IIHMR UNIVERSITY

DISSERTATION PRESENTATION

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

A Study On Implementation of Urban Health, Sanitation & Nutrition Day (UHSND) in Bhopal District, Madhya Pradesh.

PRESENTED BY :-

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BATCH- MBA RM-7

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INTRODUCTION :-

- Urban Health, Sanitation and Nutrition Day (UHSND) was expressed under the NHM i.e. the National Health Mission.
- Improve the availability of health, nutrition, childhood development and sanitation services in the slum areas.
- It attempts to bring health facilities to the door step.
- Identifies the beneficiaries and make them avail all the required services.
- Create awareness and provide information about entitlements and government schemes related to health.
- Focus in increasing institutional deliveries, ANC, PNC, Maternal and Child Health.

COMPONENTS OF UHSND

- Reproductive, Maternal, Newborn, Child and Adolescent Health including immunization
- Communicable diseases
- NCDs

- Age appropriate play & communication for children

- Growth monitoring
- Breast feeding
- Complementary feeding
- Maternal nutrition
- Micronutrients
- Dietary diversity

- Hygiene & hand washing
- Use of safe drinking water
- Construction of toilets
- Use of toilets

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.
- Ensuring the availability of drugs, logistics, supplies, materials and IEC materials.
- ASHA should check that the identified beneficiaries are attending the UHSND.
- Services are delivered and documented by 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

- Antenatal Care
- Immunization
- Nutrition
- Family Planning

ROLES & RESPONSIBILITIES OF UHSND

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-
- 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
- Individual counselling for growth faltered children/ malnourished children
- Referring severely malnourished/SAM children to ANM

ANM

- Provide Services- ANC services, Immunization, FP services, Adolescent health services, CD &NCD prevention counselling
- Document all services provided
- Counselling on prevention of communicable diseases, water testing and iodine salt sample testing etc. .

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 required reports 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.

AIM AND OBJECTIVES OF THE STUDY

AIM

- To study 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, the NRHM was initially tasked with addressing the health needs of 18 states that had been identified as having weak public health indicators.
- 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 determinants of health such as water, sanitation, education, nutrition, social and gender equality.
- 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

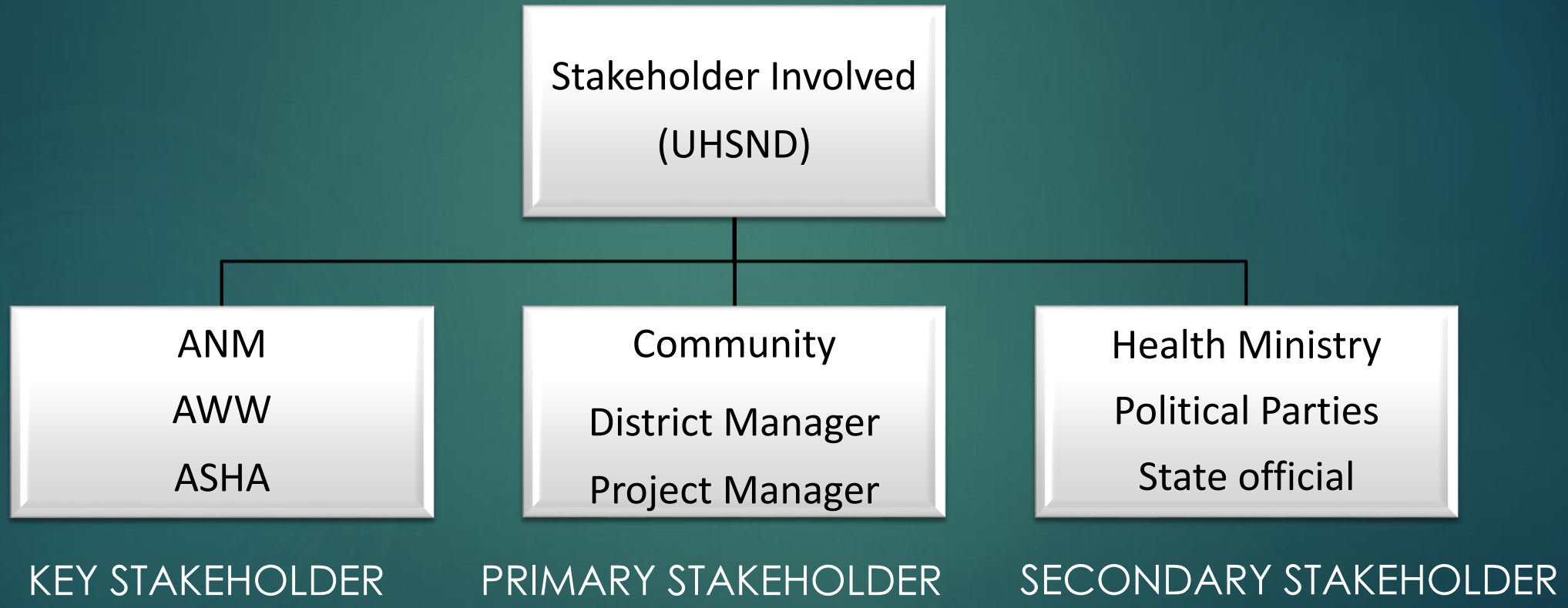
- **Study Design :-** A cross-sectional study was conducted and all the data was collected through performed questionnaire. The study was conducted during the period of March – May, 2020.

