



# HEALTH SAMVAAD

Engage. Exchange. Empower. Enhance Health

Quarterly Newsletter

Inaugural Issue | Volume 1 | Jan - March 2026



Initiative by : Directorate of Family Welfare

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**Message**

It gives me great pleasure to extend my warm greetings to all readers on the launch of the **Quarterly Health Newsletter** of the Department of Health & Family Welfare, Government of NCT of Delhi. This is a proud and significant step towards strengthening communication, transparency, and knowledge sharing within our health system.

The health program in Delhi has achieved noteworthy progress through sustained efforts in service delivery, innovation, and community engagement. The introduction of this Newsletter provides an institutional platform to **showcase key initiatives, policy developments, and performance highlights**, while also capturing experiences from the field and perspectives from the community. Such a repository of information will not only serve as a valuable reference for policymakers and program managers but will also act as a motivation for health workers striving to deliver quality services at the last mile.

I am pleased to note that each edition of the Newsletter will be thematically curated, thereby ensuring a focused and comprehensive representation of the diverse programs and activities undertaken by the Department. This endeavour will strengthen institutional memory, foster knowledge sharing, and enhance the visibility of the Department's work in advancing public health outcomes for the citizens of Delhi.

I convey my appreciation to the Department of Health & Family Welfare for conceptualizing and implementing this important initiative and extend my best wishes to the editorial team. I am confident that the **Quarterly Health Newsletter** will evolve into a credible and enduring platform that contributes meaningfully to informed decision-making, inter-sectoral collaboration, and the continued advancement of public health in the National Capital Territory.

  
(Dr. Pankaj Kumar Singh)

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### MESSAGE

It gives me immense pleasure to present the **inaugural edition** of the **Quarterly Health Newsletter** of the Department of Health & Family Welfare, Government of NCT of Delhi. This publication marks the beginning of a sustained effort to create a structured platform for knowledge sharing, documentation of best practices, and dissemination of key policy decisions and programmatic achievements across the Delhi health system.

The **current edition** is dedicated to the theme of **Maternal Health and Family Planning**, a cornerstone of public health and a priority for ensuring the well-being of women, children, and families. The issue highlights ongoing initiatives, innovative interventions, field-level success stories, and key performance indicators from across districts and program divisions. It also captures perspectives from healthcare providers and community members, reflecting the collective commitment of our teams to improving maternal outcomes and advancing reproductive health services.

This Newsletter is envisioned not only as a means of information sharing but also as a repository of institutional memory, fostering transparency, accountability, and motivation for every health worker. I am confident that it will serve as a valuable resource for policymakers, program managers, partners, and all stakeholders engaged in strengthening Delhi's health system.

I take this opportunity to convey my appreciation to all colleagues, field teams, and contributors who have made this initiative possible. I look forward to the continued support of our staff and partners in ensuring that each quarterly edition captures the vibrancy, dedication, and innovation that define public health in Delhi.

  
(NIKHIL KUMAR)



संजीव कुमार, भा. प्र. से.  
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### Message from the Mission Director, Delhi State Health Mission

It is with great enthusiasm that I share the **first edition of the Quarterly Health Newsletter** of the Department of Health & Family Welfare, Government of NCT of Delhi. As someone closely associated with the planning, implementation, and monitoring of health programs across the state, I am delighted to see this initiative take shape as a structured platform for sharing knowledge, celebrating achievements, and documenting the invaluable efforts of our teams on the ground.

The **current edition**, focusing on **Maternal Health and Family Planning**, brings to the forefront the tireless work being done by our health workers, program managers, and partners to safeguard the health of mothers and families across Delhi. From innovative strategies to field-level success stories, the articles presented here reflect not only measurable outcomes but also the passion and commitment that drive our collective mission to ensure accessible and quality healthcare for all.

This Newsletter represents more than a communication tool—it is a space for dialogue, learning, and inspiration. To make it truly vibrant and reflective of the diverse work happening across districts and program divisions, I warmly invite **feedback, suggestions, and contributions** for upcoming editions. Your experiences, insights, and field stories will help us build a rich repository of knowledge and showcase the many facets of Delhi's dynamic health system.

I extend my sincere appreciation to the editorial team and all contributors who have worked diligently to bring this edition to life. Together, let us continue to strengthen this platform so that it evolves into a meaningful resource for staff, partners, policymakers, and the community alike.

Mission Director  
Delhi State Health Mission  
Department of Health & Family Welfare  
Government of NCT of Delhi



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एवं आयुक्त, एस.जे.ए.बी.

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### Message

It is with great pleasure and a sense of responsibility that I introduce the inaugural edition of *Health Samvad*, the quarterly newsletter of the Department of Health & Family Welfare, Government of NCT of Delhi. As we embark on this new initiative, I am both proud and excited to see how this platform will evolve into a key resource for sharing knowledge, fostering collaboration and recognizing the tireless efforts of those working at the forefront of public health in Delhi.

The theme of this first edition- *Maternal Health and Family Welfare*- reflects our ongoing commitment to enhancing the health and well-being of mothers and families in Delhi. Through the dedication of our health workers, program managers, and partners, we continue to make progress in maternal care and family planning, while addressing the challenges that remain.

*Health Samvad* is not just a newsletter, but a space for reflection, learning and collaboration. I invite everyone- health professional, policymakers, and community partners- to contribute your insights and success stories in future editions. Your contributions will enrich our collective knowledge and strengthen our shared mission to improve health outcomes for all.

Thank you to the editorial team and all contributors for bringing this first edition to life. I look forward to seeing this platform grow and become a valuable resource for our healthcare community.

  
(Dr. Vatsala Aggarwal)



**Directorate of Family Welfare  
Department of Health & Family Welfare  
Government of N.C.T. of Delhi**



## Editors Desk

We are pleased to present the first edition of *Health Samvad*, the Quarterly Health Newsletter of the Department of Health & Family Welfare, GNCT of Delhi. This initiative from the Directorate of Family Welfare, underscores our shared commitment to nurturing a culture of documentation, reflection, and continuous learning across all levels of the health system.

*Health Samvad* has been conceived as a platform that goes beyond routine reporting. By bringing together programmatic perspectives, district-level innovations, and frontline experiences, it seeks to capture the lived realities of public health practice. The inclusive approach—inviting contributions from program managers, medical officers, ANMs, ASHAs, and other field functionaries—ensures that the voices shaping this newsletter truly reflect the diversity and strength of Delhi's public health workforce.

The inaugural theme on Maternal Health and Family Planning is both timely and relevant. It highlights concerted efforts to improve maternal outcomes, promote informed reproductive choices, and strengthen service delivery across the continuum of care—areas that remain central to achieving equitable and quality health services.

We take this opportunity to express our sincere appreciation to the Hon'ble Health Minister, the Secretary (Health & Family Welfare), and the Mission Director, NHM, for their guidance and unwavering support, which have laid a strong foundation for this initiative. We also congratulate the editorial team and all contributors for their dedication in bringing out this first issue.

We wish to acknowledge & sincerely thank our erstwhile Mission Director Shri. Danish Ashraf for his timely support which helped to provide the impetus for publication of the newsletter.

We look forward to *Health Samvad* evolving into a vibrant, credible, and trusted platform—one that informs practice, encourages dialogue, and inspires continuous improvement in public health across Delhi.

(Dr.A.G. Radhika)

(Dr. Amita Raoot)

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**Quarterly Newsletter**

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"Health Samvaad is a quarterly publication that highlights health initiatives, achievements and community stories, fostering transparency, knowledge sharing, and stronger engagement through active participation and awareness for a healthier & better life across Delhi."



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#### Disclaimer:

This newsletter is an academic and knowledge-sharing initiative. Opinions expressed are those of individual contributors and do not necessarily reflect the views of the Government or the Department of Health & Family Welfare. The editors disclaim responsibility for any unintended inaccuracies or plagiarism

### Fourth Trimester of Pregnancy

**Dr. Chhavi Gupta\***

**Dr. A. G. Radhika\*\***

\*Program Officer– Maternal Health, DFW

\*\*Director, Directorate of Family Welfare, GNCTD



#### Definition

The fourth trimester refers to the first 12 weeks after childbirth—a critical phase for both mother and new-born.

#### Introduction

This period bridges pregnancy and parenthood, encompassing maternal recovery and adaptation to new roles while the baby transitions to life outside the womb. Despite its importance, maternal well-being during this stage is often overlooked[1,3].

#### Physical Recovery

Postnatal guidelines from the Ministry of Health and Indian Medical Council emphasize monitoring mothers for complications such as haemorrhage, infections and issues related to caesarean or vaginal births. Uterine involution, bleeding management and early detection of hypertensive or thromboembolic events are vital. Health workers (ANM, ASHA) must follow protocol-driven care and ensure timely referrals for high-risk cases [1].

#### Emotional and Psychological Adjustment

Mood changes are common with many women experiencing “baby blues.” A smaller percentage develops postpartum depression or anxiety, requiring early identification and counselling. Indian guidelines recommend regular screening, family involvement and referral for specialized support when needed [1,3].

## **Nutritional Needs**

The Indian Council of Medical Research (ICMR) advises lactating mothers to consume ~2,500 kcal and 74g protein daily in the first six months. Adequate calcium and iron supplementation safeguard maternal health and improve breast milk quality. Nutrition counselling is embedded in postnatal care [1,2].

## **Breastfeeding**

Immediate skin-to-skin contact and initiation of breastfeeding within the first hour (“breast crawl”) are strongly recommended. Exclusive breastfeeding for six months is promoted with support for latch positioning and management of nipple pain or engorgement. Nursing staff and ASHAs provide counselling and follow-up [1,3].

## **New-born Care**

Neonates require warmth, hygiene and exclusive breastfeeding with colostrum for immunity. Monitoring for jaundice, infection and timely immunization are priorities. Community health workers extend essential home based care to rural and urban families [1,3].

## **Family Planning**

The fourth trimester is an opportune time for counselling on contraception and birth spacing. Couples should receive information before discharge and during follow-ups to reduce risks associated with short inter-pregnancy intervals [1,3].

## **Complications and Red Flags**

Healthcare workers must monitor for haemorrhage, sepsis, thromboembolic disorders, mood disturbances, feeding difficulties, and poor infant growth. Warning signs include excessive bleeding, persistent fever, severe pain, or disorientation [1].

## **Follow-Up Visits**

National guidelines recommend at least two structured postnatal visits: within 48 hours and again by day 7–14, with additional visits for high-risk cases. ASHA workers ensure compliance and facilitate referrals[1].



## Education and Empowerment

Counselling covers nutrition, hygiene, breastfeeding, mental health, and family planning. Special attention is given to mothers with pre-existing conditions, multiple births or social vulnerabilities. Communication in local languages enhances effectiveness [1,3].

## Challenges and Improvements

Despite guidelines, many women lack adequate postnatal care due to distance, awareness gaps or shortage of skilled providers. Strengthening infrastructure, workforce, and community engagement is crucial. Telemedicine and platforms like Kilkari are emerging solutions [1].

## Research and Policy Studies

These highlight empowerment-based approaches to improve maternal and infant outcomes. Training for frontline workers is updated regularly. Government schemes such as PMSMA, OPNC and JSSK aim to reduce out-of-pocket expenses, ensure food security and provide free diagnostics and transport extending support into the fourth trimester [1,3].

## Conclusion

The fourth trimester is a cornerstone of maternal and infant health deserving equal attention as pregnancy. Adherence to national protocols ensures safe recovery, successful lactation and healthy family foundations. Bridging gaps in access, education and support remains vital for improving outcomes across India.

## References:

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## Feature Article

### Optimizing Digital Maternal Health Communication in Delhi: Strengthening Kilkari Listenership

**Dr. Amita Raoot\***

**Dr. Jyoti Sachdeva\*\***

**Ms. Parna Chakraborty\*\*\***



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#### Background

Ensuring continuity of care during pregnancy and postnatal periods is central to improving maternal and newborn health outcomes. Behaviour Change Communication (BCC) interventions strengthen awareness, self-care, and adherence to recommended health practices, especially where literacy, access, or social norms hinder healthcare-seeking behaviour. Mobile-based messaging platforms have demonstrated effectiveness in increasing maternal knowledge, improving antenatal adherence, supporting breastfeeding practices, and reducing preventable complications when combined with frontline health worker reinforcement.[1-3,5]

**Kilkari** (a baby's gurgle or joyful shriek) is an outbound service that delivers weekly, time- appropriate audio messages about pregnancy, childbirth, and childcare directly to families' mobile phones. It covers the critical time period when most deaths occur i.e. from the second trimester of pregnancy until the child is one year old (72 weeks).It delivers one pre-recorded message per week directly to the mobile phones of pregnant women and mothers with children under the age of one year and is integrated with MOHFW's centralized Reproductive Child Health (RCH) portal - the only source of information for this service.[4]



Despite its potential, Delhi initially faced suboptimal utilization patterns marked by poor listenership, high wrong-number entries, and limited awareness among beneficiaries and health workers.

