Intervention Research for improving the Quality of Village Health & Nutrition Days (Mamta Diwas) in Amreli District

Internship Training
at
District Health Society National Health Mission &
Government of Gujarat, Amreli

By
Keshav Sharma

Under the guidance of
Dr. Alok Kumar Mathur

Post Graduate Diploma in Hospital & Health Management
2012–14

Institute of Health Management Research
Jaipur
2014

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TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Dr. Keshav Sharma** student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management Research, Jaipur has undergone three months internship training at **District Health Society, Amreli (NHM & Government of Gujarat)** from 3rd February, 2014 to 3rd May 2014

The candidate has successfully carried out the study designated to his during internship training and his approach to the study has been sincere, scientific and analytical.

The internship is in fulfillment of the course requirements.

I wish him all success in his future endeavors.

Col. (Dr.) Ashok Kaushik

Dean, Academics and Student Affairs

IIHMR, Jaipur

Dr. Alok Mathur 26/5/2014

Associate Professor

IIHMR, Jaipur

District Health Society
Amreli, Gujarat

This Certificate is awarded to

Dr. Keshav Sharma

In recognition of having successfully completed his

Internship & Dissertation in Department of Public Health under:

National Health Mission, Government of Gujarat

And has successfully completed his project on :

Intervention Research for improving the Quality of Village Health & Nutrition Days or Mamta Diwas in Amreli District.

Date: 03rd Feb. to 03 May 2014

As Guide I found him as committed, sincere & diligent person who has an strong drive & zeal for learning.

Dr. J. O. Madhak
District Reproductive Child Health Officer &
District Immunization Officer
Arogaya Sakha, Jila Panchayat, Amreli
National Health Mission, Government of Gujarat

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જિલ્લા પંચાયત-અમરેલી

National Health Mission

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Date:..... 03 Feb to 03 May, 2014

He comes across as committed, sincere & diligent person who has a strong drive & zeal for learning.

Chief District Health Officer
District Panchayat, Amreli

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Chief District Health Officer
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Intervention Research for improving the Quality of Village Health & Nutrition Days (Mamta Diwas) in Amreli District** and submitted by (Name) Dr. Keshav Sharma Enrollment No. 1343 under the supervision of **Dr. Alok Mathur** for award of Postgraduate Diploma in Hospital and Health/ Pharmaceutical / Rural Management of the Institute carried out during the period 3rd February, 2014 to 3rd May, 2014 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Dr. Keshav Sharma

EXECUTIVE SUMMARY

Gujarat has come a long way since implementation of National Health Mission in the state. This is what data on various health indicators suggest. The objective of the study is to get firsthand account of the existing Mamta Diwas in the District Amreli under NHM. The methodology applied was first to get the overall view of Mamta Diwas which included reviewing the Physical & Financial Guidelines of Mamta Diwas and Field Survey using Mamta Diwas Standard Checklist at various Mamta Diwas centre of health delivery system in Amreli district in 11 (Eleven) Taluka, interacting with health functionaries at Aaganwadi Centre / Sub Centre level which gives a view from the bottom through the eyes of the community.

I also got an opportunity to visit different health facilities at different level working in the district and got to know how they are supporting the District health system in achieving public health objectives. During my study I have done initially baseline survey which gave me current picture of Mamta Diwas in a Amreli district which was not at par with Government of Gujarat guidelines / Government of India guidelines, there was still gap lying in implementation of this program at field level.

While planning is done meticulously taking into account needs of every Taluka / SC / Villages and funds are released periodically along with guidelines, the implementation at the ground level somehow lacks wholehearted effort by those responsible for execution of various plans. The very idea with which a program is launched seems to get lost somewhere in transition from planning to execution. Infrastructure and KAP in human resource are the prime areas of concern. Inter sectoral convergence is one aspect which can dramatically change the face of public health in the district if implemented in same effort and spirit.

Later on as myself with help of district health team decided to 38 Aadarsh Mamta Diwas centre at Sub centre under respective every PHC with assured supervision, Orientation & Training of frontline workers and as Micro planning of Mamta Diwas at SC Level, PHC Level, Taluka Level & District Level etc with some circular as Allocation of Human resources, Materials & equipments at par

with GOG guidelines. The whole activities of these centers are oriented towards providing just immunization which gives an impression that these centers are functioning more like Immunization Centers than Mamta Diwas centre.

The main thing which I found missing at my field visit that even the main goal behind implementation of Mamta Diwas was missing, main approach of continuum of care of Reproductive Maternal Neonatal Child Health & Adolescent. It is a platform given by GOI / GOG for improvement in Adolescent, Maternal & Child health to reduce MMR & IMR to achieve Millennium Development Goals. Adolescent part at these center was lacking a lot there was not much Adolescent counseling, Mamta Taruni meeting was happening at field level, if we do not take care of health of today's Adolescent Girl then it's become difficult to manage future Mother health.

There are many indicators to measure the achievements and progress made in the public health. But the real indicator is the smile on the face of people which erupts as a result of healthy and disease free life.

ACKNOWLEDGEMENT

I like to extend my sincere thanks to **Shri**. **Dr. S. Murali Krishna** (IAS), Mission Director-National Health Mission, **Shri P. K. Taneja** (IAS), Principal Secretary (PH) & Commissioner, Health and Family Welfare Department, **Shri A.M.Mankad (**IAS), Mission Director (NHM) and **Smt. Anju Sharma** (IAS), Mission Director (Women & Child Department -ICDS), for the faith shown upon me and guidance given to me without which the assignment would not have been possible.

I am also grateful to **Sri. Sujeet Kumar (**IAS), District Development Officer, District Panchayat office, Amreli who gave us an opportunity to have the exposure to ground realities and provided with necessary support and guidance during my field visit & intervention during my dissertation period.

Without the guidance & blessings of **Dr. S.D. GUPTA**, Director and **Dr. Cornel Kaushik**, Dean at IIHMR, Jaipur my dissertation would not have been possible for me. I am also highly thankful to my Guide - **DR. ALOK MATHUR** at IIHMR Jaipur & Guide - **DR. J. O. MADHAK**, Reproductive Child Health Officer / DIO, NHM, Dist – Amreli, for the guidance, support, facilitation & coordination which I have received from them and also an opportunity given to me to have a look of health system at various levels.

I would also like to thank **DR. SHOBHANA MEHTA,** Regional Deputy Director, Bhavnagar Region & **DR. K. P. PATEL,** Chief District Health Officer, Amreli for facilitating & coordination during dissertation to make it possible. I would also like to convey our heartfelt gratitude to all District Programme Officers & Taluka Health Officers for making me familiar with various programs which has helped me tremendously to enhance my knowledge and understanding. Last but not the least almighty God who gave me courage & strength to perform my duties efficiently. I thank everybody again.

Dr. Keshav Sharma

Students – PGDHM (Batch- 2012-14)

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CHAPTER – 1

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ABBREVIATIONS

MDC	–	Mamta Diwas centre
AMDC	--	Aadarsh Mamta Diwas centre
AFP	–	Acute Flaccid Paralysis
ALS	–	Advance life support
AMC	–	Annual Maintenance Contract
ANM	–	Auxiliary Nurse Midwife
APHC	–	Additional Primary Health Centre
ARC	–	Asha Resource Centre
ARI	–	Acute Respiratory Infection
ASHA	–	Accredited Social Health Activist
AWC	–	Aanganwadi Centre
AWW	–	Aanganwadi Worker
AYUSH	–	Ayurved Unani Siddha and Homeopathy
BCC	–	Behaviour Change Communication
BEmONC	–	Basic Emergency Obstetric Neonatal Care
BLS	–	Basic Life Support
BPL	–	Below Poverty Line
BTAST	–	Bihar Technical Assistant Support Team
CBC	–	Community Based Care
CBO	–	Community Based Organization
CBPM	–	Community Based Participation and Monitoring
CD Block	–	Community Development Block
CDPO	–	Child Development Programme Officer
CES	–	Coverage Evaluation Survey
CG	–	Community Group
CH	–	Civil Hospital
CHC	–	Community Health Centre
CMC	–	Comprehensive Maintenance Contract
CMR	–	Child Mortality Rate
CPP	–	Control Program Phase

CS	–	Civil Surgeon
CSMP	–	Contraseptive Social Marketing Programme
CSO	–	Civil Society Organization
CSR	–	Confidential Service Report
DAC	–	District Accridiation Committee
DFID	–	Department for International Development
DH	–	District Hospital
DHAP	-	District Health Action Plan
DHS	–	District Health Society
DMEO	–	District Monitoring & Evaluation Officer
DP	–	Development Partners
DPC	–	District Planning Coordinator
DPHNO	–	District Public Health Nurse Officer
DPMU	–	District Programme Management Unit
DPR	–	Detailed Program Report
DSU	–	District Surveillance Unit
EDL	–	Emergency Drug List
EHSP	–	Essential Health Services Package
EVA	–	Electronic Vacuum Aspiration
FD	–	Feeding Demonstrator
FFHI	–	Family Friendly Hospital Initiative
FLHW	–	Field Level Health Worker
FMR	–	Financial Management Report
FNGO	–	Field Non-Governmental Organization
FPP	–	Family Planning Programme
GOB	–	Government of Bihar
GOI	–	Government of India
HBNC	–	Home Based Neonatal Care
HMIS	–	Health Management Information System
HRD	–	Human Resource Development
HW	–	Health Worker

CHAPTOR – 2

Dissertation Report

On

Intervention Research for improving the

Quality of Village Health & Nutrition Days

(Mamta Diwas) in Amreli District.

Title of Research Project:

Intervention Research for improving the Quality of Village Health & Nutrition Days (Mamta Diwas) in Amreli District.

Introduction & Background OF Mamta Diwas / VHSND:

India is the second most populous country of the world and has fast changing socio-political-demographic patterns that have been drawing global attention in recent years. Worldwide an estimated five lakh woman die as a result of pregnancy each year. Approximately one quarter of all pregnancy and delivery related maternal deaths worldwide occur in India. This tragic picture has only gradually become clearer largely as a result of a growing number of good community surveys conducted since the mid 1970's which drew attention to the unexpectedly high rates of maternal mortality and serious morbidity.

Current Health Scenario in India

India is drawing world attention, not only because of its population explosion but also for emerging health profile and profound political, economic and social transformations. Since independence during last sixty four years, a number of urban and growth-oriented developmental programmes have been implemented, nearly 716 million rural people (72% of the total population) half of which are below poverty line (BPL) continue to fight a hopeless and constantly losing battle for survival and health. The policies implemented so far, which concentrate only on growth of economy not on equity and equality, have widened gap between Urban & Rural and haves and have-nots. Nearly 70% of all deaths and 92% of deaths from communicable diseases, occur among the poorest 20% of the population..

Government of India recently launched a program as Village health and nutrition day which is known as Mamta Diwas in Gujarat. Mamta Diwas is to be organized once every month (preferably on Wednesdays at every AWC and for those villages that have been left out, on any other day of the same month as Saturday) at the AWC in the village. This will ensure uniformity in organizing the VHND. The AWC is identified as the hub for service provision in the RCH-II, NHM, and

also as a platform for inter-sectoral convergence. VHND is also to be seen as a platform for interfacing between the community and the health system.

On the appointed day, ASHAs, AWWs, and other will mobilize the villagers, especially women and children to assemble at the nearest AWC. The ANM/ FHW / FHS and other health personnel should be present on time; otherwise the villagers will be reluctant to attend the following monthly VHND. On the VHND, the villagers can interact freely with the health personnel and obtain basic services and information. They can also learn about the preventive and promotive aspects of health care, which will encourage them to seek health care at proper facilities. Since the VHND will be held at a site very close to their habitation, the villagers will not have to spend money or time on travel. Health services will be provided at their doorstep. The VHSC comprising the ASHA, the AWW, the ANM, and the PRI representatives, if fully involved in organizing the event, can bring about dramatic changes in the way that people perceive health and health care practices.

Service Package for VHND: - Maternal Health, Child Health, Family Planning, Reproductive Tract Infections and Sexually Transmitted Infection, Sanitation, Communicable Diseases, Gender, Ayush, Health Promotion etc.

Issues: Government of India launched a program known as Village Health Sanitation and Nutrition Day (Mamta Diwas in Gujarat) under this umbrella program was covering almost all maternal health services including Services as well as health education to both age group Adolescent & Pregnant women's. A proper Anti Natal Care , Intra natal Care , Post Natal Care, Proper delay management, vaccination, Nutrition supplementation and management on a single platform which was lacking, these all services was coming under various programs because of that a complete coverage of all services to needy women was lacking which was effecting the overall progress of RCH program in country. But still is it really providing all services in a systemic pattern as what we expected during launching this program. There is still gap lying in availability of services at VHND platform.

Review of Literature:

The Village Health and Nutrition Day (known as Mamta Divas in Gujarat) has been launched as a primary health care strategy applied periodically in a community to deliver a specific integrated package of preventive public health interventions for Adolescent, pregnant women's & children under five years old. It is a convergent platform since it is managed by workers from both health and WCD departments and seeks the support of community institutions like GKS or VHSC, SHGs, Youth Clubs and Adolescent girls groups. The ANM/FHW responsible for service provision takes a lead during the VHND while the ASHA and AWW facilitate in organizing the event at the community level.

The VHND guidelines highlight that "the key objective is to provide universal access to equitable, affordable and quality health care, with an emphasis on women's and children's health and universal immunization as also nutrition, water, sanitation and hygiene through monthly service delivery in each village providing multiple services on a fixed day, fixed time and at a fixed place".

In India, VHND is a priority intervention under the National Rural Health Mission (NRHM), Government of India which emerged from attempts to increase coverage of basic health and nutrition services in rural areas not served by health facilities..

Inter-sectoral convergence between Health and Nutrition activities is the focus of the Village Health Nutrition Day (VHND) program under NRHM of the Ministry of health and family Welfare, Government of India. The ASHAs, Angan Wadi Workers, Auxiliary Nurse Midwives and the Panchayati Raj Institute members work as a team to ensure that services are provided on the VHND. The case can be used to discuss the challenges in convergence between various government departments in planning the services to be offered on the VHND, generating demand for the services through IEC/counseling and actually providing services on the VHND.

