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QUARTERLY NEWSLETTER BY UP-TSU

A NOTE BY THE LEAD, UPTSU

Dear friends,

As we conclude another quarter of 2024, I'm pleased to share our ongoing support to the department of health and ICDS in developing impactful initiatives, marked by steady commitment and meaningful achievements in improving healthcare services, with a focus on community engagement, facility improvement, and system strengthening.

While shuffling through the pages of this edition, you will find highlights such as the facilitation of the inaugural state task force meeting for prioritizing facility-based new-born care and the launch of a behavioral training module for frontline staff at health facilities. Additionally, it covers the successful transition of the "Shukravaar ki Sham, Doctors ke Naam" program to the Health Department. The edition also sheds light on how UPTSU provided intensive support to the ICDS department in planning and designing the training program for newly promoted Mukhya Sevikas, and introduced a ground-breaking learning initiative aimed at improving vaccine coverage.

These stories reflect our collective drive to make healthcare more accessible and effective across the state. I invite you to dive in and witness our journey of creating a positive impact.

Best regards,

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, 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



Integrated Convergence Meeting



Awareness Rally, Kaushambi



Awareness Rally, Bahraich



Saarthi Vahan

RAISING AWARENESS, ACCELERATING PROACTIVE MEASURES AND ADVANCING PROGRESS BY EMPHASIZING ON IMPORTANCE OF FAMILY PLANNING

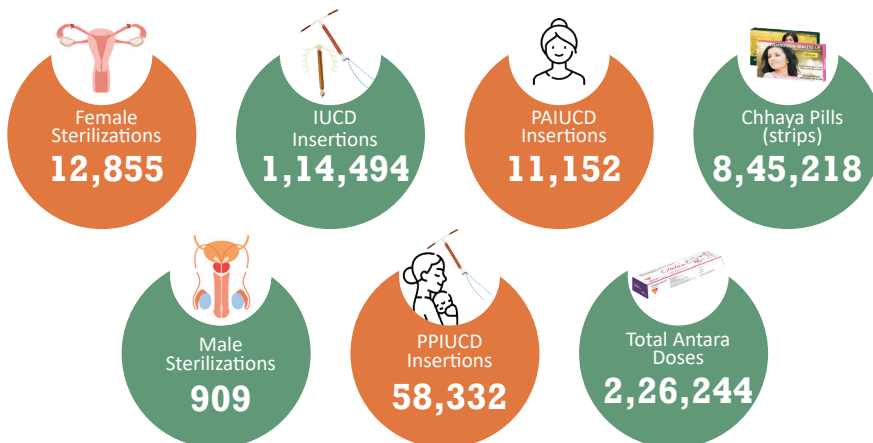
The 2024 World Population Fortnight campaign, centred around the theme: 'Healthy Timing & Spacing of Pregnancies for the Well-being of Mother and Child,' with the slogan "Viksit Bharat Ki Nayi Pehchan, Pariwar Niyojan Har Dampati Ki Shaan" ("विकसित भारत की नई पहचान, परिवार नियोजन हर दंपति की शान") was observed in three distinct phases:

- 1. Preparatory Phase (1st – 20th June 2024):** This phase involved preparations for mobilization activities and service delivery, focusing on capacity building, supply management, and inter-sectoral convergence
- 2. Community Mobilization Fortnight (27th June – 10th July 2024):** This phase focussed on raising awareness and sensitizing communities about family planning
- 3. Service Provisioning Fortnight (11th – 24th July 2024):** The final phase was dedicated for providing various family planning services such as sterilization, IUCD, PPIUCD, Antara injectable, oral pills etc.

The UP-TSU Family Planning team facilitated several meetings at the state level in coordination with government district teams to prepare for the campaign

- On 3rd July 2024, a meeting chaired by GM-FP brought together 349 participants, including district-level officials and facility-based counsellors from 34 districts with high teenage fertility rates, with UP-TSU providing technical and facilitation support.
- On 9th July 2024, an integrated convergence meeting, chaired by DG-FW, convened various departments (WCD, Panchayati Raj, Education, Rural Development, Health etc.) along with development partners. The meeting focused on integrating awareness on family planning and integrating services within the various programs run by different departments.
- On 11th July 2024, in a meeting organized by GoI, the Principal Secretary, Medical Health and Family Welfare, GoUP (PSH) presented the status of the state's family planning initiatives to the Honourable Union Minister of Health and Family Welfare.

