ANNUAL REPORT
2025-2026



CONTENTS

Message from the Managing Trustee 3

Our Approach 4

Focus Areas 5

Achievements at a Glance 6

Institutional Development 7

Gender Mainstreaming and Integration 8

Our Programmes 10

Maternal, Newborn and Child Health 11

Family Planning 19

Nutrition 22

Health Systems Strengthening 24

Urban Health 33

Comprehensive Primary Healthcare 36

Addressing Lead Toxicity in Uttar Pradesh 38

Tuberculosis Project 39

Madhya Pradesh Innovation Hub 41

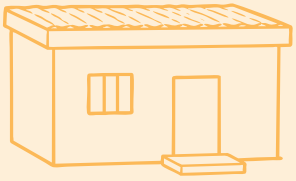
Mission Unnayan 45

Driving Dialogue through Knowledge Exchange 47

Way Forward 48

Financials 50

List of Abbreviations 52



MANAGING TRUSTEE'S MESSAGE

I am pleased to present India Health Action Trust (IHAT)'s Annual Report for the financial year 2025-2026. The year reaffirmed an important lesson from our work across public health systems: sustainable improvements are possible when evidence, implementation experience and institutional commitment come together in a consistent and purposeful way.

IHAT's work continued to be anchored in Program Science, government partnership and data-informed action. Across programmes, our focus was not only on supporting service delivery but also on strengthening the systems that enable quality, equitable, and responsive public health services. We have continued to prioritise depth in our work by investing in stronger data systems, improved review platforms, facility readiness, capacity development and institutionalised processes that can support measurable improvements.

In Uttar Pradesh, IHAT's technical assistance supported public health systems across multiple levels of care. Work in maternal, newborn and child health, family planning, nutrition, health systems strengthening, comprehensive primary healthcare, urban health and tuberculosis, focused on strengthening service delivery platforms, improving facility and frontline capacity, expanding the use of data and digital systems, and bringing quality services closer to communities.

Beyond Uttar Pradesh, IHAT continued to support health systems strengthening in underserved geographies. In Bihar, Mission Unnayan advanced nursing education and workforce reforms through quality assessments, competency certification, digital learning and governance support through the Bihar Nurses Registration Council. In Shahdol District, Madhya Pradesh, the Comprehensive Primary Healthcare Initiative in Tribal and Rural Areas (CHITRA) was initiated to demonstrate a comprehensive primary healthcare model for tribal and rural populations.

The year also reaffirmed IHAT's commitment to equity as a core element of health systems strengthening. Through gender integration, youth-led approaches and community-centred programming, IHAT advanced more responsive public health practice for women, young key populations, tribal communities, urban poor populations and other underserved groups. This also included implementing the GenEqual Fellowship Programme, a gender-transformative, lateralised Human Immunodeficiency Virus (HIV) initiative designed to strengthen community-led engagement and improve health outcomes among young people from key and vulnerable populations in Delhi.

These efforts reflect the strength of sustained collaboration among government leadership, technical teams, frontline workers, communities, donors and partners. They also remind us that lasting public health progress requires going beyond isolated interventions to build institutions that can learn, adapt and respond to the needs of those most at risk of being left behind.

As we move forward, IHAT remains committed to supporting governments and partners in building stronger, more equitable and data-informed health systems. Our long-term vision remains clear: to contribute to meaningful, sustained improvements in population-level health outcomes. I extend my sincere gratitude to the government, donors, frontline cadres, community stakeholders and the dedicated IHAT team for their trust, partnership and continued commitment to improving health outcomes for all.

Shajy K Isac, Ph.D.
Managing Trustee
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 Programmes and Into Practice

Program Science applies scientific knowledge to improve public health programmes.

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

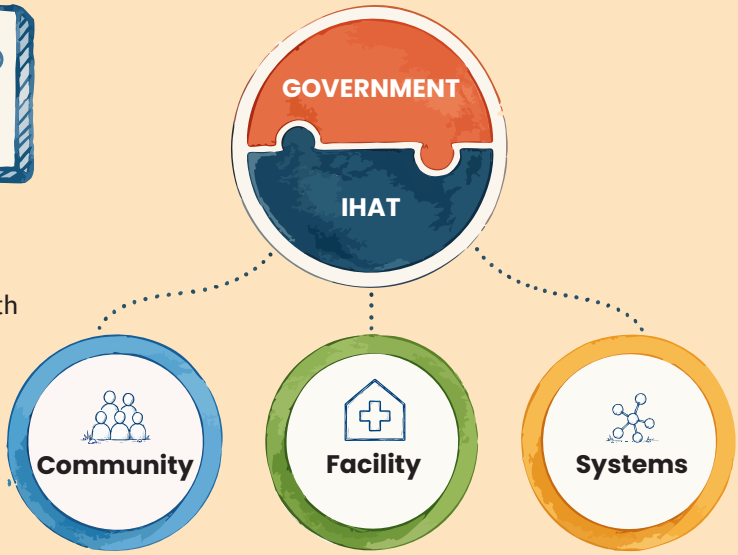


EMBEDDED TECHNICAL SUPPORT

Sustainable and Scalable Solutions

We partner with governments to strengthen health systems through:

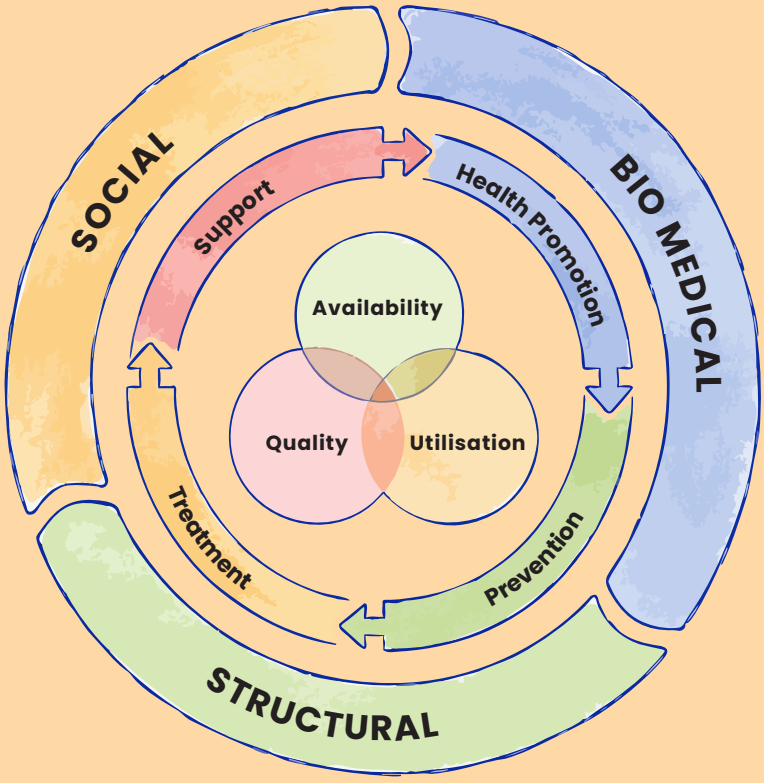
- **Strategic Analysis and Planning:** Data-driven programme planning, implementation, and adaptive learning
- **Capacity Building:** Training and mentoring government staff and community workers
- **Advocacy:** Driving policy change and fostering community engagement.



CONTINUUM OF CARE

A Holistic, Community-Focused Approach

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



FOCUS AREAS



Maternal, Newborn & Child Health (MNCH)



Family Planning



Nutrition



Health Systems Strengthening



Infectious Diseases

ACHIEVEMENTS AT A GLANCE

The year 2025–26 saw IHAT continue its technical support to the governments of Uttar Pradesh, Bihar and Madhya Pradesh to strengthen public health systems, improve service quality, build institutional capacity and promote evidence-based planning. Interventions spanned maternal and newborn care, family planning, nutrition, nursing education and tuberculosis, with several advancing from pilot to scale and others becoming part of routine government efforts.

In Uttar Pradesh, IHAT supported government efforts to strengthen emergency obstetric and newborn care, facility readiness, clinical mentoring, maternal anaemia management, digital tracking of high-risk pregnancies and school-based immunisation. In Madhya Pradesh, support through the RRTC (Mentoring Model) Programme, Project MANCH+ and Project CHITRA contributed to stronger maternal and newborn care, community-centred primary healthcare in tribal areas, reduced home deliveries in Shahdol, and the generation of evidence for scalable healthcare models..

Progress made by the state governments during 2025-26:

UTTAR PRADESH



Antenatal Care (ANC) from a skilled provider (Any ANC): **98%**

Early ANC registration: **74.3%**

4+ ANC visits: **53.5%**

Early initiation of breastfeeding (within 1 hour): **43.1%**

Key elements of ANC:
Blood Pressure (BP) measurement: **91%**
Haemoglobin (Hb) testing: **95%**
Weight measurement: **91%**
Ultrasound examination (at least once): **95%**



Full Immunization Coverage (FIC, 8 basic doses)**: 85.4%**



Institutional delivery: **91.2%**



C-section in public facility: **10.0%**



Postnatal Care (PNC) check-up within 2 days – Mother: **85.9%**



PNC check-up within 2 days – Newborn: **87.9%**

Tuberculosis:
Block-level NAAT machine availability increased from 65% in 2023 to 73% in 2025, while NAAT testing performance rose from 47% to 160% of testing capacity, with no district below 50%.
In 2025, PTER increased from 1298/lakh in 2023 to 2,578/lakh. The proportion of Presumptive TB cases tested by NAAT has increased from 18% (2023) to 40% (2025).

Source: Community-based Assessment (2025-26), UP TSU

SHAHDOL, MADHYA PRADESH



ANC from a skilled provider (Any ANC): **84%**

Early ANC registration: **73.2%**

4+ ANC visits: **75%**

Early initiation of breastfeeding (within 1 hour): **48.5%**

Key elements of ANC:
BP measurement: **98.7%**
Hb testing: **98.73%**
Weight measurement: **98.2%**
Ultrasound examination (at least once): **76.3%**



Institutional delivery: **95.6%**



C-section in public facility: **12.96%**



PNC check-up within 2 days – Mother: **66.29%**



PNC check-up within 2 days – Newborn: **79.37%**

Source: Round 2 Assessment (2025), Project MANCH

INSTITUTIONAL DEVELOPMENT

In 2025-2026, IHAT continued to strengthen its institutional foundation by investing in people, organisational systems, governance processes and workplace culture. IHAT continued to be Great Place To Work-Certified™ during the reporting year, with the certification valid until December 2025, reflecting its commitment to employee well-being and organisational excellence.

Staff development remained central to IHAT's institutional agenda. Capacity-building initiatives continued to strengthen technical, managerial and leadership competencies across teams, enabling staff to respond to evolving programme needs, improve cross-functional coordination and deepen their understanding of public health systems and implementation processes.

The organisation also continued to strengthen its human resource systems through structured performance management, mentoring, role clarity and staff development processes. Building on the compensation benchmarking exercise completed in the previous year, the organisation continued to work towards fair, sustainable and transparent people practices that support professional growth and strengthen staff contribution to programme outcomes.

During the year, efforts focused on strengthening organisational culture, leadership and staff capabilities through a range of institutional development initiatives. Leadership and technical development programmes enhanced managerial competencies, cross-functional collaboration, and understanding of evolving public health priorities. The organisation also conducted Synergy: Building Teams and Shaping Collaborative Action, a team-building workshop that aimed to build trust, collaboration, and collective problem-solving, while reinforcing a culture of respect, inclusion, and shared accountability.

Workplace safety, dignity, and compliance remained key priorities throughout the year. Capacity-building sessions on the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 (PoSH Act) strengthened awareness of workplace rights and responsibilities among internal committee members and staff, while supporting robust institutional mechanisms for prevention and redressal. Organisational policies and standard operating procedures (SOPs) were further reviewed and strengthened to ensure continued alignment with legal, regulatory, and operational requirements.

IHAT also continued to streamline internal systems and governance processes. Regular board oversight, statutory compliance, policy implementation and improved documentation practices helped reinforce transparency and institutional accountability. These measures supported more efficient programme management and enabled teams to work within clearer operational and governance frameworks.



Investing in People
Capacity building and mentoring

Strengthening Systems
HR systems and performance management

Building Culture
Inclusion, dignity and respectful workplace practices

Ensuring Compliance
Policy review and SOP strengthening

Sustaining Impact
Governance, accountability and programme support

By investing in people, strengthening systems and reinforcing accountable governance, IHAT continued to enhance its institutional capacity to deliver impactful public health programmes.

GENDER MAINSTREAMING AND INTEGRATION

Embedding equity. Transforming systems. Empowering change.

IHAT continued to advance gender equity across its programmes through the implementation of the Gender Equality Strategy (2024–2029). During the year, efforts focused on strengthening organisational systems, building staff capacity, integrating gender-transformative approaches into programmes and research, and supporting stakeholders in adopting gender-responsive approaches within health systems.

Strengthening Institutional Capacity for Gender Integration

IHAT strengthened its institutional commitment to gender equality through a series of organisational initiatives. Organisational policies were reviewed through a gender, equity, diversity and inclusion perspective to strengthen institutional processes and promote a safe and inclusive workplace. Internal committees under the Prevention of Sexual Harassment (PoSH) policy were reconstituted across all geographies, supported by staff orientation sessions, refresher training, and updated awareness materials. A Gender Task Force comprising 10 members was established to guide the implementation of the Gender Equality Strategy.

To strengthen staff capacity, IHAT developed the Gender Integration Primer, a practical resource to support programme teams in applying gender analysis and designing gender-responsive interventions. The Gender Champions Initiative continued to promote gender mainstreaming across programmes and operations, with nearly 30 staff members from technical, managerial and operational teams participating in regular learning and reflection sessions.

A workshop on “Integrating Gender Equity in Health Systems: Bridging Gaps across Public Health Domains” was conducted for 35 consultants from the National Health Systems Resource Centre (NHSRC), strengthening their capacity to integrate gender considerations into public health programmes.

Advancing Gender Equity across States

Uttar Pradesh

IHAT supported the institutionalisation of gender-responsive approaches within government health systems through capacity building, training integration, and targeted interventions to address persistent last-mile inequities in Reproductive, Maternal, Newborn, and Child Health (RMNCH) services.

A gender e-module integrated into Skilled Birth Attendant (SBA) training reached 8,221 service providers across 75 districts and contributed to improved knowledge and understanding of gender-responsive service delivery. Gender-responsive content was also embedded in government training platforms for frontline and supervisory cadres, including Staff Nurses (SNs), Auxiliary Nurse Midwives (ANMs), Community Health Officers (CHOs), and Medical Officers (MOs). In addition, 105 senior MOs participated in leadership and management training on gender-responsive health systems, while approximately 270 National Health Mission staff received soft skills training.

In addition to substantial knowledge improvements, these trainings led to shifts in provider practices and behaviours critical to equitable care. This included more respectful and end-user centred communication, increased privacy and confidentiality, greater engagement of family decision-makers to support informed care-seeking and improved support for women’s agency and choices in healthcare decisions.

Targeted interventions were implemented through community platforms in five districts and through facility-based platforms in eight facilities across four districts to address barriers affecting routine immunization and early pregnancy registration among underserved populations. These interventions reached approximately 939 frontline workers, strengthened 62 Sub Centres (SCs)/Ayushman Arogya Mandir (AAM) teams, and built the capacity of 96 facility staff to identify and respond to gender-related barriers, promote person-centred care, engage family decision-makers, and support women's participation in healthcare decisions.

> *"One family had missed immunisation sessions for several months. While the mother wanted her child vaccinated, the husband and mother-in-law opposed. Along with the ASHA, I visited the family and used the Root Cause Analysis (RCA) tool to understand their concerns. They feared that if the child developed a fever after vaccination, household work would suffer. We discussed sharing responsibilities and trusting the mother's decision. Following this conversation, the family brought the child for vaccination in the very next session."*
>
> **- Community Health Officer, AAM Bampur, Manda block, Prayagraj district, Uttar Pradesh**

Madhya Pradesh

IHAT completed two phases of a gender review in Shahdol district to better understand how gender norms influence maternal and child health outcomes among tribal communities. The review identified key gender-related barriers and explored potential solutions, with a synthesis of findings underway. IHAT finalised a concept note to integrate gender-responsiveness into the Regional Resource Training Centre mentoring and training model at Indore Medical College, supporting efforts to strengthen respectful and equitable maternal healthcare services.

Delhi – GenEqual Fellowship Programme

IHAT advanced the design of the GenEqual Fellowship Programme, a gender-transformative and lateralised HIV initiative for young people from key and vulnerable populations. A Program Science approach was adopted to strengthen gender-responsive Human Immunodeficiency Virus (HIV) interventions and community engagement. These initiatives strengthened IHAT's institutional and programmatic capacity to embed gender-responsive approaches across organisational systems, health programmes and service delivery platforms.

By combining policy review, staff capacity building, government-system integration, community-level interventions and evidence generation, the year's work helped move gender integration from sensitisation towards practical application within public health systems.





OUR PROGRAMMES

- **The Uttar Pradesh Technical Support Unit – *Established in 2013***
  Provides techno-managerial support to the Government of Uttar Pradesh (GoUP) pursuant to the Memorandum of Cooperation between the GoUP and Gates Foundation. IHAT, in partnership with the University of Manitoba (UoM) supports the government for health systems strengthening and to improve Reproductive, Maternal, Newborn and Child Health and Nutrition (RMNCH+N) outcomes.

