



Saadhan Times

| a PSI-TCIHC Initiative |
December 2020 Edition

SAADHAN TIMES

Government of India is at the forefront in its response to fight the Corona pandemic. Be it the **'nationwide lockdown as a preventive measure'** or work diligently to develop its antidote and share it with other nations even before meeting its own needs.

Throughout this journey, we worked with the government and provided [WhatsApp based messages on COVID care](#) integrated with family planning, distributed PPE kits as a preventive measure for the health facility staff, coached community health workers on behaviour change communication on COVID care for creating awareness in the community etc. We also worked with the state government to revise Antral diwas/Fixed day static approach guidelines to reinitiate family planning services at the urban primary health centres.

The Chief Medical Officers, city governance team and facility staff with support from TCIHC lead the revival of family planning and ensured that family planning remained available to poor people especially in this time.

“ TCIHC remains committed to serving the government and urban poor population.

Mukesh Sharma, Chief of Party
TCIHC, Executive Director PSI

SPOTLIGHT

“Availability of FP services at UPHC level has not only increased the overall demand of family planning services but now clients prefer to visit UPHCs rather than Urban Community Health Centres (UHC) for services like interval IUCD and Antara, reason behind this is easy availability of quality FP services in their vicinity.”

- Dr. Rashmi, MS, UHC, Indira Nagar, Lucknow, UP

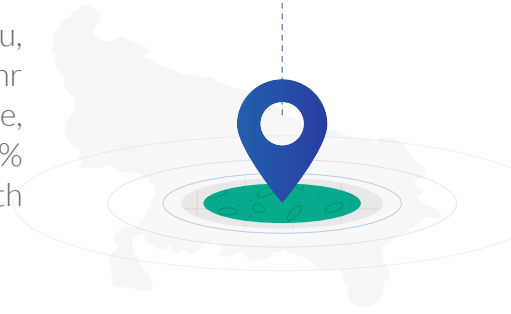
TCIHC remains thankful to the Governments of Uttar Pradesh, National Health Mission for their remarkable leadership and support to the Initiative. We are also thankful to all city level government officials including Chief Medical Officers, Nodal Officers – Family Planning and Urban Health, Divisional Program Managers, District Program Managers and Urban Health Coordinators who have given their time and energy to implement this important agenda in the cities of Uttar Pradesh. Our thanks to our donors for their continued trust and confidence in us.



National Health Mission's partnership with TCIHC benefits 70% urban poor population

After witnessing the unprecedented results in 20 TCIHC cities, an official order from the Mission Director's office released in the first week of December 2020 let five new cities benefit from TCIHC HIAs.

These new cities are - Mau, Farrukhabad, Etawah, Bulandshahr and Rampur. With this move, NHM-PSI-TCIHC now covers 70% of the urban poor population with this unique demand-driven model.



Chief Medical Officers of all these cities identified gaps and planned roll-out of high impact approaches during a 'KNOW YOUR CITY' exercise with urban health stakeholders.

MISSION PRAGATI

Assisted by TCIHC, the city governments of 20 TCIHC supported cities announced Mission Pragati, a time-bound programmatic intervention, January 2021-March 2021 to stimulate both demand and service side activities for urban family planning. It directs attention to the widened unmet need of family planning due to COVID and requires razor-sharp implementation and review of family planning interventions by

city governments without any additional package or resource.

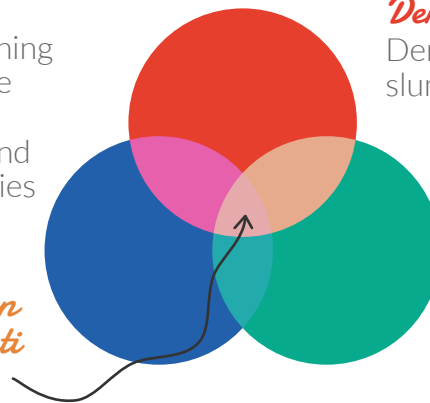
MISSION PRAGATI | JANUARY 2021-MARCH 2021

Supply
strengthening supply side efforts at facilities and communities

Demand
Demand aggregation in slums by ASHAs

Enabling Environment
regular coaching and mentoring by CMOs to their health officials

