

ihat

Annual Report

2021-22



@IHAT, 2022

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Annual Report 2021-2022

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Message

FROM THE MANAGING TRUSTEE

It has been more than two years of handling the Covid pandemic; the first year of the outbreak precipitated into a very unknown sphere of crisis in the health care systems and services. The second year did bring the threat of variant-induced waves; however, we were better prepared to handle the pandemic and to mitigate its impact, while maintaining a certain degree of normalcy.

We, at India Health Action Trust (IHAT), continued to provide the pivotal support to the state governments responding to the pandemic, including resumption of services pertaining to HIV prevention, control and treatment and Reproductive, Maternal, Newborn and Child Health and Nutrition (RMNCH+N).

The year 2021 marked important milestones for IHAT. Project MANCH, aimed at improving MNCH outcomes in the tribal areas of Madhya Pradesh, was established and work was initiated in Shahdol, Madhya Pradesh. Exemplars' Study was initiated in partnership with University of Manitoba, National Health Systems Resource Center and International Institute for Population Sciences, to systematically and comprehensively document and research positive public health in achieving significant reductions in maternal and neonatal mortality in the last two decades in India, nationally and sub-nationally. Further, IHAT was awarded the State Tuberculosis Technical Support Unit by the Government of Uttar Pradesh.

The Karnataka and Delhi, Technical Support Units, supported the respective state governments/ State AIDS Control Societies in assuring the uninterrupted supply of HIV prevention, treatment and care services to the Key Population. The Uttar Pradesh Technical Support Unit continued to support the Government of Uttar Pradesh in strengthening RMNCH and Nutrition programs. The National Family Health Survey 2020-21 (NFHS-5) data for Uttar Pradesh showcases an encouraging improvement in RMNCH+N indicators from NFHS -4 (2015-16). These encouraging results boost our morale and propel us to think big and forge towards our mission of meaningfully impacting the lives of vulnerable and marginalised people by addressing health and social inequities.

This has been possible because of the immense trust that our stakeholders and funders have laid on us. We are also grateful to the national and the state governments, with whom we work advertently, for their unwavering support through the year. The frontline workers, nurses, doctors, specialists and the community who have been the focus of our programs, have made remarkable contribution in driving change in the public health arena. We have tried our best to equip them with the necessary knowledge, skills and attitude to overcome the day-to-day challenges they face, recognize their latent potential and leverage the opportunities in the process. We are thankful to everyone who have directly or indirectly given a momentum to our mission.



Shajy K Isac, Ph D

Managing Trustee
India Health Action Trust

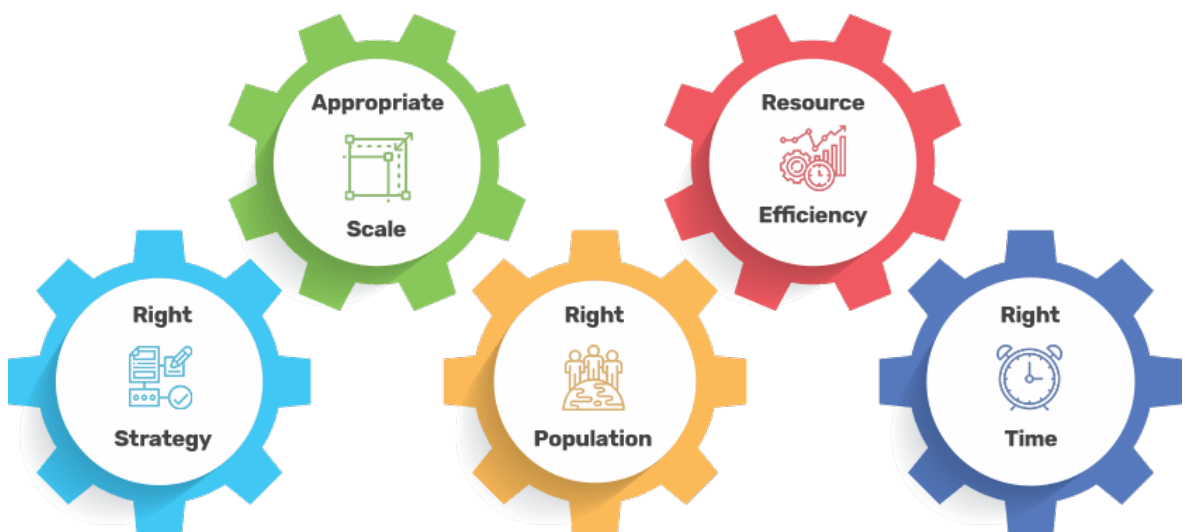


Our Approach

IHAT's approach is grounded on three key strategies: 'Program Science', 'Embedded Technical Support' and 'Continuum of Comprehensive Care'.

PROGRAM SCIENCE Getting Research out of Programs and into Practice Program Science is the “systematic application of theoretical and empirical scientific knowledge to improve the design, implementation and evaluation of public health programs”.

- Program science brings together program implementers, academicians, researchers, policy makers and community members in a continuous learning cycle of strategic planning, program implementation and monitoring and evaluation
- It uses knowledge arising from program implementation to identify key research priorities and questions
- The learnings from these research/program implementation are continuously integrated to optimise program design, delivery and evaluation
- It strives to understand and adopt the right strategies for the right populations at the right time, at the appropriate scale with resource efficiency to improve the health of populations

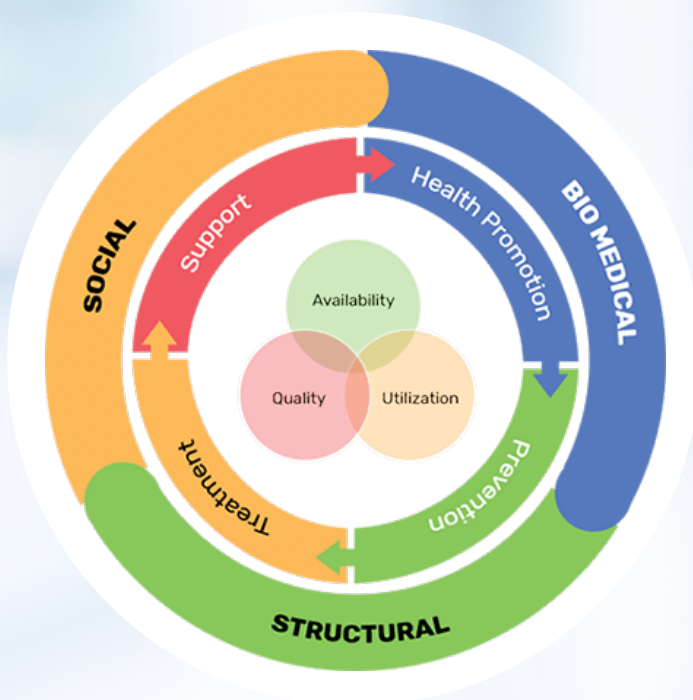


EMBEDDED TECHNICAL SUPPORT

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

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

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

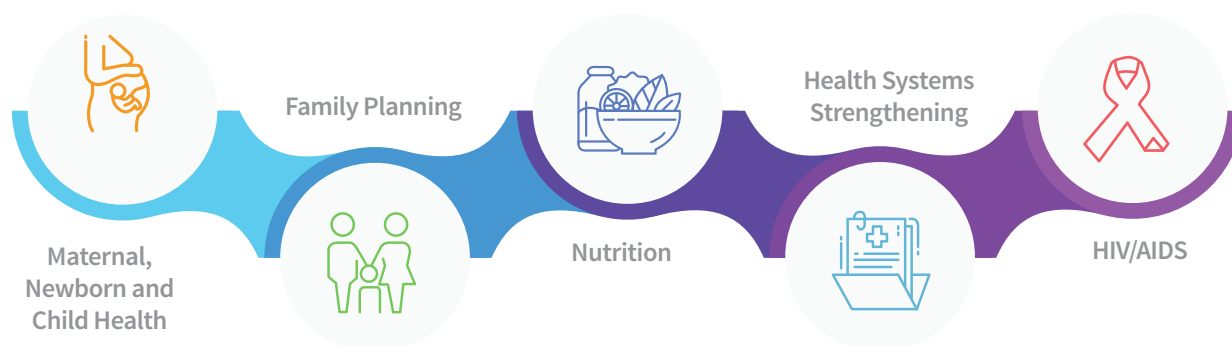


CONTINUUM OF CARE

A comprehensive community focused approach

- A continuum of care that spans from health promotion, to prevention, to treatment and support
- An integrated system of care that includes biomedical, social and structural interventions which addresses the community's need
- We aim to improve availability, quality and utilisation of health services across the continuum of care

Focus Areas



Our Programs

- **The Uttar Pradesh Technical Support Unit (UP TSU)** was established in 2013 to provide techno-managerial support to the Government of Uttar Pradesh (GoUP) pursuant to the Memorandum of Cooperation between the GoUP and the Bill & Melinda Gates Foundation. IHAT, in partnership with the University of Manitoba (UoM) supports the government in strengthening its Reproductive, Maternal, Newborn and Child Health (RMNCH) and Nutrition programs.
- **The Karnataka Technical Support Unit (KA TSU)** was set up in 2007 to support the Karnataka State AIDS Prevention Society (KSAPS) to achieve a high level of coverage and quality of its HIV prevention, treatment and care programs, under the National AIDS Control Organization (NACO)'s Targeted Intervention (TI) Program.
- **The Delhi Technical Support Unit (DL TSU)** was established in 2014 to support Delhi State AIDS Control Society (DSACS) to achieve a high level of coverage and ensure quality of its HIV prevention, treatment and care programmes, delivered under NACO's Targeted Intervention Program.
- **The Madhya Pradesh Innovation Hub (MP IH)** was instituted in 2019 pursuant to the Memorandum of Understanding between the National Health Mission, Government of Madhya Pradesh (NHM-MP) and India Health Action Trust and the Antara Foundation. The hub supports NHM-MP to identify health challenges and design interventions to improve population health outcomes of the state in the areas of Reproductive, Maternal, Newborn, Child and Adolescent Health, Tuberculosis, HIV/AIDS and Health Systems Strengthening.
- **Project MANCH** was awarded to IHAT by HCL Foundation as a part of HCL Grant Edition VI Award 2020-21 in the Health Category. Project MANCH aims to provide technical support to the Government of Madhya Pradesh to improve Maternal, Newborn and Child Health outcomes in tribal areas of Madhya Pradesh. The target group of the Project includes pregnant women, newborns, children, frontline workers, healthcare providers at public health facilities.
- **State Technical Support Unit for Tuberculosis (STSU-TB)** in Uttar Pradesh was awarded by the Central TB Division, Government of Uttar Pradesh in December 2021 with an objective of supporting the state to expand the capacity of State TB Cell to manage large-scale private sector engagement, strategic purchasing, DBT, multi-sectoral collaboration; thus enhancing TB prevention, detection and treatment outcomes.





