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QUARTERLY NEWSLETTER BY UP-TSU



A NOTE BY THE LEAD, UPTSU

Dear friends,

As we reach the mid year of 2025, I'm delighted to present you the 26th edition of the PAHAL newsletter - a reflection of our collective support to the Department of Health, Department of Medical Education and ICDS towards strengthening public health services across community, facility, and health systems in Uttar Pradesh.

While flipping the pages of this issue, you'll find stories ranging from the use of social mapping processes in urban health facilities, health supply chains optimization to ensure service delivery to the unreached populations. Initiatives such as leadership engagement on HOPE, establishment of Data Science Centre in KGMU, Lucknow and the D2C drive on Routine Immunization illustrate how these interventions are translating into improved service delivery. Our sustained efforts around maternal anaemia, high-risk pregnancies, and neonatal care is focused on improving maternal and child health outcomes across the state.

As we move ahead, we remain resolute in not only continuing but also accelerating these efforts to ensure that no one is left behind.

Warm Regards,

John Anthony
(Senior Project Director & Lead, UP-TSU)



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 Gates Foundation 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.

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Highlights of RMNCAH+ Nutrition Service

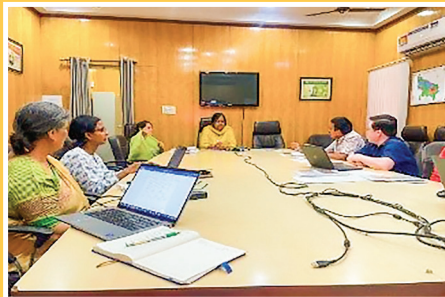
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- Facility Level Initiatives
- Community Level Initiatives
- System Level Initiatives
- Monitoring & Evaluation

ASSESSING PROGRESS, SHAPING STRATEGY: PLANNING MEETING HELD ON STRENGTHENING FP SERVICES



Dr. Sushma Singh DG-FW addressing key officials during meeting

On May 21, 2025, Dr. Sushma Singh, DG-FW with support of UPTSU, led a state-level review meeting to assess progress and set new directions for family planning services in UP. Senior officials from the Directorate and NHM (including Director-FW, Additional Director, Joint Director and GM-FP) with UPTSU team collaborated to develop district-specific action plans based on key FP indicators and address critical issues like teenage marriages and pregnancies through focused BCC interventions.

Key instructions to UPTSU by DG-FW:

- Submit a comprehensive integrated work plan for strengthening the FP program in state.
- Follow up with AD - Health for quarterly review of FP program at division level.
- Support orientation of AROs on FP program and Family Planning Logistic Management and Information System (FPLMIS).
- Develop and submit an SBCC / IEC plan to address teenage marriage and childbearing for approval and further action.
- Continue sharing district-wise FPLMIS and service data analysis.

Scan this QR code to watch the Films to address VAB families concern on RI



SENSITIZATION OF TRAINED STERILIZATION SERVICE PROVIDERS

On May 28, 2025, UPTSU hosted an online orientation for sterilization service providers, as per the directives of the Principal Secretary - DoMHFW. The session was chaired by Dr. Sushma Singh, DG-FW, with key inputs from Dr. Rashmi Gupta, Director FW, and Dr. Uday Pratap Singh, JD-FW. The technical session was facilitated by Dr. Renu Pant (SIC, VAB), Dr. Deepa Sharma (Senior Consultant, JBH), Dr. Deepali (Professor, KGMC), and Dr. Sunita Rai (Senior Gynaecologist).



Dr. Sushma Singh, DG-FW highlighting the importance of sterilization in reducing unmet need of Uttar Pradesh

291 service providers (Surgeon/Gynaecologist/ MBBS) trained for sterilisation services participated from all 75 districts of UP. The orientation aimed to sensitize them on the causes of sterilization failures and strategies to improve service quality.

Major Action Points Decided:

- Comprehensive pre-procedure history and mandatory client consent, ensuring the client is not pregnant.
- Emphasis on pre & post-procedure counselling of clients.
- Meticulous documentation, including complete sterilization case sheets.
- Mandatory laboratory tests for each case: Viral Marker, Albumin, Sugar, CBC, UPT, and HIV.
- Strict adherence to guidelines issued by the Government of India.
- Issuance of sterilization certificates only after the first menstrual cycle or one-month post-procedure, confirming the client is not pregnant.
- Preparation of attachment plans by pairing less experienced providers with seasoned and performing providers for handholding support.

