

# PAHAL

QUARTERLY NEWSLETTER BY UP-TSU

## A NOTE BY EXECUTIVE DIRECTOR

Dear Friends,

It is my pleasure to bring to you the 11<sup>th</sup> edition of 'PAHAL'.

This issue highlights GoUP efforts with UP-TSU support in converting challenges into health benefits - strengthened methodology for public health denominators for better resource allocation, planning, monitoring - training of GoUP nurse mentors on DAKSH and mentoring methodology to improve their competencies using the newly established two skills labs - identifying a digital tool for implementation of Ayushman Bharat Digital Mission enabling community based health ID generation to individuals as well as family health ID generation and incorporating RMNCH, NCD work flow relevant to the Primary Health Care and supporting innovative initiative 'Saas Beta Bahu Sammelan' in an attempt to enhance male participation in family planning program.

I hope this issue of PAHAL brings cheer during festive time as we emerge out of COVID. It is important to continue COVID appropriate behavior and all of us to get fully immunized.

*Be Safe and Happy Diwali*

Sincerely,

(Dr. Vasanthakumar N.)  
Executive Director



## 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

### Resumption of RMNCHA+ Nutrition Services

pg | 02

- Family Planning

pg | 03 - 08

- Facility Level Initiative
- Community Level Initiative
- Nutrition
- Monitoring & Evaluation
- IEC/BCC

**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)**



SBBS, CHC Colonelganj, Gonda



SBBS, Galibpur, Khatauli, Muzaffarnagar

## From Saas Bahu Sammelan to 'Saas Beta Bahu Sammelan'

In an attempt to enhance male participation and improve their understanding of family planning through Social Behavioural Communication Change (SBCC), the Saas Bahu Sammelan that was started in 2017, was reinvented as 'Saas Beta Bahu Sammelan' (SBBS) by the GoUP with the support of UP-TSU and other partners, from September 20th, 2021.

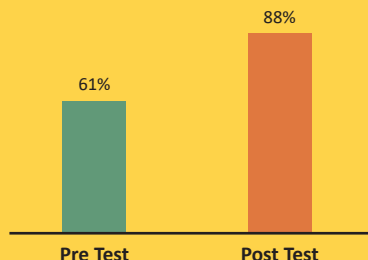
While data shows that 90% couples (NFHS-4) make joint decisions regarding contraceptives, it is also known that men's knowledge and attitude towards the ideal family size, gender preference of children, spacing between births and most importantly use of contraceptives greatly influence women's choices.

Involving sons/husband along with daughters-in-law and mothers-in-law in a dialogue through SBBS is expected to bring about a positive change in spousal communication and promote family planning choices.

MD-NHM, Aparna U stated in a GO regarding the SBBS, "It has been observed that the role of men supersedes everything in matters of family planning. Therefore, it is important to make the sons understand the importance of family planning".

UP-TSU supported the GoUP in formulating SBBS guidelines, shooting short films, roll out of training of AD, ACMO, DPM, Div.PM, District and Divisional FP logistic managers and DFPS and developing communication materials. Till date, UP-TSU team has supported observation of 300+ SBBS with District Family Planning Specialists (DFPSs) providing supportive supervision in the planning and implementation of SBBS.

## Pre-Post Test Score



## Skill Building Training of Counsellors

Continuum of care approach connects essential maternal, newborn, and child health (MNCH) issues, throughout adolescence, pregnancy, childbirth, postnatal and newborn periods and into childhood, building upon their natural interactions throughout the lifecycle. This was the concept for the development of the integrated counselling curriculum. After the digital training in February & March 2021, onsite skill building counselling training was conducted from 4<sup>th</sup> August to 16<sup>th</sup> September at district headquarters by FP teams. A total of 509/528 (96%) counsellors (289 AFHC and 220 RMNCHA) were trained in 55 batches and each batch comprised of a mix of RMNCHA and AFHC counsellors. Sessions on gender sensitization were held, job aids like Chetna aprons, MEC wheel and handbooks were distributed in the session, role plays were conducted and evaluated using Objective Structured Clinical Examination (OSCE) checklists. Pre and Post tests were administered using Google form.



