Summer Training at
National Health Mission, Odisha, India
(April 3 to June 2, 2017)

Major challenges of Integrated Village Health Nutrition Day (I-VHND) in Nuapada District, Odisha, India

By
Janmejaya Meher

Under the guidance of
Dr. J.P. Singh

MBA Hospital & Health Management
2016-2018

Institute of Health Management Research
The IIHMR University, Jaipur
2017

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that Mr. **Janmejaya Meher** has undergone summer training in **NHM, Odisha** from 3rd April to 2nd June 2017.

The candidate himself completed the project assign to him during summer training. His approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish him success in all his future endeavors.

Col. (Dr.) Ashok Kaushik

Dean (Academic & Student Affair)

The IIHMR University, Jaipur

Dr. J.P. Singh

Associate Professor

The IIHMR University

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

Mission Directorate
National Health Mission, Odisha
Department of Health & Family Welfare,
Government of Odisha

Letter No: OSH &FWS/ 7968
124/19

Date: 12.07.17

TO WHOMESOEVER IT MAY CONCERN

This is to certify that Sri Janmejaya Meher, student of MBA Hospital & Health Management, IIHMR University, Jaipur, Rajasthan has undergone summer internship under National Health Mission, Odisha **from 3rd Apr – 2nd June'17 and conducted a study on 'Major challenges of Integrated Village Health Nutrition Day (I-VHND)' in Nuapada district, Odisha.**

As per the study design, Sri Meher has made a presentation at NHM Directorate, under the Chairmanship of Joint Director, Technical, NHM to share the major findings of the study. During summer study, he has collected required data from Nuapada district and NHM Directorate. He has worked under the guidance of Dr. Dinabandhu Sahoo, JD, Technical NHM and Dr. Biswajit Modak, Sr. Training Consultant, SHSRC.

I wish him every success in all his future endeavours.

Mission Director, NHM, Odisha

Acknowledgement

At the outset, I would like to express my special gratitude and appreciation Ms. Shalini Pandit, IAS, Mission Director, NHM, Odisha for allowing me to pursue my summer internship from National Health Mission, Odisha.

I would also like to acknowledge with much appreciation the crucial role of Dr. Biswajit Modak, Senior Training Consultant, SHSRC, NRHM, who despite of other pre-occupations and busy schedule was there to guide me and whose stimulating suggestions and encouragement helped me complete my training.

This training wouldn't have been completed without a substantial support from Dr. Dinabandhu Sahoo, Joint Director, Technical, NHM Odisha and a great number of people so I would like to thank all the consultants in various departments and other staff members at NHM and the members of NHM Nuapada for being so helpful all the time and making this summer training project an unforgettable experience.

I express my gratitude and respectful regards to my mentor Dr. J P Singh, Associate Professor, IIHMR University Jaipur, for his able guidance and useful suggestions, which helped me in completing the project work.

I would also like to thank my institution and faculty members without whom this project would have been a distant reality.
Finally, and most importantly, I would like to thank my beloved parents and family for their blessings and my friends for their help and wishes for the successful completion of this training.

Janmejaya Meher
1st Year, MBA-Hospital and Health Management
IIHMR University, Jaipur

Table of Contents

Abbreviations

ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwifery
ASHA	Accredited Social Health Activist
AWW	AnganWadi Worker
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy
BPM	Block Programme Manager
CBR	Crude Birth Rate
CC	Contraceptive Condoms
CDMO	Chief District Medical Officer
CDR	Crude Death Rate
CHC	Community Health Center
CLMIS	Contraceptive Logistic Management Information System
CME	Continued Medical Education
CUG	Closed User Group
DPM	District Programme Manager
DHH	District Headquarter Hospital
DLHS	District Level Household Survey
DPT	Diphtheria, Pertussis and Tetanus
ECP	Emergency Contraceptive Pills
HMIS	Health Management Information System
HRMIS	Human Resource Management Information System
HR	Human Resource
HPD	High Priority District
IP	In Position
IPD	International Conference on Population and Development
IMR	Infant Mortality Rate
IPHS	Indian Public Health Standard
IT	Information Technology
ITEMS	Integrated Training & Evaluation Management System
IUCD	Intrauterine Contraceptive Devices
IVHND	Integrated Village Health & Nutrition Day

JSSK	Janani Shishu Surakhsha Karyakram
KBK	Kalahandi Bolangir and Koraput
MO	Medical Officer
MHU	Mobile Health Unit
MMR	Maternal Mortality Ratio
MoHFW	Ministry of Health and Family Welfare
MPHW	Multi- Purpose Health Workers
NGO	Non-Governmental Organization
NHSRC	National Health Systems Resource Centre
NHM	National Health Mission
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission
OCP	Oral Contraceptive Pills
OVLMS	Odisha Vaccine Logistic Management System
PHC	Primary Health Center
PKD	ParivarKalyan Diwas
PPIUCD	Post-Partum Intrauterine Contraceptive Devices
PPP	Public–Private partnership
RCH	Reproductive and Child Health
RKS	RogiKalyanSamiti
RMNCH+A	Reproductive Maternal Neonatal Child Health & Adolescent
RTI	Reproductive Tract Infection
SC	Sub Center
SHSRC	State Health Systems Resource Center
SIHFW	State Institute of Health and Family Welfare
STI	Sexually Transmitted Infection
TB	Tuberculosis
TFR	Total Fertility Rate
TT	Tetanus Toxoid
UGPHC	Up Graded Primary Health Center
VH&SC	Village Health &Sanitation Committee
VHND	Village Health & Nutrition Day

Introduction

National Health Mission ,Odisha

The Hon'ble Prime Minister of India Dr. Manmohan Singh launched NRHM(National Rural Health Mission) on 12 April 2005 in the country, with special focus on 18 states including Odisha. It recognizes the importance of health care in the process of economic and social development and improving the quality of lives of our citizens. It provides effective health care to rural population throughout the country with focus on 18 states, which have weak public health indicators and weak infrastructures.

The Hon'ble Chief Minister of Odisha Shri Naveen Patnaik in presence of the Union Minister Health & Family Welfare, Shri Anbumani Ramadoss launched the NRHM programme throughout the state on 17th June 2005 with goal of "Healthcare to All"

The first phase of NRHM was from 2007-2012. This is the second phase of NRHM (2013-2017). In 2013 it was named National Health Mission (NHM) encompasses two Sub-Missions, National Rural Health Mission(NRHM) and National Urban Health Mission (NUHM).

Goals of NHM

The endeavor would be to ensure achievement of those indicators given below. Specific goals for the states will be based on existing levels, capacity and context. Process and outcome indicators will be developed to reflect equity, quality, efficiency and responsiveness. Targets for communicable and non-communicable disease will be set at state level based on local epidemiological patterns and considering the financing available.

1. Reduce MMR to 1/1000 live births
2. Reduce IMR to 25/1000 live births
3. Reduce TFR to 2.1
4. Prevention and reduction of anemia in women aged 15–49 years
5. Prevent and reduce mortality & morbidity from communicable, non- communicable; injuries and emerging diseases
6. Reduce household out-of-pocket expenditure on total health care expenditure
7. Reduce annual incidence and mortality from Tuberculosis by half
8. Reduce prevalence of Leprosy to <1/10000 population and incidence to zero in all districts
9. Annual Malaria Incidence to be <1/1000
10. Less than 1 per cent microfilaria prevalence in all districts
11. Kala-azar Elimination by 2015, <1 case per 10000 population in all blocks

Vision of NHM

"Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health".

Core Values of NHM

Safeguard the health of the poor, vulnerable and disadvantaged, and move towards a right based approach to health through entitlements and service guarantees.

Strengthen public health systems as a basis for universal access and social protection against the rising costs of health care.

Build environment of trust between people and providers of health services.

Empower community to become active participants in the process of attainment of highest possible levels of health.

Institutionalize transparency and accountability in all processes and mechanisms.

Improve efficiency to optimize use of available resources.

The state of Odisha has an area of 155,707 km²and population of 41,947,358. Odisha is the ninth largest state by area in India, and the population. There are 30 districts; each district is subdivided into blocks, the total being 314. Blocks consist of *Panchayats* (village councils) & town municipalities. The state has population density of 270 per square kilometers against the national average of 382 per square kilometer). The decadal growth rate of the state is +15.94 percent (against 21.54 percent for the country) and the population of the state is growing at a slower rate than the national rate.

In Odisha, more than 85 percent of the population live in rural areas and depends mostly on agriculture. The percentages of SC & STs constitute 16.53 & 22.13 percent respectively of the total state population. Nearly 45 percent of the state area in as many as 13 districts has been declared as Scheduled castes dominant areas.

Considering that good health is an important asset of livelihood and illness a major cause of impoverishment, the health and allied sector in the state has made noticeable improvements in leprosy control, Polio eradication, IMR, MMR, Malaria, CBR, CDR, Life Expectancy at Birth, Nutritional Status, Literacy, drinking water supply and sanitation.

The NRHM primarily seeks to provide preventive, promotive, curative and rehabilitative health services to the people through primary health care approach that has been accepted as one of the main instruments of action for development of human resources, accelerating the socio-economic development and attaining improved quality of life.

