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


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# District Profile: Amreli, Gujarat

| | |
|---|---|
| Total population<br>Male<br>Female | 15,13,614<br>770,651<br>742963 |
| Population growth rate | 8.59% |
| Area | 7,397 sq. Kms |
| Density/km2 | 205 |
| Sex ratio (adult) | 964 |
| Sex ratio (child) | 879 |
| Literacy rate | 74.5% |
| Male literacy rate | 82% |
| Female literacy rate | 67% |
| Child population<br>( male + female) | 1,618,715<br>(89,782 + 78,933) |
| Child Proportion | 11.15% |

# Introduction & Background

- GOI India – Health Programs – NRHM /NUHM – RCH - RMNCH + A –VHND / Mamta Diwas
- Mamta Diwas - once every month (Wednesdays / Friday / Monday )
- Place - AWC / SC / PHC / Public place.
- Inter sectoral Convergence in department : ICDS, Health, Education.
- VHND as a platform for interfacing between the community and the health system.
- Community Mobilization by ASHA & AWW.
- Health services provided at doorstep – Accessibility, Availability of all services, Equipments & Drugs.
- **VHND – platform for RMNCH + A – Continuum of care**
- **Service Package for VHND: -** Maternal Health, Child Health, Immunization, Family Planning, Nutrition, Sanitation, Medicines, Communicable Diseases, Gender, Ayush, Health Promotion etc
- No of Mamta Diwas : 1587 No of Routine immunization: 1587
- No of AWC: 1587
- No of FHW: 247 No of ASHA : 967

## Dissertation Topic:

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

## Rational:

- After implementing VHND still maternal health issues (MDR) is 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 an intervention as Mamta Diwas for improvement in maternal health but still there was an issue in management of maternal health then again when we researched the program implementation then there was a gap in actual implementation of VHND as per guidelines, currently it just became a more of RI day on every VHND site so there was some factor which diluted the Goal of VHND leading to effect the maternal health.

## Aim & objectives:

- To Identify the various gap in Mamta Day Program at community level.
- 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:

**Study Type**: Experimental - Prospective Intervention Research.

**Study Subjects:** FHW, FHS, ASHA, AWW

**Study Area:** Mamta Diwas Centre in 11 Taluka at AWC/SC in Amreli district.

**Study Period:** 1st feb to 26th may, 2014.

**Sample Size**:

- Baseline Survey sample: around 125 Mamta Diwas centre.
- Intervention Sample : 38 Mamta Diwas centre at SC under all PHC.
- End line Survey : 38 Mamta Diwas centre at SC.

**Sampling technique**:

- For Baseline Survey**:** Systematic Random Sampling then Purposive sampling
- For End line Survey: Surveying all 38 Aadarsh Mamta Diwas centers at SC using same standard Mamta Diwas checklist.

