSG, etc.), highlighting the urgency of developing an actionable plan to reduce newborn mortality and collaborating with key stakeholders such as UNICEF and Community Empowerment Lab (CEL). These efforts culminated in the establishment of the State Task Force on reducing NMR by GoUP.

The UP TSU team, along with all stakeholders, supported both the NHM and the Directorate of Family Welfare in setting the agenda, preparing presentations, coordinating with task force members, and finalising the minutes. The key actions agreed upon in the task force were subsequently followed up, and the Action Taken Report for GoUP was also facilitated. Following the state task force meeting, the first subgroup CPAP meeting was organised with UP TSU's support, during which the mentoring pathway for SNCUs on CPAP was finalised.

UP TSU is also actively engaged in expediting the procurement of CPAP machines for SNCUs.

### **(g) Observership Training:**

Facility strengthening emerged as a key area for improving the quality of maternal and newborn care, with observership training playing a critical role in this process. Through observership training, providers were able to enhance clinical competencies, reinforce adherence to protocols, and improve preparedness of care spaces, contributing to better management of complications and more effective referral practices.



Designed to enhance the clinical skills of NBSU nurses.



Supported the development of clinical protocols, trainer identification and orientation and the state-wide roll-out of the training.



Ninety batches trained 310 participants from 139 NBSUs.

## 4. Labour Room Strengthening

### (a) Labour Room In-Charge System

- Advocated with NHM (UP) for the nomination of staff nurses as LR in-charges, and a Government Order was issued in June 2024 to all 75 districts.
- Labour Room (LR) in-charges manage Mini Skills Labs and facilitate SBA and Navjaat Shishu Suraksha Karyakram (NSSK) mentoring.
- A total of 751 LR in-charges were nominated statewide.

### (b) Direct Observation of Delivery

- District Senior Specialists (DSS) and Zonal Nursing Specialists (ZNS) observed 2,617 deliveries [2,075 in Community Health Centres (CHCs) and 542 in District Hospitals (DHs)] across 575 facilities (522 CHCs and 53 DHs).
- On-site mentoring addressed gaps; 95% of issues at 50 low-performing facilities were resolved by March 2025

### (c) Labour Room Standard Operating Procedures (SoPs)

- To standardise delivery practices and essential newborn care, UPTSU supported the issuance of LR SoPs on the advice of the Principal Secretary
- The focus areas of intervention included safe institutional deliveries, early breastfeeding and essential vaccinations, and administrative tasks like birth registration and Janani Suraksha Yojana (JSY) programme.
- Facility Monitoring:**
  - Round 1 (June 2024): UP TSU developed a data collection tool with 61 checkpoints across 9 domains; DSS and ZNS rolled out SOPs in CHCs and DHs, monitoring 397 of 423 facilities.
  - Round 2 (August 2024): The tool was expanded to 68 checkpoints to enhance monitoring coverage.
  - Round 3 (January 2025): The same facilities were assessed, with comparative analysis conducted across rounds.
- Improvements observed: 48 DHs and 230 CHCs achieved >80% compliance.



**(d) Labour Room Quality Improvement Initiative (LaQshya) and National Quality Assurance Standards (NQAS) Certifications:**

- 21 labour rooms (5 DHs, 9 CHC FRUs, 7 CHCs) certified - 13 under LaQshya, eight under NQAS.
- 11 maternal OTs certified (5 DHs, 6 CHC FRUs).
- Supported documentation, mentoring, and logistics to close gaps in infection prevention and service quality.

***Maternal and newborn care systems across Uttar Pradesh have been strengthened through standardised clinical protocols, enhanced workforce competencies, improved management of maternal anaemia, and operationalisation of newborn care units, establishing a strong foundation for sustained reductions in maternal and neonatal mortality.***



## Activation and Strengthening of First Referral Units

### 1. Establishment and operationalisation of Functional First Referral Units (FRUs)



#### (a) Comprehensive emergency obstetric care, including Caesarean section (C-section) deliveries:

**(C-section) deliveries:** Between April 2024 and March 2025: Operational Status: 85% of the First Referral Units (FRUs) were conducting C-section deliveries, an increase from 307 in April 2024 to 424 (March 2025).



**(d) Functional FRUs:** Expanded from 178 (42%) to 299 (70.5%), including CHC-FRUs from 100 (30.1%) to 213 (63.5%).



#### (b) Functional Maternal Operation

**Theatre (OT):** Availability of critical OT equipment improved to 414 out of 424 (97.6%).



**(c) Active FRUs:** Increased from 307 (72.6%) to 364 (85.8%), with CHC FRUs rising from 218 (65.7%) to 275 (82%).



**(e) Night-Time C-sections:** Facilities performing C-sections at night rose from 92 to 140, including CHC-FRUs from 39 to 79.



**(f) Blood Storage Units (BSUs):** Licensed BSUs increased from 45 to 155 across FRUs, ensuring blood availability for obstetric emergencies.

### 2. Task Shifting for Comprehensive Emergency Obstetric Care (CEmONC)

#### (a) Buddy-Buddy Programme:

- The 6th batch completed CEmONC and Life Saving Anaesthesia Skills (LSAS) training in January 2025. Thirty-two of 37 MOs qualified (17 in CEmONC and 15 in LSAS) followed clinical mentoring at District Hospitals (February-May 2025).
- Batch 7 selection was completed through online counselling in March 2025; 38 MOs were nominated (19 CEmONC, 19 LSAS). Proposals for transfer orders were submitted to DG Training and DG Medical & Health.

### 3. Expanding Antenatal Ultrasonography Services at the First Referral Units (FRUs)

To expand access to free obstetric ultrasound (USG) for pregnant women, task shifting was implemented to enable trained MBBS medical officers (MOs) to perform antenatal USG in accordance with the Pre-Conception and Pre-Natal Diagnostic Techniques Act [PC&PNDT Act (2014)] and Government of India guidelines.

- Capacity building conducted through a 6-month abdomino-pelvic USG Level-1 course under the Government of Uttar Pradesh cadre.
- Training aligned with PC&PNDT regulations and integrated into FRU service delivery.
- Service Delivery: By March 2025, 1.61 lakh antenatal USG scans were conducted by trained MOs across FRUs in all 75 districts.
- Training continued with Batch 3 of USG Level-1 training was held in December 2024 across nine medical colleges, for 26 Government MOs with transparent online counselling for candidate selection.

#### 4. Ensuring Sustainable Service Delivery and PC&PNDT Act Compliance

Compliance was ensured through structured training, supervision, and periodic review of USG records at FRUs.



Advocacy undertaken to integrate obstetric USG into routine antenatal care for early identification and management of high-risk pregnancies.



Coordination facilitated among District Chief Medical Officers (CMOs), FRU nodal officers, and NHM for equipment maintenance, service continuity, and monitoring.

**The activation and strengthening of FRUs across Uttar Pradesh have significantly expanded access to comprehensive emergency obstetric care. Improved functionality, skilled personnel, enhanced blood storage capacity, and the availability of antenatal USG services have contributed to safer deliveries and reduced maternal complications.**



# Regional Resource Training Centre Programme: Strengthening Comprehensive Emergency Obstetric and Newborn Care at the First Referral Units

There was a significant opportunity to enhance the quality and consistency of Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services at First Referral Units (FRUs). To address variations in clinical practices, strengthen provider confidence, and promote a culture of continuous learning, the Regional Resource Training Centre Programme introduced a series of strategic interventions. Through the Mentor-Mentee programme with on-site mentoring visits, Continuing Medical Education sessions for FRU doctors, a Mutual Sharing and Learning Platform, regular Chief Medical Officer - Chief Medical Superintendent (CMO -CMS) virtual feedback meetings, and structured faculty feedback discussions with government officials, the programme worked to bridge gaps and reinforce a supportive, skill-strengthening ecosystem across facilities.

## 1. Mentor-Mentee Programme and Mentoring Visits

A total of 1791 doctors from 76 district hospitals were mentored under the programme with increase in competency from 66% who scored >70% in round 1 (2022) to 82% in round 4 in 2025 which is followed by Regular virtual meetings after every round of mentoring between CMOs, Chief Medical Superintendents (CMSs), and medical college faculty to support local problem-solving and improve district hospital performance. Round 5 of mentoring is ongoing.

## 2. Continuing Medical Education (Refresher Training) For FRU Doctors

Doctors scoring below 70% in mentoring assessments were provided refresher training to enhance their clinical competencies. Total of 619 doctors were trained after every round of mentoring who scored <70%, absentees and new joinees.

## 3. Mutual Sharing and Learning Platform

Cross-learning sessions were organised among medical colleges to mentor junior faculty and address district-level challenges.

- Faculty from the King George's Medical University, Dr. Ram Manohar Lohia Institute of Medical Sciences (Dr. RMLIMS), and ERA's Lucknow Medical College and Hospital, Lucknow, Uttar Pradesh, participated in the session hosted at DR.RMLIMS in December 2024.
- Junior faculty were mentored on advanced maternal care topics, and district-specific issues were discussed and resolved through interactive learning.

## 4. Chief Medical Officer–Chief Medical Superintendent Feedback Meetings (Virtual)

Seventy-five CMOs–CMS and faculty feedback meetings conducted following Round 3 and Round 4 mentoring visits.

## 5. Faculty Feedback Meeting with Government Officials

An in-person feedback meeting was held to strengthen coordination between the Regional Resource Training Centre (RRTC) faculty and government officials.

- Conducted in August 2024, chaired by the Principal Secretary (Health), Mission Director (MD), and Directors General (DGs); and attended by 16 medical college faculty members.

**The Regional Resource Training Centre Programme has strengthened CEmONC service delivery through structured mentoring, refresher training, and cross-learning between medical colleges and district hospitals. Enhanced clinical competencies of FRU and DH doctors, improved coordination with government officials, and sustained mentorship mechanisms have collectively advanced the quality and continuity of emergency obstetric and newborn care across Uttar Pradesh.**

## Community Outreach Initiative

As Uttar Pradesh continues to advance primary healthcare and maternal-newborn health systems, there is a strong opportunity to further streamline and enhance integrated service delivery platforms. With promising progress already seen through Chhaya Integrated Village Health and Sanitation Days (CiVHSND) operationalization, expanded ANC and immunization coverage, strengthened follow-up of high-risk pregnancies, and improved community-level coordination, the next phase calls for building on these gains to ensure consistent, high-quality, and seamlessly coordinated care for women and newborns across the state.

The Uttar Pradesh Technical Support Unit (UP TSU) assisted the Government of Uttar Pradesh (GoUP) in strengthening primary healthcare and maternal, newborn health systems by implementing platform-enhanced initiatives. Key efforts included operationalizing the CiVHSND, expanding antenatal (ANC) and immunization service coverage, and improving the identification, referrals, management, and follow-up of high-risk pregnancies. UP TSU also advanced capacity building, supported interventions to reduce home births, and strengthened community-level coordination through AAA, sector, and cluster meetings—reflecting a comprehensive approach to improving maternal and child health outcomes across the state.



