Summer Training at
National Rural Health Mission,
Uttar Pradesh
(April - June, 2013)

OBSERVATIONAL STUDY OF VILLAGE HEALTH NUTRITION DAYS

By
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Under the guidance of
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Post Graduate Diploma in Hospital and Health Management
2012-2014

Institute of Health Management Research,
Jaipur
2013

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Certificate

This is to certify that **Dr. Faheem Fatima** student of the 17th batch of Post Graduation Diploma in Hospital and Health Management and Research (PGDHM), at Institute of Health Management and Research, Jaipur underwent the summer internship at State Programme Management **Unit of NRHM, Uttar Pradesh** from April 17th to June 17th 2013 and performed study on **Observational Analysis of Village Nutrition Days.**

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

29/11/13

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Acknowledgement

At the onset of the report I would like to acknowledge my sincere thanks to my College, **'Institute of Health Management Research'** for providing me the platform to gain enough knowledge and skills in different aspects of Health Management.

Most importantly I am glad to acknowledge **Dr. S.D.Gupta**, Director IHMR, Jaipur, Dean **Dr. P.R.Sodani** Academics and Student Affairs IHMR and for incorporating the right attitude in me towards learning and for helping and supporting whenever required. I am grateful to them for giving me an opportunity to various aspects of health management, so that I came to know how the Health organization caters the society successfully and how it gives quality treatment to the society.

I express my gratitude and respectful regard to my mentor **Dr. Rahul Sharma** (Assistant Professor) for his able guidance and useful suggestions which helped me in completing the project report. . I feel immensely proud to express my gratitude for his continuous contribution.

I would like to sincerely thank **Mr.Amit Kumar Ghosh** [MD-NRHM (UP)], **Dr.Neera Jain** [General Manager of Maternal Health Cell of NRHM (UP)] for providing me such a great opportunity to learn at the organization for a period of two-months.

I would like to take an opportunity to express my humble gratitude to **Dr.Vikas Singhal, Deputy GM of MH Cell under** whom I executed this project. His constant guidance and willingness to share his vast knowledge made me understand this project and its manifestations in great depths and helped me to complete the assigned tasks. He is the source of inspiration and encouragement for me. During the study period, whenever I faced difficulties, he answered and made issues of concern easy with his valuable comments and advice.

I am obliged to the consultants of various departments and other staff members for valuable information provided by them in their respective fields. I am grateful for their cooperation during the period of my assignment.

Lastly, I thank almighty, my parents, husband, kids and friends for their constant encouragement without whom this assignment would not have been possible.

Faheem Fatima

PREFACE

Summer internship is an integral part of the PGDHM curriculum. As a part of the course, students of the first year are required to undergo summer placement at an organization to get in depth exposure of various departments of the organization and better understanding of the health care delivery system.

During my summer training period I had an overview of the program under Maternal Health. I also carried out a small study on "VHND under Maternal Health, in Lucknow District of UP".

The aim of the study was to do an observational analysis and to understand the package of services provided under VHND and to assess the community participation in utilization of services.

The major objectives of the summer training program are as follows:

1. To better understand the health care delivery system including public and private sectors.
2. To observe the implementation of various National/International health programs at National/State/ District levels.
3. To understand various functions of health system by interaction with the key stakeholders, policy makers, program managers, academicians and researchers.
4. To work on the project/task assigned by summer training organization.

Clarification of terms and abbreviation

AD	Auto Disposable
ANM	Auxiliary Nursing Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
ANC	Ante natal care
CDC	Centre for Disease Control
CH	Child Health
CHC	Community Health Center
CMC	Community Mobilization Coordinator
CMO	Chief Medical Officer
DH	District Hospital
DHFW	District Health and Family Welfare
DPO	District Program Officer
DPT	Diphtheria, Pertussis, Tetanus
DUDA	District Urban Development Authority
FRU	First Refferal Unit
HMIS	Health Management Information System
ICDS	Integrated Child Development Scheme
IFA	Iron Folic Acid
IMNCI	Integrated Management of Neonatal and Childhood illness
IYCF	Infant and Young Child Feeding Practices
JSY	Janani Suraksha Yojna
JSSK	Janani Shishu Suraksha karyakram
LHV	Lady Health Visitor
MDG	Millennium Development Goals
MH	Maternal Health
MNCHN	Maternal Newborn Child Health and Nutrition
MO	Medical Officer
NGO	Non Governmental Organization

NBCC	New Born Care Corner
NBSU	New Born Stabilization Unit
ORS	Oral Rehydration Solution
PHC	Primary Health Center
PRI	Panchayti Raj Institution
MCTS	Mother and Child Tracking System
SNCU	Sick Newborn Care Unit
TT	Tetanus Toxoid
UIP	Universal Immunization Program
UNICEF	United Nations fund for Children
UP	Uttar Pradesh
VHND	Village Health and Nutrition Days

Overview Of

National Rural Health Mission

Introduction:

The National Rural Health Mission (NRHM) was launched on 12 April, 2005 throughout the country with special focus on 18 States, viz. eight Empowered Action Group (EAG) states (Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Orissa, Rajasthan, Uttar Pradesh and Uttarakhand), eight North Eastern States and the hill States of Jammu and Kashmir and Himachal Pradesh which had poor health indices .The aim of the Mission is to provide *accessible, affordable, accountable, effective and reliable* healthcare facilities in the rural areas of the entire country, especially to the poor and vulnerable sections of the population. The key strategy of the NRHM is to bridge gaps in healthcare facilities, facilitate decentralized planning in the health sector, provide an overarching umbrella to the existing programmes of Health and Family Welfare including Reproductive and Child Health-II, Vector Borne Disease Control Programme, Tuberculosis, Leprosy and Blindness Control Programmes and Integrated Disease Surveillance Project. It also addresses the issue of health in the context of a sector wide approach encompassing sanitation and hygiene, nutrition etc. as basic determinants of good health and advocates convergence with related social sector departments such as Women and Child Development, AYUSH, Panchayati Raj etc.The NRHM seeks to provide health to all in an equitable manner through increased outlays, horizontal integration of existing schemes, capacity building and human resource management. The Mission envisages increasing expenditure on health, with a focus on primary healthcare, from the level of 0.9% of GDP (in 2004-05) to 2-3% of GDP over the mission period.

Objectives of the NRHM are:

- Reduction in child and maternal mortality;

- Universal access to public services for food and nutrition, sanitation and hygiene and universal access to public health care services with emphasis on services addressing women's and children's health and universal immunization

- Prevention and control of communicable and non-communicable diseases, Including locally endemic diseases;

