Study on Assessment of Village Health and Nutrition Day in Four Blocks of Jhabua District of Madhya Pradesh

Internship Training
at
FHI360 (MPTAST) Organization

By
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Under the guidance of
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Post Graduate Diploma in Hospital & Health Management
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TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr.Meena Jagannath Chavan** student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management Research, Jaipur has undergone internship training at **FHI360(MPTAST)** from February 5th 2014 to May 5th 2014

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

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

Dean, Academics and Student Affairs

IIHMR, Jaipur

for Professor Dr. Anoop Khanna

IIHMR, Jaipur

MP TAST

The certificate is awarded to

Dr.Meena J Chavan

In recognition of having successfully completed her Internship in the department of

Health in MPTAST (MPHSRP)

And has successfully completed her Project on

"Study on assessment of Village Health and Nutrition Day in four blocks of Jhabua district of Madhya Pradesh"

Date-5/15/2014

FHI 360

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

We wish her all the best for future endeavors

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled Study on Assessment of Village Health And Nutrition Day in four blocks of Jhabua district of Madhya Pradesh and submitted by **Dr Meena Jagannath Chavan** Enrolment no.**1335** for award of Postgraduate Diploma in Hospital health Management of the Institute carried out during the period from July 2012 to June 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.

Signature

Abstract

Introduction -

The Village Health and Nutrition Day has been launched as a primary health care strategy. It delivers a specific integrated package of preventive public health intervention. It is considered as platform for inter-sectorial convergence. It is managed by workers from both health and WCD departments and seeks the support of community institutions like SHGs, Adolescent girls groups etc.

The VHND is to be organized once every month (preferably on Tuesday/Friday and for those villages that have been left out, on any other day of the same month) at the AWC in the village. 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 & nutrition services in rural areas.

Objective -

General objective

- To assess Village health nutrition day in four blocks of Jhabua district.

Specific objective

- To assess resources available at the Village health nutrition day in four blocks of Jhabua district.
- To assess the services provided at Village health nutrition day in four blocks of Jhabua district.

Methodology –

Type of study – It is an Descriptive study blending both qualitative and quantitative

Study area – Study carried out in four blocks of Jabhua District, in state Madhyapradesh.

Sampling procedure - Purposive Sampling Method was used

Sample size - 50 VHND sites of Jabhua district selected for assessment of VHND.

Study period – this study was conducted during period from February 2014 to May 2014

Result –

Study shows that about half of VHND session carried out in Anganwadi centre. Eighty six percent VHND sessions were conducted as per micro-plan. In all VHND sessions ANM was present, but it was found that only 39 AWW & 38 ASHA were present on 50 VHND session held. There were only 8 session found where PRI member were attended VHND session, most of the VHND site didn't have access to all facilities, all equipment and all medicine. At only 14 VHND sessions Abdominal check up of pregnant women was done, in half of VHND session ANM measure blood pressure of pregnant woman. Only at 10 percent session counseling done by ANM was satisfactory, while at 36 percent sessions counseling was not given by ANM to pregnant women. Not at single session post natal checkup of mother was done, only 54 percent session provide THR to lactating mother, No post natal counseling of mother done by ANM at 38 VHND sessions. only at 50 percent sessions BCG given to children, Vaccines DPT, OPV, HEP B, TT and Measles were available at all the VHND sites and they were giving to the children. At all VHND site adolescent girls were given IFA tablets but Sanitary napkins, TT injection was not been

provided at any of the VHND sites, no counseling found on adolescent health, menstrual hygiene, STD etc. TT injection were not given at any of the VHND sites

Conclusion –

VHND is a convergence platform for Health and ICDS, still poor convergence is found among the service provider .Capacity building of ANM is necessary as she performs key role in delivering the services. Active participation of PRI member was found low. Most of the non GAK sites were not provided with all equipment's and supplies, in most of VHND supportive supervision and hand holding support was lacking. Work plan generated by MCTS is not updated. Poor counseling of mothers about maternal and child health were done. No counseling on communicable diseases, STD, Hygiene practices, chronic diseases etc.

ACKNOWLEDGEMENT

Keeping up with the tradition of torch bearer of nation, I would like to express our special gratitude and appreciation to MPTAST, Madhya Pradesh and all those who gave us the possibility to complete this report.

A special thanks to our project coordinator Mr. Saurabh Porwal who despite of other pre occupations and busy schedule was there to guide me in my training.

I owe my sincere gratitude and humbleness to my respected guide Dr.Anup Khanna, Associate Dean research, IHMR, Jaipur for their able guidance and useful suggestions ,which helped me in completing the project work .I would also like thanks my institute and faculty members without whom this project would have been a distant reality.

At last I would like to thank all the ICDS Supervisors, ANM, AWW and ASHA workers under Jhabua district and all the respondents of my study for co-operating with me and for giving their valuable time from their busy schedule.

Dr.Meena Chavan

CONTENT

ACRONYMS

ANC	Antenatal care
ANM	Auxiliary nursing midwife
ASHA	Accredited social health activist
AWC	Aanganwadi center
AWW	Anganwadi worker
B.P.	Blood Pressure
FHI	Family Health International
ICDS	Integrated child development services
IFA	Iron and Folic Acid tablet
IMNCI	Integrated management of neonatal and childhood illness
IMR	Infant Mortality Rate
JSY	Janani Suraksha Yojana
LBW	Low Birth Weight
MMR	Maternal Mortality Ratio
MPHSRP	Madhya Pradesh Health Sector Reform programme
MPTAST	Madhya Pradesh technical Assistance and Support Team
NRHM	National rural health mission
PHC	Primary health center
PNC	Post natal care
PPH	Post-Partum Hemorrhage
SHC	Sub Health Center
THR	Take home ration
UNICEF	United Nation International Child Education Fund

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CHAPTER 1

INTRODUCTION

The Village Health and Nutrition Day has been launched as a primary health care strategy applied periodically in a community to deliver a specific integrated package of preventive public health interventions for children under five years old. It is a convergent platform since it is managed by workers from both health and WCD departments and seeks the support of community institutions like GKS or VHSC, SHGs, Youth Clubs and Adolescent girls groups. The ANM responsible for service provision takes a lead during the VHND while the ASHA and AWW facilitate in organizing the event at the community level.

The VHND guidelines highlight that "the key objective is to provide universal access to equitable, affordable and quality health care, with an emphasis on women's and children's health and universal immunization as also nutrition, water, sanitation and hygiene through monthly service delivery in each village providing multiple services on a fixed day, fixed time and at a fixed place".

