

# pahal

QUARTERLY NEWSLETTER BY UP-TSU



## A NOTE BY THE LEAD, UP-TSU

Dear Readers,

As we conclude the first quarter of 2026, I am pleased to present the 29<sup>th</sup> edition of the PAHAL Newsletter. This edition brings together stories that reflect our continued support to the Health Department and ICDS in strengthening public health services across facilities, systems, and communities in Uttar Pradesh.

The issue highlights impactful initiatives, from expanding family planning choices through the introduction of the MPA-SC injectable contraceptive to capacity building of newly recruited Mukhya Sevikas for stronger ICDS service delivery. It also features key milestones such as the launch of the DVDMS mobile application, data-driven rationalisation of NHM's PIP planning through eHRMS validation for the first time, and the institutionalisation of the State Task Force for strategic SBC planning. Within these pages, you will also find an array of community-led stories that further demonstrate progress in improving maternal and child health outcomes across the state.

As we move ahead, we remain committed to advancing equitable, accessible, and quality healthcare for every last-mile beneficiary. We hope you find this edition both engaging and insightful, offering a deeper view into our continued progress.

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 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.

## IN THIS ISSUE

### Highlights of RMNCAH+ Nutrition

- Family Planning Initiatives
- Social Behaviour Change Communication
- Facility Level Initiatives
- Community Level Initiatives
- Systems Level Initiatives
- Tuberculosis Program



## UP LAUNCHES MPA-SC INJECTABLE CONTRACEPTIVE TO EXPAND FAMILY PLANNING SERVICES

The Government of Uttar Pradesh is initiating the roll-out of Medroxy Progesterone Acetate-Subcutaneous (MPA-SC) injectable contraceptive to expand contraceptive choices and strengthen family planning services. The programme will be implemented in 19 districts, covering 38 blocks and 1,462 health facilities up to Sub-Centre level, including 18 District Hospitals and 4 Medical Colleges. The roll-out of MPA SC was initiated by a state-level kick-off meeting on 26<sup>th</sup> February 2026, chaired by the Directorate of Family Welfare, with participation from the Family Welfare Department, NHM-FP Division, State Logistics Management Cell, and UPTSU-IHAT. This was followed by a virtual orientation on 12<sup>th</sup> March for program managers, where over 467 participants were oriented on rollout guidelines, operational aspects, supply management, and reporting mechanisms. Subsequently, on 16<sup>th</sup> March, a virtual orientation facilitated by the National Technical Support Unit trained over 1,000 service providers (MOs, SNs, CHOs, and ANMs) across 19 districts on service delivery protocols, client eligibility, counselling, and operational aspects of MPA-SC. Preparatory activities are being undertaken, following which MPA-SC services will be introduced at facilities from 1<sup>st</sup> April 2026 across the identified districts. The initiative marks an important milestone in strengthening FP services, improving its accessibility, and supporting reproductive health and rights of women and couples.



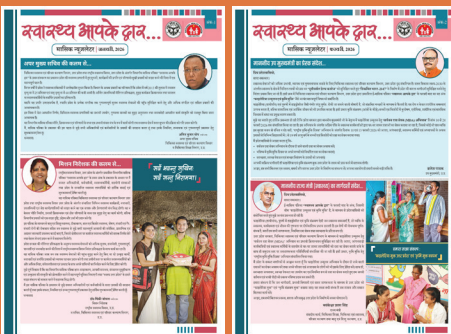
## CAPACITY BUILDING OF MINILAP PROVIDERS TO IMPROVE POSTPARTUM FAMILY PLANNING SERVICES

To strengthen postpartum family planning services, an online orientation for Minilap (ML) service providers was conducted on 31<sup>st</sup> January 2026, facilitated by UP-TSU. The session covered key aspects of ML sterilization including surgical procedures, post-operative care, complication management, infection prevention, counselling, documentation, and quality assurance standards. Chaired by Dr. Shobhna Dubey, Director, Family Welfare, in the presence of Dr. Amit Singh, Joint Director (FW) and Dr. Suryanshu Ojha, GM-FP, NHM, the orientation also featured expert inputs from Dr. Renu Pant (VAMBH Lucknow), Dr. Deepali Srivastava (KGMC Lucknow), and Dr. Sushmita Verma (Jhalkari Bai Hospital, Lucknow), emphasizing adherence to protocols, screening, consent, emergency preparedness and strengthening service delivery.

## NHM-UP LAUNCHES e-NEWSLETTERS FOR SHOWCASING STORIES OF CHANGE

The National Health Mission, Uttar Pradesh, with technical support from UP-TSU, has launched two new e-newsletters aimed at strengthening health communication and showcasing progress across key health programmes in the state. Titled “स्वास्थ्य आपके द्वार”, an e-newsletter covering updates from various health programmes, and “सूर्योदय – स्वस्थ बचपन”, focused on child health initiatives.

