Study on Implementation of Urban Health, Sanitation and Nutrition Day (UHSND) in Bhopal District, Madhya Pradesh

By

Mehvash Ul Haque

Dissertation submitted for the partial fulfillment of the

MBA Rural Management

Academic year, 2018-2020

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TO WHOMSOEVER MAY CONCERN

This is to certify that **MEHVASH Ul HAQUE**, student of MBA Rural Management from The IIHMR University, Jaipur has undergone his Dissertation at **National Health Mission, Bhopal** from **March 2020** to **May 2020**.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical. The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

P. R. Sodani
Dean, Academics and Student Affairs
The IIHMR University, Jaipur

Dr. Goutam Sadhu
Professor & Dean Admin
The IIHMR University, Jaipur

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ACKNOWLEDGEMENT

This report is a result of my Dissertation done in **National Health Mission, Bhopal** over a period of 3 months during which I was very fortunate to interact with a wide variety of people.. The insights provided by them have been instrumental in making this training a success.

The satisfactory and euphoria that accompany the successful completion of the project would be incomplete without mentioning the people who made it possible.

First, I would like to thank my parents for allowing me to realize my potential. All the support which they have provided me over the years is the greatest gift anyone can ever give.

Next, I will thank **Ms. Archana Awasthi , APM, NHM Bhopal** for giving me such an opportunity to complete my project in the organization and mentoring me throughout the dissertation period. This was impossible without her support.

I would also like to thank my mentor **Dr. Goutam Sadhu, from IIHMR University** for guiding and my Department Dean **Rahul Ghai** for providing me the support throughout the internship and suggesting me some tips for preparing my report.

I will also thank Mr**. Pankaj Shah, NHM** for his guidance throughout this journey.

I express my gratitude towards the Slums, Anganwadi center, each and every one who always welcomes us with love and supported us in every possible manner.

Mr. Mehvash Ul Haque

ABBREVIATIONS

- AIDS - Acquired Immune Deficiency Syndrome
- ANC - Antenatal Care
- ANM - Auxiliary Nurse Midwife
- ASHA - Accredited Social Health Activist
- AWC - Anganwadi Centre
- AWW - Anganwadi Worker
- CHC - Community Health Centre
- CMO - Chief Medical Officer
- DPMU - District Programme Management Unit
- MCH - Maternal and Child Health
- MO - Medical Officer
- NGO - Non Government Organization
- NHM - National Health Mission
- NRHM - National Rural Health Mission
- NUHM - National Urban Health Mission
- OCP - Oral Contraceptive pills
- OPV - Oral polio Vaccine
- ORS - Oral Rehydration Solution
- PNC - Postnatal Care
- RTI - Reproductive Tract Infections
- SHG -Self Help Group
- MAS - Mahila Arogya Samithi
- STI - Sexually Transmitted Infections
- TB - Tuberculosis
- UPHC - Urban primary Health Centre
- UHSND - Urban Health, Sanitation and Nutrition Day.
- MI - Mission Indradhanush

INTRODUCTION :-

Urban Health, Sanitation and Nutrition Day was expressed under the NHM i.e. theNational Health Mission. It is running across the country since 2007 as a community platform, connecting the community and health systems and facilitating convergent actions. It attempts to bring health, early childhood development, nutrition and sanitation services to the doorstep and promote community engagement for improved health and wellbeing.

The Government's commitment to Sustainable Development Goals (SDGs) has culminated in efforts to provide holistic health and development services to the nation through several flagship programmes. Ayushman Bharat, which strengthens delivery of primary health care through HWC i.e. Health and Wellness Centres and POSHAN Abhiyaan that aims to improve nutrition status of children and women with a strong focus on community level interventions and community participation; and the Swachh Bharat Mission aimed at universalizing safe sanitation.

UHSND is the critical platform for these policy initiatives. Furthermore, it complements community level, multi-sectoral components of several newer programmes such as Home Based Newborn Care (HBNC) and Home-Based Care for the Young Child (HBYC), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) for strengthening antenatal care, and Anemia Mukt Bharat (AMB) to address anemia across all age groups, Mission Parivar Vikas for focused Family Planning interventions in identified high fertility districts.

Besides there are newer beneficiary entitlements including maternity cash benefit scheme Pradhan Mantri Matru Vandana Yojana, beneficiary cash incentives such as for Nutrition support to TB patients, family planning compensations, and incentives or subsidy to build low cost good quality toilet under Swachh Bharat Mission for sanitation.

Slum Health Sanitation and Nutrition Committe will continue to provide the leadership platform for improving full access and proper awareness of community regarding the health services, supporting the Accredit Social Health Activist and last but not the least and that is develop slum health plan specific to the local needs and serve as a mechanism to promote community action for health, particularly for social determinants of health.

PURPOSE OF UHSND

UHSND serves as a platform for provision of preventive facilities to each and every eligible beneficiaries especially to marginalized & vulnerable communities. The specific objectives of UHSNDs are to:

- Improve the availability of health, nutrition, early childhood development and sanitation services at the community level
- Provide information and generate awareness about entitlements and government schemes related to health, early childhood development, nutrition and sanitation
- Act as a platform for counselling to bring improvement in health, nutrition and sanitation practices at individual, family and community level
- Identify cases requiring referrals or families requiring support and link them with appropriate service providers in the relevant sector.

COMPNENTS OF UHSND

OPERATIONALIZATION OF UHSND

Nutrition Day is to be organized in every slum once a month at the Anganwadi Centre (It can also be held more than once if the local context warrants eg. high population slums). It may also be organized in rural areas and will be called Rural Health Sanitation and Nutrition Day. (HSND). The session will be conducted for a minimum of four hours of this at least one hour should be devoted to group counselling sessions. Frontline service providers multi-purpose worker female (MPW-F/ANM), (ASHA), (AWW) and Anganwadi Helper (AWH) will be present during the entire session. MPW (M), where available will also attend UHSND. He should be responsible for Counselling for Communicable diseases, NCDs including mental health issues. Community level representatives of Department of Urban Development, members of Mothers' Groups and Self-Help Groups (SHGs), are to participate in the event.

CONDUCTING THE URBAN HEALTH, SANITATION AND NUTRITION DAY

- ANM, AWW and ASHA will ensure that the Anganwadi Centre/UHSND site is opened at the stipulated time.
- Health area, Nutrition corner, ECD corner and group counselling area should be arranged with the requisite drugs, logistics, supplies, materials and IEC materials. The common due list for services should be available at the site.
- ASHA should check that the identified beneficiaries are attending the UHSND.
- Services are delivered and documented by MPW-F (ANM) and Anganwadi worker. Services listed in the MCP card are recorded on the card. Any additional services given should also be recorded.
- Lady supervisors, Lady Health visitors, ASHA facilitators and Mid-level Service providers (Health & Wellness Clinics) are to provide supportive supervision and monitor UHSND

ACTIVITIES OF UHSND

The UHSND is a platform for awareness generation and counselling for behavior change besides provision of primary health care including immunization, antenatal care, nutrition, growth monitoring and early childhood development. Activities have been organized according to the four components of UHSND. Details of activities during UHSND are attached at Annexure 3. These activities are suggestive; States may adopt them as per local needs and priorities.

Services to be provided at Slum Health, Sanitation and Nutrition Day: The services to be provided at UHSND are listed in the Table 1 below. Interpersonal Counselling is to be a part of service provision.

Services	Actions
Antenatal Care	• Registration of all the pregnant women have to be done. • All the registered pregnant women have to be provided ANC. • Services to be provided to all the dropout pregnant women eligible for ANC.
Immunization	• All eligible children are to be given vaccines as per immunization schedule • All dropout children who do not receive vaccines as per the scheduled doses are to be vaccinated • Vitamin A solution is to be administered to under-five children
Nutrition	• Weighing of below 6 kids have to be done every month and their height to be recorded every quarter, and data to be entered in CAS application and plotted on MCP card simultaneously by AWW • Underweight and wasted children are to be identified and managed appropriately. Identified SAM children with medical complications to be referred to the NRC or health facility with pediatric care facilities. All under-six children to be provided supplementary nutrition
Family Planning	• Condoms provision to all eligible couples, Combined Oral Contraceptives (COCs), Centchroman (Chhaya), Emergency Contraceptives Pills (ECP).
HBV, Syphillis and HIV	• Screening and referral, ensuring confidentiality (HIV)

ROLES & RESPONSIBILITIES OF UHSND

AAA Concept

Community level workers: MPW-F (ANM), ASHA, Anganwadi worker and helper and slum level representatives of Panchayati Raj are the key players in organizing UHSND and the success of the event depends on coordination and cooperation among them. Their Roles and responsibilities in three different periods are given below :-

Before UHSND:-

ASHA-

- Match lists of beneficiaries and eligible couples with AWW.
- Prepare due list.
- Mobilize the listed beneficiaries for the UHSND particularly from far flung and marginalized households.

