Onward and upward

Documenting the journey of competency building initiatives for RMNCAH+N Counsellors in Uttar Pradesh

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LIST OF ABBREVIATIONS

AFHC	Adolescent Friendly Health Clinic
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
BCS	Balanced Counselling Strategy
BMGF	Bill & Melinda Gates Foundation
CHC	Community Health Centre
CMO	Chief Medical Officer
CMS	Chief Medical Superintendent
CPR	Contraceptive Prevalence Rate
DA	Dearness Allowance
FP-LMIS	Family Planning Logistics Management Information System
GATHER	Greet, Ask, Tell, Help, Explain, and Return
HEADS	Home; Education, Employment, Eating; Activity; Depression, Drugs; Safety, Sexuality
HEO	Health Education Officer
HIV	Human Immunodeficiency Virus
ICTC	Integrated Counselling and Testing Centre
IEC	Information, Education and Communication
IHAT	India Health Action Trust
IIPS	International Institute for Population Sciences
JHPEIGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
MD	Mission Director
MoHFW	Ministry of Health and Family Welfare
MOIC	Medical Officer Incharge
NFHS	National Family Health Survey
NHM	National Health Mission
NRC	Nutrition Rehabilitation Centre

OSCE	Objective Structured Counselling Examination
PCC	Partnership Coordination Committee
PNC	Postnatal Care
PP-IUCD	Post-Partum Intrauterine Contraceptive Device
PPS	Postpartum Sterilization
REDI	Rapport Building, Exploring, Decision Making, and Implementing the Decision
RKSK	Rashtriya Kishor Swasthya Karyakram
RMNCAH+N	Reproductive, Maternal, Newborn, Child, Adolescent Health, and Nutrition
SDGs	Sustainable Development Goals
SIFPSA	State Innovations in Family Planning Services Project Agency
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
TA	Travel Allowance
TB	Tuberculosis
TNA	Training Needs Assessment
UNICEF	United Nations Children's Fund
UP-TSU	Uttar Pradesh Technical Support Unit
USAID	United States Agency for International Development

A STAMP OF APPROVAL

"Earlier counsellors were just counsellors. Now they are RMNCAH+N counsellors! The scope of their work has enhanced as they counsel on adolescent health, nutrition and other related themes.

Apart from family planning, they counsel on institutional delivery, encourage clients to adopt PP-IUCD, motivate them for adoption of family planning during their ANC visit, tell eligible couples about various family planning methods, and the basket of choice. They can explain it all!"

Dr. Jitendra Srivastava
MOIC, CHC Pihani,
Hardoi district

"Once a client came to me and said that she wanted to know about spacing methods. She also stated that she did not want to use Copper-T as it had led to complications earlier. I asked her to meet the RMNCAH+N counsellor in our facility. After meeting the counsellor, she came back to me and told me that she had chosen Antara of all the options that were available for her. Before leaving, she also added that she was happy with the counselling experience.

If a client does not know Antara, which is a three-monthly injection, and the counsellor is able to explain it to her and she decides to adopt it, I think it is a big achievement for our family planning programme."

Dr. Sandeep Singh
MOIC, CHC Mall,
Lucknow district

These testimonials validate the evident change in the stature of RMNCAH+N counsellors who have transformed from being silent, diffident and invisible to an informed and confident cadre. This has shown their potential to lead the way in family planning counselling.

This report encapsulates the journey of competency building initiatives for RMNCAH+N counsellors undertaken by Uttar Pradesh Technical Support Unit (UP-TSU) to strengthen the delivery of family planning programme in the state.

1 THE CONTEXT

India, a nation with a vast and diverse population, faces significant challenges in ensuring the health and well-being of its citizens, particularly in the realm of reproductive, maternal, newborn, child, adolescent health, and nutrition (RMNCAH+N). Recognizing the need for an integrated approach to address these interconnected health issues, the Ministry of Health and Family Welfare (MoHFW) launched the RMNCAH+N strategy in 2013 as a considered response to improve maternal and child health in the country to achieve the national health goals and Sustainable Development Goal (SDG) 3, which includes reducing maternal, newborn and child mortality.

RMNCAH+N underpins the importance of integrating health services to reduce maternal and child morbidity, and improve the overall health status of women and children by focusing on the life cycle approach. It ensures continuum of care through various life stages, enabling the health outcomes in one stage impact the next stage of life. A healthy adolescent girl would grow up as a healthy woman, giving birth to a healthy baby.

Though initially the strategy focused on reproductive, maternal, newborn, child and adolescent health, it later broadened its ambit to include nutrition as one of the key components of health and wellbeing across all stages of life. Being all encompassing, RMNCAH+N focuses on linkages with vital services focusing on adolescent health, HIV, gender, pre and postnatal care, and family planning.

The Uttar Pradesh milieu

As per the National Family Health Survey 5 (NFHS-5),[1] the median age at first marriage is 19.7 years among women aged 25-29 years and 19.1 years among women aged 20-49 years in Uttar Pradesh. Sixteen percent of women aged 20-24 years got married before attaining the legal minimum age of 18 years and 45 percent of women aged 20-24 years are never married.

Three percent among young women aged 15-19 years have already begun childbearing. The proportion of childbearing women in this age group is much higher among those with no schooling (8%) than among those with 12 or more years of schooling (2%). Thirteen percent of births take place within 18 months of the previous birth and 30 percent occur within 24 months.

The contraceptive prevalence rate (CPR) among currently married women aged 15-49 is 62 percent, though the use of modern family planning methods stands at only 45 percent.

Women who know about the available contraceptive methods and their side-effects can make better choices about what method to use. Over 60 percent of users of modern contraceptive methods were ever counselled about other methods they could use. Seventy percent were told about the possible side-effects or problems with their method, and only 58 percent were told what to do if they experienced any side-effects.

[1] International Institute for Population Sciences (IIPS) and ICF. 2021. *National Family Health Survey (NFHS-5), India, 2019-21:* Uttar Pradesh. Mumbai: IIPS.

*https://www.unfpa.org/family-planning

What role can a counsellor play?

Effective counselling enables clients to make an informed choice and eases access to services that ensure a client's health and well-being. With high quality counselling, clients understand their situation better and improve compliance to treatment.

Maternal health and child survival are inextricably linked. Family planning is a practical and cost-effective solution to improve maternal and child health. It can prevent 32 percent of all maternal deaths and nearly 10 percent of childhood deaths.[2]

Acceptance of family planning services depends to a large extent on the availability of and access to credible and understandable information on the merits and suitability of various methods of family planning. Family Planning counselling can promote continued use of modern contraceptives among married women of reproductive age.[3]

Client-centred counselling helps clients select appropriate and effective contraceptives. High quality counselling is more likely among trained providers. This underscores the need for focused training and monitoring of counsellors.[4]

Enhancing skills of RMNCAH+N counsellors through the Competency Building Framework

Uttar Pradesh Technical Support Unit (UP-TSU)[5] has been working with the state's Family Planning division to strengthen the delivery of family planning programme across the state since 2014. Through its tenure, UP-TSU has made consistent efforts towards enhancing the capacities of RMNCAH+N counsellors and creating an enabling environment for them to perform in.

