Issue 3 | September 2019

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QUARTERLY NEWSLETTER BY UP-TSU

Shri Yogi Adityanath, Hon'ble Chief Minister, UP releases the report on "Suposhan Swasthya Mela" prepared by UP-TSU collectively with UNICEF and Piramal Foundation, at the launching event of National Nutrition month dated 1st Sept 2019 at Lucknow, Uttar Pradesh

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

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

Write to us at iec.uptsu@ihat.in

A NOTE BY EXECUTIVE DIRECTOR

Dear Friends,

We are pleased to bring to you the third edition of UP-TSU's quarterly newsletter "**PAHAL**". This is an endeavor to keep you updated on the latest initiatives being taken by GoUP for strengthening and bringing in innovations in arena of RMNCH+A and Nutrition in the state.

In this issue, we bring to you the highlights of the recently concluded second round of Buddy-Buddy counselling for the activation of FRUs. This issue also presents an insight into Knowledge and skills of Home-Based Newborn Care among ASHAs, a write-up on bolstering the efficiency and efficacy of the payment system for strengthening the delivery of healthcare services by ASHAs, a story on Model Anganwadi Centers demonstrating a pragmatic approach towards improving the quality of ICDS service delivery in the state and many more such news, features, community stories etc.

It is a wonderful compilation and we hope you'll enjoy reading them all. We extend our gratitude to all those who have contributed with their inputs and write-ups in making "**PAHAL**" a success. We also look forward to your feedback to improve it further. You can reach us on iec.uptsu@ihat.in

(Dr. Vasanthakumar N.)
Executive Director

Men Shouldering Responsibility for Happy Family

In a patriarchal society where a woman's decision is subject to her husband's approval, family planning is not just a woman's issue. Opposition of male partners affects their uptake of family planning services. Generally, men have been regarded as a formidable barrier to women's decision-making about fertility, contraceptive use and health care utilization[1]. But what if men become advocates for good reproductive health. It could be a promising strategy to reduce the unmet need for family planning, prevent the unintended pregnancies, foster safe motherhood, practice responsible fatherhood and stop the spread of STIs.

In 1994, at International Conference on Population and Development (ICPD), held in Cairo, the importance of women's reproductive health was recognized. In 1995 the United Nations Fourth World Conference on Women, held in Beijing, encouraged men to move towards gender equality and better reproductive health. These events paved way for emboldening policies and family planning programs to encourage men to take responsibility for their sexual behaviour and access reproductive health information and services.

According to NFHS 4 (2015-16) total modern contraceptive prevalence rate (mCPR) is 31.7% of total women in reproductive age of 15-49 years, male sterilization is 0.1%, female sterilization is 17.3% and the percentage share of condoms is 10.8% which is second preferred method after female sterilization. The reasons cited by men for not accepting sterilization are inability to work post operation, objection by the partners and apprehension of undergoing operation. As husbands play key role in choosing method of contraception, it becomes significant to educate men to dispel fear of side effects and misconceptionsthat prevent uptake of long acting reversible and permanent family planning methods.

To increase male participation in family planning, National Health Mission GoUP with technical support of UP-TSU launched a pilot intervention in seven high fertility districts viz. Bahraich, Balrampur, Gonda, LakhimpurKheri, Shrawasti, Siddharthnagar & Sitapur. The intervention focused on selection of active male members as mentors from the Village Health Sanitation Nutrition Committee (VHSNC) to act as a bridge between community and frontline workers.