# Cont…..

**Training for Field Team:** DDM & DPA – M & E

**Scale of Technical Assistance:** THO, MO, THS, TM&E, FHS

**Manpower planning:** Investigators

**Research Team roles & responsibility:**

**Validity :** Phase validity / GOG standard checklist

**Financial & logistic Planning:** RCH Budget & DPMU Mobility

**Limitations of the Study:** Time

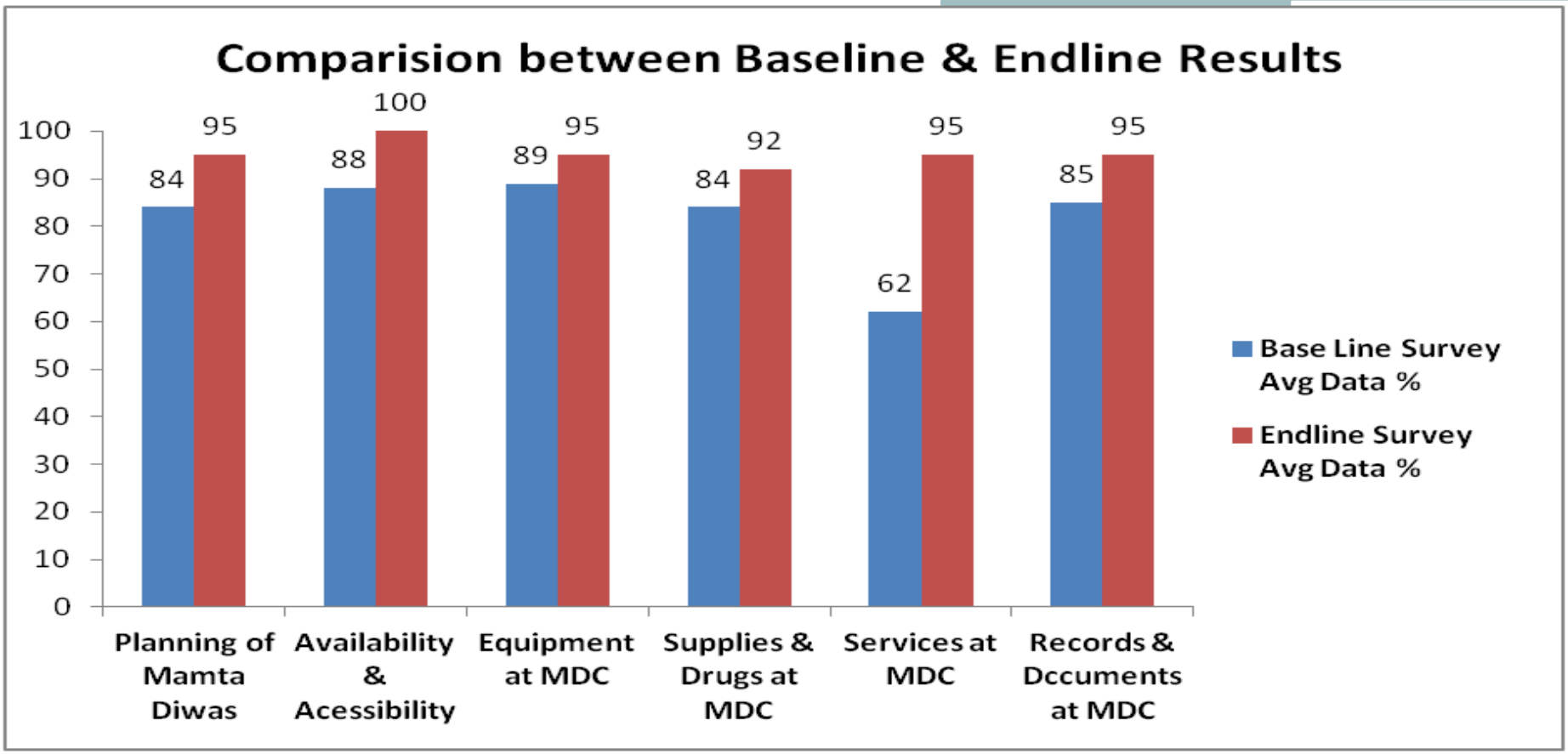
**Data collection tool:** Questionnaire

**Data collection Technique:** Face to face personal interview & observation

**Data analysis tool:** Excel and SPSS

| 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 ( IUCD ) | 81 | 95 | 14 |
| Q13.16 | Growth Chart Available | 70 | 100 | 30 |

| S.N. | Mamta Diwas Centre | Baseline Survey | End line Survey | Achievement % |
|---|---|---|---|---|
| | | Implimentation % | Implimentation % | |
| **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 |




According the above graph explains clearly when we calculate average in particular head in various headings which explains about results of intervention as well as shows difference in Baseline survey data and end line survey data.

# Interventions:

**Strengthening Planning & Implementation of VHNDs / Mamta Diwas:-**

- Instruction Letter to all Taluka Health officers / PHC – MO for filling up the Gaps & allocation of fixed assets and Human Resource in Mamta Diwas as per GOG guidelines of Mamta Diwas.
- Facilitating orientation on VHND guidelines & Micro plans to various technical staff.
- Revising Mamta Diwas micro plans at SC level, PHC Level, Taluka Level & District Level & Instruction Letter to all Taluka Health officers / PHC – MO for implementation of microplan & assured supervision as microplan.
- Mamta Diwas Banner design with service list & implementation.
- Distribution of Various programs DVD as Mamta Diwas, Breast Feeding, ANC, PNC, HBNC, Immunization, Sanitation & Hygiene videos collections and instruction letter for Showing these videos in PHC meeting regularly.
- Monthly Taluka and PHC meetings as for VHND-related discussion (issues / achievements).
- Developing a 38 Mamta Diwas Centre as skill centre at Sub Centre under each PHC area in whole Amreli District.