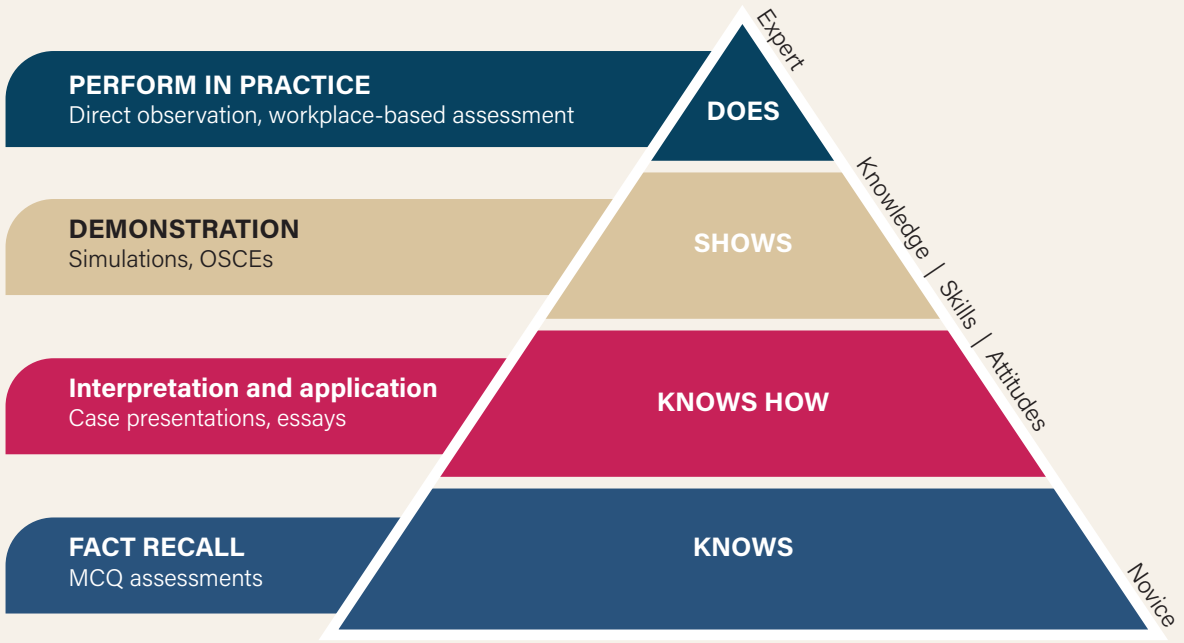
[2] https://www.sciencedirect.com/science/article/abs/pii/S0140673606694804

[3] https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-019-0844-0

[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8096066/

[5] UP-TSU was set up under a Memorandum of Cooperation signed between the Government of Uttar Pradesh (GoUP) and Bill & Melinda Gates Foundation (BMGF) to strengthen the RMNCAH+N components under National Health Mission (NHM). University of Manitoba's India-based partner, the India Health Action Trust (IHAT), is the lead implementing organization.

FIGURE 1: Miller's pyramid



The training and mentoring programme has adapted the Miller's pyramid (Figure 1) for competency building of counsellors. The capacities have been divided into four hierarchical processes – Knows, Knows How, Shows and Does – with a progression from supporting a novice to a level of expertise when he/she becomes competent at an unconscious level, reaching the stage of mastery when a skill becomes second nature to that person. This model considers simulated practice as a good gauge of how learners would behave in the real-world clinical setting.

The experience has showcased a manifold enhancement in the capacities of RMNCAH+N counsellors and a newfound confidence in the cadre. They have now created a new identity for themselves, with increased visibility and a stronger voice.

This approach has demonstrated results that show the promise for institutionalization to ensure that the gains achieved are not lost.

2 CAPACITY STRENGTHENING OF RMNCAH+N COUNSELLORS: AN URGENT NEED

Identifying key areas of technical support

UP-TSU initiated technical support to the Uttar Pradesh Family Planning division towards the end of 2014. Broadly, this period can be divided into three phases – Phase 1 (2015-17)[6], Phase 2 (2017-21)[7], and Phase 3 (2021 onwards)[8].

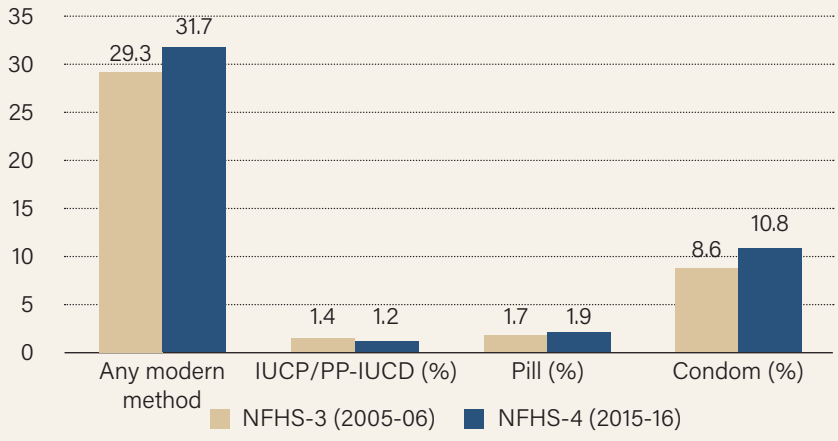
Comparisons between NFHS-3[9] and NFHS-4[10] data showed little increase in the uptake of family planning services in the state between 2005-06 and 2015-16 (Figure 2).

One of the key focus areas of the technical support was building the competencies of RMNCAH+N counsellors.

Being a non-technical cadre, RMNCAH+N counsellors are often plagued by deficient knowledge on family planning methods and are ill-equipped with counselling skills. Over the years, their focus had been limited to family planning counselling, without contextualization to the life stage of the client. Additionally, RMNCAH+N counsellors had not been updated on many new developments in the family planning domain in public healthcare system.

Hence, capacity building of RMNCAH+N counsellors was earmarked as a prerequisite. Through the tenure of UP-TSU's work, among other areas, the emphasis has stayed on the enhancement of competencies of RMNCAH+N counsellors.

FIGURE 2: Current use of family planning methods (currently married women age 15-49 years)



[6] Focus on 25 High Priority Districts

[7] Interventions scaled up to all the districts

[8] Integrated approach to family planning counselling

[9] International Institute for Population Sciences (IIPS) and Macro International. 2008. National Family Health Survey 3 (NFHS-3), India, 2005-06: Uttar Pradesh. Mumbai: IIPS.

[10] International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey 4 (NFHS-4), India, 2015-16: Uttar Pradesh. Mumbai: IIPS.

Annual trainings of RMNCAH+N counsellors

In 2015, UP-TSU was entrusted with trainings of all RMNCAH+N counsellors in the state. Annual training plans were developed and implemented from 2015 to 2019. These trainings became yearly touchpoints for UP-TSU to start interacting with the RMNCAH+N counsellors.

In 2016, a Training Needs Assessment (TNA) was undertaken among a sample of 40 RMNCAH+N counsellors. It pointed to key challenges and barriers faced by the counsellors, and brought attention to their inability to provide comprehensive information to facilitate voluntary decision making among clients. The assessment underscored the need for further improvement in counselling skills, updated knowledge of family planning methods, enabling use of information, education and communication (IEC) material, and counselling on gender issues to encourage male participation. Alongside, clarity on family planning reporting and documentation were also highlighted as areas needing capacity building.

