



# MAMATA DIWAS



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## 1. Introduction

Village Health and Nutrition Day (VHND), “Mamata Diwas”, a concept for interdepartmental convergence having desirable health outcomes of children below five years, is being introduced in the State of Orissa by the Department of Health and Family Welfare. This would provide the first point of contact for essential primary health care and would work as the common platform for convergence amongst service providers of Health, ICDS and the community. Strategically, trainings would be given at State, regional district and sector level to various categories of functionaries.

Under the programme, the primary clients are pregnant women, lactating mothers, children below five years and adolescent girls. Basic components of primary healthcare services, including early registration, deworming, counseling on early breastfeeding, identification and referral of high risk cases of children and pregnant women, as well as basic ANC and PNC care will be provided at community level in order to address the essential requirements of pregnancy, delivery, referral, childhood illnesses and adolescent health.

The programme would be organized once a month in every Anganwadi Centre on a fixed day basis (either Tuesday or Friday) with joint efforts of ANM, AWW and ASHA. On an average, there are six to eight AWCs under the operational jurisdiction of one Sub Centre and thus there would be about eight fixed days in a month per Sub Centre. There should be advanced fixation of the day with all AWCs for the entire month, so that the service providers and the community are aware of it much in advance. The main objectives of the programme are as follows:

## 2. Objectives

- To provide essential and comprehensive health & nutrition services to pregnant women, lactating mothers, children (0-5 yrs) and adolescent girls.
- To ensure early registration, identification and referral of high risk children and pregnant women.
- To provide an effective platform for interaction of service providers and the community (through Gaon Kalyan Samiti or the mothers group)
- To provide information to families on care of mothers and children at the household and community level through discussion of various health topics (as envisaged in the Health Calendar); and
- To ensure establishment of linkage between health & ICDS as to promote maternal & child survival programmes

## 3. Operational Framework

- Basic information about VHND (the probable dates in the year, type of services, type of clients etc) will be prominently displayed in each AWC in the form of fixed Display Boards.



- ASHAs, AWWs with the help of PRI representatives & NGOs will complement the Display Board by spreading word of mouth amongst the community members.
- The ANM and all AWWs under the operational area of the Sub Centre will be jointly responsible for organizing the event.
- ASHA with the support of AWW, AW Helper will mobilize the Villagers specially women, children and adolescent girls to the AWC.
- The ANM/Addl ANM/LHV, all HW(M)s AWWs shall be present through out the event: while MO / AYUSH MO / BEE / LHV / CDPO / ICDS Supervisor will participate and provide supportive supervision, as per the plan prepared on monthly basis
- It's the duty of the ANM / AWW to ensure availability of all required logistics at the site of the programme. Necessary equipment, instrument required for organizing VHND, such as Examination Table, weighing Machine, B.P instrument Screen for Privacy etc. may be procured by using GKS fund, Sub Centre untied funds. This may also be utilized for the purpose of repair of weighing machines / other instruments, even if supplied by ICDS Department.
- Mobility support will be given to all organizers as per the laid down norm

### 3. List of Medicines and Equipments

- Weighing Machine Adult / Child
- Examination Table / Cot
- Bed Screen / Curtain
- Haemoglobinometer / Talquist paper (if available)
- Uristix for urine examination
- Stethoscope, Foetal Stethoscope & BP Instrument.
- Measurement Tape; MUAC tape
- Oral Pills / Condoms
- Items required for demonstration of feeding practices of 6-12 months children: IEC / BCC Materials
- IFA Small / Large, Liquid IFA, IMNCI drugs, ORS and common medicines for minor ailments



## 3. II. List of Services to be provided

### **Adolescent health**

- T.Ts at 10 and 16 yrs; weekly IFA; half-yearly deworming

### **Pregnant Women**

- Registration of Pregnant Women
- Quality ANC (Weighing, BP, Hb, urine examination, abdominal check up, IFA and T.T) services

