



# PAHAL

QUARTERLY NEWSLETTER BY UP-TSU

## HAPPY NEW YEAR 2020



### About UP-TSU

Uttar Pradesh Technical Support Unit (UP-TSU) was established in 2013 under a Memorandum of Cooperation signed between Government of Uttar Pradesh (GoUP) and Bill & Melinda Gates Foundation (BMGF) to strengthen the Reproductive, Maternal, Newborn, Child, and Adolescence health (RMNCH+A) and nutrition. University of Manitoba's India-based partner, the India Health Action Trust (IHAT) is the lead implementing organization.

UP-TSU provides technical and managerial support to GoUP at various levels of the health system and that includes maternal, new born, child health, nutrition and family planning. UP-TSU also supports the GoUP at the state level in policy formulation, planning, budgeting, human resource management, monitoring, contracting, procurement, and logistics to improve healthcare throughout the state.

### IN THIS ISSUE

pg | 02

Family Planning

pg | 03 & 04

MNCH

pg | 05

Nutrition Project

pg | 08

Monitoring & Evaluation

pg | 07 & 08

Systems

**Your suggestions, innovative ideas and feedback are invaluable to the success of our program.**

**Write to us at [iec.uptsu@ihat.in](mailto:iec.uptsu@ihat.in)**

### A NOTE BY EXECUTIVE DIRECTOR

Dear Friends,

On the onset, I take this opportunity to wish you all a Very Happy New Year!

With this 4th edition of PAHAL, it's now been a year that we have been sharing the initiatives being taken by GoUP for enlarging the scope and quality of interventions in the area of RMNCH+A and Nutrition on quarterly basis.

In year 2019, many of the NHM UP initiatives were appreciated at the 6th National Summit on "Good and Replicable Practices and Innovations in Public Healthcare System in India" at Gandhinagar, Gujarat. Especially the UP-TSU supported ASHA Payment App and Buddy-Buddy Strategy for activation of FRUs were appreciated for providing solutions to few critical issues.

In this edition, we have shared various examples of the data driven design of our approach to solutions like improving access of HRP women to quality Intrapartum care and Strengthening continuity of care for the new born by fostering evidence based revisions of the HBNC guidelines, legal indemnity for the doctors, data rationalization etc. There is much more to do and I am sure we together will reach the targets we set for ourself.

We hope you will enjoy reading this edition. We thank all those who are contributing and sharing their inputs for making PAHAL a success. I thank each and every one for the wonderful interactions we have had and congratulate all for the achievements during 2019 and hope that together in 2020, we are able to make significant progress in our efforts for improving maternal and child health in the state.

I once again wish you all a Very Happy 2020

(Dr. Vasanthakumar N.)  
Executive Director



## Key Successes of Family Planning in UP - 2019



Family planning can avert 32% maternal deaths & 10% infant deaths. This for the state of Uttar Pradesh translates to preventing approx. 4,190 maternal deaths (out of 13,094 maternal deaths) and 24,855 infant deaths (out of 2,50,000 infant deaths). That's why Family Planning programme changed the narrative of primarily focusing on permanent methods with minimal or no counseling to temporary methods and Healthy Timing and Spacing of Pregnancies (HTSP).

### Expanding the Basket of choice and Ensuring supply

- » 2 new contraceptives - Antara and Chhaya were launched in 2,598 facilities from DH and Medical Colleges to Sub Centres.
- » 4.3 lakh Antara doses were administered with 65%-70% continuing to 2nd injection and 55%-60% to 3rd dose.
- » 8.6 lakh cycles of Chhaya pills distributed since launch (up to November 2019, as per HMIS)

### Ensuring availability of FP Commodities

- » FP LMIS (Family Planning Logistics Management Information system) was rolled out in 75 districts of UP. More than 4,000 participants and 1,63,000 FLWs were trained on FP LMIS.
- » 94 warehouses and approximately 3,760 facilities with more than 87% of facilities were operationalized. (Source: FP LMIS web portal, up till 16th December 2019)

### Building Provider competency

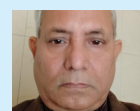
- » Minilap training and mentoring of MBBS doctors has been initiated to augment the resource pool of providers. 4 MBBS doctors in 1 batch received Minilap induction training and 43 Minilap trained MBBS doctors of 16 districts were mentored by proficient providers (Source: Program data, up till October 2019).
- » Similarly Skilled Birth Attendant (SBA) Training of AYUSH providers was initiated in the 8 aspirational districts in which 81 female AYUSH providers were trained. After the SBA training the doctors will be eligible for Post-partum IUCD (PPIUCD) trainings.

