

A Study on Gap Analysis of Village Health and Nutrition Day

**Internship Training
at
Majhgawan Block, Satna,
Madhya Pradesh**

**By
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**Under the guidance of
Dr. S.D Gupta**

**Post Graduate Diploma in Hospital and Health Management
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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr Abhishek Kumar Choudhary** student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management Research, Jaipur has undergone internship training at **PRAYAS, Madhya Pradesh** from **5th February 2014 to 30th April 2014**

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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The certificate is awarded to

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In recognition of having successfully completed his
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and has successfully completed his Dissertation on

**A Study on Gap Analysis of Village Health and Nutrition Day
In Majhgawan block of Satna District (M.P.)**

From February 2014 to May 2014

Under Prayas in Madhya Pradesh

He has come across as a committed, sincere & diligent person who has a
strong drive & zeal for learning

We wish him all the best for future endeavors.


Chhaya Pachauli
Senior Programme Coordinator

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "Gap analysis of Village Health and Nutrition Day in Majhgawan block of Satna district" submitted by Dr Abhishek Kumar Choudhary, Enrollment No. 1281 under the supervision of Dr S.D.Gupta for award of Post Graduate Diploma in Hospital and Health Management carried out during the period from 05th February 2014 to 30th April 2014 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.



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ABSTRACT

Background: Village Health and Nutrition Days (VHNDs) are a major initiative under the National Rural Health Mission (NRHM) to improve access to maternal, newborn, child health and nutrition (MNCHN) services at the village level. Across the country, VHNDs are intended to occur in every village once a month usually at the *Anganwadi* Centre (AWC) or other suitable location.

Objective: The objective of the study is to identify the gaps at the Village Health and Nutrition Day held at village level.

Methodology: The study was conducted at Majhgawan block of Satna district (Madhya Pradesh) with a sample size of 40 respondents through a cross sectional survey. The respondents for the following study were the frontline workers (ANM, ASHA and AWW) at the VHND session site. Data was collected using a VHND assessment sheet and was analyzed with the help of MS Excel.

Findings: The findings revealed that there was a huge gap when the guidelines were compared with the findings of field visit. The major gaps were seen at facilities available at VHND sites like electricity, drinking water etc, presence of frontline workers (ANM, AWW, ASHA), counseling services, availability of HCM and THR, availability of Equipments, utilization of equipments, availability of Drugs, availability of Vaccines, availability of Records and registers and skills of ANM to deliver services.

Conclusion: Overall there is a huge gap in the service delivery at VHNDs as 72 percent of the VHND sites fall under the poor performing category, 28 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 that step like capacity building of the frontline workers, monitoring the sites, supportive supervision by the monitoring staff, proper planning and management of VHNDs are to be done.

ACKNOWLEDGEMENT

I am wholeheartedly grateful to Dr S.D.Gupta, (Director, IIHMR) my guide and mentor for his constant support, guidance and encouragement throughout the study. His critical appraisal and suggestions have helped me in shaping this report. I am extremely obliged for his keen interest, constant support and guidance.

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LIST OF ABBREVIATIONS

AFP	–	Acute Flaccid Paralysis
ALS	–	Advance life support
AMC	–	Annual Maintenance Contract
ANM	–	Auxiliary Nurse Midwife
APHC	–	Additional Primary Health Centre
ARC	–	Asha Resource Centre
ARI	–	Acute Respiratory Infection
ASHA	–	Accredited Social Health Activist
AWC	–	Aanganwadi Centre
AWH	–	Aanganwadi Helper
AWW	–	Aanganwadi Worker
AYUSH	–	Ayurved Yoga Unani Siddha and Homeopathy
BCC	–	Behaviour Change Communication
BEmONC	–	Basic Emergency Obstetric Neonatal Care
BLS	–	Basic Life Support
BPL	–	Below Poverty Line
CBC	–	Community Based Care
CBO	–	Community Based Organization
CBPM	–	Community Based Participation and Monitoring
CD Block	–	Community Development Block
CDPO	–	Child Development Programme Officer
CES	–	Coverage Evaluation Survey
CG	–	Community Group
CH	–	Civil Hospital
CHC	–	Community Health Centre
CMC	–	Comprehensive Maintenance Contract
CMR	–	Child Mortality Rate
CPP	–	Control Program Phase
CS	–	Civil Surgeon
CSMP	–	Contraseptive Social Marketing Programme
CSO	–	Civil Society Organization

CSR	–	Confidential Service Report
DAC	–	District Accreditation Committee
DFID	–	Department for International Development
DH	–	District Hospital
DHAP	-	District Health Action Plan
DHS	–	District Health Society
DMEO	–	District Monitoring & Evaluation Officer
DP	–	Development Partners
DPC	–	District Planning Coordinator
DPHNO	–	District Public Health Nurse Officer
DPMU	–	District Programme Management Unit
DPR	–	Detailed Program Report
DSU	–	District Surveillance Unit
EDL	–	Emergency Drug List
EHSP	–	Essential Health Services Package
EVA	–	Electronic Vacuum Aspiration
FD	–	Feeding Demonstrator
FFHI	–	Family Friendly Hospital Initiative
FLHW	–	Field Level Health Worker
FMR	–	Financial Management Report
FNGO	–	Field Non-Governmental Organization
FPP	–	Family Planning Programme
GOB	–	Government of Bihar
GOI	–	Government of India
HBNC	–	Home Based Neonatal Care
HCM	–	Hot Cooked Meal
HMIS	–	Health Management Information System
HRD	–	Human Resource Development
HW	–	Health Worker
ICDS	–	Integrated Child Development Scheme
IEC	–	Information Education and Communication
IFA	–	Iron Folic Acid
IIHMR	–	Institute of Health Management Research
IMEP	–	Infection Management and Environment Protection

IMNCI	–	Integrated Management of Neonatal and Childhood Illnesses
IMR	–	Infant Mortality Rate
IPHS	–	Indian Public Health Standards
IUCD	–	Inter Uterine Contraceptive Devices
IYCF	–	Infant and Young Child Feeding
JBSY	–	Janani Evam Bal Suraksha Yojana
LHV	–	Local Health Visitor
LSAS	–	Life Saving Anesthetic Skill
MCP Card	–	Mother and Child Protection Card
M&E	–	Monitoring and Evaluation
MDG	–	Millennium Development Goals
MOHFW	–	Ministry of Health and Family Welfare
MoU	–	Memorandum of Understanding
MPH	–	Master in Public Health
MPTAST	–	Madhya Pradesh Technical Assistance and Support Team
MPW	–	Multi-Purpose Worker
MTP	–	Medical Termination of Pregnancy
RMNCH+A	–	Reproductive Maternal Neonatal and Child Health + Adolescent
ROP	–	Record of Proceedings
RTI	–	Reproductive Tract Infection
SAM	–	Severe Acute Malnutrition
SBA	–	Skilled Birth Attendant
SC	–	Scheduled Caste
SDH	–	Sub-Divisional Hospital
SGT	–	Second Generation Training
SHC	–	Sub Health Centre
THR	–	Take Home Ration

Introduction — Background of Study:

The goal of the Madhya Pradesh Health Sector Reform Project (MPHSRP) is to improve the health status of people in Madhya Pradesh (MP), especially the poor and the underserved, and thereby accelerate the state's progress towards the MDGs. The purpose is to increase use of quality health services especially by the poorest people and in underserved areas. The MPHSRP has been jointly designed by Government of Madhya Pradesh (GoMP) and UK Department for International Development (DFID). The Consortium that provides technical assistance to the government of Madhya Pradesh is called Madhya Pradesh Technical Assistance and Support Team (MPTAST).