Family Planning Service Uptake During World Population Fortnight (11th July – 31st July):



During the World Population Fortnight, over 5 lakh clients were able to choose their methods of choice through the enhanced service provisioning during this period





Review of SNCUs, NBSUs & NRCs -13 districts



PRIORITIZING FACILITY BASED NEWBORN CARE IN UP

The Government of Uttar Pradesh is committed to reducing neonatal, infant, and child mortality. To address this, the state has established 98 Special Newborn Care Units (SNCUs) and 435 Newborn Stabilization Units (NBSUs) for treating sick and small newborns and severely malnourished children—the major contributors of neonatal, infant and child mortalities – across the geography.

On June 1, 2024, the first State Task Force Meeting was held by GoUP to improve newborn health outcomes. Key officials, including MD-NHM, DG-Health, and ED-UPTSU, discussed strategies to boost performance of NBSUs such as review of 7 lowest performing NBSU to understand the reasons for their underperformance. The first State New-Born Task Force meeting for review of NBSU, held on August 6, 2024 under the chairmanship of DG-Family Welfare and in attendance of CMO, ACOMO, SNCU Nodal and NBSU Nodal from 13 low performing districts and AD-RCH, JD-RCH, GM-CH, UPTSU and UNICEF, identified challenges and improvement strategies for low-performing NBSU and SNCU.

The MD-NHM, DGFW, and GM-CH praised the top-performing NBSUs and SNCUs, while urging others to enhance their services to meet the state's under-5 mortality reduction goals. The meeting ended on a positive note with a commitment to continue monthly reviews.

REVISED SBA TRAINING MODULE LAUNCH



Since 2016, UPTSU has supported cluster-based SBA training for nurses and ANMs. After aiding DG training in revising the SBA curriculum, including presentations, videos, OSCE check-lists etc. In December, 2021, there was a felt need to revise the training module itself. UPTSU supported GM training in the same incorporating all the new clinical guidelines along with the check-lists. The module was formally launched by PS Health at State Institute of Health and Family Welfare on 30th August 2024.

REVISION OF LABOR ROOM CASE SHEETS



In June 2024, under the direction of the PS Medical Health, the DGFW convened a Technical Working Group to revise the labor room case sheets used since 2017 across UP. UPTSU, a key member of the group, provided critical inputs. On request of DGFW's, UPTSU redesigned the case sheets in August 2024 as per working group's suggestions. The updated case sheets are set to roll out across UP through NHM in the coming months.

PHARMACISTS GEAR UP FOR KUMBH MELA: UPTSU'S INTENSIVE TRAINING SETS THE STAGE



On September 5, 2024, UPTSU organised an intensive training session for over 100 pharmacists in Prayagraj, presided by the CMO in attendance of ACOMO-CMSD. The session covered key topics such as the state's supply chain model, Essential Drug List (EDL), budget allocation, and hands-on demonstration of the Drug and Vaccine Distribution Management System (DVDMS). This training is vital for managing the extensive medical needs of the upcoming Kumbh Mela which is a large scale religious even attracting millions of devotees, ensuring real-time tracking and efficient distribution of drugs and vaccines. Additionally, a strategic meeting with the CMO, ACOMO, and Additional Director focused on optimizing medicine use and finalizing passbook allocation, underscoring team's commitment to smooth operation of pharmaceutical supply chain and safeguarding public health.

MATERNITY DISCHARGE BAGS: A NOVEL INITIATIVE AT CHC PHULPUR

CHC Phulpur, led by Dr. Neeraj Patel, has introduced maternity discharge bags to improve the experience of mothers discharged after delivery. These bags contain essential items like IFA tablets, calcium, discharge papers, MCP cards, birth certificates, sanitary pads, and family planning commodities. They also serve to raise awareness about CHC services and postnatal care. Dr. Patel emphasized that the initiative, supported by UPTSU, aims to streamline the discharge process and ensure mothers have the necessary items they need for their recovery and newborn care in one convenient place.

Upon asking one of the ASHAs, she mentioned that: "The bag is very helpful for the beneficiaries and serves as an important resource for post-natal care."