- **The Madhya Pradesh Innovation Hub – *Established in 2019***
  Pursuant to the Memorandum of Understanding between the National Health Mission (NHM), Government of Madhya Pradesh (GoMP), and IHAT, the Madhya Pradesh Innovation Hub (MPIH) supports the state in addressing health challenges through Health Systems Strengthening and improving outcomes in Maternal, Newborn and Child Health (MNCH).

- **Project MANCH+ – *2024***
  IHAT transitioned from Project MANCH (funded by HCLFoundation from 2021-2024) to Project MANCH + to continue its support to GoMP through MPIH, in strengthening maternal, newborn, and child health and health systems within the tribal district of Shahdol, Madhya Pradesh.

- **Tuberculosis Project (Diagnostic Network Optimization Project) - *Initiated in 2023***
  Supported by the 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 for microbiological confirmation and Universal Drug Susceptibility Testing for TB and reducing inequities in access to TB testing between the public and private sectors.

- **Mission 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 Nurses Registration Council (BNRC) in March 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.

- **Project CHITRA – *Initiated in 2025***
  Project CHITRA is a comprehensive primary healthcare initiative in 30 Gram Panchayats across the Gohparu block in Shahdol district, Madhya Pradesh. Implemented by IHAT with GoMP and supported by the Azim Premji Foundation, it aims to improve the effectiveness of health coverage for tribal and rural populations through community engagement, facility readiness, and data-informed service delivery.

UTTAR PRADESH

MATERNAL, NEWBORN & CHILD HEALTH

OBJECTIVE

To reduce maternal and neonatal mortality in Uttar Pradesh 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 inpatient services for sick children, and improving the management of maternal and newborn complications at the First Referral Units (FRUs).



GEOGRAPHY

Across all 75 districts of Uttar Pradesh

Key Interventions

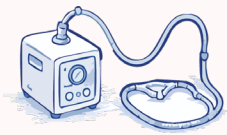
I. Labour Room Strengthening to Improve Quality of Intrapartum Care

1. The fourth round of Labour Room (LR) Standard Operating Procedure (SOP) observation in July 2025 covered 397 FRUs [68 District Hospitals (DHs) and 329 Community Health Centres (CHCs)]. Compliance across domains improved from Round 2 to Round 4, from 67% to 77% at DHs and 55% to 70% at CHCs.

2. An integrated checklist was rolled out across 667 facilities (57 DHs, 242 Community Health Centre- First Referral Units (CHC-FRUs) and 329 CHCs) to assess readiness for managing major maternal and newborn complications. Functional triage, Maternal Anaemia Management Centre (MAMC), diagnostic laboratory, LR and Newborn Care Corner (NBCC) were available in 27%, 46%, 84%, 43% and 69% of facilities, respectively. Maternity Operation Theatres (MOTs) were functional in 41% of FRUs, CPAP was available in 53% of DH SNCUs.



Additionally, the MOT was functional at **41%** of the FRUs



Continuous Positive Airway Pressure (CPAP) was available at **53%** of the Special Newborn Care Units (SNCUs) at the DHs.

3. The District Senior Specialist (DSS) and Zonal Nursing Specialist (ZNS) conducted Direct Observation of Deliveries (DOD) at high-load CHCs and FRUs. **Coverage percentage:**

73% **Initial assessment** Blood Pressure (BP), Foetal Heart Rate

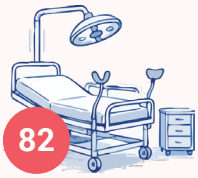
55% **Essential Newborn Care** Skin-to-Skin Care (STSC), Cord Care, Early Initiation of Breastfeeding (EIBF),

42% **Fourth stage of labour monitoring** Uterine Tone, Bleeding Per Vaginam (PV), Cord Bleeding and Breastfeeding (BF)

On comparison with data from April 2023 - March 2024 for 459 common facilities, coverage for these indicators improved by 8%, 7%, and 2%, respectively.

4. Three District Women's Hospital (DWHs) received LaQshya certification, while CHC Ayana, Auraiya, received National Quality Assurance Standards (NQAS) and District Combined Hospital (DCH) Gautam Buddha Nagar received MusQan certification. To date, 82 LRs, 52 MOTs and 10 Newborn Stabilisation Units (NBSUs)/ Special Newborn Care Units (SNCUs) have received quality certifications, with UP TSU supporting on-site corrections, mentoring and action planning.

   To date,



LRs



MOTs



NBSUs/SNCUs

have received quality certifications

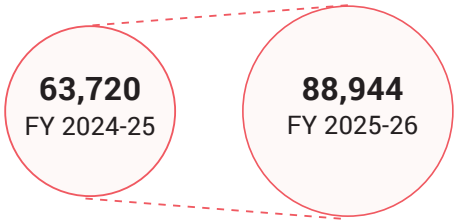
   The UP TSU field team was involved in on-site corrections, mentoring, and preparing action plans for quality improvement.

II. Newborn Care

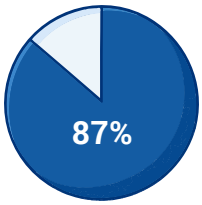
1. Newborn Stabilisation Unit (NBSU) Activation and Strengthening:

a. 404 of 414 old NBSUs were functional and reporting progress on the Facility-Based Newborn Care (FBNC) portal.

Total admissions increased



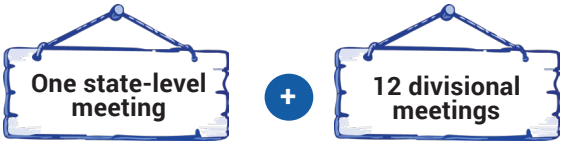
Inborn Admissions



Average Stay



b. Uttar Pradesh Technical Support Unit (UP TSU) supported with data and strategic analysis for virtual divisional NBSU review meetings chaired by the Director General of Family Welfare (DGFW) and State National Health Mission (NHM), from March 2025, to assess all NBSUs across the state.



were conducted, covering all **18 divisions and 830 NBSUs** (414 and 416).

2. Continuous Positive Airway Pressure Implementation:

An integrated action plan with NHM, DGFW, IHAT and UNICEF enabled 47 SNCUs to operationalise 149/181 CPAP units, benefiting 7,050 newborns.

7,050 newborns received CPAP for the following indications -

45% Respiratory Distress Syndrome (RDS)

23% Asphyxia

8% Apnoea of prematurity

The failure rate was 7.6%, while 1.6% of newborns experienced nasal injury.

3. Observership Training:

Observership training was rolled out in 26 districts and recognised by Ministry of Health and Family Welfare (MOHFW) as a best practice for FY 2025–26. Early assessment (December 2025–March 2026) showed 48% higher NBSU admissions (1,810 to 2,688/month), 24% higher Low Birth Weight (LBW) admissions (128 to 159/month), and improved pre-referral stabilisation and referrals.

III. Capacity Building

1. **Skilled Birth Attendant (SBA) Training:**
   UP TSU supported NHM-UP in revising SBA modules on 'Management of Complications' and 'Behavioural Change'. In July 2025, 56 Master Trainers were developed, with 441 participants trained during the year, bringing the state total to 8,696 staff.

2. **Staff Nurse Induction Trainings:** 130 new Staff Nurses were inducted through five batches at the Skill Laboratories, Jhansi, Uttar Pradesh

IV. Maternal Anaemia Management

The Government of India launched the Maternal Anaemia Management Programme in five districts of Uttar Pradesh—Hardoi, Jalaun, Sitapur, Raebareli and Fatehpur. UP TSU supported facility preparedness, provider training and the rollout of Ferric Carboxymaltose (FCM) for maternal anaemia management.

1. **State-Level Technical Support:**
   UP TSU supported AMB 2.0 rollout planning, including the transition from IFA–ferrous sulphate to IFA–ferrous ascorbate, and assisted the Government of Uttar Pradesh in developing guidelines for anaemia screening and management among postpartum and lactating women.

2. **Facility Preparedness and Training:**
   CBC auto-analysers were available at all 25 First Referral Units (FRUs), while facilities with Maternal Anaemia Management Centres (MAMCs) increased from 24% to 72%. Master Trainers were developed at KGMU, Lucknow, and GSVM Medical College, Kanpur. By March 2026, 180 participants had been trained across nine batches.

3. **FCM Roll-out and Community Support:**
   FCM administration began at CHC Unchahar, Raebareli, on 21 March 2026. UP TSU trained 57 UP TSU team members in the use of Minimally-Invasive Digital Hemoglobinometers (MIDH) to strengthen haemoglobin screening and ANM mentoring.

4. **Monitoring and Systems Strengthening:**
   e-Kavach support in 10 low-performing blocks improved pregnant women's registration and ABHA creation and reduced pending delivery updates. ODK-based tools were operationalised to monitor anaemia treatment, IV iron therapy, PMSMA, facility preparedness and MIDH use.



Activation and Strengthening of First Referral Units

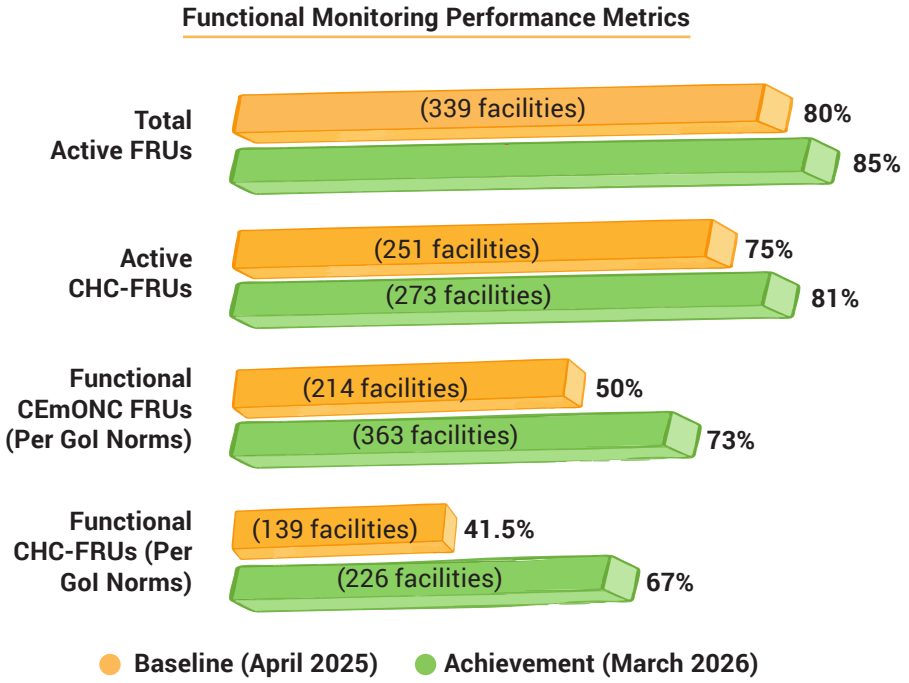
To systematically reduce preventable maternal mortality across all 75 districts of Uttar Pradesh, strategic interventions focused on providing timely access to quality Comprehensive Emergency Obstetric and Newborn Care (CEmONC). This high-impact approach prioritised closing critical gaps in specialist human resources and operationalising MOTs to enable round-the-clock management of severe pregnancy complications and safe caesarean sections.

Key Interventions

1. **Buddy-Buddy Model Implementation and Task Shifting:**
   Technical assistance supported GoUP in implementing the Buddy-Buddy model to address specialist shortages through task-shifting to CEmONC- and Life Saving Anaesthesia Skills (LSAS)-trained MBBS Medical Officers. By March 2026, 153 MOs had completed CEmONC training and 152 LSAS training. Combined with NHM's specialist deployment models, this enabled 100 additional FRUs to become functional CEmONC centres within 12 months. Field visits confirmed that 72% of trained physicians performed caesarean sections under the model.

2. **Operationalising Maternal Operation Theatres:**
   Coordination with district Chief Medical Officers (CMOs) and Additional Chief Medical Officers (ACMOs) supported decentralised procurement of critical OT equipment through NHM funds and GeM. As a result, 419 of 428 designated FRUs (97.8%) were equipped with essential equipment, including Boyles Trolleys, Multipara Monitors, OT Lamps and specialised OT tables.

3. **Comprehensive Facility Tracking and State-Wide Scaling:**
   The Uttar Pradesh ke Swasthya Kendra (UPkSK) FRU and NBSU Tracker enabled monthly state reviews of maternal and newborn indicators, tracking functionality, specialist availability, C-section readiness, Blood Storage Units (BSUs), referrals, equipment and HR gaps. Data-driven reviews supported steady improvement in facility activation rates.



Cumulatively, 73% (337) of all 428 designated FRUs have achieved active functionality as CEmONC centres conducting C-section deliveries as per GoI norms. The way forward is to achieve 24 X 7 functionality of FRUs in each of the 75 districts.

Regional Resource Training Centre Network for Maternal, Newborn and Child Health

To systematically reduce maternal and neonatal mortality across Uttar Pradesh, interventions focused on strengthening healthcare providers' capacity to manage complex obstetric and neonatal complications. By establishing a highly structured academic-clinical mentoring framework, this initiative enhanced the readiness, service quality, and utilisation of CEmONC services at the FRUs, strengthening pre-referral management and minimising avoidable higher-centre referrals.

Key Interventions

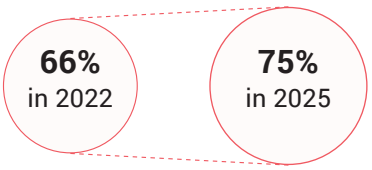
1. Clinical Mentoring and Capacity Building:

The Regional Resource Training Centre (RRTC) network expanded from 4 medical colleges in 2017 to 20 in 2025, strengthening mentoring and capacity building for doctors managing maternal and newborn complications. Skill laboratories, regular training, refresher CMEs and quarterly clinical mentoring visits were conducted across these centres. A Unified Facility Feedback Portal was also developed in April 2025 to assess facility readiness and provider competencies.

2. Clinical Mentoring and Competency Strengthening of Obstetric Care Providers:

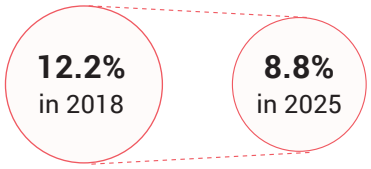
- Across five rounds of mentoring visits, 2,287 doctors were mentored.

The proportion of doctors scoring 70% or above increased reflecting improvements in clinical competency.

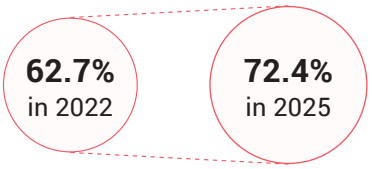


- Improved competencies lead to better pre-referral management and reduced referrals to medical colleges.

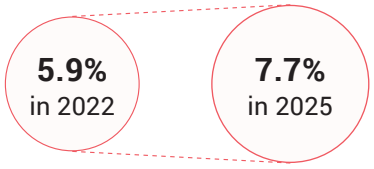
Across 24 DHs, referral-out rates declined



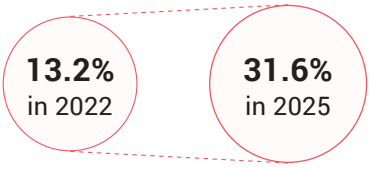
Management of eclampsia improved



Blood transfusion against delivery increased



Caesarean section rates increased



3. Maternal Anaemia Management:

A maternal anaemia management handbook was developed, supporting the establishment of 139 BSUs at CHC-FRUs to improve sub-district blood availability. A state-level ToT oriented 20 master trainers, followed by district-level training of doctors and nurses across five districts. Support also facilitated the availability and administration of FCM at public health facilities.

4. Newborn Care Strengthening and Quality Improvement:

- Continuous Positive Airway Pressure (CPAP) mentoring was integrated into the RRTC programme. Orientation was conducted for



32 faculty members from 16 medical colleges



93 paediatricians were mentored through 30 RRTC mentoring visits strengthening the management of preterm and sick newborns.

5. Nursing Competency Strengthening and Capacity Building:

- The RRTC Nursing Initiative was piloted through KGMU, Lucknow, Uttar Pradesh and five DHs. Induction training was conducted for 14 nursing faculty members, and 154 SNs were trained through eight ToT batches held between July and October 2025. Additionally, 121 SNs were mentored onsite.



The initiative resulted in an 18% increase in competencies among SBA-trained nurses and a 15% increase among FBNC-trained nurses.

6. ST-Elevation Myocardial Infarction Care Network – Hriday Setu:

- Drawing on the RRTC mentoring model, the ST-Elevation Myocardial Infarction (STEMI) Care Network – Hriday Setu was established to strengthen cardiac emergency care across Uttar Pradesh.



Under this model, 464 spoke facilities across 75 districts were linked to 12 Percutaneous Coronary Intervention (PCI)-capable Medical Colleges, serving as hubs for mentoring, teleconsultation, and technical support.

During the reporting period, 270 spokes and seven hubs were activated, with expansion completed across 12 Medical Colleges.

