**Summer Placement**

**in**

**Population Foundation of India Organization**

**(April 8-June 17, 2013)**

**A Report titled**

# "Assessment of effectiveness of Urban Health and Nutrition Days (UHNDs) in improving outreach service to urban poor-A case study of Pune slums".

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**Post-graduate Programme in (Hospital and Healthcare Management)**

**2012-2014**

**Institute of Health Management Research, Jaipur**

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# TO WHOM SO IT MAY CONCERN

This is to certify that Dr. Tanvi Chauhan, student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management and Research, Jaipur has undergone Summer training in Population Foundation of India, New Delhi from April 8th to June 17th 2013.

The candidate has successfully carried out the study assigned to her during summer training and her approach to study has been very sincere, committed and analytical.

I wish her success in all her future endeavors.

Dr. Barun Kanjilal

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## To whomsoever it may concern

This is to certify that Dr. Tanvi Chauhan, student of Institute of Health Management Research, Jaipur has done her summer training with Health of the Urban Poor (HUP) Program, Population Foundation of India, New Delhi from April 8, 2013 to June 17, 2013.

Her study topic was "Assessment of effectiveness of Urban Health and Nutrition Days (UHNDs) in improving outreach service delivery to the urban poor- A case study of Pune slums".

Tanvi was very focused, self- driven and hard working. She herself carried out all the activities related to her summer training.

We wish her success in all her future endeavors.

Dr. Sainath Banerjee
Chief of Party

Dr. Sainath Banerjee
Chief of Party- Health of the Urban Poor (HUP) Program
Population Foundation of India
New Delhi

Swasth evam Sundar Shehar HUP Health of the Urban Poor

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**I am highly indebted to Dr Barun Kanjilal, Dr Swati Mahajan and Dr Jatin for their guidance and constant supervision as well as for providing necessary information regarding the project & also for their support in completing the project.**

**I would like to express my gratitude towards my parents & member of PFI especially research analyst Dr Sumoni Mukherjee for their kind co-operation and encouragement which helped me in completion of this project.**

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**June 2013,**

**NEW DELHI** **TANVI CHAUHAN**

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# CHAPTER NO-1 OBSERVATION LEARNING

## SECTION-1 Introduction of organization with specific objectives.

PFI was established in 1970 by a group of socially committed industrialists led by Mr J.R.D. Tata and Dr Bharat Ram. It is headquartered in New Delhi with offices in 14 states. With the declining status of urban health and the emerging need to increase efforts to strengthen primary health initiatives in urban areas, PFI entered into a partnership with USAID India in October 2009 to start a comprehensive Health of the Urban Poor (HUP) Project. The project lays emphasis on institutional convergence of the various departmental programes.HUP is being implemented by a PFI led consortium, which includes Plan-India, IIHMR-Jaipur, Bhoruka Charitable Trust, CEDPA, Micro Insurance Academy (MIA) and International Institute for Population Sciences (IIPS) - Mumbai as partners.

**Population and area:** The urban population of all eight states and four programe cities. **States:** Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh, and Uttrakhand.

**Cities:** Bhubaneswar, Pune, Jaipur and Agra.

**Project period**

Four years: October 1, 2009 to September 30, 2013

**Vision**

A responsive, functional, and sustainable health system that provides need based, affordable and quality health care, improved water, sanitation and hygiene for urban poor in eight states.

**Goal**

To improve the health status of the urban poor by adopting effective, efficient and sustainable strategic intervention approaches, adopting the principle of convergence of various development programs.

**Objectives**

- Provide quality technical assistance to the GOI, states and the cities for effective implementation of the proposed National Urban Health Mission (NUHM).
- Expand partnerships in urban health including engaging the commercial sector in PPP activities.
- Promote the convergence of different GOI urban health and development efforts.
- Strengthen urban planning initiatives by the states through evidence- based city-level demonstration and learning efforts.

**Strategies of HUP**

- Need-based technical assistance for operationalization of the Urban Health Program within the Public Health System at all levels.
- Convergence at all levels for improved health (MNCH), nutrition, water, sanitation and hygiene through institutionalization.
- Capacity building for high quality accessible and sustainable health, nutritional and water and sanitation services.
- Leveraging resources.
- Gender Equity and Male Engagement.
- Empowering community for improved negotiation and ownership.
- Fostering strategic alliances and partnerships at all levels.

- Demonstration, documentation, systematic replication of successful urban health intervention models.

**Operationalization of HUP**

Institutional level

- Strengthening institutions for convergent actions like City and Ward Coordination Committees
- Institutional mechanisms for engaging the private sector in urban health
- Institutional mechanisms for engaging national and international technical institutions for urban health (at national and state levels)

Systems level

- Planning design and templates, including slum resource mapping (for city health plans and micro-plans for immunization, Health & Nutrition Days, etc.)
- Monitoring & Evaluation framework for Urban Health and determinants of health, including slum-specific Health Management Information System (HMIS)

Service delivery level

- Institutionalizing and strengthening Urban Health and Nutrition Days (UHND) through a convergent model (including the departments of health , women and child development and urban local bodies)
- Developing integrated outreach and referral linkage through Public Private Partnerships (PPP)
- Specific interventions on Maternal, Neonatal, Child Health and Nutrition (MNCHN) and Water, Sanitation & Hygiene (WASH) for the urban poor – in a convergent and/or PPP mode.

Community level

- Formation of women's health groups in the form of Mahila Arogya Samiti (MAS) – for community mobilization, community level mapping and planning and addressing the social determinants of health, especially the WASH component.
- IEC/BCC strategies and models for urban poor on MNCHN and WASH.

**Area of implementation**

The project implementation started from oct-2011 in 42 slums, 16 of which come under UHC area and 26 slums comes under Non UHC area with the objective of spreading awareness on MNCHN and WATSAN. HUP team has 14 staff comprising with 12 CCs, 1 Project Coordinator & 1 part time Accountant.

**Level of hierarchy for HUP in cities**

City Coordinator ⇨ NGO Coordinator ⇨ Project Coordinator ⇨

Cluster Coordinators ⇨ Link workers ⇨ MAS

**Activities**

- Training of representative of community group/ MAS/SHG/Balika Mandal.
- Orientation and capacity building of link worker on WASH & Nutrition.
- Interface of community & service providers on MNCHN & WATSAN on the following-Nutrition, Breast feeding day, world waters day and safe motherhood Day.
- IEC and Advocacy programs: Street Play; Exhibitions on Nutrition &WASH.
- Community Health Resource Mapping.
- Incentive to best performance community role model Word coordination Meeting-formation/Strengthening.
- Monthly Women Group/Community Meeting on identification of issues.
- Monthly Program Review & Strategy Planning Meeting for HUP Staff.

**Impact**

HUP program has created awareness among the community people based on how to use safe drinking water, Care of Mother and Child health, fully immunization, Nutrition and linkages with health providers at their areas. The availability of health facilities which will be ensure by the MAS.

**Way Forward:**

- Formation/ Strengthening of Word Coordination Committee and involvement of stake holders.
- Advocacy & awareness for IEC activities.
- Provision of Health services.
- Strengthening MCH activities and ensure the services should reach to the urban poor.
- Strengthening MAS in monthly regular meeting on Identified issues related MNCHN &WATSAN.
- Capacity building of Health providers, Link Workers on WASH &Nutrition.
- School Health Program.
- Adolescent health.

## SECTION-2 Data Collection Process

Majority of material on organization is being collected through internet and secondary data provided by organization during summer training.

## SECTION-3 Conclusive Learning And Limitations

**Limitations:** a) Paucity of time.

b) Not assigned any mentor who can brief on individual departments of organization and engaged in individual studies from very beginning.

**Conclusive learning's :** The organization has well planned programs and they keep on doing time to time interventions in field of health for improving the health of urban poor. They had introduced the new concept of MAS and link workers for effective community mobilization. They also maintain the MCTS registers which consist of all the information regarding maternal and child health in given slum area. In addition to this I had also learned about tool preparation, data analysis (quantitative and qualitative), use of SPSS and Pivot Table in excel. Moreover i came to know about a lot regarding documentation of report writing .

## CHAPTER-2 STUDY PROJECT

### 1.1 ACRONYMS

| | | | | |
|---|---|---|---|---|
| • | NRHM | National Rural Health Mission | IFA | Iron Folic Acid |
| • | SFWB | State Family Welfare Bureau | THR | Take Home Ration |
| • | RCH | Reproductive Child Health | JSY | Janani Suraksha Yojana |
| • | AWC | Anganwadi Centre | ARIs | Acute Respiratory Infection |
| • | HUP | Health of Urban Poor | OCPs | Oral Contraceptive Pills |
| • | UHND | Urban Health and Nutrition Days | BP | Blood Pressure |
| • | ANM | Auxiliary Nurse Midwife | MCH | Maternal Child and Health |
| • | AWW | Anganwadi Worker | ICDs | Integrated Child Development Officer |
| • | MAS | Mahila Arogya Samiti | IEC | Information Education communication |
| • | PMC | Pune Municipal Corporation | DPT/OPV | Diphtheria Pertussis Tetanus |
| • | RIs/STIs | Reproductive Tract Infection | | |
| • | TB | Tuberculosis | | |
| • | FHND | Fixed Health and Nutrition Days | | |
| • | IDIs | In-depth Interviews | | |
| • | FGDs | Focused Group Discussions | | |
| • | MO | Medical Officer | | |
| • | CCs | Cluster Coordinators | | |
| • | KII | Key Informant Interviews | | |
| • | CDPO | Child Development Project Officer | | |
| • | ANC | Ante Natal Care | | |
| • | PNC | Post Natal Care | | |

## 2.1 BACKGROUND AND RATIONALE

The NRHM guarantees better health outcomes for millions of people in rural areas, especially those belonging to marginalized and vulnerable communities. Under Reproductive & Child Health-II (RCH-II) programme and National Rural Health Mission (NRHM), Anganwadi Centre (AWC) has been identified as a hub for service provision and also as a platform for promoting inter-sectoral convergence. The Village Health and Nutrition Day (VHND)is organized once every month at the AWC and acts as a interface between the community and health system.VHND has contributed significantly in bringing about the much needed behavioural changes in the community and improving the health seeking behaviour of the community leading to better health outcomes in the rural areas.

