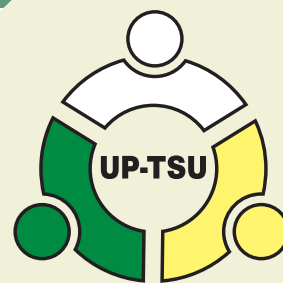


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QUARTERLY NEWSLETTER BY UP-TSU



A NOTE BY THE LEAD, UPTSU

Dear friends,

As we close the first quarter of 2025, I'm pleased to share the 25th edition of the PAHAL newsletter, highlighting UP-TSU's continued support to the Health Department and ICDS in strengthening public health services across the state.

Some key interventions this quarter include launching Vaccine Preventable Disease Surveillance, mapping health facilities on HMIS, advancing FP-LMIS, and enhancing community outreach. We also focused on capacity building for frontline health workers and documented GoUP's key health initiatives for wider replication. These are just a few of our efforts—many more can be explored in this edition.

Happy reading!

Best 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 Bill & Melinda Gates Foundation (BMGF) to strengthen the Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N). University of Manitoba's India-based partner, the India Health Action Trust (IHAT) is the lead implementing organization.

UP-TSU provides technical and managerial support to GoUP at various levels of the health system and that includes maternal, new born, child health, nutrition and family planning. UP-TSU also supports the GoUP at the state level in policy formulation, planning, budgeting, human resource management, monitoring, contracting, procurement, and logistics to improve healthcare throughout the state.

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• Facility Level Initiatives

• Community Level Initiatives

• System Level Initiatives

• Social Behaviour Change Communication

Your suggestions, innovative ideas and feedback are invaluable to the success of our program.

Write to us at iec.uptsu@ihat.in



STRENGTHENING FAMILY PLANNING SUPPLY CHAIN IN UTTAR PRADESH

REVIEW AND ORIENTATION OF FP-LMIS IMPLEMENTATION

NHM, in collaboration with UP-TSU, conducted a state-level review and orientation program on the Family Planning Logistics Management Information System (FP-LMIS) from 11th – 14th February 2025. Aligned with DHAP 2024-25, the initiative aimed to enhance the capacity of 136 divisional and district-level participants (Logistic Managers, DPMs, DCPMs, Pharmacists etc.) across all 75 districts, ensuring streamlined FP commodity management. Key state officials and the UP-TSU team facilitated the review and orientation sessions.

Actionable Insights, Responsibilities, and Guidelines

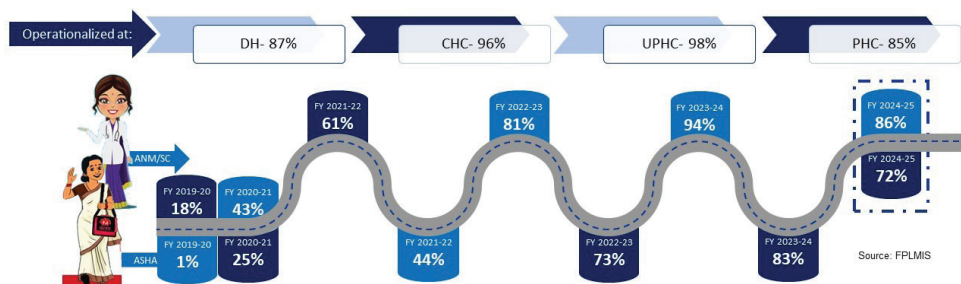
Key objectives of the orientation are to achieve 100% mapping of facilities and ASHAs in the FPLMIS portal, ensure indenting and issuing according to protocol, and reduce stock-outs.

The meeting addressed challenges and outlined actions, clarifying responsibilities, current status, and guidelines:

- Mapping:** Districts must use HMIS/BCPM-MIS data to identify all unmapped facilities and ASHAs by February 28, 2025. Divisions will review progress in quarterly meetings.
- Duplicate IDs:** To improve data accuracy, districts must report duplicate IDs for deactivation by March 31, 2025.
- Indenting:** All facilities and ASHAs must indent through FP-LMIS with a 25% buffer stock. Pharmacists at district and block levels must ensure no distribution occurs without an indent. Districts oversee compliance, divisions use HMIS data for demand estimation, and the state ensures supply adequacy.
- Issuance:** Issuance delays affect commodity availability. Parent stores must issue supplies against indent in the second week of the month, and pharmacists distribute to ASHAs. Districts ensure proper issuance against indent. Divisions oversee the issuance; a day should be designated district-wise for distributing supplies to the districts within the division. The state coordinates and assesses using HMIS data and pipeline stock before issuing against indent, day to be fixed for each division to issue against indent.
- Stock-Out Management:** Districts must conduct weekly reviews and implement corrective measures. Parent stores must prioritize issuing supplies to facilities and ASHAs facing stock-outs. Divisions will integrate stock-out indicators into quarterly FP review meetings. The state is to assess district-wise issues against indent and stock out on a weekly basis.
- Data Alignment:** HMIS and FP-LMIS data must be matched during district and divisional data validation meetings and incorporated into state-level reviews.

