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QUARTERLY NEWSLETTER BY UP-TSU

A NOTE BY THE EXECUTIVE DIRECTOR

Dear friends,

I present to you the thirteenth edition of the PAHAL newsletter highlighting the progress we have made in the first quarter of 2022.

This edition of PAHAL emphasises on the efforts of GoUP with the support of UP-TSU for conducting Skilled Birth Attendants (SBA) training to train all delivery points staff within a year starting with creation of 29 State resource persons for the 4 State level skills labs followed by creation of district level master trainers. This edition also includes the integration of PPIUCD training with SBA training for staff nurses and ANMs along with many more updates of health.

I hope this edition gives you insights and learnings of different health domains.

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 the 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.

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

Write to us at iec.uptsu@ihat.in

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PPIUCD training, Farrukhabad



PPIUCD training, Farrukhabad



PPIUCD training, Farrukhabad

IMPROVING ACCESS TO FAMILY PLANNING SERVICES

Enhancing uptake of PPIUCD by integrating PPIUCD training with the SBA training for Staff Nurse/ANM

Access to safe and effective contraceptive services in the postpartum period is critical for a woman to prevent unwanted/mistimed pregnancy. Insertion of IUD immediately after delivery (also known as PPIUCD) is an effective and safe contraception for spacing and limiting births which can be accessed by women right after delivery.

The Government of India guidelines outlines SBA training for staff nurses/ANMs for 21 days. It further suggests that SBA-trained AYUSH providers can be capacitated in comprehensive IUCD Training.



PPIUCD training, Farrukhabad

In adherence to the guidelines and aligning with the state government's vision to improve service provision of PPIUCD at all delivery points, Farrukhabad district adopted a comprehensive approach of integrating PPIUCD training with SBA training of Staff Nurse/ANMs. The objective of the initiative was to strengthen the provider pool and overcome the shortage of specialists in providing PPIUCD services, particularly in rural areas, and to maximize collective outcomes.

Staff nurses and ANMs posted at delivery points underwent a 21-day training to enhance their skills on delivery, competence, and confidence in providing quality PPIUCD services. This included classroom sessions for five days and hands-on training for 16 days. Twenty eight staff nurses and ANMs underwent the training. As a follow up to the training and to ensure effective implementation, the district engaged a Nurse Mentor to provide handholding support and supportive supervision to PPIUCD-trained staff nurses/ANMs.

The initiative has increased the provider pool at the block level and below. This has allowed to address the demand, and facilitate the shift of high client load from the district level. It has improved access to PPIUD services at the community level by ensuring 24X7 provision of services.

The same model has been replicated by four more districts namely Chitrakoot, Rampur, Moradabad, and Mahoba.



Dr. Satish Chandra
CMO, Farrukhabad

"Integrating PPIUCD training with SBA training helps in effective utilization of budget, saves time of service providers, and gives them more time to learn. After the training, service providers are eligible for providing PPIUCD services along with the delivery services."



Harshvala
Staff nurse, PHC Amritpur, Farrukhabad

"I completed my training on 5th March at district women hospital Farrukhabad. This training was beneficial for me because I learned PPIUCD insertion along with SBA training. Due to this integrated training, I did not have to take PPIUCD insertion training separately, which saved my time and now I can provide PPIUCD services with delivery services."

STRENGTHENING FACILITY-BASED CARE

Saving newborns by training service providers at NBSUs

To improve the quality of new-born care in the state and ensure the provision of facilities to sick and small neonates at all levels, NBSUs are being established at first-referral units in every block. The objective is to ensure that facilities are available closer to home for everyone. However, there exists a gap in the capacity of the dedicated NBSU service providers. Therefore, the GoUP, with support from UP-TSU, conducted training of trainers (ToT) on NBSU to build a cadre of master trainers. Medical faculty from the Department of Pediatrics and Community Medicine of 13 government medical colleges were trained across three batches to create this pool of master trainers. Further, disseminating knowledge and continuing the cascade model, the master trainers conducted training of medical officers and staff nurses posted at different NBSUs across the state. The first training was conducted at King George's Medical University, Lucknow wherein four medical officers and 15 staff trainers were trained from 11 NBSUs.

