



UTTAR PRADESH TECHNICAL SUPPORT UNIT

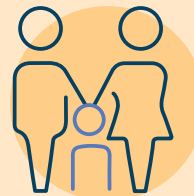
Providing techno-managerial support to the Government of Uttar Pradesh (GoUP) since 2013

The Uttar Pradesh Technical Support Unit (UP TSU) is led by the Institute for Global Public Health (IGPH), University of Manitoba, Canada, in partnership with India Health Action Trust (IHAT). Other consortium partners include the William J. Clinton Foundation (WJCF), Community Empowerment Lab (CEL), Centre for Social and Behaviour Change (CSBC), Johns Hopkins Bloomberg School of Public Health (JHBSPH), and Jhpiego.

The UP TSU is funded by the Gates Foundation.



UP TSU supports GoUP across all 75 districts, 820 blocks to help achieve Reproductive, Maternal, Newborn, Child Health and Nutrition (RMNCHN) related Sustainable Development Goals (SDGs).





WHY ARE WE HERE?

The UP TSU supports the GoUP efforts to improve RMNCHN outcomes by enhancing the effective coverage of critical services and reducing health inequities. The UP TSU follows a 'Program Science' approach to provide technical assistance across three platforms: community, facility, and health systems. It brings science into all aspects of programme design, delivery, and evaluation, including conceptualisation, piloting innovations, scaling and sustaining successful interventions, and learning and dissemination of knowledge.

75
Districts

820
Blocks

100K+
Villagers

241M
Population

17%
of Indian population

78%
Rural population

57.2%
Female literacy rate
vs. 65.5% in India



5.5M
Live births
22% of India's total

8K+
Maternal death/year
35% of India's total
3% of global total
MMR: 141 vs. 88 (India)

145K+
Newborn deaths/year
30% of India's total
6% of global total
NMR: 26 vs. 19 (India)

Health System

- > 30,000 public health facilities
- > 160,000 health staff
- > 300,000 health and nutrition FLWs

Sources: NFHS 5 2019-21, SRS Bulletin 2023, MMR Bulletin 2021-2023

OUR TARGET POPULATION

The UP TSU started in 2014 with a focus on providing technical support in 25 high-priority districts (HPDs – districts with poorer health outcomes as identified by the Government), with 100 priority blocks established as learning labs in these districts. These priority blocks were used to identify key gaps and bottlenecks and design and test solutions that could be scaled up statewide. Having tested and designed its model of support to the GoUP, the GoUP requested the UP TSU to provide support to all 75 districts. Accordingly, in 2021, the UP TSU began providing support across all 75 districts.