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 & nutrition services in rural areas not served by health facilities. It is considered as platform for inter-sectorial convergence.

The services provided under this concept nutrition action, community based new born care, antenatal care and primary immunization, empowering communities & building capacities of functionaries IFA and Vitamin A administration, growth monitoring, treatment for minor

ailments, health education, promotion of institutional deliveries, facilitate referral. Also provided are take home rations, for pregnant lactating mothers and children 6-36 months' of age. [4 to 8]. Prophylactic and therapeutic drug for preventive and primary Reproductive and Child Health Care are available at the centers and are provided to the beneficiaries..

This study was conducted to assess the village health nutrition day program on various variables to check whether all the required resources available and services delivered or not the beneficiaries at VHND site.

CHAPTER 2

LITERATURE REVIEW

VHND is an important health program implemented in India to reduce maternal and infant mortality rate. According to WHO, most maternal deaths are preventable if women have access to basic medical care during pregnancy, delivery and postpartum period. These basic services can be delivered at VHND site considering the objectives of VHND program, its Strengthening is critical to enhance its effectiveness.

A study, "Evaluation of new alternate vaccine delivery in Shivpuri District of Madhya Pradesh" done by PFHI says VHND should be organized more regularly with complete service packages available to meet the objectives of this program.

All pregnant women should be counselled for institutional deliveries & all components of Antenatal care. More emphasis should be put on identifying the danger signs, examining the abdomen, & Hb and urine examination during visit at VHND site. [Gosalia V et al NJIRM 2012; 3(5) : 74-76].counselling is considered to be one of the most vital of all services provided during the VHND, it has been seen that counselling and communication(quality of interaction) for social and behavior change are two of the weakest links during the VNHD.(UNICEF Consultant - Documentation of motivation, attitudes and capacities of front line workers towards counselling during VHNDs)

A study "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." shows that although VHND services take place regularly and people are satisfied with the

available services; there is still a long way to deliver truly convergent service and efforts should be made at policy level and sufficient resources allotted to deliver more and better services through VHND program.

There are very few studies done on evaluation of VHND program, one of which is, **"**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." That's why present study was palnned to assess the VHND program on the basis of variables (availability of the facilities at VHND site, skills of services provider, equipment and drugs & vaccines at VHND site, counselling services etc.)

CHAPTER 3

RESEARCH OBJECTIVE

General objective

- To assess the village health nutrition day in four blocks of Jhabua district

Specific objective

- To assess the resource availability at Village health nutrition day in four blocks of Jhabua district.
- To assess the service provided at Village health nutrition day in four blocks of Jhabua district.

CHAPTER 4

METHODOLOGY

Research Methodology

- Study area-Jabhua District, Madhyapradesh
    - Kalyanpura block-15 villages
    - Thandla block-15 villages
    - Rama-10 villages
    - Meghnagar block-10 villages
- Study design- Descriptive blending both qualitative and quantitative data
- Sampling procedure- Purposive Sampling (according to micro plan)
- Sample size- 50 VHND sites of Jhabua district.
- Data collection Tools and Technique-Both qualitative and quantitative data collection techniques is used keeping in mind objective of this study. A data collection tool was pre -tested, and administered to the subjects. Qualitative methods include observation and in -depth interviews, comprising ANM view about actual status of implementation of scheme.

- **Data analysis-** For quantitative data different variables are coded .Data entered in SPSS 16.0 version Univariable analysis was conducted, frequency and percentage analysis was done for the categorical variables

- Ethical consideration-Informed written consent obtained from the respondents (ANM & ASHA). Confidentiality of data was be maintained throughout the study period and during analysis.
- Study period- February 2014 to May 2014

CHAPTER 5

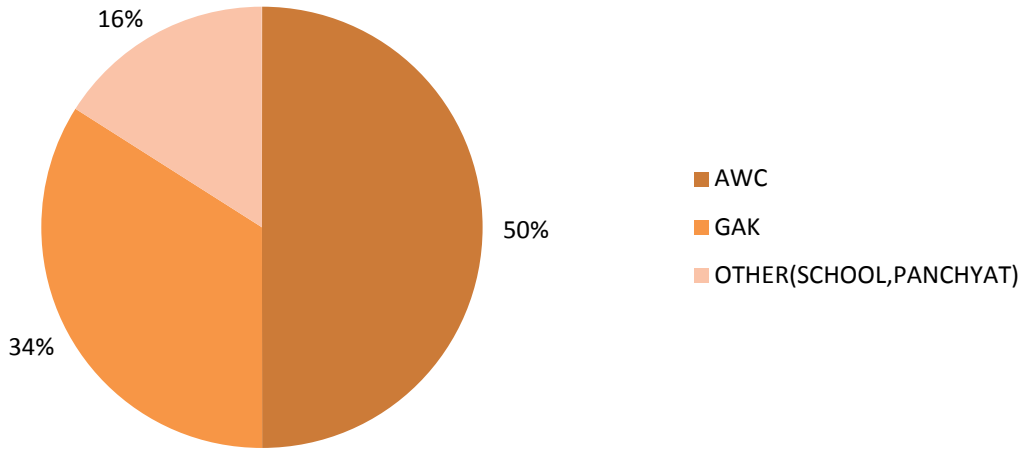
RESULT AND DISCUSSION

Section A

Printed Due list

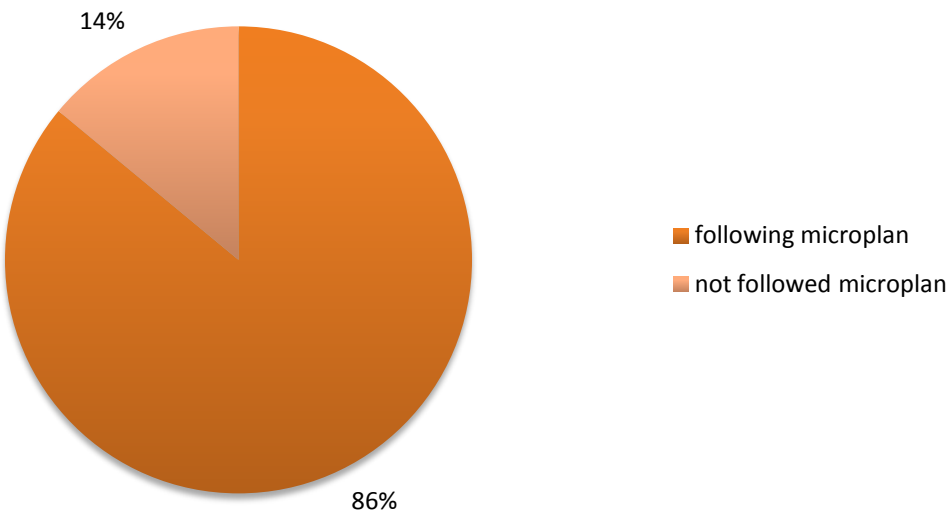
Printed due list-Printed due list was not found at any of the VHND site. ANM were manually making due list as MCTC work plan was not updated regularly.