Discharge Bag

[illegible]

HWC CHAKDEIYA: A MODEL FOR NQAS CERTIFICATION IN KUSHINAGAR



HWC Chakdeiya in Block Kasiya, Kushinagar, has become the first HWC in the district to earn National Quality Assurance Standards (NQAS) certification. CMO's direction to the District Quality Assurance team to provide supportive supervision and UPTSU team's support to the facility with infection prevention, ANC services, family planning services, data outcome, and record register preparation were key in achieving this goal.

Group discussions with CHO and FLWs ensured that all NQAS checklist points are met. The DQCA and DMHC helped arrange necessary materials, equipment and posters in their designated places, as outlined in the checklist. HWC Chakdeiya is now a model facility, setting a benchmark for other HWCs and NPHCs in the district.

SUPPORTIVE SUPERVISION FOR STRENGTHENING CIVHSNDs IN POOR PERFORMING SUB-CENTERS OF BANDA

Banda, the easternmost district of Bundelkhand in Uttar Pradesh, have 8 blocks and 816 Sub-Centers (SC). The District Specialist Community Health (DSCH) of UPTSU highlighted CiVHSND gaps of previous three months during the District Weekly Review (DWR) meeting.

CMO Banda and DIO agreed on a supportive supervision plan for poor performing Subcenters, which were selected based on low mobilization & lack of updation of quality due list, privacy space for abdominal examination, inadequate drugs & logistics, poor entry and updation of service utilization in e-kavach & U-WIN

A Supportive supervision plan was developed:

Selection of Poor performing

Based on above criteria, 94 high-priority Sub-Centers were selected, and a supportive supervision plan was developed for district-level government officials.

Coverage in
phased manner

These 94 SCs will be covered in phased manner, in phase one 45 SCs will be covered in next three months, followed by the remaining 49 SCs in the second phase.

ACM-RCH, DIO, Dy. CMO, DMHC, DPM, DCPM, ARO and other district officials will do continuous monitoring and supportive supervision of assigned SCs for next three months.

Letter released
by CMO

Letter has been issued by CMO for supportive supervision and blocks assigned to each district officials.

Supportive supervision

District officials initiated supportive supervision and need based corrective actions

Review in DWR

Supportive supervision findings will be shared and reviewed in DWR meeting for further planning based on gaps.

Corrective Actions

All gaps will be addressed by taking corrective actions during supportive supervision, along with capacity-building on handholding of ASHAs and ANMs during field visits.

SONBHADRA SETS THE STANDARD: ASHA ANGANWADI ALIGNMENT BOOSTS RURAL HEALTHCARE

Sonbhadra district in eastern Uttar Pradesh, serving a rural population of 1.8 million, faces challenges due to its rough terrain and scattered communities. The ASHA and Anganwari Workers are the backbone of Sonbhadra's rural healthcare system. However, the efficiency of their services was hampered by overlapping duties, inconsistent coverage, and lack of coordination. To improve the FLWs' efficiency, the GoUP launched the ASHA Anganwadi Area Alignment initiative, aiming to streamline operations and enhance service effectiveness by addressing overlapping duties and coordination issues among ASHA and Anganwadi workers.

In Sonbhadra district, Uttar Pradesh, the ASHA Anganwadi Area Alignment initiative has been a success, through dedicated support of UPTSU team and its collaboration with DM, CDO, CMO, and DPO. Since the alignment, coordination between ASHAs and Anganwadi Workers has improved, due lists are streamlined ensuring timely and accurate data management, and joint field visits by ASHAs and AWWs ensure timely service delivery.

The alignment also led to the approval of 72 pending ASHA positions by DHS and the creation of 204 new positions, with nominations now pending approval from MD NHM, U.P., ensuring better healthcare coverage across Sonbhadra's rural areas.

Sonbhadra has become a model district, showcasing the successful implementation of the ASHA Anganwadi Area Alignment initiative across Uttar Pradesh. This has not only helped in improving health outcomes but also strengthened community trust in the healthcare system.

FROM SCEPTICISM TO COMMENDATION BHADOHI DM LAUDS CLUSTER MEETING

At a DHS meeting on August 27, 2024, DSCH-UPTSU presented data on cluster meeting VHND and LBW identification. Bhadohi District Magistrate Mr. Vishal Singh questioned the effectiveness of ASHA's capacity building initiative. After attending a cluster meeting on invitation of DSCH-UPTSU, he was impressed by the 100% ASHA participation and the drill-and-demonstration methodology. He recognized its value for ASHA's capacity building, professional development and community health, mandated ANM attendance, and expressed commitment to continued support to the UPTSU team.