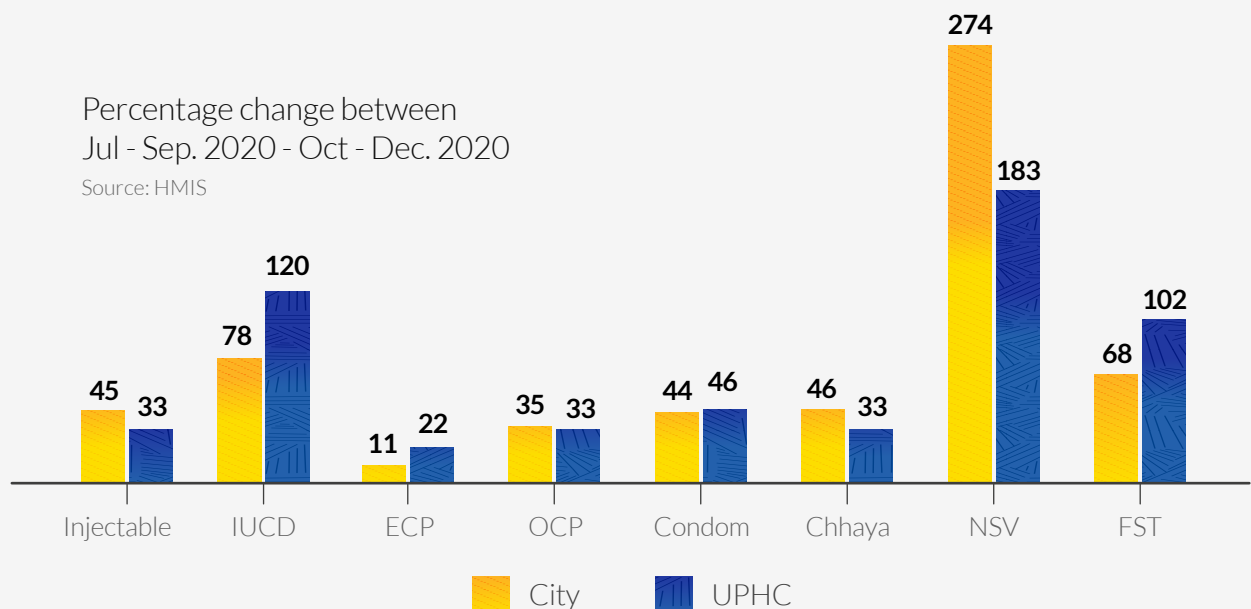
Mission Pragati



IMPROVED METHOD MIX POST LOCKDOWN TILL DEC. 2020

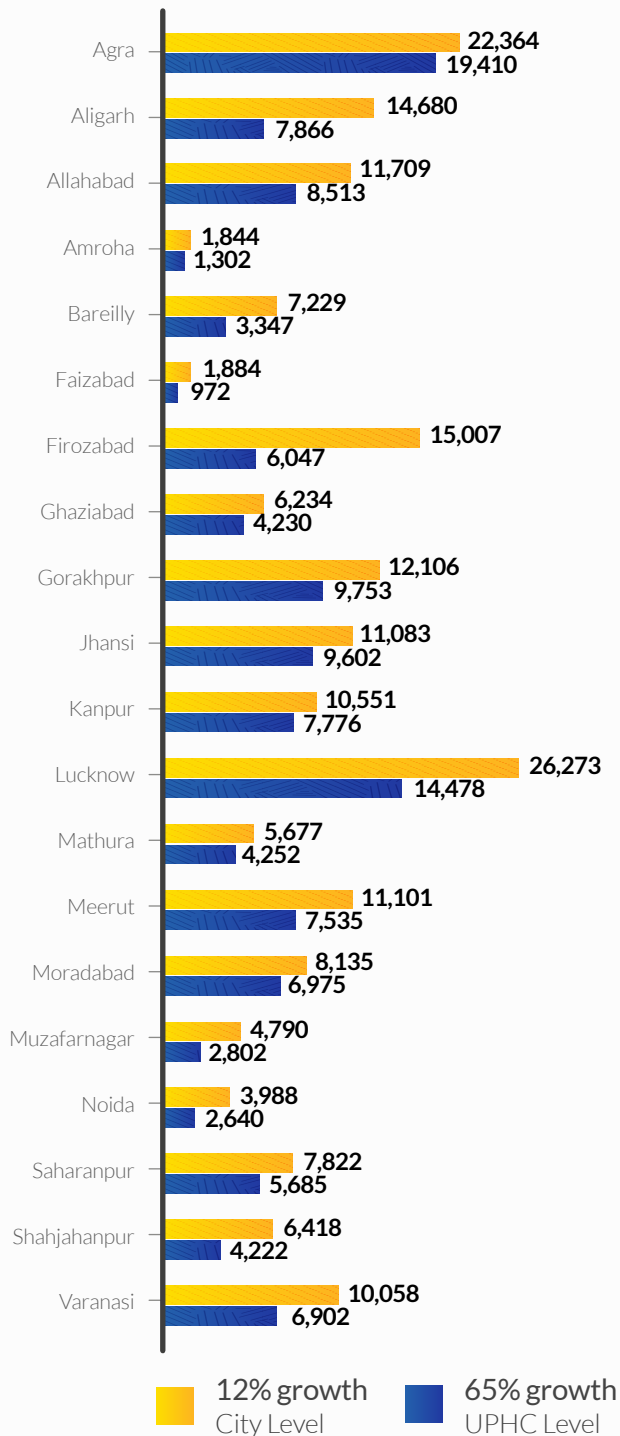
Percentage change between Jul - Sep. 2020 - Oct - Dec. 2020