### 1. Establishing and Strengthening Chhaya Integrated Village Health and Sanitation Days

The Government of Uttar Pradesh (GoUP) issued a government order (GO) 2023 for Chhaya Integrated Village Health and Sanitation Day (CiVHSND) implementation to deliver integrated RMNCH+N services. Support was extended for the development of three reference booklets:



#### State and District Level ToT

**Reference Booklet:** Microplanning, logistics and supervision.



**ANM Reference Booklet:** Quality RMNCH+N service delivery.



**ASHA and ASHA Sangini Reference Booklet:** CiVHSND rollout, mobilisation and use of the e-Kavach platform.



215 officials were trained as master trainers in five state-level ToTs, who subsequently trained 2,581 participants across 85 district batches in all 75 districts.



Training for 825 ANMs batches and 5,564 ASHA/ASHA Sangini batches is planned statewide.

## 2. Strengthening Outreach Services and Antenatal Care Coverage

Support was extended for strengthening of CiVHSNDs through routine supportive supervision using structured VHND observation checklists to identify and address service gaps.

### (a) Observation Coverage (April 24 – March 25)

**24,129**

Total VHNDs observed state-wide.

**98%**

Functional haemoglobin (Hb) and blood pressure (BP) equipment

**95%**

Urine testing kits available

**98%**

Weighing scales available

**98%**

Adequate iron folic acid (IFA) available

**89.3%**

Calcium available

**84%**

Stadiometers

**73.2%**

Functional digital Hb meters



**(b) Service Delivery Performance (CiVHSND):**

**96.2%**

Hb screening and  
BP measured

**93%**

Urine testing

**87%**

Abdominal  
examination

**96.7%**

Weight  
measurement

**64.8%**

Pregnant women  
with anaemia (Hb  
7–11 g/dL)

**76.6%**

IFA received

**88%**

Calcium received

**76.7%**

Albendazole  
distributed

**83%**

All five ANC  
services delivered  
in 83% of sessions

**97.1%**

Fetoscope/  
Doppler availability

**(c) Identification and Management of High Risk Pregnancies:**

**5%**  
**(#10,811)**

Pregnant women identified  
as HRPs

**2.5%**  
**(5,195 cases)**

Severe anaemia

**0.6%**  
**(1,302 cases)**

Hypertension PW

**41.2%**  
**(#107,350)**

Severely anaemic pregnant  
women (SAPW) receiving  
Iron sucrose

**60.7%**  
**(25,269 cases)**

SAPW deliveries in Level 3  
(L3 facility)

**69.6%**  
**(5,886 cases)**

Hypertensive PW deliveries  
in L3 facility

#### (d) Low Birth Weight and Sick Newborn Tracking:

- **546 blocks adopted LBW tracking;** 233,781 LBWs (96.4% in facilities, 3.6% at home).
- **85.1% weighed between 1800–2500 g;** 14.9% <1800g.
- **Tracking is integrated into e-Kavach,** replacing paper-based registers.

#### (e) Mentoring:

- Block Outreach Coordinators (BoCs) conducted an average of nine mentoring visits/month, covering 10–12 households and 6–8 CiVHSNDs each.
- 12,578 mentoring visits conducted, 17,376 newborn households visited [with 3,252 low birth weight (LBW) babies], 1,54,412 households counselled on family planning.
- 24,325 anaemic pregnant women and 10,246 HRPs counselled, 1,07,840 eligible couples visited and 31,967 new pregnant women identified.

### 3. Addressing Home Births

- Supported NHM in a two-phase study to understand and address high home birth rates across 30 districts.
- Findings informed district fact sheets and Birth Preparedness Guidelines, approved for state-wide rollout.
- Two fifty PHCs identified as delivery points; 123 are activated and conducting deliveries.

### 4. Strengthening Cluster and Sector Platforms

- Ninety Seven percent of planned meetings (24,733/25,430) were conducted between April 24 and March 25.
- BoCs mentored 2,693 sector meetings and 3,499 Sub Centre meetings, engaging 26,013 ASHAs and 17,773 Anganwadi Workers (AWWs).

### 5. State-level Capacity Building Support to the National Health Mission

- **ANM Induction Module:** 12-day package, 351 Master Trainers; 87 batches trained 2,945 ANMs (scores improved from 54% to 63%).
- **ASHA Induction Module:** Eight-day revised version integrating e-Kavach, Non-Communicable Diseases (NCDs), and Health and Wellness Centres (HWCs) is ready for rollout.
- **ASHA Certification Master Trainers:** 44 participants from 11 districts trained as master trainers.
- **ASHA Sangini Induction Module:** Updated to include NCDs, communicable diseases and digital tools.
- **Refresher Training:** Two sessions were conducted (January–February 2025) and 51 participants were trained.
- **Virtual Health ID Registry (VHIR) 2024–25:** Updated Antenatal Care (ANC), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), Family Planning (FP), Child Health, and incentive components; as per new National Health Mission (NHM) guidelines.



**Integrated community outreach systems in Uttar Pradesh now deliver more comprehensive, better-supervised, and higher-quality maternal and newborn health services. The CiVHSND platform—coupled with strengthened frontline worker capacity, high-risk pregnancy tracking, and digital monitoring—has significantly improved service coverage, follow-up, and health outcomes for women and newborns across the state.**

## Routine Immunization

UP TSU supported the Government of Uttar Pradesh (GoUP) in advancing routine immunization toward the goal of 90% Full Immunization Coverage (FIC) across the state. The focus was on improving adolescent vaccination, ensuring uninterrupted supply and use of essential commodities, leveraging digital platforms for capacity building and community engagement, and integrating surveillance for vaccine-preventable diseases.

### Improving Adolescent Vaccination Coverage

- The intervention targeted approximately 88 lakh school-going adolescents in Classes 5 and 10 and children missed during routine immunisation (up to 5 years).
- Supported GoUP in developing a concept note drawing from successful service delivery models in Tamil Nadu, Madhya Pradesh and Gujarat.
- Based on this, the state adopted an annual school-based Tetanus and Diphtheria (Td) campaign.

## 2. Ensuring availability and utilisation of Syrup

### Paracetamol

- Facilitated discussions between Uttar Pradesh Medical Supplies Corporation Limited (UPMSCL) and Directorate General of Family Welfare (DGFW).
- Availability of paracetamol at CiVHSNDs increased to 98% by December 2024.
- The proportion of children receiving Diphtheria, Pertussis, and Tetanus (DPT) vaccines with Paracetamol rose to 74%, improving management of post-immunization fever and pain, and reducing vaccine hesitancy among caregivers.

## 3. Behaviour Change Communication Using

### Direct-to-Consumer Platform

- A targeted behaviour change communication (BCC) campaign was designed using mobile data to reach 32,000 families hesitant about vaccination.
- The campaign flow addresses vaccine hesitancy and promotes timely immunization, with implementation planned for 2025.

## 4. Leverage Direct-to-Consumer Platform for ANM Capacity Building

- A short training film titled “ध्यान से टीका लगाएं, ताकि टीके की खुराक अधूरी न रह जाए” was created and disseminated via WhatsApp with 27,000 ANMs state-wide.
- An evaluation among 316 ANMs across 49 districts found that 93% had viewed the film. All reported improved vaccination practices, better adherence, and enhanced immunization quality.



## 5. Podcast “शुक्रवार की शाम, डॉक्टर्स के नाम”

- This weekly CME podcast, supported by the Health Department and the State Institute of Health and Family Welfare (SIHFW), provides continuous learning for healthcare providers.
- Supported content development and Direct-to-Consumer (D2C) campaigns.
- The 33rd episode on “Routine Immunization: Need & Information,” received 4,038 responses, with 3,108 live participants watching live. Insights from feedback were used to improve subsequent CME sessions.

## 6. Integrating Surveillance in Urban Disease Surveillance Platform

- Supported integration of Vaccine-Preventable Disease (VPD) surveillance into the Urban Disease Surveillance Platform (UDSP).
- The approach was field-tested in five districts—Bijnor, Mirzapur, Sonbhadra, Gorakhpur, and Gautam Buddha Nagar—in collaboration with the GoUP and WHO officials.
- State-level training was conducted for over 230 district officers in March 2025, followed by cascade training for 2,000+ medical officers state-wide.

## 7. Zero Dose Learning Agenda

- Under the Zero Dose Learning Agenda (ZDLA), known zero-dose children were identified through ASHA records and unknown zero-dose populations through field verification across 16 ASHA areas in three blocks.
- Conducted 54 in-depth interviews with families and officials to explore reasons for non-vaccination and service gaps.
- Developed opportunity gap analysis tool and planning and tracking tools aligned with 15 performance indicators under Ayushman Aarogya Mandirs.
- Conducted Capacity-building sessions for 200+ FLWs across four blocks (by November 2024), emphasising zero-dose identification, root cause analysis, and tailored interventions.
- Established feedback mechanisms for iterative learning and course correction.

**Routine immunization systems in Uttar Pradesh are now more resilient, data-driven, and community-responsive. Strengthened supply chains, targeted adolescent campaigns, innovative digital learning tools, and integrated surveillance have collectively accelerated progress toward achieving 90% Full Immunization Coverage and sustaining long-term gains in vaccine equity and coverage.**

# Family Planning



**Geography:** All 75 districts of UP

**Objective:**  
Enhance access, availability, quality, and utilisation of Family Planning (FP) services to reduce the unmet need in Uttar Pradesh (UP).

## Key Highlights

The interventions aimed to build on emerging opportunities in Uttar Pradesh's family planning programme by strengthening service quality and reach. Increasing interest in contraceptive options highlighted the potential for improved counselling and wider availability, while enhancing provider skills and standardised practices supported more consistent service delivery. Strengthening supply chain systems, including through FPLMIS, helped ensure timely contraceptive availability, and greater use of data-driven reviews enabled more responsive programme management. Investments in counsellor capacity further promoted informed, client-centred choices.

**72 lakhs**  **93 lakhs**  
(FY 2023–24) (FY 2024–25)

The total number of clients served increased from 72 lakhs (FY 2023–24) to 93 lakhs (FY 2024–25).



## 1. Increased Uptake of Contraceptive Choices

Between April 2024 and March 2025, **over 93 lakh clients made contraceptive choices**, a 28% increase compared to the previous year. **Uptake across reversible methods rose between 4% and 43%**, led by Antara (37%) and Chhaya (43%). Sterilisation methods declined slightly (12%).



## 2. Strengthened FP Service Delivery Across Facility Levels

UP TSU supported the Government of Uttar Pradesh (GoUP) in strengthening FP services across nearly 28,000 public health facilities, covering 89% of all state facilities



### District level Hospitals (85):

100% offered contraceptive choices, up from 89% in 2023-2024



### Community Health Centres (CHCs):

76% (747/991), up from 75% in 2023-2024



### Primary Health Centres (PHCs):

80% (3,049/3,811), up from 78% in 2023-2024



**Sub Centres (SCs):** 91% (24,272/26,673), up from 89% in FY 2023-2024



**PHC Delivery Points:** 71% (1,044/1,471) provided PPIUCD services compared to 69% in FY 2023-24



**Village Health and Nutrition Days (VHNDs):** 98% ensured availability of three FP commodities [Oral Contraceptive Pills (OCP), Condoms, Emergency Contraceptive Pills (ECP)], up from 95% in 2023-2024.

