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QUARTERLY NEWSLETTER BY UP-TSU



A NOTE BY THE LEAD, UPTSU

Dear friends,

As 2025 draws to a close, we are pleased to present the 28th edition of the PAHAL Newsletter. This issue highlights our ongoing support to the Health Department and ICDS in strengthening public health across facility, systems, and community levels in Uttar Pradesh.

These pages capture stories of progress in action—from enhancing inter-district referrals via Divisional Vertical Integration meetings and launching a community-based Centchroman study to bolster family planning, to building capacity among facility staff and frontline workers for better maternal and newborn care. It also features efforts to optimize specialist services through HR rationalization, expand the Hriday Setu initiative, and conduct a state-level workshop to refine IEC/BCC strategies for promoting health-seeking behaviors.

Looking ahead to 2026, we reflect on the year's targeted interventions and reaffirm our commitment to improving the quality and accessibility of healthcare for last-mile beneficiaries.

Wishing you a prosperous and Happy New Year 2026.

Warm Regards,

John Anthony

(Senior Project Director & Lead, UP-TSU)

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Highlights of RMNCAH+ Nutrition

- Family Planning Initiatives
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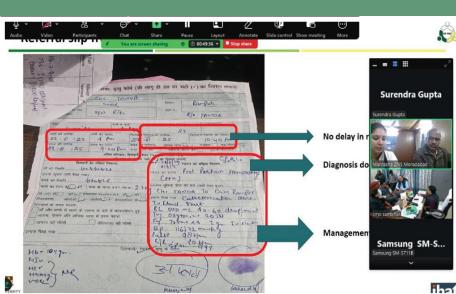
About UP-TSU

Uttar Pradesh Technical Support Unit (UP-TSU) was established in 2013 under a Memorandum of Cooperation signed between the Government of Uttar Pradesh (GoUP) and 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 systems 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.

Summary of Cases

S.no	Name/Age	Referring Facility	Provisional Diagnosis	Delay
1	Prexxxx/ 38yrs	DWH Sambhal To DWH Moradabad	PPH	DELAY IN RECEIVING ADEQUATE HEALTHCARE
2	Phxxxx/ 29yrs	DWH Rampur To DWH Moradabad	Eclampsia	DELAY IN RECEIVING ADEQUATE HEALTHCARE
3	Shumxxxx/ 26yrs	CHC Tanda to DWH Rampur	PPH	DELAY IN DECISION TO SEEK CARE
4	Baby of Mumxxx	CHC Bilaspur to DWH Rampur	Birth Asphyxia	DELAY IN RECEIVING ADEQUATE HEALTHCARE, DELAY IN DECISION TO SEEK CARE
5	Baby of Anxxx	PHC Saidnagar to DWH Rampur	Birth Asphyxia	DELAY IN DECISION TO SEEK CARE
6	Roooo/ 28yrs	CHC Bilaspur to DWH Rampur	PPH	DELAY IN DECISION TO SEEK CARE



Virtual VI meeting for Moradabad division to discuss pre-referral management maternal and newborn cases



"I've been working here for almost 20 years. Earlier, lower-caste pregnant women didn't receive much attention. But with regular sensitization and better-quality CiVHSND sessions, things have changed. We now identify high-risk pregnancies on-site and refer them to PHC/CHC for timely care. Many women still hesitate to take IFA or don't have access to iron-rich foods, so continuous counselling and trust-building are essential. I'm thankful for the good services at the PHC and the strong support we get from Dr. Shalini."

- Manorama, ASHA, Majhiyar

"I want to thank Dr. Shalini for supporting my treatment with Iron Sucrose. Earlier, I wasn't sure if I would be able to deliver safely, but my ASHA took me to the hospital, and I received three doses on alternate days. I started recovering and eventually delivered my baby safely at the PHC. I'm very happy everything went well."

- Devrathi, Beneficiary from Majhiyar

STRENGTHENING OF INTER-DISTRICT REFERRAL THROUGH DIVISIONAL VERTICAL INTEGRATION REVIEW

District Women's Hospital Moradabad had been experiencing frequent referrals of complications in mothers and newborns from CHCs and district hospitals across the division, creating overburdening its service capacity. Review by staff nurses, CMS, and the UP-TSU team revealed major gaps in pre-referral management, including non-performing of hemoglobin and blood grouping tests, absence of IV fluid initiation, delays in 102/108 transport, and lack of regular VI meetings to address these issues.