### Engaging men as equal partners

- » During the year 206 master trainers, 247 RMNCH+A counselors and 1,33,909 ASHAs were trained on Post-Pregnancy Family Planning (PPFP) and HTSP to assist clients to make informed choices from all the available options.
- » A Pilot was launched to engage male members of VHSC as FP mentors to enhance men's participation in FP in 7 high fertility districts. A positive trend in the acceptance for limiting methods for men, led to the scaling up of the Pilot initiative to 4 districts in UP.

### A new Perspective

Antara Focus Day is one of the many innovations that were tried by UP-TSU to advance the uptake of Antara contraceptives in the community. GoUP institutionalized the strategy by designating a special spacing day named as 'Antaraal Diwas' across the state. 48% of total Antara doses were administered between December, 2018 & March, 2019 during focus days. (Source: program monitoring & HMIS data).



With the introduction of new contraceptives Antara and Chhaya at block and below block level facilities will help in reducing unmet need for spacing and will provide an impetus to the endeavors for increasing modern contraceptive usage thereby ensuring access to quality reproductive health care.

Dr Badri Vishal, Director - FP, DoFW



State level orientation of FP logistic managers



RMNCH+A counsellors during the training session



Hands on SBA Training of AYUSH providers

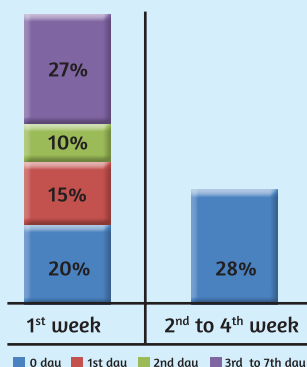


Frontline workers in conversation during cluster meeting in district Mirzapur

<sup>1</sup> As per a study in Lancet- Family Planning: The Unfinished agenda, Cleland J, Bernstein S, Ezeh A, Faundes A, Glasier A, Innis J - Lancet. 2006 Nov 18;368(9549):1810-27)

## Strengthening continuity of care for the new born

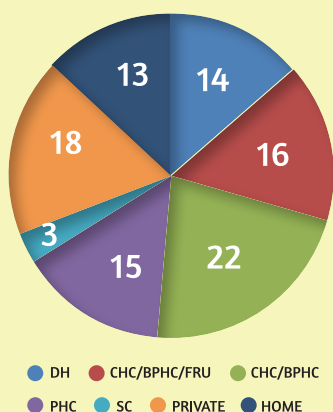
Fig.1 : New born deaths at home within 28 days of birth



Child Death Review data of UP-TSU - 2019

Community Process Intervention team of UP-TSU carried out qualitative discussions with Community Health Workers (ASHAs), district & block level officers to look for solutions. Technical experts suggested modifying the existing HBNC operational guidelines. GoUP issued revised Home Based New Born Care (HBNC) guidelines.

Fig.2: Place of delivery of SAPW



Labour Room Gap Assessment Tool was used to assess the basic infrastructure and availability of supplies and drugs especially in the labour room and the pre/post-natal wards.

## Key Achievements – Community Process (2019)



Substantial improvement in coverage of pregnancy registration from 71% (2014) to 95.5% (2019)



Massive improvement in receiving any ANC services increased from 49.4% in 2014 to 89.7% in 2019



Minimum 4 ANC almost quadruple from 2014 (8.5%) to 2019 (31.8%)



Significant improvement in public facility delivery from 51% (2014) to 60.6% in 2019



Major increment in ASHA visit within 24 hrs from 15.8% to 43.7% & within 1st week of delivery from 30.7% to 73.3% from 2014 to 2019 respectively



A noteworthy change observed in HBNC care as 56.9% of mothers do not apply anything on cord in 2019 which was recorded 33.5% in 2014