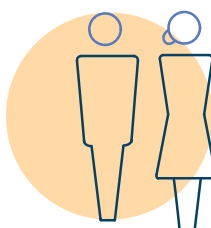
UP TSU's Programme Coverage



6.8 million
pregnant
women annually



60 million
new mothers



40 million
couples

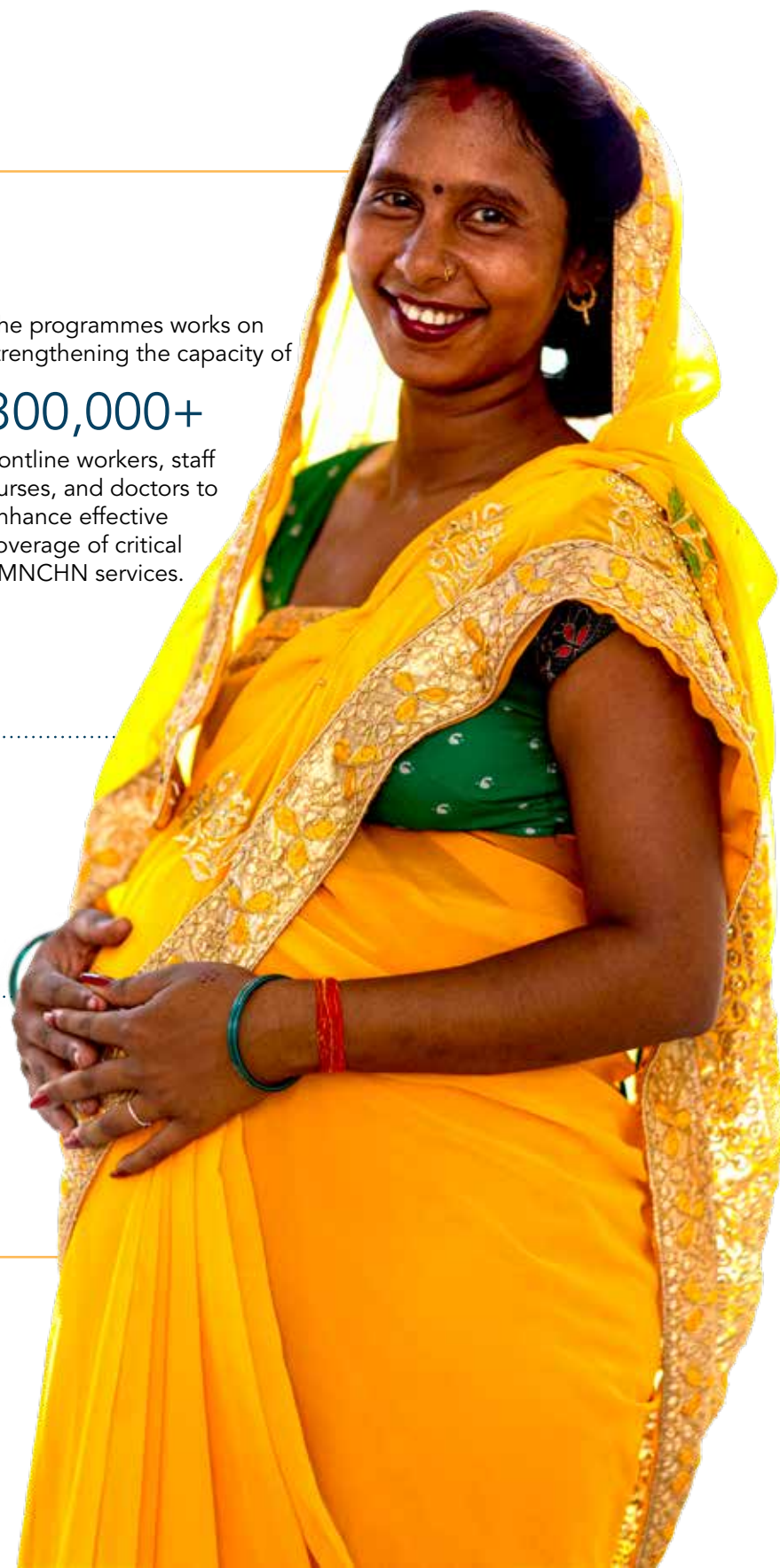


5.7 million
children below
five years.