The review highlighted the importance of a robust FP-LMIS for effective family planning commodity management in Uttar Pradesh. UP-TSU is committed to provide support.

Status of FPLMIS in UP as on 6th March '25





"Admissions from the community by ANMs and ASHAs will contribute into a decrease in newborn mortality in the district"

Dr. Rajeev Gupta, ACO-MCH, Hathras, Uttar Pradesh



ASHAs and ANMs visiting NBSU



Photo with CMO sir after completion of training



Emergency triage assessment and treatment session taken by Dr. Mandeep

ADVANCING NEWBORN CARE: COLLABORATIVE SUCCESS IN ENHANCING OUTBORN ADMISSIONS AT NBSU SADABAD

To reduce newborn mortality, NBSU service enhancement has been prioritized across various platforms, including District Health Society meetings in Hathras, leading to targeted actions on logistics, drug supply, and register availability for streamlined operations.

Recognizing the importance of timely care for outborn admissions from both community and facility referrals, the district administration has implemented an integrated strategy involving block-level teams. A central component of this strategy is facilitated visits by ANMs, ASHAs, and ASHA Sanginis to the NBSU facility. These visits are designed to improve the recognition of newborn danger signs and promote prompt and effective referrals.

As a result of these visits, out-born admissions at NBSU have increased significantly:

Year	Admissions	Outborn (%)	Average duration of stay (Days)
2023-24	436	4.8	0.09
2024-25 (till 09/03/25)	392	13.27	1.6

This reflects growing trust in government healthcare facilities, driven by outreach initiatives such as BWR and ASHA cluster meetings, along with the NBSU visits. This initiative also ensures sustainable improvements in newborn care and better health outcomes for newborns in the Sadabad region.

NEWBORN CARE : PILOT FOR ENHANCING COMPETENCY OF NBSU STAFF NURSES

District Saharanpur: CMO Saharanpur supported by UP-TSU took an initiative to enhance the competency and confidence of NBSU staff nurses by attaching them at SNCU.

A Capacity building: 10-day hands-on training program at SNCU was launched in October 2024, by attaching them to the SNCU. This initiative aimed to equip staff nurses with the skills to manage newborn cases effectively in their respective NBSUs. Its implementation involved careful coordination with the CMO, CMS, and SNCU in-charge.

NBSUs and Attached Staff Nurses

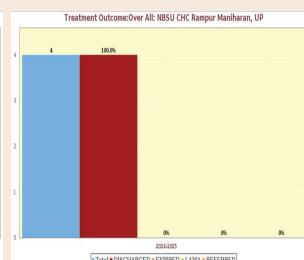
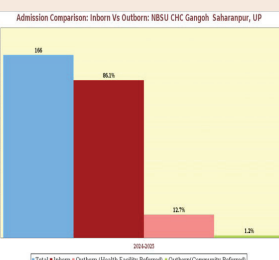
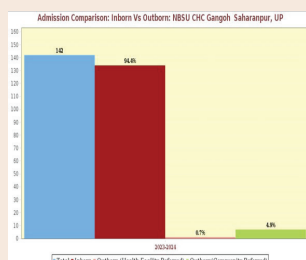
CHC Gangoh	CHC Rampur Maniharan	CHC Deoband	CHC Fatehpur
3	1	3	1

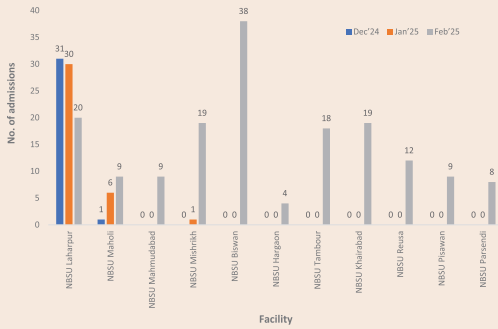
Key Achievements:

