Issue 31 | September 2026

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QUARTERLY NEWSLETTER BY UP-TSU

A NOTE BY THE LEAD, UP-TSU

Dear Readers,

I am pleased to present the 31st issue of the PAHAL Newsletter for the third quarter of 2026, featuring stories, studies, and learnings from interventions undertaken by the Health Department and ICDS, with continued support from UPTSU.

This issue highlights efforts to strengthen health systems, improve facility-level care, and advance comprehensive primary healthcare across Uttar Pradesh. It also features the BCC package developed by UPTSU and launched by the Child Health Division, MoHFW-"Samagra Shishu Bal Swasthya Karyakram: पहले तीन साल सम्पूर्ण देखभाल"-to promote equitable, quality care for every mother and child.

The edition also covers support for the new recipe-based Take-Home Ration, FCM rollout, and online training on the prevention and management of postpartum haemorrhage. It presents findings from the cross-sectional assessment of maternal anaemia services and the Centchroman study, alongside field stories demonstrating the impact of focused interventions on service delivery and community care.

As we build our collective capacities, we remain committed to generating evidence-based innovations and scaling approaches that contribute to sustainable improvements in health outcomes across Uttar Pradesh.

Warm Regards,

John Anthony

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

- **Facility Level Initiatives**
- **Community Level Initiatives**
- **Human Resource for Health Initiatives**
- **Nutrition Initiatives**
- **Monitoring & Evaluation Initiatives**
- **Social Behaviour Change Communication**

Share your valuable suggestions, innovative ideas and feedback at iec.uptsu@ihat.in

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NATIONAL LAUNCH OF THE "SAMAGRA SHISHU BAL SWASTHYA KARYAKRAM"

The Union Minister for Health and Family Welfare Shri J.P. Nadda, launched the **"Samagra Shishu Bal Swasthya Karyakram (SSBSK)"** during the 16th Conference of Central Council of Health & Family Welfare (CCHFW) held on 29th June, 2026 at Vigyan Bhavan, New Delhi. The launch marked a significant shift towards transforming comprehensive home-based care for newborns and children identified as 'At-risk' from birth to 36 months, with a focus on improving newborn and child survival and early childhood outcomes. Subsequently, Smt. Aradhana Patnaik, AS & MD, NHM, MoHFW, formally launched the SSBSK program & its Training Package during the SSBSK National Workshop held on 24-25 August, 2026 at Chhatrapati Sambhajinagar, Maharashtra, to strengthen implementation and capacity building of FLWs under the programme.

UPTSU supported as TAG member in the development of operational guideline, six comprehensive films as SBC materials integrated into the training package, along with launch films for both events. The films focus on key SSBSK components and support in strengthening the frontline workers' IPC skills and counselling practices, enabling families to provide responsive, and timely care.

UPGRADING TAKE-HOME RATION FOR BENEFICIARIES IN THE STATE



Uttar Pradesh is the first state in the country to provide nutritionally upgraded Take-Home Ration (THR) to 1.6 crore ICDS beneficiaries, aligned with the 2023 amendment to the National Food Security Act (NFSA), 2013. The revised THR formulations for different beneficiary categories were launched on 18 June 2026 by Hon. Chief Minister Shri Yogi Adityanath. The new THR is being supplied across 291 out of 897 ICDS projects by Self-Help Group women under Uttar Pradesh State Rural Livelihoods Mission and by the National Agricultural Cooperative Marketing Federation of India in the remaining projects.

ICDS Department with technical support from UP-TSU aligned the new THR with the revised NFSA norms through orientation of ICDS functionaries, stakeholder coordination, revision of THR packaging, and development & dissemination of IEC materials through the D2C platform to strengthen awareness and adoption of the new THR.

CROSS-SECTIONAL ASSESSMENT OF THE MATERNAL ANEMIA CARE CONTINUUM

UPTSU implemented the **Community to Facility Maternal Anaemia Management** initiative and designed repeated cross-sectional assessments to evaluate changes in anaemia screening, referral, tracking, and treatment (SRTT) among pregnant women (PW) and lactating women (LW) over time, and to estimate the intervention's effectiveness in improving anaemia screening and treatment. The baseline assessment was conducted across 10 districts between April and June 2026, covering 5875 women with a response rate of over 90%.