Village Health and Nutrition Days (VHNDs) are a major initiative under the National Rural Health Mission (NRHM) to improve access to maternal, newborn, child health and nutrition (MNCHN) services at the village level. Across the country, VHNDs are intended to occur in every village once a month usually at the *Anganwadi* Centre (AWC) or other suitable location. AWCs are a central feature of the Ministry of Women and Child Development's flagship Integrated Child Development Services (ICDS) programme. VHNDs provide a basket of health and nutrition services and counseling to the community on a pre-designated day, time and place. VHNDs require convergent actions from the Department of Health and Family Welfare (DHFV) and the Department of Women and Child Development (DWCD) at state, district and block levels to plan, implement and monitor the programme. Accredited Social Health Activists (ASHAs) along with *Anganwadi* Workers (AWWs) are responsible for mobilizing the community for VHNDs, with support from *Panchayat Raj* Institutions (PRIs), and holding health education sessions. Auxiliary Nurse Midwives (ANMs) provides maternal, newborn and child health services such as antenatal care (ANC) and routine immunizations. AWWs provide growth monitoring services and referral of children with severe acute malnutrition in addition to distributing supplementary nutrition. The presence of all three frontline workers (i.e. AWW, ASHA and ANM) is critical for the provision of the intended package of services at VHNDs.

Review Of Literature

- The 1978 Alma Ata declaration of highlighted the importance of Primary Health Care and the 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 at least 50 years. There have been innumerable experiences throughout the world with programmes 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 outreach sessions, health workers often lacked clarity in understanding their role. (2)
- The data reflects that the VHND sessions are being organized as per the immunization session roaster of the villages and the services related to immunization are only being provided rather than providing all basic health services. (3)
- According to a rapid assessment 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 functionaries show that quality of interaction during VHND sessions is not up to the mark. This has an impact on the participation of the community in VHND. Quality entails a number of aspects – a) involvement of the organizers (frontline workers from health, ICDS, panchayat functionaries and involvement of community institutions), b) common understanding amongst all stakeholders about how VHND is to be organized and services that are to be offered, c) pre-service mobilization and post service follow up, d) publicity and preparation for the VHND and e) instruments and required equipment for VHND f) motivation amongst FLWs due to over worked schedules g) information shared during sessions etc. (4)
- In India, VHND is a priority intervention under the National Rural Health Mission (NRHM), Government of India which emerged from attempts to increase coverage of basic health and nutrition services in rural areas not served by health facilities. (5)

-
- 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, Angan Wadi Workers, Auxiliary Nurse Midwives and the Panchayati Raj Institute members work as a team to ensure that services are provided on the VHND. The case can be used to discuss the challenges in convergence between various government departments in planning the services to be offered on the VHND, generating demand for the services through IEC/counseling and actually providing services on the VHND. (6)

Rationale

Madhya Pradesh is a state with weak demographic indicators and Satna district is a high focused district in the state. There are a total of 292 villages in Majhgawan block and VHND sessions are held in 223 villages and among these villages all of them are not able to deliver the services as per the guidelines.

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 and Nutrition Day held 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** – Descriptive Cross sectional
- **Study area** – Majhgawan block of Satna district in Madhya Pradesh
- **Study period** – 3 months (February 2014 to April 2014)
- **Study respondents**- The respondents for the following study were the frontline workers (ANM, ASHA and AWW) at the VHND session site
- **Sample method**- Multistage Random Sampling was taken in the study. From every PHC area, 2 sub centers were selected and 4 VHND sessions were selected from each sub center area. The sample was taken from the microplan available at block. Simple random method was applied for selecting the VHND sites from the microplan.
- **Sample size** – A sample size of 40 was taken. VHND is conducted on Tuesdays and Fridays of every week. If 2 VHND sites are visited every Tuesdays and 2 sites every Friday, 16 VHND sites can be assessed in a month. Thus, in a time period of 3 month, 48 VHND sites can be visited. Leaving public holidays aside, a sample size of 40 has been taken.
- **Data collection technique**- Face to face interview and observation
- **Data collection tool**- Structured questionnaire was designed for conducting interview.
- **Data analysis** - The data analysis was done in MS Excel.
- **Ethical Consideration** – Informed consent was obtained from each respondent before the start of interview. The nature and purpose of the study was communicated to them. The respondent could withdraw anytime during the filling of questionnaire or interview according to his/her wish. The confidentiality and privacy of the information was maintained and this data will be solely used for dissertation purpose.

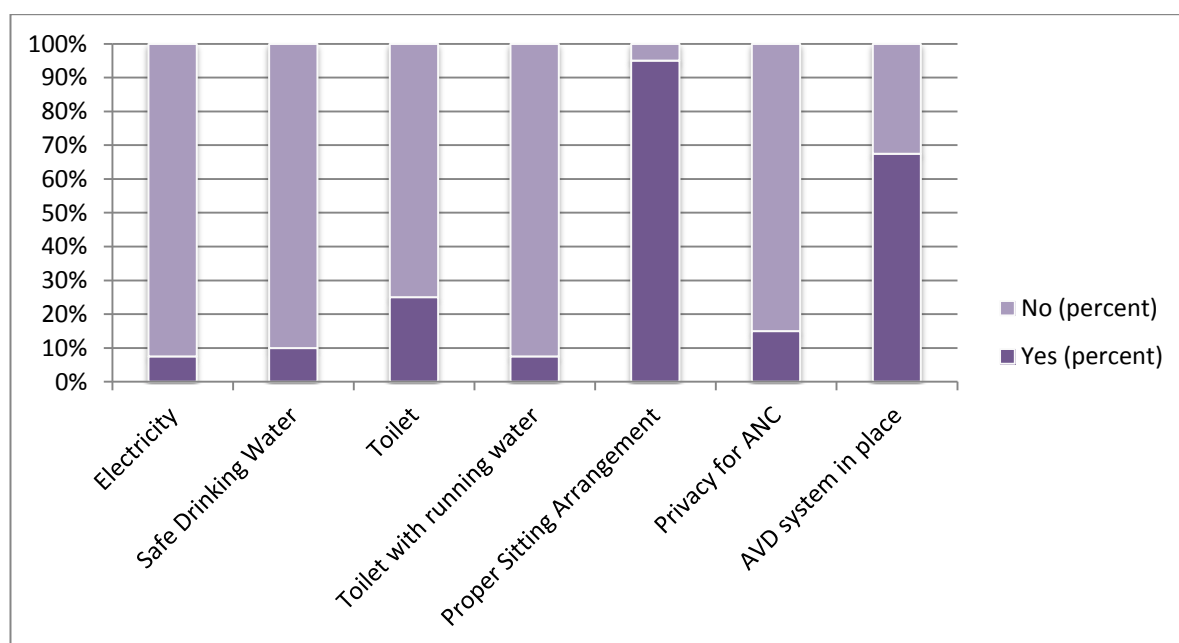
RESULTS AND DISCUSSION

After analyzing a sample of 40 VHND sessions throughout Majhgawan block of Satna district the major findings were clubbed under various heads which are presented as below:

Table 1. Facilities available at VHND sites

S.no	Facilities Available at the VHND Site	Yes	No	Yes (percent)	No (percent)
1	Electricity	3	37	7.5	92.5
2	Safe Drinking Water	4	36	10	90
3	Toilet	10	30	25	75
4	Toilet with running water	3	37	7.5	92.5
5	Proper Sitting Arrangement	38	2	95	5
6	Privacy for ANC	6	34	15	85
7	AVD system in place	27	13	67.5	32.5

Figure 1. A bar graph showing the percentage of various facilities available at VHND sites

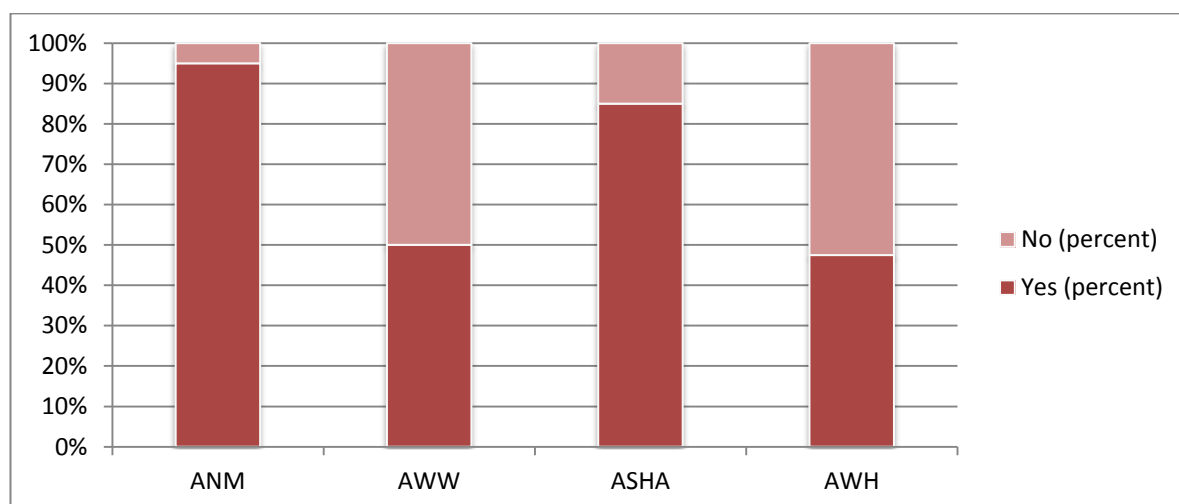


The above table and figure shows the facilities available at VHND sessions. Electricity and safe drinking water was not present at most of the sessions. Toilets were present at 25 percent of the sites out of which only 7 percent toilets had facility of running water. Sitting arrangements like dari, chair etc were present at 95 percent of the sites. There was a major gap in privacy for ANC which was limited to only 15 percent of the VHND sites visited. The AVD system was in place at 67 percent of the VHND sites.