### 3. Strengthened Supply Chain and Family Planning Logistic Management Information System (FPLMIS) Implementation

To ensure uninterrupted FP commodity availability, IHAT, through UP TSU supported GoUP in improving the Family Planning Logistic Management Information System (FPLMIS) and supply chain efficiency.



**FPLMIS utilisation:**  
91% District Hospitals (DHs), 97% CHCs, 98% PHCs, 84% SCs, and 77% ASHAs.



**Capacity strengthening:**  
132 pharmacists were trained across three batches on mapping, protocol-based indenting, and stockout reduction.



**Ongoing Support:**  
Monthly online orientations for Logistics Managers and a state-level orientation for 136 district officials strengthened district-level supply chain management.

### 4. Enhanced Programme Review and Data-Driven Feedback

FP review mechanisms were supported through regular data analysis, presentations and follow-up.

- Divisional FP Reviews (6<sup>th</sup> round) were completed across all 18 divisions under the Chairpersonship of Director-Family Welfare and General Manager – Family Planning.
- Weekly State FP Review Meetings (Initiated October 2024) brought together key officials and managers (Divisional Programme Managers (DPMs), District Community Process Managers (DCPMs), and FP Logistics Managers) from all 75 districts to monitor progress and plan corrective actions.
- Development of District Health Action Plans (DHAPs): Supported the development of DHAPs and conducted a virtual orientation for district-level prioritisation in August 2024.

### 5. Capacity Building and Training of Counsellors

Supported the GoUP in designing and rolling out a Training of Trainers (ToT) for Reproductive, Maternal, Newborn, Child Health (RMNCH) and Adolescent Friendly Health Clinic (AFHC) Counsellors.

- 21 Master Trainers developed and 469 counsellors trained (203 RMNCH, 266 AFHC).
- 217 counsellors mentored through the OSCE checklist; 151 scored above 85%.
- Counsellors reached over 900,000 couples with FP and RMNCH counselling.
- The Divisional level reviews of RMNCAH and AFHC counsellors were as budgeted in Programme Implementation Plan (PIP) 2024-25 under the Chairpersonship of Additional Directors and were completed in all 18 divisions under the PIP 2024-25, chaired by Additional Directors.

**“The training improved our counselling skills and taught us how to dispel myths through interactive methods, enabling us to counsel beneficiaries more effectively.”**

*Counsellor, District Women’s Hospital, Bareilly*

## 6. World Population Fortnight (July 2024)

Over 500,000 clients accessed FP services during the campaign through strengthened service delivery mechanisms.

UP TSU coordinated state-level planning and review meetings:

- A preparatory meeting chaired by the General Manager-FP (July 2024) engaged 349 participants from 34 districts with high teenage fertility rates.
- A convergence meeting chaired by the Director General-Family Welfare (July 2024) brought together multiple departments and partners, promoting inter-departmental collaboration and integration of FP services and messaging.

**Family Planning initiatives in Uttar Pradesh significantly expanded access and strengthened systems across all facility levels, serving over 93 lakh clients—a 28% rise from last year.**

**Enhanced supply chains, capacity building, and data-driven reviews ensured improved availability, quality, and utilisation of contraceptive services across the state.**



# Nutrition



**Geography:** State Directorate and all 75 districts of Uttar Pradesh

## Objective:

Strengthen systems and capacities of the Integrated Child Development Services (ICDS) to enhance service delivery and improve household-level nutrition behaviours for children aged 0-2 years, pregnant women, and lactating mothers.

## Key Highlights

As Uttar Pradesh strengthens its Integrated Child Development Services (ICDS) platform, there was a significant opportunity to further enhance frontline workforce readiness, improve community awareness, and ensure effective delivery of maternal and child nutrition schemes. With newly promoted Mukhya Sevikas requiring foundational training, Anganwadi Workers benefiting from structured orientation through master trainers, and the rollout of schemes such as Pradhan Mantri Matru Vandana Yojana and exclusive breastfeeding promotion, the state can build on this momentum to create a more informed, skilled, and coordinated system that supports improved maternal and child health outcomes.

### 1. Foundational Training of Newly Promoted Mukhya Sevikas

IHAT, through UP TSU, supported the Government of Uttar Pradesh (GoUP) in conducting foundational and capacity building training for 2,425 newly promoted Mukhya Sevikas. The support included developing key sections of the Mukhya Sevika Reference Manual, facilitating six training batches, contributing to the successful completion of a one-month residential foundational training for 320 Mukhya Sevikas.

This initiative enhanced their managerial and supervisory capacities for effective programme implementation at the field level.

**“This 30-day residential training is the first extended programme of my life. The interactive teaching methods and supportive environment are helping me grow in confidence and skill. It feels like a new dawn in my professional journey.”**

***Mukhya Sevika, Bisanda Block, Banda, Uttar Pradesh***

## 2. Training of Master Trainers for Anganwadi Worker Orientation

To strengthen frontline worker training, support was extended for the design and roll-out of the Training of Trainers (ToT) for newly promoted Anganwadi Workers (AWWs). Two batches were conducted, training 166 master trainers through a combination of classroom sessions and field visits. The intervention also included developing cascading training materials and coordinating with departments to ensure smooth implementation, thereby strengthening the state's overall AWW training ecosystem.

## 3. Rollout of Pradhan Mantri Matru Vandana Yojana

Support to GoUP included effective rollout of Pradhan Mantri Matru Vandana Yojana (PMMVY) through the development of Standard Operating Procedures (SOPs), presentations, and three virtual capacity building sessions (including a live YouTube event in July 2024). Each session reached approximately 10,000 participants, engaging around 30,000 ICDS field functionaries, District Programme Officers, Child Development Project Officers, Mukhya Sevikas, and AWWs and the stakeholders were oriented on scheme implementation.

Support was also extended for Log-in ID generation, beneficiary registration and fund transfers, ensuring smooth digital operations at multiple levels of the ICDS system.

## 4. Promotion of Exclusive Breastfeeding

To promote exclusive breastfeeding for infants under six months, short videos and audio spots featuring the campaign message “No Water, Only Breastfeeding” (NWOB), were developed in consultation with the Health Department.

The NWOB campaign was integrated with the Intensified Diarrhoea Control Fortnight (IDCF) to ensure consistent messaging across maternal and child health platforms.

## 5. Awareness Generation for the ICDS Schemes

Support to ICDS included developing information and awareness materials for ICDS schemes, particularly on monthly compensation for AWWs and Anganwadi Helpers (AWHs).

A total of 2,05,024 messages were triggered, with 1,96,528 successfully delivered and 1,74,577 (89%) read. Additionally, 72,927 individuals watched the informational film, and 45,572 provided feedback, of which 88.5% found the content clear and accurate.

**During 2024-2025, ICDS systems and frontline capacities were strengthened across Uttar Pradesh - training over 2,400 Mukhya Sevikas and 166 master trainers, supporting PMMVY rollout, and promoting exclusive breastfeeding. Strategic communication efforts reached over 2 lakh beneficiaries, enhancing awareness and improving service delivery for maternal and child nutrition.**

# Health Systems Strengthening



**Geography:** All 75 districts of Uttar Pradesh

## Objective:

Support the Government of Uttar Pradesh (GoUP) in strengthening key health systems domains – human resources, data systems, digital health, supply chain management, and communication through policy support, process improvement, digital integration and governance mechanisms

## Key Highlights

IHAT through UP TSU provided support on data systems, human resources for health, digital health, supply chain management, and social and behaviour change communication. These areas needed targeted interventions to enhance efficiency, strengthen service delivery, and improve the responsiveness of programmes. As a result, efforts focused on providing policy support, refining processes, advancing digital integration, and reinforcing governance mechanisms to ensure that these system components operated more effectively and cohesively.





## Human Resource for Health

### 1. Workforce Rationalisation:

Supported Directorate General of Family Welfare (DGFW), GoUP, in optimising staff deployment across facilities using the Electronic Human Resource Management System (e-HRMS). Vacant Sub Centres (SCs) without ANMs reduced from 2,367 to 1,488. PHCs without medical officers dropped by 64% (from 1,253 to 446). This improvement was achieved through the strategic redistribution of MOs from overstaffed PHCs, MOs posted at the administrative Office, and MOs from NFRUs.

### 2. Community Health Officer (CHO) Deployment

Vacancies at Ayushman Arogya Mandirs declined from 4,155 to 2,455 through rationalisation using e-HRMS data.

### 3. Digital Human Resource (HR) Registration

Integrated Manav Sampada with the Ayushman Bharat Digital Mission's Healthcare Professional Registry (HPR), creating 52,774 HPR IDs. Initiated HPR ID generation for regular ANMs under the DGFW and teaching faculty and nursing cadre under the Directorate of Medical Education (DGME). The HPR report preparation has transitioned to the Ayushman Bharat Digital Mission (ABDM) office.

### 4. Recruitment and Training

An additional 1,600 specialists were proposed for recruitment to increase specialist availability. Enabled recruitment of 562 specialists through the online reverse bidding model; 521 doctors, including 403 MBBS Medical Officers and 118 Specialist doctors, through an online counselling process. Supported the State Institute of Health and Family Welfare (SIHFW) for foundation/orientation training on e-HRMS for 500+ health professionals.

### 5. Compliance Support to NHM for Mutual Re-Appointment Module

Provided support in designing the mutual re-appointment module in coordination with the National Informatics Centre (NIC) and prepared the required reports for tracking and monitoring. In all, 1,788 pair transfers were published on the Human Resource Management System (HRMS) portal.

### 6. e-HRMS Data Quality Support to MIS Division:

Support was provided to the management information system (MIS) Division for improving e-HRMS data quality. District-wise staff–programme mapping gaps were regularly shared with all District Programme Management Units (DPMUs), and issues such as clinical staff postings not mapped to health facilities were identified and addressed.

### 7. Directorate General of Medical and Health Counselling Process:

Supported the Director of Administration in recruiting approximately 521 doctors, including 403 MBBS medical officers and 118 specialist doctors, through an online counselling process.

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## 8. Integrated Child Development Services Human Resource Modernisation:

Developed an online posting/preference portal, ensuring transparent promotions for over 2,600 staff.

- 30 Senior Assistants were promoted as Head Assistants
- 2,425 Anganwadi Workers (AWWs) were promoted as Mukhya Sevikas
- 197 Mukhya Sevikas were promoted as Child Development Project Officers (CDPOs).

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## 9. Nursing Education Reform (Mission Niramaya):

Supported strengthening institutional quality and professional development for nursing and paramedical education.

