



PAHAL

QUARTERLY NEWSLETTER BY UP-TSU

A NOTE BY THE LEAD, UPTSU

Dear friends,

As we embark on the summer edition of this year's PAHAL newsletter, I am delighted to share the remarkable progress UP-TSU has made in supporting the Health Department to advance public health across community, facility, and system levels in Uttar Pradesh.

This issue underscores our ongoing commitment to strengthening the healthcare delivery system. From support in intensifying the process of ABHA generation across the state through eKavach in the communities to strengthening Primary Health Centres by conducting periodic assessments utilizing the National Quality Assurance Standards (NQAS) checklist. Additionally, we have focused on upskilling staff nurses by supporting the development of a staff nurse induction training manual which will be used for their induction trainings. We have also supported the development of CPAP (Continuous Positive Airway Pressure) training manual along with UNICEF, the development of obstetrical guidebook for general surgeons and RRTC (Regional Resource Training Centre) nurse facilitators guide along with KGMU.

I invite you to explore the impactful stories within these pages and witness first-hand how UP-TSU is making a difference in communities across the state.

Warm regards,

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



IN THIS ISSUE

Highlights of RMNCAH+ Nutrition Service

pg | 02

- Family Planning Initiatives

pg | 03 - 08

- Facility Level Initiatives
- Community Level Initiatives
- System Level Initiatives
- SBCC

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, Adolescent 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



PHC Bhojpur, Ghaziabad



PHC Jamunaha, Shrawasti



PHC Raya, Mathura



PHC Moorathganj, Kaushambi

ASSESSMENT OF PHC DELIVERY POINTS USING NQAS CHECKLISTS

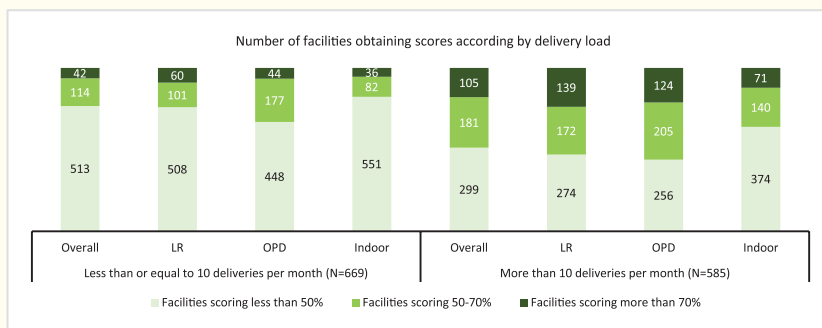
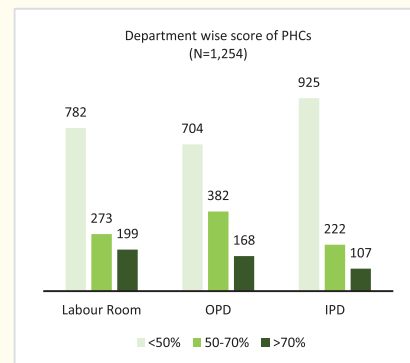
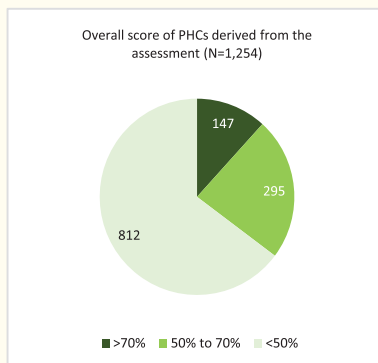
Improving quality has been a part of the ongoing efforts to strengthen Primary Health Centres (PHCs) and Sub-Centres (SCs) by conducting periodic assessments to provide comprehensive family planning services and to bring these services closer to the community. Earlier, the assessments were done using checklists focused specifically on family planning services. However, in the recent mid-term assessment, the scope was broadened to include PHCs that provide delivery services, utilizing the National Quality Assurance Standards (NQAS) checklist for PHC developed by the Ministry of Health and Family Welfare (MoHFW), Government of India.

This strategic shift aligns with our commitment to improving the continuum of care for women and children accessing these facilities. By enhancing the quality of care at PHC delivery points, the aim is to maximize opportunities for providing comprehensive maternal and child health services, including family planning.