In the rural areas services are provided through a network of integrates health and family welfare delivery system. The primary health care infrastructure has been developed as a three-tier system-sub-centers, Primary Health centers and Community Health Centers. Sub-Centers is the most peripheral contact point between the Primary health care system and the community and is manned generally by Multi- Purpose Health Workers (Male & Female), AWW and ASHA. Medical Officer supported by Para-Medical and other staff operates primary Health center. Some of the PHCs are running under PPP model.

NRHM working on five main Approaches:

1) **COMMUNITIZE**
    - HMC/RKS / PRIs at all levels
    - Untied grants to community/PRI Bodies
    - Funds, functions & functionaries to local community organizations
    - Decentralized planning, VH&S Committees
2) **MONITOR, PROGRESS AGAINST STANDARDS**
    - Setting IPHS Standards
    - Facility Surveys
    - Independent Monitoring Committees at Block, District & State levels
3) **FLEXIBLE FINANCING**
    - Untied grants to institutions
    - NGO sector for public Health goals
    - NGOs as implementers
    - Risk Pooling – money follows patient
    - More resources for more reform
4) **IMPROVED MANAGEMENT THROUGH CAPACITY**
    - Block & District Health Office with management skills
    - NGOs in capacity building
    - NHSRC / SHSRC / DRG / BRG
    - Continuous skill development
5) **INNOVATION IN HUMAN RESOURCE MANAGEMENT**

- More Nurses – local Resident criteria
- 24 X 7 emergencies by Nurses at PHC. AYUSH
- 24 x 7 medical emergency at CHC

Objectives of NRHM Odisha

RCH Objectives

- To reduce Total Fertility Rate from 2.47 to 2.1 by 2010 in the State of Orissa
- To reduce Infant Mortality Rate from the present level of 71 /1000 live births to 50/1000 live births by 2010 in the State of Orissa
- To reduce Maternal Mortality Rate from the present level of 358/100,000 to 250/100, 000 by 2010 in the State of Orissa.

NRHM Initiatives General Objectives

- Reduction in child and maternal mortality.
- Universal access to public services for food and nutrition, sanitation and hygiene with emphasis on services addressing women's and children's health and universal immunization.
- Prevention and control of communicable, non-communicable, and locally endemic diseases.
- Access to integrated comprehensive primary health care.
- Population stabilization, gender and demographic balance.
- Revitalization of local health traditions and mainstream AYUSH.
- Promotion of healthy life styles.

Objectives of ASHA scheme are-

- Create awareness on health and its social determinants.
- Mobilize the community towards local health planning.
- Increase utilization and accountability of the existing health services.

- Promote good health practices.
- Provide a minimum package of curative care as appropriate and feasible for that level.
- Undertaking timely referrals.

Objective of Mainstreaming of AYUSH:

- Mainstreaming of AYUSH in the health care service delivery system to strengthen the existing public health system.

Objectives of United Fund for Sub Centers

- To increase functional, administrative and financial resources and autonomy to the field units.
- To develop the physical infrastructure and center specific activities for PHCs.

Objectives of RKS

- Ensure compliance to minimal standard for facility and hospital care and protocols of treatment as issued by the Government.
- Ensure accountability of the public health providers to the community.
- Introduce transparency about management of funds.
- Upgrade and modernize the health services provided by the hospital and any associated outreach services.
- Supervise the implementation of National Health Programs at the Hospital and other institutions that may be placed under its administrative jurisdiction.
- Organize outreach services/ health camps at facilities under the jurisdiction of the hospital
- Display a Citizen's Charter in the Health facility.
- Generate resources locally through donations, user fees and other means
- Establish affiliations with private institutions to upgrade services
- Undertake construction and expansion in the hospital building

- Ensure optimal use of hospital land as per govt. guidelines
- Improve participation of the society in the running of the hospitals
- Ensure proper training for doctors and staff
- Ensure subsidized food, medicines and drinking water and cleanliness to the patients and their attendants.
- Ensure proper use, timely maintenance and repair of hospital building equipment and machinery.

Objectives of Mobile Health Units:

- Every district will have at least operational mobile medical unit t for delivering health services in terms of preventive, promotive, curative and effective to rural population especially to poor woman, children and old.

Objectives of Strengthening of PHC/CHC/UGPHC to Indian Public Health Standard:

- To provide optimal expert care to the community.
- To achieve and maintain an acceptable standard quality care in terms of Assured Services.
- To make the services more responsive and sensitive to the needs of the community.

Objectives of Immunization

- Districts will provide equitable, efficient and safe immunization services to all infants and pregnant women. Aim is to achieve 100% full immunization status by 2009-2010 and to maintain it for long.
- **2005-06---------50%**
- **2006-07---------60%**
- **2007-08---------75%**
- **2008-09---------95%**
- **2009-10---------100%**
- Contribute global eradication of Polio by 2007.
- Elimination of Neonatal Tetanus, Diphtheria and Pertussis by 2009.

- Measles mortality and morbidity reduction to 80% by 2010, compared to 2000 estimates.
- Achieve and maintain vitamin A supplementation coverage >80% under the age of 3 yrs.
- Establish sufficient sustainable and accountable fund flow at all levels.
- Ensure there is sustained demand and reduced social barriers to access immunization services.

Mission Indradhanush

Ministry of Health and Family Welfare (MOHFW) has launched Mission Indradhanush on 25th December 2014 with the aim of expanding immunization coverage to all children across India by year 2020.

The Mission Indradhanush, depicting seven colors of the rainbow, targets to immunize all children left out of routine immunization and those who have received partial vaccination along with new ones against seven vaccine preventable diseases namely Diphtheria, Pertussis, Tetanus, Childhood Tuberculosis, Polio, Hepatitis B and Measles.

Objectives: -

- The government intends to cover 201 high focus districts in the first phase of year 2015.
- These districts have nearly 50% of all unvaccinated or partially vaccinated children.
- Out of these 201 districts, 82 districts lie in just four states of India namely, UP, Bihar, M P and Rajasthan.
- Ten districts of Odisha have been included: Bolangir, Boudh, Gajapati, Kalahandi, Kandhamal, Koraput, Malkangiri, Nuapada, Nabrangpur and Rayagada,

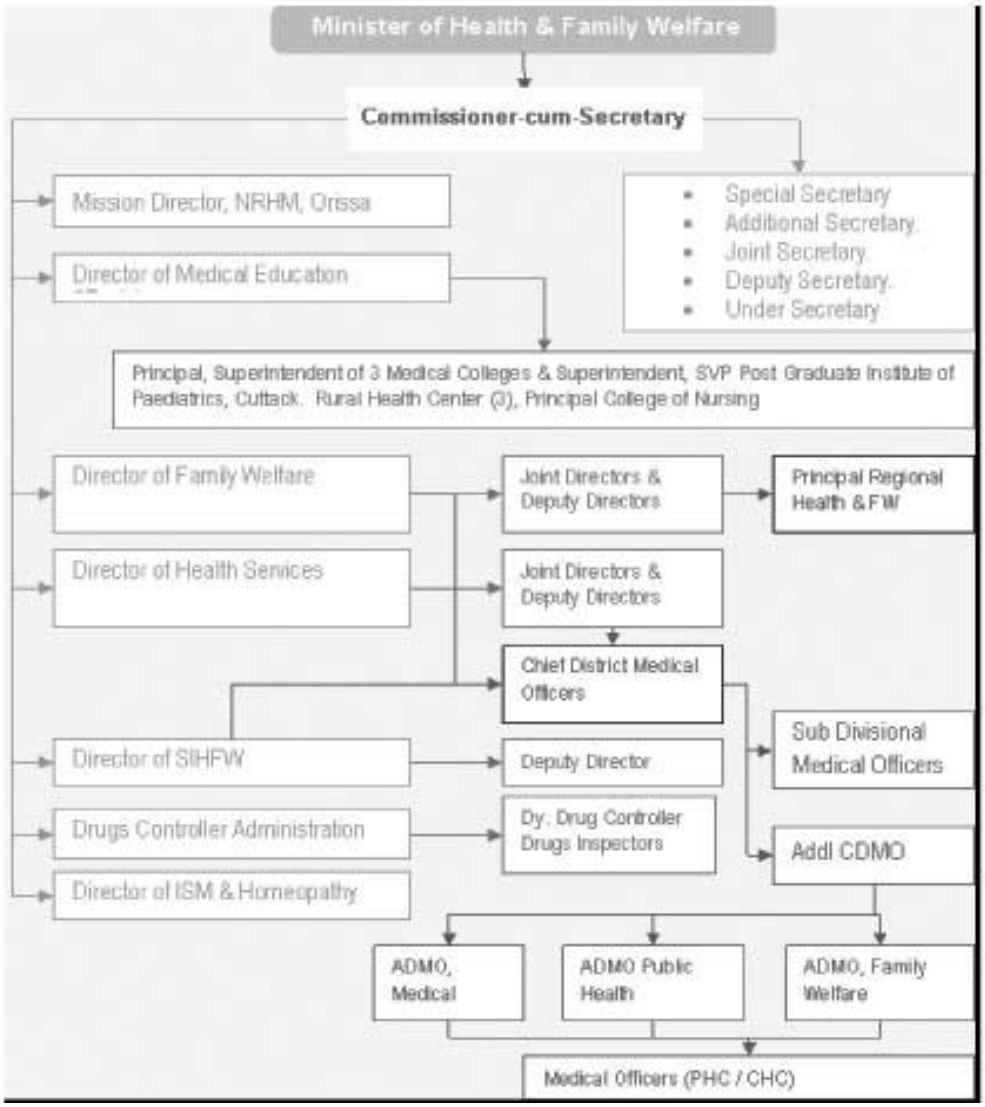
Objectives of the NIDDCP

- Assess the magnitude of IDD by periodic surveys.
- Re-survey after every 5-years to assess the extent of IDD and the impact of Iodized Salt.