UP TSU Evaluation survey done By X MLE by adopting Quasi-experimental evaluation design responsive to evolve implementation strategy and Impact evaluation catering to assess attribution of phase 2 intervention as well as incremental contribution of Phase 1 (2014) and 2 (2019)

### The highlights of the revised HBNC guidelines are:

- » Mandatory visit by ASHA to each new-born within 24 hours of returning to the community.
- » Mandatory visit within 24 hours by the ASHA to a new-born after returning from Sick and New-born Care Unit (SNCU)/New-born Stabilization Unit (NBSU) followed by 7 days continuous visits.
- » ASHA incentive of Rs.250 to be divided into two parts. Rs.150 will be paid after completion of 3 visits (within 24 hrs, 3rd and 7th day) and the remaining Rs.100 will be paid after completing remaining visits (day 14, 21, 28, & 42).

## Ensuring access to quality delivery for High Risk Pregnant (HRP) Women

A retrospective study on, "Journey of 181 severe anaemic pregnant women around Ante Natal Care and Post Natal Care" was conducted by the UP-TSU outreach team. The study showed gaps in coverage, utilization and delivery pattern. UP-TSU reviewed guidelines for ambulance to take all pregnant women (PW) to the nearest facilities for the delivery and advocated that all HRP women should be taken directly to L3 facilities (DH/FRU) as they are equipped to manage complications during delivery (C-Section/Blood transfusion). GoUP released the modified HRP guidelines.

## Lessons from cross-learning exercise

During September 2019, team visited 25 HPDs of UP and observed 159 clients who were in different stages of labour. A Labour room gap assessment tool was used to assess the labour rooms. Following actions have been taken on the gaps identified through this process;

### NHM-UP issued directives in 75 districts for establishing

- » Triage in Labour room as per LaQshya Standard Operating Procedures as pregnant women in Labour were being admitted without assessment.
- » Step down/post delivery room for purpose of 4th stage monitoring of all women and new born who had just been delivered.
- » Procurement and availability of the equipment essential in the Labour Room e.g. thermometers, foetal Doppler, Blood Pressure BP apparatus, AMBU Bag with mask etc.

In addition, 10 poor performing high priority facilities from the 25 HPDs were identified. A Labour Room Practices Monitoring Chart was designed to serve as a reminder of the 5 clinical competencies. 10 WhatsApp groups have been formed with staff nurses (SN), Doctors, Medical Officer In-charge (MOICs), Nurse Mentors (NMs), District Technical Specialists (DTS), Zonal Technical Specialists (ZTS) and State specialists. A state nodal officer supports the group. The SNs fill the chart in duty hours and share a picture of it daily.





## Nurse Educator: A Powerful Cadre of the Child Health Intervention in UP

More than 25% deaths of children under the age of 5 years (U5) occur in the state of (UP). Unless reductions are accelerated, UP is anticipated to miss target 3.2 of the Sustainable Development Goals (SDG) which aims to reduce neonatal mortality (NMR) to <12 and U5MR to 25 per 1000 live births by 2030. Pneumonia and diarrhoea account for half of all U5 mortality in UP. Thus the objective of the Child Health intervention is early identification and treatment of vulnerable children by frontline workers (FLWs), and improvement of the care pathways for in-patient services and referral processes for sick children in 25 HPDs of UP.

In 2017, UP-TSU instituted a cadre of Nurse Educators (NEs) with Master's Degree in Nursing, for the implementation of the Child Health Program. Their core responsibility is to strengthen the in-patient, out-patient and emergency paediatric departments which are in the District Combined/ Male Hospital. They also strengthen other paediatric care spaces including the Paediatric Intensive Care Unit (PICU) and the Nutritional Rehabilitation Centres (NRCs).

## Key achievements MNCH/Facility Interventions

UP-TSU undertakes a periodic survey known as RFS (Rolling Facility Survey). It measures the knowledge, skills, and practices of staff nurses/ANM in providing quality delivery and immediate postpartum care as per the protocol. Till date, four rounds of RFS have been conducted.

