



Service Delivery Framework

Objective

- **By the end of the session you will understand how to roll out the health promotion and prevention activities at the HWCs using the following resources:**
 1. Patient Support Groups
 2. ASHA
 3. AWW
 4. VHSNC
 5. Monthly Community Level Campaigns
 6. Multi-sectoral convergence
 7. VHSND

Patient Support Groups (PSGs)

- Formation of PSGs is helpful in ensuring treatment compliance by reducing social stigmas and increasing acceptance towards the disease. Some of the key advantages of PSGs are:
 - **Helping the patients:** realizing that they are not alone- to boost the social support and acceptance towards one's disease. This realization will bring relief, and further encouragement to seek care.
 - **Creating awareness:** these support groups may act as a platform for IEC sessions on topics relevant to that group. The added advantage of such platforms is that it will offer lots of practical tips and resources for coping up
 - **Reducing distress:** As the patient discusses her/his query in a group, this reduces stress and anxiety about the outcomes.
 - **Increased self-understanding:** with more and more IEC, there is a scope to learn more effective ways to cope and handle situations.



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- **How to create the PSG:**
- Step 1: As a CHO, your primary task will be to understand your population and map the disease burden.
- Step 2: Once this is done, you may identify issues/diseases with high prevalence and make patient support group with the help of ASHA.
- Key steps on creating Patients Support Groups are:
 - Identify disease conditions and members through data record or home/community visits, weekly NCD clinics, who are keen to form such groups to help them in better management of their own disease
 - While you promote people to join, inform that sharing of experience by others with disease will help them- in identifying complications early, in taking support for treatment compliance, sharing additional information about the disease, also they may be of help in planning hospital visits for review together in case the family members are busy.

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- The group can be formed by Friends, Families/relatives, Frontline or sometimes patients themselves even if not known to each other
- Once the group is formed, you with the support of ASHA should plan a venue and time for the meeting which is convenient for members to attend specifically those from marginalized communities (e.g. distant hamlets).
- **Key principles to be followed by ASHA for conducting PSGs**
 - PSG meetings should be open to all members of the community
 - Method of discussion should be facilitation, not didactic or teaching
 - Use the already learnt skills of communication and leadership to facilitate the sessions and use their potential to influence the group.

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- Care and sympathy for members should never be overlooked
- At the start of the first meeting, introduce and encourage all participants to introduce themselves, while ensuring that no one gets left out and discuss your new role as a PSG facilitator
- Ask the group to talk about how they see their role as a member of the PSG.
- Some examples include
 - ✓ Attending meetings voluntarily.
 - ✓ Helping each other and the wider community
 - ✓ Sharing their knowledge and experiences with other, etc.

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AT THE START OF EACH MEETING:

- Informally chat with the participants and other members of the community.
- Encourage the participants to sit together.
- Welcome the participants and thank them for coming

AT THE END OF EACH MEETING...

- Summarize the learning from the meeting.
- Ask the group members about what they liked or disliked about the meeting and what they learnt.
- Confirm the date, time and meeting place for the next meeting
- Inform the group about the content of the next meeting if possible and ask them to come prepared for sharing their information.
- Informally chat with the participants and other members of the community.
- Thank the participants for attending the meeting.
- Make sure all necessary information is noted down

ASHA

ASHAs support you in health promotion activities by:

- Listing the target population.
- Identifying individuals with health risks.
- Community mobilization for services such as screening.
- Supporting the HWC team in organizing monthly campaigns, screening camps, organizing VHSNDs.
- Identify and reaching the marginalized to attend these events and services at HWC.
- Support treatment compliance through periodic follow ups of her existing beneficiaries (pregnant women, new born and TB/Leprosy patients), NCD patients, those suffering from mental illness, cases in need of elderly palliative care etc.

ASHA

- Inter personal communication and holding village level meetings for bringing about
 - Life style modifications.
 - Playing a lead role in supporting you in formation and functioning of disease specific patient support groups.
 - Supporting the Village Health Sanitation and Nutrition Committees in community level planning, action and building accountability measures at the community level.
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Aganwadi Worker

You will coordinate with AWW in health promotion interventions related to

- **Supplementary nutrition:** For children below six years, and for pregnant and lactating Mothers. This could be a cooked meal, or in the form of Take Home Rations (THR). Malnourished children are given additional food supplements. Adolescent girls (10 years to 19 years) are also given Weekly Iron and Folic Acid Supplement and tablets for de-worming
- **Growth monitoring:** Involves weighing of all children below 5 years of age, but especially those who are under 3 years of age, growth monitoring through growth charts, tracking malnourished children and referral for children who are severely malnourished.
- **Pre-school non-formal education:** Includes activities for playful learning and providing a stimulating environment, with inputs for growth and development especially for children between three to six years of age

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The AWWs do:

- Monthly weighing of pregnant mothers and infants
- Recording weight and filling the growth chart given in the MCP card
- Identifying underweight and wasting in children and taking appropriate action
- Counselling regarding growth monitoring
- Counselling mothers for exclusive breast feeding from birth to 6 months of age
- Checking for developmental delays
- Distributing 'Take Home Ration' to lactating mothers and nutrition-specific counselling to mothers/caregivers for their children
- Providing supplementary food from Anganwadi Centre (AWC)
- Counselling regarding age-appropriate complementary feeding on completion of 6 months of age
- Counselling for deworming of children above 1 year of age

Village Health Sanitation and Nutrition Committees

VHSNCs are expected to

- Act as platform for building awareness of community for health programmes and improve the access to services by ensuring their participation in planning and implementation
- VHSNC will conduct regular monthly village meetings, and undertake collective health education drives, and health campaigns etc. to achieve this
- Serve as a platform for convergent community action on social determinants and public services related directly or indirectly related to health.
- VHSNC has to build systems to support and monitor delivery of public services for sanitation, nutrition, clean and safe drinking water, etc.



