

# PAHAL

QUARTERLY NEWSLETTER BY UP-TSU



## About UP-TSU

Uttar Pradesh Technical Support Unit (UP-TSU) was established in 2013 under a Memorandum of Cooperation signed between Government of Uttar Pradesh (GoUP) and Bill & Melinda Gates Foundation (BMGF) to strengthen the Reproductive, Maternal, Newborn, Child, and Adolescence health (RMNCH+A) and nutrition. University of Manitoba's India-based partner, the India Health Action Trust (IHAT) is the lead implementing organization.

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

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

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## A NOTE BY EXECUTIVE DIRECTOR

Dear Friends,

I have the pleasure to bring to you the second edition of UP-TSU's quarterly newsletter "PAHAL". It is an opportunity for us to disseminate the initiatives being taken by GoUP for strengthening and bringing in innovations in the arena of RMNCH+A and Nutrition.

Uttar Pradesh Technical Support Unit (UP-TSU), provides techno managerial support to the nodal departments on various fronts with an objective to strengthen the health care delivery system in the state.

We would continue to share our learnings and experiences to improve the implementation of programs in order to reach the poor and the marginalized section of the society. In this issue, an attempt has been made to provide insights into some of the initiatives such as the activation of FRUs through 'Buddy Buddy' model, a brief on the 'Passbook Model' aimed at ensuring availability of Essential Drugs at the district level, a write-up on 'Achieving LaQshya for Safe Motherhood', highlighting the importance of creating an environment where every pregnant woman and her newborn are cared for and other such initiatives and stories from the districts and peripheral areas.

We hope you'll enjoy reading them all. We thank all those who are contributing and sharing their inputs for making "PAHAL" a success. We look forward to your valuable feedback to improve it further. You can reach us on [iec.uptsu@ihat.in](mailto:iec.uptsu@ihat.in)

(Dr. Vasanthakumar N.)  
Executive Director

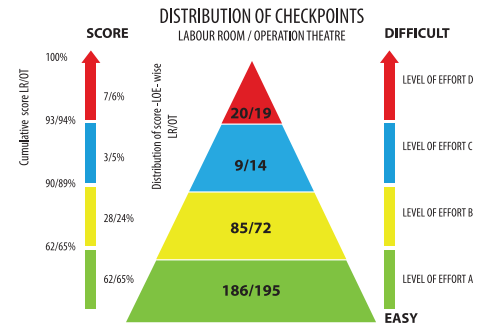


From L to R: Dr. Archana Verma (GM AQ, NHM), Dr. Brinda Frey (Team Leader Quality, FP UP-TSU), Dr. VasanthaKumar N., IAS (ED UP-TSU), Mr. Pankaj Kumar, IAS (MD NHM), Dr. Sarita Saxena (Sr. Consultant RML hospital, Lko) and Dr. Usha Gangwar (GM MH, NHM)

## Achieving LaQshya for Safe Motherhood

It is important to create an environment where every pregnant woman and her newborn are cared for and the birthing experience is safe and joyful for the woman and her family. In recent years, there has been a substantial increase in the number of institutional deliveries but the increase has not resulted in commensurate improvement in maternal and new-born health indicators. Recognizing the need to improve the key health indicators GOI in December 2017 launched LaQshya – Labour Room Quality Improvement Initiative for safe and respectful child birth practices.

The biggest challenge in implementation of LaQshya was that the service providers considered it to be a stand-alone activity rather than understanding that quality is an integral component of service delivery. The volume of check points and the misconceptions of service providers became a barrier in effective engagement of facility staff. The checklists were perceived as a set of new activities to be undertaken rather than a tool to improve ongoing processes in maternal and newborn care. To break the ice, UP-TSU deconstructed the LaQshya checklist to assist service providers in understanding the activities. It was recognized that 60% of process level changes are easily achievable and are related to documentation, record maintenance and adherence to protocols. Whereas 90% of checkpoints are within the ambit of facility teams. To prioritize the activities and to expedite the process of gap-closure the checkpoints and action plan were categorized based on Level of Effort (LOE). Likewise, generic and facility specific action plans were developed into compendium of guidelines for engagement of service providers and to facilitate compliance of each checkpoint for necessary gap closure.



To meet the challenge, State level LaQshya Orientation Workshops on revised strategy were rolled out in the months of May and June, 2019 with the focus to dispel the anxiety of facility teams preserving the efforts required to accomplish quality assurance standards.

