Summer Placement
at
National Health Mission,
Jammu and Kashmir
(April 1 to May 31st, 2015)

Bottlenecks in Service Delivery of Village Health and Nutrition Day-District Jammu

Priya Bhat & Priyanka Bhat

MBA Hospital and Health Management
2014-2016

IIHMR UNIVERSITY
Institute of Health Management Research, Jaipur

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that Dr. Priya Bhat, a student of Post Graduate Programme in Health Management, Institute of Health Management Research, Jaipur, Batch 2014-2016 has successfully completed her summer training for the period of April 1- June 6, 2015 under National Health Mission, Jammu & Kashmir under my guidance. During this period she has completed a study titled " Bottlenecks in service delivery of Village Health and Nutrition Day- District Jammu" as a part of partial fulfilment of the course requirements recommended for the Masters in Health and Hospital with specialization in Health Mangement. Her approach towards the study has been sincere and scientific.

I wish her all the best for future endeavours.

Col.(Dr.) Ashok Kaushik

Dean (Academic & Student Affairs)

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NRHM Help Line for Jammu Division: 18001800104; Kashmir Division: 18001800102

TO WHOM IT MAY CONCERN

This is to certify that **Dr. Priya Bhat**, student of MBA (Health Management) from Institute of Health Management Research, Jaipur completed her summer internship w.e.f. 01st April, 2015 to 06th June, 2015 at NHM, J&K successfully. Her topic for study was **"Bottlenecks in Service Delivery of Village Health & Nutrition Day – District Jammu"**.

I wish her all the best in her future endeavours.

Sd/-
Mission Director,
NHM, J&K

No.: SHS/NHM/J&K/J/ 3382
Dated: 06.06.2015

Copy to the:

1. Dean, Academics & Student Affairs, IIHMR, Jaipur. : for information.

Beti Bachao-Beti Padao ★ NHM J&K ★

Mission Director

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Mission Director

Acknowledgement

First of all, we would like to thank Dr. Yashpal Sharma, Mission Director, NHM, Jammu and Kashmir for providing us the opportunity to work with the organisation and making our summer training a valuable experience.

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Lastly we are extremely thankful to our parents for encouraging us and being a constant source of inspiration to us.

LIST OF ABBREVIATIONS

ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BCG	Bacillus Calmette Guerin
BMO	Block Medical Officer
CDPO	Child Development Project Officer
DOTS	Directly Observed Treatment Shortcourse
IFA	Iron and Folic Acid
IUCD	Intra Uterine Contraceptive Device
MCH	Maternal and Child Health
NRHM	National Rural Health Mission
NSV	No Scalpel Vasectomy
NUHM	National Urban Health Mission
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
RBSK	Rashtriya Bal Swasthya Karyakram
TT	Tetanus toxoid
UIP	Universal Immunisation Program
VHND	Village Health and Nutrition Day
VHSC	Village Health and Sanitation Committee
VVM	Vaccine Vial Monitor
WIFS	Weekly Iron Folic Acid Programme

INTRODUCTION TO THE ORGANISATION

About National Health Mission, Jammu & Kashmir

National Rural Health Mission (NRHM) was started in the year 2005 in the state. National Health Mission has brought relevant emphasis on strengthening of public health systems by achieving the goal of "Health for All" by filling up of critical gaps in the delivery of health system to make it more responsive, efficient and effective.

National Rural Health Mission has now been converted into National Health Mission (NHM) with National Rural Health Mission(NRHM) and National Urban Health Mission(NUHM) its two submissions.National Health Mission has been extended all over the state in urban and rural areas to promote universal access to a continuum of health services to the people. In order to achieve various goals and objectives, a number of intervention and strategies have been under implementation under National Health Mission which primarily focuses on the improvement in healthcare of women and children by different schemes.

Support is given to various health institutions for strengthening of health infrastructure by the way of Untied funds, Annual Maintenance Grant (AMG) and Corpus Funds on annual basis. These funds are being utilized through Rogi Kalyan Samitis (RKS) constituted at the facility level. 724 Rogi Kalyan Samitis have been registered in the state so far. There are 22 District Hospitals, 84 Community Health Centres, 396 Primary Health Centres, 239 new type PHCs and 1910 Sub Centres including 348 Medical Aid Centres (renamed as sub centres) which are being strengthened under NHM.

