TELEMONITORING OF ESSENTIAL NUTRITION SERVICE DELIVERY IN THE STATE OF MADHYA PRADESH

Supported by
Action Against Hunger,
AIIMS Bhopal,
Clinton Health Access Initiative,
Coalition For Food and Nutrition Security,
Nutrition International,
Piramal Swasthya,
Welt Hunger Hilfe (GIZ),
World Bank
UNICEF

Essential Nutrition Services for Madhya Pradesh – Remote monitoring

Background

During April 2021, second wave of Covid pandemic reached Madhya Pradesh followed by lockdown initially in affected districts subsequently across the state. The second wave characteristically, proved more infectious and affected rural areas as badly as urban areas. The nutrition services through AWCs were halted erratically based on the situation in the districts on the discretion of district collector and modified to reach all beneficiaries through home visits. The services at the community level were focused on supply of supplementary nutrition, NHED and conducting VHSNDs. Also, AWWs were involved in services for screening of cases and contain or manage COVID pandemic. Dept of WCD, Govt of MP and development partners felt the need to assess ground situation of service delivery of essential nutrition services and take measures to address the gaps and ensure effective delivery of services.

Objective

To assess the status of continuity of essential nutrition services in rural areas of Madhya Pradesh during acute phase of COVID case rise in the month of May 2021.

Methodology

Since the services were disrupted and adjusted due to lockdown and mobility restrictions, the routine monitoring also came to a halt. So, a cross sectional remote monitoring was conducted through tele-calling to selected AWWs and ASHAs. The process was initiated in consultation with Department of WCD and with involvement of all the development partners in the state. UNICEF facilitated the process with a series of meetings with all development partners. With the consensus of all the key stakeholders, following methodology was adopted.

- All 313 blocks from the state were planned to be covered. Three AWW were selected randomly from each block and 3 ASHA from the respective villages were reached out for telemonitoring by team of monitors (representing 8 development partners). Thus covering 983 AWWs and 964 ASHAs.
- A monitoring tool (Hindi) was developed (using platform of google forms) in consultation with 8 development partners supporting the government in the field of nutrition in Madhya Pradesh and subsequently 94 telemonitors (from various development agencies) were trained to conduct the survey.
- The monitors telephonically gathered the information from the selected AWWs and ASHAs and filled up the monitoring tool.
- The tool covered all the aspects of service delivery in the field including VHSNDs, THR/Ready to Eat food distribution, micronutrients supplementation, anthropometric screening of under five children and self-protection measures for field functionaries.
- Duration of survey – 17th May to 2nd June 2021
- Monitoring size: Covering a total of 1879 AWWs and ASHAs. 939 AWWs and ASHAs each.
- Partners: 8 partners including AIIMS Bhopal (supported by UNICEF), CHAI, NI, WHH (GIZ), Piramal Swasthya, Action Against Hunger, CFNS and World Bank

Results and discussion

Eight organizations supporting Govt of Madhya Pradesh in the field of nutrition, contributed to the telemonitoring activity and the districts were allotted in consensus based on presence and strength of each of the partner. The data was collected using a common tool as described above and was analyzed to arrive at key findings. key findings are presented in below in two segments - 1. Service delivery through AWCs / AWWs and 2. Service delivery through ASHAs.

1. Service Delivery through AWCs (as reported by AWW)

Against the planned 939 AWWs, the team contacted 980 AWWs successfully for the remote monitoring. Key findings from the tele-calling with AWWs are as follows:

- **Opening of AWCs** – 476 (48.5%) of AWCs were opeining on regular basis, 388 (39.5%) of AWCs were opening only on VHSND days and 116 (11.9%) of AWCs were not opening regularly.
- **VHSNDs** – 937 (95.6%) of AWWs responded that "VHSND has been conducted at the AWC during this month/previous month". Further services provided during VHSNDs were as follows: –