### Elements of LaQshya orientation workshop

LaQshya orientation workshop on revised strategy	✓
CMS of LaQshya certified facilities invited for experience sharing, to serve as model for other facilities	✓
Quiz and group activity for boosting team morale	✓
Group work involved LR & OT staff, DPM and CMS for utilising quality tools, gap identification and gap closure	✓
State level intervention identified by facility teams and discussed with MD NHM, GM MH & GM QA, NHM.	✓
Team wise discussion on facility specific action plan and computation of outcome indicators to achieve LaQshya certification	✓
Commitment of time bound closure of gaps by district teams.	✓

## The Positive Deviance - District Lalitpur and Ghaziabad on achieving LaQshya Certification

Dr. Harendra Singh Chauhan CMS DWH Lalitpur – exclaims that I was determined to achieve LaQshya certification, despite the limited support of three gynaecologist. Dr. Chauhan conducted facility assessment, and drew a detailed time bound action plan assigning responsibility to staff, particularly the staff nurses. He studied the Dakshata module and taught staff nurses every day, in two shifts, developed mnemonics for recalling steps and instructions for different processes. Staff nurses who performed were utilized as mentors. The regular orientation of staff nurses on case sheets ensured the compliance of checkpoints related to documentation. Dr. Deepa Tyagi CMS DWH Ghaziabad- says we worked as a team to achieve LaQshya certification.

To streamline the processes, the responsibility of documentation was given to the intern pharmacists. Focus was on documentation as it supported in providing conclusive and justifiable evidence in case of medico-legal issues. Regular quality improvement meetings and the liberal use of quality tools to deal with problems arising during the process of gap closure were documented. A separate WhatsApp group for a regular follow up with the team was established. Display of relevant indicators and tools at appropriate locations helped in creating a positive impression on assessors.



CMS DWH Lalitpur Dr. Harendra Singh Chauhan in conversation with facility teams on achieving LaQshya certification



CMS DWH Ghaziabad Dr. Deepa Tyagi in conversation with facility teams on achieving LaQshya certification





A staff nurse feeding a new-born baby through nasogastric tube, NBSU Kamaalganj, Farukhabad.



From left: Dr Seema Tandon, UP-TSU, Dr Vinita Das-Dean and Head of the Department, King George Medical, Mr. Pankaj Kumar - MD, NHM, UP, Dr Vasanthakumar N Executive Director, UP-TSU



A child in triage corner getting assessed for emergency signs, District Male Hospital, Rampur Uttar Pradesh

## NBSUs brings relief to the distressed newborn

According to the Million Death Study, under-5 deaths in India, neonatal deaths contribute to 43%. The further break-up of neonatal deaths causes are prematurity and low birth weight 14%, birth asphyxia and birth trauma 8%, neonatal infections 12%, tetanus 1%, other 7% and 1% diarrhoeal. A number of these complications can be easily managed at NBSU (new-born stabilization unit). An NBSU unit is a facility within or near the maternity ward where sick and low birth weight new-born can be provided care for during a short period. UP-TSU, as a part of newborn Health Strategy, did a baseline assessment of 50 NBSUs on their service readiness in the 25 high priority districts of Uttar Pradesh.

The baseline assessment results showcased that out of 50 NBSUs only, 12 NBSUs were functional. UP-TSU designed district specific NBSU activation plan along with NHM and started to work on activating the NBSUs. It took several rounds of consultations with the district and facility administration to arrange required logistics for NBSU activation. Three batches of medical officers, staff nurses and nurse mentors received F-IMNCI training, nurse mentors further regularly mentored the staff nurses on F-IMNCI. For strengthening the record maintenance and documentation, the team introduced tools like NBSU register which captures the types of complications the neonates are getting admitted with as well as the monthly report is generated with the information received from NBSU register. Through UP-TSU and NHM's concerted efforts, today, 43 NBSUs are fully functional and ready to provide services to the neonates. As of April 2019, these NBSUs have recorded 816 admissions and have provided appropriate treatment.

## Mission Director, National Health Mission Uttar Pradesh launches RRTC Maternal Health Module

UP-TSU, through its "Regional Resource Training Centre" model, is building the capacities of doctors posted in First Referral Units on the management of maternal and newborn complications requiring Comprehensive Emergency Obstetric and New-born Care. Regional Resource Training Centres are medical centres of excellence, the state medical colleges, whose esteemed faculty acts as a mentor to the specialists working in CHC FRUs and District Women Hospitals. Under UP-TSU's FRU strengthening program, the faculty from RRTC periodically visits the public health facilities, provide on-site mentoring and conducts training workshops on enhancing the knowledge and skills of these specialists. With the need of regular training being quite evident, UP-TSU in consultation with national and international, medical and subject matter experts, developed the second revised edition of "RRTC Maternal Health Module" to be used in all future training of the specialists.