Table 2. Presence of frontline workers

S.no	Presence of Frontline worker	Yes	No	Yes (percent)	No (percent)
1	ANM	38	2	95	5
2	AWW	20	20	50	50
3	ASHA	34	6	85	15
4	AWH	19	21	47.5	52.5

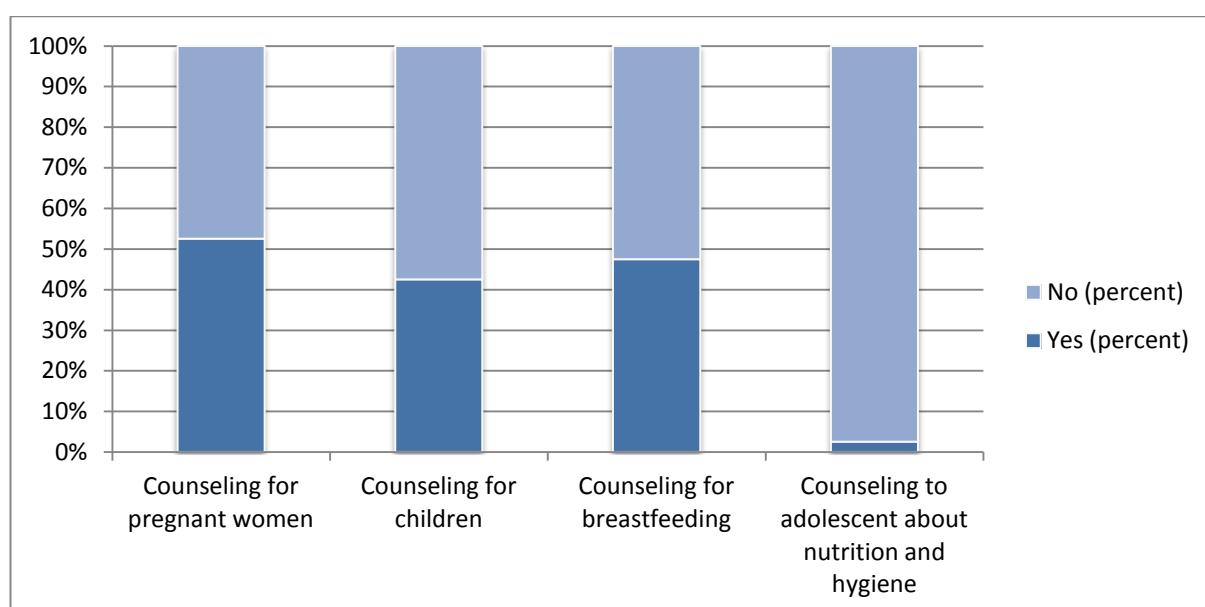
Figure 2. A bar graph showing percentage of frontline workers present at the VHND site



The above table and figure shows the presence of frontline workers (ANM, AWW, ASHA, AWH) at the VHND sites. The ANM and ASHA were present at most of the sites (95 percent and 85 percent respectively). The AWW and AWH were present at half of the total VHND sites visited (50 percent and 47 percent respectively).

Table 3. Counseling services available at the VHND sites

S.no	Counseling Services	Yes	No	Yes (percent)	No (percent)
1	Counseling for pregnant women	21	19	52.5	47.5
2	Counseling for children	17	23	42.5	57.5
3	Counseling for breastfeeding	19	21	47.5	52.5
4	Counseling to adolescent about nutrition and hygiene	1	39	2.5	97.5

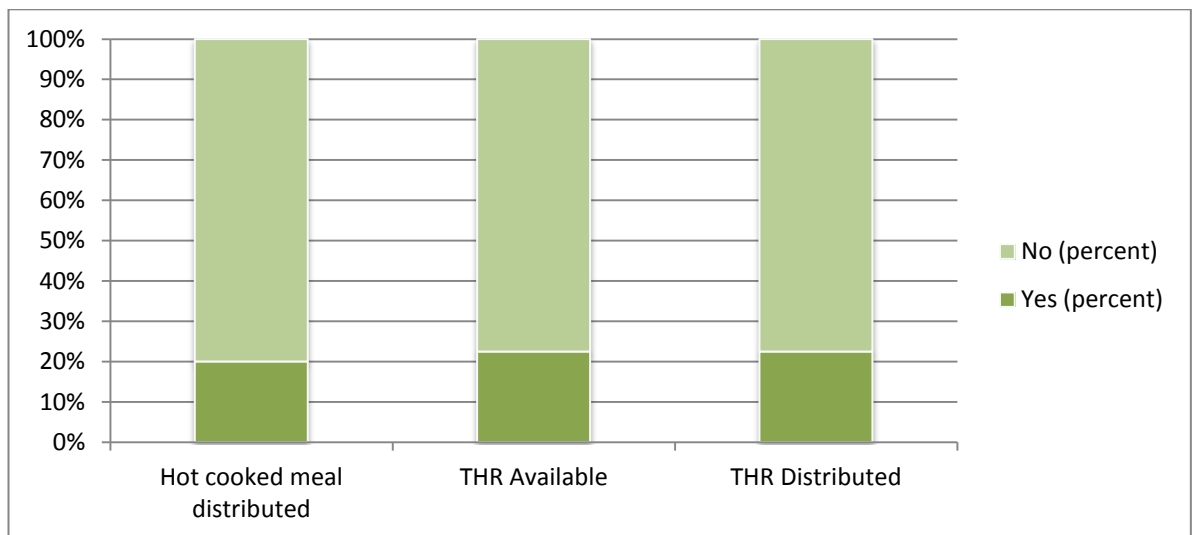
Figure 3. A bar graph showing percentage of Counseling services available at the VHND sites

The above table and figure shows the counseling services provided at the VHND sites. Out of the 40 sites visited, counseling services for pregnant women, children and breast feeding were provided at only half of those sites (52 percent, 42 percent and 47 percent respectively). Counseling services to adolescents about nutrition and hygiene was rarely provided at the VHND sites (2 percent). This was a major area of concern.

