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QUARTERLY NEWSLETTER BY UP-TSU

## A NOTE BY THE LEAD, UPTSU

Dear friends,

We are delighted to announce the release of the 21<sup>st</sup> issue of our quarterly newsletter. This edition serves as a comprehensive reflection of UP-TSU's support to GoUP spanning facility enhancements, systemic reforms, and community outreach initiatives. Through which we have endeavoured to address the diverse challenges impeding equitable healthcare access for all.

Within the pages of this newsletter, you will come across strategic interventions like strengthening databased decision making, hierarchy mapping supporting improvements in e-Kavach portal, supporting health facilities across the state for attaining NQAS, LaQshya and MusQan certification, and harnessing digital innovation for inclusive and accessible healthcare by supporting the launch of 35 microsites in UP under the ABDM program.

Wishing you all an engaging journey through the pages of our newsletter.

Sincerely,

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

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## 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.

**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)



*RMNCAH Counsellors Divisional Review Meeting in Varanasi.*



*RMNCAH Counsellors Divisional Review Meeting in Agra*

## DIVISIONAL LEVEL REVIEW MEETING OF RMNCAH COUNSELLORS

Considering the importance of RMNCAH Counsellors in strengthening family planning work in the state, it's imperative to periodically review their work and enhance their capacity. Following discussions between UP-TSU and Additional Director during quarterly divisional review meetings, it was agreed to organize similar meetings for RMNCAH counsellors as well at the division level. RMNCAH Counsellors from all the districts take part in the meeting where their quarterly work is reviewed, specific capacity-building sessions are conducted, and agendas for the next three months are decided. Between August 2023 to March 2024, two rounds of RMNCAH counsellor quarterly divisional review meetings have been held.



*RMNCAH Counsellors Divisional Review Meeting in Bareilly*



*RMNCAH Counsellors Divisional Review Meeting in Lucknow*

## TESTIMONIALS



*The annual district-level reward ceremony initiative acknowledges those who have significantly contributed in providing family planning services, inspiring others to follow suit. Recently, a successful reward ceremony took place at Gorakhpur Purna Shree Sabha, honoring the ASHA workers, ANMs, staff nurses, medical officers, surgeons, and teams at both block and district levels. This event led to positive changes in the district, showing the importance of extending similar programs to the block level. This would motivate service providers and frontline workers to stay committed.*

**Dr. A K Chaudhary**  
ACMO-RCH, Family Planning Nodal  
Gorakhpur

## AWARD CEREMONY AT DISTRICT AND DIVISIONAL LEVEL

Each year, the government recognizes the remarkable contributions of various service providers and program managers in family planning. Held at both division and district levels, the ceremony highlights the role and key achievements of surgeons, medical officers, staff nurses, ANMs, ASHAs, program managers etc. in the family planning program. Through public recognition, the government seeks to inspire others and emphasise the significant impact of these individuals in strengthening family planning services.



*Award ceremony at divisional level*



Quality circle doing internal assessment at CHC Jasra, Prayagraj



“Recently conducted internal assessment of CHC Jasra gave us a better understanding of the program, gap identification and its certification by state/ national assessors. With the support of UPTSU, our internal assessment of LaQshya for LR & MOT, MusQan for NBSU went well and team Jasra will work on gap closure for obtaining certification from state & national assessment teams.”

**Dr. Ankita Pandey**  
MOIC CHC Jasra, Prayagraj

## LaQshya – “NURTURING HEALTH, ENSURING SAFETY: EMPOWERING EXCELLENCE IN MATERNAL AND NEW BORN CARE”

In 2023-24, 45 Labour rooms and 30 maternal OTs have been LaQshya certified with support of UPTSU in 51 districts of Uttar Pradesh. Following a DO of GOI in Feb-24, a letter was issued by GM Quality for completion of internal assessment of 102 facilities with support from UPTSU, for NQAS, LaQshya and MusQan in 51 assigned districts including 20 HPDs and 5 ADs of Uttar Pradesh. Prioritization of facilities was done for internal assessment. Facilities included are deferred facilities where external assessment was done earlier, facilities with functional FRUs, high delivery load, aspirational block facilities and facilities having functional NBSUs for MusQan certification.