Maternal, Newborn and Child Health

UTTAR PRADESH
TECHNICAL
SUPPORT UNIT

OBJECTIVE

To reduce maternal and neonatal mortality by improving coverage and quality of critical maternal and newborn interventions in Uttar Pradesh by streamlining community processes and enhancing the basic quality of care at primary health care facilities, including inpatient services of sick children and improved management of maternal and newborn complications at first referral units.



GEOGRAPHY

In Uttar Pradesh, with intensive support in 25 High Priority Districts.



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

KEY HIGHLIGHTS



01

Nurse Mentoring Program- The flagship Nurse Mentoring program has been scaled up state-wide from the initial 25 High Priority Districts to all 75 Districts, which further entail 820 blocks. The program has seen transition to the government leadership and has broadened its efforts from these High Priority Districts (HPDs) to all 75 districts, with several interventions at every level.

The scale up of the Nurse Mentoring Program led to the nomination of a Government Staff Nurse as the Nurse Mentor (NM) at every block level facility while the UP TSU Nurse Mentors, based at the block facilities of 25 HPDs were relocated to 79 District Women's Hospitals (DWH) across 75 districts. This nomination process was successfully completed in 771 out of the total 820 blocks.

The UP TSU Nurse Mentors provided skill based mentoring to the Staff Nurses at DWH and Block level facilities. A total of 17 skills in three Rapid Improvement cycles, from October 2021 to March 2022 were undertaken, namely, strengthening of Documentation Practices, Respectful Maternity Care, AMTSL and Rational Use of Uterotonics. A total of 3611 Staff Nurses were mentored over the course of the year. Total 21% (794) Staff Nurses were given 3 doses of mentoring and 73% (2636) were given 2 doses of mentoring.



02

Mini Skill Lab- At block level, designated Mini Skill Lab (MSL) space was identified in 710 blocks, out of which procurement of mannequins was done in 535 blocks. 502 MSLs were successfully made functional across all districts.

At District Hospital level, designated MSL space was been identified in 66 facilities, out of which procurement of mannequins was done in 58 facilities, against the total of 79 District level facilities.

03

State Skill Lab- UP TSU supported the GoUP in developing four state of art skills lab in Lucknow, GB Nagar (Noida), Varanasi and Jhansi. These skills lab are equipped with RMNCHA related mannequins, study materials, logistics and seminar hall and serve as a hub for district and block level mini-skills lab. Some of the major trainings conducted here are - Paediatric Covid training, Nurse Mentors' Daksh training and mentoring methodology training and SBA ToT, etc., with the objective of enhancement of skill based training of healthcare staff.

04

Newborn Stabilization Unit (NBSU)- NBSU Training of Trainers (ToT) was initiated in UP on the new training package released by GoI in 2020. 3 state ToTs were conducted between August and October 2021 at the skills labs of Noida and Lucknow by Master Trainers from Lady Hardinge Medical College and Kalawati Saran Children's hospital Delhi. A total of 69 master trainers, including faculty of the 13 medical colleges and partner organizations, were trained. At the national level, UP TSU supported the National ToT at Skills lab Noida in which a total of 27 master trainers were trained from 9 states (UP, Uttarakhand, Chandigarh, Punjab, Haryana, Gujarat, Bihar, Rajasthan and Himachal).

A total of 99 NBSUs have been activated, are currently functional across districts and were concurrently reporting data by March 2022.

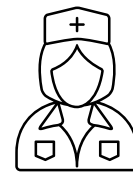
05

Training- DAKSH and Mentoring Methodology training were merged to create an integrated package of nine days which included successively planned clinical, technical and mentoring methodology sessions. This was done to efficiently scale up capacity, ensuring effective usage of available time and resources to create a cadre of skilled nurse mentors in a designated timeline.

With the establishment of State skill labs at Noida and Lucknow, UP TSU supported GoUP in creating a pool of Master Trainers comprising a mix of MOs, NMs and faculty from Nursing Colleges. Overall, 29 Masters trainers were developed at TNAI Noida in July/August 2021, which is the national skill lab for Daksh Trainings. Utilization of these Skill Labs for training was essentially initiated in FY 2021-22, increasing our training capacity.

Divisional level Dakshata Trainings for Government NMs: 20 batches of 201 NMs were trained in 2021-22.

Skilled Birth Attendant (SBA) ToT: UP TSU supported 37 batches of SBA ToT at SIHFW, RHFVTC Varanasi and Noida from December 2021 to March 2022 in which a total of 847 master trainers and 50 UP TSU Nurse Mentors from 56 districts were trained.



196 NMs
trained in Daksh
and Mentoring
methodology in 15
batches between
September-
November 2021
at TNAI and
both skills labs
following the ToT
of master trainers.



06

Paediatric Covid Training- Owing to the possibility of a 3rd wave of Covid-19, 8 batches of ToT of Paediatric Covid management were conducted in June 2021 at Skills labs Noida and Lucknow in close collaboration with the DGMH. 351 master trainers, including paediatricians, nurses and UP TSU NMs, were trained with hands-on practice, including oxygen therapy, BiPAP and ventilator therapy for children.

UP TSU also supported the development of the training module, including the OSCE checklists for skill-based training. Following this ToT, a total of 5196 government health care staff including, paediatricians, anaesthetists, medical officers and staff nurses, were trained in the districts, in a 2- days training program, by these master trainers.

07

Referral Strengthening- The saturation of referral strengthening measures such as formation and regular use of WhatsApp groups to form referral linkages and to ensure uninhibited communications was successful state wide, with these measures being timely utilized in all 75 districts.

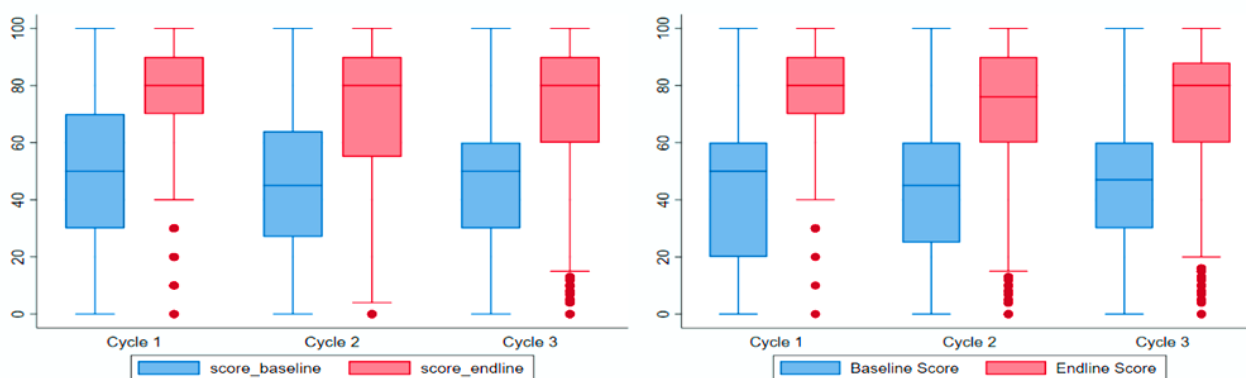
08

LaQshya Support- UP TSU has supported the service provision, knowledge and skill of staff nurses, IP practices and documentation component of the LaQshya process. 4 DWH Labour Rooms (LRs) in HPDs got interim National LaQshya certification via virtual mode conducted in March 2021. MD NHM also requested for a dedicated support staff from UPTSU for LaQshya implementation, who has been working closely with NHM for data analysis and conducting follow-up for 120 facilities. UP TSU facilitated LaQshya National Certification of 5 LR facilities and 2 OT facilities.

Progress

Improvement in competency of service providers (staff nurse/ANM): Mentoring cycles were started at block level facilities in October 21. Total 622 Blocks have been reported out of 772 blocks and 71 District Hospitals where NMs are posted. Mentoring of 3611 staff nurse at labor room on 3 Rapid improvement cycles. Average Score of baseline of all skill was around 50%, which improved to 70% post mentoring. Total 32% (889) staff nurses were given 3 doses of mentoring and 64% (1773) were given 2 doses (Figure 1). In District Hospitals (DH), total 710 staff nurses at labor room were mentored on Cycle-1 and Cycle-2 Skills. Average Score of baseline of all skill was around 45%, which improved to 71% post mentoring. Total 21% (794) staff nurses were given 3 doses of mentoring, and 73% (2636) were given 2 doses of mentoring (Figure 2).

