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QUARTERLY NEWSLETTER BY UP-TSU

A NOTE BY THE LEAD, UPTSU

Dear friends,

At the outset, I would like to express my sincere gratitude to Dr. Vasanthakumar N., the former Executive Director of UP-TSU, whose expertise in public health programs is truly unparalleled. During his tenure, UP-TSU set a remarkable example in trailblazing and pioneering efforts, consistently staying at the forefront in making significant contributions to improving outcomes in reproductive, maternal, newborn, and nutrition programs. Some of these notable contributions to GoUP also included in development of digital roadmap, strengthening surveillance systems, improving human resources for health, strengthening supply chain, implementing gender-sensitive approaches, and spearheading direct-to-community (D2C) initiatives, among others.

As I step into the role of the new lead for UP-TSU, my plan is to uphold and further enhance UP-TSU's commitment and support to the Government of Uttar Pradesh (GoUP) in accelerating the improvements in reproductive, maternal, newborn, child, and adolescence health (RMNCAH) outcomes. We are dedicated to contributing to GoUP in the delivery of high-quality healthcare services to all residents of the state.

Let me also take time to introduce the 19th edition of the PAHAL newsletter that provides an update on UP-TSU's efforts in strengthening the SBA recruitment process through digitalisation, digitally enabling FLWs with eKavach implementation and improving the health data quality across all 18 divisions of the state, and other key activities.

Hope you all discover this edition to be a captivating journey.

Sincerely,

John Anthony

John Anthony
(Sr. Project Director and Lead, UPTSU)

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, Adolescence Health and Nutrition (RMNCAH+N). 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

CHC Thakurdwara, Moradabad

Shagun kit distributed during WPD fortnight

Sarthi Vahan used for WPD campaign

"My husband and I are afraid of operations so we could not undergo sterilization. Seeing my sisters in the neighbourhood face difficulties after choosing Copper T discouraged me from adopting it. Then the counsellor didi told me about the Antara injection. I found this most suitable for me. I did not experience any problems after adopting Antara. I have taken 18 doses of Antara injection until now. I also share about the effectiveness of the Antara injection with my friends."

Sheela
Antara client Fatehpur village, Maudaha block, Hamirpur

WORLD POPULATION DAY – A FORTNIGHT LONG CAMPAIGN FOR FAMILY PLANNING

World Population Day (WPD) is an annual event, observed on 11th July every year worldwide to raise awareness on population issues including importance of family planning. This year's theme **"आज़ादी के अमृत महोत्सव में हम लें ये संकल्प, परिवार नियोजन को बनाएँगे खुशियों का विकल्प"** was inspired from *"Azaadi ka Amrit Mahotsav"*.

The WPD programme was divided into two categories based on the guidelines from GoI:

- Mobilization fortnight from June 27 to July 10
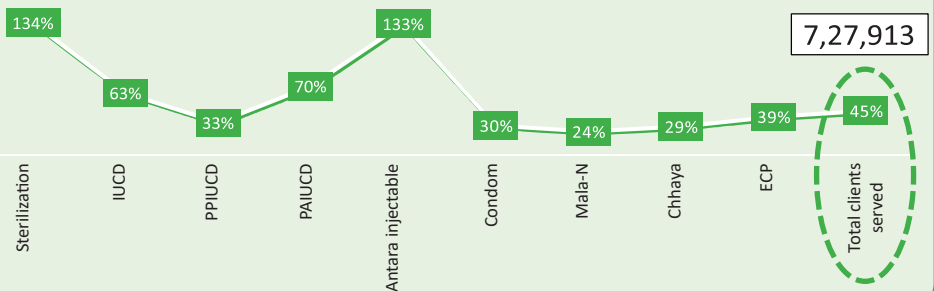- Population stabilization fortnight from July 11 to July 31

During the mobilisation fortnight, messages such as delaying the age of marriage, healthy spacing between births, and male engagement in family planning were promoted through mass media and internet platforms. During the population stabilisation fortnight, people were counselled about family planning options, and clients in need were provided FP services.

FP services provided during WPD fortnight

Uttar Pradesh observed an encouraging trend in the uptake of family planning services across all methods, with over 7 lakh couples opting for a method of their choice, which is 45% higher than the previous year's WPD fortnight. During the 2023 WPD fortnight, the state served the highest number of women (~18,000) for female sterilisation in the last five years.