- Enhanced Clinical Skills: Nurses learned to manage newborn infections, hypothermia, and breathing issues with support from SNCU staff
- Boosted Confidence: Hands-on training empowered nurses to handle cases independently and confidently
- Better Documentation: Nurses improved accuracy in newborn case records
- Stronger Collaboration: Improved teamwork between SNCU and NBSU staff

CHC Gangoh: Admissions and Inborn vs. Outborn Analysis (FY 2023-24 vs. FY 2024-25)

- The data shows a steady increase in admissions, indicating that the initiative has led to improved service utilization.
- A more balanced ratio of inborn vs. outborn cases suggests that better newborn care is now accessible at the facility.





FROM ONE TO ELEVEN: NBSU ESTABLISHMENT AND STRENGTHENING IN SITAPUR

On February 1, 2025, Dr. Suryanshu Ojha (GM Child Health, NHM UP) and Dr. Vandana Singh (Senior Deputy Director, Maternal Health, UP-TSU) visited Sitapur to review the progress and ensure the successful establishment of 11 NBSUs. A follow-up training session by DSS and DMHC on the FBNC portal was provided to all NBSU staff to update HR and equipment status, admissions and discharge details, and generate discharge cards.



Previously, only one of eleven NBSUs was functional. Following the visit, all of them are now fully operational with trained staff, doctors, essential equipment, and logistical support. Additionally, they visited CHC Sidhauri, where the NBSU has been upgraded to an SNCU, further enhancing the capacity to provide specialized newborn care in the region.

Data from Dec 2024 – Feb 2025 reflects a significant rise in NBSU admissions, marking a major milestone in strengthening newborn care services in Sitapur.

DISTRICT MATHURA: TRACKING REFERRAL AND TREATMENT OF HIGH-RISK PREGNANCIES (HRP)

CMO, Mathura with UP-TSU support initiated a pilot in blocks Farah and Mant of district Mathura to track the referral and treatment of HRP pregnant women identified by ANM during CivHSND and ensure their attendance at Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) days.

- ANMs were directed to **submit the HRP list at the weekly block BWR meeting** prior to PMSMA day
- The HRP details were recorded in a **dedicated HRP follow-up register** at the block
- Staff nurse at the block directly called up the Pregnant women to ensure they attend PMSA
- HRP list with details shared in a FLW Whatsapp group prior to PMSMA day for follow up by ASHAs who ensured their participation.

This replicable model of systematic follow up of HRP women has been scaled up to all blocks of Mathura to improve maternal outcomes.

MATERNAL HEALTH: CANOPIES ENHANCE VISIBILITY & IMPACT OF PMSMA SERVICES ALIGARH, UP

CMO Aligarh Dr. Neeraj Tyagi, facilitated by UP-TSU has initiated setting up of PMSMA Canopies, creating a more attractive, patient-friendly environment for improving the Antenatal service uptake at The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) which provides fixed-day quality antenatal care for High Risk pregnant women. Each block in district Aligarh has received two canopies

- One for Registration/Vaccination to streamline patient flow
- Second one for Counselling and Awareness to educate on maternal health, HRP identification & ANC services.

With an aim to enhance maternal health services for the community, this strategic step can help in achieving the following objectives:

- Increased community participation in ANC check-ups and streamlined patient management
- Enhanced awareness of HRP identification and increased take up of maternal healthcare services

The strategic use of canopies and structured services has enhanced participation in PMSMA days, creating a more engaging experience for pregnant women. With dedicated healthcare workers and strong leadership, Aligarh is advancing safer motherhood and better pregnancy outcomes.