- Completed second round of institute geotagging, quality ratings (conducted by the Quality Council of India) under the National Nursing and Midwifery Commission Act (NNMC Act)
- Revised the affiliation tools for paramedical institutions, and all desktop and on-ground inspections were completed. Under the Childhood Neurological and Physical Disabilities (CNPD) programme, 10 virtual sessions were held with about 3,023 participants.
- Launched e-Kshamata for competency development of ANMs; competency-building products and self-assessment tools are under development by Aastrika Foundation.

## Data Systems Strengthening



### Capacity Building

Conducted four capacity development workshops for NHM and Directorate staff at state, divisional, and district levels. The January–March 2025 workshops were fully funded by GoUP and trained 115 officials in advanced data analysis.



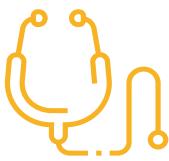
### Public Facility Registry and Geo-Mapping

Supported geo-mapping and data analysis for evidence-based planning, including mapping 5,000 new SCs and Urban-AAMs/UPHCs. This enabled rational HR deployment, improved reporting, and better facility visibility across HMIS, DVDMS, and UPkSK platforms.



### Health Management Information Systems (HMIS) 2.0 Rollout

Facilitated UP's transition from UP-HMIS to HMIS 2.0, integrating 80% of data elements from the previous system. Within five months, over 70% of facilities reported on the new platform; 90% now report regularly with 80% completeness. Alignment with UP Ke Swasthya Kendra reduced unmapped sites from 1,308 (February 2024) to 515 (March 2025).



### **Health Online Parameter Evaluation Platform for Quality Improvement**

Supported a two-day orientation for 115 officials to strengthen data-driven decision-making. Between April 2024 and March 2025, 73 data-driven campaigns were initiated (69 were completed), resulting in 50 documented improvements in HR, infrastructure, and reporting. Health Online Parameter Evaluation (HOPE) platform identified ~40,000 non-compliance issues across 279 hospitals, with 99% resolved.

### **Tools and Indicators Development Rollout**

Developed FRU and NBSU trackers, revised UP Health Dashboard indicators (v2.0), and supported finalisation of supportive supervision tools.

### **Monthly Medical Officer In Charge (MOIC) Review Meetings**

Facilitated monthly district-level data-driven review meetings, engaging district and block teams and highlighting the need for granular sub-block data and triangulation with HR and infrastructure information for improved coverage assessment.

## **Digital Health Interventions**

### **1. Ayushman Bharat Digital Mission Roll Out**

Supported Ayushman Bharat Digital Mission (ABDM) rollout in UP through the Health Information System (HIS) deployment at Urban-AAMs, establishment of ABDM Programme Management Unit (PMU), and development of facility-level gap analysis tools. Introduced ABHA-based online registration with payment integration and launched the ABDM-UP website and dashboard. Integrated Laboratory Information System (LIS) and Drug and Vaccine Distribution Management System (DVDMS) with HMIS for improved data interoperability.

### **2. Support to National Urban Health Mission in Uttar Pradesh**

Supported rollout of the e-office system, implementation of the Attendance Management System, workflow analysis in HIS, and performance optimisation of Financial Accounting Management System (FAMS).



### 3. e-Kavach

Digitised outreach services of Accredited Social Health Activists (ASHAs), ANMs, Community Health Officers (CHOs)] in line with UP's digital health roadmap and ABDM framework.

- Trained 1,62,472 ASHAs (99%), 7,325 ASHA Sanginis (99%), 34,768 ANMs (100%) and 16,115 CHOs (100%).
- Updated master database for 25,180 Health and Wellness Centres (HWCs/Health Sub-Centres), aligning 90% of records.
- Facilitated generation of 9.99 crore ABHA IDs (45% coverage by March 2025).
- Rolled out Reproductive and Child Health (RCH) module and registered 19.83 lakh pregnant women (4.25 lakh in the first trimester).
- Provided mentoring, supportive supervision, and data review through AAA+C platform.

### 4. Supply Chain Management

- **Essential Drug List:** Revised and aligned with National List of Essential Medicines (NLEM), Indian Public Health Standards (IPHS) 2022, and NHM programme drugs; updated 394 drugs on the DVDMs; and added Ferric Carboxymaltose (FCM) for anaemia management.
- **Warehouse and Distribution:** Supported Uttar Pradesh Medical Supplies Corporation Limited (UPMSCL) in warehouse upgrades, staff training, and block-wise last-mile delivery for timely replenishment.
- **DVDMs Rollout:** Trained ~31,100 personnel [MOs, specialists, pharmacists, CHOs, Chief Medical Officers (CMOs), and state officials], developed SOPs, dashboards, and monitoring mechanisms.
- **Quality Assurance:** Supported empanelment of National Accreditation Board for Testing and Calibration Laboratories (NABL)-accredited laboratories and developing an RFP for quality transportation.
- **Drug Availability:** Ensured uninterrupted supply of RMNCH+N and essential drugs through weekly stock monitoring and redistribution.
- **Procurement Processes:** Provided technical assistance in drafting procurement documents, finalising rate contracts, and ensuring transparency through DVDMs.
- **Equipment Management:** Supported rollout of the Equipment Management and Maintenance System (EMMS) for preventive maintenance and tracking via the CARE Portal.
- **Public Private Partnerships:** Supported UPMSCL, NHM, and Directorate of Medical Education (DGME) in strengthening the public private partnerships (PPPs) and outsourced services through bid document drafting, tenders and contract management, along with weekly technical reviews and capacity building.

**“We acknowledge the valuable contribution and support extended by the IHAT-UP TSU. Their involvement has been instrumental in streamlining consumption-based ordering, improving forecasting, stock availability, and procurement planning.’**

*- General Manager, Drugs Procurement, UPMSCL*

## Social and Behaviour Change Communication

- Digital Promotion:** Enhanced outreach for Shukravaar ki Shaam – Doctors ke Naam through the Direct-to-Consumer (D2C) platform, reaching over one lakh doctors, medical students, facility staff, paramedics, and the general public, and promoting interactive learning.
- Audio-Visual Behaviour Change Communication (BCC) Materials:** Developed three films on ABHA ID creation (online, offline, and linking with VHIR), digital health interventions (Deoria district), exclusive breastfeeding (three audio-visual materials), CME sessions, a film showcasing the grievance redressal mechanism on the Manav Sampada portal, and two films on the Family Planning Logistics Management Information System (FPLMIS) usage for training ASHA, ANM, CHO, and pharmacists.
- Information Education Communication (IEC) Material Development:** Produced Hindi Integrated Management of Neonatal and Childhood Illness (IMNCI) module for MOs, facilitator guide for AWWs, health facility profiles, Ayushman calendar flyers on routine immunization (RI) and high risk pregnancy (HRP) tracking, Universal Health Identification Register (UHIR) cover page and exclusive breastfeeding materials.
- Documentation and Awareness:** Designed over 15 official documents for GoUP, Government of India (GoI), and NHM to showcase innovations and schemes.

“Initially, I faced issues administering the vaccines, but after watching the film ‘Vaccination Guidance for ANM’, I can now ensure correct vaccination”.

– Outreach ANM, Uttar Pradesh



# Urban Health



**Geography:** State-level technical assistance to NUHM, UP with focused efforts to improve urban health systems and service delivery for the most vulnerable populations.

## Objective:

Support the National Urban Health Mission (NUHM), Uttar Pradesh (UP), in scaling up and enhancing the effectiveness of the urban health programmes.

The focus is on optimizing state-level initiatives, ensuring coordinated and evidence-based implementation, and strengthening collaboration across programmes and stakeholders to improve urban health outcomes, especially for vulnerable urban populations.

## Key Highlights

As Uttar Pradesh continues to expand the reach and impact of its urban health initiatives, there is a strong opportunity to further enhance the effectiveness of National Urban Health Mission (NUHM) strategies through coordinated, evidence-based implementation and strengthened collaboration across programmes and stakeholders. With a focus on state-level technical support and efforts to improve service delivery for vulnerable urban populations, the programme is well-positioned to optimise urban health systems and advance equitable health outcomes across the state.



## Program Management Unit Support

### 1. Guidelines for Upgradation of Urban Primary Health Centres (UPHCs) to Polyclinics

To enhance access to specialised services, the NUHM Framework 2023 proposed the upgradation of Urban Primary Health Centres (UPHCs) into Polyclinics. The Government of Uttar Pradesh (GoUP) approved the upgradation of 127 high-case-load UPHCs - 70 facilities across 36 districts under the 15th Finance Commission and 57 across 22 districts under the Pradhan Mantri Arogya Bharat Health Infrastructure Mission (PMABHIM).

The PMU supported the GoUP and NHM in developing operational guidelines, finalising lists of specialities, equipment, and medicines, and standardising furniture and supplies. The guidelines are currently under review for final approval by the state government.

### 2. Strengthening Monthly and Quarterly Reporting Systems

To streamline reporting, the PMU supported the NUHM in developing a Google dashboard and an Open Data Kit (ODK) for monthly and quarterly progress tracking. Virtual orientations were organised for district teams to improve data quality, timeliness, and completeness as per the Government of India (GoI) requirements.

### 3. Refinement of Urban Health Information Record

Based on consultations with Urban ASHAs (U-ASHAs), the Urban Health Information Record (UHIR) was revised to address data gaps and improve usability. The final version was shared with NUHM and disseminated to districts for field use, promoting standardised and accurate data capture.

### 4. Unified Registers and Records at Urban Primary Health Centres

A mapping exercise identified 42 registers maintained at UPHCs. To reduce administrative

burden, and improve efficiency, 28 registers were standardised in collaboration with NUHM, including 16 newly designed formats with accompanying Standard Operating Procedures (SoPs). The revised registers have been submitted for state-wide roll-out.

### 5. Formation of Technical Support Group

To enhance coordination and minimise overlaps across partners, the first Technical Support Group (TSG) meeting was convened in February 2025, bringing together all organisations working in urban health settings for joint planning, review and knowledge sharing.

### 6. Capacity Building Framework for Urban Health Workforce

A comprehensive scoping exercise identified capacity-building needs across all urban health cadres. The training needs matrix and thematic framework were submitted to the NUHM for approval, with plans to launch virtual and blended learning modules to strengthen workforce competencies.

## Urban Health Initiatives

Urban Health initiatives focused on identifying and addressing service delivery gaps in maternal, newborn, and child health (MNCH), non-communicable diseases (NCDs), and infection-related services in urban slum areas.

Key activities included slum profiling, facility assessments, surveys, and focus group discussions to inform district-level planning and improve service access for underserved populations.

A detailed implementation plan and activity timeline were developed and shared with the Department of Medical Health & Family Welfare (DoMH&FW), Government of India (GoI), and Government of Uttar Pradesh (GoUP), for review and approval.