Strategy of pilot intervention

- **Identification & selection of VHSNC members**
- **Capacity building of mentors**
- **Awareness generation on FP by mentors**
- **Felicitation of mentors at block and district level**

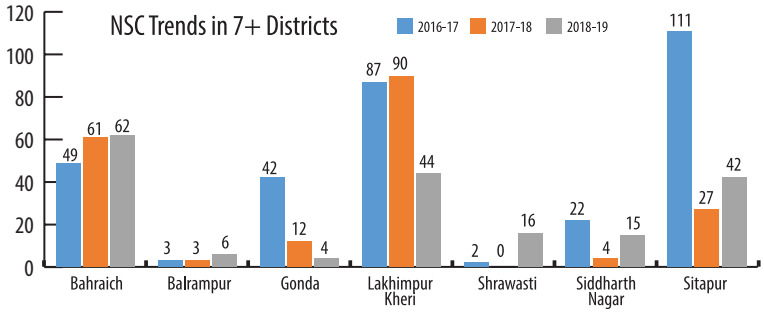
Role of FP mentor

The mentors educate people in community meetings to improve male participation; counsel non-user families and motivate them for family planning services; spread awareness amongst community about fixed day services in their village; work towards popularising Non Scalpel Vasectomy (NSV) and its benefits; and motivate males to opt for NSV and work as a depot holder for condoms.

A cascade approach for capacity building of FP mentors was adopted. Following Training of Trainers approach district nodal officers (RCH) and district program managers (DPM), 255 block-level trainers were trained. Subsequently, 5,636 VHSNC members from 92 blocks of seven districts have been trained on family planning counselling and methods.

Kuldeep Yadav,a FP mentor of Badriya village, district Lakhimpur Kheri

Outcome



In FY 2016-17 prior to the intervention there was little acceptance for NSV but in FY 2017-18 and 2018-19 the NSV acceptance increased in these districts. The result reflects enhanced male participation and also showcases positive and increasing trend in NSV. Successive to the expected outcomes of the pilot, four aspirational districts viz. Sonbhadra, Chitrakoot, Fatehpur & Chandauli have also been included in the intervention.

Case study

Kuldeep Yadav, a FP mentor of Badriya village, district Lakhimpur Kheri says that, "As FP mentor I motivate village men and Panchayat members to adopt family planning methods. Initially it was difficult to motivate men for male sterilization, but my perseverance showed positive change. Two of my acquaintances accepted NSV. I utilize every opportunity to advocate benefits of family planning. They now know 'ki chota pariwar hi sukhi pariwar hota hai'

[1]Greene ME: Changing women and avoiding men: gender stereotypes and reproductive health programmes. IDS Bull Inst Dev Stud. 2000, 31 (2): 49-59. 10.1111/j.1759-5436.2000.mp31002007.x.

Mentoring ASHAs for Improving Neonatal Health Indicators

Evaluation of Knowledge and skillsets on HBNC

India bears the highest burden of neonatal deaths occurring globally & Uttar Pradesh has the third highest Neonatal Mortality Rate after Odisha and Madhya Pradesh, with 30 neonatal deaths per 1000 live births. The state also ranks 3rd in Infant Mortality Rate with 43 infant deaths per 1000 live births.

The newborn is susceptible to infections and risks most at the time of birth and during the first few weeks of life. The major causes of deaths are infections (sepsis, pneumonia, diarrhoea and tetanus), premature birth, and birth asphyxia. Appropriate treatment given on time can save these children. The Government of India in 2011 launched the Home Based New Born Care (HBNC) Program and released guidelines to provide care to mother and newborn up to 42 days post delivery, which were further revised in 2014. According to the guidelines community-based intervention and outreach by ASHAs during home visits is an effective strategy to improve newborn health, early detection of neonatal illnesses & appropriate referral.

The Child Death Review (CDR) data of UP-TSU of 2019 reveals that 48% of new born deaths occur during the post-natal period and out of these approximately 20% are on 0 day, 15% on 1 day, 10% on 2 day, 27% during 3-7 days and 28% deaths within 8-28 days occur at home or in transit. Further the Community Behaviour Tracking Survey Round - 6 data exhibits knowledge gaps among mothers in post-natal care. Two of the practices that directly contribute to neonatal mortality reveal that 58% of the respondents reported applying cow-dung/oil/ash/powder on the cord of newborn and 41% reported bathing the newborn during the first 3 days of birth.

