

# pahal

QUARTERLY NEWSLETTER BY UP-TSU

## A NOTE BY THE EXECUTIVE DIRECTOR

Dear Friends,

I am delighted to share the fifteenth edition of PAHAL newsletter throwing light on the major areas of support across different domains in the third quarter of 2022.

This edition emphasizes UP-TSU's support to GoUP in adopting a scientific approach for allocating Area of Responsibility (AoR) to ANMs working in sub-centres. Also, geo-mapping of more than 1,80,000 Anganwadi Centres across the state by ICDS department with the support of UP-TSU has been the highlight of the quarter.

I hope this edition of PAHAL brings cheer during the festive time.

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](mailto:iec.uptsu@ihat.in)

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PPIUCD demonstration & insertion



Role play during nurse mentor training

## DISSEMINATION OF UP-TSU FP INITIATIVES AT NATIONAL FAMILY PLANNING SUMMIT 2022

National Family Planning Summit 2022 was organized to recognize the achievements of various states/UTs in family planning and create awareness about the importance of family planning. UP-TSU Family Planning team also participated in the summit alongside various NGO partners and disseminated their FP strategy, key achievements, various tools and techniques to enhance the visibility of our interventions in the summit. FP team had set up a stall for showcasing materials like reports, modules, one pagers, posters, e-modules, films etc.



It was inaugurated by the Union Minister of State for Health and Family Welfare Dr. Bharati Pravin Pawar. Aligning with Hon'ble Prime Minister's vision of Atma Nirbhar Bharat, the theme of the summit was "Sustaining efforts, Steering Partnerships, Shaping Vision in Family Planning – Sabka Saath, Sabka Vishwas, Sabka Prayas & Sabka Vikas".

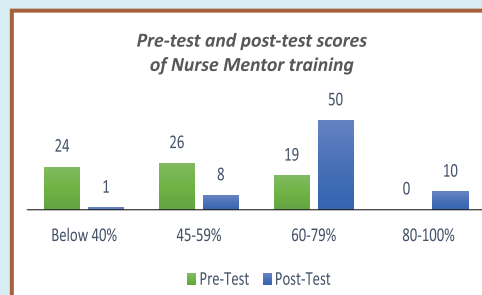
During the event, the Minister also unveiled the India Family Planning 2030 vision document and launched the Medical Eligibility Criteria (MEC) Wheel Application, E-Module of Family Planning Logistics Management System (FPLMIS) and Digital Archive on Family Planning under the category of Digital Intervention. To empower the community and show the Government's unwavering commitment to providing inclusive services, Dr. Pawar also introduced the National Family Planning helpline manual, Community Health Officer (CHO) booklet, and ASHA brochure and leaflet (Family Planning).

Participants and fellow partners appreciated the contents of UPTSU- FP stall and also took away their most liked materials.

## NURSE MENTOR TRAINING ON FAMILY PLANNING

Evidence suggests that contraceptive use is a substantive and effective primary prevention strategy to reduce maternal mortality in developing countries. Effective counselling facilitates the transition of client's passive desire to defer pregnancy to an active uptake of contraception.

NFHS 5 data shows that unmet need of post-partum women is 18%. As 57.7% deliveries are institutional deliveries in public setting in UP, therefore, the staff nurses become one of the key service providers who interact with these women during antenatal, intrapartum and post-partum period. Strengthening the skills and understanding of Nurse Mentors on family planning counselling and PPIUCD/IUCD insertion, thus becomes an important area for capacity building. Keeping this in mind, a 2 day training of nurse mentors was organised at the divisional level. A total of seven batches were organized in which sixty-nine nurse mentors from district hospitals across the state participated.



Case-study based role plays were used to train Nurse Mentors on balanced counselling strategy for family planning. This simulation based methodology facilitated discussion on the finer nuances of communication with clients which helped them internalize the relevance of client assessment and MEC wheel. The role plays allowed the trainees to appreciate the importance of all the four stages of the balanced counselling strategy: Pre-Choice, Method-Choice Stage, Post-Choice Stage and Systematic screening of other illness. This was followed by IUCD and PPIUCD demonstrations on anatomical models. The second day was for assessment of trainees through OSCE on Family planning counselling, PPIUCD and IUCD insertion.