The newsletters will feature positive case studies and success stories from across districts, capturing impactful interventions that are driving change at the community level. By disseminating field-level stories and programmatic achievements, the initiative aims to reinforce health messaging and encourage the adoption of positive health-seeking behaviours across the state. UP-TSU is providing technical support for the editing and designing of both newsletters.



## STATE TASK FORCE INSTITUTIONALISED TO DRIVE STRATEGIC SBC FOR PROMOTING HEALTH-SEEKING BEHAVIOUR IN UP

The Government of Uttar Pradesh, with support of NHM and UP-TSU has constituted a State Task Force (STF) to strengthen IEC/BCC efforts aimed at promoting positive health-seeking behaviours across the state. The STF, chaired by the Additional Chief Secretary, Medical Health & Family Welfare, GoUP and the Mission Director, NHM-UP, was established following the State-level IEC/BCC workshop organised by the NHM’s IEC-Division on 11 December 2026. The initiative seeks to drive coordinated and integrated BCC interventions to improve key health indicators across the state.

To support the Task Force in operationalizing these efforts, a Core Working Group (CWG) has also been formed to assist with planning, implementation, and regular review of BCC initiatives. Subsequently, NHM convened two meetings each of the STF and the CWG to review progress and further strengthen the strategic planning and implementation of Social and Behaviour Change interventions across the state.





District - Sitapur

## MATRA SURAKSHA KENDRAS TRANSFORMS MATERNAL CARE IN SITAPUR

In Sitapur district, gaps in trimester-wise monitoring, high-risk pregnancy tracking, and timely counselling were identified as key challenges in maternal and newborn care. To address this, Matra Suraksha Kendras (War Room Model) were established at all block-level CHCs under the initiative of DM Sitapur Dr. Rajaganapathy R., functioning under the supervision of Medical Officer (Nodal Officer) with support from doctors, staff nurses/ANMs, data operators, and with additional support from district hospital team.

Through these kendras, staff conduct telephonic follow-ups with pregnant women registered on the RCH portal to track ANC services and key health information such as blood pressure, haemoglobin levels, urine tests, abdominal examination, weight, and blood glucose etc. The data is recorded on the digital platform (ODK) for regular monitoring and analysis during DHS meetings. The centres also provide counselling on danger signs, ambulance services (102/108), nearby facilities, and entitlements, strengthening monitoring of high-risk pregnancies and improving maternal and newborn care.

### Key Learnings:

- Direct telephonic follow-ups with ~11,000 pregnant women (Dec 2025–Feb 2026) improved ANC compliance and awareness of danger signs, institutional delivery, and available diagnostic & ambulance services.
- Stronger coordination between frontline workers, facilities, and district teams reduced delays in referrals and care seeking.
- Real-time data tracking enabled timely identification of service gaps and informed decision-making.
- Structured monitoring and counselling through the War Room model strengthened maternal health service delivery.

### Way forward

The initiative can be strengthened by using trimester-wise data for early identification of high-risk pregnancies, regular sharing of HRP lists with ASHAs and ANMs for follow-up, and targeted BCC activities in areas with higher home deliveries. A district dashboard for real-time monitoring of HRP cases and referrals, linking severe complications with maternal complication reviews, performance-based recognition for better-performing blocks, and development of an SOP can support scale-up to other districts.

*“To reduce maternal and child mortality in Sitapur, Matri Suraksha Kendras have been established at all Block CHCs. Through regular telephonic follow-ups with pregnant women and newborns, we are enabling early risk identification and timely access to quality healthcare. These centers also monitors high-risk pregnancies and empowers women with 24x7 access to doctors and staff nurses through a dedicated helpline, ensuring timely guidance and support whenever needed.”*



**Dr. Rajaganapathy R. (IAS)**  
District Magistrate, Sitapur



District - Raebareli

## CLOSING CRITICAL GAPS: RAEBARELI ACTIVATES BLOOD STORAGE UNITS FOR SAFER DELIVERIES

The activation of Blood Storage Units (BSUs) is critical for strengthening CEmoNC services, particularly to support LSCS services and manage very severe maternal anemia and obstetric emergencies. In Raebareli district, although BSUs were sanctioned in 3 out of 5 peripheral FRUs, they remained non-functional due to gaps such as lack of reliable power backup for safe blood storage, logistical challenges in equipment installation and cold chain maintenance, and limited confidence among medical officers to initiate transfusions in resource-constrained settings. As a result, cases of postpartum haemorrhage and severe anemia were frequently referred to the district hospital, causing delays in treatment.