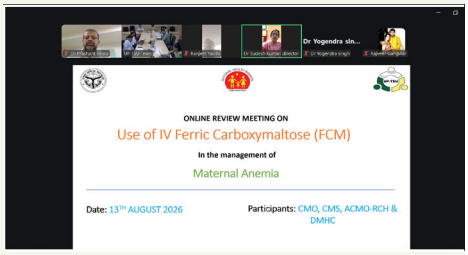
Key Findings among pregnant women:

- **ANC by trimester:** 54%, 94% and 89% in 1st, 2nd & 3rd trimester respectively
- **Hb screening:** 38%, 78%, 82% in 1st, 2nd & 3rd trimester respectively; ~90% tests via digital/ laboratory-based
- **Anaemia Identification:** 31% in 1st, 46% in 2nd & 23% in 3rd trimester
- **Repeat screening:** >80% of anaemic PWs rescreened; average interval: 7 weeks
- **Treatment Advice & Follow-up:** 8 of 10 severely anaemic and one-third of moderately anaemic PWs were advised treatment; 3 in 10 PWs were followed up
- **Treatment completion:** 4 in 10 severely anaemic PWs completed IVIS/FCM treatment; blood transfusion uptake remained low.

Key Findings among lactating women:

- **Postpartum Screening:** 95% institutional deliveries, but only 10% screened before discharge
- **Discharge Support:** 30% received IFA, and 65% received counselling
- **Follow-up:** 45% attended follow-up, but only 8.5% were tested for anaemia

STATE REVIEW IDENTIFIES GAPS AND DRIVES ACTION ON FCM UPTAKE



As Ferric Carboxymaltose was progressively rolled out across state, district-level data showed wide variation in its uptake despite availability. To review and address this gap, Health Department with support of UPTSU facilitated the first state-level online review meeting on FCM administration on 13 August 2026, chaired by Dr. Sudesh Kumari, Director, MCH, DGFW, with participation from Joint Director (MCH, DGFW), CMOs, CMSs and providers from DHs and CHC-FRUs. The review assessed district-wise data, facility-level performance, implementation gaps and challenges, highlighting that availability alone was not translating into utilisation. Reported reaction rates were also lower for FCM than Iron Sucrose (3.5% vs. 13.9%). The Directorate directed districts to strengthen monitoring and ensure timely, accurate reporting of FCM administration. The review established a structured facility-to-state level feedback loop to identify bottlenecks and strengthen FCM uptake across the state.

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ASSESSING THE USE AND ACCEPTABILITY OF CENTCHROMAN IN UTTAR PRADESH

To strengthen evidence on the user experience of Centchroman and the factors associated with its uptake and continuation, KGMU and UPTSU conducted a comprehensive community-based retrospective assessment between December 2025 and April 2026 across 10 districts, among service providers at 300 service delivery points (Sub-Centres and PHCs). The assessment also included 2686 women who had used Centchroman in the previous two years.

Key findings among women:

- **Usage:** 38% current users and 62% discontinued, mostly within 3 months. Average duration of use: 7.2 months
- **Switching to Centchroman:** 88% switched from other methods for greater effectiveness
- **Correct Use:** 50% followed the correct dosage
- **Access & Counselling:** 68% first obtained it from ASHAs; 93% received counselling
- **Follow up:** 3/4th received resupply & side-effect management support
- **Intention to Continue:** 9 in 10 intended to continue use

Key findings among FLWs:

- **Training:** 75% ASHAs & 59% ANMs received training on Centchroman
- **Recommendation:** >90% FLWs recommended Centchroman for birth spacing
- **Ease of use & safety:** 6 in 10 FLWs considered it easy to use and safe
- **Knowledge:** 8 in 10 FLWs knew the correct dosage schedule