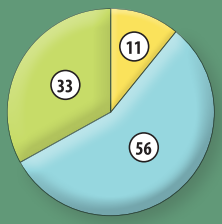
UP-TSU with their cadre of ASHA Sangini Mentors have been supporting and mentoring ASHA Sanginis and ASHAs on critical MNCH indicators. Most of the interventions of UP-TSU in 25 HPDs are focused on home-based care for early detection of complications for timely referrals to appropriate facility. To understand and assess the capacities and skill gaps of ASHAs, UP-TSU developed HBNC Skill assessment tool. The assessment was conducted from May to July 2019 in which approximately 21,182 ASHAs, 863 ASHA Sanginis, 240 ASMs participated. The skill assessment was done in the cluster meetings, followed by skills observation in the field.

The results elucidate that 66% of the ASHAs assess weight of the newborn, correctly. Around 67% measured temperature accurately. However, only 49% were able to carry out exact breath count. Nearly 56% correctly demonstrated baby wrapping, and 58% accurately counselled beneficiaries on Kangaroo Mother Care (KMC). However, the majority ASHAs, (60%) were not able to identify danger signs in newborn.

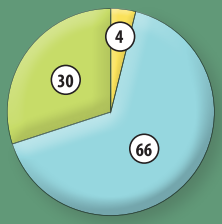
Subsequently, block-wise plans have been developed to address the knowledge and skill gaps. Block-wise plan includes: (i) on-site mentoring of ASHA Sanginis on identifying danger signs and correct use of equipment, (ii) these ASHA Sanginis are further building capacities of ASHAs in cluster meetings through capacity building module on critical indicators of MNCH, and also on seven key HBNC skills (1) Hand washing (2) Baby wrapping (3) Weighing (4) Taking temperature (5) Breath counting (6) Kangaroo Mother Care Practice (7) Danger sign identification. On an average, each month 400 cluster meetings are organized in 25 HPDs of UP for capacity building of ASHAs and ASHA Sanginis. This is followed by development of individual-plans to provide ASHA centric mentoring support by AS and ASM.

Snapshot of findings from Gonda district

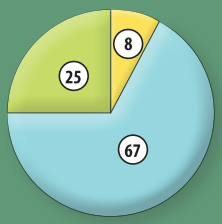
Findings of HBNC skills assessment of 812 ASHAs from Gonda District



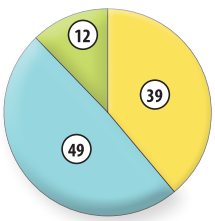
BABY WRAPPING



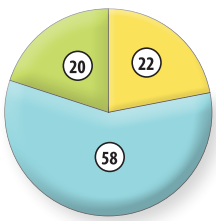
BABY WEIGHT



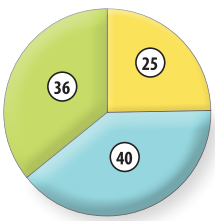
TEMPERATURE



BREATH COUNTING

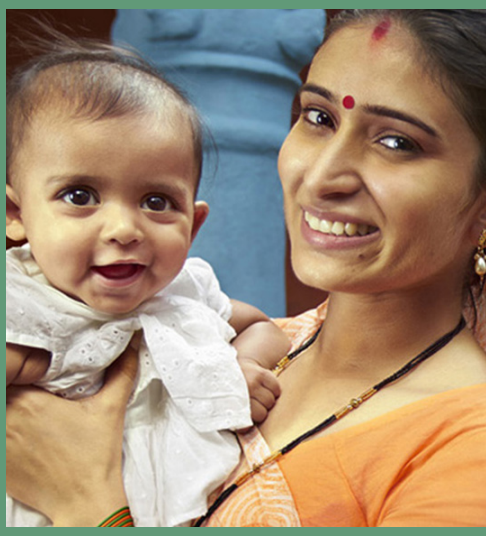


KMC



DANGER SIGNS

[i] *UNICEF, Neonatal mortality estimates, 2016, cause of neonatal deaths, South Asia.*
[ii] *SRS VOL 51 NO 1 2016*
[iii] *http://www.censusindia.gov.in/vital_statistics/SRS_Bulletins/SRS%20Bulletin%20-Sep_2017-Rate-2016.pdf*