### **Lactating Mothers**

- Quality PNC (Counseling and distribution of family planning aids CC; referral for IUD insertion; counseling on promotion of breastfeeding & on birth registration)
- Identification of danger signs (fever, bleeding and abdominal pain) and referral
- Weighing of newborn; identification of danger signs (fever, rapid breathing, skin eruptions) and referral

### **Children 0 to 5 yrs**

- Growth monitoring (weighing of Children and plotting), MUAC
- Counseling of parents for growth promotion through MAAO SISHU SURAKHYA CARD
- Cooking and preparation of food for children 6-12 months, using locally available food ingredients
- IFA supplementation of children (six months to two years: liquid IFA)

### **Management of common illnesses**

- Identification of cases of disability, malnutrition, anemia, high risk pregnancy, TB, Malaria, Leprosy, Kala azar, problems of weaker sections
- Treatment of Minor ailments of children using IMNCI / other treatment protocols. Treatment of minor ailments for adolescent girls, lactating mothers and pregnant women

### **Calendar of Health Topics**

Jan	Maternal Health, Three ANC, Tetanus Immunisation, IFA supplementation, Danger signs of pregnancy, Birth preparedness, Institutional Delivery & JSY
Feb	PNC: Breastfeeding, bleeding, P.V, Anemia, etc
Mar	Care of New born, Immunisation, Importance of Post natal visit
Apr	Heat wave preparedness and prevention of communicable diseases like TB, Leprosy
May	Care of Adolescent girls, Age at marriage, Prevention of STI & RTI, HIV & AIDs, Prenatal Sex selection
Jun	Prevention and home management of Diarrhoea, Safe water, sanitation and personal Hygiene



Jul	Prevention and treatment of malaria, IRS, ITBN
Aug	Exclusive Breast Feeding, weaning and complementary feeding and young child feeding
Sep	Growth monitoring, Growth faltering, referral & treatment
Oct	Importance of Vitamin A, ID Disorders and Anemia control
Nov	ARI, Danger signs and early referral
Dec	Birth Spacing & contraceptive devices

### 5. Roles & responsibilities

ADMO (FW) will be the Nodal Officer of Mamata Diwas at District level and MO i/c of the Block PHC will be responsible for Mamata Diwas at Block level

#### CDMO / DSWO / District level Officials

Activities	Details
<b>Orienting</b>	CDMO / ADMO (FW) & DSWO to orient the MOs & CDPOs on the guidelines of VHND and on the theme of the month
<b>Planning</b>	CDMO to ensure that all PHCs to have completed the fixed tour programme of the ANM, the VHND place, date & time identified and the list is available at the block PHC & District headquarters
<b>Skill identify &amp; Monitor</b>	a) Identify skill needed for VHND and ensure orientation of functionaries during existing sector / monthly meetings b) Monitoring the VHND
<b>Supervising</b>	The CDMO, ADMO (FW), Dy MEIO/MEIO /DPHN /PHN /DPM/ DCSC/ DRIC / DSWO will supervise minimum 4-6 VHNDs every month in the district
<b>Reporting</b>	DCSC / MEIO will coordinate the activities at district level and submit the report to the State on regular basis with the help of DPMU under joint signature of ADMO (FW) / CDMO & DPM



### MO / CDPO / AYUSH MO / BEE / BPO

Activities	Details
<b>Training &amp; Orientation</b>	a) During sector meeting undertake s orientation of ANMs, AWWs, BPO, LHV, ICDS Supervisors, AWW s and ASHAs on the theme of the month b) Undertakes Orientation of ANM, on the VHND guidelines
<b>Microplanning</b>	To facilitate micro planning exercises with the ICDS Supervisors and ANMs. The thrust of the micro plan is to enable the ICDS Supervisor and LHV to coordinate their field visit as far as possible with the ANMs; revised sub centre wise micro-plan for this activity is completed
<b>Enlisting</b>	Venue, date & time identified and list is available at the MO PHC, CDPO; Compilation for the VHND calendar & submission of a copy to the CDMO and the DSWO
<b>Supervision</b>	The MO I/C, AYUSH Doctor and CDPO supervises 8-10 VHNDs in the block every month
<b>Coordination, Compilation, reporting</b>	BEE / BPO coordinates the activities at block level under the direct supervision of Block MO and submits the monthly report to district H.Q under the joint signature of MO & CDPO