In urban areas, no such mechanism is available because of some inherent problems like inadequacy of AWC's, human resource issues, lack of convergence among different departments and ever increasing population. Cost, timings, distance and other factors put the secondary care and private sector facilities out of reach of most urban poor residents. The policy scenario in India has also been rural centric as India was predominantly rural till recently. This has resulted in a relative neglect of urban areas especially the urban poor leading to shortage of resources, facilities and mechanisms for service delivery in urban areas. Keeping this in mind, HUP has introduced the intervention of Urban Health and Nutrition Day (UHND) in urban areas, on the lines of VHND.

UHND would serve as a common platform to deliver maternal, child health care and nutrition services to the urban poor population with the help of the Auxiliary Nurse Midwife (ANM),the Anganwadi Worker(AWW) and HUP frontline workers and Mahila Arogya Samiti (MAS) members. It would help in delivering healthcare services at the doorstep of the unserved and underserved urban population thereby, leading to an improvement in the health status of the urban poor.

### 2.1.1 CURRENT STATUS:

UHND is currently being organized in three of the five HUP demonstration cities i.e. Pune, Jaipur and Agra. A total of **357 UHNDs** have been organized in these three demonstration cities from July, 2012 to January, 2013 as depicted in the table below:

| S.NO | Name of city | No. of UHNDs conducted |
|---|---|---|
| 1 | Agra | 132 |
| 2 | Jaipur | 206 |
| 3 | Pune | 19 |

A brief update on the status in **Pune** city is given below:

**Pune –** Pune Municipal Corporation (PMC) and the State Family Welfare Bureau (SFWB) gave their concurrence to initiate UHND on a pilot basis in two sites in the month of September, 2012 which was then scaled up to ten sites, of which five became operational by December, 2012 and remaining five by January, 2013.It was started on pilot basis to cover the uncovered areas of Pune slums where the Anganwadis were not providing any outreach service delivery to slum population.

**Operational details:**

**Venue:** Anganwadi Centre (AWC)/ Community Centre/ School premises/ Any other appropriate place provided by the ULB/ any appropriate place suggested by the community.

**Frequency:** Once a month at a fixed location on fixed day of the month to at fixed cover a population of 1000 slum dwellers (approximately).

**Thus this study is a preliminary attempt to understand the effectiveness of UHND and the utilization of services by the beneficiaries in target areas of Pune.**

### 2.2.2 SERVICE PACKAGE OF UHND:

#### A) MNCHN SERVICES:

| Target Group | Services |
|---|---|
| **Pregnant Women** | • Early Registration of pregnancies.<br>• Antenatal Checkup (ANC).<br>• Tracking of dropout pregnant women and providing ANC to them.<br>• Tetanus Toxoid Injections.<br>• Weight Monitoring.<br>• Iron Folic Acid (IFA) Tablet distribution.<br>• Deworming.<br>• Identification & Referral for women with signs of complications during pregnancy and those needing emergency care.<br>• Take home ration (THR). |
| | **Counsel on the following:**<br>• Diet during pregnancy<br>• Importance of rest<br>• Danger Signs during pregnancy<br>• Personal Hygiene<br>• IFA tablets- Counseling on dose and side effects to improve compliance<br>• Birth Preparedness and Complication Readiness<br>• Registration for JSY<br>• Importance of institutional delivery<br>• Post natal care<br>• Essential Newborn Care<br>• Exclusive Breast Feeding for first six months |

| | |
|---|---|
| **Lactating mothers** | **Counsel on the following:**<br>• Post natal care<br>• Birth Spacing<br>• Exclusive Breast Feeding for first six months<br>• Complimentary feeding |

| | |
|---|---|
| **Children below 1 year (Infants)** | • Registration of new births<br>• Complete routine immunization against the six vaccine preventable diseases and Hepatitis B<br>• Immunization for dropout and left out cases<br>• First dose of Vitamin A along with measles vaccine.<br>• Weighing and Growth Monitoring<br>• Counseling for care of newborn and feeding. |
| **Children between 1-5 years of age** | • Booster doses of DPT/OPV<br>• Second to fifth dose of Vitamin A<br>• Tracking and vaccination of drop outs and left out cases<br>• Case Management of those suffering from Diarrhea and Acute Respiratory Infections (ARIs)<br>• Referral of complicated cases of Diarrhea and ARIs<br>• Weighing and Growth Monitoring<br>• Tablet IFA - (small) to children with clinical anaemia<br>• Management of worm infestations<br>• Provision of supplementary nutrition for grades of mild malnutrition |

| | |
|---|---|
| | • Referral for cases of severe malnutrition<br>• Identification and referral of physically and mentally challenged children<br>**Counsel mothers on the following:**<br>• Home management of childhood diseases and referral for complications<br>• Hygienic and correct cooking practices<br>• Balanced diet<br>• Nutrition supplementation with iron, vitamins and micronutrients<br>• Importance of deworming |
| **Currently married women in the age group of 15-49 years** | • Information on the available basket of choice<br>• Counseling on delaying the first birth and spacing between births<br>• Counseling for use of contraception<br>• Distribution and provision of non-clinic contraceptives such as condoms and OCPs<br>• Referral of cases opting for other methods of Family Planning<br>• Counseling on prevention of RTIs and STIs<br>• Referral of cases for diagnosis and treatment of RTIs/STIs. |

**B) WASH SERVICES:**

| | **Services** |
|---|---|
| **Water** | **Counsel on the following:**<br>• Importance of safe drinking water<br>• Treatment of drinking water at the point of use<br>• Safe handling of drinking water – Water Storage in clean container, Store container to be kept at height, drinking water in covered container, and tap usage or ladle |

| | |
|---|---|
| | for taking water out from containers to avoid direct contact with water. |
| **Sanitation** | **Counsel on the following:**<br>• Construction of individual sanitary latrines<br>• Usage of toilet facilities – Individual toilets, community toilets or shared latrines .<br>• Safe disposal of child Feaces |
| **Hygiene** | **Counsel on the following:**<br>• Hand washing at critical times – before cooking, before eating, before feeding the child, after defecation and after handling child feaces<br>• Personal hygiene and household cleanliness<br>• Proper menstrual hygiene<br>• Avoidance of breeding sites for mosquitoes. |

**ISSUES TO BE DISCUSSED WITH THE COMMUNITY:**

- Danger signs during pregnancy.
- Importance of institutional delivery and where to go for delivery.
- Importance of seeking post-natal care.
- Registration for the JSY.
- Counseling for better nutrition.
- Exclusive Breastfeeding.
- Complementary feeding.
- Care during diarrhea and home management.
- Care during acute respiratory infections.

- Prevention of malaria, TB, and other communicable diseases.
- Importance of safe drinking water.

## 3.1 REVIEW OF LITERATURE

**MICES,DEPARTMENT OF HEALTH & FAMILY WELFARE UNICEF ( 2009) conducted a study on "MAMTA ABHIYAN IN GUJARAT": DELIVERING CONVERGENT SERVICES FOR IMPROVING MATERNAL AND CHILD HEALTH** and reported that the programe was effective on the basis of following indicators-Increased in exclusive breastfeeding: Exclusive breast feeding (until six months) increased from 27% to 61% between 2007 and 2010.Increase in complementary feeding: Initiation of complementary feeding by seven months increased from 42% to 72% from 2007 to 2010.Immunization increase in Valsad: The percentage of fully immunized children increased from 70% to 91% between 2006 and 2010.

***Raj Kumari Hira , Rithuma , Murthy GVS, Ajitha Suresh M et al(2012):*** **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.**

According to this study "A high percentage of people; 79% in urban area and 92% in rural area expressed satisfaction with the FHND service.

In urban area 63% of people availed ante natal care service ."This study concludes that there is still a long way to deliver truly convergent service and efforts should be made at policy level and sufficient resources allotted to deliver more and better services through FHND program.

**Nirupam Bajpai and Ravindra H. Dholakia et al (May, 2011):"IMPROVING THE INTEGRATION OF HEALTH AND NUTRITION SECTORS IN INDIA":** This study reported that "VHND Programme assessments showed promising changes in health-seeking behaviours.In the intervention areas, 65% of women reported initiating breastfeeding within an hour of delivery, compared to 38% in non-intervention areas. Higher proportions of

children were breastfed exclusively for six months, properly introduced to complementary feeding (and given more nutritious complementary foods), and received Vitamin A supplementation and measles vaccination by 12 months. Some of the largest differences between control and intervention areas were within the lowest socioeconomic groups (Gragnolati *et al*. 2005)."

## 4.1 OBJECTIVES:

- To assess the level of utilization of services by the beneficiaries in target areas.
- To compare the difference in utilization of services between study and control area.
- To understand the perceptions of community, service providers and govt officials about UHND and its benefits.

## 5.1 METHODOLOGY:

**STUDY DESIGN:** This research relied on a case control study that utilizes both qualitative and quantitative research methods to obtain an in-depth understanding of the effectiveness of the UHNDs and the status, quality and utilization of services from the perspective of the beneficiaries and the service providers. IDIs and FGDs were used to collect qualitative data from beneficiaries, service providers at community level (ANM's and AWW) and government officials participating in UHNDs. Observation of 20 health facilities were done including UHND and NONUHND areas out of which 3 were visited on the days of UHNDs to determine the status and quality of health services. Quantitative data were collected from facility-based record.

**SELECTION OF STUDY AREA**: The present study was undertaken in twenty slums of Pune out of which ten were one where UHND occur every month and remaining ten from non target areas under HUP site. In selecting the slums, it was assumed that majority of population in these slums were the most deprived in terms of access to health services.

**KEY STAKEHOLDERS:**

**Managers, implementers and providers:** The study involved key Department of Health and Family Welfare officials from PMC and ICDS responsible for managing UHND scheme. The service providers at community level including AWW, ANMs, MO.

**Beneficiaries –** Beneficiaries of UHND were pregnant women, lactating mothers and currently married in reproductive age (15-49).

**SAMPLE SIZE**:

**In-depth interviews and focus group discussions:** Over all 20 in-depth interviews including AWW,ANMs,MO from both UHND and Non UHND areas along with two key informant interview and 6 FGDs of beneficiaries 3 each in case and control were proposed.

**Quantitative Data:** It was proposed to be taken from health facility base records.

**6.1 STUDY TOOLS AND TECHNIQUES**: Quantitative analysis was done on the basis of service statistics obtained from AWC centers and qualitative assessment through interviews using interview schedule for key informants (service providers & government officials) and FGDs conducted with group of beneficiaries.