The 2-day training was effective in transferring both concepts and information to the trainees as was evident from 21% point change in pre-test (49%) to post-test (70%)





Canadian HC discussing the OSCE sheets with NM at MCHC

## CANADIAN HIGH COMMISSIONER VISIT 17.08.2022

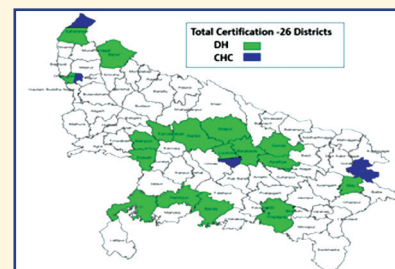
Canadian High Commissioner Mr. Cameron MacKay visited Lucknow on 17<sup>th</sup> August 2022 and visited Veerangana Avanti Bai Hospital where he interacted with the SIC, CMS, pediatrician, nurse mentor and other staff of the hospital. He also saw the COVID and RI sessions, SNCU and Mini-skill lab of the hospital. He was particularly interested in knowing the role of nurses in midwifery practices, the skill-based training of nurses and the flow of HIV testing in ANC clients. The visit was preceded by a briefing by TSU leadership on the interventions being done by UP-TSU to support RMNCHN and systems in the state of Uttar Pradesh.



Canadian HC visit to Veerangana Avanti Bai Hospital, Lucknow

## UP-TSU SUPPORTING LaQshya CERTIFICATION

UP-TSU has been supporting LaQshya certification in 51 districts of UP since the inception of the program. Since July 2021 (15 months) a total of 24 LR including 4 CHCs and 19 Maternity OTs including 2 CHC FRUs underwent LaQshya certification process by NHSRC in 51 districts out of which 14 LR and 8 MOTs have been certified. The results are awaited for 13 facilities and 2 LR and 5 MOTs have been deferred.



LaQshya Certification Status

Support for LaQshya certification has been extended not only to DWH but also to CHCs since 2021 keeping in alignment with the NHM targets. Since 2021, UP-TSU has supported NHM in conducting online training of FRUs doctors and nurses, district maternal health consultants and divisional and district quality consultants specifically on the areas of concern B, C, E, F and G which are primarily patient rights, inputs, clinical services, infection control and quality. The NMs and State team support individual facilities before LaQshya external assessment in capacity building and mentoring of doctors and nurses for the assessment, filling gaps related to inputs, preparing and training on quality tools, process mapping and patient risk assessment, filling gaps in documentation and support in calculating outcome indicators.

A one-day national consultative workshop on "National Quality Assurances and LaQshya" for development partners was held by NHSRC at New Delhi on 12<sup>th</sup> Sep. 2022 in which all national and state level partners were invited from all over India. UP-TSU presented their support which is being provided to GoUP in 51 intervention districts and requested for training by NHSRC to help us support the GoUP better.



Preparation of MOT under LaQshya's External Assessment at DWH Ayodhya



Training on Quality management of all the staff at CHC Hapur, Ghaziabad, by State Team



Session on Clinical services under AOC-E (LR and MQOT)



One-day national consultative workshop for development partners was held by NHSRC at New Delhi on 12th September



## POSHAN PATHSHALA

The second Poshan Pathshala, organized by the ICDS Department, GoUP, was held via NIC on 13<sup>th</sup> July 2022. Poshan Pathshalas were initiated by the department for improving knowledge and awareness to upscale, on maternal, infant and young child nutrition issues.

Pathshala's theme was **"Techniques for Effective Breastfeeding"**. The Poshan Pathshala was chaired by Hon'ble minister Woman and Child Development; Smt. Baby Rani Maurya and facilitated by the Secretary Ms. Anamika Singh, Director ICDS; Dr Sarika Mohan, Director State Nutrition Mission, Mr Kapil Singh, Joint Project Coordinator, Poshan Abhiyaan; Mr. Seraj Ahmad and UP-TSU Nutrition Project Director; Dr Manish Kumar. The speakers for the session were Dr. Salman Khan Paediatrician from Veerangana Avanti Bai Hospital, Lucknow, Dr. Arvind Kumar, Asso. Professor, RML Institute of Medical Sciences and Dr. Vandana Singh, Deputy Director, Nurse Mentoring UP-TSU and assisted by Nurse mentor Ms. Vincy Sahay. Approximately 20 lakh people participated in the second Poshan Pathshala.