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- Act as platform for community to voice, needs, experiences and grievances on access to health services, on which service providers and panchayat can respond.
 - Provide community level support to frontline workers of health and related services
 - Support in developing village health plans with specific focus to the local health needs
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How CHOs can support and supervise VHSNC

As per the guidelines, the CHO has to attend at-least two VHSNC monthly meetings under his/her area. The checkpoints that CHO needs to review while supervising the monthly meetings of VHSNCs are listed below:

- Time and venue of the meeting has been clearly and effectively communicated to each member, at-least a week in advance
- Minimum quorum of 7-8 VHSNC members are present in the meeting and there is equal participation in the discussions
- Actions have been undertaken on the decisions of previous month and issues addressed
- Agenda items to be discussed in meeting, are listed and shared in the beginning of the discussions

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- Attendance register of the meeting is signed by all members in the beginning of the meeting itself.
- VHSNC completes review of public services and programmes such as-health services at HWC, ICDS, drinking water supply, sanitation, mid-day meals for school children, individual household toilets etc.
- Records and account of expenses incurred from untied/other funds, in previous month is discussed. Account of expenses is explained to all in simple language, and matching bills and vouchers are also presented. No account be submitted without bills.
- **Decisions of the meeting, are recorded clearly & completely and counter sign by Chairperson of VHSNC and ASHA. You should keep one copy with yourself and submit one copy to PHC-MO on monthly basis.**
- With regard to the decisions taken, plan of action is clearly shared, and responsibilities are given for each task

Multi-Sectoral Convergence for Health Promotion

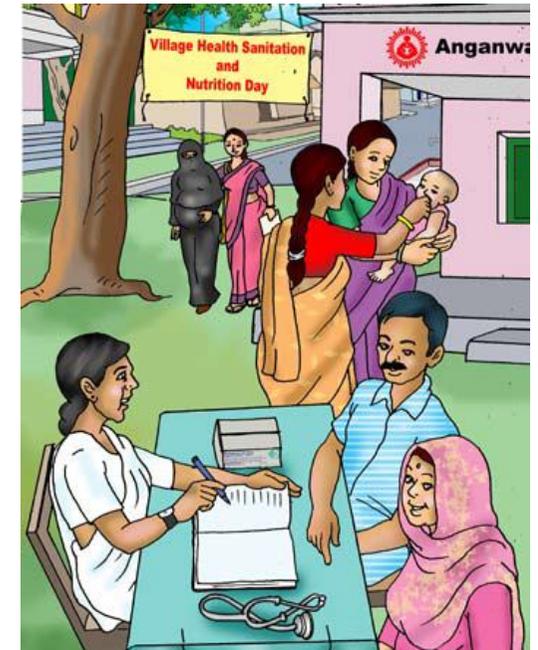
- Convergence is central for the success of health promotion strategies and require close coordination of health with other allied departments. Some examples of convergence are given below:
- **School Health programme:** Under Ayushman Bharat, **Health and Wellness/Ayushman Ambassadors** in public schools have been envisaged for prevention and promotion of diseases among school children.
- You may need to coordinate with the Ayushman Ambassadors or the Health and Wellness Ambassadors who are schoolteachers (one male and one female) and are responsible for age appropriate learning for promotion of healthy behaviour and prevention of various diseases at the school level.
- You can leverage this initiative in your area by identifying schools and organizing training sessions for school children. The health promotion messages will focus on the health issues and strategies in improving healthy behaviours.
- The students will act as **Health and Wellness Messengers** in the society

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- Other than Ayushman Ambassadors convergence from education should be leveraged to help in **promoting better cooking practices** for Mid- Day Meal programmes, training of MDM cooks, for enabling mandatory **School Nutrition Clubs** and **competitions around health awareness** for High fat, sugar and salty foods.
 - Convergence initiatives to address **spread of outbreaks** of communicable diseases such as dengue, chikungunya, malaria for sanitation drives, vector control, controlling water coagulation, through cleaning of drains etc. are observed with rural development or panchayats.
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Village Health Sanitation and Nutrition Day

- The Village Health Sanitation and Nutrition Day, is organized once every month at the level of village with an aim to improve access to Maternal New born and Child Health (MNCH), nutrition and sanitation services at the local level.
- The day can be decided by the VHSNC in each Village at anyone of the Anganwadi Centres (AWCs) in that village.
- Preferably, all the AWCs should be covered by rotation.
- On the appointed day, AWW and other VHSNC members will mobilize all the villagers, especially the women and children to assemble at the nearest Anganwadi centre





THANK YOU