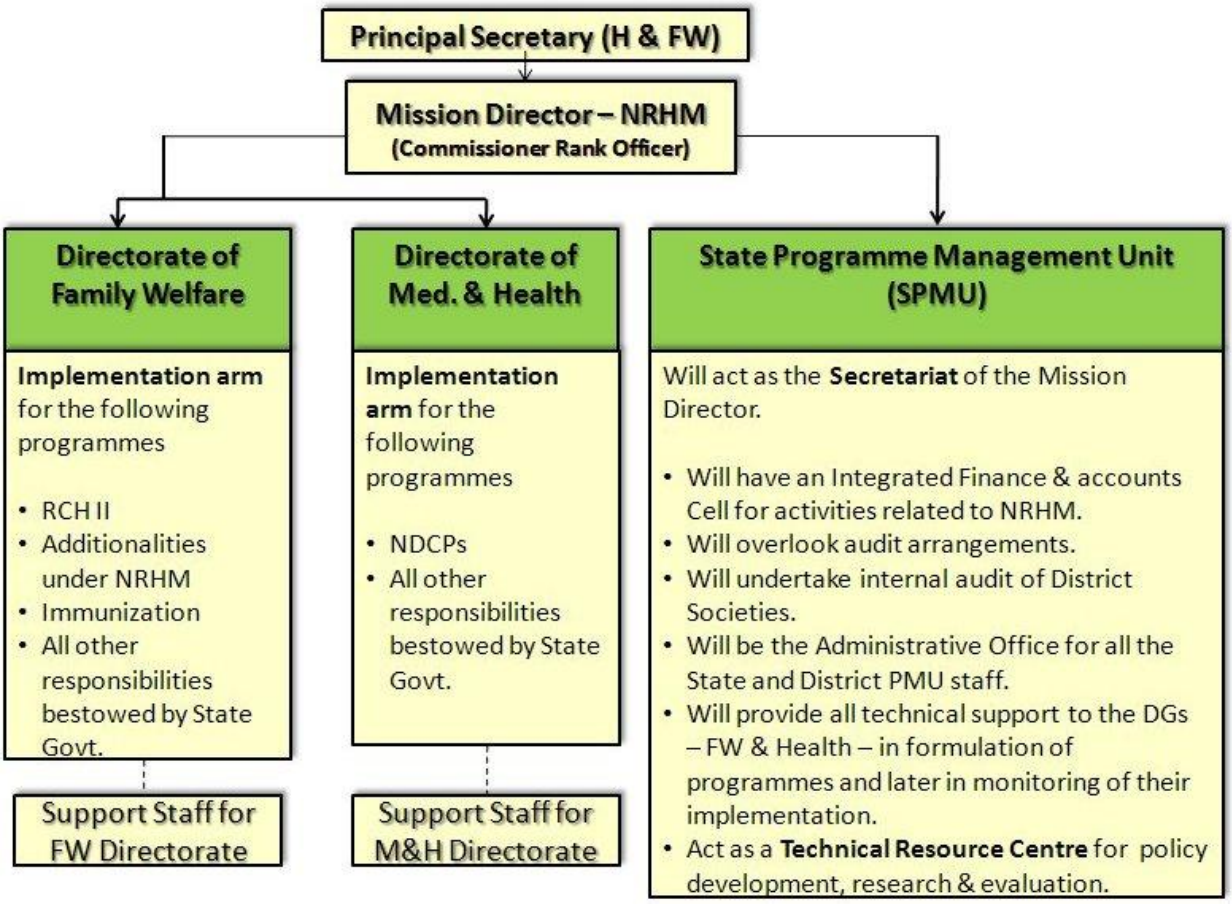
- Access to integrated comprehensive primary health care;

- Population stabilization, gender and demographic balance;

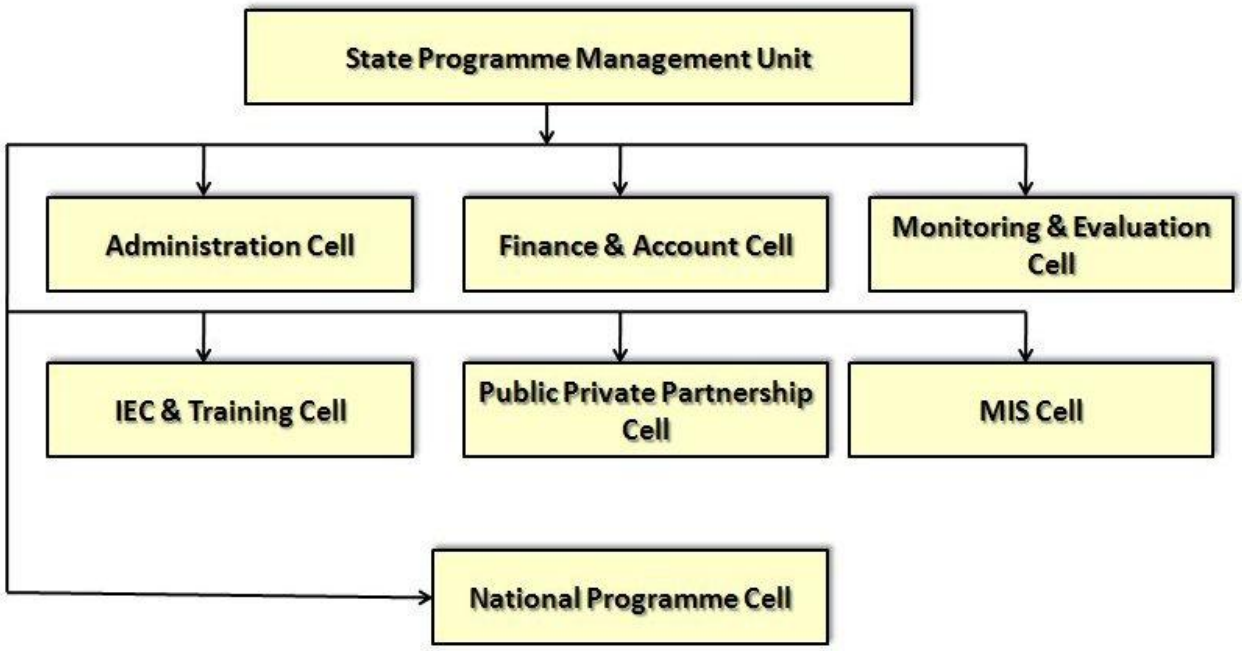
- Revitalize local health traditions & mainstream AYUSH; and

- Promotion of healthy life styles

ORGANOGRAM FOR NRHM IMPLEMENTATION AT STATE LEVEL



STRUCTURE OF STATE PROGRAMME MANAGEMENT UNIT (SPMU)



Brief Profile of Health Partners in Uttar Pradesh

1. USAID/Maternal and Child Health Integrated Program (MCHIP)

MCHIP is implementing focused interventions in priority districts for improved planning, management and monitoring of routine immunization program. The objective of interventions is to improve the skills and practices of health workers, managers and partner organizations and accelerating scale up of proven evidence based interventions and best practices using the available resources.

2. Urban Health Initiative (UHI)

The goal of UHI is to improve maternal and infant survival in urban settings, with an emphasis on strategies to expand access to and use of family planning.

UHI supports:

- Individuals to use services and supplies and practice health behaviors to achieve their desired family size, maintain good health, and enhance their chances of survival.
- Providers to deliver quality services and supplies that are responsive to client need, choice, safety and satisfaction.
- Program managers to implement evidence-based strategies that expand access and utilization of services and supplies associated with improved health

3. SAHAYOG

SAHAYOG Lucknow works on women's health and gender equality using human rights frameworks. It is a resource organization that engages in capacity-building, research and documentation, publications and advocacy with network partners. Within Uttar Pradesh, SAHAYOG works with partners in 14 districts and various networks. The major issues that SAHAYOG works on include - Quality and accountability of maternal health services for the rural poor, Nutrition and food security of women and adolescent girls,Access to information and services about reproductive and sexual health for women and young people,Participation of

women and young people in problem identification, programme design and monitoring and ensuring accountability for services , Role of men and boys in preventing violence against women and promoting gender equality.

4. PATH- Programme for Appropriate Technology in Health

PATH is an international organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health, PATH helps to provide appropriate health technologies and vital strategies that change the way people think and act. PATH's mission is to improve the health of people around the world advancing technologies, strengthening systems, and encouraging health behaviors. PATH interventions are assessed for cultural appropriateness, feasibility, alignment with PATH core strengths, and potential for impact.

5. Aga Khan Foundation

Aga Khan Foundation is implementing a multi sector development programme in Uttar Pradesh. The programme aims at improving the quality of life of rural communities by addressing their multiple needs. The programme includes early childhood development, maternal and child health, safe drinking water and hygiene practices, agriculture and livestock development.