The programmes works on strengthening the capacity of

300,000+

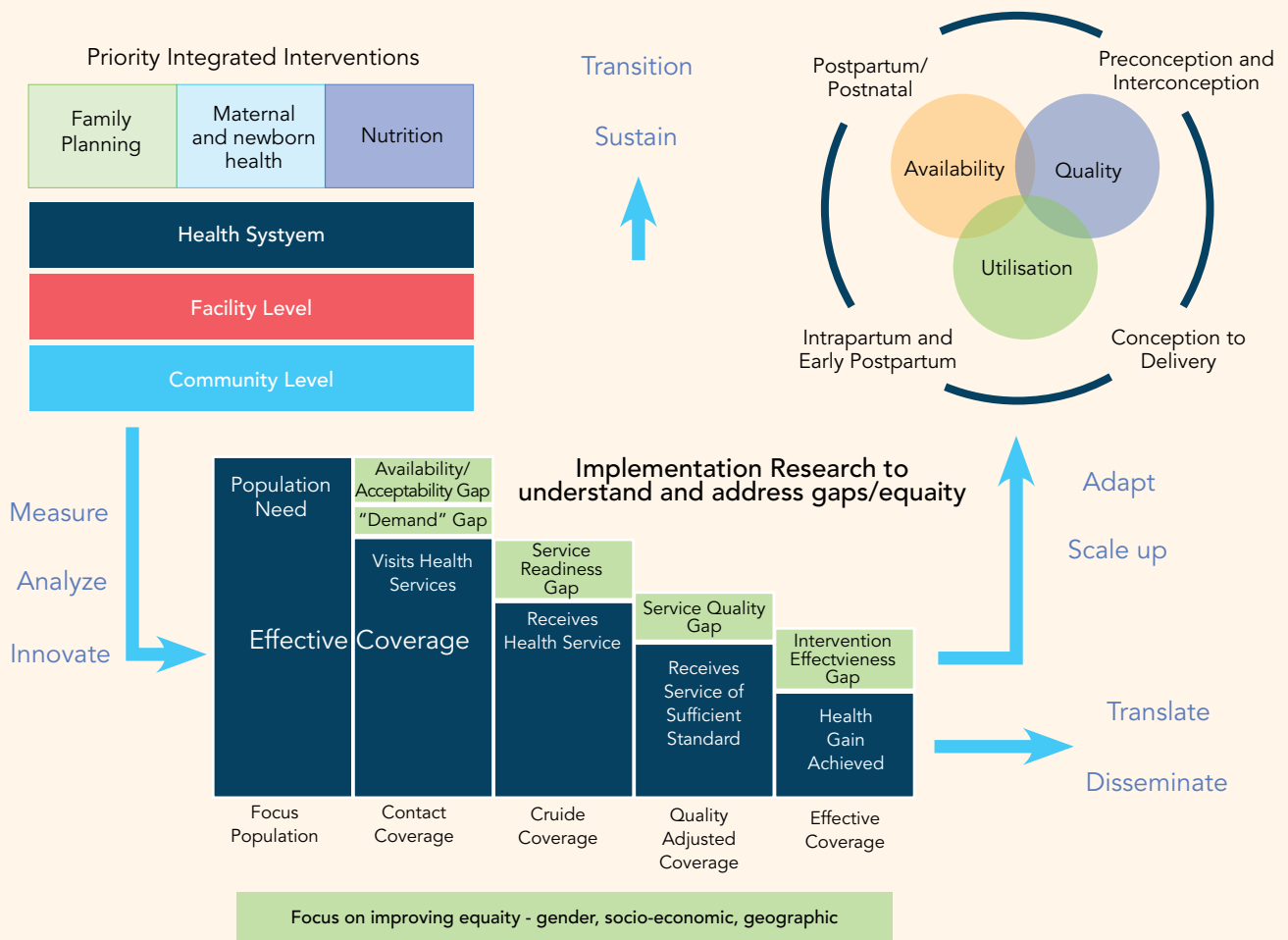
frontline workers, staff
nurses, and doctors to
enhance effective
coverage of critical
RMNCHN services.



OUR APPROACH

The UP TSU uses a Program Science approach to reduce inequities and enhance the effective coverage of critical interventions to improve RMNCHN outcomes. Program Science is defined as the systematic application of theoretical and empirical scientific knowledge for improving the design, implementation, and evaluation of public health programmes. At the core of this approach is the optimisation of priority interventions for strengthening health systems, facilities, and

community platforms to improve the effective coverage necessary for population-level impact. The UP TSU's approach also entails measuring, analysing, and innovating intervention strategies that address the key gaps along the coverage "cascade" to improve effective coverage of critical interventions. The effective coverage framework is used for understanding the geographic and population level heterogeneity in coverage through the application of an equity and gender lens. The embedded techno-managerial support aims to achieve the public health goals of GoUP.



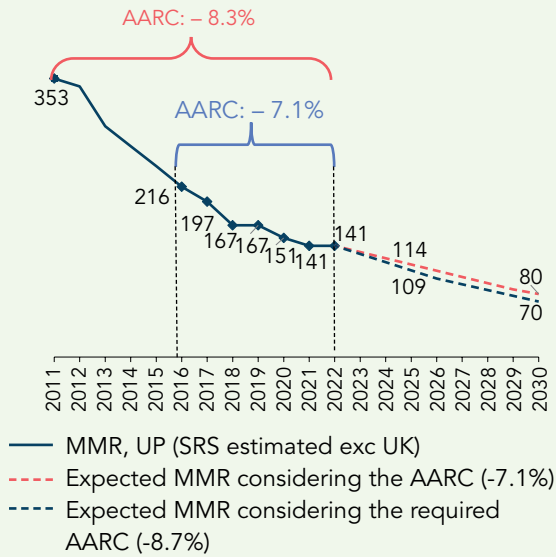
¹ Program Science is defined as the systematic application of theoretical and empirical scientific knowledge for improving the design, implementation, and evaluation of public health programs (<https://pubmed.ncbi.nlm.nih.gov/21126962/>)