A team of program evaluation experts epidemiologists, and anthropologists and intern from iihmr jaipur conducted several brainstorming sessions to identify key issues to be evaluated keeping in mind the interest of policy makers, program managers, implementers, and beneficiaries. Qualitative interview schedules with open-ended questions were prepared. Structured formats in excel as per defined indicators were prepared for collecting statistic data from AWC. Topic guides for FGDs with pregnant women, lactating mothers and currently married women in reproductive age (15-49) were developed and aligned with the study objectives. To check for reliability of answers, multiple questions were included in every interview schedule probing the same domains dealing with the critical study objectives. Also, responses from different stakeholders were compared for data triangulation.

Before initiating data collection, pilot testing of the instrument was done in Delhi (Sanjay Gandhi Slum). Based on the pilot results, schedules, structured formats in excel, and FGD guides were finalized in 8 days at PFI Delhi.

**Data collection:** The field team for data collection consist of cluster coordinators, intern and link workers. The intern from iihmr jaipur conducted interviews and FGDs in target areas with the support of CCs and link workers. The quantitative data was collected by intern from the records of AWC and during UHND sessions. During FGD, intern was the moderator and CC was the recorder. All the FGDs were tape -recorded to give credence to the conduct and validity of the FGDs, to supplement missed statements during transcription, and to cross-check data points. Tapes were also used for quality assurance measures intended to validate quality and to ensure that collected data were not compromised. The data was collected from 22 april2013 till 7 may 2013.

**Quality Assurance Measures:** The objective of quality assurance mechanisms at all stages of project design, implementation, and analysis was to minimize threats to the quality of data. The following activities were undertaken for quality assurance:

- At the end of each interview, the interviewer rechecked the completed instrument to ensure that no questions were missed or left blank.
- Data triangulation: Responses obtained through IDIs and FGDs facilitated comparison for consistency. For internal consistency, similar questions in every interview schedule were asked. Responses from the different categories of stakeholders were matched for confirmation.
- Cluster coordinators observed all FGDs and few IDIs.
- Electronic copies of all interviews were cross checked against the hard copy for correctness and completeness.
- Soft copies of all the FGDs were cross checked with the audio tape and the hard copy for correctness and completeness of transcription and translation.

**SECONDARY DATA ANALYSIS:**

In order to determine the reach and utilization of services under the UHND programe, the following data was collected from facility based records of UHND and NONUHND AWC:

- No of women received anc
- No of women received pnc
- No of TT injections received
- No of immunizations of children up to (0-1) and (1-5) years.
- No of counseling received.
- Total number of beneficiaries.

## 7.1 DATA PROCESSING, ANALYSIS AND REPORT WRITING:

Responses were free-listed and then grouped into domains which emerged from the data. They were coded according to domains to which they belong. Since some responses for single question could be placed in more than one domain, efforts were made to code them accordingly. Data was analyzed separately for each category of stakeholders and then re-analyzed to assess similarities and differences in perceptions across stakeholders.

The results from the analysis were summarized and cross-tabulated by category of stakeholder. Adjectives like “very few” (<10%), “some” (~10-24%), “about half” (~25-49%), “majority” (~50-74%), “most” (~75-89%), and “almost all” (>90%) were used wherever there was a need to reflect proportion of stakeholders expressing similar opinions.

Quantitative data was coded, edited and sorted out. After which it was entered into excel spreadsheets and analysis was done using Microsoft excel and results were retrieved using trend analysis.

## 7.1.1 PERIOD OF STUDY:

| | |
|---|---|
| **Preparatory phase(development of tool)** | **10 april 2013-18 april 2013** |
| **Data collection** | **22 april 2013-10 may 2013** |
| **Data entry and analysis** | **13 may 2013-20 may 2013** |
| **Abstract writing** | **21 may 2013- 5 june 2013** |
| **Submission of report** | **6 june 2013** |

## 7.1.2 STUDY SITES AND CHARACTERISTICS OF RESPONDENTS

**Area profile:** Pune has a total population of 3.12 million. According to census 2011 Literacy Rate is 91.61 percent.

**Table 1: Study slum profile**

| UHND AREAS | | | | |
|---|---|---|---|---|
| **S.NO** | **NAME OF CITY** | **NAME OF SLUM** | **LAND TYPE OF SLUM** | **LOCATION OF SLUM** |
| **1** | **PUNE** | **SHINDE WASTI** | **GOVERNMENT** | **ALONG WATER BODIES** |
| **2** | **PUNE** | **RAJEEV GANDHI NAGAR** | **GOVERNMENT** | **ALONG MAJOR TRANSPORT ALIGNMENT** |
| **3** | **PUNE** | **JANTA VASAHAT III** | **PRIVATE** | **ALONG WATER BODIES** |
| **4** | **PUNE** | **DHAVLE VASTI** | **GOVERNMENT** | **ALONG RAILWAY TRACK** |
| **5** | **PUNE** | **VAIUWADI** | **PRIVATE** | **ALONG MAJOR TRANSPORT ALIGNMENT** |
| **6** | **PUNE** | **ULHAS NAGAR** | **RAILWAY** | **ALONG RAILWAY TRACK** |
| **7** | **PUNE** | **VIKAS NAGAR** | | |
| **8** | **PUNE** | **SANT GADGE BABA** | **GOVERNMENT** | **ALONG MAJOR TRANSPORT ALIGNMENT** |
| **9** | **PUNE** | **MAHATME PHULE** | **GOVERNMENT** | **ALONG RAILWAY TRACK** |
| **10** | **PUNE** | **LUMBINI NAGAR** | **PRIVATE** | **ALONG MAJOR TRANSPORT ALIGNMENT** |

**Table 2: Number of Stakeholders interviewed and involved in FGDs**

| IN-DEPTH INTERVIEW | PLANNED | CONDUCTED |
|---|---|---|
| PMC OFFICIALS | 1 | 1 |
| CDPO | 1 | 1 |
| AWW,ANM,MO(UHND AND NON UHND) | 20 | 20 |
| **FGD** | | |
| PREGNANT WOMEN | 2 (UHND AND NONUHND) | 2 |
| LACTATING MOTHER | 2 (UHND AND NONUHND) | 2 |
| CURRENTLY MARRIED | 2 (UHND AND NONUHND) | 2 |

## 8.1 FINDINGS OF THE STUDY:

### 8.1.1 OBSERVATIONS OF IN-DEPTH INTERVIEWS IN UHND AREAS:

**BACKGROUND OF THE RESPONDENTS:**

Overall 20 in-depth interviews were conducted including AWW, ANMs, and MO both in UHND and Non UHND areas. Majority of the ANMs and AWW were literate in age group of 25- 45 years of age. Along with it the key informant interviews were organized with PMC official and CDPO at ICDS office. Other than IDIs and KIIs focused group discussion were also done among beneficiaries which included pregnant, lactating mothers and currently married women, most of them were literate and belonging to age group of 20-40 years of age.

**Understanding the scheme's activities:** Majority of ANMs, AWW and MO understood the purpose of scheme. Most of the respondents believed that this scheme promotes vaccination, Antenatal check up, counseling for the beneficiaries along with easy accessibility of these services at doorstep of slum population. Almost all of them were aware of the activities under the scheme.

Majority thought the purpose is to increase anc coverage and immunization. Identification of high-risk cases of pregnancies and referral was also mentioned by few ANMs and MO.

***"I know about HUP, it works on health and provide health facilities like anc check up, immunization, counseling to pregnant women in uhnd sessions."(AWW, ANM and MO).***

"***We do house hold surveys in our areas and identify who all are pregnant and do regular follow up with them along with counseling and register them in our services."*** ***(*** AWW)

**Perceived role of stakeholders:**

A majority of MO and ANMs perceived their role to be one of providing vaccination, antenatal check up, counseling and generating awareness among beneficiaries regarding uhnd activities as well as actively motivating women. Other perceived roles for ANMs during uhnd included distributing iron tablets, giving TT injections and referring women for institutional deliveries.

**Assistance provided to mothers by health workers under uhnd:** According to ANMs ,they participate in antenatal registration,vaccination,counseling on family planning, birth spacing and health checkups during pregnancy.MO quoted they check BP, do anc check up and give counseling to pregnant women on nutritious diet and do's and don'ts of pregnancy.AWWs mentioned their role in provision of dietary advice ,counseling to lactating mothers on exclusive breast feeding and awareness generation regarding scheme. Most of them told they communicate these messages verbally with the beneficiaries on day of uhnd whereas link workers use flip books and IEC material of hup for counseling but at some places I observed it had not been followed properly.

"***ANM comes here on day of uhnd and counsel beneficiaries on anc like rest during pregnancy, danger signs of pregnancy. Diet of newborn after 6 months and breastfeeding. This was not done earlier here only immunization was taking place.***" (AWW)

"***We share messages with pregnant women verbally and with help of posters in our anganwadis provided to us. We are not using any hup IEC that is being used by link workers on day of uhnd." (AWW,ANM)***

"***I tell them about nutritious diet during pregnancy, danger signs of pregnancy, give them ANC check up, counselling on breastfeeding and diet of newborn."(ANM)***

***"I tell them about nutritious diet during pregnancy, monitor BP, tell them danger signs of pregnancy, give them ANC check up and counseling on exclusive breastfeeding and diet of newborn."( MO)***

**Tracking of beneficiaries:** Most of them mentioned that beneficiaries are being tracked through house visits by AWW and Link workers. They do household surveys in their areas and identify who all are pregnant got TT injections and iron tablet and share information with each other. Additionally AWW also mentioned that now they cross check information with

*I check MCH card for ANC and immunization and do follow ups every month during uhnd sessions". (MO)*

*"We encourage them by regular follow ups.For making sure we check there MCH cards whenever we go for household visits and confirm from their family members weather they are following advice and what do they eat and about consumption of iron tablet. We cross check with link workers too for same information." (AWW)*

*"We encourage them by regular follow ups, few understand our advice and take it but we can't force anyone." (AWW)*

**"**link workers if anything is missed then they came to know about it. Majority of them spoken off that they check mch cards during uhnd sessions and encourage them by regular follow ups.

**Role of mas and link workers:** Most of them cited that community mobilization by mas and LWs had really been useful as they are one among community and are close to people. Community people trust them and they can motivate them for attending uhnd sessions.