Laboratory Monitoring of Iodized Salt and Urinary Iodine excretion

ORGANOGRAM OF NRHM ODISHA

Figure No.1



STATE INITIATIVES

- *SwasthyaKantha* Campaign: To provide health related communication information to rural population by writing the information on specific walls meant for the purpose. The walls are located at strategic points in most villages. The major issues tackled are "maternal health, child health, malaria and tuberculosis".

  Because of the *SwasthyaKantha* campaign, there is increased knowledge on health and sanitation issues of the village with improved health seeking behaviour of the people.

- Innovations in relation to ASHA workers
  - ASHA HBPNC: Home based post-natal care for mother and infant by ASHA.

    ASHAs are being trained for home based post-natal care which has increased record keeping of immunization, breast feeding and better reporting of LBW babies.
  - Bicycles to ASHAs: ASHAs have been provided with cycles so that they can deliver better services. Cycles help in easy commuting of the ASHAs to the areas that she covers, even in areas where roads are not available. After provision of cycles, there has been an increase in immunization coverage, ANC and institutional delivery.
  - ASHA fixed day payment: To address the grievances of payment of incentives, the government has come up with the policy of having a fixed day for payments of incentives. There are 32 different incentives for ASHA workers.

    With this innovation, there has been an increased motivation of ASHA workers towards their work.
  - ASHA *Gruha*: It is a resting place for ASHAs, who accompanies pregnant women to the hospitals for their delivery.

    The ASHAs feels very secure to accompany pregnant women even at night, as she feels safety for herself during the visit to district hospitals.

- The Government of Odisha has started the 108 Ambulance Service in the year 2013
- *Gramsat* to promote health provisions was put up to disseminate innovations and information of health issues and to review the various programmes in place. It provides an excellent opportunity for discussions with block and district health officials.

- Public- private partnership:
    1. Urban Slum Health Project: Targeted for outreach and vulnerable areas. Provides services for health, hygiene, sanitation and nutrition.
    2. *AROGYA* Plus project: Specially targeted at Naxalite areas for providing health services to these areas. This project functions similarly as mobile health units
    3. PHC New project: 32 PHC (New) in very outreach areas
    4. Vulnerable Group Project: Meant for primitive tribe groups
    5. Maternity Waiting Home: Providing PNC support to pregnant women in outreach areas. Providing temporary home for expectant mothers living in hard to reach tribal areas, where they come 5-7 days before EDD and can wait for delivery

- Mobile Health Unit: To provide preventive, promotive& curative health services in the inaccessible areas and difficult terrains which are un-served /underserved under usual circumstances. With the advent of MHU's there has been an increase in the number of cases treated and referred. The MHU's function for 22 days in a month, reaching far of villages to provide quality services to them.

- *Janani* Express: Free referral transport system to promote institutional delivery and reduce out of pocket expenditure by providing nonstop free transport facility and contributing in reduction of infant and maternal mortality. The average patient load has been on a gradual increase.

- Mobile Boat Clinic: To provide basic health services to people of most inaccessible and difficult areas of *Malkanagiri* district (Naxalite area). But after its introduction, giving services to the outreach people has become easier.

- *Tika* Express: An alternate vaccine delivery system for children of difficult and tribal dominated pockets to enhance immunization coverage and strengthen routine immunization programmes. Due to this initiative, percentage of full immunization has been on a constant increase.

- Sick New Born Care Unit: To improve neonatal survival and provide special level- II care to neonates including low birth weight and sick neonates. Special initiatives like "autoclaved cotton dress", "kangaroo care bag" and "oil cloth – with key message" are taken up. It has led to an increase in successful management of a huge number of babies.

- Single Window: *JananiSewa Kendra* for JSY beneficiaries to reach up to a mark of 100% birth registration and to provide all major MCH related benefits at facility level. With this service in place, there has been an increase in distribution of birth certificates and delivering of other services to the beneficiaries.

- IT initiatives: Various IT applications have been used to achieve the desired objectives.

    - Program monitoring applications
        - *E SwasthyaNirman*
        - Drug Testing and Data Management System
        - *E Sanjog*
        - FRU Monitoring System
        - Contraceptive Logistic Management Information System (CLMIS)
        - Odisha Vaccine Logistics Management System (OVLMS)
        - Integrated Training & Evaluation Management System (ITEMS)
    - Human Resource Monitoring & Management
        - E Attendance
        - Human Resource Management Information System (HRMIS)
        - Govt. Doctor's Information Management (GODMAN)
        - Mission Connect (CUG)
    - Citizen Centric Applications
        - E Blood Bank
        - Grievance Redressal System for JSSK Scheme
        - Telemedicine
    - Applications for Planning and Management
        - Odisha State Malaria Information System (OSMIS)
        - GIS in Odisha State Healthcare Planning & Management

List of people interacted during training period

S no.	Name	Designation
1	Dr. Dinabandhu Sahoo	Jt. Director, Technical
2	Dr. K.K Das	Jt. Director, Child Health
3	Mrs. Soumyashree Mohapatra	Consultant Maternal Health
4	Dr. Biswajit Modak	Sr. Training Consultant
5	Mr. Sangram Nayak	Sr. Consultant CP
6	Mr. Hrushikesh Sahoo	Consultant, NUHM
7	Mr. Santosh Nayak	Consultant PPP, NUHM
8	Mr. Nihar Ranjan Swain	Consultant RBSK
9	Mr. Gyanaranjan Pradhan	Consultant RKSK
10	Mr. Sanjiv Sutar	SDM, NHM
11	Dr. R. C. Pathak	CDMO I/C, Nuapada
12	Dr. Dibakar Ojha	MO Komna
13	Mr. Biswambar Behera	DPM, Nuapada
14	Mr. Wasim Raza	BPM, Khariar
15	Mr. Ipsit Hota	BPM, Komna
16	Mr. Prasant Baral	DMRCH,Nuapada

List of Tables

List of Figures

Research Topic:

"Major challenges of Integrated Village Health Nutrition Day (I-VHND) in Nuapada District, Odisha"

Introduction:

Village Health Nutrition Day (VHND) popularly known as 'Mamata Divas' is a national programme introduced by NHM. It is the most significant platform for providing essential reproductive and child health services at the village level. This provide as the first point of contact for primary health care and it work as a common platform for convergence amongst the service providers of health. Odisha has customized the national VHND guidelines as per the state specific need and practices. VHND is conducted at AWC level once in a month and the primary beneficiaries are-

- Pregnant women
- Lactating mother
- Under 5 children
- Adolescent girls

Though 96 % of VHND sessions are conducted annually, the quality of service provisions and attendance of beneficiaries remains as a challenge. [1]

To address the challenges of **'Dept. of Health and Family Welfare, Government of Odisha'** has developed a strategy named **'Odisha State strategy for accelerated reduction of Maternal and Infant Mortality' by year 2020.** Under this strategy the **'Integrated VHND'** programme is a special initiative of Odisha which is running since **September 2016.** In this programme a monthly session is being organized on Monday or Thursday for covering the eligible beneficiaries in difficult and hard to reach areas.

In this session both the VHND and immunization services are covered on same day.

The major features of the I-VHND are as follows-

- Identified difficult villages will be covered once in a month as per micro plan
- The session will be preferably on Monday or Thursday
- The organization cost will be provided for team mobility and the cost will be as per the existing norms

- ANM and ASHA will be responsible for caring all the required logistic and concerned ASHA and AWW will arrange the venue in AWC/School building/village room.

The beneficiary wise services in I-VHND is given below in tabular form

Beneficiaries wise services	
Beneficiaries	**Services**
Pregnant Women	Registration of Pregnant Women **Quality ANC** • Weighing • BP • Hb • Urine examination • Abdominal checkup, IFA and T.T) services
Lactating Mother	• Quality PNC (Counseling and distribution of family planning aids • Referral for IUD (Intrauterine devices insertion) • Counseling on promotion of breastfeeding & on birth registration) • Identification of danger signs (fever, bleeding and abdominal pain) and referral Weighing of newborn • Identification of danger signs (fever, rapid breathing, skin eruptions) and referral
Children Under 2 Years	• Under 2 children immunized by BCG, three doses of DPT, three doses of OPV, three doses of Hepatitis and measles before One year of age
Children 0 to 5 years	• Growth monitoring (weighing of Children and plotting) • MUAC (Middle Upper Arm Circumference) • Counseling of parents for growth promotion through MAA O SISHU SURAKHYA CARD • Cooking and preparation of food for children 6-12 months • Using locally available food ingredients • IFA supplementation of children (six months to two years: liquid IFA)
Adolescent health	• T. Ts at 10 and 16 years • Weekly IFA • Half-yearly deworming

To strengthen I-VHND and to ensure quality service delivery, Government of Odisha have provided enabling environment in terms of **capacity building, procurement and mentoring of I-VHND sessions**. NHM Odisha is interested to know the major gaps in the **process, implementation and quality of services under I-VHND.** To fulfil the above objectives this present study has been formulated.