%Change in FP Service Uptake from Last WPD Fortnight (July 2022) to Current WPD Fortnight (July 2023)

Category	%
Sterilization	134%
IUCD	63%
PPIUCD	33%
PAIUCD	70%
Antara injectable	133%
Condom	30%
Mala-N	24%
Chhaya	29%
ECP	39%
Total clients served	45%

7,27,913

"ANTARA: A NEW BEGINNING FOR SHEELA'S FAMILY PLANNING JOURNEY"

Sheela, an ordinary woman from Hamirpur's Maudaha block, had multiple pregnancies due to family pressure to have a male child. Despite her desire to have no more children, she had two stillbirths and suffered from physical weakness. She sought advice from a RMNCAH counsellor, Madhavi. Given her desire not to have any more children, the counselor suggested Sheela that she can opt for sterilization. However, Sheela had reservations regarding sterilization and Copper-T (IUCD) and was unable to make a choice. The counselor subsequently suggested the Antara injection, a modern contraceptive method for family planning, which requires regular administration every three months. Sheela found the Antara injection to be the most suitable choice and opted for it. On the 11th of July, the first day of population week 2018, Sheela initiated her journey with the Antara injection, becoming the first woman from Maudaha block of Hamirpur to adopt this method of contraception. To date, Sheela has received 18 doses of Antara.

PROGRESS & INTERPRETATION OF COMPETENCY SCORES OF DOCTORS (TOPIC-WISE) PHASE 3 (OCT 2022 – JUNE 2023)

Sr. No.	Topic	Mean Score	
		R1	R2
1	Shoulder Dystocia	68.5	75
2	PPH	77.1	81.3
3	Breech Delivery	70.5	76.6
4	PL/OL	74.1	77.8
5	Multiple Pregnancy	73.2	78.2
6	AVD	66.4	76.2
7	HDP	75.2	79.1
8	Induction & Augmentation	73.1	77.7
9	C-Section	78	81.3
10	HDP	63	71.4
11	PPH	66.2	71.8
12	APH	64	71.7

Functional 5 bedded ward

PROGRESS OF DOCTORS MENTORING PROGRAM (RRTC PROGRAM)

The Doctors Mentoring program has entered phase 3 (July 2021 - September 2023), with 268 faculty master mentors for 624 doctors from 76 District Hospitals. A new mentoring approach was implemented, which included upskilling doctors who scored <70% topic wise.
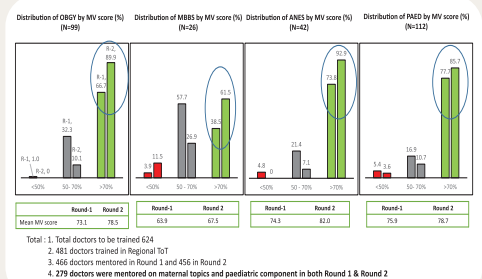
Topic wise individual scores among OBGY and MBBS in both the rounds

* Each dot represents individual score
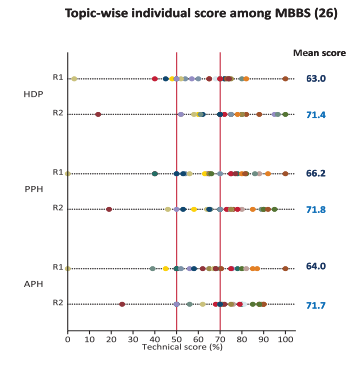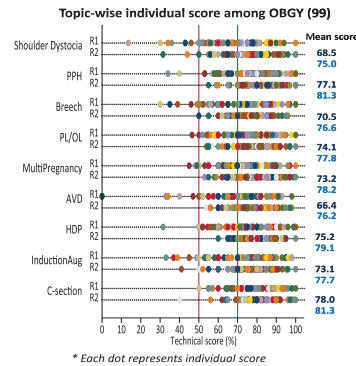
Competency Scores of Doctors of 75 Districts of Uttar Pradesh (Oct 2022 – June 2023)

The slides show the comparison of Round 1 & Round 2 Doctors mentoring

1. Total doctors to be trained 624

2. 481 doctors trained in Regional ToT

3. 466 doctors mentored in Round 1 and 456 in Round 2

4. 279 doctors were mentored on maternal topics and paediatric component in both Round 1 & Round 2

DEVELOPMENT OF TRAINING MODULE FOR 1600+ PERMANENT STAFF NURSES RECRUITED IN VARIOUS DISTRICTS

Under the guidance and chair of DG training, GM training has been tasked with developing an induction training module for 1600+ permanent staff nurses joined in various facilities around the state such as district male and female hospitals, CHC/CHC FRUs, etc. UP-TSU was requested to be the technical partner in the development of the same. TSU supported DG training in determining the chapters for training in accordance with the role of staff nurses as defined by IPHS norms, forming various committees of technical experts for various chapters, collecting and distributing resource materials to various committees, holding orientation and review meetings etc. The module, which is nearing completion, will be issued in October, and trainings are expected to roll out in November/December 2023.

