Study on Gap Analysis of Villages Health and Nutrition Day in Kaimganj Block District: Farrukhabad (UP)

By

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The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

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In recognition of having successfully completed his
Internship in the department of Community &Nutrition

He has successfully completed his Project on

A Study on Gap Analysis of Village Health and Nutrition Day in Kaimganj Block District: Farrukhabad, U.P

From- February,2016 to April,2016

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He comes across as a committed, sincere & diligent person who has a
Strong drive and zeal for learning

We wish him all the best for future endeavors

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This is to certify that the dissertation titled **A Study on Gap Analysis of Village Health and Nutrition Day in Kaimganj Block District: Farrukhabad (UP)** and submitted by Mr. Biswajit Patra Enrollment No. 19-1541 under the supervision of Prof. Dr. Suresh Joshi for award of MBA in Hospital and Health Management of the University carried out during the period from Feb, 2016 to May, 2016 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Biswajit Patra

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Abstract

BACKGROUND OF THE STUDY

Village Health and Nutrition Days (VHNDs) are a major initiative under the National Rural Health Mission (NRHM) to improve access to maternal, new-born, child health and nutrition (MNCHN) services at the village level. Across the country, VHNDs are intended to occur in every village level. This would provide the first point of contact for essential primary health care and would work as the common platform for convergence amongst service providers of Health, ICDS and the community. Strategically, trainings would be given at State, regional district and sector level to various categories of functionaries. Under the programme, the primary clients are pregnant women, lactating mothers, children below five years and adolescent girls. Basic components of primary healthcare services, including early registration, deworming, counselling on early breastfeeding, identification and referral of high risk cases of children and pregnant women, as well as basic ANC and PNC care will be provided at community level in order to address the essential requirements of pregnancy, delivery, referral, childhood illnesses and adolescent health. The programme would be organized for once a month in every Anganwadi Centre on a fixed day basis (either Wednesday or Saturday) with joint efforts of ANM, AWW and ASHA. On an average, there are six to eight AWCs under the operational jurisdiction of one Sub Centre and thus there would be about eight fixed days in a month per Sub Centre. There should be an advanced fixation of the day with all AWCs for the entire month, so that the service providers and the community are aware of it much in advance.

Rationale-

Village Health and Nutrition Day is an initiative taken under NRHM, with a prime motto to deliver basic health services to the last person in the community. The data shows that health service provision has fairly improved but the aim of the program is yet to be achieved. This signifies that there are gaps in the service delivery at VHNDs.

Research Question-

- What are the gaps at the Village Health Nutrition Day at every village level?

Research Objective-

- To identify the gaps at the Village Health and Nutrition Day held at village level.

Research Methodology-

- Study Type- cross sectional study
- Study Area- The study is conducted at Kaimganj block of Farrukhabad district (Uttar Pradesh) with a sample size of 20 VHND sites.

- Study Period- 3 month
- Study Respondents-The respondents for the following were front line workers (ANM, ASHA and AWW) at the various VHND site.
- Sample Method- The method followed for the study is simple random sampling. From every PHC area, 2 sub centres will be selected and 4 VHND sessions will be selected from each sub centre area. The sample will be decided from the micro plan available at block. Simple random sampling method will be applied for selecting the VHND sites from the micro plan.
- Sample Size- A sample size of 20 is taken. VHND is conducted on Wednesday and Saturdays of every week. If 1 VHND site are visited every Tuesday and 1 site every Friday, then total 8 VHND sites can be assessed in a month. In a time period of 3 month, 24 VHND sites can be visited. Leaving public holidays aside a sample size of 20 can be taken.
- Data Collection Technique- Face to face interview and direct observation.
- Data Collection Tool- Structured questionnaire
- Data Analysis- The data analysis done in MS Excel
- Ethical Consideration-

- Data confidentiality will be maintained throughout the study.
- The will be shared for the dissertation purpose only.

Scope of the Study- Facilities available at VHND sites, Presence of frontline workers, Counselling services available at VHND sites, availability of food and THR at the VHND site, availability of equipment's at the VHND sites, utilization of equipment's, availability of drugs at VHND sites, availability of vaccines at VHND sites, availability of records and registers at VHND sites.

Use of the study- After the study if results are satisfactory in those particular areas then no further changes are required. If it is not, then we need to be focus on the following aspects like, Supportive supervision at VHND sessions, capacity building of frontline workers, strengthening monitoring and motivate the workers to perform better by introducing an award for best VHND site.

Result

It is very clearly evident from the results that the services available at VHNDs is very poor and needs immediate attention. The infrastructure is very poor and almost 90 percent of sites do not have basic facilities like electricity, toilet, and drinking water. Counselling is rarely done. The drugs and equipment's are not sufficiently available at many VHND sites and if available then the utilization is very poor. The frontline workers do not have proper skills to deliver the services. Services relate to immunization are in focus and other services are kept aside. Overall there is a huge gap in the service delivery at VHNDs as 70 percent of the VHND sites fall under poor performing zone (red zone), 30 percent fall under satisfactory performing category and zero percent fall under the good performing category.