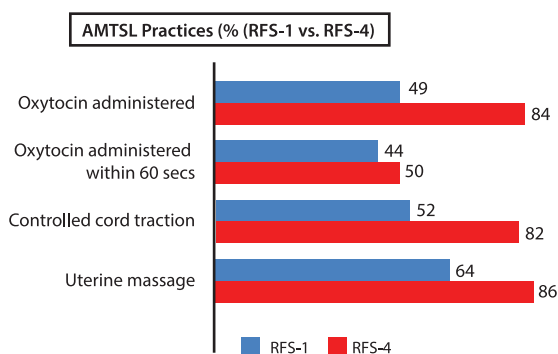


Figure 1: AMTSL practices in BEmONC facilities (Source: Rolling Facility Survey (RFS-1, 2015, RFS-4, 2019))

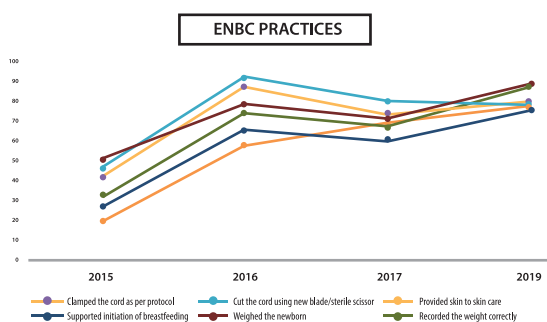


Figure 2: Essential newborn care practices in TSU facilities (Source: Rolling Facility Survey (RFS-1, 2015, RFS-4, 2019))

(i) There has been a significant increase in the administration of oxytocin from 49% in RFS-1 to 84 % in RFS-4 (Fig 1). It also depicts improvements in the practice of controlled cord traction from 52% in RFS-1 to 82% in RFS-4 and uterine massage from 64% in RFS-1 to 86% in RFS-4.

(ii) Essential New Born Care: significant improvement has been observed in the providers' practices related to new born care in facilities supported by the nurse mentors in both the RFS. As shown in (Figure 2), timely initiation of breastfeeding has increased, improvements are observed in provision of skin to skin care and cord clamping as per protocol. The practice of weighing newborns has also increased significantly. The practice of cutting the cord of the newborn using new blade or sterile scissors has increased significantly.

UP-TSU through its Child Health Program has been helping the government in improving the quality of services, especially in-patient services, for sick children at public health facilities; the identification and treatment of vulnerable children with pneumonia and diarrhoea by frontline workers (FLWs); Improving the care pathways and referral processes for sick children in 25 HPDs of UP.

## Testimonials: Recognizing Strength, Skills and Efforts of NEs:

"The DNE used to come here regularly for triage, he worked hard with his senior ZCHC to start triage here."  
(Paediatrician, District Combined Hospital, Sravasti)

"This stamping on the OPD register intervention was started by Madam [District Nurse Educator]. Earlier we used to write estimated numbers of every disease, now with this intervention, we daily count patients and at the end of the day put the stamp and write actual numbers. This is really helpful for recording purposes, now it is easy to count how many cases are pneumonia and diarrhoea. All data is calculated and compiled, and at a glance we get to know the child disease prevalence and report it to Lucknow".  
(Paediatrician, District Hospital, Sitapur)

## Update on FRU Activation in UP

### Legal Indemnity Scheme for LSAS and CEmONC trained MBBS doctors

To make the task shifting from specialist doctors to EmOC-LSAS trained MBBS doctors more effective, GoUP has taken a further step by initiating an indemnity scheme for doctors doing C-section in government health facilities.

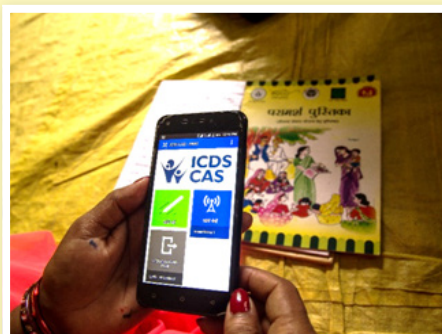
As per the guidelines released on 6th Nov 2019, the objective of the Caesarean Section Indemnity Scheme (CSIS) is to indemnify legal claims passed by a court of law against MBBS doctors performing C-sections and consequent other emergency obstetric care procedures in the public health facilities. This is based on the training and certificate issued by Government of India approved Emergency Obstetric Care (EmOC) and Life Saving Anaesthesia Skills (LSAS) program courses. This law protects MBBS doctors in the unlikely events of death of the mother following Caesarian Section operative procedure.