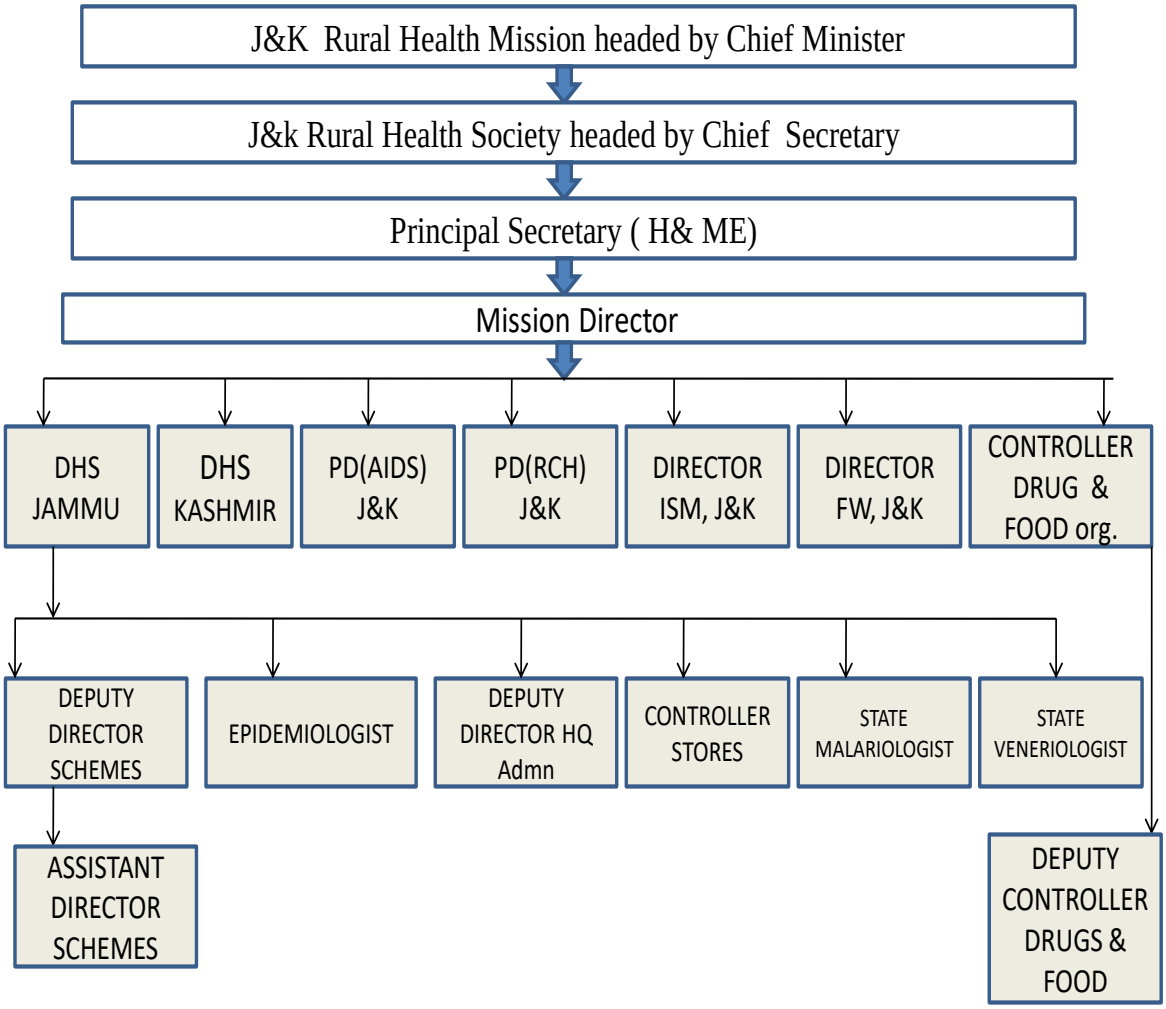
Mission and Vision:

To provide accessible, affordable and quality universal health care, both preventive and curative which would be accountable and at the same time responding to the needs of people.

Objectives of NHM:

1. Reduction of Maternal Mortality Ratio, Total Fertility Rate and Infant Mortality Rate.
2. Universal access to public health services such as universal immunisation, maternal health, child health, sanitation and hygiene, drinking water.
3. Prevention and control of both communicable and non communicable diseases.
4. Access to integrated comprehensive primary health care.

ORGANOGRAM


J&K Rural Health Mission headed by Chief Minister
J&k Rural Health Society headed by Chief Secretary
Principal Secretary (H& ME)
Mission Director
DHS JAMMU
DHS KASHMIR
PD(AIDS) J&K
PD(RCH) J&K
DIRECTOR ISM, J&K
DIRECTOR FW, J&K
CONTROLLER DRUG & FOOD org.
DEPUTY DIRECTOR SCHEMES
EPIDEMIOLOGIST
DEPUTY DIRECTOR HQ Admn
CONTROLLER STORES
STATE MALARIOLOGIST
STATE VENERIOLOGIST
ASSISTANT DIRECTOR SCHEMES
DEPUTY CONTROLLER DRUGS & FOOD

SPECIFIC PROJECT FINDINGS

VILLAGE HEALTH AND NUTRITION DAY

A focus on shortcomings in the service delivery.

BACKGROUND:

India has more hungry masses than any part of the world. The IFPRI 2010 Global Hunger Index scores national levels of hunger as “alarming” and India being at the lowest score than many sub Saharan African countries. The percentage of underweight children who are under 3 years of age is still hovering under 50%. More than 75% of the people live in households with per capita calorie consumption less than the daily minimum requirements.