FIGURE 1- Composite Score CHC



Improved detection and management of maternal and newborn complications- through government data system (UPHMIS/HMIS).

Figure 3 Maternal complication identification (%)

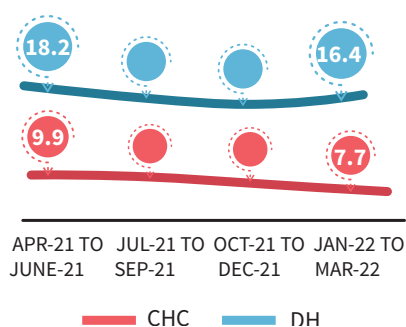
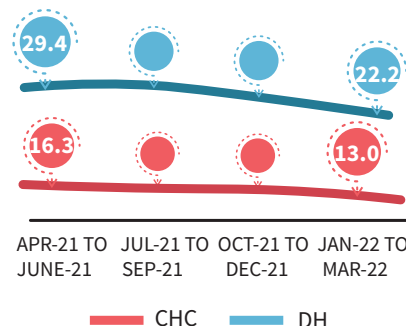


Figure 4 Newborn complication identification (%)



The detection of maternal complication was 18.2% in April-June '21 decreased to 16.4% in January-March '22 for District Hospitals and 9.9% in April- June '21 decreased to 7.7 % in January-March '22 at 820 Block level facilities. The outcome of management of maternal complication cases (managed and discharged) improved from 92.2% in April-June '21 to 93.2% January-March '22 in at block level facility and for District hospital improved from 92.6% in April-June '21 to 94.3% in January-March '22 (Figure 3).

The detection of newborn complication is 29.4% in April-June '21 decreased to 22.2% in January-March '22 for District Hospitals and 16.3% in April-June '21 to 13.0 % in January-March '22 at 820 Block level facilities. The outcome of management of maternal complication cases (managed and discharged) improved from 95.5% in April-June '21 to 95.9% January-March '22 in at block level facility and for District hospital improved from 93.7% in April-June '21 to 95.6% January-March '22 (Figure 4).



Activation of FRUs was taken up with special focus from 2019 onwards.

FRU: First Referral Unit

Activation and Strengthening of First Referral Units

Ensuring availability of CEmONC services by activating health facilities designated as FRUs which have the capacity of managing complications of pregnancy including conduct of caesarean section deliveries play a critical role in preventing maternal deaths. This entails ensuring availability of specialist doctors, a functional Operation theatre (OT with requisite equipments, instruments, medical supplies, infection control) and availability of blood for blood transfusion services as depicted below at FRU Community Health Centres (CHC-FRUs) and district hospitals.

01

GoUP Policy initiatives to close the gap of specialist doctors

(a) **Effective Task Shifting: Innovative Buddy-Buddy model of rapid activation of FRUs in Uttar Pradesh leveraging MBBS doctors**

- EmOC-LSAS doctors posted as a pair with complementary skills
- Clinical mentoring at district hospitals under specialists doctors as mentors
- Incentives per C section conducted at CHC-FRU from NHM
- Home district posting and exemption from transfers
- Legal indemnity from state government in case of any legal award

The Buddy Buddy third batch initiated a system of application, pairing up and selection of an CHC-FRU by candidates prior to start of CEMONC-LSAS training.

(b) **Accreditation of six more CEmONC-LSAS training centres in UP**

UP had 2 EmOC and 4 LSAS training centres in 2019, GoUP requested GoI for expanding the Network of accredited centres for EmOC-LSAS training for 6 more centres to increase the pool of CEmONC-LSAS doctors. By 2021, UP with support of UP TSU has 6 CEMONC and 6 LSAS accredited training centres which can train 4 doctors every 6 months. Hence 24 pairs can be trained in 6 months and 48 pairs in one year which can potentially activate 48 FRUs.

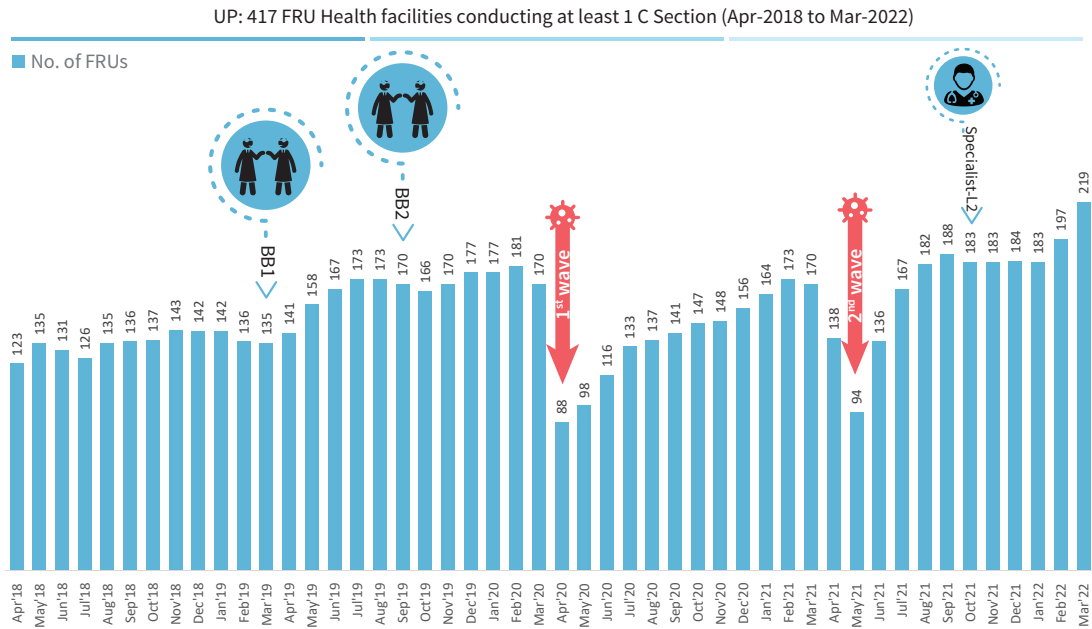
(c) **Amendment to the GoUP recruitment service rules for direct L2 level recruitment of specialist doctors**

This amendment advocated by UP TSU was approved by the Cabinet, GoUP to attract specialist doctors in regular service as a long term measure. In 2021, the specialist doctors were recruited by UP Public Service Commission as per amended service rules to enter the GoUP system at a level higher L2 than MBBS doctors who join at L1 level, thereby incentivizing the specialist doctors to join the system. All postings have been done by an open, transparent process of in-person counselling sessions at state HQ during which specialist doctors could select a facility to join from an openly displayed list. By end March 2022, 80 Gynaecologists, 34 Anesthetists and 43 General Surgeons had already joined the CHC-FRU.

Progress

The number of active FRUs (defined as conducting at least 1 C section delivery per month) increased from 123 FRUs in April 2018 to 181 FRUs in January 2020 which has increased to 219 active FRUs by March 2022 (Figure 5).

FIGURE 5 Health facilities conducting at least one C-section (April 2018 to March 2022)



In Apr-22 Total 8 FRU Activated Out of 8 Total 3 FRU data not reported (Reflected) in UPHMS data
In May-22 Total 9 CHC FRU activated (Started C section in May-22)

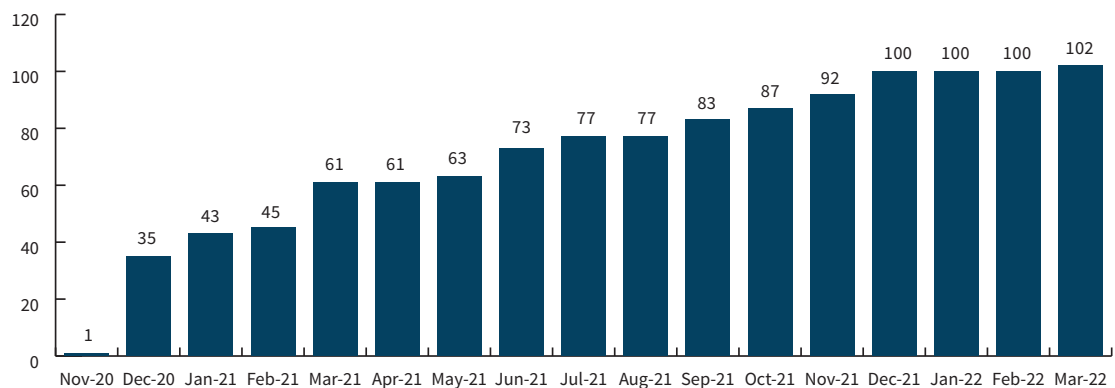
02

Establishing blood storage units

Establishing blood storage units (BSUs) at sub-district level is a critical initiative to improve the availability and accessibility of blood transfusion services especially for severely anaemic pregnant women and cases of postpartum haemorrhage (PPH). Maternal anemia is an underlying cause of majority of maternal deaths.

Uttar Pradesh has rapidly established 102 blood storage units till March 2022 with support of UP TSU. The number of new BSU established with grant of license by FDA to store blood units increased from 35 BSUs in Dec 2020 to 102 BSUs by end March 2022 (Figure 6).

FIGURE 6 BSU GRANTED APPROVAL BY FDA



03

Quality of Comprehensive Emergency Newborn Obstetric Care

GoUP had initiated an innovative programme of establishing a network of eight government medical colleges whose faculty conducted clinical mentoring of FRU government doctors, each medical college designated as a Regional Resource Training Centre (RRTC) in 25 high priority districts.

This RRTC network has now been expanded this year to include total 16 medical colleges which will do mentoring of FRU doctors of all 75 districts in the state. A Coordination Workshop chaired by MD-NHM with the faculty of all 16 medical colleges was conducted by UPTSU in November 2021.