- **Method :-** The methods used were interviews and observation. The questionnaire was in Hindi and was filled through interviewing the community.

- **Data Source:** Data was collected from both Primary and Secondary Sources.

- **Sampling:** UHSND details were taken from the District Office of NHM Madhya Pradesh, interviewed with randomly selected beneficiaries from 5 different slums.

STAKEHOLDER ANALYSIS

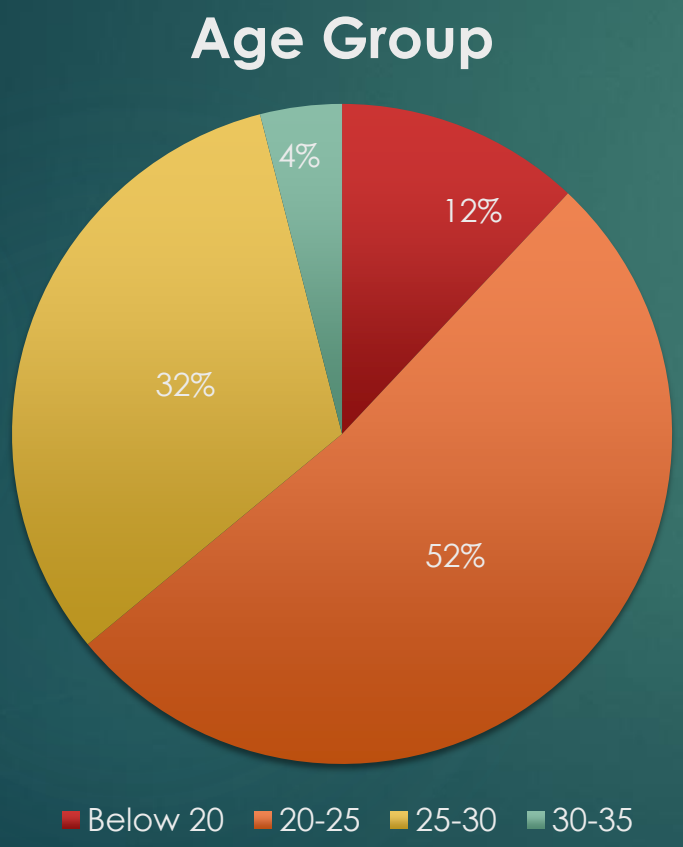


STAKEHOLDER ANALYSIS MATRIX

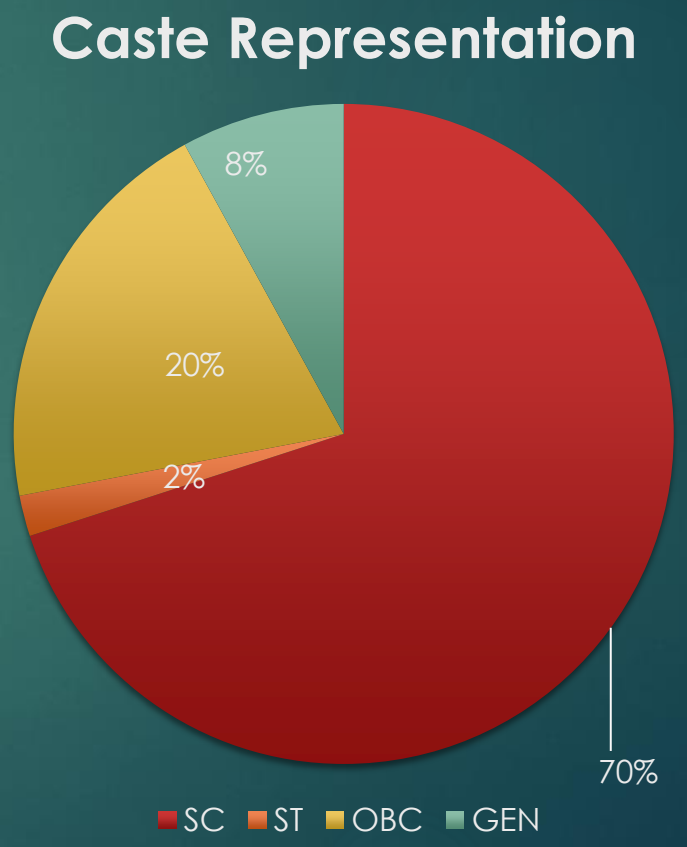
Stakeholder	Key interest	Importance	Influence
ANM	• Make UHSND plans and provide checkup services. • Ensure the availability of all the drugs.	High	High
ASHA	• Ensure community mobilization. • Ensure regular follow up of dropouts beneficiaries	Medium	High
District Manager	• Preparation of integrated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