CTG in use

District - Ghaziabad

A MODEL FACILITY TAKES SHAPE AT DWH GHAZIABAD

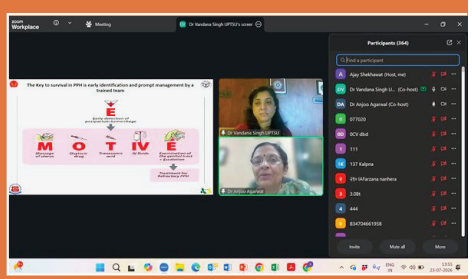
DWH Ghaziabad, serves as a key referral facility for the district and neighboring areas, with an average monthly load of 5,000 OPD visits, 600 deliveries and 200 C-sections. Given its high service load, it is being strengthened as a model facility for maternal & newborn health along with digital integration. CMS and nodal officer are being supported by UPTSU on several initiatives in this direction. Following the training of doctors and nurses, FCM was introduced in July 2026, replacing Iron Sucrose infusion. CTG has also been initiated for intrapartum monitoring of high-risk pregnancies to enable early detection of fetal compromise and trigger timely action. The facility's 21-bed MNCU and 33-bed SNCU have saved countless newborn lives. UPTSU conceptualized and supported in the creation of the "Tree of Life" wall painting showcasing newborns weighing <1,500 g who were admitted since 2022 and discharged well.

The facility has also advanced digital continuity of care. The first BAL-ABHA was generated through the U-WIN portal in July, and the process is now being extended to all babies vaccinated at the facility which will act as their unique health ID life-long. In collaboration with the E-Sushrut team and facility radiologists, a 1st-trimester Radiology Information System (RIS) was introduced in which USG-calculated gestational age at 1st trimester gets auto-linked with the woman's unique Client Repository Number and further linked to their ABHA ID. This equips labour-room service providers with accurate gestational age information, supporting timely clinical decision-making and improved fetal outcomes.

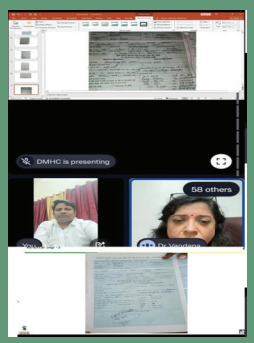


ONLINE TRAINING FOR DELIVERY-POINT READINESS FOR PPH

In view of emerging Post-Partum Hemorrhage management guidelines, including E-MOTIVE and refractory PPH, National Health Mission with support of faculty from Queen Mary Hospital, KGMU and UPTSU, conducted 10 batches of online training for over 5,000 doctors and nurses across delivery points. The sessions included prevention of PPH with emphasis on AMTSL, facility readiness for PPH identification and management using E-MOTIVE, refractory PPH management using UBT and NASG, and appropriate referral pathways, with interactive online quizzes and querries resolution to strengthen provider readiness for PPH management.



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"The 'Referral & Follow-up Group' has strengthened real-time coordination between peripheral facilities, ambulance personnel and higher centers, improving pre-referral management and ensuring timely care for HRP cases. The guidance received during the review of near-miss cases also helped us address critical gaps in the referral pathway."

Mr Alok Kumar, *DMHC Fatehpur*

District - Fatehpur

CLOSING MATERNAL REFERRAL GAPS THROUGH VIRTUAL VERTICAL INTEGRATION

The district-level **Referral & Follow-up WhatsApp Group**, connecting medical college faculty, specialists, CHC teams and programe managers, highlighted recurring gaps in maternal referrals, including suboptimal identification causing delayed referrals, inadequate pre-referral management documentation, and inappropriate facility selection including delay in ambulance availability. A review of near-miss maternal case of transverse lie with ruptured uterus received at Fatehpur Medical College on 30 July further highlighted these gaps. In response, DMHC Mr. Alok Kumar, with support from UPTSU, organised an online vertical integration meeting on 31 July with LR nurses, MOs, specialists, Facility In-charges and OBGY faculty of MCH to strengthen referral linkages. Five maternal cases were reviewed to identify gaps in ANC, birth planning, timely referral and pre-referral management, alongside clinical mentoring on PPH, early identification of Obs. labour and pre-referral APH management under the mentorship of Director, Maternal Health, UPTSU.

Changes observed following the review:

- Ambulance in-charge added to the referral group for resolving transport-related challenges.
- Pre-referral management and documentation strengthened, with improved recording of relevant clinical details in referral sheets.
- HRP referrals to FRUs improved through real-time coordination among facility teams, specialists and ambulance personnel through the group along with family counselling.