Mathura: Pilot for Tracking HRP Pregnant women referral & treatment on PMSMA day/SAPW at MAMC



District Aligarh: PMSMA Canopies for Registration of Antenatal Women and Counselling services





ASHA meeting with DMHC, DSS and BCPM

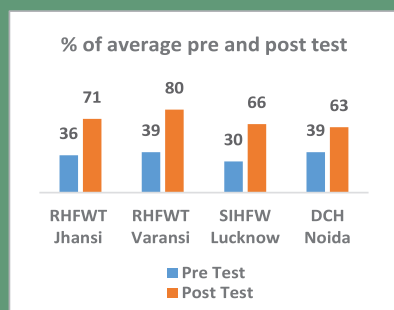


ANM meeting with DMHC, DSS and BCPM



"Active participation of staff nurses, ANMs and ASHAs has improved identification and referral of newborns in the district. We strive to strengthen facility infrastructure, skills of service providers by trainings, and equipping families with knowledge and support to decrease new-born mortality"

-Dr. Yugal Kishore Rai

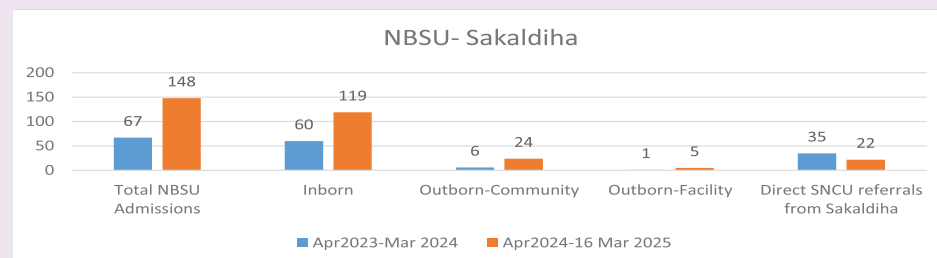


BUILDING SELF-RELIANCE: IMPROVING LBW AND SICK NEWBORN REFERRALS FROM COMMUNITY AND DELIVERY POINTS

Story from Block Sakaldiha, district Chandauli

To bridge the knowledge gaps among ANMs and ASHAs in identifying and referring newborn complications, UP-TSU conducted targeted sensitization sessions in each block from April to June 2024, during ANM and ASHA review meetings and AAA meetings. With support from the District Maternal Health Consultant, Block Outreach Coordinators, Block Programme Managers, and Block Community Process Managers, these sessions led to an improvement in newborn referrals from both community and delivery points. Additionally, a WhatsApp group was created with delivery point ANMs, staff nurses and ASHA Sanginis for LBW tracking and complication monitoring.

Chart showing improved outcomes of activities done by UPTSU field team



Till mid November 2024, UP-TSU team provided individual case coordination between ASHAs/ ANMs/SNs of block Sakaldiha and referral facilities for admissions and follow-up as there were systemic and operational challenges such as referral denials from Special Newborn Care Units (SNCUs), ambulance delays, and difficulties in classifying cases for referral to Newborn Stabilization Units (NBSUs) and SNCUs

To address them, the UP-TSU team escalated these issues to district officials. Collaborative corrective actions were implemented by the Chief Medical Officer (CMO), Chief Medical Superintendent (CMS), Additional Chief Medical Officer -Reproductive and Child Health (ACMO RCH), and SNCU nodal in-charge. This included regular supervision of SNCUs, NBSU in-charge review meetings at the district office, and transitioning block-level sensitization sessions to mentoring sessions by NBSU staff nurses on newborn complications and service provisions. NBSU staff nurses were integrated into block-level NBSU- SNCU referral WhatsApp groups, alongside delivery point ANMs and staff nurses. The SNCU contact number was disseminated to delivery point staff nurses and ANMs for proactive communication.

Consequently, ANMs now effectively identify newborn complications, determine appropriate referral levels, engage in advance communication with staff nurses at referred facility, and conduct follow-up with ASHAs.

FROM LEARNING TO PRACTICE: ADVANCING OF STAFF NURSE INDUCTION TRAININGS

In the year 2024-25, UP-TSU supported in successfully conducting staff nurse induction trainings. The comprehensive approach involved skill lab coordination, consistent participant follow-ups, trainer engagement, and continuous technical support throughout the training cycle.

Training update

Name of skill lab	# batches planned	# batches held
RHFWTC Jhansi	3	3
RHFWTC Varanasi	3	3
SIHFW Lucknow	3	3
DCH Noida	1	1
Total	10	10

Pre-test evaluation assesses participants' knowledge and skills using predefined tools to tailor training. The post-test evaluation showed significant improvement in skill and knowledge, as reflected in the graph.



Visits from government officials were less frequent, so we implemented an intensive supportive supervision plan, which resulted in improvements in all program indicators. Later on, we will initiate it in other blocks as well."