## STATE LEVEL REVIEW MEETING FOR NURSE MENTORING PROGRAM

With the scale up of the Nurse Mentoring programme, Government took ownership and initiative of the programme for its successful implementation. To ensure accountability, Training and Maternal Health Division of NHM, UP has consistently undertaken review of the programme, wherein State Officials along with District Officials and Nurse Mentors convened to address challenges and way forward.

With that regard, Maternal Health division, SPMU, NHM conducted a State review meeting for Nurse mentoring program in all 75 districts virtually, from 28<sup>th</sup> Jun to 4<sup>th</sup> July 2022.

The first 4 days of the review meeting were dedicated to assess the activities of nominated Nurse mentors at block level and the 5th day was dedicated to review activities of all 75 TSU Nurse Mentors posted at DWH/DCH. The implementation of Nurse mentoring program,

connection with field team, progress of Nurse mentoring program in the domains of Nomination, MSL Establishment, Honorarium payment, Mentoring/OSCEs, competency improvement were key points in the agenda of the meeting. Challenges like pending nominations, issues of identification of space for MSL, non-procurement of mannequins, training status and dispersal of honorarium were also addressed.

The major discussion points of the meeting were Nomination Status of Nurse Mentors across vacant blocks, Mini Skill Lab Establishment, Honorarium Dispersal, District Review meetings, Mentoring and OSCEs data punching. It was emphasised that these reviews from the State will be carried out quarterly. Going forward, timely review meetings will be vital to the growth and sustainability of the program, which is highly prioritized.

## RE-INITIATION OF VERTICAL INTEGRATION AND DISTRICT REVIEW MEETINGS

Vertical Integration (VI) meetings and DRM Interventions were initiated in December 2017 and were a regular practice across all HPDs. These interventions established a mechanism of creating effective functional linkages between delivery points that provide basic emergency obstetric and new born care with the linked FRUs providing CEmONC care on a regular, non-punitive basis. They are critical towards effective referral management, complication tracking and program monitoring. New norms, SOPs, establishment of COVID hospitals and COVID trainings were prioritized. Nonetheless, a total of 550 such meetings had been conducted by March 2020. The COVID-19 pandemic brought these meetings to a halt. During COVID-19, it was initially attempted to continue these interventions online, but there was severe redirection of resources post-scale-up of Nurse Mentoring program across 75 districts.

However, after a long gap, these meetings were reinstated in June 2022. In the previous quarter, a total of 12 VI meetings and 126 DRMs have been successfully conducted across the districts and facility levels. The key discussion points included Pre Referral Management, Proper documentation, Uniform Referral slips, Availability of essential drugs and equipment, and complication identification among other matters of importance. Going forward, efforts to make this intervention sustainable have been prioritized. Additionally, it has been decided that the DHS committee led by the DM and ACOMO as secretary will be reviewing the Nurse Mentoring Program at the district level, as a systemic change to ensure the growth and sustainability of the program.



Letter of MD-NHM SPMU/Training/Nurse Mentor/12/2022-23/2046-75 dated 24<sup>th</sup> Jun'22.



Vertical Integration Meeting in Balrampur

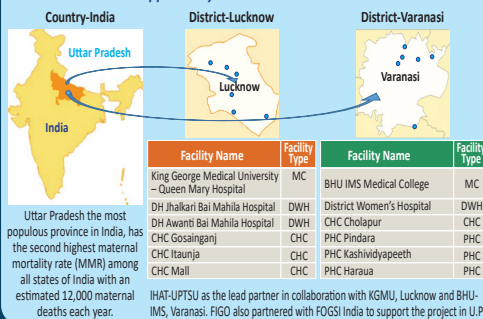


DRM at Barabanki District



## UP-TSU- FIGO PPH Emergency Care by Bundle Approach Pilot Project in UP

GOVT OF UP-NHM supported by UP-TSU in collaboration with KGMU & BHU



## UP-TSU-FIGO: PPH EmC Experience Sharing Workshop Varanasi



**Dr Santosh MOIC**  
PHC Pindra  
District Varanasi

"We do 8-10 I/V Iron sucrose per day"

"Even during MBBS training and in PMS, earlier Male Medical officers were never involved in delivery of PW in labour room or in management of PPH."