(Village Health and Nutrition Day, Case Registration No. and Date: CMHS0005, 10-05-2010, By Sanjay Joshi , K. V. Ramani and Dileep Mavalankar)

According to a rapid assessment on VHND was carried out by UNICEF in 2011 indicate that VHNDs are conducted on a designated day; however discussions and feedback from the community and functionaries show that quality of interaction during VHND sessions is not up to the mark. This has an impact on the participation of the community in VHND. Quality entails a number of aspects – a) involvement of the organizers (frontline workers from health, ICDS, Panchayat functionaries and involvement of community institutions), b) common understanding amongst all stakeholders about how VHND is to be organized and services that are to be offered, c) pre-service mobilization and post service follow up, d) publicity and preparation for the VHND and e) instruments and required equipment for VHND f) motivation amongst FLWs due to over worked schedules g) information shared during sessions etc.

(Study on Documentation of motivation, attitudes and capacities of front line workers towards counseling during VHND in Odisha by Unicef Consultant for 12 weeks.)

Rational:

- After implementing VHND still maternal health issue in happening in district.
- VHND is a common platform where all Maternal health related services are brought together to achieve maximum maternal service coverage.
- Is it really providing all services related to maternal health at VHSND site according to GOG guidelines in village.

Problem statement:

After having a intervention as VHND for improvement in maternal health but still there was an issue in management of maternal health, when we researched the program implementation then there was a gap in actual implementation of VHND as per guidelines at field level, currently it just became a Routine Immunization day mainly on every VHND site so there was some factor which diluted the Goal of VHND leading to effect the maternal health.

Research Question:

- What are various gaps present still in Mamta Day implementation at field level?
- Why these gaps are there in implementation of Mamta Day?
- Using various management strategies can we fill these gaps?

Objective:

- To Identify the various gap in Mamta Day Program in community.
- To develop an Aadarsh Mamta Day center at 38 SC as skill centers for other Mamta day centre.
- To bridge the service gap in community & motivation for other Mamta day centre.

Methodology:

Type of Study: Experimental - Prospective Intervention Research.

Study Area: All 11 Taluka Mamta Diwas Centre in Amreli district.

Table 1: Study Area details

Area Name	Place	Characteristics
Amreli District	Mamta Diwas Centre at AWC / SC.	Female Health worker, Female Health Supervisor, Auxiliary Nurse Midwife

Study Subjects:

Table 2: Details of study subjects

S.N.	Place	Types of respondents
1	Health facility (AWC/SC)	FHW, ASHA, AWW

Table- 3: General Characteristics of Study Population

Characteristics	Details
N=	120 +

Mamta Diwas Staff	FHW (247), FHS (38), AWW (1677)

Table- 4: General Characteristics of Stake Holders of Mamta Diwas

PHC STAFF	MBBS - MO (7), AYUSH – MO (38)
TALUKA STAFF	TAL. M & E (11)
DISTRICT OFFICER	CDHO, RCHO, DQMO, DPA, DDM

Sample Size:

- Baseline Survey sample – around 120 + Mamta Diwas centre
- Intervention Sample : 38 Mamta Diwas centre at SC
- End line Survey : 38 Mamta Diwas centre at SC

Sampling Technique:

For Baseline Survey: Systematic Random Sampling then Purposive sampling.

Table 5: Sampling Details

SAMPLE SIZE (N)	**120 +**
TOTAL POPULATION	618 VILLAGES
SAMPLE INTERVAL	618/120 = 5.15 OR 5
RANDOM START	FROM COMPUTERIZED RANDOM METHOD BETWEEN 1ST TO 5TH VILLAGE WHICH WAS 2ND VILLAGE

Table 6: Random Number calculation

Random Number By Computer Method
0.308998
0.235802 (2 is Random Start)
0.563098
0.459347

0.558115
0.932121
0.721044
0.542018
0.202385
0.090063

Sampling Villages list of 125 are attached in annexure.

For End line Survey:

All 38 Sub Centre based 38 Aadarsh Mamta Diwas coverage using again same standard Mamta Diwas checklist.

Gap Analysis:

Base line survey is done using systematic random sampling from list of villages from 618 villages of Amreli district. Main objective of baseline survey is finding out the gap in implementation of Mamta Diwas at field level, please find the list of 125 villages in annexure.

Training for Field Team: of DDM & D P A - M & E about the field Survey tool.

Trainer: Dr. Keshav Sharma (Mamta Diwas)/ Dr. J. O. Madhak (Maternal Health)

Training Venue: District training Centre

Stationary: Projector, Marker, whiteboard etc

Tools: Printed Questionnaire

Duration: 2 days & on field guidance

Content of the Training course: Mamta Diwas Guidelines, Micro planning, Mamta Diwas checklist, common errors during filling up the checklist etc.

Techniques of Training: Classroom & Field model.

Scale of Technical Assistance

The Research Project provided technical assistance to Amreli District at scale to strengthen VHNDs. The Project's technical assistance was focused in 11 Taluka (Babra, Bagasra, Amreli, Dhari, Khamba, Lathi, Liliya, Kukavav, Rajula, Jafrabad and Savarkundala) in Amreli district, covering 618 villages in Amreli respectively (Table 7).

During this project all different technical staff at different level became oriented as well as developed skill in relation with Mamta day planning as well management skills of program.

Table 7: Scale of Technical Assistance

	Scale of Technical Assistance	No.
1	Number of Districts	1
2	Number of Talukas	11
3	Number of District Officers	3
4	Number of Taluka Health Officers	7
5	Number of Medical Officers	38
6	Number of Taluka Health Supervisors	11
7	Number of FHS	38
8	Number of Taluka M & E	11
9	Number of ANMs / FHW	247
1	Number of ASHAs facilitator	68
1	Number of villages (Revenue/census villages)	615 / 618

Manpower planning:

Table 8: List of Field Manpower planning for research.

Baseline / End line Survey	Expertise	Dr. K. P. Patel (CDHO), Dr. J. O. Madhak (DRCHO)
Baseline / End line Survey	Team Leader, Trainer, Field Editor & Investigator	Dr. Keshav Sharma(Baseline Survey / end line survey / whole project)
Baseline Survey	Investigator	Chirag Kachadiya (DDM), Vishal Trivedi (D M & E)
Implementing project	Team facilitator at	Dr. J. O. Madhak

	District Level	(DRCHO), Dr. R K Jat (DQMO)
Implementing project	Team facilitator at Taluka Level	All Taluka Health Officers
Implementing project	Team facilitator	PHC – MO is facilitator at PHC for FHS / FHW
Implementing project	Team facilitator	FHS is facilitator at SC for FHW

Data Collection Method: by using field team of 3 with tool as Questionnaire in Baseline Survey & in End line Survey data is collected by myself using same Questionnaire from 38 sub centre.

Tool & Technique: Structured Questionnaire

Method	Material	Technique
Questionnaire	Checklist	Face to face personal interview & observation

.

Research Project Team:

- Recruitment of field staff (investigators): not hired from outside, field staff as Myself , DDM, Dist M & E with discussion with CDHO Sir.
- Team composition:

Table 9: Research Team roles & responsibility

District	Expertise	Dr. K. P. Patel (CDHO), Dr. J. O. Madhak (DRCHO)
	Team Leader	Dr. Keshav Sharma
	Field Editor / facilitator	Dr. Keshav Sharma (Baseline Survey / End line Survey)
	Trainer	Dr. Keshav Sharma (whole project)
	Investigator	Dr. Keshav Sharma (DPC), Chirag Kachadiya (DDM), Vishal Trivedi (D M & E)
Taluka	Stake Holders	All Taluka Health Officers
PHC	Stake Holders	PHC – MO
SC	Stake Holders	FHS / FHW

Validity:

Table 10: Validity details

Tool	Validity Tech. – Phase validity
Questionnaire	Phase Validity by RCHO & CDHO, DQMO, Dr. Alok Mathur
Reference By	GOG Standardized checklist, GOI Standardized checklist

Financial & logistic Planning:

- Stationary Budget is managed from RCH budget.
- Mobility Support from District DPMU Mobility.

Ethical & Gender Consideration:

- Clearance from the District Executive committee members & Regional Deputy Director, Bhavnagar Region.
- Ethical consideration: Relevance, rationale & technical considerations
- Gender & Culture Sensitiveness approved.
- Informed Consent & Confidentiality, Privacy, Only for research purpose.

Limitations of the Study:

As Time limitation so Survey team is used so there was a possibility of reporting some false information. However, every effort was made to motivate respondents to provide true information and same time field cross check was adopted randomly with picture of that sub centre. Also made ensured by CDHO sir in meeting that no punishable action will be taken against this survey or Research findings by us.

CHAPTOR - 3

Data Management: Data Preparation

Table 11 : Data Preparation

Coding:	Yes – 1, No – 0 Using – 1, Not Using – 0 Distribution – 1, No Distribution – 0
Editing:	Field editing is done by me (DPC), District Data Manager, District M & E
Entry:	Entry is done by me at office first in Excel.
Cleaning:	Cross validation is done with data and checked.

Results & Discussion:

While reviewing different literature review it has been given various indication regarding gap in Mamta Diwas in different states as well as different interventions is done to fill those gaps , during my field observation I had a same kind of findings as well as there was a Taluka Outbreak of Measles so to know more and to be more scientific this study is planned.

Baseline Survey:

After analyzing the 125 Sample of 120 villages in 11 Taluka in Amreli district - baseline survey findings are given below:

Table 12: Mamta Diwas Planning &Management

S.N.	Mamta Diwas Centre	YES	NO	YES %	NO %
Q 8	Mamta Day banner display at session site	86	39	68.8	31.2
Q 9	Mamta Day organized as micro plan	123	2	98.4	1.6
Q10	Miking / Dhol before MDC	106	19	84.8	15.2

Table 12: explains about Mamta Diwas banner is displayed only at 69% places during the survey and still there is 31 % MDC where gap is present. There was almost 98% MDC was organized as according to its micro plan, only there are few exceptions alike 2%. Only 84% MDC used Miking or Dhol before organizing the

MDC for creating awareness in community so still 16% gap lying for implementation.

Table 13: Accessibility & Availability at MDC

S.N.	Mamta Diwas Centre	YES	NO	YES %	NO %
Q11.1	Accessibility to MDC	124	1	99.2	0.8
Q11.2	Availability of Table / Chair / Dari at MDC	107	18	85.6	14.4
Q11.3	Drinking Water Facility at MDC	109	16	87.2	12.8
Q11.4	Hand Washing Facility at MDC	100	25	80	20

Fig: 1: Bar Graph in relation with Accessibility & Availability to MDC

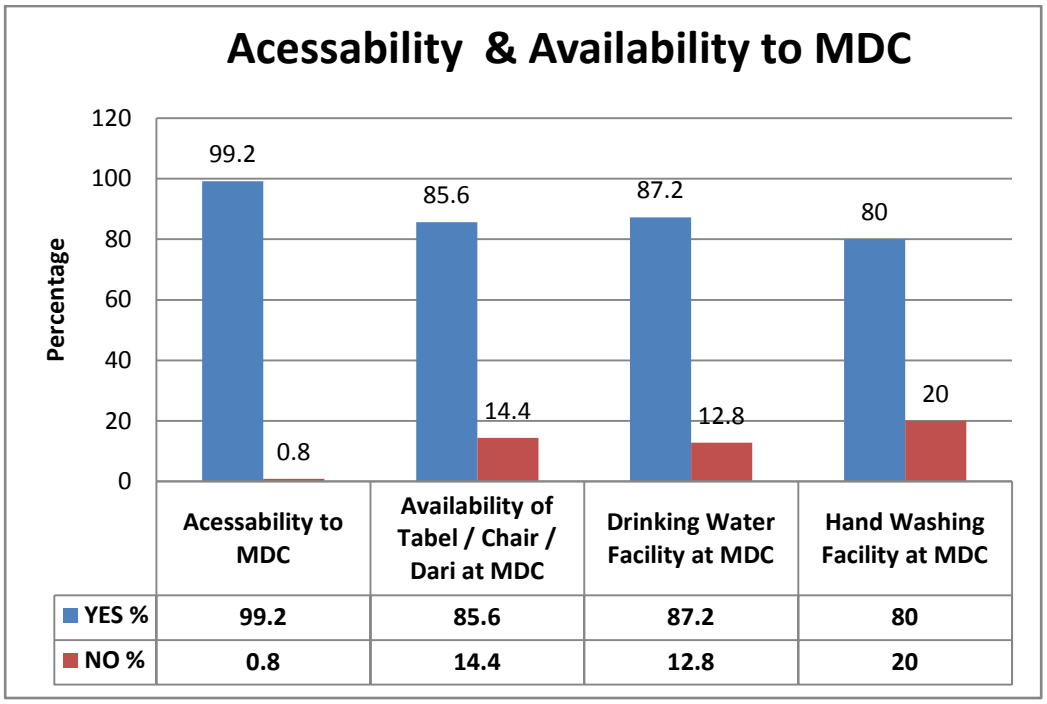


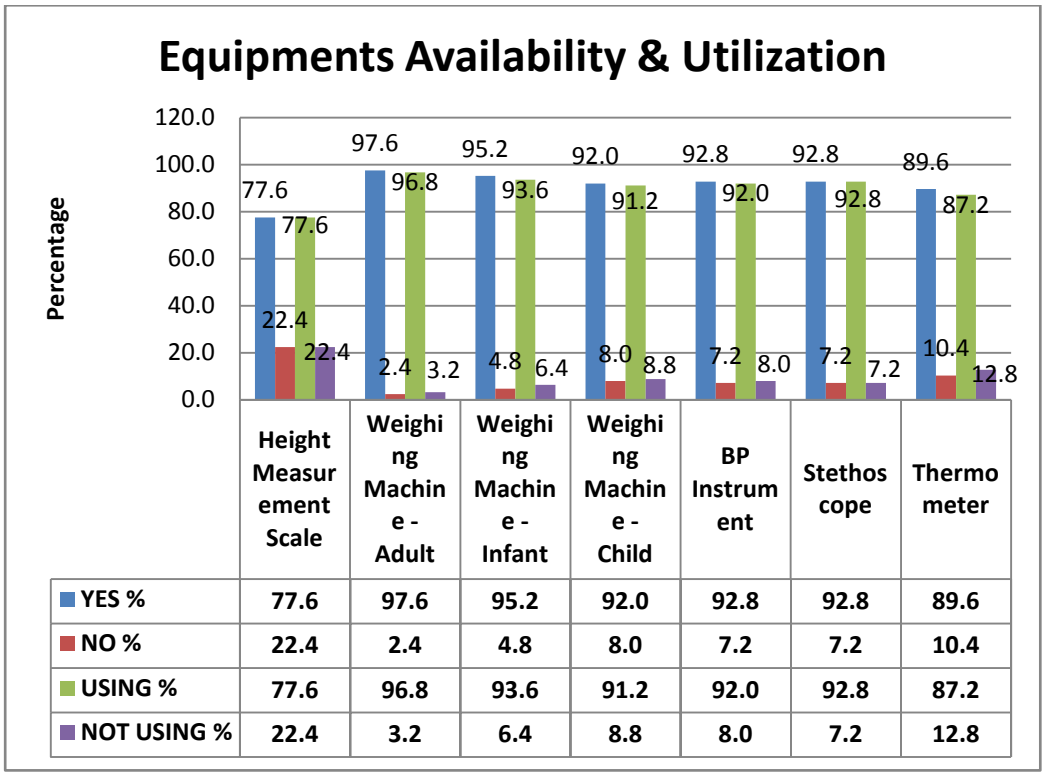
Table 13 & Fig: 1: Bar Graph explains about almost 99% MDC have accessibility to community or beneficiaries same time there is almost 87 % MDC have Table / Chair / Dari at their Mamta Diwas Centre. Almost 87% MDC have drinking water facility and 80 % MDC have Hand washing facility also. Main gap lying in Hand washing facility 20%, Availability of Table, chair & dari 14% and Drinking water facility 13%.

