A Study on Effectiveness of Factors for Strenghtening of VHND in Raipur Block (District Rewa)

Internship Training
at
Prayas, Chittorgarh

By
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Under the guidance of
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Post Graduate Diploma in Hospital & Health Management
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Institute of Health Management Research
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2014

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TO WHOM AND FOR WHAT SO EVER IT MAY CONCERN

This is to certify that **Venkatesh Irugulapati** student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management Research University, Jaipur has undergone internship training at PRAYAS from February 11 to May 11 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 Dissertation is in fulfilment of the course requirements.

We wish her all success in all her future endeavours.

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The certificate is awarded to

Mr. Venkatesh Irugulapati

In recognition of having successfully completed his Internship in

Madhya Pradesh Health Sector Reforms Project

and has successfully completed his Dissertation on

A Study on Effectiveness of factors for strengthening of VHND in Raipur block of Rewa District

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.

27.05.14

Chhaya Pachauli
Senior Programme Coordinator

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **A Study on Effectiveness of factors for strengthening of VHND, Rewa, Madhya Pradesh** and submitted by **Venkatesh Irugulapati** Enrollment No. **17-1403** under the supervision of Dr. Goutam Sadhu Associate professor for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from Feb 11 to May 11 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

Title:

A STUDY ON EFFECTIVENESS OF FACTORS FOR STRENGHTENING OF VHND IN RAIPUR BLOCK (DISTRICT REWA)

Author:

VenkateshIrugulapati

Back Ground:

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 (DHFW) 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.

Objectives:

To find the effectiveness of following factors

1) Supportive Supervision
2) Capacity building
3) Facility trainings
4) Interdepartmental Convergence
5) Technical Support

Methodology:

Experimental,interventional study design with 24 Villages, AWC/SHC atRaipur block, District rewa, Madhya Pradesh.The duration of study is for 3 months (February 2014 to April 2014). The respondents for the following study would include the frontline workers (ANM, ASHA and AWW) at the VHND session site. Purposive sampling has been taken in the study. Sample is selected form 24 VHND sites form 24 Villages as Baseline Data by simple random technique and to full fill the purpose of our study I have selected the same sample which is been selected for baseline and compare with end line. A sample size of 24 will be taken. VHND is held on Tuesdays and Fridays of every week. Thus, in a time period of 3 month, 24 VHND sites have been visited.

Results:

The study revealed that the factors had contributed to increase the access, use and quality of health and nutrition services atstrengthening of VHND's. The technical assistance and collaboration with district officials has demonstrated the importance and building on existing platforms and systems in order to achieve better results.

Conclusion:

The joint efforts of District and block level officials, the factors such as Supportive supervision, Technical support, Capacity building, Facility training had contributed to increase the access, use and quality of health and nutrition services at strengthening of VHND's. The study's technical assistance and collaboration with district officials has demonstrated the importance and building on existing platforms and systems in order to achieve results.

End line survey clearly describes that these factors has showed the effectiveness in strengthening of VHND at 24 sites but haven't achieved to maximum level and program need to concentrate on beneficiaries side rather than only from service provider, and socio demographic factors like population and education shows some effectiveness for strengthening of program. One thing which we learned using the existing platform, of different programs specially RCH program we can improve the program implementation at field level.

Acknowledgements

I take this opportunity to express my deep sense of gratitude to all those who have been instrumental in helping me successfully complete my internship.

I wish to thank **Dr. S.D.Gupta**(Director – Institute of Health Management Research,Jaipur) and Dr. Ashok Kaushik (Dean, Institute of Health Management Research, Jaipur) for giving me an opportunity to work with the PRAYAS NGO

I deeply acknowledge my guide **Dr. GoutamSadhu** for his substantial contribution and inputs to the report without which I would not have been able to proceed and complete my dissertation report.

I wish to that Technical officer Health Program MP TAST, Rewafor his constant support and help for the completion of the study.

I profusely wish to express my gratitude to the BPM, supervisors of Raipur block for their cooperation during field work.

Venkatesh Irugulapati

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List of Abbreviations

AWW	ANGANWADI WORKER
MO	MEDICAL OFFICER
ICDS	INTEGRATED CHILD DEVELOPMENT SERVICES
ANM	AUXILLIARY NURSE MIDWIFE
AWC	ANGANWADI CENTER
FHW	FEMALE HEALTH WORKER
VHND	VILLAGE HEALTH AND NUTRITION DAY
CDPO	CHILD DEVELOPMENT PROGRAMME OFFICER
CHC	COMMUNITY HEALTH CENTER
DFID	DEPARTMENT FOR INTERNATIONAL DEVELOPMENT
DHS	DISTRICT HEALTH SOCIETY
DPMU	DISTRICT PROGRAMME MANAGEMENT UNIT
MPTAST	MADHYAPRADESH TECHNICAL ASSISTANCE SUPPORT TEAM
DPM	DISTRICT PROGRAMME MANAGER
TOH	TECHNICAL OFFICER HEALTH
TON	TECHINICAL OFFICER NUTRITION
DPO	DISTRICT PROGRAMME OFFICER

INTERNSHIP REPORT

(CHAPTER 1)

1.1 Introduction

Internship is a partofthesecond year program, where we have toobserveand learn the work culture of organization.Also it willbe necessaryto participate invarious department/activities so we could orientour self with differentdepartments thatgivesus first hand exposure.

Internship is the process, throughwhichwecan understand process of work and thereafter beable to involve in decision making.

I wasappointed as District VHNDCoordinator atRewa in Madhya Pradesh by Prayas NGO to provide technical support to district health and ICDS officials in holding field visits, monitoring of VHNDs and other tasks pertaining to strengthening of VHNDs.

Objective of Internship

(a) To understand the work pattern of Prayas.

(b) The next objective of internship was to learn various managerial and administrative skills which can effectively implement all the health and health related programmes, overall benefit of the community.

(c) To identifyexisting gaps in, service deliveryquality, data collection, analysis and implementation of health programsinthe District and to propose probable solutions to them.

1.2 The key responsibilities undertaken were:

- Delivery of quality and effective trainings and meetings to be conducted under the project.
- Provide technical support to district health and ICDS officials in holding field visits, monitoring of VHNDs and other tasks pertaining to strengthening of VHNDs.
- Work in close association with the district NGO implementing partners and guide and mentor them on VHND strengthening.
- Work closely with training teams at different levels in order to identify the support and resources they need for strengthening training mechanisms.
- Regularity and quality of monthly meetings and other project activities.
- Develop close working relationships with all project participants and stakeholders at various levels to establish a shared vision of the project objectives and envisaged outputs.
- Facilitate compiling of the data on trainings, review meetings, and VHND assessments and quality monitoring.