## Objectives

The intervention aimed to strengthen Kilkari uptake and listenership with the following objectives:

1. Promote self-care & health ownership among pregnant & lactating mothers.
2. Improve accuracy of beneficiary contact information through enhanced RCH portal data quality.
3. Enable frontline workers to integrate Kilkari into routine maternal health counselling.
4. Institutionalize review and monitoring systems to track improvements and remedial actions.

## Key Strategies to optimize utilization of Kilkari IVR

### 1. IEC Dissemination for Mass Awareness

- **Structured IEC initiatives**—including posters, digital promotion through audio visual aids, incorporation of Kilkari logo on MCP cards, pasting of Kilkari Sticker with toll free number (14423) in the mobile phones of pregnant and lactating mothers, sticker pasting in OPD slips
- **Integration in mass campaigns** (such as World Population Day, Safe Motherhood Day etc.) helped normalize Kilkari as a maternal care tool rather than an optional feature.
- **Social media engagement** further amplified awareness through short videos, beneficiary experience clips, and ASHA-oriented messages available on YouTube.



Stamping of Kilkari Numbers on OPD Slips- An Initiative East District



MCP Card with Kilkari Logo and Numbers- A State Initiative



Pen Stand with Kilkari Logo- An Initiative South East District

## 2. Capacity Building and Handholding of Frontline Workers

Frontline workers play a pivotal role in bridging technological tools with beneficiary behaviour. Training sessions were focused on:

- The purpose and function of Kilkari
- Data entry accuracy and completeness
- Explaining to beneficiaries how, when, and why to listen
- Reinforcing message content during home visits



Training of ANMs and ASHAs on Kilkari Program and Improvement of RCH Data Quality

Monthly feedback cycles helped maintain accountability and motivation among ANMs and ASHAs.

## 3. Advisory Systems and Data Quality Improvement

Frequent advisories were issued from the state to the district level, led to reduction in **wrong mobile number entry—from 23% (Oct 2023) to <10% by May 2025**, improving program coverage and reliability.

## 4. Review, Reflection, and Action Meetings

Regular review platforms engaged district officers, facility in-charges, program managers, and partner agencies to interpret data trends, identify performance bottlenecks, and implement district-specific strategies for better accountability loop to strengthen consistency, momentum, and program visibility.

## 5. Beneficiary Interaction and Feedback Mechanism

Direct interactions allowed program teams to evaluate following so that insights could be fed back into planning and ASHA counselling.

- Whether beneficiaries recognized Kilkari calls
- Which messages felt useful

- What barriers prevented full listening
- Whether families supported message use

## 6. Convergence with ICDS

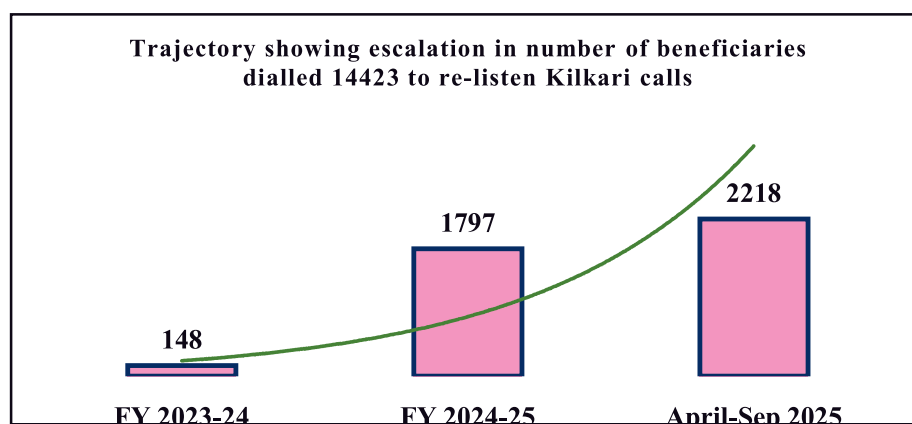
Recognizing shared goals of maternal nutrition, early child development, and safe motherhood, convergence with ICDS allowed Kilkari messaging to become part of routine Anganwadi outreach, Poshan Month campaigns, and supervisory reviews.

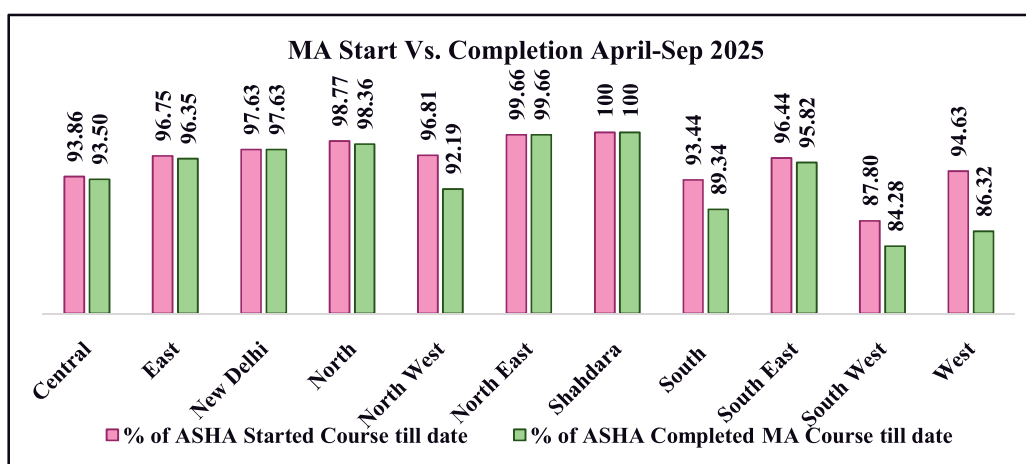
## Results

The intervention demonstrated measurable improvements in the reporting period:

Indicator	FY 2023–24	FY 2024–25
Listenership (>50% call heard)	32%	37%
Beneficiaries calling back inbox number	148	1797
Wrong mobile entry	23%	<10%
Completion of ANC and PNC message series	Improved across all districts	Improved further, with full-series listenership increasing

Notably, increased dial-back activity reflected a shift towards self-initiated engagement suggesting movement from passive listening to active learning.[6]





*Data Source: KMA MIS Portal, MOHFW*

### Discussion and update

The Delhi experience reinforces evidence that digital maternal messaging systems require strong backend data integrity, supportive community systems, workforce alignment and follow-up mechanisms.

Kilkari effectiveness improves when combined with personal counselling rather than functioning as an isolated digital service. The shift from passive receipt to active engagement suggests a behavioural transition—one that strengthens maternal self-efficacy and supports stronger RMNCH+A outcomes.

**Revised Kilkari launch (18 Nov 2025):** MOHFW introduced 18 monthly IVRS calls, replacing the earlier 72 weekly calls, with updated content.

### Expected benefits:

- Improved accuracy of beneficiary contact details through strengthened RCH portal data quality
- Enhanced self-care and health ownership among pregnant and lactating women
- Better integration of Kilkari into routine reproductive health counselling by frontline workers
- Strengthened review and monitoring systems for timely corrective actions



## Conclusion

Delhi's experience demonstrates that strengthening digital maternal health platforms like Kilkari requires a systemic, multi-layered approach that blends technology, data quality, community engagement, and program stewardship. The measurable improvement in listenership and digital engagement reflects a growing acceptance of maternal self-care technologies and highlights the potential for digital health to complement traditional service delivery.

Continued reinforcement, accountability loops, stakeholder convergence, and beneficiary-centred refinement will be essential for sustaining progress and scaling further improvement.

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## Feature Article

### Journey of Newest Contraceptives in Delhi

**Dr. Indrani Laskar Sharma\***

**Dr. Minal Shukla\*\***

**Dr. Jyoti Sachdeva\*\*\***



\*Programme Officer – Family Planning

\*\*WHO Consultant (FP & MH)

\*\*\*State Programme Officer – Maternal Health & Family Planning Directorate of Family Welfare, GNCTD

#### Under the National Family Planning Programme (NFPP)

India's family planning basket expanded significantly in 2023 with the introduction of two modern contraceptive options—Subdermal Implant (SDI) and Subcutaneous Depot Medroxyprogesterone Acetate (SC-MPA). Evidence suggests that the addition of new methods can increase modern contraceptive prevalence (mCPR) by 3–4%, thereby strengthening the method mix and advancing reproductive choice and autonomy among women.[1,2] Delhi has emerged as one of the leading implementation states under the NFPP, demonstrating structured rollout, capacity building, and promising early performance indicators.

#### A. Subdermal Implant (SDI): A Long-Acting Reversible Contraceptive

The single-rod Subdermal Implant was introduced by MoHFW in 2023 as a highly effective Long-Acting Reversible Contraceptive (LARC) with 99.9% efficacy.[3] Delhi was among 10 early-implementation states selected to operationalize service delivery, training, follow-up, and monitoring. This single hormonal rod is inserted sub-dermally in the upper arm, ensures reliable long-term contraception & offers rapid return to fertility after removal.

### **Mechanism of Action of SDI [3]**

- Preventing release of eggs from the ovary (inhibiting Ovulation)
- Thickening of cervical mucus preventing entry of sperms
- Endometrial thinning making it unfavorable for implantation of fertilized ovum

### **WHO Medical Eligibility Criteria (MEC) Wheel- India 2022[3]**

Though Implant can be safely placed in most of the physiological and medical condition (Category 1 and 2) there are some conditions where this method is usually not recommended (Cirrhosis, breast cancer etc)

### **Technique of Insertion [3]**

SDI insertion is a minor procedure performed by a skilled provider in an OPD or Minor surgery room. Local anaesthesia is applied on the medial aspect of the selected arm (Non dominant), Implant is inserted by holding the applicator and removing needle shield. Full length of needle is slid which leaves the rod in the final Subdermal position. It is then covered with sterile gauze and then apply pressure bandage around the arm.

### **Time of insertion**

#### **Post-partum:**

- It can be inserted before hospital discharge regardless of breast-feeding status or can be inserted less than 4 weeks after birth.

#### **Interval:**

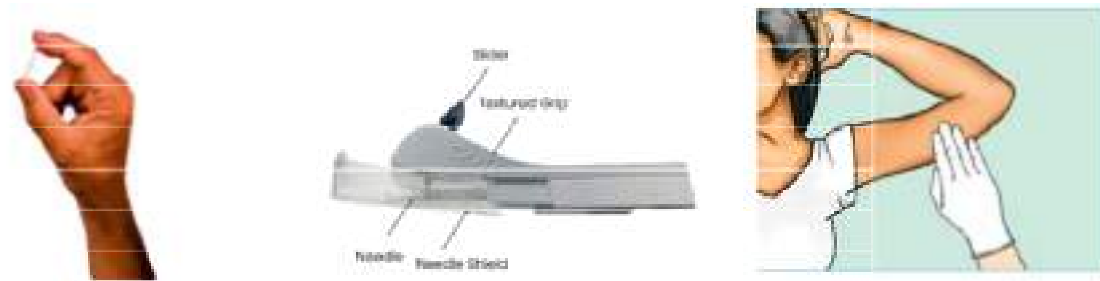
- Any time during menstrual cycle, first 5 days of menstrual cycle no backup needed & any other time in the cycle a backup method like condom for the first 7 days.

#### **Post-abortion:**

- After miscarriage or abortion- Immediately or within 7 days
- After medical abortion- On third day of medical abortion.

### Contraindications [4]

- Pregnancy
- Have or have a history of a blood clot
- Have liver disease or a liver tumor
- Have unexplained vaginal bleeding
- Have or have a history of breast cancer or any other cancer that is sensitive to progestin



**How the implant, loaded inserter looks and where it is inserted**

### Removal

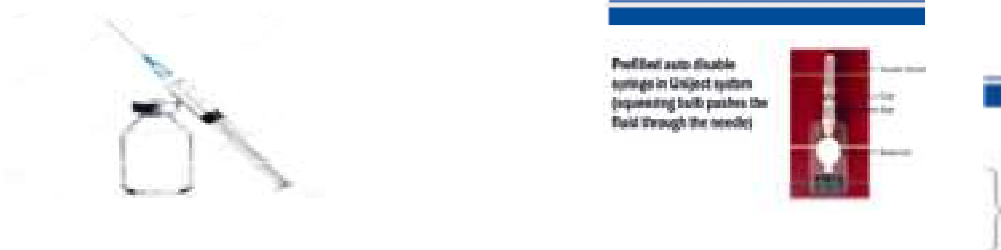
A woman can have SDI removed at any time and for any reason. It usually takes 5-10 minutes.

### Indications [3]:

- Once the 3 years duration is over
- Wants to have a baby
- Has problem with the method that worry her
- Medical conditions like excessive bleeding, headache etc.

### B. Subcutaneous DMPA (SC-MPA): A User-friendly Injectable Choice

Introduced in Delhi parallel to SDI in 2023, SC-MPA enhances access to contraceptive injectables under the national Antara Programme.[6] Compared to the intramuscular form (IM-MPA), the SC formulation is prefilled, subcutaneous, easier to administer, and implementation-friendly.





### Mechanism of Action (common to IM-MPA and SC-MPA)

- Inhibition of ovulation
- Thickening of cervical mucus
- Endometrial thinning

Protection provided by each Injection is for 3 months, with a 4-month grace period

-Again like IM-MPA).