RESULTS & FINDINGS

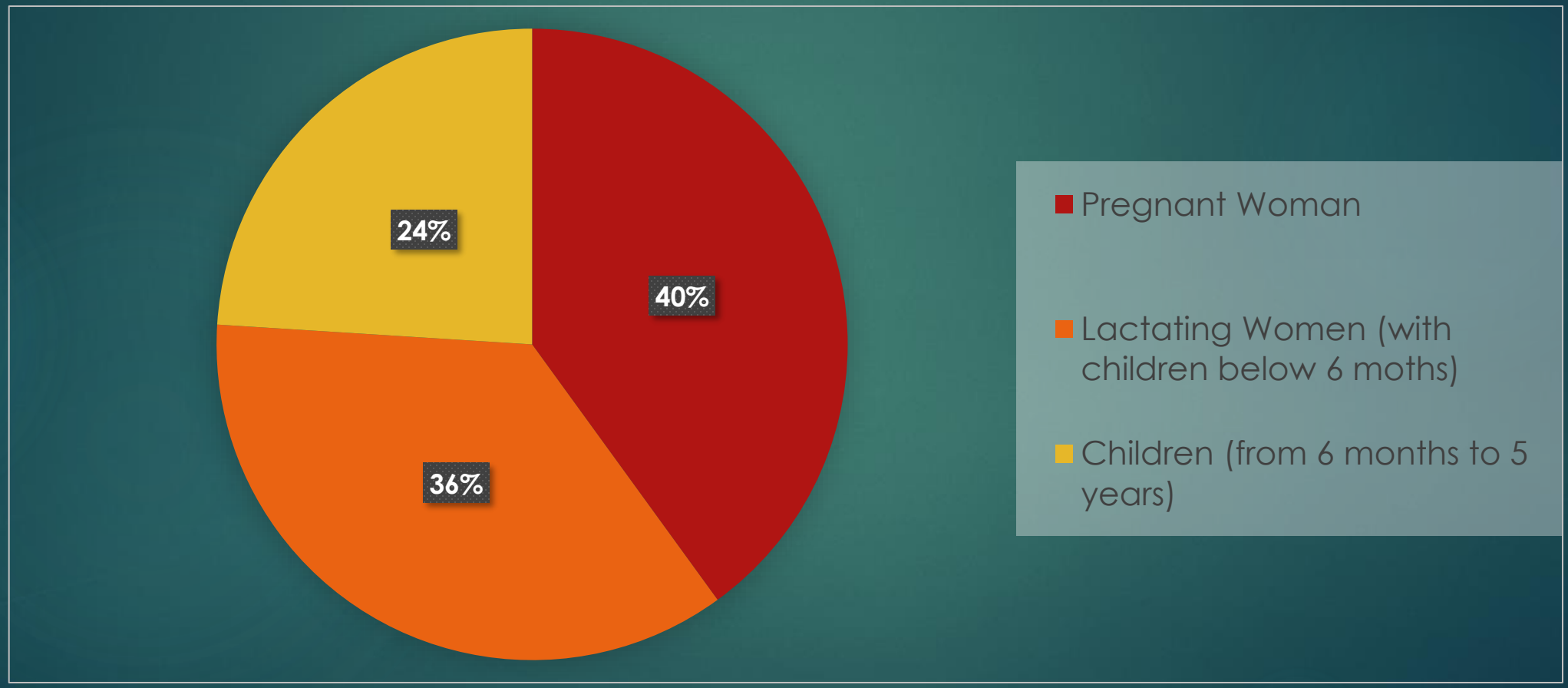
- **Demographic Representation :-**

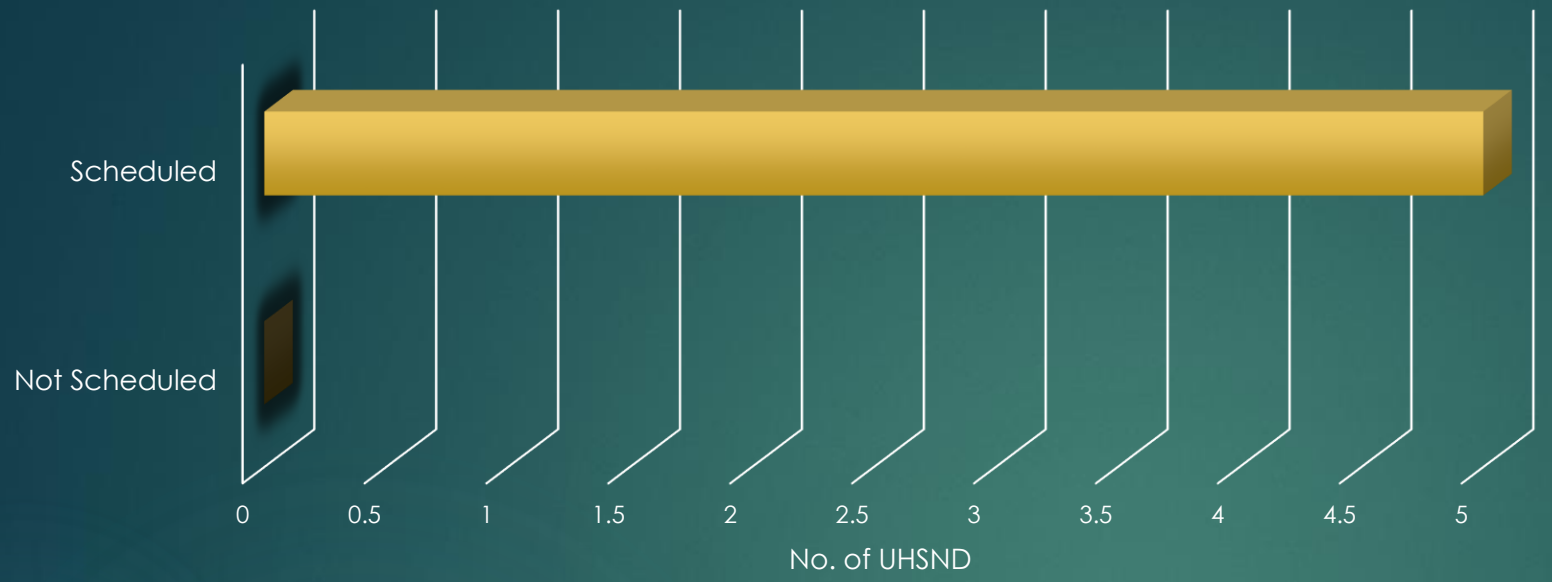