Role play in counselling training, Mirzapur



Skill building counselling training, Kasganj



Skill building counselling training, Sonbhadra

## Interview byte on skill building counselling training

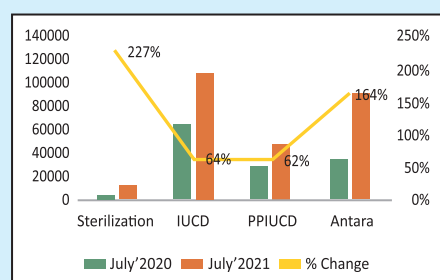
Family Planning, Adolescent Health, Maternal Health, ANC, Sexual Problems all are interconnected. I encourage all the counsellors to keep motivating people towards good physical and mental health through effective counselling. In the training there were 16 AFHC counsellors and they were not aware about menstrual cycle and FP methods so we discussed more about that. AFHC counsellors can calculate BMI but it was new for RMNCHA counsellors so we discussed that. Child marriage is a big concern and it can be stopped through effective counselling. Session on gender sensitization was very good. We got good feedback from all the participants. I hope this training brings positive changes.



Dr. P.K. Verma  
ACMO Shahjahanpur

## World Population Fortnight (11<sup>th</sup> Jul-31<sup>st</sup> Jul, 2021)

World Population Day is an annual event, observed on 11<sup>th</sup> July every year worldwide. UP observed a positive change in FP service uptake in all methods during the world population fortnight in comparison to the last fortnight (11<sup>th</sup> Jul-31<sup>st</sup> Jul, 2020).







Trainers, SIHFW Lucknow



Skill Station, Covid Hospital, Noida



Valedictory Function, TNAI Noida

## DAKSH and Mentoring Methodology Training- Nurse Mentors

NHM's flagship Nurse Mentoring program has proved to be a focused high impact intervention which strengthens public health facilities and works in availability, utilization and quality of critical health services across the continuum of care to create a larger impact on maternal, neonatal and infant mortality. It aims to improve knowledge, skills and practices of the staff nurses in intrapartum and post-partum period through its dedicated change agents called Nurse Mentors (NMs) in clinical and systems domains. These Nurse mentors are government staff nurses who have been nominated at block level facilities.

NHM with the support of UP-TSU has achieved 90% nomination with 770 NMs posted across 820 sub district block level facilities across 75 districts of the state. Since they are newly appointed, there is need to build their capacity, upskill them, provide guidance in mentoring and equip them with adequate training. It is mandated that all nurse mentors receive three kinds of training - DAKSH and DAKSHATA Training based on clinical and technical competencies, and Mentoring methodology, based on principles of mentoring and quality improvement.

Previously, DAKSH was a 6-day residential training program conducted at TNAI, Noida while Mentoring Methodology was a 5-day programme helmed by UP-TSU. However, in the current phase of the program, DAKSH and Mentoring Methodology training were merged to create an integrated 9-day package which included clinical, technical and mentoring methodology sessions. This was done to efficiently scale up capacity and create a cadre of skilled nurse mentors in a stipulated timeline.

An institutionalized resource pool of master trainers for DAKSH was created through two ToTs, which included government doctors (pediatricians & gynecologists) and UP-TSU officials. These government doctors imparted SSL trainings to nurse mentors in a cascading pattern at three sites - COVID Hospital, TNAI Noida and TNAI SIHFW Lucknow that have state of the art skill labs. This is envisaged to foster accountability, strengthen government's ownership and augmentation of the long-term goal of transition and sustainability of the nurse mentoring program.

At present, around 240 untrained nurse mentors from across the state have been planned to be trained in 15 batches across the three training sites. Once trained, the nurse mentors can contribute to facility strengthening and adequate coverage of clinical and ancillary services.



115 NMs trained on Daksh and Mentoring methodology in 9 batches across Lucknow and Noida Skill labs.

## India's first State-Level Training of Trainers on Newborn Stabilization Units Module

New Born Stabilization Units (NBSU) are being established at Block level/FRUs for providing facility-based new born care to sick and small neonates. The advantage of a functional NBSU is that it adds to the total bed capacity available in the district closer to home for newborn care. Functionality of NBSU in Uttar Pradesh is hampered mainly due to lack of training among the NBSU staff. Recently, after the Government of India released the New Born Stabilization Unit (NBSU) training module, GoUP, with the support of UP-TSU, took the lead and planned to roll out training on this module through a cascading model through 13 medical Colleges situated in different regions of the State.