Need-based training programmes designed

A supplementary training module and a three-day curriculum were developed with appropriate content modifications in the Government of India modules to strengthen the knowledge of counsellors, enabling them to effect behaviour change among clients. The supplementary module focused on dispelling myths around family planning methods, clarifying doubts, and providing information to the counsellors regarding the correct usage of methods, which they could communicate to the clients. Gender became an underlying theme in the training curriculum.

In 2017, with the inclusion of Antara and Chhaya in the basket of choice, the trainings also built focus on clearing misconceptions around the medical eligibility for use of these methods. ASHA modules were adapted for the trainings and methods were explained with the help of case studies.

Training approach

Adult learning principles were adhered to, with the final objective being application of knowledge

by the counsellors. The counsellors were introduced to REDI (Rapport Building, Exploring, Decision Making, and Implementing the Decision) framework, and their knowledge of GATHER (Greet, Ask, Tell, Help, Explain, and Return) was refreshed.

These face-to-face trainings included participatory methods to build knowledge levels of the counsellors. Interactivity, participation and trainee engagement were encouraged through stimulation exercises and participatory games on way to building their knowledge and attitude. Audio-video content was incorporated to keep the trainings interesting and engaging. Role plays were used and counsellors paired up to play as counsellor and client, and enact case studies provided to them.

Observers evaluated these exercises and gave feedback on the gaps in counselling, both in terms of knowledge and skill. Pre- and post-tests were administered during each training session to measure the change in knowledge, attitude and practices.

Handholding support to counsellors at facilities

With a focus on skill acquisition as well as skill reinforcement, the classroom trainings were followed up by visits to facilities to provide support to the counsellors in resolving any issues they might be facing.

Low-scoring counsellors in post-tests were prioritized to initiate follow up visits. A mentoring checklist was developed to support counsellors and provide them feedback on their work. Prior to 2017, these visits

were limited to facilities with counsellors in 25 high priority districts.

The scope of these visits was broadened in 2017-18, with the appointment of 10 Quality Associates. In 2018, a statewide facility and RMNCAH+N counsellor mapping was undertaken. This ensured regular and systematic interactions with the counsellors at facilities in all the districts.[11]

The programme team developed IEC materials such as posters and pamphlets (especially for Antara and Chhaya) and counselling tools, and provided them to the counsellors to increase their efficacy and ensure dissemination of complete and correct information to the clients.

Constant online support and knowledge enhancement through WhatsApp groups

The capacity building initiatives helped UP-TSU team build rapport with the counsellors. A healthy environment was established wherein the counsellors warmed up to the team, feeling comfortable enough to reach out to them with their doubts and difficulties. They began to consider the UP-TSU team as their guides and mentors who would help them grow and excel in their work.

There was a realization that the counsellors needed constant support. Thus, taking a cue from this positive development, UP-TSU team created a WhatsApp group in 2017 with all the RMNCAH+N counsellors and the UP-TSU Family Planning team members. This WhatsApp group quickly became a vibrant forum for discussions, clarification of doubts, and sharing of important information and resources such as films, videos clips and case studies by the team.

Till date, there are almost 200 posts on WhatsApp group by counsellors about work experiences, achievements, and relevant information.

Any query posted by one counsellor would also answer the question for many others who were diffident and wanted to remain invisible. Gradually, such members too started opening up and posting queries and experiences, or responding to any queries posted by others. Motivated by the appreciation they were receiving, the counsellors started sharing stories from their facilities or any cases that they wanted others to know about. They shared their successes and challenges, sought assistance, and provided inputs when others asked for them.

The WhatsApp group is still active and serves as a good learning platform. It has become an invaluable source of knowledge and information sharing.

[11] Each Quality Associate covered 4-5 districts on an average and visited facilities with the checklist to observe the counsellors at work in the OPD, the PNC ward and in their counselling corners.

3 ADDITIONAL INITIATIVES TO STRENGTHEN THE POSITION OF RMNCAH+N COUNSELLORS

Creation of counselling corners

During facility visits, the quality team met the Medical Officers In-charge (MOICs) to press the need for separate counselling corners to give the RMNCAH+N counsellors and the clients privacy for effective and meaningful counselling. MOICs were urged to recognize the importance of counselling. Advocacy was undertaken with the MOICs to apprise them of the budgetary provision of INR 35,000 to build a counselling corner for RMNCAH+N counsellors in all the facilities. Within six months of on-site visits, facilities slowly started creating dedicated counselling corners.

"I had a lot of problems here as I didn't have a room. I got a room only after UP-TSU started working with us. They spoke with Sir (MOIC) and made it possible. I got a chair, a table and other IEC material etc, but the room had no provision for light during power cuts. I worked using my mobile torch in case of power cuts. Once Parvati ma'am came and saw me writing my records using the mobile torch. She immediately contacted the CMO and got the problem fixed."

Vinay Kumari
RMNCAH+N Counsellor, CHC
Mehboobnagar, Sitapur district

Increased clarity in job description

Observations suggested limited reach of RMNCAH+N counsellors due to their being stationed at one place with a specific clientele and not reaching out to other potential clients. An increase in institutional deliveries also meant increased opportunities to address the unmet need for family planning in the postpartum period. Equally important was positioning family planning as a part of birth preparedness planning.

Not reaching this cohort of service seekers pointed to lost counselling opportunities, which could be attributed to RMNCAH+N counsellor's job profile, as it did not provide any specificity on how the duties had to be discharged.

UP-TSU actively advocated for a revised and more detailed job description for RMNCAH+N counsellors to ensure a structured as well as active approach for the counsellors to discharge their duties.

These efforts fructified in 2017-18 with the Government of Uttar Pradesh issuing a letter with a detailed job description for RMNCAH+N counsellors. The letter specified a daily routine for the counsellors – 8 am to 9 am in the PNC ward, 9 am to 2 pm for counselling of clients, and 2 pm to 4 pm for documentation. These specifics brought more clarity and ensured mobility for counsellors, where they could counsel more potential family planning clients. This also delineated focused time for documentation.

4 IMPLEMENTATION OF INTEGRATED COUNSELLING APPROACH TRAININGS

Making a shift in the counselling approach

In Uttar Pradesh, there are 1,062 health facilities above the block level, with a total of 232 RMNCAH+N counsellors, which means only 21 percent facilities are covered by the services of a RMNCAH+N counsellor. Thus, a pressing need was felt to engage and optimize the services of other counsellors to enhance facility coverage. This would also ensure standardization of correct and accurate information to clients across different life stages.

To advocate this strategy, in August 2019, UP-TSU made a recommendation to augment the counselling capacities of the pool of available counsellors (AFHC, ICTC, STI, Blood Banks, NRC and TB) during the Partnership Coordination Committee (PCC) meeting, chaired by the Principal Secretary – Health.

The rationale behind the recommendation was to capacitate counsellors from various departments to engage in client-centric counselling, to support clients with their wide spectrum of needs across life stages – from adolescence, pre-conception, through pregnancy, post-partum and inter-conception. Once armed with comprehensive knowledge of various life stages, counsellors could provide personalized and tailored counselling to clients, to enable them to make life choices including contraceptive methods best suited for their needs and preferences. This also aimed to focus on continuum of care, the main pillar of RMNCAH+N strategy.