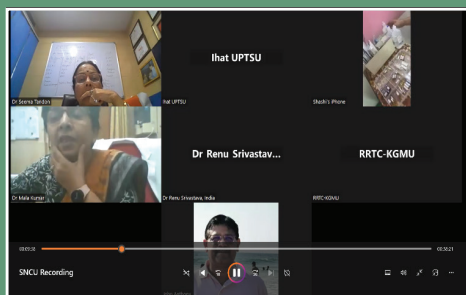
Beneficiary receiving IVIS in the presence of ACMO-RCH



Meeting with DGFW at Directorate



Mentoring visit by GMC Azamgarh & KGMU Lucknow



Virtual mentoring mock of SNCU

MAMC: IMPROVING MATERNAL HEALTH OUTCOMES IN TIRWA

Uttar Pradesh, India's most populous state, faces high rates of maternal anemia, particularly iron deficiency. NFHS-5 data shows over 50% of pregnant women in UP are affected, impacting maternal and neonatal mortality outcomes. IVIS is the recommended treatment for severe anemia in pregnant women however a significant gap in treatment adherence and follow-up of the same was noticed in the district. Further, the absence of a dedicated space led to confusion among ASHA workers and beneficiaries, which contributed to irregular follow-ups.

To address this, the Maternal Anaemia Management Centre (MAMC) was established within the facility, marked with banners and IEC materials and diagnostics. It aims to streamline anaemia management, offering iron sucrose treatments, blood transfusions, and counselling ensuring improved follow-up care. Staffed with dedicated personnel, the MAMC has been linked with PMSMA (Pradhan Mantri Surakshit Matritva Abhiyan) days to enhance service delivery and encourage regular visits. CHC-FRU Tirwa in Kannauj became the 1st facility in the district to launch this center, led by the district officials and assistance of UPTSU team. A rise in IVIS Administration was observed post the inauguration of the centre. Its frequency and follow-up care is anticipated to improve, positively impacting maternal health.

DGFW DRIVES ACTION PLAN FOR IMPROVING LABOUR ROOM SERVICES

To enhance maternal and newborn health service quality at facilities, PS Health issued LR-SOP guidelines on March 5, 2024. UPTSU developed a data collection tool and guidance note based on the directive. In June 2024, UPTSU district teams assessed compliance with 61 checkpoints under 9 major domains across 397 FRUs (67 DH + 330 CHCs). Findings were shared with district officials, including MOICs and CMOs.

In July 2024, UPTSU organized two virtual meetings with all district CMOs and CMS, chaired by DGFW. DGFW discussed key gaps from UPTSU's factsheets and instructed district officials to create action plans to address the shortcomings before the next assessments.

PROGRESS OF DOCTORS MENTORING PROGRAM (RRTC PROGRAM)

The Doctors Mentoring program phase 4 (July 2024 – June 2025), with 268 faculty master mentors from 16 Medical colleges for 624 doctors from 76 District Hospitals.

1. Phase 4 Round 1 mentoring visit of 34 district hospitals completed and 42 mentoring visits planned.
2. Continued Medical Education (CME) after phase 4 round 1 of mentoring visit completed at 2 medical colleges (UPUMS Saifai & ERAs Medical College Lucknow), remaining will be completed after mentoring visits.
3. New Approach: CPAP mentoring was included in RRTC mentoring for which the orientation was conducted at KGMU Lucknow on 8th & 9th Aug 2024, attended by 32 faculty members from 16 Medical Colleges.
4. RRTC mentoring at DCH Maharajganj and Awantibai was done
5. Virtual SNCU clinical mentoring mock session was conducted by HoD Paediatric KGMU Lucknow in District Hospital Awantibai.
6. Phase 3 RRTC feedback meeting on 2nd & 3rd round of mentoring visit by 16 Medical Colleges faculty held on 2nd Aug 2024, chaired by Principal Secretary Medical Health and Family Welfare and MD-NHM in attendance of DGMH, DGFW & training.



RRTC Feedback meeting Chaired by PS Sir, MD Maám & DGMH, DGFW & Training

REACHING UNREACHED CHILDREN TO ENHANCE VACCINATION COVERAGE: A LEARNING AGENDA

A learning intervention has been initiated in four blocks across Budaun, Prayagraj, Banda, and Saharanpur districts, covering 122 Sub-Centres, 755 ASHA areas, and an estimated 962,889 population. The aim is to identify and vaccinate **unreached children to enhance vaccination coverage** with a complete course of vaccines.