Source: HMIS





ANNUAL CLIENT VOLUME DEC '19 - DEC '20



Source: Health Management Information System. To prevent overestimation of short-term methods, the HMIS data was adjusted using standard "couple-years of protection," (CYP) which is the total estimated protection provided by contraceptives in a one-year period. To account for seasonal variations, the data represents a 12-month average for short-term methods and a 12-month rolling sum for long-term.



Despite COVID, there is a remarkable progress in uptake of family planning methods, both at city and urban primary centre level. All this has been possible due to government leading the efforts of reviving family planning with the support of TCIHC. During the pandemic PSI-TCIHC ensured:

1. Continuous coaching of all cadres in the health system
2. Behavior Change Communication coaching to ASHA
3. Behavior Change Communication Campaign for Community
4. Behavior change/preventive WhatsApp messages for community health workers
5. Protective gears (mask, reusable gloves, soap and hand sanitizer) for community health workers and facility staff.
6. Coaching of ANMs through the WhatsApp platform for them to counsel adolescent youth
7. Utilization of virtual platforms for CCC meetings, whole site orientation etc.
8. Facilitated COVID-19 guidelines for facility
9. Adolescent Health Days (AHDs) to ensure adolescents can seek safe health services during the pandemic
10. Facilitated Antral diwas (fixed day static/spacing day) redirective

Turning Adolescent Friendly Health Facility Dream into Reality

With TCIHC's coaching support, Rashtirya Kishore Swasthya Karyakram (RKSK) lead the whole-site orientation of 134 UPHCs of five AY scale up cities viz. Bareilly, Shahjahanpur, Lucknow and Kanpur and Aligarh.

Additionally, the program developed a resource pool of mater coaches, which includes the medical officers, RKSK nodal officer, RKSK counsellor upskilled to build capacities among health care providers to layer on adolescent-friendly health services.

This brings PSI-TCIHC and RKSK close to meeting the dream of UPHCs become adolescent friendly.



Emerging learnings from Adolescent Youth Solutions!

'Priority strategies for Improving Contraceptive Use Among first-time parents' emerged impactful and deemed fit to be codified and released over TCI U to benefit all the cities.

The approach details 'how to implement this particular approach' in a setting and also guide roles and responsibilities at each level, and budgetary provisions available under the government's program implementation plan. The approach is available in Hindi along with a crisp Infographic.

https://tciurbanhealth.org/wp-content/uploads/2020/10/Final-draft-HIA_FTP_clean_Hindi-18-Dec.pdf





WELCOME TO TCIHC UNIVERSITY NEWS!

A virtual university that provides dynamic content and assisted coaching and guidance to scale-up family planning approaches.