Following the finalization of strategy, orientation of all District Senior Specialists (UPTSU) was done for LaQshya & MusQan checklists covering LR, OT, NBSU & Pediatric OPD. Internal assessment of 102 facilities by quality circle of the facilities was completed in two phases viz. 26th- 27th Feb-24 and 4th -5th Mar-24. The DSS played a pivotal role during the entire process by providing technical support in assessment and checklist filling. 79 facilities out of 102 have completed their assessment along with checklist submission. Almost one-third of the facilities scored above 70% an essential criteria for a facility to qualify for the next level of assessment.

## PRADHAN MANTRI SURAKSHIT MATRITVA ABHIYAN: IMPROVING QUALITY AND COVERAGE OF ANTENATAL CARE

The DSS and DNS from UPTSU supported the PMSMA at districts in terms of supportive supervision for ensuring requisite drugs and logistics, availability of medical officers / gynaecologist, identification of severely anaemic women for iron sucrose administration and subsequent follow ups, identification and tracking of high risk pregnancies, capacity of building of on-duty staff nurses and ANMs etc. They also share a brief report to the CMO/ ACMO RCH regarding their findings observed during the field visits. This has led to improvement in availability of medicines and logistics, identification, management and tracking of high risk pregnancies including administration of iron sucrose treatment, improved reporting of HRPs etc.

The ‘IPledgeFor9’ Achievers Awards have been devised to celebrate individual and team achievements and acknowledge voluntary contributions for PMSMA in states and districts across India. Many of the district technical team members received the award in recognition of their support in improving the quality and coverage of the program in the districts.



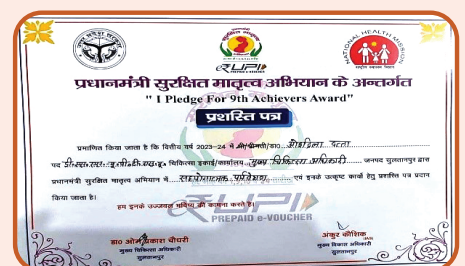
CMO Chitrakoot awarding the certificate to the DSS Chitrakoot in recognition of her contribution to the program.

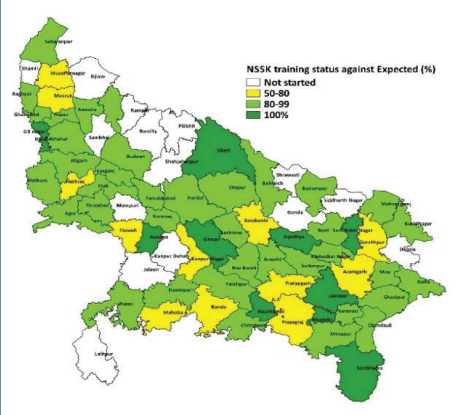


CMO Etawah awarded Dr. Vamik (DSS Etawah) for contributing to the success of the program



CDO and CMO Sultanpur awarded Dr. Oindrila (DSS Sultanpur) for contributing to the success of the program





## NSSK TRAINING-PLANNING AND IMPLEMENTATION

Amidst on-going District level trainings, major gap was found as 41 districts didn't had minimum requirement of 3 trainers to start their trainings. Hence, UPTSU advocated with NHM and supported 2 additional TOT's in Lucknow, programmatically and financially. 63 trainers were developed from 40 districts, saturating all districts with trainers.

UPTSU is rigorously monitoring both the quality of trainings and mitigating any gaps if they arise. In short span of 4 months, 60 districts have started their NSSK training, with 7455 participants trained. 10 Districts have already saturated their delivery points with NSSK trained staff and soon we will have more districts which will be finishing their training for delivery point staff.