To address these gaps, focused administrative action and structured review meetings were undertaken to strengthen facility readiness. Reliable power backup systems were ensured, blood transportation linkages were streamlined, and doctors and staff received focused mentoring to operationalize the services. As a result, all three sanctioned BSUs have now been activated, enabling timely availability of screened blood at peripheral facilities, reducing referral delays and out-of-pocket expenditure for families, and strengthening community trust in public health institutions.

Facility (FRU)	Activation Date	Total Transfusions
CHC Unchahar	5 September 2025	11
CHC Bachhrawan	2 December 2025	7
CHC Lalganj	4 February 2026	3
<b>Total Blood Transfusions Conducted (as on 6<sup>th</sup> March 2026)</b>		<b>21</b>

*“Activation of Blood Storage Units at peripheral FRUs is not just an administrative achievement but a lifesaving intervention, ensuring that no mother loses her life due to non-availability of blood,”*

**Dr. Naveen Chandra,**  
CMO, Raebareli

*“Despite infrastructure and operational challenges, coordinated teamwork, continuous supervision, and persistent follow-ups enabled smooth operationalization of all three BSUs, greatly strengthening emergency obstetric care services in Raebareli,”*

**Dr. Sharad Kushwah,**  
ACMO (RCH), Raebareli



Hands-on Training of BRPs

### CAPACITY BUILDING ON EFFECTIVE USE OF MINIMALLY INVASIVE DIGITAL HEMOGLOBINOMETER DEVICES

Correct Hb assessment during CIVHSND session is a key indicator for quality antenatal care services. To strengthen anemia detection during CIVHSND sessions, UP-TSU advocated the use of Minimally Invasive Digital Haemoglobinometer (MIDH) devices for their portability, quick results, and suitability for outreach settings. However, field observations in Sitapur, Raebareli, Hardoi, Jalaun, and Fatehpur revealed that several ANMs faced challenges in using the device and often assumed it was faulty, with most issues arising from gaps in step-wise handling required for accurate readings.

To address this, the UP-TSU Team conducted structured orientation and hands-on training for 35 Block Resource Persons (BRPs) and 22 Block Outreach Coordinators (BOCs) in these 5 districts under the Maternal Anemia Management program. The Senior District Specialists, along with the support of BRPs will now conduct cascade training for ANMs in their districts, assess their competency during CIVHSND sessions using an ODK-based tool, and provide targeted hand-holding support to low-performing ANMs.

#### District - Fatehpur

### ENHANCED MONITORING AND REFERRALS IMPROVE NBSU UTILIZATION IN FATEHPUR

Over the past year, the functioning of Newborn Stabilization Units (NBSUs) at the CHC-FRUs of Bindki, Khaga, and Hathgaon in Fatehpur district has shown steady improvement, with a consistent rise in both total and outborn admissions, indicating stronger referral linkages and timely identification of sick newborns at the community level. This progress has been supported by active monitoring of FBNC portal data by NBSU Nodal Officers, Staff Nurses, and MOICs to ensure accurate reporting, along with regular orientations of ASHAs and ANMs on early identification and prompt referral of sick newborns through block-level meetings. Supportive supervision visits by DSS-UPTSU helped to identify and address reporting gaps in a timely manner.

Year	Admissions			Outborn (%)		
	CHC Bindki	CHC Khaga	CHC Hathgaon	CHC Bindki	CHC Khaga	CHC Hathgaon
Jul'24-Dec'24	50	106	153	2	6	7
Jul'25-Dec'25	115	146	192	7	13	7

Improvement in overall admissions and a growing proportion of outborn admissions has been recorded across all three facilities, indicating improved service utilization and strengthened community-facility coordination.

#### District - Raebareli

### STRENGTHENING MATERNAL ANEMIA MANAGEMENT WITH EFFECTIVE ROLL-OUT OF FCM

To strengthen the treatment of moderate and severe anemia among pregnant and lactating women, the Maternal Anemia Program in UP has introduced Ferric Carboxymaltose (FCM), an IV iron therapy that enables rapid iron replenishment through a single high-dose administration as compared to earlier use of iron sucrose, which required multiple doses and repeated visits. The introduction of FCM aims to simplify treatment and improve adherence to anemia management protocols. With advocacy support from UP-TSU, FCM was procured and supplied to all districts by December 2025. As this is a new intervention in the state, capacity building of healthcare providers was planned to ensure safe and effective administration before rolling out the therapy at facilities.