This edition brings updates on learnings codified into high impact approaches and most significant change stories along with a few selected urban tales collected from 20 cities of Uttar Pradesh

Visit www.tciurbanhealth.org to know about high impact approaches that can fast track the city's plans to advance family planning solutions to meet the needs of the urban poor population.



Diffusing TCIHC's Best Practices and Learnings via FP Community of Practice Whatsapp group

FP CoP group launched in June 2020 is now a 128-member group with 83 government decision makers from 31 cities across Uttar Pradesh, Madhya Pradesh and Odisha. This learning and sharing platform is inspiring cities to adopt best practices of TCIHC and other cities.



Know your rank by visiting your profile:
<https://tciurbanhealth.org/learndash-profile/>



FIRST-HAND RECORDS

30-hour magic

Watch and learn how to train people on an innovation to rapidly scale-up quality family planning services at urban primary health centres (UPHC) via a special [Fixed Day Static \(FDS\)/Family Planning Day](#) within 30 hours.

Watch it right here:



<https://www.youtube.com/watch?v=EXOcivMFw5E&feature=youtu.be>

TCIHC features four family health care providers from its intervention cities. These people have acted as a catalyst of change and become positive voices for the family planning program. These champions include Chief Medical Officer (CMO), Auxiliary Nurse Midwife (ANM), Accredited Social Health Activist (ASHA) who play a key role in the health system and satisfied family planning client referred by PSI-TCIHC as Sarita. As a champion they utilized expertise, experience and social position to build an enabling environment for family planning services.

Read a blog on these champions-

[Supporting Community Health Workers in Becoming Family Planning Champions in India.](#)

CMO



Get Inspired from Dr Pravin Jadia, Chief Medical and Health Officer of Indore who was moved to see ailing patients that he chose to remain in his government portfolio.

ASHA



Kalpna is now confident of talking to women about all family planning methods and has successfully helped over 90 people adopt a family planning method of their choice.

ANM



Remembering her ordeal of traveling over 300km per day, Sandhya narrates her journey of becoming an ANM.

Sarita



Santoshi shares how she is leading a happy and satisfied life after becoming a voluntary user of family planning.

Other videos: [FDS](#) – an animated video preview of how to implement [fixed day static approach](#)



Watch entire gallery - TCI Video Gallery | The Challenge Initiative
tciurbanhealth.org

URBAN TALES

“Urban Tales,” cover real-life stories of health workers, women and girls benefiting from PSI-TCIHC’s work. These tales are released every month over WhatsApp followed by a detailed version on:

<https://tciurbanhealth.org/topics/india-urban-tale/>.

In this edition we bring you:

Prioritizing Health Care Workers and Client Safety in Muzaffarnagar During COVID-19



Dr. Rajeev Nigam, Nodal Officer for Family Planning & Immunization of Muzaffarnagar city in Uttar Pradesh, left early for the office one morning in Juner, 2020. On his way, he looked out at the deserted road from his car, thinking about how the COVID-19 pandemic had made life an emergency drill for medics and community health workers in his city, throughout India and around the world.

This thought left him feeling heavy but also renewed his focus and commitment to the health care staff in his city. He shared his reflections with The Challenge Initiative for Healthy Cities (TCIHC):

Brooding over these feelings and thoughts, he reached Sarwat UPHC in Muzaffarnagar city. There were no clients at that time in the morning. He felt an immediate need to motivate his staff as he felt that they must be experiencing similar feelings.

“We conducted UPHC level meeting with facility staff, Auxiliary Nurse Midwife (ANMs) and Accredited Social Health Activists (ASHAs). We told them, this is the time when the community needs us the most; we have

“

Although services had resumed at the urban primary health centres (UPHCs), the safety of the service providers, field level workers and community is still a big challenge. The situation could be overwhelming to think about but then I reminded myself that COVID-19 is a shared challenge. I’m proud that I can be of service to my community in this time of need.

to provide services to everyone by taking all safety measures.”

Dr. Nigam’s commitment to his staff’s safety and the safety of the community is commendable.

He understands the value of holding regular meetings with staff at the UPHC to truly listen and hear their concerns and encourage them to remain steadfast in adhering to the safety measures.



Going Beyond the Call of Duty to Serve Urban Poor

Dr Anshu Saxena serves as the medical officer in-charge (MOIC) at the Pala Sahibabad Urban Primary Health Center (UPHC) in Aligarh, Uttar Pradesh. She became emotional as she recalled the following story recently to the TCIHC team.