**Dr. N.D. Sharma, Chief Medical Officer,
Jalaun, Uttar Pradesh**



As a doctor, it's my honor to save my patients' lives, and in our practice, we see many pregnant ladies with anemia due to different causes. As a healthcare provider, I am pleased that these government schemes enable us to provide them with all the necessary facilities, allowing us to deliver a healthy mother and a healthy baby. It was my immense pleasure to undertake this work and to be a part of this program.

Verbatim – Dr. Yamini Badal

SUPPORTIVE SUPERVISION ON CIVHND APPLICATION AND COMMUNITY OUTREACH PLATFORMS IMPROVE HEALTH OUTCOMES IN JALAUN

During the EC meeting in Jalaun, the CMO identified that only 19% of CIVHSND supportive supervision was conducted by government officials. To ensure quality service delivery with 100% logistics, an intensive plan of supportive supervision was developed with UP-TSU's support. Key steps included:

- Organization of a zoom-based orientation for supervisors on proper usage of the CIVHSND app by the CMO
- Initially, the Rampura AD block was selected to improve RMNCH+N indicators, with a focus on monitoring all sub-centers under the program.
- MOIC, BCPM, BPM, Health Supervisors (HS), and district officers use the CIVHSND checklist and conduct regular supervision.
- The checklist has been updated into a Google Form for efficient data collection.
- So far, 310 Google Forms have been completed, alongside 2818 checklist entries in the CIVHSND app.

These steps ensured 100% availability of logistics, drugs, and HRP stamps at the block level, driving significant improvements in maternal and child health in the Jalaun district. Ongoing efforts are being made to strengthen supervision, data collection, and program implementation.

FRU-CHC GOLA INITIATES THE BLOOD TRANSFUSION SERVICES

(Through Blood Storage Unit Activation)

CHC Gola, a functional FRU in Lakhimpur Kheri, manages an average of 250 deliveries and five C-sections monthly. The CHC's Blood Storage Unit (BSU) was non-functional, prompting intervention by the UP-TSU team. This led to site assessments by the district hospital's blood bank in-charge, followed by efforts to close the gaps and complete licensing procedures. The BSU license was approved on October 29, 2024.

With strong local advocacy, CMO Kheri appointed Dr. Yamini Badal (EmOC) and Mr. Sushil Kumar (Lab Technician) as BSU in-charges. They underwent three-day capacity-building training at the district hospital on blood transfusion protocols. Blood bags are supplied by the district's mother blood bank and stored at the CHC BSU. The first transfusion was successfully conducted on March 3, 2025, for an eight-month-pregnant woman (G3P2L2A0, Hb 6.7 g/dL) under the supervision of Dr. Yamini Badal.



ICDS SUCCESSFULLY CONCLUDES MUKHYA SEVIKA TRAINING: STRENGTHENING ANGANWADI SERVICES BY BUILDING CAPACITIES FOR SUPPORTIVE SUPERVISION

The ICDS department successfully completed a 30-day residential training for approximately 320 newly promoted Mukhya Sevikas, conducted in six batches at SIRD between September 2024 and March 2025. The program equipped them with essential skills for providing effective supportive supervision to Anganwadi workers to strengthen ICDS service delivery.

UP-TSU, in collaboration with other development partners, provided extensive support to the ICDS department in planning, designing, and facilitating these trainings to ensure smooth and effective rollout.



Session on Manav Sampada



Demonstration on the use of Growth Monitoring Devices



An Anganwadi worker honored by the Hon'ble Cabinet Minister; Hon'ble Minister of State for Women Welfare, Child Development, and Nutrition, in the presence of several dignitaries on the dais.

STRENGTHENING PUBLIC HEALTH SYSTEM THROUGH GENDER INTEGRATION: INSIGHTS FROM NHSRC WORKSHOP

The Gender Team conducted a two-day workshop on "Integrating Gender Equity in Health Systems: Bridging Gaps Across Public Health Domains" for the National Health Systems Resource Centre (NHSRC) in New Delhi on the 30th and 31st of January. Facilitated by Shweta Bankar (Deputy Director – Gender Integration, UP-TSU) and Satish Singh (Senior Advisor with the Centre for Health and Social Justice (CHSJ)), the workshop aimed to equip participants with essential knowledge and tools to integrate gender equity into health systems. The workshop also featured a panel discussion led by experts Ravi Verma (Regional Director, ICRW Asia Regional Office), Zoya Ali Rizvi (Deputy Commissioner, National Health Mission - GoI), Mona Gupta (Advisor, HRH and Health Policy and Integrated Planning - NHSRC), and Shweta Jindal (Chief of Party – India, Johns Hopkins University) that focused on research, partnership, and community engagement to influence gender-responsive health policies.