The overall aim of this training and mentoring programme for integrated counselling was to create a system of holistic and comprehensive care for individuals, including family planning and nutrition, across various stages of life through the pool of existing counsellors.

The approach was also seen as a pathway to develop RMNCAH+N counsellors as mentors for frontline workers, and supporting them in building linkages with clients in the community and facilitating appropriate referrals.

Proposed shift in counselling approach

	Focused Family Planning Counselling	Integrated Counselling
Aim	To satisfy the unmet need for family planning	Comprehensive healthcare
Scope of counselling	Focused on married women of reproductive age	Widened scope of counselling to include all life stages
Key focus areas of counselling	Prevention of unintended pregnancy and sexual/reproductive health	Expanded focus to include nutrition, mental health, partner violence, substance abuse, gender etc.

UP-TSU secured buy-in for the implementation of this approach from the Family Planning and Rashtriya Kishor Swasthya Karyakram (RKSK) divisions of NHM, and initiated its implementation in 2020.

Preparatory steps

Development of training curriculum

An integrated curriculum was developed, adopting the life cycle approach.[12] A comprehensive review of the existing material was undertaken to earmark areas requiring integration. The review showed that ANC and PNC were gaps in the existing curriculums for both the cadres. The redesigned curriculum widened the scope beyond reproductive health and introduced a gamut of other issues that impact an adolescent's or a woman's physical health, such as nutrition, mental health and gender.

The curriculum was aligned with adult learning principles and entailed a wide range of methodologies to enhance the learning experience of the trainees. Teaching aids such as films, case studies and quizzes were incorporated with suitable modifications. Different participatory methodologies such as brainstorming, role plays, structured exercises, and facilitation of group discussions were adopted to ensure continued interest and engagement of participants. This content was finalized and approved in February 2021.

Dissemination of training material during COVID-19 pandemic

Since the COVID-19 pandemic brought the annual training programmes to an abrupt end, the curriculum was used to keep the counsellors engaged and ensure that their learning process continued. E-learning modules consisting of interactive PowerPoint presentations were developed and later converted into animated presentations with voiceovers and embedded learning videos. They were disseminated to all counsellors using the WhatsApp groups.

Alongside, the counsellors were asked to share these resources with ASHA *Sanginis* too, through whom they could reach the ASHAs. Their responses were also elicited to keep them engaged.

Resource material developed

1. **Training module –** To serve as a comprehensive guide, offering both programmatic and technical assistance, to augment the knowledge and skills of all counsellors.
2. **E-learning modules –** To ensure continued learning during COVID-19 pandemic.
3. **Case Study workbook-cum-reference guide** with a range of case studies spanning various life stages, including pre-conception, conception, ANC, PNC, post-partum, the extended post-partum period as well as inter-conception or interval period. These case studies were compiled gradually over a period of time starting 2017.

[12] Curriculum developed with support from UNICEF, SIFPSA and JHPEIGO.

Development of tools

Several tools were developed keeping in mind that mentoring was an integral part of the integrated counselling approach. They included:

Integrated Objective Structured Counselling Examination (OSCE) checklists were designed to evaluate the counselling skills. Eight checklists were taken from the Adolescent Age and Life-Stage Assessment and Counselling Tools[13]. These checklists were adapted into four checklists. The checklists considered crucial factors such as different facets of life cycle and key information such as clients' background, education, employment, eating behaviours, activities, substance use, mental health, depression, safety, and sexuality (broadly referred to as 'HEADS'[14]). The sexuality section was improved by adapting the questions used in the Balanced Counselling Strategy (BCS). The OSCE checklists were later combined into one consolidated checklist.

Objective Structured Counselling Examination (OSCE)

A versatile and multipurpose evaluative instrument commonly employed to assess healthcare professionals within clinical settings.

Objective: Mentor uses standardized checklist for evaluation.

Structured: Counsellors see the same problem and perform the same tasks in the same timeframe.

Clinical: The tasks are representative of those faced in practical scenarios.

- OSCE aims to foster relaxation and openness in a counsellor's interaction with the client, circumventing direct discussions of the main problem from the outset.
- The OSCE checklist facilitates objective assessment and rating of counsellors' performance by observers, while also providing valuable supportive supervision.
- The OSCE checklist proves to be an effective evaluation tool with continuous tracking of scores.

- **A guidance note for OSCE checklist** was also prepared in Hindi to support the counsellors in dealing with common scenarios encountered during counselling sessions. These notes provided support for each point of the OSCE checklist and helped counsellors grasp a sequential and comprehensive understanding of the counselling process to help facilitate their sessions. It is a reference point for counsellors as well as their mentors, while providing counselling as well as mentoring.
- **Algorithm** was designed to include all the components of OSCE of family planning, created by an amalgamation of BCS with HEADS framework to facilitate efficient and effective client-centred counselling.
- **Counselling cards**[15] on specific topics that counsellors can use with clients for a more thorough consultation and counselling.
- **Audio case studies:** Devised to enhance application of relevant knowledge, created and categorized based on levels of difficulty, strategically designed to progressively enhance the proficiency of counsellors.
- **Facility Readiness Assessment Tool** developed to focus on key "tracer" items considered essential for successful family planning programmes.
- **Client feedback forms** designed to capture client experience at the health facilities.

[13] Adolescent Age and Life-Stage Assessment and Counselling Tools. Guiding Adolescents on the Road to Youth Adulthood. Maternal and Child Survival Program. United States Agency for International Development (USAID)

[14] HEADS stands for H: Home; E: Education, Employment, Eating; A: Activity; D: Depression, Drugs; S: Safety, Sexuality

[15] A set of 35 supplemental counselling cards were developed. The topics included issues such as changes during puberty, menstrual hygiene, nutrition, RTI/STI, healthy timing and spacing of pregnancies, contraceptive methods, and gender-based violence.

Integrated counselling trainings

Building the knowledge base

In 2021, Mission Director (MD), NHM entrusted UP-TSU with the implementation of Integrated Training Plan with RMNCAH+N and AFHC counsellors. During February and March 2021, two-day online trainings (Phase 1) were taken up across 75 districts with 225 RMNCAH+N and 303 AFHC counsellors in 12 batches of 40 participants each. The trainings were led by GM-FP and GM-RKSK and their teams. Sessions were also facilitated by partners – SIFPSA, JHPEIGO and UNICEF, along with UP-TSU.

Online pre-tests were administered to all counsellors at the same time and date. Any gaps in knowledge gauged during the pre-test were communicated to the trainers to bring focus on areas of knowledge that needed more attention.

A post-training follow-up programme was designed to ensure internalizing of information and to build the confidence of participants to apply the information in real life situations.

Building the skill base

As a next step (Phase 2), one-day face-to-face training sessions were conducted between August and October 2021, with 509 out of 528 counsellors who had attended the online training. These trainings were conducted at the district headquarters simultaneously by three teams and completed in 55 sessions in a span of eight weeks. Each batch consisted of a mix of RMNCAH+N and AFHC counsellors.

The OSCE checklists developed for on-site mentoring were piloted during the skill building workshops. With experience it was realized that four checklists were proving to be unwieldy. Thus, one consolidated checklist was prepared combining all the checklists.