### Key Differences: IM-MPA vs SC-MPA[5]

Feature	IM-MPA	SC-MPA
Packaging	Vial + syringe	Prefilled Uniject auto-disable syringe
Dose	150 mg/1 ml	104 mg/0.65 ml
Duration	3 months	3 months
Ease of Use	Requires mixing	Ready-to-use

Roll out in India (Gol DO letter dated DO.No.N 11027/11/2022-FP dated 01.03.2023)



#### India Roll out-SDI and SC MPA-Ten States representing different regions of India:

- North-Uttar Pradesh, Bihar
- South-Karnataka, Tamil Nadu
- East- Odisha, West Bengal
- North East-Assam
- West- Gujarat, Rajasthan
- Urban perspective -Delhi

## Phasic Roll out in Delhi

### Phase I (2023)



### Phase II& III 2024-ongoing)

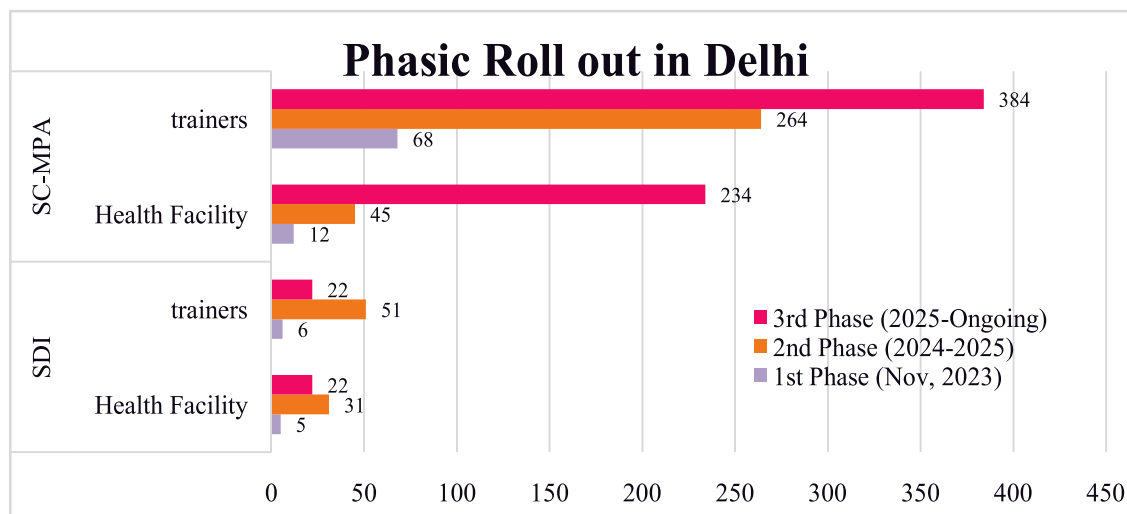


### Performance Highlights [4]

- ~5000 insertions across 36 public health facilities
- Only 98 removals (2.03%)
- High client satisfaction measured via onsite assessment and tele-follow-up
- No documented implant failure in Delhi
- Strong alignment with FP2030 goals, supported through WHO technical collaboration

## SDI & SC-MPA Rollout in Delhi

Method	1st Phase (Nov, 2023)	2nd Phase (2024-2025)	3rd Phase (2025-Ongoing)
<b>SDI</b>	5 Medical Colleges Across South, New Delhi & Shahadara Districts  6 Master Trainers Trained	31 Facilities (Medical Colleges/District Hospitals/Sub-District Hospitals) Across All 11 Districts  51 Service Providers Trained	22 Smaller Delivery Points Including 18 Maternity Homes And 3 Sub District Hospitals.  22 Service Providers Trained
<b>SC-MPA</b>	12 Facilities Across North West, South West & Central Districts\ 68 Service Providers Trained	45 Facilities Across All 11 Districts  264 Service Providers Trained	234 Facilities Across All 11 Districts  384 Service Providers Trained
<b>Source: State Report</b>			



## Conclusion

The introduction of SDI and SC-MPA marks a significant milestone in strengthening contraceptive choice and accessibility under NFPP. Delhi’s phased approach—grounded in training, infrastructure expansion, and monitoring—has generated early success and strong acceptability among beneficiaries. The continued scale-up is expected to contribute meaningfully to India’s FP2030 commitments, improve method mix equity, and ensure women-centered family planning services.

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## Feature Article

### Delhi's Community, Driven Push for TB-Free Families Swasth Nari, Sashakt Parivar

**Dr. Nilesh Saini\***

\*State Program Officer, NTEP  
Delhi State Health Mission (DSHM), GNCTD



Tuberculosis continues to be one of the most pressing public health concerns in India, especially in metropolitan cities like Delhi where almost 40% of the population carries TB infection. Women, particularly those who are pregnant or of reproductive age, remain disproportionately vulnerable due to higher risk of anaemia, malnutrition, and social barriers that delay care-seeking.

Recognizing this gap, NTEP Delhi undertook a comprehensive community-driven campaign “Swasth Nari, Sashakt Parivar Abhiyan”—from 17<sup>th</sup> September to 2<sup>nd</sup> October 2025, focusing on strengthening TB screening, awareness, and community participation.

The **challenge was clear**: despite robust NTEP guidelines recommending routine TB screening of pregnant women during ANC visits and through Active Case Finding (ACF), many women remained unreached due to stigma, lack of awareness, or limited access. To bridge this gap, Delhi planned a multi-platform, inclusive strategy leveraging health systems, communities, and citizen volunteers.

Health camps were organized across Ayushman Aarogya Mandirs, dispensaries, and hospitals, ensuring easy and stigma-free access. Vulnerable women and children were screened for TB using symptom screening, chest X-ray—even for asymptomatic individuals—and NAAT testing when required.

Distribution of Ni-Kshay Poshan Kits ensured immediate nutrition support for those screened or diagnosed. Dedicated counters enabled on-the-spot enrollment of Ni-Kshay Mitras, now with added flexibility to provide psychosocial or other forms of support, thanks to updates on the Ni-

Kshay Portal. Categories were expanded to include MY Bharat and NSS volunteers, further strengthening youth engagement.

A strong Jan Bhagidari (community participation) approach shaped the campaign's success. Elected representatives, SHGs, corporates, private hospitals, Ni-Kshay Mitras, TB Vijetas, and local influencers actively participated. Activities such as nukkad natak, exhibitions, miking, posters, and TB pledge ceremonies mobilized communities before and during the event. Daily ACSM reporting and 100% Ni-Kshay entry ensured transparency and real-time monitoring.

A significant milestone of the campaign was the Swasth Nari Sashakt Parivar Lokarpan Samaroh on 25<sup>th</sup> September 2025, inaugurated by Hon'ble Chief Minister Smt. Rekha Gupta and Hon'ble Health Minister Sh.Pankaj Singh. They unveiled the QR code for Ni-Kshay Mitra registration and inaugurated Patho detect machines and hand-held X-ray devices, marking a leap forward in Delhi's diagnostic capacity.



Earlier in March 2025, Delhi received the Jan Bhagidari Award on World TB Day from Union Health Minister Sh. J.P. Nadda, reaffirming the city's commitment to a TB-free future.



This initiative demonstrates how strengthened community engagement, integrated screening, and technology-driven innovations can help identify hidden cases and ensure early, patient-centric care. The model is replicable and can guide other states in intensifying TB elimination efforts through inclusive public participation.

#### Key Takeaway/Message

**When communities, health systems and technology come together, the path to a TB-Mukt Bharat becomes not just possible—but unstoppable.**

## Feature Article

### From Compliance to Culture Establishing a QA Ecosystem in Delhi

**Dr. Devender Yadav\***

\* State Programme Officer, QA Cell  
Delhi State Health Mission (DSHM), GNCTD



Quality in healthcare is not limited to meeting prescribed standards or completing checklists for certification. It is about building systems, shaping attitudes, and nurturing a culture where every healthcare worker understands that quality is central to patient care. Over the last one year, Delhi has witnessed a significant shift in its approach to quality assurance—from a compliance-driven model to a culture-driven ecosystem. This transformation has been guided by the principles of the National Quality Assurance Programme (NQAP) and contextualized to meet the unique needs of Delhi's public health system.

As the State Programme Officer for Quality Assurance, Delhi State Health Mission (DSHM), Government of NCT of Delhi, the journey over the past year has been both challenging and rewarding. It has required coordinated planning, sustained capacity building, robust monitoring mechanisms and most importantly, commitment from healthcare personnel at all levels. This article outlines the key initiatives undertaken to strengthen the quality assurance framework in Delhi and reflects on how these efforts are gradually embedding a culture of quality across health facilities.

#### Understanding the Shift: From Compliance to Culture

Traditionally, quality assurance in healthcare has often been perceived as an external requirement—something that needs to be demonstrated during assessments to obtain certifications such as National Quality Assurance Standards (NQAS). While certification remains an important milestone, the real objective of the quality assurance programme is to ensure consistent, patient-centered, safe, and effective healthcare services.



In Delhi, the focus over the last year has been on shifting this perception. Quality is no longer viewed as the responsibility of a few designated officers or committees, but as a shared responsibility of every healthcare worker—from senior administrators and doctors to nurses, paramedical staff, and support services. This cultural shift has been the cornerstone of all quality-related interventions.

### **Strengthening Organizational Structures for Quality**

One of the first and most critical steps taken by the State Quality Assurance Unit (SQAU) was the establishment and strengthening of organizational structures for quality assurance across all levels, strictly in line with NQAP guidelines. A functional quality assurance framework was developed at the state, district, and facility levels to ensure clarity of roles and accountability.

State Quality Assurance Unit (SQAU) was strengthened to provide strategic leadership, technical guidance, and oversight. District Quality Assurance Units (DQAUs) were established and activated in all districts to ensure decentralized implementation and regular monitoring of health facilities. At the facility level, Quality Teams and Quality Circles were constituted in hospitals, and Urban Primary Health Centres (UPHCs).

This structured approach ensured that quality assurance was not limited to periodic assessments but became an integral part of routine management and service delivery. Clearly defined reporting mechanisms and regular communication between state, district, and facility levels helped in early identification of gaps and timely corrective actions.



## Capacity Building: Training Healthcare Personnel at All Levels

Capacity building has been one of the most impactful pillars of Delhi's quality journey. Recognizing that quality standards can only be achieved and sustained when healthcare personnel are well-informed and motivated, extensive training initiatives were undertaken across the state.



Intensive training programmes on the National Quality Assurance Programme were conducted at multiple levels-state, district, hospital, and UPHC level. These trainings covered not only the technical aspects of NQAS standards but also focused on quality improvement tools, patient safety, infection prevention and control, documentation practices, and patient-centered care.

Special emphasis was placed on sensitizing healthcare workers to the philosophy of quality rather than treating standards as rigid requirements. As a result, healthcare personnel began to understand how quality improvement directly impacts patient outcomes and workplace efficiency.

## Developing a Structured Patient Satisfaction Survey System

Patient feedback is a critical component of any quality assurance system. To systematically capture the voice of patients availing healthcare services in Delhi, a structured Patient Satisfaction Survey (PSS) mechanism was developed and implemented.

A QR-based patient satisfaction survey was introduced across health facilities, enabling patients to provide feedback easily using their mobile phones. This digital approach ensured anonymity,

ease of access, and real-time data collection. The survey data can be accessed at the facility, district, and state levels, allowing for transparent review and data-driven decision-making.



Sl. No.	District	Hospital Name	Total QAU Feedbacks	Total QAU Feedbacks	Total QAU Feedbacks	Average QAU Feedbacks
1	BELGAUM	Government Hospital	100	100	100	100
2	BELGAUM	Government Hospital	100	100	100	100
3	BELGAUM	Government Hospital	100	100	100	100
4	BELGAUM	Government Hospital	100	100	100	100
5	BELGAUM	Government Hospital	100	100	100	100
6	BELGAUM	Government Hospital	100	100	100	100
7	BELGAUM	Government Hospital	100	100	100	100
8	BELGAUM	Government Hospital	100	100	100	100
9	BELGAUM	Government Hospital	100	100	100	100
10	BELGAUM	Government Hospital	100	100	100	100
11	BELGAUM	Government Hospital	100	100	100	100
12	BELGAUM	Government Hospital	100	100	100	100
13	BELGAUM	Government Hospital	100	100	100	100
14	BELGAUM	Government Hospital	100	100	100	100
15	BELGAUM	Government Hospital	100	100	100	100
16	BELGAUM	Government Hospital	100	100	100	100
17	BELGAUM	Government Hospital	100	100	100	100
18	BELGAUM	Government Hospital	100	100	100	100
19	BELGAUM	Government Hospital	100	100	100	100
20	BELGAUM	Government Hospital	100	100	100	100

The introduction of this system has helped shift the focus towards patient experience, which is a core principle of NQAP. Facilities are now able to identify specific areas of concern—such as waiting time, staff behavior, cleanliness, or availability of services—and initiate targeted improvements. Over time, patient feedback has become an important input for quality review meetings and action plans.

## Regular Reviews and Supportive Supervision by DQAUs

To ensure sustained implementation of quality initiatives, District Quality Assurance Units were entrusted with the responsibility of conducting regular reviews of health facilities. These reviews are not merely inspection-oriented but are designed to be supportive and problem-solving in nature.