The assessment targeted 1,254 out of 1,425 PHCs listed as delivery points on the HMIS portal, conducted between May and December 2023. Three of the PHC NQAS checklist, consisting of 649 indicators (206 for the Labour Room (LR), 300 for the Outpatient Department (OPD), and 143 for the Inpatient Department (IPD), were used to evaluate these facilities. Scores for the department/facility were calculated after assessing all measurable elements and checkpoints for compliance:

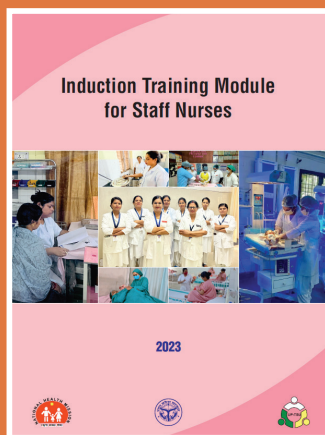
- 2 marks for full compliance at each checkpoint
- 1 mark for partial compliance at each checkpoint
- 0 marks for non-compliance at each checkpoint

All checkpoints have equal weight. Scores are calculated by summing the individual scores for each checkpoint and then converting them to a percentage for comparison across departments and groups.



One notable trend was that facilities with more than 10 deliveries per month tended to score higher compared to those with a delivery load below 10 per month.

The detailed facility wise analysis has been shared with all Chief Medical Officers (CMOs) across the districts.



IMPROVING HOSPITAL-BASED CARE BY UPSKILLING STAFF NURSES THROUGH INDUCTION TRAINING

As UP advances in healthcare, the GoUP has recognized the vital role of nurses in delivering comprehensive patient care and launched Mission Niramaya to strengthen nursing services. To equip nurses with the adept knowledge, skills, and professional behaviours for optimal patient care, GoUP has introduced 12 days of foundation training for newly recruited permanent staff nurses now posted at various CHCs and district hospitals. This initiative aims to build an efficient team of doctors and nurses to elevate UP on the top of the health map of India.

- 1. Development of the module:** UP-TSU supported DG training in development and designing of the training module for this training bringing together different stakeholders to develop a user-friendly job aid for the nurses in a span of 3 months. Topics covered include: professional behaviour, soft skills and gender sensitive approach, orientation of all hospital departments such as emergency, OPD, IPD, OT, wards and HDU, safe drug administration and blood transfusion, general nursing care, sample collection, use and maintenance of various equipment, infection prevention, quality assurance, RMNCH, vector borne diseases and national health programs.
- 2. Formal module launch:** The module was launched on April 8, 2024, by PS Health Shri Partha Sarthi Sen Sharma, MD NHM Dr. Pinky Jewel, and the DGs of the Department of Health SIHFW, at an event supported by UP-TSU.
- 3. 6 days ToT:** UP-TSU supported GM training in conducting 2 batches of 6 days ToT at Skills lab Lucknow in April 2024 to train master trainers from all 4 State skills lab who will take forward the district level trainings. A total of 53 nurses, nursing tutors, and doctors were trained. The pre-test and post-test results showed significant improvement: none of the participants scored above 80% in the pre-test, while 42 out of 53 scored above 80% in the post-test. 52 batches of Nurses' training is expected to commence soon at all 4 State Skills Labs.

EMPOWERED NBSU: A CHANCE FOR STARTING HEALTHY LIFE FOR SICK NEW BORN

According to the Registrar General of India, Chopan in Mirzapur District has a rural population of 323,881, with an IMR of 50 per thousand live births (NFHS-5). In August 2023, initial visits by DSS-TSU revealed inefficiencies in the NBSU due to a lack of essential logistics and staff knowledge about admission criteria and FBNC portal entries. During a district review meeting, the CMO and ACMO-RCH committed towards actionable solutions for strengthening NBSU.

By January 2024, procurement of essential logistics and drugs revitalized NBSU operations at CHC-FRU Chopan. DSS, Sonbhadra, and ZNS MZP provided hands-on training for staff nurses with requisite skills and knowledge along with NBSU training at BHU-Varanasi.