The knowledge gaps identified in the pre-test were utilized to create case scenarios in the skill building sessions piloting four OSCE checklists.

The counsellors did role plays in pairs (with one playing a client and the other a counsellor), and the facilitator and other participants assessed the counsellor playing the counsellor's role. Feedback highlighted key points related to counselling skills based on the OSCE checklists. The technical aspects of the case scenarios were also discussed. This approach allowed for capacity building on technical aspects of the case scenarios while enhancing the counselling skills of the participants.

District WhatsApp groups were created to ensure continued engagement with the counsellors and monthly dissemination of smaller modules that focused on key information to be reinforced. Audio files of case studies and questions related to the case studies were also shared in the groups.

> *"In the training we learned the linkages between family planning and other aspects of women's health such as nutrition. Earlier, we were never taught about linking family planning with ANC, PNC and nutrition, among other things. We also learnt about various family planning methods."*
>
> **Shilpi Verma**
> RMNCAH+N Counsellor,
> CHC Pihani, Hardoi district

5 IMPLEMENTATION OF INTEGRATED APPROACH

On-site mentoring initiated

In-person, on-site mentoring of counsellors was started in November-December 2021. Alongside, facility readiness assessment was also undertaken to ensure separate and well-equipped counselling spaces for counsellors with ample space for supplies and documentation.

The Quality Associates (facilitators) made facility visits to cover 232 RMNCAH+N counsellors. They spent time with the counsellors observing their interactions with the clients in the counselling room, OPD, ANC area, PNC ward and immunization area. OSCE checklists were filled for every observation, and counsellor-wise scores generated and maintained over time to track improvement.

During each visit, the facilitator also independently interacted with 2-3 clients to seek their feedback on the counsellor and the overall counselling experience.

Challenges faced in on-site mentoring

The facilitators found it difficult to mentor counsellors at the facilities due to inadequate time and multiple distractions at the facility. Crowds hampered a structured interaction and the facilitators were unable to make a correct assessment of the knowledge, skills and attitude of the counsellors. Due to lack of designated private counselling spaces in many facilities, essential feedback on the gaps in knowledge and/or skills could not be given to the counsellors effectively.

Variable conditions in health facilities made it hard to ensure a standard parameter with which to compare the OSCE scores of different counsellors. Alongside, it was also felt that the inputs provided by the mentors could not be evaluated during on-site mentoring.

The learnings from on-site mentoring experience made it evident that the counsellors were unable to demonstrate their skills at the facilities due to several constraints. OSCE has a comprehensive methodology of 25 steps and those steps were getting missed by the Quality Associates too during on-site mentoring.

This led to the realization that a uniform and controlled setting, with a standardized case scenario to measure the competencies of the counsellors, was required.

Off-site mentoring through simulation-based audio OSCEs

A significant move in this direction was the adoption of an innovative simulation-based approach, providing an immersive learning experience to the counsellors. Ten carefully considered case scenarios were developed and sequenced from the simplest (with the most common scenarios experienced by the counsellors) to more complex, involving a more holistic knowledge of other health issues that have a bearing on which family planning methods can be used by the client.

Before shifting to off-site mentoring of counsellors (audio OSCE), the Quality Associates were provided with skill and knowledge of mentoring so that they could mentor the counsellors effectively. Special emphasis was placed on providing feedback.

Audio OSCEs are one-on-one telephonic or zoom calls between a counsellor and a Quality Associate, where one case study is taken up. The Quality Associate poses as a client and presents her case to the counsellor, who then counsels the client to take the right course of action. The OSCE checklist is employed to evaluate the counsellor's performance and score her. All the sessions are recorded and reviewed. The skills and knowledge of the Quality Associates are also observed and gaps corrected after observation of the audio OSCEs by the Senior Quality Associate who explains the steps they had left out while performing audio OSCEs for the counsellors.

Each audio OSCE takes around 40 minutes. During this period, the Quality Associates keep making a note of points that have been missed or left incomplete by the counsellor. They share the gaps with the counsellor once the audio OSCE is over.

Based on the results of the audio OSCE, the counsellors are categorized into five categories – less than 40 percent, 40-49 percent, 50-70 percent, 71-84 percent, and more than or equal to 85 percent.

With eight Quality Associates, the clusters were divided accordingly to implement audio OSCEs. The limited number of Quality Associates led to the decision of temporarily dropping counsellors who had scored less than 40 percent in the first round to focus on others who had scored better. The intent was to ensure that as many as possible graduated to on-site mentoring so that focus could be brought back on those who had scored less than 40 percent in the first round.

Three OSCEs are compulsory for every counsellor. Once the counsellors score up to 85 percent during the fourth OSCE or later, their case is closed for audio OCSE and they become eligible for on-site OSCE. Once they cross the 85 percent mark in on-site OSCE, their case is closed and focus maintained on others needing 85 percent in audio and on-site OSCE. These counsellors reach the experienced status where they can mentor other counsellors.

"We were oriented on OSCE before it was initiated with us. In the beginning I used to panic and they helped put my nerves at rest. In the first two OSCEs, I skipped the medical history of the client. The next time onwards, I became careful and remembered everything. I learnt not by reading but with practice. OSCE has helped me learn about all the family planning method very thoroughly. My OSCE score is 85 plus now."

Kalpana
RMNCAH+N Counsellor,
CHC Mall, Lucknow district

"In the beginning, audio OSCE was challenging for me. It was a novel experience. Gradually I became used to it. There is a big difference in my counselling now compared to what it used to be before OSCE. I would frequently skip points and not ask important questions. OSCE helped me realize why it is important to ask all these questions. My knowledge levels and efficiency have increased. I have learned about family planning methods and developed communication skills. Though my workload has increased after OSCE since I take more time with all the clients, but it is worth."

Leena Sharma
RMNCAH+N Counsellor,
CHC Bachrawan, Rae Bareli district

The whole process was painstakingly followed to ensure that the counsellors' competencies developed continuously, without any slackening of efforts. Some counsellors were quick to graduate to on-site OSCE after four audio OSCEs, and others took up to six audio OSCEs.

Till date, around 500 audio OSCEs and more than 800 on-site OSCEs have been completed.

Off-site mentoring was initiated in January 2022 and continues till date.

Post audio OSCE on-site mentoring

Quality Associates make quarterly visits to facilities and prepare reports of these visits. On-site mentoring post audio OSCEs are initiated using simpler case studies (most commonly anaemia) with real clients. Normally, a dip is observed in scores once OSCEs are shifted from audio to on-site. But the scores bounce back to normal soon.

To help counsellors recall information, they are supported with posters. Mentors explain to counsellors how they can divide their clients into two categories – those who don't know anything about family planning and those who know something about family planning. Information can be provided based on this distinction and counselling tailored accordingly.

Along with the common larger WhatsApp group for all the counsellors, other district-wise WhatsApp groups were formed where the counsellors could clarify any doubts regarding OSCE, express their concerns, and share their stories and experiences. This ensured continued interaction in smaller groups along with the larger WhatsApp group.

Facility readiness assessments undertaken

These assessments were undertaken in all the facilities with RMNCAH+N counsellors across the state. The purpose was to gauge the preparedness of health facilities with respect to infrastructure and equipment, availability of staff, and logistics and other aspects that have a bearing on good service delivery.