# Intervention cont…..

**Strengthening monitoring and supervision of VHNDs:**

- Introducing Mamta Diwas monitoring and supervision checklist.
- FHS duty to these Aadarsh Mamta Diwas.
- Medical Officer assured supervision to these Aadarsh Mamta Diwas.
- Use of data to drive program improvements

Before

માતા અને બાળકોનો દિવસ

# મમતા દિવસ

- અહિં તમામ સગર્ભાઓની વિના મુલ્યે તપાસ થશે, રસીકરણ થશે, લોહ તત્વની ગોળીઓ અપાશે.
- અહિં પાંચ વર્ષથી નિચેના તમામ બાળકોને વિના મુલ્યે રસી અપાશે.

સગર્ભાઓની સલામત પ્રસુતિ માટે ચિરંજીવી યોજના

સગર્ભાઓની સલામત પ્રસુતિ માટે જનની સુરક્ષા યોજના

સગર્ભા માતાની સલામતિ માટે દવાખાનામાંજ સુવાવડ કરાવો

નવજાત શિશુને માતાનું પ્રથમ ધાવણ અડધા કલાકમાં આપો

બાળક ૧ વર્ષનું થાય તે પહેલા સંપુર્ણ રસીકરણ કરાવો

બાળકોને ઝાડા થાય ત્યારે ઓ. આર. એસ. આપો

After

માતા અને બાળકોનો દિવસ

# મમતા દિવસ

- અહિં તમામ સગર્ભાઓની વિના મુલ્યે તપાસ થશે, રસીકરણ થશે, લોહ તત્વની ગોળીઓ અપાશે.
- અહિં પાંચ વર્ષથી નિચેના તમામ બાળકોને વિના મુલ્યે રસી અપાશે.

- સગર્ભા માતાની નોંધણી
- સગર્ભા માતાની તપાસણી
- પોષણયુકત આહાર અંગે માર્ગદર્શન
- ધાત્રી માતા તપાસણી
- મમતા કાર્ડ
- સંસ્થાકીય પ્રસુતિ અંગે માર્ગદર્શન
- આરોગ્ય લગત વિવિધ યોજના અંગે માર્ગદર્શન
- સ્તનપાન / પુરકપોષણ / ઘરે બાળકની સારસંભાળ અંગે માર્ગદર્શન
- નવજાત શીશુ સારસંભાળ
- રસીકરણ
- ઝાડા – અતીસાર અંગે માર્ગદર્શન તથા સારવાર
- લોહતત્વ ની ગોળી તથા વિટામીન – એ
- કુટુંબનિયોજન માર્ગદર્શન તથા સેવા
- પાંચ વર્ષથી ઉપરના બાળકની સારવાર
- તરુણ–તરુણી માટે કાર્ડ વિતરણ,આરોગ્ય માર્ગદર્શન,પુરકપોષણ

ટોલ ફ્રી નંબર :– આરોગ્ય સબંધી સેવાની ફરીયાદ બાબત

૧૮૦૦૨૩૩૨૩૪૪

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## Results:

The analysis of baseline surveys shows that Mamta Diwas Planning, Accessibility, Availability, Drugs & equipment at Mamta Diwas Centre, Records & Documents all these is **around 85** % except services at Mamta Diwas centre is poor is around 65%. After doing various interventions with involvement of all stake holders of 38 SC the end line survey results shows improvement till 95% at all components of MDC except few.

## Conclusions:

- Base line survey analysis results shows that we need to put focus in **planning (micro plans) , supervision 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, Maternal and Child Health, Nutrition etc. End line survey clearly describes about that the interventions improved the better program implementation at same time all interventions does not cost too much as finances is concern by using existing RCH program platform at field level.
- This can be achieved by **sensitizing all stake holders** as THO, MO, supervisors and frontline worker and continuous monitoring them will improve program implementation very well in district. So initial first phase is completed in this study later on phase manner we can target to implement all intervention on Taluka wise in every month so focus & monitoring will be intensify as well as program will do well. Still there were some gaps which we can sort out by further researches.

# Suggestions:

- After study we understood that 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 for 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 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 team Circles in ASHA / FHW / FHS.
- 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.

# Pictures of

# Meetings in Intervention Research

# of Mamta Diwas at Amreli District













તાલુકા હેલ્થ ઓફીસ જાફરાબાદ
પ્રા.આ.કેન્દ્ર નાગેશ્રી પેટા કેન્દ્ર કડીયાળી
માતા અને બાળકોનો દિવસ
મમતા દિવસ

# Pictures of

# Mamta Diwas

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# THANK YOU…..
# QUESTION PLEASE ….