To strengthen referral quality, the first divisional VI meeting (modelled on the district VI meeting) was convened virtually for Moradabad Division in November 2025 with advocacy support from UP-TSU. Led by the Joint Director, the meeting brought together CMOs, ACMOs, CMSs, MOICs, DMHCs, and DPMs from all five districts, and focused on near-miss maternal and newborn cases to highlight systemic gaps and actionable solutions.

Key decisions included:

- Strengthening pre-referral management as per SOPs by on-duty staff nurses
- Ensuring essential diagnostic tests and proper documentation
- Involving on-duty medical officers
- Reducing delays in 102/108 ambulance transport
- Prior tele -communication with the referral facility and sharing documents via WhatsApp Referral Group
- Ensuring timely follow-up by the referring facility

The next follow-up meeting by the Additional Director's Office, Moradabad with support of UP-TSU will track improvements in referral quality and adherence to these measures.

EFFECTIVE COMMUNITY ACTION TRANSFORMS ANEMIA CARE

Anemia during pregnancy remains a major concern in rural India, driven by inadequate nutrition, multiple pregnancies, infections, and low awareness of antenatal care. In Sewapuri, the issue was particularly evident in FY 2024-25, when only 116 pregnant women (2% of all ANCs) were identified as anemic and just 12 received IV Iron Sucrose largely due to limited community sensitization, poor identification, incorrect lab readings, and fear of adverse reactions.



To strengthen identification and management, PHC Sewapuri, with support from the UP-TSU team, undertook a focused effort to identify anemic pregnant women and ensure timely administration of IV Iron Sucrose. Staff nurses did regular dose reminder to identified clients, while LMO Dr. Shalini Sharma played a key role in screening high-risk pregnancies (HRP) during PMSMA. ASHAs supported counselling and community engagement through activities such as:

- Village meetings with pregnant women and families
- Demonstration of iron-rich recipes using local foods
- Storytelling and street plays (nukkad natak) on risks of anemia
- Distribution of IEC materials, including posters, pamphlets and wall paintings

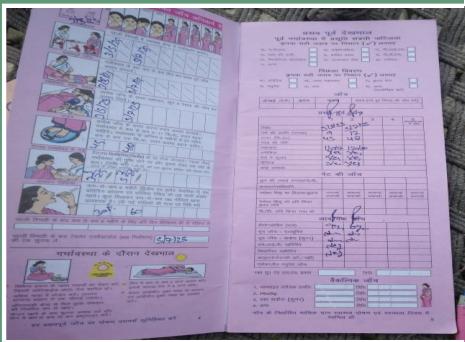
These efforts resulted in a significant improvement: between April-Nov 2025, 2,081 pregnant women (56% of ANC cases) were identified as anemic out of 3707 ANC, and 96 received correct IV Iron Sucrose dosage with reduced dropouts. The UP-TSU district team also tracked 17 moderately anaemic women across 16 villages of Sewapuri block. The outcome of mother and new born in the tracked cases were:

1. 9 PW delivered normally & 8 PW delivered through C-section.
2. All 17 new born were healthy and alive.



“This effort by block team with support of UP-TSU will certainly help in early identification and timely management of sick new born, and we will continue with such sessions for skill and knowledge enhancement of both the community and facility staff.”

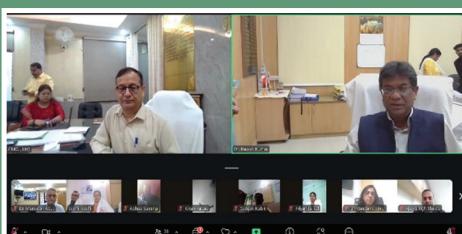
-Dr. Sunil Dohare, CMO, Bulandhshar



MCP card of Laxmi with Hb 6g/dl



CBC report showing improved Hb levels



Inauguration Meeting of
NBSU on 6th November 2025

BUILDING CAPACITY OF FLWs AND NBSU STAFF FOR STRENGTHENING NEWBORN CARE

Timely identification and management of sick newborns are critical for improving survival outcomes. Yet interactions with facility staff and FLWs, who are often the first point-of-contact for such cases, in Balandshahr revealed knowledge and skill gaps in recognising and managing neonatal complications. These insights prompted a coordinated response with district officials to strengthen frontline skills through focused capacity-building.

CHC Sayana conducted two sessions on Neonatal Jaundice and Gestational Diabetes and its Management for 10 CHOs and 3 NBSU staff, followed by a district-wide virtual session for all 24 NBSU staff on Neonatal Jaundice: Identification & Management. A district-wide scale-up plan with similar ongoing trainings is being developed to support continuous skill improvement and contribute to reducing neonatal mortality.

