

Best Practices for Maternal Health Division, State Health Society, Manipur

Strengthening Village Health Sanitation and Nutrition Days (VHSNDs) – “Under 100 days action plan of the new government of Manipur”

Need/Rationale

Though VHSND is an ongoing program since 2006, achievement and performance data were not captured 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 shows improvement whereas decline in HMIS data. As per HMIS 2021-22 & 2022-23, 1st trimester ANC registration is 51.4% & 55% respectively and 1st ANC registration is 79.9 in NFHS-5. Moreover, NFHS-5 data shows increase in anaemia amongst children & women and decline in exclusive breast feeding of children age 6 months, fully vaccinated children age 12-13 is only 69%. Due to difficult terrain, the service delivery which includes distribution of low-cost sanitary napkins for adolescent girls, screening of NCDs, Hep B & C test for pregnant women (PW) and cash benefits for PW, etc. were not properly reached.

Description of the model

The Government of Manipur have included VHSNDs in the 100 days action plan to serve the people effectively.

- 1) A Stakeholders meeting conducted intra & inter-departments and development partners with Additional Chief Secretary as Chair to discuss their roles & responsibilities, logistics, activities to be performed, fund, etc.
- 2) Setting targets of 25% of total villages in the first 3 months and keep on increasing every 3 months in a phase wise manner. While setting target, the venue and date for sessions to be properly identified and line list to be submitted to MH division.
- 3) Convergence activities especially Social Welfare Deptt. by issuing order from Director, SW to their staff (DPOs, CDPOs, AWWs & helpers) for PMMVY registration, demonstration & display of nutritional food items, distribution of energy dense food, awareness, etc.
- 4) Online orientation for District officials for proper planning.
- 5) Launching ceremony at one VHSND site which was graced by Hon'ble Minister Health & FW and Hon'ble Minister, Social Welfare together.
- 6) To ensure daily reporting of 21 important health indicators. It is reported online to MH division. The app/ link was prepared by JPHEIGO team.
- 7) Monitoring & supervision by State and District team.
- 8) Daily compilation of report by State MH division and uploaded in our official WA groups/social media.
- 9) The data are also uploaded by concerned facilities in the HMIS
- 10) Online review meeting to discuss about achievement, issues & challenges and way forward after every two months.

Key activities undertaken on VHSND:

- 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
- Screening for NCD for 18+ individuals
- 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)

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.