Acknowledgement

The success of any task would be incomplete without the expression of gratitude to the people who made it possible. I hereby take an opportunity to express my sincere gratitude towards everyone who helped directly or indirectly incompletion of my Internship at UP-TSU.

At the onset of my report, I would like to acknowledge my sincere thanks to our institute, Institute of Health Management and Research, Jaipur for providing us platform to gain enough knowledge and skills in different aspects of health management, and UP-TSU for believing in my abilities.

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Abbreviations

TSU	Technical Support Unit
ANC	Ante Natal Check
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	AnganWadi Worker
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha, SowaRigpa and Homeopathy
BPO	Block Program officer
CHC	Community Health Center
CLMIS	Contraceptive Logistic Management Information System
AAA	Anganwadi ASHA ANM
DHH	District Health Hospital
GIS	Global Information System
GODMAN	Govt. Doctor's Information Management
HBPNC	Home Based Post Natal Care
HRMIS	Human Resource Management Information System
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IMR	Infant Mortality Rate
ITEMS	Integrated Training & Evaluation Management System
JSSK	Janani ShishuSurakhshaKaryakram

LBW	Low Birth Weight
MAS	MahilaArogyaSamitis
MDG	Millennium Development Goals
MoHFW	Ministry of Health and Family Welfare
NGO	Non-Governmental Organization
NHM	National Health Mission
NRC	Nutrition Rehabilitation Centre
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission
PHC	Primary Health Center
PRI	Panchayati Raj Institutions
RKS	RogiKalyanSamiti
RMNCH+A	Reproductive Maternal Newborn Child Health+ Adolescent
SAM	Severe Acute Malnutrition
SC	Sub Center
SDH	Sub Divisional Hospital
SHSRC	State Health Sytems Resource Center
SIHFW	State Institute of Health and Family Welfare
TFR	Total Fertility Rate
IFA	Iron & Folic Acid
TT	Tetanus Toxoid
UHC	Universal Health Coverage
ULB	Urban Local Bodies
UPHC	Urban Primary Health Centre
HPD	High Priority District
VHND	Village Health & Nutrition Day
IHAT	Indian Health Action Trust
VHSNC	Village Health Sanitation& Nutrition Committee
WHO	World Health Organization

1.1 BACKGROUND OF THE STUDY

Village Health and Nutrition Days (VHNDs) are a major initiative under the National Rural Health Mission (NRHM) to improve access to maternal, new-born, child health and nutrition (MNCHN) services at the village level. Across the country, VHNDs are intended to occur in every village level. This would provide the first point of contact for essential primary health care and would work as the common platform for convergence amongst service providers of Health, ICDS and the community. Strategically, trainings would be given at State, regional district and sector level to various categories of functionaries. Under the programme, the primary clients are pregnant women, lactating mothers, children below five years and adolescent girls. Basic components of primary healthcare services, including early registration, deworming, counselling on early breastfeeding, identification and referral of high risk cases of children and pregnant women, as well as basic ANC and PNC care will be provided at community level in order to address the essential requirements of pregnancy, delivery, referral, childhood illnesses and adolescent health. The programme would be organized for once a month in every Anganwadi Centre on a fixed day basis (either Wednesday or Saturday) with joint efforts of ANM, AWW and ASHA. On an average, there are six to eight AWCs under the operational jurisdiction of one Sub Centre and thus there would be about eight fixed days in a month per Sub Centre. There should be an advanced fixation of the day with all AWCs for the entire month, so that the service providers and the community are aware of it much in advance.

1.2 Service Package for VHND- A proper VHND should provide following services,

Maternal Health-

Early registration of pregnancies, Focuses ANC, Referral for women with signs of complications during pregnancy and those needing emergency, Referral for safe abortion to approved MTP canters, 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 complimentary feeding, care of new-born, contraception.

Child Health-

Infants up to 1 year: Registration of new births, counselling for care of new-borns and feeding, complete routine immunization, immunization for dropout children, first dose of vitamin A along with measles vaccine, weighing.

Children aged 1-3 years: Booster dose of DPT/OPV, second to fifth dose of vitamin A, table IFA-(small) to children with clinical anaemia, weighing, provision of supplementary food for grades of mild malnutrition and referral cases for severe malnutrition.

All children below 5 years: Tracking & 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, organising ORS depots at the session site, counselling on nutrition supplementation and balance diet.

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.

Reproductive Tract Infections and Sexually Transmitted Infection-

Counselling on prevention of RTIs and STIs, including HIV/AIDS, and referral of cases for diagnosis and treatment, counselling for premenopausal and postmenopausal 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.

Sanitation-

Identification of households for the construction of sanitary latrines, guidance on where to go and who to approach for availing of subsidy for those eligible to get the same under the total sanitation campaign, avoidance breeding sites of mosquitoes.

Communicable Diseases-

Group communication activities for raising awareness about signs and symptoms of leprosy, suspected cases and referrals, awareness generation about symptoms of TB, provision of anti-TB drugs to patients.

Gender-

Communication activities for prevention of pre-natal sex selection, illegality of prenatal sex selection & special alert for one daughter families, communication on the prevention of violence against women, domestic violence act,2006, age at marriage, especially the importance of raising the age at marriage for girls.