1.3 An overview of Rewa District

Rewa lies between 24'18 and 25'12 north latitudes and 81'2 and 82'18 east longitudes in the north-east of the division of the same name . The district is bounded on the north and east by the state of Uttar Pradesh, in the south Sidhi district and in the west with Amarpatan and Raghurajnagartahsils of Satna district. In shape the district can be compared to an isosceles triangle, with its base along the Satna border and the two longer arms converging towards Mauganj in east.

1.3.1 Demographic Profile

- In 2011, Rewa had population of 2,365,106 of which male and female were 1,225,100 and 1,140,006 respectively. In 2001 census, Rewa had a population of 1,973,306 of which males were 1,016,687 and remaining 956,619 were females.
- There was change of 19.86 percent in the population compared to population as per 2001. In the previous census of India 2001, Rewa District recorded increase of 26.90 percent to its population compared to 1991.
- Average literacy rate of Rewa in 2011 were 71.62 compared to 62.01 of 2001. If things are looked out at gender wise, male and female literacy were 81.43 and 61.16 respectively. For 2001 census, same figures stood at 75.65 and 47.58 in Rewa District. Total literate in Rewa District were 1,441,757 of which male and female were 845,572 and 596,185 respectively. In 2001, Rewa District had 991,410 in its district.
- With regards to Sex Ratio in Rewa, it stood at 931 per 1000 male compared to 2001 census figure of 941. The average national sex ratio in India is 940 as per latest reports of Census 2011 Directorate. In 2011 census, child sex ratio is 885 girls per 1000 boys compared to figure of 926 girls per 1000 boys of 2001 census data.

1.3.2Health Care Setup

There one district hospital, nine PHCs, sixteen other PHCs, two eighty three Health Sub Centers.

They are 2415 villages in district most of them are not having health care facilities.

1.4 Organizational Background

Prayas a non-governmental organization registered under Societies Act of 1860 from Delhi administration has been working in many areas of rural poor's economic and social development since 1979. It began its activities from a very small tribal village Devgarh in Pratapgarh district of Rajasthan. One of its areas of competency of Prayas is development of models of community-based monitoring and delivery of health care for people having very limited access to quality health care.

Over the past decade, Prayas has been the nodal organization for a number of multi district and state-wide programs in the area of health. In 1982, Prayas is one of the first organizations to be handed-over a Primary Health Center (PHC) by the Government of Rajasthan to operate and deliver services. Recognizing its work, the Ministry of Health and Family Welfare (MOHFW), Government of India has been providing untied support to Prayas since 2005-06 to promote women's health in the state of Rajasthan. Some of the significant projects managed by Prayas also include gender sensitization trainings of all the health care providers, improving quality of care in health services, community-based monitoring of health services and others.

Prayas with the support of the WHO modeled a community empowerment in health framework which significantly contributed to developing community monitoring strategy under the National Rural Health Mission (NRHM). Prayas has also given a model of holistic approach to improve health status of the community by its Public Health Empowerment Campaign at Chhoti Sadri block of Pratapgarh district. In this campaign, Prayas has created a model of Village Health and Sanitation Committee (VHSC) and also given an example of volunteer worker at village level, which has been replicated in NRHM as ASHA cadre. Prayas has also facilitated in the formulation of district health action plans under NRHM by evolving systems of decentralized planning in four districts. Under the DFID-funded MPHSRP, Prayas was supported by the earlier MPTAST partner IPE Global to conduct a review of VHNDs in four backward districts of Madhya Pradesh in consultation with DFID and the GoMP. Prayas is well positioned to support MPTAST/FHI 360 in the strengthening of VHNDs in Madhya Pradesh.

1.5 Services provided by Prayas

Main Activities in Health

- Community empowerment for health and health security
- Empowerment of adolescents and children for better health
- Community AIDS awareness programme
- Capacity building programme for NGO workers

Economic Empowerment and livelihood issues

Universalization of quality education

Gender

1.6Observations of the field visit

- During my visits to PHC and SC, in general all of them were maintained properly. Having spent lot of money from the untied funds to improve the facility, unfortunately the toilets and sinks were not maintained properly.
- Expired medicines were found in the distribution stock.
- Safe disposal of BMW is not implemented.
- Syringes were recapped and hub cutters were not used.
- VHND sessions held are an example of intersectoral convergence of Health and ICDS.
- Only children were attended during the morning session.ANC is taken up in the afternoon, along with Adolescent girls.
- Height is not measured.
- Counseling is not observed

DISSERTATION REPORT

ON

A STUDY ON EFFECTIVENESS OF FACTORS FOR STRENGHTENING OF VHND IN RAIPUR BLOCK (DISTRICT REWA)

(CHAPTER 2)

Back Ground 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,nutrition,wash 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 (DHFW) 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.

Service Package for VHND: Maternal Health, Child Health, Family Planning, Reproductive Tract Infections and Sexually Transmitted Infection, Sanitation, Communicable Diseases, Gender, Ayush, Health Promotion etc.

Issues: Government of India launched a program known as Village Health Sanitation and Nutrition Day under this umbrella program was covering almost 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 programs because of that a complete coverage of all services to needy women was lacking which was effecting the overall progress of RCH program in country. But still is it really providing all services in a systemic pattern as what we expected during launching this program. There is still gap lying in availability of services at VHND platform.

Literature Review:

- 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.

  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. (5)

Rationale:

A very few studies has been done on VHND in Madhya Pradesh.VHND were not being organized regularly and when they were conducted, VHNDs primarily offered only routine immunization and supplementary nutrition instead of the full package of services, often without the presence of all three frontline workers. Their need for coordination between DHFW and DWCD for strengthening of VNHD.This study is an attempt to know whether these factors show ant effectiveness in strengthening.

Statement of Problem:

- Systems strengthening leads to programme improvements at scale
- Supporting frontline workers is critical for ensuring VHNDs are reaching the community with needed services.

Research Question:

What is the effectiveness of factors for strengthening of VHND and want to see whether socio demographic factors like population, education and type of village show any effectiveness in strengthening of VHND.

Objective:

To find the effectiveness of following factors

6) Supportive Supervision
7) Capacity building
8) Facility trainings
9) Interdepartmental Convergence
10) Technical Support

Methodology:

Study Design and Methods:

Type of study: Experimental,interventional study design.

Location of Study: 24 Villages, AWC/SHC,Raipur block, District rewa, Madhya Pradesh.

Study period: The duration of study is for 3 months (February 2014 to April 2014)

Study respondents: The respondents for the following study would include the frontline workers (ANM, ASHA and AWW) at the VHND session site.