To gain insights into the reasons for zero-dose & Under vaccination and strategy development, a thorough line listing exercise was conducted which identified 32,892 children in the 0-23 month age range, 16,473 aged 0-11 months, and 16,419 aged 12-23 months in the selected 4 blocks and were enumerated. 16 ASHA areas were randomly selected for validation exercise in Ambiapur, Baberu & Manda blocks. Qualitative interviews were then conducted with 54 caregivers in the intervention areas to understand the drivers for non-vaccination or delayed vaccination. 202 ZD families were visited to guide field-level efforts to address vaccination gaps.

Migration was identified as a primary factor contributing to children remaining unvaccinated, and it would possibly lead to incomplete records updation by ASHA. Counseling skills of FLW on AEFI, vaccine importance, and mobilization were also identified.

To develop a human-centric design intervention for zero-dose and under-vaccinated children, a series of district and block-level workshops will be organized, bringing together ANMs, CHOs, and ASHA Sanginis. These workshops will help the project to develop Opportunity Gap (OG) and Root Cause Analysis (RCA) tools to identify and address the underlying factors contributing to non-vaccination. This will be achieved by adopting a Continuous Quality Improvement (CQI) Cycle approach within the Ayushman Arogya Mandir (AAM) and Sub center team.

CONTINUOUS QUALITY IMPROVEMENT (CQI) CYCLE

- Identify gaps in vaccination coverage and set specific targets
- Collect and analyse data regularly to inform decision-making
- Identify root causes of gaps and challenges and develop evidence-based solutions
- Apply targeted strategies to address gaps and improve coverage
- Monitor and evaluate progress continuously
- Collaborate with stakeholders to ensure sustainable quality improvements

EXTENSIVE TRAINING OF NEWLY PROMOTED MUKHYA SEVIKAS

The ICDS Department designed and initiated a 30-day residential training program on 2nd September, 2024, for the recently promoted Mukhya Sevikas, to equip them with the necessary knowledge and skills for their new roles. The training is organized at the State Institute of Rural Development (SIRD), Lucknow. The comprehensive curriculum includes an overview of the ICDS department, nutrition, gender, early childhood care and education (ECCE), Poshan Tracker, Manav Sampada, and relevant aspects of law, administration, and leadership.

UPTSU, in collaboration with UNICEF, Rocket Learning, and SIRD, provided intensive support to the ICDS department in planning and designing the training program, developing the reference manual for the training participants, as well as facilitating sessions using adult training techniques to ensure its effectiveness.

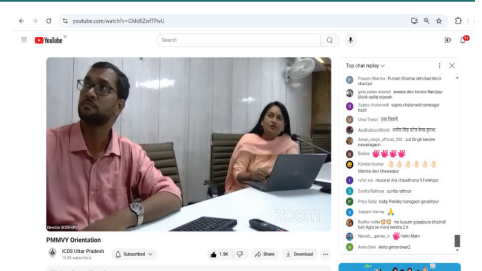
Details of the training for the first two batches are provided in the table below.

#	Date	Batches	No. of participants	Districts covered
1	2 nd September to 30 th September 2024	Batch 1	35	Etah, Bulandshahr, Aligarh, Kasganj
2		Batch 2	46	Banda, Firozabad , Bijnor, Mainpuri, Shaharanpur
Total No. of Participants : 81				

FOLLOW-UP TRAINING ON PRADHAN MANTRI MATRU VANDANA YOJANA (PMMVY)

The ICDS department held a series of virtual training sessions for Mukhya Sevikas and Anganwadi workers across the state from July 8 to 11, 2024, after conducting in-person training for DPOs and CDPOs on the PMMVY in June 2024,

To further boost participation and broaden the program's reach, the department with support of UPTSU organised a live YouTube session on July 12, 2024, with approximately 10,000 participants joining each virtual session.



Ms. Tapaswini Swain, Sr. State Specialist Nutrition, UPTSU facilitating live YouTube session on PMMVY



Smt. Leena Johri, Principal Secretary ICDS, with top ICDS and SIRD officials at the inaugural function of the Mukhya Sevika training program



"This 30-day residential training is the first extended training program of my life, and I'm truly excited! I'm grateful to my department

for organizing such a comprehensive program for us. The facilities at SIRD are top-notch, and the diverse teaching methods used by the trainers make learning engaging. After almost two weeks, I can already see my knowledge and skills growing. I'm confident that by the end of this training, I'll be better prepared to do my job. This training feels like a new dawn in my professional journey."