DQAUs conduct periodic internal assessments, review key quality indicators, monitor action taken reports, and provide on-site guidance to facilities. This decentralized and continuous engagement has helped bridge the gap between policy and practice. Facilities now receive timely support, and challenges are addressed before they become systemic issues.

## Assigning Mentors to Fast-Track Certification

Recognizing that certain districts and hospitals required additional handholding to achieve NQAS certification, a mentorship model was introduced. Experienced mentors were assigned to

all 11 districts in Delhi and 12 Delhi Government hospitals that had not achieved certification till date.

These mentors played a crucial role in guiding facilities through the certification process. They assisted in gap analysis, preparation of action plans, staff sensitization, documentation strengthening, and mock assessments. The mentorship approach helped build confidence among facility teams and accelerated the pace of quality improvement.



This targeted support mechanism proved to be a game changer, especially for larger hospitals and high-footfall facilities where implementing quality standards can be complex.

### State-Level Reviews and Continuous Engagement

In addition to district-level activities, regular trainings and review meetings were conducted at the state level. These platforms provided opportunities for experience sharing, cross-learning, and recognition of good practices. Facilities and districts that demonstrated exemplary performance were acknowledged, which further motivated teams to invest in quality initiatives.





Continuous engagement reinforced the message that quality assurance is a priority agenda for the health system in Delhi.

**Achievements and Impact**

The combined impact of these structured and sustained efforts has been significant. Over the last one year, 74 health facilities in Delhi have been successfully cumulatively certified under the National Quality Assurance Programme. More importantly, there has been a visible change in the attitude of healthcare personnel towards quality healthcare service delivery.



Quality is increasingly being seen not as an additional task, but as an essential part of daily work. Documentation practices have improved, patient safety measures are being followed more rigorously, and teamwork across departments has strengthened. Facilities that were already certified are now focusing on sustaining quality through continuous improvement rather than merely maintaining certification status.

**Towards a Sustainable Culture of Quality**

Perhaps the most important outcome of these initiatives is the gradual establishment of a culture of quality within health facilities. A culture where staff believe in the importance of



quality, take ownership of processes, and strive to deliver safe, respectful, and patient-centered care to all.



Sustaining this culture will require continued leadership support, ongoing capacity building, regular monitoring, and active patient engagement. However, the foundation laid over the past year provides confidence that Delhi's public health system is moving in the right direction.

## Conclusion

The journey from compliance to culture is not achieved overnight. It requires vision, persistence, and collective effort. Delhi's experience over the last year demonstrates that when quality assurance is approached as a system-wide responsibility rather than a certification exercise, meaningful and sustainable change is possible.

Guided by the principles of the National Quality Assurance Programme, and driven by committed leadership and motivated healthcare personnel, Delhi is steadily building a robust quality assurance ecosystem. This ecosystem not only improves service delivery but also restores trust and confidence among patients. Ultimately, the goal is clear—to ensure that every patient who walks into a public health facility in Delhi receives quality care with dignity, safety, and compassion.

## Spotlight of the Quarter

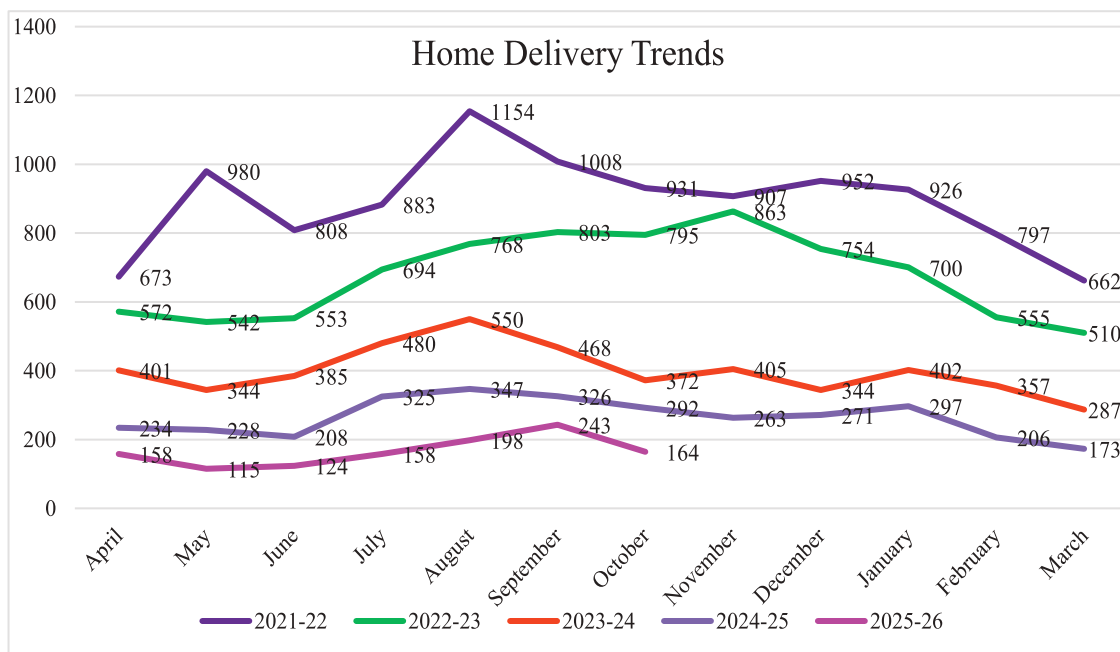
### Maternal Health

Delhi continues to deliver comprehensive RMNCAH+N services with an emphasis on improving maternal care outcomes through strengthened facility readiness, community engagement, and coordinated service delivery. Focused strategies have contributed to improved institutional deliveries, antenatal care access, anaemia reduction efforts, and maternal mortality reduction across districts.

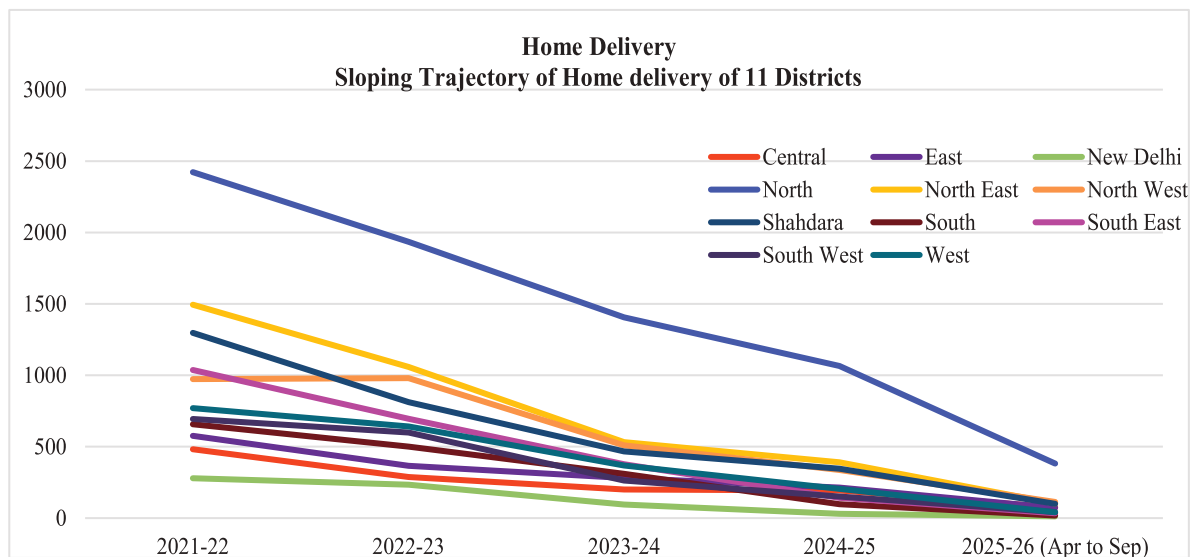
#### Key Maternal Health Interventions undertaken and achievements

- **Shift from Home to Institutional Deliveries:**

Targeted efforts through ASHA support, home delivery audits, referral linkages along with strengthening CATS transport support, helpdesks, and community platforms such as *Garbhini Parivar Sammelan* and *Saas-Bahu Sammelans* have significantly increased institutional deliveries, reflecting enhanced trust in facility-based care. Workshops on respectful maternity care also contributed immensely in improving client experience and bent towards institutional deliveries.



The dropping trends across months were achieved by corresponding drop in home delivery counts in each district as can be seen in the graph below:



- **Improved ANC Service Utilization:**

Almost entire cohort of pregnant women(86% as per HMIS) now completes minimum four ANC visits enabling timely detection and management of anaemia and other high-risk pregnancies.

- **High-Risk Pregnancy Identification and Follow-up:**

Standardized tracking mechanisms and strengthened continuity of care have improved monitoring and management pathways for high-risk cases. The Directorate is planning to initiate a collaborated program “Integrated high risk pregnancy tracking and management”

- **Infrastructure and Service Strengthening:**

Enhanced respectful maternity care practices and eestablishment of dedicated postnatal clinics have elevated both quality and experience of maternal care services.

- **Pink Delhi Initiative:**

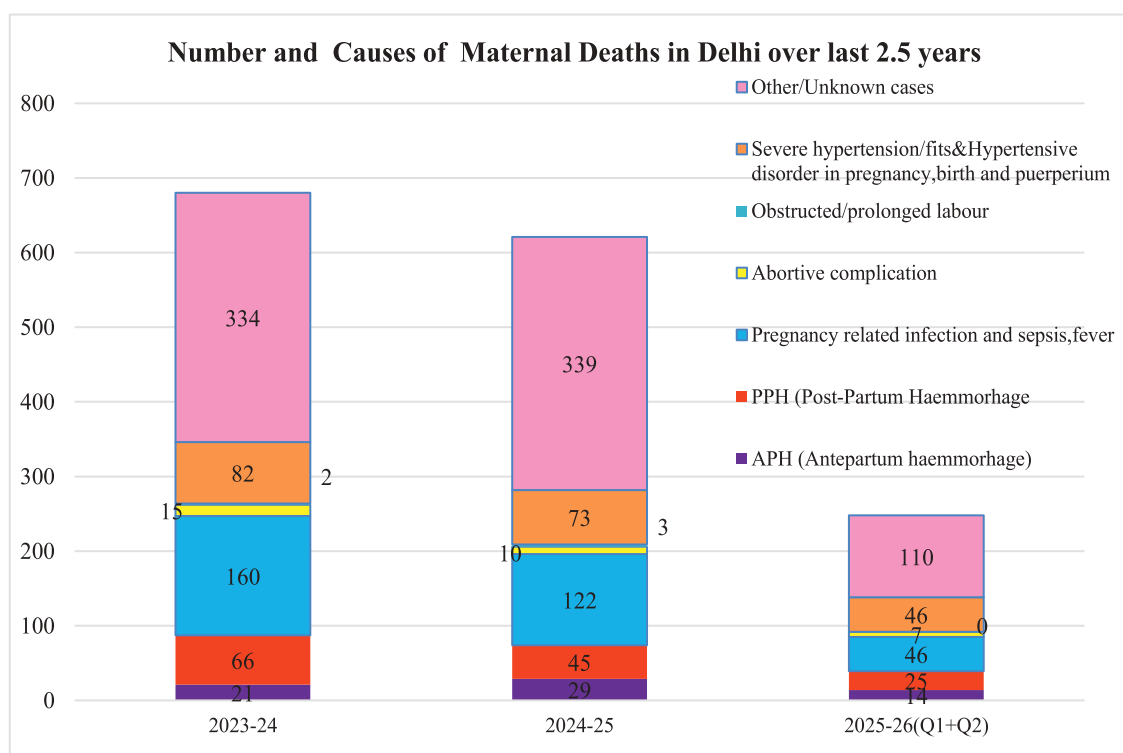
Establishment of the T4 anemia rooms (Test, Treat, Talk, Track) with holistic anemia care under one roof has been done in all delivery points with a vision to bring about measurable reduction in maternal anaemia.

## Link to SOP

<https://acrobat.adobe.com/id/urn:aaid:sc:AP:500f1606-06ba-4951-91a2-e26ca85173ae>

### • Emergency Obstetric Care Preparedness:

Coordinated district-level efforts, strengthened Emergency Obstetric Care (EmOC) services, synchronized referrals through cluster meetings have played a pivotal role in improved case management and contributed to reduction in maternal deaths. Capacity building of key personnel involved in establishment of Obstetric ICUs and High Dependency Units (HDUs) in their respective hospitals was a special initiative. A drop achieved in annual figures of maternal deaths especially of those belonging to Delhi can be seen below:



## Capacity building

- **State level workshop on “Maternal Death Surveillance and Response”** on at Delhi Secretariat; 29th July 2025



Link to detailed report on MDSR workshop:

[https://docs.google.com/document/d/14AN5zev8nXTCXzUt\\_FB7WfumyFLWsDh38CZr1ycGcTU/edit?usp=sharing](https://docs.google.com/document/d/14AN5zev8nXTCXzUt_FB7WfumyFLWsDh38CZr1ycGcTU/edit?usp=sharing)

➤ LaQshya and Abortion Care Trainings



District Level LaQshya Training- South West  
11<sup>th</sup> Nov 2025



MMA training at Safdarjung Hospital  
17<sup>th</sup> – 19<sup>th</sup> Nov 2025

➤ Training on Critical Care in Obstetrics

A crucial training initiative aimed at reducing maternal morbidity and mortality was conducted from **3rd to 15th November 2025**, organized jointly by the Directorate of Family Welfare and Safdarjung Hospital. Senior gynaecologists and nursing officers from six district hospitals participated (Bhagwan Mahavir, Deen Dayal Upadhyaya, Guru Gobind Singh, Jag Parvesh Chandra, Lal Bahadur Shastri, and Sanjay Gandhi Memorial Hospitals).

