**Scope of Work**

Mentor-Mentee Program

**RESEARCH TOPIC: LEADERSHIP & GOVERNANCE**

**14. Assessing role of community led governance and accountability measures (VHSND) in improving health systems responsiveness and access to care**

**Title of the proposed research project:** An explorative analysis on the effect of COVID-19 pandemic on Odisha’s VHND programme from a health system perspective

**Rationale:**

Odisha, a state in eastern India (formerly known as Orissa) has a population of 42.0 million, with a large proportion (3,49,70,562) of rural population[1]. The annual average growth rate of the state economy during 2012-13 to 2019-20 was 7.1% as against the National average of 6.6%, but also suffered setbacks due to Century Crisis of COVID-19 pandemic resulting in negative growth rate in 2020-21 [2]. The pandemic has directly and indirectly affected the health of the community at large. With the roll out of the “Healthcare for All: Vision 2025”, by the Government of Odisha, the political commitment of the state and health financing will no longer be a challenge [3].

Village Health and Nutrition Day (VHND)**,** a national program, under the National Health Mission, is a significant platform for providing essential Reproductive and Child Health services at the village level; thus providing for convergence amongst the service providers of Health, ICDS and the community. Odisha has customized the national VHND guideline as per the state specific needs and practices. In Odisha, VHND is known as Mamata Diwas; it is conducted at Anganwadi centre (AWC) level on a monthly basis covering Pregnant Women, Lactating Mothers, and Children below 5 years and Adolescent girls as the primary beneficiaries. VHND in Odisha is unique in its nature as far as strengthening the referral of malnourished children to Pustikar Divas and providing incentives for the beneficiaries and the escort concerned. This has helped in promoting health seeking behavior of the community and ensuring better results. [4].

**Objective of the study:** To study the governance of VHND

: To find out the effects of COVID 19 in service delivery and program utilization

**Novelty:** Assessment of a health program (VHND), in relation to the effects of COVID19 pandemic, will be the first of its kind in eastern India.

This study will analyze the current status of planning and preparedness of concerned functionaries and highlight the gaps in convergence of services. The status of preparedness of village functionaries – Auxiliary Nurse Midwife (ANM), Accredited Social Health Activist (ASHA), Anganwadi worker (AWW) and Panchayati Raj Institution (PRI) member to provide various services at VHND will be analysed to identify the gaps in implementation.

Identified bottlenecks in program implementation and utilsation, will help formulate policies for smooth execution of health programs during pandemics.

**Project description:** The methodology adopted will be:

1. Participant observation and interaction: *To understand the satisfaction level of beneficiaries on quality of service delivery*

2. Site observation: *To observe status of infrastructure and its environment, the quality of service delivery and session facilitation. To observe active participation of beneficiary, service provider and community members.*

3. Document research: by review of records. *To document quantitative information on beneficiary coverage, availability of equipments, medicines and service delivery.* 4. Interview with the identified stakeholders: *The technique of assessment used will consist of different contours and dimensions so that all the stakeholders will be well represented.*

***Study setting:*** districts of Odisha

***Study design:*** cross-sectional

***Sampling Strategy:*** purposive sampling. State of Odisha has 30 districts, out of which 10 districts are “high priority districts” with poor health indicators [5]. We will randomly select 5 districts from the 10 high priority districts and 5 from the other 20 districts. The assessment will be done across 20 blocks, two from each district. In every block, five VHND sites will be randomly picked.

***Sample Size:*** 100 VHND sites and sessions

***Expected outcomes:***

⮚ The planned VHND assessment, to find out the effects of COVID 19 in service delivery and program utilization, will provide an insight to the challenges in service delivery in the districts, identify the gaps, highlight best practices and support the government in framing guidelines for program implementation during pandemics.

⮚ It will further help in strengthening the quality of services provided in the VHNDs. ⮚ Will provide an insight about the convergence between the ICDS and NHM at grass-root level and help identify the bottlenecks in implementation of program during COVID-19. This will help propose possible strategies for closing the health and nutrition gap.

***Timelines:*** 3 months (after study approval). The proposed timeline will be concurrent and run simultaneously.

⮚ Developing guidelines, tools/questionnaire and techniques for the assessment- 15 days ⮚ Pre-testing of tools and techniques- 7 days

⮚ Orientation to the team members on guidelines, tools and techniques of data collection and assessment- 3 days

⮚ Contact with concerned officials at district level & preparation of schedule: 10 days ⮚ VHND visit, Observation and Data collection by trained staff: 2 months ⮚ Data Compilation, Analysis & Report Preparation: 15 days

⮚ Report sharing with Do H& FW and Do W& CD: 7 days

|  | **Activities** | **Duration in weeks** | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 1  2  3 | Developing guidelines, tools/questionnaire and techniques for the assessment |  |  |  |  |  |  |  |  |  |  |  |  |
| Pre-testing of tools and techniques |  |  |  |  |  |  |  |  |  |  |  |  |
| Orientation to the team members on guidelines, tools and techniques of data collection and assessment |  |  |  |  |  |  |  |  |  |  |  |  |

| 4  5  6  7 | Contact with concerned officials at district level & preparation of schedule |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| VHND visit, Observation and Data collection by trained staff |  |  |  |  |  |  |  |  |  |  |  |  |
| Data Compilation, Analysis & Report Preparation: 15 days |  |  |  |  |  |  |  |  |  |  |  |  |
| Report sharing with Do H& FW and Do W& CD |  |  |  |  |  |  |  |  |  |  |  |  |

**Refrences:**

1. Primary Census Abstract Data Highlights, Census of India*.* Registrar General and Census Commissioner of India*.*

*[*https://www.censusindia.gov.in/2011census/PCA/PCA\_Highlights/pca\_highlights\_file/I ndia/Chapter-1.pdf *]*

2. Odisha Economic Survey 2020-21, Planning and convergence department, Government of Odisha.

[ http://www.desorissa.nic.in/pdf/Odisha%20Economic%20Survey%202020-21-1.pdf ] 3. Healthcare for All: Each life matters –Vision 2025

[https://mio.investodisha.gov.in/img/sessions-pdf/HealthVision.pdf ]

4. VHND Assessment Conducted In Six Districts, Quality Indicators Developed and Discussed With DoH&FW & DWCD

[http://www.nrhmorissa.gov.in/writereaddata/Upload/Documents/VHND%20Assessment %20Conducted%20In%20Six%20Districts,%20Quality.pdf ]

5. Guidance note for implementation of RMNCH+Ainterventions in High Priority Districts, National Rural Health Mission, Ministry of Health & Family Welfare, Nirman Bhawan, Government of India

[https://venturecenter.co.in/collab/health/wp-content/uploads/2015/11/High-priority districts.pdf ]

**Compensation**

The Consultancy fee for this engagement is USD 5,000(Inclusive of all indirect taxes). The payment will be disbursed in three instalments, in the proportions given below and the consultant should provide the invoice against each deliverable.

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| --- | --- | --- | --- |
| **Instalment** | **Percentage** | **Amount (USD)** | **Deliverable/ Milestone** |
| 1 | 25 | 1250 | On Signing Contract |
| 2 | 25 | 1250 | On submission of literature review and methodology (including stakeholders for a qualitative interview and analysis plan) approved by the Mentor, and |
| 3 | 50 | 2500 | On submission of the final deliverable approved and accepted by the Mentor & AHI Team. |

**Term**

This engagement shall commence upon execution of this Agreement. The Agreement shall continue in full force and is effect from **September 15, 2021** to **December 15, 2021** and is extendable based on the review of Consultant’s performance by the Foundation and mutual concurrence on revised terms of engagement.