To support implementation, training sessions were conducted for medical officers and staff nurses on maternal anemia management with focus on FCM in Sitapur, Raebareli, Hardoi, Jalaun and Fatehpur districts. Organized through the RRTC program, the sessions cover anemia overview, clinical administration, documentation protocols, adverse event reporting, and review mechanisms, with faculty support from KGMU Lucknow and GSUM Kanpur along with the UP-TSU Team. The first training was held on 23 February 2026 in Raebareli, marking a key step toward preparing facility-level staff for the rollout of FCM.



रायबरेली, मंगलवार, 24 फरवरी 2026 5

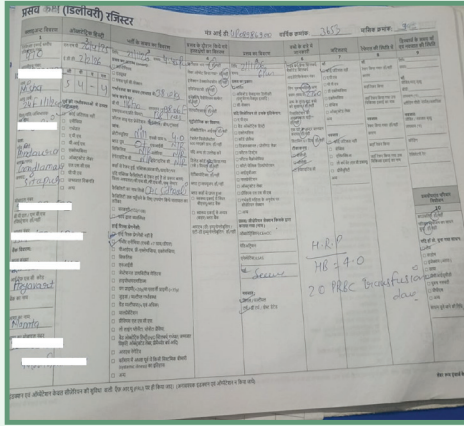
### मातृ एनीमिया प्रबंधन को मजबूत करने की पहल चिकित्सा अधिकारियों एवं स्टाफ नर्सों का प्रशिक्षण संपन्न



जान की रक्षा की पहली कदम। मातृ एनीमिया को प्रबंधन करने के उद्देश्य से चिकित्सा अधिकारियों (डॉक्टरों सहित) एवं स्टाफ नर्सों का एक दिवसीय प्रशिक्षण कार्यक्रम आयोजित किया गया। कार्यक्रम का उद्देश्य 'मातृ एनीमिया' को प्रबंधन करने के उद्देश्य से चिकित्सा अधिकारियों एवं स्टाफ नर्सों को प्रशिक्षण देना है।

रायबरेली, 24 फरवरी 2026 को आयोजित प्रशिक्षण कार्यक्रम में डॉ. अशोक कुमार, जिला स्वास्थ्य अधिकारी, रायबरेली, ने प्रशिक्षण का शुभारंभ किया। उन्होंने कहा कि मातृ एनीमिया को प्रबंधन करने के उद्देश्य से चिकित्सा अधिकारियों एवं स्टाफ नर्सों को प्रशिक्षण देना है। प्रशिक्षण में डॉ. अशोक कुमार, जिला स्वास्थ्य अधिकारी, रायबरेली, ने प्रशिक्षण का शुभारंभ किया। उन्होंने कहा कि मातृ एनीमिया को प्रबंधन करने के उद्देश्य से चिकित्सा अधिकारियों एवं स्टाफ नर्सों को प्रशिक्षण देना है।

POSHAN Potli distributed in Inaugural Training



**Delivery Register**

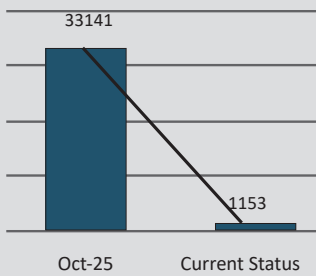
**District Sitapur**

**TIMELY DETECTION AND COUNSELLING SAVE MOTHER AND NEWBORN IN SITAPUR**

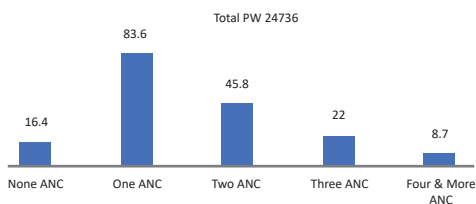
In village Hindora of Block Gondlamau, Sitapur, a high-risk pregnancy turned into a story of survival through timely action and persistent counselling. A woman expecting her fifth child was first examined on 2<sup>nd</sup> August 2025 at Sub Centre Hindora, where her hemoglobin was 8.4 g/dL. After migrating to Lucknow for work, she missed further check-ups. When she returned, the ASHA ensured her second ANC during the CiVHSND session on 5<sup>th</sup> January 2026, where her hemoglobin was found to have dropped sharply to 5.4 g/dL. She was immediately referred to CHC Sidhauri (FRU), where tested through hematology analyser, doctors found her Hb had fallen further to a critical 4.5 g/dL.

Doctors advised urgent blood transfusion, but the family initially refused due to social taboos and misconceptions. To tackle this, the UP-TSU team, the MOIC of CHC Sidhauri, and the ASHA patiently counselled the family and addressed their barriers until they agreed. She received 1<sup>st</sup> unit of blood on 11<sup>th</sup> January, and 2<sup>nd</sup> Unit on 21<sup>st</sup> January 2026 and safely delivered a healthy baby boy weighing 2.7 kg at CHC Sidhauri the same day. Her hemoglobin improved to 7.5 g/dL, turning what could have been a tragedy into a powerful reminder of how early detection, persistence counselling and prompt treatment can save both mother and child.