Review of literature:

To achieve accelerated reduction of IMR/MMR, I-VHND programme has lunched in last 6 month (from September 2016) by providing health service to all, with special focus on people living in difficult areas. For that state, has taken a strategy '**Odisha State Strategy for accelerated reduction of Maternal and Infant Mortality'** by year 2020, which is a state specific initiative, and no study has conducted earlier. As jointly decided this is the 1st gap assessment study has **t**aken **"Major challenges of Integrated Village Health Nutrition Day (I-VHND) in Nuapada District, Odisha"**

Research question:

What are the major challenges in terms of **process, service delivery and quality of I-VHND?**

Objectives:

1. To study the gaps in the process of I-VHND

   Indicators

   - % of service providers trained at different levels
   - % Micro plan developed for I-VHND session
   - % of instrument and equipment (major 10) purchased against the requirement

2. To study the major gaps at intervention level of I-VHND

   Indicators

   - % of I-VHND organized during last 6 month against plan
   - % of service providers received performance incentive (ANM, AWW, ASHA, HW(M)) as per the guideline
   - % of service providers present during I-VHND
   - % of instrument and equipment (major-10) available at I-VHND
   - % of children (U2) covered under immunization during last 3 month

- % of mother received IFA tablet during ANC
- % of mother received Calcium tablet during ANC

3. To study the quality of services provided during I-VHND

Indicators

- % of Pregnant Women received MCP card
- % high risk mothers received red card during I-VHND
- % of BP measurement conducted for pregnant women during I-VHND
- % of hemoglobin estimation made for pregnant women using sahalis
- % of urine sugar and albumin tested for pregnant women at I-VHND
- % of abdominal checkup conducted by ANM during ANC.
- % of I-VHND session, where privacy is maintained
- % of I-VHND session with functional hub Cutter.
- % of Immunization session where cold chain maintained

Research Methodology:

- **Sources of data:** Primary data collected from the

  - 1-District Program manager(DPM)
  - 2- Block Program Manager(BPM)
  - 8-Auxiliary Nurse Midwife(ANM)
  - 21-Antenatal Care(ANC) women
  - 24-Post Natal Care(PNC) Mother

- **Tool used:** Structured questionnaire
- **Study design:** Exploratory
- **Study duration:** 2 months
- **Study setting:** Nuapada District, Odisha

Sampling:

Sampling technique: Non-probability, Purposive sampling

Selection of respondent:

- District Program manager(DPM)
- Block Program Manager(BPM)
- Auxiliary Nurse Midwife(ANM)
- Antenatal Care(ANC) women
- Post Natal Care(PNC) Mother

Sample Size: 56 [1-DPM,2-BPM,8-ANM,21-ANC,24-PNC]

Technique:

- Personal interview of key service providers- BPM, ANM, AWW
- and Beneficiaries- ANC mother, PNC Mother

Tool: Semi structured questionnaire

Data Analysis Plan:

Data will be analyzed based on the indicators taken against each objective. The Most of the indicators will be expressed in terms of percentage (%) and data will be represented in a tabular form to find out the percentage (%). To analyze the collected data MS-excel will be utilized. Since it is an exploratory study data will be assessed in terms of percentage (%) and mean value.

Limitations:

- There is a time constraint in the study.
- Sample is small and the size might not represent the entire universe of the study.
- The program is initiated in September 2016

Ethical Considerations: -

- The study will maintain the confidentiality of the respondents.
- Information received by the respondents will not be misused in any form.
- The study will ensure that information shared by the respondents would not put them in any kind of risk.

Table No 1: Time line of study

Work Plan:

S. No.	Task	Duration (April 3rd & June 2nd, 2017) in weeks								Remark
		1st	2nd	3rd	4th	5th	6th	7th	8th	
1.	Literature rereview, Development of study design and Questionnaire									
2.	Field study and data collection									
3.	Data analysis and Report writing									
4.	Development of final report, presentation and final submission									
5.	Relieved from NHM, Directorate, Odisha									

Table No 2: I-VHND session visited during scheduled timeline of studies

Sl. No	Name of the session	Name and number of village tag	Number of beneficiary			Number of Service Providers			
			PW	PNC Women	U-5 children	ANM	HW(M)	AWW	ASHA
1	Gatibeda	Dohelpada, makardampada	4	7	7	1	1	1	1
2	Dhekunpani	paharipada	4	3	3	1	1	0	1
3	Dhakli	Panasgachhpada, Bargachhpada	3	0	0	1	1	0	1
4	Mahuljharan	mahuljharan	1	1	1	1	1	1	1
5	Sosengg	Gotma, Hirapurpada	3	6	6	1	1	1	1
6	Rampurguma	Rampurguma	2	4	4	1	1	0	1
7	Jubrajpur	Jubrajpur	1	0	0	1	1	0	1
8	Samadpadar	Samadpadar	3	3	3	1	1	1	0
Total			**21**	**24**	**24**	**8**	**8**	**4**	**7**

Results

1. % of service providers trained at different levels

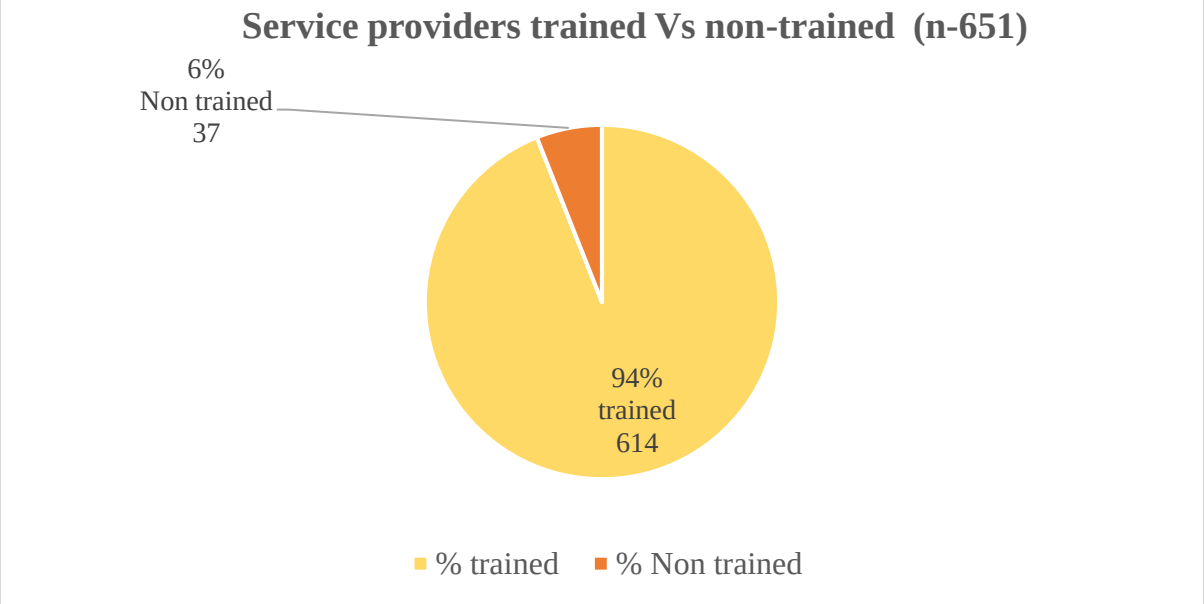


Fig. 2

From the above pie-chart it is evident that out of 651 of service providers which were planned to be trained, 94% i.e. 614 are trained for IVHND and 6% i.e. 37are not trained.

2. % Micro plan developed for I-VHND

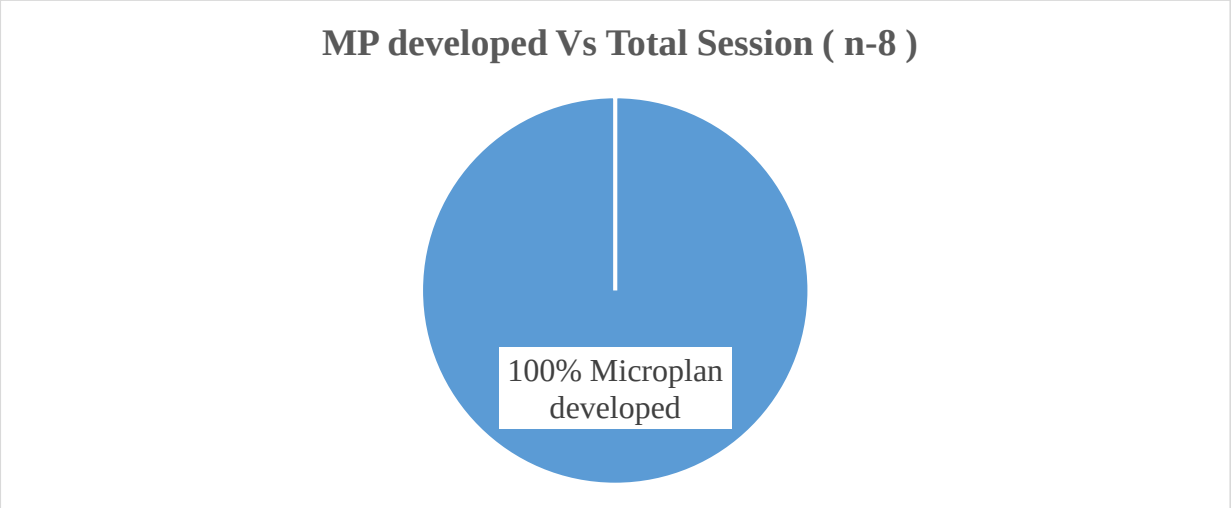


Fig.3

Fig-3 depicts that in all 8 scheduled sessions micro plan was developed.