The module was launched by Mission Director, Dr Pankaj Kumar in King George Medical College. To mark the important occasion, dignitaries, Dr Suresh Chandra- Director Maternal Health, Dr Vasanthakumar N Executive Director UP-TSU, Dr Usha Gangwar- General Manager, Maternal Health and Dr Vinita Das-Dean and Head of the Department, King George Medical University, were also present. The launch was attended by faculty from 8 esteemed medical colleges. Along with the module, MD, NHM also launched three other books, namely, Care of Mother during pregnancy and childbirth, Skill labs in Regional Resource Training Centres and Case studies - Maternal Health and Family Planning. The books envisage the identification and updated management of maternal complications occurring during ante-natal, intrapartum and postpartum periods of pregnancy.

## Sick children with the emergency condition will no longer have to wait in queues

Shivam a nine months old infant clung to his mother's chest while she impatiently waited for her turn to see the paediatrician, standing in a long queue outside OPD of District Male Hospital, Bareilly. Shivam was getting restless, but the queue was so long, it seemed hours could go by before Shivam sees the doctor. ETAT (Emergency Triage Assessment and Treatment) staff came to Shivam's rescue, while performing the assessment they observed that Shivam's respiratory rate, was more than fifty (54/min) with the chest in drawing and oxygen saturation at 90. Shivam was categorised as an emergency patient and without losing any time he was taken to the paediatrician. The paediatrician using the ETAT form immediately started Shivam's emergency treatment. An X-ray eventually confirmed pneumonitis. Shivam stayed in the ward for six days and received appropriate treatment. Had the triage staff not screened Shivam for emergency signs, we could have lost Shivam. Commonly under-five deaths in hospitals occur within the first 24 hrs of admission and can be prevented if very sick children identified as soon as they arrive at the facility and appropriate treatment started immediately (WHO, 2016). ETAT is the process

AD & SIC of Maharana Pratap District Combined Hospital, Bareilly shared, "With the support of UP-TSU triage has been established since Jan 2019 for under-5 in paediatric OPD. This has helped our paediatrician in treating serious patients on a priority basis by trained staff nurses who do a basic assessment of under-5 children. This has not only helped our hospital in reducing mortality and but also has reaffirmed the patient's faith in our facility. I strongly recommend using triage for all patients in our emergency, which will, in turn, reduce mortality in overburdened facilities."

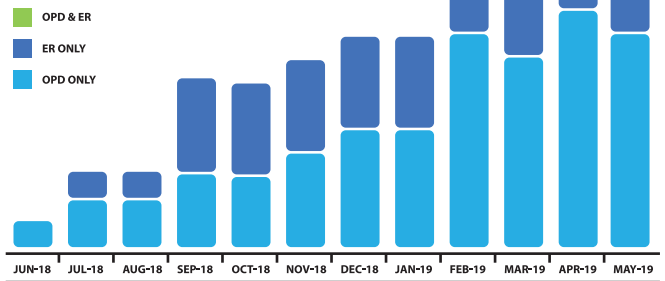


Mr Deepak Mina, DM Shrawasti interacting with ANM at VHND site.

As a result of continuous follow-up by UP-TSU and support from DM-Shrawasti, 146 VHND kits were procured and distributed to ANMs of the district. Mr Mina has created an enabling environment to improve supply chain management by broadening stakeholders' engagement in supply chain system at the district level. Appreciating UP-TSU's efforts in the district, Mr. Mina stated, "In a district like Shrawasti, with UP-TSU's intervention, the number of pregnant women going for institutional delivery, attending VHND for availing Ante Natal Care services, and the number of anaemic pregnant women accessing facility for availing iron sucrose, have been encouraging".

of rapidly examining all children when they first arrive in the hospital, placing them in one of the following categories: Emergency, Priority and Queue and provide appropriate treatment. UP-TSU as a part of Child Health strategy along with NHM introduced ETAT starting in June 2018 with one facility and expanded to 14 district hospitals and 1 Community Health Centre as of May 2019, in the High Priority Districts of Uttar Pradesh. Triage corner has been established in these facilities either in the emergency or OPD and in one facility in both departments. Implementing ETAT in the facilities was an arduous task as for the majority of the staff ETAT was a

**PROGRESS OF ETAT IMPLEMENTATION IN DISTRICT HOSPITALS**



new term, even for some of the doctors. However, the biggest challenge was the lack of trained ETAT staff. UP-TSU team began ETAT orientation meetings with paediatricians and paramedical staff. Several rounds of discussions and advocacy were undertaken by UP-TSU with district and facility administration, in addition to training of paramedical and nursing staff, leading to the implementation of ETAT.