Sample method: Purposive sampling has been taken in the study. Sample is selected form 24 VHND sites form 24 Villages as Baseline Data by simple random technique and to full fill the purpose of our study I have selected the same sample which is been selected for baseline and compare with end line.

Sample size:A sample size of 24 will be taken. VHND is held on Tuesdays and Fridays of every week. Thus, in a time period of 3 month, 24 VHND sites have been visited.

Data collection technique: Face to face interview with the respondents has followed in this study.

Data collection tool: Semi structured schedule is been designed for conducting interview.

Data analysis: The data obtained from the study have been edited, coded and organized as per the requirement of the study. The data analysis was been done in excel, tables and graphs are used to show the results as per the need.

Results and Discussions:

Facilities Available at VHND site
Fig: 1

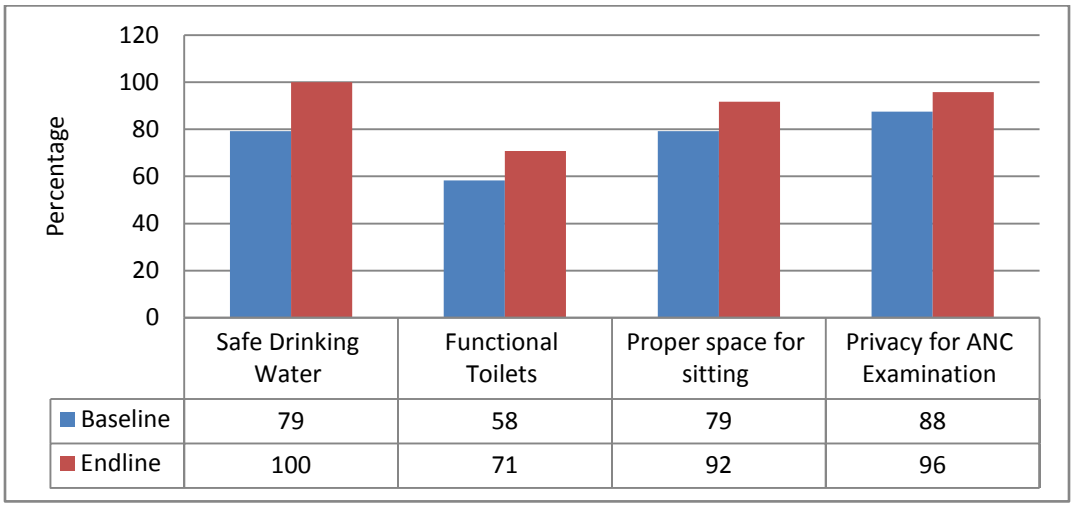


Fig 1 shows that the safe drinking water at VHND site has been increased from 79 percentage to 100, and same time functional of toilets is increased from 58 to 71 percentage and there is slight increase the other facilities at VHND site has been gradually increased as compared to the baseline and end line data. By inter department convergence, capacity building explaining the roles and responsibilities of service provider's facilities available at VHND site has been increased from base line to end line data.

Presence of Frontline workers
Fig: 2

Fig 2 shows the availability of ANM and ASHA at VHND during the session is improved from 92 and 88 percentage to 100 and presence AWW is not 100 percent as compared to ANM and ASHA. Presence of AWW at VHND was not satisfactory,by inter department convergence with health and ICDS meeting have been done and explained their roles importance, role and responsibilities the presence of AWW at VHND site

Availability and Utilization of Equipment's
Fig: 3

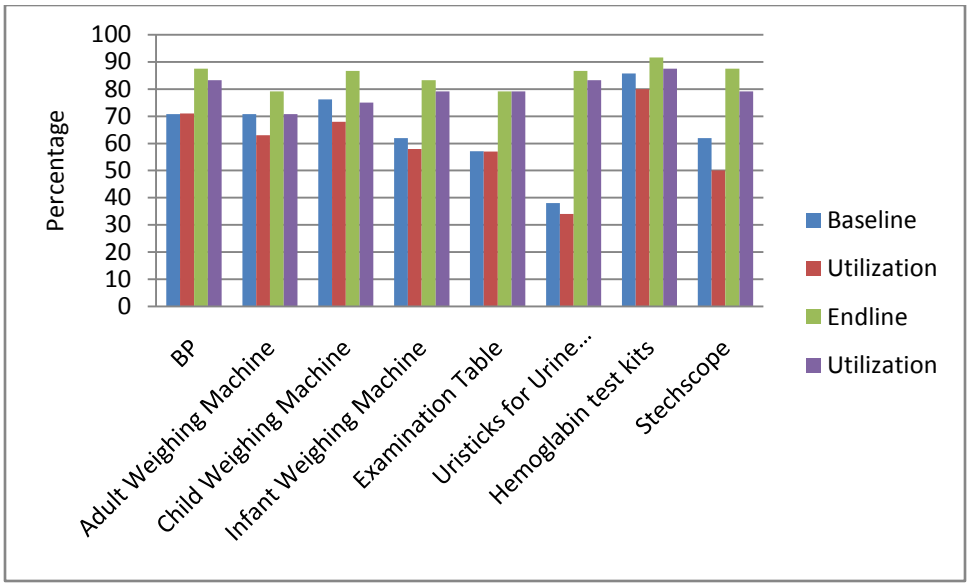
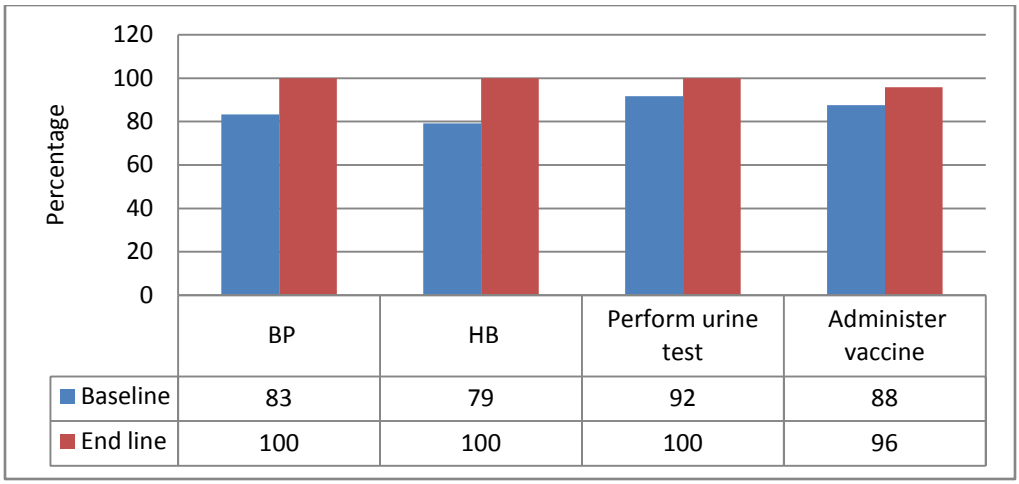


Fig 3 explains about the availability and utilization of equipment's at VHND site during the baseline and end line data. The instrument which is used to measure BP is amplified from 71 percent from baseline to 88 and at same time the utilization is improved from 71 to 83 percentage.They was drastic increase in utilization in infant weighing machine from 62 to 79 percentage, examination table from 57 to 79percentage, uristicks from 38 to 83percentage and stethoscope from 62 to 79 percentage and availability, utilization of remaining equipment's adult and child weighing machine, hemoglobin test kits is slightly increased from baseline to end line data.