Issues- Government of India launched a program known as Village Health Sanitation and Nutrition Day under this umbrella program was covering all maternal health services including services as well as health education to both age group Adolescent & Pregnant women's.

A proper Anti Natal Care, Intra Natal Care, Post Natal Care, Proper delay management, vaccination, Nutrition supplementation and management on a single platform which was lacking, these all services was coming under various programme because of that a complete of all services to needy women was lacking which was effecting the overall progress of RCH program in country. But still it is really providing all services in a systematic pattern as what we expected during launching this program. There is still gap lying in availability of services at VHND platform.

1.3 Review of Literature-

- The 1978 Alma Ata declaration of highlighted the importance of Primary Health Care and critical role played by Community Health Workers (CHW) to link communities to the health system. The use of community members to render certain basic health services to their communities is a concept that has existed for the last 50 years. There have been innumerate experiences throughout the world with programme ranging from large scale, national programmes to community based initiatives. (1)
- Sessions like VHND are organized, in the village at a fixed day, place and time through convergent actions by the departments of health and the department of women and child development. Due to inadequate dissemination of guideline for conducting the outreach sessions, health workers' often locked clarity in understanding their role. (1)
- The data reflects that the VHND sessions are being organized, as per the immunization session roaster of the villages and the service related to immunization are only being provided rather than providing all the basic health services.(2)
- In India VHND is a priority intervention under the National Rural Health Mission (NRHM), Government of India which are emerged from attempts to increase coverage of basic health and nutrition services in rural areas not served by health facilities.(3)
- According to a rapid on VHND was carried out by UNICEF in 2011 indicate that VHNDs are conducted on a designated day. However, discussions and feedback from the community and functions show that quality of interaction during VHND sessions is not up to the mark. This has an impact on the participation on the community in VHND. Quality entails a number of aspects- 1)involvement of the organizations(frontline workers from health , ICDS, panchayat functionaries and involvement of community institutions), 2) common understanding among all stakeholders about how VHND is to be organised and services that are to be offered,3) pre-service mobilization and post service follow up, 4)publicity and preparation for the VHND and 5) instruments and required equipment for VHND, 6)motivation amongst FLWs due to over worked schedules) information's during sessions. (4)
- Inter-sectorial convergence between Health and Nutrition activities is the focus of the Village Health Nutrition Day (VHND) program under NRHM of the Ministry of health and family welfare, Government of India. The ASHAs, AnganWadi Workers, Auxiliary Nurse Midwives and the Panchayati Raj Institute members, work as a team to ensure that services are provided by VHND. The case can be used to discuss the

challenges in convergence between various government departments in planning the services tom be offered on the VHND, generation demand for the services through IEC/counselling and actually providing services on the VHND. (5)

1.4 Rationale-

Village Health and Nutrition Day is an initiative taken under NRHM, with a prime motto to deliver basic health services to the last person in the community. The data shows that health service provision has fairly improved but the aim of the program is yet to be achieved. This signifies that there are gaps in the service delivery at VHNDs.

1.5 Research Question-

- What are the gaps at the Village Health Nutrition Day at every village level?

1.6 Research Objective-

- To identify the gaps at the Village Health and Nutrition Day held at village level.

1.7 Research Methodology-

- Study Type- Cross sectional study
- Study Area- The study is conducted at Kaimganj block of Farrukhabad district (Uttar Pradesh) with a sample size of 20 VHND sites.
- Study Period- 3 month
- Study Respondents-The respondents for the following were front line workers (ANM, ASHA and AWW) at the various VHND site.
- Sample Method- The method followed for the study is simple random sampling. From 1 PHC area, 4 sub centres was taken and 2 VHND sessions was selected from each sub centre area. The sample was decided from the micro plan available at block. Simple random sampling method applied for selecting the VHND sites from the micro plan
- Sample Size- A sample size of 20 is taken. VHND is conducted on Wednesday and Saturdays of every week. If 1 VHND site are visited every Tuesday and 1 site every Friday, then total 8 VHND sites can be assessed in a month. In a time period of 3 month, 24 VHND sites can be visited. Leaving public holidays aside a sample size of 20 can be taken.
- Data Collection Technique- Direct observation.
- Data Collection Tool- Structured questionnaire
- Data Analysis- The data analysis done in MS Excel
- Ethical Consideration-

- Data confidentiality will be maintained throughout the study.
- The will be shared for the dissertation purpose only.

1.8 Scope of the Study- Facilities available at VHND sites, Presence of frontline workers, Counselling services available at VHND sites, availability of food and THR at the VHND site, availability of equipment's at the VHND sites, utilization of equipment's, availability of drugs at VHND sites, availability of vaccines at VHND sites, availability of records and registers at VHND sites.

1.9 Use of the study- After the study if results are satisfactory in those particular areas then no further changes are required. If it is not, then we need to be focus on the following aspects like, Supportive supervision at VHND sessions, capacity building of frontline workers, strengthening monitoring and motivate the workers to perform better by introducing an award for best VHND site.

1.10Result and Discussions-

Demographic Profile – Demographic profile of Farrukhabad district.