**Support was extended to NUHM in strengthening urban health systems in UP through the development of guidelines for Polyclinics, improved data and reporting tools, standardised records, and workforce capacity-building plans. These efforts enhance coordination, efficiency, and service quality for urban and slum populations across Uttar Pradesh.**

# Madhya Pradesh Innovation Hub



Geography: State of Madhya Pradesh

**Objective:**  
To support the Government of Madhya Pradesh (GoMP) in reducing inequities in access to and utilisation of essential health interventions, with a focus on Health Systems Strengthening (HSS), Reproductive, Maternal, Newborn, and Child Health (RMNCH) and Tuberculosis (TB).

## Key Highlights

The Madhya Pradesh Innovation Hub (MPIH) was established to strengthen the delivery and quality of essential healthcare services. It focuses on implementation support and demonstration of scalable innovations across three platforms: Community, Facility and Health Systems.

During the year, Madhya Pradesh's efforts to improve population health presented an important opportunity to further strengthen equitable access to essential health interventions. The work under MPIH focused on supporting the Government of Madhya Pradesh (GoMP) to enhance health systems performance and advance Reproductive, Maternal, Newborn and Child Health (RMNCH) and Tuberculosis (TB) outcomes. This created a platform to build more integrated, responsive, and equity-oriented health services across the state.

In Madhya Pradesh, MPIH strengthened community, facility, and system-level interventions through nurse mentoring, First Referral Unit (FRU) training, Human Resource (HR) policy reform, and quality certification initiatives. These efforts enhanced maternal and newborn care, community engagement, and overall health system performance across 24 districts and multiple care platforms.

## Key Interventions

### Community and Facility Strengthening in Shahdol

- Mini skills labs were established and operationalised at Community Health Centres (CHCs) in Burhar and Beohari blocks for hands-on maternal and newborn care.
- 268 out of 334 nurses (80%) were trained and mentored on maternal and newborn care through dedicated Nurse Mentors across five blocks of Shahdol, including the District Hospital and the Government Medical College.
- A two-day workshop on “Care of Newborn” was organised at the Medical College, Shahdol, training 268 participants in 10 batches under the guidance of senior neonatologists.
- A one-day refresher training for 25 participants was held to strengthen newborn care practices, complemented by on-site mentoring and supportive supervision.
- Antenatal care quality was improved by distributing antenatal kits at Ayushman Arogya Mandirs—Health and Wellness Centres (AAM-HWC), coupled with orientation and follow-up sessions.
- Enhanced supportive supervision of frontline workers enabled identification of 11% high-risk pregnancies (HRPs) among 25,000 registered women, using government data systems for ANC tracking.
- Under the Community Response Strengthening System (CRSS) model, 11 community committee meetings were held with nearly 750 participants - Panchayati Raj Institutions (PRIs), Self-Help Groups (SHGs), Village Health, Sanitation and Nutrition Committees (VHSNCs), and Jan Arogya Samiti (JAS) members to activate their bank accounts and utilise the allocated funds for local health initiatives.
- Mapping and counselling of traditional birth attendants (dais) in identified home-delivery pockets of Shahdol led to a reduction in home deliveries from 14% to 7%. (Source: HMIS 2024–25).
- A Social and Behaviour Change Communication (SBCC) strategy was developed to guide community-level behaviour and norm change for improved maternal and child health outcomes.
- Data validation tools were developed to identify and address data-quality gaps in the health management information system (MIS), supported by data-validation committees at the district and block levels.

#### Community Platform:

**Project MANCH aims to enhance the availability, quality, and utilisation of critical maternal, newborn, and child health (MNCH) services in the tribal areas of Madhya Pradesh, with focused efforts in the District Shahdol, in partnership with HCLFoundation.**

**The care of newborn training has strengthened my skills and confidence in managing critical newborn care. With updated knowledge and practical tools, I am better equipped to ensure timely and effective interventions and improve neonatal health outcomes.**

- Nursing Officer, Birsa Munda Government Medical College, Shahdol, Madhya Pradesh

## Health Systems Strengthening and Capacity Building

- To strengthen the existing FRUs in Madhya Pradesh and reduce MMR, the Regional Resource Training Centres (RRTCs) were established at Gandhi Medical College (GMC), Bhopal; Mahatma Gandhi Memorial Medical College (MGM MC), Indore; and Netaji Subash Chandra Bose Medical College (NSCB MC), Jabalpur, serving as mentoring hubs for First Referral Units (FRUs) across 24 districts in three divisions.
- Medical college faculty provided classroom and on-site mentoring to specialists, medical officers on early identification, management, and referral of maternal and newborn complications.
- Seven training batches were completed, training 151 out of 458 doctors (44 at GMC Bhopal, 46 at NSCB Jabalpur, and 61 at MGM Indore).
- A total of 93 mentoring visits were conducted across 35 FRUs by medical college faculty between April 2024 and March 2025, completing at least three visits per site, leading to improved quality of maternal and newborn care.

### Facility Platform:

**The Regional Resource Training Centres (RRTC) mentoring model focuses on:**

- a) Quality improvement in patient management;
- b) Preparedness of the First Referral Units (FRUs);
- c) Improving the review process;
- d) Strengthening the patient referral mechanism; and e) Improving integration between the medical college and FRUs

## Policy and Systemic Reforms

- Madhya Pradesh Innovation Hub (MPIH) supported the Directorate of Health Services (DHS) in benchmarking human resources against Indian Public Health Standards (IPHS) 2012/2022.
- The resulting GoMP Human Resources (HR) Norms 2024 were notified in June 2024, with key reforms including:
  1. Mandatory five core specialists at every CHC to ensure access to Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services within one hour from any village.
  2. Introduction of new specialities – Dermatology and Psychiatry at District Hospitals.
  3. Creation of new cadres: Cold Chain and Vaccine Logistic Assistant, Medical Superintendent, and Assistant Manager – Hospitals to enhance service quality and immunization coverage.
  4. Increased HR at 24×7 facilities – Primary Health Centres (PHCs): from 8 to 15 staff and Sub Centre (SC): from 2 to 5 staff.

### Regional Resource Training Centre (Mentoring Model)

Venue: Seminar Hall, 7<sup>th</sup> Floor, Dept. of Obs. & Gynae  
Gandhi Medical College, Bhopal

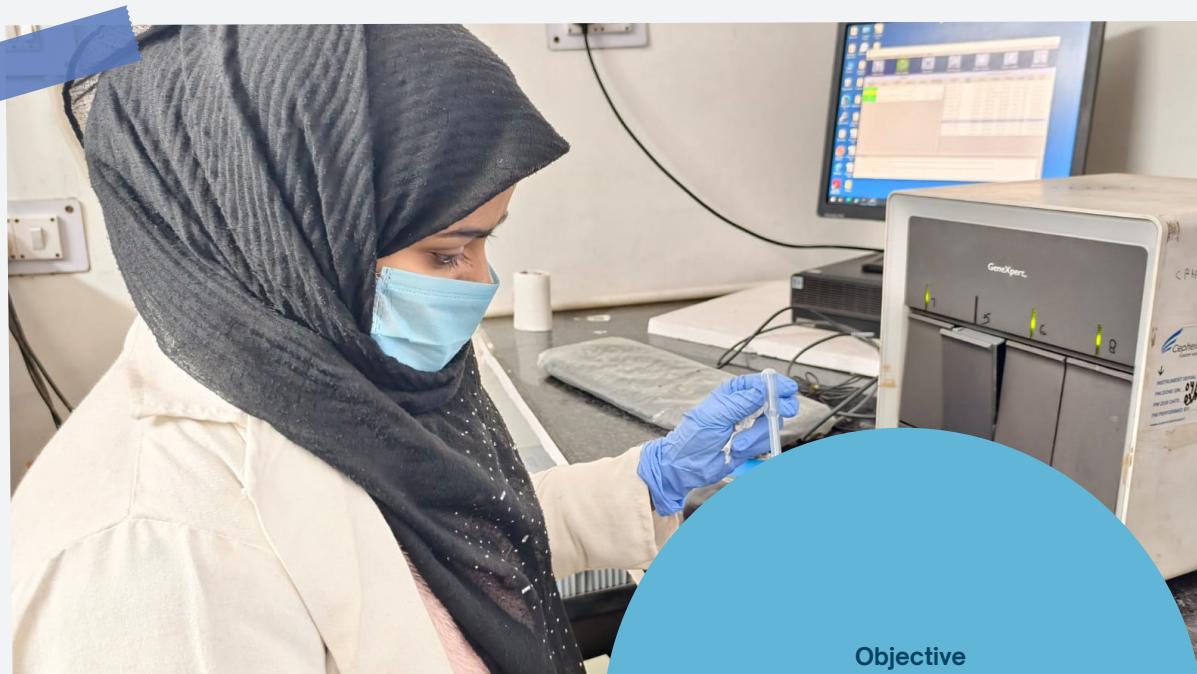


## Quality Improvement Initiatives

- Under the LaQshya quality certification programme, 12 facilities (one medical college, three district hospitals, three civil hospitals and five community health centres) underwent assessments and action planning. Ten facilities achieved state-level certification, and nine received national-level certification.
- Under the Gol MusQan initiative, Shahdol District Hospital completed internal assessments and gap-filling, earning state certification for quality improvement.



# State Technical Support Unit – Tuberculosis, Uttar Pradesh



Geography: Uttar Pradesh

## Key Highlights

During the year, the State TB Support Unit (STSU) recognised a valuable opportunity to further strengthen Uttar Pradesh's TB response by enhancing diagnostic reach, improving surveillance and supply chain systems, and fostering stronger public-private and multi-sectoral collaboration. With initiatives ranging from geospatial mapping of diagnostic facilities and operationalisation of IRLs to improved monitoring, private-sector engagement, and community-driven campaigns such as TB Mukt Panchayat and the 100-Day TB Mukt Bharat initiative, the programme focused on building a more coordinated, data-informed, and patient-centred TB ecosystem across the state.

### Objective

The State Tuberculosis Technical Support Unit (STSU-TB) was established in Uttar Pradesh (UP) under World Bank funding routed through the Central TB Division (CTD), Ministry of Health and Family Welfare (MoH&FW), Government of India (GoI). STSU-TB provides technical support to the Government of Uttar Pradesh (GoUP) to:

- Strengthen partnership models to enhance Tuberculosis (TB) case notification and government capacity in contract management;
- Optimise the TB diagnostic network to improve access, performance, and utilisation of World Health Organization (WHO)-recommended molecular diagnostics (mWRD) for microbiological confirmation and universal drug susceptibility testing (UDST), while reducing inequities in access between the public and private sectors.

## 1. Geospatial Mapping and Situational Assessment of Tuberculosis Diagnostic Facilities



Conducted comprehensive geospatial mapping of TB diagnostic facilities across the public and private sectors.



Supported the State TB Cell in mapping the diagnostic network and available human resources under the National Tuberculosis Elimination Programme (NTEP).



Key diagnostic resources in Uttar Pradesh (UP) include:

- Geospatial Mapping and Situational Assessment of Tuberculosis Diagnostic Facilities
- Conducted comprehensive geospatial mapping of TB diagnostic facilities across the public and private sectors.
- Supported the State TB Cell in mapping the diagnostic network and available human resources under the NTEP.