Strengthening Referral Linkages for Reducing MMR

Every two minutes across the globe, a mother dies due to pregnancy-related complications. It is a staggering statistic, especially considering that 90% of the maternal deaths occurring in developing countries are preventable with proven, low-cost interventions[i]. Despite the numerous efforts to reduce MMR that include schemes to strengthen health infrastructure and increase institutional deliveries, a corresponding reduction in the MMR has not been achieved. Maternal death reviews from India suggest that most of the mothers who died had gone through multiple referrals before reaching the appropriate facility.[ii]

UP faces umpteen challenges in referral management. GoUP, along with UP-TSU introduced the concept of organizing monthly Vertical Integration (VI) meetings at district level to address the challenges. VI meeting is a platform where facility administration and referral related workforce of block and district level health facilities, come together to discuss both well and poorly managed cases in a non-punitive environment for cross-learning to improve referral linkages between the facilities.

In the recent past, some of the critical decisions taken by the district health administration in the VI meetings are: (I) Ensuring administration of oxygen for all severely anaemic women during referral. (Kannauj) (II) Printing of uniform referral slip and referral register for all blocks. (Kheri) (III) Telephone for all labour rooms. Catheterisation to be done for all APH cases before referral (Siddharthnagar) (IV) In case of Post Partum Haemorrhage (PPH), the patient should be referred with 2 IV lines, catheter, oxytocin and misoprostol. (Sant Kabir Nagar) (V) MOICs to ensure that all severe anaemia cases get highlighted with blood group in referral slips. History of anaemia treatment in all cases gets tracked and in case of iron sucrose administration, it must be mentioned in referral slip.

Another set of suggestions that are outcome of VI meetings and could be scaled up across the state are: (I) Purchase and use of Non-pneumatic anti-shock garment. (II) EMT managers/ representatives from ambulance services and staff nurses to participate regularly in VI meetings. (III) Phone to be placed in Labour Rooms of District Hospital and block CHC to strengthen the referral system. (IV) Proper documentation in Labour Rooms (Delivery, Referral out, Referral in Register and Referral slip). (V) Medical Officers to review and sign referral slips at the time of referral.

From November 2017 to June 2019, 185 Vertical Integration meetings have been organized in 25 HPDs; more than 600 maternal and 250 newborn cases have been discussed. The case discussions have paved way for future action plan for better referral and complication management. Average number of participants in meeting are 16 to 32 which includes Chief Medical Officer, Chief Medical Superintendent, Additional Chief Medical Officer (RCH), Medical Superintendent, Medical Officer In- Charge and other concerned officials and staff and UP-TSU district team.

[i]United Nations Population Fund, "Maternal deaths halved in 20 years, but faster progress needed," Press release, 16 May 2012 (accessed 9 September 2019)

[ii]http://mothersmonument.org/maternal-mortality/

About 730 Anganwadi Centres have been developed as Model Anganwadi Centres in 100 UP-TSU blocks of Uttar Pradesh.

Components of Model AWC

Poshan corner, Hand-washing corner, Weight and Height corner, Beneficiary coverage chart and Tracking chart of moderate and severe underweight children.