- **Caste Representation :-**



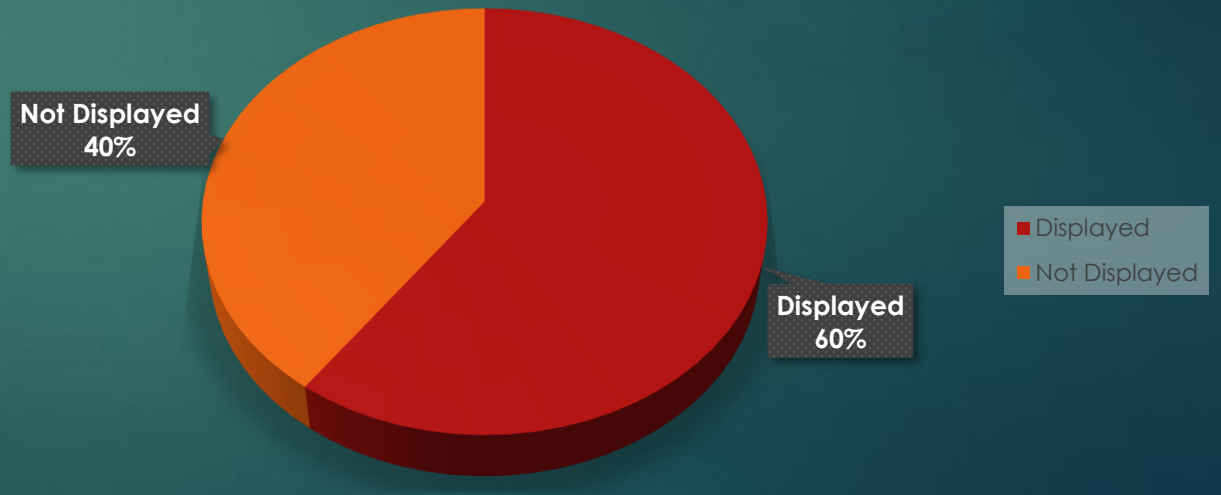
Types of Beneficiaries :-



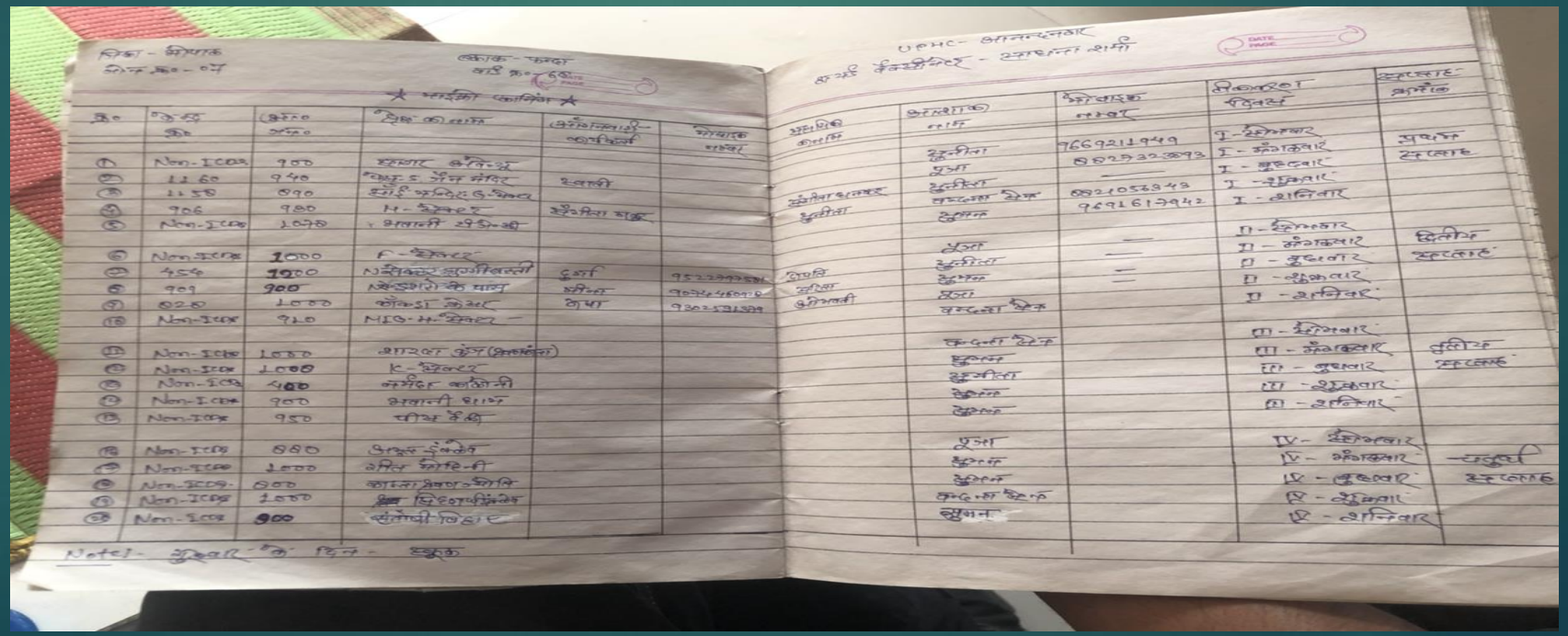


- **Session held as per micro-plan (date and place):-**

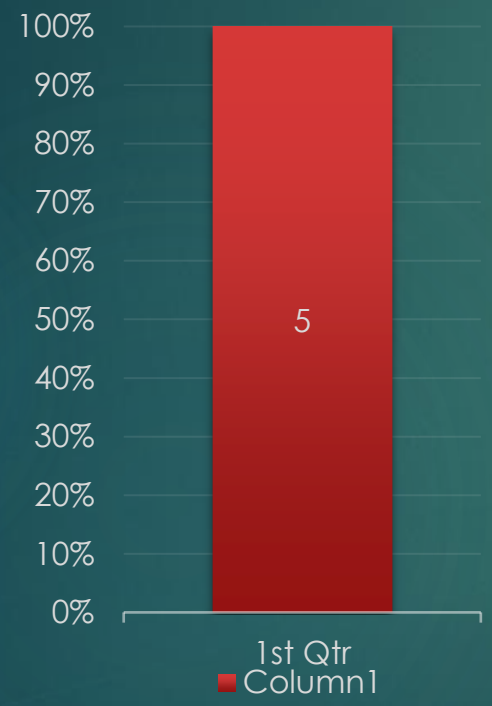
- **Banner and poster is displayed at the session:-**