Activities conducted during VHSNDs		No. of AWCs conducting activity	Percentage
Child health services	Immunization	918	98%
	Medical checkup of children with SAM & MAM	372	40%
Anthropometry of children	Weighing of under five children	439	47%
	Length/height measurement of under five children	366	39%
ANC services	Weighing of pregnant women	838	89%
	Distribution of IFA to pregnant women	833	89%
	Distribution of calcium to pregnant women	719	77%
	Folic acid distribution to first trimester pregnant women	642	69%
	Distribution of Albendazole to pregnant women	618	66%
	Height measurement of pregnant women	643	69%
	ANC check up	759	81%
NHED including Covid appropriate behaviour	Covid Appropriate Behaviour – One-meter physical distancing	772	82%
	Health and nutrition education/counselling	636	68%
	Demonstration of hand washing	565	60%

- Service delivery during VHSND shows that immunization services are provided during 98% of the sessions at the same time delivery of other essential services to pregnant women like measurement of height and weight, Folic acid, IFA, Calcium and Albendazole distribution, ANC checkup is lagging or not given due importance.
- 47% of the AWWs also utilized the platform of VHSND for weighing of children under five.

- In similar lines medical checkup of children with SAM and MAM is conducted during VHNSDs at only 40% AWCs. VHSND sessions in 11 districts (Alirajpur, Anuppur, Bhopal, Burhanpur, Datia, Harda, Jhabua, Rewa, Satna, Sidhi, Umaria) are not performing medical checkup of children with SAM and MAM as per guidelines.
- Only in 68% of the VHSND sessions Health and Nutrition Education was provided with no sessions in Alirajpur, Bhopal, Burhanpur, Datia, Jhabua, Raisen, Sehore.
- In only 69% of the VHSND sessions Height of pregnant women was measured while no measurement was taken up in Alirajpur, Jhabua, Sidhi and Umaria districts.
- Folic acid distribution to first trimester pregnant women is 69% for the state with no distribution with no distribution in Alirajpur, Anuppur, Dindori, Jhabua and Sehore.
- In only 66% of the VHSND sessions Albendazole was distributed to pregnant women with no distribution in Alirajpur, Anuppur, Hoshangabad, Jabalpur, Jhabua and Sehore.

Recommendation:

- Review meeting with poor performing districts as captured above to understand the challenge and provide required support along with sharing of action points and reiteration of key strategies and messages.
- Counselling services on VHND should be emphasized and orientation of the AWWs, ASHA and ANM and supervisors can be done through virtual mediums followed by WhatsApp messages to reiterate the messages.
- Capacity building to implement the guideline/SOP for conducting VHSND during COVID.
- Knowing the gaps in the service delivery of some of the services it is felt necessary that supervision by system supervisors needs further strengthening.
- Bottleneck analysis for the gap in delivery of services will further help in reaching the unreached.
- Due list for immunization can be expanded to include other supplies to be provided eg. Providing folic acid or IFA and Calcium or Albendazole to pregnant/lactating women

THR distribution – Since children, pregnant and lactating women and out of school adolescent girls are not attending AWCs due to prevailing COVID situation, DWCD has issued guidelines for provision of THR or ready to eat recipe through home visits. The guidelines mandate the frontline workers to provide 15 days stock at fortnightly frequency through home visits. Through this monitoring exercise it was attempted to understand the practice followed on the field. Based on the monitoring, in last one month following was the finding:

Stock of THR Distributed (Sufficient for)	Beneficiary group		
	6 – 36 months children	Pregnant and lactating women	Out of school adolescent girls (11-14 years)
One month	361 (36.7%)	358 (36.4%)	149 (15.1%)
One week	341 (34.9%)	338 (34.5%)	111 (11.3%)
Two weeks	119 (12.1%)	123 (12.5%)	31 (3.1%)
Three weeks	91 (9.3%)	96 (9.7%)	27 (2.7%)
Not available	63 (6.5%)	59 (6.%)	622 (63.4%)
One day	3 (0.3%)	3 (0.3%)	4 (0.4%)
Don’t know	2 (0.2%)	3 (0.3%)	36 (3.6%)

- THR was available and distributed in 93% of the AWCs for 6-36 months of children and 93.5% for Pregnant and Lactating women. While only 32.7% of the AWCs have THR available and distributed for out of school adolescent girls aging 11-14yrs.
- It is observed that one third of the AWCs are distributing THR at weekly frequency while other one third are distributing it at monthly frequency. Only 12% AWCs are distributing at fortnightly frequency as per guidelines. While another 9% are distributing for three weeks.
- THR was not available in 6-7% of the AWC for 6-36 months of children and Pregnant and Lactating women, while this is around 67% for out of school adolescent girls in the age group 11-14yrs.