Availability of Equipments	Baseline	Utilization	Endline	Utilization
BP	71	71	88	83
Adult Weighing Machine	71	63	79	71
Child Weighing Machine	76	68	87	75
Infant Weighing Machine	62	58	83	79
Examination Table	57	57	79	79
Uristicks for Urine examination	38	34	87	83
Hemoglabin test kits	86	80	92	88
Stechscope	62	50	88	79

Skills of service of Provider

Fig: 4

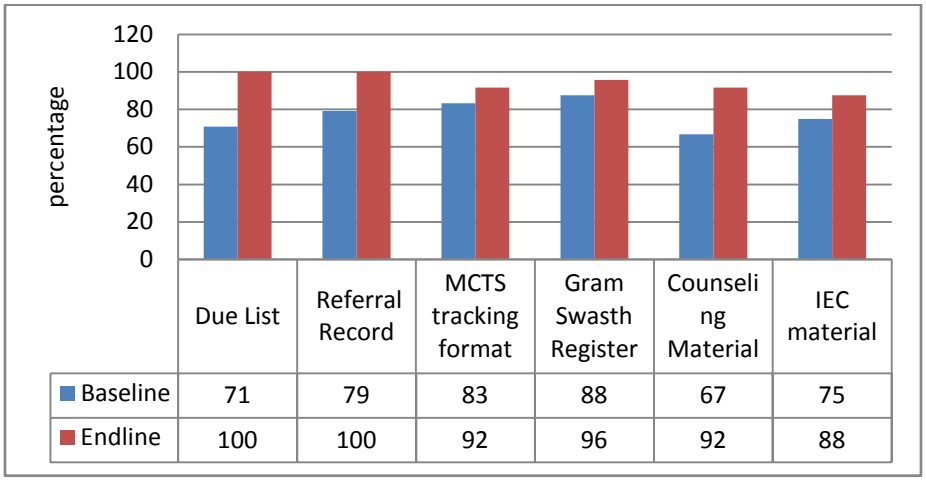


	BP	HB	Perform urine test	Administer vaccine
Baseline	83	79	92	88
End line	100	100	100	96

Fig 4 describes about the skills of service provider at VHND site, skill of ANM in measuring of BP has been greater than baseline (i.e.) from 83 to 100 percentage and same time skill of service provider in estimation of HB is increased from 79 to 100 percentage. End line data have been collected after givingfacility training to all 24 sites of ANM after observingthe base linedata. Skills of service of provider is increased form base to end line.

Availability of Registers and Record's

Fig: 5



	Due List	Referral Record	MCTS tracking format	Gram Swasth Register	Counseling Material	IEC material
Baseline	71	79	83	88	67	75
Endline	100	100	92	96	92	88

Fig 5 shows explains about the availability of registers and records at VHND site 29percent of duelist was not available at time of baseline data when it comes to end line 100 percent was available major concern was about counseling and IEC material. Availability counseling material was improved form 67 percent to 92 and whereas IEC was increased from 79 to 88 percent at the end of study**.**

Service Provision and utilization at VHND site

Fig: 6

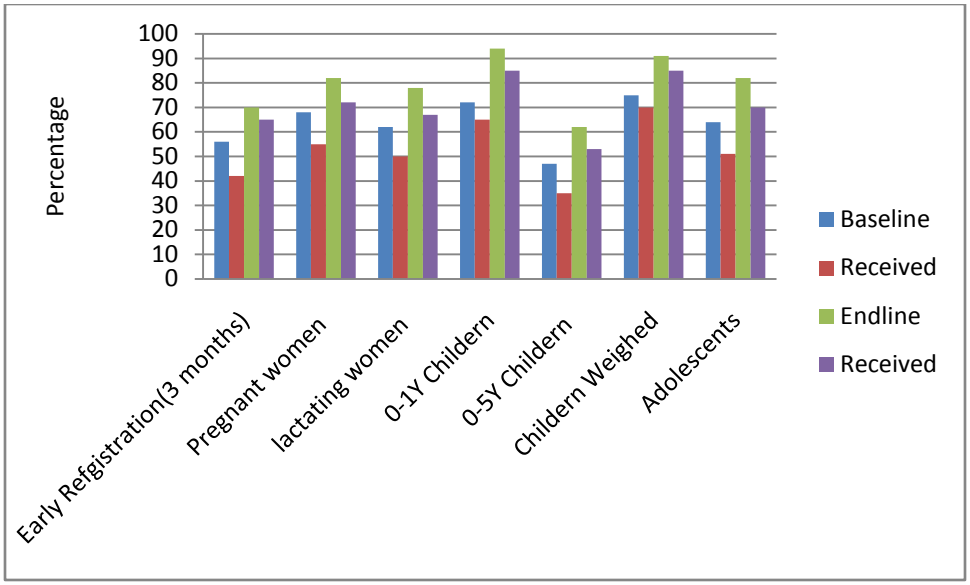
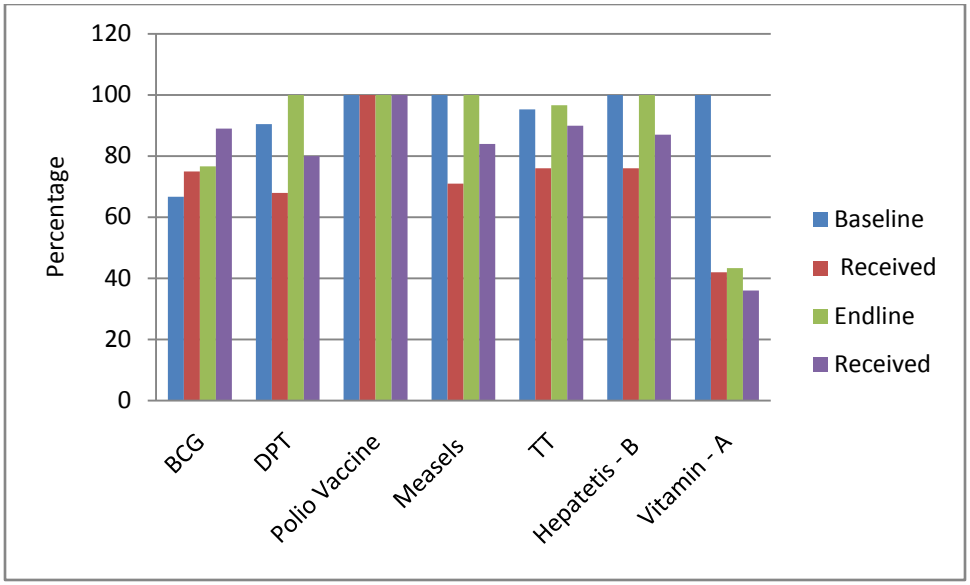


