

Mamata Diwas

Village Health & Nutrition Day

Operational Guidelines

Sanatan Bisi
Hon'ble Minister,
Health and FW, Orissa

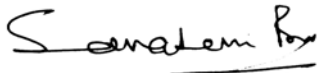
Bhubaneswar
Date: 12. 02. 2009

Message

It is my pleasure to learn that the Department of Health and Family Welfare, Government of Orissa, is going to observe the Village Health and Nutrition Day, also called as "Mamata Diwas" at Anganwadi Centre level throughout the State for providing essential Reproductive and Child Health (RCH) services, once every month, in collaboration with Women and Child Development Department, Government of Orissa. Under this initiative, a basket of services is to be provided to adolescent girls, pregnant women, lactating mothers and children under-five years of age. The funding for this initiative is to be met from National Rural Health Mission.

Health and Family Welfare Department, Government of Orissa attaches very high importance to tackling of maternal and under five mortalities in the State. The "Mamata Diwas" initiative will further intensify the efforts of the Department and will bear positive results in coming months.

I convey my best wishes to the Programme Officers and field level functionaries of the Health & Family Welfare Department and Women & Child Development Department for success of this endeavor.


12.2.09

(Sanatan Bisi)

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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, all HW (M)s, AWWs shall be present throughout 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. Untied funds will 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. L 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 MAA O 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

4. Calendar of Health Topics to be discussed

Every month, all general topics related to health and hygiene will be discussed in addition to the focused topic for that particular month.

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
Orienting	CDMO / ADMO (FW) & DSWO to orient the MOs & CDPOs on the guidelines of VHND and on the theme of the month

Planning	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
Skill identify & Monitor	a) Identify skill needed for VHND and ensure orientation of functionaries during existing sector / monthly meetings b) Monitoring the VHND
Supervising	The CDMO, ADMO (FW), Dy MEIO/MEIO /DPHN /PHN /DPM/ DCSC/ DRIC/ DSWO will supervise minimum 4-6 VHNDs every month in the district
Reporting	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
Training & Orientation	a) During sector meeting undertakes 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
Microplanning	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
Enlisting	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
Supervision	The MO I/C, AYUSH Doctor and CDPO supervises 8-10 VHNDs in the block every month
Coordination, Compilation, reporting	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
Random checking	Random Checking the weight of children in grade-II, III & IV and those with growth faltering
Counseling	Counseling of family members for growth promotion; Counseling to

	Adolescent girls on anaemia, menstrual hygiene
Organizing	a) Organizing feeding demonstration for children 6-12 months b) Ensure need based counseling of families
Supervising	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
Meeting	Meeting of SHG members/mothers group/village Health & sanitation committee on theme of the month: births, deaths; malnutrition position in the village
Home visit	Joint home visit with the ANM to the houses identified by the AWW / ASHA (house with resistant family members)
Referral	Prepare a list of children/women needing referral and facilitate their early referral to suitable referral points

ANM

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

AWW

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

ASHA

Activities	Details
Preparing the Venue	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
Home visit	Visits all households and informs all families for mobilization
Enlisting	Makes a list of women who need to come for ANC for first time or for repeat visits
Enlisting	Makes a list of children with special needs particularly girl children, children with disability and children with chronic illness
Coordinate	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 1st 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 7th 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 10th 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.

- 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 session as "Accompanying cost" for AWW / ASHA to accompany all identified cases of severely malnourished children (Gradell, III and IV) to the first referral point, also called 'Pustikar Diwas' site, (not necessarily on a 'Pustikar Diwas' Day). 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. This payment will be made on a monthly basis by e-transfer to the account of AWW / ASHA on authorization of the Medical Officer i/c of the first referral point. This expenditure will be booked under VHND head.
- 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.