Figure no.1Place of Village Health Nutrition day



VHND session should be conducted at a place where there is availability of all the supplies and expendables but after the survey it was found that out of 50 VHND site almost 8 session were at a place which were lack all the equipment's and drugs,(sites such as Temple, Panchayat Bhavan, etc.)

Figure no.2. Session according to micro plan (N=50)



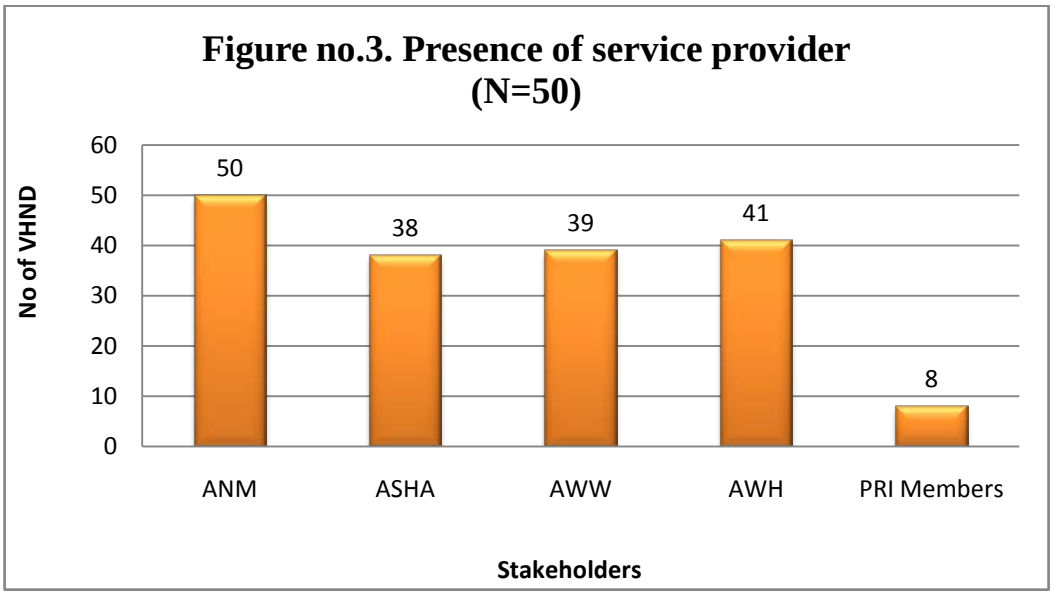
As Pie chart is showing that7 sessions were not held according to micro plan because of election, functions etc. VHND session should be held according to the micro plan. Concept behind VHND session is that it should be held at Fixed place and fixed time, but it was found that there were such 7 session which was not conducted according to the micro plan.

Section B

Resources Availability

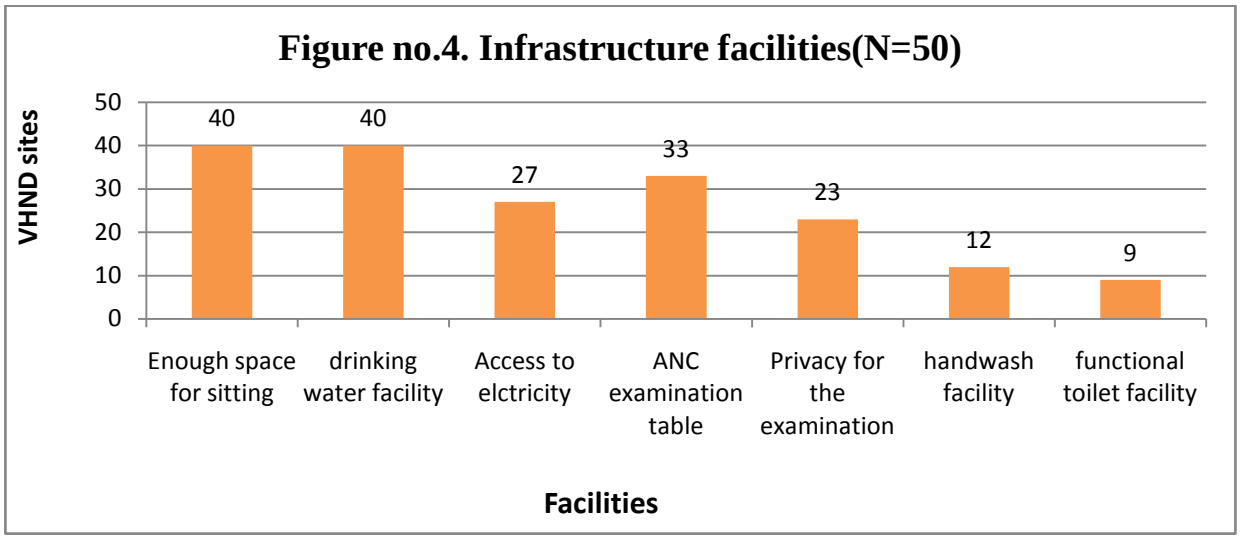
B.1 Presence of service provider (Man power)

VHND is a good platform for the inter-sectorial convergence, but it was found that only 39 AWW & 38 ASHA were present on 50 VHND session held. No Active involvement of PRI members as there were only 8 session found where PRI member were attended VHND session



B.2 Infrastructure facilities at VHND sites

All the supplies and expandable should be available at VHND site to deliver the services effectively on VHND session. In survey it was found that out of 50 sites there were only 9 sites which had functional toilet facility. Beside that most of the facility (24%) didn't have hand wash facility.24*7 accesses to electricity were found at 27 VHND site. For examination of beneficiary (pregnant women &lactating mother), there must be availability of examination table with a curtains for privacy, but still it was found that only 66%of the VHND sites had this facilities. Among the block poor infrastructure facilities were found at Kalyanpura block.