3. % of instrument and equipment (major-10) purchased against the requirement

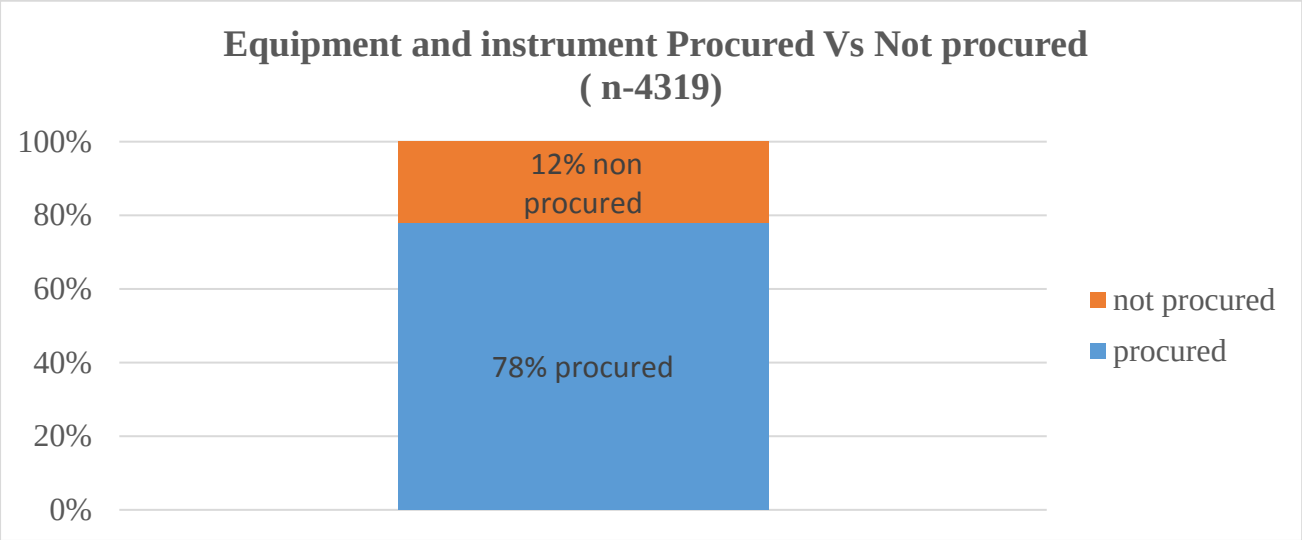


Fig.4

From the above graph, it can be concluded that out of 4319 equipment to be procured,78% i.e. 3313 were procured.

4. % of I-VHND organized during last 6 month(Oct to March) against plan

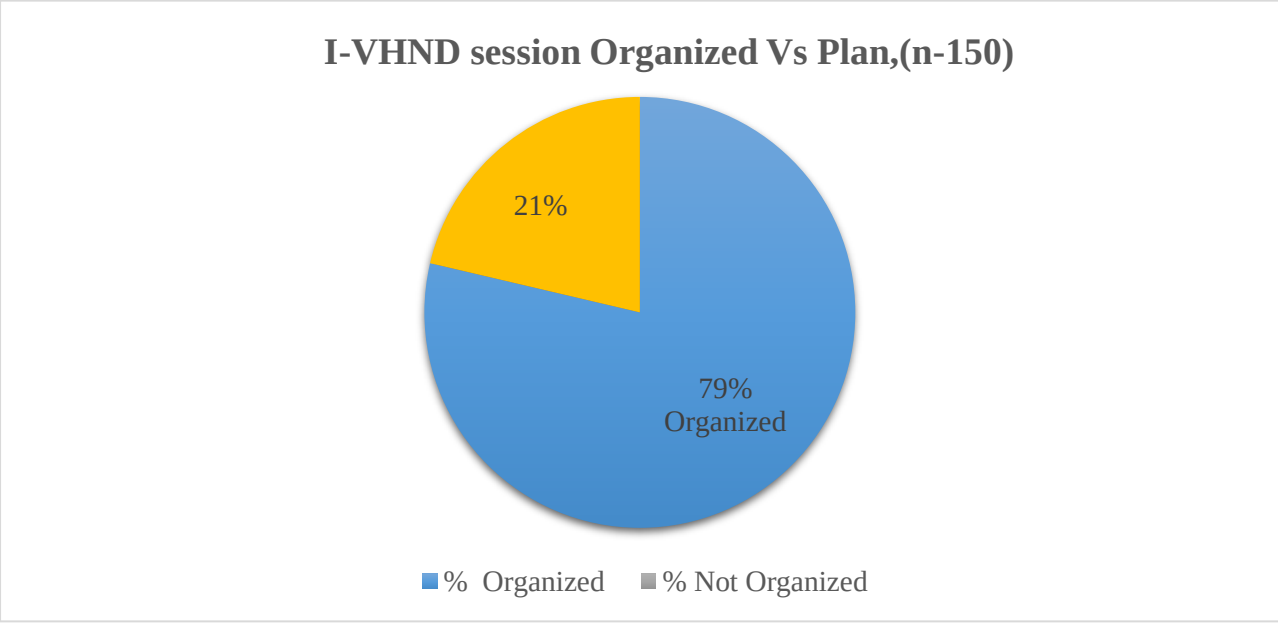


Fig.5

The above graph shows that out of 150 sessions 118 sessions were organized i.e 79%, remaining 21% session were not organized due to road construction, Maoist coverage area.

5. % of service providers received PI (ANM, HW(M), AWW, ASHA)

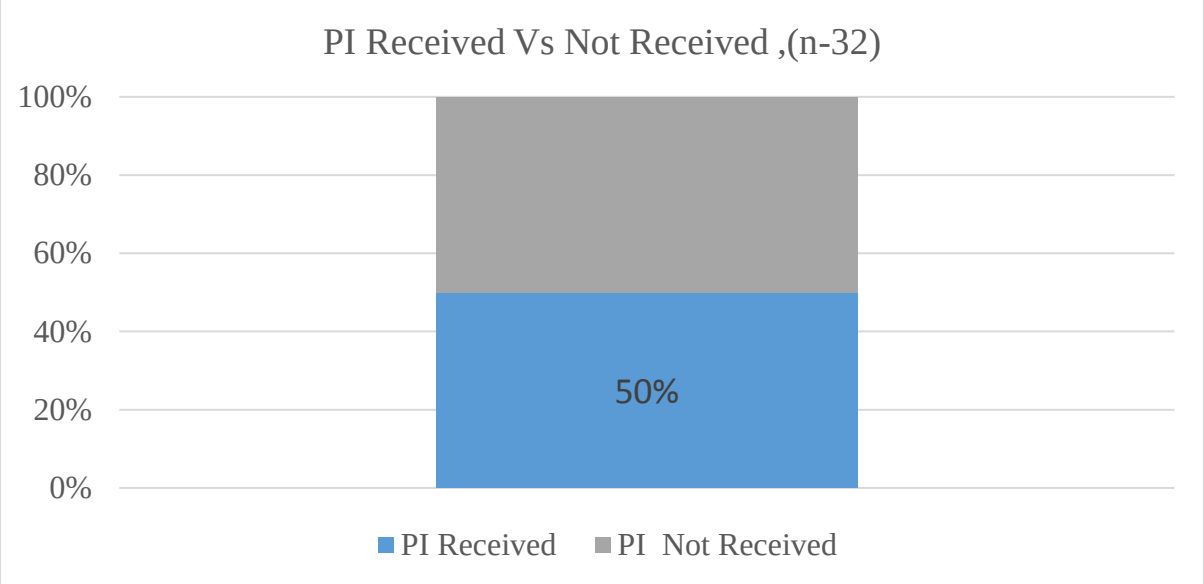


Fig.6

From fig. no 6, it is evident that out of 32 service providers from the 8 session ,16 were received performance incentive i.e. 50%