Financial summary is thus as follows:

- **Incentives:** Total 200/- (100+50+50) per session at AWC under "VHND" a/c
- **Transport Cost:** 150 to 200/- (any day, any time) from "VHND" a/c
- **Accompanying Cost:** 100/- per session for AWW / ASHA under "VHND" a/c

9. Training Strategy

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

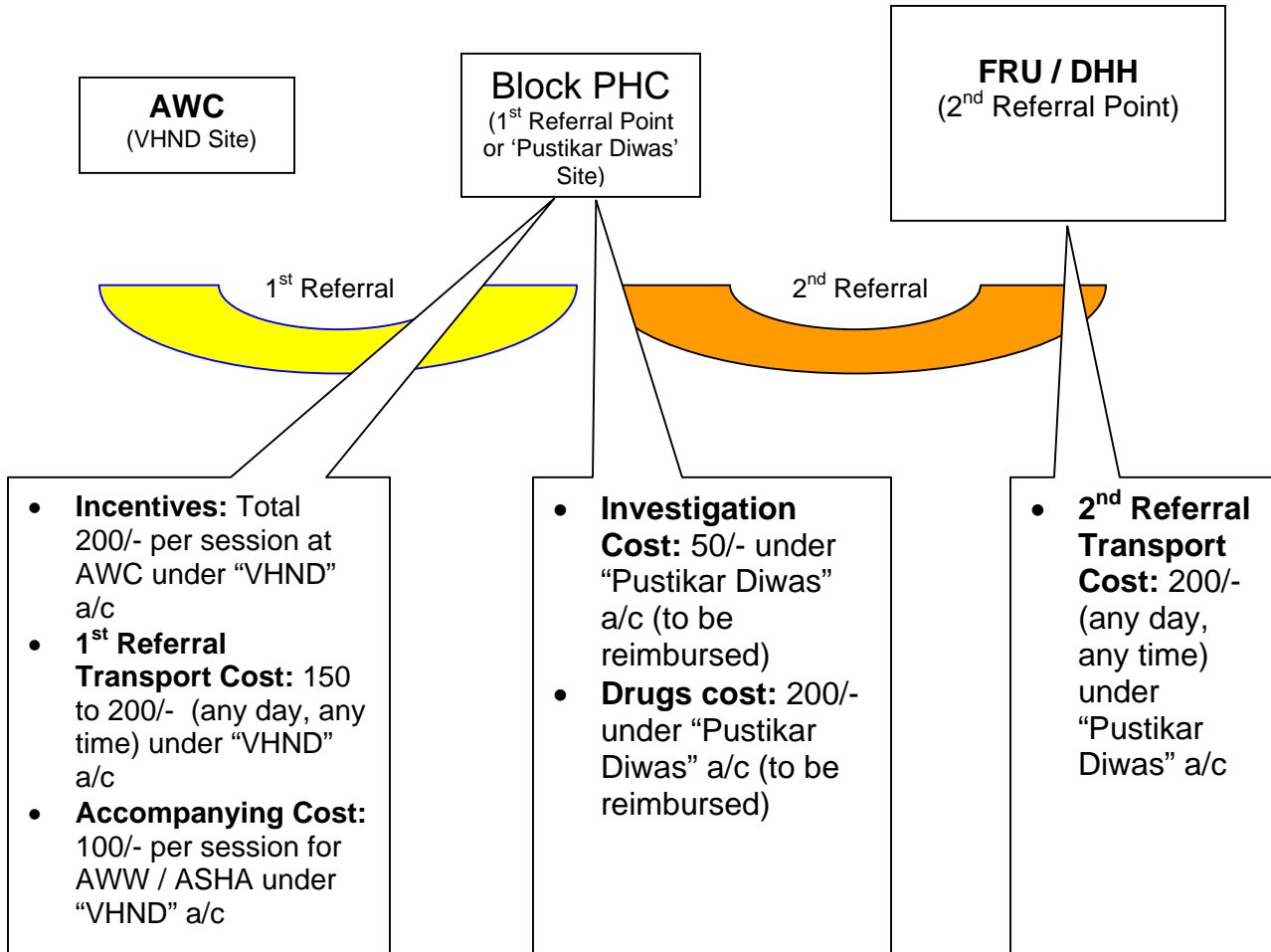
Level of training	Objective and other Details
State level TOT (two days) combined VHND and Pustikar Divas	Develop Master Trainers (30 participants): Paediatricians and/or community medicine specialists from selected districts will be trained, who will then be taking up regional workshops for middle level 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: <ul style="list-style-type: none"> 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 gramsat 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