Table 4. Availability of Food and THR at the VHND site

S.no	Availability of Food and THR	Yes	No	Yes (percent)	No (percent)
1	Hot cooked meal distributed	8	32	20	80
2	THR Available	9	31	22.5	77.5
3	THR Distributed	9	31	22.5	77.5

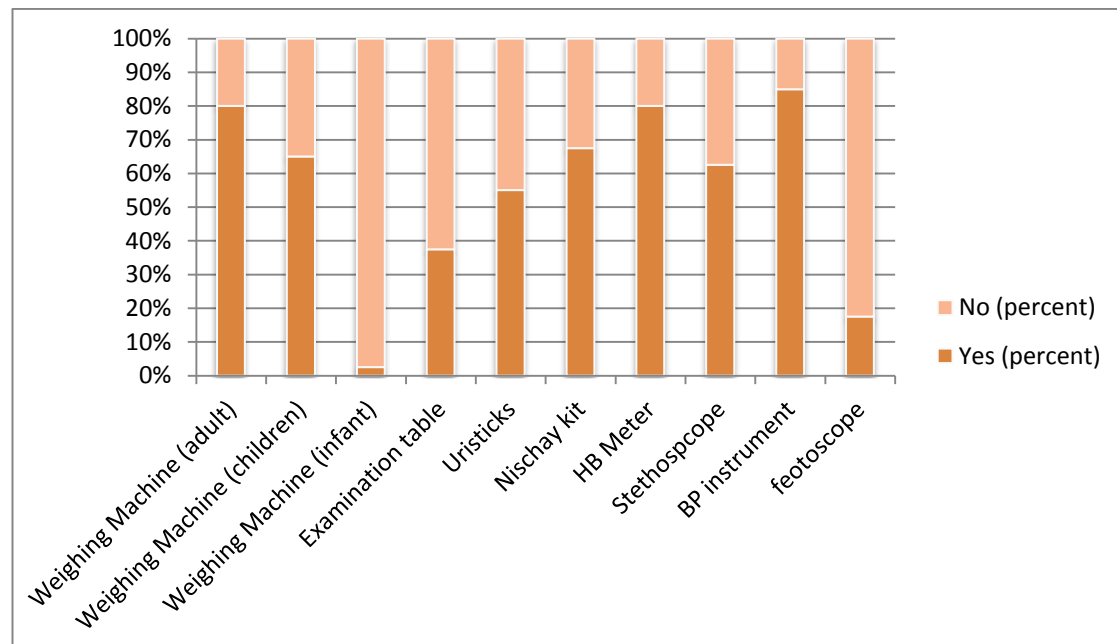
Figure 4. A bar graph showing percentage of availability of HCM and THR at the VHND site



The above table and figure shows the availability of HCM and THR at the VHND site. Among the 40 VHND sites visited, hot cooked meal was not distributed at 80 percent of those sites. THR was not available and distributed at 77 percent of those VHND sites. HCM and THR is a step taken to fulfill 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 5. Availability of Equipments at the VHND sites

S.no	Availability of Equipments	Yes	No	Yes (percent)	No (percent)
1	Weighing Machine (adult)	32	8	80	20
2	Weighing Machine (children)	26	14	65	35
3	Weighing Machine (infant)	1	39	2.5	95
4	Examination table	15	25	37.5	62.5
5	Uristicks	22	18	55	45
6	Nischay kit	27	13	67.5	32.5
7	HB Meter	32	8	80	20
8	Stethoscope	25	15	62.5	37.5
9	BP instrument	34	6	85	15
10	feotoscope	7	33	17.5	82.5

Figure 5. A bar graph showing the percentage of availability of equipments at VHND sites

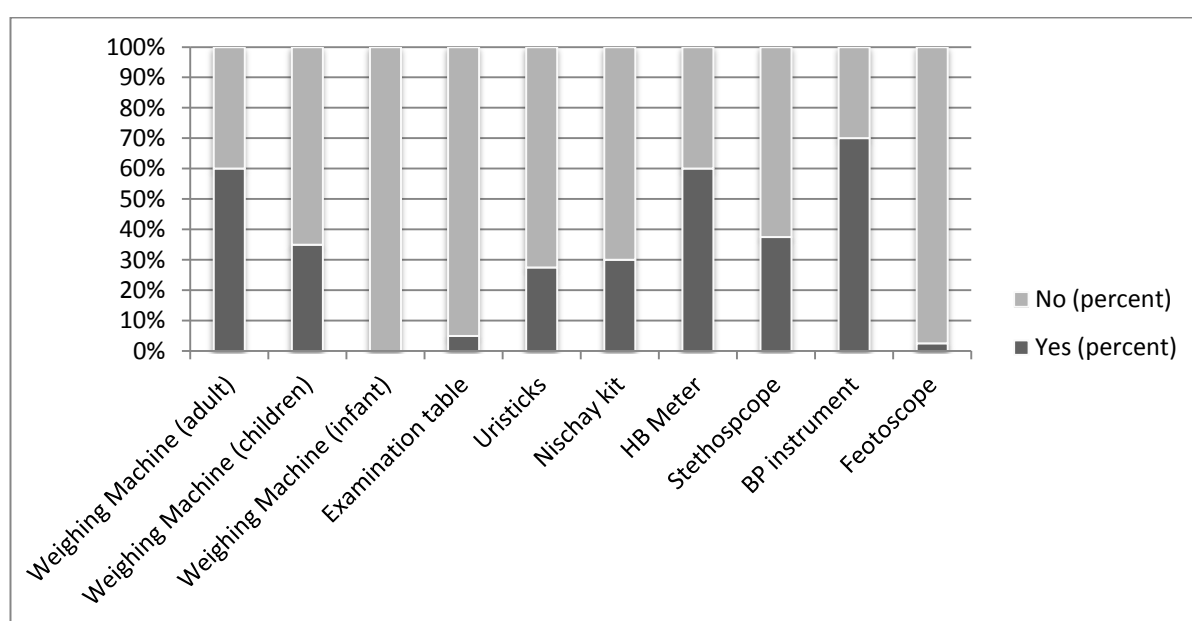
The above table and figure shows the availability of equipments which are supposed to be present in sufficient quantity at all VHND sites as per the guidelines. The weighing machine for adult, children and infant were present at 80 percent, 65 percent and 2 percent of the VHND sites visited. The other equipment like examination table,

Uristicks, Nischay kit, HB meter, Stethoscope, BP instrument and feotoscope were available at some and unavailable at other sites (37 percent, 55 percent, 67 percent, 80 percent, 62 percent, 85 percent and 17 percent were respectively present at the VHND sites).

Table 6. Utilization of Equipments

S.no	Utilization of Equipments	Yes	No	Yes (percent)	No (percent)
1	Weighing Machine (adult)	24	16	60	40
2	Weighing Machine (children)	14	26	35	65
3	Weighing Machine (infant)	0	40	0	100
4	Examination table	2	38	5	95
5	Uristicks	11	29	27.5	72.5
6	Nischay kit	12	28	30	70
7	HB Meter	24	16	60	40
8	Stethoscope	15	25	37.5	62.5
9	BP instrument	28	12	70	30
10	Feotoscope	1	39	2.5	97.5

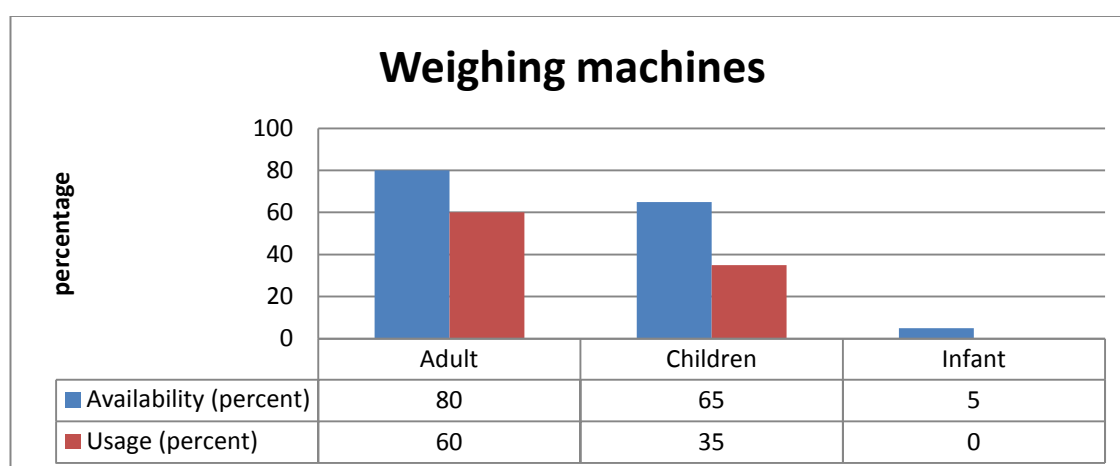
Figure 6. A bar graph showing the percentage of utilization of equipments at VHND sites



The above table and figure shows the utilization of the equipments present at the VHND sites. Although there are sites where many equipments are present but rarely used due to reasons like lack of training to use the equipment, unwillingness to use the equipment, fear of damaging the equipment, resistance from the community on using the equipment etc.