A comparison between on-site mentoring and audio OSCE

Issue	On-site mentoring	Mentoring with simulated audio
Attention of counsellor	Divided	Undivided
Comparison	Not possible	Possible
Time to give feedback	Insufficient	Sufficient
Knowledge enhancement	Inadequate	Adequate
Focus on competency	Variable due to client load	Ensured
Flexibility of time of appointment	Not possible	Possible
Verification	Not possible	Possible

The checklist covered the following key service areas:

- Counselling/Counselling Corner
- Operation Theatre and Labour Room
- Availability of printed family planning registers and formats
- Availability of family planning supply and commodities at facility in register vs Family Planning Logistics Management Information System (FP-LMIS)
- Disbursement of incentives
- Family planning kit
- Service statistics.

Six key steps had to be completed during each Facility Readiness Assessment:

- Meeting the CMS/MOIC and providing a brief objective of the visit
- Mentoring visit to the facility and identifying gaps via facility readiness checklist
- Handholding of counsellors at the facility and providing feedback based on the observation of counselling sessions
- Review of record keeping to ensure all the information is captured and well documented
- Interaction with clients available at the facility at the time of visit and capturing the experience via client feedback form
- At the end of the visit, sharing visit's observations and areas for improvement with the CMS/MOIC.

The administration of this tool helped find gaps in the facilities including the absence of counselling corners and tools for counsellors to help in effective counselling. The counsellors lacked basic infrastructure such as a table and chair, and an almirah. There were no fans and lights in some places. In several facilities, the counsellors were sitting next to the doctor or in the post-partum room. Privacy and confidentiality were major concerns in others. There were no curtains and clients were forced to sit in the open, making them uncomfortable to come to the counsellor with any query or for information. Being one of the basic principles of counselling, confidentiality had been given specific importance in the facility readiness checklist. The Quality Associates carried this feedback to the MOICs. The MOICs were sensitized and dedicated counselling corners were in all the facilities with RMNCAH+N counsellors. Care was taken to create corners that were easily accessible by the clients. Counsellors were also provided essential IEC material to display in their corners.

As a result, all the 232 RMNCAH+N counsellors have their own earmarked space in their facilities. The clients know where they sit and can reach out to them without any problem. The counsellors in turn feel respected and valued since they have a space designated for them with their name written on the door. This has substantially increased their sense of importance and their confidence level.

Enabling and empowering the client

Client feedback was utilized to understand their overall experience and specifically the counselling experience. Feedback forms from around 950 clients helped to analyze quality of services being provided, be it counselling service or other healthcare service experience in the facility.

District and division-level meetings for counsellors

For the past few years, monthly district-level and quarterly division-level meetings are being organized for counsellors, due to the efforts of UP-TSU. The District Family Planning Officer facilitates the process and a full day review meeting is organized at the divisional level. These meetings provide an opportunity to review uptake of services at the facilities where the counsellors are posted. The progress of the counsellors and their OSCE scores are also discussed. These meetings allow the counsellors to share their learnings and clarify doubts.

6 CHALLENGES FACED AND LESSONS LEARNED

Counselling plays a critical role in transforming health-seeking behaviours. Enhancing its stature and augmenting its priority in the system required continuous and painstaking effort, along with consistent advocacy at the state, district and block levels to ensure that the competency building initiative for RMNCAH+N counsellors caught the attention of all the relevant stakeholders.

Integrated efforts for family planning counselling

With around 1,062 health facilities above block level, there are only 232 sanctioned positions for RMNCAH+N counsellors. Of these, 218 are in position and the remaining positions are vacant.

Attempts have been made to strengthen the capacity of staff nurses for family planning counselling of clients but their workload is a constant constraint, which prevents them from spending extra time with potential family planning users.

Though the strength of AFHC counsellors is more than that of RMNCAH+N counsellors, integrating them into the competency building strategy will require cohesive efforts of two divisions (Family Planning and RKSK), which poses a challenge in synergizing and collectively strengthening their capacities. This presents a systemic challenge requiring continuous advocacy with both the divisions to ensure that AFHC counsellors become an intrinsic part of the competency building strategy.

Need for a conducive environment

There is a large gap between the number of facilities and the positions sanctioned for RMNCAH+N counsellors. The RMNCAH+N counsellors have adequate work to keep them engaged. To ensure efficiency and quality in their work, it would help if they are not assigned additional work which is not in the purview of their job profile.

Shortage of resources such as registers for data entry hamper documentation and, in turn, timely and accurate reporting. Addressing these shortages would lead to seamless and timely reporting.

Counselling competencies vs. service uptake

Family planning is measured by numbers depicting increase in the uptake of services. The experience of implementing the strategy has shown how the increase in competencies of RMNCAH+N counsellors has brought more value addition to the family planning programme.

7 KEY ACHIEVEMENTS AND RESULTS

Increased knowledge and improved competencies

Since the inception of UP-TSU's technical support to Family Planning division in late 2014, a marked difference has been seen in the competencies of RMNCAH+N counsellors, which is evident in their counselling and reporting. There is an increase in their knowledge and confidence levels. The training programme shifted focus from imparting knowledge to ensuring skilful application of knowledge in their jobs.

When OSCE was initiated with the counsellors, they were nervous which affected their performance and ultimately scores. Today, there is a sea change in their enthusiasm and they call the Quality Associates on their own to ask for their scores or to do an OSCE to further hone their skills. They have become keen learners. Their diffidence has turned into confidence, with newfound courage to speak in front of their seniors, be they MOICs or CMOs.

Counsellors get a forum for expression

The field visits made by the programme team have given the counsellors a forum to express themselves and share their grievances and concerns. Be it shortage of registers, lack of privacy in their counselling corners or any other issues that they are facing, the interactions with Quality Associates have proved useful to the counsellors, since they act as a channel to take the counsellors' grievances to the Facility In-charge.

"During one of the district-level meetings, an MOIC who did not much value the RMNCAH+N counsellor in his facility, asked her to speak on family planning to hide his unpreparedness and embarrass her in the process. Little did he know that her capacities had increased tremendously and her technical knowledge on the subject was much stronger.

Though taken by surprise, she maintained her calm, got up and spoke with confidence. So impressed was everyone with her knowledge that after the meeting, they came and took her phone number for future support."

As narrated by a senior UP-TSU team member

Enhanced visibility of counsellors

All the RMNCAH+N counsellors have been in their positions since 2010-11. They are a crucial cadre who have a bearing on the uptake of family planning services in public health system. With the UP-TSU initiating system strengthening and capacity building efforts, their capacities have increased too. Many have established an identity at the district level too. Tremendous effort has gone into changing their mindset about themselves, and the results can be seen in their increased visibility and the respect they command.