6. Catholic Relief Services

CRS is working with IntraHealth as part of the Vistaar Project to provide technical assistance to Department of Health and ICDS on nutrition and newborn health in seven districts of Uttar Pradesh. CRS is also part of the CORE consortium working on polio eradication and strengthening Routine Immunization. CRS is currently in the process of initiating the ReMiND (Reducing Maternal and Neonatal deaths) Pilot Project in Kaushambi district exploring the use of mobile phone-based job aids to support counseling home visits by ASHA.

7. Micronutrient Initiative (MI)

MI in Uttar Pradesh is committed to improving child survival by increasing the coverage of Vitamin A supplementation and use of Zinc and ORS for management of childhood diarrhoea, in addition to other micronutrient programs such as promoting the use of adequately iodized salt. These programs support government initiatives in the above areas through community mobilization, IEC, strengthening monitoring mechanisms, addressing hard-to-reach areas, increasing capacities of Health, ICDS and other functionaries.

Programs running under NRHM-UP:

1. Maternal Health
2. Child Health
3. Family Planning
4. Adolescent Reproductive and Social Health
5. School Health(BSGY)
6. Routine Immunization
7. National Disease control program

Since I was allowed to do two months of summer training in Maternal Health Department, therefore I covered the interventions in Maternal Health which are as follows:

Activities under Maternal Health:

A: Village Health and Nutrition Days

"Village Health and Nutrition Day" provides comprehensive outreach services for pregnant women and children at their doorstep , feedback from State and District level Officers about implementation of VHND and it has been decided that 1 Village Health and Nutrition Day will be organized in each Gram Sabha level per month in coordination with VHSC members, AWW,ANM and ASHA .The main objective of the programme is to expand access to care and improve quality of service through a range of strategic approaches.

B. Janani Suraksha Yojna(JSY):

The JSY scheme is being implemented successfully across all the districts in the State and necessary guidelines are regularly being sent to the districts. Wide publicity of the scheme is being ensured through hoardings and print media. Identification of private sector

health facilities is being undertaken for the provision of JSY benefits and the facilities are being accredited as per Government of India norms. Further, the beneficiaries are being encouraged to stay for at least 48 hours after delivery. The ANMs and ASHAs are being oriented to ensure proper birth planning to ensure timely antenatal check-ups and institutional delivery.

An incentive is being given to encourage an institutional delivery which is Rs. 1000 for urban beneficiaries and Rs.1400 for rural beneficiaries.

Factor affecting institutional deliveries under JSY:

There is no timely payment of ASHAs and beneficiaries in some blocks and district which could be one of the cause of less institutional deliveries.

C. Janani shishu suraksha karyakram(JSSK):

JSSK provide completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick new born (up to 30 days after birth) in Government health institutions in both rural and urban areas.

The Free Entitlements under JSSK include:

- Free and Cashless Delivery.
- Free C-Section.
- Free treatment of sick-newborn up to 30 days.
- Exemption from User Charges.
- Free Drugs and Consumables.
- Free Diagnostics.
- Free Diet during stay in the health institutions – 3 days in case of normal delivery and 7 days in case of caesarean section.
- Free Provision of Blood.

- Free Transport from Home to Health Institutions.
- Free Transport between facilities in case of referral.
  Also Drop Back from Institutions to home after 48hrs stay.

Factor affecting functioning of JSSK:

Rate contracts for most of the drugs and consumables were not available at state level due to which purchasing of these things were not done at district level because of which some essential drugs were not available for beneficiaries.

D. Comprehensive abortion care services aim to:

- Strengthen the capacity of district hospitals and community and primary health centers to offer abortion services;
- Enhance women's awareness and recognition of their right to seek abortion; and
- Make recommendations for change in policies, laws, and programs that are currently restricting access to safe abortion care in India.

Project

On

Observational Study of

Village Health Nutrition Days

Introduction:

Village Health and Nutrition Days (VHNDs) are a major initiative under the National Rural Health Mission (NRHM) to improve access to Maternal, Newborn, Child Health and Nutrition(MNCHN) services at the village level. Across the country, VHNDs are intended to occur in every village once a month usually at the *Anganwadi* Centre (AWC) or other suitable location. AWCs are a central feature of the Ministry of Women and Child Development's flagship Integrated Child Development Services (ICDS) programme. VHNDs provide a basket of health and nutrition services and counseling to the community on a pre-designated day, time and place. VHNDs require convergent actions from the Department of Health and Family Welfare (DHFW) and the Department of Women and Child Development (DWCD) at state, district and block levels to plan, implement and monitor the programme. Accredited Social Health Activists (ASHAs) along with *Anganwadi* Workers (AWWs) are responsible for mobilizing the community for VHNDs, with support from *Panchayati Raj* Institutions (PRIs), and holding health education sessions. Auxiliary Nurse Midwives (ANMs) provides maternal, newborn and child health services such as antenatal care (ANC) and routine immunizations. AWWs provide growth monitoring services and referral of children with severe acute malnutrition in addition to distributing supplementary nutrition. The presence of all three frontline workers (i.e. AWW, ASHA and ANM) is critical for the provision of the intended package of services at VHNDs. In 2007, the Government of India (GOI) issued guidelines for VHNDs that detail the roles and responsibilities of each frontline worker and list the services to be provided during VHNDs (Box 1).

Box 1: Services to be provided during VHND

- Register all pregnant women.
- ANC check-ups for the pregnant women registered.
- Identify pregnant women left out from services and Provide them services.
- Identify and refer cases of severe anemia and Pregnant women with obstetric emergencies.
- Full immunization for children under one year.
- Identify children left out and provide immunization Services.
- Distribute Vitamin A solution to children.
- Weigh all children and monitor weight on growth chart.
- Distribute supplementary nutrition to children.
- Refer children with severe acute malnutrition.
- Distribute medicines to patients with tuberculosis.
- Prepare malaria slides and give malaria medicine.
- Provide family planning services to eligible couples (oral contraceptive pills and condoms) and refer for other services.
- Refer cases of malaria, tuberculosis, kalazar, leprosy, children with disabilities.
- Organize group session for health education and Counseling.
- Reach services to most vulnerable populations

Issues to be discussed with the community During VHND Session:

- Danger signs during pregnancy
- Importance of institutional delivery and where to go for delivery
- Importance of seeking post-natal care
- Counseling on ENBC
- Registration for the JSY
- Counseling for better nutrition
- Exclusive Breastfeeding
- Weaning and complementary feeding
- Care during diarrhea and home management
- Care during acute respiratory infections
- Prevention of malaria, TB, and other communicable diseases
- Prevention of HIV/AIDS
- Prevention of STIs
- Importance of safe drinking water
- Personal hygiene
- Household sanitation
- Education of children
- Dangers of sex selection
- Age at marriage
- Information on RTIs, STIs, HIV and AIDS
- Rashtriya Swasthya Bima Yojna (RSBY)

Identification of cases that need special attention during VHND session:

- Identify children with disabilities.
- Identify children with Grade III and Grade IV malnutrition for referral.
- Identify severe cases of anaemia.
- Identify pregnant women who need hospitalization.
- Identify cases of malaria, TB, leprosy, and Kala Azar.
- Identify problems of the old and the destitute.
- Pay special attention to the SC, ST, the minorities, and the weaker sections of society.

Collection of data to be done on VHND:

- Compile data on the number of children with special needs, particularly girl children With disabilities.
- Report outbreaks of disease.
- Report/audit deaths of children and women.
- Compile data pertaining to the SCs, the STs, the minorities, and weaker sections of Society that need services.

The following checklists are used by these workers for organizing the VHND:

Angan Wari Worker:

1) Actions to be taken before the Village Health and Nutrition Day:

- Visit all households and get to know all the families. Make it a point to visit all poor households, especially SC/ST families.
- Make a list of pregnant women.
- Make a list of women who need to come for ANC for first time or for repeat visits.
- Make a list of infants who need immunization, were left out or droppedout.
- Make a list of children who need care for malnutrition.
- Make a list of children who were missed during the pulse polio round.
- Make a list of children with special needs, particularly girl children.
- Make a list of TB patients who need anti-TB drugs.
- Coordinate with the AWW and the FHW.