Hands-on training of participants by Facilitators at Skills stations



Inauguration of the ToT at Skills Lab at SIHFW, Lucknow by Health Minister, Shri Jai Pratap Singh



Classroom session on NBSU module

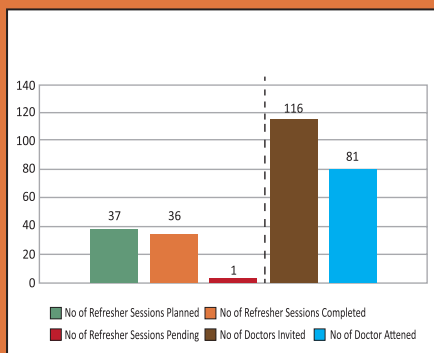


Class room training through Audio/Visuals:  
Video on Kangaroo Mother Care

To create master trainers from the selected medical colleges, three Training of Trainers (ToTs) were planned. Uttar Pradesh became India's first state to conduct a 3-day skill based State-level ToT on NBSU module at a newly inaugurated Skills Lab at the State Institute of Health & Family Welfare (SIHFW) Lucknow between 3<sup>rd</sup> to 5<sup>th</sup> of August, 2021 which was inaugurated by the Hon'ble Health Minister, GoUP, Shri Jai Pratap Singh.

This was followed by a 2<sup>nd</sup> training between 15<sup>th</sup> to 17<sup>th</sup> September 2021 at the skills lab, Covid hospital, sector 39, Noida. These ToTs were facilitated by the national trainers from Kalawati Saran Children's Hospital, Safdarjung Hospital, Maulana Azad medical College, New Delhi and King George's Medical University, Lucknow. Faculty members from the Department of Pediatrics and Community Medicine from various Government medical colleges of Uttar Pradesh participated in these training sessions. They will further impart skill- based training on NBSU module to medical officers and staff nurses.

RRTC Refresher Update-Phase II



## Advanced clinical skill labs established in 8 Regional Resource Training Centres (RRTC) in UP Medical Colleges

ADVANCED (CEmONC) CLINICAL SKILLS LABS: TRAINING GOVERNMENT DOCTORS IN U.P. – An initiative was driven to upskill doctors for managing complications of pregnancy leading to deaths. This was towards Enhanced Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) Services

### The Objectives of Skill Labs :

- To enhance technical competencies of doctors and nurses to better manage maternal and neonatal complications which lead to deaths.
- To demonstrate packaging & working of essential life-saving drugs, supplies & equipment for facility level preparedness.
- To promote better coordination and team work between Specialists/ MOs and Staff Nurses within First Referral Units (FRU).

## Caesarean Section Module

C-Section model is ideal for practising the skills required when performing a transverse incision, (both Pfannenstiel and Joel-Cohen), allowing for the layers to be sutured as well as in-situ repair of the uterine wall. Also, delivering a difficult baby with an impacted head or a transverse lie can be performed.

Caesarean Delivery Model Given to RRTC Medical Colleges to Facilitate Training of Caesarean Delivery in CEmONC Services

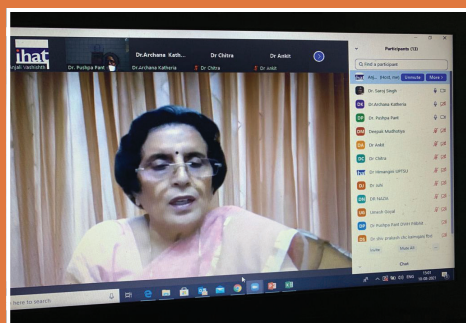
## RRTC Mentoring Strategy

### Specific objectives of the RRTC Strengthening Program

The overarching goal of the RRTC Strengthening program is to improve quality of CEmONC services by upskilling the competency of Specialist/MBBS doctors posted at 87 FRUs (26 DH and 61 CHC FRU) in 25 high priority districts in Uttar Pradesh.

**RRTC Program in Virtual Mode during COVID ERA (July 2021- Sep 2021) :** 37 Refresher sessions were planned for the 116 participants who scored <70% in mentoring defaulters and new joiners. Total 36 online refresher sessions were completed with the participation of 81 doctors (70%).

After 3 rounds of mentoring, 116 doctors scored less than 70 % for which a refresher was planned to improve their technical score and their competency to manage maternal and new-born complications.