STRENGTHENING PNC WARDS FOR IMPROVED MATERNAL AND NEW BORN OUTCOMES

Since the majority of maternal and infant deaths occur during the first six weeks of delivery, women and newborns require support and careful observation after giving birth. Yet this remains the most neglected phase in the provision of quality maternal and newborn care. As per guideline issued by the Government of India (GoI), a 48 -hours of stay at facility after delivery is recommended, since it helps to identify any complications, ensuring timely treatment, and facility referrals if needed. This CHC transformed from a struggling, two-bed postnatal ward into a thriving, five-bed PNC ward with the initiatives of MOIC Dr. Arvind, LMO Dr. Pragati & Dr. Priyanka, Nurse mentor Ms. Tabbasum, and a blueprint for upgradation created by UP-TSU. They provided fresh and clean linen, staff counselling assistance, ventilation fan, and well-designed meal regimens to guarantee nutritional support.

DG training and doctors in skill lab orientation during their foundation course

DSS Rae Bareilly Dr Afeera Supervising the nurses in filling digitised SBA pre test

SUCCESS STORY OF FUNCTIONING A NBSU AT CHC MUNDAPANDEY, MORADABAD

CHC Mundapandey, District Moradabad, is a block facility with an average monthly delivery load of 140 and provision of NBSU approved through PIP. In mid-2022, UP-TSU started focusing on establishing NBSU in this CHC and surmounted challenges such as room identification and equipment purchasing. The current OSCE score of 70% vs the baseline score of 20% reflects this. The number of new-born admissions have increased significantly in last 1 year (4 in Aug'22 to 33 in Aug'23). Out-born patients have also started getting admitted since July 2023, reflecting the community's trust in the hospital. The average duration of stay was 0.3 days in August 2022 where as it has increased to 1.7 days in August 2023, indicating the facility's confidence in admitting and treating sick babies.

SKILL LAB ORIENTATION OF SPECIALISTS AND MBBS DOCTORS

Every month, the State Institute of Health and Family Welfare (SIHFW) conducts Foundation training for MBBS and L2 Specialist doctors. One of these trainings is on skills lab orientation of the doctors to ensure that they see the ecosystem of skill-based training developed in UP as well as learn the relevant RMNCH and infection prevention practices. UP-TSU facilitated three such batches from July to September 2023, during which the DG training appreciated UP-TSU's efforts in establishing and keeping the skills labs functional, and the doctors expressed a keen interest in brushing up on skills relevant to their day-to-day work in public health facilities.
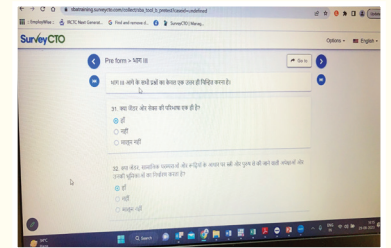

A psychiatrist and an orthopaedician practising NBR in the skills lab

DIGITIZATION OF SBA PRE AND POST TEST AND FEEDBACK FORMS

Since the scale-up of SBA training across the state in Nov 2022, around 4,000 nurses and ANMs conducting deliveries at various delivery points, across UP have been, trained. Until recently, the participants submitted the pre and post exams for both the technical and gender components in hard copy, which included the cost of printing as well as the tedious task of making corrections by the trainers. The M&E team, with support from UP-TSU's Non FRU and gender teams, digitized these formats in consultation with GM training and rolled it out across districts on September

Digitised pre and post test of SBA

1st, allowing nurses and ANMs to fill out the test on their mobile phones via a link. The DSS, DNS, and ZNS were online-oriented on the process and the new digitized version was implemented with minimal glitches for the batches that commenced across the districts on September 1st, 2023. The digitized version includes pre and post-tests, as well as feedback forms from gender module trainers on how they felt about the gender training. The scores were available on the state dashboard within minutes of the exam being finished, and the DSS were able to provide printouts of the auto-calculated score sheets to the CMSs right away.

DISTRICT LAKHIMPUR KHERI MAKING PROGRESS WITH A DYNAMIC CMO AND TSU SUPPORT

It is proposed that 14 New Born Stabilization Units (NBSU) be established throughout the CHCs in Lakhimpur Kheri. Eight NBSUs are currently in operation as a result of several follow-up activities, which assist in stabilizing and timely referring newborns.