The results for ETAT have been encouraging. Since June 2018, 6542 under-5 registrations occurred at the emergency room, out of which 3279 (50.1%) patients were triaged, and 794 (24.2%) were found to be emergency cases, and 1137 (34.6%) were a priority. Under -5 registrations at the OPD was at 68273, out of which 30,712 (45%) cases were triaged, and 181 (0.5%) cases were found to be emergency cases, and 2071 (6.7%) were priority cases which were treated appropriately.

**Engagement of local governance ensures effective Maternal New-born Child Health services at VHND: Shrawasti, Uttar Pradesh**

According to the National Family Health Survey (NFHS-4), only 26.4 percent of pregnant women in Uttar Pradesh and only 8.3 percent in Shrawasti district received at least four antenatal care visits for their last birth. Shrawasti is one of the high priority and aspirational districts of Uttar Pradesh owing to its poor maternal health, child health and family planning indicators. UP-TSU, as part of its community interventions, has been working on ensuring quality maternal and child care services to the community at village level.

UP-TSU's team during one of its regular VHND observation visits noticed that there were issues in availability and non-functionality of key equipment at VHND sites which were affecting the Ante Natal Care service delivery in the district. To understand this further, UP-TSU organised a district level consultation with 125 ANMs and it was found that among the 125 sub-centres, 53 had non-functional weighing machines, 63 had non-functional BP machines, 57 did not have a haemoglobin meter and 29 did not have a urine testing kit.

These findings were shared with the Chief Medical Officer, Shrawasti and Additional Director, Medical Health and Family Welfare, Devipatan Division, Uttar Pradesh and was further raised at the District Health Society meetings held under the chairmanship Mr. Deepak Mina, District Magistrate, Shrawasti. Based on consultations with UP-TSU's community team, DM-Shrawasti issued a letter for the procurement of VHND kits through utilization of VHSNC funds in the district.

In the meeting he stated that, "Timely and adequate availability of functional logistics and equipment is important to ensure quality services for the communities living in rural areas and as service providers it is our responsibility to explore and adopt appropriate corrective measures to improve services provided during VHND sessions, so that no one is deprived of his/her basic right to health." He also highlighted that the availability of equipment and on the job mentoring are key factors for effective functioning of VHND.

Mr Mina along with UP-TSU team, regularly visits VHND and interacts with ASHAs, ANMs and AWWs individually on the issues and challenges pertaining to service uptake. Time and again he has appreciated the coordination among frontline workers and has insisted that efforts need to be directed towards filling the identified operational gaps in service delivery to improve the overall health status of the district.





Picture 1 Anganwadi workers taking out Rally "No water only breastmilk" in Phoolbehar block of Lakhimpur Kheri



Picture 2 Sushma Devi, Anganwadi worker Phoolbehar, Lakhimpur Kheri while explaining a mother and writing the campaign message on the wall



Picture 3 Community members and children participating in No Water Only Breastmilk Rally, Kaushambi

**\*Exclusive breast feeding increased from 22% in CBTS-3 to 38% in CBTS-6.**

**\*Water intake reduced among 0-6 month infants from 28% in CBTS-3 to 19% in CBTS-6.**

Slogans like "बच्चे को भूख लगे तो स्तनपान और प्यास लगे तो स्तनपान, एक बात का रखे ध्यान 6 माह तक केवल स्तनपान" were immensely effective and popular among the masses.

## Exclusive Breast Feeding Campaign: Giving New Lease of Life to Infants

**"Breastfeeding is not a choice, it's a responsibility"**

Exclusive breast feeding for the first six months of life is the health goal, the developing nations across the globe are striving to achieve because of its association with reduction in infant mortality and morbidity. The WHO recommends that Infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Breast milk is a natural and complete food for the baby in itself and it need not be complemented with pre-lacteal feed, water and other liquids. According to lancet 2003- Exclusive breast feeding for six months can save the life of newborns thereby reducing the deaths in under five age group to about 13%.

Despite strong global evidences in support of exclusive breastfeeding in the first six months of life, its prevalence has remained low across the globe, specifically in the Indian sub – continent. As per NFHS 4, 54.9% of infants in India and 41.6 % in Uttar Pradesh were exclusively breast fed. The Community Behavior Tracking Survey- 3 (CBTS-3) by UP-TSU for May-Aug'2016 stated that only 22% infants are exclusively breast fed in 25 High Priority Districts (HPDs).