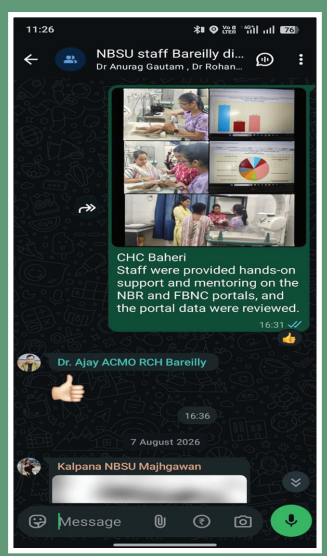


District - Gorakhpur

MATRI SEVA: REDUCING MATERNAL MORTALITY

MATRI SEVA was developed in Gorakhpur as a coordinated maternal referral-tracking and preparedness initiative, linking community, block-level facilities, district hospitals, tertiary-care institutions and private providers. A standardised referral slip ensures essential clinical information is communicated, while advance alerts to receiving facilities enable preparedness for blood, OT, ICU and specialist care. Following referral, district officials and the receiving facility's nodal officer are immediately alerted via calls, with priority given to cases with complications or deteriorating vitals. Referrals are then tracked at 1 hour, 3 hours and post-discharge for real-time status and emergency coordination.

Between June and August 2026, 639 High-Risk Maternal Referrals and 24 Near-Miss cases have been coordinated. Key referrals included previous LSCS (110), PPH (96), severe anaemia (91), breech presentation (68), eclampsia (39) and severe hypertension (36). The initiative has strengthened preparedness and continuity of maternal care across the referral chain.



District - Bareilly

STRENGTHENING REFERRAL LINKAGES FOR SMALL AND SICK NEWBORNS

A year-on-year review across eight NBSUs in Bareilly district (CHC Fareedpur, Baheri, Bithri Chainpur, Bhojipura, Nawabganj, Meerganj, Majhgawan and Bahmora) showed a 34% increase in out-born admissions, from 91 in April-August 2025 to 122 during the same period in 2026, indicating strengthened referral and community-facility linkages.

Admission at a glance:

NBSU	Apr–Aug 2025	Apr–Aug 2026
CHC Nawabganj	6	16
CHC Majhgawan	6	8
CHC Bithri Chainpur	1	7
CHC Bhojipura	22	28
CHC Bhamora	20	19
CHC MEERGANJ	12	20
CHC BAHERI	0	9
CHC FAREEDPUR	24	15
Total Out born Admissions	**91**	**122**

The improvement was supported by close monitoring of admissions and FBNC portal reporting, regular ASHA and ANM orientation on early identification and referral, and a dedicated coordination group of NBSU Nodal Officers, Staff Nurses, MOICs and the SNCU Paediatrician, facilitated by UPTSU. The group enables real-time information sharing, identifies referral gaps and provides timely technical guidance, strengthening the newborn referral network across Bareilly.

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प्रशिक्षण के दौरान प्रतिभागियों ने सक्रिय रूप से सहभागिता की। इन सत्रों में प्रतिभागियों ने विषय वस्तु को समझने एवं व्यवहारिक रूप से सीखने की अच्छी क्षमता प्रदर्शित की। प्रशिक्षण में शामिल प्रतिभागी अत्यंत उत्साही एवं सक्रिय रहे तथा उन्होंने विभिन्न गतिविधियों में प्रभावी भागीदारी की।

-Dr R K Pandey, (SNCU Nodal Officer)
ASMC/DWH, Pratapgarh



This training helped me improve my practical nursing skills, early recognition and proper management that will improve newborn outcomes.

-Komal Pandey, (NBSU SN)
CHC Baghrai, Pratapgarh

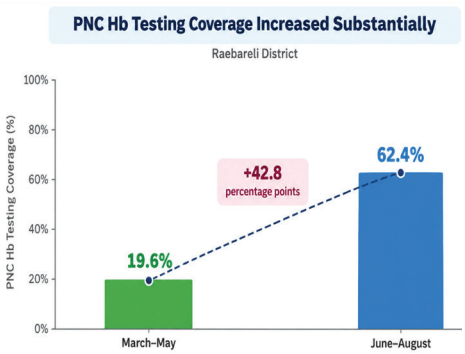


मैने FBNC क्लिनिकल प्रशिक्षण के दौरान नवजात संक्रमण, हाइपोथर्मिया, दूध पीने में कठिनाई एवं अन्य जटिलताओं के व्यवहारिक प्रबंधन का प्रशिक्षण प्राप्त किया। हैंड्स ऑन केस मैनेजमेंट से मेरी कार्यक्षमता एवं आत्मविश्वास में वृद्धि हुई है।

-Priya Mishra (NBSU SN)
CHC Raniganj, Pratapgarh

"When I found out that my pregnancy was high-risk, I was very worried. But the doctors and staff at CHC FRU Bachhrawan gave me the right guidance and supported me at every step. I felt completely safe at the time of delivery. I am thankful to the entire team. I am very happy to have given birth to a healthy baby girl."