AWW-

- Make a list of Beneficiaries- pregnant women, lactating women, newly married couples, children for immunization, malnourished children, out-of-school adolescent girls (10-19 yrs.) and share with ASHA.
- Keep UHSND site clean, arrange for water and toilet and place with privacy for ANC.
- Keep growth monitoring records readily available

ANM-

- Prepare Monthly Sub-center-UHSND plans.
- Indent and ensure supplies, drugs, vaccines, contraceptives, equipment and other materials.

During UHSND:-

ASHA-

- Check if identified beneficiaries attend UHSND.
- Calling all the malnourished/ growth faltered children to meet Auxiliary Nurse Midwife.

AWW-

- Keeping sufficient number of Mother and Child Protection cards
- Ensure weighing scales for infants, children and adults and infantometer, stadiometer
- Individual counselling for growth faltered children/ malnourished children
- Referring severely malnourished/SAM children to ANM
- Prepare and manage the ECD corner.

ANM-

- Provide Services- ANC services, Immunization, FP services, Adolescent health services, CD &NCD prevention counselling
- Document all services provided
- MPW-M will help in counselling on prevention of communicable diseases, water testing and iodine salt sample testing etc. in addition to coordination with PRI members for organization of UHSND.

After UHSND:-

ASHA-

- Ensure regular follow up of dropout beneficiaries and high risk pregnancies for referral.
- Convening VHSNC meeting along with PRI to review and plan for the next UHSND.

AWW-

- AWW will report to her supervisor.

ANM-

- Ensuring reporting of the UHSND to the officer in charge.
- Ensure that the following are sent to block PHC.
- Immunization waste (used vials and syringes).
- Open vials of vaccines, which can be reused are carried back in proper cold chain.

Monitoring And Supervision

UHSND are to be monitored by MO/CHO of nearest Health and Wellness Centre (HWC)/PHC, Child Development Project Officers (CDPO), Lady Health Visitor (LHVs), ICDS Lady supervisors, Block Community Mobiliser and Swasth Bharat Preraks independent non-departmental monitors from development partners, academic and research institutions may also be involved. Joint monitoring by Health and Social Welfare is encouraged. At the block level the Block Programme Manager, NHM or any other designated official will be the nodal officer for Slum Health, Sanitation and Nutrition Day. The block level nodal officer (Health) for UHSND will coordinate with counterparts from other departments to prepare UHSND supervision plans for their respective supervisors. Individual and joint monitoring plan for DOH and DOWCD for monitoring activities of monthly UHSND should be available with the district nodal officer.

REVIEW OF LITERATURE

One of the greatest challenges in developing counties like India is Maternal and child health and nutrition. MoHFW and the Department of Women and Child Development together launched a programe known as Urban Health Sanitation and Nutrition Day to deliver comprehensive health and nutrition services to pregnant and lactating women and children from till 6 years and adolescent girls. The aim of this study was to assess the quality of Urban Health Sanitation and Nutrition Day, to check the status of required facilities available at the UHSND site or not including the satisfaction and awareness of the beneficiaries. In order to address the challenge of Maternal and child malnutrition, so many schemes have been launched in India. Few new programs on maternal and child nutrition have been introduced and revamped after the implementation of a National Health Mission. Urban Health Sanitation and Nutrtion Day is one of a unique way to adress maternal and child health care, for the urban beneficiary. The (MoHFW) Indian Ministry of Health and Family Welfare and the Department (WCD) of Women and Child Development jointly implements the Urban Health Sanitation and Nutrition Day. The main motive of this scheme is to look over the problems of Mother and Infant Mortality Rates. The beneficiaries are lactating mothers, pregnant women, lactating mothers, children (0-6 years) and adolescent girls. The programme activities are mainly focused on identification, early registration and referral of pregnant women & high risk children. The front line worker from MoHFW and the Department of Women and Child Development delivers all the services to the community and also supported by the community members including Slum welfare committee, a Self Help Group, Mahila Arogya Samithi etc. As per the programme guideline, the session should ideally be held in the Anganwadi Center every month which is managed by a Triple-A group consisting of (ANM) Auxiliary nurse midwifes, (AWW) Anganwadi workers and ASHA Accredited Social Health activist. An Anganwadi Center is either a primary health center and is the most convenient for the people/community/beneficiaries all the activities and ser-vices mentioned in the UHSND programe guidelines. Many time because of different reasons these sessions may also be held in school premises, community centers etc. The AWW and her helper have key roles in operationalizing and mobilizing the community to attend the Urban Health Sanitation and Nutrition Day sessions, and remaining have supporting roles. The ASHA and the ANM are the frontline workers, working with the community with technical expertise which mainly relates to

the knowledge on immunization, reproductive health and nutrition. Auxiliary nurse midwifes i.e. ANM and ASHA i.e Accredit-ed Social Health activists are affiliated under Ministry of Health and Family Welfare, while Anganwadi workers are affiliated under Department of Women and Child Developemnt. Each session should be attend-ed by designated supervisors from both (MoHFW) Ministry of Health and Family Welfare and (WCD) Department of Women and Child Developemnt to provide supportive supervision. Two days a week (Tuesday and Friday) have been fixed for conducting UHND sessions across the state.

UHSND studies have been widely documented in different health literature, few are;

1. **Hardoi District, Uttar Pradesh :**

Thirty slums were randomly selected for inclusion out of which it was observed that 36 Urban Health Sanitation and Nutrition Day were scheduled but 4 were cancelled and one site was not covered. ANC, immunization, vaccination and weighing of children and mother was mostly offered at the Urban Health Sanitation and Nutrition Day sites i.e. at Anganwadi Rest other services were rarely provided such as blood pressure test etc. . People were made aware about the institutional delivery but other than that there were no promotion regarding health care. . Of the 13 incidents of vaccine shortage, 11 related to an unexpected global shortage of injectable polio vaccine (IPV). Over the 31 UHSNDs, 37.8% (171 of the 452 scheduled beneficiaries) did not participate. Analysis of missed opportunities for vaccination highlighted inaccuracies in beneficiary identification and tracking and demand side-factors.

2. **Uttarakhand**

A research was done involving 24 UHSNDs where, blood pressure measurement was done at 45% and weight at 49 % at the anganwadi sites in ANC services.; non-availability of blood pressure instrument and adult weighing machine were 45.83% and 41.66% sites, respectively. Immunization for children was provided at 22 sites; however, availability of other services were poor-vitamin A (three), growth monitoring of children (seven); supplementary nutrition (five); identification of households for construction of toilet (eight). Yet, one-third of clients provided three and four for satisfaction from UHSND services on the scale score of 1–5.

3. Odisha, India :

A very low proportion of the potential beneficiaries participated in Urban Health Sanitation Nutrition Day. Even the basic services that is providing immunization and the availability of required facilities such as drugs, vaccines, weighing machines etc were poor. Several reasons were given by the participants in the interview which stop them from visiting the UHNDs such as restriction from home, long distance from site to home, poor knowledge regarding time, date and venue of UHSNDs, improper arrangements at the site, no sitting space, long waiting for the checkup. .

UHSND in Odisha is unique in its nature as far as strengthening the referral of malnourished children to Pustikar Divas and providing incentives for the beneficiaries and the escort is concerned. This has helped in promoting health seeking behavior of the community and ensuring better results. The assessment report is an effort from the District TA team of TMST to review the status and quality of the Slum Health and Nutrition Day conducted in six districts. The assessment helped in understanding the gaps from service providers' viewpoint as well as the barriers in service uptake from the beneficiary's perspective. Information on the increased attendance of pregnant women and Lactating mothers in UHSND is indeed encouraging but the fact that the Adolescents and Children are a neglected category is startling as they are one of the most important groups to be catered to. The proposed indicators are an effort to address the various issues identified with an aim to ensure improved coverage of beneficiaries, delivery of services and participation of community.

This assessment along with the comparison of the guidelines being followed in other States has assisted in developing in certain indicators which if incorporated will help in making the implementation of UHSND robust. The proposed indicators on ANC, Weighing and Plotting of children, and NHED session would further describe better and complete access of all services, whereas the recommendation on organizing UHSND and Immunization on the same day, Exclusion of Adolescent girls and 3-5 years children from UHSND coverage would further facilitate better service delivery. This will provide an opportunity to have a common approach and

possibility of pooling resources for implementing other programs. The report has also recommended, gauging the performance of front line service providers, for providing incentives on the basis of beneficiary participation and availing of complete services. In a way it will create additional relationship between service providers and community and overall ownership of the program.