NSSK training batch completion Mirzapur

## LABOUR ROOM COMPLEX RE-ARRANGEMENT (NBSU, LABOUR ROOM AND TRIAGE ROOM) AND ACTIVATION OF SECOND LABOUR ROOM AT CHC SIRATHU

CHC Sirathu in Kaushambi faced challenges with a high delivery load averaging ~250 deliveries in the last 6 months. Additionally, the PNC ward was right next to the triage, the labour room & the nurse duty station which led to overcrowding and compromised infection prevention practices in the Labour Room (LR). It also affected the functioning of Newborn Stabilization Unit (NBSU).

Thus, establishment of a second labour room was felt essential for which the triage room was converted into a second labour room increasing the patient handling capacity. A dedicated triage room was created nearby, and the NBSU was relocated closer to the labour rooms for better coordination, facilitating smoother coordination between departments. The earlier NBSU ward was converted into PNC.

This reorganization improved client flow management and staff security, enhancing maternal and newborn healthcare at CHC Sirathu.



## A STRATEGIC STEP TOWARDS SAVING LIVES: PROCUREMENT OF NASG GARMENTS IN GHAZIPUR DISTRICT

In the border district of Ghazipur, Uttar Pradesh, shortage of obstetricians and gynaecologists at CHC-FRU has been significant challenge to provide maternal healthcare. Majority of postpartum haemorrhage (PPH) cases are referred to the District Women's Hospital (DWH), often in critical conditions, from the blocks. Recognizing the urgent need for intervention, a strategic proposal to procure Non-Pneumatic Anti-Shock Garments (NASGs) was put forth to the Chief Medical Officer (CMO) of Ghazipur.

NASGs, with their proven efficacy in reducing blood loss and stabilizing women during obstetric emergencies, emerged as a promising solution to address the critical gaps in maternal healthcare in Ghazipur.

After careful consideration and evaluation of the proposal, the CMO of Ghazipur decided to procure NASG for all FRUs (First Referral Units) and high delivery load CHCs in the district. The procurement of these devices is a crucial step towards addressing obstetric emergencies effectively.





### KEY HIGHLIGHT

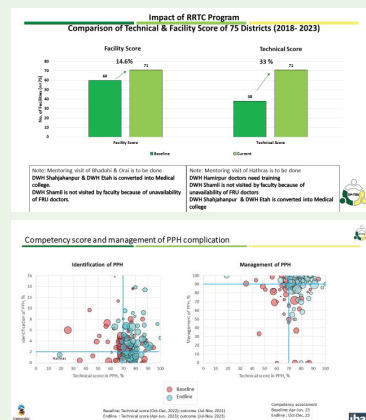
To encourage birth preparedness among the pregnant women and promote Institutional delivery, 5000 demonstration bags named: PRASAV POTLI enclosing essential stuffs, documents and pictorial information on danger signs, and ambulance was designed and printed in Badaun from funds mobilized through CMO office.



Prasav Potli inaugurated by local MLA Mr Mahesh Chandra Gupta, DM Mr Manoj Kumar and CDO Mr Keshav Kumar, District Badau

## PROGRESS OF DOCTORS MENTORING PROGRAM (RRTC PROGRAM)

- Seventy-four Round 3 RRTC doctor mentoring visit completed in Oct - Mar 2024
- Forty district hospitals CMO/CMS & faculty meeting completed
- Continued Medical Education (CME) after round 3 of mentoring visit started in Feb 2024. As of right now, 8 CME completed.
- Impact of RRTC Program:
  - Facility Score** - Rise of 14.6% was accomplished from baseline (80%) to current (94.6%) facilities.
  - Technical Score** - Rise of 33% was accomplished from baseline (50.6%) to current (94.6%) facilities.