*"Yes, it has been of great help from link workers because they motivate community people in good manner so that they come to attend uhnd. Due to them community involvement has increased because people trust them as they are most near to them in community."(ANM)*

*"Yes, it has been a great help from link workers and mas as earlier we were only two in anganwadis so couldn't able to access all the people so frequently but since they were working we can reach all in community frequently and if any information is missed by us or them, is confirmed and shared among us."(AWW)*

*"I check MCH card for ANC and immunization and ask them questions like if they have taken iron tablet last night their stool should be dark in color but if they say something else then I came to know that they are lieing." (ANM)*

**Benefits of uhnd:** Antenatal registration and vaccination in near vicinity which is easily accessible to slum population were perceived as major benefit by almost all the respondents. In addition to it some ANMs also feel that it had helped in reducing high risk pregnancy cases due to monthly monitoring of BP and weight along with counseling on nutritious diet.

*"Earlier pregnant women had to go mundawa for anc and counseling which is too far from here but now they come here only."(AWW)*

*"Vaccination has increased. ANC provided by doctors in near vicinity." (AWW)*

*"Vaccination has increased. Promoted institutional delivery. High risk patient for pregnancy has been reduced as anc check up and counseling for them every month and advise on nutritious diet."(ANM)*

***"It has increased awareness among people through counseling during uhnd sessions."(MO)***

**Changes in utilization of MCH services:** Almost all AWWs, perceived that after uhnd it had improved the utilization of maternal and newborn health services in their areas. Increased immunization (for mother and child), earlier people use to say it's far off to go hospitals so they don't go for vaccination but now available in close vicinity, antenatal coverage which was not their earlier in anganwadis but now doctor and anm both come on one particular day of the month and counseling on nutritional diet were some of the major improvements perceived by AWW and MO.

*"I don't think much in this area because anganwadi is working here since 20 years and immunization is getting done which I feel is basically being promoted by uhnd as anc and pnc is not possible here to do without any private room and sterilization facility only counseling for anc is given and BP Is checked."(MO)*

***"It has been useful for people here to access service like immunization and anc in near vicinity since janta vashat III is on inner side and reach of these services is far off for these people."(MO)***

*" It has been useful in this area of vikas nagar as earlier nothing was happening in this anganwadi and slum population has to go either mundawa or Sassoon even for immunization but now doctor and ANM comes here so it's easy for them to access it here."(Anganwadi Sewika)*

*"It had helped especially for accessing vaccination and referring patients to Rajeev Gandhi for IUDs insertion."(ANM)*

### 8.1.2 FINDINGS OF IN-DEPTH INTERVIEWS IN NONUHND AREAS:

In-depth interviews were conducted with AWW in non uhnd areas to understand the health services status and quality in those areas and to compare them with uhnd areas. They all have limited knowledge of HUP programe; only know about it in terms of uhnd and its services.

**Assistance provided by health workers to mother:** Majority of AWW revealed that they go for household visits and register pregnant women and immunized children along with few mentioned that they provide counseling too.

***"Hup works in slum areas and conduct uhnd in which counseling is done for pregnant women and lactating mothers, anc checkups are conducted and along with it TT, folic acid tablets are given to those who need them, immunization of children is also done." (AWW)***

***"I do house hold surveys in our areas and identify who all are pregnant and do regular follow up with them along with counseling and register them in our services".(AWW)***

**Utilization of health services:** Almost all the AWW mentioned that in their areas health services like immunization, ANC, PNC and counseling are not available to slum population, people go to public or private hospitals. Some of them mentioned that community find availing these services costly and time taking from hospitals and therefore they do not go.

***"No health services are provided here we only register name from household's visit of anc and immunization cases and refer them to corporation hospital." (AWW)***

***" As such no uhnd occur here as households are also very low but on every third Thursday immunization is done by sister from pmc and this is started 2 months back only after uhnd started in shinde vasti but ANC, PNC, TT are not provided by them if demand originates then only they bring iron tab otherwise refer patient to bhim nagar dispensary which is near only 10 min walking." (AWW)***

About half of them also cited that to start a programe like uhnd in their areas can be beneficial for the community as there are problems related to transport in these areas.

***"There are no services in anganwadi here we refer people to magarpatta hospital which is 5-10 minutes walking from here for immunization." (AWW)***

***"A programe like uhnd can be started here in Gosavi vasti because people lack lot of counseling especially on family planning."(AWW)***

***"To start UHND can be beneficial here for the people as there is a transport problem for going to mundawa hospital."(AWW)***

***"No uhnd sessions occur here we only counsel people when go for home visits and I have also came to know many new things from .Nirmaya van comes one in a month for immunization and people don't go to it saying that it's too far for them".(AWW)***

***"Accessing Mundawa Hospital is difficult as there is no transport available from here for going out". (AWW)***

***"People do not go to Nirvaya van here in mahatma phule saying that it's far if uhnd will be conducted here in near vicinity they will come." (AWW)***

***"Mundawa hospital is 2 km from here but a way to reach there is only walking as no frequent autos available from here so it might be beneficial to start uhnd here but space in anganwadi is less and it is tin shed also." (AWW)***

**Role of mas and link workers:** Most of the AWW said link workers and Mas had proved to be of great benefit to them as well as to community as earlier they were only two in number so it was tough to reach all in the community and at times information in registering beneficiaries was missed out also but now they all share information with each other and cross check things and can reach to more number of people. On the other hand they also mentioned due to mas and link workers their workload had also been reduced as now same work is done by them also and they cross check things and information with each other.

***"Yes, they had helped a lot earlier I was not having this much knowledge about anc and cleanliness of water." (AWW)***

***"They have helped in a way that now we can reach to more number of people earlier we were only two in anganwadi so if we miss something they help us and we help them." (AWW)***

**8.1.3 <u>OUTCOME OF KII INTERVIEWS:</u>** Two interviews were conducted one with **PMC officials** and the other one with **CDPO from ICDS** office.

The interview from officials of Pune Municipal Corporation revealed that" the UHND was initiated on pilot basis to cover the uncovered areas of slums in Pune for health services in near vicinity. According to officials Medical Officers were promoted there to provide anc, pnc and counseling on nutrition under one roof at doorstep of slum population which can be given better by them rather than ANMs. They spoken off that this programe has been able to provide services in uncovered areas of slums and the benefits that they see from this programe are as follows:

a) Uncovered areas got covered.
b) ICDS and health department came together.
c) In near future they expect that with the help of referral services in uhnd people can be mobilized to hospitals.

They are also planning to start blood and sugar test for non communicable diseases under uhnd sessions in near about future and when asked whether they want to scale it up further one of the officials replied that yes if they found some more uncovered areas they would like to include them and other than that recently few villages has been added up in Pune they might think of covering some health services there under uhnd after seeing their health infrastructure."

**From another interview with cdpo following things were highlighted:**

They feel uhnd has been able to provide health services in uncovered areas and the major benefits from uhnd are:

a) Communication direct and face to face.

b) Improvement in health services like inclusion of ANC check up and counseling which were not given earlier in anganwadis.

c) Collaboration between ICDS and PMC.

d) In earlier projects of ICDS doctors and nurses were not promoted in anganwadis thus only immunization was provided but in this project of UHND, HUP mobilized them in anganwadis after communicating with PMC which had helped a lot in giving better services.

They would also like to scale it up if found some more uncovered areas and following measures were suggested by them for further improvements-

A) Need better monitoring of data sheets.

B) Strengthen the supply of IFS tablet.

### 8.1.4 RESULTS OF FGDs IN UHND AREAS:

**BACKGROUND OF RESPONDENTS IN FGDs:**

3 FGDs were conducted in UHND areas and 3 in NONUHND area each included group of 8 participants most of them were literate. In UHND area beneficiaries with whom discussion was taken included pregnant women, lactating mothers and currently married women in reproductive age (15-45) years.

FGDs were organized in UHND areas among the beneficiaries. The group of beneficiaries included pregnant women, lactating mothers and currently married women. Most of the respondents were literate.

**Beneficiaries awareness about the programe:** Majority of them mentioned immunization is done in uhnd sessions every month on one particular day, some of them told doctor and ANM come here and provide TT injections along with iron tablets to pregnant women ”garodar mata” and few mentioned they got family planning counseling also by ANM. Most of them had been influenced by link workers for visiting uhnd sessions; some said they came because their neighbors and friends told them whereas few mentioned they had been informed by the AWW.

***“On asking what they know about uhnd 4 said they get immunization “lasikaran” done here by doctor and ANM along with anc check up “garodar mata” iron tablet and TT injections are also given, 2 mentioned that only immunization facility they have used in uhnd sessions so far, one of them told that she has been counseled on exclusive breast feeding and diet of infant after 6 months.” (GROUP OF BENEFICIARIES)***

***“5 said that link workers come to home before uhnd for telling its dates, 2 said they came to know from MAS members.”***

*"4 of them said yes the female doctor come here she check BP and weight and give advice on nutrition, rest during pregnancy along with 2 TT dose." (Group of pregnant women)*

*"3 of them told that they checked the abdomen, fever and gave injection to newborn." (Group of lactating mothers)*

*"2 of them said they got advice about their diet and what to be given to newborn."(Group of lactating mothers)*

*"5 knows that a child to be kept in warm cloth and the surroundings should be clean, 3 of them said that "no ghutti to be given till 6 months". (group of lactating mothers)*

**Services provided during ANC:** About half of them cited that doctor come here on the day of uhnd and check BP and weight along with it gave advice on nutrition, rest during pregnancy and TT injections.

**Services provided during PNC:** Beneficiaries had fair knowledge about PNC; some of them were advised about general care of the baby (e.g. keeping warm and immunization schedule). None of them reported receiving any advice on family planning or being checked for bleeding. Few mentioned they also got advice on breast feeding and feeding habits of newborn.

*About feeding habits of infants 3 told that cerelac should be given after 6 months of breastfeeding, 4 said thin moong daal water and khichdi can be given. (Group of lactating mothers)*

*Only two of them know about birth spacing and told by doctor in uhnd. (Group of lactating mothers)*

*3 said they have above mentioned information because of their earlier pregnancy, 2 have been told by their gynecologist and 3 came to know from link workers in uhnd sessions. (Group of beneficiaries)*

Majority of them spoken off that they came to know about PNC care from link workers and from their doctors to whom they go for follow up during pregnancy and few of them mentioned they knew because of their earlier pregnancies.

**Benefits of uhnd to beneficiaries:** Most of them said that earlier they used to go public hospitals for immunization but now come to anganwadis on the day of uhnd. Very few of them mentioned that they came here for ANC check up from doctor.

Most of them mentioned that they find the immunization facilities useful in nearby anganwadis as earlier they have to go far off for availing it which costs their time and money but now since doctors come here in uhnd sessions only, it had made their life easy.