"This FIGO PPH EmC bundle approach training was very useful and gave me the confidence to manage PPH cases for the first time and enter labour room"

"A PPH case meant immediate referral to higher centre from PHC, but now we are able to manage most cases here"

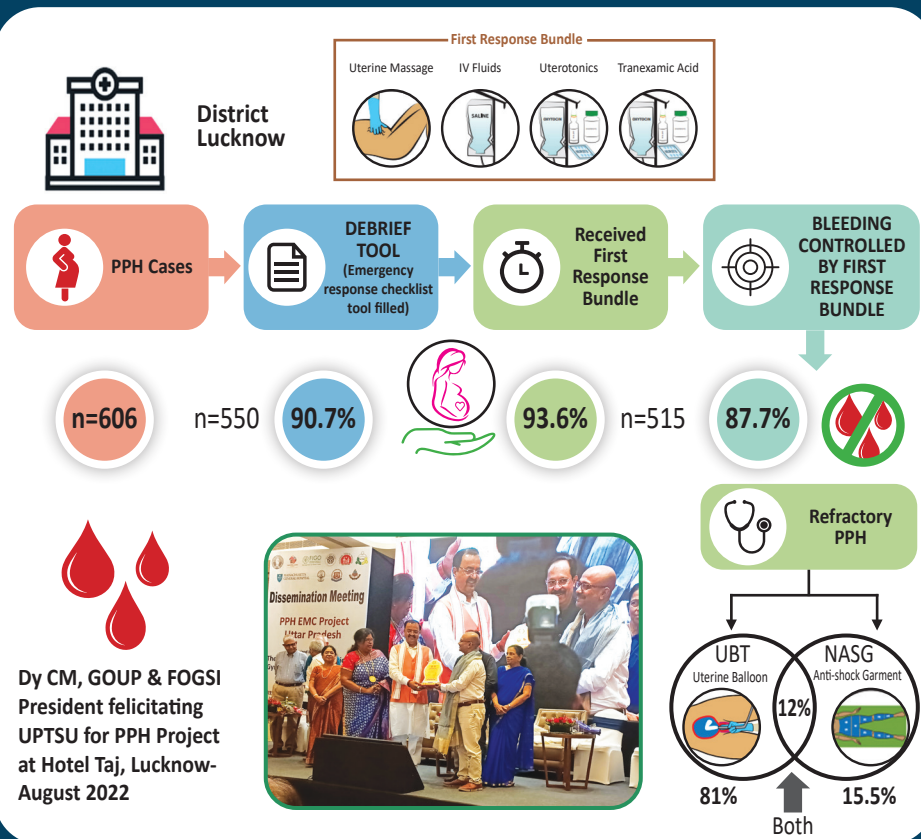


✓ First response bundle\*  
✓ + NASG + O2  
✓ CHC with BSU- 1 unit blood transfused  
✓ Not referred out

**CHC-Chholaipur**  
**Dr Yadav MS, Dr Gayatri OBG & NM Anita**

Jyoti, 26 years, delivered by C sec, developed PPH on Day 2. Rx with IV Oxytocin, InjTXA, I/V fluids, BT-1 unit with fall in BP- NASG applied. Pulse, BP stabilised, Urine output adequate. Patient fine.

## UP-TSU- FIGO PPH EMERGENCY BUNDLES OF CARE PILOT SUCCESSFULLY IMPLEMENTED



An AWW capturing the geo-location of AWC through AWC Geo Mapping App

### Outcomes of this initiative are:

- Availability of updated master data of AWCs with geo-location and images available at state and district level dashboards.
- Physical verification of 95 % of total AWCs done across 75 districts (as of Sept 2022).
- Identification of infrastructure gaps for subsequent correction through convergence with Panchayati Raj, Kayakalp, CSR etc.
- Identification of government schools in the vicinity for relocation of rented AWCs (7% of total AWCs in the state), in alignment with Poshan 2.0 guidelines.

## GEO-MAPPING OF ANGANWADI CENTRES IN UP

The ICDS Department of the Government of Uttar Pradesh, with support from UP-TSU, initiated the geo-mapping of Anganwadi Centres (AWCs) in the year 2021. It started with geo-mapping of AWCs in Unnao district of the state with the primary objective of identifying the location of AWCs. Thereafter, the exercise was scaled up to the 1,89,014 functional AWCs in 897 projects across 75 districts of Uttar Pradesh.