Mrs. Ayesha, Beneficiary, Raebareli



District - Pratapgarh

BUILDING SKILLED HANDS FOR STRENGTHENING NBSUs



The 6-day observation training following the 3-day class room training of NBSU staffs of Pratapgarh district at KGMU, could not be conducted due to the unavailability of an FBNC-trained Paediatrician at the SNCU. This left staff nurses with limited practical exposure and confidence in stabilising sick newborns.

To address this gap, a week-long clinical posting at the SNCU of Medical College, Pratapgarh was planned under the guidance of Dr A.N Prasad, CMO and Dr R K Pandey CMS, MCH Pratapgarh with support of UPTSU. A total of 13 staff nurses from all five NBSUs were trained in two batches, with mentorship from SNCU Nodal Officer, Paediatrician and SNCU nursing team. The training focused on practical case management skills, including assessment of emergency and danger signs, basic life support, NBR and basic oxygen therapy through hood and nasal prongs, etc.

The initiative provided hands-on clinical skills, strengthened decision-making and confidence among NBSU staff nurses, complementing their knowledge with skills. Continued mentorship, supportive supervision and regular skill enhancement will help sustain these gains and strengthen newborn stabilisation at NBSU level.

District - Raebareli

FROM HRP FLAGGING TO SKILLED CARE: A SAFE DELIVERY STORY

Mrs. Ayesha (G2P1A0L1) was identified as a High-Risk Pregnancy (previous LSCS) during ANC and her HRP status was marked on the MCP Card to enable closer monitoring. Her ASHA provided continuous counselling and motivation throughout pregnancy, including during PMSMA, and supported her in reaching the appropriate facility for delivery. At CHC FRU Bachhrawan, the clinical team provided counselling on safe delivery and family planning and assessed her for appropriate obstetric care.

On 8 July 2026, Ayesha underwent LSCS at the FRU and safely delivered a healthy baby girl. Following counselling on permanent family planning, she also opted for sterilization (tubal ligation). The case demonstrates how proper documentation in MCP-card, systematic HRP identification, ASHA-led follow-up, PMSMA-based ANC, timely counselling and access to skilled obstetric services at FRUs can translate into safe maternal and newborn outcomes.

MATERNAL ANEMIA DISTRICT SPECIALIST ORIENTING ANMs

In Raebareli district between March-May, 2026 only 427 of 2,179 postnatal women (19.6%) underwent Hb testing, highlighting a missed opportunity for anaemia detection and management. UP-TSU district team addressed this gap through advocacy with the CMO, which led to issue of directives to all MOICs to strengthen Hb testing and appropriate anaemia management. The team subsequently followed up with MOICs and staff nurses to reinforce testing during every postnatal contact.

As a result, a substantial improvement was observed from June–August. During this period, 2,425 deliveries were recorded and 1,513 (62.4%) PNC women underwent Hb testing. The intervention helped integrate Hb testing into routine PNC services, strengthening opportunities for timely anaemia detection and appropriate management.

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Maternal Anemia District Specialist orienting ANMs

BRIDGING THE COMPETENCY GAP IN COMMUNITY-LEVEL ANAEMIA SCREENING

Sustained advocacy by UPTSU supported the shift from paper scales to Minimally Invasive Digital Hemoglobinometer (MIDH) devices for community-level Hb screening across five intervention districts of Fatehpur, Hardoi, Jalaun, Raebareli and Sitapur. However, field observations found that several ANMs faced challenges in correctly operating MIDH, affecting the accuracy of Hb readings and anaemia identification. The assessment indicated that the gap was primarily in operating technique, rather than the device.