## IMPROVEMENT OF RMNCH+N INDICATORS THROUGH DIGITAL INTERVENTIONS IN UP STATE

### (Hierarchy mapping: Process and outcomes)

In the ekavach application, the precise hierarchy mapping between various administrative units such as District, Tehsil, Block (CHC/PHC), Subcenter (SC), Revenue Village (RV), and ASHA areas would ensure accurate and efficient data management and streamline the process of delivering healthcare services. In light of the discrepancies observed, a hierarchy mapping rectification plan was devised and below cited process adopted:

- ASHA data from the eKavach portal was retrieved and ASHA-wise hierarchy mapping list matching RV MDSS code with updated LGD code was generated.
- NHM Divisional M&E supported district and block level team of UPTSU in navigating the hierarchy system within the eKavach portal.
- A letter was developed for the CMOs, requesting for block-level meetings for the hierarchy mapping process to address the identified discrepancies.
- District (ACMOs and DPMU) and block level team (MoIC, BPM & BCPM) under the guidance of CMO, oriented on the purpose and process of ASHA wise hierarchy mapping.
- ASHA-wise hierarchy mapping list was shared with district and block level officials; discrepancies was discussed and plan for rectification was prepared.
- The micro plan of SC-wise batches on training was formulated and organised for ANMs, CHOs and ASHA Sanginis.

### SC-wise Hierarchy Mapping process:

- Hard copies of SC-wise ASHA list was prepared and shared with ANMs, CHOs and ASHA Sanginis.
- ANMs and CHOs verified and updated ASHA information, comparing the ASHA's details with the records at the PHC, SC, and RV levels.
- Following the correction process on hard copies, the eKavach portal has been updated accordingly - as relocating/adding ASHA, relocating SCs/RV, inactive duplicate users, addition/deletion of PHC/SC/RV etc.

### Progress so far:

Out of 25180 HWC/SC, 24690 (98%) were updated with hierarchy mapping on paper, and were validated by ANM, CHO, and ASHA Sanginis. To date, 83% (20776) of HWC/SC have been updated on the Ekavach portal with the revised hierarchy. The remaining HWC/SC are in the process of updating the hierarchy in the application.

### Key Learnings:

Ekavach's hierarchy mapping will ensure accurate and efficient data management and streamline healthcare service delivery. Revenue villages will be incorporated into sub centres that have been left out. All existing ASHA workers will have unique IDs in the ekavach application. The rectification in hierarchy mapping would result in accuracy in due list of the beneficiaries for healthcare services (ANC, Immunization, nutrition, family planning etc.). Moreover, the referral pathway for the ASHA workers will be clarified in the ekavach application, enables to navigate the beneficiaries to appropriate facilities.

## STRENGTHENING GOVERNANCE AND MOBILIZING RESOURCES FOR NUTRITION

### LEVERAGING DIGITAL PLATFORMS FOR SELECTION OF ANGANWADI WORKERS

3077 AWW were selected from the pool of eligible Anganwadi Helpers across Anganwadi Centres in the state. The selection process was digitally facilitated with development and support for use of a portal by UPTSU and execution of key processes online, through the portal. This helped completion of the activity with efficiency and transparency. In February 2024, appointment letters were distributed by the Hon. CM of UP to the selected Anganwadi Workers at the state. The following key processes were aided with use of the online portal.

- Ascertaining the vacant posts of Anganwadi workers at the district through the ICDS Vacancy Management portal, based on GoUP reservation policy.
- Verification of service records and other documents of Anganwadi Helpers through the AWH to AWW Selection Portal by a district-level committee.
- Generation of merit list through the portal.
- Appointment letters generation and downloading facility from the portal.

### CORPORATE SOCIAL RESPONSIBILITY(CSR) CONCLAVE

The Government of Uttar Pradesh organized the CSR Conclave on February 20, 2024, with the objective of augmenting CSR funding in the state. The ICDS department led the efforts of multiple departments in organizing this event. Contributions of the CSR partners to the development agenda of the state were acknowledged and the CSR portal was launched by the Hon. Chief Secretary, GoUP, Shri Durga Shankar Mishra. UPTSU and UNICEF provided support to the ICDS department in organizing the conclave.