Table 14: List of Equipments at MDC

S.N.	Equipment at MDC	YES	NO	USING	OT USIN	YES %	NO %	USING %	T USING
Q12.1	Height Measurement Scale	97	28	97	28	77.6	22.4	77.6	22.4
Q12.2	Weighing Machine - Adult	122	3	121	4	97.6	2.4	96.8	3.2
Q12.3	Weighing Machine - Infant	119	6	117	8	95.2	4.8	93.6	6.4
Q12.4	Weighing Machine - Child	115	10	114	11	92	8	91.2	8.8
Q12.5	BP Instrument	116	9	115	10	92.8	7.2	92	8
Q12.6	Stethoscope	116	9	116	9	92.8	7.2	92.8	7.2
Q12.7	Thermometer	112	13	109	16	89.6	10.4	87.2	12.8
Q12.8	Hemoglobin meter	107	18	104	21	85.6	14.4	83.2	16.8
Q12.9	Blood Slide	122	3	122	3	97.6	2.4	97.6	2.4
Q12.10	Patient Examination Table with Privacy	71	54	58	67	56.8	43.2	46.4	53.6
Q12.11	Hub Cutter	120	5	119	6	96	4	95.2	4.8
Q12.12	Puncture Proof Disposable Bags / Container	113	12	111	14	90.4	9.6	88.8	11.2
Q12.13	Cold Chain Maintained	125	0	125	0	100	0	100	0
All Total Average % of Equipment Available at MDC		97	11.3	95.2	13.1				

Table 14: present brief picture of available equipments at Mamta Diwas centre as according to checklist there should me around 13 equipments should be present at Mamta Diwas centre if we take total average of equipments then it is been observed that almost 98 % places have equipments & 11 % MDC where there was gap lying. But these instruments utilization still decreased 3 % from 97% to 95 %.

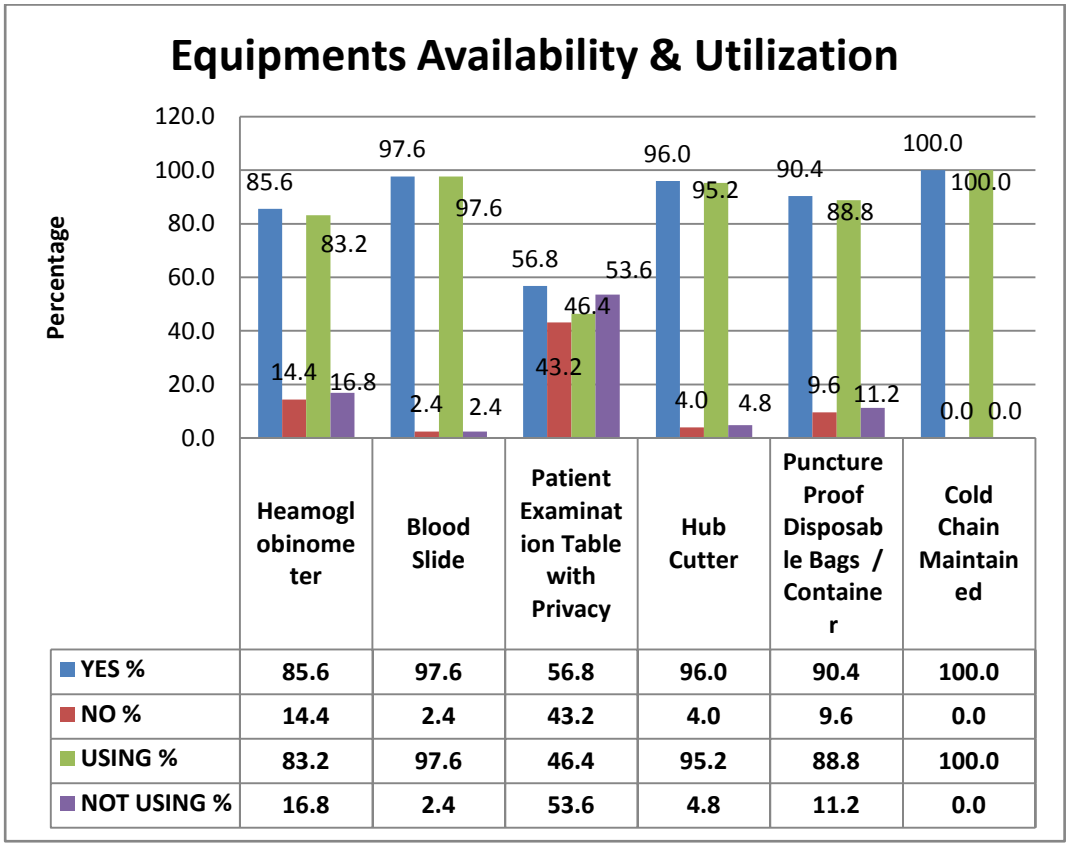
Fig: 2.1: Bar Graph showing % of Height Measurement Scale, Weighing Machine, BP Apparatus, Stethoscope & thermometer at MDC.



	Height Measurement Scale	Weighing Machine - Adult	Weighing Machine - Infant	Weighing Machine - Child	BP Instrument	Stethoscope	Thermometer
YES %	77.6	97.6	95.2	92.0	92.8	92.8	89.6
NO %	22.4	2.4	4.8	8.0	7.2	7.2	10.4
USING %	77.6	96.8	93.6	91.2	92.0	92.8	87.2
NOT USING %	22.4	3.2	6.4	8.8	8.0	7.2	12.8

As according to Fig: 2.1: Bar Graph showing % of Height Measurement Scale, Weighing Machine, BP Apparatus, Stethoscope & thermometer availability and its utilization at MDC. Height Measuring Scale (22%) and Thermometer (13%) was the main gap at Mamta Diwas centre, other equipments was almost available at MDC and was utilized at MDC in routine activity.

Fig: 2.2: Bar Graph showing % of Hemoglobin meter, Blood slide, Patient examination table, Cold chain, Puncture Proof Bag & Hub cutter availability & Utilization



	Heamoglobinometer	Blood Slide	Patient Examination Table with Privacy	Hub Cutter	Puncture Proof Disposable Bags / Container	Cold Chain Maintained
YES %	85.6	97.6	56.8	96.0	90.4	100.0
NO %	14.4	2.4	43.2	4.0	9.6	0.0
USING %	83.2	97.6	46.4	95.2	88.8	100.0
NOT USING %	16.8	2.4	53.6	4.8	11.2	0.0

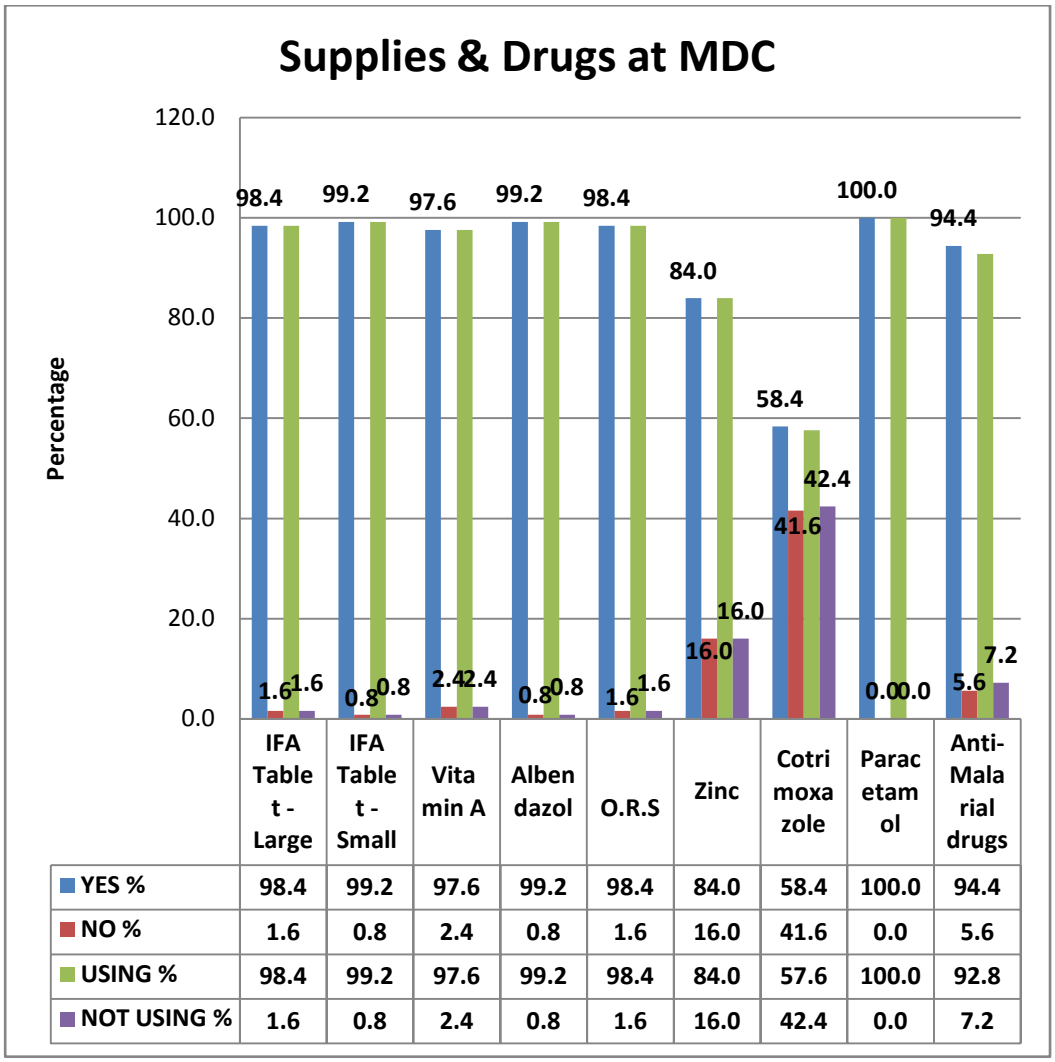
As according to above Fig: 2.2 : Bar Graph showing percentage of availability & Utilization of Hemoglobin meter, Blood slide, Patient examination table, Cold chain, Puncture Proof Bag & Hub cutter at Mamta Diwas Centre. The best thing is cold chain maintenance which was found 100 percentage achieved and same time there was huge gap in availability of Patient examination table around 43 percentage and in utilization it was increased 10 percentage as 53 because that table was not in proper condition so that it can be used for patient purpose or there was lacking in curtain to create privacy so it was unusable.

Table 15: List of Supplies & drugs at MDC

S.No.	Supplies & Drugs at MDC	YES	NO	DISTRIBUTION	NO DISTRIBUTION	YES %	NO %	USING %	NOT USING %
Q13.1	IFA Tablet - Large	123	2	123	2	98.4	1.6	98.4	1.6
Q13.2	IFA Tablet - Small	124	1	124	1	99.2	0.8	99.2	0.8
Q13.3	Vitamin A	122	3	122	3	97.6	2.4	97.6	2.4
Q13.4	Albendazol	124	1	124	1	99.2	0.8	99.2	0.8
Q13.5	O.R.S	123	2	123	2	98.4	1.6	98.4	1.6
Q13.6	Zinc	105	20	105	20	84	16	84	16
Q13.7	Cotrimoxazole	73	52	72	53	58.4	41.6	57.6	42.4
Q13.8	Paracetamol	125	0	125	0	100	0	100	0
Q13.9	Anti-Malarial drugs	118	7	116	9	94.4	5.6	92.8	7.2
Q13.10	Condoms	89	36	88	37	71.2	28.8	70.4	29.6
Q13.11	Oral Contraceptive Pills	100	25	100	25	80	20	80	20
Q13.12	Emergency Contraceptives Pills	50	75	49	76	40	60	39.2	60.8
Q13.13	Intra Uterine Contraceptive Device (IUCD)	102	23	101	24	81.6	18.4	80.8	19.2
Q13.14	Nischay Kit (For Pregnancy Test)	103	22	103	22	82.4	17.6	82.4	17.6
Q13.15	6 Killer vaccine Available	125	0	125	0	100	0	100	0
Q13.16	Growth Chart Available	88	37	88	37	70.4	29.6	70.4	29.6
All Total Average % of Drugs Available a		96.8	3.2	96.5	3.5				

Table: 15: Describes about list of Supplies and drugs available at Mamta Diwas centre except some few drugs almost all drugs was available at all study area Mamta Diwas Centre as on average 89.5 percentage drugs was available at MDC and 87.5 percentage these drugs was used in oprationalisation of Mamta Diwas Centre.