The in-depth analysis of multiple rounds of CBTS data revealed that the majority of infants under 6 months of age were fed water along with breast milk during the summer season (April-July). It was inferred that by just eliminating water intake among the infants during summers, an upsurge in the rates of exclusive breastfeeding can be achieved.

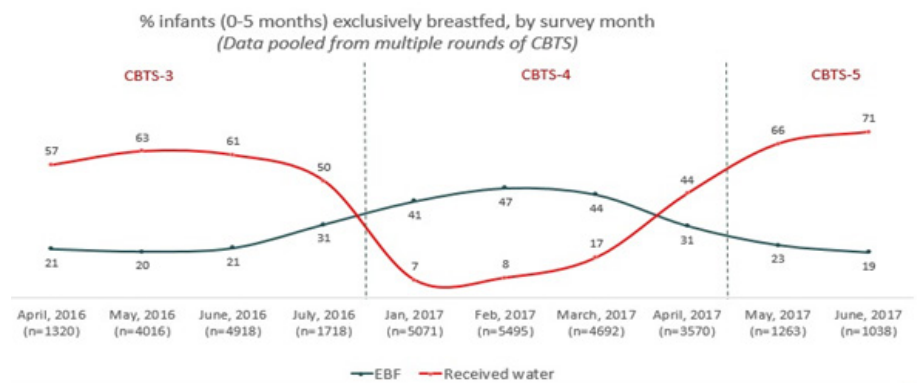


Fig: 1 Data from CBTS 3, 4 & 5 showing intake of water in summer among infants aged 0 - 6 months

So with an aim to create awareness amongst the community "No water only Breastmilk" campaign was launched by the UP-TSU Nutrition project in a mission mode across 100 TSU blocks in 25 HPD's of Uttar Pradesh from March-July' 2018. Massive awareness campaigns were conducted with the support of ICDS and other departments and about 4.8 lakh beneficiaries were reached out to by 34144 rallies, 10786 meetings and 64724 home visits.

Salient Features of the "No Water Only Breastmilk" Campaign	
Target Population	Families with infant 0-6 months and pregnant women in 3rd trimester
Stakeholders	ICDS functionaries - DPO, CDPO, Mukhya Sevika, Anganwadi Worker and Sahayika Others- ASHA, School children & Teachers, PRI members, SHG members & Gram Pradhan etc. TSU Staff – DNSs and Poshan Sakhis
Activities	Reaching out to the community through - Rallies, Beneficiary and Community Meetings, Competitions, Poshan Shapath. Home Visits – Door to Door Campaign (writing messages on the walls) Messaging during VHND and other community based events like Bachpan Diwas, Manta Diwas, THR distribution, Suposhan Swasthya Mela etc.

The outcome of this extensive campaign and various ongoing activities round the year was reflected in the CBTS-Round 6 i.e. there was a substantial increase in the rates of exclusive breastfeeding from 22% in CBTS round 3 to 38% in CBTS round 6 and a considerable decrease in water intake among infants aged 0 – 6 months from 28% in CBTS round 3 to 19% in CBTS round 6.

The No Water Only Breastmilk campaign proved to be a success. Seeing the overwhelming response and outcomes of the initiative, DPO's of 18 districts, namely, "Sitapur, Etah, Sonebhadra, SantKabir Nagar, Budaun, Barabanki, Siddharthnagar, Kaushambi, Pilibhit, Kannauj, Faizabad, Bahraich, Kasganj, Lakhimpur Kheri, Balarampur, Gonda, Fatehpur and Chandouli," decided to rerun this campaign yet again from March to July 2019.

## Dissemination of CBTS and RFS Data in Rhythm of Business Meeting

In 2018, UP-TSU in coordination with BMGF established the Rhythm of Business (ROB) platform with the goal of undertaking a deep-dive look into various programme components of UP-TSU, brainstorming and jointly developing solutions for the way forward.

In the 3rd ROB meeting held on 2nd & 3rd May'2019, the focus was on understanding the advancements made by MNCH, Nutrition and Family Planning programmes in improving the availability and quality of services. The assessment was based on in-depth analysis of various data sets collected by TSU (Diagram-1). The current levels and trends of key RMNCH indicators spanning the entire spectrum of continuum of care (from ante-natal to intra-partum and post-natal care services and maternal and newborn deaths at facility) were presented. The Community Behaviour Tracking Survey (CBTS), Round 6 from Jun-Oct, 2018 revealed that the service coverage in the domains of antenatal care and institutional delivery has consistently increased. The challenge ahead lies in ensuring that better quality of care is provided to the ever increasing number of women accessing health services, both at the facility and community level.