Nutritional interventions are carried out under various government programmes like the Integrated Child Development Services (ICDS) programme, the Midday Meal Scheme (MMS), the Total Sanitation Campaign (TSC), and some activities within National Rural Health Mission(NRHM). About 54% of all under-5 deaths are due to malnutrition. Majority of childhood deaths in India are due to stunting, wasting and intrauterine growth restriction-low birth weight. The major cause of malnutrition among women and children is due to low nutritional and social status.

Village Health and Nutrition Day , introduced by National Rural Health Mission is an initiative to improve maternal, newborn, child health and nutrition in rural areas. All over India VHNDs are held once in a month in every village at the Anganwadi centre. VHNDs are held on a predetermined time, place and day. VHNDs provide health and nutritional services along with counselling on nutrition, contraception, family planning, complete immunisation, sanitation and hygiene. Anganwadi workers (AWWs) and Accredited Social Health Activists (ASHAs) bring the villagers to the Anganwadi centre with the help of Panchayati Raj Institutional members. The task of Auxiliary Nurse Midwife (ANMs) is to provide ante-natal care and immunisations. AWWs monitor growth of children and refer children with severe malnutrition to the nearest public health facility. Apart from it, supplementary nutrition is also provided. All the three frontline members (ANM, ASHA, AWW) are important for the proper functioning of VHND.

Anganwadi centre is the main hub to carry out the services provided on VHND. VHND acts as a platform to bring under privileged community closer to the health system. On VHND, Villagers get basic health services and health education. Masses are encouraged to a more preventive and promotive approach to health care. The main motive of VHND is to provide healthcare at the doorstep so that people don’t have to waste their time and money on travel. If the associated health personnel keenly participate and involve in the successful functioning and organising of VHND, can change the people’s approach towards healthcare drastically.

The main focus of VHND is on maternal health, child health, family planning, prevention of sexually transmitted infections, sanitation and hygiene, prevention and control of communicable diseases and health promotion and nutrition.

RATIONALE FOR STUDY:

In the current scenario, in India, maternal and child malnutrition is persistently on a higher scale. Expectants usually have low Body Mass Index (BMI) due to severe malnutrition resulting in low birth weight babies, still births and children under 5 years of age are stunted, wasted and severely underweight and anaemic. Malnutrition is a problem of concern in poor and low income countries mainly due to the low socioeconomic status of people.

Poverty is the main cause of malnutrition and women, adolescent girls and children under five are its major victims. Malnutrition weakens the immune system and makes the person susceptible to various infections. Under privileged population usually have inadequate access to food, maternal and child health care practices, healthcare services and lack proper sanitation

The period of pregnancy in mother and the first two years of life of a child that is from conception till child's second birthday, lack of good nutrition and healthy growth practices can be quite fatal. Underweight and malnourished mothers have a serious threat during pregnancy due to anaemia, folic acid deficiency, vitamin A deficiency and iodine deficiency. Also underweight, wasted and stunted are more prone to death from pneumonia, measles, diarrhoea and other infectious diseases. Also incomplete immunisation in children and infants makes the poor more vulnerable to serious life threatening conditions. Lack of ante-natal care in remote in the remote areas can increase the chances of complications during labour and sometimes even lead to death of both mother and the new born.

Improper sanitation and hygiene practices in villages again make people vulnerable to health risks mostly affecting women and children. Though health systems provide good facilities, for proper delivery of services on VHND, all the frontline workers need to be skilled and efficient so that they can contribute effectively towards the health of masses.

The present study focuses on identifying the shortcomings in the functioning of VHND through interaction with the staff at the VHND site and use of these observations and findings to make suggestions for a better delivery of services on VHND site. The findings can be used for improving the quality of services at the VHND site.

OBJECTIVE:

To examine the services provided on the Village Health Nutrition Day in Anganwadi Centres in Jammu (rural), focussing on the bottlenecks in context of services provided on VHND. We also aim to check the availability of logistics on VHND.

RESEARCH DESIGN:

A Cross sectional descriptive study was conducted over a period of one and half month in Anganwadi centres in rural Jammu, J&K. In depth interviews were conducted with different frontline workers from all Anganwadi centres so as to get a view of services being delivered on the Village Health Nutrition Day. A survey measured availability of necessary items.

Study area:

The study was conducted in two blocks, Akhnoor and Kot Balwal, district Jammu, J&K. Agriculture is the main source of income in both the areas. The areas are plains.

Study design:

We conducted study by mixed method that constitutes a cross sectional descriptive survey of Anganwadi centres of two blocks (Kot Balwal and Akhnoor) to measure the availability of logistics and to identify the bottlenecks in the VHND through in-depth interviews with frontline workers.

DATA COLLECTION

Quantitative

A checklist was developed with the help of publically available materials like operational guidelines , NRHM J&K and VHND monitoring checklist. Necessary modifications were made prior to the project. Data collected was based on the aspect of delivery of essential services that includes availability of logistics. Data was collected between April and May 2015. Interviewer visited three Anganwadi centres in each block. Later completed forms were viewed.