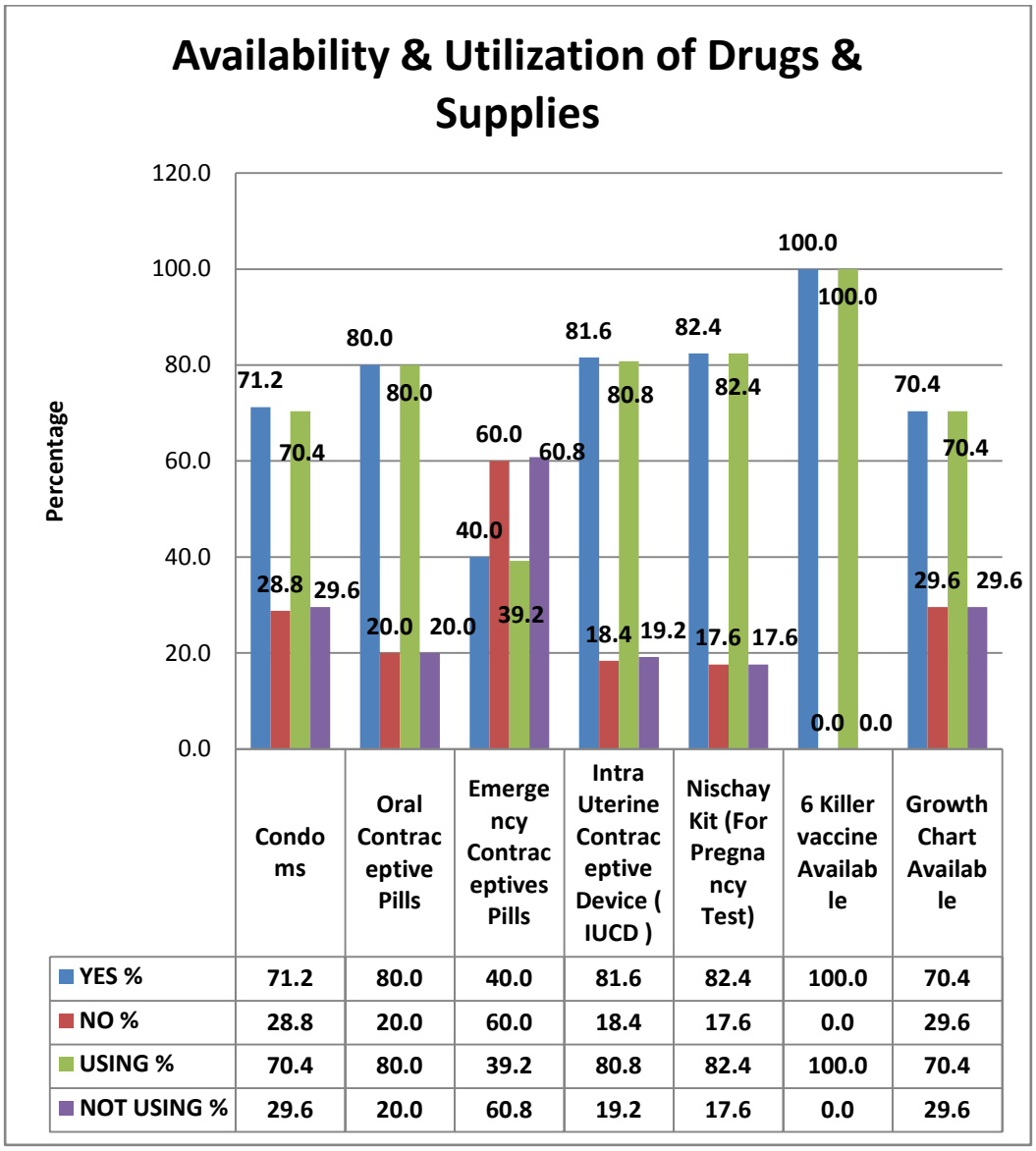
Fig 3: Percentage of Availability & Utilization of Supplies and Drugs at Mamta Diwas Centre.



	IFA Tablet - Large	IFA Tablet - Small	Vitamin A	Albendazol	O.R.S	Zinc	Cotrimoxazole	Paracetamol	Anti-Malarial drugs
YES %	98.4	99.2	97.6	99.2	98.4	84.0	58.4	100.0	94.4
NO %	1.6	0.8	2.4	0.8	1.6	16.0	41.6	0.0	5.6
USING %	98.4	99.2	97.6	99.2	98.4	84.0	57.6	100.0	92.8
NOT USING %	1.6	0.8	2.4	0.8	1.6	16.0	42.4	0.0	7.2

According to Fig: 3: as Bar graph which explains about Availability & Utilization of Supplies and Drugs at Mamta Diwas Centre. There is only two drugs mainly which was unavailable as Cotrimoxazole (42 percentage) and Zinc (sixteen percentage) & as same these two drugs only which had less utilization as Cotrimoxazole (42 percentage) and Zinc (sixteen percentage). Most commonly 100 %availability and 100 % utilization is seen in Paracetamol only.

Fig: 4: Percentage Availability & Utilization of Family Planning Material, Pregnancy Kit, Vaccine and Growth Chart Availability.



	Condoms	Oral Contraceptive Pills	Emergency Contraceptives Pills	Intra Uterine Contraceptive Device (IUCD)	Nischay Kit (For Pregnancy Test)	6 Killer vaccine Available	Growth Chart Available
YES %	71.2	80.0	40.0	81.6	82.4	100.0	70.4
NO %	28.8	20.0	60.0	18.4	17.6	0.0	29.6
USING %	70.4	80.0	39.2	80.8	82.4	100.0	70.4
NOT USING %	29.6	20.0	60.8	19.2	17.6	0.0	29.6

Figure: 4 describes about availability & utilization of Drugs and Supplies at Mamta Diwas Centre, Data regarding vaccine for 6 killer diseases are available at all MDC. Majorly Gap in Family Planning Services: Condoms (availability gap 29%, utilization gap 30%), OCP (availability gap 20%, utilization gap 20%), ECP (availability gap 60%, utilization gap 61%), IUCD (availability gap 18%, utilization gap 19%), Nischay Kit (availability gap 18%, utilization gap 18%).

Table 16: List of Services at Mamta Diwas

S.No.	Services at Mamta Diwas Centre (MDC)	YES	NO	YES %	NO %
Q14.1	Adolescent Services	88	37	70.40	29.60
Q14.2	ANC	58	67	46.40	53.60
Q14.3	PNC	54	71	43.20	56.80
Q14.4	Vaccination	125	0	100.00	0.00
Q14.5	Child Growth Monitoring	98	27	78.40	21.60
Q14.6	FP product Distribution	71	54	56.80	43.20
Q14.7	IUCD insertion	46	79	36.80	63.20
Q14.8	Referral for Terminal method FP	112	13	89.60	10.40
Q14.9	Group meeting	86	39	68.80	31.20
Q14.10	Water Testing / Salt testing kit	50	75	40.00	60.00

Fig: 5: Mamta Diwas Services percentage at MDC.

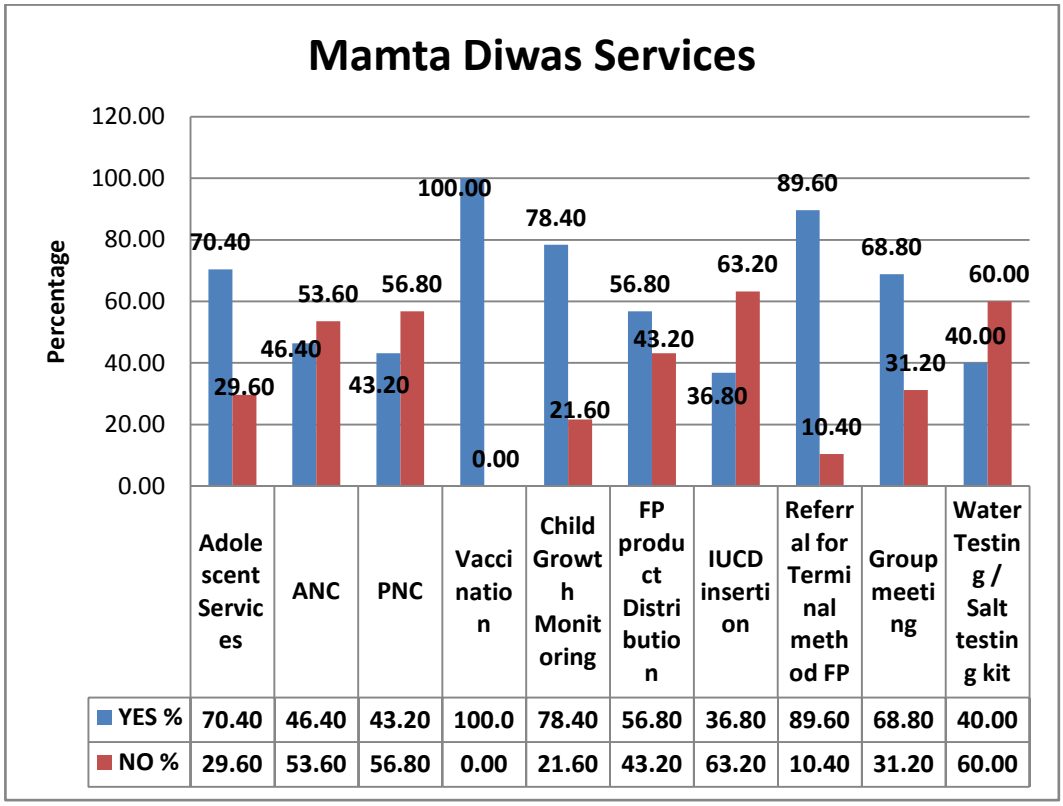


Table 16 and Figure number 5 explains about Availability of various services at Mamta Diwas Centre, there is still gap lying as Adolescent Services (30%), Antenatal Care (54%), Postnatal Care (57%), Vaccination (nil), Child Growth Monitoring (22%), Family Planning product distribution (43%), Intra Uterine Contraceptive Device (63%), Referral for Terminal Method (Eleven percentage), Taruni Group Meeting (31%) and Salt testing kit (60%).

Table 17: List of Records & Documents

S.No.	Records & Documents at MDC	YES	NO	USING	NOT USING	YES %	NO %	USING %	NOT USING %
Q15.1	Due list Register	101	24	101	24	80.8	19.2	80.8	19.2
Q15.2	MCH Card & Adolescent Card	119	6	116	9	95.2	4.8	92.8	7.2
Q15.3	MCH Register	108	17	108	17	86.4	13.6	86.4	13.6
Q15.4	QMD Tally sheet	101	24	100	25	80.8	19.2	80	20
Q15.5	E - Mamta work plan	64	61	64	61	51.2	48.8	51.2	48.8

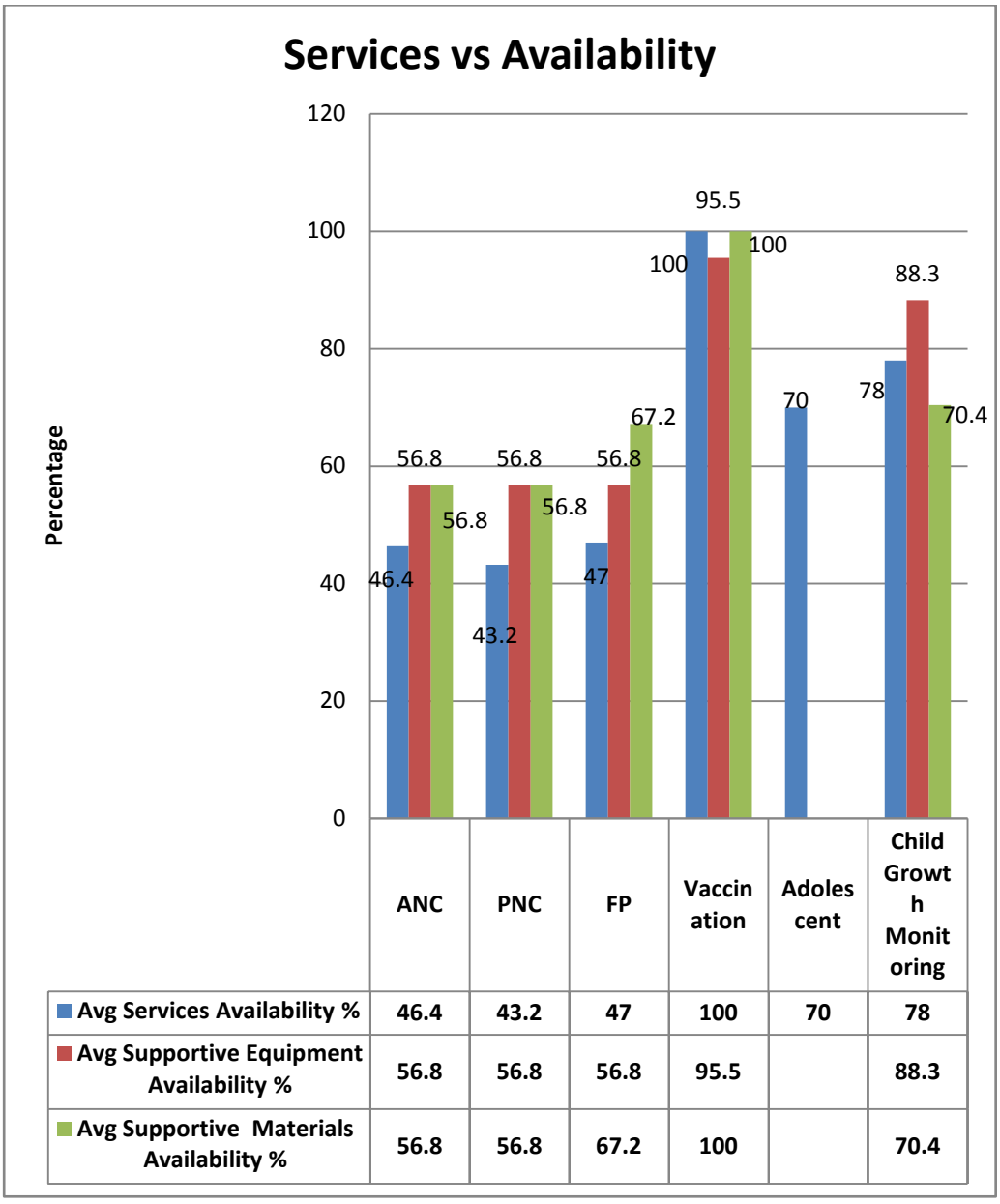
Table 17 explains about records and documents available at Mamta Diwas Centre, almost all MDC have MCH Card & Adolescent card but there was some gaps in services as E Mamta Work plan (49 percentage), Mamta Day Tally Sheet (Nineteen percentage), Due List Register (Nineteen percentage). Utilization gaps also almost similar.