Geeta Shukla
Mukhya Sevika,
Bisanda Block, Banda.

Table 1: BOR of SNCUs from FBNC portal April' 23-March' 24, (98 facilities)

Category	No of SNCUs
Over-load (>120%)	38 facilities
High-load (80-100%)	35 facilities
Moderate-load (50-80%)	13 facilities
Low-load (<50%)	12 facilities

STSU'S STRATEGIC PUSH TO ENHANCE PRESUMPTIVE TB EXAMINATION RATE (PTER)

STSU is supporting the state in enhancing its strategies to increase the PTER through data monitoring, supportive field visits, and generating evidence to inform action. STSU aims for 5% of outpatient attendees to be screened for TB, and with private facilities, through Patient Provider Support Agencies (PPSA) to enrol presumptive TB in Nikshay.

Efforts to boost TB screening and care at Ayushman Arogya Mandir (AAM) centres and Panchayats are ongoing. Notably, the PTER rose from 1,298 (Dec, 2023) to 1,862 per lakh population as of August 2024.

STSU'S PHARMACY APPLICATION LAUNCHES WITH TRAINING AND PILOT TESTING

Under ICT support, STSU has developed both web and mobile versions of the Pharmacy Application, which went live in June 2024. The state initially planned to launch the application in Lucknow but expanded the rollout to include Jhansi, Gorakhpur, Ghaziabad, and Sonbhadra.

Subsequently, a training session was conducted for District NTEP staff, retailers, and stockists under the leadership of the State TB Officer at the Regional TB Project Management Unit in Lucknow on July 24th and 25th. The pilot training initiative officially began in the second week of August.

HOPE PLATFORM'S IMPACT: VALIDATING BED OCCUPANCY RATES IN SNCUS THROUGH CCTV MONITORING

Launched in August 2023, the Health Online Parameter Evaluation (HOPE) platform provides facility-level observational data through its CCTV component aiding monitoring and decision-making based on GoUP's SOPs.

The analysis done by HOPE analysts on the quality of care at SNCU on the BOR (Table 1) revealed high facility-level variations in BOR. 38 SNCUs showed significantly higher BOR compared to others. This finding was discussed with the GM-Child Health at NHM, who recommended validating the SNCU BOR with the HOPE CCTV feed.

Accordingly, call centre executives observed SNCUs via the HOPE CCTV feed for about two weeks starting May 25, 2024. A total of 47 SNCUs (15 overloaded, 21 high-load, 8 moderate-load, and 3 low-load) with suitably positioned cameras were selected for continuous real-time monitoring. 51 SNCUs were excluded due to either unavailable (34) or poorly positioned (17) cameras. The monitoring process involved the following steps:

- **CCTV monitoring by the Call Centre Executives from HOPE:** Executives monitored 47 SNCUs and recorded bed occupancy details in the CRM portal.
- **Data Extraction and Triangulation:** Information from both sources was mapped and cross-verified
- **Visualization:** Data visualization through the HOPE web application for more precise insights.

Key Findings:

Table 2 shows the results of CCTV monitoring. Among the 47 SNCUs monitored, which included 36 overloaded or high-load facilities:

- 20 SNCUs had no vacant beds for over 10 days, with instances of multiple patients being admitted to a single bed.
- More than 50% of beds in overloaded/high-load SNCUs were occupied for most of the CCTV observation period.

Table 2 Monitoring of SNCUs bed occupancy rate through HOPE

Monitoring category	FBNC Category		
	Overload/ High load	Moderate Load	Low load
More than 50% bed occupied >10 days	18	2	
More than 50% bed occupied <10 days	14	4	
Less than 50% bed occupied >10 days	4	2	3

Interestingly, even some moderate- and low-BOR SNCUs (6) admitted multiple patients to a single bed. This finding also generated a new question of whether the SNCUs in certain districts are overloaded because lower facilities (NBSUs) cannot manage the complication. Hence, the referral is high in certain SNCUs, leading to much higher BOR than others.

