

I. Routine Outreach through Urban Health and Nutrition Days (UHND)

The Urban Health and Nutrition Day (UHND) is a platform for the community people to access services for a package of preventive, promotive and basic curative care. It will be held at the Anganwadi Centre (AWC) or other suitable community space where such services can be provided on a monthly basis. UHND includes mobilisation for and by the community and would be organized by the ASHA and MAS members to reinforce health messages leading to positive health outcomes. The UHND is intended as convergence platform for services to be provided by the ANM and Male Health Worker and the Anganwadi Worker (AWW). The UHND is also an occasion for health communication on a number of key health issues.

The ANM will provide services to pregnant women, newborns, sick children, adolescents and eligible couples and a basic level of curative care for minor illness with referral where needed. The ASHA with the support of the MAS, will prepare the list of people requiring services at the UHND and make a special effort to include individuals from families of new migrants and the homeless, those living in distant areas, vulnerable persons because of poverty or otherwise marginalised. She will also coordinate with the AWW and the ANM to know in advance which day the UHND is scheduled so as to inform those who need services and the community, especially the Mahila Aarogya Samiti (MAS) members.

The space for UHND/Health Camps is to be facilitated by the State Health Department, in coordination with other departments and municipalities.

The service package for UHND and checklist for responsibilities are provided in Annexures Ia and Ib.

Routine Outreach through Urban Health & Nutrition Day (UHND) Sessions	
Budget line: K.4.1.1	
WHERE: Site of providing the Service	Anganwadi Centre (AWC) or any other community level structure in slum/near vulnerable population (like School, community centres , etc.)
WHO: Population coverage	Slum and vulnerable population (women and children) in specified geographical areas.
WHAT: Service Coverage	ANC, Immunisation, Health Education, Child Growth Monitoring, Nutrition Supplementation, Nutrition Counselling, education on Water Sanitation and Hygiene
BY WHOM: Service Provider	ANM and Anganwadi Worker (AWW)
Facilitated by	ASHA and MAS/community groups
WHEN: Frequency	Periodic (Weekly/ monthly) – as per need

ANNEXURES

**(UHND for Slums and Urban Vulnerable
Populations)**

Annexure I a: Service Package at UHND

The UHND will cover women and children in the slums and among the vulnerable population. The service will be provided by weekly/ fortnightly/ monthly by the ANM in coordination with ASHA and Anganwadi Worker (AWW); at a community structure in slum/near vulnerable population (like Anganwadi Centre, School, Railway Station, Bust Stand, place of worship, etc.). The package of services will include the following:

(a) MATERNAL HEALTH

- Early registration of pregnancies.
- Provision of full complement of ANC services with quality and accuracy, namely
 - Weight measurement
 - Abdominal Check-up
 - TT injections
 - BP measurement
 - Haemoglobin Measurement
 - Filling up of MCP Card with accurate & complete information
- Referral for women with signs of complications during pregnancy and those needing emergency care.
- Referral for safe abortion to approved MTP centres.
- Counselling on:
 - Education of girls.
 - Age at marriage.
 - Care during pregnancy.
 - Danger signs during pregnancy.
 - Birth preparedness.
 - Importance of nutrition.
 - Institutional delivery.
 - Identification of referral transport.
 - Availability of funds under the JSY for referral transport.
 - Post-natal care.
 - Breastfeeding and complementary feeding.
 - Care of a newborn.
 - Contraception.
- Organizing group discussions on maternal deaths, if any that have occurred during the previous month in order to identify and analyse the possible causes.

(b) CHILD HEALTH

For Infants up to 1 year:

- Registration of new births.
- Counselling for care of newborns and feeding.
- Complete routine immunization.
- Immunization for dropout children.
- First dose of Vitamin A along with measles vaccine.
- Weighing.

For Children aged 1-3 years:

- Booster dose of DPT/OPV.
- Second to fifth dose of Vitamin A.
- Tablet IFA - (small) to children with clinical anaemia.
- Weighing.
- Provision of supplementary food for grades of mild malnutrition and referral for cases of severe malnutrition.