SBA training and referral management:

With the active participation of CMS DW and trainers, SBA training for SN/ANM has been successfully implemented in the district, with 93 staff members from delivery points already trained.

After receiving training, one of the SBA staff Jyoti (ANM), a member of the staff assigned to SC Guleriya, Block-Bijua, is now confidently conducting institutional deliveries and plotting partographs, primary management, documentation, and referral of maternal and newborn complications. She has been promoting institutional deliveries in her area and conducting eight deliveries on average each month.

Iron Sucrose Administration: All of the district's CHCs have begun routinely evaluating pregnant women who are severely anaemic after regular follow-ups and observation during the PMSMA day. Currently, all of the CHCs successfully administer severely anaemic pregnant women on a regular basis with iron sucrose.


"Continuous capacity building of field staffs and key functionaries with support from UP-TSU and other stakeholders is being done in the district. We hope with this strategy to get better result in maternal and new born care in near future."

Dr. Santosh Gupta, CMO Lakhimpur Kheri
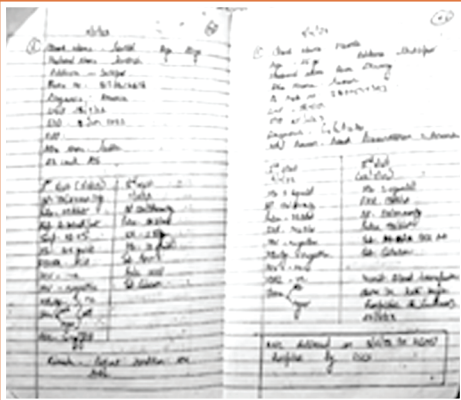
INTENSIVE HRP TRACKING AT CHC NAWABGANJ, UNNAO

District Unnao's CHC FRU Nawabganj is a high case load facility with 150 to 200 deliveries each month. For managing High Risk Pregnancy (HRP) cases, the CHC Superintendent has introduced a novel strategy. The facility identifies about 10% HRPs out of all the recorded cases. The HRP register records these HRPs, along with their cellphone and Whatsapp numbers, who are mainly serviced on PMSMA day. According to their serial numbers, these registered HRPs are then assigned to the staff nurses, which are divided into three teams (TEAM A, B, and C), each of which is directed by a different doctor (Dr. Richa, Dr. Ruchi, or Dr. Neha). The allocated Staff Nurses call the ASHA/ANM of these HRPs once a month to inquire about their current health and the results of recent blood/USG tests. If the ANM or ASHA are not reachable or available, SNs will get in touch with the client directly.

Every SN has her own register, and each each page is dedicated to single HRPs. If the HRP is severely anaemic, for instance, her HB status, oral iron and iron sucrose intake, as well as her BT information, are all included. The relevant lead doctors and then the CHC superintendent check these registers. Additionally, during this time, the staff nurse supports ANM/ASHA with developing the HRP's Birth Preparedness Plan.
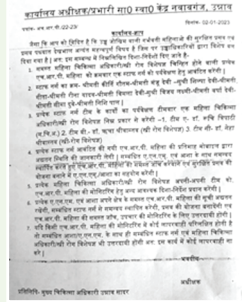

Our physicians and personnel in addition to ANM & ASHA also follow up on HRP cases. Our staff is skilled in both HRP identification and birth preparedness. Pregnant women from nearby blocks especially come to our CHC to receive better care and facilities.

Dr. Arun Kumar
CHC Superintendent, Nawabganj

The patient and their family are mentally prepared at the time of delivery that she might have to go to a higher facility because of this follow-up pattern, which helps to track all the updates of HRP and the client's birth readiness. As a result, they prevent conflict with the staff.
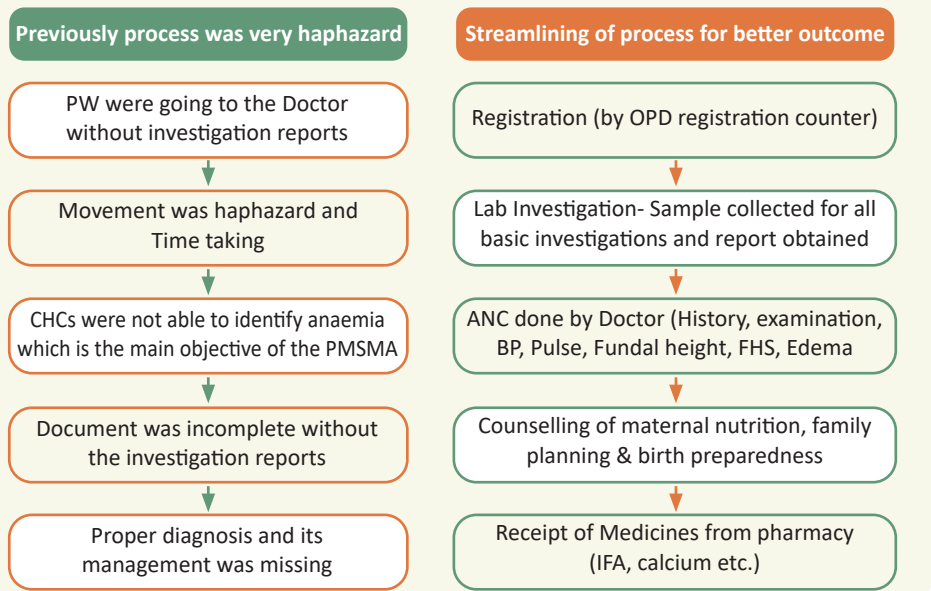
Dr. Ruchi Tripathi
LMO