LAXMI's JOURNEY FROM SEVERE ANEMIA TO SAFE DELIVERY : A CASE STUDY

During the routine CiVHSND ANC check-up session in Devmai block, Fatehpur, a first-time attendee 23-yr old Laxmi Devi was identified as moderately anaemic with a hemoglobin level of 9 g/dL and provided IFA tablets. A follow-up assessment facilitated by the ASHA revealed a sharp decline to 6 g/dL, confirming severe anemia and prompting referral to PHC Devmai for IV Iron therapy.

Initially hesitant about facility-based care, Laxmi's family agreed after consistent counselling by the ASHA and ASHA Sangini on the risks of untreated anemia, especially nearing delivery. At the PHC, her hemoglobin was reconfirmed at 6.6 g/dL, and she received a course of Iron Sucrose injections, supported by regular ASHA accompaniment and dietary counselling to improve iron intake.

Within six weeks, her hemoglobin improved to 9 g/dL, and on 14 Nov' 2025, she delivered a healthy baby. Laxmi's case highlighted the importance of early screening, correct treatment, and coordinated follow-up (supported by UP-TSU) and demonstrated how strengthened community processes and supportive supervision contribute to improved maternal & neonatal health outcomes.

NEONATAL CARE: LUCKNOW's ONE YEAR VIRTUAL MENTORSHIP MODEL

A year-long virtual mentoring initiative in Lucknow has been enhancing the capacity of Newborn Stabilization Units (NBSUs) through a structured tele-mentoring model designed to improve newborn care at the district level. Twelve core topics were identified for the year-long mentoring cycle. Conceptualized under the guidance of former Principal Secretary MH&FW, Shri P. S. Sen Sharma and anchored in the Hub-and-Spoke model with the SNCU at Veerangana Avanti Bai Women's Hospital (VABWH), Lucknow, serving as the central hub linking all 19 NBSUs in the district; the program enables consistent and scalable mechanism for skill enhancement.

Supported by UP-TSU, the initiative began with a comprehensive orientation for 70 participants, including MOICs, paediatricians, and staff nurses, ensuring technical and digital readiness across facilities. Weekly batch-wise mentoring sessions were launched on 6th Nov, 2025 under the leadership of DGMH Dr. Pawan Kumar, with the inaugural session led by the CMO Lucknow along with senior health officials from district and VABWH.

The program has already completed its first topic, which is Identification and assessment of emergency signs, with active participation and case-based discussions across all batches. With continued leadership engagement, the program looks forward to the remaining 11 months of structured mentoring. The Lucknow Virtual Mentoring Program is emerging as a scalable model for sustained quality improvement in paediatric services.



Tab distribution for virtual training
at CMO Office Lucknow



RRTC Network presentation at FIGO XXV in Cape Town in October 2025



Bhinga, Uttar Pradesh, India
Shelter Home, District Hospital Bhinga Campus, Pw33+r58,
Bhinga, Uttar Pradesh 271831, India
Lat 27.704678° Long 81.902779°
27/11/2025 12:10 PM GMT +05:30

PROGRESS OF DOCTOR's MENTORING PROGRAM (RRTC)

Phase 4 (July 2024–25) of the Doctors Mentoring Program is underway with 308 faculty master mentors from 20 medical colleges for mentoring of FRU doctors across 76 District Hospitals and 4 CHC FRUs across the state.

1. Phase 4 Round 3 mentoring visits have commenced, with 6 visits completed and the remaining planned.
2. Continued Medical Education following Phase 4 Round 1 has been completed in 16 medical colleges, training 164 doctors who scored <70%, along with new joinees and absentees.
3. The Doctors Mentoring Program, implemented through the Regional Resource Training Centre (RRTC) Network, was presented at FIGO XXV in Cape Town in October 2025.

RRTC MENTORING INTERVENTION: STRENGTHENING NURSING SKILLS

1. Eight training batches have been completed, benefiting 154 staff nurses from five district hospitals: DH Avantibai, DWH Kheri, DWH Sitapur, DCH Shravasti, and DWH Balrampur.
2. RRTC nursing intervention mentoring commenced at DCH Shravasti in Nov' 25, with mentoring at the remaining facilities planned.