For all children below 5 years:

- Tracking and vaccination of missed children by ASHA and AWW.
- Case management of those suffering from diarrhoea and Acute Respiratory Infections.
- Counselling to all mothers on home management and where to go in even of complications.
- Provide ORS packets.
- Counselling on nutrition supplementation and balanced diet.
- Counselling on and management of worm infestations.

(c) FAMILY PLANNING

- Information on use of contraceptives.
- Distribution - provision of contraceptive counselling and provision of non-clinic contraceptives such as condoms and OCPs.
- Information on compensation for loss of wages resulting from sterilization and insurance scheme for family planning.

(d) REPRODUCTIVE TRACT INFECTIONS AND OTHER RELATED CONDITIONS

- Counselling on prevention of RTIs and STIs, including HIV/AIDS, and referral of cases for diagnosis and treatment.
- Counselling for peri-menopausal and post-menopausal problems
- Communication on causation, transmission and prevention of HIV/AIDS and distribution of condoms for dual protection.
- Referral for VCTC and PPTCT services to the appropriate institutions.

(e) HEALTH PROMOTION

- Importance of clean drinking water, safe water handling practices, use of lang handle ladle, and ways to keep the water clean at point-of-use, using chlorine tablets, boiling, water filters, etc.
- Education on Healthy food habits, hygienic and correct cooking practices, and hand washing.
- Testing of household salt sample for Iodine (using the testing kits supplied under NIDDCP programme)
- Avoidance of breeding sites for mosquitoes.
- Mobilization of community action for safe disposal of household refuse and garbage.
- Gender issues
- Communication activities for prevention of pre-natal sex selection, illegality of pre-natal sex selection, and special alert for one-daughter families.

- Communication on the Prevention of Violence against Women and Children, Domestic Violence Act, 2006.
- Age at marriage, especially the importance of appropriate age at marriage for girls.
- Issues of Alcohol and drug abuse, tobacco and gender violence
- Nutrition issues
 - Focus on adolescent pregnant women and infants aged 6 months to 2 years.
 - Checking for anaemia, especially in adolescent girls and pregnant women; checking, advising, and referring.
 - Checking, advising and referring for other deficiency disorders (Vitamin-A, Iodine-deficiency, Protein Calorie Malnutrition, etc.)
 - Weighing of infants and children.
 - Supply of iron supplements, vitamins, and micronutrients
 - A discussion about and review of the AWC's daily activities at the centre, supplementary nutrition services being provided for children and pregnant and lactating mothers, and growth charts being recorded at AWC.
- Sanitation issues
 - Identification of space for community toilets.
 - Guidance on where to go and who to approach for availing of subsidy for those eligible to get the same under the Jawaharlal Nehru National Urban Renewal Mission (JNNURM).

Annexure 2b: Checklist for Responsibilities and Functions for UHND

MOIC (at the UPHC)

- Ensure that the UHND is held without fail. Plan for all the arrangements along with ANM and make alternative arrangements in case ANM is on leave.
- Share in every meeting, the likely date / day of next UHND, and make efforts to organise the UHND for an area at a fixed site and a fixed monthly day to ensure better uptake of services by community.
- Ensure that the supply of vaccines reaches the site well before the day's activities begin.
- Ensure reporting of the UHND to the UCHC and City/District PMU (as per format suggested in Annexure I).
- Coordinate with the CDPO and ICSD Supervisors for availability of the Anaganwadi Centre and the Anganwadi Worker.
- Dialogue with ULB representatives (Ward member) on availability of community centres and other alternative facilities, along with support for the cleanliness, water, security and other support required at the site.
- Ensure publicity of the event (as per Annexure III).

ANM

- Ensure that the supply of vaccines reaches the site well before the day's activities begin.
- Ensure that all instruments, drugs, and other materials as listed in the annexure are in place.
- Carry communication materials.

- Ensure reporting of the UHND to the MO in charge of the Urban PHC (UPHC) (as per format suggested in Annexure I).
- Coordinate with the ASHA and the AWW.
- Dialogue with MAS members on mobilisational support required from the community.
- Ensure publicity of the event (as per Annexure III).

Anganwadi Worker (AWW)

- Ensure that the Anganwadi Centre (AWC) is clean.
- Ensure availability of clean drinking water during the UHND.
- Ensure a place with privacy at the AWC for ANC.
- Keep an adequate number of MCH cards.
- Coordinate activities with the ASHA and the ANM.
- Provide the Supplementary Nutrition and Take Home Ration (THR).