Map1:

a) In 2011, Farrukhabad had population of 1656616 of which 881776 male and female were 774840 and respectively. In 2001 census, Farrukhabadhad a population of 1388923 of which males were 744170 and remaining 644753 were females.
b) There was change of 19.27 percent in the population compared to population as per 2001. In the previous census of India 2001, FarrukhabadDistrict recorded increase of 20.16 percent to its population compared to 1991.
c) Average literacy rate of Farrukhabad District in 2011 were 77.70 compared to 61.88 of 2001. If things are looked out at gender wise, male and female literacy were 80.91 and 63.33 respectively. For 2001 census, same figures stood at 72.76 and 61.88 in Farrukhabad District. Total literate in Farrukhabad District were 1192763 of which male and female were and respectively. In 2001, Farrukhabad had in its district.
d) With regards to Sex Ratio inFarrukhabad, it stood at 879 per 1000 male compared to 2001 census figure of 866. The average national sex ratio in India is 943 as per latest reports of census 2011 Directorate. In 2011 census, child sex ratio is 898 girls per 1000 boys compared to figure 912 of girls per 1000 boys' of2001 census data.

After analysing the data of 20 VHND sites throughout Kaimganj block of Farrukhabaddistrict the major findings are clubbed under various heads are presented as below

Table 1. Facilities Available at VHND Sites

SL No	Facilities Available at the VHND Sites	Present	Absent	Percentage	
				Present	Absent
1	Electricity	4	16	25	75
2	Safe Drinking Water	3	17	18	82
3	Toilet	5	15	33	67
4	Toilet with Running water	2	18	11	89
5	Proper Sitting Arrangement	6	14	43	57
6	Privacy for ANC	3	17	18	82

Here table 1 is presenting the availability of facilities at the VHND sites. Out of 20 VHND sites only at 4 VHND sites electricity was available. There was all total 15 sites where toilet facility was not available out of which only 11 percent toilet had running water facility. Safe drinking was available only at 3 sites. There was a major gap in privacy for ANC which was limited to only 18 percent of the VHND sites visited.

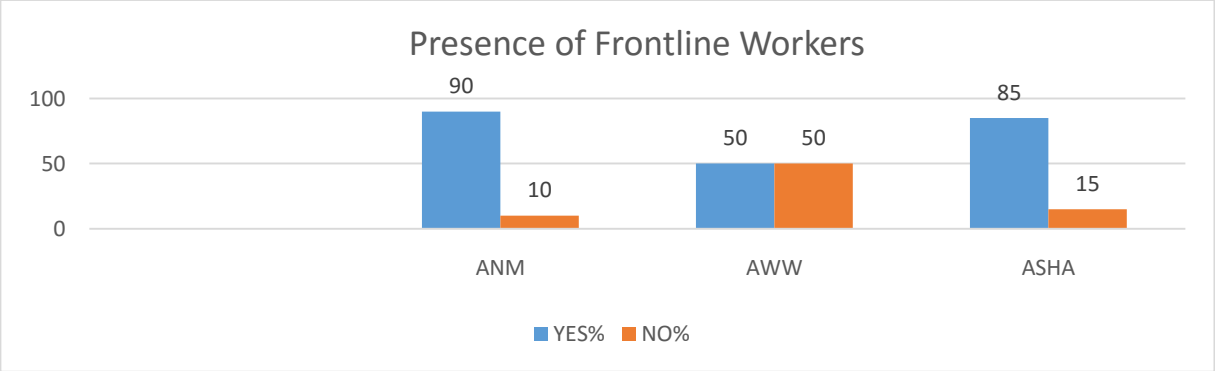

Figure1: Bar Graph showing the percentage of presence of Frontline Workers at VHND sites

The above figure shows the presence of frontline workers (ANM, AWW and ASHA). Within all 20 VHND sites the presence of ANM was 90 percent, AWW presence was 50 percent. On the other hand in 85 percent sites ASHA was present and only in 45 percent VHND sites AWH were present.

Table2: Counselling Services Available at the VHND Sites

SL NO	Counselling Services Available at the VHND Sites	Present	Absent	Percentage	
				Present	Absent
a.	Counselling for Pregnant Women	11	9	55	45
b.	Counselling for Children	7	13	35	65
c.	Counselling for Breast feeding	10	10	50	50
d.	Counselling for Adolescent about Nutrition & Hygiene	1	19	5	95

The above table shows the counselling services provided at the VHND sites. Out of the 20 VHND sites visited, counselling services for pregnant woman, children and breast feeding were provided at only around half of those sites (55 percent, 35 percent and 50 percent respectively). Counselling services to adolescents about nutrition and hygiene was rarely provided at the VHND sites (5 percent). This was a major concern.

Table 3: Availability of Take Home Rationat the VHND Sites

SL NO	Availability of THR	Present	Absent	Percentage	
				Present	Absent
a.	THR Available	9	11	45	55
b.	THR Distributed	8	12	40	60

The above table and figure shows the availability of THR at the VHND site. Among the 20 VHND sites visited, THR was not available at 55 percent and not distributed at 60 percent of these VHND sites. THR is a step taken to full fill the nutritional need of the community and hence it is identified as a major gap at the VHND sites as nutrition is a major component of the program.