Community Interventions

UP TSU supported GoUP and NHM in strengthening the quality, continuity and coverage of RMNCH+N services across Uttar Pradesh. Support focused on improving Chhaya Integrated Village Health, Sanitation and Nutrition Day (CiVHSND) quality, high-risk pregnancy tracking, LBW newborn management, frontline worker capacity, supportive supervision, digital tracking and data-driven reviews to address gaps in ANC, referrals, supplementation and service quality.

Key Interventions

1. Comprehensive Integrated Village Health, Sanitation and Nutrition Day Quality Strengthening:

Overall 11,190 VHND/CiVHSND sessions were observed across 31 districts through structured supportive supervision by UP TSU staff.

Observations were shared with Medical Officers In Charge (MOICs) and Block Community Process Managers (BCPMs) to inform corrective actions on logistics, service delivery, and frontline worker capacity.

2. Commodity and Infrastructure Readiness:

Commodity and infrastructure readiness remained high in observed VHNDs, with

98.2% Sessions had Blood Pressure (BP) instruments available

97.1% Sessions had Haemoglobin (Hb) instrument

97.9% Sessions had adult weighing scales

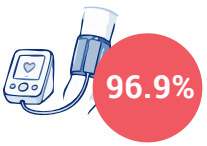
96.8% Sessions had calcium

96.2% Sessions had Foetoscope/ Doppler availability

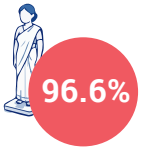
3. Antenatal Care Service Delivery Strengthening:

Routine ANC service delivery was strong, with

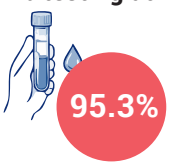
BP testing at



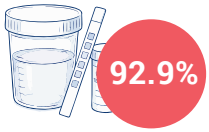
Weight measurement at



Hb testing at



Urine testing at



However, the IFA receipt was 57.4% highlighting the need to strengthen complete ANC package delivery and supplementation continuity.

4. **High-Risk Pregnancy Identification and Management:**
   Routine data reviews identified ~10% of pregnant women as HRPs, including 0.6% with high BP and 1.6% severely anaemic. Among severely anaemic women, 44.5% received iron sucrose and 4.6% blood transfusion.

5. **Low Birth Weight Newborn Tracking and Follow-up:**
   Low Birth Weight (LBW) newborn tracking was strengthened through digital and field follow-up. Of 665,413 recorded live births, 71,593 LBW babies were identified; 97% were identified at facilities.

ASHAs visited **90.7%** LBW babies within 24 hours

95.4% LBW received Kangaroo Mother Care (KMC)

98.5% LBW infants were alive at 28 days

6. **Auxiliary Nurse Midwife Capacity Building:**
   Auxiliary Nurse Midwife (ANM) capacity building was supported through the NHM Training Division. A total of 129 Master Trainers were trained across three state-level ToT batches, and 1,364 newly recruited ANMs were trained through 42 batches of 12-day induction training.

7. **Development of Training Resources:**
   UP TSU developed training resources that were adopted by NHM, including the ASHA Induction Module, ASHA Sangini Refresher Module, and Revised ANM Induction Module with additional chapters on Non-Communicable Diseases (NCDs), communicable diseases, and expected behaviour.

8. **Auxiliary Nurse Midwife Competency Mapping:**
   Auxiliary Nurse Midwife (ANM) competency mapping identified 38 competencies across 10 key ANM roles, mapped across five proficiency levels. Self-learning materials and video scripts were developed, with 15 competencies specifically mapped for outreach ANMs for e-Kshamta rollout.

9. **Strengthening ASHA, ANM, AWW + Community Meetings as Learning Platforms:**
   Thirty-nine topic-specific one-pagers were developed to convert AAA+C meetings into structured learning platforms. The initiative was implemented across 17 districts and strengthened CHO-led mentoring of ANMs, ASHAs, and Anganwadi Workers (AWWs).

10. **District Innovation for Logistics Management:**
    In Unnao, 468 compartmentalised bags were distributed to ANMs through the Panchayati Raj Department to improve transport and organisation of drugs and logistics during CiVHSND sessions.

Routine Immunization

Key Interventions

1. **Vaccine Preventable Disease Surveillance Transition:**
   In May 2025, Uttar Pradesh operationalised VPD surveillance through UDSP, integrating six diseases into a unified real-time system. UP TSU supported GoUP in transitioning from WHONPSN-supported surveillance to a state-owned, sustainable system with digital case reporting and block-level data entry.

2. **Adolescent Immunisation Strengthening:**
   UP TSU supported GoUP in implementing school-based Td vaccination, rolled out in April 2025 with a mop-up in August. The campaign covered nearly 2 lakh schools and reached over 35 lakh adolescents with Td10 and Td16 doses, and is now institutionalised as an annual activity.

3. Measles-Rubella Elimination Strengthening:

To address persistent immunity gaps and support the state's Measles-Rubella (MR) elimination goals, UP TSU supported GoUP in developing a State Action Plan prioritising targeted catch-up activities. This included implementation of "Tika Utsav" during December 2025 and January 2026 to reach children under five years who had missed MR doses, followed by a school-based catch-up round in February 2026 across 45 high-priority districts targeting children aged 5-10 years. These activities focused on areas with persistently low MR coverage and reported cases among older age groups.

Together, the interventions reached over 37 lakh children through U-WIN and strengthened the state's efforts to close immunity gaps and accelerate progress towards MR elimination.

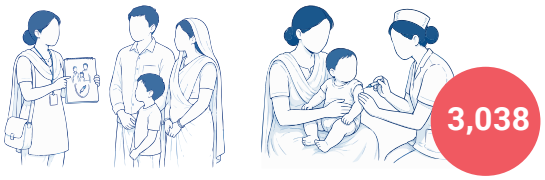
4. U-WIN Data for Programme Planning and Monitoring:

UP TSU supported data-driven planning through U-WIN, including analysis of low-footfall districts and session utilisation. Session utilisation increased from 10 to 13 beneficiaries per session, with sessions rising from 2.8 million to 2.9 million between FY 2024–25 and FY 2025–26. More than 13 state-level reviews covered key indicators and 98 high-priority blocks between May 2025 and March 2026.

5. Behaviour Change Communication for Vaccine Acceptance:

Through a Direct-to-Consumer (D2C) platform, two rounds of communication were conducted in June and September 2025, targeting nearly 66,000 families with vaccine avoidance behaviour.

> *"Understanding the real reasons behind families' refusal to vaccinate their children had long been a challenge, but with the support from UP TSU, the RCA tool brought a remarkable shift in Manda block. Through this tool, we identified 216 children from families refusing vaccination and successfully mobilised 168 of them - nearly 78%. I personally visited 12 such families, addressed their concerns through one-on-one conversations, and helped mobilise seven children for vaccination. The RCA tool enabled us to address real barriers, build trust, and tailor our approach, setting a strong example for other blocks to follow."*
>
> **- Health Education Officer, Manda Block, Prayagraj, Uttar Pradesh**



Messages were delivered to 38,303 households, resulting in the vaccination of 3,038 children.

Persistent hesitancy was reported by 1,128 families and shared with the State Expanded Programme on Immunization (EPI) Officer for further action. To strengthen vaccine confidence, short films addressing vaccine hesitancy and barriers to vaccine uptake were developed and disseminated through digital platforms.

6. Strengthening Last-Mile Reach through the Zero-Dose Learning Agenda:

UP TSU implemented the Zero-Dose Learning Agenda (ZDLA) across four blocks, covering approximately 10 lakh population, to strengthen identification and follow-up of zero-dose and under-vaccinated children through structured problem-solving. Within three months, 67% of identified zero-dose and around 85% of under-vaccinated children were vaccinated. Antenatal Care footfall at outreach sites also increased by nearly 37% in November 2025 compared to January 2025, with learnings being scaled up through the Comprehensive Primary Health Care (CPHC) platform.

UTTAR PRADESH

FAMILY PLANNING



OBJECTIVE

To improve the availability, accessibility, acceptability and quality of contraceptive services across all 75 districts of Uttar Pradesh by strengthening health systems and bringing services closer to communities through enhanced planning, capacity building, supply chain management, facility readiness and data-driven decision-making.



GEOGRAPHY

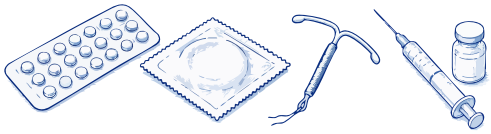
State-wide support across Uttar Pradesh

The Family Planning project supported the Government of Uttar Pradesh (GoUP) in strengthening the availability, accessibility, acceptability and quality of contraceptive services across the state. Efforts focused on expanding access to a wider range of contraceptive choices, strengthening service readiness at public health facilities, improving commodity availability through robust supply chain systems, and enhancing provider and counsellor capacities. Support was also provided to institutionalise data-driven planning and review mechanisms, strengthen postpartum family planning services, and introduce new contraceptive options to ensure informed, client-centred choices and bring quality family planning services closer to communities.

Key Interventions

1. **Expanding Access to Contraceptive Choices:**
   Approximately 99 lakh clients adopted a contraceptive method of their choice, marking a 6% increase compared to the same period in the previous year. Approximately 24,000 public health facilities, representing

   74% of facilities, provided a range of contraceptive choices to couples in Uttar Pradesh.

   Of these, 97% were below block level, bringing services closer to communities.

2. **Rollout of Medroxyprogesterone Acetate – Subcutaneous Injectable Contraceptive:**
   The Uttar Pradesh Technical Support Unit (UP TSU) supported GoUP in the rollout of Subcutaneous Injectable Contraceptive Medroxyprogesterone Acetate – Subcutaneous (MPA-SC) across 19 districts, covering 38 blocks and 1,462 facilities. The support included developing operational guidelines in coordination with the Directorate General of Family Welfare (DGFW) and the National Health Mission (NHM), a capacity-building package for service providers, programme managers, and Accredited Social Health Activists (ASHAs), and mapping facilities in the Family Planning Logistics Management Information System (FPLMIS).
   - 4,385 ASHAs and 163 programme managers were oriented by March 2026.
   - 20,160 MPA-SC doses received at the State Warehouse and distributed to selected facilities through FPLMIS.

3. Availability of Contraceptive Choices at Service-Delivery Points:

Facilities that provided a range of contraceptive choices included district-level facilities, Community Health Centres (CHCs), Primary Health Centres (PHCs), Sub Centres (SCs) and PHC Delivery Points. Family Planning commodity availability was also monitored at Chhaya Integrated Village Health, Sanitation and Nutrition Days (CiVHSNDs).

District Hospitals:

91% 68/75 had availability of contraceptive choices, with a focus on PPIUCD and new contraceptives.

(Source: HMIS)

Availability of contraceptive choices

77% 758/979 CHCs

64% 2,442/3,845 PHCs

75% 20,913/27,852 Sub-Centres

Primary Health Centre Delivery Points

77% 1,133/1,471 offered Postpartum Intrauterine Contraceptive Device (PPIUCD) services. *[Source: Hospital Management Information System (HMIS)]*

Chhaya Integrated Village Health, Sanitation and Nutrition Days (CiVHSNDs):

93% reported availability of three family planning commodities: Oral Contraceptive Pills (OCPs), condoms and Emergency Contraceptive Pills (ECPs). *(Source: CiVHSND observation data)*

4. Strengthening Supply Chain Management through Family Planning Logistics Management Information System:

UP TSU continued to strengthen the Family Planning Logistics Management Information System (FP-LMIS) to support last-mile availability of family planning commodities. As of March 2026, use of FPLMIS for indenting family planning commodities had reached:

- District Hospitals: 87%
- Community Health Centres: 99%
- Primary Health Centres: 81%
- Urban Primary Health Centres: 99%
- Sub Centres: 82%
- ASHAs: 71%

5. Integrated Action Plan on Family Planning:

UP TSU supported the Director General, Family Welfare, Uttar Pradesh, in developing an Integrated Action Plan on Family Planning in July 2025, which was circulated to all 75 districts of the state.

6. Capacity Strengthening for Quality Family Planning Services:

Orientation of Minilap Service Providers: In January 2026, UP TSU supported an online refresher orientation for Minilap service providers to strengthen the quality of female sterilisation services across Uttar Pradesh. More than 150 service providers from all 75 districts participated.The orientation covered adherence to protocols, client screening, informed consent, emergency preparedness and service delivery.

7. Strengthening the Family Planning Supply Chain:

In September 2025, the Directorate of Family Welfare, GoUP, in collaboration with NHM and UP TSU, organised a virtual orientation for Chief Pharmacists of division and district stores on FPLMIS and the family planning supply chain. More than 265 pharmacists participated in it. The orientation focused on data-driven stock management, timely reporting and uninterrupted availability of family planning commodities.

8. Strengthening Programme Monitoring:

In August 2025, UP TSU supported a state-level virtual orientation for 495 Additional and Assistant Research Officers under the approved Integrated Action Plan on Family Planning. The orientation focused on Uttar Pradesh Population Policy priorities, strengthening the Health Management Information System (HMIS) and FPLMIS, key performance indicators for family planning, and data-driven planning and monitoring.

9. WhatsApp-based Weekly Case-Based Learning for Reproductive, Maternal, Newborn, Child and Adolescent Health Counsellors:

To sustain continuous capacity building for Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) counsellors, GoUP, with support from UP TSU, launched a WhatsApp-based Weekly Case-Based Learning initiative in October 2025.

The initiative covered all:



217 RMNCAH counsellors across District Hospitals and Community Health Centres.



More than **100 case studies** across 20 thematic areas were developed for the initiative.

> *"This initiative has been extremely helpful for us. The case scenarios are practical and client-based. They help us learn from real situations and replicate these learnings during client interactions - leading to effective and confident counselling. Thank you GM FP Sir for this initiative."*
>
> **- Counsellor, Medical College/DWH, Hardoi, Uttar Pradesh**

10. Strengthening Post-Pregnancy Family Planning Services:

UP TSU supported strengthening Post-Pregnancy Family Planning (PPFP) services in 12 High Priority Districts (HPDs) with lower mCPR and higher unmet need than the state average. Strategic pathways were developed to integrate PPFP with the CPHC platform, focusing on improved counselling, service delivery, referral and follow-up for postpartum and post-abortion family planning at the primary care level.

The initiative sought to improve the availability of contraceptives through FPLMIS and regular supply chain reviews. It aimed to reduce unmet need during the PPFP period, which was reported at 24%, compared to the state's overall unmet need of 12.9%, according to the National Family Health Survey (NFHS) 5.

> *"The family planning programme is very important for improving the health of mothers and children. By following Healthy Timing and Spacing in Pregnancy (HTSP), we can bring real and good improvements in health indicators. UP TSU regularly gives us orientation and shares data with us. This helps us understand clearly where we need to make improvements."*
>
> **- Assistant Research Officer, Auraiya, Uttar Pradesh**



Through expanded contraceptive choices, rollout of MPA-SC, strengthened supply chain systems, capacity building and practical learning platforms for counsellors, the Family Planning project supported GoUP in bringing quality contraceptive services closer to communities across the state.

UTTAR PRADESH

NUTRITION

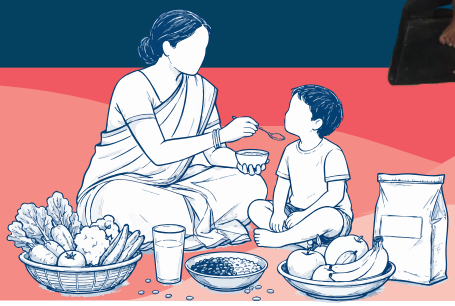
OBJECTIVE

To strengthen Integrated Child Development Services (ICDS) systems and services through support to the ICDS State Directorate, enhancing grassroots service delivery and contributing to improved nutritional outcomes for pregnant women, lactating mothers and children aged 0-2 years in Uttar Pradesh.

GEOGRAPHY

ICDS State Directorate and all 75 districts of Uttar Pradesh





Key Interventions

1. Building Capacity of Integrated Child Development Services Functionaries:

During the year, Uttar Pradesh Technical Support Unit (UP TSU) supported large-scale capacity building for ICDS cadres in maternal, infant, and young child nutrition, as well as in ICDS services and structures. Support included training design and planning, module development, session facilitation and intensive support for the training of Master Trainers.

Following groups were trained:



About **300** Master Trainers



21,000 Anganwadi Workers (AWW)



2,744 Mukhya Sevikas



200 District Programme Officers (DPOs) and Child Development Project Officers (CDPOs)

These trainings were undertaken in close collaboration with UNICEF.

2. Extending Learning through Virtual Sessions:



In addition to classroom training, UP TSU supported virtual sessions on Maternal, Infant and Young Child Nutrition (MIYCN) through webcasts on the National Informatics Centre (NIC) platform. Each session reached approximately 1,50,000 ICDS functionaries.

3. Supporting Communication on Optimal Feeding Practices:

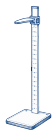
To address knowledge and practice-related barriers to optimal breastfeeding and complementary feeding

behaviours in the community, information, education and communication materials, including flyers, audio spots and short videos, were developed. A D2C intervention was designed to improve the community's knowledge and practices regarding complementary feeding.

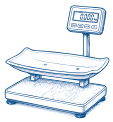
UP TSU also provided technical support to the Centre for Social and Behaviour Change – Behavioural Insights Unit (CSBC-BIU) in developing two video series for the ICDS Department, focusing on complementary feeding and the use of growth-monitoring devices by AWWs.