Table 18: Cross tabulation between various variables.

Services List	Avg. Services Availability %	Avg. Supportive Equipment Availability %	Avg. Supportive Materials Availability %
ANC	46.4	56.8	56.8
PNC	43.2	56.8	56.8
FP	47	56.8	67.2
Vaccination	100	95.5	100
Adolescent	70		
Child Growth Monitoring	78	88.3	70.4

As according Table 18 & Figure: 6 explains about services list which is supposed to be there at Mamta Diwas Centre, by these cross tabulation of variables we try to understand that for services which need to be available at Mamta Diwas Centre is there proper equipment and material available at same Mamta Diwas Centre. When we see the data we analyze that yes availability of equipment & supplies of material is an issue but still services at MDC is lesser then availability except vaccination services.

Fig: 6: Cross tabulation between variables as services at MDC & Equipments' & other materials Availability.



	ANC	PNC	FP	Vaccination	Adolescent	Child Growth Monitoring
Avg Services Availability %	46.4	43.2	47	100	70	78
Avg Supportive Equipment Availability %	56.8	56.8	56.8	95.5		88.3
Avg Supportive Materials Availability %	56.8	56.8	67.2	100		70.4

Intervention:

After review of literature & analyzing baseline survey we decided to implement some intervention to develop an Aadarsh Mamta Diwas Centre under every PHC in 11 Taluka to improve the program in whole district.

A. <u>Strengthening Planning & Implementation of VHNDs / Mamta Diwas:</u>

1) Instruction Letter to all Taluka Health officers / PHC – MO for filling up the Gaps & allocation of fixed assets and Human Resource in Mamta Diwas centre as per GOG guidelines of Mamta Diwas.

It is been done after discussion with Dr. K. P. Patel - Chief District Health Officer & Dr. J. O. Madhak – Reproductive Child Health Officer, there was letter issued to all Taluka Health officers & PHC – Medical Officers for filling up the Gaps & allocation of fixed assets and Human Resource in Mamta Diwas centre as per GOG guidelines of Mamta Diwas.

2) Facilitating orientation on VHND guidelines & Micro plans to various technical staff.

There was various meeting conducted at District level as well as Taluka Level & PHC level for facilitation & orientation on Mamta Diwas to Taluka Health Officers, PHC Medical Officers, Female Health Supervisor, Taluka Health Supervisor, Taluka M & E, ASHA facilitator.

The whole team supported the orientation of district- and block-level functionaries on their roles and responsibilities according to VHND /Mamta Diwas guidelines for providing role clarity and avoiding duplication of work for better service provision and coverage. At the district level, the Project team worked with the Chief District Health Officer (CDHO), Reproductive Child Health Officer, District Programme Coordinator (DPC) - NHM, Health and Education Officers. At the block level, the Research Project team worked with the Taluka Health Officers, Medical Officer in-Charge (MOIC), CDPO, Medical Officers, and ICDS worker of AWC.

Pic:1: Picture of Meeting of THO/ MO for Micro plan Orientation & Implementation

3) Revising Mamta Diwas micro plans at SC level, PHC Level, Taluka Level & District Level.

Instruction letter from CDHO to all THO for implementation of microplan & assured supervision as microplan at all MDC. Prepared a micro plan at SC level, PHC Level, Taluka Level & District Level using GOG & GOI Mamta Diwas guidelines. Also Given instruction after approval of micro plan of VHND by Dr. K. P. Patel - Chief District Health Officer & Dr. J. O. Madhak – Reproductive Child Health Officer for implementation of these micro plans to all Taluka Health Officers, PHC Medical Officers, Female Health Supervisor, Female Health Worker.

We have used a structured VHND / Mamta Diwas module for orienting frontline workers. We also assisted in developing capacity-building sessions and training two trainers (One f(Mamta Diwas), One for Maternal Health) for our district, also trained 11 trainers at all Taluka Level & Basic orientation & training to 38 MO / 38 FHS / 68 ASHA facilitator. These trained the FHW & AWWs on VHNDs during their routine monthly meetings. Capacity- building on VHND focused on establishing role clarity among the frontline workers and expectations for service provision and reporting. Taluka Health Officers & Medical Officers held similar sessions with ANMs during their monthly meetings.

Revising micro plans f(Mamta Diwas):

During the district orientation programme, the we identified the need to evolve VHND micro plan using the existing routine immunization micro plan. We facilitated a joint review of the micro plans by the DPO , THO, MOIC and the

CDPOs in all blocks, involving all the three frontline workers and their supervisors to identify the most appropriate site for VHND that was accessible for marginalized populations. This joint review process resulted in the identification of several missed populations and geographic areas, which were included in the revised micro plans. The revised micro plans also incorporated the names of the AWWs, a change from the earlier practice of mentioning only names of the responsible ANMs and the ASHAs. Both departments shared the revised micro plans with their workers.

4) amta Diwas Banner design with service list & implementation.

Designing The Banner of Mamta Diwas , added the extra service list to the Mamta Diwas Banner for becoming a more informant for beneficiary and providing information to community / beneficiary about what else services they can avail at Mamta Diwas centre.

Pic:2: Previous Mamta Diwas Banner:

Pic : 3: New Mamta Diwas Banner:

5) Distribution of Various programs DVD as Mamta Diwas, Breast Feeding, ANC, PNC, HBNC, Immunization, Sanitation & Hygiene videos collections. Instruction letter for showing these videos in PHC meeting regularly.

I have requested to State Health Institute of Family Welfare for providing us all the Video Material available with them regarding Maternal Health. Same time also requested to different Development partners to share their initiatives / videos with us in relation with Maternal Health / Mamta Diwas. And also instruction letter from Dr. K. P. Patel - Chief District Health Officer & Dr. J. O. Madhak – Reproductive Child Health Officer for showing these videos in PHC meeting regularly.

6) Monthly Taluka and PHC meetings as for VHND-related discussion (issues / achievements)

Monthly Taluka level / PHC level meetings of THO / PHC – MO / FHW / ASHA /AWWs served as an important platform for supervisors to address programmatic issues, including VHNDs, in respective Taluka. At the Taluka meetings, the supervisors shared gaps observed based on their own observations during VHND monitoring visits. VHND data was also shared and discussed at the district- level meetings – RMNCH + A meeting, All DPO meeting on a monthly basis for making the necessary programme corrections.



Pic: 4: Meeting of T M & E / THS / FHS

7) Developing a 38 Aadarsh Mamta Diwas Centre as skill centre at Sub Centre under each PHC area in whole Amreli District.

With Joint decision with Chief District Health Officer, Reproductive Child Health Officer & District Program coordinator we decided to develop a 38 Aadarsh Mamta Diwas center at 38 sub center under respective 38 PHC.

Sub Centre was selected on criteria of Better resources availability, Good infrastructure, larger population village, Accessibility for community. Which was developed as skill centre for other FHW, ASHA, & AWW in future to achieve a goal of 618 Aadarsh Mamta Diwas centre. MOIC at PHC will be identifying the frontline line workers which need training regarding VHND implementation then these centers will work as training centre for them. Compulsory FHS will be there on these centers.

B. <u>Strengthening Monitoring And Supervision of VHNDs:</u>

Expanding the number and quality of services provided during VHNDs required improved monitoring of VHNDs with regular observation and on-site supervision. DHS, DPMU and THO formalized monitoring requirements by modifying

the field rosters of the supervisors and fixing a minimum number of VHND observations that a supervisor / investigator is required to make in a month. The Research project promoted supportive supervisory practices and encouraged the supervisors to appreciate good performance, identify gaps and help frontline workers to improve their performance through demonstrations and on-site capacity-building. The supervisors also identified factors affecting services delivered at VHNDs, such as the lack of weighing scales and blood pressure equipment, less space, less equipments, irregular medicine supply and helped to address these issues and enable corrective action.

1) Introducing Mamta Diwas monitoring and supervision checklist.

We introduced a comprehensive monitoring Mamta Diwas checklist for DHS, DPMU and THO to use during their supervisory visits. This checklist was adapted from the Mamta Diwas checklist issued by GOI & GOG to which the Project team added a some additional indicators on services and quality of care during VHND. Based on NRHM guidelines, checklist includes critical indicators related to supplies available, services including counseling provided, Mamta Taruni meeting and presence of all three frontline workers.

2) FHS duty to these Aadarsh Mamta Diwas:

Female Health Supervisor is oriented about VHND & its micro planning at SC level so she is main responsible person for SC micro Planning and VHND implementation.

3) Medical Officer assured supervision to these Aadarsh Mamta Diwas:

All PHC – Medical officers have to do assure supervision to these Aadarsh Mamta Diwas.

4) Use of data to drive program improvements:

Initially, these meetings focused on issues relating to organizing VHNDs as per the micro plan. As VHND roll-out was systematized in the district, the focus shifted to quality issues, especially the availability of different services as defined

in the GOG /NRHM guidelines. Use of data for programme improvements: The monitoring checklists filled by supervisors during their visits to VHNDs form the basis for the data reviewed at routine meetings. We introduced a simple and user-friendly Microsoft Excel- based spreadsheet tool for analysis of VHND data collected through the monitoring checklists and built the capacity of Taluka M & E and District M & E in data analysis in our districts.

Reviewing of VHND data has helped us to make timely decisions to improve the regularity of VHNDs and focus on quality issues. For example, regular feedback about weight monitoring not being done due to the lack of weighing scales led the departments to mobilize resources from alternative sources such as nearby SC/PHC. Similarly, feedback about ANC, especially abdominal examination of pregnant women not being done due to lack of privacy at the VHND site, led to creating a space with curtains for privacy where pregnant women could be examined. The review of data also led to the Taluka & District of a 'catch-up round' of VHNDs in the event that VHNDs could not take place on the regular pre-designated days.

End line Survey:

End line survey is done by Investigator as Dr. Keshav Sharma to 38 Aadarsh Mamta Diwas Centre in under respective 38 PHC in 11 Taluka in Amreli District. These was selected on basis of various criteria like Population covered by them, Accessibility, Availability of resources etc.

Fig: 7: Management of Aadarsh Mamta Diwas

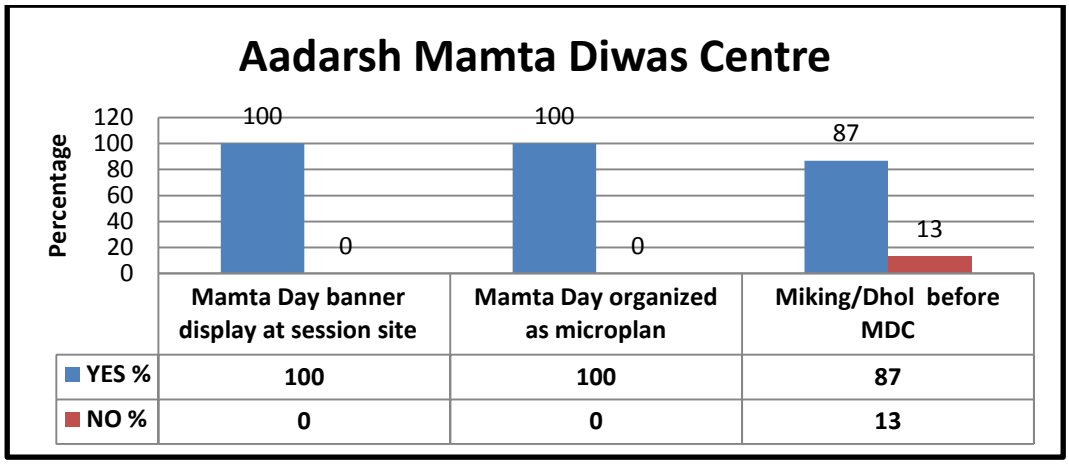
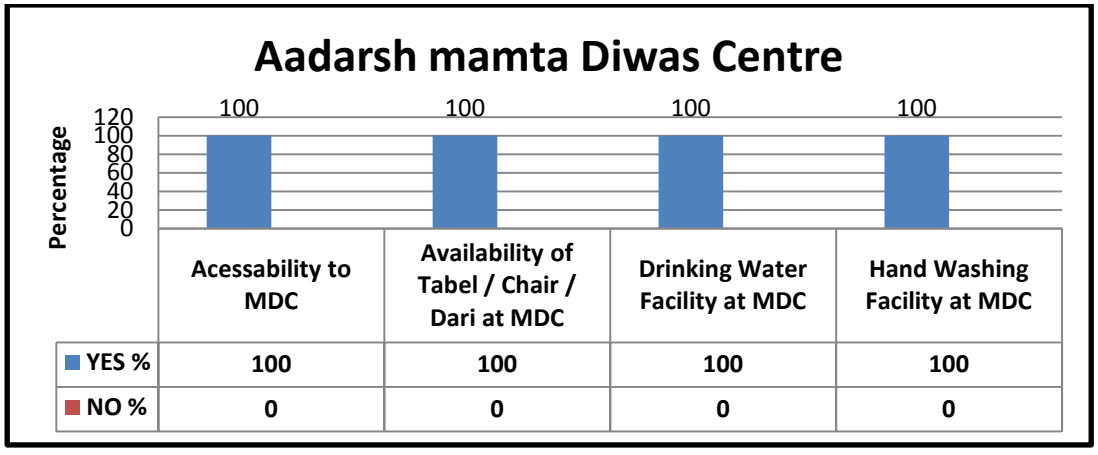


Fig: 7: Explains about All 38 Sub centre used Mamta Diwas banner for Display at MDC, Mamta Diwas was organized as according to the micro plan but still Miking or Dhol still was happening in 87 percentage MDC only. There is quite good improvement in all three component in comparison with baseline finding.