## AYUSHMAN BHARAT DIGITAL MISSION MICROSITES LAUNCH IN UTTAR PRADESH: A STEP TOWARDS DIGITAL HEALTH TRANSFORMATION

In line with the Ayushman Bharat Digital Mission (ABDM), Uttar Pradesh (UP) has taken proactive steps to accelerate the adoption of digital health services, particularly under the ABDM framework. Below is the update on the launch of 35 microsites in UP under the ABDM program, with support of UPTSU:

#### Event Highlights

The launch event for the 35 microsites under ABDM in UP was held in Lucknow and Mathura, chaired by Principal Secretary Medical Health and Family Welfare, Shri Partha Sarathi Sen Sharma. The total participants were 567 in Lucknow and 452 in Mathura including NHA & state higher officials, distinguished participants, experts, health partners, Private sector health care providers and Health development partners.

The event marked a significant milestone in the government's efforts to transform healthcare delivery in the state, focusing on integrating private facilities into the ABDM ecosystem and empowering individuals with information.

#### Objectives and Benefits of Microsites

The microsites aim to showcase the benefits of ABDM for both patients and healthcare providers, such as generating the Electronic Health Record, reduced queuing, ease of availing OPD services, online scheduling of appointments, digital admission and discharge processes, and enhanced ability to track patients' health indicators.

The implementation of the microsites project involves collaboration between state mission directors, development partners, interfacing agencies (Doctors for You and HLFPPPT), and support from the BMGF and the Technical Support Unit Uttar Pradesh.

#### Pathway ahead:

The launch of 35 microsites under the Ayushman Bharat Digital Mission in Uttar Pradesh reflects a strong commitment to harnessing digital innovation for inclusive and accessible healthcare, ultimately contributing to the well-being of the state's residents. This initiative received support from the Bill & Melinda Gates Foundation and Uttar Pradesh Technical Support Unit.



**शुक्रवार की शाम, डॉक्टर्स के नाम**  
(WEEKLY YOUTUBE PODCAST ON  
VARIOUS HEALTH ISSUES)

On request of SIHFW, UPTSU provided technical support to Health Department in organizing weekly live podcast on SIHFW's YouTube platform. Each podcast is hosted by renowned doctors from across the State's Health Facility and the topics for the talk are chosen around their area of expertise.

This is a first-of-its-kind initiative launched by the health department, for digitally connecting the doctors from all over the state on a common learning platform and establish an enabling environment for capacity building for all the participating doctors.

Acting as a virtual classroom for all the doctors, this initiative will help in improving overall quality of healthcare service delivery across state.



**EARLY ATTAINMENT OF DATA QUALITY IMPROVEMENTS IN THE NEW HMIS: LEVERAGING THE LEARNINGS AND ADAPTING TO NEW CHALLENGES**

The national Health Management Information System (HMIS) portal and its' reporting formats have undergone periodic modifications since its launch in 2008-09. UP-TSU under the guidance of GoUP developed UP-HMIS in 2017 to capture those missing data elements of HMIS that were essential for decision-making at various levels. Recently, there has been an overhaul in the national HMIS, with the addition of half of the new data elements in HMIS facility reporting formats. The new version, launched in April 2023, includes most data elements introduced in UP-HMIS, reporting systems, data quality tools, and dashboards. Any new changes in the existing system bring newer challenges in rolling out the system. However, it was not the case when UP-TSU supported the rollout of new HMIS in the state as previous learning was helpful in pre-identifying the potential challenges and proactive acting on them before they happened. As shown in Table 1, it took between 5 months to 1 year to complete those activities, which was almost 2 years earlier.