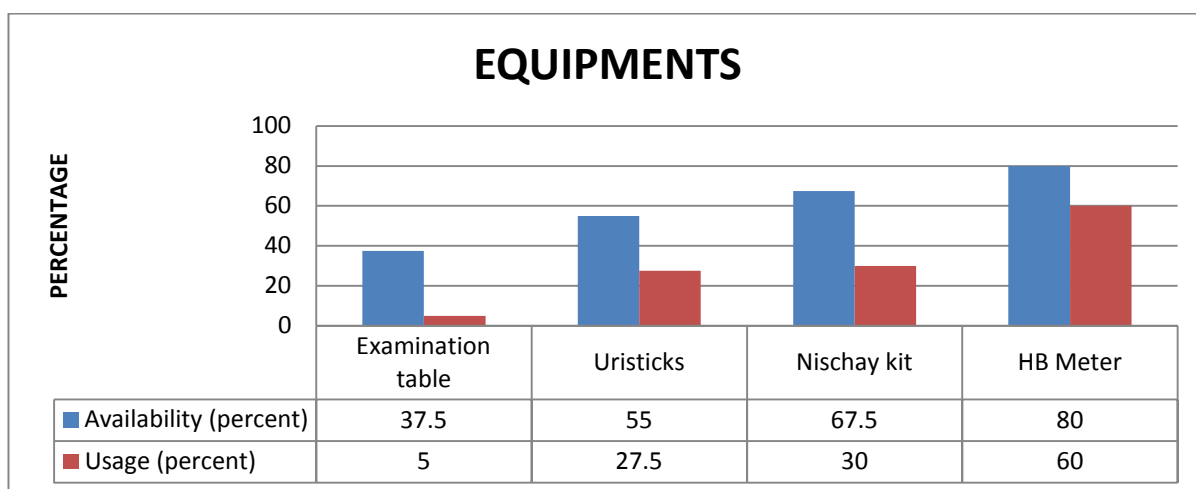
For better understanding, a comparison of equipments present and equipments used at the VHND sites has been done.

Figure 7. A bar graph showing the comparison between percentage of availability versus usage of weighing machines (adult, children and infant)



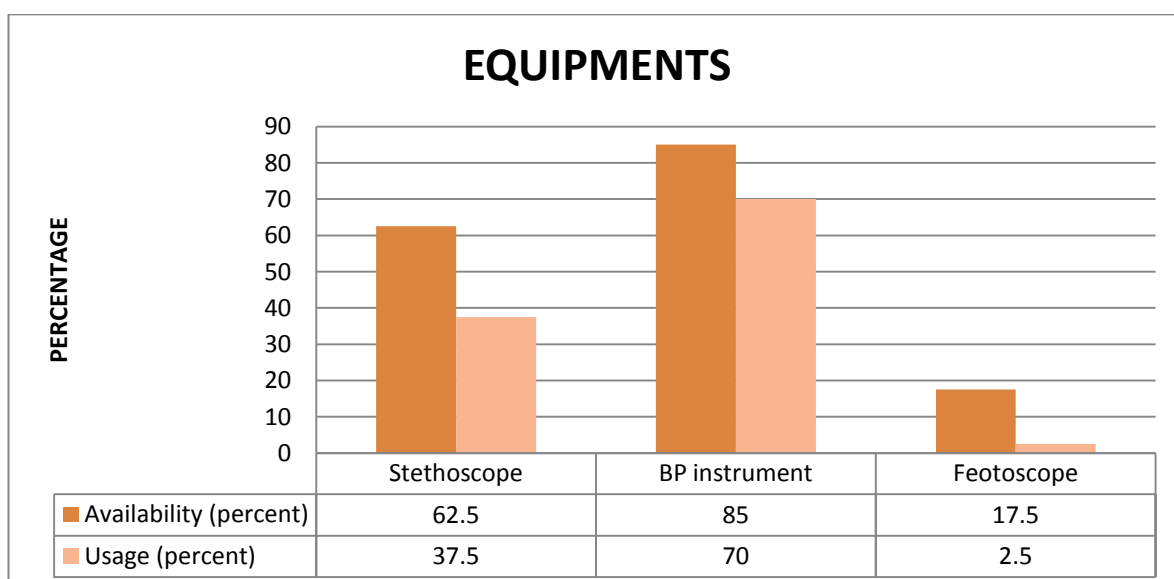
The above figure shows the availability and usage of the weighing machines at VHND sites. Among 80 percent of available adult weighing machines only 60 percent are actually being used. Similarly, among 65 percent of available children weighing machines only 35 percent are being used whereas among 5 percent of infant weighing machines none are being used.

Figure 8. A bar graph showing the comparison between percentage of availability versus usage of equipments like examination table, uristicks, nischay kit and HB meter



The above figure shows the availability and usage of equipments like examination table, uristicks, nischay kit and HB meter at the VHND sites. Examination table was present only at 37 percent of the sites and only 5 percent were utilized to carry out the examination of the beneficiaries. Among 55 percent of sites where uristick was available, only 27 percent was used. Similarly, from 67 percent of sites where nischay kit was available, it was being utilized at only 30 percent of sites. Although the availability of HB meter was at 80 percent of sites, but usage was only at 60 percent of the sites.

Figure 9. A bar graph showing the comparison between percentage of availability versus usage of equipments like Stethoscope, BP instrument and Feotoscope

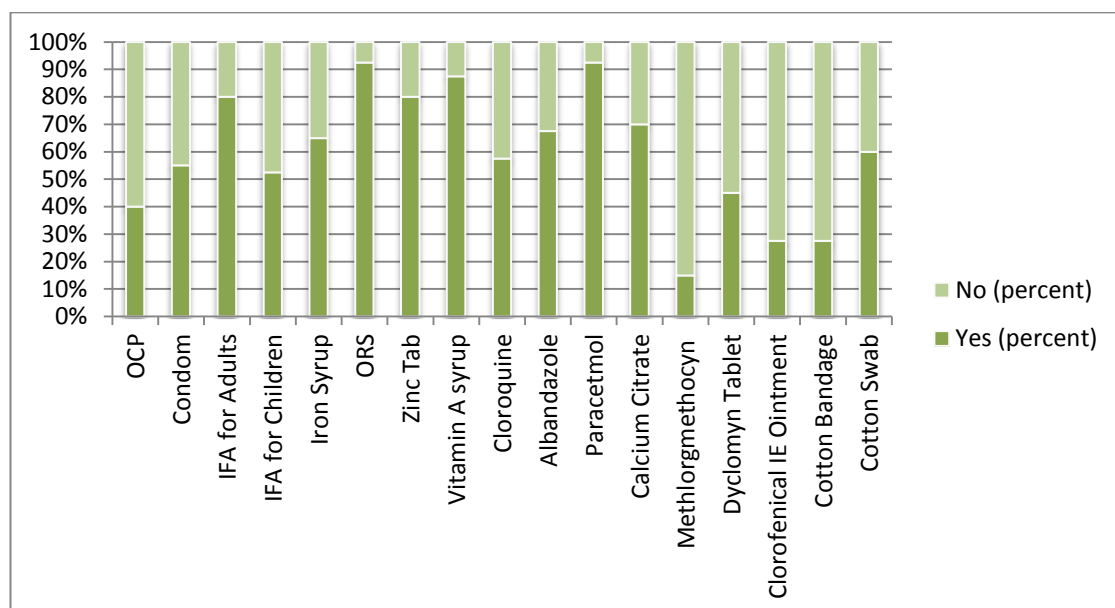


The above figure shows the availability and usage of equipments like stethoscope, BP instrument and feotoscope at VHND sites. Among 62 percent of sites where stethoscope was available, only 37 percent of sites were using it to serve the purpose. There were 85 percent sites where BP instrument was available but utilization was seen only at 70 percent of sites. Feotoscope was available at only 17 percent of sites and utilization was seen only at 2 percent of sites. From figure 7, 8 and 9 it is clearly evident that there is a huge gap in availability and utilization of the equipments at the VHND sessions.