GENDER SESSION FOR ASHA SANGINI REFRESHER TRAINING ToTs

With an aim to clarify core concepts around gender and understand the impact of gender inequalities on health service uptake and provision, a gender chapter has been integrated into the ASHA Sangini Refresher Training Manual. The chapter also focus on actionable pathways that the ASHA Sanginis can adopt to address gender barriers at the community and household levels. Two batches of master trainers, comprising of 53 participants, have undergone the training at SIHFW in January.

INTERNATIONAL WOMEN'S DAY CELEBRATION: HONORING WOMEN'S CONTRIBUTIONS

On March 8, 2025, GoUP in collaboration with the ICDS and Women's Welfare Department, organized a special event in Lucknow to celebrate International Women's Day. The event was graced by Hon'ble Cabinet Minister Mrs. Baby Rani Maurya, Minister of State for Women Welfare Mrs. Pratibha Shukla, Principal Secretary (ICDS) Mrs. Leena Johri, and senior officials.

The celebration highlighted women's role in driving social change and gender equality, honoring several Mukhya Sevikas and Anganwadi workers for their contributions to strengthening ICDS services.

UP-TSU supported the ICDS department in planning the event and showcasing key initiatives promoting women's empowerment and maternal and child well-being.

UP'S EFFORTS TO ADVANCING HMIS MAPPING: MINIMISING GAPS AND STANDARDIZING THE MASTER LIST

As a part of efforts to strengthen the monitoring of service delivery at health facilities across the country, GoI developed the Health Management Information System (HMIS) to collect monthly data from public and private facilities. To advance this initiative, GoUP conducted a state-wide facility mapping exercise to physically verify and geo-tag all public health facilities to standardize the list of facilities with proper identification numbers (Health facility registry ID) linked to the ABDM portal.

This standardized list was officially released through a Government Order (GO), making it the authoritative source for program management and administration at all levels. Additionally, the GO introduced a mechanism to maintain and update the health facility registry using the "Uttar Pradesh Ke Swasthya Kendra (UPKSK)" application.

Using this list, it was found that approximately 4,000 public health facilities were missing from the

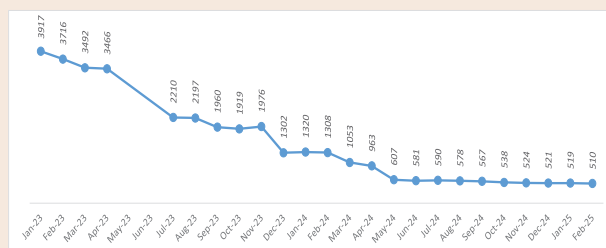


Figure 1: Number of public health facilities missing/mismatch in HMIS against UPKSK/DGMH

HMIS master list as of January 2023. UP-TSU identified these facilities and analyzed the reasons for their absence from HMIS. The list was shared with state officials at DoMH and NHM for district-level mapping. NHM and UPTSU's Divisional M&E Officers collaborated to support and track the onboarding of these

facilities onto HMIS, significantly reducing mismatches between HMIS and UPKSK (Figure 1).

Currently, 510 public health facilities are yet to be mapped to HMIS against the facility master list available with GoUP, majority of these are Sub-Centers (46%) and Special Hospitals (34%). A closer look at the reasons suggests that many of the facilities do not require the creation of a new service delivery reporting unit mapping in HMIS because they either need to be merged with the higher facilities or take necessary actions to resolve the mismatches between UPKSK/DGMH and HMIS. The state's decision to map only facilities with a unique Health Facility Registry ID will help reduce inconsistencies.

Facility Type	N=510	%	Comments
DH	1	0	Yet to hand over
MC	44	9	No need to map as most of these facilities are upgraded district hospitals now functioning as Medical Colleges. Their services are already being reported under the existing Medical Colleges in HMIS. This information needs to be updated in the UPKSK system accordingly
CHC	17	3	Not functional or in the process of handover
PHC	44	9	Not functional or in the process of handover
SC	233	46	1. The mapping process in HMIS is ongoing, as per the letter issued by district officials. 2. Several new Sub-Centers (SCs) have been established but are not yet functional."
SH	171	34	The majority of these hospitals consist of MCH wings or Trauma Centers located within the same campus as the District Hospital or CHC

FILM ON IMPACTFUL INITIATIVE – INTERNATIONAL WOMEN'S DAY CELEBRATION BY ICDS



On the occasion of International Women's Day (8th March 2025), the ICDS Department, with support of UP-TSU, developed a short film showcasing its women-focused initiatives. The film highlighted key ICDS schemes and initiatives, including PMMVY, THR programs, and maternal nutrition efforts across the state, emphasizing the department's commitment to empowering women and improving maternal health indicators.