To address this, the UPTSU State Team trained 35 BRPs and 22 BOCs, followed by assessments during CiVHSND sessions to identify commonly missed steps. Based on these findings, Senior District Specialists and BRPs further trained 496 ANMs on Hb screening methods, step-wise MIDH use, interpretation of readings and common errors through hands-on practice. The sessions combined technical knowledge with practical skills and strengthened ANM competency and supported more accurate and reliable community-level Hb screening.



Glimpses of the inaugural session, chaired by Dr. Shubha Mishra, DGFW, with participants from Bareilly, Basti and Chitrakoot divisions

VIRTUAL ORIENTATION SESSIONS ON 'SAFE USE OF OXYGEN IN SICK NEWBORN'

A month-long, division-wise virtual orientation on 'Safe Use of Oxygen in Sick Newborns' was inaugurated on 3 September for Staff Nurses and Medical Officers working in Labour Rooms and Newborn Stabilization Units (NBSUs). Organised by GoUP with support of UPTSU, the initiative aims to strengthen the capacity of frontline healthcare providers on safe and appropriate oxygen use for sick newborns.

The inaugural one-hour session, attended by 400 participants from Bareilly, Basti and Chitrakoot, was conducted by Dr. Shalini Tripathi, Professor, KGMU, along with Staff Nurse Aahuti. Chaired by Dr. Shubha Mishra, DGFW; Dr. Arun Kumar Singh, JD-RCH; and Dr. Milind Wardhan, GM-CH, the session recorded a 10% improvement in participant knowledge based on pre- and post-tests. The orientation session will continue across all 18 divisions, twice a week during September.



"Providing C-sections during night hours was challenging, but we now have a dedicated team of doctors and staff who are always ready to provide their services 24/7. Their commitment and teamwork have helped us strengthen night-time C-section services and ensure timely care for women whenever they need it."

-Dr. Rajnarayan, *CMS, DWH Jhansi*

District - Jhansi

STRENGTHENING 24X7 EMERGENCY OBSTETRIC CARE

In 2025, District Women Hospital, Jhansi met the GoUP's benchmark of at least 10 C-sections per month, but night-time emergency C-sections remained a critical gap. With only two gynaecologists, one OT technician and no anesthetist, the facility performed just three night-time C-sections during the year. The staffing gap was consistently flagged during data validation, Quality Circle and Executive Committee meetings and District Health Society discussions, including a formal request letter for additional staff. In 2026, the facility's team strengthened to four gynaecologists, one OT technician and a regular anesthetist. Under CMS Dr. Rajnarayan's leadership, the team strengthened emergency preparedness through team's capacity building and introduced an equitable duty roster to ensure round-the-clock readiness. By August 2026, 14 night-time C-sections had been performed, nearly five times the 2025 total, with consistent monthly performance for three consecutive months, strengthening 24×7 emergency obstetric care at DWH Jhansi.

Story from the field

A newborn developed birth asphyxia with respiratory distress and grunting immediately after birth. The baby was stabilized and referred to the SNCU at ASMC Hardoi. Through regular follow-up, it was confirmed that the newborn received appropriate treatment, recovered successfully, and was discharged in good health. Subsequent community follow-up found the newborn healthy and thriving.

District - Hardoi

CLOSING THE REFERRAL LOOP FOR MATERNAL AND NEWBORN CARE

CHC Ahrori, Hardoi has institutionalized a systematic referral follow-up mechanism for every maternal and newborn cases referred to higher-level facilities. High-risk mothers and sick newborns are stabilised before referral, receiving facilities are informed in advance, and the CHC team tracks arrival, treatment and discharge, while ASHAs and ANMs conduct home visits to monitor recovery. This closed-loop approach strengthens referral completion and continuity of care for mothers and newborns. **Key Referral & 3rd Day Follow-Up Data (July - August 2026)**

Reporting Period	Total Referrals	Mothers	Newborns	3rd Day Follow-Up Outcome
Jul-Aug 26	75	65	10	• 74 healthy (65 mothers and 9 babies) • 1 baby died in SNCU

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STRENGTHENING e-KAVACH IMPLEMENTATION

A **State-Level Orientation-cum-Training of Master Trainers** was conducted in two batches on 10-11 September 2026, under the directions of the MD-NHM, in collaboration with GoUP and UPTSU, with technical support from Argusoft; to accelerate effective state-wide utilisation of e-Kavach as a unified digital health application for household enumeration, ABHA creation, CBAC screening and RMNCH programme monitoring. The training focused on key e-Kavach workflows and modules, with emphasis on data quality, completeness and timely updates, alongside hands-on resolution of operational challenges. Covering all 18 divisions, the training prepared 160 State and Divisional-level participants (including Divisional PMs, M&E officers, RM CP, Urban Consultants, e Kavach Coordinators, NHM State Consultants and development partners) to serve as Master Trainers. The master traineers will cascade the training to division, district, block and city levels, standardising its usage among service providers, FLWs and other functionaries across state.