Table 7. Availability of Drugs at VHND sites

S.no	Availability of Drugs	Yes	No	Yes (percent)	No (percent)
1	OCP	16	24	40	60
2	Condom	22	18	55	45
3	IFA for Adults	32	8	80	20
4	IFA for Children	21	19	52.5	47.5
5	Iron Syrup	26	14	65	35
6	ORS	37	3	92.5	7.5
7	Zinc Tab	32	8	80	20
8	Vitamin A syrup	35	5	87.5	12.5
9	Cloroquine	23	17	57.5	42.5
10	Albandazole	27	13	67.5	32.5
11	Paracetmol	37	3	92.5	7.5
12	Calcium Citrate	28	12	70	30
13	Methlorgmethocyn	6	34	15	85
14	Dyclomyn Tablet	18	22	45	55
15	Clorofenical IE Ointment	11	29	27.5	72.5
16	Cotton Bandage	11	29	27.5	72.5
17	Cotton Swab	24	16	60	40

Figure 10. A bar graph showing the percentage of availability of various Drugs at VHND sites

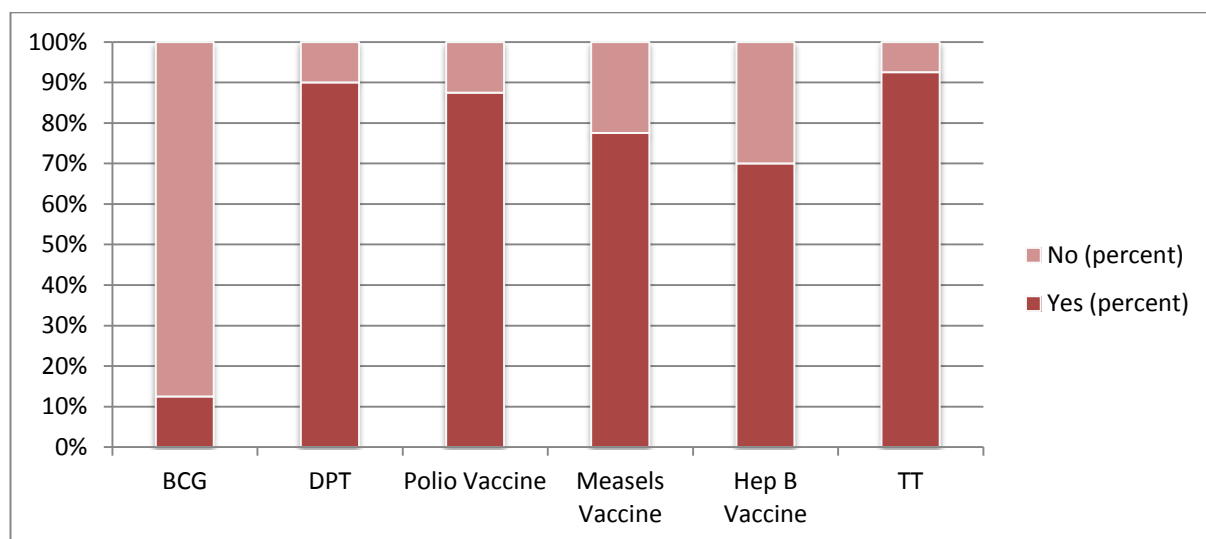


The above table and figure shows the availability of drugs at the VHND sites. A huge gap was seen in the availability of drugs at many VHND sites. There were few sites where drugs were scarce in quantity. ORS and Paracetamol were present at 92 percent of the sites in sufficient quantity.

Table 8. Availability of Vaccines at VHND sites

S.no	Availability of Vaccines	Yes	No	Yes (percent)	No (percent)
1	BCG	5	35	12.5	87.5
2	DPT	36	4	90	10
3	Polio Vaccine	35	5	87.5	12.5
4	Measels Vaccine	31	9	77.5	22.5
5	Hep B Vaccine	28	12	70	30
6	TT	37	3	92.5	7.5

Figure 11. A bar graph showing percentage of availability of BCG, DPT, Polio vaccine, Measles vaccine, Hepatitis B vaccine and TT

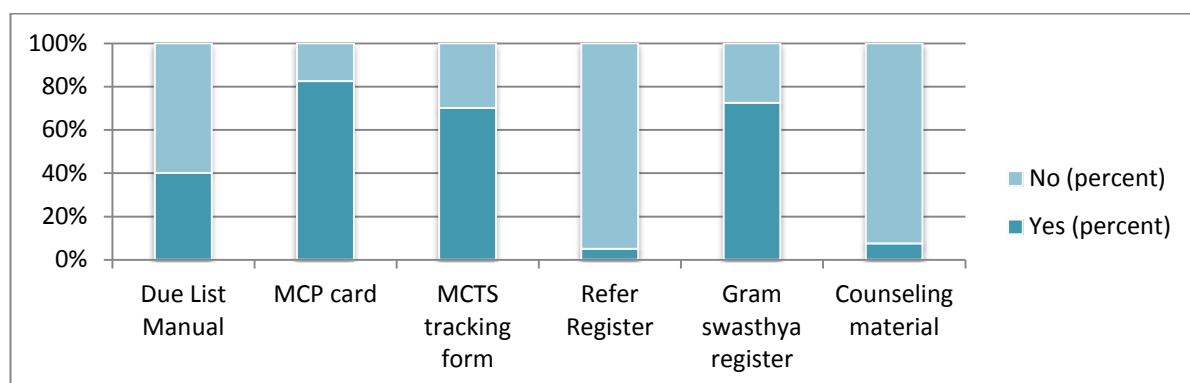


The above table and figure shows the availability of vaccines at VHND sites. BCG was present at only at 12 percent of the sites visited. The reason of such less number of BCG was because of very few beneficiary at VHND. DPT, Polio and TT were present at almost all the sites (90 percent, 87 percent and 92 percent respectively). Measles was present at 77 percent of the sites and Hep B vaccine was present at 70 percent of the sites.

Table 9. Availability of Records and registers

S.no	Availability of Records and registers	Yes	No	Yes (percent)	No (percent)
1	Due List Manual	16	24	40	60
2	MCP card	33	7	82.5	17.5
3	MCTS tracking form	28	12	70	30
5	Refer Register	2	38	5	95
6	Gram swasthya register	29	11	72.5	27.5
7	Counseling material	3	37	7.5	92.5

Figure 12. A bar graph showing the percentage of availability of due list, MCP card, MCTS tracking form, Refer register, Gram swasthya register and Counseling material

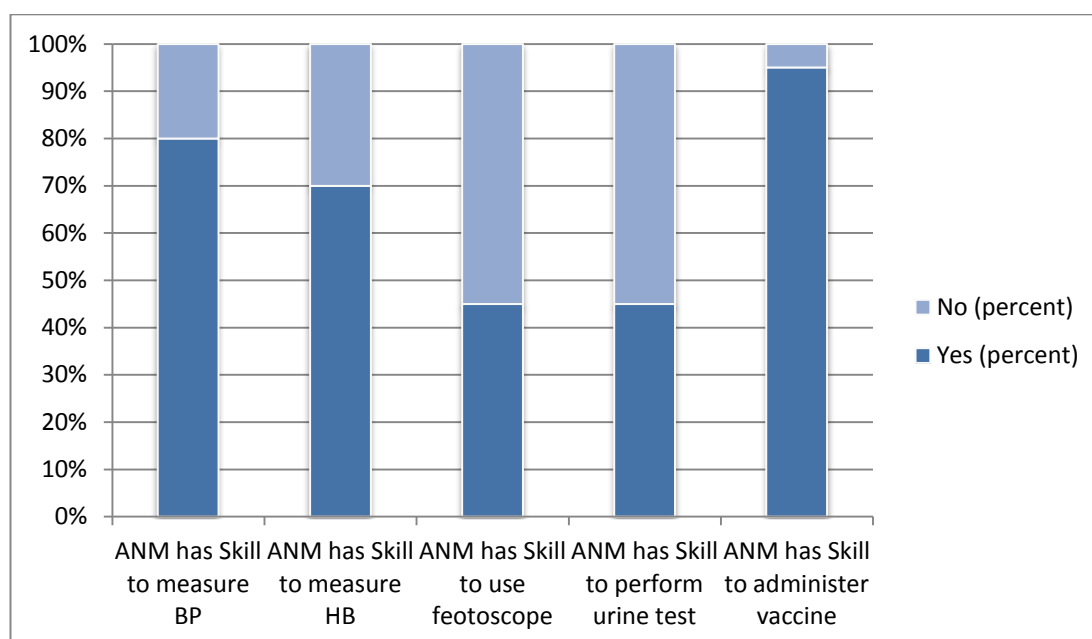


The above table and figure shows the availability of records and registers. Due list was available at 40 percent of the sites. MCP card, MCTS tracking form and Gram swasthya register were available at 82 percent, 70 percent and 72 percent of the sites respectively. Refer register and counseling material was rarely available at the VHND sites visited.