B.3 Availability of equipment's at VHND sites

Table no.1 Availability of equipment's at VHND sites

Sr.NO.	Name of the equipments	Availability (%)
1	BP Instrument(Functional)	80
2	Adult Weighing Machine	88
3	Infant Weighing Machine	12
4	Child Weighing Machine	84
5	Stethoscope(Functional)	72
6	Fetoscope	40
7	Gloves	22
8	Hemoglobin test kits(Sahlis Haemoglobinometer)	70
9	Uri sticks for Urine examination	68
10	Slides for Malaria	90
11	Vaccine carrier	100
12	Ice pack	100
13	Nischay kit	100
14	Hemoglobin estimating strips	100

The entire instruments which are above mentioned should be available at the VHND site. Most of the GAK had these entire instruments but very few AWC had the same. Block officials should ensure that instrument should be made available at non GAK site. Shortage of gloves was found at most of the sites. Vaccine carrier with ice pack, Nischay kit and Hemoglobin estimation strips were found at all the VHND sites.Sahlis apparatus was

available at 35 VHND site. In Thandla block less than half of the (47%) VHND sites didn't have Sahlis apparatus. Most of that VHND sites in Meghnagar block didn't had Fetoscope and stethoscope. Without these instruments respective services were not been given at that VHND sites.

B.4 Availability of drugs at VHND sites

Table 2.Availability of medicine at site(N=50)

1	Name of the medicines	Percentage
2	IFA for Adults	100
3	IFA for Children	48
4	Iron Syrup	40
5	ORS	98
6	Zinc Tab	84
7	Cloroquine	78
8	Albandazole	76
9	Paracetamol	84
10	Methlorgmethocyn Tab	80
11	Methlorgmethocyn Injection	8
12	Dyclomyn Tablet	28
13	Clorofenical IE Ointment	46
14	Ointment Povidine Iodine	48
15	Cotton Swab	74
16	Cotton bandage	56

These are the basic supplies which must be available at VHND sites above table shows that there were shortage of Iron syrup, IFA children, dycyclomyn tablets and Methlorgmethocyn injection. Less than half of the (46%) VHND sites had povidine iodine and Clorofenical IE ointment. Zinc and IFA adult tablet were available at all VHND sites. Moisture was found in ORS packets in Kalyanpura block. Only 30% sites of Meghnagar block had chloroquin tablets. VHND is a only platform, through which coverage of health

services can be increased as it is delivering services to door steps, for this purpose frontline worker should ensure that all supplies should made available on VHND session.

B.5 Contraceptives

Table no.3 Contraceptive availability(N=50)

Sr.No.	Name of the contraceptives	Percentage
1.	Mala- D	86%
2.	Condoms	70%

On VHND session Non-clinic contraceptives such as condoms and OCPs are given to the eligible couples. During survey it was found 35 sites were having Condoms. Shortage of contraceptives was found at most of the VHND sites of Kalyanpura block.

B.6 Records

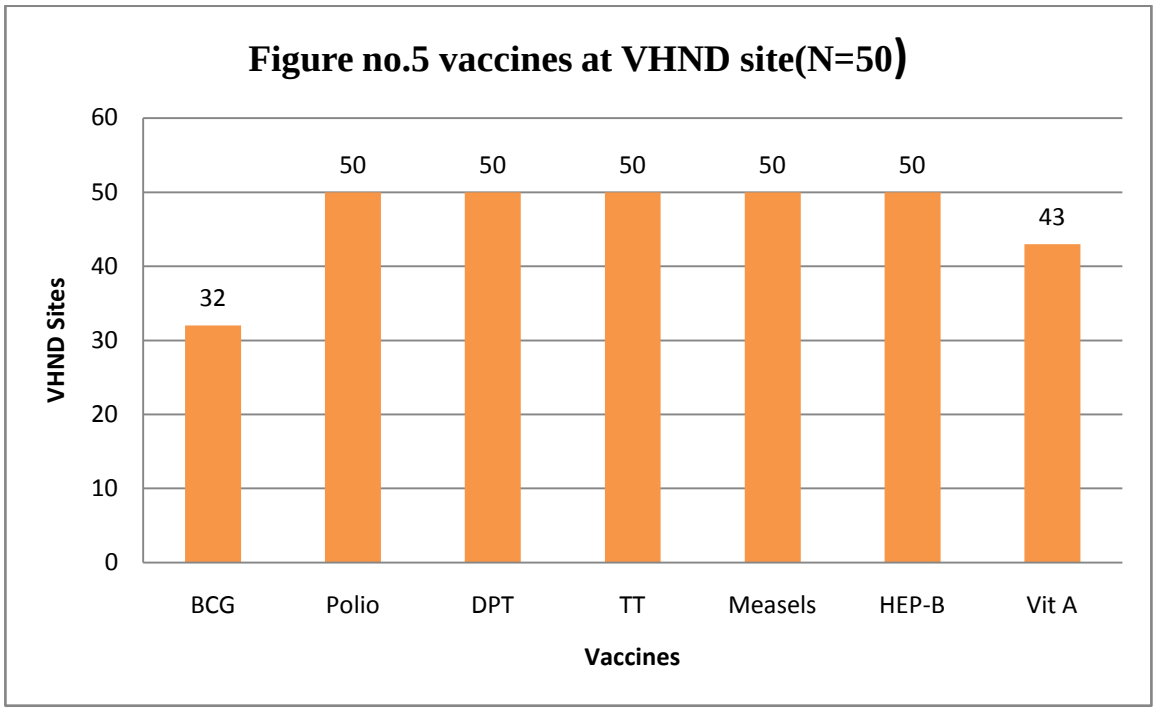
Table no.4 Records available at VHND site (N=50)

Sr.no.	Name of the registers/records	Percentage
1	Availability of Referral Record	38
2	Availability of High Risk cases details	32
3	Availability of MCP card	68
4	MCP card completed(N=34)	67
5	Availability of MCTS tracking format	70
6	Availability of Immunization Registers	100
7	Availability of Gram Swasthya Register	68
8	Availability of line list of children <2.5 Kgs	52
9	Availability of Home visit planner for ANM	0
10	Availability of Home visit planner for AWW (Under Revised MIS)	30

Above table shows, except immunization register, most of the VHND sites were lacking registers and records which are required to be kept at VHND site for better compilation and quality of data. ANM home visit planner was not found at any of the sites. Shortage of MCP cards was found at 16 VHND sites. Even though MCP cards were available at 34

sites, 11 sites were not completed MCP cards. 16 sites were had High risk details, but its use is itself a concern. Out of the 15 VHND sites in Thandla block, none of the VHND sites had referral records.MCTS tracking format was available at 35 sites, though it is essential to track the beneficiary and update the duelist.