Mamta Pal, AWW, Kopwa II, Barabanki while explaining Phulmati and mothers from the community about complementary feeding by using charts

Innovative Initiatives in Districts

Poshan Vriksh in Hardoi

Poshan Vriksh painted on the walls of 240 adopted AWCs in Hardoi under the leadership of District Magistrate, Mr. Pulkit Khare

Social Mapping in Sitapur

Social map helping the AWW in tracking and improving the coverage of the target beneficiaries in the catchment area

Model Anganwadi Centres-Delivering Quality ICDS Services

The Community Perspective

Phulmati Devi, a resident of Kopwa village, Barabanki, says, she has been visiting the Anganwadi Centre for the last six years; the centre was never before decorated and clean as it has been since the last year. Now she visits the center quite often. Phulmati adds she likes most the pictorial charts posted on the walls and a corner with things like a doll, a bowl and a spoon, books and variety of foods displayed on a table.

Phulmati recalls, earlier she came to the Centre only to take Panjiri and Mamta Didi (Anganwadi Worker) would sometimes just hand over the packets to her without uttering a word. But nowadays, she speaks a lot _laughs Phulmati.

Phulmati says "Mamta Didi and Jayanti Didi (Poshan Sakhi) have been visiting me from the time I was pregnant, and continued visiting me even after birth of my daughter. Recently Annaprashan of my daughter was organized at the Anganwadi Centre with grandeur. Didi fed her with homemade kheer and khichdi and gave a new bowl and spoon to continue feeding her at home. Both Didi's have taken care of me and my child at each and every stage, and have become an important part of my life".

The FLW Perspective (AWW)

Anganwadi Workers Mamta Pal of Barabanki and Urvashi Singh of Hardoi said that earlier they only distributed THR and spoke about immunization, but after the induction of Poshan Sakhi, they have learned many things such as positioning and attachment for breastfeeding, diet diversity for 6 - 23 month old children, operating CAS etc. and the list is endless. They shared that they now feel confident in speaking in large gatherings, whereas earlier they used to shy away. They said the posters and charts on the walls of the centre facilitate them in counseling and it leaves no room for omission of any relevant information.

Urvashi Singh AWW, Ahirori, Hardoi says that "seniors of the department and most of the visitors have applauded my efforts of keeping the centre well maintained, which keeps me going".

Model Anganwadi Centre-A Concept

The model Anganwadi Centres were envisaged and developed as community resource centres. The aim was to create a prototype of an ideal and vibrant Anganwadi Centre efficiently delivering key health and nutrition services.

The centres were selected by Poshan Sakhi in consultation with the CDPOs and Supervisors. The criterion of selection was willingness and attitude of the Anganwadi Workers to acquire knowledge and skills. Besides it had to be situated in ICDS owned or other govt. building. Each Poshan Sakhi adopted two Anganwadi Centres, one from each sector to develop as a model. The Poshan Sakhi enhanced knowledge and skills of Anganwadi workers, supported them in developing and using of innovative IEC and BCC tools, record-keeping for improving the quality of counseling and beneficiary coverage.

The various corners in model AWC exhibit IEC materials and other tools linked to the designated health and nutrition issues. These corners assist the Anganwadi Workers in sensitizing the beneficiaries and enhancing their knowledge on key maternal and child health and nutrition issuesfor improving theprevalent practices in community.

Poshan Rath Creating Awareness on World Breastfeeding Week - Gheysadi, Balarampur

Poshan Rath was launched by SDM, Mr. Vinod Singh with support of UP-TSU to create awareness on exclusive breastfeeding among the Tribal population Tharu Community of Gheysadi Block. The Poshan Rath reached out to about 27000 tribal people in 100 villages.

"While creating this web and android-based application, certain innovative features were built-in. Akin to a monthly pay slip, a feature was added wherein ASHAs would receive a SMS stating the total incentives received under each payment head, so that they can match it with payment vouchers. Furthermore, if there is a delay in the disbursement process, a monitoring trigger is directly sent toCMOs and subsequently to GM – Community Process, NHM, intimating them to take corrective action".