Slum Health and Nutrition Days (UHSNDs) has been identified as important tool and unique platform to converge urbanhealth, hygiene and nutrition services by National UrbanHealth Mission. This study has analysed the current status of planning and preparedness of concerned functionaries and highlights the gaps in convergence of services. Objectives To analyze status of preparedness of slum functionaries – Auxiliary Nurse Midwife (ANM), Accredited Social Health Activist (ASHA), Anganwadi worker (AWW) and Panchayati Raj Institution (PRI) member to provide various services at UHSND Methods The study was conducted in three districts of the Uttarakhand at Nainital, Tehri-Garhwal and Chamoli involving 24 slums in six blocks using predesigned pretested interview schedule and UHSND observation checklists related to planning and preparedness. Results Study noted that 86.36 percent ANMs, 85 percent ASHAs and 33.33 percent AWW had prepared a micro-plan or the beneficiary checklist for the conduction of the UHSND with unclean Anganwadi center (41.67%), without availability of clean drinking water (70.84%), without privacy for Antenatal care (87.5%) and without required instruments (50%). Only 77.27 percent ANM, 55 percent ASHAs and 44.44 percent AWW had participated in any Slum Health Nutrition and Sanitation Committee (VHNSC) meetings in last three months. None of the UHSND sites had displayed timings and information regarding services. Conclusion Health day's face many challenges requiring interdependence and collaborative actions from inter-concerned departments where the functionaries need clarity in accountability to ensure adequate vigilance for UHSND services more focused to ensure integrated health, nutrition, and sanitation services.

(Vartika Saxena, Ranjeet Kumari, Praveet Kaur, Bhola Nath and Ranbir Pal) In their research concluded that UHSND preparedness is more focused on ensuring immunization for children and pregnant women than provision for other services (nutrition, health education, sanitation etc.).Preparedness for multiple services in the same session is challenging with

restricted manpower and logistic support. Increasing accountability of all the functionaries and giving special focus to one aspect in each month may improve the scenario. VHNSC meetings should be carried out lithospheric objectives and active participation of slum functionaries

(Sandeep K Panigrahi) in his research finds out that Almost one third of the beneficiaries (38 beneficiaries or 34.2%) had visited UHSND session for the first time. A total of 57 (51.4%) beneficiaries were aware that UHSND is held every month in their area. Awareness of the beneficiaries with regards to day, week and place of the program in their area was compared with that provided by the HWF (and not with the UHSND micro plan). Knowledge regarding the place and time where UHSND session was held was present in 71 (63.9%) and 85 (76.6%) respectively of the 111 beneficiaries interviewed. But only 57 respondents (i.e., 51.4%) of the 111 interviewed were having knowledge regarding the day when UHSND was held (i.e., they could say that UHSND was held on Tuesday/Friday). Of these, 19 beneficiaries (17%) were not having knowledge about the exact day (i.e., 1 st week/2 nd week etc.). Hence, only 38 beneficiaries (34.3%) interviewed were having correct knowledge regarding the fixed day on which sessions were held in their area. But 17% of the beneficiaries revealed that the sessions being conducted at an inconvenient time.

(Sangha Mitra Pati, Abhimanyu Singh Chauhan) in their research with various others finds out that 30.7% of the potential beneficiaries participated in UHSND. A severe lack of instruments was observed. Immunization on, MUAC measurement and treatment of minor ailments of children were missing at all sites. Participants expressed difficulty in attending the UHSND sessions regularly due to domestic objections, distance to the venue, no knowledge of the session date, 👍 me and place, lack of sitting space, prolonged waiting time and lack of medicine supply.

Community leaders, local decision making bodies, regular supervision and monitoring can significantly con-tribute to improve the quality of services. Basic amenities and ensuring privacy of the beneficiaries should be ensured. Cultural appropriateness and accessibility factors need to be taken into account while selecting UHSND session sites.

(Tulika Goswami Mahanta) in her research found that all sessions held during the study period was assessed and 253 exit interviews could be carried out with a response rate of 95%. Sessions were held as per micro plan in 51 (96.2%) before and in 52 (97.4%) after capacity building and monitoring and supportive supervision. Antenatal check-up by ANM increased from 75.5% (40) to 86.8% (46) after the program intervention, discussion on sanitation increased after model UHSND initiatives and counselling on hand washing, toilet use and water purification also showed improvement . Availability of essential drugs and other logistics necessary for conducting UHSND also showed improvement

AIM AND OBJECTIVES OF THE STUDY

AIM

To assess the implementation of Urban Health, Sanitation & Nutrition Day and the services provided during it in Bhopal district, Madhya Pradesh.

OBJECTIVES

Objective 1 :- To check the availability of Urban Health, Sanitation & Nutrition Day services in Bhopal District, Madhya Pradesh.

Objective 2 :- To identify the challenges faced in implementation of Urban Health, Sanitation & Nutrition Day.

Objective 3 :- To understand the importance and effectiveness of the of Triple-A (ASHA-ANM-AWW) concept during UHSND.

Objective 4 :- To understand the process and perspective of the beneficiaries and providers.

Objective 5 :- To offer recommendations for improved functional efficacy of the UHSND.

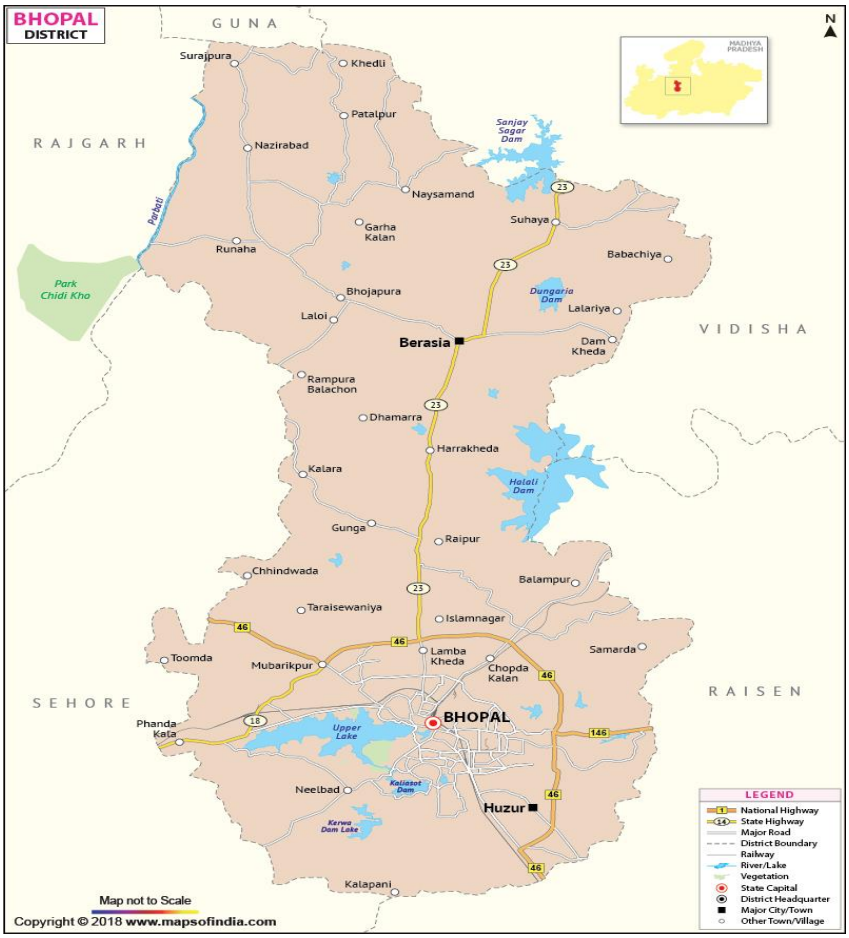
ORGANISATION PROFILE

The National Rural Health Mission (NRHM) was an initiative undertaken by the government of India to address the health needs of under-served rural areas. Launched on 12th April 2005 by then Indian Prime Minister Manmohan Singh, the NRHM was initially tasked with addressing the health needs of 18 states that had been identified as having weak public health indicators. The Empowered Action Group (EAG) States - Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttaranchal and, Uttar Pradesh, as well as North Eastern States ,Jammu and Kashmir, and Himachal Pradesh have been given special focus. The thrust of the mission is on forming a fully functional, community owned, decentralized health delivery system with inter- sectoral convergence at all levels, to ensure simultaneous action on a wide range of determinantsofhealthsuchaswater,sanitation,education,nutrition,socialandgenderequality . Institutional integration within the fragmented health sector was expected to provide a focus on outcomes, measured against Indian Public Health Standards for all health facilities. The Government of India launched National Urban Health Mission (NUHM), on 1stMay 2013, based on the key features of the existing NRHM, to tackle the health related issues of the urban population. NRHM and NUHM now serve as sub-missions of an overarching National Health Mission (NHM).

METHODOLOGY

Overview:- The field visits of Urban Health, Sanitation and Nutrition Day in this research was done to collect data relating to the of Urban Health, Sanitation and Nutrition Day services and Triple-A concept and their perception about their roles, their training, interaction with health personnel, their awareness and knowledge, time disposal, their supervision etc. No inclusive dataset is being generated through this research. This report is undertaken just to get some information on many factors relating to the Urban Health Sanitation and Nutrition Day.

Study setting : 5 Slums were selected to carry out the study and the place in which the sampling is done is Bhopal, Madhya Pradesh. Bhopal is the Capital of Madhya Pradesh and also the administrative headquarters of both Bhopal district and Bhopal division. As per the 2011 Census Data, the population of Bhopal is 1,798,218 out of which 650,970 is Slum Population which makes it to 36.2 % of the total population is living in Slum Areas.



Study Design :- A cross-sectional study was conducted and all the data was collected through performed questionnaire. The study was conducted during the period of March – May, 2020.