Qualitative

A questionnaire was developed to collect views of frontline workers regarding village health and nutrition day, focussing mainly on the logistics and the effective delivery of services and to identify the existing shortcomings. In depth interviews were conducted with frontline workers to explore the experiences of service delivery on village health and nutrition day. Frontline workers (ASHAs, AWWs, ANMs) were interviewed. Data was collected both in English and Hindi. Notes were prepared for all in-depth interviews. Later the data was compiled and analyzed.

DATA PROCESSING AND ANALYSIS

Quantitative

Microsoft excel was used for data entry. Logical checks were undertaken at data entry. We included those Anganwadi centres where VHNDs were conducted so as to study the loopholes in the delivery of services on VHND. The availability of logistics were checked against the required items at each Anganwadi centre.

Qualitative

Notes were elaborated and explored through numerous readings to check its relativity with the data.

Permission

Prior oral consent to approach the Anganwadi centres and other facilities for the study was obtained from Mission Director and Divisional Nodal Officer, NHM, Jammu and Kashmir. Confidentiality of the participants of in-depth interview was maintained throughout the survey.

VHND Monitoring checklist

S.No	Parameters	Assessment (Yes/No/NA/NF)					
		BLOCK AKHNOOR			BLOCK KOT BALWAL		
		Charda Gran AWC 1	Jhak Hari AWC 2	Gurha Jagir AWC 3	Kar Wanda AWC 4	Chinore-B AWC 5	Chinore- E AWC 6
	Presence of health workers during VHND						
1	Was ANM present during VHND?	Yes	Yes	Yes	No	Yes	Yes
2	Was ASHA present during VHND?	Yes	Yes	No	Yes	Yes	Yes
3	Was AWW present during VHND?	Yes	Yes	Yes	Yes	Yes	Yes
	Services delivered during VHND by ANM						
1	Was ANM doing ANC of pregnant women?	No	No	No	-	No	No
2	What components of ANC were being provided?						
i	Tetanus Toxoid injections	No	No	No	-	No	No
ii	Blood pressure measurement	No	No	No	-	No	No
iii	Weighing of pregnant women	No	No	No	-	No	No
iv	Blood test for anaemia using haemoglobinometer	No	No	No	-	No	No
v	Examination of abdomen	No	No	No	-	No	No
vi	Counselling of appropriate diet and rest	No	No	No	-	No	Yes
vii	Enquiring about any danger signs like swelling in whole body, blurring of vision and severe headache or fever with chills etc	No	No	No	-	No	No
viii	Counselling for institutional delivery	No	No	No	-	Yes	Yes
3	Was ANM providing vaccination to children?	No	No	No	-	No	No
4	Did she also provide medicine or referral in case of sickness of	No	No	No	-	Yes	Yes
	any child?						
	Services provided by AWW during VHND						
1	Was AWW weighing all the children of 0-6 yrs of age?	No	No	No	No	No	No
2	Was AWW weighing the children correctly?	-	-	-	-	-	-
3	Did AWW record the weight on the growth monitoring card	-	-	-	-	-	-
	Correctly						
4	Did AWW give/ take home rations to children 6 months-2 yrs	No	No	No	No	No	No
	of age?						
5	Did AWW give / take home rations to adolescent girls?	No	No	No	No	No	No
6	Did AWW give/take home rations to pregnant women?	No	No	No	No	No	No
7	Did AWW give/take ration to lactating mothers?	No	No	No	No	No	No
	Quality of services delivered during VHND						
1	Weighing machine of ANM was in order	NA	NA	NA	-	NA	NA
2	Weighing machine of AWW was in order	No	No	No	Yes	No	Yes

3	Thermometer was working accurately	NA	NA	NA	NA	NA	NA
4	BP apparatus was working accurately	NA	NA	NA	NA	NA	NA
5	Supplementary food as available						
6	Haemoglobinometer was working accurately	NA	NA	NA	NA	NA	NA
	Roles played by ASHA						
1	Did ASHA make a list of potential beneficiaries who need	No	No	-	No	No	No
	either ANM or AWW services?						
2	Was ASHA able to motivate most (>75%) of the beneficiaries to attend VHND?	No	No	-	No	No	No
3	Did she informed the beneficiaries at least a day before, about the date of VHND?	Yes	No	No	Yes	No	Yes
4	Did she help ANM or AWW in organising VHND?	Yes	-	No	Yes	No	No
	General questions						
1	What was the venue of the VHND						
i	AWC	Yes	Yes	Yes	Yes	Yes	Yes
ii	Sub centre	-	-	-	-	-	-
iii	panchayat hall	-	-	-	-	-	-
iv	Some other- open venue	-	-	-	-	-	-
2	Was VHND held on a fixed date every month?	Yes	Yes	Yes	Yes	Yes	Yes
3	Were VHSNC members present during VHND?	No	No	No	No	No	No
4	Was group meeting held with adolescent girls during or after VHND?	No	No	No	Yes	No	No