B.7 Availability of vaccine



On VHND session all eligible children below one year are to be given vaccines (OPV, Measles, and BCG & DPT) against six Vaccine-preventable diseases. And Vit.A solution should be given to children of age above 6 months, but one of the essential vaccine that BCG which protect baby against TB infection was not available at 18 VHND sites (36%).because of unavailability of vaccines ,infant were not given BCG at this sites. Shortage of BCG was found more (60%) in the Meghngar block.7 VHND sites didn't had Vit.A.

C. Nutritional supplement

Table no.5Nutrition supplements (N=50)

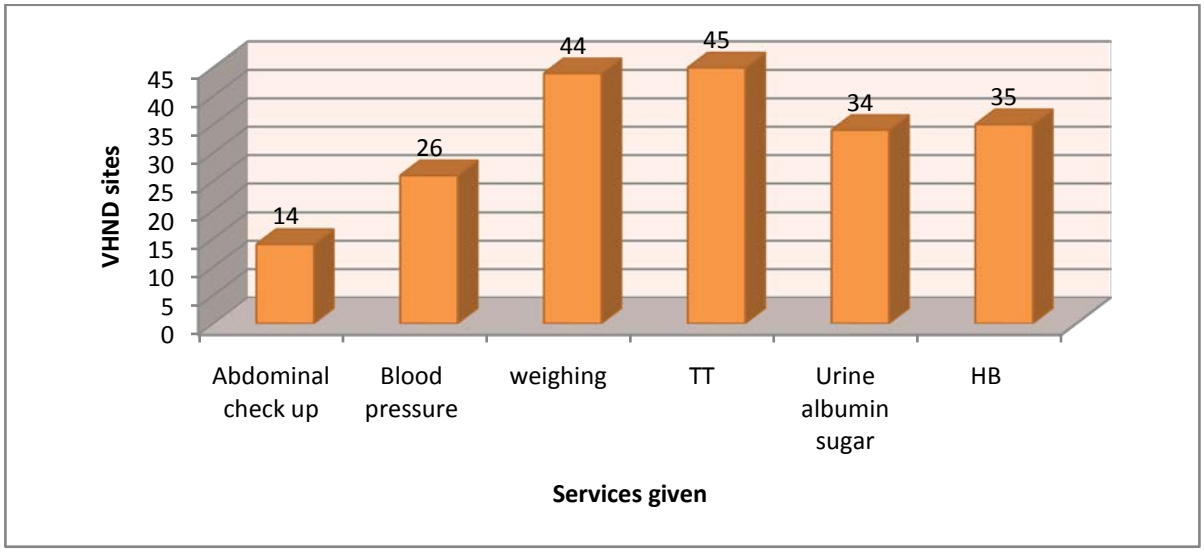
Sr.no	Nutritional supplement	Percentage
1	THR available	88
2	THR distributed	61
3	Hot cooked meal	82

In Jhabua district Supplementary nutrition is provided to the pregnant women, lactating mother and the malnourished children on VHND day. Shortage of Take home ration was found at six VHND sites. Out of 50 sites 27 were provided take home ration to the beneficiaries.9 sites didn't provided hot cooked meal to the children.

D. Services provided on VHND

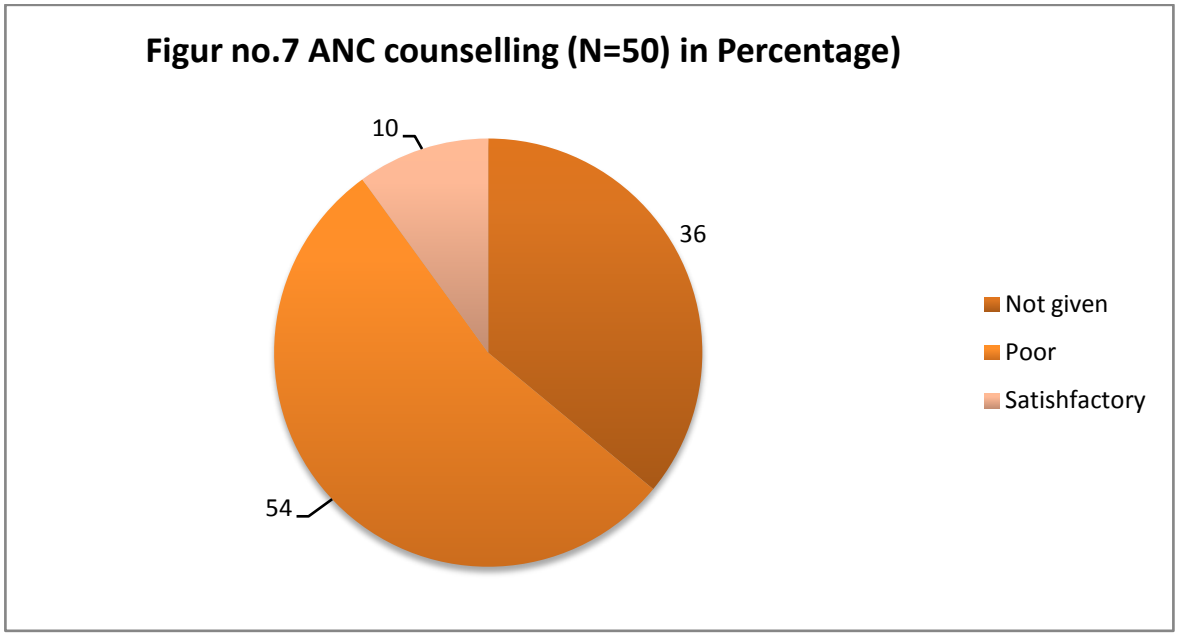
D.1.ANC Services

Figure no.6.ANC services (N=50)



One of the important components of VHND session is Pregnant women under which all pregnant women are to be registered. Registered pregnant women are to be given ANC. Dropout pregnant women eligible for ANC are to be tracked and services are to be provided to them. But due to lack of infrastructure facilities, equipment's & supplies and skills among the front line workers, package of ANC could not be delivered. Abdominal checkup was done at only 14 sites and 15 VHND sites didn't had Uri stick and Sahlis Haemoglobinometer that's why respective services were not given at sites.

D.2 ANC Counselling



(Criteria- ANC Package, nutrition, institutional delivery, JSY, dangerous symptoms, family planning

Satisfactory-covering Minimum three components. Poor-less than three services ,Not done-not given on any of the component)

Counseling plays important role in improving utilization of the services by beneficiaries but only 5 VHND sites were found where satisfactory counseling was giving to the pregnant women. And 18 sites counseling was not been provided to pregnant women.