These coordinated interventions have resulted in strengthened TB diagnostics, monitoring, and private-sector engagement across the state thereby enhancing access and quality of TB services across the state.

## 4. Physical Stock Verification



Conducted Physical Stock Verification (PSV) across 75 District Drug Stores (DDS) to reconcile physical stock with Ni-kshay Aushadhi data.

## 2. Operationalisation of Government Intermediate Reference Laboratories



Supported the installation of equipment, certification for quality assurance, and recruitment and training of team members in three additional IRLs, bringing the total to five operational IRLs.

Redistributed the 75 districts among the IRLs for training, laboratory quality assurance, monitoring and supervision of downstream laboratories, including NAAT sites and linked CDST laboratories.

## 3. Monitoring of Tuberculosis Diagnostics and Supply Chain



Supported the development of a Management Information System (MIS) platforms for real-time laboratory data reporting, follow-up, report compilation, and analysis to identify poor-performing districts and laboratories.



Nucleic Acid Amplification Test (NAAT) testing increased from 7.5 lakh (2023) to 13 lakh (2024), with 7.8 lakh tests conducted in the first quarter of 2025.



Ensuring daily monitoring of drug and laboratory kits stocks through Ni-kshay Aushadhi.



Facilitated the release of additional drugs to District Drug Stores (DDS) across UP.



Coordinated the monthly drug demand process, submitting requirements from the State TB Cell to the CTD.



Facilitated procurement and distribution of 5,00,000 Cartridge-Based Nucleic Acid Amplification Test (CBNAAT) cartridges and 5,60,000 Mycobacterium Tuberculosis (MTB) chips.

## 5. Enhancing Private Sector Notification of Tuberculosis

- Supported drafting of Request for Proposal (RFP) and tender processes to onboard Patient Provider Support Agencies (PPSAs) across 75 districts.
- Thirty-six districts operationalised PPSAs with capacity-building support provided jointly with State TB Cell and State Training and Demonstration Centres, leading to significant improvement in private sector TB case notifications.

## 6. Deployment of Pathodetect Diagnostic Platform

- Provided advocacy and technical support to the State TB Cell to identify suitable CDST laboratory sites for the deployment of the Pathodetect diagnostic platform.
- Identified 12 CDST laboratory sites for Pathodetect deployment, submitted for CTD approval.
- Mapped 53 Biosafety Level (BSL) laboratories for potential TB testing to expand NAAT access.

## 7. Tracking of Patient Provider Support Agencies Payments:

- Introduced a PPSA Payment Tracker in 36 high TB-burden districts, conducted regular follow-ups and facilitated verification of invoices to ensure timely release of payments.
- By March 2025, 76% of payments to PPSA partners were released after verification.

## Achievements:

- 241,829 TB cases were notified against target 220,000 (110% achievement)
- 10,123 private facilities notified cases in 2024 (Source: Ni-kshay data)
- Assisted the National Health Mission (NHM) and the State in drafting a new PPSA tender (January 2026 to December 2029).



## Achievements:

- 24,448 TB cases (2.6% of all reported) were diagnosed via AAMs; 11,293 cases (46%) were microbiologically confirmed
- 22,436 cases (96%) bank detail seeding enabled direct benefit transfers (DBT).

## 8. Engagement of Ayushman Arogya Mandirs

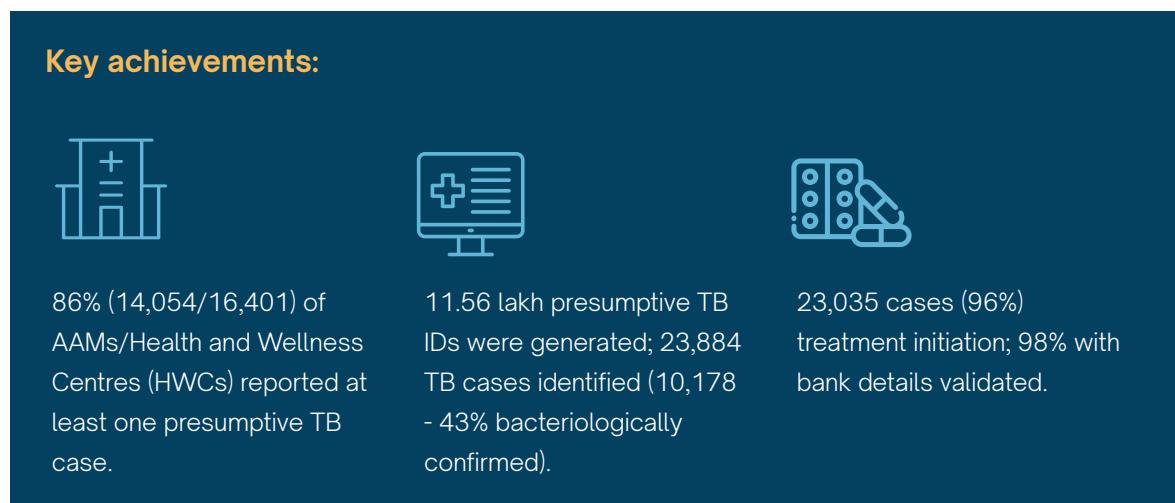
- Engaged 16,401 Ayushman Arogya Mandirs (AAMs) under NTEP and tracked their participation in monthly TB-related activities.

## 9. Enhancing Multi-Sectoral Engagement (Prevention and Response Capacities)

- Facilitated Memoranda of Understanding (MoUs) with Corporate Social Responsibility (CSR) partners for deployment of TrueNat machines and handheld X-ray units.
- Facilitated collaboration with National Highways Authority of India (NHAI) and Uttar Pradesh State Road Transport Corporation (UPSRTC) for the display of Information, Education, and Communication (IEC) materials during the 100 Days TB Campaign.
- 1,888 TB cases were notified from institutional partners (Railways, Cantonment Hospitals, District Jails, Ex-Servicemen Contributory Health Scheme (ECHS), Apollo Tyres, and Hindalco) (Source: Ni-kshay).
- Notifications from NABH-accredited hospitals increased from 2,700 in 2022 to 5,088 in 2024, reflecting improved engagement with the private healthcare sector. (Data Source Ni-kshay).

## 10. Linkages with Ayushman Arogya Mandirs (Data Source: Ni-kshay)

- Implemented monitoring across 16,401 AAMs/Sub Centres (SC)



## 11. Data Analysis and Monitoring

- Conducted monthly analysis of NAAT testing reports, utilisation trends, and shared findings with the State TB Cell to inform corrective actions.
- Undertook monthly reviews of notification trends, UDST uptake, co-morbidity reporting, and bank detail seeding across the TB care cascade.
- Fifty-eight percent of private sector-notified TB patients were tested through NAAT (2024-2025), marking a 15% increase over 2023-2024.

## 12. TB Mukt Panchayat Initiative

- Supported the State TB Cell in the TB Mukt Certification processes.
- Certified Panchayats increased from 3% (1,372 Panchayats) in 2023 to 12% (7,191 Panchayats) in 2024.

## 13. 100 Days TB Mukt Bharat Campaign (Source: Ni-kshay portal)

- Analysed Community-Based Assessment Checklist (CBAC) data to identify key vulnerable populations and conducted supervision in 15 priority districts and extended oversight to the remaining 60 districts during the campaign period.

- Tracked NAAT utilisation and ensured quality supervision throughout the campaign.
  - a. Campaign outcomes (7th December 2024 – 24th March 2025)
  - b. 2.7 crore vulnerable population mapped: 4.1 crore screened.
  - c. 8.6 lakh individuals tested with NAAT

#### 14. Pharmacy Application Pilot

- Developed and rolled out a Pharmacy Application with the Food Safety and Drug Administration (FSDA), NHM-UP, and the State TB Cell.
- Captured 2,335 transactions, dispensing 58,321 units to 727 individuals.
- Identified 214 missing TB cases (32%) through cross verification with Ni-kshay data.

#### 15. Knowledge Dissemination and Insights

- Analysed monthly CBNAAT, Truenat, and Annexure M reports, along with mapping of diagnostic facilities.
- Shared findings with the State TB Cell team to inform programme planning.
- Seventy-seven percent of the population in the 15 districts had TB diagnostic access within 30 minutes as per the 2025 geospatial analysis.

**“The Pharmacy Application marks a significant milestone in leveraging digital innovation for public health surveillance. As the technical support partner for the State TB Cell (Uttar Pradesh), IHAT has worked closely with the Food Safety and Drug Administration, Uttar Pradesh and NHM, UP, to conceptualise, design, and operationalise the web and mobile-based pharmacy application to track missing TB cases and doctors who are prescribing anti-TB medication. The collaboration has demonstrated how technology and partnerships can bridge long-standing gaps in TB notification, especially from the private sector. The success of the pilot phase reinforces the value of data-driven approaches and multi-sectoral coordination in realising the vision of a TB-free Uttar Pradesh.”**

**Assistant Commissioner (Drug) - Food Safety and Drug Administration (FSDA), Government of Uttar Pradesh**

**STSU-TB strengthened Uttar Pradesh's TB response through expanded diagnostics, private sector engagement, and system-wide monitoring. Achievements include operationalising five IRLs, scaling NAAT testing to 13 lakh annually, engaging 16,401 Ayushman Arogya Mandirs, and improving private sector case notifications to over 110% of the target.**



# Project Unnayan



**Geography: State-wide: Bihar**

IHAT, along with partner organisations, provided technical assistance to the GoB and the BNRC in designing and implementing the inaugural phase of nursing education reforms.

## 1. Quality Rating of Nursing

### Institutions

- IHAT provided technical support in data analysis and customisation of quality rating tools for Bihar's context.
- Supported GoB in developing the Request for Proposal (RFP) to onboard an assessment agency.
- Assessments were completed in 315 nursing institutes.
- Overall trust score: 84% across 383 nursing institutes assessed.

### Objective

**Policy design and program management support to the Government of Bihar.**

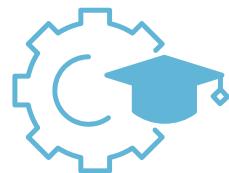
The Government of Bihar (GoB) launched Mission Unnayan in collaboration with the Bihar Nursing Council on March 7, 2024, with an aim to enhance the quality of nursing education and establish a “Brand Bihar” for nursing, both nationally and globally. Through stakeholder consultations with the Department of Health, GoB, and the Bihar Nursing Regulatory Commission (BNRC), the programme’s vision and mission statements were formulated, as follows:

### Vision:

To build a “Brand Bihar” for high-quality nursing professionals nationally and globally.

### Mission:

To empower Bihar's women through exceptional nursing education, fostering excellence, and creating high-paying job opportunities; and to enable nursing professionals to be compassionate, professionally competent, and ethically sound, ready to meet domestic and international health system needs.



## 2. Centre for Competency Certification for Nurses

- Supported the development of technical specifications and procurement processes for establishing the certification centre at Nalanda Medical College and Hospital (NMCH), Patna.
- Approximately 90 competency assessments were conducted for nursing professionals to validate practical and theoretical proficiency.