Almost all of them communicated that UHND sessions had increased accessibility for health services (e.g. ANC, counseling, immunization).

Majority of them had knowledge on method of contraception and all of them were using some method of contraception. About half of them told that they came to know about various methods from doctors and few mentioned link workers and friends. During discussion some women also told they get counseling on family planning from ANMs during uhnd sessions.

***"5 said when uhnd sessions were not organized we were going to Sassoon and mundawa hospital they are public but it costs us because they are 5-7 km from here and we have to go by auto there.(Group of beneficiaries)"***

***"4 said they were going to a public hospital which is 5 km from here and it took around 30 mins, 2 said they went to private hospitals and still they are going there and come here for immunization only. (Group of beneficiaries)"***

***"2 said they were going to a Sassoon hospital for anc checkup which is 5-6 km from here, 3 said they were going to Pune mahila mandal in janta vasahat 1 which is 2 km from here, 2 of them not showing to anyone as only 2 months of pregnancy and but now after UHND it saves our time and we do not need to go in heat taking rickshaw."***

***"They all said that they find uhnd very useful because earlier nirvaya van was coming which is far for them to access but now they come to anganwadi and get it done and since doctor also comes here thus we have more trust."(Group of beneficiaries)***

***"3 of them said now it's easy to come here for UHND rather going far to hospital for immunization and it saves our time and cost too.2 mentioned earlier we use to take rickshaw in so much of heat to reach hospital but now it's convenient to come here.3 of them mentioned that along with immunization we are also informed about which all vaccines to be given and when.2 of them mentioned earlier we use to go private hospital which is at half hr distance for ANC but now we get here in near vicinity only."(Group of beneficiaries)***

### 8.1.5 FINDING OF FGDs IN NONUHND AREAS-

FGDs were conducted in non uhnd areas some of which were located along water bodies and few along major transport alignment. Mainly all the respondents were literate.

**Service utilization during ANC:** Majority of respondents told that they go to nearby dispensaries where they only get TT injections and iron tablets but no counseling on ANC as in public hospitals doctors don't have much time. Few of them mentioned they came to know many things from mas and link workers.

> ***"3 of them told they don't give any counseling on anc in magarpatta hospital we only get TT injections and iron tablets there." (Group of respondents)***
>
> ***"4 of them said no one in government hospital has this much of time to counsel till link workers and mas was not there we were not knowing so much about ANC.2 said they know because of there earlier pregnancy."***
>
> ***( Group of respondents)***

**Role of link workers and mas members:** Few of them mentioned that they got information regarding breastfeeding and diet of infants from mas and link workers come to their home and ask them whether they are taking iron tablets and TT injections.

> ***"5 said we came to know about much information regarding breastfeeding, diet of infant from mas and 1 of them mentioned'' I was not knowing about the birth spacing and regarding contraception like condoms and pills but after joining mas I have enhanced my information and now i apply them''.( Group of respondents)***
>
> ***"2 said they came to know about immunization schedule from mch card,3 mentioned counseling on family planning, exclusive breast feeding and diet of infant is given to us by MAS and link workers. Here in bhim nagar nobody give us counseling as they have no time when we go to Sassoon for check up there only we get some information and that is 7 km from here".(Group of respondents)***

**Utilization of services:** Most of them told they go to public hospitals which are 3-6 km from their location and it takes them 10 min by walking or they go by taking rickshaw which costs

them. Few mentioned that there are no services like counseling, TT injections, iron tablets and immunization in anganwadis of their slums and anganwadi workers come home and register for anc and immunization.

In Non UHND areas FGD was done with currently married women to know their knowledge about contraception. Most of them know about methods of contraception like condoms, mala-d, Copper-t. Among them very few were using any method of contraception and majority of them had no counseling on family planning and use of methods of contraception.

***"All of them said that here in jahangirnagar no uhnd occur, only a sister visits once in a month for immunization that too started 5 months back only earlier there was nothing, we go to bhim nagar there is municipality hospital they do immunization and give tt and iron tablet to pregnant it is 2 km from here." (Group Of Respondents)***

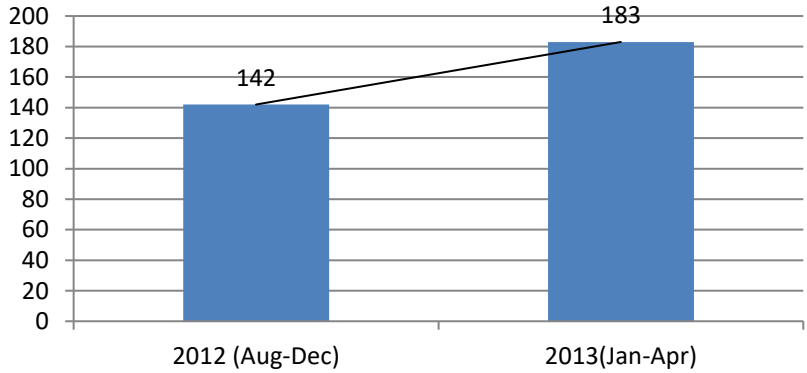
***"Majority says they go to anasahib magar hospital or Sassoon which is 12 km from here for immunization or ANC, there are no services here in anganwadi centre, it takes 10 min by walking and 5 min by rickshaw."( Group of Respondents)***

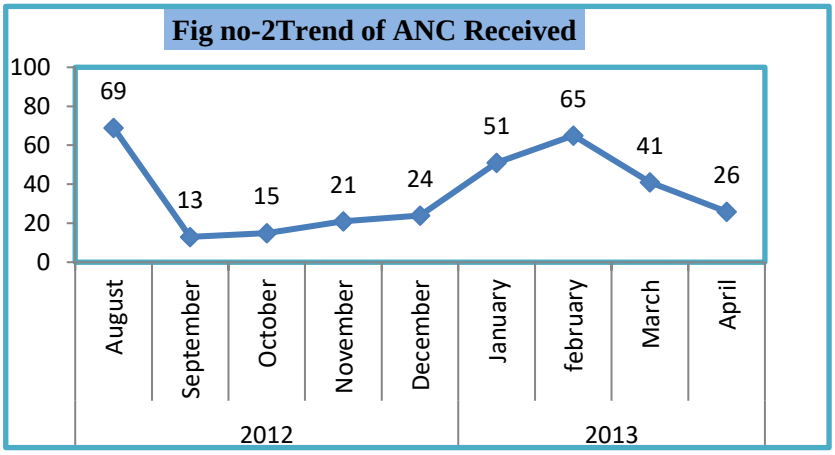
## 8.1.6 FINDINGS OF QUANTITATIVE ANALYSIS:

The study is mainly a qualitative assessment supplemented with quantitative data. The quantitative data reveled following pattern:-

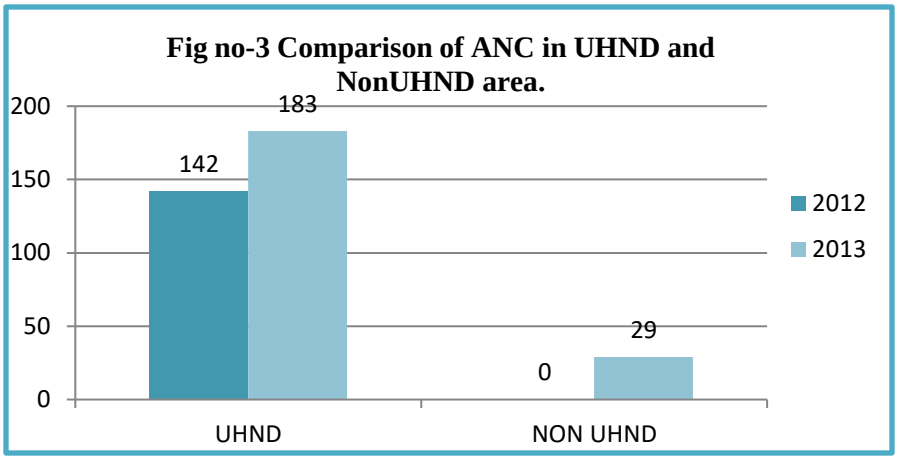
**A) Ante Natal Care in UHND Sessions –**

**Fig no-1 Number of ANC recieved**

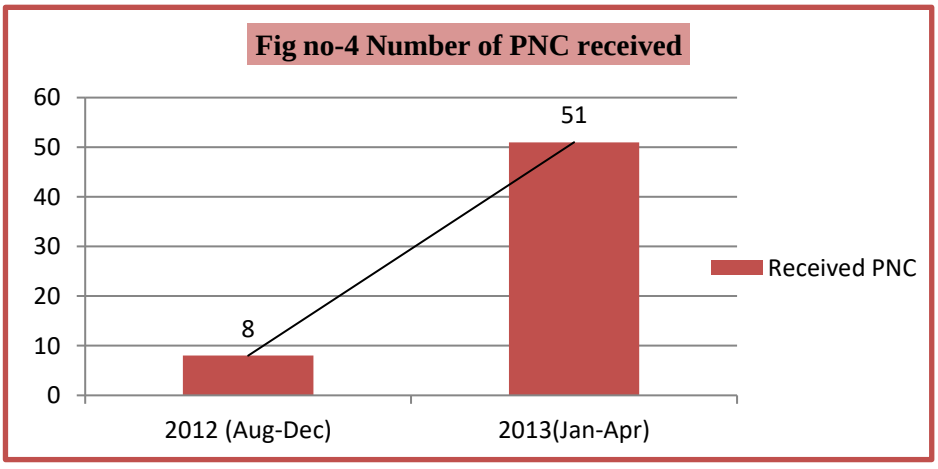


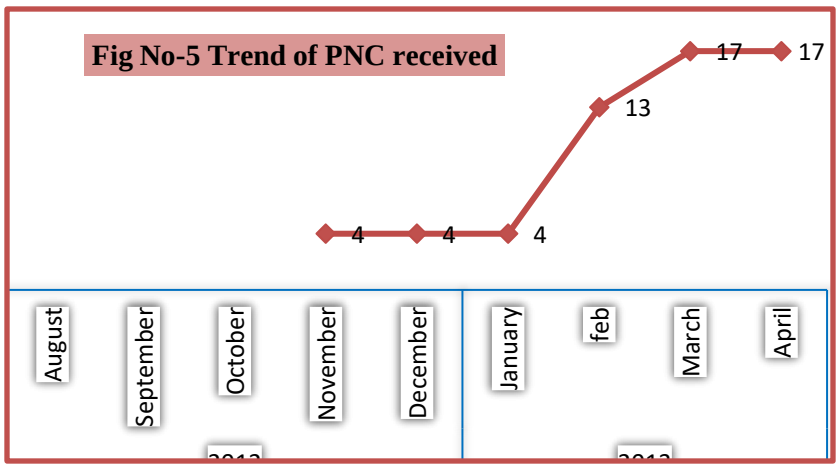



In above data **(figure 1 and 2 )** presents the status of antenatal care in areas where uhnd is occurring. From figure 1 we can observe that antenatal care is showing linear increase from 2012 due to steady effect of UHND .On the other side from Fig-2 we can interpret that ANC was more in initial time when UHND was started and then declined in month of September and again risen with gradual decline in last few months. From **figure 3** we can compare ANC in UHND and NONUHND areas and it had reveled that it is around 6 six times in UHND areas as medical officers are appointed by PMC to provide ANC under UHND sessions.