**Workplan for Delivery Updated**



**% PW received No. of ANC**

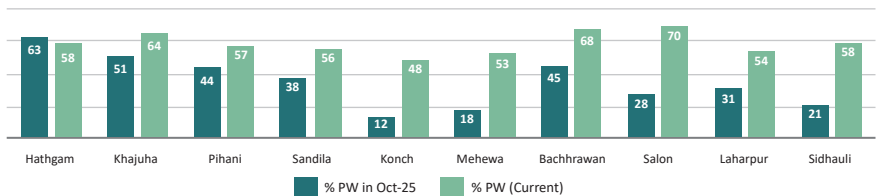


**STRENGTHENING MATERNAL ANEMIA TRACKING THROUGH e-KAVACH SATURATION ACTIVITIES**

Accurate and timely data entry in the e-Kavach application is essential for tracking anemic pregnant women across the continuum of care. However, since the inception of the Community-to-Facility Maternal Anemia Program, key indicators such as pregnant woman registration, ANC service updates, WPD updates, ASHA area mapping, ASHA VHIR alignment with e-Kavach, and ABHA ID creation remained low across the intervention districts.

To address this gap, focused e-Kavach saturation activities were initiated in two blocks per intervention district (Sitapur, Raebareli, Hardoi, Jalaun and Fatehpur) to improve these indicators. Between 17 November 2025 and 7 January 2026, a total of 60,857 new members were added to the portal and 2,24,401 records were archived. Delivery outcomes for 31,988 pregnant women were updated, reducing the number of pending WPD cases to 1,153, while 1,115 ASHA areas were identified and removed from the portal. These efforts strengthened ANC tracking, with 83.6% of registered pregnant women receiving at least one ANC, improving the reliability of e-Kavach data and strengthening monitoring of maternal care services and ensuring no pregnant woman is missed.

**% PW registration against estimation**



*“The District Cyrix WhatsApp Group has enabled real-time coordination between health facilities and the Cyrix technical team for faster complaint resolution, and uninterrupted functionality of the critical newborn care equipment”*

**Dr. Anand Kumar** (CMO, Ballia)

*“The District Cyrix Group, formed in coordination with CMO Ballia, Divisional Cyrix team, and DSS-UPTSU strengthened collaborative efforts for better equipment management in the district through systematic mapping of critical equipment and timely maintenance support”*

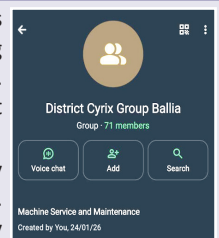
**Shri. Raj Shekhar** (DPM Ballia)

**ENSURING UNINTERRUPTED NEWBORN CARE THROUGH DIGITAL TRACKING OF CRITICAL EQUIPMENT**

In Ballia district, critical newborn care equipment such as Radiant Warmers and Phototherapy units were largely unmapped on the Cyrix portal, leading to delays in complaint registration, repair tracking, and maintenance. Limited staff awareness further compounded the issue, leaving equipment breakdowns unresolved and putting newborns at risk.

To address this, DSS-UPTSU escalated the issue during the District Weekly Review meeting in the presence of the CMO, ACO-RCH, and DPM. This led to the formation of a District Cyrix WhatsApp Group in January 2026 for real-time issue escalation and tracking, along with structured mentoring sessions to build facility staff capacity on Cyrix portal complaint registration.

Within a month, over 47 complaints were resolved within 48 hours and more than 50 within seven days, while 48 Radiant Warmers and 24 Phototherapy units were mapped across facilities; significantly reducing equipment downtime and strengthening uninterrupted newborn care services.





Deputy Director ICDS, Mrs. Asha Singh in the inaugural session



## CAPACITY BUILDING OF NEWLY RECRUITED MUKHYA SEVIKAS FOR EFFECTIVE SUPERVISION

The ICDS Department, GoUP with support of UP-TSU and other development partners organized a series of capacity-building initiatives for 2,424 newly recruited Mukhya Sevikas (MS). As part of this effort, bi-weekly **virtual orientation** sessions were conducted between December 2025 and January 2026, covering key aspects of ICDS service delivery including nutrition, Early Childhood Care and Education (ECCE) and the Poshan Tracker to equip MS for their supervisory roles.