Table 10. Skills of ANM

S.no	Skills of ANM	Yes	No	Yes (percent)	No (percent)
1	ANM has Skill to measure BP	32	8	80	20
2	ANM has Skill to measure HB	28	12	70	30
3	ANM has Skill to use feotoscope	18	22	45	55
4	ANM has Skill to perform urine test	18	22	45	55
5	ANM has Skill to administer vaccine	38	2	95	5

Figure 14. A bar graph showing the percentage of skills of ANM to measure BP, estimate HB, use feotoscope, perform urine test and administer vaccines.



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. 30 percent had ANM who do not know the proper way of HB estimation. 55 percent had ANM who do not know how to use a feotoscope and how to perform urine test. 5 percent had ANM who were not aware of the way to administer a vaccine. There seems to be a huge gap here as the service provider should posses all the important skill in order to improve the quality of service.

SCORE CARD OF VHNDs

To measure the performance of VHNDs, it was assessed by a checklist and mapped on this scale.

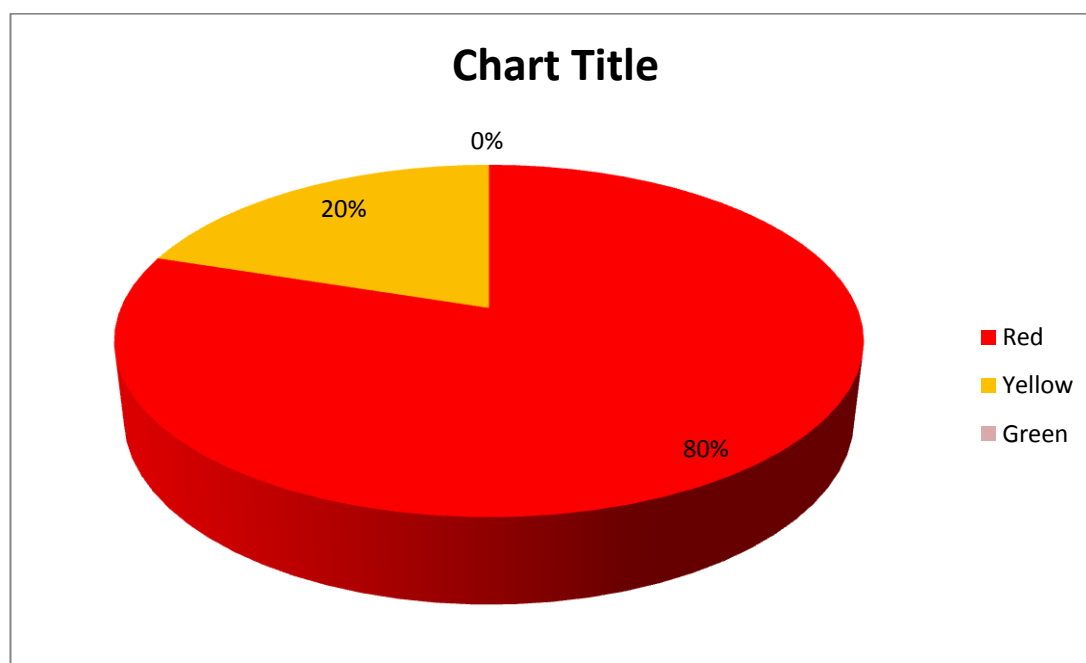
- Less than 60% - Poor performance (Red zone)
- 60% - 80% - Satisfactory performance (Yellow zone)
- More than 80% - Good performance (Green zone)

Table 11. Performance on the basis of color coding

Categorization of VHNDs	In whole no	In percentage
Total VHNDs	40	100%
▪ VHNDs under Red zone	29	72%
▪ VHNDs under Yellow zone	11	28%
▪ VHNDs under Green zone	0	0%

It was observed that out of 40 VHND sites assessed during the study, most of them fell under the Red zone (72%), a few under the Yellow zone (28%) and none under the Green zone (0%).

Figure 14. A pie chart showing the performance of the VHND sites based on the colour coding.



CONCLUSION & 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, toilets and drinking water. Counselling is rarely done. The drugs and equipments are not sufficiently available at many sites, and if available then the utilization is very poor. The frontline workers do not have proper skills to deliver the services. Services related to immunization are in focus and other services are kept aside. Overall there is a huge gap in the service delivery at VHNDs as 72 percent of the VHND sites fall under the poor performing zone (red zone), 28 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 that 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 & implementation of VHNDs
- Strengthening monitoring and supervision of VHNDs.
- Community awareness and proper IEC should also be done to encourage health seeking behavior among the masses
- Motivate the workers to perform better by introducing an award for best VHND site (Model VHND).
- Mobile VHND Concept

REFERENCES

- (1) Maternal and Perinatal Death Inquiry and Response: Empowering communities to avert maternal deaths in India. UNICEF, New Delhi; 2008, accessed 8 March 2013.
- (2) Case Study on Levels and causes of maternal mortality in southern India, PMID: 8296332, [PubMed - indexed for MEDLINE], by Bhatia JC.
- (3) Nirupam Bajpai and Ravindra H. Dholakia – “IMPROVING THE INTEGRATION OF HEALTH AND NUTRITION SECTORS IN INDIA” WORKING PAPERS SERIES Columbia Global Centers | South Asia, Columbia University
- (4) Evaluating the Fixed Nutrition and Health Day (FNHD) program in the rural area of Shamirpet, Ranga Reddy District and the urban area of Dabeerpura, Hyderabad District. Raj Kumari HK1, Hira P1, Rithuma O1, Murthy GVS1, Ajitha K2, Suresh M1,3,4
- (5) Village Health and Nutrition Day (VHND), Sanjay Joshi , K. V. Ramani and Dileep Mavalankar, Case Registration No. and Date: CMHS0005, 21-03-2013
- (6) USAID CARE. Nutrition and Health Day.Deember2010, accessed 13 March 2013.
- (7) VHSND guidelines by Government of India (MOHFW) & Government of Madhya Pradesh.
- (8) Vinod .K, et.al. Child Malnutrition in India .NFHS, Subject reports. Num-14 June 1999.
- (9) USAID.Adarsh Sharma. Food and nutritional technical assistance.Sept. 2007.
- (10) S.Agarwal, K.Sangar.Indian Journal of Public Health Vol.XXXXIX No July-September-2005

APPENDIX

1. VHND Assessment Checklist – Hindi

ग्राम स्वास्थ्य एवं पोषण दिवस— आंकलन प्रपत्र

सामान्य जानकारी :

1. गांव का नाम _____ 2. उप स्वास्थ्य केन्द्र _____ 3. विकास खण्ड _____ 4. जिला.....
5. दिनांक :- / / 6 वार :- मंगलवार/शुक्रवार 7. स्थान :- आंगनवाडी केन्द्र/उपस्वास्थ्य केन्द्र/अन्य
8. शुरू होने का समय _____ 9. समापन का समय _____

ग्राम स्वास्थ्य एवं पोषण दिवस आयोजन स्थल सम्बन्धित जानकारी :

क्र.सं.	विवरण	हाँ	नहीं	टिप्पणी
1	सरकारी ² भवन ² है			
2	बिजली की व्यवस्था			
3	स्वच्छ पीने के पानी की व्यवस्था (डण्डी लौटा या टोटी वाला मटका)			
4	शौचालय की व्यवस्था			
5	शौचालय में पानी की व्यवस्था			
6	हाथ धोने के लिए साबुन			
7	बैठने के लिए छायादार स्थान एवं बैंच अथवा दरी की व्यवस्था			
8	गर्भवती महिलाओं की जांच के स्थान पर रोषनी	पर्याप्त –2 अपर्याप्त –1 अन्धकारमय –0		
9	आस-पास कचरा या गद्दे तो नहीं			
10	आस-पास पानी जमा तो नहीं			
11	भवन में धूल या गंदगी तो नहीं			
12	फर्ष टूटा हुआ तो नहीं			
13	विभाग द्वारा वैक्सीन पहुंचाने की व्यवस्था है या नहीं			