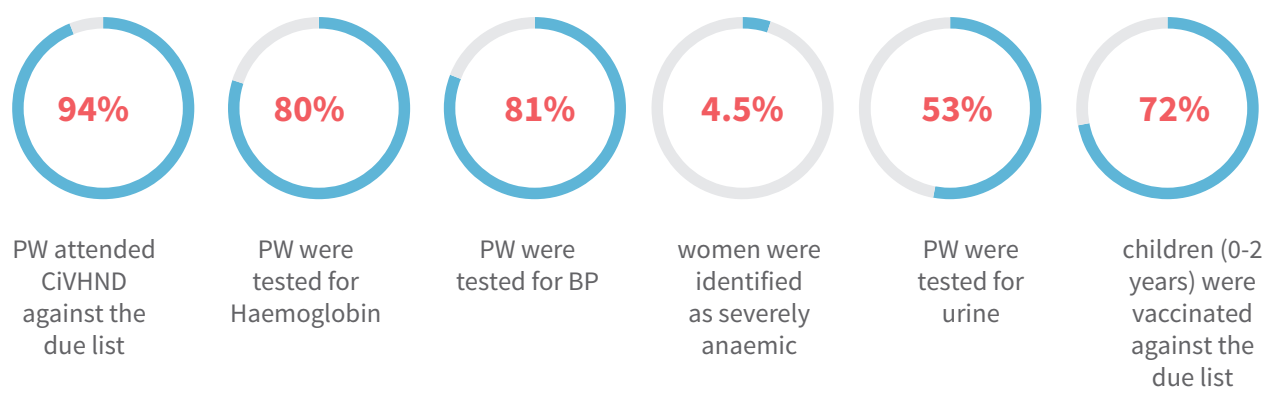
01

Community Outreach Interventions - To accelerate progress towards RMNCH+N objectives, UP TSU extended its community outreach intervention across 75 districts of Uttar Pradesh from 28 districts. UP TSU continued to support GoUP Department of Health and Department of ICDS through Training of Trainers (ToTs), district trainings and mentoring and supportive supervision to the frontline workers and their support structures, HRP tracking, HBNC program with special focus on identification, tracking, referral and follow-up of small and sick newborn including LBWs, sector meetings, community-based events, sub-centre meetings, mothers' meetings and cluster capacity-building meeting intervention.

As part of the above, UP TSU placed one district specialist community outreach (DSCO) in each district of UP and placed block outreach coordinators (BoCs) in priority blocks of UP. Around 75 DSCOs and 300 BoCs were in place. The DSCO and the BoCs worked closely with the department of health and department of ICDS to drive the improvements in RMNCH+N outcomes.

As a part of service delivery platform strengthening, BoCs observed the VHND sessions pertaining to availability, utilization and quality of service delivery platforms. Some key CiVHND observations (ODK data) of ANC services for pregnant women (PW) and children (0-2 years) for FY 2021-22 were as follows:

11,870 CiVHNDs were observed



02

Other key initiatives under community outreach intervention

- **Chhaya Integrated VHND:** CiVHND is an approach to deliver and a link to systematic, customized and client-focused package of RMNCH+N services for women and children, enabling convergence to improve the quality and effectiveness of services. For the same a concept note on CiVHND and its dynamic quality certification process was developed. Also, a draft GO was developed and shared with the government
- **Aligning AWW and ASHA geographies across UP:** UP TSU did a pilot on AWW and ASHA alignment in two blocks of UP as a proof of concept. Based on the above pilot, a draft GO has been developed and submitted to the Department of ICDS.



- **Implementing Group ANC:** For enhancing quality of care and experience of care, group ANC approach was piloted in Uttar Pradesh.
- **VHND Observation Application roll out:** To ensure prompt real-time CiVHND data entry & data utilization and to maintain quality service delivery, UP TSU supported GoUP to develop and digitalize the VHND observation checklist and the same was converted into Android based digital application. This is being used by both the Government and the partners. The application works both offline and online with GPS code.

03

Initiatives around Maternal and Child Nutrition

- For improving nutrition behaviours among the community, UP TSU provided capacity building, handholding and mentoring support to supervisory cadre of health and ICDS, strengthening review platforms, implementing “No Water, Only Breastfeeding Campaign” and celebrating *Poshan Maah*. UP TSU is focusing on micronutrient supplementation, gestational weight gains tracking and appropriate dietary counselling during pregnancy. For Infant and Young Child Nutrition, the major intervention areas are promoting early initiation of breastfeeding, exclusive breastfeeding and complimentary feeding, especially diet diversity.
- UP TSU collaborated with Alive & Thrive, along with other development partners on landscaping study on household-level convergence.

04

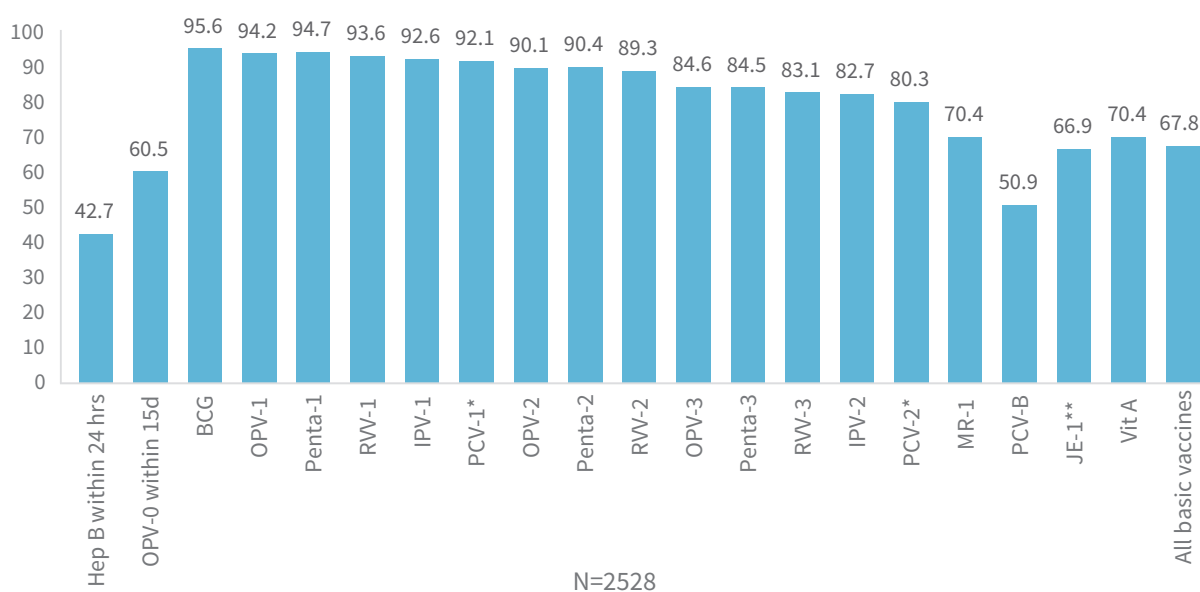
Initiatives around Routine Immunization

Uttar Pradesh Routine Immunization Program Support Unit (UPRIPMU) conducted a Rapid Assessment Survey (RAS) across 100 aspirational blocks in Uttar Pradesh to measure immunization coverage, equity in coverage and the factors affecting immunization coverage, to strengthen data driven decision making and to enhance the state’s capacity in management, governance, and accountability for immunization service delivery.

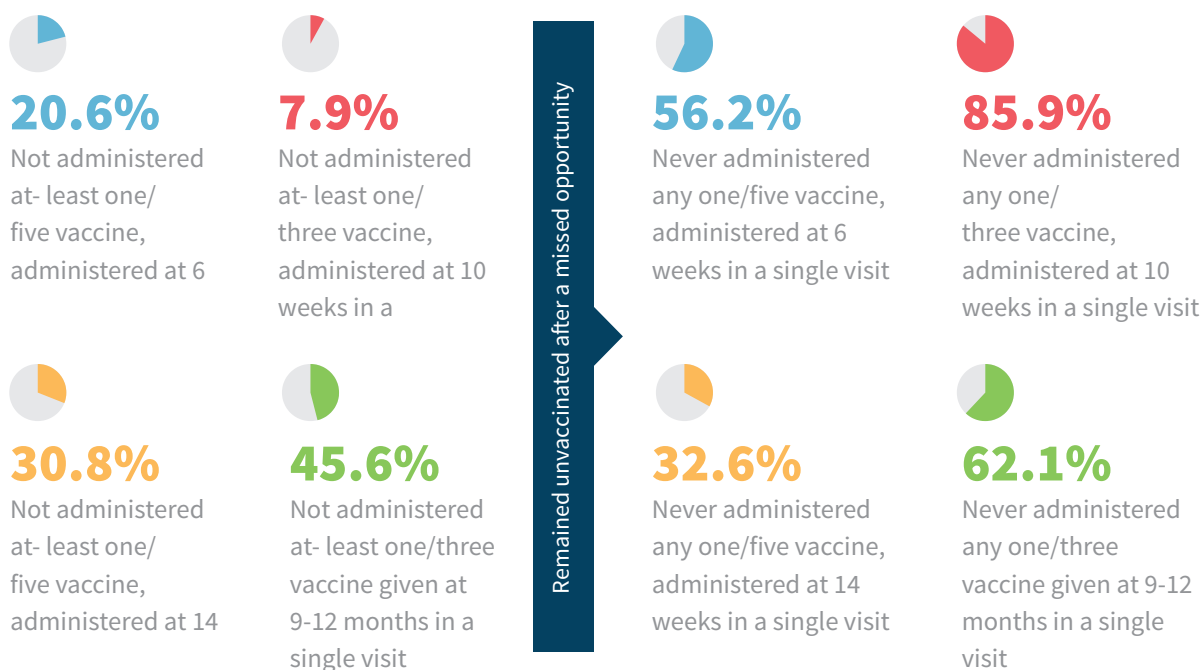
The survey concluded in November 2021 covering 10591 mothers/primary caregivers of children aged 0-15 months, 439 ASHAs, and 107 cold chain points. The findings showed that 67.8% of the children aged 12-15 months across 100 blocks had received all basic vaccines. Of the various antigens, Measles Rubella first dose was the lowest (70%). The timely vaccination coverage (within 12 months of age) was 54.6%.