2) On the day:

- Ensure that all listed women come for services.
- Ensure that all listed children come for services.
- Ensure that malnourished children come for consultation with the FHW.
- Ensure supplementary nutrition to children with special needs.
- Ensure that all listed TB patients collect their drugs.

- Assist the FHW.
- Ensure that the AWC is clean.
- Ensure availability of clean drinking water during the VHND.
- Ensure a place with privacy at the AWC for ANC.
- Keep an adequate number of MCH cards.
- Coordinate activities with the FHW.

Female Health Worker:

- Ensure that the VHND is held without fail. Make alternative arrangements in case the FHW is on leave.
- Ensure that the supply of vaccines reaches the site well before the day Activities begin.
- Ensure that all instruments, drugs, and other materials are in place.
- Carry communication materials.
- Ensure that adequate money (JSY and Referral Transport) is available for Disbursement to the AWW.
- Ensure reporting of the VHND to the MO in charge of the PHC.
- Coordinate with the AWW.

PRIs / VHSC:

- Ensure that the members of the VHSC are available to support the Sessions.
- Ensure participation of school teachers and PRI members.
- Ensure availability of clean drinking water, proper sanitation, and Convenient approach to the AWC for participating in the VHND by all.

Requirements for organizing VHND:

Persons needed are:

- AWW
- PRI / VHSC member
- Helper of AWW
- Staff to come from outside the village:
- FHWs
- MHW (if available)
- AWW facilitators (if available)

Instruments, Equipment and furniture:

- Weighing scale-adult, child
- Examination table
- Bed screen/curtain
- Haemoglobin metres, kits for urine examination
- Gloves
- Stethoscope and blood pressure instrument
- Measuring tape
- Foetoscope
- Vaccine carrier with ice packs

If these items are not available, their provision could be arranged by using the untied fund of Rs 10,000/- available with the FHW or with the VHSC. These items should be kept under the safe custody of the FHW / AWW as the case may be.

Objectives:

The specific objectives of the study were:

- To do observational study and see implementation of VHNDs.
- To understand the package of services to be provided under VHND.
- To understand the role of various department in organizing the events at the village level
- To assess community participation in utilization of services.
- To study the role of Village health and sanitation committee in mobilizing the community.
- To find out the gaps if any.
- And give suggestions if required for proper functioning of VHND.

Methodology

Study design:

This was an observational type of study to see the implementation and to understand the package of services to be provided under VHND. And to assess community participation in utilization of services.

Study area:

The study area chosen were the session sites of VHND of District Lucknow of Uttar Pradesh.

Study period:

Study was carried out from 17thApril 2013 to 17thJune 2013.

Data collection and analysis:

Some primary data was collected from session site and rest secondary data was collected from block PHCs, CHCs. Then Data was compiled and analyzed and interpretation was done.

Tool used:

The tool used for the study was the standard questionnaire format of Government of India. (Refer Annexure – 1)

Questionnaire:

The questionnaire included :

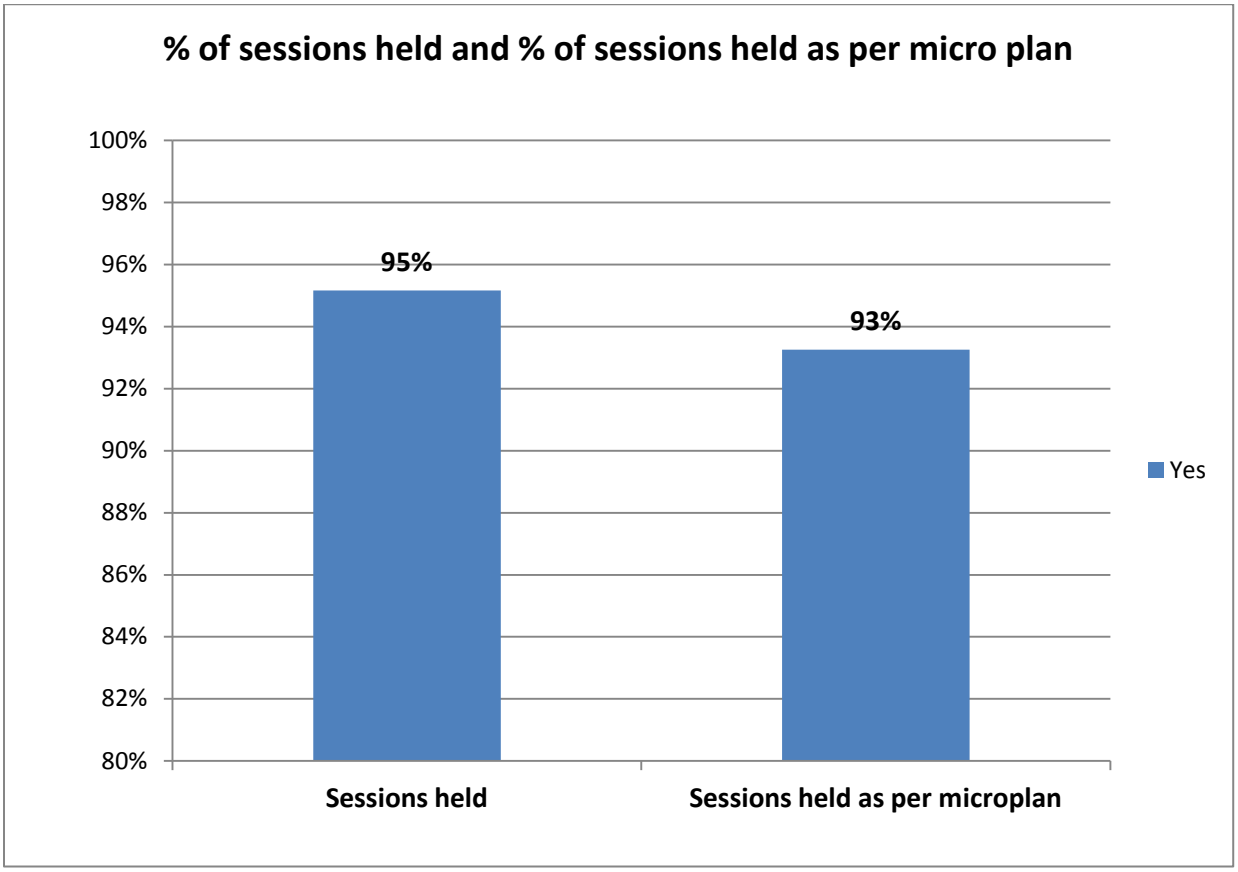
1. Details of area of session site.
2. Knowledge about logistics and vaccines
3. Services provided during VHND sessions
4. Quality of services being provided