### Specific objectives of AWC geomapping were as follows:

- Identify exact physical location of existing AWCs on a map.
- Obtain infrastructure details of each AWC and assess the infrastructural adequacy.
- Identify govt. schools / other govt. buildings to relocate rented AWCs.
- Capture images of each AWCs.

UP-TSU developed the mobile-based application; "AWC Geo Mapping" app and a web-based dashboard as per the ask from the ICDS department. The app captured the primary data of the AWCs, infrastructure details, geo-location and images of the AWCs.

A pilot study was undertaken to test the feasibility of the app in Unnao district in November 2021. Necessary modifications were made in the app based on the learnings from the pilot. Subsequently, ICDS field functionaries (DPO, CDPO, and Mukhya Sevika) were trained on the use of the app, and physical verification of geo-mapped AWCs was initiated in all 75 districts of the state.

Development of the app, orientation to the staff for the pilot and the scale up, resolving the technology glitches and extensive handholding to the field functionaries of ICDS for the geo-mapping exercise were done by UP-TSU.



Latitude-28.08851, Longitude- 78.25005  
of the AWC captured through the AWC Geo Mapping App



Training of BOCs on eKavach application at divisional level



Hands-on practice by BOCs on the eKavach application

## BOC TRAINING ON eKAVACH

Digital transformation of the healthcare sector can significantly improve efficiency of healthcare service provision, increase affordability and expand overall coverage. eKavach, a workflow based application that collects data at source, has been identified to be rolled out in the state of Uttar Pradesh to facilitate last-mile care and ensure digital enablement of health Frontline Workers (FLWs). This application was successfully piloted by UP-TSU in Bahua block, Fatehpur based on which it is being scaled up across the state of Uttar Pradesh.

One of the key learnings from the pilot implementation of this digital intervention was that in order to ensure adequate uptake of the application till the last mile, provision of extensive handholding and mentoring support to FLWs is essential apart from focussed and detailed training. The Block Outreach Coordinators (BOCs) from UP-TSU provide technical support to block level officials and strengthen RMNCH and nutrition interventions at the community level. In view of this, a 1-day training session on eKavach was organized to orient them on the concept, benefits and use of the application. They were provided with a detailed demonstration of the application workflow post which dummy entries were made by the participants to provide them with hands-on experience. A total of 361 BOCs were oriented on the eKavach application in 12 batches covering all divisions so that they can provide requisite support in effective rollout of the application in their respective blocks.

## eKAVACH – LEARNING VISITS

The eKavach application was identified to be implemented in the state of Uttar Pradesh under the broader umbrella of the Ayushman Bharat Digital Health Mission (ABDM) for generating beneficiary centric data and aiding health frontline workers in conducting their tasks effectively. This application was initially piloted in Bahua block, Fatehpur district of UP, wherein all ASHAs, ANMs and ASHA Sanginis were rigorously trained and provided with handholding and mentoring support on the application. A series of field visits were undertaken in the block by senior officials from GoUP, several teams from BMGF as well as other health partners to understand the uptake of this comprehensive digital health application by FLWs. The visitors interacted with ASHAs and ANMs to understand their perspectives on the application with respect to ease of use, its utilization for service delivery as well as the challenges faced by them. The possibilities of layering disease surveillance for programs like Kala Azar, Leprosy etc were also explored during these visits based on enumeration conducted into the application by ASHAs. Overall, the visitors received a positive feedback of the application from ASHAs and ANMs who emphasized on the improved efficiency in their work with the help of auto-generated due-lists, visit reminders etc. and possible reduced workload in the future once physical registers are phased out.

**19<sup>th</sup> June, 2022**  
Additional Chief Secretary  
(ACS Visit)  
To understand the uptake/utilization of Ekavach by FLWs



Visit 2

**6<sup>th</sup> July, 2022**  
BMGF ICO Team including  
Dr. Rajni Ved & Dr.  
Devendra Khandait  
To assess the implementation of eKavach in Bahua