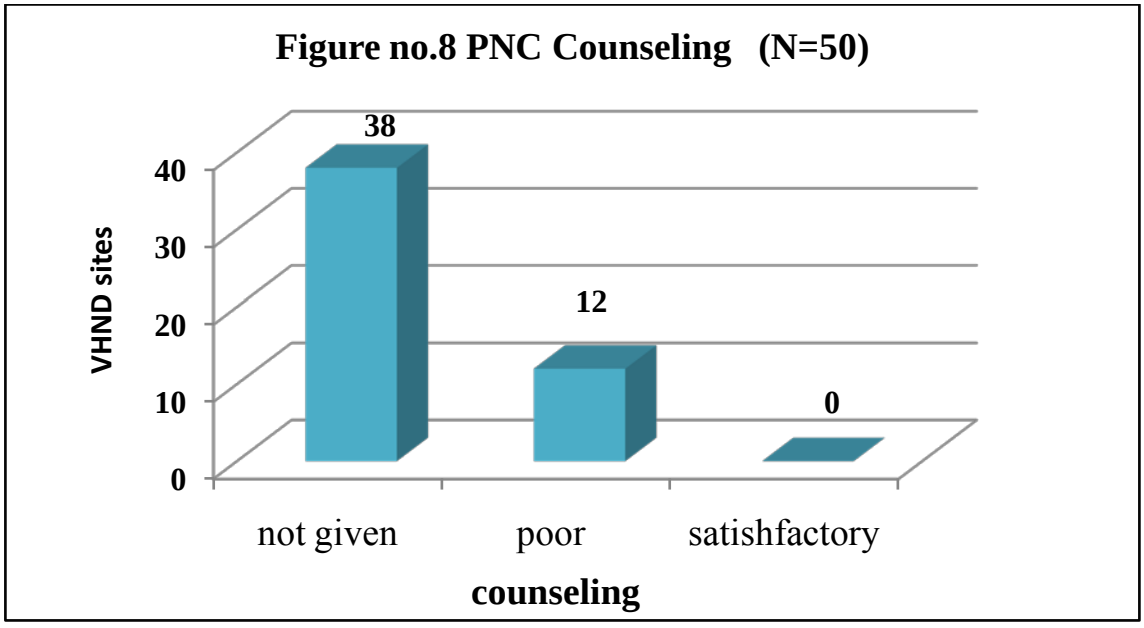
D.3 PNC services

Table no.6 PNC services (N=50)

Sr.no	Services given	Percentage
1	Post natal check up	0
2	IFA tablets	100
3	THR	54

Post natal period is a critical period and post natal care plays vital role in reducing maternal and neonatal death.as most of the death of mothers and baby occurs within this period, but none of the VHND sites were doing post natal checkup of mothers and neonates except giving IFA tablets. Besides this postnatal counselling was the weakest part which was found during this study. Poor counselling was being provided to the mothers at VHND session (only 12 sites) and rest of VHND sites ANM didn't counselled mothers on postnatal care.

D.4 PNC counselling



(Components- postnatal visit, family planning, dangerous sign symptoms in postnatal period ,nutritional counseling, breast feeding practices, Immunization

Satisfactory counseling- minimum three components , Poor counseling-less than three component ,not given- counseling was not done at all on these components)

D.5 Services provided to children

Table no.7 Services provided to children (N=50)

Sr.no	Services given	Frequency
1	Weighing of children	31
2	Vaccine BCG	32
3	Vit A syrup	43
4	Nutritional supplements(THR)	27
5	Hot cooked food	41

On VHND session Infants up to 1 year registration of new births, counselling for care of newborns 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, Tablet IFA - (small).Except BCG vaccine, Vit A syrup and IFA children, remaining services was given to the children.as there was shortage of BCG vaccines, vitamin A syrup, and IFA tablets of children

D.6 Service provided to the adolescent

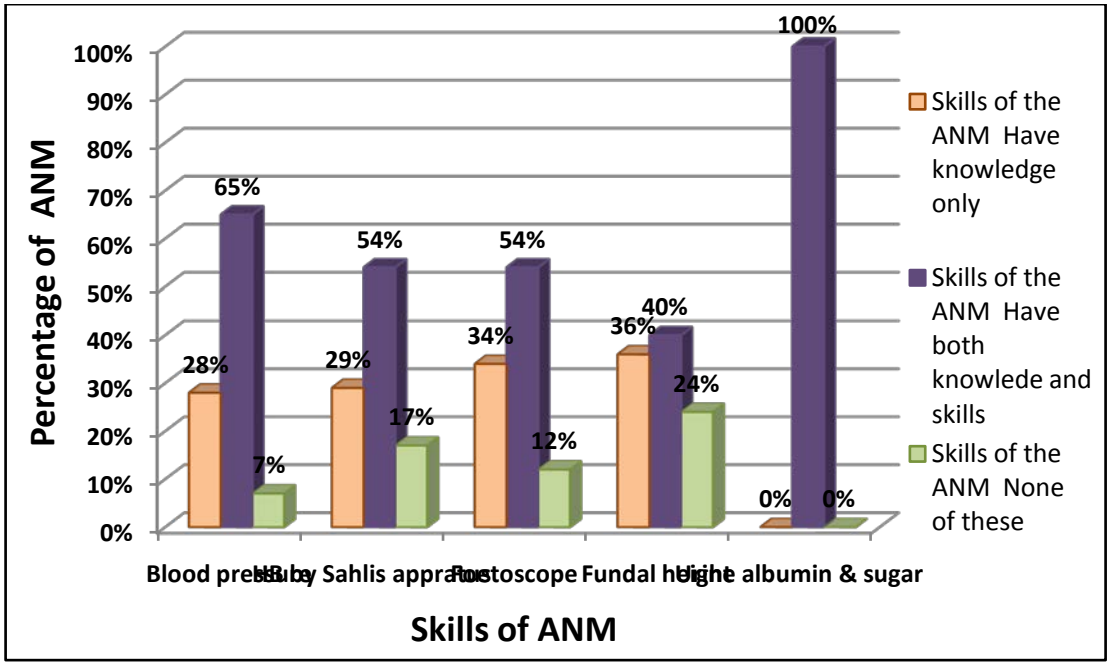
- ✓ At all VHND site adolescent girls were given IFA tablets.
- ✓ Sanitary napkins was not been provided at any of the VHND sites
- ✓ No counseling found on adolescent health, menstrual hygiene, STD etc.
- ✓ TT injection were not given at any of the VHND sites

E. Skills of service provider

E.1 Skills of the ANM

Competent ANM can successfully held VHND session if she has all the facilities and supplies to deliver the services. She performs main role in providing services to the beneficiary. Study shows all ANM were able to estimate urine sugar and albumin by using uri stick, Urine pregnancy test by using Nischay kit. But less than half of (40%) ANM were having knowledge and skills on measuring fundal height. Out of 50 ANM only 27 were using Sahlis apparatus and fetoscope. ANM can check blood pressure by using electrical BP apparatus but when they are asked to do it by using sphygmomanometer, and then only 65 % ANM could do it.