² Effective coverage is defined as the fraction of potential health gain that is delivered through an intervention and comprises three components: availability or contact coverage, quality adjusted coverage and user adjusted coverage (Marsh AD. Effective coverage measurement in maternal, newborn, child, and adolescent health and nutrition: progress, future prospects, and implications for quality health systems)

UTTAR PRADESH'S PROGRESS TOWARDS HEALTH OUTCOMES

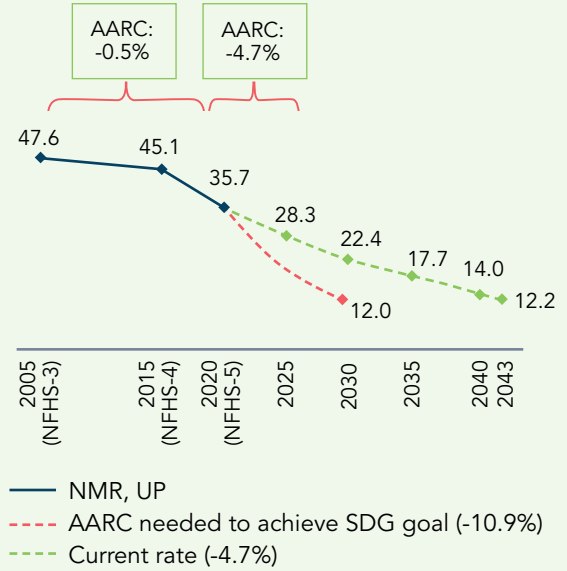
UP MATERNAL MORTALITY RATIO (MMR) AND NEONATAL MORTALITY RATE (NMR) - TRENDS AND PROJECTIONS BASED ON AARC

MMR per 100,000 live births



Source: SRS 2011-2023

NMR per 1,000 live birth



Source: NFHS 2005-2021



KEY INTERVENTIONS

The UP TSU has designed innovative and comprehensive solutions to address critical barriers across the three main platforms – community, facility and health systems in Uttar Pradesh’s public health domain. Below are a few selected examples across community, facility and health systems platforms.



Community-level Interventions

Anganwadi and ASHA Area Alignment

Frontline Workers (FLWs) - Anganwadi Worker (Nutrition FLW) and ASHA (Health FLW) – while theoretically they were supposed to be serving the same population did not have concurrent areas aligned/mapped to them. Hence, this initiative ensured geographical alignment of areas for the two key FLW cadres to help achieve more synergies for the planning and mobilisation of women and children for critical RMNCHN services.

Strengthening Quality of Antenatal Care (ANC) in Village Health Sanitation and Nutrition Day Sessions

This initiative ensured that ANC is part of village health nutrition days (VHND) guidelines. This was supplemented with better mobilisation for ANC services, mechanisms for identification of High Risk Pregnancies (HRPs), planning of sessions for missed geographies, and improved quality of care through strengthened health systems that delivered the required drugs and commodities at VHND sites. Currently, support is being provided to integrate VHND as a community platform for service delivery for broader comprehensive care, which will minimise missed opportunities by delivering a package of services, including family planning and nutrition, at the VHND sites.

Digital System for Comprehensive Primary Health Care (CPHC) Strengthening

The UP TSU supported the roll-out of a digital application to actively enumerate, register and provide a unique health ID to all citizens in UP. This application, “eKavach,” has already enumerated 200+ million people. This platform enables collection of data through longitudinal electronic health records and also serves as a job aid for FLWs for mobilisation, management, and follow-ups.

Integrated Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition Counselling

The UP TSU supported the GoUP in rolling out integrated RMNCHN counselling, which evolved from promoting family planning methods to a holistic approach that addresses the diverse needs of women across different life stages and acknowledges various interconnected factors affecting reproductive health and choices. This was rolled out in 2021, and in 2022, the UP TSU supported GoUP in adding gender-responsiveness to these counsellings to address the complex factors influencing women’s reproductive choices, including socio-cultural norms, gender roles, and power dynamics.