This transformation showed results when a severe case unfolded on the 18th of May'24, when a 9-day-old infant with poor feeding and jaundice was admitted to the NBSU. After two days of phototherapy and supportive care, the infant fully recovered under the surveillance of paediatrician and staff nurses, and was discharged on May 20, 2024, with her treatment documented on the FBNC portal. NBSU's success in Chopan offers renewed hope for affordable childcare in this BPL-heavy community, where private services can cost upto ₹30,000, making NBSU's low-cost services critical.



B/O Anjali

Updated FBNC portal with beneficiary details as per protocols



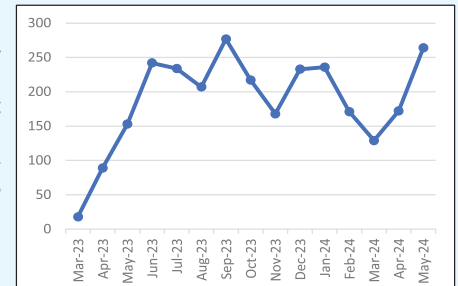
Beneficiaries receiving IVIS from Staff Nurse in MAMC at CHC Ramkola

TACKLING ANEMIA AT KUSHINAGAR WITH IRON SUCROSE FOLLOW-UP CARD

Kushinagar district is making strides in reducing anemia among pregnant women with the "treatment of identified anemic women by Injection Iron Sucrose" initiative. This involves capacitating healthcare workers to administer iron sucrose injections and educating women on iron intake during pregnancy and postpartum across all CHCs and DWH.

Key Activities undertaken:

- Standardized Injection and Follow-Up:** Facilities have established Medical Administration and Management Committees (MAMC) for proper iron sucrose administration and regular follow-ups, maintaining communication with the district drug warehouse to avoid stockouts.
- Enhanced Care with Follow-Up Cards:** Following positive feedback, a crucial innovation was introduced – the IS Follow-Up Card (Fig-1). This card documents the number of iron sucrose doses received and serves as a reference for future treatment.



Total number of pregnant women who were given complete dose of Iron Sucrose Injection.

Initially, budget constraints prevented printing the cards. However, through persistent discussions with the Chief Medical Officer (CMO) and the Chief Development Officer (CDO), the importance of the cards was recognized. With CDO's approval under the "Mission Shakti Abhiyan" program, 70,000 cards were printed and 1373 cards were distributed from Nov'23 to May'24.

CMO Kushinagar states that- "7759 beneficiaries have been administered IS since the inception of MAMC (March'23) at the district. The follow-up card has helped with improved service delivery and is a unique initiative."

Benefits for All: Beneficiaries can track their treatment progress and use the card for future reference. Additionally, the cards provide crucial information for counseling pregnant women about iron intake.

Staff nurses report that they find the cards helpful for accessing the client's medical history, calculating the correct dosage, and conducting follow-ups to determine the Hb levels after completing the dosage.

NIGHT C-SECTION SERVICES RESUME AT DCH AMBEDKARNAGAR

District Combined Hospitals (DCHs) are crucial tertiary care institutions in rural and semi-urban areas, providing comprehensive medical services and 24/7 emergency care. However, DCH Ambedkarnagar lacked night-time C-section services for two years due to the retirement of its Ob/Gyn specialist and the absence of emergency duty doctors on-site.

This issue was addressed in a Vertical Integration meeting with the CMO and CMS. Following directives from the CMO and a reiterating letter from the CMS, night C-section services resumed immediately at DCH Ambedkarnagar. This eliminated unnecessary referrals to the Medical College at Ambedkarnagar and ensured timely critical care for expectant mothers.

This proactive approach has resulted in two significant benefits:

- Improved access to critical care:** Pregnant women can now receive timely C-sections at night.
- Reduced night-time referrals:** The resumption of services has significantly decreased night-time referrals.

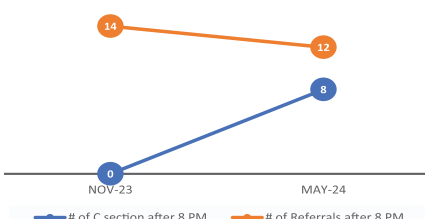
This change positively impacted families. Mrs. Pooja, with a history of a previous C-section and two spontaneous abortions, shared her experience: "When I was referred from CHC Dostpur and reached DCH Ambedkarnagar at 9:30 PM, the nurses and doctor immediately took some blood tests, and I had an operation by 12:30 AM. I delivered a healthy baby boy. I am very thankful for the prompt service at DCH."