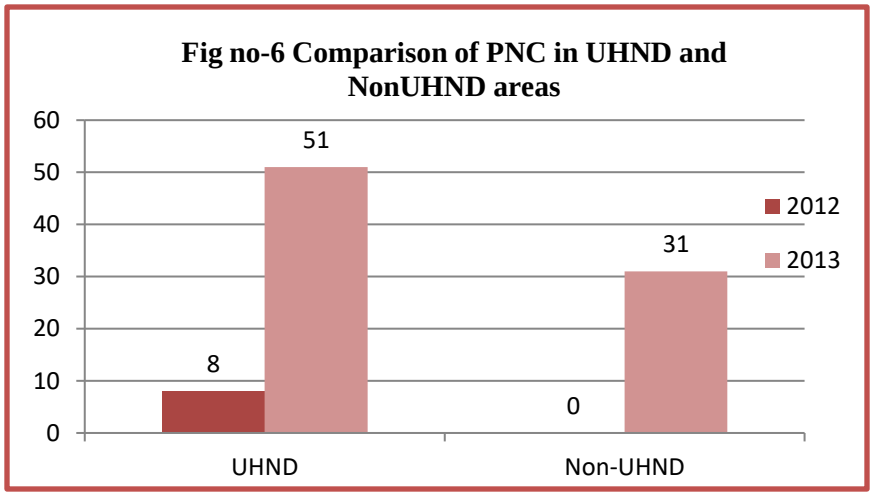



**B) Post Natal Care in UHND Sessions:**



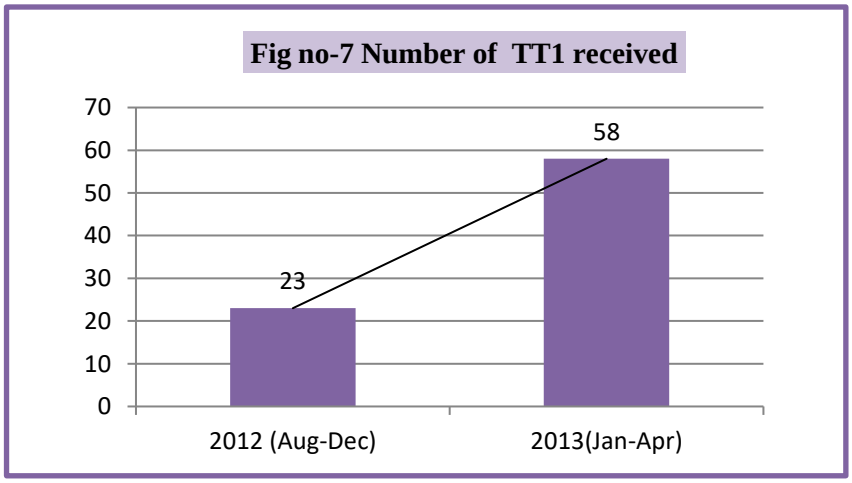



As per **fig 4 and 5** PNC is showing improvement and increase from year 2012 to 2013 and remained constant in last few months in UHND sessions.



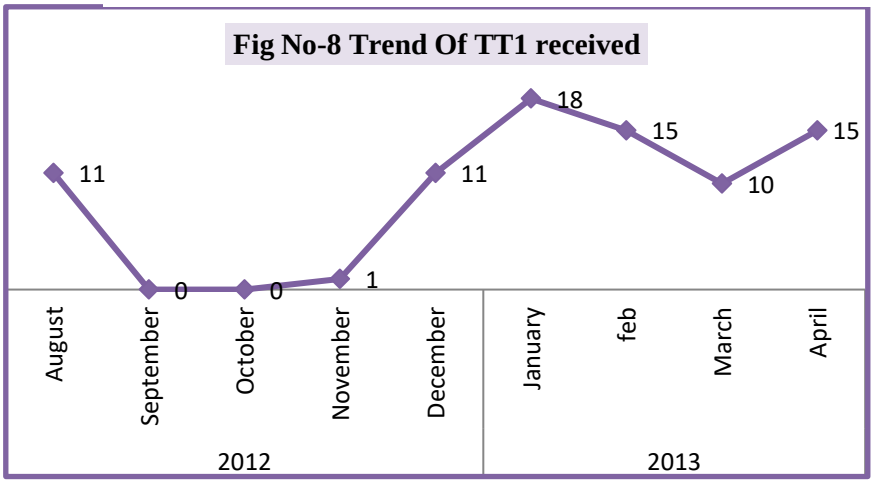

Above mentioned data in **figure 6** highlights that PNC is more in number where UHND taking place than NONUHND areas though the difference is not much and reason can be contributed to appointment of medical officers in UHND sessions.

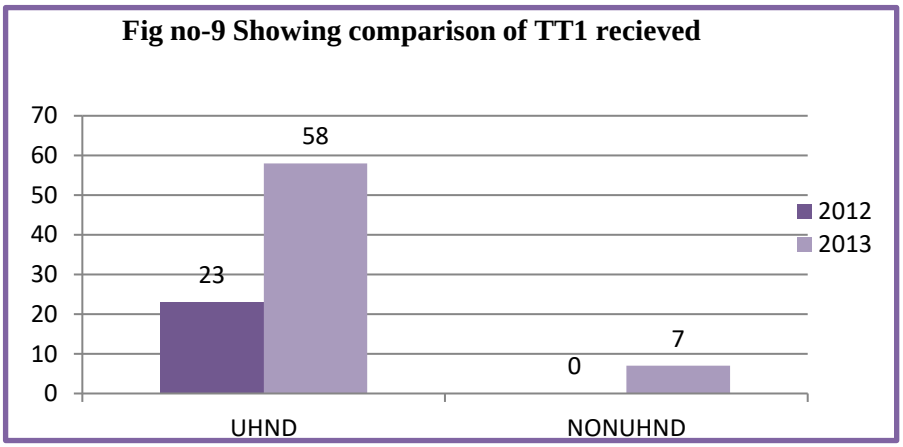
**C) TTI Received:**




From above data in **fig 7** we can observe a rise in TT injections given to

pregnant women during antenatal checkups in last 4 months .The rise is almost double in number.

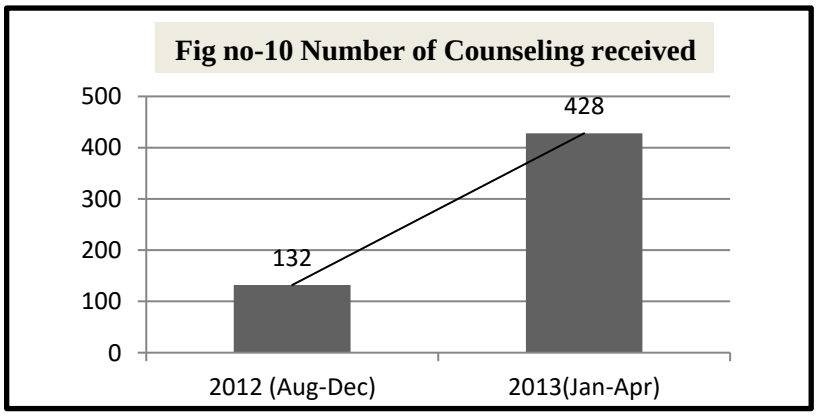



From above **fig 9** we can compare TT injections given in UHND and NONUHND areas and it can be concluded that it is 5 times more in UHND sessions.

## D) COUNSELING

Above mentioned data in **fig no-10** shows 3 fold increase in counseling in UHND sessions



over past four months as ANM, link workers all participate in counseling the beneficiaries where as in Non UHND areas only ANM is there to give immunization.