List of Beneficiaries and Left out in the previous session:-

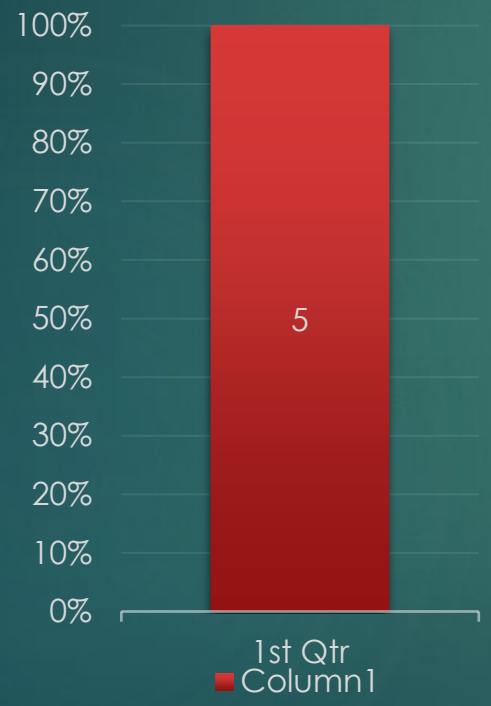


- **Are all vaccines and syringes (0.5 ml & 1 ml) available ? :-**

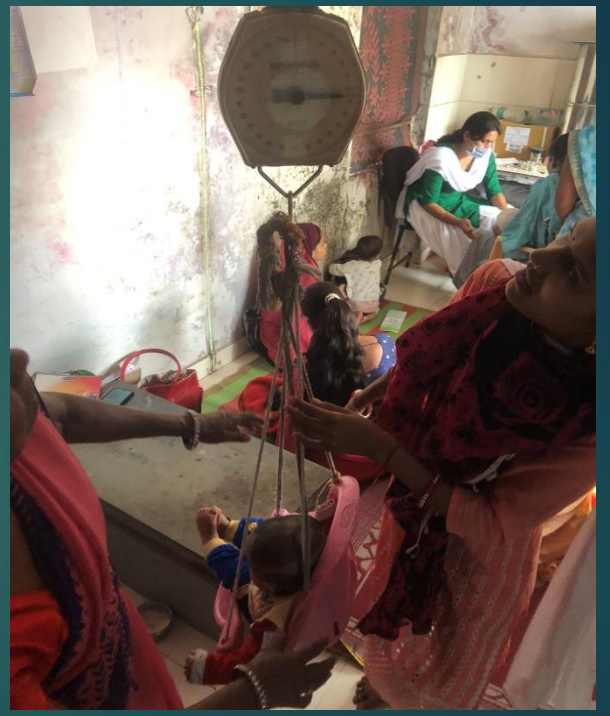


Photos Taken During The Session

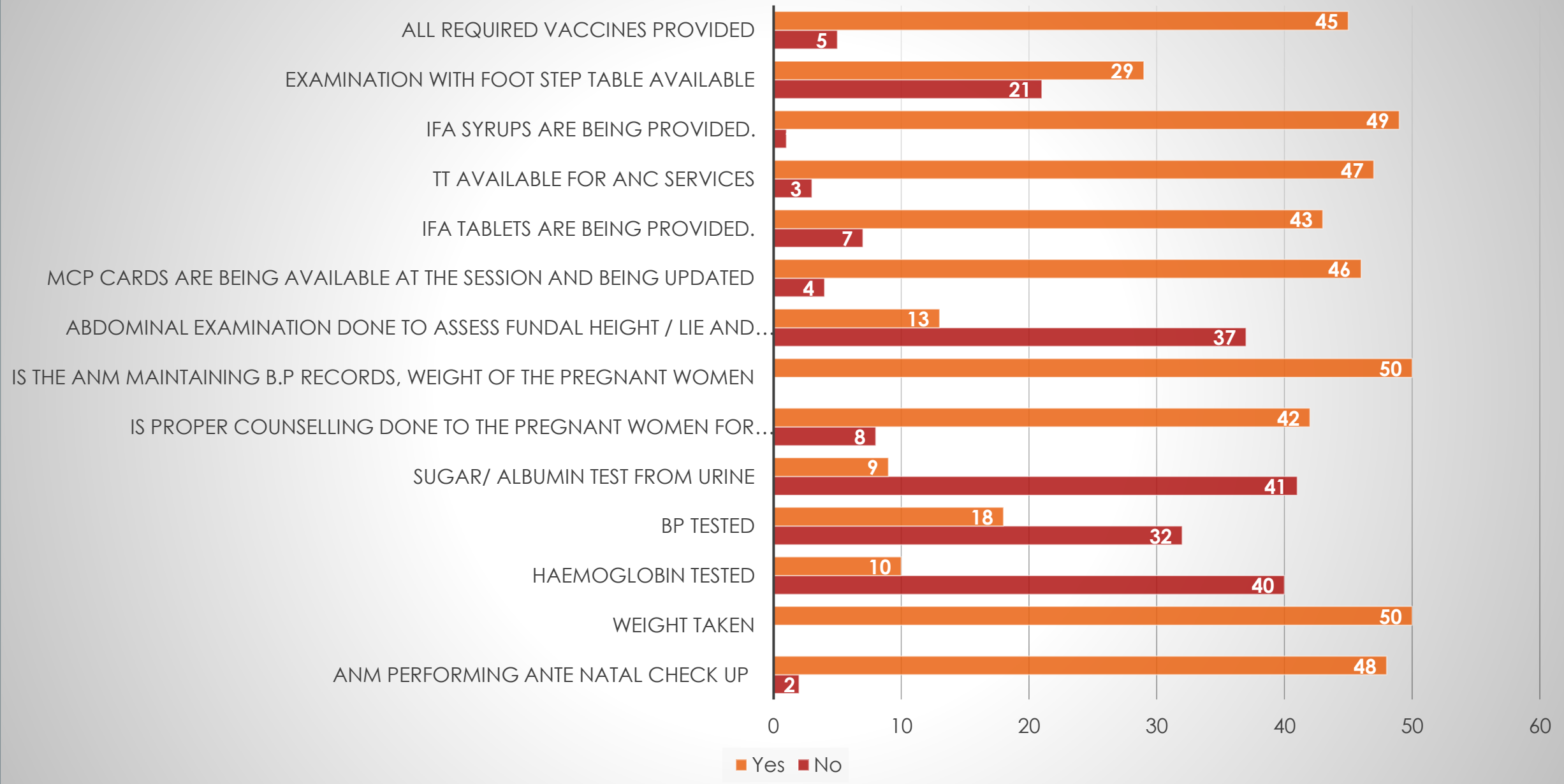
- **Is the weighing machine both (baby & adult) available ? :-**