4. Strengthening Growth Monitoring and Digital Enablement:

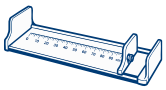
UP TSU provided technical specifications for growth monitoring devices and smartphones, along with procurement terms and conditions, to support the ICDS Department in procuring these devices for Anganwadi Workers during 2025–26.



1,33,282
Stadiometers



58,237
Mother and child weighing scales



10,553
Infantometers



69,804
Smartphones

5. Strengthening Human Resource Availability:

UP TSU supported improvements in human resource availability across ICDS cadres, through software-based solutions to facilitate key processes.

2,503
Mukhya Sevikas recruited and posted

185
Mukhya Sevikas promoted to CDPOs

30
Senior Assistants promoted to Head Assistants

There has been commendable improvement in some of the key indicators of child nutrition in Uttar Pradesh as evident in the results from NFHS 6 vis-à-vis NFHS 5.

Childhood stunting has shown a marked decline

39.7% → 31.5%

reflecting a coordinated effort across multiple sectors, including health, nutrition, education, and WASH.

Severe wasting in children has also been found to decline

7.3% → 4.8%

Children between 6 and 8 months, for whom complementary feeding was initiated in a timely manner, have almost doubled

31% → 59.6%

and children who were provided with a minimum adequate diet increased almost three times (from 6.1 to 17.1).

While progress on these indicators is encouraging, several parameters require deliberation, careful planning, and execution. Women's nutritional status remains compromised; women with a low Body Mass Index (less than 18.5) have increased by 22.2 percentage points in the state.

UPTSU, being one of the key partners for technical assistance to ICDS, GoUP, has contributed towards strengthening ICDS systems and services, which in turn impact the nutritional status of the ICDS beneficiaries.

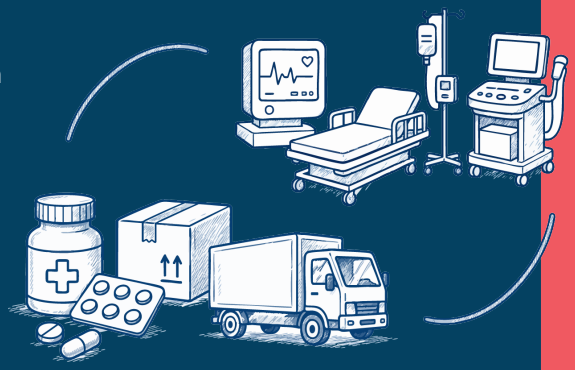
Through capacity building, virtual learning, community communication materials, procurement support, and human resource strengthening, the Nutrition project supported the ICDS Department in strengthening systems and service delivery for maternal, infant , and young child nutrition across Uttar Pradesh.

UTTAR PRADESH

HEALTH SYSTEMS STRENGTHENING

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.



GEOGRAPHY

All 75 districts of Uttar Pradesh



Key Interventions

1. Recruitment, Promotions and Workforce Placement Across Health Systems:

From May 2025 to March 2026, a total of 2,187 doctors were added in the public health systems, including

2,016 Medical Officers (MBBS) of which 1,654 were recruited through the National Health Mission (NHM) and 362 through the Directorate General of Medical and Health (DGMH) walk-in.

Around 171 Specialist Doctors including,

29 Gynaecologists

35 Anaesthetists

31 Paediatricians

were added during this period, including NHM reverse bidding specialist doctors and DGMH Walk-in.

- The NHM reverse bidding specialist recruitment planning was initiated for around 1,000 vacancies. The online automated workflow-based portal was designed for vacancy analysis at facilities.

In Integrated Child Development Services (ICDS), recruitment support was provided for key cadres, which included

2,519 Mukhya Sevikas

30 Senior Assistants promoted to Head Assistants

197 Mukhya Sevikas promoted to Child Development Project Officers (CDPOs)

For the Directorate of Medical Education (DGME), online preference submission and allotment of 1,327 Nursing officers across 15 Medical Colleges was completed.

2. e-Human Resource Management System - Based Workforce Management:

- The NHM Mutual Reappointment Module was successfully implemented, and around 3,766 staff had applied for mutual transfers.
- Annual Performance Appraisals Module implemented for NHM State Programme Management Unit (SPMU) staff, where around 300 state-level staff would be submitting their annual performance appraisal in e-HRMS, and would ensure efficient and timely closure of the appraisals.
- Online leave module implemented in e-HRMS for NHM SPMU staff, and within one month of the implementation, more than 70% of staff leave applications were processed online by the reporting officer.

3. Training Ecosystem Strengthening:

- UP TSU developed the Annual State Training Calendar Monitoring Dashboard, which enabled a comprehensive and real-time overview of priority trainings across programmes. A total of 137 training sessions were planned across various programme divisions and cadres, in several batches throughout the year. Key trainings were mapped against staff for future planning include ST-Elevation Myocardial Infarction (STEMI) (317 staff), Intensive Care Unit (ICU) ventilator training (76).

Others:

- **Human Resource Rationalisation SOPs/Guidelines:** Developed guidelines for MOs, Specialists, ANMs, SNs, LA/Ts and Pharmacists to address facility-level shortages and promote equitable HR distribution.
- **NHM Consultants Rationalisation:** Prepared HR rationalisation approach to optimise consultant deployment across state and district levels.
- **NHM Staff Induction Module:** Supported NHM in developing a Staff Induction booklet covering NHM programmes, organisational structure and HR policies for newly recruited staff.
- **PIP Validation through e-HRMS:** Supported NHM in streamlining 2026–27 PIP HR data validation through e-HRMS, replacing the 2–3-month manual process. Over 52,000 HR records were validated, with ~90% matching programme records, strengthening data accuracy and planning.

Data for Decision-Making: Building Evidence-Driven Health Data Systems

To enhance the use of data for decision-making across all 75 districts of Uttar Pradesh, interventions focused on improving the availability, quality, and utilisation of health data for programmatic decisions. This structural support promoted the consistent use of the Health Management Information System (HMIS), strengthened validation processes, upgraded review dashboards, and expanded state analytical capabilities.

Key Interventions

1. Health Online Parameter Evaluation Centre Operations and Expansion:

The Health Online Parameter Evaluation (HOPE) Centre played an increasingly critical role in leveraging multiple data sets for programmatic decision-making.

- **Analytical Output:** The Health Online Parameter Evaluation (HOPE) analysts conducted 60 distinct programmatic analyses during the reporting period, an increase from 48 analyses in the prior year.
- **Compliance Monitoring:** With enhanced facility monitoring, recorded non-compliances at higher-level public health facilities decreased to 31,807 during the reporting year, down from 40,055 non-compliances in the previous year. The average monthly non-compliances dropped from 3,337 to 2,891.
- **Scaling Initiatives:** Initial gap and infrastructure assessments to initiate CHC-HOPE coverage to all 972 Community Health Centres (CHCs) were completed.

2. Facility Onboarding on Uttar Pradesh ke Swasthya Kendra Master Registry:

Ensuring all public health facilities are part of the Uttar Pradesh ke Swasthya Kendra (UPkSK) digital master registry remains fundamental for sustained system use and primary health care expansion.

- **New Registrations:** During the reporting period, 1,541 new public health facilities were onboarded onto UPkSK. This included five special hospitals, two CHCs, 32 PHCs (23 urban and nine rural), 388 Urban

Ayushman Arogya Mandirs (UAAM), and 1,114 Sub Centres.

- **Total Coverage:** Consequently, UPkSK now covers 33,542 out of 36,617 total public health facilities (92%) across the state, with the gap mostly contributed by pending activation of the recently sanctioned sub-centres.

3. Health Management Information System 2.0 Transition and Capacity Support:

Intensive efforts were directed toward improving the availability and data quality of the newer version of HMIS (HMIS 2.0).



On-Site Technical Support: Dedicated on-site support was provided to HMIS operators in slow-progressing areas to train them on new data elements, data definitions, and reporting processes.



Reporting Compliance: Following extensive data reviews by programme nodals at district, block, and state levels, the reporting of new data elements successfully increased from 47% in June 2025 to 85% in March 2026.

4. Review Platforms and Validation Committees Institutionalisation:

Regular data-driven review and validation platforms were sustained across Uttar Pradesh. Monthly district executive reviews were maintained for over 10 months in 66 districts (88%), with limited UP TSU support, generating 621 data-driven decisions. All 18 divisions held at least nine review meetings, with 16 conducting 10 or more, resulting in 144 programmatic decisions compared with 135 the previous year. Data validation meetings were held in 73 districts (97%) for at least seven of nine reporting months, compared with 68 districts (91%) in the previous year.

5. Universal Immunization WIN (U-WIN) Platform Adoption and Optimization:

U-WIN was rolled out across all 75 districts in April 2024, replacing e-Kavach. During the reporting period, over 1,90,000 Child ABHAs, nearly 40 lakh pregnant women and 54 lakh infants were registered, accounting for 74% and 57% of all pregnant women and infants registered on the platform to date, respectively. A dipstick study informed corrective actions that increased the average beneficiary load per session site from 11 to over 13. A user-friendly urban session monitoring tool was adopted by NHM for twice-daily reviews, while U-WIN data is increasingly used for district- and block-level immunization reviews.

6. Government-Funded Capacity Development:

Building on previous institutional capacity-building frameworks for state, divisional, and district personnel (including the Directorate and NHM), skills development was systematically sustained.

- **Training Footprint:**

2 Capacity development workshops co-facilitated

79% Successfully training 115 out of 145 targeted officials

- **Financial Sustainability:** While previous workshops relied on donor funding, this year's workshops were successfully executed by leveraging government funds directly.

8. Large-Scale Programmatic Evaluations:

Large-scale assessments were conducted to strengthen evidence on key health outcomes.

- **Maternal and Child Health Assessment:** Completed assessments covering 43,000+ women aged 15–49 years to track maternal and child health and family planning outcomes. The NFHS-aligned methodology can be embedded in government systems for future surveys.
- **Centchroman User Evaluation Study:** Conducted a study across 10 districts of Uttar Pradesh covering 2,500+ Centchroman users to assess menstrual irregularities, side effects and unintended pregnancies, along with frontline workers' and providers' knowledge and follow-up practices.

> The survey gathered data from more than 2,500 women who had used Centchroman within the preceding two years, and explored frontline workers' and healthcare providers' knowledge, follow-up practices, and systemic barriers to sustained use.

Strengthening Healthcare Delivery through Digital and Information and Communication Technology Interventions

To support a comprehensive, transparent, and beneficiary-centric healthcare ecosystem across Uttar Pradesh, a series of data-driven digital interventions was implemented. These efforts focused on streamlining disease surveillance, automating human resource workflows, improving patient records management, and enhancing field monitoring to optimize public health outcomes and institutional efficiency.

Key Interventions

1. Unified Disease Surveillance Platform Rollout:

Following extensive field testing, the VPD surveillance module on the Unified Disease Surveillance Platform (UDSP) successfully went live on May 1, 2025. Key advancements within this ecosystem include:

Operational Expansion

As of date, UDSP covered all 75 districts, over 33,900 registered facilities and laboratories, and 28 communicable diseases and 18 syndromes, generating real-time intelligence for state-level programme decisions.

Data Volume

The platform held disease surveillance records for over two crore individuals, with approximately 14,000 tests being added daily.

- **Advanced Modules:** An Automated Outbreak Alert Module was developed within UDSP based on the World Health Organization (WHO) outbreak definition. Additionally, Larval Surveillance has been digitised through e-Kavach and successfully integrated with UDSP.
- **Information Dissemination:** A weekly Dengue Surveillance Bulletin was developed and disseminated leveraging UDSP data insights.

2. Automation Initiatives Counselling:

To eliminate manual intervention, reduce processing delays, and improve transparency, multiple digital counselling portals were designed and managed for the State Medical Faculty (SMF), DGME, and ICDS.

System Reach



These platforms automated counselling and allocation operations for 2,000+ Foreign Medical Graduate (FMG) candidates (through the FMG Counselling Portal)

1,300+ Nursing Officers [through the Uttar Pradesh Public Service Commission (UPPSC) Staff Nurse Counselling System]

over 3500 Recruitment and Promotion (through Online Preference Portal)

3. National Health Mission Term Insurance Claim Tracking Portal:

A dedicated online portal was engineered for employee welfare management under the directives of the National Health Mission (NHM), Uttar Pradesh.

- **System Integration:** Integrated with the Manav Sampada Portal to ensure data authenticity; claims could only be initiated if an employee is officially marked deceased in the system.
- **Workflow:** District Programme Managers (DPMs) initiated claims through district logins, while Nodal HR, CMO, and State NHM HR officials execute digital verification and approval, minimising human errors and manual delays.

4. Procurement and Administrative Digital Portals:

- NHM **Invoice Tracker:** Digitised NHM's manual vendor payment process into a centralised portal tracking invoice status, approvals, and timeline compliance across state programmes.
- **NHM Reverse Bidding Portal:** A customised portal to streamline and optimize recruitment for specialist doctor vacancies across the state.

5. Hospital Information System Rollout:

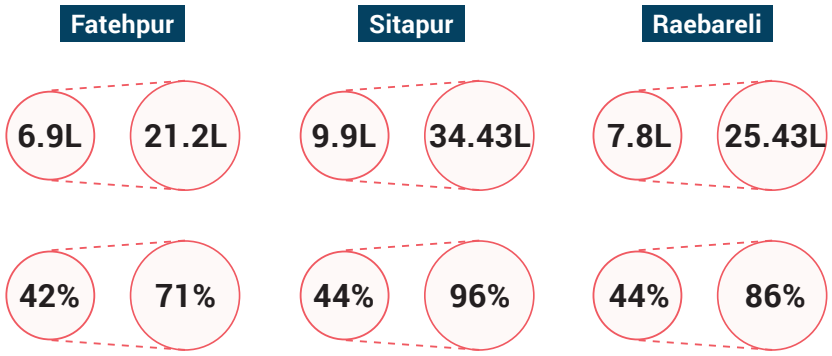
In line with the directives from the Medical, Health and Family Welfare Department, technical support was provided to roll out an automated patient record workflow across 76 public health facilities, including seven district hospitals.

- **Impact:** 3.5 lakh+ OPD registrations, 57,000+ e-prescriptions, and 64,000+ digital lab reports generated via HIS across pilot sites.
- **Scalability:** A standardised CHC Toolkit was established for a phased 10-day HIS go-live, with custom staff training modules.
- **Process Optimisation:** A proposal was submitted to replace 33 manual registers with 19 HIS-based digital reports, reducing administrative burden.

6. Care Continuum and Digital Health Ecosystem:

Support was rendered to build an interoperable, beneficiary-centric digital health ecosystem across three demonstration districts: Raebareli, Sitapur, and Fatehpur. Interventions focused on severe anaemia in pregnancy, small and sick newborn care, routine immunization, and post-partum family planning through the saturation of e-Kavach, e-Sushrut, and the Management and Tracking System for RMNCAH Services (MaNTRa) platforms.

Ayushman Bharat Health Account and Healthcare Professionals Registry Saturation Progress



Facility-Level Milestones (e-Sushrut and e-Kavach Integration) - Facility Scalability:

Hospital coverage live on e-Sushrut expanded from an initial 15 out of 50 hospitals (recording 9.6 lakh OPD registrations as of February 2024) to 47 out of 50 facilities live as of date (consisting of 4 district hospitals/ medical colleges and 43 CHCs).

E-Sushrut Analytics:

17.46 lakh Cumulative OPD registrations

66,386 OPD prescriptions were recorded

On ABHA metrics:

3,05,251 ABHAs were linked

13,430 ABHAs were generated directly through the platform.

- **Community-Side Metrics:** e-Kavach Antenatal Care (ANC) registration stood at approximately 60% in Fatehpur and Raebareli, and 45% in Sitapur. High-Risk Pregnancy (HRP) identification reached 79% in Fatehpur, 64% in Raebareli, and 78% in Sitapur.
- **Future Interoperability:** These demonstration frameworks were designed to advance Electronic Health Record (EHR) generation and automated referral mechanisms by strengthening e-Kavach–eSushrut and e-Kavach–MaNTRa linkages, alongside forthcoming integrations with Reproductive and Child Health (RCH) 2.0, Pradhan Mantri Jan Arogya Yojana (PMJAY), and allied platforms.

8. Field Monitoring and State System Support:

- **Unified Feedback Tracker:** Developed under the direction of ACS Medical Health and Family Welfare, this

comprehensive platform streamlines field data collection, validation, supervision, and decision-making.

- **MRI Procurement/PPP Model:** Collaborated with SDHM to define architecture, integration workflows, and design specifications for a centralised monitoring dashboard for PPP-mode MRI services.
- **Online Registration System:** Designed an integrated OPD system enabling online fee payment, direct consultant access, and reduced waiting lines.
- **Financial Accounting Management System Transition Plan:** Assisted NHM on a sustainable transition plan for FAMS; first draft submitted to MD NHM, to serve as a model for platform transitions like e-Kavach.
- **Cloud Services Request for Proposal:** Supported NHM in drafting a dynamic RfP for cloud infrastructure, structuring category-based discount contracts to optimize fiscal efficiency.