D2C INITIATIVE FOR RIGHT INFORMATION ON MONTHLY HONORARIUM OF ICDS CADRE

On January 9, 2025, the Uttar Pradesh ICDS Department, with UPTSU's support, launched a Direct-to-Client (D2C) initiative to enhance awareness of the monthly honorarium structure for Anganwadi Workers (AWWs), Mini-Anganwadi Workers (MAWWs), and Anganwadi Helpers (AWHs). Short films detailing each cadre's responsibilities and compensation were disseminated via WhatsApp. The initiative reached 1,19,745 AWWs, 14,154 MAWWs, and 71,125 AWHs, with over 85% confirming an improved understanding of the PLI structure.



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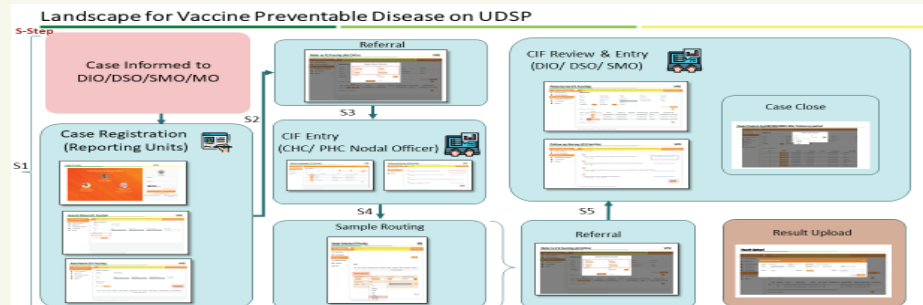
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UNIFIED DISEASE SURVEILLANCE PLATFORM, UP: DIGITAL VPD SURVEILLANCE ROLL-OUT 2025

Leveraging the integrated COVID-19 portal to UDSP, the state of Uttar Pradesh is now set to roll-out Vaccine Preventable Disease (VPD) Surveillance on the Unified Disease Surveillance Platform (UDSP) from April, 2025. This facility-lab linked surveillance on UDSP will be expanded to include community component and integrated with GOI portal soon, and making UDSP the single source of truth for disease surveillance.



- **Pilot testing of VPD surveillance** led by State Immunization Officer (SEPIO) & State Surveillance Officer (SSO), Uttar Pradesh in 5 districts of Bijnor, GB Nagar, Gorakhpur, Mirzapur and Sonbhadra was successfully completed
- **Capacity-building workshops** were held on March 5, 6, 10, and 11, 2025, training over 230 district and divisional officials—including District Immunization Officers, Surveillance Officers, Public Health Specialists, and Epidemiologists
- **Transitioning from paper-based VPD reporting to digital integrated system** for real-time VPD data capture at the source on UDSP.
- Principal Secretary (Health), DG-MH, DG-FW, State Surveillance Officer, State Immunization Officer, GM-RI and other key state level officials, actively participated, highlighting the initiative's strategic importance.



These trainings will be followed up with **district level training of medical officers**; preparing for a state-wide shift to UDSP-driven VPD surveillance, ensuring faster, data-driven decision-making for a more efficient and responsive healthcare system. This initiative aims to enhance real-time disease monitoring, streamline data flow, and enable rapid outbreak response.

MAPPING PROGRESS: UP'S KNOWLEDGE MANAGEMENT APPROACH TO HEALTH REFORMS

GoUP, in collaboration with the Department of Medical Health and Family Welfare, Uttar Pradesh, and other stakeholders, has implemented transformative policies to strengthen last-mile healthcare, enhancing transparency, workforce capacity, service quality, and data-driven decision-making. To document these initiatives, UP-TSU supported the development of "Knowledge Management Products", capturing innovations and best practices to inspire similar healthcare transformations at the national level. GoUP has shared these resources with district-level health officials across the state as well as with GoI and health departments of all the other states across the country.



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