Visit 4

Visit 1



**23<sup>rd</sup> June, 2022**  
Seattle NTD Team  
BMGF ICO  
To understand ways to integrate NTD with digital platform

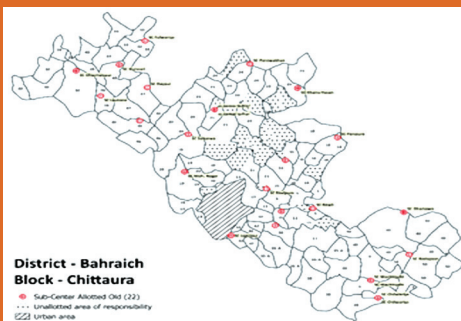
Visit 3



**20<sup>th</sup> July, 2022**  
Mr. Steve Davis, CEO, PATH  
To understand the digital interventions on ground



## A SCIENTIFIC APPROACH OF ALLOCATING AREA OF RESPONSIBILITY (AOR) TO ANMs



Block map before AoR (Showing unserved Villages)

Uttar Pradesh is the most populous state in India and having adequate number of sub-centres (SCs) within a block to cater to the population and deliver quality services on time is critical. According to the state projected rural population 2020 and prescribed norms of one SC per 5000 population, the state needed to have 35615 SCs against the available 20848 SCs in year 2021 denoting a deficit of ~40% SCs at the population level. To fulfill this gap, the government of Uttar Pradesh (GoUP) added 5000 new SCs in the year 2021. With the allocation of these new SCs, it also became equally important to allocate a clear Area of Responsibility (AoR) to the Auxiliary Nurse Midwives (ANMs) working in sub-centres for discharging their duties effectively.

### Rationale

1. At present ANMs attached to a sub-center directly look after ASHA areas (hamlets/villages) without any reference to Revenue Villages or Gram Panchayat. As depicted in figure-1, the analysis showed that some of the villages/hamlets/revenue villages were potentially unserved by ANMs/Sub centers.
2. Revenue village has a clear village boundary with a unique Local Government Directory (LGD) code to make every geography (village) unique. This is different from village/hamlet/ASHA area, which is commonly used for program planning.
3. At present, there are no specific guidelines by the State regarding the allocation of Area of Responsibility (AoR) to a sub-center. It is done by the Medical Officers in-charge at the district/block level.

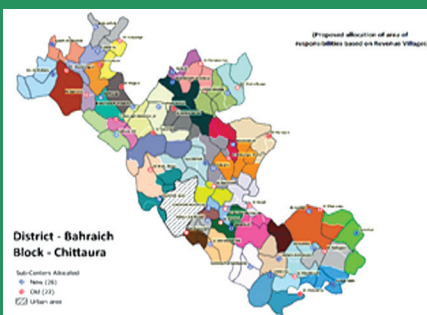


Figure 2: Block map After AoR (No Village left unserved)

In the aforementioned context, UPTSU developed the principles and methodology for the sub-centers of Chaitura block in Bahraich which was presented to Government of Uttar Pradesh. The revised AoR allocation after adopting agreed principles for Chaitura block in Bahraich is presented in Figure-2.

### Principles adopted for AoR allocation

- a. Block is the unit of planning.
- b. Only those blocks where 100% geo-mapping of new facilities is completed in UP ke Swasthya Kendra (UPKSK) by the nodal officer as per GO 1748 dated 08.07.2021 will be taken up for (re) allocation.
- c. Only rural population of the block has been considered for allocation of AoR to SCs.
- d. District projected population percentage has been used for block and revenue village population projection (2019-20).
- e. There shall be no unserved rural revenue villages in the new allocation.
- f. The methodology adopted should enable easy reallocation of AoR whenever new SCs come in future.
- g. The base revenue village in which the SC is located has been allocated to that SC. In case more than one SC is located in a revenue village one of them is allocated the base revenue village.
- h. The revenue villages closest to the SC are allocated as a whole to the SC as AoR to minimize the distance required to be traveled by people for care.
- i. On average, the population served per SC is within a narrow range. When new SCs are planned for future, both distance and population can be considered.

### Ongoing/Future activities:

- UP-TSU started supporting GoUP in AoR allocation across the state for all 820 blocks.
- As of now AoR for 215 out of 820 blocks have been completed. Remaining blocks will be completed by the end of September 2022.
- Blocks/districts for which AoR allocation will be completed, a letter will be shared with the respective district official (CMOs) by NHM/DGFW for confirmation on the draft allocation of Revenue Villages to SC.
- The final allocation will be published after consideration and disposal of the feedback received from the districts.
- After the allocation of Revenue Villages to the SCs, the ASHAs can be mapped to the Revenue Villages.