Subsequently, a **Training of Trainers (ToT)** was organised from 14-28 February 2026 at the Institute of Entrepreneurship Development (IED), Lucknow, where 54 participants were trained as Master Trainers, including 30 CDPOs, 10 Mukhya Sevikas, 10 representatives from IED, and 4 independent consultants. These Master Trainers will facilitate the 30-day residential training programme for MS. Building on these efforts, the first batch of the **30-day residential training programme** for newly recruited MS commenced on 9 March 2026 at IED, Lucknow. UP-TSU will provide quality assurance and monitoring support during the MS training program.

### District - Kaushambi

## STRENGTHENING HRP MANAGEMENT SYSTEM: A SUCCESS STORY, KAUSHAMBI

In November 2024, Block Outreach Coordinator Vandana Mishra, newly posted in Manjhanpur block of Kaushambi district, identified a major gap in maternal health monitoring that most ANMs were not maintaining High-Risk Pregnancy (HRP) registers or correctly identifying cases relying solely on memory. During VHND visits, she found HRP cases that had gone unrecorded, including a short second-trimester woman at Subcenter Osa and a 36-year-old woman in her third trimester at Bandhwarjabar, neither listed in records nor stamped on their MCP cards.

After raising the issue with the MOIC Dr. Neeraj Kumar and BPM, Vandana encouraged ANMs during the ANM meeting to procure HRP registers using untied funds. Since then, all ANMs maintain and bring updated HRP registers to review meetings by MOIC. A block nodal officer oversees tracking, HRP identification and follow-up by ANMs and CHOs. The initiative has strengthened systematic identification and monitoring of high-risk pregnancies across all subcentres in Manjhanpur.



### District - Lucknow

## OVERCOMING SEVERE ANAEMIA IN A HIGH-RISK PREGNANCY, LUCKNOW

In Nagwamau Kalan village, Bakshi Ka Talab block, Lucknow district, 22-year-old Soni Kumari was identified as a high-risk pregnancy case during her second gestation, complicated by prior preterm delivery and neonatal mortality. With limited family resources from her husband's paan shop and challenges including a household split and typhoid infection, her haemoglobin levels declined from 9.2 g/dL in the first trimester to 6.2 g/dL by the eighth month, despite consistent ASHA-led ANC check-ups, IFA counselling, and nutritional guidance.

ASHA Sumanlata and ASHA Sangini Rachna Singh addressed family resistance, where elders deemed severe anaemia routine, through persistent & evidence-based counselling on maternal and fetal risks. This secured consent for iron sucrose administration at a private facility after CHC referral, elevating haemoglobin to 7.8 g/dL. Continuous monitoring enabled Soni to deliver a healthy 2.52 Kg infant via normal vaginal birth at CHC Bakshi Ka Talab on 10 December 2025, underscoring the importance of FLWs in risk identification, referral, and complication prevention.

### District - Bareilly

## A LIFESAVING EMBRACE: KMC TRANSFORMS AN LBW NEWBORN'S JOURNEY, BAREILLY

On 23 September 2025, in the quiet village of Gopalpur, Rajo Devi delivered a baby girl through a caesarean section at a private hospital. Born with a low birth weight of 1.8 Kg, the newborn faced significant risks including hypothermia, infections, and feeding difficulties, leaving the family uncertain about post-discharge care. ASHA worker Kanta Devi and ASHA Sangini Sudha stepped in under the National Health Mission's RMNCH+A commitment for community-based care, providing Home-Based Newborn Care (HBNC) through regular home visits. They guided the family on Kangaroo Mother Care (KMC), demonstrating skin-to-skin contact for 8-12 hours daily, along with exclusive breastfeeding, thermal protection, hygiene, and infection prevention, while also monitoring the infant's weight, addressing family fears and ensuring timely immunization. With consistent support and counselling, the newborn's weight steadily increased to 3.5 Kg without complications. The family gained confidence with Rajo Devi acknowledging the crucial guidance provided by the ASHA worker "*Kanta Didi's guidance gave us confidence-KMC is a miracle!*". The case highlights the effectiveness of KMC as a simple and no-cost intervention, demonstrating how timely follow-up, FLW support, and family participation can significantly improve outcomes for vulnerable newborns.