Strengthening Essential Drug Availability through Supply Chain Interventions

Ensuring the uninterrupted availability of quality-assured essential drugs across Uttar Pradesh remained a key priority. To address gaps in demand planning, procurement, inventory management, and last-mile delivery, the team implemented a data-driven approach to strengthen the supply chain, focusing on the Essential Drug List (EDL) rationalisation, demand forecasting, procurement efficiency, warehouse strengthening, capacity building, and supply chain transparency. These efforts aimed to improve the consistent availability of essential drugs at health facilities.

Key Interventions

1. Essential Drug List Revision:



UP TSU provided technical support to GoUP in the review and revision of the Essential Drugs List (EDL). The Drug Review Committee reviewed the existing list of 287 drugs and recommended a revised, facility-wise EDL comprising 393 drugs, with additions and deletions based on programme needs and service delivery requirements. The Medical and Health Services Department, GoUP, approved the revised EDL in September 2024. Subsequently, Ferric Carboxymaltose (FCM) was added, bringing the total number of drugs in the revised EDL to 394, thereby strengthening the availability of essential medicines across health facilities.

2. Centralised Annual Tender:

A centralised annual tendering system was implemented for the EDL, wherein a single tender is floated annually. This approach eliminated the need for bidders to repeatedly submit documents, reduced administrative burden, and enhanced bidder participation and satisfaction.

3. Strengthening Purchase Order Processes:

A standing committee now ensures timely purchase orders, aligned with synchronised tendering and demand finalisation. Purchase order value rose from 946 crore (2023-24) to 1,141 crore (2025-26), about 21% higher.

4. Warehouse Inventory Management:

The Essential Drug List (EDL) expanded from 287 to 394 drugs. A Warehouse Standing Committee and inter-warehouse transfers now align procurement with demand, lifting active drug availability from 277 in April 2025 to 328 in March 2026.

5. Monthly Monitoring at the State level:

A Director General letter established monthly state-level reviews with all Chief Medical Officers and District Nodal Officers, targeting 100% DVDMS usage. EDL availability (Q1 to Q4, 2025-26) rose from 176 to 259 at District Hospitals, 51 to 144 at Special Hospitals, 160 to 170 at CHCs, 81 to 100 at PHCs, and 37 to 50 at AAMs.

6. Inter-Warehouse Logistic Tool:

The Inter-Warehouse Logistics Tool (IWT) was introduced to address immediate stock gaps by enabling quick transfers between warehouses across all 75 districts. It transformed a manual, delayed process into a fast and responsive system, ensuring the continuous availability of EDL items. By redistributing surplus stock to deficit locations, this tool not only reduced stock-outs but also minimised expiries. With route optimisation and the ability to serve multiple deficits in a single trip, it significantly reduced cost and turnaround time, making the supply chain more efficient and reliable.

7. Capacity Building and Training:

UP TSU supported 46 online and offline training programmes to strengthen DVDMS, covering approximately 30,000 participants. These included CMOs, CMSs, Dental Medical Officers, facility in-charges of UPHCs/ UAAMs, Medical Officers, CHOs, pharmacists, Rashtriya Kishor Swasthya Karyakram district staff, and UP TSU staff.

8. Mobile Application:

Under the Department of Health & Family Welfare, GoUP, the DVDMS Mobile app was launched with technical support from CDAC and collaboration from UPMSCL and UP TSU, improving transparency, real-time monitoring, and supply chain efficiency for timely availability of essential drugs and vaccines statewide.

Divisional training was conducted to strengthen technical skills, training 3,326 participants, including MOICs, CMOs, and CMSs, to manage and streamline distribution through the new platform.



9. Dashboard Creation on DVDMS to Strengthen Monitoring:

Customised dashboards were developed on DVDMS for NHM, Comprehensive Primary Health Care (CPHC), and district-level monitoring to strengthen data-driven supervision and supply chain management. These dashboards enabled real-time tracking of stock availability, stock-outs, consumption trends, and facility-wise performance across healthcare institutions. The initiative enhanced monitoring efficiency, improved transparency, and supported timely decision-making to ensure the uninterrupted availability of essential drugs.

10. Real-Time Stock and Supply Tracking:

A state-level dashboard was created on DVDMS to strengthen real-time monitoring of warehouses and healthcare facilities across Uttar Pradesh. The dashboard enables efficient tracking of stock availability, stock-outs, consumption patterns, and supply chain performance indicators. This initiative supported data-driven decision-making, improved transparency, and enhanced the timely availability of drugs at public health facilities.

Strengthening Availability and Management of Medical Equipment through Supply Chain Interventions

To ensure uninterrupted RMNCH, critical care, and diagnostic services in Uttar Pradesh, interventions strengthened equipment procurement, deployment, tracking, and maintenance under NHM and UPMSCL, with EMMS improving inventory management, transparency, and data-driven decisions.

Key Interventions

1. Procurement Support for Medical Equipment:

In FY 2025-2026, UP TSU supported GoUP in procuring high-standard RMNCH/critical care equipment, including radiant warmers, incubators, ICU beds, high-end OT tables, ultrasound machines, CT scans, digital X-rays, and ambulances.

2. **Equipment Management and Monitoring System Rollout:**
   State-wide rollout of Equipment Management and Monitoring System (EMMS) for tracking receipts, POs, inventory, and lifecycle (demand to maintenance). GO approved; trainings/handholding ongoing.
   - 50% of facilities have been trained; online indent starts by stakeholders like NHM, DGMH, reducing time delays.

Strengthening Procurement and Management of Healthcare Services

To support efficient delivery of critical healthcare services under NHM and DGMH, interventions strengthened procurement, contract management, and performance monitoring of outsourced and PPP-based services across Uttar Pradesh, improving governance, accountability, and service quality.

UP TSU provided Technical Assistance and Transaction Advisory for procurement and onboarding of PM-ABHIM PMU services, HR and manpower agencies, emergency services, and 102/108 ambulance services. Support also covered biomedical equipment maintenance, 104 health helpline, teleconsultation, and HOPE-2 initiatives. UP TSU assisted in developing Standard Bid Documents (SBDs) for cleaning, gardening, and laundry services, outsourcing of 15 CHCs on PPP mode, standard bidding frameworks for Government Medical Colleges, and social media management services.

Driving Health Outcomes Through Sustainable Social and Behaviour Change Strategies

UP TSU is working to reduce inequities by promoting positive behaviours that significantly impact overall health indicators through the development of comprehensive, sustainable Social and Behaviour Change (SBC) strategies. Through a strategic three-level approach, namely, community, facility, and system, UP TSU advances Social and Behaviour Change Communication (SBCC), promoting health education and informed decision-making among communities, service providers and policy makers for long-term impact and timely adoption of the right health-seeking behaviour.

Key Interventions

1. **Digital SBC Initiative to Address Vaccine Hesitancy among Vaccine Avoidance Behaviour (VAB) Families:**
   - GoUP shared a database of ~74,000 VAB families with UP TSU to run a digital SBC campaign through a Direct-to-Consumer (D2C) platform.
   - ~38,000 beneficiaries received messages, and 77.63% read and engaged with them.
   - Audio-visual BCC materials and field voices addressed myths, misconceptions, schedules, and schemes.
   - 73% of respondents said their barriers were resolved and their child was vaccinated, while 27% remained unwilling.
   - Verified and drop-out cases were shared with the Health Department for personalised follow-up.

2. **Digital SBC for ICDS Frontline Workers: Honorarium Information:**
   To close knowledge gaps on monthly honorarium and performance-linked incentives (PLI), the ICDS Department, supported by UP TSU, shared audio-visual films and posters through D2C platforms.
   - **Campaign 1:** Among respondents, 91.2% of AWWs, 86.6% of MAWWs, and 85.1% of AWHs reported greater clarity on their compensation.
   - **Campaign 2:** 84.1% of AWWs, 83.4% of AWHs, and 100% of DPOs reported greater clarity.

"The video provided clear and comprehensive information on honorarium and PLI payments. It helped resolve longstanding doubts and enabled me to fully understand my entitlements, making it much easier to track and verify payments."

- AWW, Anganwadi Centre Pavi, Ghaziabad District

3. Direct-to-Consumer Initiative for Optimal Use of the FPLMIS Portal by Frontline Workers:

In collaboration with NHM's Family Planning division, UP TSU developed tutorial films on correct use of the FPLMIS portal for indenting, distributing, and monitoring FP commodities, ensuring timely availability so no beneficiary is left with an unmet need.



ASHAs (~1,63,000):
~78,300 messages delivered, ~66,300 read, ~20,300 watched the film, ~5,000 confirmed it was helpful.



ANMs (~42,000):
~33,200 messages delivered, ~30,000 read, ~6,100 watched the film, ~1,100 confirmed it was helpful.



CHOs (~16,000):
~13,000 messages delivered, ~11,700 read, ~2,200 watched the film, ~600 confirmed it was helpful.

4. State-Level Information, Education and Communication/Behaviour Change Communication Workshop:

The National Health Mission, with strategic support from UP TSU, organised a state-level workshop on strengthening effective implementation of IEC/BCC for promoting health-seeking behaviour in the state in December 2025, under the chairmanship of ACS, Ministry of Health and Family Welfare (MoHFW), along with NHM DG-MH and DG-FW, and with participation from senior health officials and development partners.

5. Institutionalisation of the IEC-BCC State Task Force and Core Working Group:

Since December 2025, UP TSU advocated with NHM-UP for an IEC-BCC State Task Force (STF), institutionalised in January 2026 and chaired by the ACS, Medical Health & Family Welfare, and the Mission Director, NHM. A Core Working Group (CWG) supports the STF in planning, implementing, and reviewing initiatives.

6. Institutionalisation of the IEC-BCC State Task Force and Core Working Group:

UP TSU supported NHM in designing e-Newsletters highlighting strategic initiatives across health programmes (RI, child health, maternal health, mental health, lifestyle diseases), district innovations, reforms, and positive case studies, promoting health messaging and health-seeking behaviours.

7. Development and Dissemination of Strategic Information, Behaviour Change Communication Multimedia Assets:

UP TSU supported NHM and the Health Department in developing multimedia assets to strengthen clinical capacity, promote healthy behaviours and showcase health innovations.

- **Clinical Capacity Building:** Developed films on STEMI care and timely thrombolysis, newborn and child danger-sign identification and referral, and supported Hindi translation of the IMNCI module for Medical Officers.
- **Health Campaigns:** Produced multimedia assets for the National Viral Hepatitis Control Programme, Dastak communicable disease campaign and 90-day Mission Shakti Campaign.
- **Innovation Showcases:** Developed two films on the AI-based Roshni application and Uttar Pradesh's AI vision for the AI & Health Innovation Conference, along with films showcasing key state health initiatives at the International Trade Fair in Noida.
- **Nutrition and Women's Empowerment:** Produced an international forum film highlighting ICDS's integrated approach to maternal and child nutrition and women's employment through THR Manufacturing units and Anganwadi Centres.

UTTAR PRADESH

URBAN HEALTH

OBJECTIVE

To support GoUP and NUHM in optimizing urban health service delivery for slum populations through the Program Science approach that identifies and addresses effective coverage gaps in MNCH, NCD, and infectious disease services.

GEOGRAPHY

Intensive operations are focused across the Kanpur Nagar, Ghaziabad (including Loni), and Firozabad districts of Uttar Pradesh.



Rapid urbanisation and the concurrent growth of slum populations have placed unprecedented pressure on urban health systems, disproportionately impacting vulnerable communities with limited access to quality healthcare services. To address these challenges, the Urban Health portfolio of the Uttar Pradesh Technical Support Unit comprises of two distinct, yet complementary streams of support designed to assist the Government of Uttar Pradesh (GoUP) and the National Urban Health Mission (NUHM).

Through a systematic, Program Science approach, the Urban Health Initiative (UHI) focuses on identifying and closing effective coverage gaps in maternal, newborn, and child health (MNCH), non-communicable diseases (NCDs), and infectious disease services specifically among urban slum populations. Simultaneously, the Urban Programme Management Unit (MU) provides system-wide technical assistance under NUHM 2.0 to strengthen urban primary healthcare infrastructure. This dual approach aims to optimize the functionality of Urban Primary Health Centres (UPHCs) and Urban Ayushman Arogya Mandirs (UAAMs), improve workforce planning, enhance supportive supervision, and establish data-driven governance mechanisms to ensure equitable, quality healthcare delivery across the state.

Key Interventions

- **Digital Slum Profiling:** A specialised slum profiling tool and Standard Operating Procedure (SOP) were developed in consultation with the Urban Health Working Group and deployed through ODK-based digital data collection.
- **Vulnerable Settlements Profiled:** A total of 1,676 slums were profiled, which included 897 slums from existing lists and 779 newly identified settlements mapped through snowballing methods.
- **Geographical Distribution:** Kanpur Nagar accounted for 52% of the profiled slums, while Ghaziabad-Loni represented 40%.
- **High-Priority Demographic Mapping:** Analysis revealed that around 42% of mapped slums had populations

above 1,000, representing nearly 91% of the total slum population, thereby helping identify high-priority settlements for targeted interventions.

- **Service Linkage Gaps:**

355 slums, home to approximately 1,37,219 residents, were identified through digital mapping as incompletely linked to UPHCs.

320 slums were yet to be covered by frontline workers such as ASHAs, ANMs, or AWWs.

- **Private Healthcare Provider Mapping:** A comprehensive mapping exercise identified

2,993 private healthcare providers operating within a two km radius of profiled slums which notably included 793 informal or unqualified providers, highlighting the critical need for private sector engagement in urban health planning.

- **Differentiated Typology Strategies:** Standardised slum typologies were developed based on population size, ASHA availability, and peri-urban characteristics to support differentiated strategies for improving effective healthcare coverage.

- **Urban Health and Nutrition Day Quality Observations:** Between July and September 2025, 485 Urban Health and Nutrition Day (UHSND) sessions were observed; findings highlighted critical gaps in infrastructure, service readiness, and frontline worker preparedness in slum-covered sessions.

- **Digital Field Readiness:** The Urban Health Initiative (UHI) teams supported and facilitated critical orientation sessions on the e-Kavach and Family Planning Logistics Management Information System (FPLMIS) digital platforms for Urban ASHAs and urban health teams across all three project cities.

- **Knowledge Resources Developed:** Standardised assessment tools were developed and deployed including the Open Data Kit (ODK)-based Slum Profiling Tool and SOP to guide urban slum profiling and mapping.

Urban Programme Management Unit Interventions

OBJECTIVE

To support GoUP in strengthening urban primary healthcare systems through improved UPHC and Urban AAM functionality, workforce optimisation, supportive supervision, governance strengthening, digital systems, and capacity building under NUHM 2.0.

GEOGRAPHY

State-wide technical support is provided to NUHM across urban local bodies, UPHCs, Urban Ayushman Arogya Mandirs (U-AAMs), and selected urban pilot geographies in Uttar Pradesh.

Key Interventions

- **Facility Operationalisation:** 99% of UPHCs (721 out of 722) and 78% of approved Urban Ayushman Arogya Mandirs (1,422 out of 1,834) are fully operational, with 440 new AAMs successfully made functional during FY 2025-2026.

- **Polyclinic Specialist Expansion:** Out of 127 approved polyclinics, 55 high-load UPHCs were converted into functional polyclinics offering 115 specialist OPD and diagnostic services, which include:

22	37	20	14	9	10	3
General Medicine	Obstetrics & Gynaecology	Paediatrics	Ophthalmology	Dermatology	Psychiatry	Other Specialist Streams

- **Urban Primary Health Outpatient Department Footfall Growth:** Total Outpatient Department (OPD) footfall at UPHCs increased significantly from 117.5 lakh in FY 2024-25 to 150 lakh in FY 2025-2026.
- **Urban Ayushman Arogya Mandir Utilisation Surge:** U-AAM infrastructure expanded from 1,059 functional units handling 63 lakh visits in FY 2024-2025 to 1,422 units managing 109 lakh visits in FY 2025-2026, reflecting a 34.3% increase in operational units and a 73% jump in patient footfall.
- **App-Based Supervisory Framework:** Government of Uttar Pradesh's Supportive Supervision Visit (SSV) checklist was completely revised and transitioned into an app-based format for urban areas, backed by a formal Government Order on AAM SSV and a newly established State CPHC Review Committee.
- **Supervision Dashboard Deployment:** The digital checklist has been formally approved, the mobile application developed, and the monitoring dashboard finalised, enabling ongoing state-level virtual reviews to drive accountability and skill reinforcement.
- **Essential Drug List Expansion:** The Essential Drug List (EDL) was expanded from 58 to 84 drugs at the U-AAM level to improve primary supply chains.
- **Drugs and Vaccine Distribution Management System Rollout:** The Drugs and Vaccine Distribution Management System (DVDMS) was successfully rolled out to approximately 721 UPHC AAMs.
- **Active Drug Indenting:** The number of UPHCs actively indenting drugs through digital platforms increased from 663 in March 2025 to 685 by March 2026.
- **Medicine Availability Gains:** The average drug availability per UPHC increased from 61 to 89 drugs.
- **Virtual Skill Enhancement:** The National Urban Health Mission (NUHM) rolled out 45-minute virtual training capsules through a cluster-based fixed calendar to enhance the clinical and programmatic skills of the urban health cadre.
- **Training and Capacity Building Progress:** Ongoing training on the Urban Implementation Framework, outreach strategies, and the 12 CPHC packages was completed through 12 comprehensive sessions, with active participation from the staff of 721 UPHCs and 1,422 U-AAMs.
- **Facility-Based Exception Dashboards:** Exception dashboards highlighting critical deficits in personnel, infrastructure, and outputs at UPHCs and U-AAMs were introduced, enabling data-driven identification of priority areas for intervention.