Method :- The method which was mainly used was interviews and observation. The questionnaire was in Hindi and was filled through interviewing the community. Availability of facilities and other things was checked by checklist provided by the NHM itself. All the clarifications/translation on any word or phrase was done by the researcher himself.

Data Source: Data was collected from both Primary and Secondary Sources which are as follows :-

Primary Data – Primary sources helped in collecting data directly from the site :

- Interview of AWW (Anganwadi Worker), ASHA (Accredited Social Health Activists), ANM (Auxiliary Nurse Midwife) and the Community.
- Focus group discussion (FGD)
- Observation of UHSND

Secondary Data - Secondary data is as important as the primary data and was collected through various sources such as :-

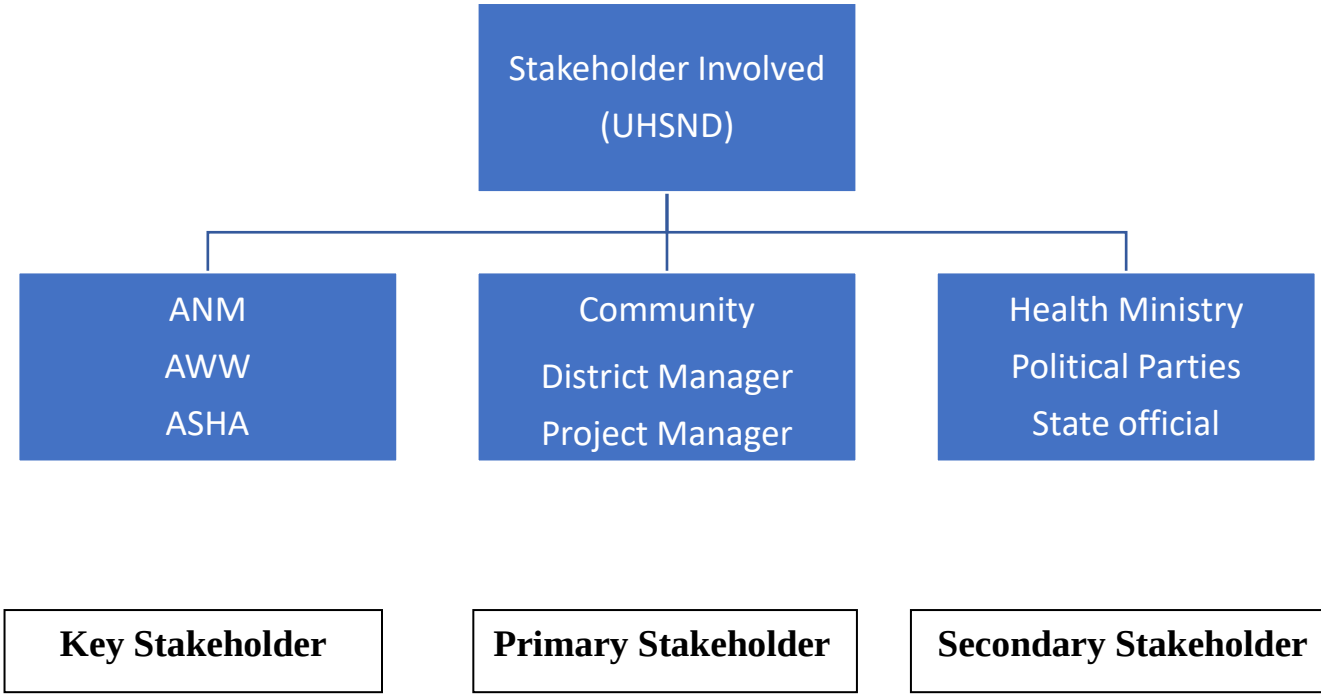
- Websites/Online Portals
- Journals/Books
- National Health Service Resources Center community process guideline.
- Produced IEC materials published by health/government departments etc.

Sampling: UHSND details were taken from the District Office of NHM Madhya Pradesh, interviewed with randomly selected AWW (Anganwadi Worker), ASHA (Accredited Social Health Activists), ANM (Auxiliary Nurse Midwife) and the Community from the list and presence in the UHSND. The survey sample was done from the 5 UHSND visits.

STAKEHOLDERS ANALYSIS:

The main stakeholders involved in the UHSND are ASHAs, AWWs, ANMs, Community members, District level officials, State level officials, officials at national level etc. . The first level stakeholders who are the main stakeholders include are ASHAs, AWWs, ANMs and local Community members. These stakeholders are at the grass root level and are the visible faces of the scheme in the community. The second level stakeholders who are not directly related to the programme include NGOs working in public health, and the government's Ministry of Health and Family Welfare at state level. These stakeholders though not coming in direct contact with the public but are responsible for the implementation of the scheme in many ways. Stakeholders involved at the third level are the Ministry of Health and Family Welfare at National level, also the global community. Stakeholder analysis is given below in metrics which can be despite the importance of stakeholder and their influence.

Figure: 1



STAKEHOLDERS ANALYSIS MATRIX :-

Stakeholder	Key interest	Importance	Influence
ANM	1- Make UHSND plans and provide checkup services. 2- Ensure the availability of all the drugs.	High	High
ASHA	1- Ensure community mobilization. 2- Ensure regular follow up of dropouts beneficiaries	Medium	High
District Manager	1- Preparation of integrated training plan . 2- Making available health related database.	High	Medium
State officials	1- Organizing State and Divisional/District level stakeholder workshops	Low	Low

As above mentioned stakeholder analysis matrix, ANM come first in high importance and high influence because ANM is a nurse and have proper knowledge and training of providing the medical checkup to the beneficiaries. ASHA comes in medium importance and high influence because ASHA worker works under ANM and ANM guide ASHA workers and mobilize them to bring patient and provide them needy health services which she is responsible for. District manager use to integrate training plan of ASHA/ANM/AWW workers which is an important aspect of their capacity building and knowledge so district manager comes in high importance, though district manager not directly connected with the frontline workers because of which they come in medium influence. On next level state officials use to do planning, organising workshop, monitoring etc, as of result they comes in low importance and low influence in onset of knowledge assessment of frontline workers.

RESULTS & FINDINGS

Across the state, UHSNDs were conducted on Tuesdays and Fridays. 20 UHSND were targeted but due to the Covid-19 Lockdown a total of 5 VNHD sites across different randomly selected . The main focus is on the slums and here 5 slums were observed for the assessment of availability of various health, nutrition and sanitation services and availability of all the required facilities that is equipments/instruments, medicines and proper implementation. A questionnaire was prepared to collect the data. This questionnaire was filled by 10 women from each UHSND i.e. a total of 50. The questionnaire was in English but was explained to them in proper Hindi and helped them to fill it. Various results and findings came out through observation and interviewing which are as follows :-

Demographic Representation :-

Age Group of Beneficiaries:-

Figure 1

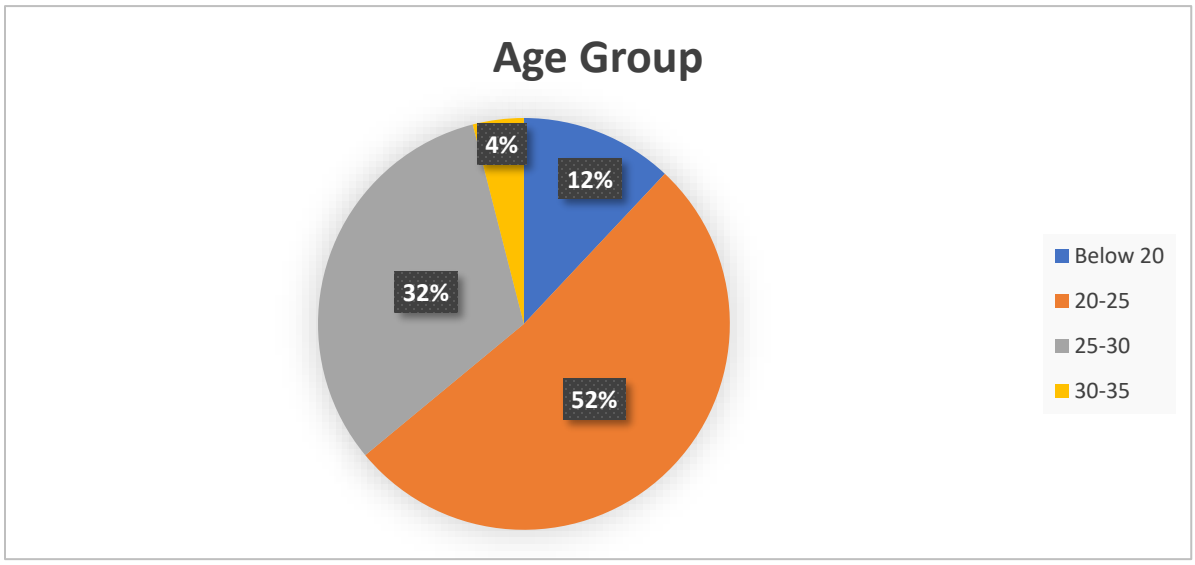


Figure 1 depicts that the participants were divided into four age groups; Below 20 and above 18 , 20-25 years, 25-30 years and 30-35 years. 12% were in the age group of below 20 and above 18, 52% were in the age group 20-25, 32% were in 25-30 age group and just 4% were in 30-35 age group. It shows that majority of them were in the age group of 20-25 i.e. 52%. The majority of age group is young and it's a good sign, and in extreme cases people from age group of 30-35 were

also present but they did not plan for a baby.