THR stock balance after distribution: at the AWCs (as of the day of remote monitoring)

Duration – THR stock balance	Beneficiary group		
	6 – 36 months children	Pregnant and lactating women	Out of school adolescent girls (11-14 years)
One month	266 (27.1%)	269 (27.4%)	91 (9.2%)
One week	185 (18.9%)	180 (18.4%)	73 (7.5%)
Two weeks	212 (21.5%)	208 (21.1%)	76 (7.8%)
Three weeks	106 (10.7%)	111 (11.2%)	42 (4.2%)
Not available	20 (21.2%)	209 (21.3%)	685 (69.8%)
Don’t know	3 (0.3%)	3 (0.3%)	13 (1.3%)

- After distribution for the 6-36 months and Pregnant and Lactating women only around 27% of the AWCs have supplies stock for one month, 10-11% for three weeks, 22% for two weeks period, while this was only 9% , 4% and 8% respectively for 11-14years out of school girls.
- 21% of the AWCs were out of THR stock for 6-36months and Pregnant and Lactating women and 70% for 11-14 years out of school adolescent girls.

Recommendation for THR distribution and stock balance:

- Need to streamline supply of THR for out of school adolescent girls (11-14yrs)
- Need to replenish supply of THR for the AWCs out of stock or left with less than one month of stock immediately.
- With onset of rainy season WCD can consider 3 months of stock availability at AWCs located in hard-to-reach areas.

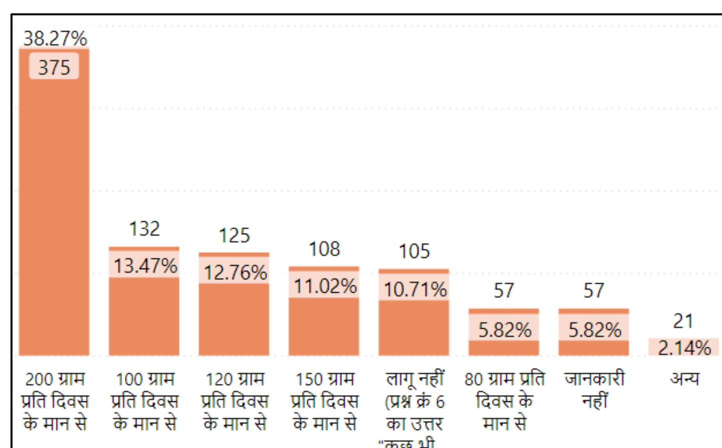
Type of ready to eat recipe / dry ration distributed to children of 3 to 6 years (mutually exclusive)

Type of Food item distributed	Frequency	Percentage(%
Wheat based dry dalia mixture (गेहू आधारित सूखा दलिया मिक्सचर)	410	41.9
Rice based dry Khichdi mixture (चावल आधारित सूखी खिचड़ी मिक्सचर)	124	12.7
Millet based dry Khichdi mixture (मिलेट्स आधारित सूखा खिचड़ी मिक्सचर)	8	0.8
Wheat and green gram mix daliya (गेहूं मूंग दाल मिक्स दलिया चूरा)	114	11.6

Wheat/Jowar/Bajara/Maize, green gram and chana dal mixture (गेहू,ज्वार/बाजरा/मक्का, मूंग, चना दाल मिक्स सूखा खिचड़ा चुरा)	173	17.6
Nutritious laddu (पौष्टिक लड्डू)	143	14.5
THR packet (THR पैकेट)	199	20.2
Hot cooked food (गर्म पका भोजन मेनू अनुसार)	5	0.5
Nothing provided to the beneficiary (कुछ भी नहीं दिया जा रहा)	105	10.7
Other (अन्य)	190	19.3

- 70% of the AWCs are providing ready to eat dry ration according to the state guidelines while, 19% are giving food items other than the guidelines and **11% are not providing** this service.