Facility-level Interventions

In-service Mentoring of Nurses to Ensure Provision of Quality Clinical Services to Mothers and Children

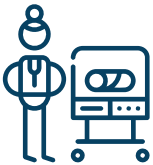
Improving the knowledge, skills and practices of the staff nurses through on-site clinical mentoring and training on the intrapartum and immediate postpartum period; rolled out across all 800+ Community Health Centres across the state. This has led to marked improvements in the skills and competencies of labour room (LR) nurses and Auxiliary Nurse Midwives (ANMs).

Mentoring of Doctors/Specialists by Medical Colleges to Activate Life-Saving Services at First Referral Units

Through the establishment of a network of medical colleges, referred to as a Regional Resource Training Centre (RRTC), this initiative enhanced collaboration between medical education and the public health system to strengthen the knowledge, skills and practice of doctors for better management of maternal and newborn complications. This improves the management of maternal and newborn complications in order to reduce mortality rates and improve healthcare outcomes by ensuring the availability of Comprehensive Emergency Obstetric and Newborn Care services (CEmONC).

Strengthening Newborn Care

Facility-based newborn care has been strengthened through the establishment of newborn care corners (NBCC) in all labour rooms and operation theatres. As well, the activation and strengthening of newborn stabilisation units (NBSUs) in all CHCs alongside the mentoring on newborn care through the RRTC for providers working in sick newborn care units (SNCU) across the state has helped to improve the quality of care for sick and small newborns.



Systems-level Interventions

Comprehensive Support to GoUP for Improving Human Resources for Health (HRH) Availability, Distribution and Competency

The UP TSU supported the GoUP in landmark initiatives such as the formation of a specialist cadre, retention of medical officers at the Primary Health Centres (PHCs) and supporting at-scale recruitment of Nurses and ANMs. Support was also provided in the roll-out of one of the largest Human Resource Management System (eHRMS) in India. These efforts have led to 94% availability of medical officers at PHCs in GoUP's priority districts and a significant increase (~by 50%) in availability of specialists. The UP TSU is currently working with GoUP to improve quality of pre-nursing education and a framework for improving competencies of nurses and ANMs.

Overhaul of Public Health Supply Chain Systems

The UP TSU supported the GoUP in establishing the Uttar Pradesh Medical Supplies Corporation (UPMSC) for centralised procurement of medical supplies in the state and customisation and roll-out of a Drugs and Vaccine Distribution Management System (DVDMS) for providing real-time supply chain visibility. These ensure the consistent availability of essential drugs at the district warehouse level, from which all public health facilities in the district procure essential drugs as per their requirement. Almost 95% of public health facilities (up to the primary health care level) are connected to the DVDMS system.

Use of Data for Decision-making

A key role has been supporting the use of data for decision-making by improving data availability, data quality, and use by the GoUP to monitor the improvement in health outcomes. A key initiative has been working with the government's district programme management units to ensure consistent reporting on the government's Health Management Information System (HMIS) and improving quality through initiatives such as data validation committees. The use of data for better programmatic decisions has been supported through initiatives such as monthly medical officer in charge review meetings and divisional level reviews led by the highest level of leadership. Currently, the UP TSU is also supporting GoUP for HOPE – a real time service availability and service delivery to improve quality of service delivery.

Digital Systems

The UP TSU supports the GoUP in the roll-out of a comprehensive State Digital Health Mission, which includes various flagship initiatives such as the comprehensive primary health care and surveillance platform. UP has become the leading state in generating IDs for the Healthcare Professional Registry with more than ~40k health professionals already registered as well as more than 100 Million health IDs generated across the state.

Social and Behaviour Change Communication

The UP TSU supported the GoUP in developing a behaviour change communication (BCC) strategy and an outcome-based BCC plan for key RMNCHN behaviours. Support was also provided to GoUP to roll out its first Direct to Consumer (D2C) campaign on Lymphatic Filariasis, which enabled GoUP to launch integrated, multi-channel, multi-directional, data-driven, targeted, digital campaigns, expanded now to other health areas. The UP TSU also plays a critical role in developing technical content for media advocacy, along with partner agencies and institutions, to address the challenges arising from the state's vast cultural and geographical heterogeneity.

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