GRAPHICAL PRESENTATION

OF

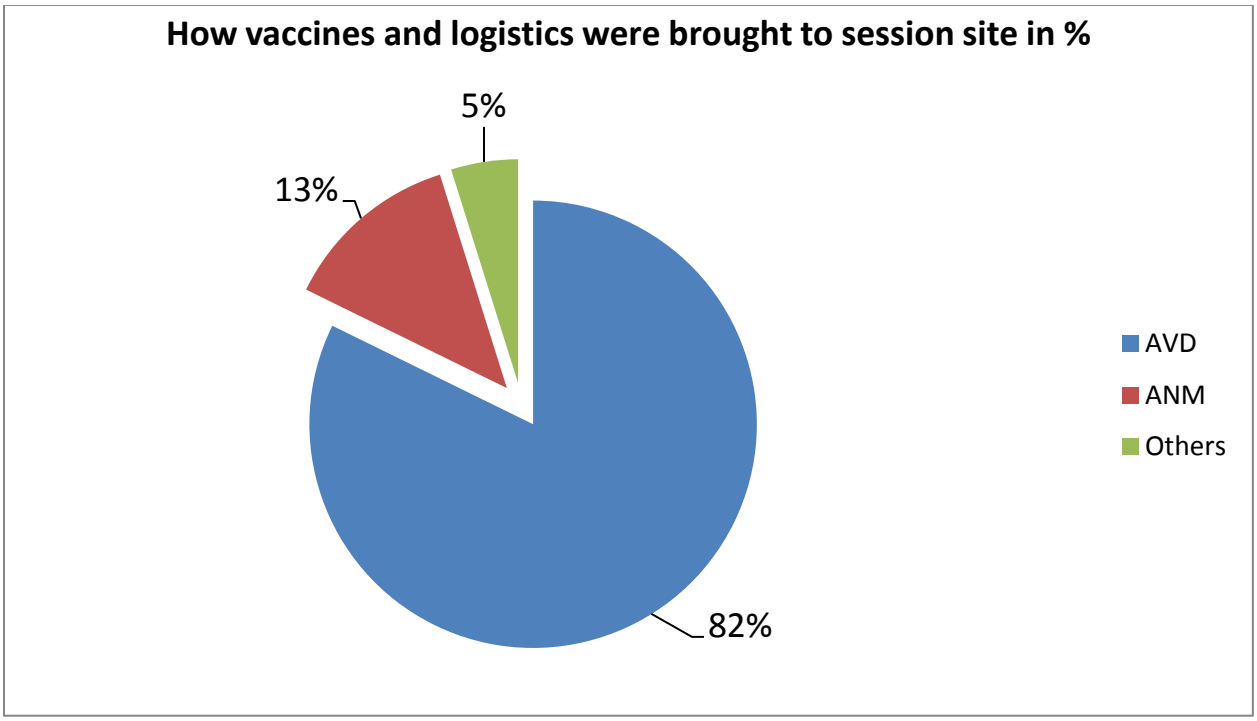
FINDINGS

Graph-1 :- Showing % of sessions held and % of sessions held as per micro plan against planned sessions.



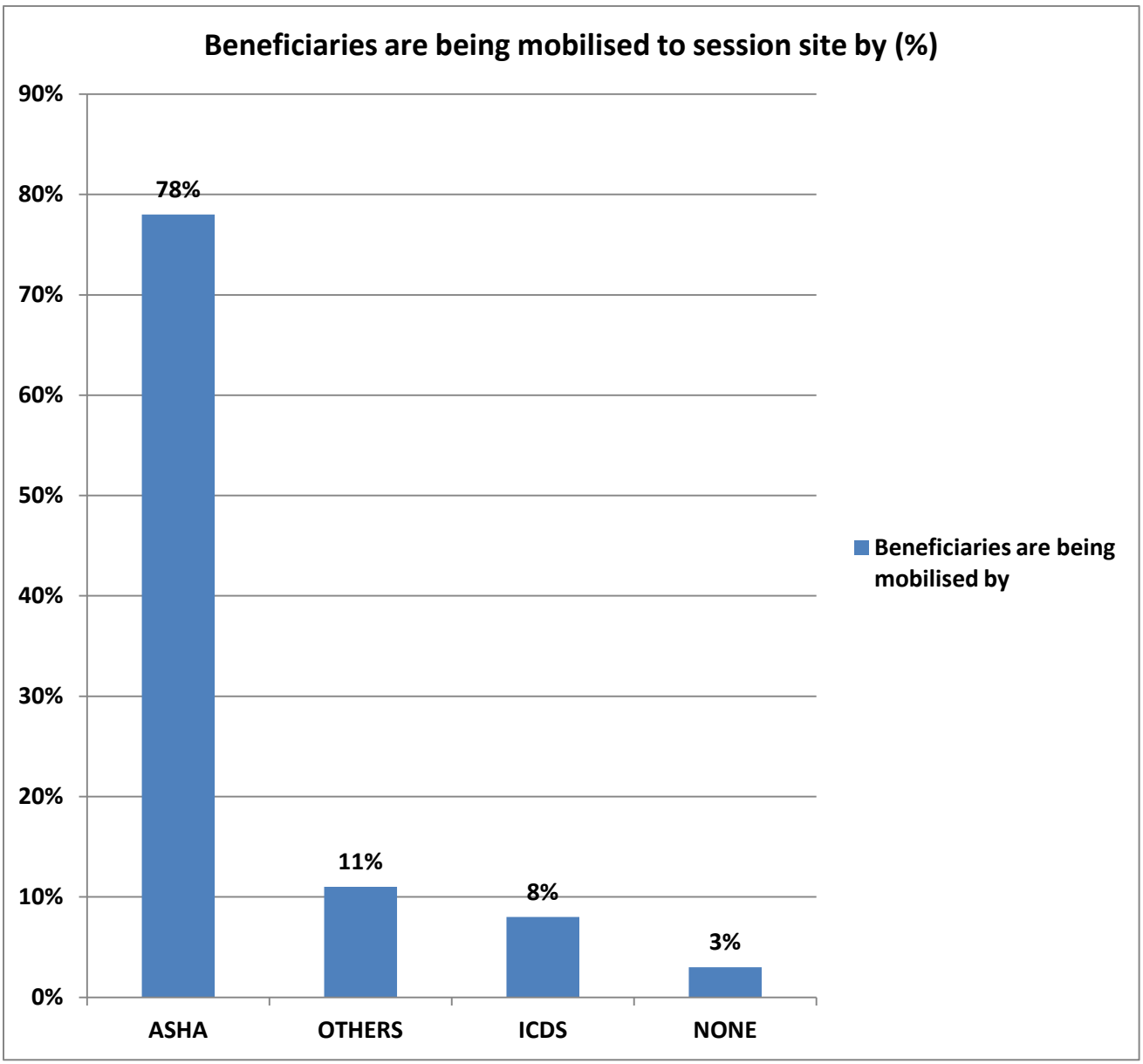
As bar diagram above indicates 95% sessions held against total planned sessions and only 93% sessions were held as per micro plan.