Caste Representation :-

Figure 2

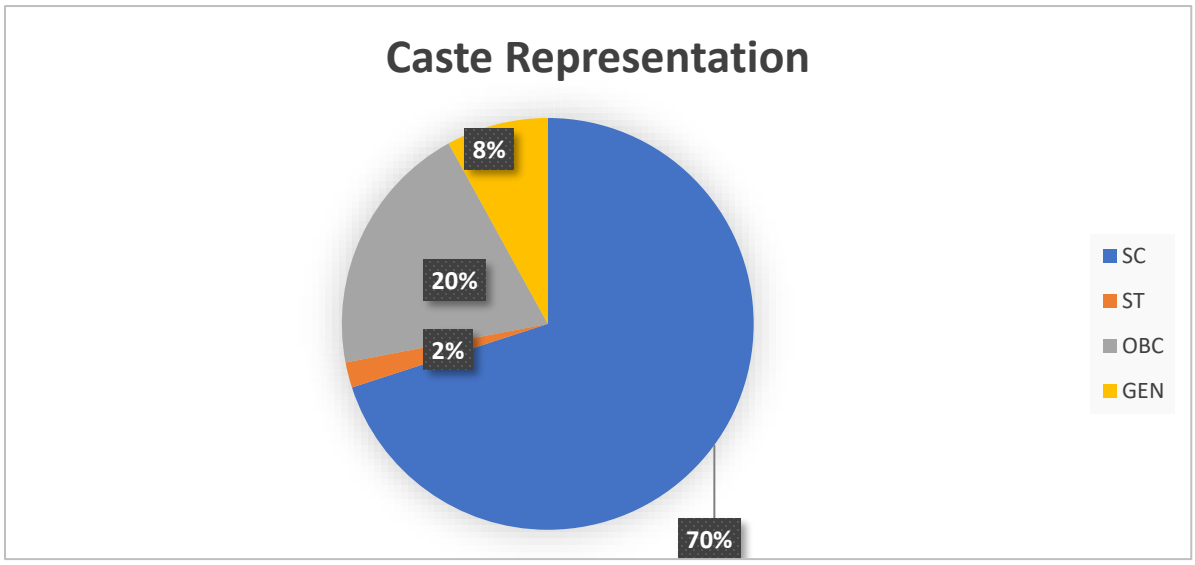
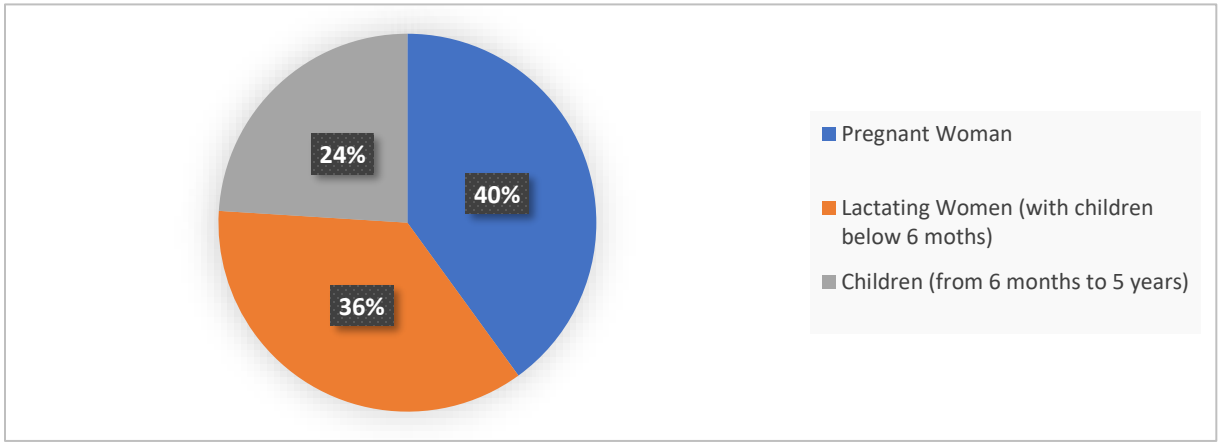


Figure 2 depicts that 70% of the population living in the slum area belongs to Schedule Caste Category, 20 % from the Other Backward Classes and 8% from the General Category. It was found that hardly 2% were from Scheduled Tribe category.

Types of Beneficiaries :-

Figure 3



It was found that majority of the beneficiaries who visited Urban Health Sanitation and Nutrition

Day were Pregnant Women with a rate of 40% which also shows that women are being precautious and protective about their health and the child during the pregnancy period. After that comes Lactating mothers with children below 6 months with a rate of 36% and then comes the Children from age group of 6 moths to 5 years.

Session held as per micro-plan (date and place):-

Figure 4

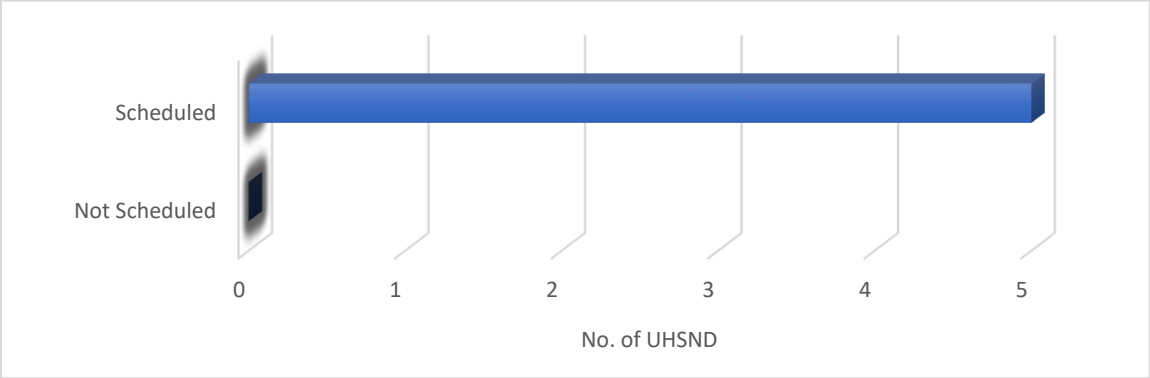
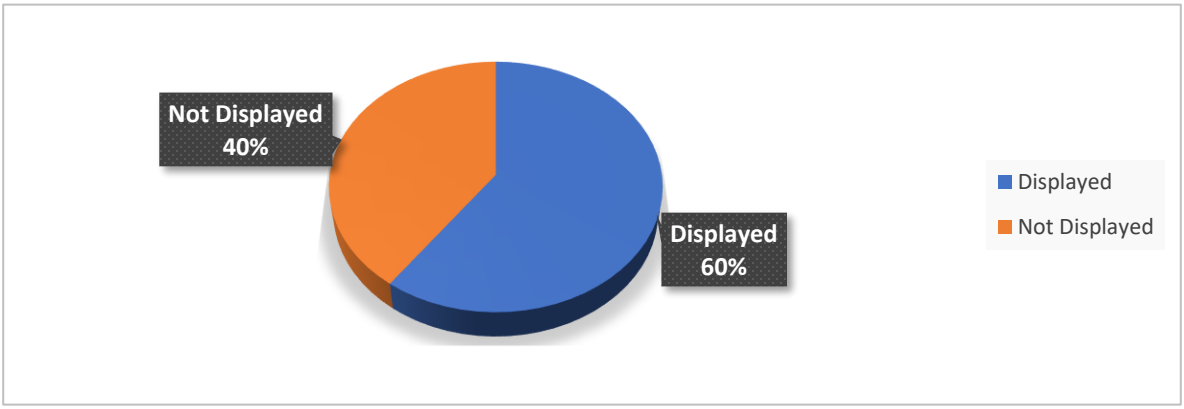


Figure 4 shows that all the five UHSND were scheduled properly as per the micro plan. Some of it got a bit late but timely finished.

Banner and poster is displayed at the session:-

Figure 5



In Figure 5 we can see that out of 5 UHSND, Banner and posters were displayed in 3 of them. In rest two UHSND there were no Banners. When asked, they answered that they were not having it and they usually get it during the Indradhanush Programme.

List of Beneficiaries and Left out in the previous session (Pregnant Woman & Infant) available :-

Figure 6

Figure 6 depicts that list of all the beneficiary, drop outs and left outs were properly maintained by ASHA , AWW, and the ANM at all UHSND except one and because they forgot to bring it.