### ICDS Supervisor / LHV

Activities	Details
<b>Random checking</b>	Random Checking the weight of children in grade-II, III & IV and those with growth faltering
<b>Counseling</b>	Counseling of family members for growth promotion; Counseling to Adolescent girls on anaemia, menstrual hygiene
<b>Organizing</b>	a) Organizing feeding demonstration for children 6-12 months b) Ensure need based counseling of families
<b>Supervising</b>	Provide hands -on training to the AWWs and ANMs as and when required. In IMNCI districts, supervise the assessment, counseling and treatment skills of AWWs and ANMs
<b>Meeting</b>	Meeting of SHG members/mothers group/village Health & sanitation committee on theme of the month: births, deaths; malnutrition position in the village



## ANM

Activities	Details
<b>Registration</b>	ANC of pregnant women (registration and filling of ANC Card)
<b>Examination</b>	Abdominal Examination; BP and urine examination; Weighing; Examination for anemia and danger signs
<b>Distribution</b>	Distribution of IFA, Condom & Oral pills; Distribution of IFA & deworming to Adolescent girls
<b>Referral</b>	Referral of eligible couples for other methods of contraception of their choice
<b>Counseling</b>	Counseling for Institutional delivery & sharing of information on JSY; Counseling of family members for growth promotion; Counseling to Adolescent girls on anaemia, menstrual hygiene
<b>Treatment</b>	Treatment of minor ailments; Slide collection and RDK test for Malaria
<b>Home visit</b>	Joint home visit with the Supervisor/AWW to the houses identified by the AWW (house with resistant family members)
<b>Recording</b>	Completion of records, compilation of the report and reporting to MO i/c

## AWW

Activities	Details
<b>Place identify</b>	Organizes a place for ANC
<b>Management</b>	Treats minor ailments; MP slide collection, RDK testing
<b>Organizing</b>	Organizes for weighing and feeding demonstration Organizes for community meeting and mobilization
<b>Enlisting</b>	Makes a list of children who need care for malnutrition
<b>Reporting</b>	Lists children and women and prior information to families to ensure their participation; information on births & deaths
<b>Recording</b>	Completes record and month information with ANM
<b>Follow up</b>	Follows up of referred children of Pustikar Divas; accompanies the severely under-nourished children to Pustikar Divas site.



## ASHA

Activities	Details
<b>Preparing the Venue</b>	Prepares the AWC for the VHND: Ensure that all tools and supplies are available; required IEC material is prominently displayed; community growth chart is complete and prominently displayed
<b>Home visit</b>	Visits all households and informs all families for mobilization
<b>Enlisting</b>	Makes a list of women who need to come for ANC for first time or for repeat visits
<b>Enlisting</b>	Makes a list of children with special needs particularly girl children, children with disability and children with chronic illness
<b>Coordinate</b>	Coordinates with the AWW & the ANM; accompanies severely under - nourished children to Pustikar Diwas site.

## PRI and GKS

To support in the organization of VHND e.g. organize space in case the AWC has no building, motivate families to participate.

### 6. Monitoring and Supervision

The quality of services offered & available during VHND will depend on the quality of the supervision and leadership. The LHVs, BEEs, BPOs, AYUSH Doctors, MOs and the ICDS Supervisors should jointly visit the pre identified centers as per roaster and submit their joint report, which will be discussed at the monthly meeting convened by the MO in charge of the PHC. During the supervisory visits, special attention should be given to the following elements:

- How many women & children from vulnerable communities should come forward to seek services?
- Whether or not ASHAs were available at the session site?
- Whether or not all resources (human resources and materials) in place?
- Whether there is any compromise on the quality of the services?
- Issues related to the client satisfaction should be addressed

### 7. Reporting

- The ANM and Supervisors (BEE, LHV, BPO, and ICDS Supervisor) will report every month to the Block MO on the day of 1<sup>st</sup> sector meeting in proper format.
- These reports will be compiled by the BPO and preserved at Block. The Block MO will submit the supervisory report of PHC to the District by 7<sup>th</sup> of every month.
- The CDMO /ADMO (FW) after consolidating the BPHC reports will submit the same to Director of Family Welfare, with a copy to Mission Director, NRHM, along with district level supervisory reports by 10<sup>th</sup> day of the Month.