UTTAR PRADESH

COMPREHENSIVE PRIMARY HEALTHCARE

The Government of India launched the Ayushman Bharat initiative in 2018 to significantly strengthen primary healthcare delivery nationwide by establishing Ayushman Arogya Mandirs (AAMs). In alignment with this national vision, Uttar Pradesh successfully operationalised 17,778 AAM-Sub Health Centres (HCs) out of 23,329 approved facilities, effectively positioning these centres as the foundational backbone of UP's Comprehensive Primary Health Care (CPHC) ecosystem. The core focus is to enhance decentralised healthcare access, elevate service quality, institutionalise robust digital governance, ensure continuity of care, and optimize community-level service delivery across the state.

OBJECTIVE

To build sustainable systems capacity within the Government of Uttar Pradesh (GoUP) to enhance healthcare delivery under the Comprehensive Primary Healthcare (CPHC) programme through capacity building, governance strengthening, service delivery improvements, digital systems, and innovative community-based healthcare solutions.

GEOGRAPHY

Technical assistance and system strengthening are provided at the state level to the Government of Uttar Pradesh and the National Health Missions, alongside intensive, localised support for designated aspirational blocks.

Key Interventions

- **Strategic Workforce Deployment:**



A dedicated cadre of 16,401 Community Health Officers (CHOs) was deployed to drive expanded primary healthcare services.

UP TSU is working with the Government of Uttar Pradesh in the upgradation of 100% Sub Centres into fully functional AAMs.

- **Decentralised Outpatient Department Footfall Surge:** Primary healthcare utilisation escalated with

AAM-SHC Outpatient Department (OPD) attendance reaching **787.4 lakh visits**

AAM-Primary Health Centre (PHC) OPD attendance expanded visits demonstrating heightened community trust.

116.9 lakh visits → **157 lakh visits**

- **Essential Drug Supply Chain Expansion:** The primary facility Essential Drug List (EDL) was expanded from 58 to 84 medicines to ensure clinical readiness.
- **Digital Logistics Rollout:** The Drugs and Vaccine Distribution Management System (DVDMS) was scaled up and successfully rolled out across approximately 17,778 AAM-SHCs.
- **Logistical Medicine Availability Gains:** Average medicine availability increased from 7 to 49 drugs per facility, while diagnostic capacity doubled from 6 to 12 point-of-care tests per facility.
- **Expanded Package of Services Training:** All 16,456 deployed CHOs were enrolled in the Expanded Package of Services training package, with 75% achieving full completion across all five specialised modules.

- **Cadre Clinical Module Completion:** Targeted training completion rates reached 89.9% for mental health and substance use care, 88% for oral, eye, and ear, nose and throat (ENT) care, 80.6% for Elderly and Palliative care, and 75.3% for Emergency and Trauma care.

- **Community Health Officer Mentoring Architecture:** Strengthened the state's clinical mentoring framework by orienting block and district teams, drafting standardised mentoring guidelines, and onboarding 77 designated State Mentors to elevate supportive supervision quality.

- **Mass Longitudinal Digital Enumeration:** Utilising the e-Kavach digital platform, the programme successfully enumerated 878 lakh eligible individuals (women) aged 30 to 60 for longitudinal NCD tracking.

- **Non-communicable Diseases Screening and Community-Based Assessment Checklists Execution:**

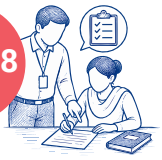
90.6% completion rate for Community-Based Assessment Checklists (CBAC)

66.5% of the target population secured full NCD screening coverage

- **Disease-Specific Screening Coverage:** Reached localised screening coverages of 67.7% for hypertension, 67.5% for diabetes, and 64.5% for Chronic Obstructive Pulmonary Disease (COPD), while cancer screening rates remained around 30%.

- **Unified Governance Framework:** Supported the issuance of a landmark Government Order in November 2025 that introduced completely revised supervisory checklists and launched an Android-based Unified Feedback Tracker for real-time facility monitoring.

- **Supportive Supervision Mobilisation:** Supportive supervision and governance systems were strengthened through a Government Order issued in November 2025, introducing revised supervision checklists and an Android-based Unified Feedback Tracker for real-time monitoring.

Between April 2025 and March 2026, **23,288**  supportive supervision visits conducted across AAM-SHCs, with 77% led by Government and NHM teams.

- **Exception Tracker Operationalisation:** Implemented an automated Exception Tracker spanning 27 core indicators across human resources, drugs, diagnostics, infrastructure, service delivery, and community engagement to drive block-level corrective actions.

- **National Quality Standards Acceleration:** Certified AAM-SHCs grew from 1,531 (May 2025) to 6,522, comprising 3,553 NQAS and 2,969 SQAS certifications, covering 36% of all operational AAM-SHCs.

- **Teleconsultation Scalability:** Significantly expanded digital e-Sanjivini services to clear 75,000 teleconsultations daily, with over 95% of active CHOs regularly initiating digital clinical consultations.

- **Digital Chronic Disease Management:**



Managed a clinical volume of **49,415** diabetes cases



43,169 hypertension cases exclusively through teleconsultation pathways

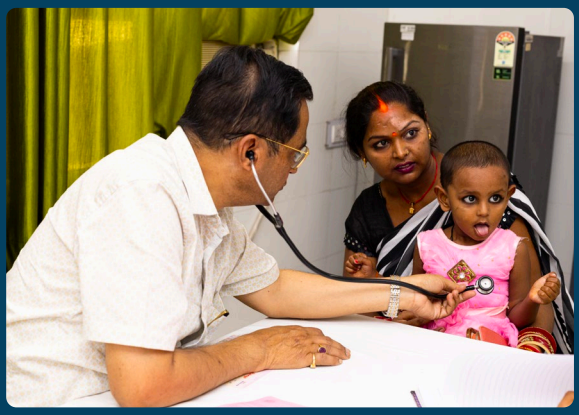
- **Academic Centre of Excellence Engagement:** Partnered with King George's Medical University (KGMU) to establish a dedicated Centre of Excellence focused on auditing and improving teleconsultation clinical quality.

- **Integrating Tuberculosis into Primary Healthcare Services in Uttar Pradesh:** The project was operationalised across Sitapur, Kanpur, and Gorakhpur, strengthening decentralised TB care through Community Health Officer-led service integration at AAMs. Rapid Improvement Teams (RITs) were onboarded, trained, and deployed across blocks to support implementation and quality improvement.

UTTAR PRADESH

ADDRESSING LEAD TOXICITY IN UP

Lead toxicity is an emerging public health concern with significant implications for child health, maternal health, and occupational safety. To support the Government of Uttar Pradesh (GoUP) in generating evidence on lead exposure and strengthening systems for prevention, surveillance, and management of lead toxicity, UP TSU established the Lead Programme Management Unit (PMU) in March 2025. The PMU supports evidence generation, policy development, stakeholder coordination, and capacity building to inform state action on lead exposure and other environmental toxicants.



Key Interventions

1. Evidence Generation:

The PMU supported Dr Ram Manohar Lohia Institute of Medical Sciences (RMLIMS), Lucknow, in conducting Phase I of the Lead Exposure Study among children aged between 2 and 14 years, pregnant women, and high-risk occupational groups. Findings indicated that the mean Blood Lead Levels (BLLs) were above 5 µg/dl among children, battery industry and solid waste management workers, with nearly half of the children and more than 85% of the battery and waste workers exhibiting elevated BLLs.



Major sources of exposure identified included paints, adulterated turmeric and *sindoor* (vermilion), utensils, and cosmetics. The PMU also supported the development of protocols and tools for Phase II of the study, scheduled to commence in April 2026.

2. Strengthening Surveillance and Health Systems Capacity:

To strengthen monitoring of environmental toxicants, the PMU supported development of a laboratory-based surveillance module on the Unified Disease Surveillance Platform (UDSP) covering 16 chemical toxicants, including lead.



Support was also provided for the formation of an Expert Working Group (EWG) and the development of a comprehensive training module for healthcare professionals on the identification and management of lead toxicity in Uttar Pradesh.

3. Policy Advocacy and Multi-Sectoral Collaboration:

The PMU facilitated stakeholder engagement across government departments, research institutions, technical experts, and development partners to strengthen coordinated action on lead toxicity. Contributions included support for the One Health Strategy development process, the review of existing policies to identify regulatory and enforcement gaps, and advocacy with state officials to strengthen regulatory actions.



A state-level stakeholder consultation convened on World One Health Day (3 November 2025) brought together representatives from multiple sectors to discuss the integration of departmental data systems and strengthen evidence-based policymaking.

UTTAR PRADESH

TUBERCULOSIS PROJECT



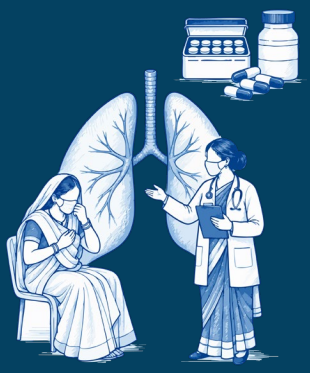
OBJECTIVE

To strengthen capacity for private healthcare sector engagement, decentralise tuberculosis (TB) services to the primary healthcare level, optimize TB diagnostics through health systems strengthening, and promote multi-sectoral engagement with government departments, Corporate Social Responsibility (CSR) institutions and non-government organisations for TB elimination in Uttar Pradesh and India.



GEOGRAPHY

Intensive operations are focused across the Kanpur Nagar, Ghaziabad (including Loni), and Firozabad districts of Uttar Pradesh.

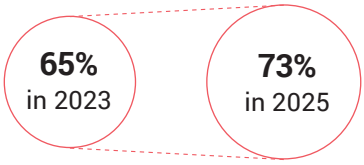




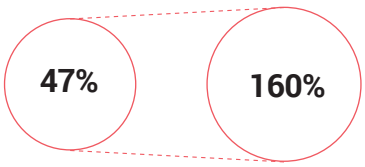
Key Interventions

1. **Optimizing the Tuberculosis Diagnostic Network:**
   The TB Diagnostic Network Optimization (DNO) in 2024 to increase the Presumptive TB Examination Rate (PTER), enhance Nucleic Acid Amplification Test (NAAT) coverage among presumed and notified TB cases, and reduce inequity in NAAT coverage among people with TB (PwTB) between the public and private sectors and across districts.
   - In 2025, PTER increased from 898/lakh population in 2023 to 2,580/lakh population. Nucleic Acid Amplification Test (NAAT) coverage increased from 15% to 40% among individuals with presumed TB and from 40% to 62% among notified TB cases, and the inequity between the public and private sectors was reduced.

Block-level NAAT machine availability increased



NAAT testing performance rose of testing capacity, with no district below 50%



2. **Strengthening Diagnostic Access and Performance:**
   The TB Project assessed and geolocated NAAT machines, supported the activation of machines procured under the Prime Minister - Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), tracked laboratory performance, supported the state's supply chain management for test kits and consumables, suggested optimal machine placement, and advocated for human resource deployment to operate laboratories in double shifts.

   Evidence generated by the TB Project from routine data sources catalysed corrective actions at the state level to drive these results.

3. **Increasing Demand for Tuberculosis Testing:**
   The TB Project co-designed and strengthened three pathways to enhance the Presumptive TB

Examination Rate:

- Engagement of Ayushman Arogya Mandirs (AAMs) in National Tuberculosis Elimination Programme services.
- Targeting an increased proportion of outpatients for TB screening in higher-level public healthcare facilities.
- Enhancing engagement of the private sector.

The TB Project also provided technical and on-ground support for the roll-out of the Active Case Finding 100-Day Campaign.

4. Advancing Multi-Sectoral Engagement:

The TB Project worked with the state to enhance the TB response across government departments and institutions, including Panchayati Raj Institutions (PRIs), Railways, Employee State Insurance Corporations (ESIC), Prisons, Women and Child Development (WCD), and the Food Safety and Drug Administration (FSDA). Advocacy and proposal development supported the leveraging of NAAT machines, handheld X-rays and medical mobile units to enhance diagnostic capacity and provide nutrition support for people with TB. The TB Project also supported the state's roll-out and progress under the TB Mukt Gram Panchayat Initiative.

5. Pharmacy Application for Private-Sector Notification:

The TB Project piloted the Pharmacy Application, which was subsequently owned and scaled by the FSDA, enable recording of anti-TB drug sales and facilitate notification from private pharmacies.

> *"The Pharmacy Application marks a significant milestone in leveraging digital innovation for public health surveillance. 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, Food Safety and Drug Administration, Uttar Pradesh**

The contributions of TB Project were recognised at both state and national levels during the year. The Best Practices document on the 100-Days TB Mukt Bharat Abhiyaan and the TB e-Newsletter, developed for the State TB Cell (STC), Uttar Pradesh, were recognised at the TB Mukt Bharat Abhiyaan District Tuberculosis Officer (DTO) Workshop in January 2026. Additional recognition from the Central TB Division (CTD) was received at the World TB Day event in Noida on 24 March 2026 for key knowledge products, including the TB Mukt Gram Panchayat Compendium, Best Practices documents, and TB e-Newsletter.



Through diagnostic network optimisation, enhanced testing pathways, multi-sectoral engagement and digital innovation, the TB Project supported efforts to strengthen TB detection, notification and systems response in Uttar Pradesh.

MADHYA PRADESH

MADHYA PRADESH INNOVATION HUB

OBJECTIVE

The overarching purpose is to catalyse the state's response to reduce inequity in access to and utilisation of critical interventions that impact population-level health outcomes, with a primary focus on health systems strengthening, Reproductive, Maternal, Newborn and Child Health (RMNCH) and Tuberculosis.



GEOGRAPHY

Madhya Pradesh



Key Interventions

The Madhya Pradesh Innovation Hub (MPIH), established in 2019, works with the Government of Madhya Pradesh (GoMP) to identify and demonstrate evidence-based innovations across Community, Facility and Health Systems platforms to improve health systems performance and RMNCH and Tuberculosis (TB) outcomes.

During the year, MPIH expanded FRU assessments to 100+ FRUs across seven divisions, the RRTC Mentoring Model from three to six medical colleges, and selected 48 FRUs for direct demonstration. It supported activation of three FRUs, EmONC/LSAS training and comprehensive FRU planning, and jointly mapped NTEP opportunity gaps in Chhatarpur. State-NHM collaboration also supported planning for MNCH and TB interventions for FY 2026–27.

In Shahdol, MANCH findings were disseminated and the Nurse Mentoring Model expanded to seven high case delivery points. The CRSS model strengthened tribal healer engagement, counselling and tracking, contributing to reduced home deliveries, while HRP and e-PMSMA linkages, mentoring and training strengthened high-risk pregnancy care. MPIH also strengthened district review and surveillance systems and introduced a CPHC model through community champions across 15 Gram Panchayats in Gohparu.

1. Strengthening MNCH Indicators in Shahdol:

The project aims to improve maternal, newborn, and child health outcomes in Shahdol through comprehensive community and facility-based interventions that strengthen community engagement, service delivery, and referral systems.

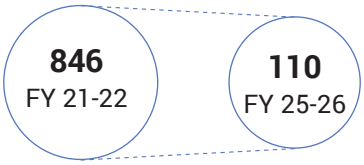
a. Community Response System Strengthening (CRSS) was implemented across 15 SHCs in Shahdol to strengthen:
   - Jan Aarogya Samitis (JASs),
   - Village Health Sanitation and Nutrition Committees (VHSNCs), and
   - Panchayati Raj Institutions (PRIs).

Engagement Meetings Facilitated

40	42	29	10
JAS	VHSNC	Community Committee	Tribal Healers

b. Efforts to reduce home deliveries through joint field visits, community awareness, dai counselling, and strengthened referral preparedness using the Last Menstrual Period (LMP) Tracking Tool and Birth Preparedness and Complications Readiness (BPCR) interventions contributed to a decline in home deliveries.

Decline in Home Deliveries



c. Early identification and management of High-Risk Pregnancies (HRPs) were strengthened through improved recording systems, e-PMSMA clinics, and provider training. The HRP seal and Village Health and Nutrition Day (VHND) banner have been introduced to tag HRP beneficiaries with HRP clinics on a priority basis.

d. Sector meetings were strengthened through facilitation by Nurse Mentors and Block Coordinators. A total of 96 meetings were conducted.

e. Mini Skill Labs (MSL) were established at five block Community Health Centres (CHCs) and the District Hospital (DH), Shahdol.



Through dedicated Nurse Mentors, 213 Nursing Officers and Outreach ANMs received mentoring through classroom sessions, VHSND-based mentoring, and on-site supportive supervision.

f. The Care of Newborn training, a practical skill-based programme aimed at strengthening competencies in routine and emergency newborn care, referral practices, breastfeeding support, and kangaroo mother care, was conducted at Medical College Shahdol.