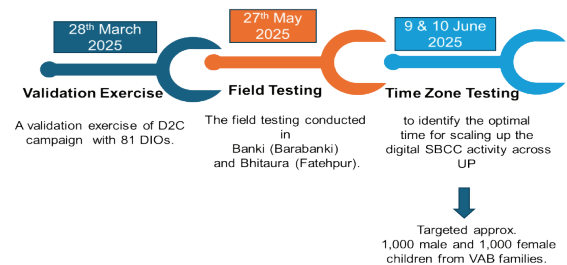
ADDRESSING VACCINE AVOIDANCE BEHAVIOUR THROUGH DIGITAL SBCC ACTIVITY

In a strategic move to combat vaccine hesitancy in the state, GoUP with support of UP-TSU, has developed and conceptualised a state-wide digital SBCC activity through D2C platform for targeting families exhibiting Vaccine Avoidance Behaviour (VAB). DoFW shared the verified database from field with UP-TSU to design a

targeted, personalised and tailored BCC flow to address individual behavioural barriers.

Before scaling up the activity, learning attempts were made to field test the SBCC flow and to decide the best time of execution for better reach and engagement (as given in Figure 1). To strengthen the impact of this initiative, following 4 films were developed:

Digital SBCC activity on Routine Immunization through D2C



काश मुझे मिला होता



सुरक्षा कवच है सबसे ज़रूरी



हमारे बच्चे का सुरक्षा कवच है हमारी ज़िम्मेदारी



वैक्सीन से जुड़ी गलतफहमियों को करें दूर



District - Lalitpur

ONE CURTAIN AT A TIME : A SIMPLE INNOVATION TRANSFORMING MATERNAL CARE

At CHC Talbehat in Lalitpur district, a UPTSU-supported FRU facility, a simple yet impactful innovation is transforming maternal healthcare: Informative Printed Curtains. Installed in key areas like ANC rooms, these curtains provide both privacy and essential health messages—sharing *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) schedules, HRP identification criteria, and details on maternal and family planning services—all in a clear, easy-to-read format.

The idea emerged from a practical challenge—many pregnant women were unaware of PMSMA check-up days or the importance of HRP tagging, and verbal counselling often fell short due to time limits and low retention. So, the team asked a simple question: *What if health communication could be woven into the environment itself—without needing extra space or staff time?*

The solution: turn curtains into visual health communication tools. These message-printed curtains improve key information visibility in waiting areas, support better recall, and serve as easy aids for both beneficiaries and frontline workers. The approach, pioneered by CHC Talbehat, improved awareness, engagement, and counselling efficiency. Now set for scale-up across Lalitpur, this low-cost, high-impact innovation shows how simple, user-centred ideas can transform public health—one curtain at a time.



District - Siddharth Nagar

CONTINUOUS EFFORTS REBOOTS DEFUNCT NBSUs

In September 2024, an assessment in Siddharth Nagar revealed that only 3 out of 11 proposed Newborn Stabilization Units (NBSUs) were functional, with four units lying non-operational in Mithwal, Bansi, Bhanwapur, and Keshraha since 2018 despite allocated budgets. Key issues included lack of essential equipment, non-reporting on the FBNC portal, and gaps in logistics and maintenance. UPTSU team at the district level documented these gaps and, shared the gaps with the CMO and presented the findings at the District Health Society meeting.

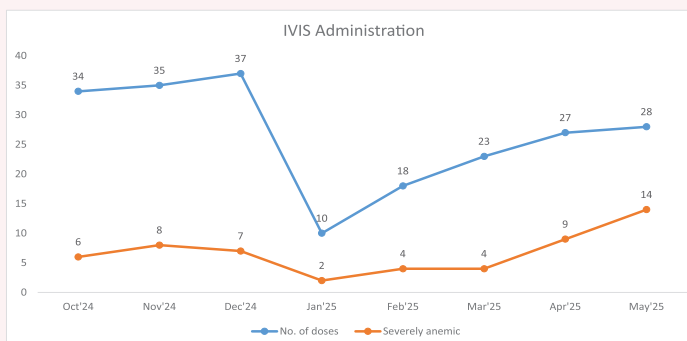
Through continuous monitoring of procurement process, installation and compliance with NBSU guidelines, sustained follow-ups and sharing regular updates with DHS, ensured restoration of full functionality in all 11 NBSUs of the district with active reporting on the FBNC portal.