GSVM MC KANPUR





ASHAs engaged in Hands-on Activity During Training on Enumeration Module



ASHA Enumerating a Household with the Support of the ASHA Sangini & Block Outreach Coordinator (BOC)

## Preparatory Activities

**Mapping of ASHA areas:** An exercise of mapping of revenue villages with ASHAs was conducted in the pilot block with the support of GoUP. Based on this mapping, a location hierarchy (State ⇒ Division ⇒ District ⇒ Block ⇒ CHC/PHC ⇒ Sub-centre ⇒ Revenue Village ⇒ ASHA) was developed.



**Smartphones for ASHAs:** Around 170 smartphones were aggregated by the district team of Fatehpur and distributed to ASHAs of Bahua block.



**Training Material:** Handbooks on all the modules were developed, translated in Hindi and designed. A separate facilitator guide was also developed for the trainers' reference.



## Uttar Pradesh launches Ayushman Bharat Digital Mission

As part of the **Ayushman Bharat Digital Mission (ABDM)**, the Government of Uttar Pradesh rolled out its digital health strategy and identified a digital tool with the support of UP-TSU to facilitate last-mile care and digital enablement of frontline workers (FLWs).

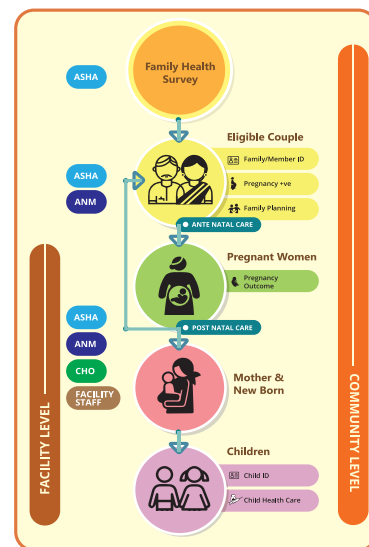
The implementation of this tool will happen by collecting data at source and subsequently facilitate inter-operability of data across the continuum of care across community and facility levels. Each beneficiary will be allocated a **unique Health ID** for hassle free access to health records. This in turn will ensure generation of **Electronic Health Records** in the state, while ensuring security, confidentiality and privacy of health-related personal information.

This Comprehensive Digital Healthcare Application will be integrated with other digital platforms like RCH and NCD portal. The application includes various components of RMNCH (Eligible Couple, ANC, WPD, PNC and Child Health) program as well as NCD wherein these services are updated by the corresponding service providers (ANMs, ASHAs, facility staff) based on the family health survey (enumeration) conducted and entered into the application by ASHAs in their respective areas.

### Implementation of pilot project

In order to test the implementation of the identified digital application, the GoUP selected Bahua block in Fatehpur district of UP for piloting the application and eventually scaling it up across the state based on learnings from the pilot. The application was customized for UP by Argusoft in discussions with GoUP and UP-TSU.

In UP, a cascading model of training was designed for **161 ASHAs, 7 ASHA Sanginis and 23 ANMs in Bahua block, Fatehpur**. A comprehensive training plan for orientation of state, district and block level functionaries and subsequently orientation of frontline workers on the digital application was developed and rolled out.



ToTs were held at the district and state level to orient the stakeholders on the application, followed by a 3-day training on the enumeration modules of the digital application for the ASHAs, ANMs and ASHA Sanginis of Bahua block. ASHAs were oriented on the importance and benefits of digitization, use of smartphone and application workflow.

Subsequently, a 9 day training was conducted for ANMs and ASHAs on the RMNCH Module of the digital application. Prior to the ASHA training a ToT was held for the ASHA Sanginis who were identified as the training and mentoring cadre for the ASHAs.

The application was received positively by the FLWs as it would ease their work and assist them in their job. During the training, most of the FLWs showed great enthusiasm and willingness to learn and were optimistic that the application will bring about a progressive change. After the implementation of the application in Bahua, a phase-wise scale-up is proposed across the state.