Results:
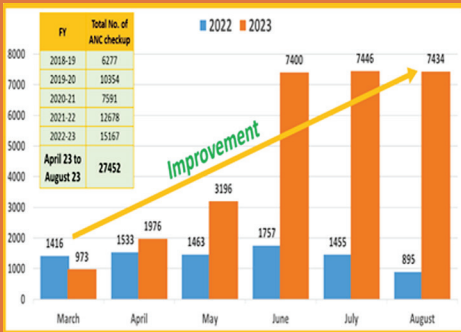
DSS Dr Arpita receiving certificate of appreciation from District Magistrate-Kushinagar for her eminent support

STRENGTHENING OF PMSMA AT KUSHINAGAR

Pradhan Mantri Surakshit Matritva Abhiyan envisages improving the quality and coverage of Antenatal Care (ANC), including diagnostic and counselling services at facilities under doctor's supervision.

Previously process was very haphazard	Streamlining of process for better outcome
PW were going to the Doctor without investigation reports	Registration (by OPD registration counter)
Movement was haphazard and Time taking	Lab Investigation- Sample collected for all basic investigations and report obtained
CHCs were not able to identify anaemia which is the main objective of the PMSMA	ANC done by Doctor (History, examination, BP, Pulse, Fundal height, FHS, Edema
Document was incomplete without the investigation reports	Counselling of maternal nutrition, family planning & birth preparedness
Proper diagnosis and its management was missing	Receipt of Medicines from pharmacy (IFA, calcium etc.)

INITIATIVES TO IMPROVE MATERNAL NUTRITION

MATERNAL NUTRITION GUIDELINES ISSUED IN JULY 2023

The ICDS department, with support from UP-TSU and UNICEF, drafted guidelines for the implementation of key interventions on Maternal Nutrition; of weight tracking, diet diversity and micronutrient supplementation. Detailed guidelines have been sent to all the DPOs from the ICDS directorate.

BUILDING KNOWLEDGE OF MUKHYA SEVIKAS

Maternal Nutrition is a key focus area under Government of India's Mission Saksham Anganwadi and Poshan 2.0. Capacity building of Anganwadi Workers and the Mukhya Sewikas (on maternal nutrition) was proposed to strengthen the ICDS service delivery around maternal nutrition.

STATE-LEVEL TRAINING OF MASTER TRAINERS

To strengthen the ICDS supervisory cadre and to develop a pool of Master Trainers, training of the Mukhya Sewikas was planned in 18 batches, at the State level in the National Institute of Public Cooperation and Child Development (NIPPCD), Lucknow.

Status update: *8 batches of master trainers have been trained, covering 10 divisions in Uttar Pradesh, including Lucknow, Varanasi, Gorakhpur, Kanpur, Meerut, Mirzapur, Saharanpur, Chitrakoot and most districts of Agra and Aligarh divisions.*

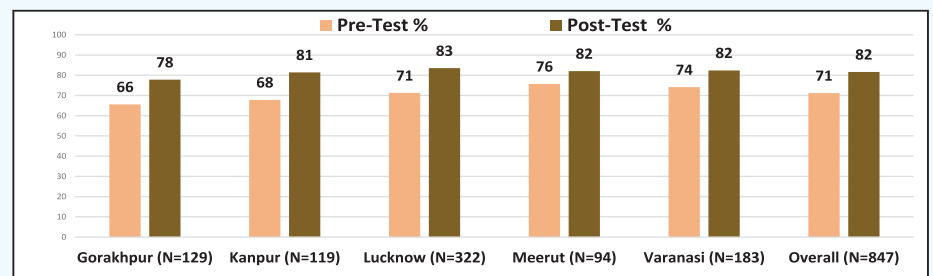## MICROPLANNING OF DISTRICT-LEVEL TRAINING AND ORIENTATION OF DPOS

UP-TSU supported the ICDS Directorate in developing a district-wise training micro plan for 75 districts, with 113 batches planned for the 2290 Mukhya Sevikas of the ICDS department. The DPOs were oriented on the microplan during a virtual orientation organized by the ICDS Directorate.