District - Prayagraj

REVIVAL OF IV - IRON SUCROSE ADMINISTRATION

At CHC Mauaima, Prayagraj the administration of IV Iron Sucrose (IVIS) to anaemic pregnant women was successfully revived through the dedicated efforts of LR in-charge Dr. Gunja Arora and, the staff nurses, with support of UPTSU district team. After a drop in IVIS use from ~35 in FY 2024-25 to 10 in January 2025 due to adverse reactions leading to provider hesitation. UPTSU intervened to sensitize the identified ASHAs during ASHA cluster meetings, provide hands-on guidance on the Ganzoni formula for calculating accurate dosage, and reinforcement of government protocols. As a result, by April–May 2025, the facility administered IVIS to over 25 beneficiaries, improving care for anaemic pregnant women.





Village Pradhan is motivating HRP client

Outcomes After b-CPAP treatment	
Successful Discharges	61%
Referrals	18%
Deaths recorded	11%
LAMA cases	5%
Failure Occurred in only 6% of cases, with nasal injuries reported in 2%	

A LEARNING VISIT OF NIHFW DOCTORS



A group of post-graduate doctors from NIHFW, New Delhi, visited SIHFW, Lucknow, for a one-month training to understand public health functioning in Uttar Pradesh. UPTSU conducted sessions on its role in supporting the Government of UP across areas like MMR/NMR reduction, family planning, nutrition, systems strengthening, and digital health. On participants' request, a special session was also held on the State Skill Lab, offering them a unique and hands-on learning experience.

"I would like to extend my sincere thanks for conducting such an informative and engaging session in the skills lab. Your expertise and guidance have truly helped us fine-tune our skills and gain valuable insights."

- Dr Suraj Prakash Shah,
Trainee NIHFW

District - Banda

FROM RESISTANCE TO READINESS

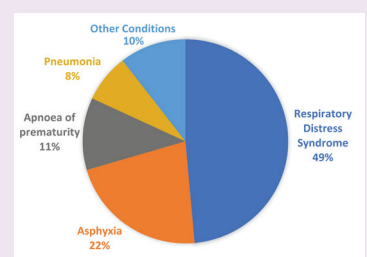
Usha Devi's Journey from high risk to healthier pregnancy is a testament to multi-stakeholder approach in successfully promoting correct health behavior. In her first trimester she was initially unwilling to attend the CiVHND session despite repeated visits by ASHA Manju Devi. Concerned, the ASHA involved the ASHA Sangini, and eventually, the village Pradhan, Mr. Ranjit Kumar, who personally intervened. Their joint efforts uncovered a critical history, Usha had previously undergone a home delivery and suffered two miscarriages.

Motivated by the counselling, Usha finally attended the CiVHND session, where ANM Poonam Devi diagnosed her with severe anaemia (HB 5.5 g/dl) and referred her to PHC Bisanda, Banda under PMSMA. There, she received timely treatment and five doses of Iron Sucrose, resulting in increase of HB level. ASHA and Sangini continued regular follow-ups, offering counselling on ANC, nutrition, supplements, and safe delivery. As a result of coordinated community action and timely intervention, Usha is now better prepared for institutional delivery

EXPANSION OF b-CPAP TO IMPROVE THE SURVIVAL RATE

To improve survival rate of preterm babies with respiratory distress syndrome (RDS), 64 bubble CPAP devices—a cost-effective and safer alternative to mechanical ventilation—have been installed in 32 SNCUs by NHM with 11 medical colleges already using it. Use of oxygen in combination with CPAP for the treatment of RDS can cause 70% increase in the survival of preterm babies. This intervention is supported through targeted training and mentoring of SNCU staff. Between August 2024 and February 2025, RRTC teams visited 18 SNCUs at district hospitals and mentored 41 doctors. The initiative is being led in collaboration between RRTC program and State New-born Resource Centre (SNRC).