Fig: 8: Accessibility & Availability at Aadarsh Mamta Diwas centre



According to Fig: 8: It is an excellent achievement we achieved, accessibility we achieved 100 percentage during planning only and other availability of accessories & facilities is achieved my team work with all THO & MO. So all components are 100 percent we achieved.

Fig: 9: Equipments at AMDC

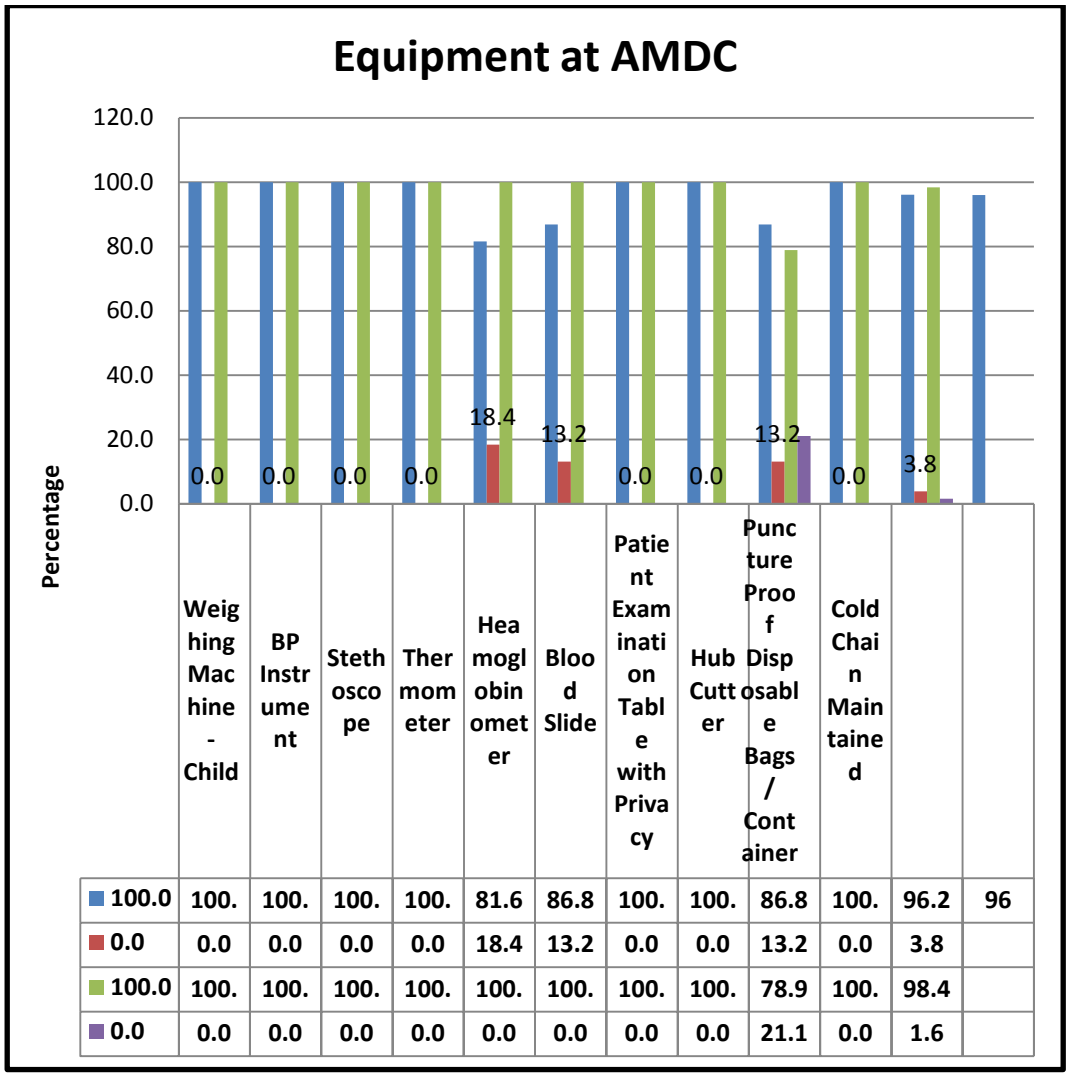


Fig : 9 : explains about availability of equipments at Aadarsh Mamta Diwas Centre Almost all equipments which was need to be present at AMDC was available except few as Hemoglobin meter (18 percentage gap), Blood Slide(13 percentage), Puncture Proof disposal bag (13 percentage) & Height Measurement

Scale(five percentage). Utilization of equipments was there 100 percent except disposal puncture proof bag.

Fig; 10: Drugs and supplies availability & its distribution at AMDC.

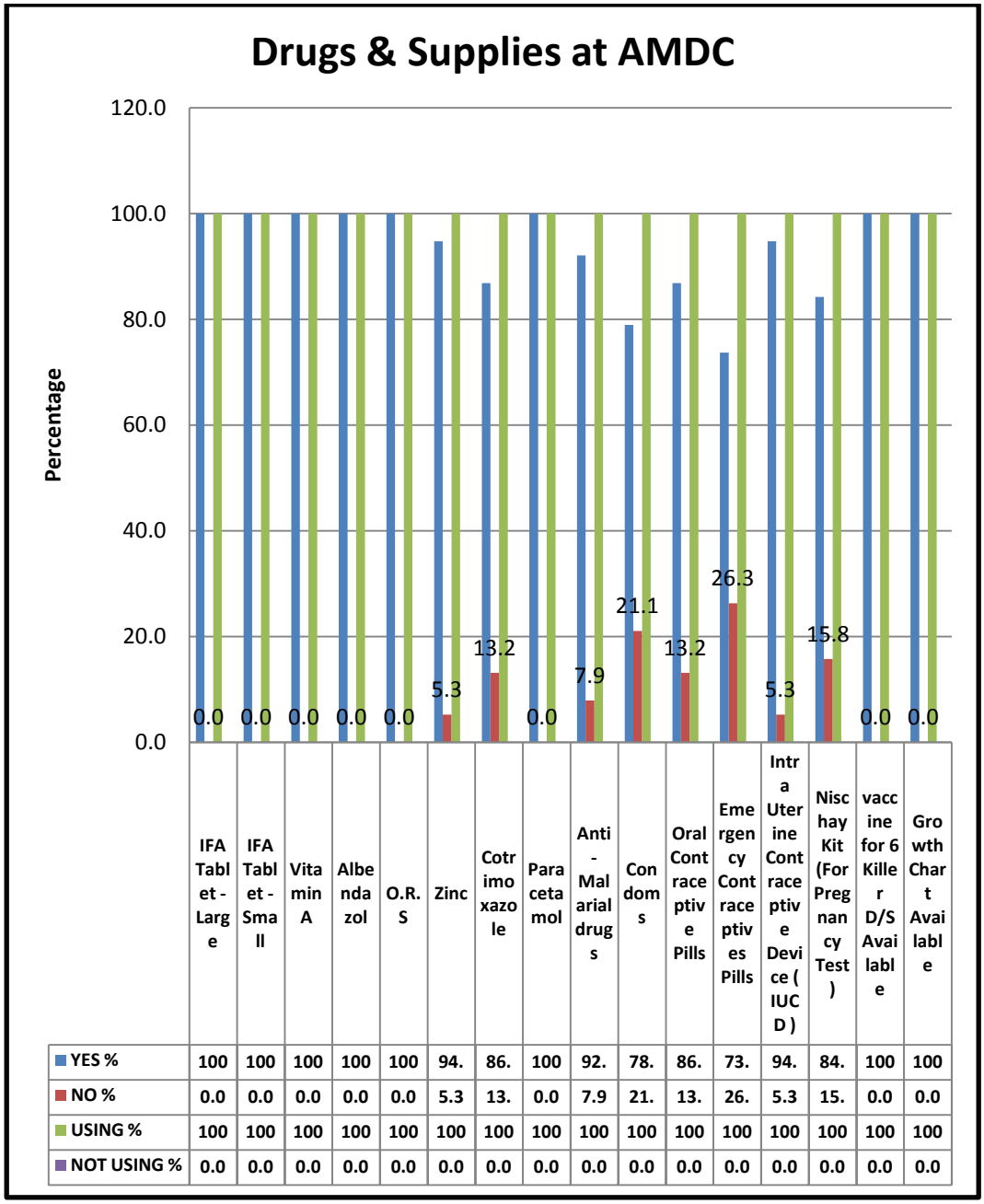
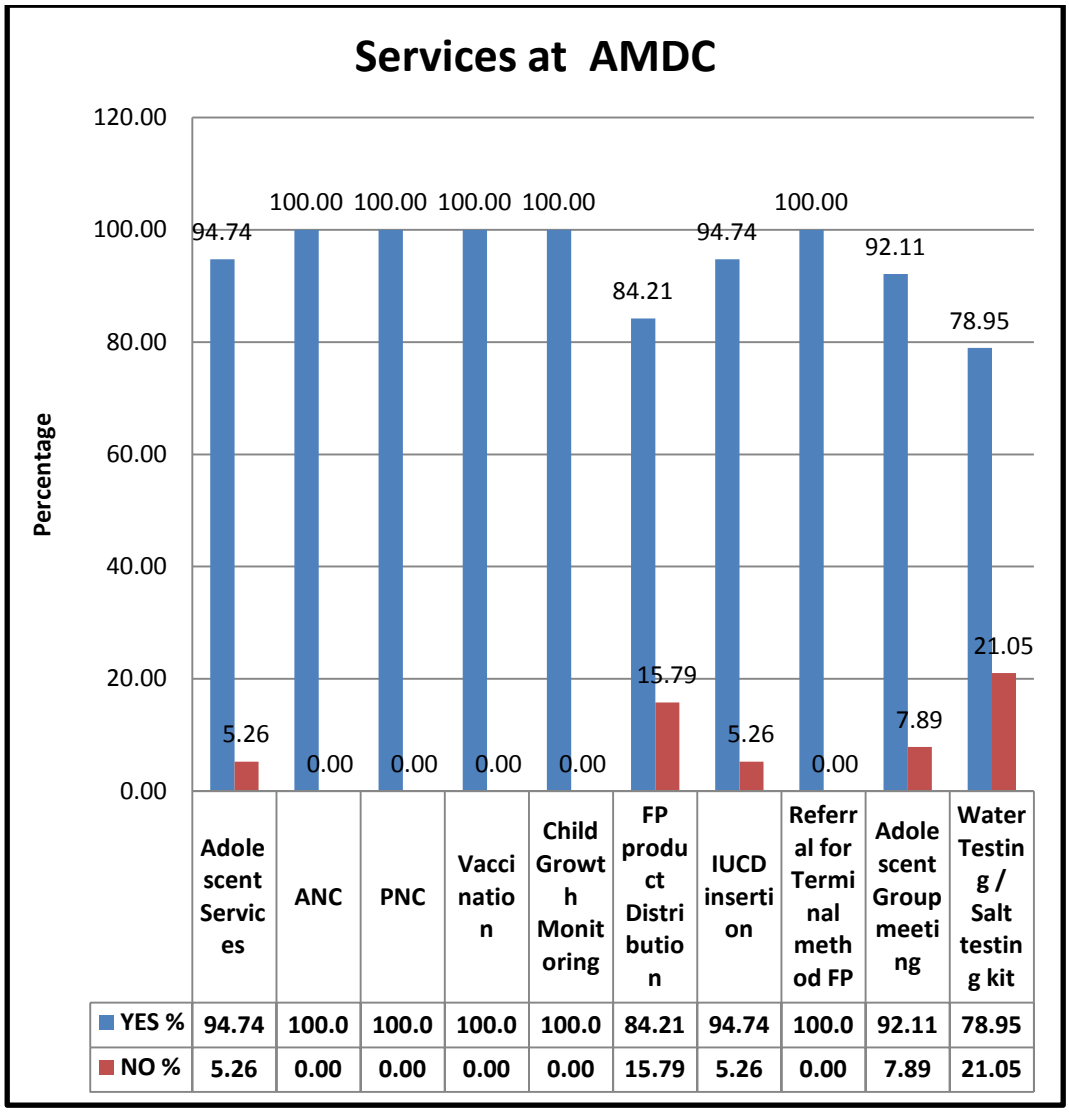


Fig: 10: explains about drugs & supplies availability at AMDC, almost all of the drugs & supplies was made available at all AMDC except few which we need to achieve still 100 percentage, those are like ECP (26 percentage gap), Condoms (21

percentage gap), Nischay Kit (16 percentage gap), OCP (13 percentage gap), Cotrimoxazole (13 percentage gap), Malarial Drug (8 percentage gap) and IUCD (5 percentage gap).

Fig: 11: Services at Aadarsh Mamta Diwas centre



Fig; 11: explains about the various services present at Aadarsh Mamta Diwas centre, Almost all services available like ANC, PNC, Vaccination, Child Growth Monitoring but some of the services still need some support from all PHC / THO/ DHO to achieve 100 percent achievement. Water testing kit (21%) and Family Planning Product Distribution (16%) is still having some gap.

Fig: 12: Records & documents availability and utilization at AMDC.