**Fig no-11 Trend of counseling received**

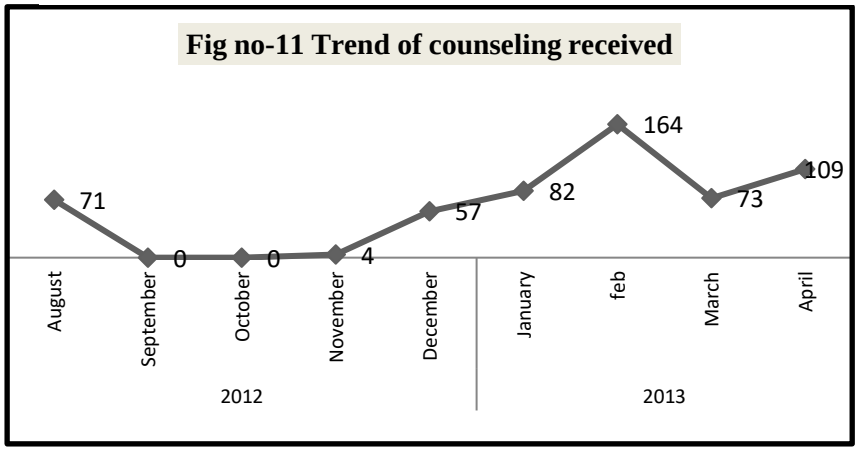
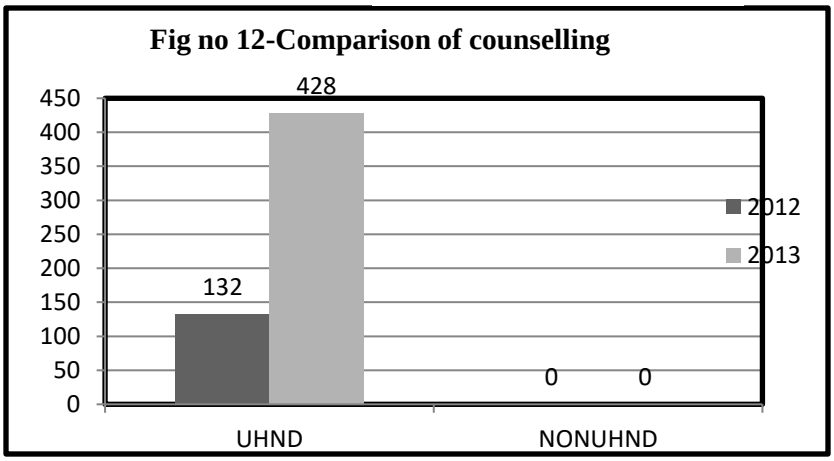
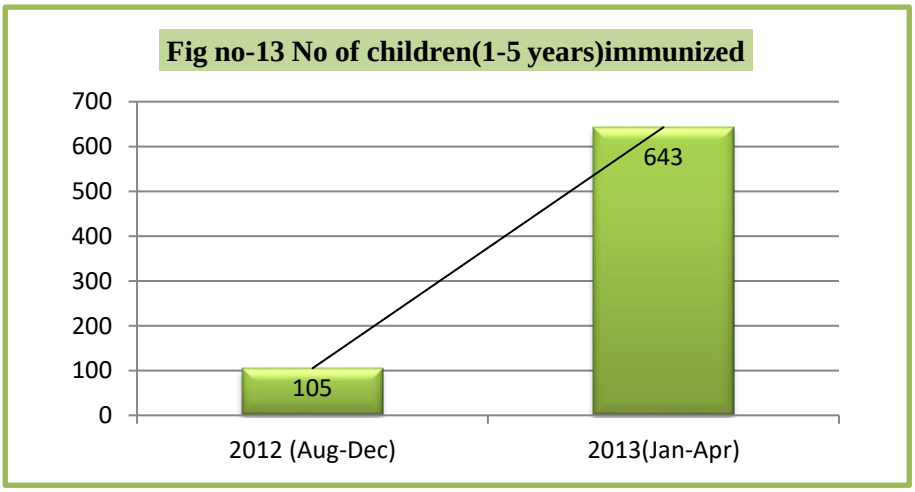



**Fig no 12-Comparison of counselling**

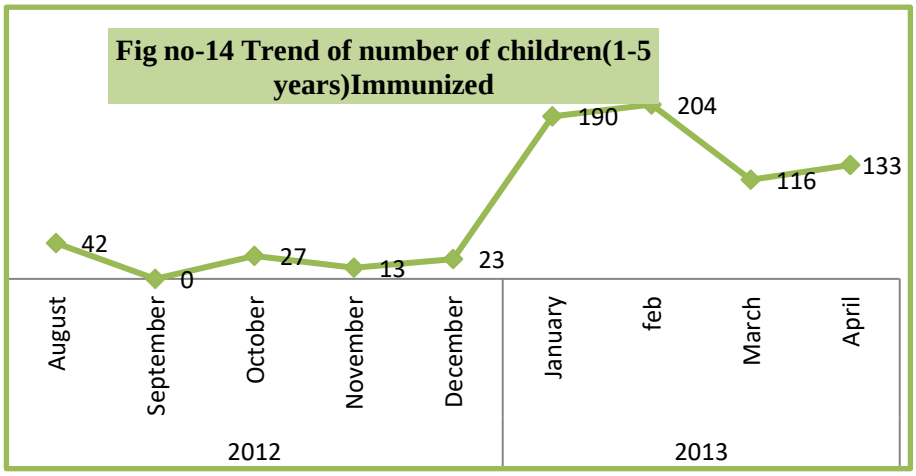



From above data in **fig 11 and 12** we can interpret that the cases of counseling are declining in last few months though it had shown some increase in month of April increase whereas if we compare UHND and NONUHND areas we can see in anganwadis where UHND not occurring, counseling is not provided to beneficiaries.

**Fig no-13 No of children(1-5 years)immunized**

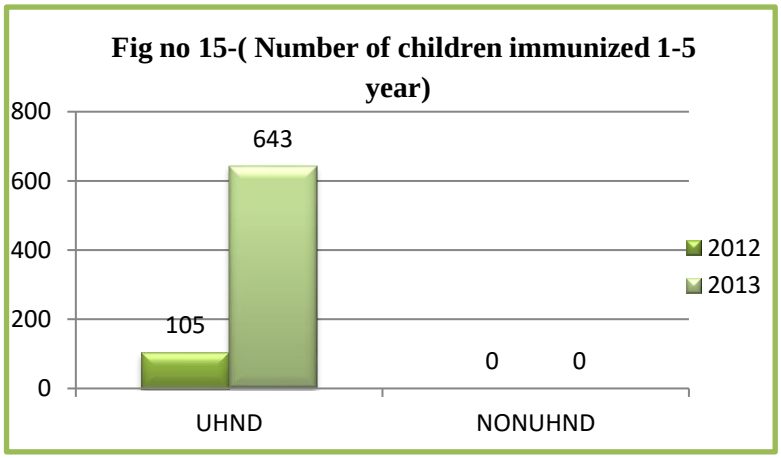



**Children (1-5 years) immunized under UHND:**

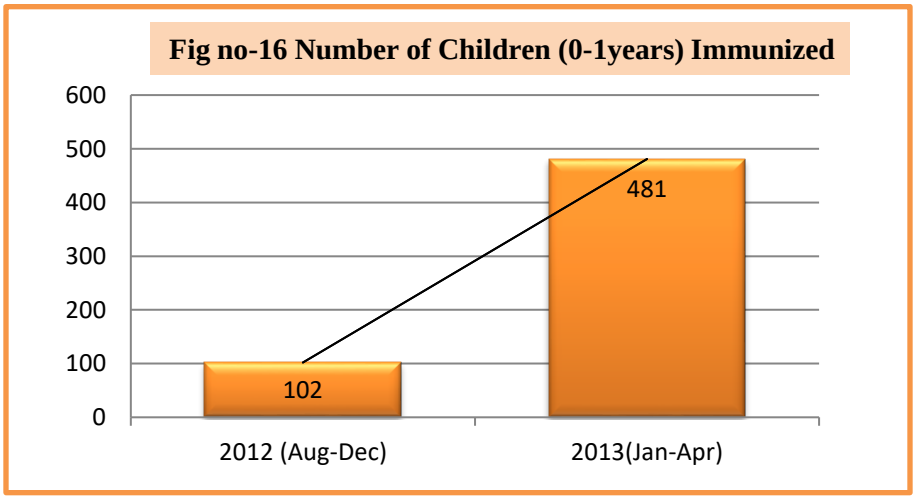


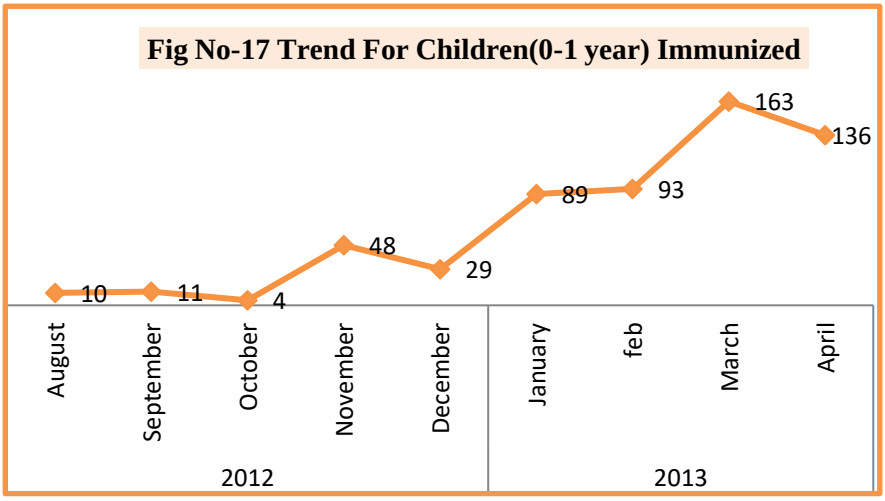

From above mentioned data in **fig 13 and 14** it can be said that there has been approximately 6 times increase in immunization of children less than 5 year of age due to UHND sessions

From fig 15 we can see that the there is no immunization of children under 5 in NONUHND areas.



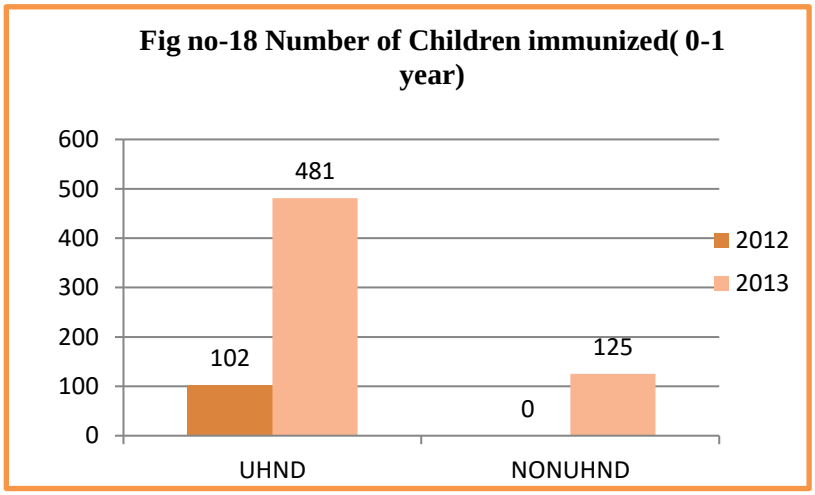

**E) Children(0-1 year immunized):**






The data for infants in **fig 16 and 17** showed that there has been overall 4 times increase in immunization attributable to UHND sessions although it had shown a fall in last month.

If we compare in **fig 18** it can be interpreted that in 2013 there is approx 4 fold rise in immunization in UHND areas.




## 9.1 LIMITATIONS OF STUDY:

The study suffered primarily from the following limitations:

A) Paucity of time.

B) Secondary data analysis and its interpretation were limited because of underreporting.

C) As data on UHND was available only of past few months since it is started on pilot basis therefore it's difficult to give analysis in terms of percentage.

D) As UHND started only few months back in many target areas therefore change in utilization of UHND by beneficiaries could not be observed.

E) This research is a multisite qualitative study that includes interviews with several categories of stakeholders comprising various types of respondents. Thus, there might be a larger issue with respect to the validity and reliability of the information obtained.