### Benefits of this activity

- This activity will ensure that no areas remain under/unserved.
- This activity will lead to enhanced service delivery as there will be clear demarcation of geographies for the ANMs to cater to the specific population.
- This activity will also help in the planning of new SCs' allocation in the future by considering both distance and population, which will further help in linking digital microplanning with geography.
- It will also facilitate other core activities related to community outreach services and surveillance.

## COMMEMORATING WORLD POPULATION DAY

To commemorate the World Population Day, NHM-UP developed a communication package consisting of flyers, posters, standees etc with the support of UP-TSU. This communication package was designed on various components of family planning like Antara injectable, Chhaya pills, condom, female sterilization, IUCD, Mala-N, Male sterilization, Post-Partum FP methods and CiVHND.



Antara Injectable



Chhaya Pills



Condom



Female Sterilization



IUCD



Mala-N



Male Sterilization



Post-Partum Family Planning Methods

### EDITORIAL TEAM

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Dr. Shalini Raman, Team Leader - IEC/BCC

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Neha Parveen - FP  
Tapaswini Swain - Nutrition  
Shreya Mazumdar - System  
Abhishek Sahu - Designing Support

## CENTRALIZING THE DRUG SUPPLY CHAIN ACROSS UP AND INTRODUCING THE PASSBOOK MECHANISM THROUGH DVDMS

UPMSC have set up Drugs and Vaccine Distribution Management System (DVDMS) – a digital platform to centralize the supply chain of drugs across the state. With the set-up of DVDMS, the UPMSC supply chain has now become more comprehensive and allows easier procurement and delivery system of drugs ensuring its quality and cost across the state. To ease allocation of funds for procurement of drug by each facility, a passbook system has been incorporated in the mechanism. According to this system, each health facility is allotted with an individual passbook which will be used by the facility to raise an indent for supply of drugs as per their requirements. With this process in function, the accountability of timely dissemination of drug supplies at all the facilities. This makes the system less burdening for the UPMSC and ensures quality and reasonable supply of drugs and medicines in every facility across the state.

UP-TSU helped UPMSC to adopt a public health supply chain model based on practices from states, Tamil Nadu, Rajasthan, etc. to ensure the availability of adequate quality tested medicines at public health facilities. The model relied on the following 6 pillars:

- 1. Essential Drug List (EDL):** Essential Drug List should be based on generic names and should only contain medicines that are necessary to satisfy the priority healthcare needs of the majority of the state population.
- 2. Warehouses:** Warehouses with adequate storage capacity should be established in each district where 24\*7 supply of all essential drugs shall be maintained by the medical supply corporation. Each facility can pick-up essential drugs from the warehouses as per their requirement.
- 3. Centralized Procurement:** Centralized procurement of medicines should be undertaken to generate economies of scale and optimize the overall stock of medicines in the state.
- 4. Passbook System:** A passbook system of virtual budget allocation should be adopted in which virtual budgets are allotted to each facility and facilities are free to pick up supplies as per their requirement within the budget allotted. This system shall not only provide necessary freedom to facilities to pick up stocks as per their requirement but also ensure that budget is utilized on drugs that are being consumed.
- 5. Quality Control:** Each batch of drugs supplied at warehouses should be tested by empanelled NABL accredited laboratories to ensure that quality drugs are available at health facilities.
- 6. Centralized Payment:** Centralized payments should be made in a timely fashion to suppliers to ensure an uninterrupted supply of medicines in the state.

A training for capacity building on DVDMS for all the stakeholders engaged in the process was scheduled in the month of June 2022. The training agenda included discussions on Pre-UPMSC Supply Chain, UPMSC Supply Chain Vision, Passbook System, Role of Stakeholders in passbook system, Role of Facility Pharmacist and DVDMS Demonstration. The orientation majorly focused on DVDMS demonstration, the functionality of the supply chain in the new model, and maintenance of the passbook system at the facilities. The training covered health personnel Pharmacists (DH, CHC, PHC) MOIC, ACOM & CMO from all the facilities of 75 districts from 18 divisions. Now, the training process has been successfully completed across the state so that the passbook system can be effectively implemented to meet the requirements of the medicines at the facilities for better health care systems delivery.