Graph-2 :-



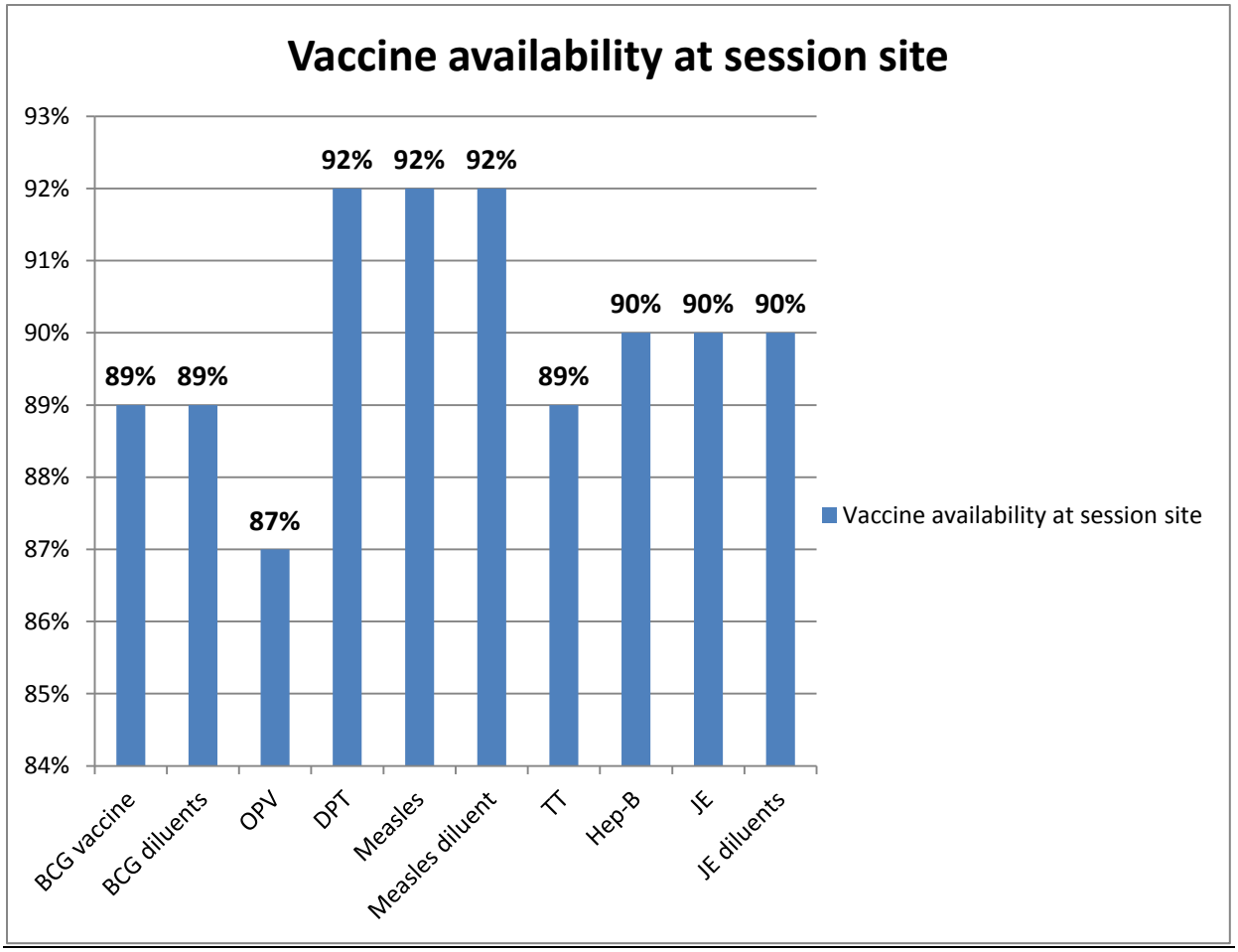
At 82% of session site vaccine and logistics were brought by Alternate vaccine delivery system, 13% by ANM and 5% by others.

Graph-3 :-



As Graph-3 indicates 78% of beneficiaries were being mobilized to session site by ASHA but the contribution of ICDS in mobilization of beneficiaries to session site was only 8%.

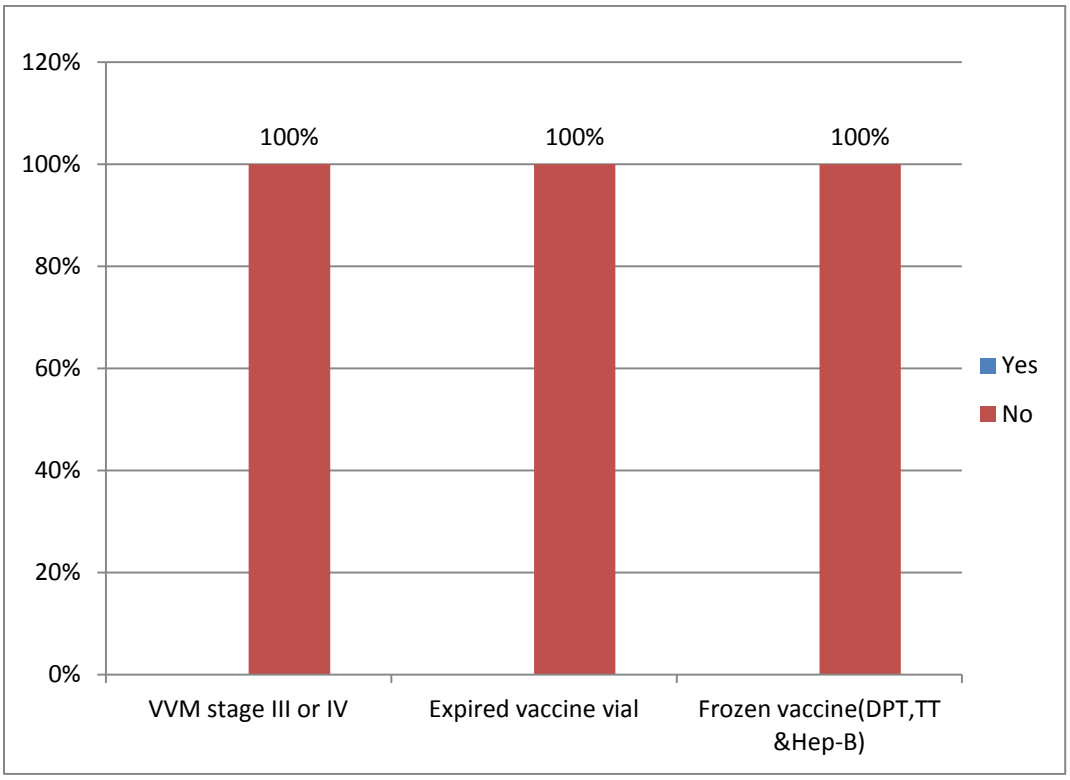
Graph 4 :-



Measles and DPT vaccines were available only at 92% sessions. But OPV and TT vaccine were not available at 13% and 11% session sites respectively.

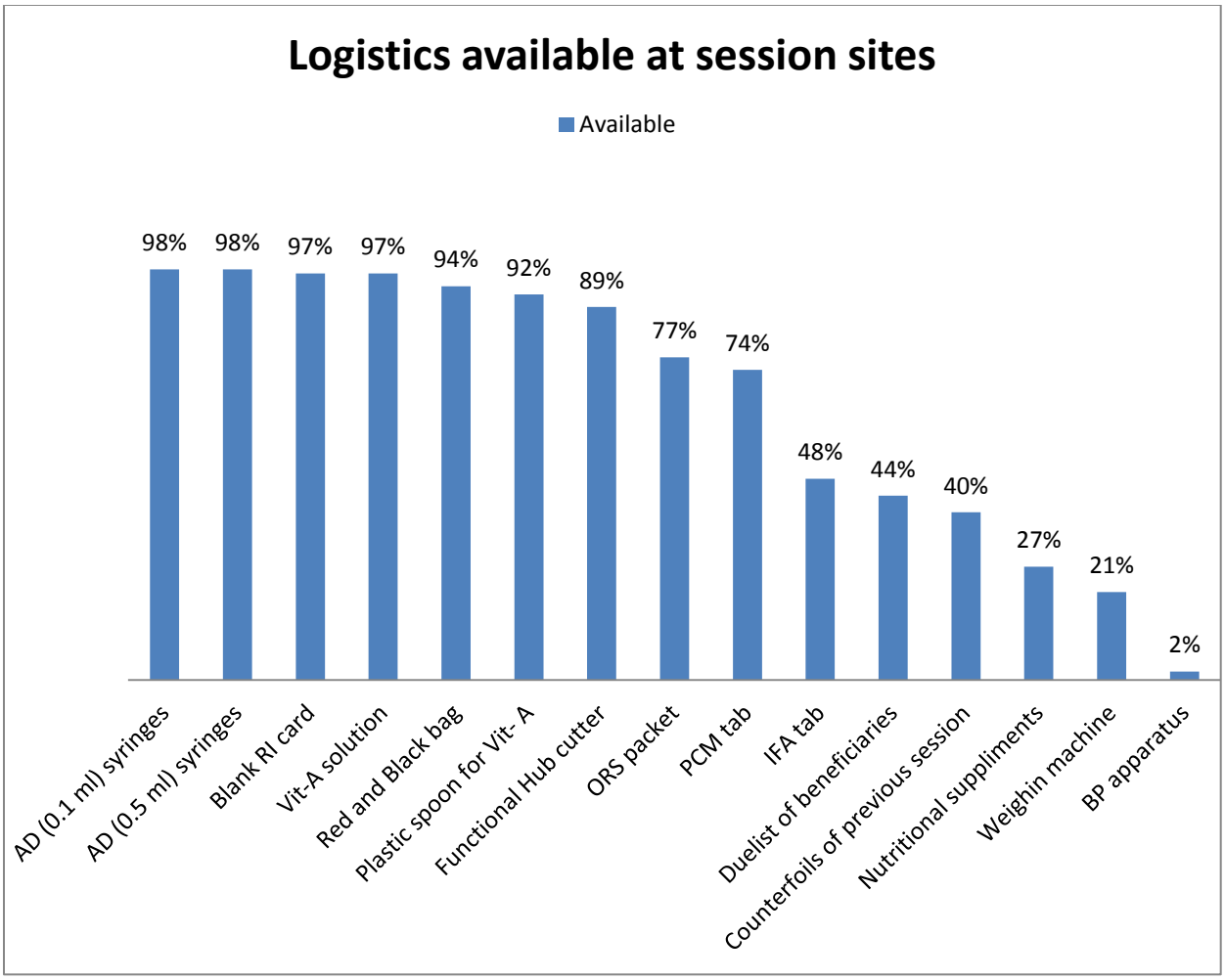
Diluents for reconstitution of vaccines (BCG, Measles and JE) were available in sufficient quantity.