Impact from the field

In Sijwahi village, Mauda block a woman was five months pregnant and severly anemic with a haemoglobin level of just 4.9 g/dl. CMO advised FCM injection along with iron and calcium supplements, and personally called the CHC in-charge to ensure that the woman was followed up regularly. CHO tracked adherence to the advice and provided continued support. An initiative of a weekly teleconnect care pathway linking community-level identification with specialist consultation, referral and follow-up for HRP's was established towards preventing maternal deaths. With 20 teleconsultations conducted so far, primarily for severe anaemia and other high-risk conditions.

District - Hamirpur

EVERY MONDAY, A NEW HOPE FOR SAFE MOTHERHOOD

Every pregnancy needs care, while high-risk pregnancies require timely expert intervention. In Hamirpur, HMIS data (April-August 2026) identified 46 cases (0.43%) of hypertensive disorders among 10,657 pregnant women and 900 cases (4.09%) of severe anaemia among 21,978 tested women. Although women were being identified, access to specialist care remained constrained by distance and household responsibilities. To address this gap, the Chief Medical Officer (CMO), a senior gynaecologist, dedicated every Monday to teleconsultations for identified high-risk pregnant women. ASHAs and CHOs mobilize women to the nearest AAM, where the CHO compiles their health history, reports and current concerns. Through eSanjeevani portal, the CMO reviews the case, advises on investigations, treatment and precautions, and facilitates referral to a higher facility where required without delay.



हाई रिस्क प्रेग्नेंट महिलाओं को सीएमओ देंगी सलाह

अच्छी खबर

- अरोग्य मंदिरों में आने वाली गर्भवती महिलाओं को मिलेगा फायदा
- डॉ. अन्नपूर्णा सिंह गौर वर्मा के साथ देंगी महिलाओं को परामर्श

यह है उच्च जोखिम गर्भावस्था

ई-संजीवनी एप से जुड़ रहे सीएचओ

Deoria

A MOTHER'S DETERMINATION AND A WOMEN-LED CARE NETWORK

Lakshmi (name changed) from Lakshmipur Bashaw Tola village, Gauri Bazaar, Deoria aged 37, was expecting her first child after 13 years of marriage. Following pregnancy confirmation by ASHA, she was linked with regular ANC check-ups and took around 180 iron-folic acid & calcium tablets and followed all counselling. On 24 June 2026, she delivered prematurely at CHC Gauri Bazaar. Her baby girl weighed 1.485 kg and had difficulty breathing and was immediately referred to the SNCU at District Hospital, Deoria.

After six days of specialized care, the newborn became stable was discharged but the real journey of recovery started after coming home. At home, ASHA-led regular HBNC visits, Anganwadi support on nutrition and continued monitoring by the ANM and TSU team ensured continuity of care. Lakshmi was counselled and monitored by ASHA during scheduled home-visits to consistently practice Kangaroo Mother Care (KMC) and exclusive breastfeeding, which helped in the baby's weight gain from 1.485 kg at birth to 2.6 kg.



A CHANCE SCREENING LEADS ANIL FROM TB DIAGNOSIS TO CURE

Tuberculosis (TB) can remain undetected when symptoms are mild or overlooked. For Anil (name changed), a driver from Sitapur, a routine screening opportunity during the **100 Days TB Campaign** led to a life-changing experience. On **28 June 2026**, during an MMU camp led by local ANM, ASHA and X-ray technician with support of UPTSU's Rapid Improvement Team members in Nekpur village, an official noticed that his driver Anil appeared unusually tired and lean and encouraged him to undergo a free X-ray. Though initially hesitant, Anil agreed. The X-ray was abnormal, and subsequent sputum testing on next day at the District TB Centre confirmed **NAAT-positive TB**.