“ A poor woman named Lata had her sixth delivery – her sixth daughter. The condition of the newborn girl was critical. I asked the parents to consult a pediatrician at the earliest. But the newborn’s father refused and reluctantly replied ‘nothing happens to girl child- they don’t die so soon.’ His words sent a chill down my spine. Later, I advised the woman to adopt a family planning method but her clueless eyes said it all. It bothers me to see how some men control decision about family”.

While Dr. Anshu never learned the fate of Lata or her infant girl, their story inspired her unflinching commitment to family planning.

“Two years back, TCIHC coached our UPHC staff and Accredited Social Health Activists (ASHAs) on the high-impact approaches of family planning. I learnt and observed how **fixed day static (FDS) /Antral diwas(spacing day) services** made it easy for women to avail FP services as they were integrated with outreach services where women often visit for immunization of children. I drew motivation from the increased number of women turning out to avail FP services as I felt I am saving lives of many Lata’s! Seeing women take decision and family planning method of her choice, keeps my spirit high.

The coaching model of TCIHC inspired me further as I started coaching ASHAs on creating awareness about family planning and mobilizing the community for FDS/Antral diwas days. At a personal level, I coached ASHAs on conducting street plays on such issues. As a result, many slum women who observed street plays visited the UPHC to avail family planning services. I received appreciation and accolades from the health department and Chief Medical Officer, Aligarh. Now, the health department engages me in health awareness campaigns conducted across Aligarh.”



SPOTLIGHT

Uttar Pradesh Cities Experience Unexpected Gains by Activating the Urban Health System



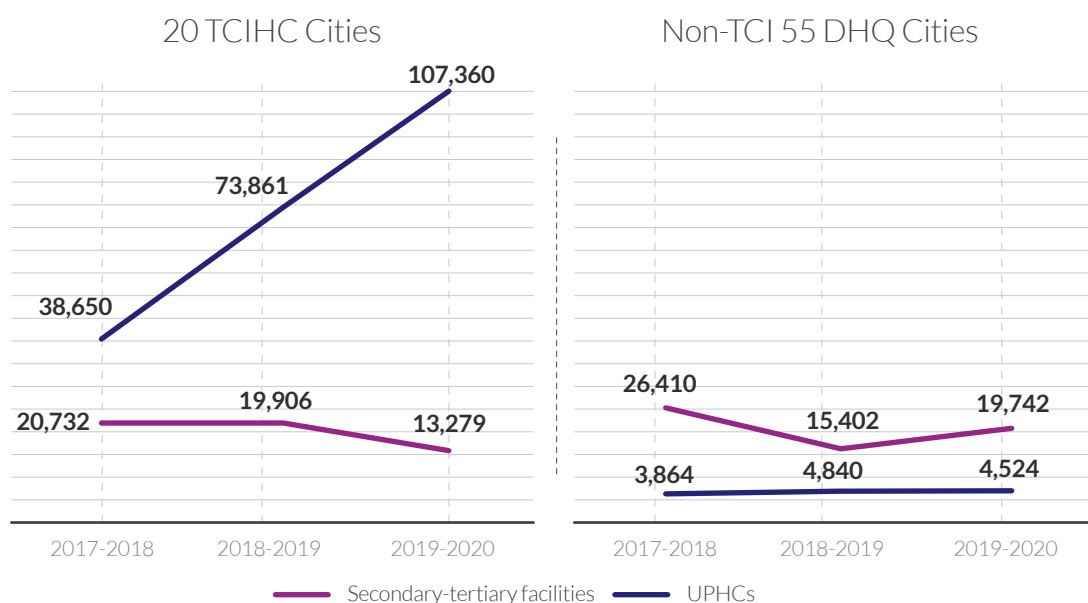
Working with the government, The Challenge Initiative for Healthy Cities (TCIHC) through its demand-driven, city-led coaching model ably equipped over 390 facilities in 20 cities of Uttar Pradesh (UP) to conduct weekly fixed day static (FDS)/Antral diwas high-impact approach, coach UPHC leadership and staff to drive these efforts, Auxilliary nurse midwife to mentor ASHAs to

prepare due-list and prioritize family planning clients and mobilize them to UPHCs for services.