As of March 26, 2022, 27 medical officers/pediatricians and 56 staff nurses across four batches (one batch each at KGMU and Lala Lajpat Rai Medical College and two batches at Autonomous State Medical College, Shahjahanpur) have been trained. In the current year, the goal is to train 198 doctors and 594 staff nurses across 240 NBSUs through 33 batches.



Classroom session at LLRMC, Meerut



Practice on Skill Stations at KGMU Lucknow



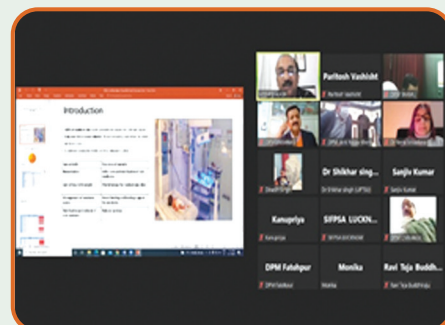
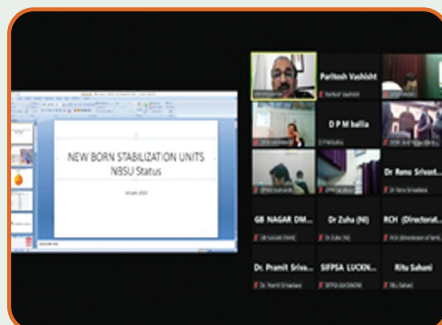
Certification at First Batch of NBSU Training at Autonomous State Medical College, Shahjahanpur



NBSU Review Meeting

NBSUs are the cornerstone of providing health care services to new-borns who are sick or have low-birth weight. They are built within or in close proximity to the maternity ward at all first referral units and community health centres.

The GM, Child Health, NHM (GoUP), with support from UP-TSU, initiated the first review of the NBSUs on January 10, 2022. The review was conducted online on Zoom, with participation from ACMO, RCH and DPMs of all the districts. The discussion revolved around updates on the approved NBSU reporting and functional status and NBSU mapping and training plan for master trainers and NBSU staff. Details about the purchase order and fund transfer details for 17 new NBSU equipment in FY 2020-21 were also discussed. This review was the first step towards monitoring and keeping track of the progress of NBSU activities and ensuring timely implementation of all orders.



Reducing childbirth complications by SBA training

Despite progress in improving maternal health and reducing complications during delivery, 15% of mothers still face severe issues during childbirth. Some of these complications can be fatal.

In order to reduce complications during childbirth, the GoUP, in December 2021, implemented a policy to train all delivery point staff (ANM/staff nurses and AYUSH Lady Medical Officers) on the Skilled Birth Attendant (SBA) curriculum based on the Government of India guidelines. It is estimated that approximately 13,000 staff across about 5,500 delivery points are eligible for this training. The goal is to train all the personnel by 2023. Therefore, a plan has been developed to identify four training units in each district (One DWH + two to three Community Health Centre First Referral Units), and doctors and nurses from these facilities will attend a ToT to become master trainers. The GoUP has sanctioned 51 batches to conduct SBA ToT to create a pool of 16 to 20 master trainers for each district.

So far, a pool of 29 master trainers has been formed in Lucknow, Noida, Jhansi, and Varanasi comprising pre-identified trainers (gynaecologists, pediatricians, MBBS doctors, and TSU doctors) across 12 batches. The UP-TSU facilitated the development of a detailed training micro-plan that included identifying the training sites and trainers (their EHRMS codes), compiling attendance, tracking absentees, etc. As of March 31, 2022, 900 master trainers were trained across 37 batches.