The RAS also found that the drop out children receiving Pentavalent 1 to Pentavalent 3 reduced from 22% to 10.7%. 18.3% of children who received Pentavalent 3 did not receive MR 1 (Figure 7). It also emerged that if the children missed some doses, the likelihood of not receiving that dose was high, however the proportion varied for different antigens.

FIGURE 7: Antigen-wise coverage for children (12-15 months)



Missed opportunities for co-administered vaccines can be defined as a child not receiving all the vaccines that were due during the same visit/contact. Figure 8 highlights the missed opportunities for co-administered vaccines at the project level UPRI PMU has also initiated a cohort survey in the poor performing ASHA areas identified in the RAS to gain a deeper understanding of factors behind children who are left-out and drop-out from the immunization program.



05

Other key initiatives under routine immunization intervention

- Addressing Fever and Pain Following Immunization (AEFI) apprehension to reduce drop-outs:

To address AEFI, GoI in 2020 had introduced Syrup Paracetamol as part of the program. Following observations regarding non-uniform implementation of Syrup Paracetamol guidelines, GoUP re-issued a letter with detailed guidelines. UPRI PMU has supported GoUP in drafting state-wide guidelines for Syrup Paracetamol availability and also a presentation for orientation of FLWs.

- Improving birth dose coverage in Uttar Pradesh:

GoUP is in the process of issuing a guideline to include birth dose administration as a responsibility of labor room staff nurse and has revised annual routine immunization operational guideline. These guidelines are issued on the basis of a detailed facility level analysis of HMIS data regarding birth dose vaccination and undertook a dipstick study conducted by UPTSU.



67.8%
of the children aged
12-15 months across
100 blocks had received
all basic vaccines

06

Establish FLW digital health systems: Roll out of E- Kavach application

E-Kavach, a workflow based mobile application for FLWs, captures unitized data based on enumeration of all individuals with a unique health id enabling creation of longitudinal health records.

- The application has the following benefits:
- Reduced dual burden of maintaining multiple registers by FLWs.
- Availability of information on service uptake in real-time for immediate action.
- Job aid for FLWs with auto generated due lists, visit reminders, videos for counselling.
- Individualized data will help identify and target left out households.

E-Kavach application was customized and developed for UP and piloted in Bahua, Fatehpur. The application includes various components of RMNCH (Eligible Couple, ANC, pregnancy outcome, PNC and Child Health) program and NCD.



Progress

- Developed workflows and location hierarchies. Mapped ASHA and AWW area in the block to identify overlaps, left outs and re-align the area.
- Created training modules, inline videos, specific digital module for small and sick new born (including LBW) that includes recording and tracking between facilities and community.
- 161 ASHAs, 23 ANMs and 7 ASHA Sanginis in Bahua block were trained on corresponding modules of the application.
- Post enumeration training, ASHAs completed enumeration of nearly 34,417 households and 168198 family members. Post the RMNCH trainings, the FLWs have initiated the data entry into the RMNCH module. 24309 eligible couple, 2504 children of age between 0-1 years and 1778 pregnant women for ANC are registered. Automatic due list is being generated and HRP women are being identified through the application.

Based on the successful implementation of the pilot, the E-Kavach application has been adopted by GoUP and is being scaled up across the state.

Key Highlights of RMNCH+N and RI indicators

The National Family Health Survey 2020-21 (NFHS-5) factsheet for Uttar Pradesh was released on 24 November 2021. The data showcases an encouraging improvement in RMNCH+N indicators from NFHS -4 (2015-16).



Improvement in antenatal care is indicated by **16.6 percentage** point (62.5% in NFHS 5 and 45.9% in NFHS 4) increase in women getting an antenatal check-up in the first trimester.



15.9 percentage point (95.7% in NFHS 5 and 79.8% in NFHS 4) increase in pregnant women registration.



16 percentage point (42.4 5in NFHS 5 and 26.4% in NFHS 4) increase in women receiving 4 ANC check-ups.



An increase of **5.8 percentage** point is observed in mothers who consumed iron folic acid for more than 100 days when they were pregnant. Anaemia rates in pregnant women reduced from 51.0 to **45.9%**.



An encouraging increase **15.6 percentage** point (83.4% in NFHS 5 and 67.8% in NFHS 4) is seen in institutional births with more than 4 out of 5 women now delivering in institutions.



Neonatal mortality rate (NMR) has declined to **35.7** (NFHS 5) **from 45.1** (NFHS 4).



An increase of **18.55 percentage** point is observed (69.62% in NFHS 5 and 51.07% in NFHS 4) in all basic vaccination of children age 12-23 months.



Family Planning

OBJECTIVE

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



GEOGRAPHY

The project commenced in 2014 to provide techno-managerial support to the 25 High Priority Districts of Uttar Pradesh and was scaled in January 2018 to provide FP services across 75 districts of state.



Key Highlights

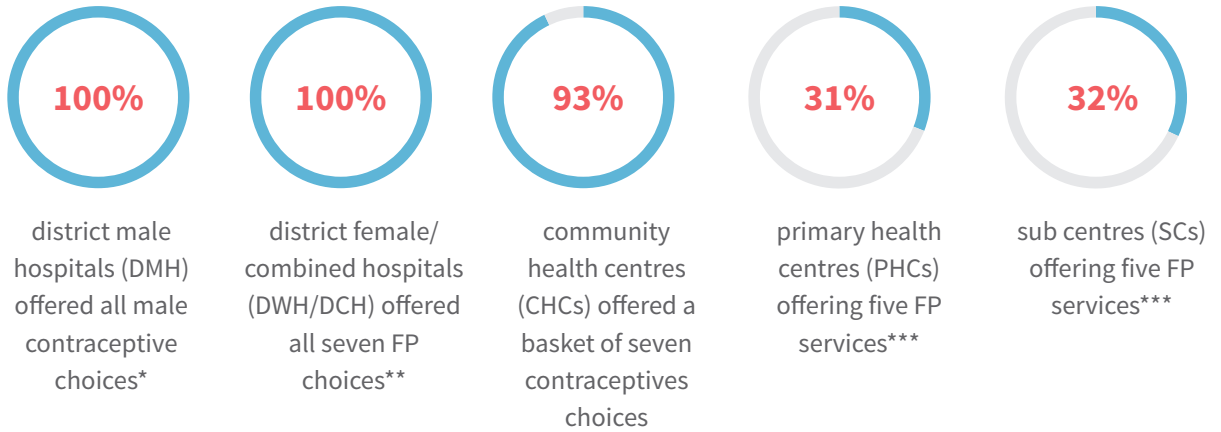
UP TSU provided the strategic support to GoUP to expand FP services at below block level facilities and keeping a close oversight on strengthening FP services at above block facilities. With UP TSU's catalytic support to GoUP, the momentum for provision of quality FP service delivery, scale-up and sustenance of new contraceptives, sustained despite service disruptions due to Covid-19.

01

Bringing FP services closer to the community

UP TSU supported the GoUP in bringing FP services closer to the community by focusing on improving basket of services across all levels of facilities up to sub-center level.

Some of the major results were:



*(Male sterilizations and condoms) | **(Sterilizations, IUCD, PPIUCD Antara, OCP, Condom, ECP) | *** (IUCD, Antara, OCP, Condom, ECP)

02

Availability of new contraceptives

UP TSU continued to support GoUP in roll out of two new contraceptive methods – Antara (3 monthly injectable) and Chhaya (non – hormonal weekly oral contraceptive pill) expanding much needed choice for couples at block level facilities (PHCs and SCs).



14,571 facilities

(57% of total health facilities) were strengthened to provide new contraceptives in FY 2021-22.



93%

below block facilities added new contraceptives expanding basket of choice.



Of the total **25,480 health facilities**, 100% DH and CHCs, 63% PHCs and 54% SCs offered new contraceptives.



Between August 2017 to March 2022, **14 lakh Antara doses** and 43 lakh cycles of Chhaya were chosen by couples.



Uptake of **injectable contraceptives increased to 76%** in FY 2021 – 22 compared to previous year



More than **28,000 services providers** oriented on new contraceptives, till March 2022.



03

Strengthening Family Planning Supply Chain including Family Planning Logistic Management Information System (FPLMIS)

UP TSU supported GoUP in strengthening FP supply chain including FPLMIS, to enhance quality of care by strengthening uninterrupted supply of FP commodities to all level of facilities and FLWs.

The results of which are:

- 100% DH and CHCs; 99% PHCs and 65% SCs along with 47% ASHAs were using FPLMIS.
- WhatsApp group created with state officials, chief pharmacist of division/district stores, FPLMIS managers to share real time information facilitating effective decision making along with handholding support at facility level.

04

Strengthening Post Pregnancy Family Planning

UP TSU worked towards strengthening availability of PPIUCD services at all above block level facilities resulting in an overall increase in PPIUCD insertion rate from 19% in FY 2020-21 to 30% against institutional deliveries in FY 2021-21.