VHND Monitoring Checklist

S. No	PARAMETERS	ASSESSMENT (YES/NO/NA/NF)					
		BLOCK AKHNOOR			BLOCK KOT BALWAL		
		AWC 1	AWC 2	AWC 3	AWC 4	AWC 5	AWC 6
		Chardagran	Jhakhari	Gurha Jagir	Karwanda	Chinore B	Chinore E
1	Session held as per micro plan (date and place)	Yes	Yes	Yes	Yes	Yes	Yes
2	Banner and poster is displayed at the session	No	No	No	No	No	No
3	Are all vaccines available	No	No	No	No	No	No
4	VVM stage usable on oral polio vaccine	No	No	No	No	No	No
5	0.5 ml AD syringes used for all vaccines	No	No	No	No	No	No
6	0.1 ml syringe used for BCG	No	No	No	No	No	No
7	List of drop out and left at previous sessions	No	No	No	Yes	No	No
8	Is hub cutter available at the session site	No	No	No	No	No	No
9	Are the weight of the children being taken by the AWW	No	No	No	Yes	No	No
10	Are nutritional advices being provided to the mother whose children are underweight by AWW	No	No	No	No	No	No
11	Have the AWW identified any malnourished child in the last 4 sessions	No	No	Yes	Yes	Yes	No
12	Whether members of VHSC providing assistance at session site	No	No	No	No	No	No
	ANC CARE						
13	ANM performing ANC	No	No	No	No	No	No
14	TT Available for ANC services	No	No	No	No	No	No
15	IFA tablets are being provided to pregnant women for ANC	No	Yes	NA	Yes	-	No
16	Mother and child cards are being available at the session	No	No	No	Yes	No	No
17	Is counselling done to the pregnant women for ANC	No	No	No	Yes	-	Yes
18	Is the ANM maintaining BP records, weight of the	No	No	No	No	-	No

	pregnant women.							
	DRUGS AVAILABILITY							
19	Is Tab IFA small available at session site?	Yes	Yes	NA		No	Yes	Yes
20	Is Tab IFA large available at session?	Yes	Yes	NA		No	No	No
21	Vitamin A available at the session site	No	Yes	No		No	Yes	No
22	Vitamin A given with the spoon accompanying the bottle?	No	Yes	No		No	No	No
23	Is Tab Albendazole available in the session?	No	No	No		No	No	No
24	Is ORS available at the session?	Yes	No	NA		No	No	NA
25	Is Tab zinc available at the session?	No	NA	No		No	No	No
26	Is Tab cotrimoxazole available at the session?	No	NA	No		No	No	No
27	Drugs for minor illness available?	Yes	No	Yes		No	Yes	Yes
	AVAILABILITY OF OTHER LOGISTICS							
28	BP apparatus available	No	No	No		No	No	NA
29	Stethoscope available	No	No	No		No	No	NA
30	Weighing scale available (adult)	No	Yes	NF		Yes	No	NA
31	Availability of a privacy (bed, screen) for conducting ANC	No	No	No		No	No	No
32	Clean drinking water available at session site	No	No	No		No	No	No
33	Is the baby weighing machine available	No	NF	NF		NF	NF	Yes
34	Is thermometer available at the session site	No	No	No		No	No	No
35	New immunisation card is available at the session	No	No	No		Yes	No	No
36	Counter foils of the immunisation cards of the previous sessions are available at the session site	No	Yes	No		No	No	No
37	Is UIP master register available	No	No	No		No	No	No
38	Is MCH master register available	No	No	No		No	No	No

	FAMILY PLANNING SERVICES							
39	Are condom available at the session site	Yes	Yes	Yes		Yes	Yes	Yes
40	Are oral contraceptive pills available at the session site	Yes	Yes	Yes		No	Yes	Yes
41	Are the beneficiaries being motivated for sterilisation, NSV, IUD insertion	No	No	No		Yes	Yes	No
42	Are emergency contraceptive tablets being available	Yes	Yes	Yes		No	No	No
43	Are counselling being done to eligible couples on contraception	No	No	No		Yes	No	No
	OTHER SERVICE DELIVERY							
44	Drugs for malaria is available at session site	No	No	No		No	No	No
45	Are blood slides being taken for detection of Malaria	No	No	No		No	No	No
46	Are suspected cases of TB (continuous cough for 2 weeks) are referred to DOTS centres for examination of sputum	NA	NA	No		NA	No	No
	SANITATION							
47	Were hand washing being demonstrated during the session	No	No	No		Yes	Yes	No
48	Counselling for household latrines being conducted	No	No	No		No	No	No
49	Counselling for household purification of water	No	No	No		Yes	No	No

RESULTS

Six VHND sites were visited. Findings from six VHND sites (Six Anganwadi centres, three Anganwadi centres under block Akhnoor and other three under block Kotbalwal) where VHND services were being provided are as under.