Table 4: Availability of Equipment's at VHND sites

SL NO	Availability of Equipment's	Present	Absent	Percentage	
				Present	Absent
a.	Weighing Machine (Adult)	16	4	80	20
b.	Weighing Machine(Children)	11	9	55	45
c.	Weighing Machine(Infant)	1	19	5	95
d.	Examination table	8	12	5	95
e.	Uri stick	12	8	40	60
f.	Nischay Kits	14	6	60	40
g.	HB Meter	16	4	70	30
h.	Stethoscope	15	5	80	20
i.	BP Instrument	18	2	75	25
j.	Fetoscope	8	12	90	10

The above table shows the availability of equipment's which are supposed to be present in sufficient quantity at various VHND sites as per the guidelines. The weighing machine for adult, children and infant were present at 80, 55 and 5 percent of the VHND sites visited. The other equipment's like examination table, Uri stick, nischay kits, HB meterwere present at 40, 60, 70 and 80 percent at VHND sites. On the other hand stethoscope, BP instrument and fetoscope present at 75, 90 and 40 percent sites.

Table 5: Utilization of Equipment's at VHND Sites

SL NO	Availability of Equipment's	Present	Absent	Percentage	
				Present	Absent
1	Weighing Machine(Adult)	12	8	60	40
2	Weighing Machine(Children)	7	13	35	65
3	Weighing Machine(Infant)	0	20	0	100
4	Examination table	2	18	10	90
5	Uri stick	6	14	30	70
6	Nischay Kits	7	13	35	65
7	HB Meter	13	7	65	35
8	Stethoscope	9	11	45	55
9	BP Instrument	15	5	75	25
10	Fetoscope	1	19	5	95

Although there were sites where many equipment's are present but rarely in use for different reasons like lack training to use the equipment, unwillingness to use the instrument or maybe they had fear of damaging the equipment, resistance from the community on using the equipment's etc.

The above table shows the availability and usage of the weighing machines at VHND sites. Among 80 percent of available adult weighing machines only 60 percent are actually being used. Similarly, among 55 percent of available children weighing machines only 35 percent were in used whereas among 5 percent of infant weighing machines none are being used.

For better understanding a comparison of equipment's present and equipment's used at the VHND sites has been done.

Table 6: Availability of Drugs at VHND Sites

SL NO	Availability of Drugs	Present	Absent	Percentage	
				Present	Absent
a.	OCP	7	13	35	65
b.	Condoms	12	8	60	40

c.	IFA for Adults	16	4	80	20
d.	IFA for Children	10	10	50	50
e.	Iron Syrups	17	3	85	15
f.	ORS	18	2	90	10
g.	Zinc Tab	16	4	80	20
h.	VIT A TAB	14	6	70	30
i.	Cloroquine	13	7	65	35
j.	Albendazole	15	5	75	25
k.	Paracetamol	18	2	90	10
l.	Calcium Citrate	15	5	75	25
m.	Cloroquine IE Ointment	6	14	30	70
n.	Cotton Bandage	8	12	40	60
o.	Cotton Swab	14	6	70	30

Above figure shows the availability and usage of equipment's like stethoscope, BP instrument and fetoscope at VHND sites. Among 80 percent sites where stethoscope was available but only at 45 percent sites were using it serve the purpose. There were 75 percent sites where BP instrument was available but utilization was in 75 percent sites. Fetoscope utilization was seen only 5 percent sites. From figure 6 and 7 is clearly evident that there is a huge gap in availability and utilization of the equipment's at the VHND sessions.

Table7: Availability of Vaccines at VHND Sites

SL NO	Availability of Vaccines	Present	Absent	Percentage	
				Present	Absent
a.	BCG	3	17	20	80
b.	DPT	17	3	85	15
c.	Polio vaccine	17	3	85	15
d.	Measles Vaccine	16	4	80	20
e.	HEP B Vaccine	12	8	60	40
f.	TT	18	2	90	10

The above table and figure shows the availability of drugs at the VHND sites. A huge gap seen in the availability of drugs at many VHND sites. There were few sites where were scarce in quantity. ORS and paracetamol were present at 90 percent of the sites in sufficient quantity.

The above table and figure shows the availability of vaccines at the VHND sites. BCG was present at only at 20 percent of the sites visited. The reason of such less number of BCG was because of very few beneficiary at VHND. DPT, Polio and TT were present at almost all the sites the percent was 85, 85 and 90 accordingly. Measles was present at 80 percent of the sites and Hep B vaccine was present at 60 percent of the sites.

Table8: Availability of Records & Registers

SL NO	Availability of Records & Registers	Percentage	
		Present	Absent
a.	Due List Manual	35	65
b.	MCP Card	75	25
c.	MCTS Tracking Form	45	55
d.	Refer Register	5	95
e.	Gram Swasthya Register	45	55
f.	Counselling Material	10	90

The above table shows that the availability of records and registers. Due list was available at 35 percent of the sites. MCP card. MCTS training form and Gram swasthya register were available at 75, 45 percent of the sites respectively. Refer register and counselling material was rarely available at the VHND sites visited.