Kartikeyan Loganathan, Former ICT Team Leader, UP-TSU

Efficient Payment System- A Driving Force for ASHAs

The Government of Uttar Pradesh is committed to rectifying the system level gaps in service deliverance to improve health outcomes in the state. One such system level gap addressed by GoUP is improvement in efficiency of payments to ASHAs. Working at the grassroots level, ASHAs play a key role in expanding the ambit of RMNCH services to rural communities. For her efforts at mobilizing the community and bringing women and children within the scope of the public healthcare delivery system, she is rewarded through performance-based incentives.

Fundamental to strengthening the delivery of healthcare services by ASHAs is to bolster the efficiency and efficacy of the payment system. With this objective, a real-time ASHA payment application – the BCPM Management Information System (MIS) app – was rolled out in UP in September 2018 with the technical and financial support of UP-TSU.

Dr. R. Jha, GM, Community Process, NHM elucidates that "The application was developed to address the delay in payments to ASHAs. Earlier payments were disbursed manually, hence it was a challenge to gauge at which stage of processing the delay occurred and whether the ASHAs had received the full amount, due against the submitted vouchers. The user-friendly online dashboard of the BCPM MIS application helps in identifying the real-time disbursement status under different sub-heads, even at the lowest level".

Key features of BCPM – MIS application: September' 2018 to April' 2019

Coverage – Of the total 1,51,864 ASHAs registered in the state, nearly 75 per cent received incentives every month, while 91 per cent received an incentive amount in at least 6 out of the 8 months since the launch of the app.

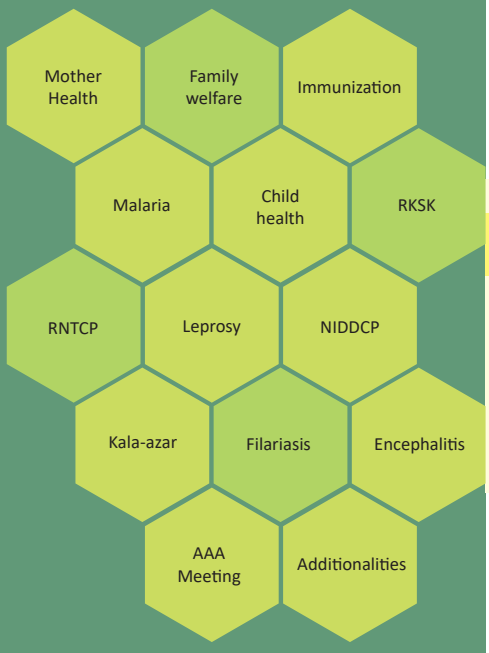
Efficiency – During January-April, 2019, 87 per cent of the 821 blocks in UP processed all ASHA vouchers as per the designated timeline. The median delay in completing the approval process was four days.

Incentive structure – Incentives worth Rs. 249.17 crores were doled out from January to April, 2019. The average monthly incentive amount received by each ASHA was Rs. 4374/-. The major domains under which payments were made, included Additionalities[1], Maternal Health and Family Welfare.

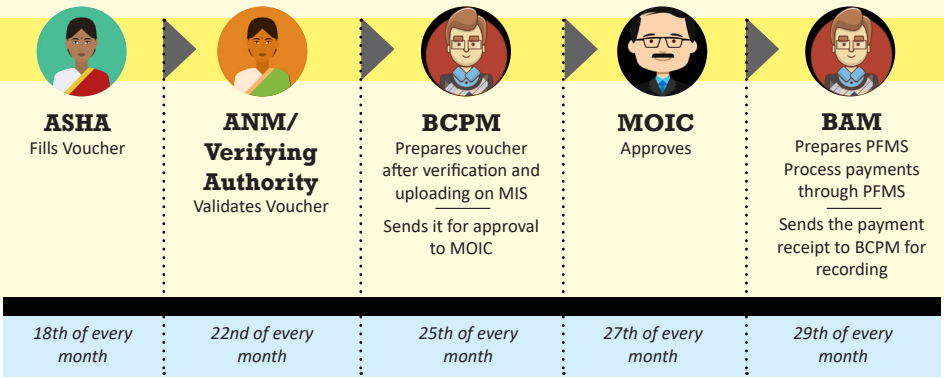
"Earlier, for every institutional delivery, I would receive a cheque from the CHC. Often I had to pay Rs 100/- to the concerned person at the facility in lieu of releasing the cheque… Then I would receive payments after 3-4 months and that too, not the full amount. Now I receive my full incentive on time. I also receive an SMS informing me about my payment...My work has also improved since I get extra motivation – now especially during the immunization drives, I try to ensure that I reach out to as many children as possible, whereas earlier I did not bother too much."