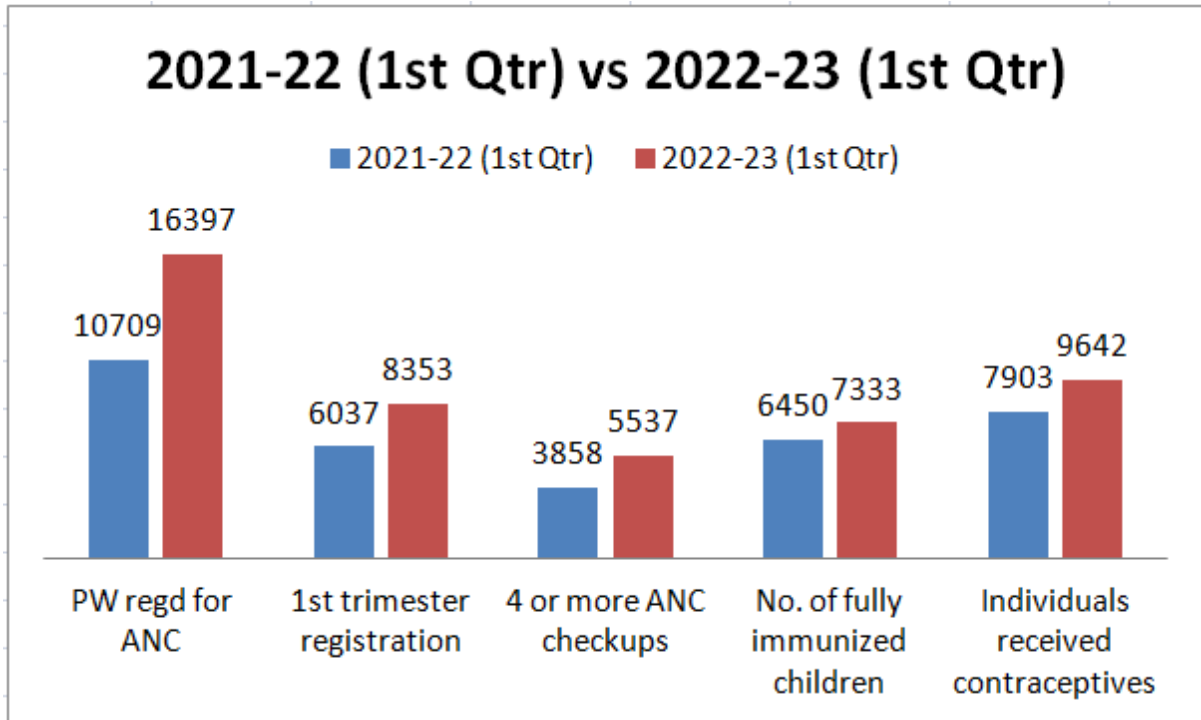
Capacity Building

- Virtual orientation for target setting conducted on 6th June, 2022.
- Virtual orientation cum 1st Review meeting conducted on 1st August, 2022 for all the staff involved in implementation of VHSND program.
- Virtual orientation cum 2nd Review meeting is planning to conduct on 1st September, 2022.

Evidence of effectiveness

- VHSND services extended to other programs (NCD etc.) apart from routine RMHCHA program.
- Outreach session reports could be captured for the first time.
- State and Districts are able to capture data for 21 health indicators of pregnant women, child, adolescent and adult.
- Can monitor Target versus achievement of each session conducted and provide probable solution for the missed sessions.
- Registration of pregnant women (first live birth) for Pradhan Mantri Matru Vandana Yojna (PMMVY) was also done from remote villages.
- Line listing of high risk pregnant women and follow up could be done. State & District can further counter check whether proper referral was executed or not by communicating with concerned nurses/ASHA.
- Benefits from awareness programs on different health topics from Health deptt.
- Inter-sectoral coordination with Social welfare Deptt, PRI, etc. are ensured. Pregnant women and children received free fortified energy dense food items and awareness on nutritious food items through display & demonstration of locally available food items.

- Around one half of the total distribution of sanitary pads for adolescent girls at low cost is contributed from VHSND. (VHSND – 35972 vs HMIS – 74933) (Source: HMIS 2022-23 & VHSND reporting tool)



Improvements in Key Maternal, Child Health & Family Planning indicators (Source: HMIS 2021-22 & 2022-23 1st Qtr)

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

Sl. 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 effective since no additional fund is required.
- Fund is being utilised from NHM approved for VHSND and support from Social Welfare Department in kind.

Summary of lessons and challenges

- Timely Follow up and management of high risk pregnant women and malnourished children from the line list.
- There is need for mobility support in some remote villages as the approved fund is only Rs 200 per VHSND session.
- Problems of timely reporting due to poor network in some remote areas particularly in the hill districts.

Potential for scale

- To cover all remaining 4904 villages in phases though initiated with 1125 villages.
- Line list of pregnant women could be tracked with upgraded indicator and tool for better maternal health quality outcome.
- To enhance comprehensive services for RMNCHA+, NCD, PMMVY, Tuberculosis, malaria, etc. to all the villages reaching up to the remotest villages in the state.
- To scale up comprehensive services to the beneficiaries by integration and Involvement of all the program divisions under NHM and Health Department, more line departments, developmental partners and other stakeholders.
- Other inter-sectoral convergence could also be established e.g. convergence with PHED department for ensuring better sanitation and hygiene.

Partners involved in Implementation

Social Welfare Department, Jhpiego, UNICEF, PRI members, National Health Mission and Directorate of Health Services, Manipur

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Conducting VHSND in the interior village in the state



Immunization of children on VHSND



Distribution of sanitary pads at low cost to the adolescent girls



Detection of SAM and MAM children during VHSND