Table 9: Skills of ANM

SL NO	Skills of ANM	Percentage	
		Present	Absent
a.	ANM has Skill to Measure BP	80	20

b.	ANM has Skill to Measure HB	75	25
c.	ANM has Skill to Measure to use Fetoscope	80	20
d.	ANM has Skill to Perform Urine Test	45	55
e.	ANM has Skill to Administer Vaccine	90	10

The above table and figure shows the skills of ANM to deliver services at VHNDs, 20 percent of the sites visited had ANM who do not know how to measure BP, 25 percent had ANM who do not know the proper way of HB estimation, 20 percent ANM who do not know how to use a fetoscope and only 45 percent ANM know that how to perform urine test. 10 percent had ANM who were not aware of the way to administer vaccine. There seems to a huge gap here as the service provider should possess all the important skill in order to improve the quality of service.

1.11Observations of field Visits

a) During my visits to SC, PHC, CHC OR FRU in general all of them were maintained properly. When TSU come into action and starts providing technical support the quality of service is much improved.
b) Role of AWW & ASHA is not visible & they needs to be oriented on health & nutrition issues in various sites.
c) Expired medicines were found in the medicine stock and sometime medicines with short expiry are given to FLW.
d) Toilet facility was not available at VHND sites.
e) Hardly any issues are discussed as per guidelines.
f) Most of the VHND sites all the vaccines were available.
g) Height of the children is not measured.
h) Banner /poster was not displayed in various sites.
i) Counselling is not observed.

1.12 Discussion-

The objective of the study was to observe and find out the gaps in the service delivery at VHNDs in one TSU block Kaimganj of Farrukhabad district and compare some parameters with VHND guidelines. Study type is cross sectional study and total 20 VHND sites data was collected. The sampling method was simple random sampling from 1 PHC area 4 Sub Centers was taken 2 VHND sessions was selected from each sub center area. The sample was decided from the micro plan available at block. Simple random sampling method applied for selecting the VHND sites from the micro plan. Data collection technique was direct observation. Data collection tool was structured questionnaire and data analysis done in MS Excel.

Out of 20 VHND sites only at 4 VHND sites electricity was available. There was all total 15 sites where toilet facility was not available out of which only 11 percent toilet had running water facility. Safe drinking was available only at 3 sites. There was a major gap in privacy for ANC which was limited to only 18 percent of the VHND sites visited.

Within all 20 VHND sites the presence of ANM was 90 percent, AWW presence was 50 percent. On the other hand in 85 percent sites ASHA was present and only in 45 percent VHND sites AWH were present.

Counselling services for pregnant woman, children and breast feeding were provided at only around half of those sites (55 percent, 35 percent and 50 percent respectively). Counselling services to adolescents about nutrition and hygiene was rarely provided at the VHND sites (5 percent). This was a major concern.

The weighing machine for adult, children and infant were present at 80, 55 and 5 percent of the VHND sites visited. The other equipment's like examination table, Uri stick, nischay kits, HB meter were present at 40, 60, 70 and 80 percent at VHND sites. On the other hand stethoscope, BP instrument and fetoscope present at 75, 90 and 40 percent sites.

Although there were sites where many equipment's are present but rarely in use for different reasons like lack training to use the equipment, unwillingness to use the instrument or maybe they had fear of damaging the equipment, resistance from the community on using the equipment's etc.

Among 80 percent sites where stethoscope was available but only at 45 percent sites were using it serve the purpose. There were 75 percent sites where BP instrument was available but utilization was in 75 percent sites. Fetoscope utilization was seen only 5 percent sites. From figure 6 and 7 is clearly evident that there is a huge gap in availability and utilization of the equipment's at the VHND sessions.

The reason of such less number of BCG was because of very few beneficiary at VHND. DPT, Polio and TT were present at almost all the sites the percent was 85, 85 and 90 accordingly. Measles was present at 80 percent of the sites and Hep B vaccine was present at 60 percent of the sites. VHNDs, 20 percent of the sites visited had ANM who do not know how to measure BP, 25 percent had ANM who do not know the proper way of HB estimation, 20 percent ANM who do not know how to use a fetoscope and only 45 percent ANM know that how to perform urine test. 10 percent had ANM who were not aware of the way to administer vaccine. There seems to a

huge gap here as the service provider should possess all the important skill in order to improve the quality of service.

1.12CONCLUSION & RECOMMENDATION

It is very clearly evident from the results that the services available at VHNDs is very poor and needs immediate attention. The infrastructure is very poor and almost 90 percent of sites do not have basic facilities like electricity, toilet, and drinking water. Counselling is rarely done. The drugs and equipment's are not sufficiently available at many VHND sites and if available then the utilization is very poor. The frontline workers do not have proper skills to deliver the services. Services relate to immunization are in focus and other services are kept aside. Overall there is a huge gap in the service delivery at VHNDs as 70 percent of the VHND sites fall under poor performing zone 30 percent fall under satisfactory performing category and zero percent fall under the good performing category. There is a need to fill the gaps present at the VHND sites and for the following steps need to be taken:

- Supportive supervision and on the spot training at VHND sessions.
- Capacity building of frontline workers and frequent training of the same.
- Proper planning and implementation of VHNDs.
- Strengthening monitoring and supervision of VHNDs.
- Community awareness and proper IEC should also be done to encourage health seeking behaviour among the masses.
- Motivate the workers to perform better by introducing an award for the best VHND site (Model VHND)
- Cluster meetings should be properly arrange
- AAA meeting platform should be properly utilize, it will help to develop the coordination between ASHA, Anganwadi worker and ANM. So main motto behind VHND will be fulfilled.