## 3. e-Gyanodaya: e-Library for Nursing Institutions

- IHAT supported BNRC in drafting the RFP and onboarding an agency to host the e-Gyanodaya digital library.
- Access to e-Gyanodaya was provided to more than 380 nursing institutions including private and government sectors.
- Content integration: Approved Hindi-language learning materials for inclusion, improving accessibility and inclusiveness.

## 4. e-Kshamata: Competency-based Learning Management System

- Developed in collaboration with Aastrika Foundation, using the Framework of Roles, Activities, and Competencies (FRAC).
- IHAT provided technical assistance for platform design, rollout, and state-level customisation, drawing on learnings from Uttar Pradesh's Learning Management System (LMS) implementation.

**“The e-Kshamata platform has been an amazing learning resource for me and my friends. I really appreciate that the study materials are available in both Hindi and English, and that it is completely free. The simple language, self-paced learning, and helpful MCQs make studying much easier. I would love to see more topics, video-based illustrations, and recorded lectures added in the future. Overall, e-Kshamata has been a great and an effective platform for learning.”**

- Government Nurse Mentor (GNM) 3rd Year Student, G.N.M. Nursing Institute, Patna Institute of Nursing and Paramedical Science, Patna, Bihar (Batch 2022–25)

## Coverage:



**27,000**

pre-service nursing students



**14,000+**

registered in-service ANMs



The platform enables competency-based digital learning at scale, standardising nursing education across Bihar.



## 5. Mentor-Mentee Programme

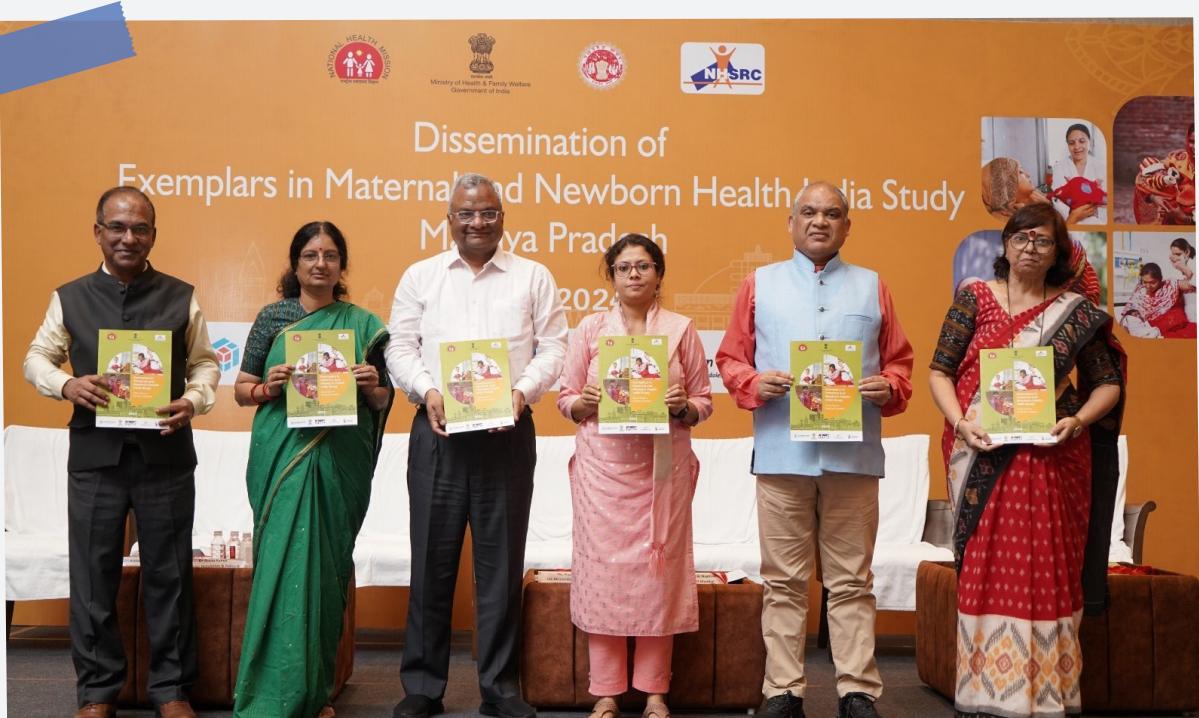
- IHAT supported GoB in drafting the policy document and sharing implementation learnings from Uttar Pradesh.
- Twelve mentor institutes finalised and Memoranda of Agreements (MoAs) signed, covering 383 nursing institutes across the state.
- The programme facilitates peer-led quality improvement, mentorship, and institutional capacity building.

## 6. Continuous Nurses Professional Development Programme

Supported the GoB in designing and implementing Continuous Professional Development (CPD) programmes for nursing professionals, complemented by a series of capacity-building activities—including workshops and seminars—conducted across the state. These efforts strengthened professional competence, promoted lifelong learning, and enhanced service delivery standards within the nursing workforce.



# Driving Global Dialogue through Knowledge Exchange



IHAT actively participated in several international and national conferences, events, and dissemination workshops, sharing insights and innovations across diverse platforms. These engagements contributed to India's experiences to global discussions on advancing integrated and scalable approaches for strengthening systems that promote population health and well-being.

The presentations addressed key themes such as digital health systems, equity in routine immunization, outreach to zero-dose children, elimination of lymphatic filariasis through innovative Social and Behaviour Change Communication (SBCC), Tuberculosis (TB) diagnostics and private sector engagement, global health research planning, academia-policy collaboration, paediatric and child health equity, gender-integrated health systems, maternal and newborn health, tribal health, and nutrition system strengthening.

IHAT also participated in multiple workshops and events, including state-level disseminations of the Maternal and Newborn Health Exemplars India Study in Madhya Pradesh, Maharashtra, and Tamil Nadu, as well as gender and inclusion dialogues and tribal health discussions. Government stakeholders from Uttar Pradesh, Jharkhand, Madhya Pradesh, and other states actively participated, showcasing local innovations and exploring pathways to integrate global and national best practices into state programmes and policies.

**These engagements contributed to India's experiences to global discussions on advancing integrated and scalable approaches for strengthening systems that promote population health and well-being.**

## Sharing Insights through Publications

IHAT's initiatives gained significant visibility through various publications and knowledge platforms. The Good Sight webzine featured IHAT's work on strengthening nutrition systems in Uttar Pradesh, highlighting its support to the Integrated Child Development Services (ICDS) department in improving the Supplementary Nutrition Programme, strengthening the supply chain, and enhancing community awareness on optimal nutrition practices.

IHAT's research contributions were also published in Vaccine X and BMJ Global Health. The immunization coverage study identified geographic and systemic barriers to achieving full immunization, while the essential newborn care study examined factors influencing Essential Newborn Care (ENBC) practices across 25 high-priority districts.

Further, the Uttar Pradesh Health Department made IHAT's knowledge management resources publicly accessible on its website, underscoring the state's commitment to evidence-based health system strengthening.

[Supporting Government Efforts: A thoughtful approach to food security](#)



[Preventing vaccine drop-outs: Geographic and system-level barriers to full immunization coverage among children in Uttar Pradesh, India.'](#)



[Knowledge Products Repository on the UP Health Department Portal](#)



# Knowledge in Action: Stories of Learnings and Innovation

	<h2>IHAT Gender Equality Strategy 2024-2029</h2>		<h2>Gender Responsiveness in Reproductive, Maternal, Newborn, and Child Health Service Delivery</h2>
	<h2>Nurturing Gender Responsive Counsellors</h2>		<h2>Zero Dose Children: Understanding Missed Vaccinations in UP through a Gender Lens</h2>
	<h2>From Home to Hospital: Encouraging Institutional Deliveries and Lowering the Risks of Home Births</h2>		<h2>Onward &amp; Upward: Documenting the journey of competency building initiatives for RMNCAH+N Counsellors in Uttar Pradesh</h2>
	<h2>Understanding Barriers and Challenges in Uptake of New Contraceptives</h2>		<h2>Exploring Consistent Use of Traditional Family Planning Methods</h2>



## PAHAL Issue 25



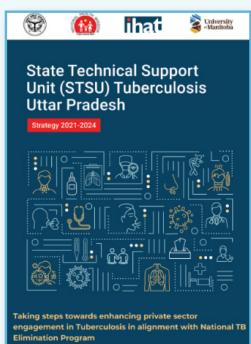
## Enhancing patient experience across public health facilities in UP: Behaviour Training for Health Facility Support Staff



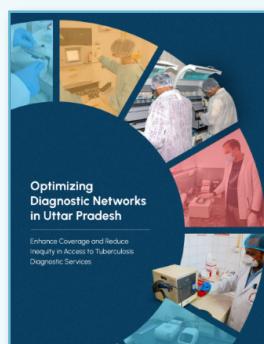
### Shukravaar Ki Shaam Doctors Ke Naam: Short Film



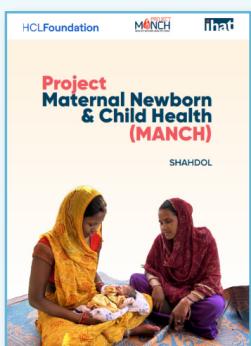
### FP-LMIS Tutorial Film for ASHA & ANM/CHO: Short Film



### State Technical Support Unit (STSU) Tuberculosis Uttar Pradesh Strategy 2021-2024



### Optimizing Diagnostic Networks in Uttar Pradesh Enhance Coverage and Reduce Inequity in Access to Tuberculosis Diagnostic Services



### Project Maternal Newborn & Child Health (MANCH), Shahdol



# Way Forward



Building on years of meaningful impact, IHAT looks to the future with renewed commitment to advancing equitable, evidence-based, and sustainable public health solutions in collaboration with communities, governments, donors, and partners. We will continue to deepen our technical expertise across key thematic areas: reproductive, maternal, newborn and child health (RMCH), nutrition, infectious diseases, while expanding into comprehensive primary healthcare.

Over the coming year, IHAT will continue to focus on program science, health facility strengthening, deeper community engagement, health systems strengthening, and gender integration as a cross-cutting enabler across all initiatives.

## Institutional Development and Governance

IHAT will continue strengthening its institutional ecosystem to enhance efficiency, leadership, and employee engagement.

- **Governance and Compliance:** Sustain high standards of governance through regular board meetings and governance engagement, strategic oversight, including for statutory and regulatory requirements.
- **Workplace Values and Culture:** Continue fostering an inclusive, respectful, and collaborative workplace culture. Cross-functional collaboration, open dialogue, and staff recognition initiatives will remain central to reinforcing organisational values, strengthening team cohesion, and promoting a sense of shared purpose across all levels.