Two analysis were done to understand this: 1st characterising the complication and 2nd the referral pattern. In overload/high-load SNCUs, 10% of admissions were due to sepsis and another 10% were due to hypoxic-ischemic encephalopathy (HIE). These rates were higher compared to low-capacity SNCUs, which reported 6% and 2%, respectively. Similarly, the incidence of birth asphyxia was higher in overloaded SNCUs (24%) compared to low-load units (19%), indicating a higher complication identification. The referral-out rate from NBSUs in districts with overloaded and high-load SNCUs was 24%, compared to 27% in districts with moderate and low-load SNCUs.

These findings call for further investigation by the SNCU incharge to understand what actions can be taken to reduce overloading at SNCUs. Further characterization of families in high and low BOR SNCU catchment areas may give some understanding about the level of care at the delivering facilities to reduce newborn complications. Addressing logistical issues like improper orientation and camera unavailability, which hindered monitoring at 50% of SNCUs, is essential.

IHAT & UPTSU CELEBRATION ON OCCASION OF INDEPENDENCE DAY



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

BEHAVIOURAL TRAINING MODULE LAUNCH: ENSURING RESPECTFUL CARE FOR ALL

NHM, UP with the support of UPTSU is implementing behavioural training to enable first-point contact staff at health facilities such as security guards, ward attendants, and other frontline staff to understand their roles and responsibilities and ensure respectful care for all, across UP. PSH and MD NHM launched the training module on 26th June 2024. Health department with support of UPTSU gender team developed the module and facilitated nine batches of Training of Trainers (ToT) for chief medical supervisors, senior nurses, hospital managers, and quality consultants. Behavioural training for frontline staff has since begun across multiple districts in UP.

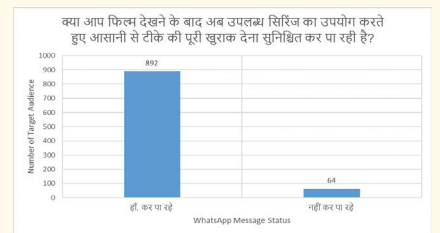
GenderCollab SUMMIT - ASSESSING IMPACT OF GENDER INTEGRATION IN HEALTH PROGRAMS



IHAT and UPTSU in collaboration with Oxford Policy Management and Quicksand organised the GenderCollab summit on September 17-18 in Delhi, gathering experts and over 21 organizations to advance gender intentionality in health. The event featured workshop by Maya Mascarenhas and expert discussions on developing gender-sensitive monitoring and evaluation indicators.

D2C ACTIVITY YIELDS SIGNIFICANT IMPROVEMENTS IN VACCINE ADMINISTRATION

In response to the various reports by ANMs regarding incomplete immunizations due to syringes getting stuck after a point, UPTSU executed a D2C activity on August 14, 2024 sharing a short video with ANMs across the state addressing this issue. The short film demonstrated the correct step to take when the syringe feels stuck so that ANMs can ensure full dosage of the vaccination to the children.



To evaluate the effectiveness of this activity, a follow-up feedback campaign was executed on September 10, 2024. Over 9,300 ANMs participated, with 85% of those ANMs who initially faced problems in complete vaccine administration, confirming that the film was useful and they could administer full vaccination more efficiently. The feedback highlighted significant improvements in awareness and addressal of this issue, thereby, reinforcing the Health Department's efforts to improve immunization status across the state.

SUCCESSFUL TRANSITION OF "SHUKRAVAAR KI SHAAM, DOCTORS KE NAAM" LIVE PROGRAM TO DEPARTMENT OF MEDICAL & HEALTH SERVICES AND SIHFW

After successful broadcast of 23 episodes of the 'Shukravaar ki sham, doctors ke naam' LIVE program, UP-TSU successfully transitioned the execution of this LIVE program to the Department of Medical and Health Services and SIHFW.

'Shukravaar ki sham, doctors ke naam' was launched on 15 March, 2024 by the Department of Medical and Health Services, in collaboration with SIHFW and UPTSU. With 27 episodes successfully aired and over 90K viewership, featuring highly experienced health experts discussing critical topics like cardiac health, high-risk pregnancy, respiratory disease, diabetes, oral health, trauma and management etc., the program has been a valuable resource for capacity building and knowledge enhancement of doctors, paramedics, medical students and even public in general. Episode 24 of the LIVE program marked a significant milestone, as it was successfully executed by DoMH after successfully empanelling an agency.



University
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