1.13 Limitations of the Study

This study was done in very small and focused area.

Bibliography-

1. Handbook for Members of VHSNC, (Last accessed on 20th January 2016). Available from: [nrhm.gov.in/.../village-health-sanitation-nutrition-committee.html]
2. VHND Guidelines by Government of India, (Last accessed on 20th January 2016), Available from: [nrhm.gov.in/communitisation/village-health-nutrition-day.htm].

3. VHND Assessment, Available from: (nrhm.gov.in/communitisation/village-health-nutrition-day.html)
4. VHND Operational Guidelines, (Last accessed on 20th January 2016). Available from: [nrhm.gov.in/communitisation/village-health-nutrition-day.html].
5. Service Package for VHND, (Last accessed on 20th January 2016), Available from:[http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4408710/]

ANNEXURE

CONFIDENTIAL
(For study purpose only)

IIHMR University

Assessment and Rapid Survey

VHND Questionnaire

STATE_____

DISTRICT_____

THESIL/TALUKA/BLOCK_____

VILLAGE_____

NAME OF THE INVESTIGATOR
…….

SIGNATURE OF THE INVESTIGATOR

Interview

DATE	MONTH	YEAR	DAY

TIME

Start of interview:-……

End of Interview:----------

1. Facilities Available at the VHND Sites

SL No	Facilities Available at the VHND Sites	Present	Absent	Percentage	
				Present	Absent
1	Electricity				
2	Safe Drinking Water				
3	Toilet				
4	Toilet with Running water				
5	Proper Sitting Arrangement				
6	Privacy for ANC				

2. Presence of Frontline Workers

SL NO	Presence of Frontline Workers	Present	Absent	Percentage	
				Present	Absent
1	ANM				
2	AWW				
3	ASHA				

3. Counselling Services Available at the VHND Sites

SL NO	Counselling Services Available at the VHND Sites	Present	Absent	Percentage	
				Present	Absent
1	Counselling for Pregnant Women				
2	Counselling for Children				
3	Counselling for Breast				

	feeding				
4	Counselling for Adolescent about Nutrition & Hygiene				

4. Availability of THR

SL NO	Availability of THR	Present	Absent	Percentage	
				Present	Absent
1	THR Available				
2	THR Distributed				

5. Availability of Equipment's

SL NO	Availability of Equipment's	Present	Absent	Percentage	
				Present	Absent
1	Weighing Machine (Adult)				
2	Weighing Machine(Children)				
3	Weighing Machine(Infant)				
4	Examination table				
5	Uri stick				
6	Nischay Kits				
7	HB Meter				
8	Stethoscope				
9	BP Instrument				
10	Fetoscope				

6. Utilization of Equipment's

SL NO	Availability of Equipment's	Present	Absent	Percentage	
				Present	Absent
1	Weighing Machine(Adult)				
2	Weighing Machine(Children)				
3	Weighing Machine(Infant)				
4	Examination table				
5	Uri stick				
6	Nischay Kits				
7	HB Meter				
8	Stethoscope				
9	BP Instrument				
10	Fetoscope				

7. Availability of Drugs at VHND Sites

SL NO	Availability of Drugs	Present	Absent	Percentage	
				Present	Absent
1	OCP				
2	Condoms				
3	IFA for Adults				
4	IFA for Children				
5	Iron Syrups				
6	ORS				
7	Zinc Tab				
8	VIT A TAB				
9	Cloroquine				
10	Albendazole				
11	Paracetamol				
12	Calcium Citrate				
13	Cloroquine IE Ointment				
14	Cotton Bandage				
15	Cotton Swab				

8. Availability of Vaccines at VHND sites

SL NO	Availability of Vaccines	Present	Absent	Percentage	
				Present	Absent
1	BCG				
2	DPT				
3	Polio vaccine				
4	Measles Vaccine				
5	HEP B Vaccine				
6	TT				

9. Availability of Records & Registers

SL NO	Availability of Records & Registers	Present	Absent	Percentage	
				Present	Absent
1	Due List Manual				
2	MCP Card				
3	MCTS Tracking Form				
4	Refer Register				
5	Gram Swasthya Register				
6	Counselling Material				

10. Skills of ANM

SL NO	Skills of ANM	Present	Absent	Percentage	
				Present	Absent
1	ANM has Skill to Measure BP				
2	ANM has Skill to Measure HB				
3	ANM has Skill to Measure to use Fetoscope				
4	ANM has Skill to Perform Urine Test				
5	ANM has Skill to Administer Vaccine				