The training which focused on improving emergency services and overall maternal health, included lectures, case-based discussions, simulations, role plays, and hands-on skill development. The sessions, led by experts from the Critical Care Unit, Obstetrics, Anaesthesia, Nephrology, and Blood Bank, emphasized on early recognition of maternal deterioration, management of hemodynamic parameters, fluid and electrolyte balance, and postpartum complications. Key topics included the use of early warning signs and scoring



systems for effective referrals, along with addressing the mental health needs of patients and caregivers also, including sensitive topics like breaking bad news and organ donation.



➤ **Training of Trainers on Roadmap to End Preventable Maternal Deaths: 11<sup>th</sup> December 2025**



## Campaigns

➤ **Safe Motherhood Campaign(April 2025)**



Safe Motherhood Campaign celebrated with multitude of activities: Seen in pic is the idol of Goddess Durga with all schemes as arms of the Deity-Creativity by North District



Rangoli Competition on Kilkari



Selfie Corners and Placards for optimizing digital communication were placed in campaign sites

- **Swasth Nari Sashakt Pariwar (SNSP Abhiyan 2025) : Tapping the opportunity in program interest: 17<sup>th</sup> Sep - 2<sup>nd</sup> Oct 2025**

Besides other holistic activities, 33 nursing colleges (10 government, 23 private) contributed by deputing around 150 students who conducted health talks, role plays and awareness sessions, significantly improving community engagement.







Community engagement for effective implementation of FP and MH Programmes was a special focus of the campaign (Rallies, Sammelans, Focus group discussions.)

All specialist camps hosted Family Planning stalls, offering counselling, Nayi Pehel Kits, and contraceptive commodities

ASHAs played a central role in mobilising pregnant women and they also participated actively in competitions e.g. healthy recipes, Quiz, etc. They also widely distributed pamphlets, booklets on preconceptionally preparedness (Nayi pehel booklet) and self-care in pregnancy (Surakshit Matritva Booklet)



**Specialist camp organised by Central district**



Engaging the Lynchpin of the campaign-ASHA





### Campaign for awareness generation for kilkari



Annual review meeting chaired by the Director, Family Welfare, GNCTD, to assess physical and financial progress for FY 2024–25 and Q1 2025–26, with districts presenting updates on Family Planning and Maternal Health: **29th May 2025**



## Spotlight of the Quarter

### Family Planning: Strengthening Choices across the Lifecycle



#### Vision

Under the Family Planning Program, Delhi has made consistent progress in expanding access to modern contraceptive methods and reducing the unmet need for family planning. Integrated counselling and outreach efforts have improved reproductive choice and spacing practices.

- **Expanded Access to Modern Contraceptives**

Greater acceptance of IUCD/PPIUCD, injectable MPA, and long-term reversible contraceptives has increased the availability of reliable spacing methods. Efforts through UHND sessions have supported informed choices among eligible couples.

- **Community-Based Counselling & Awareness**

Frontline workers are actively counselling families on spacing and limiting methods. Nayi Pehel Kits for newly married couples and routine awareness sessions at Urban Health & Nutrition Days (UHND) have further encouraged family planning adoption.

- **Kilkari Mobile Academy**

Kilkari listenership has improved by 5% in FY 2024-25 (now at 37%, with a 1% further improvement), enhancing family-level awareness on reproductive, maternal, and newborn health practices.

- **Unmet Need Reduction**

Delhi has witnessed a decline in unmet need through improved availability of services, expanded outreach, and strengthened community engagement mechanisms.

## Mission of Family Planning Programme

- To promote informed choice and voluntary adoption of family planning methods through accessible, affordable, and client-centred services.
- To strengthen the availability and quality of modern contraceptives, including spacing and limiting methods, across all levels of health facilities.
- To enhance the capacity of service providers through continuous training, supportive supervision, and adherence to quality standards.
- To increase community awareness and demand generation through effective Information, Education, and Communication (IEC) and Behaviour Change Communication (BCC) strategies.
- To integrate family planning with RMNCH+A, adolescent health, and reproductive health services for comprehensive and continuous care.
- To ensure equitable access to family planning services for underserved, marginalized, and high-need populations in both urban and peri-urban areas



Pledge to build "Pink Delhi" through effective family planning counselling of pregnant women(PW) and women of reproductive age(WRA): **22nd April 2025**



Pledge for adopting and spreading awareness about family planning by security guards and other staff of Vikas Bhavan to during World population Day campaign 2025: **19th August**



Medical and paramedical staff of Swami Dayanand Hospital undertaking pledge for promotion of family planning: **WPD 2025**

## Capacity Building

Main focus of this year's trainings were related to newer methods so that the roll out is of high quality. Besides trainings on the contraceptive implants, the step-up trainings were conducted to upgrade skills of IMMPA providers to include SCMPA too.



Link of report: [ToT-Training Report-Antara rogram.docx](#)



[Training Report-Antara rogram.docx](#)



Cascade Trainings on MPA at South, South East, North, North West, North East, Shahdara, East and New Delhi Districts- **July 2025**



Cascade training by the trained service providers on new contraceptives





One day orientation on family planning counselling for mixed group of Health Care personal at AIIMS ( organised by DFW- AIIMS- WHO) : **12th November 2025**



Training of ASHAs of West District on Subdermal contraceptive Implants at Mata Gujri Hospital: **16th May 2025**



## INNOVATIONS AND BEST PRACTICES

### Delhi's FP Resource Integration Initiative- A First-of-Its-Kind State Initiative

The section has launched a ground-breaking digital intervention that brings comprehensive maternal health and family planning information to women's fingertips through a unified platform. This innovative initiative integrates multiple resource material like IUCD, PPIUCD, Self-Care KIT NSV Kilkari, Safe pregnancy. By consolidating essential information, into one accessible ecosystem, this digital platform has transformed how expectant and new mothers receive care. The initiative will reap significant rewards, as beneficiaries can now access vital health information seamlessly. This one-of-a-kind approach eliminates the confusion of navigating multiple systems, ensuring that every woman has comprehensive support throughout her maternal health journey.



A program implementation guide has been developed containing holistic information on family planning program one of its kind resource.

Launch of resource materials like FP Guidebook, Work Instructions for SDI, SOP for Injectable MPA and QR Code was done by dignitaries from DFW, MOHFW and WHO India during WPD event on **17<sup>th</sup> Oct 2025**





**QR Code Gallery** This was a ground-breaking digital intervention that brings comprehensive maternal health and family planning information to women's fingertips through a unified platform. This innovative initiative integrates multiple resource material like IUCD, PPIUCD, Self-Care KIT NSV Kilkari, Safe pregnancy. By consolidating essential information, into one accessible wall pic, this digital platform has transformed how expectant and new mothers receive care. The initiative will reap significant rewards, as beneficiaries can now access vital health information seamlessly. This digital user-friendly approach eliminates the confusion of navigating multiple systems, ensuring that every woman has comprehensive support throughout her maternal health journey.







A landmark workshop linking family planning and anemia prevention, fostering expert collaboration and actionable solutions in collaboration with WHO-India under the name of “Integrating Contraceptive Services and Anemia Prevention-A Path to Improved Maternal Health”



**A New Convergence in SNSP: Delhi's SNSP saw a unique collaboration with nursing colleges. Students gained real public health exposure, while camps benefited from their enthusiasm and communication skills.**

SNSP in Delhi organized specialist camps across **74 Ayushman Arogya Mandirs**, including a **State-level Mega Camp**. All mandated program activities were conducted successfully.

A key innovation this year was the **participation of nursing students** from **33 colleges (10 public, 23 private)** across Delhi. Around **150 students** from 2nd/3rd year batches

facilitated **health talks on cancer screening and nutrition**, using illustrative charts developed by them. Their sessions were well received, generating meaningful interactions with adolescents and young women.

Students from **St. Stephen's College of Nursing** supported the Screening Kiosk at the Mega Camp at **Delhi Sachivalaya on 17.09.2025**, inaugurated by the Hon'ble Chief Minister.

Feedback from students highlighted valuable **public health exposure** early in their career, while women beneficiaries shared that they found it **easier to connect with young students** and gained new insights on self-care. Organizers also reported enhanced facilitation and value addition due to the presence of these budding professionals.

The Health Department appreciated the support from nursing colleges, who in turn viewed this field exposure as a meaningful learning opportunity. This **successful convergence will be sustained** for future campaigns.





## CAMPAIGNS

### World Population Day Campaign 2025



Health talk at St Stephen's Hospital on world population day: **11<sup>th</sup> July 2025**



Food packets distributed to acceptors of sterilization at DDU Hospital, West District on **16<sup>th</sup> July 2025**



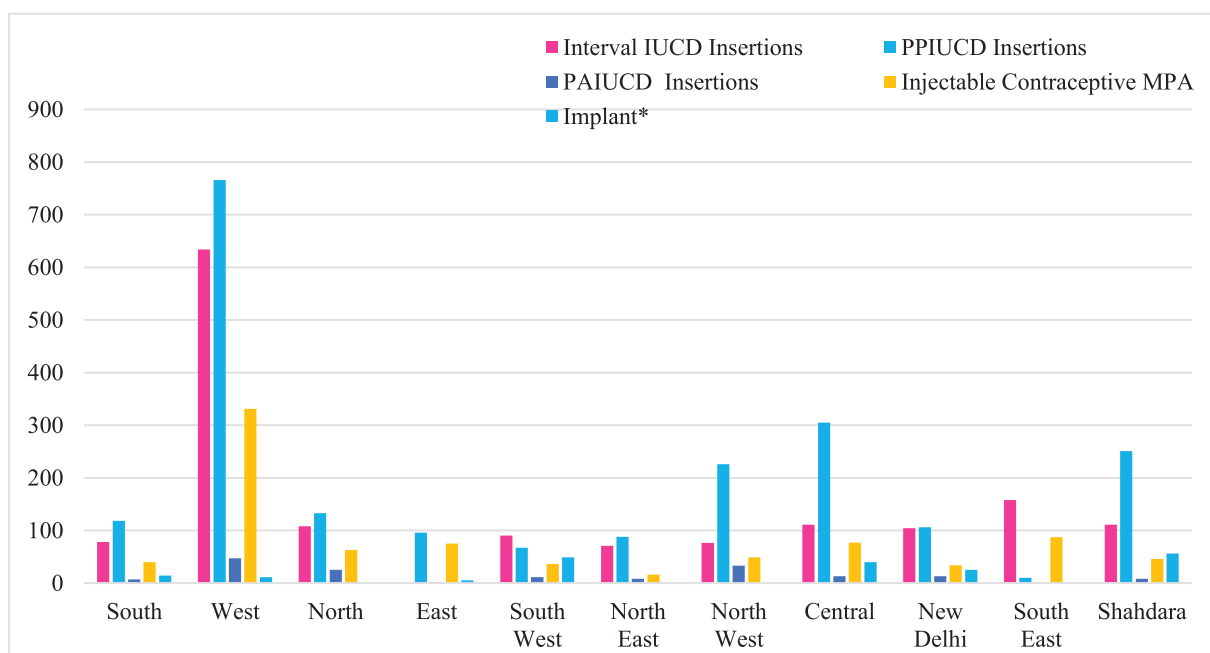
Role of all Healthcare workers (HCWs) in Family Planning was the focus of the state workshop on occasion of World Population Day-2025 : **17<sup>th</sup> July 2025** (Attended by AYUSH medical officers, male nursing officers, dieticians, HIV counsellors)