Fig. 1- Iron- Sucrose Follow- Up Card



VI meeting to discuss night C-Section services at Ambedkarnagar

Increasing no. of C-section performed and declining no. of referrals after 8pm





SN performing suction on baby in SNCU



SN attending to baby under phototherapy in SNCU



Protocol posters displayed in PNC ward



Pregnant woman receiving meal as per diet

STRENGTHENING NEWBORN CARE BY ENHANCING NBSU STAFF CAPACITY

Reducing newborn mortality is crucial for GoUP to achieve the Sustainable Development Goals by 2030. Strengthening Newborn Stabilization Units (NBSUs) is key, providing essential care for complications like low birth weight, birth asphyxia, and neonatal jaundice. This not only improves outcomes related to New-born mortality and morbidity, but also alleviates the burden on higher-level facilities like SNCUs and NICUs.

GoUP offers comprehensive capacity enhancement training for NBSU staff. This program consists of 3-day training at medical colleges to equip staff with foundational knowledge and skills and 6-day observership training at SNCUs for hands-on experience allowing them to learn from experienced SNCU professionals in planned manner. Districts like Firozabad, Ayodhya, Bulandshahr, Mathura, and Hapur have initiated on-site posting for 2 weeks for new NBSU staff at SNCUs for hands-on experience. UP-TSU provides technical support in developing curriculum and agenda of 2 weeks of training, onsite support, and monitoring of this activity. Skills upgradation is happening at MSL of DWH.

Currently, 2 staff nurses from CHC Sirsaganj NBSU are training at SNCU Firozabad under Dr. Bharat Veer Singh. Nurse Keerti Gautam says, "On the first day of training itself, I learnt how to insert a cannula and OG tube in a baby. I also learnt how to hold a baby properly and want to learn all the basic yet essential procedures that are important to stabilize a baby after birth to work independently at the NBSU at my facility."

Dr. Bharat stated that, "Such trainings at SNCUs should be periodic to instill confidence for clinical efficiency of NBSU staff". This pilot program's success has the potential to be replicated across other districts, further strengthening the overall capacity of NBSUs.

QUALITY CIRCLE MEETINGS: TRANSFORMING PNC CARE AT CHC NAKUR, SAHARANPUR

One of TSU's key focus areas is to identify gaps in service delivery and infrastructure of facilities and discuss their mitigation plan by organizing regular Quality Circle meetings. These help plan interventions at a local level and ensure early resolutions.

The Postnatal Care (PNC) ward at CHC Nakur Saharanpur lacked basic amenities such as a KMC corner, privacy curtains, dedicated staff, and educational materials. As a result, patients often left before the recommended 48-hour post-delivery stay, risking complications.

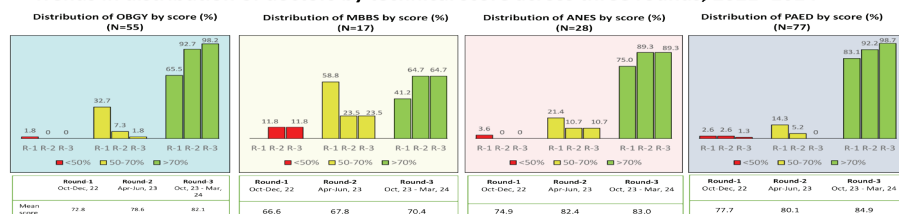
In February 2024, critical gaps were identified during a QC meeting. Nurse Mentor Sunita, with the support of the MOIC, led a comprehensive transformation. Improvements included establishing a KMC corner, installing privacy curtains, assigning dedicated staff, and introducing counseling on KMC, danger signs, family planning, and vaccinations. Informative posters and a TV for IEC materials was added, and meals were provided under the JSSK scheme to encourage longer stays. This holistic approach resulted in the creation of a model PNC ward, ultimately leading to improved maternal and newborn wellness.

PROGRESS OF DOCTORS MENTORING PROGRAM (RRTC PROGRAM)

The Doctors Mentoring program phase 3 (July 2021 – June 2024), with 268 faculty master mentors from 16 Medical colleges for 624 doctors from 76 District Hospitals.