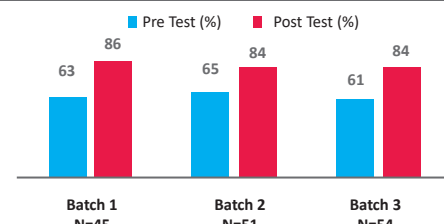
A key achievement of the ToT initiative has been the provision of master trainers in districts that could not conduct SBA training due to a lack of trainers. As a result of this intervention, 1160 staff nurses and ANMs, and 103 AYUSH Lady Medical Officers have been trained/are undergoing training across districts.

Importantly, the SBA curriculum had not been updated since 2010. Hence, a committee was set up under the Directorate General, Training, comprising general managers from maternal health, child health, and family planning divisions; gynaecologists and pediatricians from VAB Hospital and VJB Hospital, Lucknow; and representatives from UP-TSU, Jhpeigo, and UNICEF. UP-TSU supported the process to make the changes and update the videos, checklists, pre-test and post-test, etc. The updated training curriculum has been shared with all the trainers through Google Drive.



The figure below highlights the pre- and post-knowledge assessment scores of the training.

Knowledge Assessment of State Level training participants (%)



Empowering ASHA through Sangini to improve RMNCH +A (reproductive, maternal, neonatal child health + adolescent) & NCD screening services

State-wide scaling of cluster capacity-building initiative

The cluster capacity-building intervention that was piloted in 28 districts will be scaled up to all 75 districts of Uttar Pradesh owing to its success. The intervention has been included in the Program Implementation Plan of the National Health Mission (NHM) and approved by the Government of India in phased manner. UP-TSU is providing technical support to the Community Process division, NHM in developing modules and self-learning materials as well as in rolling out the activities under the intervention across the state.

A cascade model was adopted to roll out the cluster capacity-building interventions in all the 75 districts. In this regard, a state-level joint ToT for Regional Managers, District Community Process Managers (DCPM), NHM, state specialists, and District Specialist Community Outreach (DSO), UP-TSU was organized in three batches from February 15-22, 2022 in Lucknow, as highlighted in table below.

Batch Date	Name of Divisions
Batch 1 - 15th to 16th Feb 2022	6 Divisions - Agra , Aligarh, Gonda, Ayodhya, Prayagraj, and Mirzapur
Batch 2 - 17th to 18th Feb 2022	6 Divisions - Lucknow, Kanpur, Jhansi, Basti, Gorakhpur & Chitrakoot
Batch 3 - 21st to 22nd Feb 2022	6 Divisions - Meerut, Saharanpur, Azamgarh, Varanasi, Moradabad & Bareilly

Rolling out district level training of BCPM & ASHA Sangini

During the TOT, a district-wise micro-plan was developed to roll out the training programs to train the ASHA sanginis and BCPMs. Overall, 213 batches of district-level training were planned across the state to train the 5892 sanginis and 820 BCPMs/BPMs/HEOs till March 2022. The plan included 81 batches of two-day refresher training in 28 existing districts and 131 batches of three-day training in 47 districts.

Out of the 213 training batches, 212 training batches were completed. A total of 5696 ASHA sanginis (97%) and 587 BCPM/BPM (72%) participated in the training. The pre-training knowledge assessment score was 44% and the post-training assessment score was 80%.

Media Coverage of District Level Training of BCPMs and ASHA Sanginis



Certificate distribution to ASHA sanginis & BCPMs after completion of training



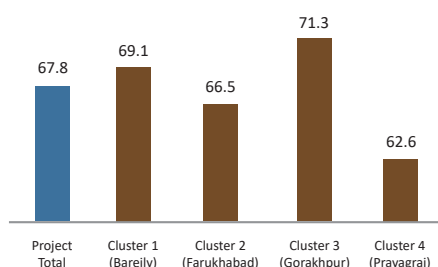
Adopted participatory approach during training (group work, role plays, skill practices, & presentations by participants)