In all the centres, VHND was held as per microplan mostly on Thursday of every month. All the centres visited for VHND lacked banners and posters at the session site. Immunization was not being conducted even on a single VHND. All the Anganwadi centres lacked privacy and bed, screen and thus no Antenatal check up was conducted. More than half of the sessions didn't have Mother and Child cards except Anganwadi centre, Karwanda(kotbalwal) and was the only centre having adolescent girls. Very few pregnant women attended VHND and no IFA tablets were provided to them. Anganwadi centre Gurha-jagir and Karwanda didn't have IFA small available. Two Anganwadi centres under Kotbalwal and one Anganwadi centre under Akhnoor didn't have IFA large available at the session site. No nutritional advises were being provided by AWW to the mother whose children were under weight. List of malnourished children was not prepared by any of the AWWs from the previous 4 sessions. No VHSC member was present at any of the VHNDs during the survey thus providing no assistance to the VHND. No home ration was provided to any of the beneficiaries on VHND. The beneficiaries were mostly children (6 months – 2 years of age, adolescent girls, lactating and pregnant women.

Only one VHND held at Chinore B had Vitamin A available at the session . At all VHND sessions condoms and oral contraceptive pills were available. Emergency contraceptive pills were available only at Akhnoor. However none of the beneficiaries were being motivated for sterilization, NSV,IUD insertion and no eligible couples were present on VHND in both the blocks. Amongst all the VHNDs attended, Tab Zinc, Tab albendazole and Tab Cotrimoxazole were not available.ORS was available only at Anganwadi centre Chardagran.

All the essential logistics required for VHND were either not available or not in a good condition. During all the sessions attended, B.P apparatus, stethoscope, thermometer, haemoglobinometer were not available and weighing machines (both infant and adult) were not in order. Thus weighing of beneficiaries was not undertaken at the session. Most of the anganwadi centres of block Akhnoor didn't even have rooms to accommodate the beneficiaries. Few ASHAs and AWWs interviewed at VHND site didn't have role clarities. Hand washing was demonstrated only at Anganwadi centres under block Kotbalwal. Counselling for household latrines were not done at any of the VHNDs. Tap was the main source of drinking water at all Anganwadi centres. No counselling was held for household purification of water. Overall very few beneficiaries attended the VHND except Anganwadi centre Karwanda (Kotbalwal) consisting of children (0 to 5 yrs of age),expectant, lactating mother and the only centre where adolescent girls were present.

On comparing the two blocks, Akhnoor and Kotbalwal, VHNDs conducted in Kotbalwal were a way better than those conducted at Akhnoor. In Kotbalwal, the anganwadi centres had more spacious and well ventilated rooms. Also the number of beneficiaries was more as

compared to other block Akhnoor. Adolescent girls were present in the anganwadi centre of village Karwanda of Kotbalwal and a meeting was held with the girls after the session. Also the anganwadi centres under block Kotbalwal had the provision for toilets whereas anganwadi centres under block Akhnoor lacked toilets. Preschool activities were carried out at anganwadi centres of block Kotbalwal and basic skill learning charts were posted on walls for preschool children. Handmade identity cards were prepared for the listed children in the anganwadis of Kotbalwal. In Anganwadi centre Karwanda, Kotbalwal, the anganwadi worker and the lady health visitor weighed the adolescent girls and counselling was done on cleanliness, hygiene and nutrition. 3 school dropout girls of age 14 years were found there. In Anganwadi Centre Gurha-jagir(Akhnoor) and Anganwadi Centre Chinore B,2 girls each 8 years of age were found who had not been to school yet. In Anganwadi centre Chinore E, 6 children (4 girls and 2 boys of age above 5 yrs) were found who had not been enrolled in schools yet.

Staff responses on delivery of services on Village Health and Nutrition Day:

RESPONDENT ATTRIBUTES

Total number of respondents interviewed were 19, comprising of mainly female frontline workers ie Auxiliary nurse midwife (N=5), ASHAs (N=6), Anganwadi workers(N=6). Block Medical Officer (N=1), Child Development Project Officer (N=1).

STAFF RESPONSES OF PROVIDING SERVICES ON VILLAGE HEALTH AND NUTRITION DAY

Staff reported non availability of resources. In all the VHNDs visited there was no provision for Ante natal checkups, logistics were not available, immunisation was also not carried out on Village Health and Nutrition Days held.

"We cannot bring the weighing machine, stethoscope, BP apparatus, thermometer, and haemoglobinometer with us as they are also required at the sub centres & we have to cover long distances on foot" [Female Multipurpose Health Worker].

"We have stopped conducting immunisations at the Anganwadi centres on Village Health and Nutrition Day, in order to prevent wastage of vaccines as the number of beneficiaries are less. Instead we conduct them at the nearest facility on fixed day." [Female Multipurpose Health Worker].

"We have not received the ASHA Kits since last 3 years" [ASHA Worker].

"people prefer going to higher facilities rather than coming to anganwadi centre on village health and nutrition day due to lack of services, so they are not motivated to come to Anganwadi centre on village health and nutrition day" [ASHA and ANM].