Rolling Family Survey-Round 4 (RFS-R4) from Oct'18-Jan'19, depicted improvement in practices during the third stage of labour and in essential newborn care. Skill augmentation of Staff Nurses (SNs), under the aegis of the TSU's Nurse Mentoring programme is an important intervention leading to improvement in such practices. The skills refined by SNs is translating into improved identification of pregnancy and newborn complications. The focus now remains to further build upon improving the quality of delivery care services at public facilities, especially during the initial assessment stage.

### Diagram-1 depicts the Surveys and Studies conducted by UP-TSU

#### Concurrent Monitoring

**Community Behaviour Tracking Survey (CBTS)** is a periodic rolling sample survey of random and representative samples of key population groups to measure levels and trends of key RMNCH indicators in HPDs of Uttar Pradesh

**Rolling Facility Survey (RFS)** monitors a range of quality of delivery services and immediate postpartum care services provided to beneficiaries against the global standards and measures functioning of systems at delivery points

#### Routine Program Monitoring

**ASMI VHND Checklist** - aims to understand the availability and utilisation of services by pregnant women at VHNDs. VHNDs are sampled in a cyclical manner to ensure 100% coverage within a year

**Monthly Facility Report** is a diagnostic tool of maternal and newborn child health at a facility, reported from the facility's labour room register. It primarily includes information on: (i) Facility output and outcome (ii) Outcome among arriving PW (iii) Total maternal and newborn complications and their outcomes

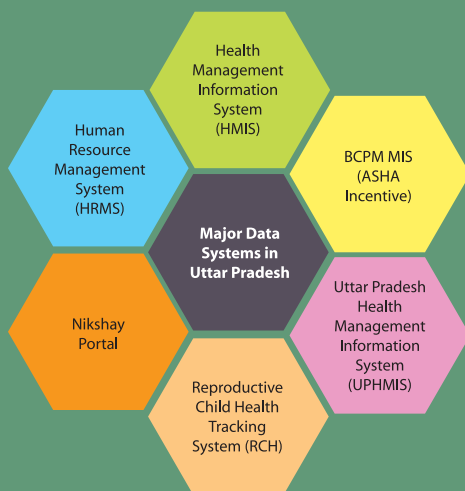
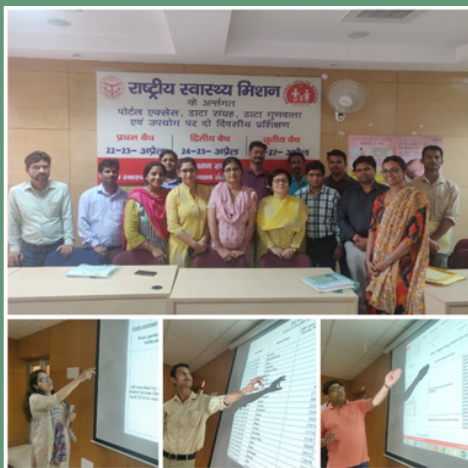
## State NHM Training Workshop on Data System and Data Use

The Monitoring & Evaluation Division of National Health Mission UP with the support of M&E unit, UP-TSU conducted a two-day training workshop on importance of data driven planning in health from 22-27 April, 2019. The workshop organized at the state level brought together participants from various program teams of NHM, including Maternal Health, Child Health, Family Planning, Construction (Infrastructure) and Quality Assurance. Ninety NHM program coordinators and consultants participated in three batches in the workshop.

The workshop focused on the use of multiple data sources (Diagram-1) for periodic review of programs and the need for devising specific indicators for reviewing the performance of the various programmes. The facilitators from UP-TSU also emphasized upon the need for strengthening data quality so as to ensure that the pivot on which the progress of our system rests continues to remain robust. The workshop concluded with a group activity, wherein each programme team used the UP Health Dashboard to identify a relevant indicator, its poor performing geographies and did a gap analysis on the same.

“Our approach to program guidance is to explore data strategically following the principle of “Program Science”. Strategic analysis involves exploring the possible drivers at community, facility and system levels that contribute to the key program outcomes at macro and micro levels. It also explore the potential barriers that would need to be addressed to enhance the program. The strategic analysis presented in the RoB evoked healthy discussions, which helped the participants to better understand the current progress, strategies and potential future direction in keeping with the changing landscape of the health system in UP.”