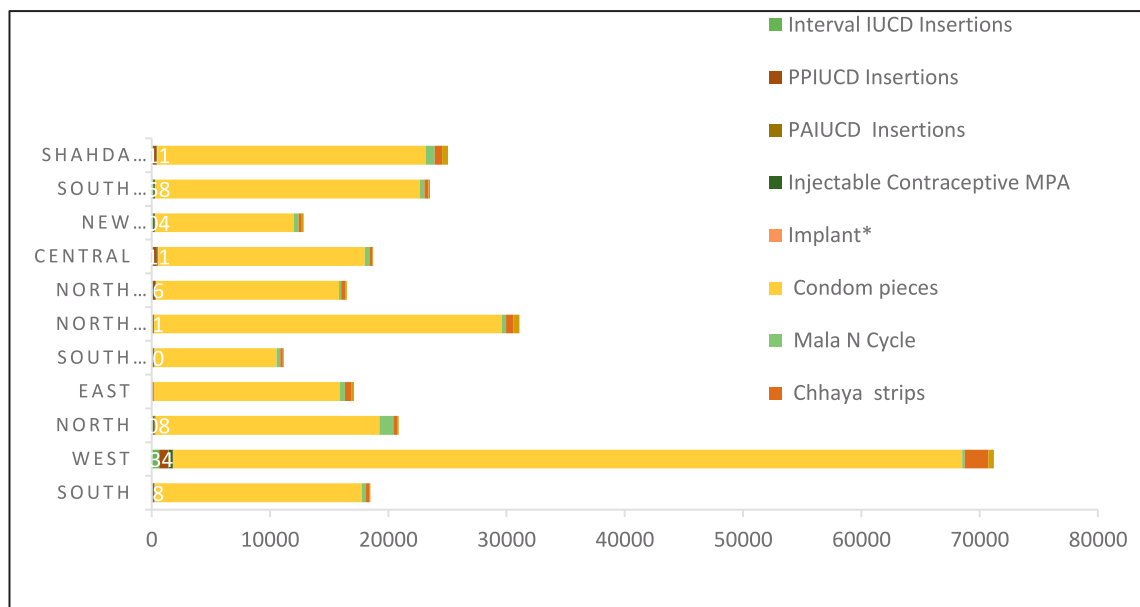
Performance of ASHAs at State WPD closing event on **17<sup>th</sup> Aug 2025**

## Achievements in World Population Day Campaign 2025

11th July 2025 - 18th August 2025



## Commodities distributed at WPD



State level WPD closing events & Awards distribution in WPD event







CME at Lady Hardinge Medical College on contraception during WPD celebrations: July

### Vasectomy fortnight 2025 21st Nov to 4th Dec



Poster competition on male participation in family planning organised at DGD Pandav Nagar



AAM Inderlok organized a focussed group discussion followed by quiz



Directorate of Family Welfare:  
Family Planning Section  
(from right- Dr. Indrani L. Sharma Dr. Jyoti Sachdeva, Dr. Pratibha Meena & Dr. Minal)

## Awards & Achievement

### Proud Moment: DFW Receives Appreciation at Meri Dilli Utsav 2025

- The **Directorate of Family Welfare (DFW), GNCT of Delhi**, actively participated in **Meri Dilli Utsav 2025**, held from **11–13 October 2025** at **Dilli Haat, Pitampura**, with the objective of strengthening community awareness on health and family welfare programmes.
- The DFW pavilion showcased major public health initiatives under the **National Health Mission** through engaging **IEC displays, thematic exhibits, and demonstration models**, including the **Sugam Model** and **IFA supplementation tools**.
- A dedicated medical team from **CDMO (North) and CDMO (North-West)** conducted health talks and counselling sessions, addressing key public health themes such as **anaemia prevention, maternal and child health, family planning, communicable and non-communicable diseases, adolescent health services, drug abuse prevention**, and awareness on the **PCPNDT Act**.
- **Free health screening services**, including blood pressure and weight monitoring, were availed by a large number of visitors, reinforcing the importance of **preventive healthcare**.
- Cultural performances and a **health-themed magic show by DAVP-empanelled troupes** further enhanced public engagement by effectively combining entertainment with impactful health messages.
- The stall drew significant footfall, including visits by dignitaries, and received wide appreciation for its **informative content and professional presentation**.

The event received **overwhelmingly positive feedback**, particularly appreciating:

- Effective communication strategies
- Vibrant IEC material
- Community-friendly and interactive approach
- Visitors valued the opportunity for direct interaction with healthcare professionals.
- Overall, DFW's participation was widely appreciated and served as a strong example of **effective community outreach and public health communication**, reinforcing the Directorate's commitment to advancing Delhi's public health priorities.



### Key Outcomes at a Glance

- ✓ High public footfall and community engagement
- ✓ Increased awareness on maternal health, family planning, and anaemia prevention
- ✓ Direct interaction between community members and health professionals
- ✓ Free preventive health screenings widely utilized
- ✓ Strong appreciation for IEC materials and innovative presentation
- ✓ Effective use of cultural media for health messaging

The **Directorate of Family Welfare (DFW), GNCT of Delhi**, participated in the successful engagement at Meri Dilli Utsav 2025 stands as a **notable achievement** in advancing Delhi's public health priorities.



Overall, the Directorate's participation significantly strengthened public awareness, promoted healthy behaviours, and demonstrated DFW's continued commitment to community outreach and health education. The successful engagement stands as a notable achievement in advancing Delhi's public health priorities.

#### Glimpses of the DFW stall



### **A National Applause for Delhi: Jan Bhagidari Driving TB Elimination**

Delhi has intensified its TB elimination efforts under the broader National TB Elimination Programme (NTEP). In the context of a “100-day intensified case-finding campaign,” Delhi was nationally recognised with the Jan Bhagidari Award — presented by Union Health Minister J.P. Nadda — for outstanding community participation and achievements under the National TB Elimination Programme.” The recognition acknowledged strong “community participation” and the contribution of volunteers, implying that the efforts went beyond just government facilities and included active public engagement.





## Swasth Nari, Sashakt Parivar Abhiyaan

### Delhi State Performance

The *Swasth Nari, Sashakt Parivar Abhiyaan* (SNSP Abhiyaan) was launched on 17<sup>th</sup> September 2025 by the Government of India and concluded on 2<sup>nd</sup> October 2025. The campaign was spearheaded by the Ministry of Health & Family Welfare (MoHFW) in collaboration with the Ministry of Women & Child Development (MoWCD). Smt. Anupriya Patel and Hon'ble Chief Minister Smt. Rekha Gupta were present at the State Headquarters for the inaugural event while Members of Parliament, including union ministers, participated in the inaugural event at Ayushman Arogya Mandirs with two-way communication.

The initiative aimed to strengthen preventive, promotive, and curative healthcare services for women, adolescents, and children while enhancing nutrition and early detection of major health conditions.

### Objectives

1. To provide **comprehensive health services focusing on women and children.**
2. Enhance **screening for non-communicable diseases (NCDs), anaemia, tuberculosis, cancers (breast, cervical, oral)**, and genetic conditions sickle cell disease.
3. **Strengthen maternal and child health services** including antenatal care, immunization, and adolescent health interventions.
4. **Integrate nutrition awareness through Poshan Maah activities.**
5. **Promote community participation** in preventive healthcare.

### National Achievements

- **Health Camps:** Over 18 lakh health camps were organised across India.
- **Population Coverage:** Nearly 10 crore citizens availed services during the campaign.
- **Service Delivery Points:** Primary care centres, Community Health Centres, District Hospitals, medical colleges, and private sector partners actively participated.



## Delhi-Specific Highlights

### Scale and Implementation

- The Delhi Government conducted **4443 health camps** under the campaign.
- Total of **769 Specialist** Camps were also organised
- **Total beneficiaries screened: 18,488,15; Females 11,180,40, Males 7,30,775**
- Other than the Tertiary healthcare facilities ( Public, private and autonomous) , health camps were organised in Ayushman Arogya Mandirs, Government dispensaries, and Community Health Centres including Maternity Centres to ensure local accessibility.

### Services Offered

- **Counselling to all** on Nutrition, prevention of Obesity, healthy lifestyle including Yoga.
- **Screening and referral** for Eye, ENT, Dental and Dermatological conditions
- **Screening & counselling:** Hypertension, diabetes, anaemia, TB, sickle cell disease, breast, cervical, and oral cancers.
- **Maternal & Child Health:** Antenatal checkups, immunizations, nutritional counselling.
- **Adolescents** Mental Health, healthy and productive lifestyle, nutritional counselling, and menstrual hygiene awareness, health awareness and behaviour change.
- **Specialist Camp including Specialists of major specialities offering services under one roof: 744 camps** with referral mechanisms for suspected NCDs and cancer cases.
- A total of **62 blood donation camps** were organised involving **3550 units of blood donations**.

## Key Screenings Conducted

Health Condition	Total numbers
Screening for TB	74,297
Immunization (<5yrs)	51,550
Total Vaccination doses administered (All recipients)	2,27,609
Hypertension	35,438
Diabetes	35,214
Oral cancer	33,278
Antenatal checkups	18,715
Dental Health	18648
Breast cancer	15,433
Counselling on Menstrual Hygiene	10,216
Anaemia Screening	4,240
Counselling regarding Anaemia	3,264
Cervical cancer	2,704

## Community Participation

- Total of **62 blood donation camps** were organised. **Highest blood donations on a single day (1157 units) were recorded on 17<sup>th</sup> oct 2025.**
- **Total blood donations: 3798** of 208 donation camps
- **Collaboration** with other professional bodies e.g. Delhi Medical Association, Association of Obstetricians and Gynaecologists of Delhi, Indian Academy of Paediatrics, private hospitals and practitioners including NGOs for awareness drives, workshops, and health education activities.
- Integration with **Poshan Maah** to promote dietary diversity and nutrition literacy.
- Sessions on menstrual hygiene and nutrition for women including adolescent girls Abhiyaan through SHGs, PRIs, etc. on reducing cooking oil consumption by 10% Nutrition counselling and wellness sessions were conducted

- **Nikshay Mitra Enrolment Drive:** A focused effort to expand the pool of "Nikshay Mitras" was undertaken during the fortnight, to encourage participation of individuals, institutions, and organizations in adopting TB patients and supporting the Jan Andolan against TB. **Total number of Nikshay Mitras enrolled was 2,307.**
- **A total of 1,272 eye & 2,095 blood donation pledges were registered through the respective portals**

### Monitoring & Oversight

- Use of the **SNSP portal** for digital monitoring of camp activities and beneficiary data.
- Dedicated portals for NCD, Blood donation and TB were also used for collation of data

### Strengths

1. **Mass Outreach:** Large-scale mobilisation of women and children for preventive health services.
  2. **Comprehensive Services:** Simultaneous attention to NCDs, maternal health, child nutrition, and mental aspects.
  3. **Use of Existing Infrastructure:** Leveraged Aarogya Mandirs and CHCs, enhancing accessibility in Delhi.
  4. **Awareness Generation:** Strengthened health literacy through camps and community engagement.
  5. **Large scale participation of Hon'ble Members of Parliament, MLAs and other dignitaries**
  6. **Strengthened convergence between Departments** of Health, Women & Child Development, Education, Higher Education, Youth affairs, Panchayati Raj institutions, Rural Development, Municipal Bodies etc
- Wide publicity and **awareness generation** through Mass Media, social media and community level IEC activities.

The Abhiyaan offered a unique opportunity to strengthen women's health & nutrition and thereby empower families & communities.

## DISTRICT BUZZ-BOARD

### A Journey of Courage and Resilience: Strengthening Reproductive and Child Health Through Integration and Innovation

Dr. Anushri Nayak\*

Dr. Stuti Singh\*\*

*\*Programme Officer – RCH, South East District*

*\*\*Programme Officer – NHM, South East District*



#### Background

The district faced major challenges — high numbers of home deliveries, widespread anemia among pregnant women, and underserved regions. Addressing these gaps required innovative, multi-level interventions combining community participation, capacity building, and enhanced service delivery.

In pursuit of ensuring safer motherhood and healthier families, the South East District has taken remarkable strides toward integrating family planning with maternal health services. Through strategic planning, robust community engagement, and the unwavering efforts of health workers, the district has built a model of courage and resilience that reflects its commitment to improving Reproductive and Child Health (RCH) outcomes.

#### Key Interventions

##### 1. Capacity Building of Frontline Workers

Regular **ASHA and ANM training sessions** focused on maternal health, family planning, and counselling. **RCH review meetings** for medical officers ensured effective monitoring and goal alignment. Training and demonstrations to improve procedural competency.



**ASHA and ANM Training on Maternal and Family Planning Services**





Quality ANC at DGD Batla House by Dr Deepa



## 2. Quality Antenatal Care (ANC)

Early pregnancy birth plan preparation with whole family involvement, **High-Risk Pregnancy (HRP)** identification, and strengthened referral linkages were emphasized. Two way communication between tertiary centers and medical officer incharges of PHCs ensured timely issue resolution.

### 3. Anemia Control – T4 (Test, Treat, Talk, Track) Camps

District-wide anemia screening and treatment camps were organized, emphasizing early detection and intervention. Total of 30 camps were conducted over last two years and total of 11000 beneficiaries were covered along all age groups.



### 4. PMSMA Day Services

Specialist support from private hospitals like **Apollo** and **HAHC** enhanced high-risk ANC management at primary facilities.





PMSMA day at AyAM Kalkaji

## 5. Community Engagement Programs

Initiatives like **Saas Bahu Sammelan (SBS)**, **Garbhini Parivar Sammelan (GPS)**, and **Swasth Naari Sashakt Parivar (SNSP)** created open dialogues for maternal health and family planning.





## 6. Family Planning and Birth Spacing

Importance of birth spacing through family planning methods like **LARC** and newer contraceptive (**SDI** and **MPA**) methods, the district expanded contraceptive access and made it available to all women through contraceptive basket scheme. Tools like the **MEC Wheel** supported effective counselling.