## Key Achievements – Nutrition (2019)

The nutrition project of UP-TSU primarily supported the Government in roll-out of Poshan Abhiyaan in Uttar Pradesh, in the year 2019. The major components under Poshan Abhiyaan are Common Application Software (CAS), Incremental Learning Approach (ILA) Training, Community Based Events (CBEs) and Jan Andolan (Suposhan Swasthya Mela - SSM).

The field level worker of the nutrition project, "Poshan Sakhi" supported the ICDS functionaries (CDPO, Mukhya Sevika & Anganwadi Worker) in ensuring timely and quality roll-out of the activities under Poshan Abhiyaan by providing:

- Training and onsite support to the AWWs in operating CAS on mobile phones
- Building capacity of the AWWs through better content delivery in ILA trainings and
- Mentoring the AWWs for providing effective and need-based counseling to the target beneficiaries at various platforms like Godbharai, Annaprashan Diwas and Suposhan Swasthya Mela etc.



Significant progress in home visits conducted by AWWs, through CAS in 17 districts of UP, from 22% in April 19 to 68% in Dec 19



Capacity building of 2, 28,499 AWWs by facilitating 7760 batches of ILA training at sector level in 25 districts of UP, from April 19 to Nov 19



Supported AWWs in conducting 20,363 CBEs in 25 districts of UP, from Jan 19 to Nov 19.



Supported AWWs in conducting 3,272 SSM in 25 districts of UP, from April 19 to Nov 19.

IFA Calendar is a reminder tool and is part of a set of critical interventions, implemented by UP-TSU in six selected sub centers of Behta, to assess its impact on the maternal receipts and consumption of IFA tablets during pregnancy.

## IFA Calendar: Improving adherence to IFA Supplementation in Pregnancy

Pinky Devi, from Nawapurva, Behta, Sitapur, is delighted to have delivered a 3.5 kg baby in August 2019. The baby is growing up well compared to his older siblings who were underweight at birth and often fell sick. According to Pinky, the difference in the health of the younger and older children is because she consumed 360 IFA tablets along with nutritious food while she was pregnant with the younger child. Whereas in her earlier two pregnancies, she did not consume IFA tablets because of its bad taste and her forgetfulness.

However, due to the availability of IFA calendar in her house and relentless support from Rajkumari didi (AWW), Rekha didi (ASHA) and Laxmi didi (Poshan Sakhi), she could overcome her forgetfulness and consumed IFA tablets regularly in her last pregnancy. Pinky recalls that she was found to be anemic with hemoglobin level at 9.4 mg/dl (normal range 11mg/dl) during ANC checkup at VHND. ANM gave her 180 IFA tablets and suggested to have 2 tablets per day with lemon water for six months and eat nutritious food to have a healthy child.



Pinky Devi with her baby "Akash" and Rajkumari Devi, AWW, Behta, Sitapur

In a Poshan baithak, she received the IFA calendar and learnt of the adverse effects of anemia on mother and child through the stories of Rupa and Meera which convinced her to consume IFA tablets. By the 3rd ANC check-up, Pinky's haemoglobin level increased to 10.8mg/dl. Today Pinky Devi has become a RUPA for the women in her village. She attends all the poshan baithak regularly and explains pregnant women about the benefits of consuming IFA tablets and usefulness of the calendar.

"I usually tend to forget things because of my busy schedule. But in my last pregnancy, I didn't miss a single dose because Rupa (from the story cards) in the calendar, together with my family members kept reminding me to eat IFA tablets every day. In addition to this, the pocket in the calendar was very convenient, as I could keep all my IFA tablets in one place without getting them misplaced" – Pinky Devi.



### Salient Features of the Calendar

- Acts as a **Reminder Tool**
- Has a pocket for **Storage** of IFA tablets
- Helps in **Tracking** consumption of IFA tablets through stickers
- Has Space for **Capturing** data (HB level, IFA distribution etc.)