*- Sheena devi (working as an ASHA in Pilibhit district since 2008)**

Major heads of ASHA Incentives



Process of incentive payment to ASHAs, at the block level



[1]*Includes payments from (1) Motivating beneficiaries for VHND and presence during VHND (2) Support in organizing VHSNC meeting (3) Monthly review meeting (4) Village survey and updating in 6 months and preparation of duelists etc.*
**Name changed.*

Building Capacity for Development of Block Action Plans

UP accounts for 18% of total NHM budget, approximately 30% of this amount remains unspent, which shows up as high opening balance in next financial year. As a result, the total utilization of budget even when significant appears to be low at the end of financial year. Also, the bottom up approach for budget planning was not followed and hence Block Allocation Plans (BAP) similar to DHAPs were not developed, leading to standardization of District Plans at State level. As a result, the blocks had to constantly seek clarifications and take multiple approvals at DHS for different activities and thus monitoring of budget heads became difficult.

This led to the emergence of devising a Block Allocation Tool which could facilitates in allocating the budget to blocks for different activities at the beginning of year itself and also help identify the approval requirements in advance and help them to start planning early and improve programme implementation. For handholding of districts on the use of tool and for preparation of Block Allocation Plans, a 4 day workshop was conducted in Lucknow. DAMs, DPMs, ACMOs from various districts participated in the workshop. The districts were divided in batches and in each batch around 18-19 districts were provided hand holding support jointly by NHM and UP-TSU wherein their budget related queries were clarified. The districts were able to develop the first draft of Block Health Action Plan in the workshop itself.

The capacity building workshop facilitated the use of tool; as a result all the 75 districts have taken DHS approval for block allocation plan of their respective districts and submitted the approvals to NHM. The budget allocation at blocks is saving a lot of time on follow-ups for approval of activities at DHS and it is also helping in better monitoring of budget utilization against the allocation.

Advantages of Block Allocation Tool (as per District Officials)

1. Budget monitoring for different blocks and district level units
2. Identification of budget allocation patterns of different activities in blocks
3. Support during review meetings at district level
4. One-time approval from DHS for different block level activities
5. Used as starting point for next year's PIP

Development of Block Allocation Tool → Pilot Testing of sample tool in District → Workshop conducted for 75 Districts at State → First draft submission by all 75 Districts → Tool Reviewed and Feedback given to Districts → Approval of Block Allocation Plan at DHS

Media Sensitization on Family Planning

A one day Media Sensitization workshop on Family Planning was organized by Directorate of Health and Family Welfare and NHM UP with support of UP-TSU and CFAR at Lucknow on 30th July 2019.

On the occasion, Chief Guest Dr. Neena Gupta, Director General, Family Planning, said "Women have once again left men behind in sterilization and are increasingly using modern methods of family planning". She added that 2.11 lakh couples have used modern methods of family planning and 12,482 women and 1190 men have gone for sterilization during this fortnight. Dr. Gupta also stated that during last year FP fortnight, male sterilization figure was 940. Hence men's participation in sterilization drive has increased by around 27 percent in this year's Family Planning fortnight.