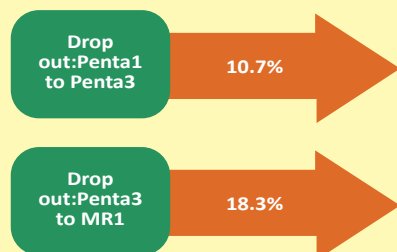
Training session facilitation by RM, DCPM (NHM) & DSCOs (UP-TSU)



Full Immunization Coverage
(BCG, three doses of OPV, three doses of Pentavalent and first dose of MR)



Drop-out rate



Evidence generation to create impact at scale

Survey on immunization highlights insights for action

Reducing under-five child mortality to 25 by 2030 is one of the key Sustainable Development Goals. To achieve this goal, the GoUP implemented different rounds of Intensified Mission Indradhanush (IMI) in the state. The implementation was monitored through scaled-up real-time tracking of the availability and storage and cold chain maintenance via innovative technological interventions such as the Electronic Vaccine Intelligence Network and National Cold Chain Management Information System.

The Immunization Coverage Survey conducted in 2018 showed that UP's Full Immunization Coverage (FIC) increased from 51% in 2015-16 to 65% in 2018 through concerted efforts and catch-up campaigns in 60 of 75 districts during IMI. On May 15, 2020, following the indicators developed by NITI Aayog for the selection of Aspirational Districts, GoUP selected 100 aspirational blocks (out of total of 821 rural blocks) spread across 34 districts where the pace of implementation was slower compared to other blocks of the state.

Under the Bill and Melinda Gates Foundation-funded Routine Immunization grant to support the GoUP's efforts to accelerate the achievement of 90% full immunization coverage, a Rapid Assessment Survey (RAS) and cohort studies were planned. The purpose of these studies was to provide programmatic insights to achieve full immunization in the 100 aspirational blocks. Two rounds of RAS among mothers/principal caregivers of children aged 0-15 months and two rounds of cohort studies among cohorts of children aged 0-2 months, 3-4 months, and 9-11 months were planned. The objective of the proposed exercises is as follows:



To strengthen the data-driven decision-making across all levels of immunization.



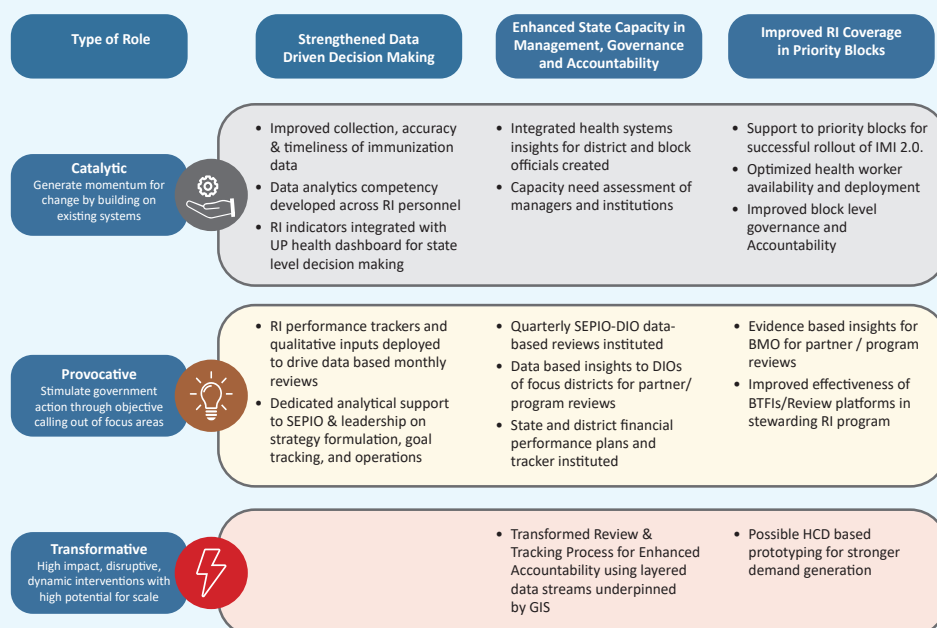
To enhance the state's capacity in management, governance, and accountability for immunization service delivery.