ANM receiving training on the app



Sangini training the ASHAs on the digital app



ANM entering data in the app at VHND

## Poshan Maah Highlight

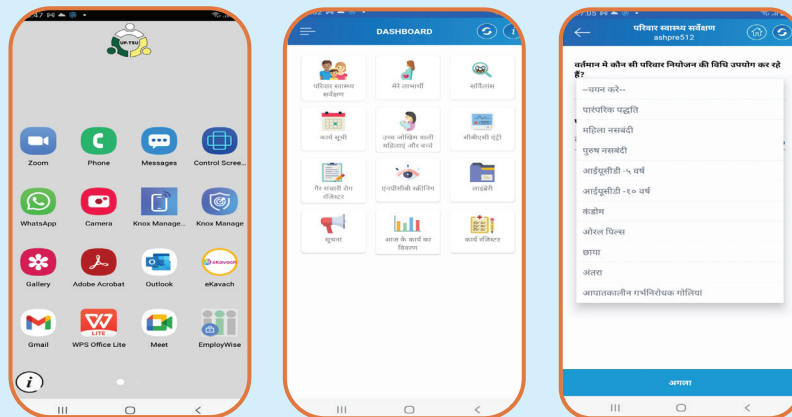
'Make in India' Android smartphones were distributed by the Hon. Chief Minister of UP, Shri Yogi Adityanath to Anganwadi Workers, at a launch program organized during Poshan Maah, on 28<sup>th</sup> September 2021.

The smartphones were procured by UP State Nutrition Mission for 1,23,398 Anganwadi Workers across 51 districts of UP. The support provided by UP-TSU, for the large-scale procurement, was acknowledged by the then Principal Secretary, Departments of Women's Welfare and Child Development, GoUP, Madam Hekali Zhimomi in the launch program.



## Short Film on "Comprehensive Digital Healthcare App"

Under the initiative of 'Ayushman Bharat Digital Mission' a high quality short film was produced to showcase the importance of Comprehensive Digital Healthcare App. The film gives a brief insight of the aim behind launching the app, digitization of health services and enhancement in daily work of the FLWs.



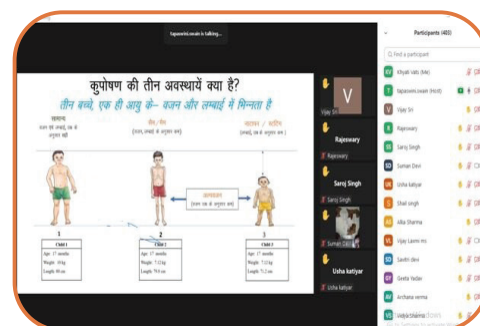
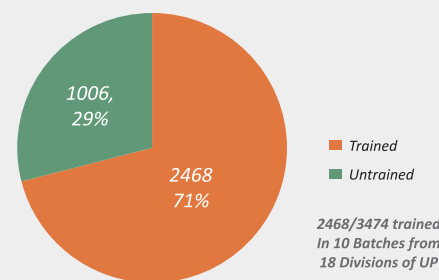
## Capacity Building of ICDS Personnel on Identification, Management and Reporting of Malnourished Children in UP

The ICDS Department of Uttar Pradesh organized a virtual training of CDPOs and Supervisors on the identification, management, and reporting of malnourished children from 24<sup>th</sup> to 26<sup>th</sup> August 2021. Various development partners like UNICEF, UP-TSU, A&T, and NI facilitated the training.

The training primarily focused on improving the knowledge and skills of the CDPOs and Supervisors on differentiating between different forms of undernutrition, their identification using appropriate growth monitoring devices and charts, community-based management of undernourished children without complications, and correct reporting through existing formats and Poshan Tracker.

Subsequent to this training, the CDPOs and Supervisors were expected to conduct training of the AWWs in sector meetings and provide mentoring and handholding support to the AWWs during the field visits, respectively.

%CDPO and MS trained from 24th to 26th Aug 2021



Trainers from UP-TSU, UNICEF and NI facilitating the virtual training of CDPOs and Supervisors



## Short Films on RMNCH+Nutrition for Comprehensive Digital Healthcare App

A series of high quality short films were produced and included as a part of in-line and library videos for Comprehensive Digital Healthcare App. These videos covered more than 22 relevant themes ranging from ANC, Immunization, Nutrition, institutional delivery and newborn care. These videos serve as a discussion and counselling aid for FLWs, particularly ASHAs and ANMs, during interaction with beneficiaries on various components of RMNCH (Reproductive, Maternal, Newborn and Child Health) program in the state of Uttar Pradesh. These in-line videos are embedded in relevant modules of the application and played as per the application flow.

### जन्म की तैयारी

Film on 'Birth Preparedness'

### केवल स्तनपान

Film on 'Exclusive Breastfeeding'

### गंभीर एनेमिया से रोकथाम

Film on 'Anaemia'

## Strengthening Methodology for District and Block Level Public Health Denominators

The public health denominators used at the district and block levels for various key maternal, neonatal and child health indicators have a few methodological limitations which affect the appropriate allocation of human resource, infrastructure, financial allocations for different incentives as well as proper reflection of program achievements.