6. % of service providers present during I-VHND

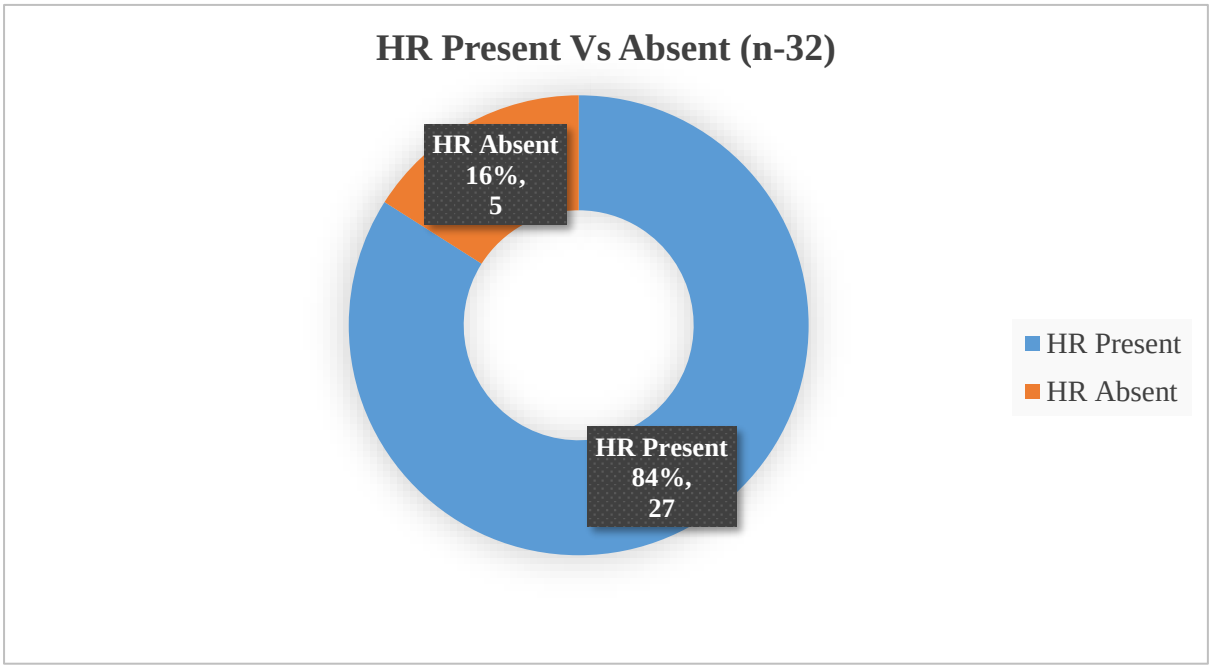


Fig.7

The above graph shows that out of 32 service providers from 8 session, 27 were present i.e. 84%, remaining 5 are absent because AWW's were on strike

7. % of major instrument and equipment (major-10) available at I-VHND

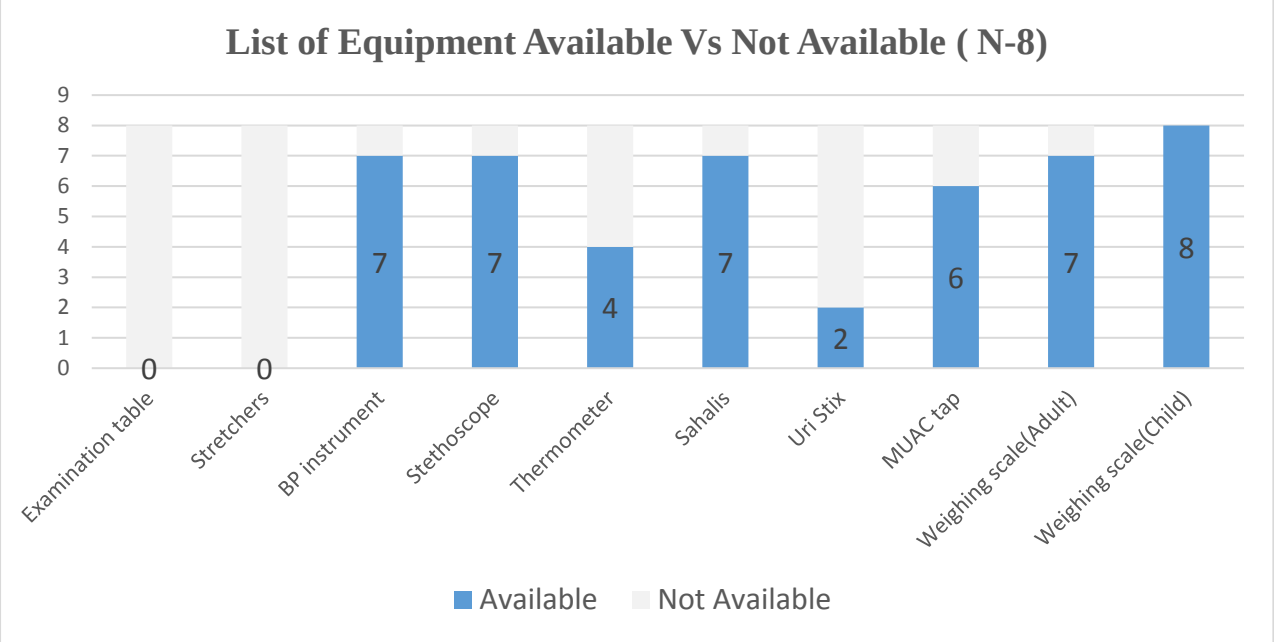


Fig.8

Fig.8 shows about the major instrument and equipment (major-10) available at I-VHND in total 8 sessions. In which examination table and stretchers were not found in all 8 sessions. Examination table were unavailable because they are to be supplied.

BP Instrument, stethoscope, sahali's, weighing scale(adult) were found in 7 sessions. Uri stix was found in 2 sessions whereas thermometer found in 4 sessions and MUAC tap found in 6 sessions. Weighing scale (child) was found in all 8 sessions.

8. % of children (U2) covered under immunization during last 3 month (Jan, Feb, March)

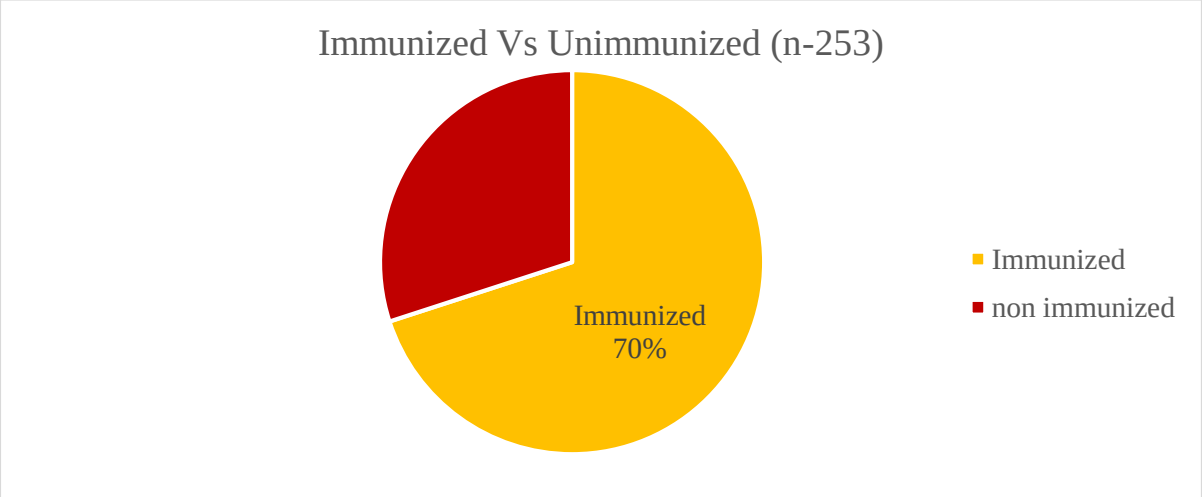


Fig.9

Fig 9 shows that from 8 session 253 U2 children were to be immunized in last 3 month i.e. Jan, Feb, March, out of which 178 U2 children got immunized which is 70% from total.

9. % of mother received IFA tablet during ANC

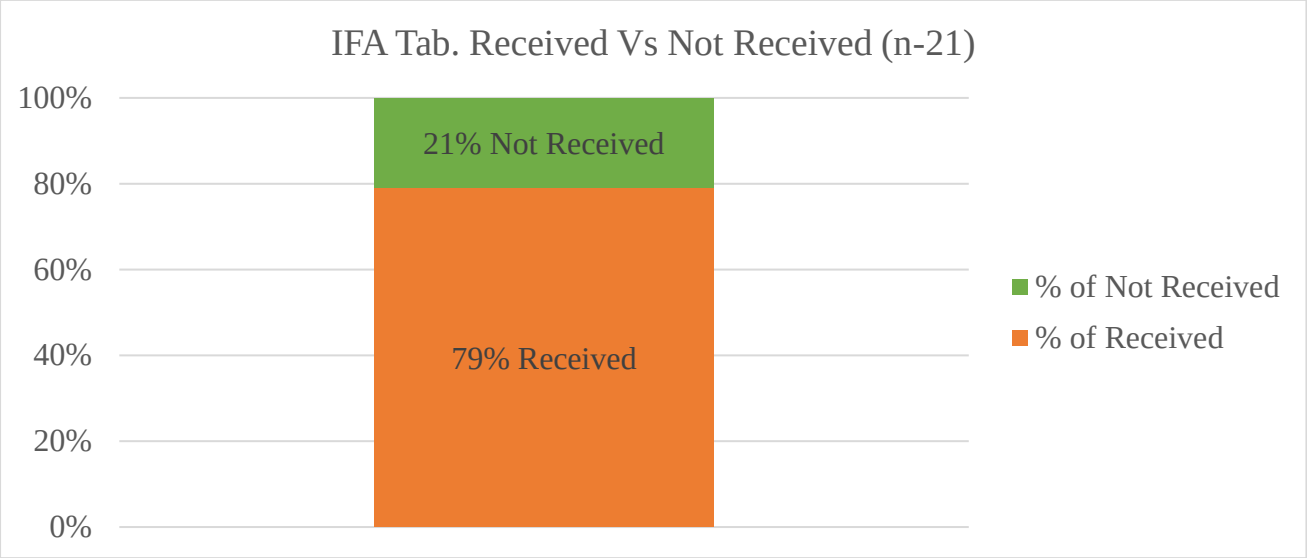


Fig.10

From the above graph, it is evident that out of 24 PNC women 19 women (i.e. 79%) received IFA tablet during their ANC period