To further strengthen neonatal care, the government plans to install 146 additional b-CPAP devices across 73 SNCUs.



Indications for use of b-CPAP :
December, 2024 - May, 2025 (n=2,131)
[Data source: NHM]

District - Etah

STRATEGIC VHSNC FUND UTILIZATION ENHANCES ANC INFRASTRUCTURE

To enhance the quality of antenatal care (ANC) services at CiVHSND session sites UPTSU conducted a micro-plan analysis at 270 CiVHSND session sites in Etah district, which highlighted key challenges:

1. Low utilization of VHSNC funds by ASHAs and Gram Pradhans.
2. Poor coordination between the Health and Panchayati Raj Departments.
3. Weak supervision of proper abdominal examinations by district and block officials.
4. Inadequate conditions for check-ups—often done on floor mats instead of ANC tables.

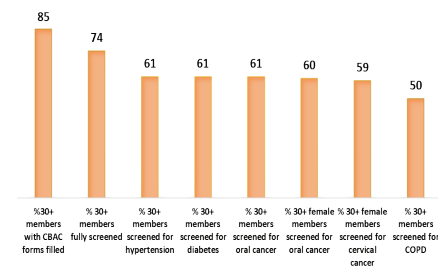
Initiative:

The UPTSU team shared its findings with specific suggestions during the DWR and Executive Committee (EC) meetings. Subsequently, the Chief Medical Officer (CMO) issued a letter directing the purchase of ANC tables and curtains for each VHND site using Village Health Sanitation and Nutrition Committees (VHSNC) funds. Coordination was established with the CDO and DPRO to involve Gram Pradhans in fund utilization and procurement.

On 10th October 2024, the CDO held a review meeting instructing MOICs to ensure table procurement and report non-cooperative Gram Pradhans. Regular district and block-level reviews were initiated.

Current Status (as of June 2025):

As per the result of these efforts, most session sites now have ANC tables and curtains, significantly improving service delivery conditions. Out of a total of 1,846 sessions, 1,469 ANC tables (80%) and 1,480 curtains (80%) are available during the sessions.



NCD screening current Status

LAUNCH OF DATA SCIENCE CENTER AT KGMU, LUCKNOW ON 6th JUNE, 2025 WITH SUPPORT OF UoM - IHAT



केजीएमयू • गैरिडिगिटल सर्विस विभाग के अध्यक्ष डा. जेडी रावत ने कहा, व्यापक रोग में सर्विस की जरूरत नहीं जन्मजात बीमारियों का संपूर्ण इलाज संभव: डा. जेडी रावत



COMMUNITY-BASED ASSESSMENT CHECKLIST (CBAC) FOR NCD SCREENING: STRENGTHENING COMMUNITY-LEVEL DETECTION

The Government of Uttar Pradesh is expanding primary healthcare services to tackle Non-Communicable Diseases (NCDs) through Ayushman Arogya Mandirs (AAMs). UP-TSU supports this initiative by:

1. Orienting officials and ASHA workers on NCDs
2. Providing day-to-day support through BRPs and ekavach coordinators
3. Participating in AAA+C meetings to review and plan NCD strategies
4. Analysing CBAC data to track progress, identify gaps, and plan community-centred interventions

This collaborative effort strengthens NCD prevention and management at the grassroots level.

NCD screening current status till date-

The NCD screening has made significant progress, with –

- 85% of members above 30 years have CBAC forms filled
- 74% fully screened
- Screening coverage:
 - Hypertension: 61%
 - Diabetes: 61%
 - COPD: 50%
 - Cervical cancer (females): 59%
 - Oral cancer: 61% (60% among females)

Overall, the initiative demonstrates promising coverage, with room for improvement in specific areas.

MAPPING THE UNMAPPED: REACHING URBAN SLUM POPULATION IN UTTAR PRADESH

India's urban population grew from 286 million (2001) to 508 million (2022), intensifying health challenges. NFHS-5 highlights urban poor's health disparities: 55.3% children fully immunized, 11.5% unmet need, 73.4% institutional delivery, and 50.6% women with anaemia. Given its status as India's most populous state, Uttar Pradesh plays a critical role in implementing the National Urban Health Mission.