To maximize missed opportunities, “PPIUCD champions” initiative was taken forward across block level facilities in 75 districts. Initiative’s goal was to create an enabling environment within the facilities by enhancing skills of providers on postpartum family planning, improving availability of equipments and supplies, creating an environment of motivation and recognition.

Each One Teach One (EOTO) approach was further adopted to train providers at facilities. Through EOTO strategic initiative, 656 providers were trained in PPIUCD insertions. With this, the total number of trained providers in state increased from 3,470 in FY 2020- 21 to ~4000 in FY 2021 – 22. As a result, PPIUCD insertion rates against institutional deliveries improved from 19% in 2020-21 to 27% in 2021 - 22 in the DH and from 27% in 2020-21 to 40% in 2021 - 22 in CHCs.

05

Augmented and optimized provider base for all FP services including counselling

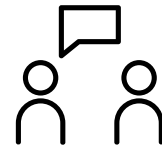
UP TSU supported GoUP in conceptualizing, developing and rolling out an integrated counselling curriculum to equip Reproductive Maternal Newborn Child Health and Adolescent (RMNCHA) and Adolescent Friendly Health Clinics (AFHC) counsellors.

12 batches of 2-day online orientation were conducted for 528 counsellors (225 RMNCHA + 303 AFHC) in February-March'21 followed with district-level face-to-face skill-building sessions and onsite mentoring, where gaps in facility readiness, counselling skills and client feedback were assessed.

During FY 2021 – 22, a total of 8,65,308 clients were counselled on FP by RMNCHA counsellors.

With efforts of UPTSU, guidelines for AYUSH LMOs trainings in Skilled Birth Attendant (SBA) package (which is a prerequisite for PPIUCD trainings) were modified to sync it with current SBA trainings. 166 AYUSH LMOs completed SBA trainings. Of the 166 AYUSH LMOs, 88 AYUSH providers further completed PPIUCD trainings.

Weekly e-learning modules were created and shared with more than 33,000+ participants using digital platform every week. The range of providers covered include ANMs, Community Health Officers (CHOs), counsellors, nurse mentors, UPTSU FP team members. Quarterly feedback mechanisms have been inbuilt to understand relevance and seek feedback.



During FY 2021 – 22, a total of **8,65,308** clients were counselled on FP by RMNCHA counsellors.



Nutrition

OBJECTIVE

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



GEOGRAPHY

State Directorate and 75 districts of UP



Key Highlights

UP TSU provided technical assistance to the ICDS Department and State Nutrition Mission (SNM) on various fronts.



01

Large-scale procurements by the SNM

UP TSU supported SNM in the hiring of the vendors for the procurement of Growth Monitoring Devices (GMDs) for Anganwadi Centres (AWCs) and smartphones for Anganwadi Workers (AWWs) of the state. Honourable Chief Minister of Uttar Pradesh, launched the smartphones in a program organized by the SNM during National Nutrition Month, 2021.

GMD PROCUREMENT DATA

➤ A set of 4 GMDs including **152432** infant weighing scales, **187919** infantometers, **140235** mother & child weighing scales and **188219** stadiometers were procured for **189014** functional AWCs of the state.

➤ **1,23000** smart phones were procured for AWWs of the state.

Source: GMD requirement and distribution sheet, SNM, UP

02

Take Home Ration Quality Assurance

UP TSU supported the ICDS Department in identifying and finalizing parameters for quality testing of recipe-based Take Home Ration (THR) and Dry Ration in the state. Support was also provided for identifying laboratories for empanelment with the ICDS for the purpose of THR testing.

03

Development of the framework for competency assessment of AWWs

UP TSU initiated the process of development of the Framework of Roles, Activities, and Competencies (FRAC) for the competency assessment of AWWs. This was in alignment with the framework outlined under Mission Karmayogi of GoI for defining the competencies required for any position. FRACing is envisaged to be adopted by the ICDS Department for the assessment and certification of the AWWs in the state.

04

Implementation Support for Manav Sampada, IT enabled systems and Capacity Building Program

- Support was provided for the implementation of Manav Sampada Modules i.e. Online Leave Application Module and Online Annual Confidential Report Module in ICDS Department. Support in Employee Identity Card generation of more than 2500 employees across all cadres under ICDS through Manav Sampada.
- Continued support to the ICDS Department for functioning of IT enabled systems like Call Centre, DIA Portal and Poshan Tracker.
- Support in virtual training of 712 ICDS personnel (DPOs and CDPOs) on the use of Poshan Tracker on 13th April 2021.
- Support in virtual training of 2468 ICDS Personnel (CDPO and Mukhya Sevikas) on 'Identification, Management and Reporting of Malnourished Children', in collaboration with other development partners in UP. The training was organized in 10 batches, from 24th to 26th August 2021.



Health Systems Strengthening

OBJECTIVE

Support the government in identifying critical gaps and work together to develop vision/ policy for filling up the gap; Enable process improvements via guidelines and use of Information Technology tools; Helping the government in setting up institutional mechanisms and appropriate governance structures for driving the improved policy and processes across key health system domains including Human Resources for Health (HRH), supply chain management; Use of data for decision making, Digital health interventions, IEC/BCC, and strengthening Public Private Partnerships (PPP).



GEOGRAPHY

State-wide support



KEY HIGHLIGHTS

01

Human Resource Management

UP TSU has been working closely with GoUP to effect major mid-term and long-term policy and systemic changes, including (i) Strengthening of the digital Human Resource Management System, (ii) Improving recruitment of critical health workforce, (iii) Defining, measuring and improving competencies (iv) Setting up systems for improving performance and (v) Strengthening of health institutions.

- UP TSU supported GoUP in revising cadre rules for Specialist and MBBS doctors which allows the Department of Health to hire Specialists in a targeted manner across 15 specialties. Recruitment for 1000+ regular/permanent specialists in 15 specialties, was successfully completed through transparent choice-based counselling - first time that the state managed to hire specialists at this scale in one go
- UP TSU supported the government in streamlining the process for nomination, pairing and posting of CEmONC and LSAS trained MBBS doctors for activation of FRUs in a systematic manner and in increasing the accreditation of number of colleges which can conduct trainings for these life-saving skills. The process for nominations, postings, on-boarding etc. of EmOC/LSAS trained doctors was completed
- Supported GoUP in reactivating 37 ANM Training Centers which have been defunct since 1989. This will lead to increased capacity of the State to conduct competency based in-person trainings to 40,000+ ANMs.
- Policy for differential weightage in NEET PG based on rural posting of doctors was finalized and approved by GoUP with support from UP TSU. This will attract doctors to rural/difficult and remote areas of UP.
- Continued support in the rollout of Manav Sampada - Training module was developed by UP TSU support by NIC and has been rolled out. This has enabled the State to capture the HR trained in a life cycle approach and optimize their usage.

02

Supply Chain Management

GoUP has implemented an integrated public supply chain system in UP where Uttar Pradesh Medical Supply Corporation (UPMSC) shall maintain uninterrupted availability of quality essential drugs at its district level warehouses while each facility shall be free to pick up supplies as per their requirement from UPMSC warehouses through the passbook system. UP TSU is providing support to GoUP in rolling out an efficient public health supply chain model in-line with national best practices which will ensure availability of essential drugs in district warehouses and subsequently ensure availability of essential RMNCH+A drugs at health facilities as per program priorities. Following were some of the key efforts undertaken to streamline the supply chain processes across the state during 2021-22:

- Rate contracts (RCs) were available for ~90% of the drugs in essential drug list (EDL) - first time in the state in last few years
- UPMSC with support from UP TSU, for the first time floated a combined tender (against piecemeal) for rate contracting for all drugs under EDL. UP TSU advocated for synchronization of tender cycle instead of year-round activity by ending all RC dates as October 2022, ensured that approvals from DGMH, NHM, DGME all reaches on time and the tender floated prior to

the model code of conduct. This initiative has been done and is expected to lead to 100% availability of all EDL in all warehouses by October 2022.

- 9 NABL accredited Quality labs empanelled and quality control SOP developed and rolled out.
- Director General Medical Health (DGMH) Passbook budget allotted for all facilities for FY 22-23
 - ~85% facilities (DH, CHC, PHC) have used passbook system to pick up EDL drugs (FY 21-22)
- Rollout of DVDMS to Medical Colleges, District Hospitals, Special Hospitals, CHC and PHC completed.



03

Enhanced use of data for decision making

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

- After extending support to government Divisional M&E Hub in all the 18 divisions since July 2021 onwards, UP-TSU has further extended its' support in strengthening DH level validation committee meeting in all 75 districts of UP.
- UP TSU supported GoUP in conducting physical mapping and geo-tagging of about 25000 public health facility and now extending the same to newly allocated 5000 Sub Centres
- More than 95% (71) of the districts are using UP Health dashboard on monthly basis for review of key indicators
- Data entry at source from SCs/ANM - ANMs from all 75 districts have started reporting data through this application in the month of Feb'2021 onwards and more than 98% of the SCs continued to report on HMIS/UPHMIS integrated format on monthly basis directly from their mobile application until the end of current FY as well
- Advocacy by UP TSU with NHM led to an Expression of Interest (EOI) of community-based survey to estimate neonatal and infant mortality and monitor the key RMNCH indicators was floated in which 11 organizations participated.

Digital Health Interventions

UP TSU provided support to state Government towards enabling digitization of unitized and aggregated data across health programs.