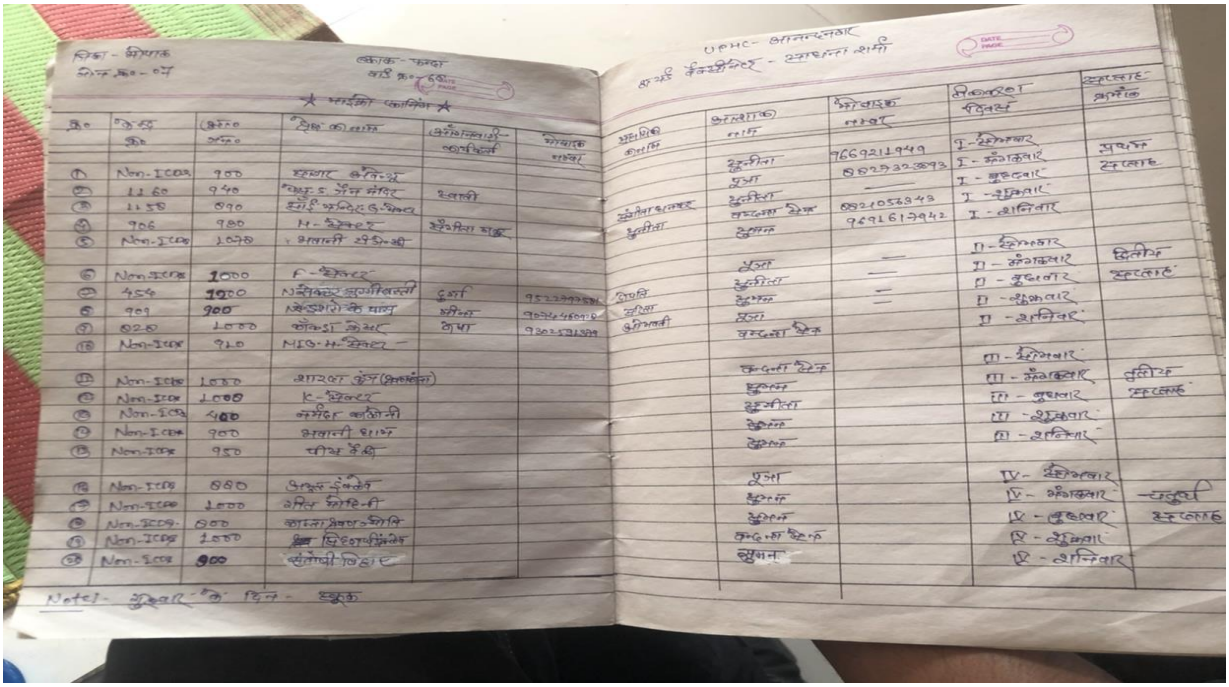
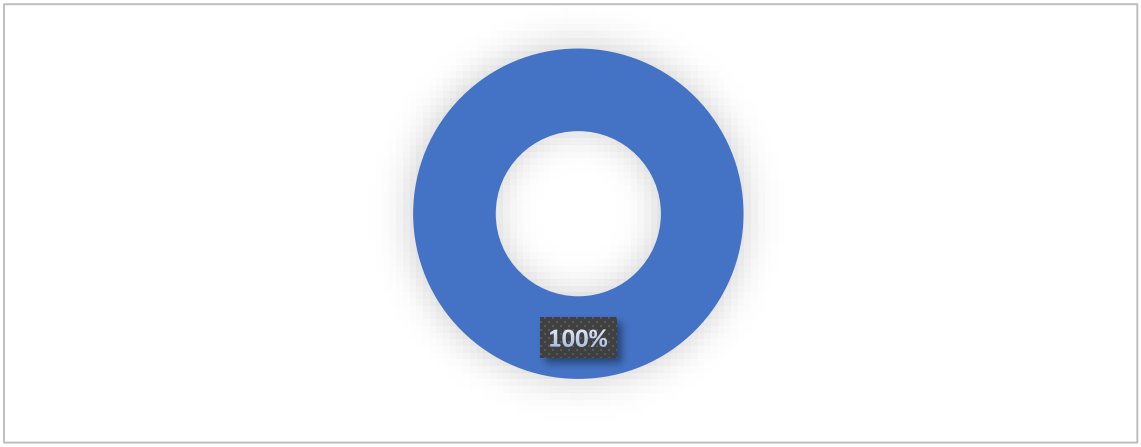


Photo taken during UHSND visits.

Are all vaccines and syringes (0.5 ml & 1 ml) available:-

Figure 7

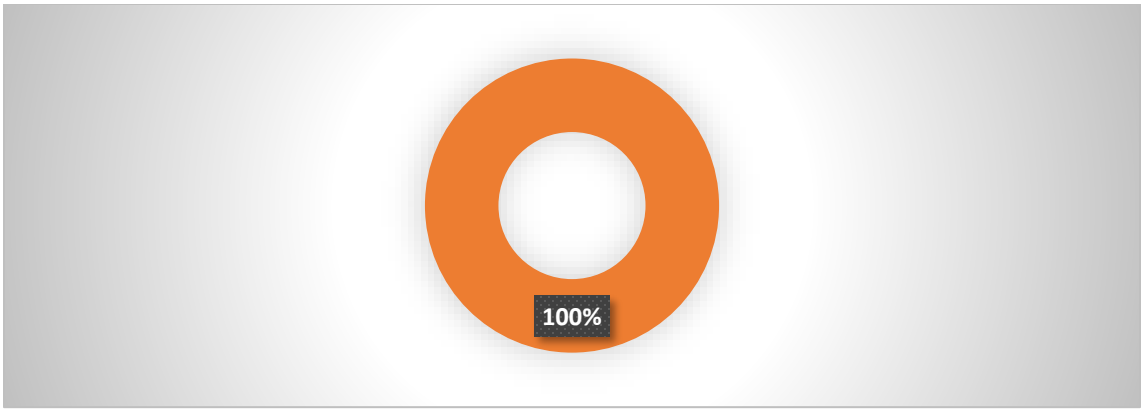


Photos taken during UHSND visits.

Figure 7 depicts that all types of vaccines and syringes were available at the UHSND sites. These vaccines are one of the most important part of this UHSND. Actual motive of this whole UHSND move is to provide vaccination to all the pregnant women/children so that they dont get any kind of diseases in future like polio etc. . These vaccines includes BCG, Polio, Hepatitis-B, TT, Measles & Rubella etc. .

Is the weighing machine both (baby & adult) available :-

Figure 8



Photos taken during UHSND visits.

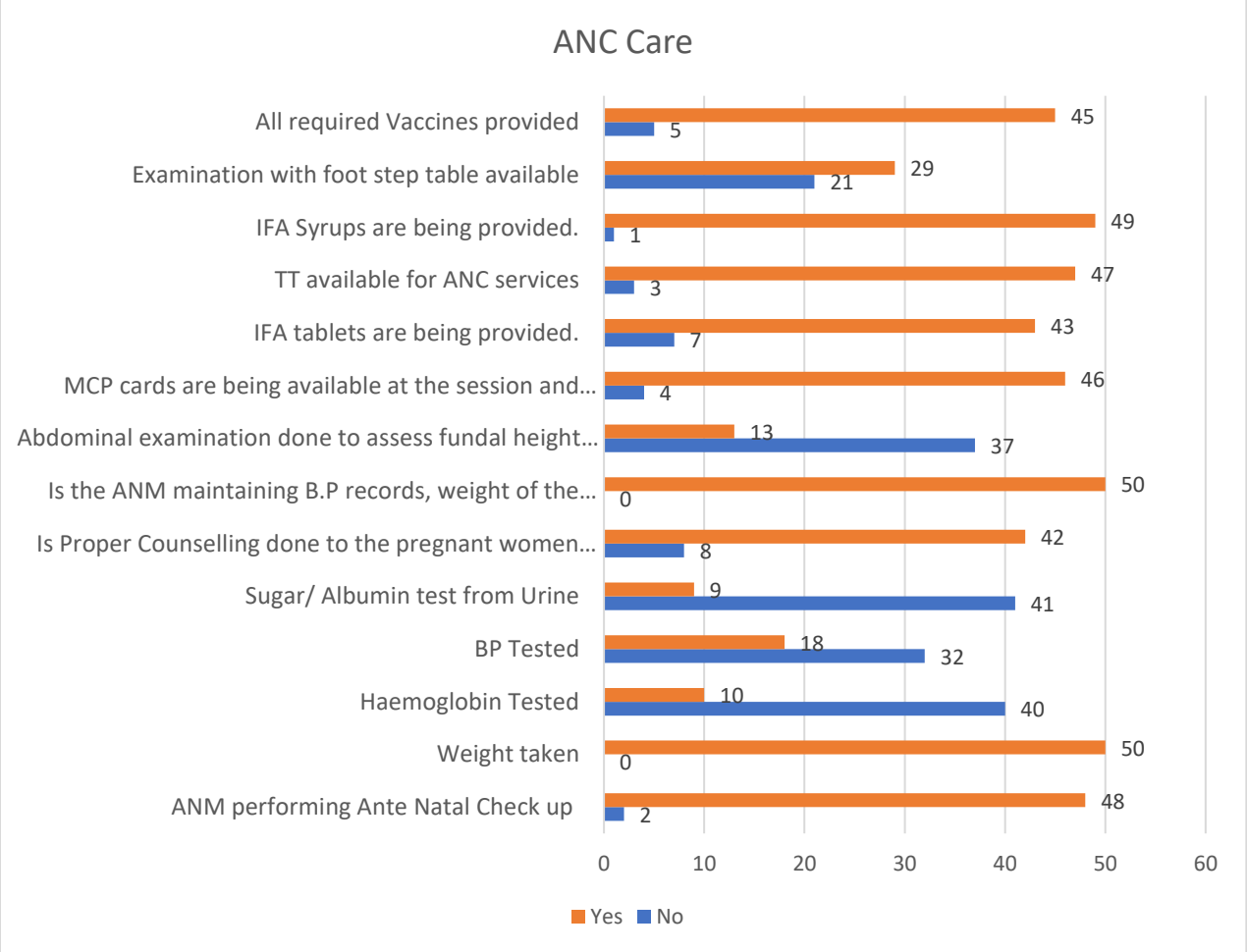
It was observed that the weighing machine was available at all the UHSND sites as they are one of the basic instrument without which it is difficult to examine the beneficiaries and do any kind of consultancy or proper treatment.