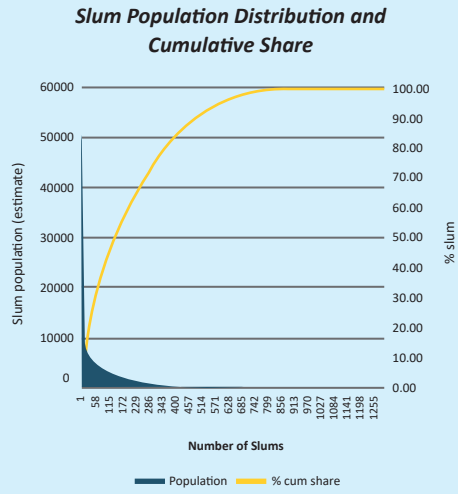
**District - Sambhal**

**ASHA'S DEDICATION SAVES NEWBORN, SAMBHAL**

In a remarkable display of dedication, ASHA Neeru from village Heerapur, Sambhal, saved a low-birth-weight baby (2.29 Kg) born on 12 December 2025. The baby's temperature was also low, and the New-born Stabilization Unit (NBSU) at CHC Asmauli wasn't fully functional, prompting a referral to SNCU Sambhal. However, the family initially refused and took the baby home instead. Undeterred, Neeru conducted regular HBNC visits and counselled the family to seek care at SNCU. She teamed up with ASHA Sangini Shahnaz and BOC-TSU Huma Parveen to convince the family, emphasizing the risks of not treating the baby. After multiple visits and counselling, the family finally agreed to take the baby to SNCU Sambhal, where the baby received four days of critical care. With Neeru's continued support and follow-ups, the baby's weight improved to 2.75 Kg and is now healthy. "ASHA Neeru's persistence saved my baby," said the mother.

**KEY FINDINGS OF URBAN SLUM PROFILING INITIATIVE**

Under the Urban Health Initiative (UHI), field teams conducted comprehensive slum validation and profiling between October 2025 and January 2026 across Ghaziabad (including Loni), Kanpur Nagar, and Firozabad to map the urban slum landscape for improved health planning and address gaps in departmental lists that often miss smaller or newer settlements. Nine field teams carried out over 100 days of fieldwork, profiling more than 1,500 settlements using digital tools, stakeholder consultations, boundary mapping, and service assessments, with completion expected by March 2026. Through this process, 747 new slums were identified via snowballing (Firozabad-22, Loni-62, Kanpur Nagar-203, and Ghaziabad-460).



Areas	Findings
<b>Population Concentration and Targeting Gaps</b>	Highly concentrated slum populations: 40% of settlements (519 slums >1,000 people) hold 90% of total population, while 60% of smaller slums cover just 10% -risking underserved small sites.
	88% of newly identified slums have <1,000 residents.
	Household sizes are uniform but need validation.
<b>Settlement Characteristics and Rehabilitation Gaps</b>	Sharpest concentration in Ghaziabad and Loni (few large slums dominate); Kanpur Nagar and Firozabad need broader coverage due to even spread.
	67% of slums on private land limit public investment and services.
<b>Service Access and Community Platform Gaps</b>	Newer slums are smaller and less served, showing lifecycle neglect.
	Only 18% have rehabilitation/housing improvements, 74% on private land
	Just 31% slums have all three FLWs (ANM, ASHA, AWW); ASHA absent in 44.5%, weakening outreach.
<b>Priority Lenses for Intervention</b>	Mahila Arogya Samitis (MAS) active in only ~33% of slums.
	Nearly 25% get no Urban Health, Sanitation and Nutrition Day (UHSND) services.
	Large slums (>2,000 residents) in high-concentration cities like Ghaziabad and Loni.
	Slums lacking ASHA, MAS, or USHND.
	Newly identified/unlisted slums, especially peripheral.
	Overcrowded clusters (household size >6) reliant on informal providers.

**LAUNCH OF THE TB MUKT UTTAR PRADESH e-NEWSLETTER WITH SUPPORT OF IHAT**



**Way Forward:** Prioritize large settlements for interventions, detect unlisted peripheral slums, optimize worker deployment, understand the effective coverage and pilot the feasibility of Pool Booth Survey with a set of groups in these slums and bolster community platforms for engagement.

**LAUNCH OF DRUGS AND VACCINE DISTRIBUTION MANAGEMENT SYSTEM MOBILE APPLICATION**



The Drugs and Vaccine Distribution Management System (DVDMS) Mobile App was launched by the Hon'ble Deputy Chief Minister & Health Minister of Uttar Pradesh, Shri Brijesh Pathak on 13<sup>th</sup> January 2026, marking a key step towards strengthening the drug and vaccine supply chain through digital innovation. Led by the Department of Health and Family Welfare, GOUP, the app has been designed by the Centre for Development of Advanced Computing with technical support from Uttar Pradesh Medical Supplies Corporation Limited and UP-TSU.