**Dr. Shajy K Isac (Managing Trustee, IHAT and Director, M&E, UP-TSU)**



UP HEALTH DASHBOARD





### Advantages of Passbook System

1. Health facilities can understand their usage pattern
2. A control tool for budget usage
3. Linkage of facilities with drug consumption
4. Facilitates in forecasting notional budget
5. Real time updates of drug movement
6. Forecasting tool for drug requirement
7. Double entry to prevent pilferage
8. Administrative control on drug

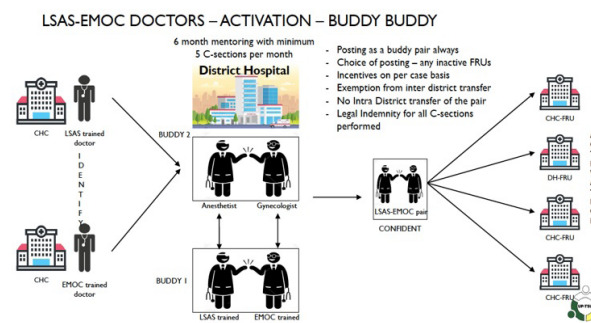
## UPMSC-Passbook model to curtail high out-of-pocket spend in UP

In Uttar Pradesh majority of poor and vulnerable sections of society largely depend on public health care systems. GoUP to address the health needs of population at large is focusing on well-designed policies and strategies to reduce the out of pocket expenditure and its negative impacts on society. The concern of government, besides providing quality health services is ensuring availability of quality drugs at the facilities for reducing out of pocket expenses. With this objective, Uttar Pradesh Medical Supplies Corporation Ltd. (UPMSC) was established by GoUP in March 2018.

UPMSC started supplying drugs directly to health facilities from December 2018. UPMSC is also in process of establishing warehouses in each district to address the issue of shortage of storage space in facilities and is adopting the passbook model to meet the challenge of drug requirement estimation and distribution in health facilities. The system mandates UPMSC to ensure availability of all essential drugs at district warehouses at all times, while the health facility in charge shall be responsible for picking up essential drugs as per facility's requirement from the district warehouses. Notional budgets shall be allotted to each health facility by Directorate and NHM. Passbooks with entry of allocated budget as opening balance shall be issued to each facility through UPMSC on behalf of Department of Health and Family Welfare & NHM. Two copies of the passbook shall be maintained - one at UPMSC warehouse and the other at the health facility. The passbooks will get updated through Drugs and Vaccine Distribution Management System (DVDMS) with the value of drugs being issued and returned by the facility. The directorate shall allocate additional budget to facilities that may exhaust their budgets prematurely.

This system if implemented properly will go a long way in improving the health care delivery system. This will not only improve rational usage of essential drugs but will also lessen the burden of catastrophic out of pocket expenditure on the poor and vulnerable sections of society thereby improving their quality of life.

## Buddies paired to operationalize FRU's



India has witnessed decline in maternal mortality and morbidity in the last decade. The various programs and interventions initiated have contributed in improving the maternal and child health indicators. Historical evidence at the International level suggests that a package of obstetric care services provided at community level can save lives of mothers and newborns. Over

the years the facilities have been equipped with all the necessary equipment, drug kits etc. for making them fully operational. But the lack of skilled manpower, particularly Anaesthetists and Gynaecologists has been a major impediment in proper functioning of FRU's. GoI has taken an innovative initiative to address this manpower shortage, by training MBBS doctors in Emergency obstetric care (EmOC) and Life Saving Anaesthetics skills (LSAS).

But this did not suffice to make FRU's fully operational to give expected results. The obstacle was the non-availability of complementary skill sets required wherein both Gynaecologists and Anaesthetists complement each other. A solution to the challenge is a "Buddy-Buddy" system designed and introduced at CHC-FRU's by GoUP with the support of UP-TSU. The trained LSAS doctors and EmOC doctors under this system are given an opportunity to choose their "buddy" and the facility of their choice. The system allows them to be exempted from transfers and be stationed at one facility for 5 years as a pair. A pair of specialist Anaesthetics and Gynaecologists of district hospital mentors the newly paired buddies posted at FRU's to improve the confidence of LSAS & EmOC doctors to perform caesarean section.

A counseling session for identified LSAS & EmOC doctors was organized with National Health Mission (NHM) and 50 pairs were formed. Emoc trained Dr. Neelima & LSAS trained Dr. Shashikant were the first buddies who chose CHC Kalyanpur in Kanpur District. This policy initiative addresses the concerns of doctors and may pave way for more such pairs to come forward to join the team of game changers ensuring quality obstetric services for saving lives.