Fig 6 explains about the services provided and received by beneficiaries at 24 VHND sites. Early registration of pregnant women and services receives has been recovered to 23 percent from baseline to end line data. Services received for 0-1Y has enhanced from 65 to 85 percent, whereas there is increase of 19 percent of services for adolescents**.** There was marginally increase in others services, pregnant women(82 percent), lactating women(78 percent), 0-5Y children(62 percent), and number of children weighed(91 percent).

Service Provision	Baseline	Received	Endline	Received
Early Refgistration(3 months)	56	42	70	65
Pregnant women	68	55	82	72
lactating women	62	50	78	67
0-1Y Childern	72	65	94	85
0-5Y Childern	47	35	62	53
Childern Weighed	75	70	91	85
Adolescents	64	51	82	70

Availability and Children received Vaccines

Fig: 7

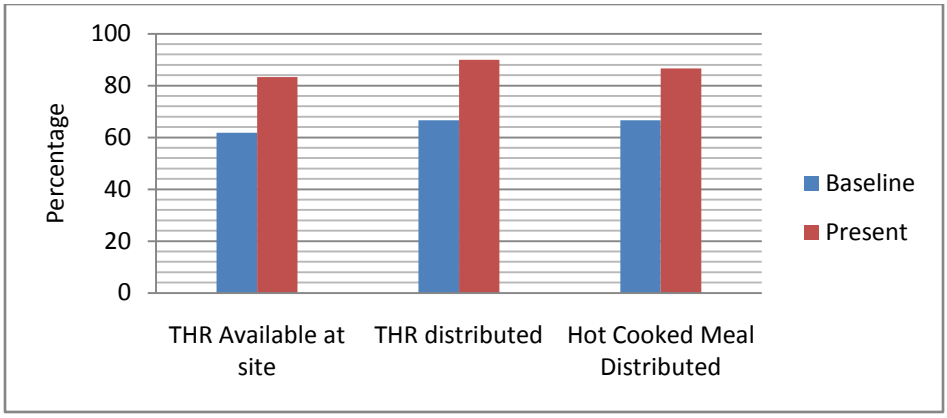


The above Fig 7 illustrates about the availability and utilization 6 vaccines preventable diseases. Children who received BCG have been improved from 75 to 89 percent and at the same time children received measles has been increased to 84 percentand TT was improved to 90 percent. There were slightly increase in DPT by 12 percent, Hepatitis-B by 11 percent and children received Vitamin A have been decreased to 6percent.

	Baseline	Received	Endline	Received
BCG	67	75	77	89
DPT	90	68	100	80
Polio Vaccine	100	100	100	100
Measles	100	71	100	84
TT	95	76	97	90
Hepatitis - B	100	76	100	87
Vitamin - A	100	42	43	36

Availability and Distribution of Food and THR

Fig: 8



From fig 8 it shows the availability of THR at VHND sites is improved from 62 percent to 83 percent at end line and distribution of THR to beneficiaries has increased to 90 percent and at the same time hot cooked meal is enhanced to 87 as compared to baseline data.

Percentage of Counselling given to Beneficiaries by Service Provider

Fig: 9

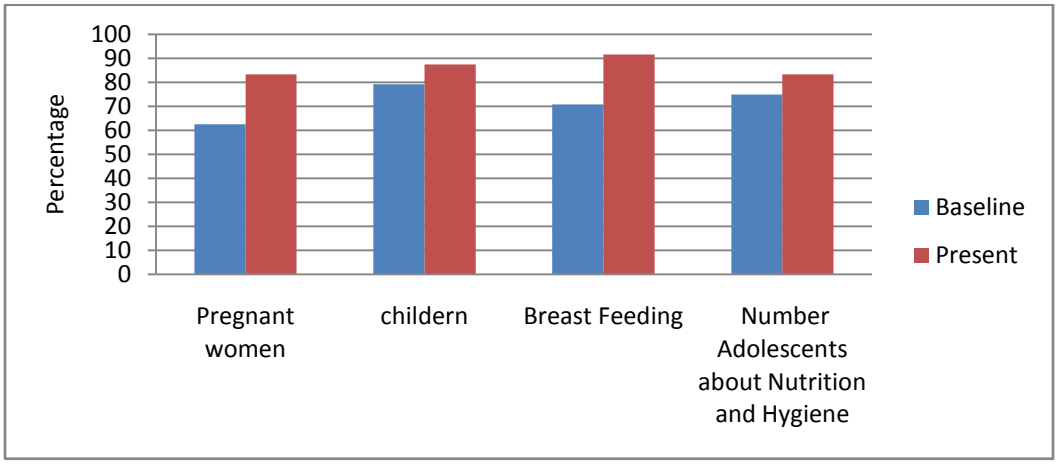


Fig 9 Bar graph explains about the counselling part is done by service provider to beneficiaries at VHND sites we can see that conselling service received by preagnat women is been increased to 83 percent from 63 percent and there is increase in 21 percent of counselling part to mothers regarding breat feeding. Counselling service to adolescents concerning about Nutrition and hygiene is slightly increased by 8 percent.