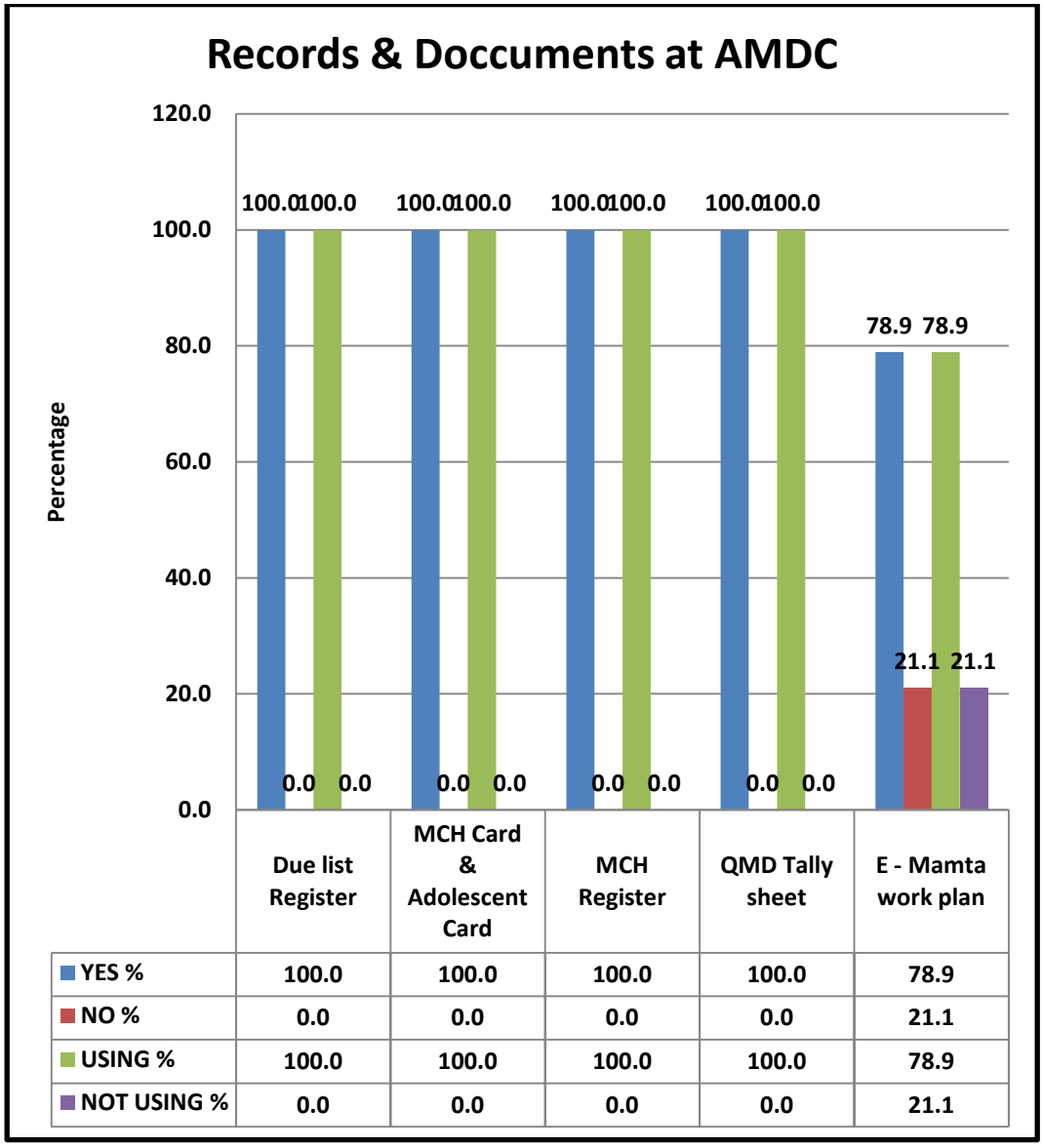


Fig: 12: All Documents as Duelist Register, MCH card, Adolescent or Mamta Taruni Card, MCH Register, Mamta Day tally sheet was available and filled by everyone and updated till the date of visit. Only E – Mamta work plan still was missing in 21 % of Mamta Diwas Centre.

Discussion

While reviewing the literature and other research work / studies on village health nutrition day in different part of company shows improvement after implementation of management input and continuous monitoring and sensitizing all health workers. If we start analyzing all part of change in brief these are major changes:

Fig: 13: Comparison between baseline & end line survey in brief

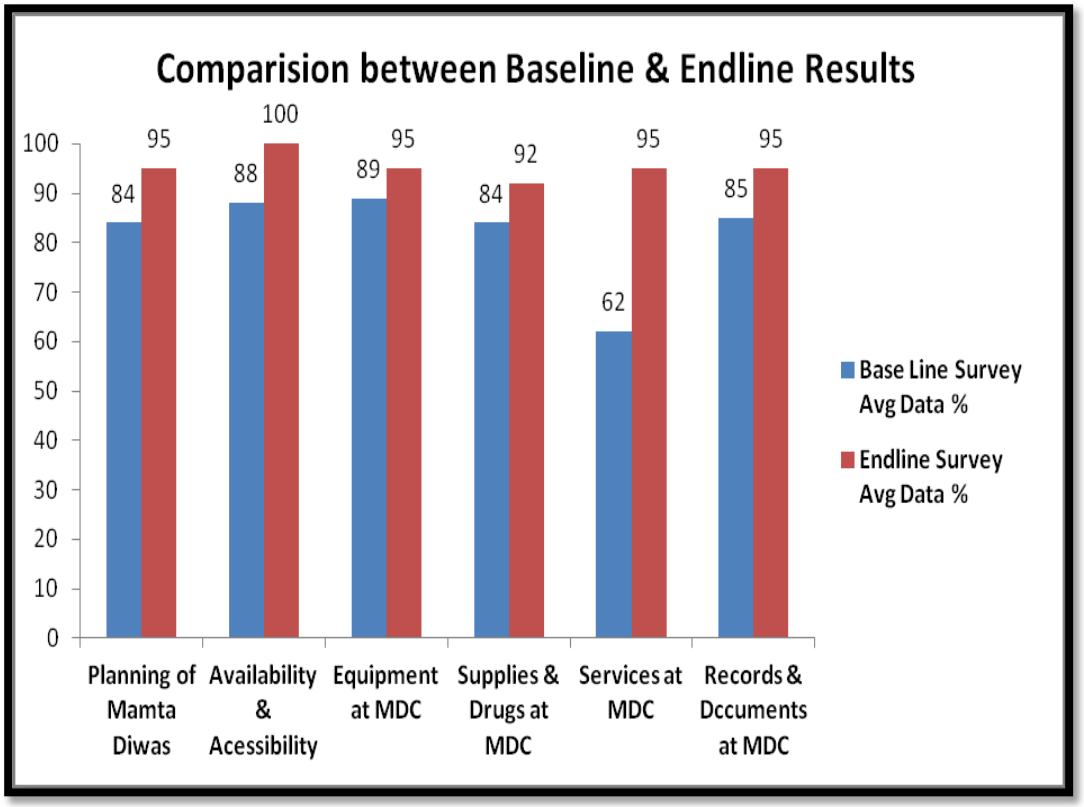


Fig: 13: describes about changes in Mamta Diwas centre after intervention. We have divided all questionnaire data into 6 major heading and then try to compare the results of intervention on all Mamta Diwas centers. Planning and Management of Mamta Diwas is improved from 84% to 95%, Accessibility and Availability is improved from 88% to 100%, Equipment availability is improved from 89% to

95%, Supplies & Drugs at MDC is improved from 84% to 92%, Services is improves from 62% to 95% and same time records and documentation is still improved 10% from 85% to 95%.

Table 19: Comparison of Baseline & End line Results of Mamta Diwas.

S.N.	Mamta Diwas Centre	Baseline Survey	End line Survey	Achievement %
		Implementation %	Implementation %	
Q 8	Mamta Day banner display at session site	69	100	31
Q11.2	Availability of Table / Chair / Dari at MDC	85	100	15
Q11.3	Drinking Water Facility at MDC	87	100	13
Q11.4	Hand Washing Facility at MDC	80	100	20
Equipment at MDC				
Q12.1	Height Measurement Scale	78	95	17
Q12.7	Thermometer	90	100	10
Q12.10	Patient Examination Table with Privacy	57	100	43
Q12.12	Puncture Proof Disposable Bags / Container	76	86	10
Supplies & Drugs at MDC				
Q13.6	Zinc	84	95	11
Q13.7	Cotrimoxazole	58	87	29
Q13.12	Emergency Contraceptives Pills	40	74	34
Q13.13	Intra Uterine Contraceptive Device	81	95	14
Q13.16	Growth Chart Available	70	100	30
Services at MDC				
Q14.1	Adolescent Services	70.4	94.7	24
Q14.2	ANC	46.4	100	54
Q14.3	PNC	43.2	100	57
Q14.5	Child Growth Monitoring	78.4	100	22
Q14.6	FP product Distribution	56.8	84.2	27
Q14.7	IUCD insertion	36.8	94.7	58
Q14.8	Referral for Terminal method FP	89.6	100	10
Q14.9	Adolescent Group meeting	68.8	92.1	23
Q14.10	Water Testing / Salt testing kit	40	78.9	39

Records & Documents' at MDC				
Q15.1	Due list Register	81	100	19
Q15.3	MCH Register	86	100	14
Q15.4	QMD Tally sheet	80	100	20
Q15.5	E - Mamta work plan	51	78	27

This table briefly explains the achievement made in this intervention research & also describes in brief about the baseline and end line findings which explains that due to intervention there is change in program implementation. These interventions were finalized by reviewing the literature by me and discussion with expert team at district level. Also during the implementation phase we had a regular field meeting at Taluka level with all THS / FHS / PHC –MO to know about the operational difficulties and challenges to face by them in implementation.

As well as these are skill centers for Mamta Diwas in their respective areas so on job training can continuous which still will lead the progress in Mamta Diwas implementation. All PHC – MO after their respective visits it's compulsory that every FHW in their respective area have to get trained under these centers which keep continue to improve their skills and this report became part of routine reporting of Mamta Diwas.

Major improvement seen in as Mamta Day banner display at session site (31%), Patient Examination Table with Privacy (43%), Cotrimoxazole (29%), Emergency Contraceptives Pills (34%), Growth Chart Available (30%), ANC (54%), PNC (57%), Child Growth Monitoring (22%), FP product Distribution (27%), Water Testing kit (39%), Due list Register (19%), QMD Tally sheet (20%).

Conclusion & Recommendation:

At the end of this research there are some conclusion and learning which I had as from Base line survey Analysis given a picture that still we need to put focus in better planning and management input in Mamta Diwas implementation at field level. There is still gap lying to achieve a concept of continuum of care and use this program as platform for Adolescent health, Maternal Health, Child Health, Nutrition, Health Promotion & education, Gender, Communicable Diseases, Sanitation, Family Planning, Reproductive Tract Infections and Sexually Transmitted Infection etc according to GOG / GOI guidelines. End line survey clearly describes about that the interventions which we did to these centers is improved the better program implementation, as all interventions also does not cost too much as finances is concern. One thing which we learned using the existing platform of different programs specially RCH program we can improve the program implementation at field level.

It cannot be achieved by one person we need to sensitize all Taluka officers, medical officers, supervisors and frontline worker and continuous monitoring them will improve program implementation very well in district. As also suggested all interventions to implement at all 618 villages Mamta Diwas centre. As today's date there is no separate micro plan was maintained f(Mamta Diwas) centre , all MDC was maintained using immunization micro plan only. So initial first phase is completed in this study later on phase manner we can target implementation of all intervention on Taluka wise in every month or every two month so focus also will be intensify as well as program will do well. There are some recommendations which can do still better for implementation of program:

- Implementations of Microplan in district covering all Mamta Diwas Centre.
- Best Mamta Diwas Award in whole district.
- Quality Circles concept in ASHA.
- Strengthening Planning & Implementation of VHNDs / Mamta Diwas.
- Strengthening monitoring and supervision of VHND / Mamta Diwas.
- Inter Taluka supervision.

- Using technology we can think about videos presentation at routine district meetings.
- Innovation / outreach Mamta Diwas Centre concept.
- Mobile Mamta Diwas Concept.

CHAPTOR – 4

Appendix

References:

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4) Evaluating the Fixed Nutrition and Health Day (FNHD) program in the rural area of Shamirpet, Ranga Reddy District and the urban area of Dabeerpura, Hyderabad District. Raj Kumari HK1, Hira P1, Rithuma O1, Murthy GVS1, Ajitha K2, Suresh M1,3,4
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Mamta Diwas Checklist: English Format

S.No.	Quality Mamta Day - Monitoring / Supervision Format (Tick mark / write)			
1	District	1. Amreli		
2	PHC			
3	Date of Visit			
4	HSC / Village Name			
5	Mamta Day Place	1 Aganwadi centre ( ) 2 SC ( ) 3 Others		
6	Staff present at QMD Session site (Tick)	1. ANM ( ) 2. FHW ( ) 3. AWW ( ) 4. ASHA ( ) 5. Others.....		
7	Mamta Day training received (Tick)	1. ANM ( ) 2. FHW ( ) 3. AWW ( ) 4. ASHA ( ) 5. Others.....		
S.No.	OBSERVATIONS		(YES / NO)	REMARKS
8	Mamta Day banner is being displayed at the QMD session site			
9	Is Mamta Day session being organized according to microplan ?			
10	Miking/Dhol druming day before QMD (Ask from benefeciaries)			
11	QMD Site Details :		(YES / NO)	REMARKS
11.1	Is Mamta Day session site accesable to community			
11.2	Availability of Tabel / Chair / Dari for service provider/benefeciaries			
11.3	Drinking Water Facility at session site for benefeciaries			
11.4	Hand Washing Facility for service provider			
12	Availability of Instruments / materials	Avail.(Yes / No)	Using /Not Using	REMARKS
12.1	Height Measurement Scale			
12.2	Weighing Machine (Adult)			
12.3	Weighing Machine (Infant)			
12.4	Weighing Machine (Child)			
12.5	BP Instrument			
12.6	Stethoscope			
12.7	Thermometer			
12.8	Heamoglobinometer			
12.9	Blood Slide			
12.10	Patient Examination Table with Privacy			
12.11	Hub Cutter			
12.12	Puncture Proof Disposable Bags / Container			
12.13	Cold Chain Maintained			
13	Medicine / Supply	Availa. (Yes / No)	Distr. / No distr.	REMARKS
13.1	IFA Tablet (Large)			
13.2	IFA Tablet (Small)			
13.3	Vitamin A			
13.4	Albendazol			
13.5	Oral Rehydration Solution (O.R.S.)			
13.6	Zinc			
13.7	Cotrimoxazole			
13.8	Paracetamol			
13.9	Anti-Malarial drugs			
13.10	Condoms			
13.11	Oral Contraceptive Pills			
13.12	Emergency Contraceptives Pills			
13.13	Intra Uterine Contrceptive Device (IUCD)			
13.14	Nischay Kit (For Pregnancy Test)			
13.15	6 Killer vaccine Available			
13.16	Growth Chart Available			

14	Available Services in QMD	(YES / NO)	REMARKS
14.1	Adolescent Services (TT, IFA tablet, Sanitary Napkin)		
14.2	Ante - Natal Care (ANC)		
14.3	Post - Natal Care (PNC)		
14.4	Vaccination		
14.5	Child Growth Monitoring		
14.6	Family Planning product Distribution		
14.7	IUCD insertion		
14.8	Referal for Terminal method / tubectomy / Vasectomy		
14.9	Group meeting		
14.10	Water Testing / Salt testing kit		
15	Record/Documents	Avail.(Yes / No)	Using /Not Using
15.1	Due list Register		
15.2	MCH Card & Adolescent Card		
15.3	MCH Register		
15.4	QMD Tally sheet		
15.5	E - Mamta work plan		
16	Remarks /Suggestion on QMD services :-		

Declarartion : Monitoring / Inspection of QMD session has been done . I / we hereby declare that all the responses furnished above is true and to the best of my knowledge.