HUMAN RESOURCE RATIONALIZATION OF CONSULTANT POSITIONS UNDER NHM

Aligned with the National Health Policy (2017) and recent Government of India directives (2016 & 2025) promoting an integrated staffing approach, the HR Division of NHM-GoUP requested technical support of UP-TSU to review existing consultant and equivalent positions and develop a rationalization strategy. The objective was to analyse existing vacancies and identify opportunities to minimize the vacancy gap without new recruitment, while enabling more strategic and rational HR budgeting.

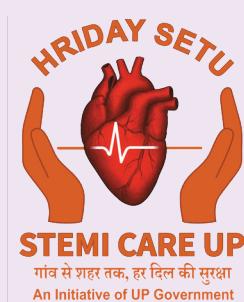
The assessment included review of sanctioned and in-position data of human resource, analysis of job descriptions with ToR, field insights, and program objectives. The findings highlighted **94 unique designations** with wide variation in distribution, widespread vacancies across all levels, and significant overlap of roles especially across RCH, HSS, and NCD program pools. Workload analysis revealed substantial supervisory burden in several programs, including Maternal Health, where one consultant oversees nearly **321 staff**. Budgetary patterns showed higher consultant allocations in FP, MH, RBSK, NCD, QA, and MIS due to larger sanctioned budget for consultant positions.

The draft recommendations propose establishing common pooling of consultant positions for programs with similar objectives and work profiles, enabling merging of roles based on aligned ToRs and honoraria. This approach will help optimize deployment, reduce duplication, address existing vacancies, rationalize new recruitment and strengthen governance ultimately enhancing program efficiency and responsiveness.

Review and Analysis of Job Description

Designation	Infrastructure & Logistics	Coordinating with other departments, coordinating and participating in program, implementation and evaluation activities at all levels	Program planning & implementation	HR Management	Data Management & Reporting
District Consultant - Quality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Divisional Consultant - Quality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
District Hospital Quality Manager	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Divisional Urban Health Consultant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Divisional Finance cum Logistics Consultant I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
JE/IAS Consultant - District	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VBO Consultant - District	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
District Logistics Consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
District Maternal Health Consultant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NCD District Consultant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MIS Assistant - Division	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>





गांव से शहर तक, हर दिन की सुरक्षा
An Initiative of UP Government



लालगंज में स्टेमी नेटवर्क प्रोग्राम के तहत हृदय रोग के मरीजों का सुगम हुआ उपचार, सफलता



लोकमित्र व्यापरी
लालगंज, स्टेमी नेटवर्क सेंटर में लोकमित्र व्यापरी की दीप्ति द्वारा दिए गए से वीराज मरीजों को इससे जुड़ी सुविधाएँ भी निश्चिह्न उत्पन्न होंगी। प्रेस्ट के एस्ट्रोनोवेल्स अंदर सभी नियंत्रणों के लिए अब हृदय रोग से वीराज मरीजों को गांव तक संभव होंगी।

द्वारा सेंटर के लोकमित्र व्यापरी की दीप्ति द्वारा दिए गए से वीराज मरीजों को इससे जुड़ी सुविधाएँ भी निश्चिह्न उत्पन्न होंगी। प्रेस्ट के एस्ट्रोनोवेल्स अंदर सभी नियंत्रणों के लिए अब हृदय रोग से वीराज मरीजों को गांव तक संभव होंगी।

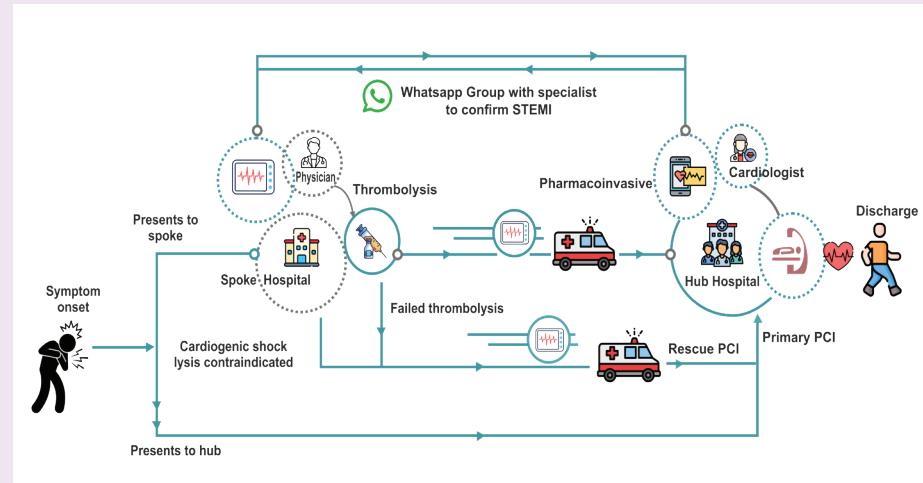
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HRIDAY SETU: TRANSFORMING EMERGENCY CARDIAC CARE IN UP