Figure no.9ANM skills

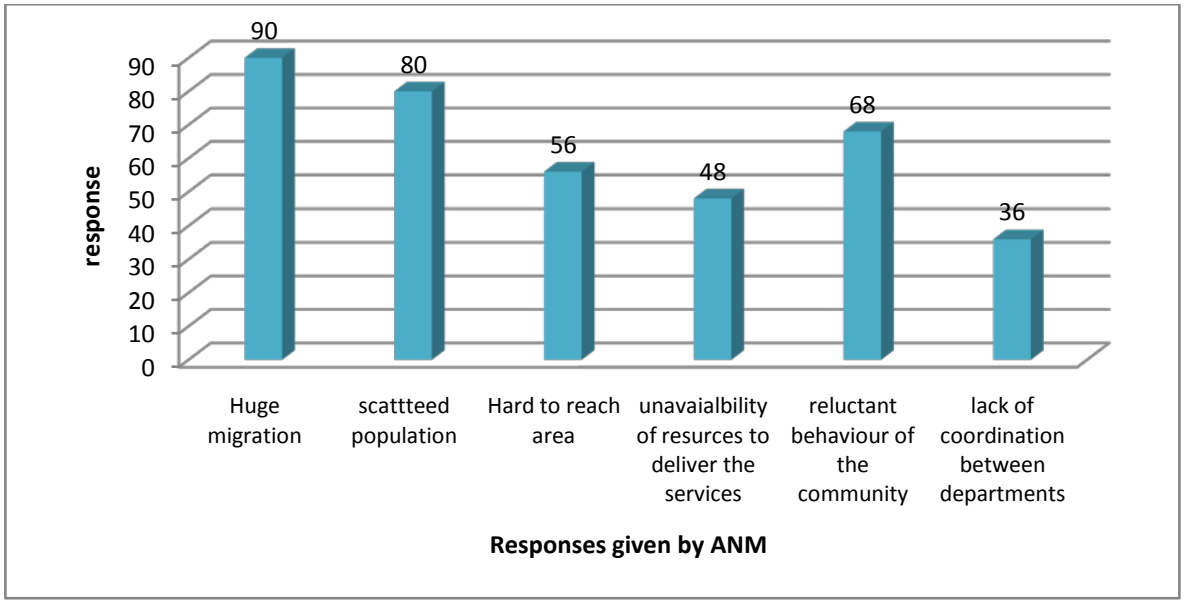


(Skills and knowledge of ANM checked at a site only where ANC equipment was available)

F. Obstacles in delivering services

Following problems were facing ANM while delivering services on VHND session. Huge migration of working age couple in Jhabua was one of the main constraints in delivering services. It is difficult for them to track beneficiary because of migration. Another obstacle was scattered population .

Figure no. 10 Problems faced by ANM to deliver the services



CHAPTER 6

CONCLUSION

- VHND is a convergence platform for Health and ICDS, still poor convergence is found among the service provider
- Capacity building of ANM is necessary as she performs key role in delivering the services
- No active participation of PRI member was found low.
- Most of the non GAK sites were not provided with all equipments and supplies
- Poor monitoring and supervision as most of the records were found incomplete.
- Poor counseling found on maternal and children health. No counseling was found on communicable diseases, STD, Hygiene practices, chronic diseases.
- MCTS work plan was not updated regularly
- VHND monitoring checklist was used by both the department(ICDS and Health).

CHAPTER 7

RECOMMENDATION

- There should be clear cur instruction from the both departments (Health and ICDS),not to convene any training/meeting on the day of VHND
- All the essential equipment's, drugs and supplies should be provided to non GAK , AWC .
- Basic amenities like drinking water, Functional toilet facility & electricity should be provided at VHND site.
- Active involvement of PRI is necessary to deliver effective services
- Training should be imparted to bring conceptual clarity among front line workers like ANM, ASHA and AWW on VHND.
- Roll clarity on VHND session among the front line worker is necessary.
- Capacity building of ANM on maternal health for better service delivery
- There should be common VHND assessment checklist for supervisory cadre of both ICDS and Health department so that quality of services and data can be maintained.
- There needs to be IEC material related feeding, nutrition and sanitation for better counseling of mother at all the VHND site.
- There should be active involvement of PHED and RD department during VHND sessions (PHED for water quality testing and RD for WASH practices.
- Home visit planner for ANM should be made available and strictly be followed

Annexure

QUESTIONNAIRE

Study on assessment of Village health nutrition day in four blocks of Jhabua district of Madhya Pradesh

Interview Schedule
(For ANM)

Location of the interview_____

Introduction and Informed consent:-

Namaste! My name is _____ and I am working with MPTAST, Jhabua. We are conducting a health survey about on village health nutrition day services. We would very much appreciate your participation in this survey. Several different VHND related topics will be asked. The survey usually takes between 15 and 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Participation in this survey is voluntary and if you choose to participate, you may withdraw at any time. However, we hope that you will take part in this survey since your participation is important.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

SECTION A-Details of VHND site

1.Date of interview(dd/mm/year)	
2.Place of VHND site	
3.Village	
4.Sector	
5.Block	
6.Was the session held according to micro plan?	
7.wether Printed due list available?	