Use of MEC Wheel by Dr Gunjan in SPUHC Meethapur

## 7. Nayi Pehal Kit

Newly married couples welcomed by field workers in their areas by providing them with Nayi Pehal Kit(NPK)which has essential household items for newly married couple including family planning kit.This symbolic gesture along with counselling empowered women to take charge of their reproductive health from very beginning of their married life.





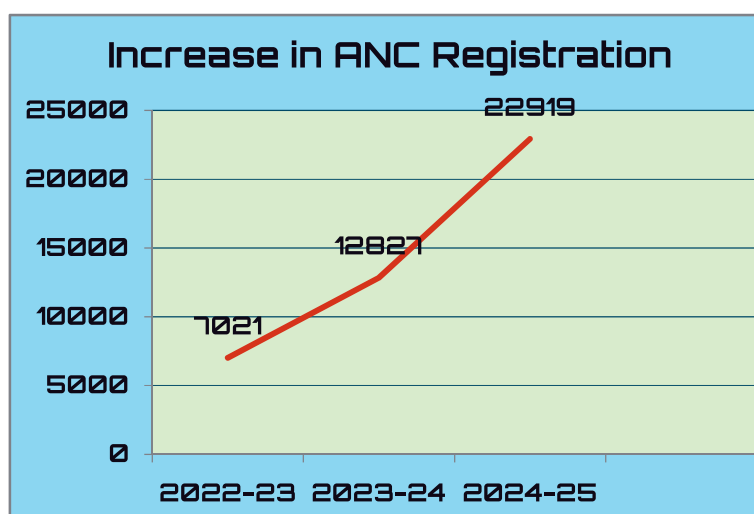
## 8. Health Promotion Activities

Health talks, **nukkad nataks**, and facility-based counselling sessions further strengthened awareness on family planning and maternal health. Achievement of high modern contraceptive prevalence rate through these multiprong strategies and field activities like UHND.

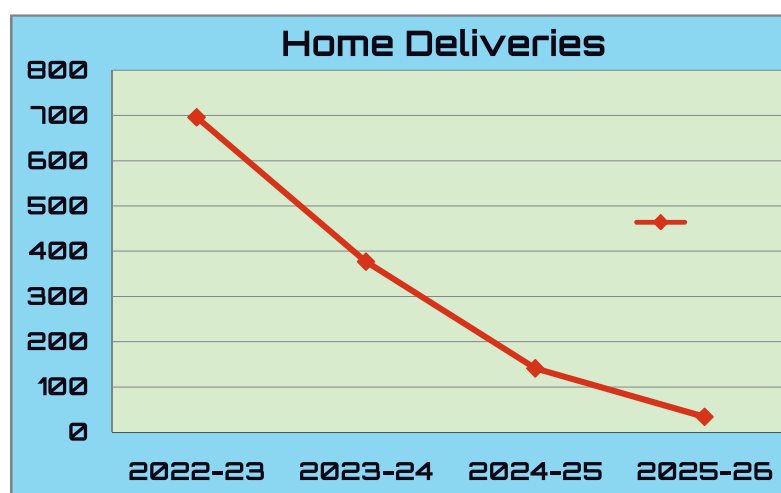


### Achievements

- Increased total ANC registration, four ANC checkups and 4 times Hb screening in the district. Nearly 50% increase in four times anemia screening in last 2 years.



- Specialist services on PMSMA day in PHCs has led to better care and counselling.
- RCH Review meetings at the district level helped in gap identification and formulation of corrective action plan for better outcome.
- Significant reduction in the rate of home deliveries and increase in institutional deliveries over last three years. The reduction has been significant in high home delivery pockets of the district like Sangam Vihar and JJ cluster in Kalkaji.



- Trainings have specially boosted ASHA workers capacity, confidence and helped them in engaging with community in a better way.
- It has also reestablished the ever-needing importance of ASHA program in Delhi state and helped in achieving the last mile connectivity with the beneficiaries.
- Significant increase in the number of MPA clients in the community.
- Centres like SPUHC Meethapur, MCWGautampuri, SPUHC Pul Prahladpur have used UHND as a platform to increase acceptance of interval IUCD Community.

## Conclusion

The Southeast District's journey exemplifies how **integration, innovation, and collaboration** can transform public health delivery. With continuous capacity building and community engagement, the district remains steadfast in achieving its vision — *safe motherhood, healthy families, and a brighter future for all.*

**"Together, we build healthier communities"**

### From womb to world promoting Maternal and child well being

#### Dr. Anjali Dosajh

RCH Nodal Officer, West District



West District identified key challenges such as tracking of high-risk patients hence ASHAs were repeatedly sensitized and extra four visits were ensured under (EPMSA) for all high-risk patients. Anemia screening was emphasized. Anemia Camps held. And all known locations with a greater number of Home Deliveries were targeted. Following initiatives were taken:

- ASHA help desk created at all Hospitals.
- Referral system strengthened.
- Coordination among all Hospitals of West and South West District via what's app group.
- Playing active role in case ASHA's faces any difficulty regarding ANC Patient.
- Cluster meetings being held with all facilities to discuss various issues.
- Presence of Birthing companions with beneficiaries encouraged as part of emotional support.
- Trying for Respectful Maternity care at all Hospitals.
- Anaemia rooms at all facilities created.
- Identification of high-risk patients on PMSMA Day and their tracking till healthy outcome.
- Promoting Institutional deliveries in communities showing resistance to go to Hospital.
- Three Hospitals of West District have achieved SUMAN Certification
- Grievance redressal system is being followed.

Early registration of ANC patient's and ensuring timely four Antenatal visits. Different WhatsApp groups according to linkages with higher facilities were created so that referral of patients to higher facilities could be streamlined for timely admission of the patients.

Under family planning program, 31 facilities started SC-MPA and all the 6 hospitals of West District are providing Implants. So that no beneficiary is left with unmet need. Nayi Peהל Kits were provided to all newly married couples along with Nayi Peהל booklets. **Focus Group**

**Discussions** were conducted in 40 Health facilities. Integration of Family Planning services with Maternal Health was major changing point.

ASHAs played a major role in motivation of beneficiaries, whether early registration of Antenatal or providing Family Planning Services. Hence the team work of all health care professionals has helped in achieving the targets and welfare of the society leading to Healthy Mother and Healthy Child.

### Community Level Activities



Distribution of Nayi Pehel Kit at SPUHC Nilothi by ASHA worker

**Garbhni Parivar Sammelans** were conducted in all 6 Hospitals of West District explaining beneficiaries' importance of anemia and good nutrition



Garbhani Parivar Samellan at SVBPH





**Continuing Medical Education for Quality Services**



**CME's at ASBGH & SVBPH**



Medical Superintendent of SVBP Hospital felicitating beneficiaries on WPD



### Key Takeaway

Being polite, empathetic and considerate to all helps in saving lives of our mother and children.

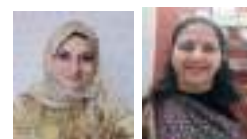


### Convergence of AYUSH Health Services for Maternal Health Goals

**Dr Paras Wani\***  
**Dr Yogita Munjal\*\***

\*Chief Medical Officer (Unani), GTB Hospital, Delhi

\*\*Director (AYUSH)



The Directorate of AYUSH under Health & Family Welfare Department provides public Health Services through its 208 collocated Ayurveda, Unani and Homoeopathic dispensaries in Delhi. Given the role of AYUSH systems in promotive health, various programs are conducted by Directorate for increasing awareness and improving health indices of public.

The AYUSH Directorate joined hands with Directorate of Family Welfare in 2015 for advancing maternal health and family planning through a wide spectrum of preventive, promotive, and community-centred activities including awareness generation, counselling, referrals and wellness support. In collaboration with the Directorate of Family Welfare, AYUSH units have been actively engaged in strengthening awareness, improving service uptake, and empowering women, adolescents, and families with accurate and accessible health information.

A major emphasis this quarter was placed on enhancing understanding of family planning options and encouraging informed decision-making. Across various AYUSH facilities, health talks and counselling sessions were organized for women, pregnant mothers, and adolescent girls, focusing on safe contraceptive practices, spacing, reproductive rights, and the importance of planned parenthood. Digital tools such as QR codes for family planning and maternal health resources were widely used, helping beneficiaries access reliable information instantly. Helpline numbers and simplified counselling models were explained to promote easy service navigation and encourage continuity of care.

As part of routine service delivery, all AYUSH dispensaries provide barriers and oral contraceptives directly at the unit level. Individuals opting for IUCD insertion, subdermal implants, injectables, vasectomy, or tubectomy are counselled and appropriately referred to the Family Welfare Department, ensuring seamless access to the full basket of contraceptive choices. Interactions with the community revealed persistent unawareness regarding newer

methods such as implants and injectables, reaffirming the need for continued education and counselling.

On the occasion of Sewa Pakhwada, “Swastha Nari Sashakt Parivar Abhiyaan” (SNSPA) camps were held across Delhi and at all AYUSH public health services. The distribution of AYUSH kits for women and children was one of the focal points. AYUSH teams carried out a comprehensive set of activities aimed at improving women’s health across all life stages. Lifestyle screening for diabetes and hypertension supported early detection and timely intervention. Nutrition counselling, anaemia prevention, guidance on PCOD and infertility, breastfeeding support, and general women’s health issues were addressed through focused sessions. Demonstrations on simple daily wellness practices promoted better physical and emotional well-being.

A dedicated programme on menstrual hygiene was conducted for adolescent girls, where essential aspects such as hygiene practices, safe disposal, cycle understanding, and diet during menstruation were covered. A menstrual health survey helped identify common misconceptions and guided the design of future adolescent-friendly interventions. Awareness on breast self-examination and cervical cancer screening further strengthened preventive outreach.

Collectively, these initiatives reflect the Directorate of AYUSH’s sustained dedication to promoting maternal health, strengthening family planning services, and fostering a culture of informed and empowered decision-making. Through continuous awareness, early detection, counselling, and community partnership, AYUSH remains committed to building healthier families and healthier communities.





### ASHA ki Udaan

#### “When Learning Gives Wings: Pooja’s Journey of Confidence & Care”



#### ***1. Mobile Academy: Transforming Knowledge Into Power on the Frontlines***

The Mobile Academy programme—revitalised post-COVID—has become a lifeline of learning for thousands of ASHAs in Delhi. Among them is **Pooja Sharma**, ASHA from MCW Vishwakarma Park, who completed the course on 6 January 2024 with a newfound sparkle of confidence.

Juggling household responsibilities and fieldwork, Pooja initially feared she wouldn’t be able to manage the course. But the flexible, learn-anytime audio format changed everything. She completed it at her own pace—without affecting her daily work—and emerged stronger, better informed, and more assured.

The impact was immediate. Her understanding of ANC and PNC care deepened, and her confidence in counselling families—especially those influenced by long-held traditional beliefs—grew tremendously. Today, she even uses recorded audio messages from the course during counselling sessions, helping families trust the information more easily.

**Pooja now stands as a shining example of how digital learning can empower frontline workers, enrich public health, and build dignity.** Her proud smile, holding her digital certificate, reflects not just completion of a course but a leap towards stronger, more confident community service.

## Field Voices

### ASHA ki Udaan

#### “Love Beyond Words: How Najma Became the Voice of Care”



#### **2. *Kilkari Impact Story – Breaking Barriers for Care, Communication & Compassion***

In Khichripur, East Delhi, lives **Ms. Najma**, a woman whose courage and compassion turned into a lifeline for her deaf and speech-impaired daughter-in-law, **Ms. Gulfasa**. Faced with communication barriers that could have hindered timely care, Najma stepped forward with extraordinary dedication.

Understanding Gulfasa’s vulnerability, Najma registered herself on the **RCH portal** and began receiving **Kilkari messages**. Each week, she listened attentively to Dr. Anita’s guidance—absorbing every detail and translating it into simple, supportive actions at home. She worked hand-in-hand with ASHA **Ms. Arti**, ensuring Gulfasa never missed a single antenatal visit.

From nutrition advice to danger-sign recognition, Najma became Gulfasa’s voice, guide, and comfort. Through her steady presence, Gulfasa received **every essential service, on time, with dignity and trust**.

This heartwarming journey showcases how **technology + human compassion** can break the toughest barriers. Kilkari provided the knowledge; Najma provided the love. Together, they created a circle of care that ensured a safe, supported pregnancy—proof that when communities stand together, **no challenge is too big**.

## ASHA KI JUBANI

### ASHA Ki Udaan: A Story of Presence, Patience & Safe Delivery

**“Sometimes, courage is simply staying when others panic.”**

ASHA **Kiran**, from MCW Vishwakarma Park, received a call early in the morning—a **woman in labour**, pains increasing rapidly, and the family unsure of what to do.

Kiran immediately informed **ANM Geeta Devi**, and together they reached the home without delay. But by then, the situation had changed — the woman’s labour was progressing **faster than expected**, and the ambulance was still on the way.

In many such moments, families panic. But Kiran didn’t. She stayed calm, steady, and focused.

With Geeta Devi’s guidance over the phone, and her presence soon after, they supported the mother step-by-step. Within minutes, before the ambulance could arrive, the baby was born safely at home — an unexpected **home delivery**, handled with readiness and reassurance.