## 10.1 CONCLUSION:

This evaluation has systemically assessed the current scenario of the reach of the programe and utilization of services, strengths and limitations, and impact of the programe. The findings provide information on how increased numbers of ANC, immunization and counseling have affected quality of care and availability of medical equipment and human resources have affected the reach, effectiveness and impact of UHND.

**SERVICE DELIVERY:**

According to beneficiaries and service providers (ANMs and MO) UHND promoted immunization most along with counseling and awareness. According to mothers ANC partially constituted of BP check up and weight monitoring along with TT injections and IFS tablets.

It appeared that the essential advice for mothers to take care of themselves was not optimally delivered to them on their visits to anganwadi centers on the day of UHND. The advice given by various health functionaries to only half of the mothers primarily focused on diet and general care. Information on danger signs during pregnancy, birth preparedness and abdominal checkups were reported to be missing. In last few months the ANC check up has declined and the reason provided by mas and link workers is due to male medical officers coming in various UHND sessions.

Only some of the mothers recalled receiving some advice and services on PNC. Services and advised for mothers focused on general care (rest, care,hygiene,) and diet. For the babies, the services focused again on general care (clearing, covering and keeping the baby warm) and vaccination. Most of the mothers received information on how to initiate breast feeding and on exclusive breast feeding. Probably negligence of duty and responsibilities from MO and link workers during the day of UHND due to workload seems to be the reason for providing inadequate services.

On the other side in Non UHND areas the delivery of services is only limited to immunization and at most of the anganwadis centers beneficiaries are referred to private or public health center in near vicinity.

**MONITORING AND SUPERVISION:** The existing reporting system was being supplemented with HMIS e-system in office of project coordinators but the format of sheet for entry during UHND sessions is improper. This study showed that poor monitoring and evaluation systems were persistent problems and were ineffective and unreliable in providing information to show critical outcomes of the programe.

**INTERSECTORAL COORDINATION:** UHND has led to increased and strengthen intersect oral coordination among ICDS and PMC.Mechanisms were in place for coordination among the PMC and ICDS functionaries at different levels. There was also a system for coordinating functionaries at different levels of facilities.

**BENEFICIARY BEHAVIOUR:** According to mas and link workers majority of pregnant women still prefer to go hospital for ANC and PNC due to availability of facilities and trust build up with their gynaecologists.

**IMPACT OF UHND ON MATERNAL AND CHILD HEALTH:**

Almost all of the health functionaries and service providers along with beneficiaries perceived that the programe had significantly helped in improving utilization of the MCH services ( immunization, antenatal checkup and counseling).It appeared that overall health facility strengthening had improved the confidence of mothers, family members and the community.

The health providers and beneficiaries also felt that additional services related to MCH care could be linked to capitalize upon the gains of the programe.

## 11.1 PROGRAME SUGGESTIONS:

- Restructuring of monitoring and supervision process of data is strongly needed.
- Changes need to be made in format of data sheets used on the day of UHND.

- Proper segregation for variables need to be done in data sheet especially for immunization and ANC.
- Training of MAS need to be strengthened.
- Promotion of female doctors on the day of UHND to improve ANC services.
- Make birth planning a mandatory part of antenatal service package delivered to the pregnant mothers and mention it in ANC card.

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## 12.1 ANNEXURES -1 (PHOTOGRAPHS)

### A) Focus group discussion in Non UHND area

## B) Focus group discussion in UHND areas

## C) In depth interview with ANMs and AWW

**INTERVIEW WITH ANM**

**INTERVIEW WITH AWW**

**D) PHOTOGRAPHS OF UHND SESSIONS**

**UHND IN SANTGAGDE BABA AREA**

**UHND IN ULHAS NAGAR**

**UHND IN JANTA VASAHAT III**

## Annexure 2 INTERVIEW SCHEDULE FOR ANMs/AWW/MO

Q1) What do you know about HUP program and its major activities?

Q2) Do you know about UHND initiative running under HUP?

Q3) Tell me about how you make sure pregnant women in your area get the care they need?

Can you tell me more about -

- Identification of pregnant women
- Reaching all pregnant women
- Registering them for services

Q4) What information do you share with pregnant women and lactating mothers in UHND sessions like-

- ANC visits and their schedule
- Advise on a nutritious diet
- Rest during pregnancy
- IFA tablets and their side effects
- Danger signs during pregnancy
- Do's and Don'ts during pregnancy
- Importance of institutional delivery
- Essential newborn care( eye/cord/thermal) and no prelacteals
- Initiation of breastfeeding within one hour of birth
- Exclusive breastfeeding for first six months
- Complementary feeding
- Prevention of childhood diseases like Diarrhoea/ARIs/Fever

Q5) Tell me more about how you share these messages with pregnant women?

a) IEC material of HUP help you in sharing information with people?

Q6) How do you encourage them to follow your advice & make sure that they are using it?

Q7) Do you feel that UHND has helped slum population in accessing healthcare easily?

Q8) Do you think UHND sessions are beneficial for the community?

Q9) What are the major benefits of UHND that you think of?

Q10) Do you think community mobilization by LWs & MAS groups of HUP is useful?

Q11) Do you feel that any inconvenience is occurring to people in accessing these services?

A) Yes B) No

If yes, what is the reason-

- Transport
- Timings
- Waiting time
- DistanceS
- Social
- Cultural
- Family opposition
- Others

Q12) Any suggestions you would like to give for improving UHNDs?

**Thank you for your precious time.**

## Annexure 3

### Focus group discussion with beneficiaries

DATE OF FGD:_____ PLACE OF FGD_____

NAME OF RECODER_____

NAME OF MODERATOR_____

| *Start Time* | | | | | *End Time* | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | *Hrs* | | | | | *Hrs* |

***To Moderators:***

- We will provide you with a list of topics/themes to cover over the course of the discussion. You ***do not need to cover these topics in any particular order. It is best to follow the flow of the conversation***. *Questioning and probing should be reflexive and responsive to the group discussion.*
- As a moderater, your job is to facilitate the discussion, and try to angle it so that the themes/topics emerge naturally.
- Discussions should be tape-recorded and notes should be taken on the content of the discussion (to serve as back-up in case the recorder fails) and also to include non-verbal cues, reactions within the group, etc. FGDs should be transcribed as soon as possible after the FGD while it is still fresh in your mind.
- Don't structure note taking by topic – take free form notes and organize by topic/theme in your analysis.
- **If some of the topics/themes come up earlier in the FGD than listed in the guide, follow the natural flow of the conversation and probe on them. Do not repeat questions later in the discussion if they have already been covered.**
- **It is not necessary to cover all the topics, better to make sure that the topics covered are covered well**

***Objectives:***

- To assess the level of utilization of services provided during UHND sessions among beneficiaries.

- To assess the status and quality of services provided during UHND as per defined indicators.

| | Name of the Participant | Age | Educational Qualification |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |

## Introduction

Good Morning / afternoon. I am tanvi chauhan , I represent Indian Institute of Health Management Research, a research agency( jaipur). These are my colleagues…….Thank you for taking out time to talk to us. We are here to learn from you about your experience with the **URBAN HEALTH & NUTRITION DAYS** Which has been implemented in your area. The information you share with us will help us improve the program, so your thoughts and insights are very important to us. During this discussion we would talk about the processes that have been adopted by you to assure the coverage and utilization of services in your area.

Your answers will be kept strictly confidential. Your participation is important and voluntary. You can choose not to answer if you do not want to, can leave the discussion any time or can refuse to participate in the study entirely.

This discussion will be audio taped. However, only study personnel will have access to the information obtained from this discussion. The discussion will take about 45-60 minutes to complete.

If you have any questions about this study, you can contact me. I would share my details with you.

Everyone's opinion is important. Please try not to speak at the same time so we can hear everyone's answers. Do you have any questions?

**Focus Group Discussion Guide (FOR BENEFICIARIES):**

**A) Pregnant and lactating mothers**

**1- Opening question*:*** Tell me what do you know about UHND?

- Who has influenced you to come to Anganwadis for UHND?
- Are you getting counseling for ANC during UHND sessions?

  Probe more "can you tell me more about"-

  - Advise on rest during day and night
  - Advise on nutritious diet
  - Danger signs during pregnancy-(bleeding/fever/headache/blurred vision)

- Do’s and Dont’s during pregnancy
- Iron intake\ anaemia
- 2 TT Dose
- Birth preparedness

- Tell me what information you have about PNC?

- Did anyone examined you after delivery?

| | |
|---|---|
| AWW | MO |
| ANM | HUP Link worker |

- What all did they check?

- What advise did you get?

- What do you know about newborn care and from where you get it?

- Did anyone counsel you about the importance of exclusive breastfeeding to child?

- What do you know feeding habits of infant after 6 months?

- Did anyone counsel you about child immunization and birth spacing?

- From where you get above mentioned information?

- When UHND was not organized where did you go for all sessions?

| | **Time** | **Cost** | **Distance** |
|---|---|---|---|
| **Public** | | | |
| **Private** | | | |

- Earlier immunization facilities weren't available in AWC but now you get it here under UHND? Do you find it useful?

- Tell me did you find these UHND sessions beneficial for seeking healthcare?

- Tell three benefits from UHND?

**2) <u>Currently married women(15-49 years)</u>**

1) What do you know about different methods of contraception?

2) Please name a few methods you know of?

3) Are you using any method of contraception?

4) Which method do you use currently?

5) Why did you choose this particular method?

6) Who gave you information on this method?

7) Tell me the ideal time gap of conception between two children?

8) Do you get any counseling on use of contraception during UHNDs?

9) Are condoms and OCPs available during UHND?

A) Yes B) No

If no where do you get them from?

10) Were you informed about any methods of family planning?

## Annexure 4 Interview schedule for PMC/ICDS officers

Q1) What do you know about HUP program & its major activities?

Q2) Do you know about UHND initiative running under HUP?

Q3) What made you pilot the initiative?

Q4) Earlier, it was started in 2 sites only but later you scaled it up to 10 sites and appointed medical officers too, what made you do so?

Q5) Do you think community mobilization by LWs and MAS groups of HUP has been useful ?

Q6) Do you think UHND has been able to provide services in uncovered areas of slums in Pune?

Q7) What are the major benefits from UHND program?

Q8) What other measures you would like to take for the improvement of UHNDs & what are your suggestions for the same?

Q9) Do you wish to scale it up to more than ten sites?

THANK YOU