"Government should streamline the Anganwadi centres. Everything that is required should be allotted to them" [Block Medical Officer]

"Time to time training and reorientation of programmes should be held every 6 months for frontline workers" [Child Development Project Officer]

"We have shortage of IFA tablets" [ANM]. In response to that "IFA was provided by the Rashtriya Bal Swasthya Karyakram for school going children under Weekly Iron Folic Acid Programme in whole J&k, the tablets were distributed to schools but not to health centres. It is a weekly medicine, school staff didn't know how to give IFA, some students got overdose due to which they stopped and only a few tablets were left and were given to Anganwadi centres".[Block Medical Officer].

"Wastage factor is very high that's why we have stopped immunisation on VHND" [Block Medical Officer].

"IFA tablets and Tab Albendazole are not in supply because the Medical Supply Corporation is in process, so we are not purchasing them" [Block Medical Officer].

“90% of ASHA workers are not even 8th pass. So they are not able to understand the basic things” [Block Medical Officer].

“m

Most of the AWCs are in a single rented room. There is no privacy for women. How is it possible to conduct ANC?” [Block Medical Officer].

DISCUSSION

Ante natal care, Immunisation, nutrition, counselling, availability of logistics and presence of frontline workers is very important in the functioning of Village Health and Nutrition Day. Majority of the Village Health and Nutrition Days visited did not match the benchmark. Out of the six angawadi centres visited on Village Health and Nutrition Day, none had the provision for Ante Natal Checkups.

The major issue which emerged during the study was that the ANMs, ASHAs and AWWs were not clear with their roles as to what services they have to provide to the beneficiaries on the Village Health and Nutrition Day. The ANMs didn't bring the required apparatus with them. All ASHAs except few were incapable of motivating the people and didn't have the ASHA diaries with them at the session site. They didn't prepare a list of beneficiaries a day before Village Health and Nutrition Day. The Anganwadi workers were not able to identify the malnourished children. The weight of the children was being taken on the 19th of every month, therefore no weighing was done on the Village Health and Nutrition day.

All the Anganwadi centres lacked the provision for Antenatal checkups. Immunizations were not being conducted at session site due to lesser number of beneficiaries and more of vaccine wastage. No counselling was done to the nursing women, mothers of the malnourished children and eligible couples. Counselling to the adolescent girls was given only at one Anganwadi centre. Counselling was done not even on cleanliness and hygiene, household purification of drinking water and on household toilets. People don't find any reason to come to Anganwadi centres except for the food. The main problem which was figured out was that both people and the frontline workers are not aware about the purpose for conducting Village Health and Nutrition Day. All the Village Health and Nutrition days lacked banners and posters for increasing awareness on health among masses. Some of the Anganwadi centres visited on the Village Health and Nutrition day lacked even the rooms to accommodate beneficiaries. There were no beneficiaries present at one of the Village Health and Nutrition Days conducted at Anganwadi Centre.

No PRI member was present on the any of Village Health and Nutrition Day visited. Thus it lacked both, assistance and help. The weighing machine (both adult and infant) which is one of the most important logistics was either not available or out of order. No services as such were provided on the particular day. Most of the session sites lacked the supplementary food either due to the ignorance of the Female Multipurpose Worker or by the shortage of supply. All the three frontline workers, ANM, ASHA and AWW lacked the coordination and necessary communication thus leading to ineffective service delivery on the Village Health and Nutrition Day. Thus the Village Health and Nutrition day was no different than the rest of the days.

RECOMMENDATIONS & CONCLUSION

The non availability of logistics is the major hurdle in the working of Village Health and Nutrition Day. Lack of provision for Ante natal checkups is also a major drawback in the working of Village Health and Nutrition Day. But due to lack of facilities and people prefer going to other health centres rather than attending Village Health and Nutrition Day.

Another major drawback was that no immunisation was being conducted at Anganwadi centres on Village Health and Nutrition Day. As a result motivation and line listing of children for immunisation is not being done. The team identified malnourished children and anaemic girls which the Anganwadi worker was not able to identify. The names of malnourished children were not recorded by the female multipurpose worker. Iron and folic acid tablets were not given to children suffering from clinical anaemia. Weighing of the beneficiaries was not carried out. There was no provision for supplementary nutrition for malnourished. ORS was not available at the session site. No counselling was done on nutrition supplementation and balance diet.

All the Village Health and Nutrition Days attended, no female multipurpose worker provided information on use of contraceptives to the women. Though the female multipurpose workers had brought the oral contraceptives pills and non clinical contraceptives such as condoms with them but none was distributed. There was no communication on transmission and prevention of HIV. Frontline workers didn't identify the households for the construction of toilets. No counselling was done on elimination of sources of stagnant water, management of fever, management of diarrhoea or about the signs and symptoms of tuberculosis. Blood films for malarial parasite was not prepared on any of the Village Health and Nutrition Day attended. Logistics even if available were not in a good working condition. No demonstration was being given on hygienic cooking practices.