SECTION B-Presence of stakeholder

Q.no.	Questions	Response	
1.	ANM	1.yes	2.No
2.	AWW	1.Yes	2.No
3.	ASHA	1.Yes	2.No
4.	AWH	1.Yes	2.No
5.	PRI members other than ASHA, ANM, AWW.	1.yes	2.No

Section C-Infrastructure

Q.no.	Questions	Response	
1.	Is this building government owned or rented?	1.Yes	2.No
2.	Do you have a Sitting room for children/women?	1.Yes	2.No
3.	Is toilet facility available?	1.Yes	2.No
4.	Is drinking Water available?	1.yes	2.No
5.	Is electricity facility available?	1.Yes	2.No

Section D-Availability of Equipment and supplies at VHND site

Q.no.	Questions	Response	
1	BP Instrument Available	1.Yes	2.No
2	Availability of Adult Weighing Machine	1.Yes	2.No
3	Availability of Child Weighing Machine	1.Yes	2.No
4	Availability of Infant Weighing Machine	1.Yes	2.No
5	Availability of Examination Table	1.Yes	2.No
6	Availability of Uristicks for Urine examination	1.Yes	2.No
7	Availability of Hemoglabin test kits	1.Yes	2.No
8	Availability of Gloves	1.Yes	2.No

9	Availability of Slides for Malaria	1.Yes	2.No
10	Availability of Stechscope	1.Yes	2.No
11	Availability of Fetoscope	1.Yes	2.No
12	Availability of Vaccine Carrier with ICE pack	1.Yes	2.No

SECTION E-Availability of records at VHND site

Q.no.	Questions	Response	
1	Availability of Referral Record	1.Yes	2.No
2	Availability of High Risk cases details	1.Yes	2.No
3	Availability of MCP card	1.Yes	2.No
4	MCP card completed	1.Yes	2.No
5	Availability of MCTS tracking format	1.Yes	2.No
6	Availability of Immunization Registers	1.Yes	2.No
7	Availability of Gram Swasth Register	1.Yes	2.No
8	Availability of line list of children <2.5 Kgs	1.Yes	2.No
9	Availability of Home visit planner for ANM	1.Yes	2.No
10	Availability of Home visit planner for AWW (Under Revised MIS)	1.Yes	2.No
11	Availability of Screen for Privacy	1.Yes	2.No

Section F-Availability of Vaccines

Q.no.	Questions	Response	
1	Availability of BCG	1.Yes	2.No
2	Availability of DPT	1.Yes	2.No
3	Availability of Polio Vaccine	1.Yes	2.No
4	Availability of Measles Vaccine	1.Yes	2.No
5	Availability of TT	1.Yes	2.No
6	Availability of Hepatitis - B Vaccine	1.Yes	2.No
7	Availability of Vitamin - A	1.Yes	2.No

SECTION G-Availability of drugs and contraceptives

Q.no.	Questions	Response	
1	Availability of IFA for Adults	1.Yes	2.No
2	Availability of IFA for Children	1.Yes	2.No
3	Availability of Iron Syrup	1.Yes	2.No
4	Availability of ORS	1.Yes	2.No
5	Availability of Zinc Tab	1.Yes	2.No
6	Availability of Cloroquine	1.Yes	2.No
7	Availability of Albandazole	1.Yes	2.No
8	Availability of paracetmol	1.Yes	2.No
9	Availability of Methlorgmethocyn Tab	1.Yes	2.No
10	Availability of Methlorgmethocyn Injection	1.Yes	2.No
11	Availability of Dycyclomyn Tablet	1.Yes	2.No
12	Availability of Clorofenical IE Ointment	1.Yes	2.No
13	Ointment Providine Iodine	1.Yes	2.No
14	Availability of Cotton Bandage	1.Yes	2.No
15	Availability of Cotton Swab	1.Yes	2.No
16	Availability of Mala - D	1.Yes	2.No
17	Availability of Condom	1.Yes	2.No

SECTION H-Availability of Food and THR (asked to beneficiary)

Q.no.	Questions	Response	
1	Whether Hot Cooked meal is distributed to eligible beneficiaries	1.Yes	2.No
2	Whether THR is available at the site	1.Yes	2.No
3	Whether THR is distributed at the site	1.Yes	2.No

SECTION I-Skills of ANM (If yes-click-√ & if no click-×)

Q.no.	Question	Response		
		Knowledge only	Have knowledge and skilled also	None of these
1.	Whether ANMs knows to Take BP by sphygomanometer			
2.	Whether ANMs knows to measure hemoglobin(by Sahlis Haemoglobinometer)			
3.	Whether ANMs knows to use fetoscope			
4.	Fundal height(ANC)			
5.	Urine sugar and albumin			
6.	UPT(Nischay kit)			

SECTION J-Counselling Part (Click√ in front of answer)

Q.no.	Question on Counselling	Not given	poor	satisfactory
1	ANC service			
2	PNC services			
3	ARSH			

SECTION H-ANC services

Q.No.	Question	Response	
1	Abdominal examination	1.Yes	2.No
2	Blood pressure	1.Yes	2.No
3	weighing	1.Yes	2.No
4	UPT	1.Yes	2.No
5	Urine sugar and albumin	1.Yes	2.No
6	Titanus toxide injection	1.Yes	2.No
7	Iron Folic acid tablet	1.Yes	2.No

SECTION I-services provided to Adolescent girls

Q.No.	Question	Response	
1	Nutrition supplement(THR)	1.Yes	2.No
2	IFA supplement	1.Yes	2.No
3	Inj.TT	1.Yes	2.No
4	Distribution Sanitary napkins	1.Yes	2.No

Section J-services provided to children

Q.No.	Question	Response	
1	Nutrition supplement(THR/hot cooked meal)	1.Yes	2.No
2	Weighing of children	1.Yes	2.No
3	Vaccination	1.Yes	2.No
4	Have the AWW/ASHA identified malnourished children in last four session	1.Yes	2.No.
5	If yes whether children are referred to NRC	1.Yes	2.No.

Section K-PNC services

Q.No.	Question	Response	
1	Nutrition supplement(THR)	1.Yes	2.No
2	Postnatal check up	1.Yes	2.No
3	IFA tablet	1.Yes	2.No

What are the problems do you face in delivering effective services on VHND session?

CHAPTER 9

REFERENCES

1. Mohit Sharma (IHMR University), an assessment of mamata diwas programme in urban slums of junagadh municipal-2012

2. Dr. Vibha Gosalia et al, "Utilization of Antenatal Services by Pregnant Women Attending Mamta Divas in Rural Areas of Bhavnagar District of Gujarat" (2012)

3. Raj Kumari HK1, Hira P1, Rithuma O1, Murthy GVS1, Ajitha K2, Suresh M1,3,4, "Evaluating the Fixed Nutrition and Health Day (FNHD) program in the rural Area of Shamir pet, Ranga Reddy District and the urban area of Dabeerpura, Hyderabad District" 2012

4. VHND guidelines by NRHM 2005-2012

5. www.pfhi.org

6. www.unicef.org