Amount of ready to eat/dry ration provided to 3 to 6 years of children, as follows:



Amount of ready to eat/dry ration provided to 3 to 6 years of children

- Local SHG who prepares hot cooked meal – 704 (71.8%)
- By AWW and Helper – 92 (9.4%)
- Both above – 25 (2.6%)
- Not applicable – 97 (9.9%)
- SHG from other village – 44 (4.5%)
- Don't know – 18 (1.8%)

Groups preparing ready to eat/dry ration

- 11% of the AWCs were giving ready to eat dry ration to 3-6years of children according to state guidelines of 150gms/day.
- 38% are giving 200gms more than the state guidelines.
- 35% are giving less quantity against the state guidelines.
- In 72% of the AWCs local SHGs are preparing the hot cooked meal and in 10% the AWW and helper are preparing. 2.5% of the AWCs combination of above 2 approaches is used.

Recommendation for type and amount of Ready to eat ration:

- Need to reiterate the message on RTE distribution upto the grassroot level through various means including online interaction, tele-calling and whatsApp messaging.

Home visits – 963 (98.2%) AWWs reported conducting home visits during the period and services provided to the beneficiaries are as follows –

Services provided during home visits	Frequency	Percentage (%)
Distribution of supplementary nutrition	839	87.1
Distribution of IFA tablets to adolescent girls	486	50.5

Administration of Iron syrup to children between 6 months to 59 months	568	59.0
Messaging on Covid appropriate behavior (hand washing, respiratory hygiene, physical distancing)	917	95.2
Counselling on nutrition (Breast feeding, nutrition during pregnancy, dietary diversity, iron supplementation)	856	88.9

- During home visits 87% of the AWWs are distributing THR, 50% are distributing IFA tablet to adolescent girls and 59% are administrating IFA syrup to 6-59 months children.
- 95% of the AWWs are providing counselling on Covid appropriate behaviour and 88.9% are providing counselling on nutrition.

Recommendation:

- AWCs need to be clarified about their role in IFA supplementation especially for children under five and adolescent girls.
- Monitoring and follow-up plan for the supervisors will help to improve delivery of services like delivery of IFA to out of school adolescent girls and 6-59 months children.

PMMVY services – 952 (97.1%) AWWs are providing services under PMMVY

Growth monitoring of children –

While it is extremely challenging to continue growth monitoring of children amidst pandemic with very high case load, it is still crucial to prioritize and monitor children's growth in order to prevent secondary damage to the health and nutrition status of children. Hence, as per State Govt guidance, it is mandatory for the AWW to prioritize children for growth monitoring and conduct the same with all due precautions for COVID. Based on the responses from AWW, following are the findings:

Weight measurement – 627 (63.9%) of AWWs reported that they conducted weighing of children, in the following manner (mutually exclusive)

Children Prioritized			Where? (Platform)			How?		
Covered all children.	376	60.0	During home visit	241	38.4	Limited children with physical distancing	526	85.0
Only SAM/MAM and SUW/MUW from previous month/s	95	15.2	Only on VHSND	80	12.8	Different age groups on different days	164	26.2
Children from migrant families	1	0.2	At AWC, same as routine	87	13.9	Weekly of children with SAM	162	26.1
Children of less than 6 months	4	0.6	Combination of more than one place	219	34.9	Sanitization of the equipment	327	52.5
Children of 6 months to 2 years	16	2.6						
Combination / mixed approach	135	21.5				Using only salter scale	262	41.8

						Using only adult weighing scale	62	9.9
						Using both adult and salter scale	122	19.5
						Weight scale details are not captured	181	28.8

- Of the total AWWs who were weighing children 60% of them weighed all children, 15.3% weighed only SAM/MAM and SUW/MUW children from previous month, 22% weighed children from birth to 24 months and children who are SAM/MAM ad SUW/MUW
- 38.5% of the AWWs weighed children through home visits, 12.9% used VHND platform, 13.8% did it as routine through AWC and 34.8% used combination of more than one place.
- While weighing 85% of the AWWs are calling limited children at any one time during the day and following physical distance norms as well.
- Use of salter weighing machine for weighing children is preferred by 42% of the AWWs, while 10% are using adult weighing scale. 20% are using both the scales.
- 53% of the AWWs are sanitizing the equipment before weighing the children.
- Only 26% of the AWWs reported that they are weighing children with SAM on weekly basis.