ROLL OUT OF DISTRICT-LEVEL TRAINING OF MUKHYA SEVIKAS

District level training of Mukhya Sewikas was conducted by 127 master trainers and supported by the District Specialist (Community Outreach). The sessions included topics like maternal nutrition (weight tracking of pregnant women, micronutrient supplementation, and diet diversity), IYCF, Use of Growth Monitoring Devices (GMDs) and Sahyog App. 847 Mukhya Sevikas (98%) have been trained in 37 batches (100% accomplished). Session facilitation was also assisted by development partners such as UNICEF and Rocket Learning.
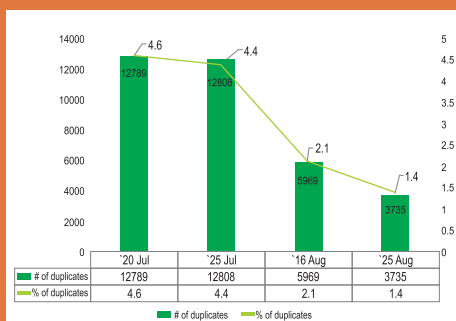
PRE & POST TRAINING KNOWLEDGE ASSESSMENT

Knowledge level of the Mukhya Sevikas was assessed through a pre and post-training test with the help of a Google form. The average pre-test score was 71.2%, and after training, the knowledge level improved to 82%. The following are the pre and post training knowledge assessments for 5 divisions:

	Pre-Test %	Post-Test %
Gorakhpur (N=129)	66	78
Kanpur (N=119)	68	81
Lucknow (N=322)	71	83
Meerut (N=94)	76	82
Varanasi (N=183)	74	82
Overall (N=847)	71	82

Demonstration of Poshan Corner in Training

- CHOs identified as point person to carry out the data rectification process.
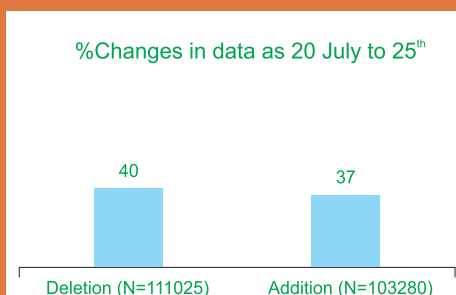- ANMs lead the data rectification process in areas where there are no CHOs.
- Data Rectification carried out at subcentre level.

Data Rectification taking place under the guidance of CHO in Lavakani block

- Orientation of the CHOs on data rectification process
- Training of ASHAs by CHOs on data rectification
- Data Rectification: Cross-verification of VHIR data and eKavach data. Deletion of duplicates
- Completion of LMS
- Automatic generation of duelist: Entry in RCH module by ANM

	`20 Jul	`25 Jul	`16 Aug	`25 Aug
# of duplicates	12789	12808	5969	3735
% of duplicates	4.6	4.4	2.1	1.4
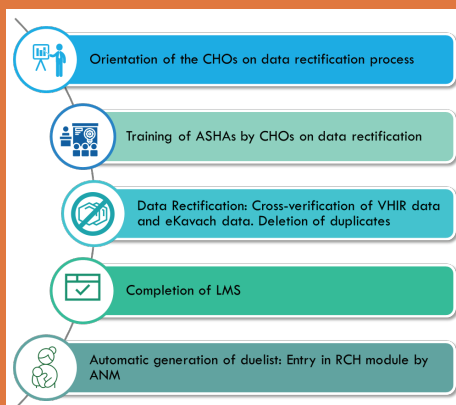
Removal of duplicate data in Gauribazar

%Changes in data as 20 July to 25th

Deletion (N=111025)	Addition (N=103280)
40	37

Percentage change in enumeration

DIGITALLY ENABLING FLWS WITH eKavach IMPLEMENTATION

Owing to the need for strengthening eKavach implementation and based on the request from CMO, UP-TSU collaborated with Deoria district officials to enhance enumeration and ABHA ID generation in Gauribazar block. The goal was to improve data accuracy and reliability in the eKavach application. This initiative, focused on eliminating duplicates, adding families, and generating ABHA IDs, aimed to refine the enumeration process, with application of lessons learned and improvements achieved throughout the entire state.