संलग्नक – 8: ग्राम स्वास्थ्य एवं पोषण दिवस के लिए जांच–सूची

ब्लॉक का नाम: _____

प्राथमिक स्वास्थ्य केंद्र (पीएचसी) का नाम: _____

उपकेंद्र का नाम: _____

गांव का नाम: _____

क्रम संख्या	मापदंड	मूल्यांकन हाँ / नहीं / आंशिक / लागू नहीं	टिप्पणी
	वीएचएनडी के दौरान स्वास्थ्य कार्यकर्ता की उपस्थिति		
1	क्या वीएचएनडी के दौरान एएनएम उपस्थित थी?		
2	क्या वीएचएनडी के दौरान आशा उपस्थित थी?		
3	क्या वीएचएनडी के दौरान आंगनवाड़ी कार्यकर्ता उपस्थित थी?		
	वीएचएनडी के दौरान एएनएम द्वारा प्रदान की गई सेवाएं		
1	क्या एएनएम गर्भवती महिलाओं की प्रसवपूर्व जांच कर रही थी?		
2	प्रसवपूर्व देखभाल (एएनसी) की कौन–सी सेवाएं प्रदान की जा रही थीं?		
i	टिटेनस टॉक्साइड की सूइयां		
ii	रक्तचाप नापना		
iii	गर्भवती महिलाओं का वजन करना		
iv	हिमोग्लोबिनोमीटर का उपयोग कर एनीमिया के लिए रक्त की जांच करना		
v	पेट का परीक्षण		
vi	उचित भोजन और आराम करने के बारे में परामर्श / सलाह		
vii	किसी खतरे के संकेत – जैसे कि पूरे शरीर में सूजन, धुंधला दिखाई पड़ना और तेज सिरदर्द या ठंड लगकर बुखार आने इत्यादि के बारे में पूछताछ करना।		
viii	संस्थागत प्रसव के लिए परामर्श		
3	क्या एएनएम बच्चों को टीके लगा रही थी?		
4	क्या उसने 2 वर्ष से कम उम्र के किसी बच्चे के बीमार होने पर दवाएं दी थीं या रेफर किया था?		
	आंगनवाड़ी कार्यकर्ता द्वारा वीएचएनडी के दौरान प्रदान की गई सेवाएं		
1	क्या आंगनवाड़ी कार्यकर्ता 0–6 वर्ष आयु के सभी बच्चों का वजन कर रही थी?		
2	क्या आंगनवाड़ी कार्यकर्ता सही ढंग से बच्चों का वजन कर रही थी?		
3	क्या आंगनवाड़ी कार्यकर्ता वृद्धि निगरानी चार्ट पर सही वजन दर्ज कर रही थी?		

क्रम संख्या	मापदंड	मूल्यांकन हाँ / नहीं / आंशिक / लागू नहीं	टिप्पणी
4	क्या आंगनवाड़ी कार्यकर्ता ने 6 माह–3 वर्ष आयु के बच्चों को घर ले जाने वाला राशन दिया था?		
5	क्या आंगनवाड़ी कार्यकर्ता ने किशोरियों को घर ले जाने वाला राशन राशन दिया था?		
6	क्या आंगनवाड़ी कार्यकर्ता ने गर्भवती महिलाओं को घर ले जाने वाला राशन दिया था?		
7	क्या आंगनवाड़ी कार्यकर्ता ने स्तनपान करा रही माताओं को घर ले जाने वाला राशन दिया था?		
	वीएचएनडी के दौरान प्रदान की गई सेवाओं की गुणवत्ता		
1	एएनएम की वजन तौलने की मशीन ठीक ढंग से काम कर रही थी		
2	आंगनवाड़ी कार्यकर्ता की वजन तौलने की मशीन ठीक ढंग से काम कर रही थी		
3	थर्मामीटर सही काम कर रहा था		
4	रक्तचाप (बीपी) नापने का यंत्र सही काम कर रहा था		
5	पूरक आहार उपलब्ध था		
6	पूरक आहार की गुणवत्ता अच्छी थी		
	आशा द्वारा निभाई गई भूमिका		
1	क्या आशा ने उन भावी लाभार्थियों की सूची बनाई थी जिन्हें एएनएम या आंगनवाड़ी कार्यकर्ता की सेवाओं की जरूरत है?		
2	क्या आशा अधिकांश (75 प्रतिशत से अधिक) लाभार्थियों को वीएचएनडी में आने के लिए प्रेरित कर पाई थी?		
3	क्या उसने वीएचएनडी से कम से कम एक दिन पहले इसकी तारीख के बारे में लाभार्थियों को सूचित किया था?		
4	क्या उसने वीएचएनडी का आयोजन करने में एएनएम या आंगनवाड़ी कार्यकर्ता की सहायता की थी?		
	सामान्य प्रश्न		
1	वीएचएनडी का आयोजन स्थल क्या था?		
i	आंगनवाड़ी केंद्र		
ii	उप केंद्र		
iii	पंचायत हॉल		
iv	कोई अन्य – खुला आयोजन स्थल		
2	क्या वीएचएनडी महीनें की किसी नियत तिथि को आयोजित किया गया था?		