1. All 3 rounds of mentoring visits are completed in which 1364 doctors mentored
2. Seventy-four district hospitals CMO/CMS & faculty meeting completed
3. Continued Medical Education (CME) after round 3 of mentoring visit completed
4. 177 doctors have attended all 3 round of mentoring visits

Trends in distribution of doctors by technical score across three rounds, 2021- 2024



Note: Technical score among the common doctors are considered in the analysis



PRADHAN MANTRI MATRU VANDANA YOJANA (PMMVY): IMPLEMENTATION BY ICDS UP

The Pradhan Mantri Matru Vandana Yojana (PMMVY), a direct benefit transfer (DBT) scheme of the Government of India was launched nationwide on 1st January 2017. The scheme is aimed at providing financial assistance to pregnant and lactating mothers to promote positive health and nutrition behaviors, as well as to compensate for wage loss, if any, that they may incur during the course of their pregnancy or soon after child birth.

In Uttar Pradesh, the implementation of PMMVY was transitioned from the Health Department to the Integrated Child Development Services (ICDS) department in March 2024. The ICDS department developed comprehensive standard operating procedures (SOP) for implementation of the scheme and materials for orientation of ICDS field staff across the state. Orientation sessions were organized in Lucknow, with support from MWCD, GoI, in five batches, from 19th to 26th June, 2024. Further, trainings of Mukhya Sevikas and Anganwadi workers have been planned at the districts, to ensure smooth implementation of the scheme in the state. UPTSU, in collaboration with UNICEF, supported the ICDS department in the development of the guidelines and training materials. UPTSU also facilitated access of the portal by the field staff of the ICDS.

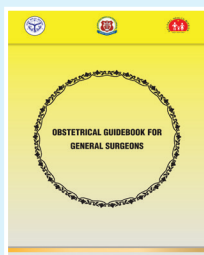
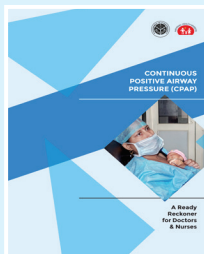
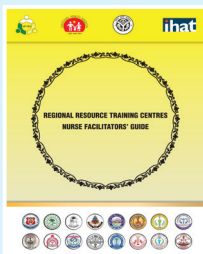
CONDITIONALITIES FOR PMMVY BENEFITS

Pregnant woman should be at-least 18 years of age to avail the benefit of the scheme.

Under PMMVY, eligible women will receive cash incentives directly in their Aadhaar-seeded bank accounts for the first two living children, according to the given schedule.

Number of children	Pre-requisite conditions	Installment
First child (girl/boy)	<ul style="list-style-type: none"> Pregnancy registration At least one antenatal health checkup within six months of LMP date 	Rs. 3000 (1 st installment)
	<ul style="list-style-type: none"> Child Birth registered Child completed first cycle of immunization (14weeks) 	Rs.2000 (2 nd installment)
Second child (only in case of a girl child)	<ul style="list-style-type: none"> Pregnancy registration At least one antenatal health checkup within six months of LMP date Child Birth registered Child completed first cycle of immunization (14weeks) 	Rs. 6000 (One installment)

SUPPORT TO MEDICAL HEALTH AND FAMILY WELFARE DEPARTMENT IN DEVELOPMENT AND LAUNCH OF GUIDELINES AND MANUALS



Launch of Regional Resource Training Centre - Nurse Facilitators' Guide by Vice Chancellor of KGMU, Lucknow



CPAP training module inaugural at KGMU by PS-MH&FW and VC, KGMU on 7th June 24 on occasions of 1st TOT