The Strategic Approach

The data rectification process was executed in a systematic and collaborative manner, with several pivotal steps:

Meeting with the district/block officials: To plan and garner support.

Masters Updation: A comprehensive review and update of the location hierarchy was undertaken, involving facility mapping up to the subcentre level in collaboration with the BPM.

Enumeration Rectification: CHOs and selected ANMs led this effort with active ASHA participation, covering 37 sub-centres. They cross-checked families, addressed duplicate entries, and ensured accurate service data records.

ABHA ID Generation: After enumeration rectification, ASHAs were assisted in generating ABHA IDs through home visits, with support from ASHA Sanginis and UP-TSU's block staff.

Service Data Updation: ANMs were trained to update service data in the RCH module and validate ASHA-reported events, ensuring up to date data entry.

GoUP and the district administration in Deoria played integral roles during ekavach support activities, contributing significantly to its success. They organized trainings, provided venues, mobilized stakeholders, and conducted regular progress assessment.

Lessons Learned

Block Nodal for Rectification: Designating a government official from the block as the Nodal person for rectification ensures government engagement and bolsters accountability. The block Nodal's responsibilities encompass crucial tasks such as area mapping, ensuring full attendance, managing training logistics, and more.

UP-TSU Block-Level Support: The deployment of UP-TSU's field team for time bound, in person, handholding and support significantly contributes to intensified enumeration efforts and ABHA ID generation at the block level.

CHOs as nodal: Direct and intensive in person training by CHOs, coupled with ongoing supportive supervision and mentoring during enumeration rectification, fosters successful outcomes.

Updated VHIR of ASHAs: Prior to initiating the rectification process, ensuring the accuracy of ASHAs' VHIR data expedites data correction within the eKavach application.

Application Uniformity: Frequent changes in versions and features can impede frontline workers' familiarity with the application. Upholding stability and uniformity in the application's features contributes to the overall effectiveness of the rectification process.

Login IDs: Discrepancies in assigned ASHA IDs, with instances of multiple ASHAs linked to the same ID, can lead to erroneous data entry. Verifying and rectifying login IDs before commencing the exercise is crucial to ensure accurate data representation.

Achievements

During the periods between July 20, 2023, and August 25, 2023 a total of 214,683 cases underwent necessary corrections, involving both deletions and additions. Among these cases, 111,025 individuals, constituting 40% of the total cases, were removed from the application, while 103,280 new entries were added, accounting for 37% of the total cases. This concerted effort resulted in a significant reduction in duplicate entries, with approximately 71% of the duplicates being successfully rectified. Furthermore, the number of ABHA IDs generated increased to 13,713 on 20th September from 230 on 20th July in Gauribazar block.

Way Forward

The insights from the challenges faced in Deoria will guide the refinement of the enumeration process, enhancing the eKavach application's accuracy and reliability. Future plans involve strengthening the rollout of RCH and HWC modules in the block to optimize eKavach data for program planning. CHOs and selected ANMs, supported by UP-TSU, will be instrumental in this effort. They will receive training on the modules and subsequently train ASHAs and ANMs to ensure high-quality service entries in eKavach for the generation of electronic health records.

Assessment of PHCs for Delivery Point Activation in High Home Birth Areas, Uttar Pradesh

To understand the prevalence of home births in Uttar Pradesh, UP-TSU conducted a dipstick study in the Shahjahanpur and Bahraich districts, which have the highest rates according to NFHS-5 (36.7% and 32.3% respectively). A comparative analysis of NFHS-4 and NFHS-5 on home birth were shared with MD-NHM along with the findings. According to the data, home births account for 16.6% of all births in Uttar Pradesh, with 30 districts accounting for 66% of all home births.

As a result, MD-NHM recommended creating a line list of all deliveries in these districts. In 30 high-burden areas, a total of 373,369 deliveries were recorded between October and December 2022 through 3241 ASHA Sanginis from 57,500 ASHA areas. 14.1% of these births took place at home, 25.7% in private, and 60.2% in public facilities.

The analysis of line listings has brought to light that there are 8607 ASHA areas with home birth rates surpassing 20% in 30 districts. In order to address this issue, NHM with support of UP-TSU have prioritized high home birth pockets to reduce the number of such deliveries. UP-TSU supported the NHM to map out PHCs for activation and provided guidelines and SoPs. A list of PHCs in these locations has been provided by UPKSK, of which 250 are currently non-functional.