**“Dr. Neelima (EmOC) & Dr. Shashikant (LSAS) opt to be first buddies.”**

50 Pairs of Buddies formed

205 MBBS Doctors trained in LSAS

140 MBBS Doctors trained in EmOC

### Mentoring Ushers in Change: A story on improvement in data quality in district Kasganj

When the going gets tough, the tough get going is the mantra of Ashutosh Srivastava, District Data Manager (DDM), Kasganj. He is working in Kasganj since January 2015. Being unfamiliar with the data systems and health portals functioning in UP, words such as 'data elements,' 'formats' and 'data validation' were incomprehensible to him. Initially saddled with additional finance related work, he had difficulty in managing his work. It was then that Mr. Manish Gupta, District M&E Specialist of Kasganj TSU stepped in. Under his guidance Ashutosh got familiarized with the concepts and was gradually able to systematize the district data system. In due course, Kasganj achieved the target of 30% data elements having non-zero value and 7 out of the 8 blocks in the district have attained the target of 100% entry of 20 critical data elements.

In 2018, a new CMO was appointed in Kasganj district. The DDM, along with the DM&E, sensitized her on the importance of improving data quality in the district and the importance of conducting monthly Validation Committee Meetings (VCMs) (an initiative of TSU) to maintain the said quality. Subsequently the CMO under the aegis of VCM conducted a review on the data quality reports in district. During the audit at facilities, the data uploaded on portals was matched with the source documents such as ANC, Stocks and OPD register etc. and in case of mismatch, on site corrections were done. In order to maintain the data quality, a person was designated responsible to fill each section of the formats in HMIS/UPHMIS portal. Validation Committee Meetings are now routinely held and all data quality issues identified at the previous sessions are taken up and their resolution is assessed.



(Clockwise from left) – K.P. Singh (DCPM), Ashutosh Srivastava (DDM), Manish Gupta (DM&E Specialist, UP-TSU), Rajiv Kumar (District Specialist, Plan India), A.K. Vishwakarma (District HMIS Operator), Pawan Kumar (DPM)

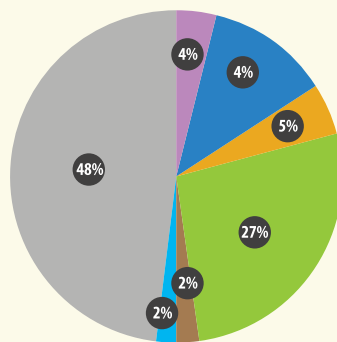
### Voice from field

**Ashutosh Srivastava (DDM):** "The guidance of DM&E Kasganj has helped me gain a better understanding of data quality parameters. His continuous support has boosted my confidence on data use and data analysis. Now I am able to help my district program nodals and block officials in Gap Analysis for their respective programmes and in preparing the Action Plan."

## Media Corner

This corner provides a quarterly gist of RMNCHA+N trends in media. It is based on the daily monitoring and analysis of media content done by Centre for Advocacy and Research. This gives us insights into the priorities of media, understand factors shaping coverage of health issues in media.

### RMNCHA+N in Media

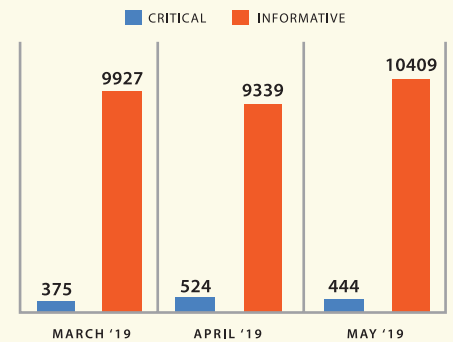


#### THEMATIC TREND; RMNCHA+N IN MEDIA (MARCH - MAY 2019)

Source - CFAR (Media monitoring)  
Total media reports - 31018

- Adolescent Health
- Child Health
- Maternal Health
- National Programmes
- Newborn Health
- Reproductive Health
- System Strengthening Services

### Pitch of RMNCHA+N Reports in Media



**Critical** - Critical news report are those which shares any mishap, death case, serious medical negligence; child death in SNCU, Maternal death in the facility during pregnancy, death due to non-availability of doctors, equipment etc.

**Informative/positive** - Informative/positive news are those informative reports which tell us about any happening; a new campaign has been launched, the government is going to start or update any facility, any training workshop happened, regular activities captured

Source - CFAR (Media monitoring)

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