- 5000 new sub-centre locations were identified to improve access based on the geo-mapping data available with UP. This geo-mapping was supported by UP TSU to map all the existing facility, create a web portal to keep it updated as and when changes happen with addition of new facility, upgradation or deletion and also to integrate the facility-based data systems of HR, drugs and UPHMIS (UP Ke Swasthya Kendra - google download). The new SCs are operational and were launched by the Hon' CM, UP.
- e-Kavach application (Unitized life-cycle for RMNCH, NCD of primary health care) pilot was rolled out in Bahua block (Fatehpur district) by UPTSU.
 - Enumeration and RCH inclusive of FP modules was rolled out at ASHA and ANM level. This is currently in use.



- State-wide e-Kavach Scale up pathway has been prepared. On-boarding of Cloud Service provider (CSP) for hosting applications by NHM, with UPSTU support
- Integration of Digital Health Systems of UP with Ayushman Bharat Digital Mission (ABDM)
 - UP TSU led the discussions and changed the NHA thought process for integrating Digital Health applications of UP with ABDM, for seamless exchange of data and the method of generation of ABHA (Ayushman Bharat Health Account) formerly Health ID considering UP context
 - HFR ID generation for facilities initiated and process for open API generated for the consumption of generated HFR by different health partners and Government. NHA agreed for generation of Health IDs in offline mode as part of enumeration process in e-Kavach. Internal approval of NHA on the policy has been obtained and in parallel the tech part is being initiated. NHA in-principle agreed to integrate UPKSK for HFR, Manav Sampada for HPR

IEC and BCC

IEC and BCC material was created and disseminated for several initiatives under Uttar Pradesh Technical Support Unit. Some of these included films on ANC and family planning, cluster meeting of ASHAs and ASHA Sanginis, Saas-Beta-Bahu Sammelan, Khushhaal Pariwaar Diwas, e-Kavach application, Specialist Doctors Recruitment, Specialist Doctors Recruitment, audio spots on various FP Components, among others.

A Communication Partners Forum was set up to develop and implement an integrated SBCC plan to promote covid appropriate behaviour (CAB), increase acceptance and uptake of vaccination by busting myths and hesitancy regarding COVID vaccination. During the festival season (October-December) in 2021 a 100 days' campaign for Covid awareness, promotion of CAB, addressing vaccination hesitancy and Covid preparedness in community was planned and share in the community through various communication mediums. A repository of IEC/BCC material on COVID, CAB, vaccination and hesitancy to take vaccination was made and shared among all partners to be disseminated at community level.

Direct to Consumer (D2C) platform was developed in collaboration with BBC Media Action to promote positive behavioural practices to reach out to the right people at the right time via the right media.

This would strengthen SBC by making it direct, quick, easy, and customized by using the hybrid channels in running multiple campaigns simultaneously and would make the direct reach to the target group. Under this, two demo journey of an HRP user and an FP user is being created to showcase the effectiveness of the platform.





Madhya Pradesh Innovation Hub

OBJECTIVE

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



GEOGRAPHY

Madhya Pradesh

Key Highlights

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

- 01** Supported the Directorate of Health Services (DHS) in cadre restructuring, including the creation of the Public Health Management cadre, which was approved by the Cabinet. Department of Public Health & Family Welfare, GoMP, is the first state to achieve this under the “Atmanirbhar” scheme.
- 02** Supported DHS in the implementation of the Annual Confidential Report (ACR) online using the Smart Performance Appraisal Report Recording online window (SPARROW) portal for Medical Officers & Specialists for the financial year 2019-20 and 2021-22. The State received the CSI (Computer Society of India) SIG (Special interest Group) e-Governance Award for the year 2021 under the “Project category”.
- 03** Support was provided to the DHS in bench-marking of Human Resource in comparison with Indian Public Health Standards (IPHS) 2012/2022. Designation mapping, comparing with existing norms, computation of norms, additional strength required and cost implications computed.
- 04** Third Advisory Committee meeting held in March 2022 under the chair of Additional Chief Secretary (ACS) - DoPH&FW, GoMP. Senior Leadership from GoMP and IHAT/UoM participated in the meeting and provided guidance to the Innovation Hub.
- 05** Coordinated with AIGGPA (Atal Bihari Vajpayee Institute of Good Governance and Policy Analysis)-GoMP & Maternal Health Task Force (Chaired by Honorable Chief Minister) and facilitated to share initial findings of the global study “Exemplars in Maternal & Newborn”. The Maternal Health Taskforce appreciated the work of “Exemplars”.
- 06** Supported the LaQshya assessment of 4 Public Health Facilities in the Shajapur district and prepared for national assessment.

Project MANCH

MADHYA PRADESH

OBJECTIVES

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



GEOGRAPHY

Shahdol District, Madhya Pradesh

Key Highlights

01

Project MANCH was launched in September 2021 by Dr Prabhuram Choudhary, the Honourable Health Minister of Madhya Pradesh, in the presence of Senior leadership from the Directorate of Health Services, National Health Mission, India Health Action Trust, HCL Foundation, India Country Director Institute of Global Public Health.





02

Project staff recruitment was completed, followed by induction and orientation to the project. And training of the field staff has been completed and deployed to respective location at Shahdol-Madhya Pradesh.

03

Mini skill labs (MSL) were established in District Hospital Shahdol, Community Health Centre Jaisingnagar, and Community Health Centre Gohparu. Mini Skill Labs were equipped with Birthing and Postpartum Haemorrhage simulator (Mama Natalie), Newborn Resuscitation trainer (Neo Natalie), Preterm baby trainer (Premie Natalie), Haemoglobinometer (Sahli's), Baby Weighing Scale, Contraceptive method charts etc.



04

Baseline survey (Community & Facility) was completed and the results were shared with the District Health Authority.

05

ASHA Supervisor Mentors attended the Village Health Sanitation and Nutrition Days (VHSND) as part of the community intervention package. Approximately 533 VHSNDs have been observed by, ASMs and major findings of VHSND data analysis were shared with Shahdol District Health Authorities for correct actions.

06

The ANMs were provided with Digital ANC Kit to improve the quality of ANC services and High risk pregnancy identification & tracking in the tribal area.

07

Support was provided in organising "Swasth Melas" in March 2022 in the various health facilities of District Shahdol.

HIV/AIDS

KARNATAKA
TECHNICAL
SUPPORT UNIT

OBJECTIVES

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



GEOGRAPHY

KA TSU supported KSAPS and the implementation partners in all the 30 districts of Karnataka. It supported 76 TI programs and 9 Link Worker Scheme (LWS) units through the NGO/CBO partners in Karnataka with the support of KSAPS.

Reach



101244

FSWs



36765

MSMs



3870

TGs



987

PWIDs



74356

Truckers



152007

Migrants

FSW: Female Sex Workers; MSM: Male who have Sex with men; TG: Transgender; PWID: People Who Inject Drugs



KEY HIGHLIGHTS

01

Provision of STI services

With the aim to support KSAPS in expanding access to services, quality control/assurance and monitoring, STI services were extended to the FSWs and MSMs through clinics.

- 320322 cases of clinic done for FSWs and 99234 cases of clinic done for MSMs
- 2676 FSWs and 230 MSMs diagnosed with STI and treatment provided
- 11114 cases of clinic done for TGs and 27 STI cases detected and treated
- 51895 cases of syphilis screening done for MSMs; among which 26 were found positive and were treated
- 166964 cases of syphilis screening done for FSWs; among which 35 were found positive and were treated

02

Referral Linkages

- 71 FSWs tested HIV positive; out of which 70 FSWs were linked to ART
- 109 MSMs were detected HIV positive; out of which, 104 were linked to ART
- 9 TGs were detected HIV positive and were linked to ART
- One PWID was detected HIV positive and was linked to ART
- 40 Migrants were detected HIV positive; out of which, 29 were linked to ART
- 10 Truckers were detected HIV positive; out of which 9 were linked to ART

DAPCUs facilitated smooth operations related to regular medical check-up (RMC), HIV testing (CBS), and syphilis screening.

HIV testing among different typology: FSW-87%, MSM-76%, TG-128%, PWID-124%, Migrant-101% and Trucker-91% was achieved during April-2021 to March-2022.

03

Strategic Planning

KA TSU was involved actively in the p-MPSE process. KA TSU led the process of forming State Steering Committee under the chairmanship of Project Director and State Working Group under the chairmanship of Additional Project Director, KSAPS. Training of TI PM, Counsellors and M&E was completed. DAPCU sensitization was facilitated by KA TSU team.

04

Capacity Building

Program Officers (PO) conducted 795 sessions for TI staff during their field visits from April '21 to March '22. 1999 staff, including Program Managers, Counsellors, M&E Accountants and Outreach Workers were trained in TI revamping strategies. 2862 Peer Educators (PE) were trained on topics like strengthening Outreach activities and Prioritisation tool, etc.



05

Social Protection and Empowerment

KA TSU facilitated the smooth functioning of 'Single window model for Social Protection' model led by District AIDS Prevention and Control Unit. This aimed to facilitate one-point access of benefits of various existing government and welfare schemes to all the eligible vulnerable groups for the most-at-risk population, People Living with HIV (PLHIV) and their children. KA TSU built the capacities of its TI partners to implement the social protection and empowerment intervention.

- 3023 community members received Aadhaar card
- 1957 community members received PAN cards
- 985 community members received BPL/APL cards
- 43 community members opted for the Antyodaya scheme
- 1919 bank accounts have been opened by the HRGs
- 214 community members received old age pension
- 510 community members received widow pension

06

Link Workers Scheme

KA TSU supported KSAPS/NACO in implementing the Link Worker Scheme in nine districts of Karnataka, covering 100 villages in each district. Support was provided to the implementing partners in reaching out to KPs and vulnerable men and women in rural areas with information, knowledge, skills on HIV/STI prevention and risk reduction. KA TSU conducted need assessment, capacity building of link workers, AWW and ASHAs and supported the TIs in liaising with the line departments. During April 2021 to March 2022, total 14115 FSWs, 1497 MSMs, 50 TGs, 17683 Migrants, 11085 Truckers, 64818 other vulnerable populations, 1421 TB cases, 25219 ANCs and 8578 PLHIV were covered under the nine LWS programs.