To enhance routine immunization (RI) performance in priority blocks.

The figure below highlights the pathway to achieve the above mentioned objectives :

Snapshot – Role of RI-PMU across Outcomes



A film on Khushhaal Pariwar Diwas (KPD)



Khushhaal Pariwar Diwas is a district-level family planning based event which is organized on the 21st day of every month. KPD encourages people to have open discussion about family planning and adopt modern contraception. A film was developed on Khushhaal Pariwar Diwas highlighting the functionality and impact of this day.

Films on complementary feeding for newborn



Two films on complementary feeding for newborns between 6-8 months and 9-24 months were developed for FLWs as a tool for discussion. The films highlight the benefits of continued breastfeeding along with complementary feeding in the initial 2 years of a newborn.



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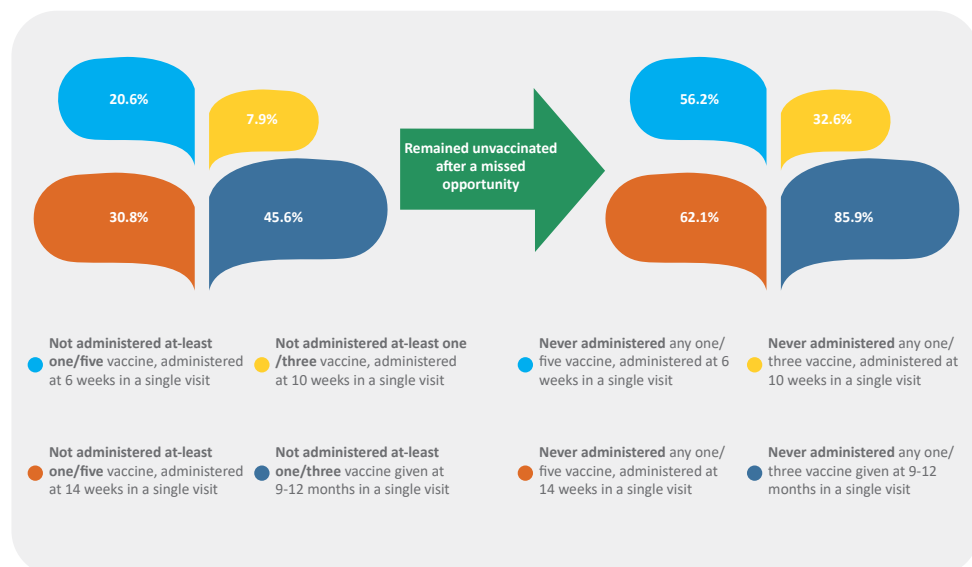
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The first round of RAS study concluded in November 2021 covering 10591 mothers/primary caregivers of children aged 0-15 months, 439 ASHAs, and 107 cold chain points. The findings showed that FIC for children aged 12-15 months across 100 blocks recorded an increase of 17.4% from NFHS-4 (NFHS-4 FIC:50.4%, RAS FIC: 67.8%). Of the various antigens, Measles Rubella was the lowest (70%) pulling down the overall FIC. While the overall FIC was high, 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 11%, and 18% of children who received Pentavalent 3 did not receive MR1. 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.

The figure below highlights the missed opportunities for co-administered vaccines at the project level.



Integrated SBCC plan to improve COVID vaccination

An integrated SBCC plan and implementation strategy was developed to maximize activities to ensure COVID Appropriate Behaviour (CAB) and uptake of COVID vaccination primarily among pregnant women, lactating mothers, 60+ age group and adolescents. This plan was developed with the support of all communication partners like – UNICEF, PCI, CFAR, PLAN India, JSI, Community Radio partner etc. UNICEF compiled BCC materials on CAB and COVID vaccination; the repository was shared with all the partners for further dissemination.



<https://twitter.com/ManojShukul/status/1509472591056039945?r=5yS3cJfXiu8lCM7z20Tw&s=08>