These efforts not only led to increases in annual client volume and improvements in method mix but also the decongestion of district level facilities.

For the 20 TCIHC-supported cities, IUCD uptake at UPHCs increased by more than 163% from app. 38,000 in 2017-18 to over 100,000 in 2019-20, according to HMIS.

Comparison between TCIHC and non-TCIHC cities with regards to IUCD services (source: HMIS)



When demand is bifurcated at various supply delivery points, it increases optimal utilization of resources. The community opts for the services closest to their doorstep, which saves time and effort on their part and saves resources and time of

higher order facilities and decongests them and allows them to focus on complex higher order services for which they were created. Moreover, distribution of demand allows all supply delivery points to give quality services as they are

not overburdened.

The service providers are also able to take the time they need for quality counseling, which leads to improved client and provider satisfaction.

“ I am happy that I can avail family planning services of my choice from nearby Zakir colony UPHC. Because a few months back when I visited the district hospital for the same, I had to return without availing services due to high client load. Even the district hospital is quite far from my place. Now whenever I meet any woman in my area interested in family planning, I tell her about our nearby facility.”- Zahida Parveen, 24-year-old mother of three, Moradabad, UP

“I used to refer clients to district hospital for all kinds of services; mostly for delivery, female sterilization, Copper T, Antara. But, UPHCs of my area started providing many services. Due to which, I refer women to UPHCs for family planning services as well. The doctors and staff nurse at the UPHC counsel and provide suitable advice on family planning. Women who thought they wanted female sterilization but were unsure are now taking long-term spacing methods from these UPHCs. Most women choose IUCD. Before few choose Antara because we had to take them to the district hospital but now, they get this at UPHC. As a result, my time and client's time both are saved. I had to spend more money to travel to district hospital. Due to UPHCs providing family planning services, I along with my area are both benefitting.”- Indra Devi, ASHA, Kaushalya Nagar UPHC, Firozabad, UP

ADDITIONAL RESOURCES

[QA implementation guideline 2020-21:](#)

The Mission Director, National Health Mission, UP, issued Quality Assurance (QA) guideline in July 2020 for Additional Directors Medical Health and Family Welfare and CMOs of all 75 districts for improving quality parameters of District Hospitals, Community Health Centers and Primary Health Centers as per the standards defined by Government of India for achieving National Quality Assurance certification. These guidelines emphasised on regular monitoring and assessment of public health facilities.





Wall of Fame

“With the technical support of TCIHC we initiated CCC meetings in Shahjahanpur. This collaborative platform has helped NUHM department to collectively work and plan with all urban stakeholders and resolve issues pertaining to urban family planning.”

**Punish Kumar,
Urban Health Coordinator,
Shahjahanpur**

“We implemented 2BY2 matrix tool at the divisional level which has significantly contributed in strengthening the capacities of ASHAs and impacted the urban family planning program. TCIHC’s approaches are guiding family planning program in the right direction.”

**Supreme Kumar Sagar
Divisional Urban Consultant,
Aligarh**

“Over period of time my capacities and skills were enhance by TCIHC and this was the reason I was able to do my work successfully and serve people who need family planning services. I am thankful to TCIHC for providing coaching support.”

**Meena
Lady Health Visitor,
Meerut**

“Many times we came to know about issues and challenges of UPHCs through Quality Improvement (QI) committee meetings. TCIHC played a major role in institutionalization of QI committee meeting concept at the UPHC level.”

**Dr. Man Pal Singh,
Nodal NUHM,
Mathura**

“During COVID TCIHC coached us to utilize WhatsApp group for guiding MOICs to restart Antral diwas services in UPHCs. Similarly, at the state level TCIHC supported government in developing WhatsApp messages for ASHAs & ANMs to coach them on providing FP counselling and services to community by following safety measures”

**Rajeev Tyagi,
DUHC, Meerut**

“TCIHC-SIFPSA’s male engagement strategy has led to an increase in NSV uptake in Allahabad. I believe this will continue and all family planning methods will be made available to all people and certainly this will increase participation of men in family planning.”

**Dr Anil Kumar
MOIC Daraganj UPHC
Allahabad**