The IHAT & UPTSU's Urban Health Initiative (UHI) targets Ghaziabad, Kanpur Nagar, and Firozabad cities in Uttar Pradesh, addressing health vulnerabilities in densely populated slum areas where marginalized populations often remain underserved.

Social Mapping of UPHCs:

To better understand the urban population a Urban Primary Health Centers (UPHC) serves, UPTSU's UHI is conducting social mapping exercises in selected three cities to identify slum locations, vulnerable groups, and health needs, enabling effective resource allocation and targeted interventions in urban areas.

In these three urban cities, 10 out of 117 UPHCs were selected to map 25 key slums, improving outreach, resource allocation, and service delivery. These maps also serve as advocacy tools to engage municipal authorities and NGOs in urban planning. This successful approach is set to be expanded to all 117 UPHCs.

This exercise will enable the UPTSU team to:

- Pinpoint geographical areas with high concentrations of urban slums and vulnerable populations.
- Collect data on health needs and service delivery gaps including healthcare infrastructure, staffing, and accessibility in vulnerable areas.

Data gathered through social mapping will be shared with Urban PHCs to:

- Jointly develop targeted interventions to address specific health needs and service delivery gaps.
- Ensure efficient resource allocation to reach the most underserved populations.

By leveraging social mapping, the UPTSU team can optimise resource allocation, tailor interventions to specific needs, and enhance the overall effectiveness of urban health initiatives.

EFFECTIVE ONBOARDING OF NEW ANGANWADI WORKERS



Visuals from TOT, SIRD Lucknow

To prepare for the onboarding of 3,000 newly inducted Anganwadi Workers transitioning from helper roles, the ICDS Department conducted a seven-day Training of Master Trainers at SIRD, Lucknow, in two batches of ToTs (17–23 March and 7–13 April 2025). This training covered 166 participants including CDPOs, block coordinators, and representatives from Regional and District Training Institutes (RIRDs and DIRDs).

The training focused on strengthening knowledge, practical skills, and the operational aspects of ICDS service delivery. Following a cascade approach, Master Trainers are now facilitating the training of newly inducted Anganwadi Workers in batches across the state, ensuring their smooth onboarding and strengthened service delivery at grassroots-level. UPTSU, in collaboration with UNICEF, supported the planning, development of the facilitator guide, and facilitated the ToT sessions to ensure effective roll-out.



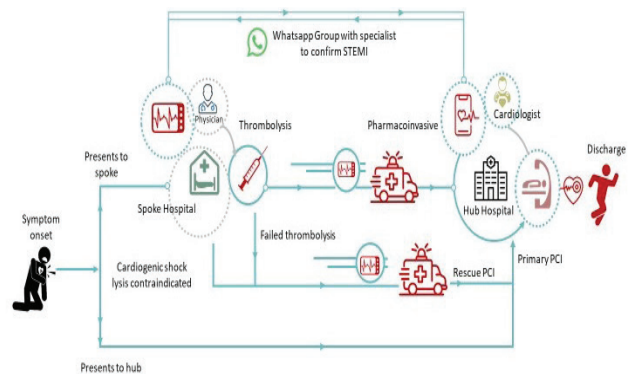
Visuals from ongoing training of AWWs at DIRD Kanpur and RIRD Ayodhya

ESTABLISHING A HUB-SPOKE NETWORK FOR CARDIAC EMERGENCIES

GoUP with the support of UPTSU is establishing a STEMI Care Network to reduce deaths and disability from ST-Elevation Myocardial Infarction. Based on a “**hub-and-spoke**” model, this initiative links Cath-lab-equipped medical colleges (hubs) with spoke facilities (including medical colleges, district & speciality hospitals and CHCs) to ensure early detection, standardized pre-referral management, and coordinated referrals. The model builds on learnings from an ICMR-supported pilot in Varanasi.

As of June 2025, two hubs—KGMU and RMLIMS—have been activated with 315 personnel from 97 facilities across 12 districts trained. In just 3 months, 1,863 ECGs were shared for expert review via WhatsApp, leading to 137 STEMI diagnoses with 69 patients receiving thrombolytics at spoke facilities.

Building on learnings from the RRTC program, key Directorates—Training, Medical Health, and Medical Education are collaboratively scaling this model across the state at minimal incremental cost, marking a significant shift in improving emergency care at public health facilities.