Data collection and analysis:

A standardized PHC assessment checklist was developed by UP-TSU and UNICEF to evaluate PHC as delivery points. It assesses infrastructure, logistics, human resources, and capacity building (SBA training). On-site evaluations were conducted by MoICs. Data was entered into Kobo toolbox for accuracy. Data was analysed after assessments to identify areas for improvement.

Results:

The assessment data served as a comprehensive overview of the infrastructure, logistics, and human resource that are available at each PHC. It would help identifying areas of improvement, allocate resources effectively, and ensure the necessary measures are taken to improve the quality of care offered in promoting institutional deliveries in pockets with a high rate of home births. In order to activate the proposed 250 PHC as a delivery point for FY 2024–2026, UP-TSU supported the NHM in drafting a PIP, which was then shared with GoI for further approvals.

EDITORIAL TEAM

John Anthony, Senior Project Director
Shweta Naik Bankar, Deputy Director-Gender
Dr. Shalini Raman, Sr. Team Leader-BCC

COMMUNICATION TEAM

Pritika Ojha - Community Process
Neha Parveen - Family Planning
Tapaswini Swain - Nutrition
Shreya Mazumdar - System
Abhishek Sahu - Designing Support

DATA QUALITY ASSESSMENT- A MECHANISM TO IMPROVE THE HEALTH DATA QUALITY OF UP

The availability of quality data is crucial for effective program review, planning, and data-driven decision-making in the government health system. While the UP health data system already employed various mechanisms such as data quality audits (DQA), monthly validation committee meetings, and validation checks to maintain data quality, still there were opportunities to improve further. For example, the current coverage of facilities under data quality audit was restricted to only a few geographies (districts/blocks) and to certain facility types such as DHs and CHCs, excluding PHCs and Sub Centers.

To fill these gaps, UP-TSU expanded the scope of data quality assessment to all facility types (SCs, PHCs, CHCs & District Hospitals) and across all 18 divisions of the state. Two rounds of DQA were conducted between May 2022 and June 2023 (Round 1- May 2022 to July 2022; Round 2- March 2023 to June 2023).

Methodology

The DQA was conducted bi-annually by UP-TSU Divisional Specialist-M&E. In each division, blocks were selected based on their performance consistency on the rank achieved in the past 12 months (FY 2021-22). From all the 18 divisions, 3 blocks were selected (1 block from the top 5, 1 block from the bottom 5, and 1 block from average performing blocks within the division) and from each block, 5 facilities were further selected for the assessment (1 CHC, 1 PHC, and 3 SCs). Apart from these, 1 DWH/DCH was selected from districts of selected blocks. In total, 324 facilities across the state in each round of the assessment were included.

The criteria for selection of facilities/blocks were:

- Consistency in HMIS reporting by the facilities of blocks- more than 90% of facilities has reported in portal
- Completeness of data elements reported by facilities- more than 90% data elements reported
- Facilities not to be defunct or non-functional

Data from HMIS/UPHMIS for the 3-month period preceding the DQA was utilized for the evaluation. Documents were reviewed for availability, timeliness, and completeness. The HMIS data was meticulously traced and verified, involving the re-aggregation of numbers from the source documents. Through a rigorous process of data verification and reconciliation with source documents, any disparities were proactively investigated to identify the reasons behind them. The findings were then shared with facilities to facilitate necessary corrections, ensuring robust data quality.

Findings

The two rounds of DQA showed a positive improvement in the data quality.

- State level: The percentage of data points (31 data elements) from HMIS matching with source documents has improved notably from 58% in round-1 to 72% in round-2.
- Division level: Data matching with the source document improved between two assessment periods across all the divisions except for Meerut and Bareilly. In round-1 the lowest score was 40 for Varanasi, and the highest was Saharanpur 70. In the 2nd round, Chitrakoot with 57 had lowest score while Saharanpur with 83 had the highest level of matching.
- Facility level: Around three-fourths of facilities (73%) have shown improvement. Of these, 28% facilities have achieved more than 25% improvement in matching between two rounds.

Facility Type	facilities (#)	% of data points matched (Round 1)		% of data points matched (Round 2)		Difference (R2-R1)	Paired t-test (p-value)[1]
		Mean	SD	Mean	SD		
DH	48	68.8	14.8	79.6	13.4	10.8	0.00
CHC	54	53	20.4	69.2	16.3	16.2	0.00
PHC	54	62.7	30	74.2	23.1	11.4	0.01
SC	159	54.4	22.1	70.3	17.6	15.9	0.00
Total	315	57.8	23.1	72.1	18.4	14.3	0.00