ASHA/ MAS/ other community groups (like SHG)

Actions to be taken before the UHND:

- Visit all households and make a list of the pregnant women.
- Make a list of women who need to come for ANC for first time or for repeat visits.
- Make a list of infants who need immunization, were left out or dropped-out.
- Make a list of children who need care for malnutrition.
- Make a list of children who were missed during the previous immunisation sessions/UHND.
- Make a list of children with special needs, particularly girl children.
- Coordinate with the AWW and the ANM.
- Share the calendar of UHND, and the date / day of next UHND
- Ensure publicity of the event (as per Annexure III).

On the day of UHND:

- Ensure that all listed women and children come for services.
- Ensure that malnourished children come for consultation with the ANM.
- Ensure supplementary nutrition to children with special needs through ICDS.
- Assist the ANM and the AWW.

Reporting Formats

a. Reporting Formats for UHND

Urban Health and Nutrition Day (UHND) Session

1. State: _____
2. District: _____
3. City: _____
4. Date of UHND: __/__/20__
5. Name of the Urban PHC (UPHC): _____
6. MOIC of UPHC: _____
7. Located in Ward No.: _____
8. Locality/Slum name: _____ (in case more than one slum is covered, name all the slums)
9. Place where UHND held: _____ (AWC, school, any other – please specify)

A. POPULATION STATISTICS

10. Total population of the locality/slum(s) covered:
11. Total no. of Pregnant Women in the locality/slum(s):
12. Total no. of Lactating Mothers in the locality/slum(s):
13. Total no. of Eligible Women in the locality/slum(s):
14. Total no. of Infants (0-1 year) in the locality/slum(s):
15. Total no. of Children (1-5 years) in the locality/slum(s):
16. Total no. of children (0-3 years) registered with the AWC:
17. Total no. of severely malnourished children in the locality/slum(s):

B. SERVICE STATISTICS

18. Total No. of women attended:
19. Total no. of children attended:

(a) Maternal Health services

20. No. of pregnant women checked up for ANC:
21. No. of pregnant women immunised with TT:
 No. given TT-1: _____ No. given TT-2: _____ No. given TT-booster: _____
22. No. of pregnant women given IFA tablets:
23. No. of pregnant women with complications referred to higher facilities:

(b) Child Health services

24. No. of Children vaccinated:
 No. given BCG:
 No. given DPT1: _____ No. given OPV1:
 No. given DPT2: _____ No. given OPV2:
 No. given DPT3: _____ No. given OPV3:
 No. given Measles: _____ No. given DPT booster: _____ No. given OPV booster:
 No. given any other vaccinations given (specify type of vaccine): _____

(c) Family Planning services

- 25. No. of women given Condoms:
- 26. No. of women given Oral Pills:
- 27. No. of women motivated and referred for IUCD:
- 28. No. of women motivated and referred for female sterilisation:
- 29. No. of women motivated and referred for male sterilisation:

(d) Nutrition services

- 30. No. of women/children provided Take Home ration
- 31. No. of severely malnourished children identified, counselled and referred to higher facilities:

C. VERIFICATIONS

- 32. Name & Sign (with date and time) of ANM: _____
- 33. Name & Sign (with date and time) of AWW: _____
- 34. Name & Sign (with date and time) of ASHA: _____

Annexure III. Publicity

KEY COMMUNICATION OBJECTIVE

To make the community, especially women from vulnerable sections and other stakeholders in the community, aware of service availability on fixed days at AWC.

WHOM TO INVOLVE

- ASHA
- MAS members
- Members of local RWAs/Mohalla Sabhas
- Ward members
- SHG members
- Teachers and other informal leaders
- School children
- Beneficiaries
- Traditional Birth Attendants (TBA) and other Registered Medical Practitioners (RMP)

MEDIA AND METHODS

- Wall writings in the local language
- Hoardings at one or two prominent places in the locality
- Handbills and pamphlets

Resources for publicity activities can be accessed through the untied funds available with the Urban PHC. ASHA can help and facilitate in this whole process at different levels.