District - Prayagraj

ADDRESSING VACCINATION REFUSALS WITH EVIDENCE-BASED TOOLS

Understanding the real reasons behind families' refusal to vaccinate their children had long been a challenge. This saw a remarkable shift with the introduction of Opportunity Gap Analysis (OGA) and Root Cause Analysis (RCA) tools as part of a pilot initiative in the Manda block, Prayagraj supported by UPTSU. Utilising these tools, FLWs identified 216 children from vaccine-refusing families and successfully mobilized 168 of them by addressing their barriers with precision and evidence-based interventions — a turnaround of nearly 78%.

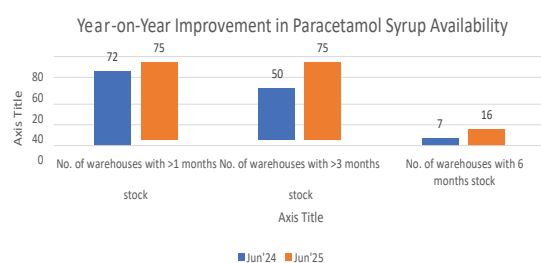


“The RCA tool enabled us to move beyond assumptions and tailor our mobilization efforts to address the real barriers faced by each household. I personally visited 12 vaccine-refusing families and addressed their concerns through one-on-one conversation, while reinforcing the benefits of vaccination. This resulted in successful mobilization and vaccination of 7 children. The impact we’ve seen in Manda stands as a model for replication in other blocks, offering a clear pathway to overcome vaccine refusal.”

— Shyam Singh
Health Education Officer
Manda Block, Prayagraj

SUPPLY CHAIN OPTIMIZATION BOOSTS PARACETAMOL SYRUP AVAILABILITY

Paracetamol Syrup 125 mg/5 ml is essential for managing fever and pain after Pentavalent and DPT vaccinations, yet field visits revealed inconsistent availability of it at immunization sites, with some only offering tablets or drops. To address this, UPTSU advocated forecasting syrup demand based on HMIS data, aligned with the number of Pentavalent and DPT beneficiaries.



GoUP with technical support of UPTSU estimated a requirement of 2.88 crore bottles, including 10% buffer, for FY 2024–25 and aligned with UPMSCL for procurement accordingly. By June 2025, all 75 district warehouses held over three months of stock—up from 50 in June 2024—and 16 districts maintained a six-month buffer. As a result of bridging critical gaps in the supply chain system, Paracetamol syrup consumption rose by 178% from April, 2024 (8.3 lakhs) to April, 2025 (23.08 lakhs), ensuring improved access to essential post-immunization care for children state-wide.

REFORMING DRUG WAREHOUSE TO STRENGTHEN SUPPLY CHAIN EFFICIENCY

To transform the public health supply chain, GoUP with support of UPTSU launched the Drug Warehouse Strengthening Initiative in 2019. The objective was to replace temporary rented storage with a permanent warehousing network across all 75 districts. Construction of permanent warehouses began in 2022, progressing from foundational work to full infrastructure readiness. By early 2025, 38 permanent drug warehouses—each spanning approximately 20000 square feet—have been completed and are fully operational. These warehouses are equipped with advanced systems such as pallets, racking, walk-in coolers for temperature-sensitive drugs, CCTV surveillance, fire safety mechanisms, backup power systems, and digital access controls. Functioning as centralized distribution hubs, they serve over 25,000 public health facilities including District and Specialized Hospitals, CHCs, PHCs, and Ayushman Arogya Mandirs. Full-scale integration with DVDMS and training of warehouse personnel is underway, aiming to establish a seamless, digitized inventory and distribution system. This marks a critical step toward ensuring consistent medicine availability and building a resilient, accountable health supply chain across the state.

A LEARNING VISIT BY THE GATES FOUNDATION ON UP's PROGRESS IN TB ELIMINATION

In February 2025, a delegation from the Gates Foundation and partner organisations visited Uttar Pradesh to gain insights into the state's integrated approach to TB elimination. The visit focused on the convergence of TB services within the general health system. The team visited facilities near Lucknow, including an Ayushman Arogya Mandir (AAM) Kendra, linked TB Detection Centre (NAAT facility) at the Community Health Centre (CHC), and the District Tuberculosis Centre (DTC). They engaged with frontline health workers (ASHA, ANMs), health officials (CMO, CHO, District TB team, and State TB Cell officials), panchayat representatives, and individuals undergoing TB treatment, facilitating a rich exchange of ideas on strengthening TB detection, care, and treatment pathways.