A total of **317** healthcare providers



from **32** delivery points were trained across



12 batches



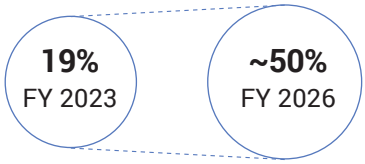
g. 

A two-day skill-based training on the Care of High-Risk Pregnant Women (HRPW) was conducted in collaboration with Medical College Shahdol, covering 95 labour room staff.

The training was complemented by the initiation of on-site mentoring support

h. Maternal Death and Surveillance Response (MDSR) and Child Death Review (CDR) systems were strengthened through improved analysis and reviews, enhancing accountability and referrals; maternal death pathway analysis for Shahdol informed state learnings.

Newborn death reporting of the estimated number



i. District and block-level Data Validation Committee Workshops in Gohparu and Jaisinghnagar strengthened Health Management Information System (HMIS) reporting through orientation on validation processes and data quality tools.

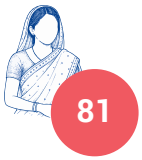
j. Technical support was provided for Iron Sucrose and Ferric Carboxymaltose (FCM) administration training, including sickle cell anaemia, covering 61 Medical Officers and Nursing Officers in two batches at Medical College Shahdol.

k. Migration-prone pockets were identified, and migrant women were line-listed to systematically track service uptake and reduce migration-related barriers to healthcare access.

l. The Ultrasound Sonography (USG) e-voucher system was strengthened across five centres in block-Burhar and Gohparu, and District Hospital, Shahdol, leading to ease in access to USG services.



Total e-vouchers generated



Beneficiaries availed diagnostic services

m. A Dissemination Workshop of Project MANCH (Maternal, Newborn and Child Health) was organised on 6th November 2025 in Shahdol to share programme learnings, assessment findings, and implementation experiences from 2021–2025 with key government and health stakeholders.

On-site Mentoring by Expert Trainers from April 2025 - March 2026



Care of Newborn

No. of batches	Participants
22	176



Care of High-Risk Pregnant Woman

No. of batches	Participants
8	58

234 Total Participants

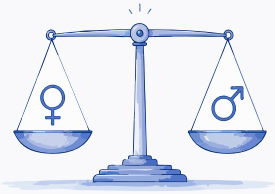
n. Project CHITRA (Comprehensive Primary Healthcare Initiative in Tribal and Rural Areas) was initiated across 15 Gram Panchayats in Gohparu block to strengthen Comprehensive Primary Health Care for vulnerable populations via Ayushman Arogya Mandirs (AAMs).



15 Community Champions and two Field Supervisors from tribal communities were engaged, and the enumeration of **6,977** households and the assessment of **14** health facilities, including **13** AAM SHCs, were completed.

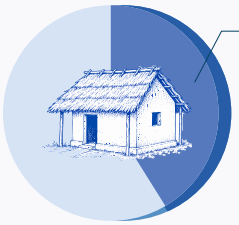
The population had a balanced sex ratio

50.2% Females



49.8% Males

The enumeration findings revealed that



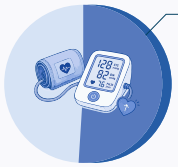
44% households reside in kachha dwellings, indicating continued housing vulnerability.

Among adults aged 30 years and above following had

702 Hypertension

324 Diabetes

121 Heart Disease



51% Individuals with diabetes also living with hypertension.

2. Health Systems Strengthening and Capacity Building:

The Regional Resource Training Centre (RRTC) Mentoring Model strengthens First Referral Units (FRUs) across Madhya Pradesh through facility-based mentoring and skill building for FRU doctors, with a focus on pre-referral and complication management to improve maternal and newborn health outcomes. During FY 2025–26, the programme expanded to four additional divisions, becoming operational through six Medical Colleges and covering 48 intervention FRUs across all seven divisions.

a. The hub formulated detailed technical directives on RRTC implementation, which were issued by the state government, to guide model operationalisation, outlining program objectives, institutional roles, engagement of medical college faculties in strengthening FRUs through mentoring and the use of monitoring indicators.

b. FRU Readiness Assessments were conducted in 102 FRUs across the state to assess facility readiness in terms of infrastructure, HR, equipment and supplies for comprehensive emergency obstetric and newborn care services, including all nine signal functions. Assessment included re-assessment of 35 Phase-I intervention FRUs in Bhopal, Indore and Jabalpur divisions, and assessment of 67 designated FRUs across Gwalior, Sagar, Rewa and Ujjain divisions.

c. A State-level review meeting under the chairmanship of the MD NHM was conducted in November 2025 to review programme progress and further planning of the RRTC Program. The meeting served as a platform to present experiences and recommendations from medical college faculty on expanding the RRTC program.

d. Regular review meetings at medical colleges, led by the Dean and regional leadership, strengthened programme implementation by addressing FRU readiness gaps. This, along with engagement at the state level, led to the operationalisation of C-section services at three FRUs, namely, Civil Hospital (CH) Pithampur district, Dhar; CH Sendhwa district, Barwani; and CH Nanipur district, Mandla, through strategic HR placement, capacity building and the establishment of Blood Storage Units (BSUs).

e. Jabalpur RRTC mentored 10 intervention FRUs to strengthen clinical competencies for timely identification, stabilisation and referral of high-risk maternal and newborn cases. Pre-referral protocols and advance communication with higher centres were reinforced through structured channels. Initial medical college-level insights indicate improved pre-referral management and timely case identification.

f. The hub facilitated orientation and exposure learning for new medical colleges, including the introduction of a blended mentoring approach, across six divisions: Indore, Bhopal, Jabalpur, Rewa, Sagar and Gwalior. Faculty from Medical College, Indore, also visited Medical College, Sagar, to exchange experiential learnings, operational strategies and secondary data insights.

S. No.	Medical College	Number of MC Faculties Oriented			
		Dept. of Obstetrics and Gynecology	Dept. of Paediatrics	Dept. of PSM	Total
1	GRMC, Gwalior	14	8	8	**30**
2	SSMC, Rewa	6	5	4	**15**
3	BMC, Sagar	6	5	9	**20**
4	MGM MC, Indore	13	8	4	**25**
	Total	**39**	**26**	**25**	**90**

3. Systems-level Initiatives

a. Support in CEmONC/LSAS Trainings:

Technical support is being provided to re-initiate CEmONC and LSAS training for Medical Officers at non-functional FRUs, including NHM PIP budgeting, to activate designated FRUs lacking Specialists. The training equips MBBS doctors to manage obstetric emergencies and perform Caesarean sections, addressing critical provider shortages.

b. Comprehensive FRUs:

MoHFW released guideline. MPIH supported in disseminating guidelines at state level meeting organised by NHM.

c. Technical support provided for quality improvement initiatives:

Technical assistance supported 4 facilities for LaQshya, 2 for MusQan and 17 for NQAS certification in Shahdol. Support under Kayakalp strengthened infection prevention, hygiene, sanitation and overall facility quality.

BIHAR

MISSION UNNAYAN

OBJECTIVE

Mission Unnayan is a reform initiative led by the Department of Health, Government of Bihar and the Bihar Nurses Registration Council (BNRC) to strengthen Bihar's nursing education and workforce ecosystem through quality assurance, competency-based certification, digital learning, institutional strengthening and governance reform.

GEOGRAPHY

State-wide implementation across Bihar





Key Interventions

1. Quality Rating of Nursing Institutes:

The Quality Rating initiative is a periodic assessment process for nursing institutes in Bihar, conducted by BNRC in collaboration with the Quality Council of India (QCI). Institutes are assessed on infrastructure, teaching and learning processes, quality of faculty and student outcomes.

During the reporting period, 383 nursing institutes across Bihar were assessed in three phases:

- **231** Phase 1
- **84** Phase 2
- **68** Phase 3

2. Competency Certification Centre:

Bihar's first competency certification centre was operationalised at the Nalanda Medical College and Hospital, Patna, on 26 June 2025. The centre assesses and certifies nursing professionals through proctored, standardised evaluations, helping prospective employers identify and recruit competency-certified nurses.

The centre was inaugurated by the Honourable Health Minister, Bihar, and the Honourable Speaker, Bihar Legislative Assembly.

A technical committee comprising employers and officials from the Department of Health, Government of Bihar, was constituted to oversee the assessment of blueprints and protocols.

Since operationalisation, beta testing has been completed, with over **350** nursing graduates assessed

3. Expanding Digital Learning through e-Kshamata and e-Library:

e-Kshamata is a competency-based digital learning platform that includes standardised competency dictionaries, assessment questions and competency-building products for nursing students and professionals.

During the year, over 40,000 nursing students and professionals registered on the platform. Nodal officers were appointed and oriented to track and support platform engagement across institutes. Pathways were

also initiated to institutionalise digital learning for newly recruited ANMs. Through the e-Library, 248 nursing institutes were provided access to standardised digital learning resources, including textbooks, journals, clinical guidelines, and academic reference materials.

> *"What is really cool is that the study materials are available in both Hindi and English, and the best part is that it is completely free. The language is simple and easy to grasp, making learning easier. Moreover, the MCQs after each lesson are super helpful in testing how much we have actually picked up."*
>
> **- Third Year General Nursing and Midwifery (GNM) Student, General Nursing and Midwifery Nursing Institute, Patna Medical College and Hospital (PMCH), Patna | Session: 2022–25.**

4. Continuous Nursing Professional Development through PRERNA:

Under PRERNA, the Continuous Nursing Professional Development (CNPD) initiative, two workshops and 11 webinars were conducted during 2025–2026.



These trained over 4,000 nurses and nursing faculty. Expert resource persons from Bihar were identified to build local training capacity.

Digital learning and professional development:



40,000+ nursing students and professionals registered on e-Kshamata.



248 nursing institutes provide access to standardised resources through eLibrary.



4,000+ nurses and nursing faculty trained through PRERNA.

5. Strengthening Institutional Mentorship:

The Mentor-Mentee Programme pairs stronger institutions with institutions that require support, enabling them to identify quality gaps and jointly develop improvement plans.



During the year, Memoranda of Understanding (MoUs) were signed between 11 mentor institutions and 31 mentee institutions. Gap assessments and improvement plans were developed for all 31 mentee institutes. Mapping frameworks for government-to-government and private-to-private mentorship were also finalised.

> *"Being a certified mentor institution, our engagement has enabled collaboration with other nursing colleges, fostering quality improvements in education, professional development for faculty, and the training of skilled nursing professionals. This programme not only strengthens the standards of pre-service nursing education but also enhances the professional development of faculty."*
>
> **- Faculty Member, GNM Training Institute, Nalanda Medical College & Hospital (NMCH), Patna, Bihar**

Competency Certification Guidelines Developed

Guidelines related to competency certification, including job descriptions and administrative processes required for running the certification centre.

Memento received

IHAT received recognition from the State Health Society, Bihar (SHSB), 2025, for supporting the Government of Bihar in strengthening the nursing ecosystem.

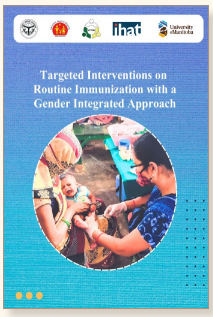
Through quality assessments, competency certification, digital learning, institutional mentorship, and continuous professional development, Mission Unnayan supported Bihar's efforts to strengthen nursing education and workforce systems. The launch of the BNRC Digital Platform, immediately following the reporting year, marked a further step towards integrating nursing education, competency tracking, and regulatory processes within a single digital system.

DRIVING DIALOGUE THROUGH KNOWLEDGE EXCHANGE

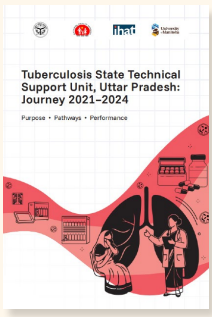
During 2025-2026, IHAT carried evidence and learning from programme implementation into wider conversations on public health policy, equity, and systems strengthening. Through national and international forums, IHAT shared insights emerging from its engagement with government systems and communities, demonstrating how field-based experience can inform more effective and responsive public health action.

At leading international platforms, IHAT contributed experience from Uttar Pradesh on strengthening tuberculosis diagnostics and case notification, reaching zero-dose children, scaling maternal and newborn health interventions, improving equitable access to antenatal care, understanding geographic inequalities in health outcomes, and using public health data and embedded evaluation to support better decision-making. These contributions were shared through forums including The Union World Conference on Lung Health (WCLH) 2025, the International Pediatrics Association (IPA) Congress 2026, the International Maternal Newborn Health Conference (IMNHC) 2026, the Evidence and Implementation Summit (EIS) 2025, the Southeast Asian Stata Conference and the Evaluation Conclave 2025, to name a few.

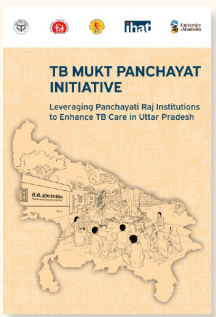
IHAT also used knowledge exchange platforms to highlight equity dimensions that are often less visible in health systems discourse. Learning from its work with tribal communities in the Shahdol region of Madhya Pradesh was shared at the National Symposium on Rural and Tribal Health Research. Through a cross-country virtual learning session with the Institute of Global Public Health (IGPH) countries, GenEqual Fellows brought their lived experiences of gender, sexuality, discrimination and barriers to public health services into dialogue on intersectionality in public health. A paper examining gender-responsiveness across India's National Health Policies, along with engagement on lead toxicity in Uttar Pradesh, further expanded the discussion of inclusive and emerging public health priorities. Together, these engagements reflected IHAT's commitment to ensuring that programme evidence informs wider learning and action, strengthening the link between implementation experience, institutional decision-making, and more equitable public health systems.

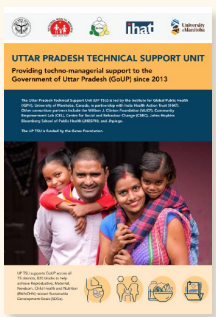


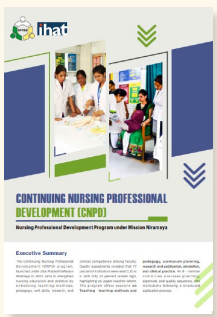




















WAY FORWARD

IHAT's work in 2026-2027 will continue to focus on strengthening public health systems through evidence, institutional partnerships, digital innovation, workforce capacity and equity-centred programming. Building on the progress made during 2025-2026, IHAT will deepen its support to governments and partners in translating programme priorities into sustained improvements in access, quality, accountability and effective coverage.

Organisational Development, Governance and Gender Integration

At the organisational level, IHAT will strengthen institutional systems, HR processes, governance mechanisms and workplace practices through stronger review processes and institutional learning. Gender integration remains a key priority: the Gender Task Force will meet quarterly to strengthen coordination, while Gender Champions will convene monthly to promote ownership and cross-learning. The Gender Integration Primer will be disseminated organisation-wide, and findings from the Shahdol gender review will inform the broader Madhya Pradesh strategy. In Uttar Pradesh, gender-responsive approaches will be integrated into nurse mentoring, early registration, routine immunization and primary healthcare platforms. The GenEqual Fellowship Programme will design community-led interventions for young key populations, supporting Fellows through peer learning and multi-stakeholder partnerships for gender-responsive HIV programming.

Uttar Pradesh Technical Support Unit

In Uttar Pradesh, IHAT will continue supporting the state government across maternal, newborn and child health, family planning, nutrition, primary healthcare, routine immunization, urban health, human resources, digital health systems, supply chain management and behaviour change. A key priority will be improving round-the-clock emergency obstetric and newborn care at First Referral Units, alongside the rollout of newer technologies such as Ferric Carboxymaltose, Cardiotocography and CPAP, and the strengthening of referral pathways, blood storage units and newborn care units. Another priority will be strengthening human resources for health, including specialist recruitment, workforce rationalisation, training lifecycle management and evidence-based posting decisions, along with strengthening 24×7 First Referral Unit services through task shifting. IHAT will also deepen the use of routine and individual-level data for action-oriented decision-making, with greater emphasis on district-level analytical capacity to track service delivery gaps and performance variations. Digital systems will remain central to this work, with support for interoperable platforms covering disease surveillance, facility monitoring, hospital information systems, feedback tracking, human resource management, procurement and claims management, aimed at reducing manual processes and enabling faster decisions.

In routine immunization, the focus will be on strengthening state ownership through digitised microplanning, exception tracking, and follow-up of missed and zero-dose children, alongside stabilising digital surveillance systems for vaccine-preventable diseases. In family planning, IHAT will support the scale-up of MPA-SC, advocate for subdermal contraceptive implants, and strengthen post-pregnancy family planning services through integration with primary healthcare. Urban health work will focus on strengthening Urban Primary Health Centres and Urban Ayushman Arogya Mandirs, workforce rationalisation and deeper assessments of coverage gaps in selected slums. Social and behaviour change efforts will support complementary feeding, post-partum family planning and IEC coordination platforms, including e-newsletters and knowledge products documenting best practices. In Bihar, Mission Unnayan will continue supporting nursing education and workforce reforms, focusing on competency-based testing, certification pathway expansion, alignment with Indian Nursing Council standards and e-Kshamata adoption.