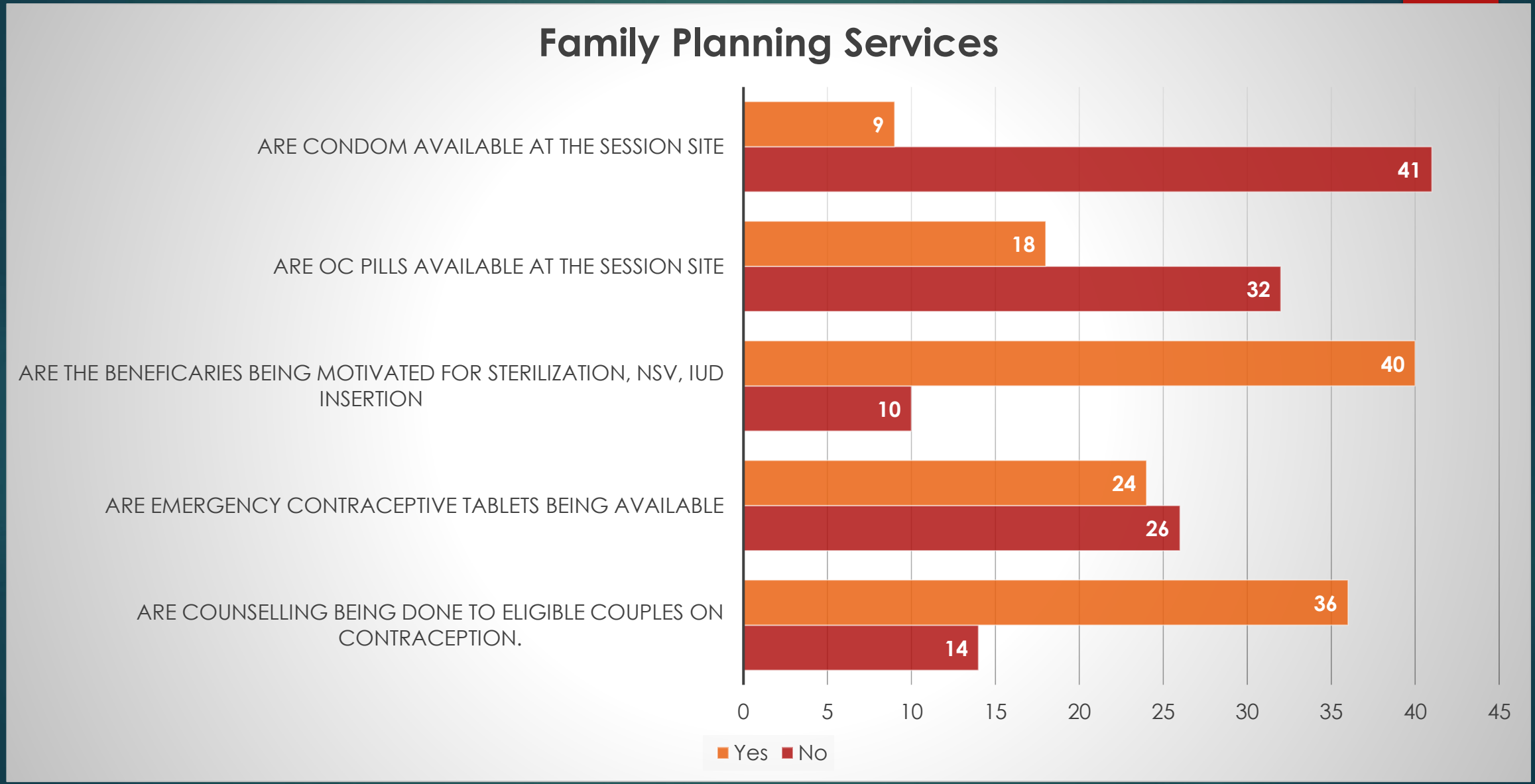
Photos Taken During The Session



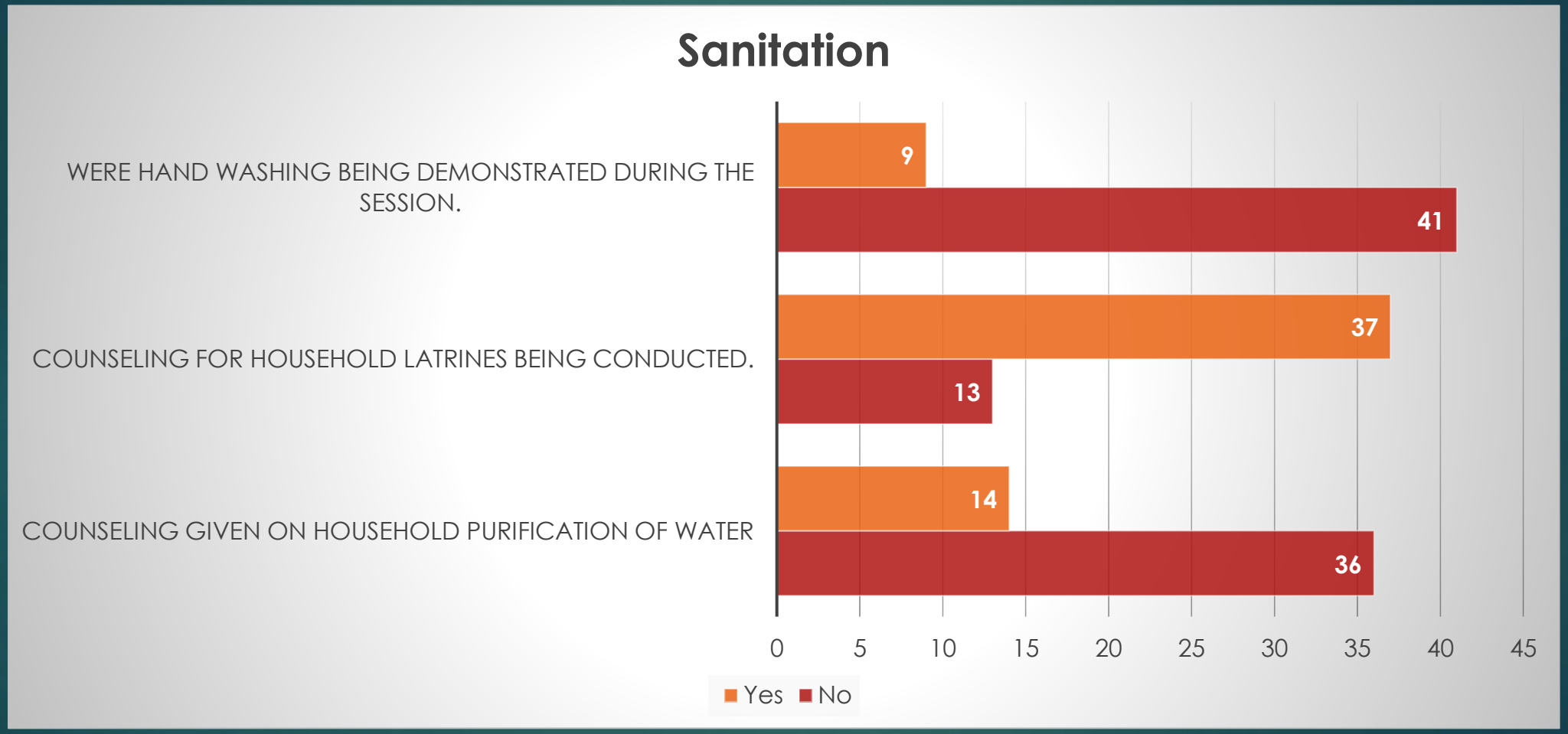
ANC Care :-


ALL REQUIRED VACCINES PROVIDED
45
5
EXAMINATION WITH FOOT STEP TABLE AVAILABLE
29
21
IFA SYRUPS ARE BEING PROVIDED.
49
TT AVAILABLE FOR ANC SERVICES
47
3
IFA TABLETS ARE BEING PROVIDED.
43
7
MCP CARDS ARE BEING AVAILABLE AT THE SESSION AND BEING UPDATED
46
4
ABDOMINAL EXAMINATION DONE TO ASSESS FUNDAL HEIGHT / LIE AND...
13
37
IS THE ANM MAINTAINING B.P RECORDS, WEIGHT OF THE PREGNANT WOMEN
50
IS PROPER COUNSELLING DONE TO THE PREGNANT WOMEN FOR...
42
8
SUGAR/ ALBUMIN TEST FROM URINE
9
41
BP TESTED
18
32
HAEMOGLOBIN TESTED
10
40
WEIGHT TAKEN
50
ANM PERFORMING ANTE NATAL CHECK UP
48
2
0
10
20
30
40
50
60
Yes
No

Family Planning Services:-



Sanitation :-


Sanitation
WERE HAND WASHING BEING DEMONSTRATED DURING THE SESSION.
9
41
COUNSELING FOR HOUSEHOLD LATRINES BEING CONDUCTED.
37
13
COUNSELING GIVEN ON HOUSEHOLD PURIFICATION OF WATER
14
36
0
5
10
15
20
25
30
35
40
45
Yes
No

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.
- The most often discussed health education topic was institutional delivery.
- Among these UHSNDs, some items were mostly present, such as MCP cards, inch tapes, or weighing scales . Other items were observed less frequently, contraceptive pills, condoms etc. .
- All the frontline workers were present in all the UHSNDs. ASHA, AWW, ANM coordinated very well with each other.
- Community Mobilization never becomes an easy task for the ASHA.
- 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.
- It was observed that adequate supervisory visits were not made.

Suggestions :-

- Assessment and supervision should be done time to time for checking the proper functioning of these UHSNDs.
- Capacity building of all three ASHA, ANM & ANM should be done. Also, 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 ASHA 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.

THANK YOU

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