The visit was coordinated by the State TB Cell and the Tuberculosis State Technical Support Unit (TB-STSU), who shared key learnings from their collaborative work—ranging from enhancing TB notifications and public health actions in the private sector, TB diagnostic's and integrating services at AAMs, to leveraging diagnostics equipment and advancing multi-sectoral engagement activities for enhancing patient support. The delegation also explored the implementation success and challenges of the state's 100-day TB Campaign.





DISTRICT TB OFFICERS' TRAINING CUM REVIEW MEETING, LUCKNOW

In May 2025, the State TB Cell, in collaboration with the William J. Clinton Foundation (WJCF), convened review meetings with all 75 District TB Officers (DTOs). During the sessions the IHAT Diagnostic Network Optimization (DNO) team presented key updates, highlighting NAAT machine utilization against their capacity, the expansion of laboratories conducting First-Line and Second-Line Line Probe Assays (LPAs), and the importance of timely data entry in Ni-kshay. They also presented the Central TB Division's (CTD) guidelines and protocols for integrating AI with digital chest X-rays in public health facilities.

Additionally, progress and gaps under the TB Mukht Panchayat initiative were presented by the State ACSM Officer and IHAT's Multi-Sectoral Engagement expert, underscoring both achievements and areas requiring further action.

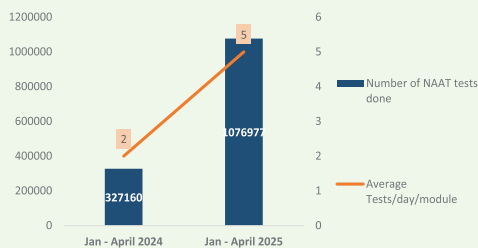
STRENGTHENING OF MOLECULAR DIAGNOSTICS FOR TB DETECTION – ENHANCING NAAT TESTING AGAINST CAPACITY

Guided by the State TB Cell, IHAT has been supporting the monitoring of site-specific NAAT machine utilization against their capacity as per standard guidelines, and compiling site-wise information from Annexure M to generate evidence for actionable insights by the state. In alignment with Central TB Division (CTD) directives to prioritize microbiological confirmation through NAAT over smear microscopy, the State issued instructions to run NAAT machines in double shifts, aiming for six tests per module per day. This strategic push has led to a significant rise in NAAT testing in early 2025 compared to previous years.



CBNAAT Machine being used for molecular diagnosis of Tuberculosis

NAAT Tests and Capacity Utilization (Jan -April 2024 Vs Jan - April 2025)



Data Source: Monthly Lab Indicator Report

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Scan this QR code to watch the PAHAL Video Magazine 2024



STRENGTHENING LEADERSHIP ENGAGEMENT ON HOPE

Following the establishment of HOPE Centre in August 2023 and continued handholding support from UP-TSU to the data analysts, a comprehensive workshop was organized to promote involvement of government program officials in the data driven programmatic decision making. The Department of Medical Health, GoUP, with support of UPTSU organized this workshop during February 12–13, 2025. Chaired by the Principal Secretary – Medical, Health and Family Welfare, the workshop aimed to build analytical capacity and foster collaboration among officials from DGMH, DGFw, and NHM to use HOPE for more evidence-informed programmatic decisions.



During the workshop, 115 participants participated in group-work which yielded 74 key problem statements, formulated queries for field-level validation via the HOPE call centre, and proposed actionable solutions.

Key Analytical Insights Shared

Learnings from a few past successful campaigns were also shared to highlight how the HOPE Centre supported facility-level monitoring and program improvement through consistent tracking and follow-up, as below:

- In April 2024, 125 of 335 CHC-FRUs showed inconsistent C-section performance despite adequate staff. By December, this dropped to 63.
- Between April–July 2023, 199 of 970 CHCs reported zero deliveries; by June–September 2024, this dropped to 78.
- In April 2023, 760 CHCs lacked ultrasound services; by December 2024, this reduced to 461.

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