Availability of Drugs at site

Fig: 10

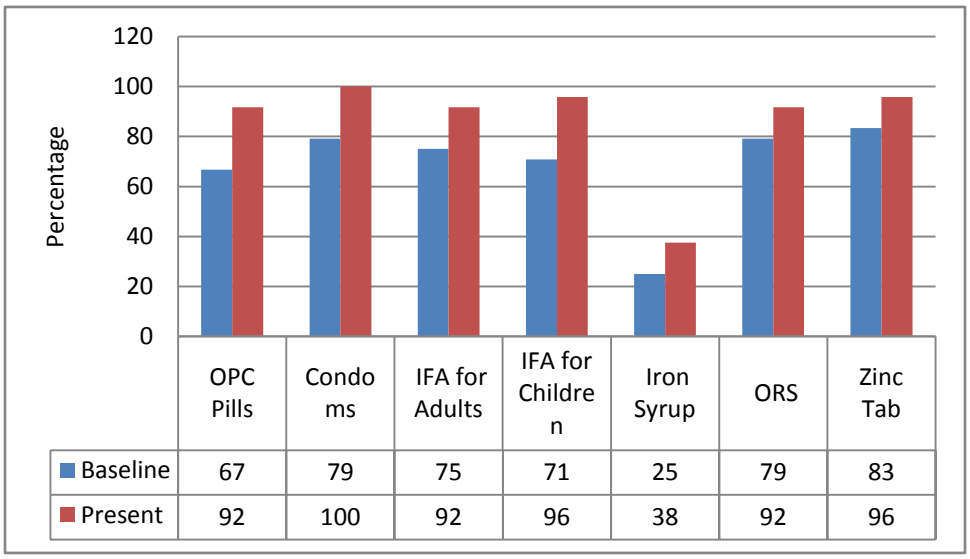


Fig 10 describes about the availability of drugs at 24 VHND sites, availability of family planning services such as OPC pills is increased to from 67 percent to 92 percent and 21 percent is been increased in condoms, and 27 percent increase in IFA tablets for childern and slightly increase in Iron syrup of12 percent, ORS percent, Zinc tab 13percent.

Services utilized by villages and population of village

Fig 11

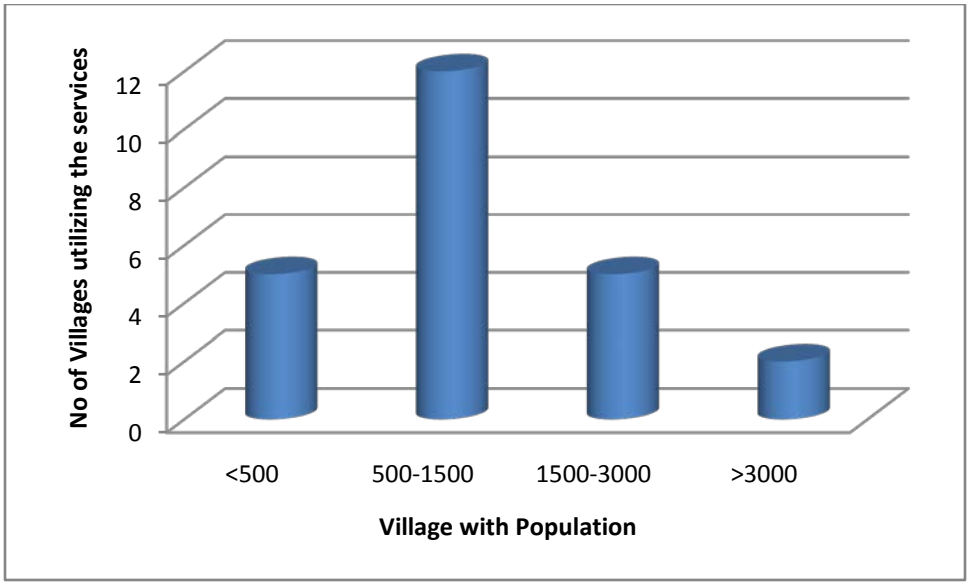


Fig 11 determines that out of 24 villages,nine villages with range of 500 to 1000 population utilizing 50 percentage of services and as size of population of villages increasing lesser the services is been utilized. Inspite of less population with range of 500 services utilized by five villages is 21 percent only. Proper Microplanning of VHND which will increase utilization of services.

Percentage of education level of literates in 24 villages using the services

Fig 12

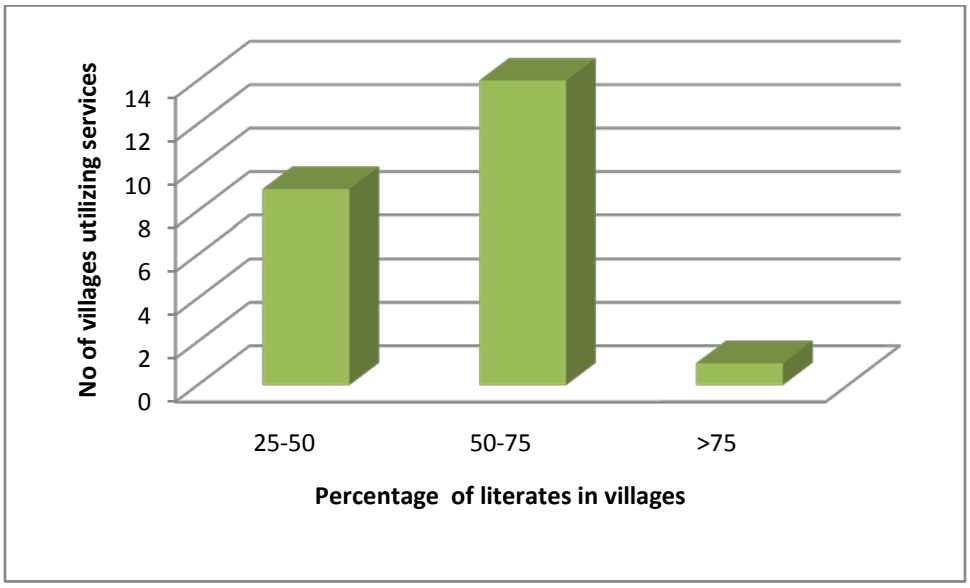


Fig 12 explaines about 50 -75 percent of literates out of 24 villages 14 are using the services (i.e) 59 percent and as the percentage of literacy increases the services utlizing by literates are decresing and from the range of 25 -50 percent the servies utilized by literates are 38 percent.

Services utlized by villages with type of village

Fig 13

Fig 13 shows that there is no association with services utilized by village with type of village and this doesn't effect in strengthening of VHND.

Qualitative Study Quotes

"The three of us sit together and make a list (of mothers and children needing services) in advance. We also inform people in advance. We ensure that there is supplementary nutrition, a weighingscale,growthcharts, immunizations, are available."

ANM, Focus Group Discussion
"We (AWWs), along with ANMs, weigh children and prepare growth charts. Growth charts are kept at the AWC. The *Anganwadi*Helper informs the beneficiaries about the VHND session and reminds them to come on time."

AWW, Focus Group Discussion
"The ANM does health check-ups of those present and carries out immunizations. The AWW mainly gives supplementary nutrition and counsels mothers of malnourished children. The ASHA sees who has come to the VHND and who has not. She matches names (of mothers) in her register with that of the AWWs."