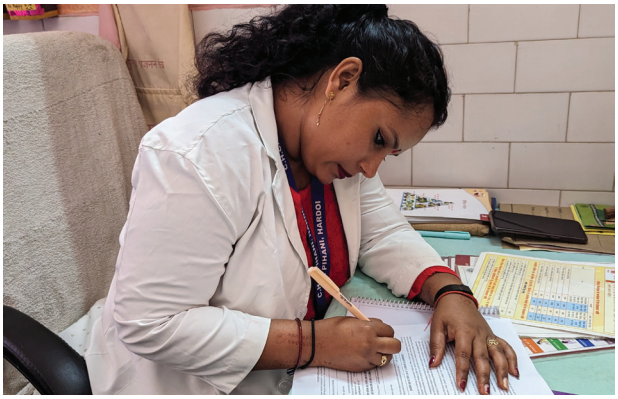
One of the key steps taken by the UP-TSU was to advocate for a revision in the job description of counsellors in 2017-18, by including counselling of women in PNC wards. This was a significant step in changing them from a sedentary to a more interactive resource.

Today, each time a visit is organized to the facilities, a stop at the counselling corner to meet the RMNCAH+N counsellor has become a must.

Improved reporting and documentation

Reporting was a major challenge that RMNCAH+N counsellors were grappling with. Constant mentoring and handholding support by UP-TSU team helped them gain confidence, thereby minimizing gaps and mistakes. Provision of separate registers for Antara, Chhaya and Mala-N was an additional help. Reporting is more systematic now.

Their reporting has improved tremendously with an accuracy of around 80 percent. The counsellors take pride in their registers and reporting. Facilities with counsellors have continuous and accurate reporting compared to others without counsellors. Their presence has proved beneficial not just for the clients but for the facilities too.



"My documentation has improved a lot. I maintain the register systematically. In case there is a shortage of registers, it is usually for 4-5 days, and during that period, I write the records in a notebook. Whenever I make any mistakes in my documentation, ma'am helps me rectify those mistakes."

Sudha Mishra
RMNCAH+N Counsellor, Ram Manohar Lohia Institute of Medical Sciences, Lucknow

"There is a major improvement in documentation. We did not have proper records and logistics were planned based on estimations. Whatever documentation was done, was done by the HEOs. But now everything is done by the counsellors – documentation, filling case sheets, and maintaining them. Records are being maintained properly."

Dr. Jitendra Srivastava
MOIC, CHC Pihani, Hardoi district

Counselling Corners: A space they call their own

The programme actively advocated for and ensured creation of counselling corners in facilities with RMNCAH+N counsellors. As a result, 90 percent of the facilities with counsellors have a counselling corner today unlike earlier when the counsellors were given a table and chair and made to sit in front of the MOIC's room, hampering any conversations or meaningful interactions with the clients. Facilities now have counselling corners with access to the OPD area, so that the counsellors can easily move around or the clients can visit them. Visits to PNC wards have become regular.

Once they got a designated space, counsellors made an effort to decorate their space creatively, with a basket of contraceptives on their tables. They have displayed IEC material in their corners. Handmade posters and charts adorn the walls, and counselling cards, pamphlets and leaflets on Antara and Chhaya provided to them are readily available and used abundantly while counselling. Many have pasted the principles of HEADS on a wall, which they can readily refer to while counselling the clients, ensuring that they do not miss anything important.

Their name on the door helps clients identify the room where their *'didi'* is sitting and where they can approach her for counselling.

"Since 2014, I have been sitting in this room but it was not maintained properly and there was no privacy. After sir (MOIC) joined, there was an improvement. I keep doing creative things. I made some posters and adorned the walls with those posters and IEC material. State officials have also made visits to the facility and they have appreciated my efforts."

Shilpi Verma
RMNCAH+N Counsellor, CHC Pihani,
Hardoi district

Even though most CHCs have a separate corner for RMNCAH+N counsellors, there is a felt need to further improve the facilities.

"I got the counselling corner in 2018. I had requested sir (MOIC) to give this small room to me. When I got this room, he arranged a table and chair for me, and made provisions to make me comfortable. UP-TSU team came and helped me organize the room. They have been appreciative of my efforts."

Seema Thakue
RMNCAH+N Counsellor, CHC
Malihabad, Lucknow district

"There are many areas of improvement. There needs to be a separate room for counsellors. Our CHC is 30 years old. At that time, they wouldn't have thought that RMNCAH+N counsellors would be working in health facilities. That is why there is no allocation of space for them. But it needs to be addressed. I feel we should have a separate room for them where we can display more posters and IEC material on family planning. We can install a TV outside their room so that the people waiting outside can keep watching TV and not listen to the conversation between the counsellor and another client."

Dr. Sandeep Pratap Singh
MOIC, CHC Mall, Lucknow district

Improved client-counsellor relationship

Broadening their understanding of RMNCAH+N issues beyond family planning has equipped the counsellors with knowledge and skill to approach clients with a holistic perspective. This has enabled them to contextualize and customize their conversation with clients to increase engagement with clients and provide greater satisfaction to a wider range of clients along the continuum of care.

OSCE helped build the counsellors' skills of empathy and listening, and to articulate these skills in audio as well as on-site mode. The counsellors are now able to build a good rapport and conduct healthy interaction with the clients. With detailed and systematic interactions, clients trust the counsellors and have started revealing problems such as STIs or RTIs, and even gender-based issues of discrimination, which help counsellors in counselling their spouses and families appropriately.

The counsellors provide all the relevant information, introduce the basket of contraceptives to the clients, and explain every method for the client to make a choice. Alongside, any bodily changes are also explained to the clients, reducing instances of discontinuation.

In some facilities, clients seek out the counsellors and wait for them, in case they are not in their room. These changes have led to a trickle effect, with the clients recommending the services of counsellors to their friends and family, who then visit the counsellors.

Most clients have positive feedback for the counsellors now. When speaking with the clients, the Quality Associates come across statements such as "*didi ne bahut acche se baat kiya hai"* (*didi* treated us very well) and *"Didi ne hamari samasya ka illaj diya hai"* (*didi* has given us a remedy for our problem).

When Fatima (name changed) visited Shilpi Verma (RMNCAH+N Counsellor) at the health facility with her mother-in-law, she was oblivious of any family planning needs for herself. A young and vivacious 20-year-old, Fatima was married nine months ago and is in advanced stage of her pregnancy. Shilpi recognized the need to counsel Fatima about family planning methods that she could adopt after she delivers her baby. Shilpi also discussed the nutritional needs of a pregnant woman with Fatima and how she needed to take care of her diet to ensure her own as well as her baby's health.

Though shy at first, Fatima warmed up to Shilpi due to her friendly demeanour. She started asking questions about the various family planning methods. By the time she left Shilpi's room, she was convinced that she would start using a family planning method, once her baby was born.

Fatima says, *"I will practice what didi has asked me to do. She spoke to me about spacing children and how it would benefit me and my children. I will take care and have a second child only after the first one grows up."*

Ramkali has two daughters. She was keen on using a family planning method and visited the facility around one and a half years ago looking for the RMNCAH+N counsellor. When sterilization was suggested to her, she said that she was not keen on a permanent method.

She says, *"Once I refused a permanent method, Didi explained the basket of choice to me patiently and I chose Antara injections. I have been taking these injections for the past 1.5 years, without any problem."*

Ramkali added that she vaguely knew that there was a contraceptive injection but did not know anything more about Antara. Once she gathered all the information from the counsellor, she was clearer and decided to choose Antara over other methods. Now, having seen her experience, her relatives are also keen on using Antara.