Following counselling that addressed his fears and stigma, Anil initiated treatment under **NTEP**. Two months later, his follow-up test was negative, and he is now back at work woth better while still on treatment to complete the course duration.

Anil's experience highlights the value of active case-finding: One free and timely screening opportunity helped detect TB that might otherwise have remained undiagnosed, enabling early treatment and recovery.



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Reach and Impact of the one time D2C initiative:

	AWWs	Mukhya Sevikas	DPOs & CDPOs
Messages delivered	**1,57,543**	**3,532**	**684**
Messages read	**1,28,495 (81.56%)**	**3,137 (88.82%)**	**559 (81.72%)**
Films watched	**59,682**	**1,881**	**415**
Found films useful (% of total respondents)	**92.55%**	**92.89%**	93.10%

**Data Collected within 5 days from the activity*

Feedbacks on the THR films on YouTube



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FROM POLICY TO PRACTICE NEW RECIPE BASED THR VIA D2C

To support uniform and standardized implementation of the new recipe-based Take Home Ration (THR) introduced under the 2023 amendment to the National Food Security Act, 2013, the Uttar Pradesh ICDS Department with support of UPTSU developed three films to translate the new THR guidance into a standardised visual educative resource for AWWs and beneficiary engagement. ICDS department further disseminated these videos via the D2C platform directly to all the AWWs, Mukhya Sevikas, DPOs and CDPOs across the state, on 18 August 2026, for enabling their rapid and uniform orientation.

The digital intervention equipped ICDS functionaries with a standardized counselling tool to explain the new THR to beneficiaries, supporting consistent adoption at community level.

STANDARDISING INSPECTION AND GAP ASSESSMENT OF MEDICAL COLLEGES

Uttar Pradesh's "One District – One Medical College" policy resulted in rapid expansion of medical education with 89% growth in medical colleges, 137% in MBBS seats and 227% in postgraduate seats. This has led to increase in the need for robust systems to ensure compliance with prescribed standards and drive continuous quality improvement in medical education. Earlier, the absence of standardized inspection and assessment tools for new and existing medical colleges resulted in varying compliance assessment and limited structured gap identification. To address this, the Department of Medical Education (DGME), with technical support from UPTSU, developed standardized tools aligned with the National Medical Commission's Minimum Standard Requirements (NMC-MSR) 2023 and State-level Technical Specifications' Committee Government Orders. Two tools: An Undergraduate "Inspection Checklist" for new medical colleges and a "Gap Assessment Checklist" for existing government medical colleges have been institutionalized. The Inspection Checklist is now mandated to assess proposals for new government and private medical colleges seeking the State's Essentiality Certificate, a prerequisite for the NMC's Letter of Permission. The Google Form-based Gap Assessment Checklist has been implemented across 43 government medical institutions, supporting the rationalization of 2026–27 work plans and budgetary requirements from students' and patients' perspectives. Together, the tools enable standardized, evidence-based assessment and institutional planning for quality improvement.

UG INSPECTION CHECKLIST
120 PARAMETERS | **5** KEY DOMAINS

01 · Administrative & Statutory 20 Parameters	02 · Medical College Infrastructure 48 Parameters	03 · Teaching Hospital Infrastructure 26 Parameters	04 · Faculty & Staff Requirements 26 Parameters	05 · Equipment
Management, Affiliation, Land, Approvals, Hospital registration	Campus, Library, Teaching spaces, Laboratories, Skills Lab, Hostels, Digital systems	OPD, Beds, OTs, Emergency, Diagnostics, Blood Bank, Pharmacy	Faculty strength, Department-wise availability	Department-wise requirements aligned with NMC UG MSR 2023

GAP ASSESSMENT CHECKLIST
4 KEY ASSESSMENT AREAS

01 · Medical College Infrastructure	02 · Hospital Infrastructure & Services	03 · Gap Identification	04 · Equipment
Campus, Teaching facilities, Library, Labs, Skills Lab, Hostels, Digital systems	OPD, Beds, Critical Care, Diagnostics, Blood Bank, Pharmacy, CSSD, Patient amenities	Availability, Functionality, Adequacy, Additional requirements	Equipment list comprising of 508 LoP 1 & 2 items and 911 items as per Technical Specifications' Committee GO

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