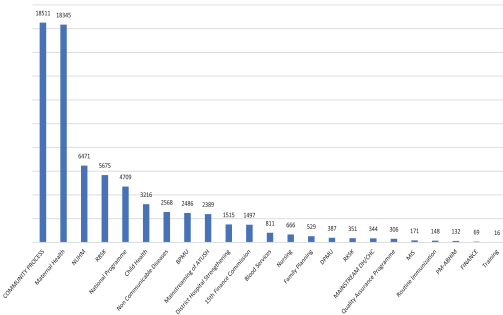
Building on the success of the web-based platform, the mobile app enables health facilities to manage indenting, issue tracking, and monitoring reports in real time. This will enhance stock visibility, reduce wastage, and strengthen the availability of essential medicines across Uttar Pradesh.



## STATE-LEVEL WORKSHOP FOR STRENGTHENING LEADERSHIP AND REVIEW PROGRESS OF TB MUKTA BHARAT ABHIYAAN, LUCKNOW

IHAT, in collaboration with the State TB Cell, Directorate General of Medical & Health Services, Uttar Pradesh (UP), organised a one-day state-level workshop under the National Tuberculosis Elimination Programme on 30 January 2026 for District Tuberculosis Officers from all 75 districts of the state. The workshop focused on key learnings, best practices, and implementation challenges under the TB Mukta Bharat Abhiyaan. During the session, the IHAT team presented findings on Population Accessibility for NAAT and NAAT+DMCs, highlighting how the analysis can support optimisation of diagnostic services and improve access to NAAT across districts. The State TB Officer emphasised that TB elimination requires coordinated, multi-sectoral efforts across government departments, community engagement, private sector stakeholders, and meaningful support from corporates and partners. Participants also highlighted the importance of proactive district leadership, strengthening TB Forums, enhanced surveillance, and sustained multi-sectoral engagement to accelerate progress toward a TB-free India.

### Program Wise NHM Staff Registered Staff



## e-HRMS STRENGTHENS NHM's PIP PLANNING 2026-27 IN UTTAR PRADESH

The National Health Mission (NHM), Uttar Pradesh has strengthened the preparation of its Programme Implementation Plan (PIP) for 2026-27 by streamlining the validation of Human Resource (HR) data through the e-HRMS portal. Earlier, programme divisions relied on manual requests to districts for HR information, a time-consuming process that often took two to three months and sometimes resulted in incomplete or inconsistent data, delaying the PIP preparation process. For the 2026-27 PIP cycle, HR data was sourced directly from the e-HRMS portal and validated across programme divisions with support from the UP-TSU, in line with government Letter dated 28.05.2025, which mandated verification of all HR data, including working status, designation, programme, and sub-programme. The initiative has digitized and accelerated HR validation, improved data accuracy, and enabled programme divisions to access HR reports, supporting more efficient planning, monitoring, and evidence-based decision-making under NHM.

### Key Outcomes and Benefits of e-HRMS:

- Evidence-based, real-time HR planning enabled through verified data
- Digitized HR validation, replacing the earlier tedious offline district-wise verification process
- Over 52,000 HR records verified using key parameters (working status, programme/sub-programme mapping, designation), with ~90% data matching programme records.
- Strengthened review and monitoring as programme divisions can now directly access and review HR reports
- Improved efficiency in HR data validation and management, reducing delays and supporting better programme planning.

Scan the QR code to explore all issues of PAHAL quarterly newsletter



Scan this QR code to watch the PAHAL Video Magazine 2025



## UP-NHM STRENGTHENS WORKPLACE CULTURE THROUGH SOFT SKILLS TRAINING

The Uttar Pradesh National Health Mission (UP-NHM), with technical support from IHAT-UPTSU, has launched a training initiative to strengthen professional etiquette and essential soft skills among staff, aiming to foster a more collaborative and productive work environment. The module focuses on promoting clear and respectful communication across in-person and digital platforms while encouraging mindfulness of professional boundaries. Through interactive methods such as role-plays and mock meetings, participants practice active listening, respectful assertiveness, and constructive workplace engagement. Planned across nine batches to cover over 300 staff at the State Programme Management Unit (SPMU), the initiative has so far completed four batches, with 120 NHM staff already trained.



### EDITORIAL TEAM

John Anthony, Sr. Project Director and Lead, UPTSU  
Dr. Shalini Raman, Deputy Director-BCC

### GUEST EDITOR

Dr. Bidyut K Sarkar, Director- FRU

### COMMUNICATION TEAM

Deepshikha Khurana - Community Outreach  
Brijesh Kumar - Family Planning  
Dr. Twinkle Bhattacharjee- Facility Strengthening  
Tapaswini Swain - Nutrition  
Priyanshu Shrestha - System  
Abhishek Sahu - Designing Support



Uttar Pradesh Technical Support Unit  
India Health Action Trust

404, 4<sup>th</sup> Floor, Ratan Square, 20-A, Vidhan Sabha Marg, Lucknow-226001 Uttar Pradesh  
+91 522 4922350, 4931777 / www.ihat.in