- **Human Resource Development and Management:** Implement a structured human resource development (HRD) framework focusing on employee wellbeing, performance management, career progression, mentorship, and leadership succession planning. Continue to build on our achievements as a ‘Great Place to Work’ and efforts, including but not limited to key event celebrations and wellness programmes that reinforce unity and organisational identity.
- **Capacity Building:** Conduct advanced thematic and leadership trainings to equip teams with technical, managerial and leadership skills, in addition to individualised skills and personal development plans.
- **Digital and Organisational Transformation:** Updation/adoption of new Human Resource (HR) and operational tools will enhance internal efficiencies and enable data-driven organisational decision-making.

## Gender Integration

IHAT will continue to advance gender equity as a core institutional and programmatic priority, guided by the IHAT Gender Equality Strategy (GES) 2024–2029. Building on the progress in Uttar Pradesh, Madhya Pradesh, Bihar, and Delhi, the coming financial year will focus on moving from sensitisation to systemic transformation—embedding gender-responsive principles across organisational processes, leadership, and health programmes.

At the organisational level, IHAT will strengthen gender-transformative policies and processes, ensuring staff are equipped with the knowledge, skills, and confidence to integrate gender considerations in their work. Continuous capacity building, leadership engagement, and mentorship for Gender Champions will remain central to gender integration in programmes and across core organisational functions.

At the programmatic level, IHAT will expand gender integration across RMNCH, nutrition, health systems strengthening and infectious disease programmes by:

- Embedding gender analysis framework in programme design and monitoring systems;
- Scaling gender e-modules and respectful care trainings across facilities;
- Institutionalising gender action plans and accountability mechanisms at district and facility levels; and
- Deepening collaborations with government departments and partners to integrate a gender-transformative approach into the health systems.

IHAT will also advance youth-led gender initiatives, such as the GenEqual Fellowship Programme in Delhi, empowering young leaders from key populations to address intersecting gender and age-related barriers in HIV services. Through these efforts, IHAT aims to institutionalise gender equity for people, processes and programmes.

## Uttar Pradesh Technical Support Unit

Uttar Pradesh has made notable progress in improving maternal and newborn health outcomes, with the Maternal Mortality Ratio (MMR) declining from 216 (2016) to 141 (2022). However, to achieve the Sustainable Development Goals for neonatal mortality, there is a need to accelerate the pace of reduction in the current Neonatal Mortality Rate (NMR) of 35.7 (NFHS-5, 2020). Targeted, evidence-based interventions and equity-focused interventions will be critical to sustaining progress and reducing disparities.

A key focus will be on strengthening service delivery and improving the quality of care across the continuum of maternal and newborn health. This includes expanding Continuous Positive Airway Pressure (CPAP) in Special

Newborn Care Units (SNCUs), activating and strengthening Newborn Stabilisation Units (NBSUs), and enhancing intrapartum and postnatal care. Strengthening First Referral Units (FRUs) to ensure 24X7 comprehensive emergency obstetric and newborn care (CEmONC) services will remain a major priority. Establishing networks of care among medical colleges, FRUs, and Ayushman Arogya Mandirs (AAMs) will further improve referral linkages and clinical outcomes.

While IHAT's efforts have significantly strengthened rural health systems, there is now a growing need to extend these gains to urban areas. Strengthening the urban health ecosystem will therefore be a key priority. Guided by a program science approach, IHAT will address service delivery gaps across RMNCH, non-communicable diseases (NCD), and infectious disease programmes through robust management and monitoring mechanisms.

Digital health and Artificial Intelligence (AI) will play a transformative role in this next phase – enabling AI-assisted diagnostics, digital monitoring, and Internet of Things (IoT)- or Point-of-Care (PoC)-based tools will improve tracking and management of maternal anaemia, hypertensive and diabetic pregnancies, and preterm deliveries. Strengthened digital ecosystems anchored in platforms such as Health Online Parameter Evaluation (HOPE), UP Ke Swasthya Kendra (UPkSK), and Urban Disease Surveillance Platform (UDSP) will ensure interoperable electronic health records, data-driven governance, and improved accountability.

IHAT will also focus on positioning “Brand Bihar” as a hub for high-quality nursing education and employment. The next phase will prioritise operationalising the Competency Certification Centre, expanding the e-Gyanodaya and e-Kshamata platforms, and integrating Continuing Nursing Education (CNE) credits into nurse registration renewals. IHAT will continue strengthening the Bihar Nurses Registration Council (BNRC) through digital transformation, quality assessment, and mentorship models—enabling nurses to pursue skilled, ethical, and globally competitive careers.

Sustainability will be ensured through institutionalisation, capacity building, and the gradual transition of programmes to the government. Strengthening supply chain, human resource capacities, and behaviour change communication will remain cross-cutting priorities.

## Madhya Pradesh Innovation Hub

### Strengthening Maternal, Newborn, and Child Health in Madhya Pradesh

Madhya Pradesh has achieved steady progress in reducing maternal and infant mortality, with a Maternal Mortality Ratio (MMR) of 142 and the Infant Mortality Rate (IMR) of 37. While encouraging, the state still carries a high burden and requires accelerated efforts to achieve the 2030 targets of MMR below 100 and IMR below 20.

Future strategies will focus on vulnerable populations, including tribal populations, addressing gender and equity gaps through community engagement and systems strengthening. The Shahdol region, envisioned as a learning site for developing a Tribal Health Model, will anchor these efforts. Drawing from ground-level implementation, IHAT is developing a region-specific social and behaviour change communication (SBCC) strategy and gender-sensitive solutions that strengthen community–facility linkages and promote convergence with local governance structures.

MPIH is also expanding to address tuberculosis, NCDs, and screening for oral, cervical, and breast cancers, contributing to an integrated comprehensive primary healthcare (CPHC) framework.

At the facility level, IHAT continues to strengthen the FRUs through a medical college expert-led mentoring model and on-site nurse mentoring at sub-district facilities. These efforts enhance the clinical skills of medical and nursing officers, community health officers, and frontline workers through comprehensive training packages covering newborn care, high-risk pregnancy management, and anaemia and sickle cell disease management, as well as state-led innovations such as low-dose aspirin therapy for pre-eclampsia prevention.

At the community level, the MPIH will leverage existing structures - Village Health Sanitation Nutrition Committees (VHSNCs) and Jan Aarogya Samitis (JAS) for participatory engagement, integrating local touchpoints and events to promote sustainability beyond programme duration.

At the systems level, IHAT supports human resource planning, maternal and child death reviews, and data-driven decision-making, while fostering collaborations with research and academic institutions and professional associations for evidence-based implementation research.

IHAT will continue to strengthen health systems, promote equity, and accelerate progress toward improved maternal and child health outcomes in Madhya Pradesh.

## Tuberculosis Programme

IHAT will continue to support Uttar Pradesh's vision for Tuberculosis (TB) elimination, aligning with the National TB Elimination Programme (NTEP). Future efforts will strengthen coordination with the State TB Cell, integrate data sources for improved surveillance and response, and translate operational research into community-focused solutions. Special attention will be given to high-risk and vulnerable populations, addressing social determinants of health, and deepening partnerships with medical colleges to improve case detection, diagnosis, and treatment outcomes.

### Diagnostic Network Optimization and Laboratory Strengthening

Efforts will focus on expanding access to rapid, reliable testing by increasing deployment of NAAT (Truenat/CBNAAT) machines, retaining sample transporters, and ensuring an uninterrupted supply of diagnostic materials. Expansion of Drug Susceptibility Testing (DST) capacity will be prioritised, alongside advocacy to leverage Covid-19 Reverse Transcription-Polymerase Chain Reaction (RT-PCR) laboratories for TB testing.

### Monitoring, Data-Driven Decision Making, and Capacity Building

IHAT will support data analysis across all 75 districts, monitoring diagnostic indicators such as NAAT coverage, utilisation rates, and microbiological confirmation. The goal is to raise the Presumptive TB Examination Rate (PTER) from 2,000 to 4,000 by 2026, supported by reduced turnaround times and strengthened digitalisation and quality assurance.

### Systems Strengthening and Strategic Partnerships

IHAT will continue working with the State TB Cell, NHM, and CSR partners to institutionalise best practices and drive sustainable TB elimination. Evidence generated through collaborations with research institutions will inform policy and improve programme strategies. IHAT will also extend TB programme support to Madhya Pradesh in consultation with the State TB Cell.

**As IHAT steps into the next strategic phase, the focus will remain on deepening impact and expanding into new domains—strengthening public health systems, fostering technical excellence, and building institutional resilience. By embedding equity, gender sensitivity, and innovation in every aspect of its work, IHAT will continue to contribute meaningfully to India's journey toward universal health coverage and improved well-being for all.**

# Financials

INDIA HEALTH ACTION TRUST (IHAT)

## 1. Balance Sheet - Consolidated

Particulars	For the Year Ended	
	31st March, 2025 [Rs. in lakhs]	31st March, 2024 [Rs. in lakhs]
<strong>I. LIABILITIES</strong>		
Capital Fund	7,452.95	7,539.52
Accumulated Funds for Specific Purposes	5,295.54	4,786.50
Grant Received in Advance	1,484.13	(498.71)
Capital Reserve A/C	334.85	474.16
<strong>NON CURRENT LIABILITIES</strong>		
Long Term Provisions	341.21	-
<strong>CURRENT LIABILITIES</strong>		
Current Liabilities, Payables & Provisions	113.50	103.99
<strong>TOTAL LIABILITIES</strong>	<strong>15,022.18</strong>	<strong>12,405.46</strong>
<strong>II. ASSETS</strong>		
<strong>NON-CURRENT ASSETS</strong>		
Property, Plant and Equipment and Intangible Assets	341.77	482.23
Long Term Loans and Advances	528.60	94.41
<strong>CURRENT ASSETS</strong>		
Cash and Cash Equivalents	13,465.08	10,958.39
Short-Term Loans and Advances	216.34	237.56
Other Current Assets	89.96	266.28
Receivables	380.43	366.59
<strong>TOTAL ASSETS</strong>	<strong>15,022.18</strong>	<strong>12,405.46</strong>

**2. Statement of Income & Expenditure - Consolidated**

Particulars	For the Year Ended	
	31st March, 2025 [Rs. in lakhs]	31st March, 2024 [Rs. in lakhs]
<b>INCOME</b>		
Grant Utilized	9,124.33	10,745.94
Other income	1,174.48	1,124.66
<b>TOTAL INCOME (A)</b>	<b>10,298.82</b>	<b>11,870.60</b>
<b>EXPENSES</b>		
Project & Other Expenses	9,269.95	10,639.35
Employee Benefit Expenses	579.88	425.90
Financial Costs	1.08	1.07
Depreciation & Amortization Expenses	108.87	147.21
<b>TOTAL EXPENSES (B)</b>	<b>9,959.78</b>	<b>11,213.52</b>
<b>Less: Amount Applied out of Accumulated Funds (C)</b>	<b>(773.60)</b>	<b>(583.56)</b>
<b>Total Expenditure (B-C) = (D)</b>	<b>9,186.18</b>	<b>10,629.95</b>
<b>Excess of income over Expenditure transferred to Capital Fund Account</b>	<b>1,112.64</b>	<b>1,240.65</b>





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