10. % of mother received Calcium tablet during ANC and PNC

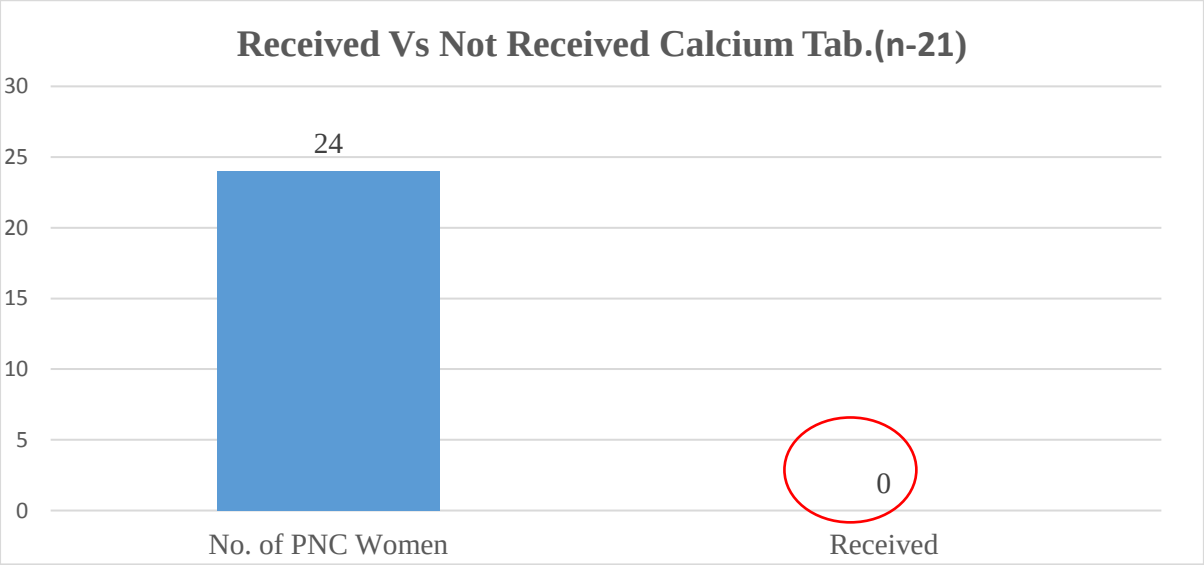


Fig.11

The graph shows that out of 24 PNC women from 8 IVHND session none of the PNC women received calcium tablet during their ANC period

11. Different Quality Indicator: 1

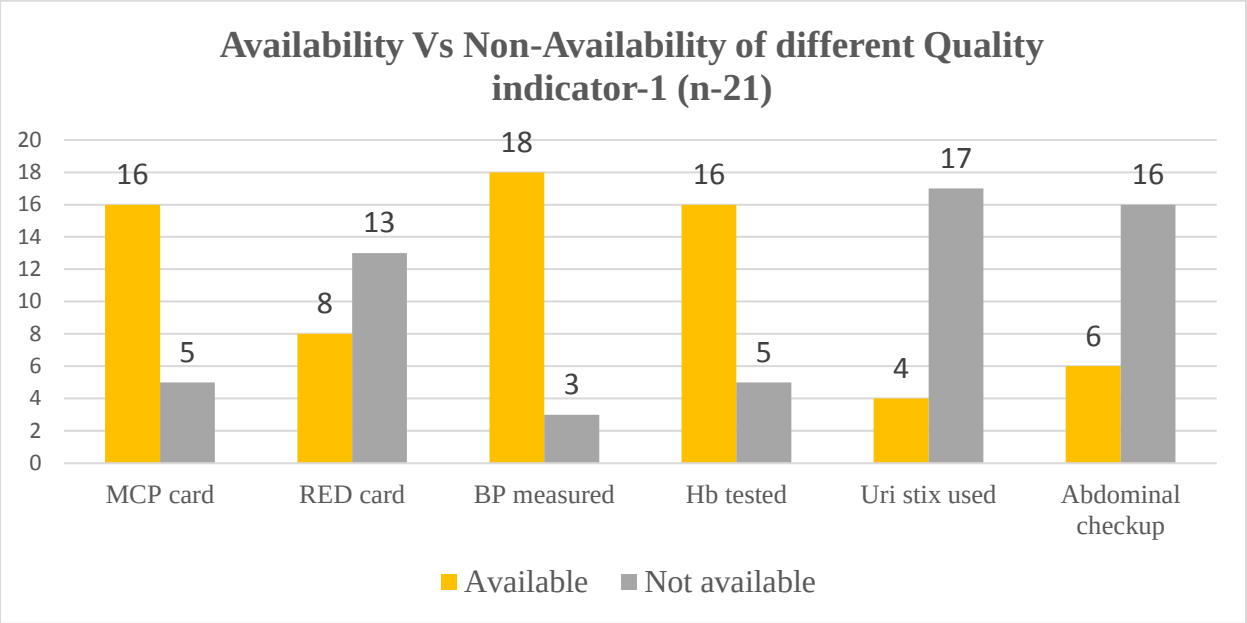


Fig.12

Fig no 13 shows the % of availability of different quality indicator, it shows out of 21 PW from 8 IVHND session 16 were received MCP card ,8 PW received RED card,18 PW's BP were measured, 16 PW's Hb were tested,4 PW's uri stix were used to measure urine sugar level and 6 PW's abdominal checkup were conducted

12. Different Quality Indicator: 2

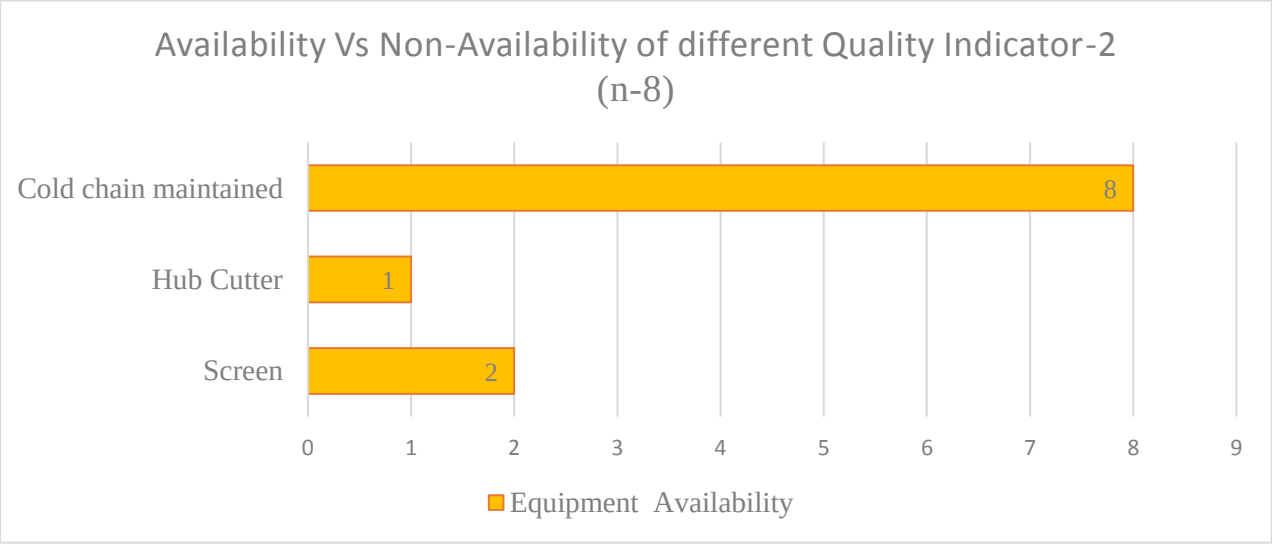


Fig.13

From the above figure, it evident that out of 8 IVHND session in 2 session screen and in 1 session Hub cutter were available, and in all the session cold chain were maintained

Major Findings

2) 40% of major instrument and equipment (major-10) available
3) 0% of mother received Calcium tablet during ANC
4) 29% of abdominal checkup conducted during ANC period
5) 19% of urine sugar and albumin tested for PW
6) 38% high risk mothers received red card
7) 25% of I-VHND maintained privacy
8) 13% of I-VHND with functional hub Cutter

Recommendations

- Calcium tablet distribution should increase to enhance the quality of IVHND service
- Examination table, stretchers, screen should be ensured to enhance the quality of IVHND services

- Medical devices like Hub cutter should be replaced to ensure adherence of BMW protocol

References: -

1. "Odisha State Strategy for accelerated reduction of Maternal and Infant Mortality" Odisha 2020, by Department of Health and Family Welfare Government of Odisha.