Height measurement – 487 (49.6%) of AWWs reported measuring height/length of children, in the following manner.

Which children prioritized			Where?			How?		
Measuring height of all children	374	76.6	During home visit	299	61.3	Limited children with physical distancing	439	90.0
Only SAM/MAM and SUW/MUW from previous month/s	153	31.4	Only on VHSND	231	47.3	Different age groups on different days	156	32.0
Children from migrant families	24	4.9	At AWC, same as routine	139	28.5	Sanitization of the machine	255	52.3
Children of less than 6 months	79	16.2						
Children of 6 months to 2 years	99	20.3						

- Of the total AWWs who were measuring length/height of children, 77% of them covered all children. 31% covered only SAM/MAM and SUW/MUW children from previous month.
- 61% of the AWWs measured length/height of children through home visits, 47% used VHND platform and 29% did it as routine through AWC.
- While measuring length/height 90% of the AWWs are calling limited children at any one time during the day and following physical distance norms as well. At the same time 32% of the AWWs are calling different age groups on different days.
- 52% of the AWWs are sanitizing the equipment before measuring length/height of the children.

NRC referral and admission –

NRCs continue to provide the clinical care for children with SAM having medical complications and it becomes much more important during the pandemic. However, referral of children and access by the parents remains a challenge.

- AWWs reported to have referred children with SAM and medical complications – 61 (6.2%)
- AWWs reported that children referred by them were admitted to NRC – 22 (33%) (out of 61 above). Besides this, 85 other AWWs reported that children referred by them were admitted to NRC.
- According to AWWs following were reasons for children not admitted to NRCs –
    - Not eligible as per criteria of NRC admission – 540 (61.9%)
    - Family refused to visit to NRC – 158 (18.1%)
    - Other reasons – 148 (17%)
    - NRC nonfunctional – 21 (2.4%)
    - Family of child with SAM migrated – 4 (0.5%)
    - Lack of transport facility – 2 (0.2%)

Recommendation for Growth Monitoring:

- Reiteration of guidelines for growth monitoring of all children in the village including migrant population, is required with clarity on the process to be followed.
- Emphasis to be given on weekly weighing and monitoring of children with SAM.
- Supervisory cadre should be mobilized for ensuring monitoring and weekly follow-up of SAM children.

Personal protection measures –

Measures	Frequency	Percentage
Received gloves.	264	26.9
Received sanitizer.	474	48.3
Received mask.	445	45.4
Received first dose of vaccination.	928	94.7
Received second dose of vaccination.	854	87.1

- Less than 50% of the FLWs were provided with personal protection equipment/material.
- 95% of the AWWs were found to get their first dose of covid vaccination and 87% received both the doses.

Recommendation for personal protection measures for AWWs:

- Ensure provision of personal protection equipment/material to the FLWs.

2. Remote monitoring of ASHAs

Against the planned 939 ASHAs, the team contacted 960 ASHAs successfully for the remote monitoring. Key findings from the tele-calling with ASHAs are as follows:

Availability of MUAC tapes – 477 (49.6%) ASHAs do have MUAC with them.