2. मानव संसाधन (सेवा प्रदाता) एवं सरकारी पर्यवेक्षण रू

क्र. सं.	विवरण	हां	नहीं	टिप्पणी
1 ^प	महिला स्वास्थ्य कार्यकर्ता (ए.एन.एम.)			
2 ^प	आंगनवाडी कार्यकर्ता			
3 ^प	आशा			
4 ^प	पिछले 2 दो ² माँह ² में सरकारी पर्यवेक्षण रू सुपरवाइजर – महिला/पुरुष (स्वास्थ्य) सुपरवाइजर – (महिला एवं बाल विकास विभाग) अन्य – खण्ड चिकित्सा अधिकारी/ब्लॉक कार्यक्रम प्रबंधक/महिला एवं शिशु स्वास्थ्य अधिकारी/जिला परियोजना अधिकारी/बाल विकास परियोजना अधिकारी			
	प्राप्ताक—			

दस्तावेज सम्बन्धी जानकारी	हाँ
सम्भावित लाभार्थियों की सूची	
रैफर की गयी महिलाएं एवं बच्चों का रिकार्ड	
मातृ बाल सुरक्षा कार्ड	
नाम आधारित ट्रेकिंग प्रपत्र भरा गया	
परामर्श सामग्री	
सुरक्षित मातृत्व पुस्तिका	
आवश्यक रजिस्टर	
प्राप्ताक	

क्र. स.	परामर्श (परामर्श सत्र अवलोकन के आधार पर अंक दें)	हां
1 ^प	गर्भावस्था के दौरान स्वयं की देखभाल की सलाह रु थोड़ी मात्रा में कम से कम चार बार पोष्टिक आहार खाने कम से कम दो घण्टे दोपहर में विश्राम की सलाह आयरन गोलिएं खाने की सलाह रात में 8 घंटे सोने और भारी वजन न उठाने की सलाह	
2 ^प	खतरे के लक्षण जैसे पैरों में सूजन, चक्कर आना, खून बहने की स्थिति में अस्पताल जाने की सलाह	
3 ^प	जिन गर्भवती महिलाओं को एनिमिया है उन्हें आयरन फॉलिक एसिड की गोलिएं के महत्व की जानकारी	
4 ^प	संस्थागत प्रसव के महत्व के बारे में सलाह ए प्रोत्साहन एवं प्रसव किस स्वास्थ्य केन्द्र या अस्पताल में कराना है उसकी जानकारी	
5 ^प	नवजात शिशु की आवश्यक देखभाल एवं तुरन्त स्तनपान कराने की सलाह	
6 ^प	नवजात शिशु को 6 माह तक केवल स्तनपान तथा बीमार होने पर भी स्तनपान जारी रखने की सलाह	
7 ^प	छः माह होने पर पूरक पोषाहार देने की सलाह	
8 ^प	कृमिरोधी दवा के महत्व की जानकारी	
9 ^प	बच्चों में अन्तर रखने के लिये परिवार नियोजन के साधनों की सलाह	
10 ^प	योग्य दंपतियों को परिवार नियोजन के अस्थायी साधन के उपयोग की आवश्यकतानुसार सलाह	
11 ^प	किशोरियों को पोषण एवं साफ-सफाई की सलाह	
12 ^प	यौन जनित संक्रमण से बचाव की लिये सलाह	
13 ^प	मलेरिया से बचाव के लिये साफ-सफाई और मच्छरदानी के उपयोग की सलाह	
14 ^प	टी.बी. से बचाव और लक्षण नजर आने पर इलाज की सलाह	
15 ^प	आँखों में तकलीफ होने पर आवश्यकतानुसार स्वास्थ्य केन्द्र पर इलाज की सलाह	
16 ^प	साबुन से हाथ धोने की सलाह- खाना बनाने से पूर्व, बच्चों को खाना खिलाने के पूर्व, पौच से आने के बाद	
	प्राप्तांक	

क्र.सं.	सामग्री	हाँ	नहीं	उपयोगिता	क्र. सं.	सामग्री	उपलब्ध	उपलब्ध नहीं
	वज़न की मशीन				1 ^प	गर्भ निरोधक गोलियाँ		
1 ^प	वयस्क/बड़ों की				2 ^प	कैण्डोम		
2 ^प	बच्चों की				3 ^प	आयरन की गोलियाँ (बच्चों के लिए)		
3 ^प	नवजात के लिये				4 ^प	आयरन की गोलियाँ (वयस्क के लिए)		
4 ^प	परीक्षण टेबल				5 ^प	आयरन सीरप (पीडियाट्रिक आई. एफ. ए. सीरप)		
5 ^प	परीक्षण के लिए पर्दा				6 ^प	ओ आर एस		
6 ^प	पेशाब जाँच के लिए यूरिस्टिक्स				7 ^प	ज़िंक टेबलेट		
7 ^प	निश्चय किट				8 ^प	विटामिन ए		
8 ^प	हीमोग्लोबिन जाँच के लिए स्ट्रिप्स/साहलज हिमोग्लोबिनोमीटर रिजेन्ट के साथ				9 ^प	क्लोरोक्विन		
9 ^प	ग्लूज				10 ^प	कृमि रोधी दवा/एल्बेन्डाजोल (पेट के कीड़े मारने के लिए)		
10 ^प	स्लाइड (मलेरिया के लिये)				11 ^प	टी बी रोधी दवा		
11 ^प	स्टेथोस्कोप				12 ^प	कैल्शियम साइट्रेट		
12 ^प	ब्लड प्रेशर मशीन				13 ^प	पैरासीटामोल		
13 ^प	फीटोस्कोप				14 ^प	मीथीलरजोमैथरिन मेलेट(0 ^प 125उह)		
14 ^प	वैक्सीन कैरियर (आइस पैक्स के साथ)				15 ^प	मीथीलरजोमैटरिन इन्जेक्शन		
15 ^प	स्वयं सहायता समूह द्वारा आंगनवाड़ी केन्द्र पर वितरित भोजन/घर में आयोडिनयुक्त नमक का उपयोग				16 ^प	डायक्लोमाइन टेबलेट (१००उह)		
					17 ^प	क्लोरोफेनिकल आई आयन्टमेंट		
					18 ^प	आयन्टमेंट पोवोडिन आयोडिन 5:		
16 ^प	हब कटर				19 ^प	कॉटन बैंडेज (100उह)		
17 ^प	टॉर्च				20 ^प	कॉटन		
18 ^प	कचरा पात्र							
प्राप्तांक—						प्राप्तांक—		

क्र. सं.	टीके का नाम	उपलब्ध	उपलब्ध नहीं
1.	बेसीजी		
2.	डीपीटी		
3.	पोलियो की दवा		
4.	मिजल्स का टीका		
5.	टी.टी.		
6.	विटामीन ए (प्लास्टिक के मापक चम्मच के सहित)		
7.	हैपेटाइटिस बी		
	प्राप्तांक-		

क्र.सं.	आंकलन प्रपत्र का सारांश	प्राप्तांक	अधिकतम स्कोर
1	आयोजन स्थल से सम्बन्धित जानकारी		
2	मानव संसाधन (सेवा प्रदाता) एवं सरकारी पर्यवेक्षण		
3	दस्तावेज सम्बन्धित		
4	परामर्श		
5	उपकरण एवं फर्नीचर की उपलब्धता		
6	दवा एवं आपूर्ति की उपलब्धता		
7	टीकों की उपलब्धता		
	कुल		
	प्रतिशत-		

प्राप्तांक प्रतिशत के आधार पर वीएचएनडी को निम्नलिखित में से उपयुक्त श्रेणी में $\checkmark$ के चिन्ह से दर्शाएं ।

श्रेणी :

- | | |
|---|--|
| 1 | 60 प्रतिशत से ² कम ² : ² खराब |
| 2 | 60 से 80 प्रतिशत तक : ठीक—ठाक |
| 3 | 80 प्रतिशत से अधिक : अच्छा |