**Financial Guidelines for
Grade II / Grade III and Grade IV under-nourished children**



Reg No: 1 st Referral Slip	Reg No: 1 st Referral Slip	Reg No: 1 st Referral Slip
Slip for AWW/ ASHA/ ANM: This portion to be retained at the AWC	For 1st Referral Point: This portion to be retained at the Pustikar Diwas facility (BPHC/CHC) or 1 st Referral Point	Doctor's Prescription: This portion to be given to the parents of the child. They should retain this carefully for future use, if any
Name of the AWC/ SC..... Sl. No. Date:	Name of the AWC/ SC..... Sl. No. Date:	Name of the AWC/ SC..... Sl. No. Date:
Name of Child:	Name of Child:.....	Name of Child:.....
Age:.....	Age:.....	Age:.....
Sex:M/F:.....	Sex:M/F:	Sex:M/F:
Birth Order:.....	Birth Order:.....	Name of village:.....
Grading : II/III/IV:.....	Grading: II/III/IV:	Name of AWC:
MUAC -----	MUAC -----	MUAC -----
Complaint:	Complaint:.....	Birth Order:
Referred to:.....	Referred to:.....	Grading: II/III/IV:
Distance in Km from AWC to 1 st Referral Point	Distance in Km from AWC to 1 st Referral Point	Diagnosis:
		Prescription:
Is AWW / ASHA accompanying the child? If yes, mention name of AWW / ASHA:	Did AWW / ASHA accompany the child? If yes, mention name of AWW / ASHA:	Did AWW / ASHA accompany the child? If yes, mention name of AWW / ASHA:
	Signature of the referred person	Doctor's Signature
Signature of the Referrer (ANM/AWW)	Signature of the I/C Desk (BPO/ CDPO/ MO I/C/ Others)	Name (Capital):

- Yellow color Slip:** This Referral Slip will be filled up by the ASHA and in her absence, by the AWW. Payment to the patient will be made by the office of the 1st Referral Point (Pustikar Diwas site). BADA will be responsible for the payments to the Patients under the guidance of the Block MO.

Monthly Sub-Centre Reporting Format on VHND (to be filled up by the ANM)

	For the month of:										
	District:			Name of Block:		Name of ANM:					
						Name of SC:					
A	No of VHND Planned this month:										
B	No of VHND held this month:										
C	No of VHND planned but not held this month & reasons:										
D	Health Topics discussed this month										
E	Details of each VHND session										

E I Session Details : Personnel present in each session											
	Name of AWC			Name of AWW			Name of ASHA			Name of Supervisor	
S1											
S2											
S3											
S4											
S5											
S6											
S7											
S8											
S9											

E II Details of Services Provided (in Numbers) in each session												
	1. ANC / PNC for women			2. 0 to 5 yrs children		3. Couples	4. Medicines (No) distributed					
	ANC: No of new pregnant women	ANC: No of pregnant women received	PNC: No of women received PNC	No of 0-5 yrs children weighed	No of 0-5 yrs Malnourished children identified and	No of couples motivated for using contraception	IFA (Large)	IFA (Small)	Deworm tab	ORS	Condom	OPs
S1												
S2												
S3												
S4												
S5												
S6												
S7												
S8												
S9												

Signature of ANM:

N.B.: "S" for Sessions
 N.B: This form will be filled up by the ANM

Monthly Supervisor's Reporting Format on VHND (to be filled up by the Supervisor)