Graph 5:- Vaccine vial was found in denatured condition



As Graph 5 shows there were no vaccine at any session site found in VVM stage III or IV, expired date, or in frozen state (DPT, TT, & Hep-B).

Graph 6 :-



At more than 90% session sites AD syringes, blank RI cards, vit A solution and red and black bags were available.

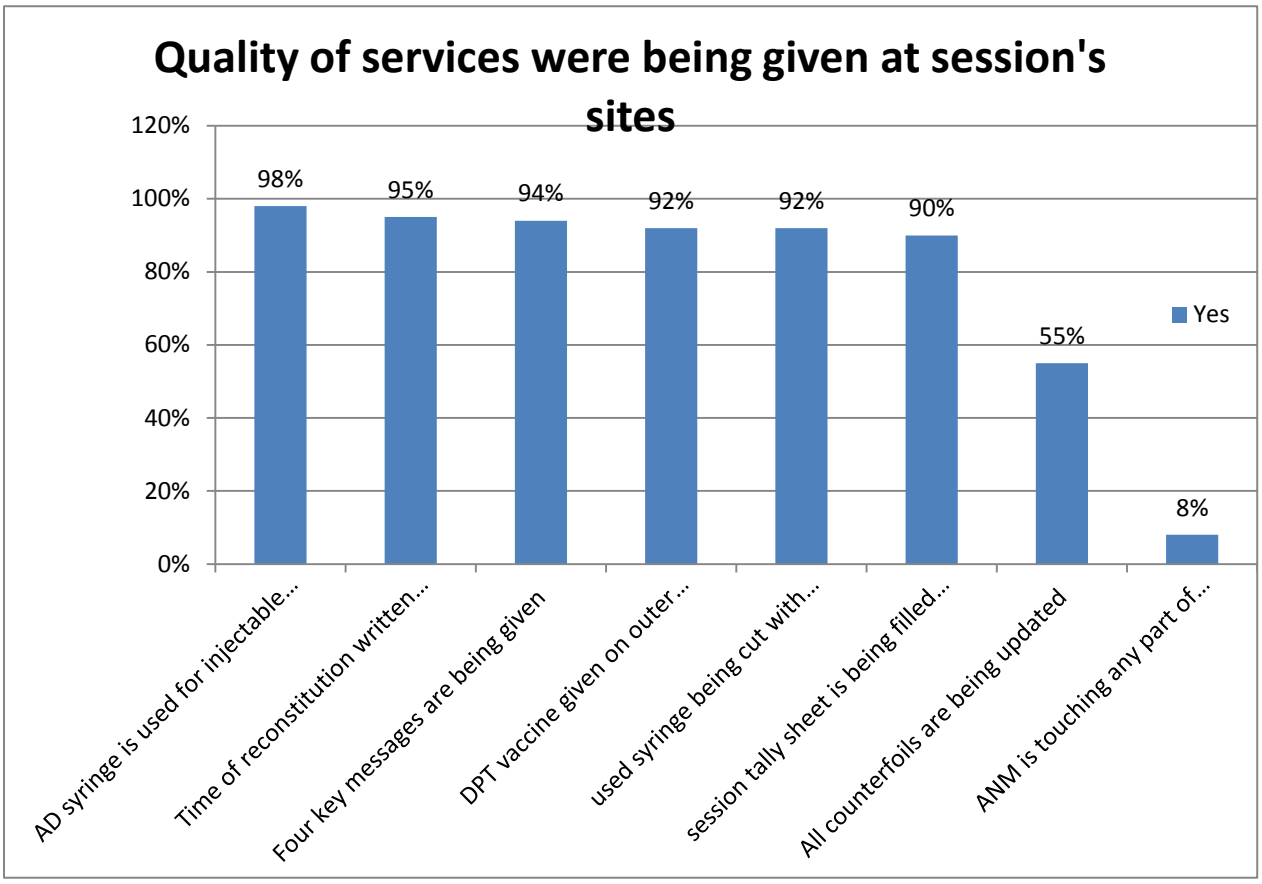
Functional hub cutter was not available at 11% of session's sites.

IFA tab, due list of beneficiaries and counterfoils of previous sessions were not available at more than 50% sessions.

Nutritional supplements and weighing machine were not available at more than 70% sessions.

BP apparatus was **not** available at **98% session's** sites.

Graph -7:-



At 98% sessions AD syringes were being used for inject able vaccines.

Time of reconstitution written on reconstituted vials was found at 95% of sessions.

DPT vaccine was given on outer aspect of mid thigh at 92% of sessions. Used syringes were being cut with hub cutter at 92% sessions.

At 45% session's sites all counter foils were not being updated.

At 8% session's sites ANMs were touching needle while giving injections.

Conclusions

It was observed that:

- Only RI portion of VHND was being implemented at session's site.
- Serial no. was being entered in place of MCTS no.
- There was no room for ANC checkup.
- 95% sessions held against total planned sessions and only 93% sessions were held as per micro plan.
- At 82% of session site vaccine and logistics were brought by Alternate vaccine delivery system, 13% by ANM and 5% by others.
- 78% of beneficiaries were being mobilized to session site by ASHA but the contribution of ICDS in mobilization of beneficiaries to session site was only 8%.
- There was no vaccine at any session site found in VVM stage III or IV, expired date, or in frozen state (DPT, TT, & Hep-B).
- At more than 90% session sites AD syringes, blank RI cards, vit A solution and red and black bags were available.
- Functional hub cutter was not available at 11% of session's sites.
- IFA tab, due list of beneficiaries and counterfoils of previous sessions were not available at more than 50% sessions.

- Nutritional supplements and weighing machine were not available at more than 70% sessions.

- BP apparatus was **not** available at **98% session's** sites.

- At 98% sessions AD syringes were being used for inject able vaccines.

- Time of reconstitution written on reconstituted vials was found at 95% of sessions.

- DPT vaccine was given on outer aspect of mid thigh at 92% of sessions. Used syringes were being cut with hub cutter at 92% sessions.

- At 45% session's sites all counter foils were not being updated.

- At 8% session's sites ANMs were touching needle while giving injections.

Recommendation:

- There is need to involve ANMs in the planning of VHND sessions and VHND sessions should be held according to micro plan to get 100% achievement.