Presently, the state-level estimates of pregnant women, deliveries, and live births are being derived using the latest estimates of Crude Birth Rate (CBR) available from the Sample Registration System (SRS). However, for the district and block-level computation of targets, the state-level CBR is used to estimate the number of pregnant women across all the districts. As there is wide heterogeneity in the fertility levels across the districts in UP (Western districts have low CBR while Tarai region districts have high CBR), the calculation of district-level estimate using uniform CBR does not capture this heterogeneity. Districts with low CBR get a higher target of pregnant women while districts with high CBR get a relatively lower target.

This not only leads to over or under-reporting of the district performance on the outcome indicators but also hugely affects resource allocation (like funds, HR, drugs/logistics) further affecting the performance. And since the estimation of PW is the base of calculation of other targets like live births, it severely affects the performance of indicators on immunization.

The state government realises the importance of rationalising the targets by adopting a robust methodology with UP-TSU support, to arrive at the denominators through a series of consultation with NHM, DGMH and DGFW. Along with SEPIO, GM-RI (NHM) and other state-level partners (UNICEF, WHO, UNDP etc), the Additional Chief Secretary (MH & FW) approved the revised methodology and directed to revise the targets and resource allocations based on the new numbers.

To ensure that the method is used as a template whenever fresh estimates are available to revise the denominators, a formal Government Order (GO) has been issued. The GO not only notifies the estimates for FY 2021-22, but also outlines the methodology of estimating the denominators and mentions that the estimates should be revised as and when new data sources become available. The team achievement has led to using different denominators and this has been corrected as a pathway to potential successful transition. This revision will help in rational allocation of resources and review of various RMNCH programs.



## Short film on 'ASHA Sammelan'

A short film was produced on 'ASHA Sammelan' held on 23<sup>rd</sup> August to showcase the relentless efforts of the state's FLWS, especially ASHA workers to ensure health service delivery to the last person.



### EDITORIAL TEAM

Dr. Vasanthakumar N., Executive Director  
Manish Kumar P, Director-Nutrition and HR  
Dr. Shalini Raman, Team Leader - IEC/BCC

### COMMUNICATION TEAM

Ms. Deepshikha Khurana - Community Process  
Ms. Neha Parveen - FP  
Ms. Tapaswini Swain - Nutrition

© 2021 India Health Action Trust.

## Establishing Concurrent Monitoring System For RI Program Through Robust Periodic Surveys

Uttar Pradesh contributes more than 20% (5.7 million) to India's annual birth cohort of 26.7 million. The state has one of the highest U5MR at 47 deaths per 1,000 live births in the country (SRS, 2020) and hence child immunization becomes critical as 91% of the total deaths within first 5 years are contributed to year 1 deaths in UP. According to National Family Health Survey -4 (2015-16), half of the children aged 12-23 months do not receive full immunization in rural areas of the state. While Full Immunization Coverage (FIC) in UP increased from 51% in 2015-16 to 65% in 2018 (UNDP,2018), the age-appropriate immunization and timeliness need improvement.

Supported by Bill and Melinda Gates Foundation and implemented by India Health Action Trust (IHAT)-led UP-TSU and Clinton Health Action Initiative (CHAI), the UP RI strengthening project has three expected outcomes:

- Strengthen data driven decision making across all levels of immunization enhanced state capacity in management
- Governance and accountability for immunization service delivery
- Enhanced RI performance in priority blocks (100).



Two periodic assessments are proposed as part of this project to understand the RI coverage gaps in selected priority blocks, generate programmatic insights and to track project progress. The first assessment is a cross-sectional Rapid Assessment Survey (RAS), whereas, the other one is Cohort Study. RAS will be used as a baseline, and will generate key insights for the program to devise suitable strategies and action plan. On the other hand, cohort study will be used to follow-up the left-out and dropout children of three cohorts (0-2 months, 3-4 months, 9-12 months) in the poorest performing blocks and learnings will be used to formulate programmatic insights to reduce the left-outs and dropouts. Both these studies are uniquely designed to help program with specific insights than merely focusing on the evaluation of the program performance.



University  
of Manitoba

Uttar Pradesh Technical Support Unit  
India Health Action Trust

404, 4th Floor, Ratan Square, 20-A, Vidhan Sabha Marg, Lucknow-226001 Uttar Pradesh  
+91 522 4922350, 4931777 / www.ihat.in