Improving linkages between primary healthcare services and the community:

Overcoming the last mile delivery challenges in Indian context

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340 million
CHINA: 1.36 billion
INDIA: 1.25 billion
UP + BIHAR: 340 million
USA: 316 million
<table>
<thead>
<tr>
<th>Death Type</th>
<th>India Burden</th>
<th>Global Burden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal deaths</td>
<td>20,000</td>
<td>7%</td>
</tr>
<tr>
<td>Neonatal deaths</td>
<td>2,32,000</td>
<td>9%</td>
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<tr>
<td>Under five deaths</td>
<td>4,26,000</td>
<td>7%</td>
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</tbody>
</table>
50% children not immunized*

30% currently married women use modern contraceptives

5% mothers receive full ante natal care

40% children exclusively breastfed*

*For Bihar the full immunization rates are 60% and children exclusively breastfed are 53%
Poor health infrastructure plagues these two states

- **80%**
  Shortage of Specialists at secondary health care centers

- **50%**
  Shortage of nursing staff at primary and secondary health centers

- **40%**
  Shortage of Doctors at primary health care centers
In this scenario, is it possible to bring the basic preventive services closer to the community?
VHND acts as a link between the community and facility to provide easily accessible health services.
WHAT HAPPENS AT A VHND?

1. FLWs match due lists, prepare micro-plans

- Pre
- During
- Post
<table>
<thead>
<tr>
<th>क्षेत्र</th>
<th>प्रति वर्षीय निवासी का आय</th>
<th>निवासी की संख्या</th>
<th>आय का प्रतिशत</th>
</tr>
</thead>
<tbody>
<tr>
<td>क्रम 1</td>
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<td>क्रम 2</td>
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<td>क्रम 3</td>
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<td>क्रम 4</td>
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</tbody>
</table>

*Note: The table contains data for various districts with columns for annual per capita income, population, and percentage of income.*
AAA meeting
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Pre  | During  | Post
WHAT HAPPENS AT A VHND?

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**During**

**Post**
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During  
Post
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4. ANMs responsible for service delivery

**Post**

VHND
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During

VHND

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6. Filled-in checklists reviewed by block and district level officials
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VHND
How does one reach 152,550 villages?
How does one train 495,000 front-line workers?
2008-2014
Predominantly RI

2008
VHND launched in UP

2015
New guidelines & Government Orders rolled out

Q1 2015
VHND strengthening campaign

Q4 2015
Training of 300,000 FLWs initiated

UP example
INPUT TO IMPACT PATHWAY

**INPUT**
- VHNDs organized every month at village level

**OUTPUT**
- Provision of quality health and nutrition services

**OUTCOME**
- Identification and management of high risk cases

**IMPACT**
- Improved outcomes in terms of reduction in maternal and infant mortality
IMPROVED AVAILABILITY AND SERVICE DELIVERY OF ANC SERVICES

Source: External evaluation survey conducted by Sambodhi
IMPROVED FP, NUTRITION AND RI SERVICES

Family Planning Services at VHNDs

- Condoms available: Q1’15 (29), Q4’16 (56)
- OCPs available: Q1’15 (34), Q4’16 (63)
- ECPs available: Q1’15 (12), Q4’16 (52)

Maternal Nutrition Services

- IFA distributed: Q1’15 (60), Q4’16 (81)
- Supplementary nutrition to pregnant woman: Q1’15 (48), Q4’16 (52)

RI at VHNDs

- Immunization of children: Q1’15 (95), Q4’16 (100)

Source: External evaluation survey conducted by Sambodhi
GOING FORWARD

Further capacity building of state and district level staff for better monitoring and FLWs for improved service delivery

Digital tracking of services through VHND app

Potential to use this platform to roll out NCD screening and injectables for family planning
THANK YOU