Outreach Services Capturing Tool for VHSND

Need/Rationale

Village Health and Nutrition Days (VHSND) is an ongoing program since 2006,however there is no system to capture data on achievementand performance at the District & State level. It was observed that there is under reporting in the HMIS and also data discrepancy with related to Maternal Health indicators under NFHS-5 and HMIS. Maternal Health indicators under NFHS-5 and HMIS data. As per HMIS 2021-22 & 2022-23, 1st trimester ANC registration is 51.4% & 55% respectivelyand 1st ANC registration is 79.9% in NFHS-5.Moreover, NFHS-5 data shows increase in anaemia amongst children & women and decline in exclusivebreast feeding of children age 6months, fully vaccinated children age 12-13 is only 69%.

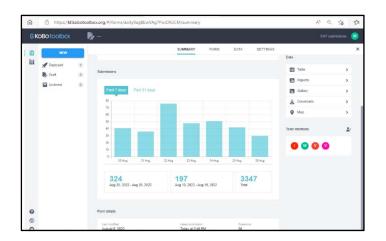
Descriptionofthemodel

The Government of Manipur has launched a 100 action points for the first 100 days for FY 2022-23 in order to provide momentum to strengthen and to serve the people of Manipur effectively throughout the five years. One of the action points is to organize Village Health Sanitation and Nutrition days (VHSNDs) in the 25% of the total villages. Every villages will be conducting the program monthly on a fixed date and fixed site. For the first phase, 1125 villages have been identified under functional HWCs of the State, 1069 villages in 2nd phase, 1117 villages in 3rd phase and 1593 villages in 4th phase respectively. In addition, the VHSNDs, which are planned in the State, is a scale up program and expected to provide comprehensive services using the platform.

Key activities undertaken on VHSNDs:

- Ante natal check-up for PWs, registration in MCP cards & ANC registers and PMMVY registration
- Immunization of children and pregnant women
- Dispensing of Tab IFA, Calcium with vit D3, Tab albendazole for PWs, Syr IFA, ORS, zinc
- Distribution of sanitary pads at low cost
- Detection of Severe Acute Malnutrition (SAM) & Moderate Acute Malnutrition (MAM) children
- Distribution of fortified energy dense food for PW & children (0-6 yrs)
- Awareness on fortified rice, PMMVY, nutritious food items
- Awareness on various health programs specially RMNCH-A +, importance of breast feeding, immunization, FP methods
- Display of basket of choice contraceptives & free provision
- To provide basic diagnostic tests (Hb, blood sugar, Hep B & C, Syphilis, HIV, etc)

To capture the each VHSND session NISHTHA/Jhpiego has develop a tool to capture the data of 21 indicators as decided by state. And NISHTHA/Jhpiego created ID for State and District level for regular monitoring of the sessions.



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Human Resources

- CHO along with primary health care team MPW (M & F) and ASHA from Health Department are responsible for conducting the VHSND under their respective SC-HWC villages. Supported by Anganwadi workers from Social Welfare, PRI members, etc.
- Extra human resources are not required as it is manned by existing Staffs.

Capacity Building

- An online orientation of the tool was conducted, which was attended by Chief Medical Officers, DPMs, Medical officers and CHOs from all 16 districts.
- Regular Review meeting are conducted based on the reports generated by the tool on outreach session.

Evidence of Effectiveness

- State and Districts are able to capture data for 21 health indicators using VHSND tool.
- Monitor the target versus achievement of sessions conducted and find out a solution for those not able to conduct the sessions in time.
- RMNCH+A indicators of and other program indicators could also be monitored.

Brief performance report of the programme is as below (10th April - 8thJan, 2024): (Source: VHSND reporting tool)

SI. No.	Indicators	Total
1	Number of pregnant mother registered for antenatal care services	10556
2	Number of pregnant mother registered for PMMVY scheme	2931
3	Number of pregnant mother who received antenatal care services	7417
4	Number of postnatal mothers who received postnatal care services	10623
5	Number of High-Risk Pregnant women detected	125
6	Number of pregnant women vaccinated	7725
7	Number of children vaccinated	43835
8	Number of children under 18 years who received healthcare services	50838

9	Number of SAM & MAM children detected	363
10	Number of individuals who received contraceptives	26883
11	Number of individuals who received services related to RTI/STI	2062
12	Number of adolescents sanitary pads were distributed at low cost	38453
13	Number of pregnant women availed basic diagnostic tests	6999
14	Number of 18+ individuals screened for NCD	74742
15	Number of individuals whose blood smear was taken for malaria detection	14292
16	Number of PW & children (0-6 yrs) fortified energy dense food were distributed	23223
17	Number of male participants	48131
18	Number of female participants	177488
19	Total number of participants	229991
20	Number of referred cases to higher centers	2004
21	Number of presumptive TB cases referred for testing	410

Cost/Financial Implications

Cost approved under NHM PIP for routine VHSND utilized for this activity. No additional funds required

Summary of lessons and challenges

- The use of platform captured data for outreach sessions
- Act as platform for tracking the VHSND program at each district, blocks and villages.
- Good number of data on distribution sanitary pads for adolescent could also be captured for the first time in HMIS and VHSND app.
- Platform also captured registration of pregnant women (first live birth & 2nd girl child) for Pradhan Mantri Matru Vandana Yojna (PMMVY)
- Line listing of high-risk pregnant women and follow up could be done
- Platform also captured the presence of other Departmentsthrough Photos uploaded in the tool distribution of free fortified energy dense food items, display of nutritious food items too and demonstration of locally available food items.

Potential for scale up

Extension to other HWCs and villages, same tool can be shared and scaled up.

Partners involved in Implementation

National Health Mission and Directorate of Health Services, Manipur and NISHTHA/Jhpiego