Home visits – 917 (95.4%) of ASHAs were conducting home visits and providing following services –

Services provided during home visits.	Number	Percentage
Distribution of iron syrup and tablets to all category of beneficiaries	767	83.7
Distribution of folic acid to pregnant women	490	53.6
Distribution of calcium tablets to pregnant and lactating women	432	47.1
Messaging on Covid appropriate behavior hand washing, respiratory hygiene, physical distancing)	848	92.5
Counselling on nutrition Breast feeding, nutrition during pregnancy, dietary diversity, iron supplementation)	799	87.1
HBNC/HBYC visits	776	84.6
Counselling to family of children with SAM	469	51.1
Distribution of COVID medicine kit	541	58.9

- During home visits 84% of the ASHAs are distributing IFA supplements, 54% are distributing Folic Acid tablet to pregnant women during first trimester, 47% are distributing calcium tablets to pregnant and lactating women.
- 93% of the ASHAs are providing counselling on Covid appropriate behavior and 87% are providing counselling on nutrition.
- 85% of the ASHAs are doing HBNC/HBYC visits
- Counselling to family of children with SAM is done only by 51% of the ASHAs.

Recommendations:

- ASHAs need to be clarified about their role in IFA, folic acid, calcium supplementation for pregnant and lactating women.
- Monitoring and follow-up plan for the supervisors will help to improve delivery of services like delivery of IFA to out of school adolescent girls and 6-59 months children and counselling to family of SAM children.

NRC referral and admission –

Only 75 (7.8%) of ASHAs reported that children with SAM and medical complications were referred and admitted to NRCs.

Of the 885 who reported that they did not hospitalize any SAM child, following reasons were cited –

- Not eligible as per criteria of NRC admission – 573 (64.7%)
- Family refused to visit to NRC – 145 (16.4%)
- Other reasons – 142 (16%)
- NRC nonfunctional – 21 (2.4%)
- Family of child with SAM migrated – 3 (0.3%)

- Lack of transport facility – 2 (0.2%)

Of those SAM Children who were eligible for admission to the NRC 16% of the ASHAs gave family refusal as the cause of not visiting the NRC

Recommendation:

- Capacity building of ASHAs for identification and referral of SAM, is required with clarity on the process to be followed.
- Supervisory cadre should be mobilized for ensuring monitoring and screening of all children for identification and referral of SAM with complication to NRC and admission of SAM without complication to CSAM programme at AWC.

HBNC and HBYC services provided during home visits –

HBNC and HBYC services provided during home visits.	HBNC		HBYC	
	Number	Percentage	Number	Percentage
Nutrition counselling Breast feeding, complementary feeding)	823	89.5	382	41.5
Counseling for IFA syrup	N/A	N/A	264	28.7
Counselling for iron tablet consumption by lactating mother	608	66.1	274	29.8
Counselling on dietary diversity	N/A	N/A	283	30.8
Examination of children for illness	586	63.7	245	26.6
Assess immunization status.	648	70.4	301	32.7
ECD assess and counselling on ECD)	394	42.8	141	15.3
HBNC/HBYC components not included during home visit	224	24.3	165	17.9
Not applicable	28	3.0	357	38.8

- 90% of the ASHAs provide counselling on IYCF during their HBNC visit but this reduces to 42% in HBYC visits.
- Only 29% ASHA counsel about IFA syrup supplementation during HBYC visits
- Counselling for IFA tablet consumption by lactating mother is a little better with 66% ASHAs providing it during their HBNC visit but this reduces to 30% in HBYC visits.
- 42% of the ASHAs provide counselling on dietary diversity during their HBYC visits.
- 64% of the ASHAs examine children for illness during their HBNC visit but this reduces to 27% in HBYC visits.
- 70% of the ASHAs assess immunization status during their HBNC visit but this reduces to 33% in HBYC visits.

Recommendations:

- Capacity building of ASHAs for counselling on HBYC, dietary diversity, IFA syrup supplementation to children from 6 months onwards, examination of illness and immunization status of children

and IFA and calcium tablet consumption by lactating mother, is required with clarity on their role.

- Reminder whatsApp messages on monthly basis can help in reiterating the message.

Personal protection measures –

Measures	Frequency	Percentage
Received gloves.	381	39.7
Received sanitizer.	568	59.2
Received mask.	655	68.2
Received first dose of vaccination.	938	97.7
Received second dose of vaccination.	877	91.4

Recommendation for personal protection measures for ASHAs:

- Ensure provision of personal protection equipment/material to the FLWs.

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