Service Delivery :-

ANC Care :-

ANC care is the antenatal care which beneficiary receives from healthcare professionals Accredit Social Health Activist during the pregnancy. At the time of home visit, these professionals should give following information to the mother ; development of the baby during pregnancy, advice about exercise, information regarding nutrition and diet, further explanation of antenatal screening and provide requiring supplement like iron and folic acid tablet, vaccination with support of ANM.

Figure 9:-



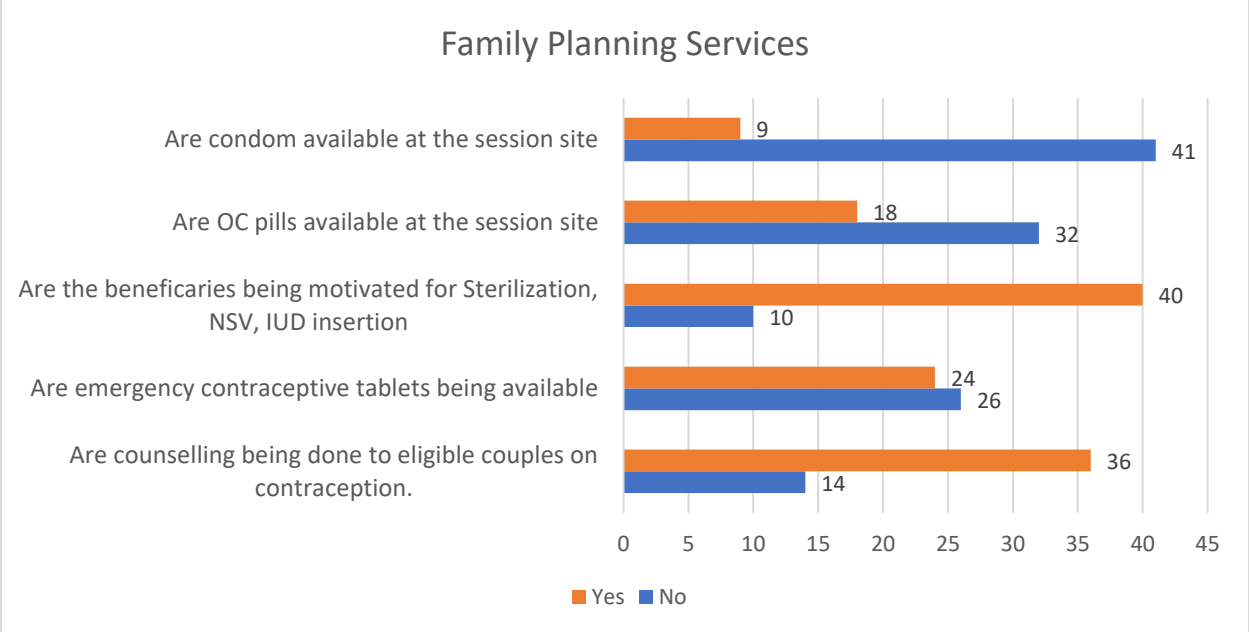
It was observed that when some questions were asked to the community, there was answers were different than the ASHA.ANM & AWW. As per the answers given to the questionnaire, we can see in figure 1 that there are several areas where these UHSNDs are lacking behind. When it comes to doing Hemoglobin Test, 40 out of 10 that is 80% of the community told that there was not hemoglobin tests done. Blood Pressure was also not checked time to time. 82% of the women told that there is no urine test done. These are some areas where these UHSNDs have to work on so that they can do their work more effectively and efficiently.

Family Planning Services:-

The very first country to have launched a National Programme for Family Planning was India. India launched a National Programme for Family Planning in 1952. Over the decades, the programme has undergone different types of transformation in terms of policy and actual programme implementation and currently being repositioned to not only achieve population stabilization goals but also promote reproductive health and reduce maternal, infant & child mortality and morbidity.

The objectives, strategies and activities of the Family Planning division are designed and operated towards achieving the family welfare goals and objectives stated in various policy documents.

Figure 10:



Main motive is to :-

- Provide information on proper use of contraceptives and protection materials.
- And also to supply the contraceptive counseling and provision of non-clinic contraceptives such as condoms and OCPs.
- Information on compensation for loss of wages resulting from sterilization and insurance scheme for family planning.

Here it was observed that 82% response shows that there were no condoms available at the UHSND site, 64% did not even get OC pills available at the sites, but at the other hand the counselling of eligible couples on contraception and motivating for sterilization rates were good.

Sanitation :-

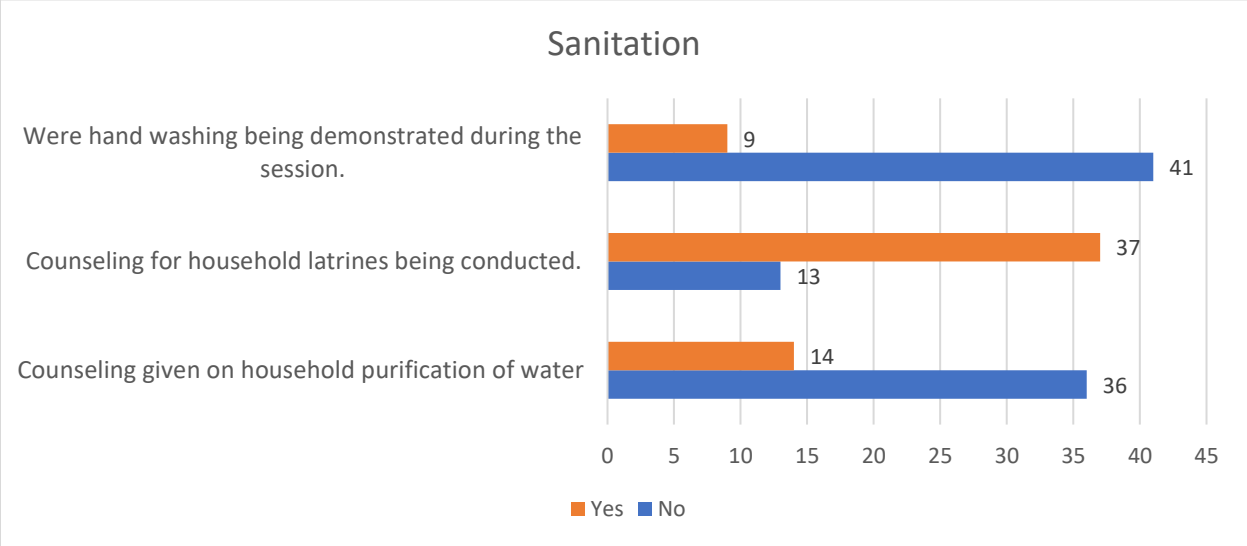
Sanitation means all the public health conditions relating to clean water drinking and also the proper treatment and disposal of the sewage and human waste. Preventing the contact with this wastage is a part of the sanitation process and it also includes proper hand washing with soap.
It is very important to practice Sanitation. Sanitation is important for all, helping to maintain health and increase life-spans. However, it is especially important for children and pregnant women. Around the world, over 800 children under age five die every day from preventable diarrhea-related diseases caused by lack of access to water, sanitation and hygiene.

Here at UHSND the main motive is to :-

- Identification of all the houses which require latrines to be built.
- Proper guidance to the community regarding where to go, whom to approach for effective and efficient sanitation.
- Avoidance of breeding sites for mosquitoes.

- Community mobilization for safe disposal of all the household wastage.

Figure 11 :-



Here in figure 3 we can see that the rate of Demonstrating Hand Washing at the session were very low including the counseling for purification of water. Overall we can see that practices related Sanitation is not being told very much in these UHSND sessions.