	Name with Signature		
ANM			
FHW			
FHS			
AWW			Signature of Inspecting officer with designation and department
ASHA			

Mamta Diwas Micro plan – Sub Centre:

Mamta Diwas Microplan												
Name of District:-Amreli			Name of Block:-			Name of PHC:-				Name of SC:-		
Sl.No	Day of VHSND	Name of AWC/ VHSND SITE / SC	Name of the tagged village/Tola	Distance of village/Tola For VHSND SITE (km)	Accessibility to VHSND SITE for VHSND (Yes / No)	Population Covered	Name of FHW / FHS	Name of MPW	Name of ASHAs	Name of AWW / AWS	Name & No. of Supervisor	Remarks
1	1st Wednesday											
2	2nd Wednesday											
3	3rd Wednesday											
4	4th Wednesday											
5	1st Friday											
6	2nd Friday											
7												
8												

Mamta Diwas Micro plan – Primary Health Centre:

Mamta Diwas -PHC Micro Plan												
Sub Centre NAME	First Wednesday	Second Wednesday	Third Wednesday	Fourth Wednesday	First Friday	Second Friday	Third Friday	Fourth Friday	First Monday	Second Monday	Third Monday	Fourth Monday
Sub Centre 1												
Sub Centre 2												
Sub Centre 3												
Urban												

Mamta Diwas Micro plan – Taluka Level

PHC NAME	First Wednesday	Second Wednesday	Third Wednesday	Fourth Wednesday	First Friday	Second Friday	Third Friday	Fourth Friday	First Monday	Second Monday	Third Monday	Fourth Monday
PHC Khe												
PHC Vay												
PHC Tim												
URBAN												

Mamta Diwas Micro plan – District Level

District Health Society Amreli												
Mamta Day Micro Plan Summary format 2014-2015												
Name of District	Amreli											
Name of PHCs	Taluka 1	Taluka 2	Taluka 3	Taluka 4	Taluka 5	Taluka 6	Taluka 7	Taluka 8	Taluka 9	Taluka 10	Taluka 11	Total
Number of APHC	3	1	6	1	6	0	0	0	0	0	0	17
Number of HSC	14	16	11	7	23	14	14	14	14	14	14	85
Number of AWC	88	116	62	36	167	58	58	58	58	58	58	527
Number of VHSND plan on 1 wed	18	20	11	7	29	11	11	11	11	11	11	96
Number of VHSND plan on 2 wed	18	19	0	6	26	11	11	11	11	11	11	80
Number of VHSND plan on 3 wed	8	9	1	4	17	6	6	6	6	6	6	45
Number of VHSND plan on 4 wed	2	6	1	2	9	1	1	1	1	1	1	21
Number of VHSND plan on 1 Fri	18	18	17	7	32	12	12	12	12	12	12	104
Number of VHSND plan on 2 Fri	15	17	11	6	27	11	11	11	11	11	11	87
Number of VHSND plan on 3 Fri	7	11	12	2	14	4	4	4	4	4	4	50
Number of VHSND plan on 4 Fri	2	5	6	2	13	2	2	2	2	2	2	30
Number of VHSND plan on other day	0	11	3	0	0	0	0	0	0	0	0	14
Total VHND Sessions	**88**	**116**	**62**	**36**	**167**	**58**	**130**	**130**	**130**	**130**	**130**	**657**
Time frame to conduct District level Convergence Meeting and orientation	All ready held on 07/03/2014											
Time frame to conduct joint (CDPO+MOIC) Block level Meeting for Supervisors briefing and action plan.	completed fom 11 to 17 March 2013											
Time frame to finalise VHSND Microplan and send to District in soft Copy	Submitted											
Time frame to complete training of ANM,AWW,ASHA	Completed in 2014											
	Note:Number Should be mention as plan available / actual number											
RCH - Officer **District Health Society ,Amreli**				**Chief District Health Officer** **District Health Society ,Amreli**								

Research sampling villages list in Amreli District

SAMPLING FROM 618 VILLAGES				
Sr. No.	**District**	**Taluka**	**PHC**	**Village**
2	Amreli	Amreli	Shedubhar	Chittal
7	Amreli	Amreli	Shedubhar	Haripura
12	Amreli	Amreli	Shedubhar	Mota Machiyala
17	Amreli	Amreli	Jaliya	Babapur
22	Amreli	Amreli	Jaliya	Thordi
27	Amreli	Amreli	Jaliya	Chapathal
32	Amreli	Amreli	Mota Ankadiya	Mota Ankadiya
37	Amreli	Amreli	Mota Ankadiya	Varudi
42	Amreli	Amreli	Mota Ankadiya	Nana Ankadiya
47	Amreli	Amreli	Mota Ankadiya	Ishavariya
52	Amreli	Amreli	Vankiya	Tarktalav
57	Amreli	Amreli	Vankiya	Rajsthali
62	Amreli	Amreli	Vankiya	Malila
67	Amreli	Amreli	Vankiya	Nanamandvada
72	Amreli	Babara	KOtdapitha	Thorkhan
77	Amreli	Babara	KOtdapitha	Garni
82	Amreli	Babara	KOtdapitha	Karnuki
87	Amreli	Babara	KOtdapitha	Miyakhijadiya
92	Amreli	Babara	Khambhala	BHildi
97	Amreli	Babara	Khambhala	Khakhariya
102	Amreli	Babara	Khambhala	Bhiala
107	Amreli	Babara	KOtdapitha	Kalorana
112	Amreli	Babara	Motadevaliya	Jivapar
117	Amreli	Babara	Motadevaliya	Ranpar
122	Amreli	Babara	Motadevaliya	Fuljar
127	Amreli	Bagasara	Mavjinajva	Pithadiya
132	Amreli	Bagasara	Mavjinajva	Nava Pipaliya
137	Amreli	Bagasara	Mavjinajva	Jamka
142	Amreli	Bagasara	Juni Haliyad	Ghanityan
147	Amreli	Bagasara	Juni Haliyad	Kadiya
152	Amreli	Bagasara	Juni Haliyad	Halariya
157	Amreli	Kunkavav	Devgam	Mayapadar
162	Amreli	Kunkavav	Devgam	Ishvariya
167	Amreli	Kunkavav	Devgam	Mota Ujala
172	Amreli	Kunkavav	Devgam	Khujuri
177	Amreli	Kunkavav	Lunidhar	Jangar
182	Amreli	Kunkavav	Anida	Anida

187	Amreli	Kunkavav	Anida	Morvada
192	Amreli	Kunkavav	Anida	Baval Barvala
197	Amreli	Kunkavav	Anida	Hanuman Khijadaiya
202	Amreli	Dhari	Dalakhaniya	Dalakhaniya
207	Amreli	Dhari	Dalakhaniya	Krangsa
212	Amreli	Dhari	Dalakhaniya	Kotda
217	Amreli	Dhari	Dalakhaniya	Boradi
222	Amreli	Dhari	Dalakhaniya	Mithapur
227	Amreli	Dhari	Jira	Sarasiya
232	Amreli	Dhari	Jira	Rajashthali
237	Amreli	Dhari	Jira	Dalinesh
242	Amreli	Dhari	Jira	Nagadhara
247	Amreli	Dhari	Jira	Dabhali
252	Amreli	Dhari	Gopalgram	Padargadh
257	Amreli	Dhari	Gopalgram	Ditla
262	Amreli	Dhari	Gopalgram	Nani Garamali
267	Amreli	Dhari	Gopalgram	Nava Charkha
272	Amreli	Dhari	Bhader	Monvel
277	Amreli	Dhari	Bhader	Prempara
282	Amreli	Dhari	Bhader	Chatadiya
287	Amreli	Dhari	Bhader	Zarpara
292	Amreli	Khambha	Mota Samadhiyala	Nani Dhari
297	Amreli	Khambha	Mota Samadhiyala	Jikiyali
302	Amreli	Khambha	Mota Samadhiyala	Tataniya
307	Amreli	Khambha	Khadadhar	Khambha
312	Amreli	Khambha	Khadadhar	Pachpachiya
317	Amreli	Khambha	Dedan	Dedan
322	Amreli	Khambha	Dedan	Munjiyasar
327	Amreli	Khambha	Dedan	Mota Barman
332	Amreli	Khambha	Dedan	Kodiya
337	Amreli	Khambha	Dedan	Nesadi
342	Amreli	Lathi	Chavand	Hirana
347	Amreli	Lathi	Chavand	Kancharadi
352	Amreli	Lathi	Zarkhiya	Toda
357	Amreli	Lathi	Zarkhiya	Bhurakhiya
362	Amreli	Lathi	Ansodar	Suvagadh
367	Amreli	Lathi	Ansodar	Hajiradhar
372	Amreli	Lathi	Ansodar	Dahinthara
377	Amreli	Lathi	Matirala	Kerala
382	Amreli	Lathi	Matirala	Bhingarad
387	Amreli	Liliya	Gundran	Gundaran
392	Amreli	Liliya	Gundran	Nana Kankot

402	Amreli	Liliya	Gundran	Antaliya
407	Amreli	Liliya	Krankach	Krankach
412	Amreli	Liliya	Krankach	NanaLiliya
417	Amreli	Liliya	Krankach	KankotMota
422	Amreli	Liliya	Krankach	Pipalava
427	Amreli	Rajula	Dungar	Chapari
432	Amreli	Rajula	Dungar	Balapar
437	Amreli	Rajula	Dungar	Kumbhariya
442	Amreli	Rajula	Bherai	Bherai
447	Amreli	Rajula	Bherai	Kadiyali
452	Amreli	Rajula	Bherai	Chhatadiya
457	Amreli	Rajula	Bherai	Navi Barpatoli
462	Amreli	Rajula	Vavera	Dhareshwar
467	Amreli	Rajula	Vavera	Zanzarda
472	Amreli	Rajula	Vavera	Meriyana
477	Amreli	Rajula	Vavera	N.Agariya
482	Amreli	Rajula	Khera	Patva
487	Amreli	Rajula	Khera	Kathivadar
492	Amreli	Rajula	Khera	Rabhada
497	Amreli	Jafrabad	Nageshri	Mithapur
502	Amreli	Jafrabad	Nageshri	Balanivav
507	Amreli	Jafrabad	Nageshri	Lunsapur
512	Amreli	Jafrabad	Nageshri	Dholadri
517	Amreli	Jafrabad	Timbi	Bhada
522	Amreli	Jafrabad	Timbi	Rohisa
527	Amreli	Jafrabad	Timbi	Patimansa
532	Amreli	Jafrabad	Babarkot	Varahswrup
537	Amreli	Savarkundla	Badhada	Badhada
542	Amreli	Savarkundla	Badhada	Likhala
547	Amreli	Savarkundla	Badhada	Jejad
552	Amreli	Savarkundla	Jira Simran	Karjala
557	Amreli	Savarkundla	Jira Simran	Hathsani
562	Amreli	Savarkundla	Motazinzuda	Shelna
567	Amreli	Savarkundla	Motazinzuda	Nal
572	Amreli	Savarkundla	Motazinzuda	Hipavadli
577	Amreli	Savarkundla	Vijpadi	Navagam
582	Amreli	Savarkundla	Vijpadi	Meriyana
587	Amreli	Savarkundla	Vijpadi	Chapri
592	Amreli	Savarkundla	Ambardi	Ramgadha
597	Amreli	Savarkundla	Ambardi	Giniya
602	Amreli	Savarkundla	Ambardi	Dhajdi
607	Amreli	Savarkundla	Junasavar	Bhuva

612	Amreli	Savarkundla	Junasavar	Piyava
617	Amreli	Savarkundla	Junasavar	Mekda

List of Aadarsh Mamta Diwas Centre List.

PHC		
S.No.	**PHC Name**	**SC Name**
1	Mota Akadiya	Aakadiya
2	Shedubar	Nana Machiyala
3	Jaliya	Jaliya van
4	Vankiya	Mota Ghokarwala
5	Kothadapitha	Nodhanvadar
6	Khambala	Vadaliya
7	Motadevaliya	Badel Pipariya
8	Bhader	Danga Vader
9	Dalkhaniya	Kuba
10	Jeera	veerpur
11	Gopalgram	deetala
12	Khadadhar	Rabarika
13	Dedan	Trakuda
14	Motasamadhiyala	Anida
15	Ansodhar	Sakhpur
16	Matirala	Akada
17	Chavand	Jan Bhai deradi
18	Jharkhiya	Devariya Harshukhpur
19	Gundaran	Horingada
20	Krakach	Motaliliya
21	Ambardi	Abrampura
22	Jeera Simran	Simran
23	Junsavar	Junasavar
24	Bathada	Bathada
25	Motajinjuda	Kathrodi
26	Vijaipdi	Bhamar
27	Dungar	Dungar
28	Bherai	Katar
29	Vavera	Vadli
30	Khera	Datardi
31	Nagesri	Lunsapur
32	Timbi	Rohisa
33	Babrkot	Babrkot
34	Mavjinjava	juna Vaghaniya
35	Junihaliyad	Halariya
36	Anida	Nazapur
37	Dengam	Motaujada
38	Lunidhar	Jhanghar