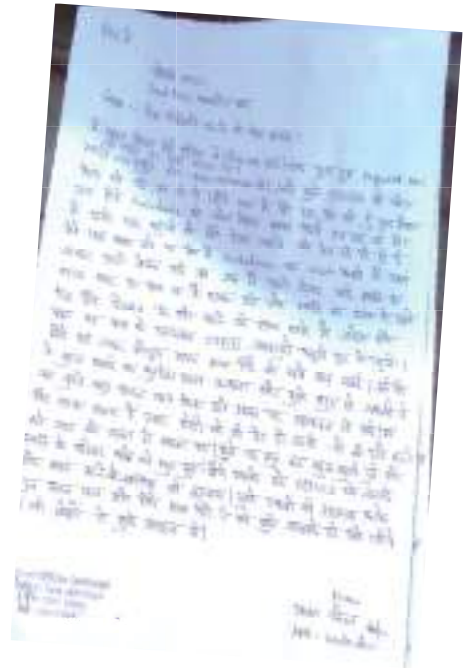
Once the ambulance reached, Kiran accompanied the mother and newborn to **Sanjay Gandhi Memorial Hospital**. There, the ANM appreciated how Kiran had maintained cleanliness, comfort, and confidence during the emergency delivery. Doctors confirmed that both mother and baby were stable and healthy.

The family, relieved and grateful, shared their feelings openly: **“Agar aap na hoti toh hum ghabra jaate...aapne humein sambhala.”**

#### Why This Story Matters

Because safe delivery isn’t only about hospitals. Sometimes, it is about **how an ASHA stands by a family in their most vulnerable moment**.

- ★ She stays calm and her training—even in unexpected situations.
- ★ She ensures dignity, safety, and timely referral after delivery.



## ASHA KI JUBANI

### ASHA Ki Udaan: A Story of Timely Action & Saved Lives

**“She didn’t just make a visit. She made a difference.”**

When ASHA **Monika**, from Seed PUHC Kamruddin Nagar, walked into Neha Devi’s home that morning, it was supposed to be a routine visit. But soon she realised something was wrong.

Neha, in her **34th week of pregnancy**, had **never taken any ANC services**. Her feet were swollen, her face looked tired, and when Monika checked her blood pressure, her heart skipped a beat—**160/100. Dangerously high.**

Without wasting a moment, Monika informed **ANM Kamlesh**, who immediately rushed to examine Neha. Together, they recognised what many families miss: **a high-risk pregnancy needing urgent care.**

They didn’t panic. They **acted**.

An ambulance was arranged on priority, and Neha was shifted to **SDN Hospital**. Doctors later confirmed that timely referral prevented major complications. Within **two days**, Neha delivered a healthy baby—safe, protected, and alive because two frontline workers trusted their training and followed their instincts.

Neha’s family, emotional and grateful, said the words every ASHA hopes to hear: **“Aapne meri patni aur bachche ki jaan bachayi.”**

#### Why this story matters

Because this is what an ASHA does—She finds risk where others see routine.

She takes responsibility when others hesitate. She stands between danger and safety, and chooses action.

#### Saluting Monika & Kamlesh

For their vigilance, for their teamwork, for their courage  
for proving that **Udaan is not just a programme—it is a promise.**





## Pro Tip Point

### Nourish for Two: A Guide for Healthy Pregnancy

**Mrs. Vandana Arora**

Senior Dietitian

Guru Teg Bahadur Hospital, Shahdara  
Delhi



#### Importance of Nutrition during Pre-Pregnancy & Pregnancy

Good nutrition is one of the strongest gifts a woman can give her baby. A balanced diet supports the baby's growth, strengthens the mother, prevents complications like anemia and low birth weight, and prepares the body for breastfeeding. Pregnancy brings major physical and hormonal changes, and nutrient-rich foods help manage these demands smoothly.

#### “Six Essentials for a Healthy Pregnancy Diet”

##### 1. Calorie Needs

**No extra calories** in the 1st trimester.

Add **~350 kcal/day** in 2nd & 3rd trimester from **nutrient-rich foods** like eggs, milk, nuts, fruits, whole grains.

##### 2. Protein Power

Builds fetal tissues & placenta.

Needs increase to **55.5 g/day (2nd trimester)** and **68 g/day (3rd trimester)**.

Sources: eggs, paneer, dal, poultry, tofu, curd.

##### 3. Folate Boost

Protects against **neural tube defects**.

Sources: spinach, legumes, citrus fruits, nuts, asparagus.

##### 4. Iron Strength

Prevents **anemia** & supports increased blood volume.

Sources: spinach, beetroot, lentils, beans, eggs.

**IFA supplements** are routinely advised.

## 5. Calcium & Vitamin D

For strong **bones and teeth** of both mother and baby.

Sources: milk, curd, cheese, ragi, fortified foods.

## 6. Iodine for Brain Growth

Critical for fetal **brain and IQ development**.

Use **iodized salt**: include milk, eggs, yogurt.

### Healthy Lifestyle Practices

- ✓ Drink 2 litres of water daily
- ✓ Eat from all food groups
- ✓ Prefer home-cooked, fresh meals
- ✓ Combine iron-rich foods with Vitamin C
- ✓ Cook in iron utensils
- ✓ Avoid alcohol, raw meats, unpasteurized dairy, and street food
- ✓ Limit caffeine and deep-fried snacks

### Pregnancy Myth Meter — Busted!

- |                                |  |
|--------------------------------|--|
| □ Eat for two? →               | ✗ Myth! Only a small calorie increase is needed. |
| □ Papaya/pineapple unsafe? →   | ✗ Myth! Ripe versions are safe.                  |
| □ Spicy food triggers labor? → | ✗ Myth! Causes acidity, not labor.               |
| □ Cravings show gender? →      | ✗ Myth! Cravings reflect hormones.               |

### Self-Care Essentials

Take prenatal vitamins, attend regular checkups, sleep well, hydrate, and practice walking or prenatal yoga. GTBH Dietary Department conducts annual maternal nutrition and anemia awareness programs with skits, charts, and demonstrations.

### Key Take away Message

“Whether a girl or a boy, there’s no greater joy than the news of your being with child!”

## UPCOMING EVENTS

### Directorate of Family Welfare

#### 1. Immunization Program

- Two rounds of Special Immunization Campaigns planned in all Districts in NCT of Delhi from **19<sup>th</sup> to 23<sup>rd</sup> January 2026** and **16<sup>th</sup> to 21<sup>st</sup> February 2026**
- State VPD Surveillance Workshop planned in January-February 2026
- State Refresher Training on e-VIN and U-WIN planned in January-February 2026

#### 2. Maternal Health & Family Planning Program

- Safe motherhood event **7<sup>th</sup> January 2026**
- Showcase of Safe Motherhood Campaign -Path to happy motherhood  
**8<sup>th</sup> January 2026**
- 2<sup>nd</sup> Hands on training on critical care Obstetrics **February 2026**
- State Workshop on What's New in Kilkari and Mobile Academy for ASHAs  
**7<sup>th</sup> January 2026**
- Dissemination of Vasectomy fortnight achievements and Way-ahead for male participation in RMNCHA+N **8<sup>th</sup> February 2026**

#### 3. Capacity Building Program

- Training on Facility based integrated Management on Neonatal and Childhood illness **6<sup>th</sup>-10<sup>th</sup> January 2026**
- Training of Trainers on Key Deliverables/ KPIs under maternal health and family Planning programs **6<sup>th</sup> January 2026**
- Training on Facility based integrated Management on Neonatal and Childhood illness **16<sup>th</sup>-20<sup>th</sup> January 2026**
- IUCD for Nursing Training **20<sup>th</sup> to 24<sup>th</sup> January 2026**
- IMNCI Training of Trainers **20<sup>th</sup> to 24<sup>th</sup> January 2026**
- Social Awareness And Action To Neutralize Pneumonia Successfully (SAANS) Training **29<sup>th</sup> January & 30<sup>th</sup> January**

- NavjatShishuSurakshaKaryakram (NSSK) Training (MO) **3<sup>rd</sup>&4<sup>th</sup> February 2026**
- NavjatShishuSurakshaKaryakram (NSSK) Training (NP) **5<sup>th</sup>&6<sup>th</sup> February 2026**
- DAKSH Quality of care simulated trainings **second week February 2026**
- IUCD Training for Medical Officers **3<sup>rd</sup>- 7<sup>th</sup> February 2026**
- DAKSHTA state level training **9<sup>th</sup> to 11<sup>th</sup> February 2026**
- Training in facility-based care of Severe Acute Malnutrition- **12<sup>th</sup> Feb& 13<sup>th</sup> Feb**

#### 4. Child Health Program

- 1 SAANS (Social Awareness And Action To Neutralize Pneumonia Successfully) **12 November 2025 to 28th February 2026**

#### 5. PC & PNDT Program

- IEC Campaign under PC&PNDT for F.Y. 2025-26 to be conducted during the period **December 2025 to January 2026** through the following media platform:
  - a) Metro inside panel Advt.
  - b) Paytm&PhonePe Digital Ads,
  - c) Cinema Hall Advertisement
  - d) DTC EV Bus Panels
- Celebration of **Beti Shakti Abhiyan** fortnight on **18<sup>th</sup> to 31 January 2026 & Beti Utsav** on **24<sup>th</sup> January 2026** on the occasion of National Girl Child Day.
- Conducting Decoy operations under PC&PNDT(ongoing)

#### 6. Anemia Mukht Bharat Program

- Large-scale IEC Campaign: Community-focused IEC campaign is proposed to generate awareness on prevention and control of anemia, with emphasis on:
  - ✓ Importance of iron-rich foods
  - ✓ Iron fortification of food
  - ✓ Role of deworming
  - ✓ Prophylactic iron supplementation through schools and Anganwadi Centres.



- Virtual Orientation of School Nodal teachers for School Nodal teachers to be conducted through SHS Nodals and District program Officers to strengthen program implementation and reporting.
- T3 Camps in Schools: Organisation of T3 camps in schools for screening and appropriate management.

## 7. Adolescent health Program

- One day Orientation of 2 ANMs from each clinic & counsellors on **19<sup>th</sup> December, 2025** at Model DISHA clinic at MAMC.
- Celebrating 'National youth Day' on **12<sup>th</sup> January 2026** with key theme on 'Viksit Bharat' emphasizing youth as drivers for a modern, developed & empowered India. This will be celebrated using platforms like schools, communities & public health facilities. Adolescent health & Wellness days will be celebrated on the above theme. Health talk, street plays, poster competition & slogan competitions.
- Target to have in place all teachers trained under school health & wellness program by **January 2026** for which trainings will be conducted for North & North-West districts by **January 2026**.

## NOTES

DATE: \_\_\_\_\_

# 2026

## January

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## February

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## March

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## April

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## May

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31						

## June

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## July

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## August

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23	24	25	26	27	28	29
30	31					

## September

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20	21	22	23	24	25	26
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## October

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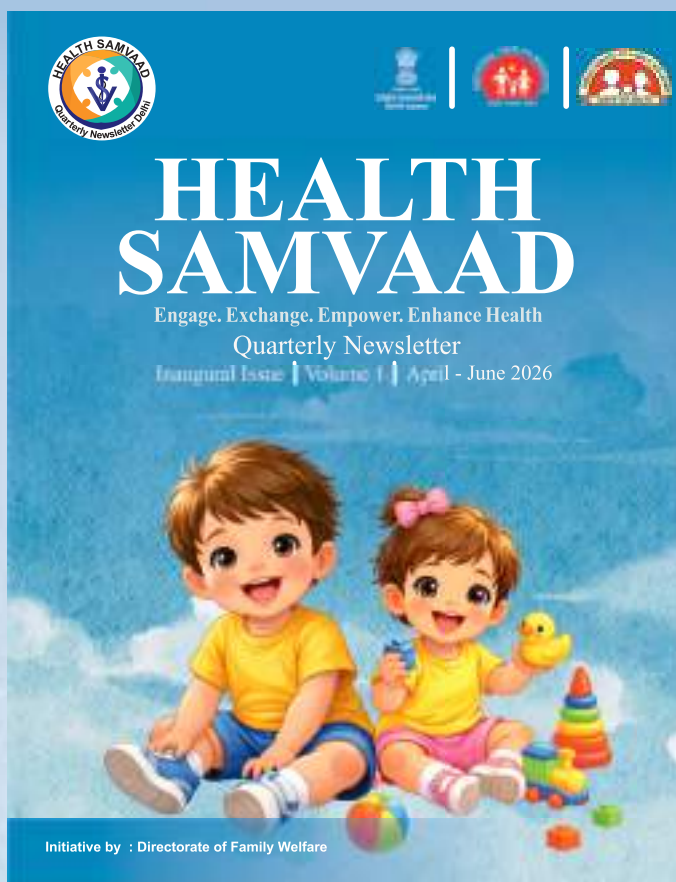
## November

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## December

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## Forthcoming Issue



The next edition of Health Samvaad will take forward this journey of shared learning with a special thematic focus on Child Health, bringing forth programmatic innovations, district-level successes, and voices from the field that are shaping healthier futures for children.



**Directorate of Family Welfare  
Government of N.C.T. of Delhi**