For a successful Village Health and Nutrition Day, government needs to streamline the anganwadi centres. Up gradation of centres is necessary so as to provide quality health services to people at their doorstep and equipment required at Village Health and Nutrition Day should be allotted to them. Frontline workers should be oriented about new awareness programmes. Time to time trainings and refresher programmes should be conducted every 6 months for the frontline workers. For an effective service delivery on Village Health and Nutrition Day, the Integrated Child Development Services and the National Health Mission need to join hands. In order to change people's views towards health systems, the government needs to strengthen the health systems at the grass root level.

ANNEXURE 1

List of Anganwadi centres visited

ANGANWADI CENTRE	BLOCK	TEHSIL	AREA
Chardagran	Akhnoor	Jammu	Rural
Jhakhari	Akhnoor	Jammu	Rural
Gurha jagir	Akhnoor	Jammu	Rural
Karwanda	Kot balwal	Jammu	Rural
Chinore B	Kot balwal	Jammu	Urban
Chinore E	Kot balwal	Jammu	Urban

ANNEXURE 2

VHND monitoring checklist

To be used by Monitors at different level including Community Mobilizers of ASHA Resource Centre

District_____ Name of the BPHC _____Nearby MPHC/SD/SHC) _____
Name of the Sub centre_____ Name of the Village where VHND held_____
Date of visit_____ Name of Monitor_____
VHND Site: Anganwadi/ School/ Community hall/ PRI office/ Others (Please encircle)
Names of the Staff present in the VHND
_____
_____
_____

[Please tick]

1. Session held as per micro plan (date and place) Yes /No Comments_____
2. Banner and poster is displayed at the session Yes /No
3. Are all vaccines available Yes /No Comments_____
4 VVM stage usable on OPV Yes /No Comments_____
5. 0.5 ml AD syringes used for all vaccines except BCG Yes /No Comments_____
6. 0.1 ml AD syringe used for BCG Yes /No Comments_____
7. List of drop out and left out at the previous sessions. Yes /No Comments_____
8. Is hub cutter available at the session site? Yes /No Comments_____
9. Are the weight of the children being taken by the AWW Yes /No Comments _____
10. Are nutritional advises being provided to the mother whose children are underweight by AWW Yes /No Comments_____
11. Have the AWW identified any malnourish child in the last four sessions Yes /No Comments_____
12. Whether members of VHSC providing assistance at session site? Yes /No Comments_____

ANC Care

13. ANM performing Ante Natal Check up Yes /No Comments_____
14. TT available for the ANC services Yes /No Comments_____
15. IFA tablets are being provided to the pregnant women Yes /No Comments_____
16. Mother and Child cards are being available at the session Yes /No Comments_____
17. Is Counselling done to the pregnant women for Ante Natal Care Yes /No Comments _____
18. Is the ANM maintaining B.P records, weight of the pregnant women Yes /No Comments _____

Drugs availability

19. Is Tab IFA small available at session? Yes /No Comments_____
20. Is Tab IFA large available at session? Yes /No Comments_____
21. Vitamin A available at session Yes /No Comments_____
22. Vitamin A given with the spoon accompanying the bottle? Yes /No Comments_____
23. Is Tab Albendazole available in the session Yes /No Comments_____
24. Is ORS available at the session Yes /No Comments_____
25. Is Tab Zinc available at the session Yes /No Comments_____

26. Is tablet Cotrimoxazole (paed) available at the session Yes /No Comments _____

27. Drugs for minor illness available Yes /No Comments_____

Availability of other logistics

28. B.P apparatus available Yes /No Comments_____
29. Stethoscope available Yes /No Comments_____
30. Weighing scale available (Adult) Yes /No Comments_____
31. Availability of privacy (bed, screen) for conducting the ANC check up. Yes /No Comments_____
32. Clean drinking water available at session site Yes /No Comments_____
33. Is the Baby weighing machine available Yes /No Comments_____
34. Is thermometer available at the session site Yes /No Comments_____
35. New Immunization card is available at the session Yes /No Comments_____
36. Counter foils of the Immunization Cards of the previous sessions are Available at the session site Yes /No Comments_____
37. Is UIP Master Register is available Yes /No Comments_____
38. Is MCH Master Register is available Yes /No Comments_____

Family planning services

39. Are condom available at the session site Yes /No Comments_____
40. Are OC pills available at the session site Yes /No Comments_____
41. Are the beneficiaries being motivated for sterilisation , NSV.IUD insertion Yes /No Comments_____
42. Are emergency contraceptive tablets being available Yes /No Comments _____

43. Are counselling being done to eligible couples on contraception. Yes /No Comments_____

Other Service delivery

44. Drugs for malaria is available at session sites Yes /No Comments_____
45. Are blood slides being taken for detection of malaria Yes /No Comments _____

46. Are suspected cases of TB (continuous cough for 2 weeks) Yes /No Comments_____
are referred to DOTS Centres for examination of sputum

Sanitation

47. Where hand washing being demonstrated during the session. Yes /No Comments_____
48. Counselling for household latrines being conducted. Yes /No Comments_____
49. Counselling given on household purification of water. Yes /No Comments_____

_____

Name and Signature of Monitor
with designation