- Involvement of ICDS in the mobilization of beneficiaries at session's site needs to be improved. Convergence and appropriate planning meetings should be held at each level to improve AWW involvement in mobilization and coordination.

- Functional hub cutters must be available at each session sites.

- Availability of IFA tab, due list of beneficiaries and counterfoils of previous sessions at each session's site must be ensured by district authority.

- Availability of other logistics and equipments also need to be ensured at each session's site by block and district health authority.

- There is a need to reorient ANMs on reporting and record keeping.

Session Monitoring Format for Routine Immunization

Name of Monitor: ..... **Organization:** ☐ Govt. ☐ NPSP ☐ UNICEF ☐ Others ..... **Designation:** .....

Date : dd / mm / yy **Time:** ..... **Day:** ☐ Wed ☐ Fri ☐ Sat ☐ Other .....

State	UTTAR PRADESH
District	LUCKNOW
Block/Planning Unit	
Sub Center / Urban Post	
Address of the Area	

Settings: ☐ Rural ☐ Urban ☐ Urban Slum **HRA :** ☐ Yes ☐ No **Session Site:** ☐ Facility ☐ Sub Centre ☐ AWC ☐ Others .....

☑ ***Tick, whichever is applicable***

1.	Whether Session held	☐ Yes	☐ No		
	a. If 'No', Reason for session not held *(See bottom of the format)*[Δ]	☐ A	☐ B	☐ C	☐ D.....
	b. If 'Yes', whether the session being held as per Microplan	☐ Yes	☐ No		
2.	Beneficiaries are being mobilized to session site by *	☐ ICDS worker	☐ ASHA	☐ Others	☐ None
3.	How Vaccines & logistics were brought to session site from PHC/Block	☐ AVD[#]	☐ ANM	☐ Supervisor	☐ Others .....
4.	Whether all available vaccines & diluents are placed in zipper bag in vaccine carrier having 4 Ice-Packs	☐ Yes	☐ No		
5.	Which of the vaccines are available at session site*	☐ BCG ☐ Measles ☐ tOPV	☐ BCG Diluent ☐ Measles Diluent ☐ mOPV	☐ DPT ☐ DT ☐ TT	☐ JE ☐ JE Diluent ☐ Hepatitis B
6.	Whether any of the vaccine vial is/are found without VVM*	☐ BCG ☐ Measles	☐ DPT ☐ DT	☐ OPV ☐ TT	☐ Hep-B ☐ JE
7.	Whether any vaccine vial is found in the mentioned condition, if 'Yes', *Tick* ☑ and ***record*** the vaccine*	☐ Without label / Unreadable label ..... ☐ VVM Stage III or IV ..... ☐ Expired Vaccine Vial ..... ☐ Frozen Vaccine (DPT, TT, DT, Hepatitis -B)			
8.	Which of the mentioned Logistics are available at session site*	☐ AD (0.1ml) Syringes ☐ AD (0.5 ml) Syringes ☐ Functional Hub Cutter ☐ Blank RI Card ☐ Red & Black Bag	☐ Vitamin-A Solution ☐ Plastic Spoon for Vitamin-A ☐ Nutritional Supplements ☐ Due list of Beneficiaries ☐ Counterfoils of previous session	☐ ORS Packet ☐ IFA Tablet ☐ Paracetamol ☐ Weighing machine ☐ B P Apparatus	

9.	Whether adequate quantity of 5ml Disposable Syringes for reconstitution are available at session site *(=BCG + Measles +JE vials)*	☐ Yes	☐ No	☐ Not Available
10.	Whether Time of reconstitution written on reconstituted BCG/Measles/JE vials	☐ Yes	☐ No	☐ N/A
11.	Whether AD syringe is used for injectable vaccines	☐ Yes	☐ No	☐ N/A
12.	Whether DPT vaccine given on outer (anterolateral) aspect of mid thigh	☐ Yes	☐ No	☐ N/A
13.	Whether ANM is touching any part of the needle while giving injection	☐ Yes	☐ No	☐ N/A
14.	Whether each used syringe being cut with hub cutter immediately after use	☐ Yes	☐ No	☐ N/A
15.	Whether Session Tally Sheet is being filled for each child vaccinated	☐ Yes	☐ No	☐ N/A
16.	Whether all counterfoils are being updated following each vaccination today	☐ Yes	☐ No	☐ N/A
17.	Whether Four Key Messages are being given to the parents	☐ Yes	☐ No	☐ N/A

Δ (Q. 1a): **A**=*Both ANM/vaccinator as well as vaccines/logistics are not available* ***B***=*ANM/vaccinator present but vaccine/logistics not available* ***C***=*Vaccine/logistics available but ANM/vaccinator absent,* ***D***- *Others (specify*

\# (Q. 3): ***AVD***=*Alternate Vaccine Delivery;*

* *Multiple responses may be applicable*

STATE PROGRAMME MANAGEMENT UNIT
NATIONAL RURAL HEALTH MISSION, U.P.
Vishal Complex 19-A, Vidhan Sabha Marg, Lucknow - 226 001
Ph. : (0522) 2237595, 2237501, 2237383
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Ref. NRHM/SPMU/MH/STUDY/128/13-14/1397 Date 02/07/2013

From,
Mission Director,
National Rural Health Mission,
State Programme Management unit,
Vishal Complex, 19-A, Vidhan Sabha Marg,
Lucknow.

To,
Mr. Dalbir Singh,
Sr. Placement Officer,
Institute of Health Management & Research
1, Prabhu Dayal Marg,
Sanganer Airport, Jaipur-302011

Sub: Regarding Summer internship in SPMU NRHM UP.

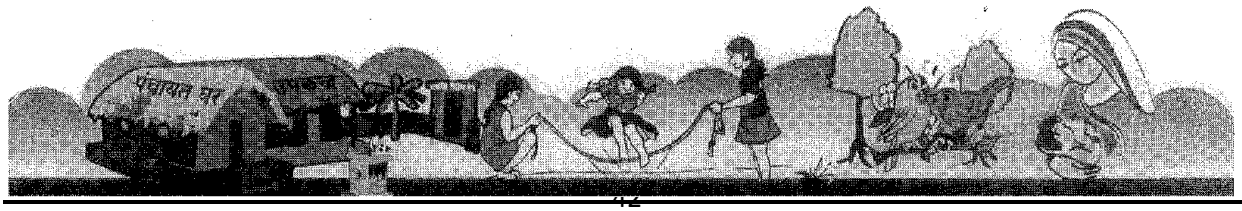
Sir,

Please refer to our earlier letter no. NRHM/SPMU/DAP HR/MISC2012-13/209-A dated April 15, 2013 vide which the placement of Dr. Faheem Fatima was approved for summer internship in our organization. This is to inform you that she was placed in the Maternal Health Division of State program Management Unit- NRHM, Uttar Pradesh from 17.04.2013 to 17.06.2013 and has completed her summer internship successfully. She is a hard working, intelligent student and has made sincere efforts to learn about the organizational set up, various schemes and activities being implemented in the State for the promotion of maternal health. For observational study, she participated in field monitoring visits also.

We wish her all the best in her future endeavours.

Yours faithfully

04/7/13
(Amit Kumar Ghosh)
Mission Director



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Certificate

This is to certify that **Dr. Faheem Fatima** student of the 17th batch of Post Graduation Diploma in Hospital and Health Management and Research (PGDHM), at Institute of Health Management and Research, Jaipur underwent the summer internship at State Programme Management **Unit of NRHM, Uttar Pradesh** from April 17th to June 17th 2013 and performed study on **Observational Analysis of Village Nutrition Days.**

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

29/11/13

Prof. Rahul Sharma
Assistant Professor
IIHMR, Jaipur

Dr. Ashok Kaushik
Dean Academics and Student affairs
IIHMR, Jaipur