**Table 1: Time to achieve key data quality parameters in HMIS/UPHMIS after intervention**

Data quality parameter	Time to achieve		
	Old HMIS (2014-16)	UPHMIS (2017-23)	New HMIS (2023-onwards)
Intervention started	April-14	April-17	April-23
Timely data uploading (>70% facilities started uploading)	February 2016	September 2018	September 2023
Time taken	1 year and 10 months	1 year and 5 months	5 months
Any time uploading (>90% uploading)	March 2015	April 2017	April 2023
Time taken	11 months	>1 month	>1 month
Completeness of data with zero over 80% by more than 80% of facilities	NA	April 2019	January 2024
Time taken	-	2 years	9 months
Validation errors* (<10% of facilities started reporting at least one error)	NA	January-21	November 2023
Time taken	-	3 years and 9 months	7 months
Matching of data (% of reported data elements matched with source document)		74% in February 2020 (Round 7 of Gov. data audit)	Planned in April-May 2024

**WHAT WAS THE KEY TO ATTAINING FASTER RESULTS?**

In 2014, when UP-TSU support on strengthening HMIS started, challenges such as delayed reporting, duplication of data, lack of essential data elements were identified. There was a lack of routine platforms for conducting quality assessments of routine data at the block, district, and state levels, exacerbating the difficulty of ensuring data accuracy and reliability within the HMIS framework. Along with GoUP, UP-TSU institutionalised various mechanisms to improve data quality and eliminate the challenges in data use. This included a comprehensive mapping of the availability of reporting formats across health facilities, guidelines development to define data elements, and systematic ANM orientation training to familiarise them with data definitions. Efforts were also made to improve data quality and usage processes through strengthening data validation committee meetings, introducing data quality tools (completeness, validation and outliers), and introducing the UP Health Dashboard to rank districts based on key HMIS indicators. These efforts from the UP-TSU have systematically up-scaled the health data ecosystem of the state and also resulted in an early attainment of data quality parameters with the new HMIS compared to the previous versions by leveraging the learnings from the past.



*NFRU team Gender workshop*



*Gender session for ANM ToT*



*Posters Collage*



## GENDER WORKSHOP FOR NFRU TEAM

Taking a step towards integrating gender equality lens into the UPTSU programs, the state non-first referral unit team participated in a one-and-a-half-day gender workshop. The workshop aimed at enhancing their knowledge of core gender concepts and building their capacity to implement gender-sensitive strategies within their program interventions. The NFRU team also ideated on the components of a facility gender gap tool to assess the gender responsiveness of facilities and identify areas of improvement.

## GENDER SESSION IN ANM ORIENTATION MASTER TRAINERS TRAINING

As part of the state-level three-day ANM Orientation Master Trainers Training at SIHFW, a session focusing on Gender and its impact on health service delivery was conducted by Shweta Naik Bankar, Deputy Director- Gender. The session engaged 35 participants from various cadres, including ACMOs, MOICs, DHEO/HEO, and PHN tutors/SNs. The session oriented the participants on the influence of gender norms on service provision and uptake through audio-visual aids and reflective discussions.

## IHAT CELEBRATES INTERNATIONAL WOMEN'S DAY 2024!

IHAT celebrated International Women's Day 2024 under the theme 'Inspire Inclusion'. The IWD activities focused on enhancing the knowledge of the staff and fostering a collective vision of inclusivity in the workplace. In the week preceding IWD, the gender champions disseminated digital leaflets across IHAT offices to raise awareness and encourage action. Subsequently, all the work-streams convened to articulate their shared commitment to IWD and inclusivity through the creation of community art pieces.



### EDITORIAL TEAM

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

### COMMUNICATION TEAM

Deepshikha Khurana - Community Outreach  
Neha Parveen - Family Planning  
Tapaswini Swain - Nutrition  
Shreya Mazumdar - System  
Abhishek Sahu - Designing Support



Uttar Pradesh Technical Support Unit  
India Health Action Trust

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