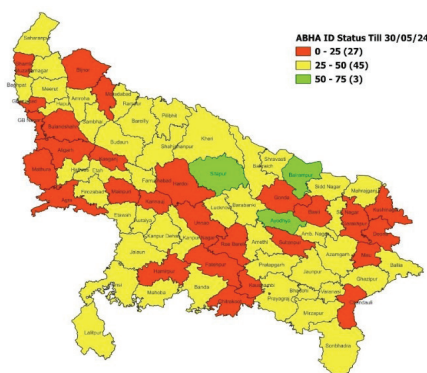
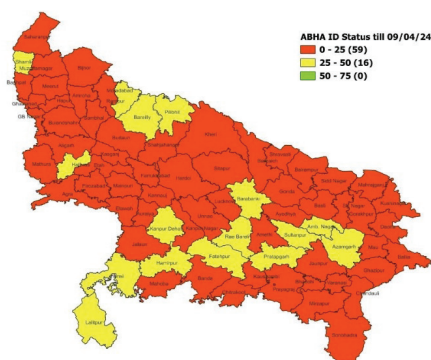
PS-MH&FW unveiled the Behavioural Training module for support staff on 26th June, at SIHFW, Lucknow



Launch of Obstetrical guidebook for general Surgeons by Mission Director, NHM-Uttar Pradesh

DISTRICTS' ABHA GENERATION STATUS BEFORE AND AFTER DASTAK ABHIYAN

During the Dastak Abhiyan, the GoUP, with UPTSU's support, reviewed low-performing districts and organized online sessions with district CMOs, to encourage prioritization and expedite ABHA generation. UPTSU provided on-ground support, training, and data monitoring, significantly intensifying the ABHA generation process in Uttar Pradesh. The maps above show a gradual increase in ABHA generation, with many districts moving from the 25% category to above 50%. The process continues with UPTSU's support. From 1st May to 19th June 2024, a total of 3,10,35,952 ABHAs were generated, averaging 620719 per day.



ABHA GENERATION BY ASHA WORKERS IN UTTAR PRADESH THROUGH EKAVACH APPLICATION

With the Ayushman Bharat Digital Mission (ABDM), the government aims to provide affordable, accessible, and inclusive healthcare through technology, creating a digital health ecosystem, supporting universal health coverage, and integrating digital health infrastructure. This includes creating a unique health ID, Ayushman Bharat Health Account (ABHA), for everyone and streamlining hospital processes with digital solutions. The key benefits of the ABHA are shown in figure 1.

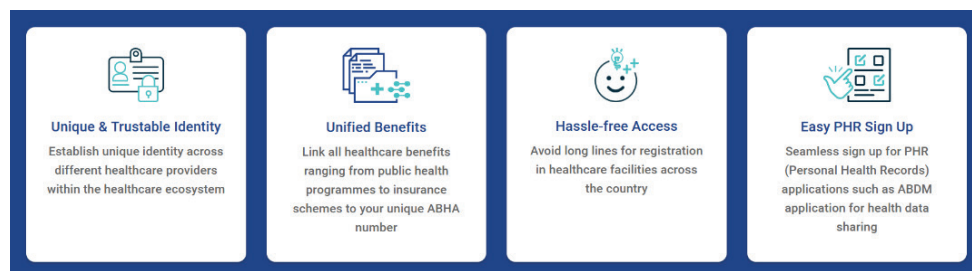


Figure 1: Benefits of ABHA

GoUP prioritized the generation of ABHA and enabled the ASHAs to generate the ABHA using the eKavach application, allowing both online and offline operations. In offline mode, ABHA is created using the citizen's Aadhaar number and personal data without requiring an OTP, crucial for those without linked mobile numbers

UP-TSU on-ground support in intensifying the process of ABHA generation

UP-TSU district and block level staff have been overseeing and coordinating with the concerned officials on the ABHA generation in their respective areas. In addition TSU state team closely work with the government officials and coordinate with ABDM to resolve any technical issues that may arise during the ABHA generation process. As per the government order (letter no. 428) issued (on 13th March 2024) by PHS Sir on the guidelines to be followed under Dastak Abhiyan, where ASHAs were expected to generate ABHAs as per the micro plan in their catchment area along with routine activities of Dastak Abhiyan, UP-TSU has intensified the process of ABHA generation across the state. ASHA workers' extensive reach in rural areas facilitates the enrolment of eligible beneficiaries into the ABHA.

Capacity building of ASHAs on ABHA generation:

UP-TSU, on request of NHM, developed PowerPoint presentations and videos on ABHA generation for ASHAs. These materials cover both online and offline processes and VHIR integration, ensuring accessibility regardless of internet connectivity. UP-TSU staff at district and block levels received online training to further train ASHAs in their areas. A total of 1,638 CHOs, 1,981 ANMs, 939 ASHA Sanginis, and 5,684 ASHAs were oriented.