Challenges and Lessons Learned

Systems strengthening leads to programme improvements at scale:
It is important to strengthen multiple systems to achieve improvements in VHNDs. Efforts focused on frontline workers to the guidelines and their roles, strengthening supervision, using a structured checklist to monitor VHNDs, using data for programmatic decision-making and ensuring platforms for convergence. All of these aspects collectively will contribute to increase the coverage and qualityof VHNDs.

Inter-departmental convergence at various levels:
Convergence meetings institutionalized at the block and district level have proved a very effective mechanism in addressing gaps in VHND services. Joint problem-solving isimproving the quality of VHND. Visible improvements at the field level have encouraged government officials to continue with these convergence meetings on a regular basis.

Supporting frontline workers is critical for ensuring VHNDs are reaching the community with needed services:
Supportfrontline workers to knew their rolesand responsibilities during VHND and received the support theyneeded from supervisors to perform these functions.Supervisory support from ICDS supervisors and ANMs helpedAWWs and ASHAs to appreciate the importance of their rolesand helped them with problem-solving and motivation.Supervisory visits contributed to improved performance of frontline workers, who are motivated by the fact that someone cares about their performance.

Discussion

This study is to attempt to find out the effectiveness of factors for strengthening of VHND.It is important to strengthen multiple systems to achieve improvements in VHNDs. Efforts focused on and frontline workers.The attendance of AWW at VHND session was improved form baseline to end line but not up to the desired level (71-92 percent) and functional of toilets at VHND site was improved form (58-71 percent) by convergence meetings institutionalized at block level been between health, ICDS,and PRI's.

Providing technical assistance to district officials and supporting front line workers for availability and utilization of equipment's at VHND site during the baseline and end line data. The instrument which is used to measure BP is amplified from 71 percent from baseline to 88 and at same time the utilization is improved from 71 to 83 percent. The major concern was availability and utilization of examination table which was improved from 57 to 79 percent by.

Two facility training sessions have been conducted for service providersskill of ANM in measuring of BP has been greater than baseline (i.e.) from 83 to 100 percentage and same time skill of service provider in estimation of HB is increased from 79 to 100 and ability of administration of vaccine at proper site has improved to 96 percentage from 88 percent.

Services provided and received by beneficiaries at 24 VHND sites. Early registration of pregnant women and services receives has been recovered to 23 percent from baseline to end line data. Services received for 0-1Y has enhanced from 65 to 85 percent, whereas there is increase of 19 percent of services for adolescents**.** There was marginally increase in others services, pregnant women(82 percent), lactating women(78 percent), 0-5Y children(62 percent), and number of children weighed(91 percent).

Availability and utilization 6 vaccines preventable diseases. Children who received BCG have been improved from 75 to 89 percent and at the same time children received measles has been increased to 84 percent and TT was improved to 90 percent. There were slightly increase in DPT by 12 percent, Hepatitis-B by 11 percent and children received Vitamin A have been decreased to 6percent.

Counselling part is done by service provider to beneficiaries at VHND sites we can see that conselling service received by preagnat women is been increased to 83 percent from 63 percent and there is increase in 21 percent of counselling part to mothers regarding breat feeding. Counselling service to adolescents concerning about Nutrition and hygiene is slightly increased by 8 percent.

Availability of drugs at 24 VHND sites, availability of family planning services such as OPC pills is increased to from 67 percent to 92 percent and 21 percent is been increased in condoms, and 27 percent increase in IFA tablets for childern and slightly increase in Iron syrup of12 percent, ORS percent, Zinc tab 13percent.

Conclusion

The joint efforts of District and block level officials,the factors such as Supportive supervision, Technical support, Capacity building, Facility training had contributed to increase the access, use and quality of health and nutrition services at strengthening of VHND's. The study's technical assistance and collaboration with district officials has demonstrated the importance and building on existing platforms and systems in order to achieve results.

End line survey clearly describes that these factors has showed the effectiveness in strengthening of VHND at 24 sites but haven't achieved to maximum level and program need to concentrate on beneficiaries side rather than only from service provider, and socio demographic factors like population and education shows some effectiveness for strengthening of program. One thing which we learned using the existing platform, of different programs specially RCH program we can improve the program implementation at field level.

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- Improving the Coverage and Quality of Village Health and Nutrition Days a Technical Brief.
- Study on Documentation of motivation, attitudes and capacities of front line workers towards counselling during VHND in Odisha by Unicef Consultant for 12 weeks.)(4)
- Village Health and Nutrition Day, Case Registration No. and Date: CMHS0005, 10-05-2010, By Sanjay Joshi , K. V. Ramani and DileepMavalankar(5)

ग्रामस्वास्थ्य एवंपोषणदिवस–आंकलन प्रपत्र

सामान्य जानकारियां :

1. गांव का नाम _____.2. उप स्वास्थ्य केन्द्र_____3. विकास खण्ड _____4. जिला.....

5. दिनांक :– / / 6 **वार** :– मंगलवार/शुक्रवार 7. **स्थान** :– आंगनवाडी केन्द्र/उपस्वास्थ्य

क्र. सं.	विवरण	हॉ	नहीं	टिप्पणी
1	सरकारी□भवन□है			
2	बिजली की व्यवस्था			
3	स्वच्छपीने 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 गढ्ढे तो नहीं			
10	आस–पास पानी जमा तो नही			
11	भवन में धूल या गंदगी तो नही			
12	फर्ष टूटा हुआ तो नही			

क

13	विभाग द्वारावैक्सीनपंहुचानेकी व्यवस्था है या नही			
	प्रांप्ताक–			

ग्राम स्वास्थ्य एवं पोषण दिवस आयोजनस्थलसम्बन्धितजानकारी

2. मानवसंसाधन (सेवा प्रदाता) एंवसरकारी पर्यवेक्षण रू

क्र. सं.	**विवरण**	**हा**	**नहीं**	**टिप्पणी**
1ण	महिला स्वास्थ्य कार्यकर्ता (ए.एन.एम.)			
2ण	आंगनवाडी कार्यकर्ता			
3ण	आशा			
4ण	सरकारी पर्यवेक्षणरू सुपरवाईजर– महिला/पुरुष (स्वास्थ्य) सुपरवाईजर– (महिला एवं बाल विकास विभाग) अन्य – खण्ड चिकित्सा अधिकारी/ब्लॉक क्रार्यक्रम प्रबंधक/महिला एवं शिशु स्वास्थ्य अधिकारी/जिला परियोजना अधिकारी/बाल विकास परियोजना अधिकारी			
	प्रांप्ताक–			