## Data Rationalisation – Refining the data landscape of UPHMIS

Uttar Pradesh Health Management Information System (UPHMIS) has served as an integrated portal for all data sources in UP since 2017. Since its inception, the chief concern of Programme Managers working with UPHMIS has been to ensure the data quality of critical health indicators. Despite five rounds of data quality audit by M&E, UP-TSU (Jan, '18 to Jan, '19), enhancing overall quality of UPHMIS has remained a challenge.

Probing into the reasons behind the same, it was realised that facility staff were encumbered with the task of filling a large number of data elements each month and unable to do justice to all of them. The situation mandated an introspection. Changing programmatic needs and inability to utilise all data elements in programmatic review and decision-making coupled with minimal improvement in the quality of these tangential data elements pushed the decision in favour of refining the data landscape within UPHMIS.

In June, 2019, the initial steps towards rationalisation were taken by UP-TSU. Under the leadership of Mission Director (MD), National Health Mission (NHM), multiple rounds of discussion were held with different stakeholders including the concerned General Managers (GMs), NHM and UP Health Directorate. During this process, over a third of the data elements were removed. Among those retained, some would be uploaded onto UPHMIS from its auxiliary portals, while others would be given to the facility staff for direct data entry. The change was implemented from October, 2019 and it is hoped that the reduced burden on staff will result in a concomitant improvement in quality of the retained elements.

“Over a passage of time, as we increased our engagement with UPHMIS, we realised that not all data elements were required at this point of time. Thus, we embarked on the process of data rationalisation to provide relevant data elements that cater to programme need. I propose that the data elements in UPHMIS should be regularly reviewed to assess their usability and relevance, so that the system can adapt and grow, along with the health care needs of the people.”

-Dr. Anamika Mishra, GM, M&E, NHM



Orientation of ANMs on HMIS and UPHMIS formats in Sitapur

## RFS +: Mapping service delivery patterns to guide the program design

In the last few years, considerable progress has been made in reducing the burden of maternal and neo-natal mortality in UP. Despite this, the goal towards meeting the targets set under the Sustainable Development Goals (SDGs) is still some way off. In order to support the GoUP as it bids to make a greater dent in both maternal and neo-natal mortality, UPTSU has redoubled its efforts.

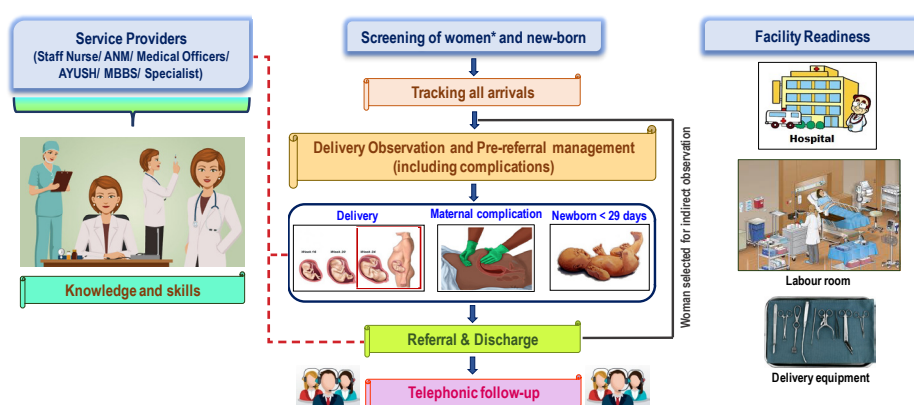
A major area of its support has been in improving the quality of delivery and post-partum care services to women and new-borns at public facilities. Better management of normal deliveries and improved identification and adequate management and/or referral of complications forms the crux of its interventions. Recognising the need to monitor the functioning and performance of programmes initiated towards meeting this goal, M&E at UP-TSU is conducting the pioneering Rolling Facility Survey Plus (RFS +). This large-scale survey seeks to map service delivery to women and newborns at secondary and tertiary level public facilities.

RFS + will be carried out in 25 HPDs of UP, covering all 24 District Hospitals and randomly selected 30 CHC-FRUs/CHCs/PHCs, from across these 25 districts. Altogether, 4,900 facility arrivals will be recruited for this study. As UP moves towards the next stage of its development and seeks to make quality of services synonymous with availability, RFS + serves as an important link in guiding programme to uphold basic delivery standards.