In addition to training through videos, the TSU team provided daily support to ASHAs, which has been instrumental in fast-tracking the ABHA generation process and enabling more efficient ID registration.



Prioritization and review: At the state level, UP-TSU plays a crucial role in generating ABHA data on a daily basis. UP-TSU ranks districts based on the number of IDs generated each day, sharing this data with both NHM and ABDM unit. This daily data sharing facilitates better coordination and monitoring of the program, enabling data-driven decision-making and ensuring resources are focused on the districts that need them most.

<https://localbodies.up.nic.in/DLBGO/101%20%2020-03-2024.pdf>

3 BEST SLOGANS IDENTIFIED DURING THE 'WORLD ENVIRONMENT DAY' CELEBRATION ON 5TH JUNE

"From Dust to Green: Together We Can"

-M&E Team



पेड़ लगायें हम सभी-धरती हो खुशहाल,
हरियाली चहुँओर हो – फूल खिले हर डाल।
फूल खिले हर डाल – हर आँगन में हो फुलवारी,
अपनी धरती, अपना भविष्य है –
हम सब की ज़िम्मेदारी

-Family Planning Team

'Reviving Our Earth: Together We Restore, Defend, and Flourish'

-Supply Chain Team



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

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MAGNIFYING THE REACH AND VISIBILITY OF THE "SHUKRAVAAR KI SHAM, DOCTORS KE NAAM" WEEKLY LIVE PODCAST

In continuation of the first-of-its-kind digital initiative to directly connect highly experienced doctors and specialists from across the state with all medical and paramedical staff, 13 episodes of 'शुक्रवार की शाम, डॉक्टरों के नाम' (Shukravaar ki sham, doctors ke naam!) went LIVE on the SIHFW's YouTube Channel between April and June 2024. This innovative digital initiative was conceptualized by SIHFW and is being implemented with the technical support of UPTSU every week. This LIVE podcast connects doctors from across the state on a common learning platform, fostering an environment for capacity building for all medical and paramedical staff. To date, 16 episodes have been successfully broadcast live with over 50K viewership.

Each episode of the LIVE podcast is well received by the audience. Therefore, to magnify the reach and visibility of the program :

- UPTSU leveraged the existing D2C platform to promote the program, enhancing its reach, engagement, and quality.
- The impact of this promotional effort was evident in the podcast held on May 3, 2024, as shown by the following data:

Campaign	Database	Total Target Base	Submitted	Sent to WA	Not Sent		Delivery		Read		Unique Podcast link click
					Number	Percentage	Number	Percentage	Number	Percentage	
Podcast	General	30991	30701	30701	7934	25.60%	23057	75.10%	16706	72.46%	1382
Podcast	CMO	76	76	76	24	31.58%	52	68.42%	28	53.85%	

- The podcast link shared via WhatsApp through the D2C platform accounted for more than 55-60% of the total viewership.



WORKSHOP ON ADAPTING A GENDER TRANSFORMATIVE APPROACH FOR HEALTHCARE SYSTEMS

The Gender Integration team conducted a workshop on "Adapting a Gender Transformative Approach for Health Systems" for senior leaders from IHAT and other TSU partners on the 9th and 10th of April. The workshop was facilitated by Dr. Ravi Verma (Executive Director, ICRW Asia) and Parinita Bhattacharjee (Director, Programme Delivery, University of Manitoba). The workshop fostered open dialogue and learning to support the participants in gaining conceptual clarity and identifying how gender inequities can be addressed through program design and implementation. A gender integration pathway was later disseminated to guide program teams to incorporate gender responsiveness into their interventions systematically.

GENDER SESSION FOR TRAINING OF TRAINERS IN NHM

Regular training sessions for the government master trainers were conducted for various cadres on the implications of gender on health service delivery and uptake. Gender sessions were conducted for 2 batches of staff nurses and 1 batch of ANM master trainers at SIHFW. About 90 participants from various cadres, including ACMOs, MOICs, DHEO/HEO, and PHN tutors/ SNs, engaged in participatory discussions on how gender norms affect service provision and uptake.