## 8. Financial Guidelines

- To ensure smooth implementation of the Programme provision of Rs. 100/- for the ANM and Rs. 50/- for AWW has been made as 'Traveling Allowance' (TA) per session; where as for ASHAs, Rs. 50/- is to be provided as 'incentive' per session. In the absence of ANM, Addl ANM/LHV in that order shall organize the VHND session. In the absence of ANM, Addl ANM/LHV will avail the T.A @ 100/- per session if she has attended the VHND session and performed all the assignment supposed to be performed by the regular ANM.
- Block MO will make necessary arrangements for regular payment of TA / incentives to all concerned functionaries. ANM shall make payments to AWW, ASHA and to herself as per norms above, on session basis. Records of financial receipts and payments shall be maintained at SC level by the ANM and at the Block level by BADA or in his absence by BPO.
- Separate provision is being made in the PIP for Mobility Support (as per the norms) for supervisory officials of block & district level under the general head of 'Mobility Support' of the NRHM PIP.
- Additionally, there is provision of Rs 100/- per trip only once in a month as "Accompanying cost" also termed as "Escort Cost", for AWW / ASHA to accompany all identified cases of severely malnourished children (Grade II, III and IV) to the first referral point, also called 'Pustikar Diwas' site,. Whenever the AWW is not able to go, the ASHA worker may accompany all the children of that session. This must be mentioned in the Referral Slip and countersigned by the MO / Desk i/c. Details are given in the Pustikar Diwas Financial guidelines.
- There is provision of First Referral Transport cost of Rs 150 (if the distance between the VHND site and the first referral point is less than equal to 10 kms) or Rs 200 (if the said distance is more than 10 kms), to be paid in cash, at the first referral point to the parents of the beneficiary. Facts about distance must be mentioned in the First Referral Slip and countersigned by the MO / Desk i/c.

## 9. Training Strategy

Technical training will be done at different levels as per the guidelines below.

Level of training	Objective and other Details
State level TOT (two days) combined VHND and Pustikar Divas	Develop Master Trainers (30 participants): Paediatricians and/or community medicine specialists from selected districts will be trained, who will then be taking up regional workshops for middle level officials



Regional Workshops (seventeen): two days combined VHND and Pustikar Divas	Develop middle level Trainers (40 participants): Each workshop will cover on an average two districts with twenty participants from each district. The participants are Block MOs and second MOs. Also ADM (FW), CSC and RI Coordinators will be included in the list. They in turn can handle VHND and referral cases in the field.
Mid-level Managers training through Gramsat at District level: One session combined VHND and PD	Develop peripheral Trainers cum Supervisors (9 participants per Block; total five Blocks per batch). They are: 1 MO 1 AYUSH MO 1 LHV 1 BEE 1 BPO 2 ICDS Supervisors 1 CDPO 1 MPHWS (Supervisor) ----- Total 9 Participants ----- They in turn can train and supervise the Sector level programmes. TA/DA provision is being made.
Sector level workshop (one day): half day each for Pustikar Divas and VHND tagged with ASHA meeting at sector level	ANM, all AWWs, all ASHAs in the sector will participate in the training (max. 20 participants per SC): One sector level meeting will include two SCs and thus 40 participants; and at least one Mid-level Manager will be present in the meeting. Provision for contingency fund is being made.

Management training / sensitization of District trainers (DPM, CSC, ADMO, DPHN, PO-ICDS, etc) will be done at the District H.Q through personal sessions.

#### Annexures

1. Monthly Sub-centre Reporting Format on VHND
2. Monthly Supervisor Reporting Format on VHND
3. Monthly Block Reporting Format on VHND
4. Monthly District Reporting Format on VHND
5. Sub. centre micro plan
6. Referral slip