The UP's ST Elevated Myocardial Infarction Care Network "Hriday Setu", launched in March 2025, is strengthening timely cardiac emergency response through a hub-and-spoke model spanning 9 hubs and 339 spoke CHCs and DH/MC facilities. The network enables real-time ECG sharing and specialist consultation via WhatsApp STEMI group, allowing spoke facilities to timely administer lifesaving thrombolytic therapy before referring patients to hub facilities.

Till date, 1,033 STEMI cases have been diagnosed through the network, and 574 patients have received timely thrombolysis. The dedication of frontline providers often going beyond clinical duties to ensure seamless referral and follow-up continues to drive the success and expansion of **Hriday Setu** as a lifesaving model for cardiac care.



"On 14 September 2025, two patients with severe chest pain arrived at CHC Lalganj, Pratapgarh within an hour. Their ECGs and case details were shared on the STEMI WhatsApp group, and MLN Medical College, Prayagraj confirmed STEMI for both. They were promptly thrombolyzed with Inj. Tenecteplase and prepared for referral. While the first transfer was smooth, arranging an ambulance for the second required escalation through WhatsApp group, after which the JD Training in Lucknow intervened. On reaching Prayagraj, admission was delayed due to a student strike, but the issue was again raised on the WhatsApp group and was resolved quickly by the HOD Cardiology. Both patients recovered fully and are now doing well."

— Dr. Dharmendra Kumar,
Trauma Center Lallaganj

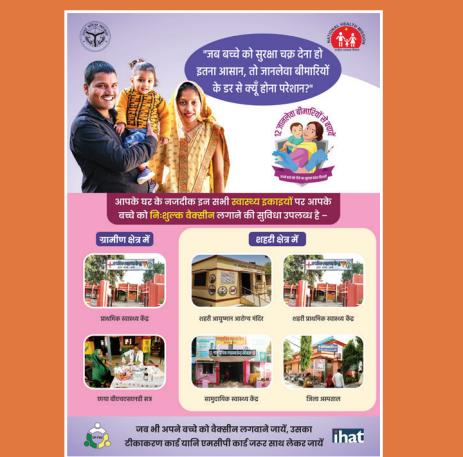
लालगंज में स्टेमी नेटवर्क प्रोग्राम से दो मरीजों का सफल इलाज

संसू जागरण, लालगंज: द्वारा सेंटर में अब हृदय रोग से पीड़ित मरीजों के लिए नई उम्मीद जग गई है। स्टेमी नेटवर्क प्रोग्राम के तहत चिकित्सकों की टीम ने दो गंभीर हृदय रोगियों का सफलतापूर्वक इलाज कर दिया।

प्रदेश के नुनिया जिलों में शुरू हुई इनियियूट की सेकंडरी विकास कार्यक्रमों के लिए विशेषज्ञ विवरण, अद्यावत में इस बीमार के इलाज में डेंगू से दो

लालगंज में होने पर क्षेत्रीय विधायक आराधना मिशन मोना ने तक खर्च करना पड़ता था। खुशी जलाई और चिकित्सीय दल की सहायता की।

स्टेमी वार्ड के तहत द्वारा सेंटर में हृदय रोगियों की बीमारी से जुड़े 50 हजार रुपये मूल्य के इंजेक्शन निश्चुल्क मुहैना कराए जाएंगे। इससे पहले निजी अस्पतालों में इस प्रकार



TRAINING OF RESEARCH TEAM ON CENTCHROMAN STUDY

A training workshop for research investigators on various aspects of community-based study of Centchroman was jointly conducted by the Obstetrics & Gynecology team of King George's Medical University and the M&E team of UP-TSU from 11–19 December. The training covered study protocols and data-collection methodology for 45 research investigators and a supervisor, following regulatory approval from the Ministry of Health and Family Welfare, implementation approval from the National Health Mission–UP, and ethics clearance from KGMU's Institutional Ethics Committee. The workshop was inaugurated by Prof Soniya Nityanand, Vice Chancellor, KGMU, and facilitated by experts from KGMU and IHAT.