दस्तावेजसम्बन्धीजानकारी	**हाँ**	**नहीं**
सम्भावितलाभार्थियों की सूची		
रैफर की गयीमहिलाए एवं बच्चो कारिकार्ड		
मातृ बालसुरक्षाकार्ड		

क्र. स.	**परामर्ष**(परामर्ष सत्रें)	**हाँ**

नामआधारितट्रेकिंगप्रपत्र भरागया		
परामर्शसामग्री		
सुरक्षितमातृत्वपुस्तिका		
आवश्यक रजिस्टर		
प्राप्तांक		

1ण	गर्भावस्था के दौरानस्वयं की देखभाल की सलाहरू थोडीमात्रा में कम से कम चारबारपोष्टिकआहार खानेए कम से कम दो घण्टेदोपहर में विश्रामकीसलाहए आयरन की गोलियांखानेकीसलाहए रातमें 8 घंटेसोनेऔरभारीवजन न उठाने की सलाह	
2ण	खतरे के लक्षणजैसेपैरोंमेंसूजन, चक्करआना, खूनबहनेकीस्थितिमेंअस्पतालजानेकीसलाह	
3ण	जिनगर्भवतीमहिलाओंको एनिमियाहैउन्हेंआयरनफॉलिक एसीड की गोलियाँ के महत्व की जानकारी	
4ण	संस्थागतप्रसव के महत्व के बारेमेंसलाहए प्रोत्साहन एवंप्रसवकिसस्वास्थ्य केन्द्र या अस्पतालमेंकरानाहैउसकीजानकारी	
5ण	नवजातशिशु की आवष्यक देखभाल एवंतुरन्तस्तनपानकरानेकीसलाह	
6ण	नवजातशिशुको 6 माहतककेवलस्तनपानतथाबीमारहोनेपरभीस्तनपानजारी रखने की सलाह	
7ण	छः माहहोनेपरपूरकपोषाहारदेनेकीसलाह	
8ण	कृमिरोधीदवा के महत्व की जानकारी	
9ण	बच्चोंमेंअन्तर रखने के लियेपरिवारनियोजन के साधनों की सलाह	
10ण	योग्य दंपतियो को परिवारनियोजन के अस्थायीसाधन के उपयोग की आवश्यकतानुसारसलाह	
11ण	किशोरियोंकोपोषण एवंसाफ–सफाई की सलाह	
12ण	यौनजनितसंक्रमणसेबचाव की लियेसलाह	
13ण	मलेरियासेबचाव के लियेसाफ–सफाईऔरमच्छरदानी के उपयोग की सलाह	
14ण	टी.बी. सेबचावऔरलक्षणनजरआनेपरइलाजकीसलाह	
15ण	आँखों मेंतकलीफहोने परआवश्यकतानुसारस्वास्थ्य केन्द्रपरइलाजकीसलाह	
16ण	साबुनसेहाथ धोने की सलाह– खानाबनानेसेपूर्व,बच्चोको खाना खिलाने के पूर्व, षौचसेआने के बाद	
	प्राप्तांक	

		दवा एवंआपूर्ति की उपलब्धता (अवलोकन)

क्र.सं.	सामग्री	हाँ	नहीं	उपयोगिता	क्र. सं.	सामग्री
	वज़न की मशीन				1ण	गर्भनिरोधक
1ण	वयस्क/बड़ों की				2ण	कॅण्डोम
2ण	बच्चों की				3ण	आयरन की के लिए)
3ण	नवजात के लिये				4ण	आयरन की के लिए)
4ण	परीक्षणटेबल				5ण	आयरनसीर आई. एफ.
5ण	परीक्षण के लिए पर्दा				6ण	ओआर एस
6ण	पेशाबजाँच के लिए यूरिस्टिक्स				7ण	ज़िंकटेबले
7ण	निश्चय किट				8ण	विटामिन ए
8ण	हीमोग्लोबिनजाँच के लिए स्ट्रिप्स/साहलिजहिमोग्लोबिनोमीटररिजेन्ट के साथ				9ण	क्लोरोक्विन
9ण	ग्लब्ज़				10ण	कृमिरोधीद (पेट के कृ
10ण	स्लाइड (मलेरिया के लिये)				11ण	टी बी रोधी
11ण	स्टेथोस्कोप				12ण	कैल्शियमर
12ण	ब्लड प्रेशर मशीन				13ण	पैरासीटामो
13ण	फीटोस्कोप				14ण	मीथीलरजे मेलेट(0ण12
14ण	वैक्सीनकैरियर (आइस पैक्स के साथ)				15ण	मीथीलरजे
15ण	स्वयंसहायतासमूह द्वाराआंगनवाडीकेन्द्रपरवितरितभोजन/घरमेंआयोडिनयुक्तनमककाउपयोग				16ण	डायक्लोमा 10उह)
					17ण	क्लोरोफैनि
					18ण	आयन्टमेंट 5:
16ण	हबकटर				19ण	कॉटनबैन्डे
17ण	टॅार्च				20ण	कॉटन
18ण	कचरापात्र					
प्राप्तांक–						प्राप्तांक–

टीकों की उपलब्धता (अवलोकन एवंसाक्षात्कार– ए एन एम व टीके लेकरआनेवाला व्यक्ति)				
क्र.सं.	टीके कानाम	पर्याप्तमात्रा में उपलब्ध	अपर्यातमात्रा में उपलब्ध	उपलब्ध नहीं

1.	बीसीजी				
2.	डीपीटी				
3.	पोलियो की दवा				
4.	मिजल्सकाटीका				
5.	टी.टी.				
6.	विटामीन ए (प्लास्टिक के मापकचम्मच के सहित)				
7.	हैपेटाइटिसबी				
	प्राप्तांक–				

क्र. सं.	**आंकलन प्रपत्र का सारांश**	**प्राप्तांक**	**अधिकतमस्कोर**
1	**आयोजनस्थलसेसम्बन्धितजानकारी**		
2	**मानवसंसाधन (सेवा प्रदाता) एंवसरकारी पर्यवेक्षण**		
3	**दस्तावेजसम्बधित**		
4	**परामर्ष**		
5	**उपकरण एवंफर्नीचर की उपलब्धता**		
6	**दवा एवंआपूर्ति की उपलब्धता**		
7	**टीकों की उपलब्धता**		
	कुल		
	प्रतिशत–		

प्राप्तांक प्रतिशत के आधार पर वीएचएनडी को निम्नलिखित में से उपयुक्त श्रेणी में √ के चिन्ह से दर्शाएं ।

श्रैणी :

1 60प्रतिशत से□कम□:□खराब

2 60 से 80 प्रतिशत तक : ठीक–ठाक

3 80 प्रतिशत से अधिक : अच्छा