### Key features of RFS +

- » Mapping out the arrival pattern – both direct arrivals and referred cases
- » Tracking service delivery to women and newborns, including complication cases, throughout the continuum of care during the intra-partum and post-partum stages
- » Ascertaining the knowledge and skill quotient of providers
- » Gauging facility readiness
- » Charting the health status, outcomes and health access of both the mother and neonate till the 42nd day of delivery (tele-follow-up)

### RFS +: Flow diagram



\* MMR declined from 440 for UP/UK in 2004-'06 to 201 for UP in 2014-'16; NMR reduced from 40 in 2011 to 30 in 2013

\*ANC period - Gestation period  $\geq 24$  weeks; PNC period - Post delivery  $\leq 42$  days.

## Initiatives of NHM-UP applauded nationally



From left to right:

Dr A.P. Chaturvedi, Director- DoFW, Dr. Bidyut Sarkar, PD-UP-TSU, Dr. Umakant, DG, DoFW, Dr. Madhu, GM Planning, NHM, Mr D. C.Tripathi, State Nursing Nodal Officer, Mr. Ataurab, DGM, NHM, Mr. Rajesh Bangiya, State Nodal Officer, Dr. Usha Gangwar, GM MH, NHM



This year the Government of India organized the 6th National Summit on “Good and Replicable Practice and Innovations in Public Healthcare System in India” at Gandhinagar, Gujarat from the 16th to 18th of November, 2019. Government of UP received 1st prize (Poster presentation) for two of their initiatives viz Quality Assurance in Certificate Course in Community Health for Nurses and Hausala Saajhedaari and two other initiatives were selected for presentation and were appreciated.

01

### Quality Assurance in Certificate Course in Community Health for Nurses

NHM, UP has developed the course along with a mentoring and quality assurance model to ensure quality of the training and facilitate the training by providing various tools and modules.

02

### Hausala Saajhedaari

Giving impetus to private sector engagement for family planning services. The programme resulted in uptake of more than 7 lakh additional users of FP services (includes limiting and spacing methods) from accredited private sector hospitals in UP.

Also appreciated for their ingenuity were:

03

### The ASHA payment App

An integrated android and web based tool was created to make ASHA payment system more efficient. The system helps in addressing the delay in payments and more than 90% of ASHAs in UP are benefitting from this app. UP-TSU developed this app and supported NHM-UP in its implementation.

04

### Buddy-Buddy Initiative

Buddy initiative was selected as a best practice for its innovative approach of activating FRUs. The initiative allows trained LSAS and EmOC doctors to choose their ‘buddy’ and the facility of their choice to perform caesarian section.

## Champions of Safe Delivery

CHC Muskara in Hamirpur district became first Champion facility in the state where all the labour room Staff have become Champions in the Safe delivery App. In 2019 GoI came with an initiative of anywhere and everywhere learning through mobile application- the Safe Delivery App. It is an evidence based maternal health tool developed for training of skilled birth attendants (SBA).

Ms. Akanksha Yadav, one of the Quality Improvement Mentor took initiative and motivated all five labour room nursing staff of CHC Muskara to download the application in their mobile phones, following which they successfully completed all the modules and cleared all the assessments and became the safe delivery app champions.







Mentoring by HoD Allahabad Medical College

## Initiatives activating FRUs

Various efforts are being taken by UP-TSU for the activation of CHC-FRUs. Doctors working at Public Health Facilities are taking extra initiatives and efforts to perform C-Sections at these FRUs. As a result within a week two C-Sections were performed at CHC Powayan (Shahjahanpur). On 19 December, 11.00 p.m, CHC Powayan witnessed C-Section taking place at an odd hour. Dr Kiran (Gynaecologist) went on call to perform CS from DWH Shahjahanpur where it was done by Dr Kiran and Dr Ghanshyam (LSAS-buddy). Dr Suresh (Buddy mentor) for Dr. Ghanshyam accompanied him at CHC FRU. Within a week, the same team again performed a C-Section at CHC Powayan.

In a similar intervention, On 20 December, a team from DWH Hardoi comprising of Dr. Vrijendra (EmOC) posted at DWH Hardoi along with Dr. Vijay (Anaesthetist) performed C-Section at CHC Pihan. Both C-Sections were emergency C-Sections and hence was crucial in saving the lives of mother and child. In both the cases, CMO and CMS played a vital role in activating their district CHC FRUs by supporting their teams.