The initiative focuses on strengthening evidence around Centchroman (earlier known as Saheli), a non-hormonal oral contraceptive pill approved by the Government of India in 2016 and introduced in Uttar Pradesh in 2017. Despite its availability through public and private facilities, less than one percent of eligible women in the state use this method, as per NFHS 2019-21. To address this gap, KGMU in collaboration with IHAT is undertaking a community-based retrospective study in 10 districts of Uttar Pradesh. This study will build a population-level representative database to understand the uptake, continuation, side effects, and reasons for discontinuation. Findings from this study will have immense value in informing and designing targeted interventions to improve coverage and continuity of Centchroman under the family planning program.

DIGITAL SBC ACTIVITY FOR ADDRESSING VACCINE AVOIDANCE BEHAVIOUR

To address the myths and misconceptions among families exhibiting Vaccine Avoidance Behaviour (VAB) and to improve full immunization coverage in UP, Directorate of Family Welfare with support of UP-TSU developed and executed a targeted, customised and segmented digital SBC campaign via D2C. This initiative aimed to directly engage identified VAB families with focused messaging to encourage timely immunization.

Round 1 (15th June, 2025): The first round of the campaign was executed for approx. 33,000 VAB families. The report is as follows:

Total Target Audience	Total Messages Triggered	Messages Triggered (Gender-wise)			Messages Delivered	Messages Delivered and Read
		Male	Female	General		
32,928	32,728	18,397	14,197	134	19,143	14,666 76.8%

Round 2 (17th September, 2025): In continuation of the sustained efforts, the second round of the campaign was executed for a fresh database of 41,745 identified VAB families, further reinforcing key immunization messages. The report is as follows:

Total Target Audience	Total Messages Triggered	Messages Triggered (Gender-wise)			Messages Delivered	Messages Delivered and Read
		Male	Female	General		
33,333	33,333	17,614	15,288	431	19,160	14,899 77.8%

Follow-up (November, 2025): Follow-up round was conducted for all VAB families from Round 1 and Round 2 to assess the overall impact of the initiative and record how many VAB families got their child immunized post campaign. The findings are as follows:

Total Target Audience	Total Messages Triggered	Messages Delivered	Messages Delivered and Read		Confirmed they got their child vaccinated	Said they did not get their child vaccinated
			In Numbers	In Percentage		
70,740	64,827	38,335	27,235	71.04%	3,038	1,128



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Brijesh Kumar - Family Planning

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Tapaswini Swain - Nutrition

Priyanshu Shrestha - System

Abhishek Sahu - Designing Support

STATE-WORKSHOP ON EFFECTIVE IEC/BCC PLANNING (A Strategic Push for Promoting Health-Seeking Behaviour)

The NHM's IEC Division, with support from UP-TSU, organised a state-level IEC/BCC workshop on **“Effective Implementation of IEC/BCC Plan to Promote Healthy Behaviour”** on 11 December 2025 at Hotel Golden Tulip. The event was held under the chairpersonship of Shri Amit Kumar Ghosh, Additional Chief Secretary, Medical Health & Family Welfare and Medical Education, GoUP, Dr. Pinky Jowel, Mission Director, NHM, UP, Dr. Ratan Pal Singh Suman, DG-MH & Dr. Pawan Kumar Arun, DG-FW along with the participation from senior officials from NHM & the State Health Department. The workshop was facilitated by the Dr Ambuj Srivastava, GM-IEC, NHM and partner organizations presented their key progress and way forward. UP-TSU presented key strategic support to Health Department & NHM and shared D2C success in customized and segmented BCC campaigning to address individual barriers.

The workshop highlighted the importance of IEC/BCC as a core pillar for strengthening public health. It emphasized how strategic and tailored messaging can promote health-seeking behaviour at scale. The discussions also focused on shaping stronger Social and Behaviour Change strategies through greater involvement of community-level influencer. ACS Sir guided all participants to develop an integrated IEC/BCC plan to promote health seeking behaviour for the next 3-5 years. MD-NHM emphasized the need for holistic BCC strategy to reduce NMR and suggested to work on maternal anaemia, palliative care, geriatric care, mental health, cancer, disability-inclusive health solutions, and hygiene.

FILMS DEVELOPED FOR SHOWCASING UP's HEALTH ADVANCEMENT AT INTERNATIONAL TRADESHOW, SEP' 2025



AUDIO VISUAL BCC MATERIALS DEVELOPED BY IHAT/UP-TSU IN YEAR 2025