Dr. Alpana Sharma, GM, NHM, speaking on the topic 'Parivar niyojan se nibhayen zimmedari, Ma-bachche ke swasthya kee poori tyari', said that 'females are happily opting for temporary methods of Family Planning'. She added that women used 23,217 Antra in 2017-18 which has intensified to 1.62 lakh this year, which is an increase of over 600 percent in use of Antara. Dr. Neena also stressed on the need of deliberations on the issue for making family planning program a success through such forums. 36 media representatives and participants from various partner organisations working on health attended the workshop.

Dr. Shabana Bano was the first EmOC trained doctor to choose CHC Fatehpur in district Barabanki for activation of FRU. Similarly Dr. Vinod Kumar was the first LSAS trained doctor to choose CHC Shivrajpur, Kanpur Nagar for activation of FRU.

Pairing Buddies for FRU Activation and Strengthening

An effort to activate FRUs by pairing LSAS and EmOC trained doctors as buddies wasmade for providing caesarian services to pregnant women of Uttar Pradesh. For this second round of a day-long counselling session was organized on 5th September at Lucknow in which 128 doctors from various districts participated.

Applauding the doctors for their support in activation of FRUs, Ms. V. Hekali Zhimomi, Secretary Health said that if the FRUs are made functional by providing skilled doctors then most of the maternal deaths can be prevented. Hence this Buddy-Buddy strategy which aims at posting doctors to FRUs is appreciable. Dr. Savita Bhatt, Director-Medical Care, Directorate of Medical and Health Services, U.P, stated that the strategy has attracted attention of GoI and other states in activation of FRUs and welcomed the representatives of Govt. of Madhya Pradesh who had come to witness and understand the process.

Key features of Buddy-Buddy

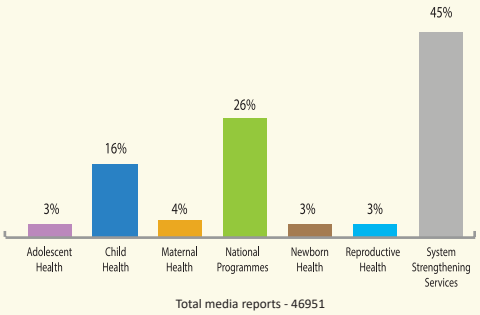
- Buddies gets paired for at least next 5 years
- Exempted from transfers
- Doctors allowed to choose their home district
- Mentoring opportunity with Specialists
- Incentives during and after mentoring
- Legal Indemnity Clause for Doctors
- Opportunities to participate in other trainings

Taking clue from round 1 of the counselling process, two new initiatives were introduced by Govt. of UP in round-2 viz. a legal indemnity clause for all C-Sections performed by EmOC-LSAS trained doctors posted at FRUs and allowing Specialists to participate in the counseling process who are solo at their current facility and not doing C-Sections due to absence of Gynaecologists or Anesthetists. The second round of counseling has helped in forming many new pairs who through their interventions and efforts would strive to activate FRUs and pave way for many others to come forward as buddies.

Media Corner

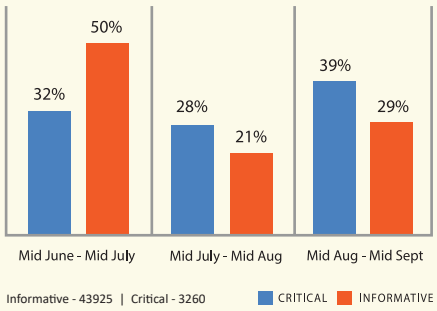
This column provides a quarterly glimpse of RMNCHA+N trends in media. This gives insights into the priorities of media and facilitates in understanding factors shaping coverage of health issues in media.

Thematic Trends, RMNCHA+N in Media (Mid June - Mid Sept 2019)



Total media reports - 46951

Pitch of RMNHCA+N Reports in Media



Informative - 43925 | Critical - 3260

Source - CFAR (Media monitoring)

Critical - Critical news reports arerelated to any mishap, death cases, 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 reports are those which inform about any happening; launch of new campaign, start or update of any facility bygovernment, training workshop conducted, regular activities

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