Team of FRU Powayan, Shahjahanpur

## EDITORIAL TEAM

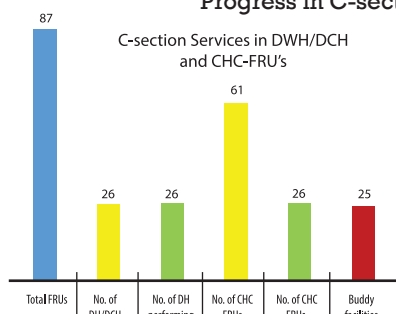
Dr. Vasanthakumar N., Executive Director  
Sandeep Srivastava, Program Director-System  
Dr Shalini Raman, Sr BCC Specialist

## COMMUNICATION TEAM

Dr Chhavi Sodhi - M&E  
Ms Divya Balyan - MNCH  
Ms Tapaswini Swain - Nutrition  
Mr Vaibhav Pathak - FP

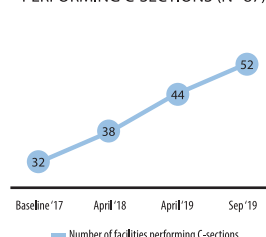
## Significant improvements in Delivery Process:

### Progress in C-section services



Note: Buddy Facilities will be activated by June 2020, leading to activation of 77 FRUs out of 87 FRUs in 25 HPDs

### PROGRESS IN NUMBER OF FRUS PERFORMING C-SECTIONS (N=87)

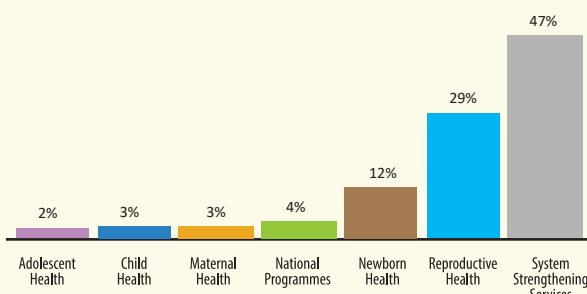


SOURCES: UPHIMS

- » 27 FRUs were giving BT in 2017 this number has increased from 27 to 37 in 2019.
- » Facilities administering Iron Sucrose has increased from 4% in 2018 to 97% in 2019.
- » 26 DHs witnessed a decrease in referred out pregnant women from 5% in 2018 to 4.1% in 2019 and similarly from 9.3 % in 2018 to 7.4 % in 2019 in 48 CHC FRUs.
- » The above impact came due to the increase in the capacity of 148 doctors who scored above 70% (Technical score) after mentoring done by faculty of 8 Medical Colleges.

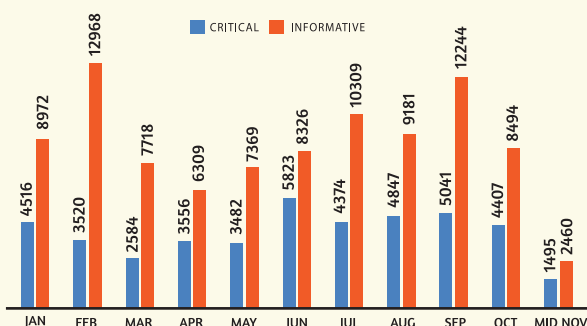
## Media Corner

This column provides a quarterly gist of RMNCHA+N trends in media. This gives us insights into the priorities of media and facilitates in understanding factors shaping coverage of health issues in media.



### Thematic Trends, RMNCHA+N in Media (Jan - Mid Nov 2019)

Total media reports - 137994



### Pitch of RMNCHA+N Reports in Media

**Critical** - Critical news report are those which shares any mishap, death case, serious medical negligence; child death in SNCU, Maternal death in the facility during pregnancy, death due to non-availability of doctors, equipment etc

**Informative/positive** - Informative/positive news are those informative reports which tell us about any happening; a new campaign has been launched, the government is going to start or update any facility, any training workshop happened, regular activities captured

Source - CFAR (Media monitoring)