2. Mamata Diwas Village Health & Nutrition Day Operational Guidelines

3. "VHND Assessment Conducted in Six Districts, Quality Indicators Developed and Discussed with DoH&FW &DWCD", By department Of Health & Family Welfare and Department of Women & Child Development, Government of Odisha

4. Monthly village health nutrition day guidelines for awws/ashas/anms/pris

5. Improving the Coverage and Quality of Village Health and Nutrition Days by USAID and VISTAAR

Annexure-I

(A)Questionnaire for Block Program Manager and District Programme Manager

Information - My name is Janmejaya Meher. I am a student of IIHMR University, Jaipur, Rajasthan. I am pursuing my Summer Training under National Health Mission (NHM), Odisha on the topic "Major challenges of Integrated Village Health Nutrition Day (I-VHND) in Nuapada District, Odisha". I would like to ask you few questions related to the respective topic. The responses will be kept confidential. This means that the interview responses will be shared only with the research team and we will ensure that any information that we include in our report does not identify you as the respondent. Remember, you don't have to talk about anything that you don't want to and you can end the interview at any time.

Consent – I _____give my approval for the interview. All the things have been explained to me up to my satisfaction.

Interviewee Signature

Consent – I _____give my approval for the interview. All the things have been explained to me up to my satisfaction.

Interviewee Signature

Consent – I _____give my approval for the interview. All the things have been explained to me up to my satisfaction.

Interviewee Signature

Sl. No.	NAME	POST	DISTRICT/BLOCK	DATE OF INTERVIEW

Q.No.1	How many service providers are trained at different level against plan?					
	T R A I N I N G					
	BLOCK		PHC		SECTOR LEVEL	
	Plan	Achieved	Plan	Achieved	Plan	Achieved
BLOCK						
PHC						
SECTOR LEVEL						

Q.No.2	How many I-VHND session have conducted in last six month (from Oct 2016 to March 2017) against the plan?												
Block	I-VHND session	Oct		Nov		Dec		Jan		Fab		March	
		Plan	Achieved	Plan	Achieved	Plan	Achieved	plan	Achieved	Plan	Achieved	Plan	Achieved
Khariar													
Komna													
Total													

Q.No.3 Is there any instrument purchased against the requirement in last 6 month? (from October 2016 to march 2017)	Yes	No

Q. No. 4 If Yes then, kindly specify

List of equipment purchased		**Khariar Block**		**Komna Block**	
Sl. No.	**Equipment list**	**Yes/No**	**Numbers of Equipment Purchased**	**Yes/No**	**Numbers of Equipment Purchased**
1	Examination table with foot step				
2	Stretchers				
3	BP Instrument				
4	Stethoscope				
5	Thermometer				
6	Sahalis				
7	Uristix				
8	MUAC Tape				
9	Weighing scale (adult)				
10	Weighing scale(child)				

Q.No.5 Have the service providers received performance incentive during last 6 month?

Block	**Service provider**	**Yes / No**		**If yes, Amount of PI**						**If No, specify the reason**
				Oct	**Nov**	**Dec**	**Jan**	**Feb**	**march**	
Khariar	ANM									
	AWW									
	ASHA									
	MPHW(M)									
	ANM									

Komna	AWW									
	ASHA									
	MPHW(M)									
Total										

(B)Questioner for ANM

Information - My name is Janmejaya Meher. I am a student of IIHMR University, Jaipur, Rajasthan. I am pursuing my Summer Training under National Health Mission (NHM),Odisha on the topic "Major challenges of Integrated Village Health Nutrition Day (I-VHND) in Nuapada District, Odisha". I would like to ask you few questions related to the respective topic. The responses will be kept confidential. This means that the interview responses will be shared only with the research team and we will ensure that any information that we include in our report does not identify you as the respondent. Remember, you don't have to talk about anything that you don't want to and you can end the interview at any time.

Consent – I _____give my approval for the interview. All the things have been explained to me up to my satisfaction

Interviewee Signature

Name	
Village	
Post	
Serial No	
Date of Interview	

Q.No.1	**Please show me the functional instrument and equipment as per the list?**			
Sl. No.	**List of equipment**	**List of instrument & equipment available**	**List of Instrument & equipment functioning**	**List of equipment & Instrument purchased**
1	Examination table with foot step			
2	Stretchers			
3	BP Instrument			
4	Stethoscope			
5	Thermometer			
6	Sahalis			
7	Uristix			
8	MUAC Tape			
9	Weighing scale (adult)			
10	Weighing scale(child)			

Q.No.2	Do you have micro plan for I-VHND session?	Yes	No
Q.No.3	Do you prepare Due List?	Yes	No

Q.No.4	If yes then, how many beneficiaries are attend in respect to prepared due list?		
	Numbers of Beneficiaries mentioned in Due list		**Numbers of beneficiaries attended I-VHND**
	ANC women		
	PNC mother		
	Under 2 Children		

Q.No 5	How many under 2 children immunized in last 3 month		
		Total no. of U- 2 children in list	No. of U-2 children present
	Jan		
	Feb		
	March		
	Total		

Q.No.6	Is privacy during examination ensured (by way of separate cabin /curtains /sheet)?	Yes	No
Q.No.7	Do you perform abdominal check-up for pregnant women?	Yes	No
Q.No. 8	Do you test the haemoglobin level of pregnant Women?	Yes	No
Q.No.9	If Yes then, how do you test		
Q.No.10	Do you measure the Blood Pressure of Pregnant women?	Yes	No
Q.No.11	If yes, then how do you measure Blood Pressure by using sphygmomanometer?		
Q.No.12	Do you test the pregnancy conformation?	Yes	No
Q.No.13	If Yes then, how do you examine.		
Q.No.14	Do you examine the urine albumin and urine glucose?	Yes	No
Q.No.15	If yes then, how do you examine? (The response is taken as "yes" if they are using "Uristix" during testing)		
Q.No.16	Do you measure the height and weight of pregnant women?	Yes	No
Q.No.17	If Yes then, how do you measure		
Q.No.18	Do you measure the weight of under 5 children?	Yes	No
Q.No.19	If Yes then, how do you measure		
Q.No.20	Is Red card being available?	Yes	No
Q.No.21	If yes then, in which case do issue this card?		

Q.No.22	Is Mother and Child Protection Card(MCP) is available	Yes	No
Q.No.23	If yes then, in which case do you issue MCP Card?		
Q.No.24	Is HUB Cutter being available	Yes	No
Q.No.25	If yes then, how do u use it	Yes	No
Q.No.26	Have you brought the vaccine?	Yes	No
Q.No.27	If yes then, have you carried the vaccine in the vaccine carrier?	Yes	No
Q.No.28	How do you maintain cold chain during I-VHND?		

Q.No.29 Have you received performance incentive during last 6 month

Block	**Service provider**	**Yes / No**		**If yes, Amount of PI**						**If No, specify the reason**
				Oct	**Nov**	**Dec**	**Jan**	**Feb**	**march**	
Khariar	ANM									
	AWW									
	ASHA									
	MPHW(M)									
Komna	ANM									
	AWW									
	ASHA									
	MPHW(M)									
Total										

(C)Questioner for ANC Mother

Information - My name is Janmejaya Meher. I am a student of IIHMR University, Jaipur, Rajasthan. I am pursuing my Summer Training under National Health Mission (NHM), Odisha on the topic "Major challenges of Integrated Village Health Nutrition Day (I-VHND) in Nuapada District, Odisha". I would like to ask you few questions related to the respective topic. The responses will be kept confidential. This means that the interview responses will be shared only with the research team and we will ensure that any information that we include in our report does not identify you as the respondent. Remember, you don't have to talk about anything that you don't want to and you can end the interview at any time.

Consent – I _____give my approval for the interview. All the things have been explained to me up to my satisfaction

Interviewee Signature

Name of the beneficiaries	
Village	
Serial No	
Date of Interview	☐☐ ☐☐ ☐☐☐☐

Q.No.1	When was the first ANC checkup done? First Trimester | Second Trimester | Third Trimester		
Q.No.2	Did you receive the Mother & Child Protection card?	Yes	No
Q.No.3	Did you receive the Red Card?	Yes	No
Q.No.4	Was your blood pressure measured?	Yes	No
Q.No.5	Was your weight recorded?	Yes	No
Q.No.6	Was abdominal examination done	Yes	No
Q.No.7	Was Haemoglobin estimation done?	Yea	No
Q.No.8	Was Urine Sugar and Urine albumin estimation done by using Uri Stix?	Yes	No
Q.No.9	Was Hb and Urine estimation done at each visit?	Yes	No

(D)Questioner for PNC Mother

Information - My name is Janmejaya Meher. I am a student of The IIHMR University, Jaipur, Rajasthan. I am pursuing my Summer Training under National Health Mission (NHM), Odisha, on the topic "Major challenges of Integrated Village Health Nutrition Day (I-VHND) in Nuapada District, Odisha. I would like to ask you few questions related to the respective topic. The responses will be kept confidential. This means that the interview responses will be shared only with the research team and we will ensure that any information that we include in our report does not identify you as the respondent. Remember, you don't have to talk about anything that you don't want to and you can end the interview at any time.

Consent – I _____give my approval for the interview. All the things have been explained to me up to my satisfaction

Interviewee Signature

Sub center	
Village	
Serial No	
Date of Interview	

Q.No.1	Whether weight measured by ANM during your ANC visit?	Yes	No
Q.No.2	Whether blood pressure measured by ANM during your ANC visit?	Yes	No
Q.No.3	Were IFA tablets provided?	Yes	No
Q.No.4	Were Calcium tablets provided?	Yes	No
Q.No.5	Did your child's weight measured?	Yes	No