Madhya Pradesh Innovation Hub

In Madhya Pradesh, IHAT will continue strengthening maternal, newborn and child health and tuberculosis outcomes in Shahdol and other underserved tribal geographies. Under Project CHITRA, primary healthcare services will expand across 30 Gram Panchayats in Gohparu block, focusing on non-communicable diseases, tuberculosis, community engagement, tribal healer partnerships, emergency transport and provider mentoring for high-risk maternal and newborn conditions. Strategic support will extend to Anuppur and Umaria districts through Mini Skill Labs, expert-led mentoring and strengthened data systems. The Regional Resource Training Centre model will institutionalise blended mentoring combining onsite support with virtual follow-ups and protocol-based guidance, alongside strengthened Maternal Death Surveillance and Response systems at medical colleges. IHAT will also advance a focused tribal health strategy and pilot a gender integration component in Shahdol and at the Regional Resource Training Centre programme at one of the intervention medical colleges.

Tuberculosis Project

In alignment with National Tuberculosis Elimination Programme priorities, IHAT will support accelerated progress in Uttar Pradesh through a system-strengthening approach across the Detect, Treat, Prevent and Build pillars, with emphasis on innovation, sustainability and integration of TB services within the general health system. Strengthening diagnostic systems will remain a major priority, including optimising diagnostic capacity, expanding outreach, strengthening specimen transport and improving detection of drug-resistant TB, with learnings disseminated to Maharashtra and other states. Treatment strategies will focus on decentralised and differentiated TB care at the primary healthcare level, enhanced clinical capacity through medical colleges, and deeper multi-sectoral engagement with government, private sector and CSR stakeholders. Innovation will remain central to the programme's future direction, with support for AI-enabled planning, near-point-of-care diagnostics, RT-PCR scale-up, geospatial optimisation and pharmacy-based surveillance. The programme will also explore the intersection between mental health, menstrual wellbeing and TB diagnosis among adolescent girls.

Across all areas of work, IHAT will continue to focus on strengthening systems that can learn, adapt, and respond to the needs of communities. The way forward is anchored in a continued commitment to equity, evidence, government partnership and institutional resilience, with the goal of contributing to sustainable improvements in population-level health outcomes.



FINANCIALS

Balance Sheet - Consolidated

Particulars	For the Year Ended 31st March, 2026 [Rs.]	31st March, 2025 [Rs.]
I. SOURCES OF FUNDS		
1. NPO FUNDS		
Unrestricted Funds	85,72,32,245.06	74,52,95,352.98
Restricted Funds	13,78,77,372.83	14,84,13,027.10
Capital Reserve	3,26,99,646.04	3,34,85,165.57
Accumulated Funds for Specific Purposes	36,95,98,879.42	52,95,53,966.37
2. NON CURRENT LIABILITIES		
Long Term Provisions	2,57,99,083.75	-
3. CURRENT LIABILITIES	82,19,534.00	83,08,223.78
Payables	32,18,655.00	28,92,651.72
Other Current Liabilities	90,875.59	1,48,914.00
Short-Term Provisions		
TOTAL	**1,43,47,36,291.69**	**1,46,80,97,301.52**
II. APPLICATION OF FUNDS		
1. NON-CURRENT ASSETS		
Property, Plant and Equipment and Intangible Assets	3,29,71,189.82	3,41,76,739.24
Long Term Loans and Advances	1,00,83,825.00	1,87,39,767.14
2. CURRENT ASSETS	1,35,69,46,002.59	1,34,65,08,160.81
Cash And Bank Balances	1,91,46,372.61	2,16,33,854.33
Short Term Loans And Advances	1,55,88,901.67	89,95,674.00
Other Current Assets	-	3,80,43,106.00
Receivables		
TOTAL	**1,43,47,36,291.69**	**1,46,80,97,301.52**

2. Statement of Income & Expenditure - Consolidated

Particulars	For the Year Ended 31st March, 2026 [Rs.]			For the Year Ended 31st March, 2025 [Rs.]		
	Unrestricted Funds	Restricted Funds	Total	Unrestricted Funds	Restricted Funds	Total
I. INCOME						
Grant Utilized	4,29,42,563.57	86,26,71,273.14	90,56,13,836.71	4,07,75,377.37	87,16,57,710.58	91,24,33,087.95
Fees From Rendering Of Services	20,84,816.00	-	20,84,816.00	3,22,39,920.00	-	3,22,39,920.00
Other Income	8,32,68,068.50	-	8,32,68,068.50	8,52,08,539.32	-	8,52,08,539.32
TOTAL INCOME	**12,82,95,448.07**	**86,26,71,273.14**	**99,09,66,721.21**	**15,82,23,836.69**	**87,16,57,710.58**	**1,02,98,81,547.27**
II. EXPENSES						
Project & Other Expense	13,87,87,210.67	82,84,42,992.91	96,72,30,203.58	8,82,85,436.18	83,87,09,674.97	92,69,95,111.15
Employee Benefits Expense	2,07,66,403.18	3,41,31,731.23	5,48,98,134.41	2,52,47,753.19	3,27,40,081.68	5,79,87,834.87
Finance Cost	3,309.62	96,549.00	99,858.62	7,487.42	1,00,607.15	1,08,094.57
Depreciation And Amortization Expense	89,15,744.56	-	89,15,744.56	1,07,79,449.30	1,07,346.78	1,08,86,796.08
TOTAL EXPENSES	**16,84,72,668.03**	**86,26,71,273.14**	**1,03,11,43,941.17**	**12,43,20,126.09**	**87,16,57,710.58**	**99,59,77,836.67**
III. EXCESS OF INCOME OVER EXPENDITURE/(EXPENDITURE OVER INCOME) FOR THE YEAR BEFORE EXCEPTIONAL AND EXTRAORDINARY ITEMS (I-II)	(4,01,77,219.96)	-	(4,01,77,219.96)	3,39,03,710.60	-	3,39,03,710.60
IV. EXCEPTIONAL AND EXTRAORDINARY ITEMS	-	-	-	-	-	-
V. EXCESS OF INCOME OVER EXPENDITURE FOR THE YEAR TRANSFERRED TO GENERAL FUND (III-IV)	(4,01,77,219.96)	-	(4,01,77,219.96)	3,39,03,710.60	-	3,39,03,710.60

LIST OF ABBREVIATIONS

AAA	ASHA, ANM, AWW (combined frontline worker platform)
AAA+C	ASHA, ANM, AWW + Community Health Officer
AAM	Ayushman Arogya Mandir
ABHA	Ayushman Bharat Health Account
ACMO	Additional Chief Medical Officer
ACS	Additional Chief Secretary
AI	Artificial Intelligence
AMB	Anaemia Mukt Bharat
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWH	Anganwadi Helper
AWW	Anganwadi Worker
BCC	Behaviour Change Communication
BCPM	Block Community Process Manager
BF	Breastfeeding
BLL	Blood Lead Level
BMC	Bundelkhand Medical College
BNRC	Bihar Nurses Registration Council
BOC	Block Outreach Coordinator
BP	Blood Pressure
BPCR	Birth Preparedness and Complication Readiness
BRP	Block Resource Person
BSU	Blood Storage Unit
CBAC	Community-Based Assessment Checklist
CBC	Complete Blood Count
CDPO	Child Development Project Officer
CDR	Child Death Review
CHO	Community Health Officer
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CHC	Community Health Centre
CiVHSND	Chhaya Integrated Village Health, Sanitation and Nutrition Day
CME	Continuing Medical Education
CMO	Chief Medical Officer
CNPD	Continuing Nursing Professional Development
COPD	Chronic Obstructive Pulmonary Disease
CPAP	Continuous Positive Airway Pressure
CPHC	Comprehensive Primary Healthcare
CRSS	Community Response System Strengthening
CSBC BIU	Centre for Social and Behaviour Change - Behavioural Insights Unit
CSR	Corporate Social Responsibility
CTD	Central TB Division
CWG	Core Working Group
D2C	Direct to Consumer
DCH	District Combined Hospital
DG	Director General
DGFW	Directorate General of Family Welfare
DGME	Directorate of Medical Education
DGMH	Directorate General of Medical and Health
DH	District Hospital
DNO	Diagnostic Network Optimization
DOD	Direct Observation of Delivery
DPM	District Programme Manager
DPO	District Programme Officer
DSS	District Senior Specialist
DTO	District Tuberculosis Officer
DVDMS	Drug and Vaccine Distribution Management System
DWH	District Women's Hospital
EDL	Essential Drug List
ECP	Emergency Contraceptive Pill
EHR	Electronic Health Record
e-HRMS	e-Human Resource Management System
EIBF	Early Initiation of Breastfeeding
EIS	Evidence and Implementation Summit
ENT	Ear Nose Throat
EPI	Expanded Programme on Immunization
e-PMSMA	Extended Pradhan Mantri Surakshit Matritva Abhiyan
ESIC	Employee State Insurance Corporation
FAMS	Financial Accounting Management System
FBNC	Facility Based Newborn Care
FCM	Ferric Carboxymaltose
FP	Family Planning
FPLMIS	Family Planning Logistics Management Information System
FMG	Foreign Medical Graduate
FRU	First Referral Unit
FSDA	Food Safety and Drug Administration
FY	Financial Year
GM	General Manager
GNM	General Nursing and Midwifery
GoI	Government of India
GoMP	Government of Madhya Pradesh
GoUP	Government of Uttar Pradesh
GRMC	Gajra Raja Medical College
GSVM	Ganesh Shankar Vidyarthi Memorial Medical College
Hb	Haemoglobin
HIS	Health/Hospital Information System
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HOPE	Health Online Parameter Evaluation
HPD	High Priority Districts
HPR	Healthcare Professional Registry
HR	Human Resource
HRP	High-Risk Pregnancy
HRPW	High-Risk Pregnant Women
HTSP	Healthy Timing and Spacing in Pregnancy
ICDS	Integrated Child Development Services
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IEC	Information, Education and Communication
IFA	Iron Folic Acid
IGPH	Institute for Global Public Health
IHAT	India Health Action Trust
IMNCI	Integrated Management of Neonatal and Childhood Illness
IMNHC	International Maternal Newborn Health Conference
IPA	International Paediatrics Association
I-TIPS	Integrating Tuberculosis into Comprehensive Primary Healthcare Services
JAS	Jan Arogya Samiti
KGMU	King George's Medical University
KMC	Kangaroo Mother Care
LaQshya	Labour Room Quality Improvement Initiative
LBW	Low Birth Weight
LIS	Laboratory Information System
LMP	Last Menstrual Period
LR	Labour Room
LSAS	Life Saving Anaesthesia Skills
LT	Laboratory Technician
MAMC	Maternal Anaemia Management Centre
MANCH	Maternal, Newborn, and Child Health
MAS	Mahila Arogya Samiti
MAWW	Mahila Anganwadi Worker
MBBS	Bachelor of Medicine and Bachelor of Surgery
MC	Medical College
MCPR	Modern Contraceptive Prevalence Rate
MD NHM	Mission Director National Health Mission
MDSR	Maternal Death Surveillance and Response

LIST OF ABBREVIATIONS

MGM MC	Mahatma Gandhi Memorial Medical College
MIDH	Minimally-Invasive Digital Hemoglobinometer
MIYCN	Maternal, Infant, and Young Child Nutrition
MNCH	Maternal, Newborn, and Child Health
MO	Medical Officer
MoU	Memorandum of Understanding
MoHFW	Ministry of Health and Family Welfare
MOIC	Medical Officer In-charge
MOT	Maternity Operation Theatre
MPIH	Madhya Pradesh Innovation Hub
MR	Measles-Rubella
MSL	Mini Skill Lab
NAAT	Nucleic Acid Amplification Test
NBCC	Newborn Care Corner
NBSU	Newborn Stabilisation Unit
NCD	Non-Communicable Diseases
NFHS	National Family Health Survey
NHM	National Health Mission
NHSRC	National Health Systems Resource Centre
NIC	National Informatics Centre
NMCH	Nalanda Medical College and Hospital
NPSN	National Polio Surveillance Network
NQAS	National Quality Assurance Standards
NUHM	National Urban Health Mission
OCP	Oral Contraceptive Pill
ODK	Open Data Kit
OPD	Outpatient Department
OT	Operation Theatre
PCI	Percutaneous Coronary Intervention
PHC	Primary Health Centre
PIP	Programme/ Project Implementation Plan
PM-ABHIM	Pradhan Mantri-Ayushman Bharat Health Infrastructure Mission
PMJAY	Pradhan Mantri Jan Arogya Yojana
PMSMA	Pradhan Mantri Surakshit Matritva Abhiyan
PMU	Programme Management Unit
PNC	Postnatal Care
PoSH	Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act
PPFP	Post-Pregnancy Family Planning
PPIUCD	Post-partum Intrauterine Contraceptive Device
PPP	Procurement and Public Private Partnership/ Public-Private Partnership
PRI	Panchayati Raj Institution
PTER	Presumptive TB Examination Rate
PV	Per Vaginam
QCI	Quality Council of India
RCA	Root Cause Analysis
RCH	Reproductive and Child Health
RDS	Respiratory Distress Syndrome
RfP	Request for Proposal
RI	Routine Immunization
RIT	Rapid Improvement Team
RMLIMS	Dr. Ram Manohar Lohia Institute of Medical Sciences
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RMNCH	Reproductive, Maternal, Newborn, and Child Health
RMNCH+N	Reproductive, Maternal, Newborn and Child Health + Nutrition
RRTC	Regional Resource Training Centre
RT-PCR	Real Time-Polymerase Chain Reaction
SBA	Skilled Birth Attendant
SBC	Social Behaviour Change
SBCC	Social and Behaviour Change Communication
SC	Sub Centre
SDHM	State Digital Health Mission
SHC	Sub Health Centre
SHSB	State Health Society Bihar
SIHFW	State Institute of Health and Family Welfare
SMF	State Medical Faculty
SN	Staff Nurse
SNCU	Special Newborn Care Unit
SOP	Standard Operating Procedure
SPMU	State Programme Management Unit
SSMC	Shyam Shah Medical College
SSV	Supportive Supervision Visit
STC	State TB Cell
STEMI	ST-Elevation Myocardial Infarction
STF	State Task Force
STSC	Skin to Skin Care
SUMAN	Surakshit Matritva Aashwasan Yojana
TB	Tuberculosis
THR	Take Home Ration
ToT	Training of Trainers
U-AAM	Urban Ayushman Arogya Mandir
UNICEF	United Nations Children's Fund
UDSP	Unified Disease Surveillance Platform
UHI	Urban Health Initiative
UHSND	Urban Health, Sanitation and Nutrition Day
UoM	University of Manitoba
UP	Uttar Pradesh
UPHC	Urban Primary Health Centre
UPkSK	Uttar Pradesh ke Swasthya Kendra
UPMSCL	Uttar Pradesh Medical Supplies Corporation Limited
UPPSC	Uttar Pradesh Public Service Commission
UP TSU	Uttar Pradesh Technical Support Unit
USG	Ultrasound Sonography
U-WIN	Universal Immunization WIN
VAB	Vaccine Avoidance Behaviour
WCLH	World Conference on Lung Health
WHO	World Health Organization
ZDLA	Zero Dose Learning Agenda
ZNS	Zonal Nursing Specialist

Copyright IHAT, 2026

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

IHAT is Great Place to Work® Certified™ for 2023-25

Annual Report 2025-2026

Published by: India Health Action Trust

Compiled and edited by: Knowledge Management Unit

Designed by: 129 Degrees Design Studio

Disclaimer: The information contained in this Annual Report reflects the organisation's performance and is based on the information available to the management as on the date of publication. The report is intended to disseminate information and share knowledge relating to the organisation's public health programmes, initiatives and activities.

The report may be reproduced or disseminated, in whole or in part, only with the prior written permission of IHAT. Photographs, testimonials and other visual materials included in the report have been used with the consent of the individuals or communities concerned, wherever applicable. All photographs and other copyrighted materials remain the property of their respective copyright holders.





CONTACT DETAILS

Registered Office
India Health Action Trust
Bharathi Enclave, 2nd Floor No. 197
10th Cross, CBI Road, Ganganagar
Bengaluru – 560032 Karnataka
E: contactus@ihat.in
W: www.ihat.in

Branch Office – Delhi
India Health Action Trust
1st Floor, Indian Buildings Congress
Kama Koti Marg Sector 6,
R. K. Puram
New Delhi – 110022

PROGRAMME OFFICES

Uttar Pradesh Technical Support Unit
India Health Action Trust
404, 4th Floor
Ratan Square, No. 20-A
Vidhan Sabha Marg
Lucknow-226001
Uttar Pradesh, India

Madhya Pradesh Innovation Hub
India Health Action Trust
C 6, Mannipuram Colony Link Road No 3
Char Imli, Bhopal - 462016
Madhya Pradesh, India

Shahdol Project Office
India Health Action Trust
Plot no.708/3/2, House no. 368
3rd Floor, Ward no. 4, Rewa Road
Opp. to Circuit House, Sohagpur
Shahdol - 484001
Madhya Pradesh, India

Tuberculosis Project, Uttar Pradesh
India Health Action Trust
105 & 105A, 1st Floor
Ratan Square. No. 20-A
Vidhan Sabha Marg
Lucknow – 226001
Uttar Pradesh, India

Project Unnayan
India Health Action Trust
C-16, Ground Floor
Krishi Nagar, A.G. Colony
Patna – 800025
Bihar, India