07

Employer Lead Model

Under the Employer Led Model (ELM) approach, HIV/AIDS awareness, training, and HIV screening facilities were provided to the migrant population associated with industries. KA TSU supported KSAPS in covering 74 Industries under ELM and signed 16 MoUs with other industries.



HIV/AIDS

OBJECTIVE

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



GEOGRAPHY

The Delhi Technical Support Unit (DL TSU) supported 73 TI programs through NGO/CBO partners in 11 districts of National Capital Territory of Delhi with the support of DSACS.

Reach



55251

FSWs



19010

MSMs



10204

TGs



11781

PWIDs



41256*

Truckers



240795*

Migrants

* Reach for bridge population is average reach per quarter in FY 21-22



KEY HIGHLIGHTS

01

Network Operator Approach

DL TSU continued to support the TIs in the implementation of the Network Operator Approach to increase the coverage of FSWs, who operate through Network Operators (NWOs), including pimps, madams, local vendors, clients and auto drivers for example, apart from geographical hotspot based solicitation. Through this approach, the NWOs were sensitised and motivated to facilitate the FSWs associated with them to take up HIV prevention, treatment and care services.

- 2802 NWOs were listed through network mapping
- 2747 NWOs were reached
- 38273 FSWs were associated with these NWOs
- 2089 NWOs were reached on an average per month by TI

02

HIV Intervention in spas and massage parlours

DL TSU supported DSACS in reaching out to FSWs and MSMs working in spas and massage parlours and involved in sex work. The managers and owners of spas/massage parlours were sensitised towards the HIV risks associated with the target group and the need for timely intervention.

- 892 spas/massage parlors were listed; out of which 864 were female high risk groups (HRGs) based Spas and 28 were MSM based Spas. The TIs reached to 806 Massage Parlors/Spas.
- 15 FSWs were identified as PLHIV in FY 2021-22 and the cumulative number of PLHIV identified reached to 109 out of which 81 are MSM and rest are FSWs.
- 7583 HRGs were associated with the registered spas under the TI project; out of which, 6690 HRG were active with TI including both MSM and FSW based spas.

03

Virtual Intervention

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

- 449 websites/applications were listed
- 1847 KPs were active under TIs through these platforms
- 965 KPs were screened for HIV; 4 were found HIV positive and linked to ART

04

Dera Intervention

The Guru Chela system in Dera/Gharana have strict rules and regulations, particularly on refraining from sexual practices. However, it was found that most of the Dera community members were sexually active, but did not disclose it. Moreover, they did not have access to information and services to engage in safe sex practices. They were at a risk of contracting HIV and other sexually infectious diseases. To address this gap, the Dera intervention was initiated;

wherein sensitization programs with the Gurus were conducted, alongwith apprising the TG community on HIV prevention, care and treatment services in Delhi.

- Total 148 Deras were identified. 54 new Deras were identified in FY 21-22
- 139 Deras were reached by TI
- 118 Dera Gurus were sensitized
- 4018 TGs working in Deras were identified
- 3171 TGs were reached
- 11 TGs tested positive for HIV and are on to ART

05

Bio-metric based OST dispensing

DSACS and DL TSU, with support of YRG care, initiated bio-metric based Opioid Substitution Therapy (OST) dispensing to all registered OST clients at Chandni Chowk OST centre. It has helped to track OST clients on daily basis and avoid duplication of OST drug dispensing. 1780 PWIDs were active and taking OST from the all eight functional OST centre.

06

HIV treatment and services at Prison and Short Stay Homes

Prison intervention was carried out in Tihar jail to provide HIV screening/testing, ART treatment and OST services for the inmates. HIV/AIDS awareness activities, counselling and HIV screening were carried out for the inmates of Swadher Grehs/short stay homes also. CBS was initiated at Tihar Jail and Swadhar Greh.

- Total inmates tested for HIV 8107
- 138 inmates were found HIV positive

07

Employer Led Model

Under the Employer Led Model (ELM) approach, HIV/AIDS awareness, training, and HIV screening facilities were provided to the highly mobile migrant population associated with industries. DL TSU partnered with Associations of Small Scale Industries to provide awareness, training and HIV screening services to the unorganized workers linked with the associations.

Under ELM in FY 21-22

- Implementation of ELM in 36 industries; signing of MoUs with 9 newly identified industries
- Total 3601 workers were tested for HIV; out of which 5 were found positive and are on ART

08

Tuberculosis Screening

Tuberculosis (TB) screening was initiated at the TI level. The TI staff was trained for screening the KPs and the suspected cases were referred to the TB centre for further service uptake.



43509

FSWs



13128

MSMs



7422

TGs



9201

PWIDs



17778*

Truckers



117321*

Migrants

**Total number of truckers and migrants screened (four times) for TB during FY 2021-22 Clinic*

09

Community Based Screening

Community Based Screening (CBS) has been one of the most successful strategies in order to reach out to the hidden KPs with services as per their convenient time and place. This was achieved by linking the TI with nearby Standalone-ICTC for logistics arrangement, monitoring and supervision of CBS.

Total no of screening through CBS camps



61579

FSWs



21742

MSMs



10306

TGs



14215

PWIDs



5983

Truckers



39662

Migrants

Financial Section

INDIA HEALTH ACTION TRUST (IHAT)

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

Balance sheet - Consolidated

Particulars	Note No	Total	Total
		As at	As at
		31st March, 2022	31st March, 2021
		(Rupees)	(Rupees)
I. LIABILITIES			
Capital Fund	1	26,84,67,639.62	23,25,72,771.69
Grant Received In Advance	2	9,86,08,035.70	8,44,60,355.37
Capital Reserve A/C		6,09,23,267.03	5,47,08,239.01
Current Liabilities			
Current Liabilities & Payables	3	5,22,55,099.70	4,15,95,613.67
TOTAL LIABILITIES		48,02,54,042.05	41,33,36,979.74
II. ASSETS			
Non-Current Assets			
Fixed assets	4	6,16,14,275.03	5,47,08,239.01
Long term loans and advances	5	92,45,725.00	75,74,472.00
Current Assets			
Grant Receivable	6	1,64,71,172.00	-
Cash And Cash Equivalents	7	35,30,01,762.38	33,44,53,917.48
Short-Term Loans And Advances	8	2,80,67,875.23	80,08,491.14
Other Current Assets	9	1,18,53,232.41	85,91,860.11
TOTAL ASSETS		48,02,54,042.05	41,33,36,979.74

Significant Accounting Policies and Notes on Accounts

14

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

Per Report of Date

For India Health Action Trust



N. Suresh
Chartered Accountant
MM No. 023866
UDIN: 22023866 ASAP 203545




Shajy K Isac
Managing Trustee



Govinda Raju
Director Finance



Place : Bangalore

Date : 08/09/2022

INDIA HEALTH ACTION TRUST (IHAT)

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

Statement of Income and Expenditure - Consolidated

Particulars	Note No	Total	Total
		For the year ended	For the year ended
		31st March, 2022	31st March, 2021
		(Rupees)	(Rupees)
INCOME	10		
Grant Utilized		86,73,75,901.73	87,91,06,490.11
Other Income		1,26,44,429.00	1,42,45,154.00
Total Revenue		88,00,20,330.73	89,33,51,644.11
EXPENSES			
Project & Other Expenses	11	78,04,44,532.62	78,76,46,457.61
Employee Benefit Expenses	12	3,31,51,219.98	3,02,07,873.00
Financial Costs	13	1,18,728.14	83,118.96
Depreciation & Amortization Expenses	4	1,80,46,121.98	1,19,58,718.55
Total Expenses		83,17,60,602.72	82,98,96,168.12
Excess of Income over Expenditure		4,82,59,728.01	6,34,55,475.99
Add: Exceptional/Extraordinary Items		-	-
Excess of Income over Expenditure transferred to Capital Fund Account		4,82,59,728.01	6,34,55,475.99

Significant Accounting Policies and Notes on Accounts 14

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

Per Report of Date

For India Health Action Trust



N. Suresh
Chartered Accountant
MM No. 023866
UDIN: 02023866 ASAPTU3545.



Place : Bangalore
Date : 08/09/2022



Shajy K Isac
Managing Trustee



Govinda Raju
Director Finance



Contact Details

Registered Office

India Health Action Trust
No.8, "VK Commerce",
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KSSIDC Industrial Estate, Rajajinagar,
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Branch Office – Delhi

India Health Action Trust
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+91-11-49404721

Program Offices

Uttar Pradesh Technical Support Unit

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404, 4th Floor,
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Delhi Technical Support Unit

India Health Action Trust,
No. 11-12, 1st Floor,
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Karnataka Technical Support Unit

India Health Action Trust
Karnataka Technical Support Unit
Karnataka State AIDS Prevention Society,
Department of Health & Family Welfare,
Arogya Soudha, 4th Floor, Leprosy Hospital
Premises, 1st Cross, Magadi Road.
Bengaluru – 560 023

Madhya Pradesh Innovation Hub

India Health Action Trust
Co-located at 6th Floor,
Directorate of Health Services
(DHS),
Satpura Bhawan,
Bhim Nagar Slums, Arera Hills,
Bhopal – 462004
Madhya Pradesh, India

Project MANCH

India Health Action Trust
Plot no.708/3/2, House no. 368,
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Shahdol - 484001
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