	For the month of:													
	District:	Name of Block:												
A	Name of Block Supervisor (LHV / BEE / BPO / AYUSH MO / Block MO / CDPO / ICDS Supervisor) -													
B	Name of District Supervisor (CDMO / ADMO-FW / DPM / CSC / RI Coordinator / ICDS-PO / Other) -													
	<i>Pls tick on category A or B as appropriate, above</i>													
C	Details of each VHND session supervised:													
	Details of Services Provided (in Numbers) in each session supervised													
		1. ANC / PNC for women			2. 0 to 5 yrs children		3. Couples	4. Medicines (No) distributed						
	Place and Dates of Visit	ANC: No of new pregnant women registered	ANC: No of pregnant women received ANC	PNC: No of women received PNC	No of 0-5 yrs children weighed	No of 0-5 yrs Malnourished children identified and referred	No of couples motivated for using contraception	IFA (Large)	IFA (Small)	Deworm tab	ORS	Condom	OPs	
S1														
S2														
S3														
S4														
S5														
S6														
S7														
S8														
S9														

Signature of Supervisor:

N.B.: "S" for Sessions
 N.B: This form will be filled up by the Supervisor

Block Reporting Format (VHND)

A) For the month of:		B) Name of the District:	
C) Name of the Block:		D) No of SCs in the Block:	
E) Total No of VHND Sessions planned during the month:		F) Total No of VHND Sessions held during the month:	
G) Total No of VHND supervised by:			
BPO:	MO:	LHV:	ICDS Supervisor:
CDPO:	AYUSH MO:	BEE:	District Officials:

H) No of VHND planned but not held, causes of noncompliance and action taken thereof:

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I) Any other remarks (Supply, training, skill development, coverage, etc):

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J) Details of Services Provided (in Numbers) under each Sub Centre

Sub Centre	1. For women			2. For 0 to 5 yrs children		3. For Couples	4. Medicines (No) distributed					
	ANC: No of new pregnant women registered	ANC: No of pregnant women received ANC	PNC: No of women received PNC	No of 0-5 yrs children weighed	No of 0-5 yrs Malnourished children identified and referred	No of couples motivated for using contraception	IFA (Large)	IFA (Small)	Deworm tab	ORS	Condom	OPs
SC 1												
SC 2												
SC 3												
SC 4												
SC 5												
SC 6												
SC 7												
SC 8												
SC 9												
SC 10												
SC 11												
SC 12												
SC 13												
SC 14												
SC 15												

N.B.: 'SC' means Sub Centre; Pls attach blank xerox formats as extra sheets, as and when needed

	Signature of Block M.O
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N.B: This form will be filled up by the BPO

District Reporting Format (VHND)

A) For the month of:		B) Name of the District:	
C) No of Blocks in the District:			
D) Total No of VHND Sessions planned during the month:		E) Total No of VHND Sessions held during the month:	
F) Total No of VHND supervised by:			
CDMO	ADMO (FW)	DSWO	DPM / CSC
BPO:	MO:	LHV:	ICDS Supervisor:
CDPO:	AYUSH MO:	BEE:	District Officials:

G) No of VHND planned but not held, causes of noncompliance and action taken thereof:

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H) Any other remarks (Supply, training, skill development, coverage, etc):

--

I) Details of Services Provided (in Numbers) under each Sub Centre

Block	1. For women		2. For 0 to 5 yrs children		3. For Couples	4. Medicines (No) distributed					
	ANC: No of new pregnant women registered	PNC: No of women received PNC	No of 0-5 yrs children weighed	No of 0-5 yrs Malnourished children identified and referred	No of couples motivated for using contraception	IFA (Large)	IFA (Small)	Deworm tab	ORS	Condom	OPs
Blk 1											
Blk 2											
Blk 3											
Blk 4											
Blk 5											
Blk 6											
Blk 7											
Blk 8											
Blk 9											
Blk 10											
Blk 11											
Blk 12											
Blk 13											
Blk 14											
Blk 15											

N.B.: 'Blk' means Block; Pls attach blank xerox formats as extra sheets, as and when needed

	Signature of CDMO / ADMO (FW)
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N.B: This form will be filled up by Child Health Coordinator / ADMO (FW)