Counsellors pay it forward: Knowledge transfer to ASHAs

The RMNCAH+N counsellors have also been encouraged to build a rapport with the ASHAs, who reach out to the counsellors freely each time they have a doubt or a question. The fact that many counsellors regularly attend or take knowledge sessions during monthly cluster meetings at the facility has given them a standing among the ASHAs, who feel free to approach their *'didi'* for her counsel or advice. Wherever counsellors are posted, there is knowledge and skill transfer to the ASHAs and ANMs.

Improvement in service uptake

RMNCAH+N counsellors are encouraged to visit the postnatal ward besides their interaction with the OPD clients. This allows them the opportunity to follow up with clients that they have interacted with in the antenatal OPD to ensure that they do not leave the facility without an appropriate contraceptive method or at least a plan of avoiding an unintended pregnancy. It also gives them access to other postpartum women and their families, particularly the spouses who have not interacted

"We support ASHAs, ASHA Sanginis and ANMs, and build their capacities on family planning. During COVID-19 pandemic, we could not go to the field and ASHAs spread the message of family planning and distributed family planning methods. Sanginis come and take material from us every Wednesday and Saturday, and make field visits with ASHAs. We provide material to ANMs also when they go for immunization. We share information during ASHA cluster meetings and Sangini meetings. I try and take out 10 minutes daily to clarify any of their doubts.

Whatever knowledge and information I receive on the Counsellors' WhatsApp group, I share it with the people working at the grassroots level."

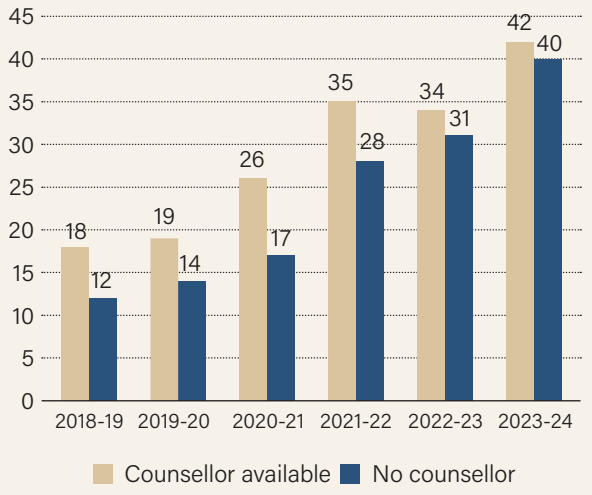
Shilpi Verma
RMNCAH+N Counsellor,
CHC Pihani, Hardoi district

with them earlier, to educate them regarding the risk of unintended pregnancy in the postpartum period, particularly the women who are partially breastfeeding.

Slowly, with this additional initiative on part of the counsellors, the uptake of postpartum methods has increased, particularly PP-IUCD and postpartum sterilization (PPS). An analysis of PP-IUCD uptake has shown that facilities with counsellors have an increased uptake of PP-IUCD services.

Though it is not simple to attribute an increase in the uptake of any family panning method solely to the efforts of the counsellors, the trends have shown that the facilities with counsellors have a better follow up system and more acceptance of PP-IUCD and PPS (Figures 3 and 4).

FIGURE 3: % PP-IUCD against total institutional deliveries



Similarly, Antara dropout rates are lower in facilities with counsellors and complication management better. Figure 5 shows the total clients counselled by RMNCAH+N counsellors from 2020-21 to 2023-2024 (Apr-Mar).

FIGURE 4: % PPS against total institutional Deliveries

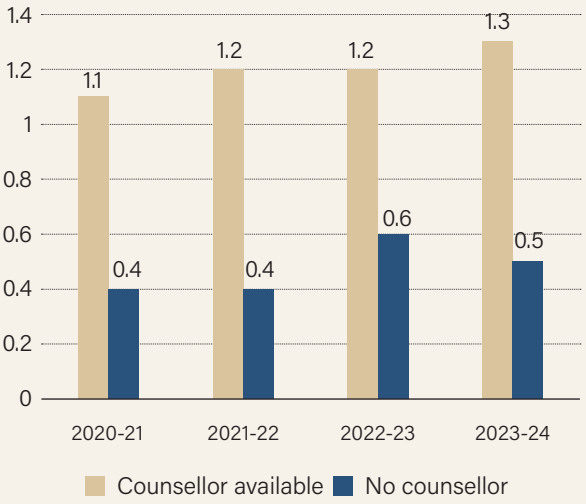
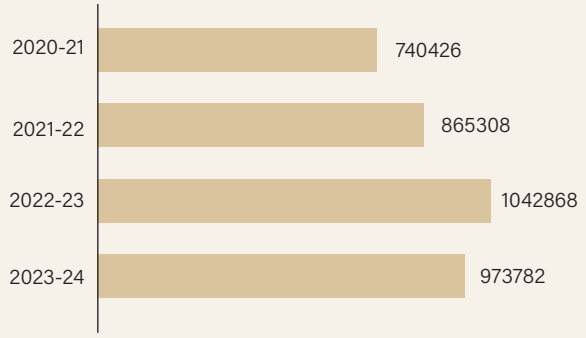


FIGURE 5: Total clients counselled by RMNCAH+N counsellors on family planning



8 WAY FORWARD

Next steps

UP-TSU's journey with the Family Planning division is a decade old. It has involved an intensive investment of capacities to enhance the efficiencies of service providers. The RMNCAH+N counsellor competency building strategy has been an elaborate and well thought out exercise, which has borne results. A unique and well-tested model has been created, with a potential to be sustained and taken forward.

The body of work produced during the implementation of this competency building exercise is vast, including training modules, case studies, audios and videos, PPTs and IEC materials, among others.

The next two years of UP-TSU are the transition phase where all the efforts made as yet will be assimilated and handed over to the Government of Uttar Pradesh. Subsequently, efforts would be made to internalize and institutionalize the process.

Maintaining the quality of counselling

The RMNCAH+N counsellor competency building model is replete with a rich toolkit, including OSCE checklists, guidelines and Standard Operating Procedure (SOP) that can serve as guides during field visits. With Government checklists being more focused on infrastructure, these checklists would help keep a focus on counselling. Following OSCE checklists would ensure enhancement or retention of quality achieved in counselling, which will impact service uptake as shown in the past decade. The main idea is to create a pathway where the model can be sustained by the Government of Uttar Pradesh and replicated by other states.

There is also a need to explore the possibility of including other counsellors to implement an integrated approach in the true sense of the term.

Counsellors as mentors

Many counsellors have shown the promise of being mentors for other counsellors whose competencies need to be strengthened. The competency building model has demonstrated the importance of softer skills and mentoring. Such initiatives should continue for the competencies of other counsellors to come on par for effective counselling.

Continuance of meetings at district and division levels

District and division-level meetings have become forums for counsellors to come together, express their ideas, and share their concerns and triumphs. The RMNCAH+N counsellors have started getting rewards and recognition during district-level ceremonies, which makes them feel privileged. They feel seen and heard in these meetings. Presently, these meetings are possible due to the (Travel Allowance (TA) and Allowance Dearness Allowance (DA) costs being borne by the programme. Budgetary provisions to support travel of counsellors would ensure that these meetings continue.


LOVE
DENIM

Uttar Pradesh Technical Support Unit

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.

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