Other Services :-

Apart from these, other services like :-

- Facility of drinking water was available at all the Urban Health, Sanitation and Nutrition Day Sites.
- Adequate number of Drugs was available were available at 80% of the sites.
- Sufficient sitting capacity were available for the beneficiaries.
- All three Accredit Social Health Activist, Anganwadi Worker, Auxiliary Nurse Midwife were present at the UHSND site assisting community.
- None of the site equipped with Hub cutter.

SUMMARY OF FINDINGS & KEY LESSONS LEARNED

- Vaccination and antenatal care were the services most frequently offered at these five Urban Health Sanitation and Nutrition Day site surveyed, followed by Vitamin A distribution and weighing.
- Other services were infrequently provided or completely absent. The most often discussed health education topic was institutional delivery, followed by registration for the Janani Suraksha Yojana.
- Among these Urban Health Sanitation and Nutrition Day site, some items were always or mostly present, such as mother and child protection cards, stethoscopes, inch tapes, or weighing scales . Other items were observed less frequently, such as zinc tablets, contraceptive pills, condoms, and ORS packets.
- All the frontline workers were present in all the UHSNDs. ASHA, AWW, ANM coordinated very well with each other. UHSND cannot be successful without the Triple-A concept.
- Community Mobilization never becomes an easy task for the ASHA. No matter how many time ASHA reminds the beneficiaries to attend UHSND, still 100% never comes. ASHA have to revisit these peoples again and again.
- UHSND participants appeared satisfied with services received. Majority of them planned to attend the next UHSND and had a good satisfaction level regarding the work of the ANM.
- Not a single adolescent girl visited the Urban Health, Sanitation and Nutrition Day. They were not intimated properly and also lacked motivation to attend UHSND. Besides these things, it was observed that the adolescent girls remain absent due to engagement in domestic work.
- Nutrition Health Education and Demonstration (NHED) Sessions were not held in any of the UHSNDs.
- As per the plan AYUSH doctor, BPO, CDMO,DPM etc. are supposed to make supervisory visits to AWCs on Urban Health, Sanitation and Nutrition Day. It was observed that adequate supervisory visits were not made.

DISCUSSION

National Health Mission initiated with the main motive to bring about improvement in the health system and the health status of the people. The main focus area was the people who live in urbanareas.. For providing primary care services at slum level to improve health outcomes of marginalized and vulnerable slum communities, Urban Health Sanitation and Nutrition Day is an important tool.

In terms of demographic and health status, Madhya Pradesh ranks below the national average for key health indicators. Although classified as an Empowered Action Group state, Madhya Pradesh has the highest infant mortality rate in the country. The infant mortality rate is a major cause for concern. The discrepancy between the Sample Registration Survey estimate and the Annual Health Survey estimate seems to indicate that the infant mortality rate is either stagnant or worsening. The under-five mortality rate of fifty four per thousand live births also falls short of the targeted child mortality rate in the state. The state is making slow but steady progress. The infant mortality rate decreased from seventy nine per thousand in 2004 to fifty four in 2013. The state has shown a decline in neonatal mortality rate, from thirty nine per thousand in 2012 to thirty six in 2014. The maternal mortality ratio has also declined over recent years, to 230 per one hundred thousand live births. Despite this decline, the ratio is still higher than the national average of 178.

This Report shows that the majority of beneficiaries belongs to the age group of 20-25 i.e. 52%. Most of the people in the group are young. This population majorly belongs to scheduled caste category. All the UHSND were scheduled but 40% of them did not any had posters and banners on the site. List of Beneficiaries was available at all the sites except one because the AWW forgot it at home. Facilities like Weighing Machines, Syringes and drugs were available at all the sites.

Coming to the maternal health, the report tells us that Ante Natal Checkup registration was upto the mark but proper Ante Natal Care services like abdominal examination, blood pressure measurement, hemoglobin test, etc., were not being carried out at most of the Urban Health Sanitation and Nutrition Day sites.

The report clearly tells us that the overall focus of the Urban Health, Sanitation and Nutrtion Day was on mainly on two things i.e. immunizing the children, providing iron folic tablets, providing tetanus immunization and the other one is the registration of pregnant women. Other components were not given focus on. Things like sanitation, growth monitoring and nutrition counseling, communicable diseases and health education were not highlighted. Coming to the maternal health, the report tells us that Ante Natal Checkup registration was upto the mark but proper Ante Natal Care services like abdominal examination, blood pressure measurement, hemoglobin test, etc., were not being carried out at most of the Anganwadi Sites in the slum areas.

One of the most important factors for giving quality services is that the service providers and the one who is availing the services, both should be well aware about the overall motive of the initiatives. Proper awareness among them will lead to a behavior of seeking better health care and utilizing the services fully up to the mark. So as of now, there are not much researches or studies done in India which can show us the data regarding the awareness, perception, and behavior of both the community and the service providers regarding the Urban Health , Sanitation and Nutrtion Day. And in this research it was found that overall motive of all the services providers was to create awareness among the community. Some other factors was also not given much focus on such as convergence between Integrated Child Development Services and health. One of the most important factor is the salary of ASHA. ASHA should be paid in such a way which should satisfy her. This will improve her performance.

In the current finding we can clearly see that the overall motive of the Urban health, Sanitation and Nutrition Day was not achieved as it was simply registration, immunization, weighing and a little bit of consulting. Awareness and importance regarding the UHSND services amongst the ASHA, AWW and ANM was also not fully satisfactory. Anganwadi Worker should use the opportunity of having Auxiliary Nurse Midwife to get the children examined by her who as under nourished and require health checkup. Auxiliary Nurse Midwife, Anganwadi Worker and Accredit Social Health Activist should also give focus on remaining services like sanitation and health education can also be strengthened by the triple-A concept.

Results from different report shows that availability of contraceptive and condoms is usually satisfactory but during this research it was found that the availability of these things was merely present. When asked to the respondents about these matters, they told us that the family planning facilities are all time available at the anganwadi center and people take it on regularly because of which the its not available right now. But this answer can not be accepted as no matter at what days the supply is there or not but it should be anyhow available specifically on the Urban Health Sanitation and nutrition day.

Some researcher focusing on the same agenda done in Uttarakhand shows that the services like testing blood pressure and hemoglobin was tested at around almost 50% sites but here in this study this data was not even close to 10%. Same data shows that the rate weighing of the beneficiaries was just 50% and here in in this reports it was found that the rate of weighing were almost 100%. One of the good point is that the process of community mobilization observed in this research is better than many other researches done in Uttarakhand.

In Hardoi District, Uttar Pradesh. It was found that 11% UHSND were not scheduled. Some of the also got cancelled without any prior notice. These things happens because of lack of communication. It was amazing to see that here in this research, not a single UHSND was cancelled or happened not as per the schedule. The comparison between these two researches also show us that the number of beneficiaries who should visit the Urban Health Sanitation and Nutrition Day was unsatisfied as almost 40% of the beneficiaries didn't come. This matter point out finger at both, the Accredit Social Health Activist (ASHA) for proper community mobilization and the community regarding their awareness and behavior towards their personal and their baby's health care. Whereas at the other hand in this research data clearly tells us that this number was not upto the mark but nearly satisfactory and better than many other areas.

RECOMMENDATIONS

- Assessment should be done time to time checking the proper functioning of these UHSNDs including the community under the proper guidance of officials.
- Proper capacity building of all three Accredit Social Health Activist, Anganwadi Worker, Auxiliary Nurse Midwife, there should be proper supervision & monitoring to check their training and for those who have completed all the trainings and module there should be a half yearly refresher training on running basis.
- The irregularity in the area of supply of tablets, condoms and other items should be investigated and appropriate action should be taken. The UHSNDs must have all the medicine and supplies complete in all respects and replenished regularly.
- Compensation for Accredit Socia; Health Actvists should be suitably increased. Payment should be done at the end of month without any delay further, capacity building and more compensation would encourage her to do the job with enthusiasm and spirit.
- Rich quality of IEC materials should be provided for attracting the community and giving them the knowledge they require.

LIMITATION OF THE STUDY

Nevertheless, this study has certain limitations like resource and time constraints which restricts the in-depth information on all the factors impeding work efficiency of the frontline workers and perspectives of the other stakeholders, thereby being unable to reveal the entire scenario. Besides, limited scope in terms of words also restrict an extensive exploration of eminent literatures and examining other parameters against these studies. Another limitation is that as the study site is restricted to one district therefore generalization of the results is not possible.

STRENGTH OF THE STUDY

During this study, I was able to communicate with the grass root level health workers and understand the challenges which they face in the field. And the most important strength of this study is the interaction done with the community and knowing their point of views too.

ETHICAL CONSIDERATION:

In this research study "A Study On Implementation of Urban Health, Sanitation & Nutrition Day", these points are kept in mind;

1. Research participants should not be subjected to harm in any ways whatsoever.
2. Respect for the dignity of research participants should be prioritized.
3. Full consent should be obtained from the participants prior to the study.
4. The protection of the privacy of research participants will be ensured.
5. Adequate level of confidentiality of the research data should be ensured.
6. The use of offensive, discriminatory, or other unacceptable language needs to be avoided in the formulation of Questionnaire or Interviews.

PHOTOS TAKEN DURING UHSNDs


thank you

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